

Public Document Pack



NOTICE OF MEETING

| | |
|----------------------|--|
| Meeting | Health and Adult Social Care Select Committee |
| Date and Time | Tuesday, 16th January, 2024 at 10.00 am |
| Place | Ashburton Hall, Elizabeth II Court, The Castle, Winchester |
| Enquiries to | 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 apologies for absence and notice of substitutes.

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 - 12)

To approve the minutes of the meeting of the Committee held on 21 November 2023.

4. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

5. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

6. HCC CARE OLDER ADULTS PORTFOLIO - PROPOSED SERVICE CHANGES (Pages 13 - 216)

To pre-scrutinise findings of the Health and Adult Social Care Select Committee Working Group in their work looking at the HCC Care Service proposals formal public consultation, which will be considered by the Executive Lead Member for Adult Social Care and Public Health at her Decision Day on the 8 February 2024.

7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 217 - 278)

To consider the report on proposals from the NHS or providers of health services relating to the planning, provision and/or operation of health services in the area of the Committee.

8. CAPITAL PROGRAMME FOR 2024/25 TO 2026/27 (Pages 279 - 296)

To pre-scrutinise a report for the Executive Lead Member for Adult Social Care and Public Health from the Director of Adults' Health and Care and Director of Corporate Operations on the proposed capital programme for 2024/25 and provisional capital programme for 2025/26 and 2026/27, the revised capital programme cash limit for 2023/24 along with transfers between years and the carry forward of resources.

9. 2024/25 REVENUE BUDGET REPORT FOR ADULTS' HEALTH AND CARE (Pages 297 - 326)

To pre-scrutinise a report for the Executive Lead Member for Adult Social Care and Public Health from the Director of Adults' Health and Care, Director of Public Health and Director of Corporate Operations, which sets out proposals for the 2024/25 budget for Adults' Health and Care in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2023. It also proposes a revised budget for Adults' Health and Care for 2023/24.

10. SAVINGS PROGRAMME 2025 (SP25) UPDATE

To note a verbal update from the first meeting of the SP25 Working Party.

11. WORK PROGRAMME (Pages 327 - 338)

To receive the updated work programme.

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 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,
21st November, 2023

Chairman:
Councillor Bill Withers Lt Col (Retd)

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

*Present

Co-opted members

Councillor Cynthia Garton, Eastleigh Borough Council

146. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Withers and Cllr Burgess; Cllr Ford was attending as Deputy.

Cllr Briggs in the Chair.

147. 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.

Cllr North declared his non-pecuniary interest as leader of a district council whose interests would be impacted by the changes on NHS services being discussed today.

148. **MINUTES OF PREVIOUS MEETING**

The Committee approved the minutes of the meeting held on 19 September 2023.

149. **DEPUTATIONS**

There were no deputations.

150. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman, Cllr Briggs, highlighted the following matters:

She welcomed the Government's recent announcement creating a smokefree generation with additional funding for local Smoking Cessation Services

Covid, flu and vaccination rates in Hampshire

An update on the current situation was given.

The £10m remaining Covid Recovery grant was being allocated against:

- £1.1m for the allocation of physical activity grants
- Funds for Wellbeing hubs in Andover and Aldershot,
- £700,000 for additional investment in autism assessments and Child and Adolescent Mental Health Services (CAMHs)

Mental Health

There had been awareness days and campaigns over the last two months – World Suicide Prevention Day and World Mental Health Day.

Hampshire Together

The Joint Health Overview & Scrutiny meeting was reviewing the Hampshire Together project. The Joint Committee had noted that the public engagement on this was expected to start in the next few days.

A new hospital for Frimley Park

A Joint Health Overview & Scrutiny Committee would be appointed as outlined in today's report.

HASC Working Group

The Working Group Chair, Cllr Briggs advised that the formal consultation had closed, with over 700 responses received. The Working Group would meet on 6 December to finalise its report to the next meeting of the Committee.

Cllr Briggs encouraged Committee members who has not already to visit the four elderly care homes most affected by the proposals.

It was agreed to offer visits to Cllr Garton from Eastleigh BC.

Members joined the Chair in thanking the officers for their continuing support in the consultation process and the member visits programme.

151. PROPOSALS TO VARY OR DEVELOP SERVICES

The Committee received a report in relation to:

- a) a new hospital for Frimley Park and (item 7 in the minute book) and
- b) Project Fusion, the Southern Health NHS FT and Solent NHS Trust merger (item 6 in the minute book) and Crowlin House.

The Chairman welcomed Eugene Jones from Southern Health to the meeting to present the update.

Project Fusion

It was noted that the full business case had been approved locally and was being submitted to NHS England. The Chair and NED appointments were completed and executive appointments were in progress. The merger involved Southern Health, Solent, the community and mental health services on the Isle of Wight. The business case would be published in due course. The merger was on track for 1 April 2024.

Crowlin House

It was noted that there were currently seven residents and the Trust was looking to re-establish referrals and would engage with the County Council in this regard.

152. A NEW HOSPITAL TO REPLACE FRIMLEY PARK HOSPITAL

The Committee received a report and a presentation was given by Kish Sidhu, Martha Early and Carol Deans from Frimley ICB.

It was noted that the Frimley Park Hospital had been included in the New Hospitals Programme and was to be replaced on a new site by 2030. A preferred option on this was expected to be announced in February 2024. Frimley Park Hospital needed to be replaced by 2030 because it was built in the 1970s using Reinforced Autoclaved Aerated Concrete (RAAC), which makes up around 65% of the current hospital.

Frimley Park NHS FT operated Frimley Park Hospital, Wexham Park Hospital, Heatherwood Hospital and a range of other sites providing outpatient and diagnostic services. Turnover was around £1bn. Patients mainly came from Surrey, Hampshire and Bracknell Forest.

Other principal points highlighted included:

- Availability and cost of a new site
- Construction and costs were looked at nationally
- Access and parking

- Timescale for obtaining planning permission

At this stage, the ICB was seeking early engagement through overview & scrutiny to establish a Joint Health Overview & Scrutiny Committee to provide oversight throughout the project through to the commencement of construction. It was noted that an officer from HCC would be invited to support the site shortlisting process.

RESOLVED to

Note the national deadline for eradicating RAAC from the most affected hospitals, including Frimley Park, by 2030.

Note that developing a replacement hospital on a new site is the only viable option to achieving this deadline.

Note the process and progress to date in working to identify viable site options to deliver a new hospital for local communities by 2030.

153. **ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES**

The Committee received a report providing updates on issues previously discussed by the Committee: South Central Ambulance Service – safeguarding, and the Acute Services Partnership (Portsmouth and IoW).

Portsmouth Hospitals University NHS Trust

The Chairman welcomed Mark Orchard and Dr John Knighton.

The report highlighted five key priorities:

- Ensure the safety of all patients
- 76% of A&E patient to be admitted, transferred, or discharged within four hours
- 85% of ambulance handovers completed within 15 minutes.
- Maintain the delivery of our elective activity
- Eliminate patients waiting over 104 weeks for elective treatment and reduce the number of patients waiting over 65 weeks.

Work with the Isle of Wight NHS Trust continued through a single leadership model to support clinical and financial stability. Work on winter planning with system partners continued with a focus on developing capacity and reducing length of stay. The Trust had successfully addressed previous recruitment challenges.

The challenges of managing pressure for beds alongside safe discharge for patients no longer requiring hospital treatment was discussed. The hospital worked to make discharges as early in the day as possible. In terms of demand, Portsmouth had a shortage of GPs so patients frequently resorted to the A&E Department.

The Committee requested an update on whether the ambulance handover target was being met.

South Central Ambulance Service NHS Trust

The Chairman welcomed Sarah Thompson the from South Central Ambulance Service. Slides were circulated describing Operation Avocet which was a systems cyber-attack in July 2023 that had been restored in November. The slides described the progress with the recovery process, outstanding actions and open risks.

It was agreed that quarterly updates from SCAS should continue and that to obtain a rounded picture of operational challenges, a joint appearance with Portsmouth Hospital could be arranged.

154. ANNUAL SAFEGUARDING REPORT - ADULTS' HEALTH AND CARE 2022-03

The Committee received a report from the Director of Adults' Health & Social Care providing an annual update in respect of the local authority statutory duty to safeguard vulnerable adults.

The following principal points were made:

- There was good partnership working through the MASH arrangement
- The experience with the Care Quality Commission's approach to regulation was generally positive although there continued to be learning around the inspection framework they used
- The rise of "mates" abuse was highlighted and would be reflected in training activity
- The risk described the risk arising from increased demand and referrals which required a clear focus on safeguarding issues
- A range of internal and multi-agency training was available

RESOLVED that the Committee:

- Notes the positive progress and strong performance of the Directorate to keep adults at risk safe from abuse and/or neglect, whilst acknowledging ongoing risks to fulfilling statutory safeguarding duties, including as a result of increased numbers of safeguarding concerns being reported.
- Notes the commitment of a wide range of Adults' Health and Care staff, and wider partner agencies, to delivering robust safeguarding arrangements in Hampshire.
- Notes the contribution of the Hampshire Safeguarding Adults Board (HSAB) to safeguarding strategy, assurance, and the development of policy across the four local authority areas of Hampshire, Portsmouth, Southampton, and the Isle of Wight.

155. **HEALTH & WELL-BEING BOARD ANNUAL REPORT 2022-03**

The Committee received a report from the Director of Public Health on the progress of ongoing work to support the delivery of the Hampshire Health and Wellbeing Board Joint Health and Wellbeing Strategy. The updated Joint Strategic Needs Assessment and Place Assembly meeting were highlighted. The Assembly meeting was helping provide momentum in the cross-agency working.

RESOLVED that the Committee note

- the update, progress, and upcoming Hampshire Health and Wellbeing Board note the update, progress, and upcoming priorities of the Health and Wellbeing Board's work.
- the annual report that has been signed off by the Chair and agreed by partners of the Health and Wellbeing Board.

and submit any additional queries or comments in writing for responses.

156. **WORKING GROUP PROPOSAL**

The Committee received a report from the Director of Adults' Health and Care to consider whether to initiate a Working Group to oversee and scrutinise the approach and outcomes of the planned Stage 2 Consultation in relation to savings proposals. The report included draft Terms of Reference for the Working Group including proposed composition.

The savings scheme proposals in scope related to the adult social care grants programme for voluntary, community and social enterprise organisations, the withdrawal of all funding for non-statutory Homelessness Support Services and changes to the way in which contributions towards non-residential social care costs are calculated.

The report proposed a cross-party group made up of Members of the Select (Overview and Scrutiny) Committee, consisting of a total of 8 Members: 5 Conservative Group, 2 Liberal Democrat Group, 1 Labour Group or 1 Independent Group.

An amendment to the above was proposed to the above to say – 9 Members: 5 Conservative Group, 2 Liberal Democrat Group, 1 Labour Group and 1 Independent Group. This amended position was approved unanimously.

RESOLVED

To initiate a Working Group to review proposals, subject to Stage 2 consultations, relating to the adult social care grants programme for voluntary, community and social enterprise organisations, the withdrawal of all funding for non-statutory Homelessness Support Services and changes to the way in which contributions towards non-residential social care costs are calculated, as per the Terms of Reference appended to the report.

To agree membership of the Working Group as follows, with group leaders to provide their nominations to the Chairman:

9 Members: 5 Conservative Group, 2 Liberal Democrat Group, 1 Labour Group and 1 Independent Group.

157. **WORK PROGRAMME**

The Committee received a report from the Director of People and Organisation setting out its work programme into 2024.

Items planned for the 16 January meeting included:

HCC

Receipt of the report of the Care Homes Working Group
To consider the revenue and capital programme budgets for the Adults' Health and Care department.

NHS

Whitehill & Bordon Health and Wellbeing Hub Update
Proposal to create an Elective Hub – Hampshire Hospitals / HloW ICB

Chairman,

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

| | |
|---------------------|--|
| Committee: | Health and Adult Social Care Select Committee |
| Date: | 16 January 2024 |
| Title: | Pre scrutiny pf HCC Care Older Adults Portfolio - Proposed Service Changes |
| Report From: | Director of Adults' Health and Care |

Contact name: Paul Archer, Deputy Directors, Adults' Health and Care

Email: Paul.archer@hants.gov.uk

Purpose of this Report

1. At their July 2023 meeting, Cabinet approved in principle an investment programme for HCC Care's Older Adults service portfolio, comprising of new homes, refurbishments and expansions and home closures but subject to a public consultation which they requested the Health and Adult Social Care Select Committee to oversee.
2. In July 2023 the Health and Adult Social Care Select Committee initiated a Working Group to oversee and scrutinise the approach and outcomes of the HCC Care Service proposals formal public consultation.
3. The Working Group has now concluded and presents its findings to the full Committee for consideration (see Working Group Report appended). This report should be read alongside the Draft Report to the Executive Lead Member for Adult Social Care and Public Health prepared by Officers (see Executive Lead Member Report appended).
4. The Executive Lead Member for Adult Social Care and Public Health is due to consider the proposals relating to HCC Care service changes to the Older Adults residential and nursing homes portfolio as set out in draft Executive Lead Member report at her decision day at 2:00pm on 8 February 2024. The Select Committee have the opportunity to make recommendations to the Executive Lead Member regarding these proposals, for her to take into account alongside the advice provided to her.

Recommendation(s)

That the Select Committee:

5. Supports the recommendations made by the Working Group (at paragraph 9 a to h in the Working Group report).

Furthermore, in regards to the HCC Care service changes to the Older Adults residential and nursing homes portfolio proposals referenced in the attached reports, that the Select Committee:

6. Supports the recommendations made by Officers to the Executive Lead Member for Adult Services and Public Health (at paragraphs 13 a-l of the Draft Executive Lead Member Report).

And/Or:

7. Agrees any alternative or additional recommendations or specific points to be referred to the Executive Lead Member for Adult Social Care and Public Health, with regards to the proposals set out in the attached report.

6. Equally, the Working Group Members appreciate the obligations the County Council has, to look forward and consider future service provision from the perspectives of the sustainability of the HCC Care Service itself and in terms of the growing needs of prospective new clients both now and into the future.
7. Having given due consideration to all that has been analysed and evidenced over the past 5-6 months, including robustly reviewing the responses from the formal public consultation process, understanding more about the high quality and experience of HCC Care and Care Management in terms of sensitively meeting client needs, and seeking assurance and mitigations from officers, the report confirms the support of the Working Group for all the proposals consulted on, including support for the cessation of residential services at the homes highlighted in paragraph 5.
8. The Working Group are aware that recommendations in support of the individual site proposed closures will be submitted by officers to the Executive Lead Member for consideration and approval at her February Decision Day. The final decision report will also include the key elements of today's HASC scrutiny of the proposals and in addition, the HASC Chair will be able to write to the Executive Lead Member ahead of the Decision meeting and relay specific points of interest that HASC would ask the Executive Lead Member to consider prior to taking her decision(s).

Recommendations

9. The HCC Care Proposals Member Working Group ask HASC to:
 - a) Acknowledge that a robust cross party Working Group process, Chaired by Councillor Briggs, and consisting of 9 HASC Members, has been in operation since it was established at the end of July 2023.
 - b) Note that Member Working Group participation was strong, regular, and consistent throughout the 5-6 month period and that 8 Working Group meetings took place in total, including 4 meetings from early December following receipt of the findings from the public consultation.
 - c) Note that, in addition to the Working Group meetings, Members of the Working Group visited 4 HCC Care homes to better understand the operating conditions and variability of the current service offer, and to help 'bring to life' the drivers for the Cabinet approved investment plans and specifically the closure proposals that the public were being consulted on.
 - d) Note that the Working Group witnessed the limitations of existing HCC Care settings and approved a Care Homes video to be produced and to be shared with the wider HASC and public at today's meeting.
 - e) Note that the Working Group, having carefully considered and debated a wealth of information including from the public consultation findings, support the proposals being taken forward to the Executive Lead Member's February meeting, acknowledging that the final report will also include the main points that result from today's HASC meeting.

- f) Note, that in supporting the proposals on which the public consultation was based the Member Working Group back the HCC Care investment plans agreed to in principle by Cabinet, recognising that additional beds in more fit for the future homes will help the County Council to better meet the future requirements of Older Adults, especially those with complex needs.
- g) Note, that the 9 strong Member Working Group individually support:
 - 1. the permanent closure of Copper Beeches and Cranleigh Paddock Residential Care Homes,
 - 2. the closure of Bishops Waltham House, Green Meadows, and Solent Mead (including the Day Service) Residential Care Homes,
 - 3. the cessation of residential care provision at Oakridge House, Ticehurst and Emsworth House as part of the plans to modernise and expand these Homes,
 - 4. the closure of Malmesbury Lawn and Westholme on the completion of the proposed new builds at Oak Park and Cornerways.
- h) Specifically recommend to the Executive Lead Member that if she does approve the HCC Care home closure proposals at her 8 February Decision Day, and to minimise future impact for the homes that will cease providing standard residential services, that the 6 homes in question (2 and 3) above, stop admitting new clients with immediate effect.

Contextual information

- 10. On 18 July 2023, Cabinet approved a set of service recommendations in relation to the proposed future service direction of HCC Care's Older Adults service portfolio, including a formal public consultation on proposed home closures and existing home modifications. At Cabinet, it was recommended that HASC be asked to set up a Working Group to oversee a formal public consultation exercise that commenced on 4 September 2023.
- 11. The Cabinet report recommended a capital investment of some £173m in the HCC Care Older Adults portfolio with the investment addressing high priority maintenance and health and safety issues as well as providing for a major suitability programme that would result in more modern, fit for the future homes and an increase in bed numbers from circa 900 as now to just more than 1,000 on completion of the proposed investment projects.
- 12. The proposed capital investment programme combines the building of three new homes, modifications/expansions to three existing homes and the proposed closure of seven homes, two of which have been temporarily closed since November 2021 and two of which would remain in service until they are able to be replaced by two of the proposed new builds. The investment business case is not dependent on the use of capital receipts should it be decided to sell any of the sites that are proposed to close.
- 13. It was acknowledged that the proposed service changes would result in a material change to the existing HCC Care service operation with impacts for existing residents/their families, staff, the overall service configuration, the

service focus, and for wider stakeholders. The proposed changes were thus agreed in principle by Cabinet but subject to a formal 10-week consultation process that ended on 12 November 2023.

14. The formal public consultation process was specifically in relation to the proposed home closures and the proposed existing home modifications and sought views on the following:
 - the proposed permanent closure of two residential homes currently temporarily closed for operational reasons: Copper Beeches and Cranleigh Paddock.
 - the proposed closure of three residential homes at Bishops Waltham House, Green Meadows, and Solent Mead (including the Day Service), within 6-12 months of the decision (timings to be confirmed) for service and financial reasons.
 - the proposed closure and relocation of the residential service at Malmesbury Lawn and the residential and nursing service at Westholme, mainly for service proximity and workforce reasons, at the time both proposed new-build facilities (at Oak Park and Cornerways), become operational (not until 2027 at the earliest).
 - the proposed cessation of residential services at Oakridge House, Ticehurst and Emsworth House (not before the end of 2025) as part of extensive modifications and expansions of the three homes.

The Working Group – Membership, Approach and Considerations

15. The HASC Member Working Group was agreed to at an end of July HASC meeting and was made up of a cross party group of 9 Members which included: Cllr Ann Briggs (Chair) Cllr Bill Withers, Cllr Phil North, Cllr Kim Taylor, Cllr Sarah Pankhurst, Cllr Lesley Meenaghan, Cllr Jackie Branson, Cllr Wayne Irish, and Cllr Alan Dowden.
16. At the initial meeting in August, the terms of reference and role of the Working Group were agreed (see Appendix 1). An overview of the public consultation documentation and approach was shared by officers, including proposed communications/engagement and a plan for HASC Member visits to a selection of HCC Care home settings. The approach and plans were agreed.
17. As an entity, the Working Group evolved well and operated strongly following our initial meeting. Attendance was strong throughout and engagement and dialogue with officers was always open, informative, and assuring. This enabled invaluable and informative two-way discussions.
18. The meetings allowed sufficient opportunity for Members to ask questions, to raise issues and to properly scrutinise the work of, and the approach taken by, officers. In turn, the officers answered questions openly and competently. The regularity of the meetings and the information taken from them also allowed helpful updates of progress to be provided to the formal HASC meetings in September and in November via Chairman's Announcements.

19. Members were unanimous in their praise for how informative and helpful the home visits proved. They brought to life the range of considerations that clearly went into the forming of the service portfolio proposed changes that was the driver for the 10-week formal public consultation process.
20. We met 8 times in total, and each meeting gave Working Members the opportunity to question and scrutinise the approach being taken to the formal public consultation as well as to be informed of and comment on the progress, responses and matters arising from the consultation.
21. We met 3 times during the public consultation process allowing us to review progress in terms of received consultation responses and we discussed the take up and the headline output from the planned engagement with residents, their families/representatives and with staff which was understandably strongest at the 3 residential homes that would be subject to closure within 6-12 months should the change proposals be approved next month. The engagement offers to residents and their families extended to 1-1's and to additional private meetings with HCC Care staff, with Care Management (Social Worker) staff.
22. We were advised of the strong, supporting role that independent advocates played in terms of working with and assisting all clients to understand the process. This included supporting the clients through any questions that they had, supporting them to express and communicate their wishes and feelings about the proposed changes and to help them to feedback.
23. Positively, the issues raised in the informal resident and family conversations, including with advocates, were followed through in terms of the formal consultation route. Not surprisingly, the responses received mainly revolved around uncertainty about the future if the proposals are approved. This topic is returned to and covered in more detail in the Consultation Findings section later in this report.
24. For the other homes that were part of the consultation, and despite the offers of engagement being regularly made throughout the 10-week period, the Working Group were consistently advised that there was significantly less interest and take-up especially from residents and their family/representatives.
25. The Working Group were understanding of this outcome. The proposed changes at Oakridge House, Ticehurst and Emsworth House for example, are some years off if approved in February 2024 with work at the sites not commencing until the end of 2025. Working Group Members accepted that personal interest at this time both for residents, their families/representatives and for staff was always likely to be markedly lower than for the homes under more immediate threat of closure. For Malmesbury Lawn and Westholme, we were advised that there was less interest. Again, we were not surprised given that the proposed changes for these homes are between 4 and 5 years away.
26. During the consultation period, we received updates in relation to the staff engagement. We were advised that a formal HR consultation was undertaken in relation to the staff working at, or still connected to, the residential service homes that are proposed to be permanently closed. This included staff who

were previously employed at Copper Beeches and Cranleigh Paddock in addition to the 3 homes that much of the report is based on.

27. We understood that the formal HR process ensured that regular contact and engagement was enacted, and this extended to positive meetings with Trade Unions that took place every 2-3 weeks during the consultation process as well as prior to it starting. We were also made aware that engagement with the Trade Unions has positively continued beyond the end of the consultation.
28. The Working Group was regularly updated on the main points arising from the staff consultation and we were pleased to learn that 97% of staff potentially affected by the proposed changes engaged with the formal HR process on a 1-1 basis, as well as taking part in generic sessions. We were advised that the remaining 3% were either in the process of moving on or were on long-term sickness or maternity leave. In these latter cases, engagement and communication via written communication was organised.
29. We were also encouraged to learn that 70% of staff expressed a wish to continue to work for HCC Care in the future and where possible and practical this would be prioritised if the proposed changes are approved. For the remaining near 30%, these staff have expressed a wish to be considered for voluntary redundancy. Working Group Members support staff being treated in a dignified manner but hope ultimately that voluntary redundancy levels are at the lowest practical levels given the quality of staff inputs that we witnessed and given the workforce challenges being experienced across Health and Social Care.
30. Post the consultation closing, 4 further Working Group meetings took place following receipt of the findings/outcomes of the public consultation exercise from the report produced by the Corporate Insight and Engagement team. These 4 meetings allowed us to discuss and debate the consultation findings at length and to further engage with and ask questions of officers relating to the issues raised through the consultation. Details of the discussions that we had with officers on the consultation findings including understanding the mitigations, and of the conclusions we drew, are covered after the Care Homes Visits section of this report.

The Working Group Care Home Site Visits

31. The Member Working Group visited 4 different HCC Care sites as part of our work programme, aimed at helping us to better understand the context and the drivers for the investment proposals and the rationale for the proposed home closures upon which the public consultation was based.
32. Officers arranged for us (and all HASC Members) to visit Bishops Waltham House, Emsworth House, Hawthorn Court and the Clarence Unit, noting that proposals for the first 2 of these homes were included in the formal public consultation process. All bar 1 of the 9 Members of the Working Group attended all the 4 homes with the remaining Member able to visit 3. To avoid overwhelming residents or the running of the individual Care home services, no more than 3 Members were accommodated at any home at any time.

33. The visits were well organised and expertly hosted. Tours of each of the sites were conducted in a very open manner and we had time for unstructured and informal question and answer sessions led by the Members, often with the Registered Manager and a selection of available staff and residents.
34. The informal time spent with staff at Bishops Waltham House and at Emsworth House proved informative with those we engaged with clearly being in support of the proposals and recognising the benefits for them and all staff to be able to operate from 'fit for the future', modern facilities. Additionally, a Working Group Member also had the same experience when informally and separately visiting Green Meadows to help gauge staff opinion there.
35. The Working Group witnessed excellent care delivery during the organised visits, and we were each highly impressed by the commitment, dedication and skill of the staff delivering the care to residents. We were aware, prior to the visits, that HCC Care has a strong reputation for the high quality of the care it provides and pleasingly, the visits helped to confirm that position.
36. Reflecting on what we learnt from the visits, including from the informal discussions we had with staff, the Working Group unanimously agreed that the high quality of care being received by residents was testament to the values, the commitment and the skill of the staff, in the cases of Bishops Waltham House and Emsworth House, despite the limitations of the buildings and the conditions in which the staff are asked to operate in.
37. We couldn't help but notice cramped conditions, personal space that doesn't meet Care Quality Commission (CQC) standards (confirmed in the public consultation documentation) including rooms requiring commodes in the absence of personal toilets. Other limitations were also noticed including narrow/tight corridors and the struggles for staff to carry out their important duties including regularly having to move furniture and not being able to easily support residents who require moving or assistance with personal care needs.
38. The lack of personal dignity was of real concern to every Member, as are the conditions that staff are asked to operate in. We were all agreed that this can no longer be an acceptable way to operate and is not something the County Council can continue to endorse in this era let alone into the future.
39. In reaching this consensus, we agreed that the proposals to close homes where the buildings (and internal layout) are not fit for purpose, that are becoming less and less attractive to potential new clients and to staff and would not be able to be re-registered with CQC by an alternative provider without extensive modification, are valid and should be supported but only after due consideration of the consultation responses. We also acknowledged that supporting the proposals and in turn the capital investment strategy, would almost certainly provide the best opportunity for HCC Care to have a sustainable and successful future.
40. The Working Group Members were also encouraged by their visits to Hawthorn Court and to the Clarence Unit, noting positive examples of high-quality personal care space, building design, spacious corridors, good lighting, of visible Nursing stations, use of technology, individual resident medicine cabinets etc. It was explained that the proposed new builds and the proposed

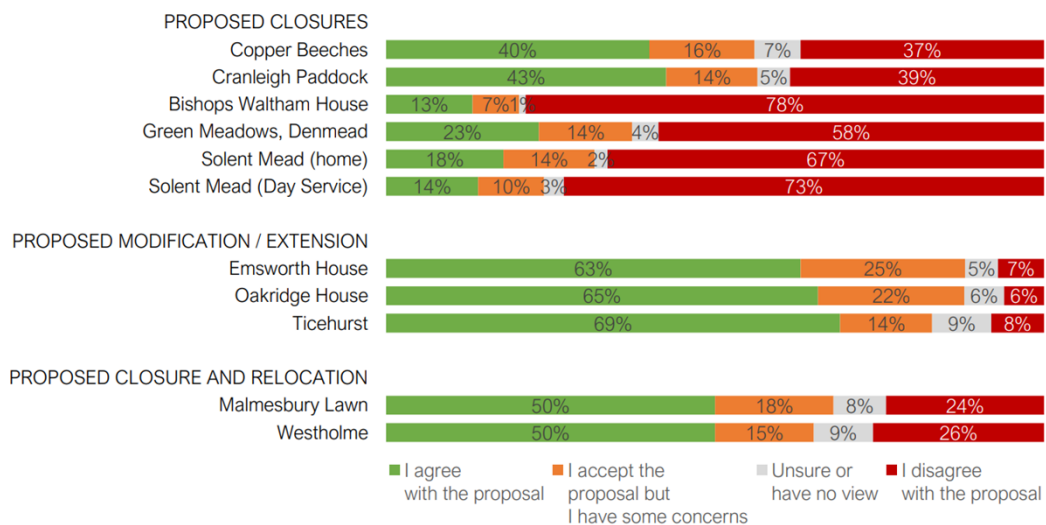
refurbishments/expansions would be predicated on taking the best of Hawthorn and Clarence and ensuring that these become the minimum standards on which the proposed investment projects are based on.

41. We all strongly supported the visits being made available to all HASC Members and believe the strong overall attendance achieved, and the release of the Care Home video (produced to outline the main learnings from the Member visits), will mean that today's debate of the consultation outcomes and any considerations to be passed on to the Executive Lead Member for her February Decision Day, will be better informed.

The Consultation Findings/Outcomes

42. The findings from the consultation process produced by the Corporate Insight and Engagement team, were circulated to the Working Group at the end of November and were discussed in detail and fully debated during the 4 Working Group meetings from December 2023. The headline themes from the consultation including positive features, concerns and impacts and other key considerations/points raised are shown in Appendix 2. These are also summarised and commented on in this section of the report.
43. The Working Group were pleased to learn of the high overall response to the consultation with 724 responses recorded in total, with nearly 300 of these happening in the final 2 weeks of the 10-week consultation period. We were advised that almost 98% of the consultation responses fell into the following respondent groups:
 - residents, their families, others with a connection (32%),
 - staff (or volunteers), either working at the homes covered by the consultation, or who work, or have worked for the Directorate (13%),
 - people who live near to the homes covered by the consultation (24%),
 - people and/or organisations, such as the NHS, with an interest in the proposals (28%).
44. The overall response level reflected well on the regular promotion of the consultation to different stakeholders and on the approach taken by officers to offer opportunities throughout the 10-week consultation period for residents, their families, their representatives, and for staff to engage and be supported.
45. The Working Group noted that a good number of respondents wanted their response to cover more than one, or the entirety of the individual proposals, and to this end, every home covered by the consultation had at least 77 responses attributed to it.
46. We were particularly pleased to note (see table on the next page) that there were higher levels of support than disagreement for 3 of the 4 proposal categories: namely the immediate permanent closure of Copper Beeches and Cranleigh Paddock, the proposed modifications and expansions of Emsworth House, Ticehurst and Oakridge House from the end of 2025, and the proposed closure and replacement of Malmesbury Lawn and Westholme most likely in early 2027.

47. This left one category area, the proposed closures - within 6-12 months of the Executive Lead Member decision - of 3 existing residential homes (Bishops Waltham House, Green Meadows, and Solent Mead) that there was strong opposition to, with at least 2/3rds of the respondents disagreeing with the proposed closure.
48. This did not come as a surprise to the Working Group and reflected what we had learned regularly from Officers whilst the public consultation was in train. The level of disagreement regarding the home closures in this category varied as follows: Bishops Waltham House (78%), Green Meadows (68%), and Solent Mead, including the Day Service (67% and 73% respectively).



NB: Many of the 724 respondents shared their views on more than one proposal.

49. The strength of public feeling for the 3 current homes proposed to close, be that via the consultation responses or through separate petitions, was acknowledged by the Working Group. We noted that in the case of Bishops Waltham House, some 27,000 signatures had been secured for their petition against the home closure either through the online 'change.org' return or from paper signatures. 1,008 of the petition responses were from a validated Hampshire address or postcode which is a requirement of the County Council's petition process. Whilst the numbers secured for petitions in respect of Green Meadows (216) and Solent Mead (to be confirmed) were considerably lower, nonetheless they provided good evidence of support for the homes to remain operational.
50. Accepting that the Working Group task was to remain as objective as possible, we turned our attention to the consultation responses received from each of the groups outlined above, with a particular focus on the responses received in relation to Bishops Waltham House, Green Meadows and Solent Mead and we set about testing officers regarding mitigations and answers to the concerns raised.

Responses from Residents, their Families/Representatives or People with a connection to the Residents

51. The Working Group were advised that the responses received from this group of respondents mainly centred around the uncertainty for residents and their families if the closure proposals are approved next month. This included concerns about 'what is going to happen to me', what the alternative care choices will consist of and where, 'will I still be visited' and 'how might this affect me financially'. In addition, other concerns were raised including loss of relationships with other residents and with staff, and loss of routine.
52. We asked officers to provide information regarding alternative provision for the 3 sites that respondents were most concerned about and for the 3 refurbishment sites that would also result in the cessation of standard residential services, albeit not until late 2025. We were pleased to see that CQC rated good or better alternative provision exists in plentiful supply within 10 miles of the homes. The Working Group were advised of how 86% of all residential and nursing placements in 2022/23 had been organised with the independent sector and we were shown details of how many homes within the 10-mile radius cater for residents that the County Council is responsible for. We were also given details of overall vacancy levels and were comforted to learn that these were plentiful - see Appendix 3.
53. The information provided confidence to the Working Group of just what an important and competent role the independent sector plays in terms of meeting the needs of the County Council's care requirements. We were further assured that a new Care Home Framework arrangement with the market has also recently been approved and is aimed at improving and tightening relationships further, so that the availability of CQC good quality provision, at increasingly competitive and affordable prices, can be even better relied upon.
54. We were very encouraged by the level and quality of information held for each of the 77 residents across Bishops Waltham House, Green Meadows and Solent Mead - the 3 current homes that there was strong opposition to the closure proposals. It demonstrated deep knowledge and relentless work to ensure that the understanding of each resident and related family concerns, is thorough and robust. We agreed how important this is, especially if the proposals to close the homes are approved next month.
55. We were shown information regarding the level of self-funders (9 of the 77 current residents and none at Solent Mead) and officers confirmed that alternative provision prices for these residents will be competitive. We were also made aware that for those residents who make partial contributions to the costs of their care they will be unaffected financially by a move to alternative provision.
56. In terms of resident visits, we learnt both about frequency and about how family and other visitors get to the homes. We were advised and were sad to learn that 15 of the current 77 residents are never visited and that a further 7 residents are visited very infrequently. Of the 55 residents who are more

regularly visited by family and/or friends, at least 49 are visited by people who access the homes by driving.

57. We were also advised of the very dynamic nature of HCC Care service provision including seeing analysis regarding the reductions in occupancy at the 3 homes proposed to close since the Cabinet report was published in July 2023. Part of the overall position will be explained by a drop off in admissions since the proposals were announced but what the table below highlights is 18 of 95 residents who were at the homes in July now having moved on. This will be for different reasons including a change in care needs, family choice or regrettably end of life.

| Home | Total Beds | Occupancy July 2023 | Occupancy Dec 2023 |
|-----------------------|------------|---------------------|--------------------|
| Bishops Waltham House | 35 | 27 | 26 |
| Green Meadows | 42 | 39 | 29 |
| Solent Mead | 35 | 29 | 22 |
| Total | 112 | 95 (85%) | 77 (69%) |

58. The above table helps to highlight the under occupancy (<85%) that has been a feature of service performance over the past few years, and this was part of the consideration for the portfolio proposals being developed. It shows how occupancy levels have reduced to less than 70% over the past 5 months and it should be noted that 2 residents at Bishops Waltham House have been admitted in this recent period as temporary, short-term admissions, pending their onward care needs being established and organised.
59. Continuing the dynamic nature of care provision theme, we were also advised that 31 of the 77 residents, are due to be re-assessed by the end of this quarter mainly due to deterioration/increased needs that will likely result in most needing to move on to more appropriate care settings. This includes necessary moves to Nursing Care homes and in a smaller number of cases, to homes better able to support people with complex dementia needs. The nature of long-term care provision is that some of the 46 remaining current residents are also likely to regress during 2024 and they too will be re-assessed as appropriate.
60. The Working Group are confident that HCC Care staff and Care Management (Social Workers) have the necessary skills and experience to sensitively plan and execute moves to alternative care homes. Aside from this being a task that is carried out daily, in the case of responding to changing needs of current clients and/or delivering on family requests for moves, HCC Care staff and Care Management staff successfully transitioned 39 residents from Copper Beeches and from Cranleigh Paddock when the two homes were closed for operational resilience reasons back in November 2021.
61. More recently, staff from HCC Care presided over the safe temporary moves from Westholme when 20 residents needed to be evacuated urgently in June this year following a sprinkler incident which led to flooding of rooms across 2

floors. Whilst different in nature and clearly temporary, the moves were expertly handled and, in some cases, those who were moved, requested to stay permanently in their new (temporary) accommodation.

62. The Working Group also discussed the high number of concerns that were received in relation to the loss of the Day Service at Solent Mead if the closure of the home is approved.
63. We were advised that the service, that operates 3 days each week is highly valued even though currently there are just 13 clients that are supported. 8 of the clients attend just 1 of the 3 days each week. We were also informed that alternative Day Service provision exists in New Milton and in Dibden. HCC Care operates a service in New Milton that can cater for both Older and Younger Adults whilst Age Concern run Day Services in both locations. In all 3 examples, spaces are available for additional users. Whilst positive, it was acknowledged that the alternatives will not always be straightforward for the existing clients or their families to access.
64. We were also advised that demand for Day Services was in decline prior to the Covid pandemic and the situation has got worse in the past 2 years. This has prompted a Day Service review that is currently being undertaken by the Directorate. Engagement with service users and service providers is a key part of the review as is looking at alternative forms of support. Officers also confirmed that running a service for such a small number of 13 clients is not a viable option and that the point of the service review was to try to find a way forward that is helpful and sustainable for all.
65. Taking everything learned and/or witnessed into account in relation to the points raised by the consultation, the Working Group agreed that there was nothing material from this element of the consultation response that would prevent us from supporting the closure proposals.

Responses from Staff and/or Volunteers who work at the Homes or have worked at the homes.

66. The responses received from this group of respondents were the most positive of the 4 groups. There was stronger support for each of the 10 proposals than there was disagreement and even in the case of Bishops Waltham House the result was 60% in favour with 33% opposed. By comparison, the result for Green Meadows came out at 85% in favour and 10% opposed.
67. The general support for the proposals (very high support in some instances) is encouraging and is consistent with what we witnessed during our visits to homes and what was expressed to us in the informal discussions we had with staff. There is little doubt in the minds of the Members of the Working Group (and we have expressed this earlier in this report) that the high quality of the care provided by those employed by HCC Care is testament to the values, the commitment, and the skill of the staff, and is despite the conditions in which some of them are asked to operate in.

68. The Working Group acknowledges the strong caring nature of the staff and recognises that for some, they have worked loyally for many years at the care homes they operate at and that they care deeply about today's existing residents. In this regard, it is inevitable that some are finding the change proposals difficult to accept and this has undoubtedly contributed to some 30% of staff across the 3 homes, who will be directly impacted if the closure proposals are approved, applying for voluntary redundancy.
69. The Working Group unanimously agreed that the staff/volunteer responses were largely positive and there was nothing material from this element of the consultation response stopping us from supporting the closure proposals.

People who live close to a home that is proposed to close.

70. Most responders in this group, responded in relation to Bishops Waltham House, Green Meadows, or Solent Mead. Interestingly, views were mixed, with very strong opposition to the closures of Bishops Waltham House and Solent Mead, but with support (60:40) for the closure of Green Meadows.
71. Disagreement was expressed in relation to Copper Beeches and Cranleigh Paddock (the 2 homes that have been temporarily closed since November 2021), whilst at the other end of the spectrum, support for the proposed closures and relocations and the proposed modifications and expansions was strong or in the latter cases, unanimous.
72. Amongst the views received, concerns were expressed about the loss of valued community assets particularly in relation to Copper Beeches, Bishops Waltham House, and Solent Mead. Some respondents were concerned about the availability of public transport especially in rural areas and the New Forest, which could compromise family and friend visits to alternative care settings. Respondents also did not want to see the sites sold for private housing or flats and argued that alternative public service uses should be considered including for the elderly, for the homeless or indeed for children's homes.
73. The Working Group are aware that possible future alternative uses have not yet been considered and as such, understand that uncertainty will have helped fuel the number and type of responses received. Equally, the Working Group support that alternative use(s) can only be considered if the Executive Lead Member does approve the closure proposals at her February meeting.
74. We also acknowledged that as the investment business case is not predicated on using capital receipts from possible sales of the sites proposed for closure; this should open the door for meaningful future engagement with interested communities regarding the options for future uses of the sites. This could include third party interest in some form of continued Care Home operation but as referenced earlier it would not be possible to secure re-registration with CQC, without extensive modification.
75. In terms of the public transport concerns and the possible impacts on resident visits, evidence of community transport operations for Bishops Waltham, Denmead (Green Meadows) and Lymington (Solent Mead) were provided, and this was in addition to the 'driver' information. The Working Group are

assured that visits to alternative care sites should be able to largely or wholly replicate the frequency of visits that happen now and were reassured that the community transport options also offer additional means for the very limited number of family and/or friends who do not have access to their own car.

76. The Working Group concluded from their review of the responses received from people living close to the sites and from the mitigations and information supplied by officers, that there was nothing material from this element of the consultation response that prevents us from supporting the closure proposals.

Responses from Others with an interest in the proposals, including Democratically Elected Representatives and from Organisations.

77. As a Working Group, we dedicated a meeting to discuss and debating the responses received from this final category of respondents which included 13 responses from organisations and 16 responses from democratically elected representatives. A range of views were received including from those who wished to challenge the strategic direction that Cabinet approved back in July 2023, whilst other responses complemented comments received from those living near to the sites about the loss of community facilities and again, in respect of Solent Mead, the loss of the valued Day Service.
78. Concerns were expressed about the ability of HCC Care to attract the additional professional staff that would be required to support a bigger operation that is more geared to higher need clients. Officers articulated the recruitment and retention successes achieved by HCC Care over the past 12 months despite the well-known workforce challenges that exist across Health and Social Care. This has included a variety of positive initiatives including an internal Nurse conversion scheme.
79. Permanent staffing levels are at an all-time high and the gains made this past year is the equivalent of reducing vacant hours by more than 150 full time equivalent staff. With the first of the investment projects not set to be completed until early 2027, there is high confidence (not adversely impacted by the proposed changes to the Legal Migration Rules for Family and Work Visa - announced by Government recently) that staffing levels will be where they need to be, especially as HCC Care will be looking to recruit staff to modern, fit for the future homes.
80. A repeated point raised concerned the size of the proposed new or refurbished sites and the negative impact that residents will feel from not being able to reside in smaller facilities that have a more homely atmosphere. The Working Group saw for themselves the comfort and the sense of belonging to a friendly/welcoming/caring community that exists at both Hawthorn Court and at the Clarence Unit. These two homes operate at the c80 bed level that the investment proposals are based on. The homes operate very much as homes within an overall home, with groups of no more than 20 residents benefitting from their own facilities and from dedicated staff.
81. Another point that was expressed repeatedly was why can the 3 homes proposed for closure, not remain open until the investment projects are completed. We were advised that the homes are not viable to remain

operating and would also require significant repair and maintenance expenditure over the coming years to ensure that the homes are safe to operate in. Such expenditure cannot be justified given that it would run to many millions of pounds and would not address the attractiveness of the homes or increase bed numbers to improve viability. Officers also reminded us that the proposed new and/or upgraded facilities are being designed to cater for people with complex care needs including nursing or advanced dementia. Additionally, we were reminded of the dynamic and changing nature of resident stays in our care homes.

82. In terms of the organisation responses, these included both endorsement of the proposals and disagreement. Pleasingly, the two NHS Integrated Care Boards serving Hampshire residents (as well as University Hospital Southampton) expressed support for the proposals, both asking to work closely with the County Council if the proposals are approved. Both acknowledged the need to work closely with GP Practices who are situated in locations where investment projects are planned to be developed. The Working Group were also pleased to read the response from Hampshire UNISON which was openly welcoming of the planned significant investment being proposed.
83. We also noted a small number of positive comments received from Democratically Elected Representatives specifically in respect of the Oakridge House refurbishment proposals but also in relation to Solent Mead and Cranleigh Paddock albeit with requests to locate the, proposed new (but as yet, location unconfirmed) New Forest home in Lymington or as close to it as possible. The Working Group were advised that work to finalise a suitable New Forest location is on-going and that discussions regarding possible locations with New Forest District Council are being progressed.
84. Conversely, the Working Group also reviewed the responses Lymington and Pennington Town Council and from other Democratically Elected Representatives that were not supportive of the proposals for Solent Mead or for Bishops Waltham House. Within the comments received were concerns about the loss of the valued Day Service, concerns regarding accessibility to alternative locations, and requests that if the homes are closed then every effort should be for them to continue to serve the public wherever possible.
85. The Working Group concluded from their review of the responses received from other people, organisations, and Democratically Elected Representatives and from the mitigations and information supplied by officers, that there was nothing material from this element of the consultation response that prevents us from supporting the closure proposals.

Conclusions

86. Having debated at length and in some detail the consultation findings, the Working Group had to weigh up all that had been learnt from the 5 months of our work including from the extensive discussions with officers and from the site visits that we all actively took part in.

87. In respect of this latter area, and as outlined in the 'Care Homes Visits' section of the report, the Working Group couldn't help but notice from its visits to Bishops Waltham House and to Emsworth House, the cramped conditions for residents and staff, the tight corridors, and the wholly inadequate personal space limitations that are simply not fit for purpose, that do not meet Care Quality Commission (CQC) standards and that the County Council should no longer be prepared to operate from.
88. Whilst other limitations were also noticed, including challenging operating conditions for staff, the lack of personal dignity for residents was of real concern to every Member on the Working Group. We were all agreed that this can no longer be an acceptable way to operate and is not something the County Council can continue to endorse in this era let alone into the future.
89. We were impressed with the commitment, the skill, and the caring nature of the staff at the sites we visited. We also took comfort from the informal discussions we had with staff, who mainly expressed strong support for the different proposals that are due to be decided on.
90. Our discussions and debates with officers regarding the issues raised by the public consultation, were as described in this report, thorough. It was clear from the consultation responses submitted that uncertainty about what the future holds for our existing 77 residents (at Bishops Waltham House, Green Meadows, and Solent Mead) was the key concern. This uncertainty extends to what alternative care provision would be offered and where, what quality of care is available, how accessible it would be for visitors and what the financial impact might be for those who fund their care.
91. Each of the above points were robustly responded to by officers, and as part of the 2-way discussions the Working Group got a real sense of just how dynamic and complex the Older Adults care arrangements are. This included understanding the changing nature of in-house occupancy, the extent of annual residential and nursing service placements, the availability of CQC rated good (or above) care that exists in the open market and the constantly changing (increasing) care needs of residents being supported in our HCC Care homes.
92. We were impressed by the level of information held for each existing client. In summary form, this provided intelligence on a range of matters from funding arrangements, to visit information (those visited/those not), and intelligence about how families/friends access the current care homes. High level information about changing care needs and planned re-assessments was also debated.
93. Taking everything into account, we were unanimous in our view that the proposals to close homes where the buildings (and internal layout) are not fit for purpose and will become less and less attractive to potential new clients and to staff, in turn making them less and less viable, are valid and should be supported and that the mitigations and/or answers to the main concerns raised through the consultation are strong and are able to be relied upon. We thus recommend to HASC that this position is formalised and that HASC

recommend that the Executive Lead Member approves the proposals at her decision day in February.

94. It is important to stress that Working Group Members did not reach the above decision lightly and as Chair of the Group, and speaking on behalf of all 9 Members, I hope that the work and chronology of events and experiences described in this report, demonstrate to all those with a vested interest in the change proposals, to the consultation respondents and to HASC, of the thoroughness of the work that we have undertaken over the last 5 months.
95. Lastly, we recognise that the support of the Working Group for the closure proposals will be disappointing to those most impacted. The Working Group are confident that should the decision be made to close Bishops Waltham House, Green Meadows, and Solent Mead, that the Care Management support and the support from the staff at the specific homes, for the affected residents and their families will be of the highest order.

Consultation and Equalities

96. Robust Equality Impact Assessments detailing the impacts and mitigations for service users and separately for staff, have been completed and are included in the draft Executive Lead Member Decision Day report that is next on today's HASC agenda.

APPENDIX 1

HEALTH AND ADULT SOCIAL CARE SELECT (OVERVIEW AND SCRUTINY) COMMITTEE TASK AND FINISH WORKING GROUP ON HCC CARE SERVICE PROPOSALS

TERMS OF REFERENCE

1. Introduction

- 1.1 The purpose of the HASC Working Group is to oversee a formal public consultation exercise that is due to commence 4th September 2023 following Cabinet approval of a set of service recommendations in relation to the HCC Care Older Adults portfolio that they considered in July.
- 1.2 The Cabinet report recommended a capital investment of some £173m in the HCC Care Older Adults portfolio with the investment addressing high priority maintenance and health and safety issues as well as providing for a major suitability programme that would result in more modern, fit for the future homes.
- 1.3 The proposed capital investment programme combines three new homes, modifications, and expansions to three existing homes and seven proposed home closures as detailed in paragraph 1.5.
- 1.4 It is acknowledged that these proposed service changes would result in a material change to the existing HCC Care service operation with impacts for existing clients, staff, the overall service focus, and configuration, and for wider stakeholders. The proposed changes will therefore be subject to a comprehensive formal consultation process that will commence at the beginning of September.
- 1.5 The formal public consultation process is specifically in relation to the proposed home closures and the proposed existing home modifications. The formal public consultation will therefore seek views on the following:
 - the proposed permanent closure of two homes currently temporarily closed for operational reasons: Copper Beeches in Andover and Cranleigh Paddock in Lyndhurst,
 - the proposed closures of Bishops Waltham House, Solent Mead (which also caters for Day Services), and Green Meadows in 2024 (exact timings to be confirmed) for service and financial reasons.
 - the proposed closure and relocation of Malmesbury Lawn and Westholme, for service proximity and workforce reasons, at the time both proposed new-build facilities (at Oak Park and Cornerways), become operational (not before the end of 2026).

- proposed existing site modifications and expansions of Oakridge House, Ticehurst and Emsworth House.

2. Role and Purpose of the Task and Finish Working Group

- 2.1 The Task and Finish Working Group is a working group of the Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC) and is appointed in accordance with the Constitution of Hampshire County Council.
- 2.2 The Task and Finish Working Group's purpose is to oversee and scrutinise the approach and outcomes of the HCC Care Service proposals formal public consultation.
- 2.3 The Task and Finish Working Group will provide a report to the HASC for consideration.

3. Scope of the Task and Finish Group

- 3.1 This working group is being formed to oversee and scrutinise the approach and outcomes of the HCC Care Service proposals formal public consultation, prior to an Executive Member decision.

4. Objectives

- 4.1 To review feedback from engagement and formal public consultation with a wide range of stakeholders, including residents and family members in relation to the HCC Care Service proposals.
- 4.2 To consider and provide comment on impact assessments.

5. Areas out of scope

- 5.1 The approved strategic direction and associated capital programme and investment, as agreed by Cabinet on 18 July 2023.

6. Outcomes

- 6.1 To provide updates to the wider HASC on the progress of the HCC Care Service proposals formal public consultation.
- 6.2 To make recommendations regarding proposals to the wider HASC.
- 6.3 To submit a report to the wider HASC when recommendations appear before the Committee for pre-decision scrutiny.

7. Method

- 7.1 The working group will meet with Directorate officers to consider the proposals being consulted on and the approach being undertaken. At each meeting, the group will provide oversight, scrutiny and comment on progress towards the stated objectives of the review.
- 7.2 Where the working group requires further information in order to meet its role and purpose and meet the scope and objectives as set out in 2, 3 and 4 above, such information will be requested.

8. Membership

8.1 The working group shall be a cross party group made up of Members of the HASC (consisting of a total of 7 Members, x4 Conservative Group, x1 Liberal Democrat Group, x1 Labour Group, x1 Independent Group).

9. Meetings

9.1 The Working Group will hold an initial meeting to review the finalised consultation document and to also understand the timeline for reviewing and making recommendations on the outcomes of the planned formal public consultation.

9.2 It is anticipated that the Working Group would then meet a few weeks into the formal public consultation and as often as required to meet the working group objectives.

9.3 The Working Group will meet post the formal public consultation period to conclude its work and feed into a decision by the Executive Member in February 2024.

10. Code of Conduct

10.1 Elected Members of the Working Group shall comply with the Hampshire County Council Code of Conduct applicable to Members.

11. Reporting

11.1 The Working Group will make an update to the HASC on the progress of considerations when appropriate. It will provide comment to the wider HASC when recommendations appear before the Committee for pre-decision scrutiny.

11.2 The Working Group will cease to exist once its purpose has been fulfilled.

APPENDIX 2

Range of comments received

Across the public consultation responses, engagement sessions and other correspondence received, a range of views, questions, impacts and concerns were expressed.

On the public consultation response form specifically:

- **90% of respondents chose to include comments on the response form**
For each proposal, respondents were invited to provide comments on their reasons for their response and to identify impacts - they were also invited to provide any additional comments or suggested alternative approaches.
- **There were 778 comments where respondents explained their response to proposals and highlighted impacts** – Most were specific to individual proposals but 6% were general comments (where people chose to comment once to cover several proposals they had responded on).
- **There were 342 further comments in the question on “other comments and suggested alternative approaches”.**

Of all the written comments received, most of them related to the proposals on home closures (Bishops Waltham House 67%, Solent Mead Home 59%, Day Service 59% and Green Meadows 45%).

Set out on the right-hand side is the spectrum of themes which arose from the comments overall.

Comments supportive of the proposals:

- Opportunities for better facilities and better care for the future
- Provides improved accommodation in modern buildings
- A clear strategy to position HCC care more strongly within the market
- A clear aim to better meet the increasing complex needs of older persons
- Existing HCC care services are highly regarded and valued
- An improved environment that will better attract and provide opportunities for staff

Concerns and impacts:

- Uncertainty
 - What is going to happen to me, when, what are my care choices?
 - Where will my home be? What will it be like? What will change?
 - How will the process be managed and what support will I receive?
 - How might this affect me financially?
- Loss of treasured home, routine, lifestyle and relationships with residents/ staff
- Less regular contact with visitors, losing contact with my community
- Access for visitors especially in rural areas and for low incomes/ non car users
- Process of change can be unsettling/ traumatic
- Loss of local employment
- Development and land use resulting from sales

Key considerations emerging from the Response Form comments

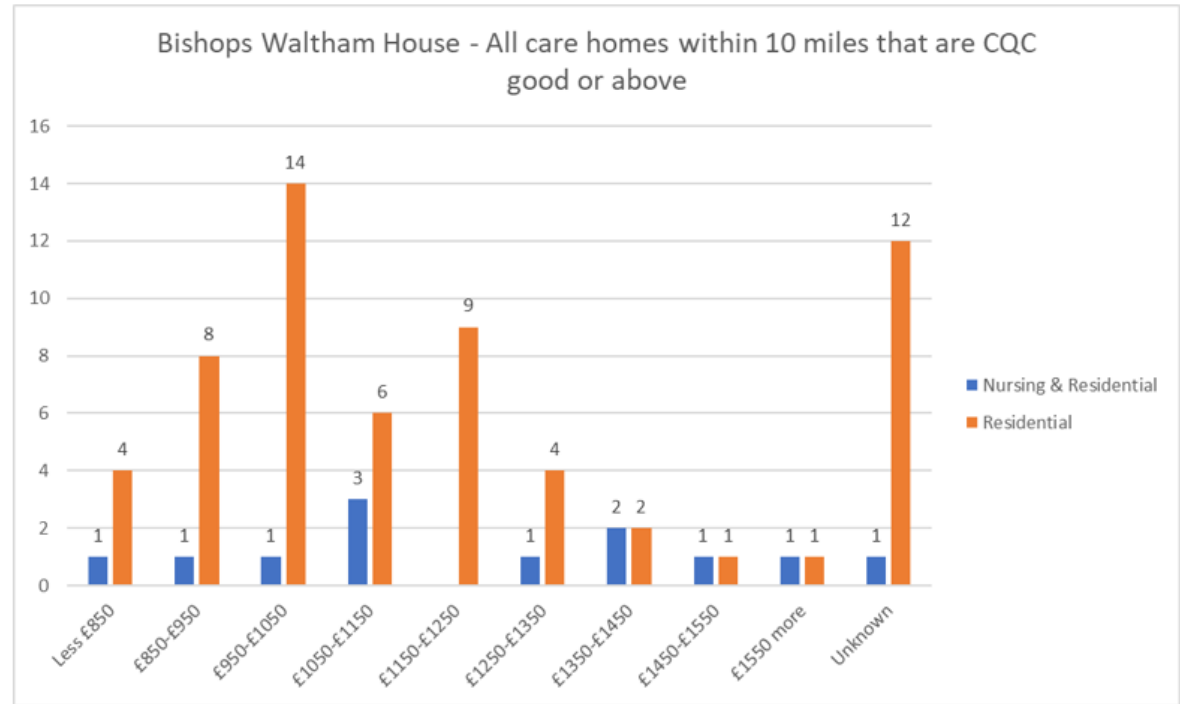
A range of issues for consideration for HCC Care were drawn from the comments and suggestions received:

- Can new provision be available prior to homes being closed?
- Why can't some existing sites based in communities be redeveloped to achieve the same goal?
- Have we explored all options to refurbish existing facilities?
- If they cannot be refurbished or the land used for new facilities, can they be retained for other health and social care purposes?
- Are 80+ bed homes too big? Can quality of care and the creation of a "homely" atmosphere be achieved to match what many existing HCC already have?
- Can we overcome recruitment challenges to run large homes?
- Are we including provision for day services in new facilities, and could we do more to promote this service?
- Transitions between homes needs to be managed in a way that ensures a full understanding of residents' needs are transferred.
- Is this value for money for an extra 100 beds?
- Is there a risk of becoming overdependent on the private care market?
- Should we be more ambitious on the numbers we will aim to support directly given future demographics?
- Is this being done for financial savings or, conversely, is it too expensive?

Homes within HCC Care - Bandings

Bishops Waltham House

| Bandings | Nursing & Dual registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 1 | 4 | 5 |
| £850-£950 | 1 | 8 | 9 |
| £950-£1050 | 1 | 14 | 15 |
| £1050-£1150 | 3 | 6 | 9 |
| £1150-£1250 | | 9 | 9 |
| £1250-£1350 | 1 | 4 | 5 |
| £1350-£1450 | 2 | 2 | 4 |
| £1450-£1550 | 1 | 1 | 2 |
| £1550 more | 1 | 1 | 2 |
| Unknown | 1 | 12 | 13 |
| Grand Total | 12 | 61 | 73 |



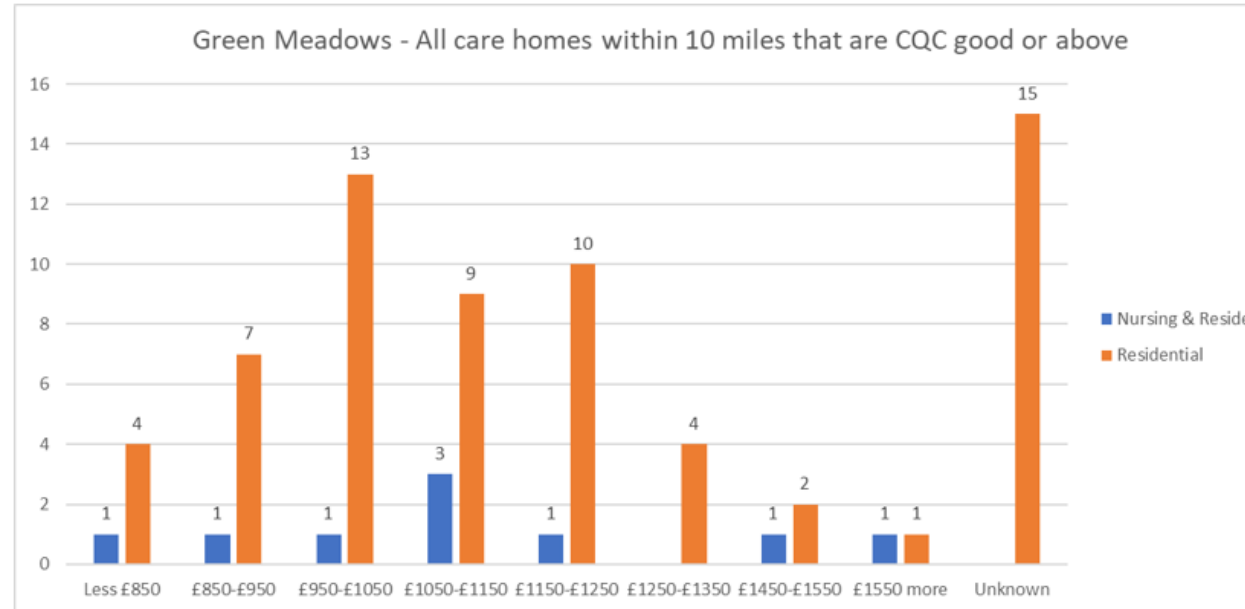
No. of homes within a 10-mile radius where the CQC is Good or above – Vacancies snapshot as at 02/01/2024 is 196.

Homes within HCC Care - Bandings

Green Meadows

Page 38

| Bandings | Nursing & Dual registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 1 | 4 | 5 |
| £850-£950 | 1 | 7 | 8 |
| £950-£1050 | 1 | 13 | 14 |
| £1050-£1150 | 3 | 9 | 12 |
| £1150-£1250 | 1 | 10 | 11 |
| £1250-£1350 | | 4 | 4 |
| £1450-£1550 | 1 | 2 | 3 |
| £1550 more | 1 | 1 | 2 |
| Unknown | | 15 | 15 |
| Grand Total | 9 | 65 | 74 |



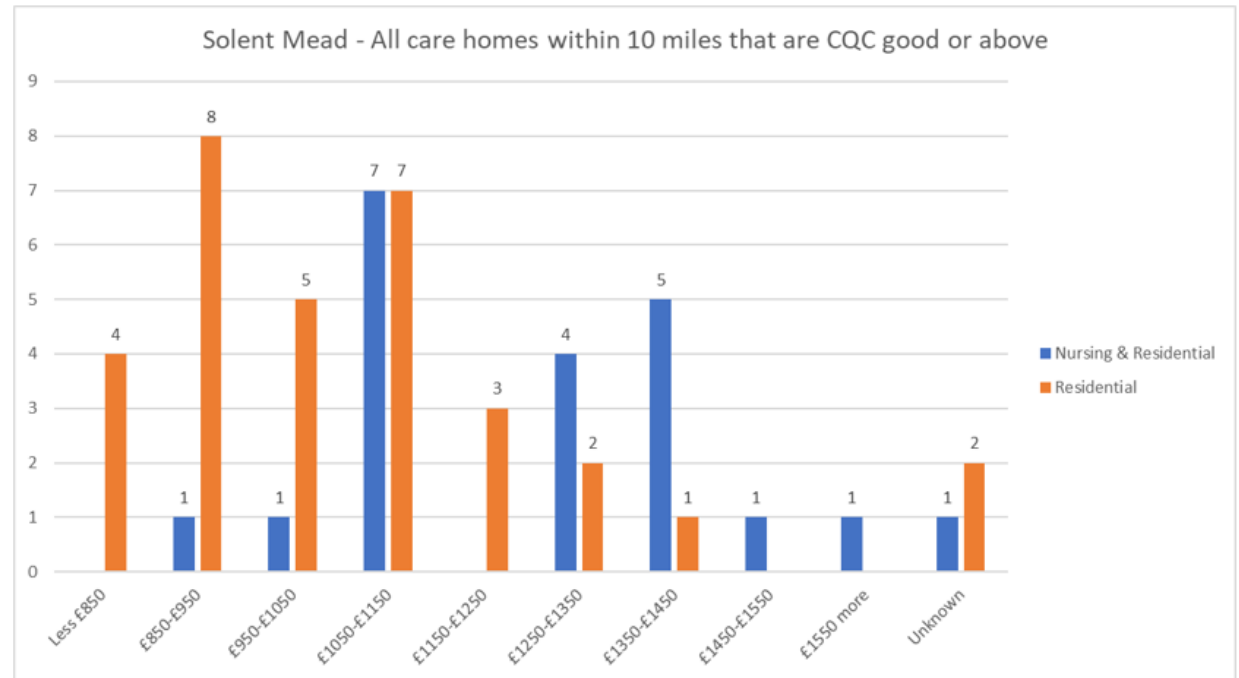
No. of homes within a 10-mile radius where the CQC is Good or above – Vacancies snapshot as at 02/01/2024 is 190.

Homes within HCC Care - Bandings

Solent Mead

Page 39

| Bandings | Nursing & Dual registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | | 4 | 4 |
| £850-£950 | 1 | 8 | 9 |
| £950-£1050 | 1 | 5 | 6 |
| £1050-£1150 | 7 | 7 | 14 |
| £1150-£1250 | | 3 | 3 |
| £1250-£1350 | 4 | 2 | 6 |
| £1350-£1450 | 5 | 1 | 6 |
| £1450-£1550 | 1 | | 1 |
| £1550 more | 1 | | 1 |
| Unknown | 1 | 2 | 3 |
| Grand Total | 21 | 32 | 53 |



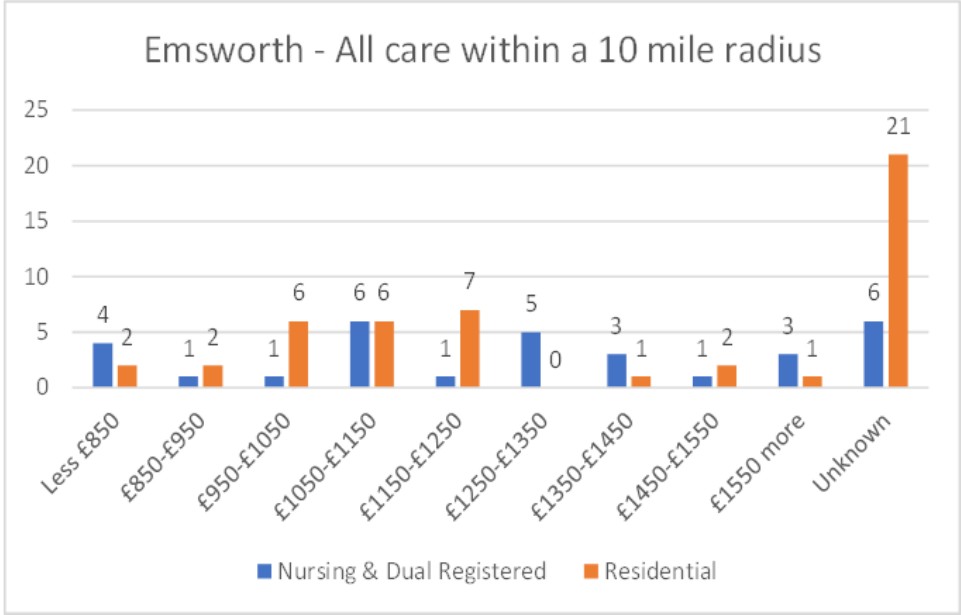
No. of homes within a 10-mile radius where the CQC is Good or above – Vacancies snapshot as at 02/01/2024 is 179.

Homes within HCC Care - Bandings

Emsworth House

Page 40

| Bandings | Nursing & Dual Registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 4 | 2 | 6 |
| £850-£950 | 1 | 2 | 3 |
| £950-£1050 | 1 | 6 | 7 |
| £1050-£1150 | 6 | 6 | 12 |
| £1150-£1250 | 1 | 7 | 8 |
| £1250-£1350 | 5 | 0 | 5 |
| £1350-£1450 | 3 | 1 | 4 |
| £1450-£1550 | 1 | 2 | 3 |
| £1550 more | 3 | 1 | 4 |
| Unknown | 6 | 21 | 27 |
| Grand Total | 31 | 48 | 79 |

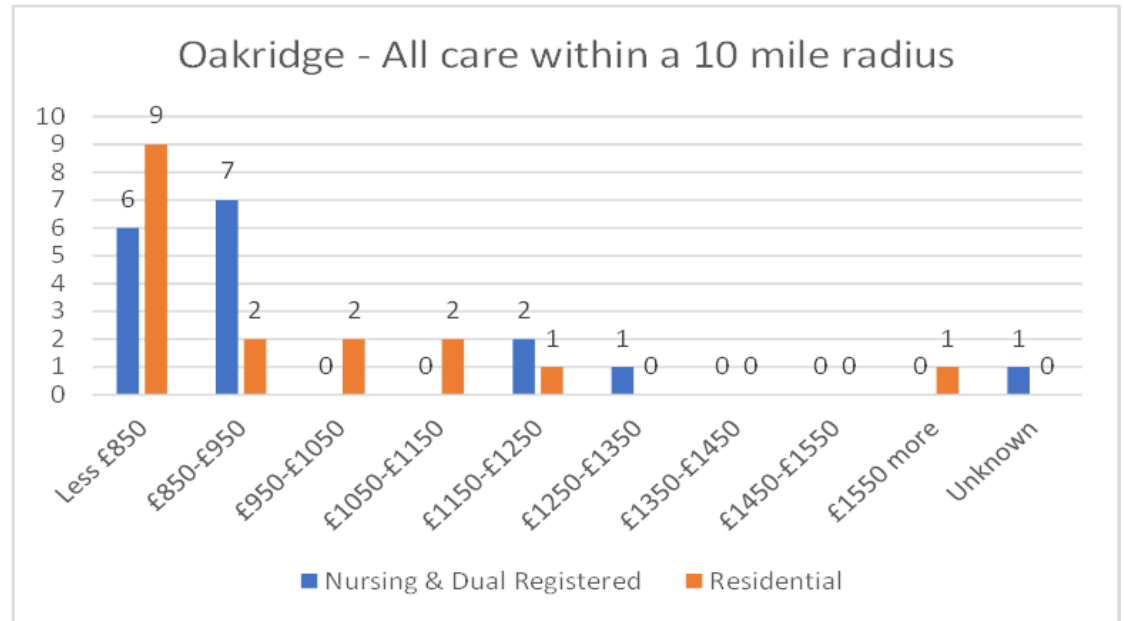


No. of homes within a 10-mile radius where the CQC is Good or above –
Vacancies snapshot as at 02/01/2024 is 100.

Homes within HCC Care - Bandings

Oakridge House

| Bandings | Nursing & Dual Registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 6 | 9 | 15 |
| £850-£950 | 7 | 2 | 9 |
| £950-£1050 | 0 | 2 | 2 |
| £1050-£1150 | 0 | 2 | 2 |
| £1150-£1250 | 2 | 1 | 3 |
| £1250-£1350 | 1 | 0 | 1 |
| £1350-£1450 | 0 | 0 | 0 |
| £1450-£1550 | 0 | 0 | 0 |
| £1550 more | 0 | 1 | 1 |
| Unknown | 1 | 0 | 1 |
| Grand Total | 17 | 17 | 34 |



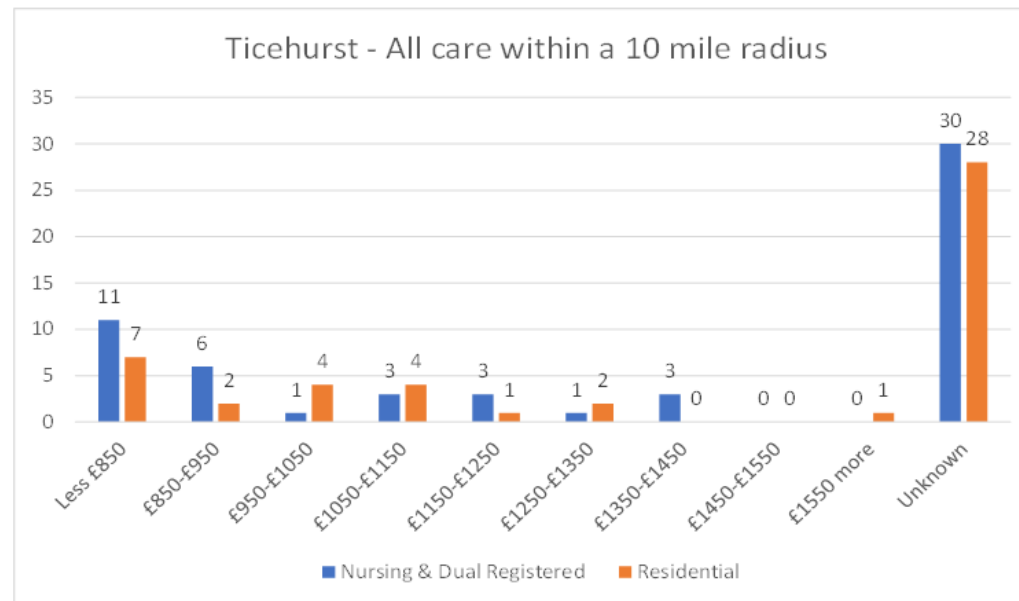
No. of homes within a 10-mile radius where the CQC is Good or above –
Vacancies snapshot as at 02/01/2024 is 132.

Homes within HCC Care - Bandings

Ticehurst

Page 42

| Bandings | Nursing & Dual Registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 11 | 7 | 18 |
| £850-£950 | 6 | 2 | 8 |
| £950-£1050 | 1 | 4 | 5 |
| £1050-£1150 | 3 | 4 | 7 |
| £1150-£1250 | 3 | 1 | 4 |
| £1250-£1350 | 1 | 2 | 3 |
| £1350-£1450 | 3 | 0 | 3 |
| £1450-£1550 | 0 | 0 | 0 |
| £1550 more | 0 | 1 | 1 |
| Unknown | 30 | 28 | 58 |
| Grand Total | 58 | 49 | 107 |



No. of homes within a 10-mile radius where the CQC is Good or above – Vacancies snapshot as at 02/01/2024 is 200.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

| | |
|---|-----------------------------|
| Links to previous Member decisions: | |
| <u>Title</u> HCC Care Service and Capital Strategy Cabinet report 2023-07-18 HCC Care Service and Capital Strategy Cabinet report | <u>Date</u> 18 July 2023 |
| Direct links to specific legislation or Government Directives | |
| <u>Title</u> | <u>Date</u> |

| | |
|---|-----------------|
| Section 100 D - Local Government Act 1972 - background documents | |
| <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

1.1 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:

2.1 Robust Equality Impact Assessments detailing the impacts and mitigations for service users and separately for staff, have been completed and are included in the draft Executive Lead Member Decision Day report.

As per recommendation six in the report, the Working Group witnessed the limitations of existing HCC Care settings and approved a Care Homes video to be produced. This can be found via the link below:

[HASC Working Group – HCC Care Homes Video](#)

This page is intentionally left blank

Hampshire County Council Care service proposals

Public Consultation 4 Sept – 12 Nov 2023

Page 47
Insight Report

January 2024

Background

This report summarises the responses to Hampshire County Council's (HCC's) Care service consultation, encompassing a number of key changes to existing Older Adults care provision, currently provided by HCC Care (the County Council's in-house service provider).

Proposals relating to ten services were included within the consultation, namely

- The proposed permanent closure of two homes which have been temporarily closed since November 2021 for operational reasons - Copper Beeches in Andover and Cranleigh Paddock in Lyndhurst.
- The proposed closures of Bishops Waltham House in Bishops Waltham, Green Meadows in Denmead and Solent Mead in Lymington – and in the latter case, the proposed closure of the Solent Mead Day Service which is delivered from the Solent Mead site that is proposed for closure.
- Proposed site modernisations and expansions of Emsworth House in Emsworth, Oakridge House in Basingstoke and Ticehurst in Aldershot.
- The proposed closure and relocation (to proposed new build sites in close proximity) of Malmesbury Lawn in Leigh Park, Havant, and Westholme in Winchester

Each proposal is unique in terms of the challenges and opportunities presented. This analysis provides insight into the support and the disagreement for the proposals, the impacts and the strength of feelings to inform on-going engagement and decisions.

Methodology

- In July 2023, the County Council's Cabinet considered an investment strategy and agreed a public consultation on a range of proposals for Hampshire County Council Care services. The public consultation took place between 4 September 2023 and 12 November 2023.
- The consultation was widely promoted via a range of online and offline channels. Letters were sent to care home residents, their relatives and representatives, along with stakeholders such as partner organisations in the NHS and local councils. Several engagement events were held in all the homes affected (except Copper Beeches and Cranleigh Paddock which are temporarily closed).
- This enabled those who may be directly impacted, and their families, to learn more about the proposals and to discuss the proposed changes in more detail with HCC Care staff, Social Workers and Registered Managers of the homes and the Day Service. Advocacy support was provided to all residents and Day Service users to help them participate in the consultation. Microsoft Teams and telephone appointments were also offered to people who preferred that form of engagement.
- An Information Pack containing details of the proposals, and a consultation Response Form were developed in standard and Easy Read formats. These were published on-line and made available in paper format, with other languages and formats available on request.
- 724 responses were received via the consultation Response Form.
- A further 44 responses were also received directly as 'unstructured responses' through letters and email correspondence.
- A summary of redacted notes from the supported conversations with 50 residents and Day Service users was also provided by the Adults Health and Care Service. These conversations were from a combination of phone appointments or individual or group discussions held at the service locations in Bishops Waltham, Green Meadows, Solent Mead, Emsworth House, Oakridge House, Ticehust and Malmesbury Lawn.

Page 49

About the response

Who completed the consultation response form?

- 724 people responded using the Response Form. 675 of these were from individuals, 13 responded in an official capacity on behalf of an organisation, group or business, and 16 responded as Democratically Elected Representative of a constituency. 20 didn't indicate their status
- 32% of respondents were current or former residents or service users or their family/ friends. 24% of respondents were people whose stated primary interest was that they lived close to a service potentially affected by the proposals. 13% were current or former staff/ volunteers with the services.
- 28% were from organisations, democratically elected representatives (DERs) or other interested individuals (including those describing themselves as: older residents, residents with disabilities, carers, residents with an interest/ involvement in their local communities and the needs of older residents, family of older people with likely future care requirements, taxpayers/ residents, other current or former staff or professionals in the health or social care sector, some of whom may have had an involvement with the facilities potentially affected by the proposals, former elected representatives and people who work or have worked for Hampshire County Council).

Main areas of interest

- 88% of the respondents who expressed a view on one or more of the proposals did so in relation to the proposed permanent closures of services. The most popular responses related to Bishops Waltham House (47%), Solent Mead Home (32%), Solent Mead Day Service (29%) and Green Meadows (23%). 17% expressed a view on one or more of the proposals for modification and expansion of services and 18% expressed a view on proposals for the closure and relocations of services.
- Current or former staff/ volunteers were slightly less likely than the other groups to answer the question on closures. These respondents and other interested individuals, organisations, or democratically elected representatives were more likely than other respondents to answer on proposals incorporating relocations.

Headline responses to the proposals

Responses to proposals in the consultation response form

- For 7 out of the 10 proposals presented, the number of people agreeing with the proposals, or accepting them but with some concerns, was greater than the number that disagreed. Where there was disagreement, this ranged from 6%-39% across the 7 different proposals..
- For the proposals for permanent closure of currently operational homes, Bishops Waltham House, Green Meadows and Solent Mead (including the Day Service at Solent Mead) a significant number of responses disagreed - 78% for Bishops Waltham, 58% for Green Meadows, 67% for Solent Mead (and 73% for the associated Solent Mead Day Service). Between 13% and 23% agreed with these proposals.
- For those homes which are temporarily closed (Copper Beaches and Cranleigh Paddock), the response was lower compared with the other proposed closures. 56% of respondents for Copper Beeches agreed with the proposal or accepted it with some concerns, and 37% disagreed. 57% of respondents for Copper Beeches agreed with the proposal or accepted it with some concerns, and 39% disagreed.
- For homes with proposed modification and extension (Emsworth House, Oakridge House and Ticehurst), between 63% and 69% of respondents agreed with the proposals, with between 83% and 88% of respondents either agreeing or accepting the proposal but with some concerns.
- For homes with proposals for closure and relocation (Malmesbury Lawn and Westholme) 50% agreed with the proposals. 24% and 26% respectively disagreed.
- Current or former residents/ service users or their family/ friends were highly likely to voice disagreements to the closures, while current and former staff/ volunteers were more likely to agree to them - and were very supportive of the extension/ modification proposals. Those living close to services were particularly opposed to the proposed closures of Bishops Waltham House and Solent Mead. Other individuals, organisations and Democratically Elected Representatives, were more divided in opinion.

Range of comments received

Across the public consultation responses, engagement sessions and other correspondence received, a range of views, questions, impacts and concerns were expressed.

On the public consultation response form specifically:

- **90% of respondents chose to include comments on the response form**
For each proposal, respondents were invited to provide comments on their reasons for their response and to identify impacts - they were also invited to provide any additional comments or suggested alternative approaches.
- **There were 778 comments where respondents explained their response to proposals and highlighted impacts** – Most were specific to individual proposals but 6% were general comments (where people chose to comment once to cover several proposals they had responded on).
- **There were 342 further comments in the question on “other comments and suggested alternative approaches”.**

Of all the written comments received, most of them related to the proposals on home closures (Bishops Waltham House 67%, Solent Mead Home 59%, Day Service 59% and Green Meadows 45%).

Set out on the right-hand side is the spectrum of themes which arose from the comments overall.

Comments supportive of the proposals:

- Opportunities for better facilities and better care for the future
- Provides improved accommodation in modern buildings
- A clear strategy to position HCC care more strongly within the market
- A clear aim to better meet the increasing complex needs of older persons
- Existing HCC care services are highly regarded and valued
- An improved environment that will better attract and provide opportunities for staff

Concerns and impacts:

- Uncertainty
 - What is going to happen to me, when, what are my care choices?
 - Where will my home be? What will it be like? What will change?
 - How will the process be managed and what support will I receive?
 - How might this affect me financially?
- Loss of treasured home, routine, lifestyle and relationships with residents/ staff
- Less regular contact with visitors, losing contact with my community
- Access for visitors especially in rural areas and for low incomes/ non car users
- Process of change can be unsettling/ traumatic
- Loss of local employment
- Development and land use resulting from sales

Key considerations emerging from the Response Form comments

A range of issues for consideration for HCC Care were drawn from the comments and suggestions received:

- Can new provision be available prior to homes being closed?
- Why can't some existing sites based in communities be redeveloped to achieve the same goal?
- Have we explored all options to refurbish existing facilities?
- If they cannot be refurbished or the land used for new facilities, can they be retained for other health and social care purposes?
- Are 80+ bed homes too big? Can quality of care and the creation of a "homely" atmosphere be achieved to match what many existing HCC already have?
- Can we overcome recruitment challenges to run large homes?
- Are we including provision for day services in new facilities, and could we do more to promote this service?
- Transitions between homes needs to be managed in a way that ensures a full understanding of residents' needs are transferred.
- Is this value for money for an extra 100 beds?
- Is there a risk of becoming overdependent on the private care market?
- Should we be more ambitious on the numbers we will aim to support directly given future demographics?
- Is this being done for financial savings or, conversely, is it too expensive?

Contributions via direct correspondence, and engagement sessions

The unstructured responses received via email and letter provided a range of comments relating to the proposals.

50% of these representations related to specific proposals for closure of Bishops Waltham House, Solent Mead Services or Green Meadows.

Page 54

The majority of direct correspondence disagreed with the proposals but there were also comments and questions on specific schemes, challenges to the basis of the consultation, some letters of support for the proposals subject to reassurances on the approach along with suggestions and offers for working alongside other service providers.

The engagement sessions and conversations held with residents and their representatives and families revealed considerable uncertainty around the impact of service closures and alternative options for the future both for residential and day service provision.

Existing services were highly valued. For those services with proposed expansion and modifications, there was support for the programme of improvement but with some concern around the disruption of the work.

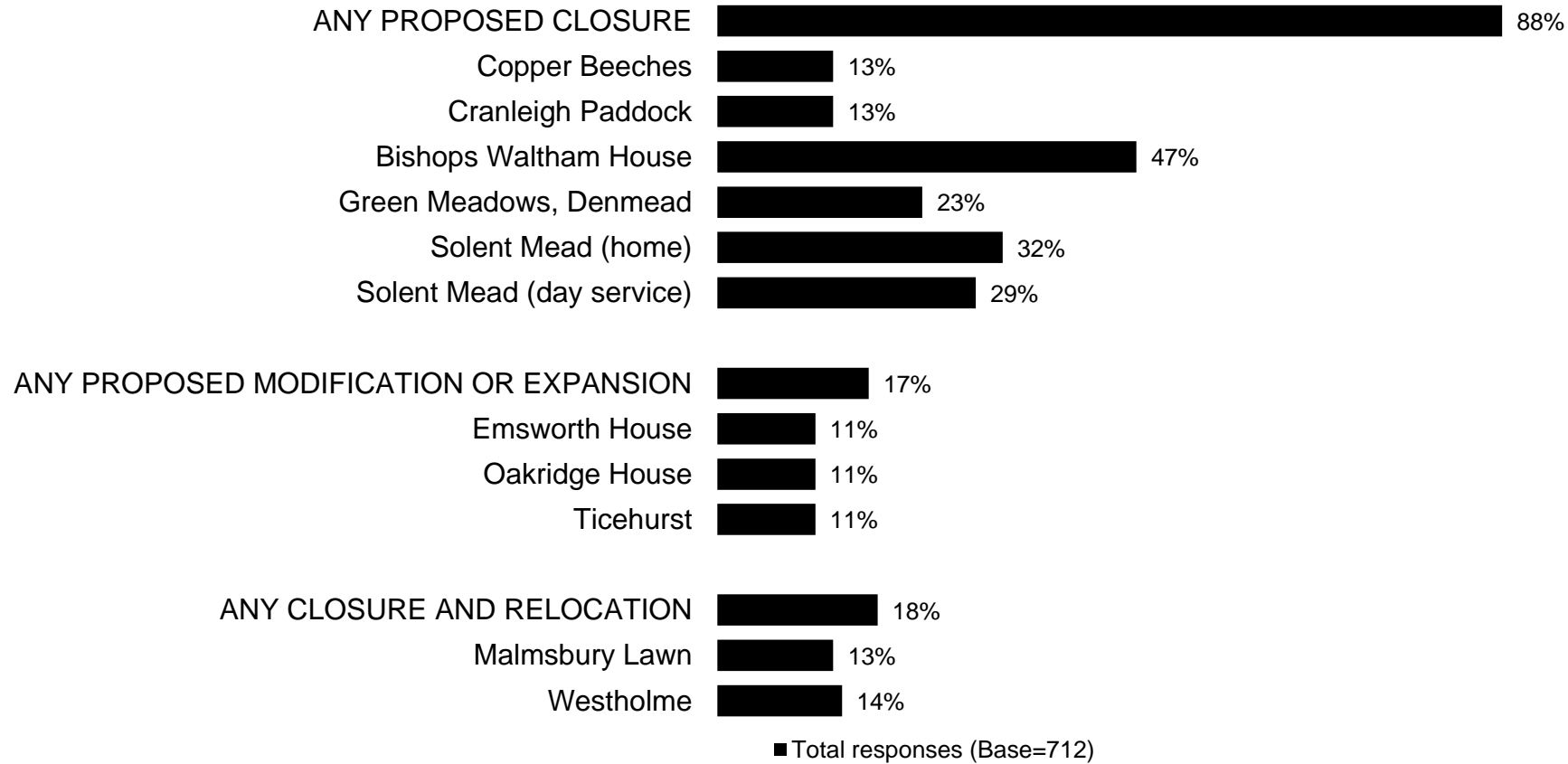
**See next slide for base number of responses per proposal*

Responses submitted via the Response Form

Page 55

Of all the people who responded to the consultation, most chose to respond regarding the closures, in particular Bishops Waltham House.

% responding to any of the agreement/disagreement questions on any proposed site

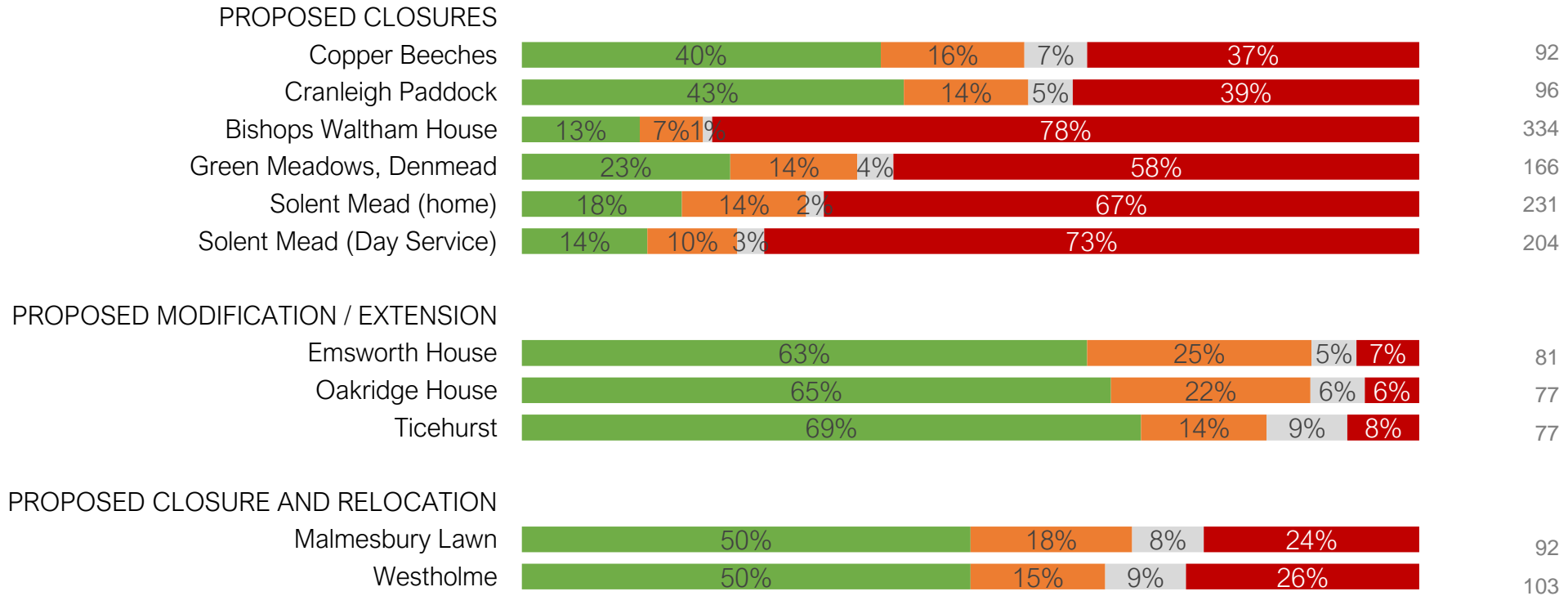


Graph based on those who gave any response to any of the questions on overall agreement / disagreement with the proposals

Level of agreement with proposals (summary all proposals)

Page 57

Base



■ I agree with the proposal
 ■ I accept the proposal but I have some concerns
 ■ Unsure or have no view
 ■ I disagree with the proposal

(NB: Many of the 724 respondents shared their views on more than one proposal.)

Individual proposals findings – key groupings for analysis

When analysing the responses on the reasons and impacts of the proposals, responses are grouped into four key areas based on the respondents' stated main interests in the proposals. NB: 18 out of 724 respondents did not indicate their interest in the proposals; these are included within the overall analysis.

Page 58

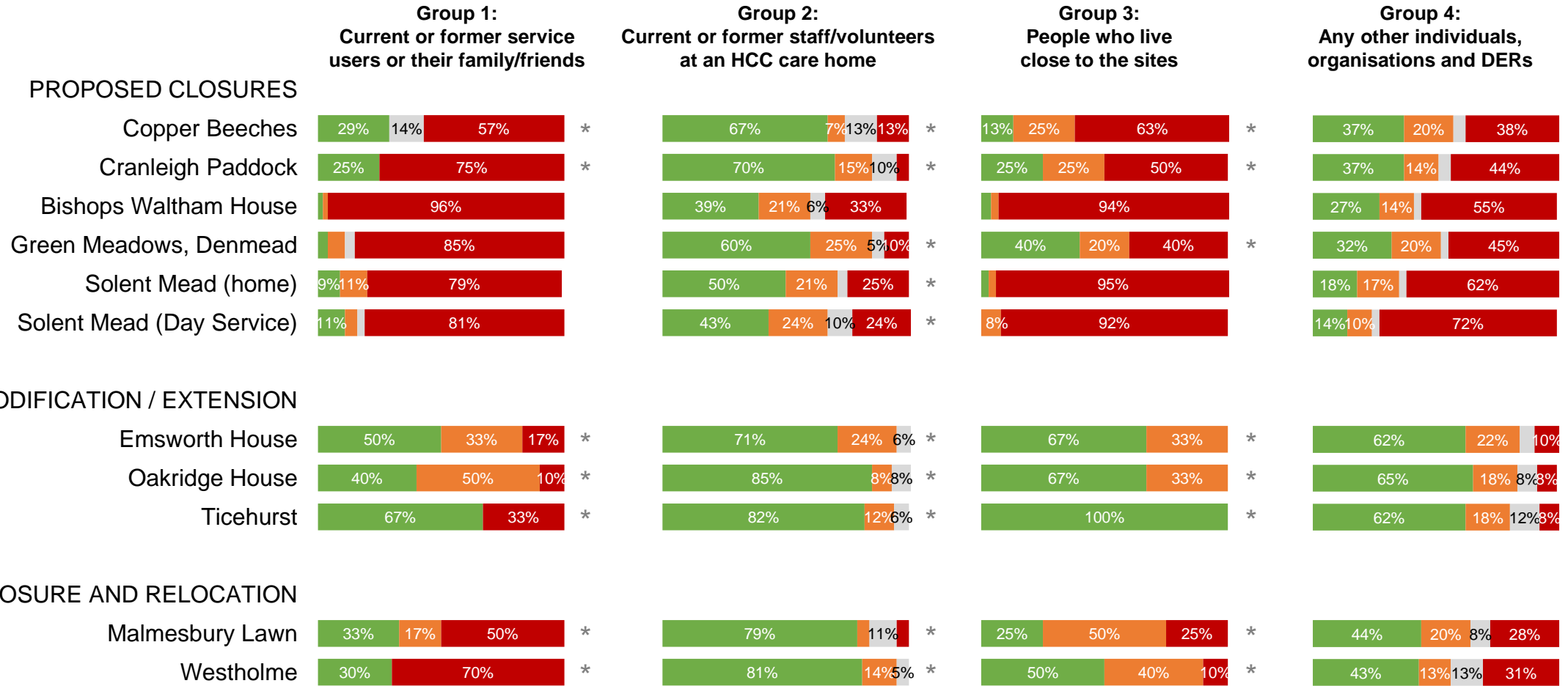
| | GROUP 1: | GROUP 2: | GROUP 3: | GROUP 4: |
|---|---|---|------------------------------------|---|
| | Current or former service users and their family/ friends | Current or former staff/ volunteer at a Care facility | People who live close to the sites | Any other individuals, organisations and democratically elected representatives |
| Somebody who lives close to one of the homes | | | 174 | |
| Somebody else with an interest * | | | | 174 |
| Relative of a resident (or former resident) | 113 | | | |
| Friend or someone otherwise connected to a resident (or former resident) | 80 | | | |
| Somebody who has worked or volunteered in one of the homes | | 57 | | |
| Somebody who works in another HCC home that is not affected | | 33 | | |
| Resident | 30 | | | |
| User of Solent Mead Day Service | 6 | | | |
| Relative of a user (or former user) of Solent Mead Day Service | 5 | | | |
| Somebody who has worked or volunteered at Solent Mead Day Service | | 3 | | |
| Friend or someone otherwise connected to a user (or former user) of Solent Mead Day Service | 1 | | | |
| Somebody who works in another HCC Day Service that is not affected by these proposals | | 1 | | |
| Responses on behalf of an organisation | | | | 13 |
| Responses from democratically elected representatives | | | | 16 |
| Not specified (18) | | | | |
| TOTAL (724) | 235 | 94 | 174 | 203 |

* "Somebody else with an interest" includes those describing themselves as: older residents, residents with disabilities, carers, residents with an interest/ involvement in their local communities and the needs of older residents, family of older people with likely future care requirements, taxpayers/ residents, other current or former staff or professionals in the health or social care sector, some of whom may have had an involvement with the facilities potentially affected by the proposals, former elected representatives and people who work or have worked for Hampshire County Council.

Group 1 was highly likely to voice disagreements to the closures, while Group 2 was more likely to agree to them and were very supportive of non-closure proposals. Group 3 were particularly opposed to certain closures (Bishops Waltham House, Solent Mead), and Group 4 were more divided in opinion.

Overall agreement / disagreement question (by interest group)

Page 59



* Caution - low base (under 30): care needed when interpreting results

Individual proposals

Copper Beeches and Cranleigh Paddock (proposed permanent closure of temporarily closed home)

Headline findings – Copper Beeches

92 people who submitted a Response Form responded to the proposal for Copper Beeches. 40% agreed with the proposal and 37% disagreed. 16% accepted the proposal but with some concern.

65% of respondents were people in the Group “other interested individuals, organisations or elected representatives” 37% of these agreed and 38% of them disagreed with the proposal.

8% of respondents were residents/ former residents or family/ friends. 57% of this group disagreed with the proposal.

16% of respondents were in the “staff/ former staff” group. 67% of this group agreed with the proposal.

9% of respondents were people whose stated interest was as someone living close to the home, 63% of whom disagreed with the proposal.

The main concerns were:

- future use of the site
- proposed size of new homes is too large
- inadequate capacity of appropriate services for future needs

Headline findings – Cranleigh Paddock

96 people who submitted a Response Form responded to the proposal for Cranleigh Paddock. 43% agreed with the proposal and 39% disagreed. 14% accepted the proposal but with some concern.

66% of respondents were people in the Group “other interested individuals, organisations or elected representatives” 37% of these agreed and 44% disagreed with the proposal.

8% of respondents were residents/ former residents or family/ friends. 75% of this group disagreed with the proposal.

21% of respondents were in the “staff/ former staff” group. 70% of this group agreed with the proposal.

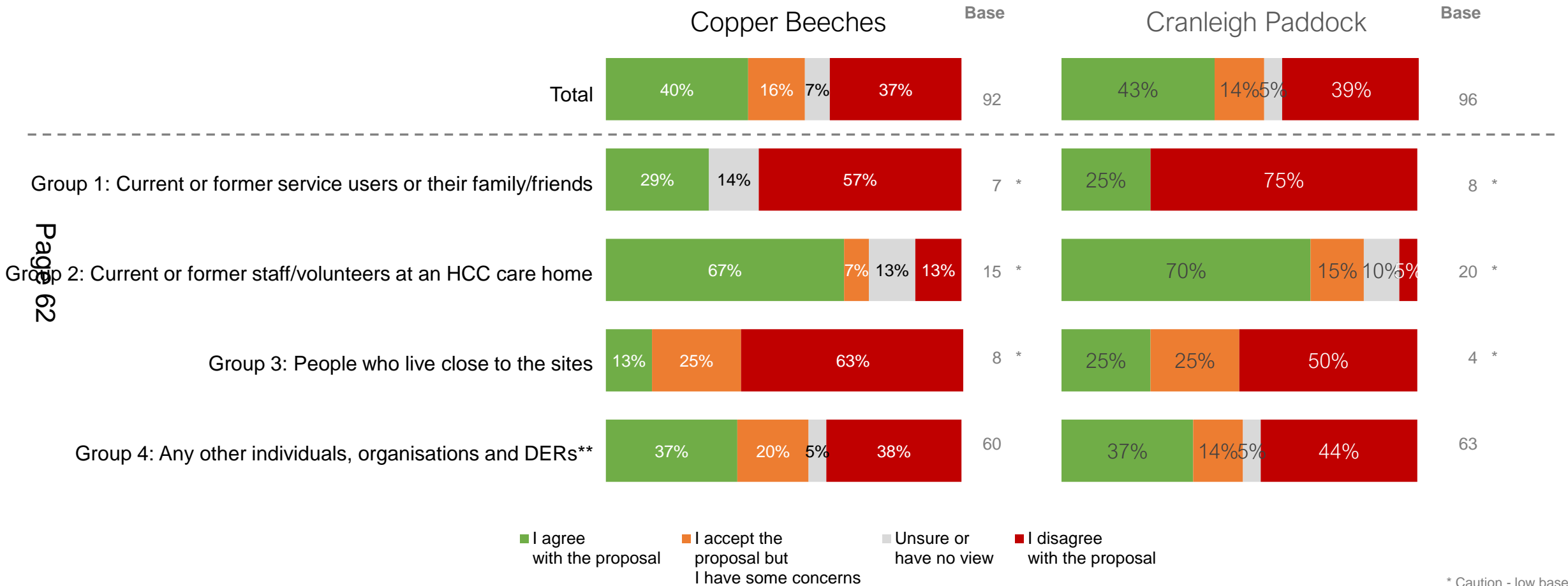
4% of respondents were people whose stated interest was as someone living close to the home, 50% of whom disagreed with the proposal and 25% agreed.

The main concerns were:

- inadequate capacity of appropriate services to meet local needs
- less care choice and dependency on private sector alternatives

Copper Beeches and Cranleigh Paddock

Level of agreement with proposals overall and by interest group



Page 62

**DER = democratically elected Member

* Caution - low base: care needed when interpreting results

Copper Beeches - reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | Base |
|---------------------------------------|---|------|------|------|------|--------------------|---|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | | | | | 0 | Group 1: 2 * |
| | Current accommodation needs updating to be fit for purpose | | | | 2 | 3 | Current or former service users or their family/friends |
| About existing services | Quality of service is high | | 2 | | | 2 | Group 2: 3 * |
| | Quality of staff is high | | 1 | | | 1 | Current or former HCC care home staff/volunteers |
| | Existing facilities already meet needs of some residents | | 1 | | | 1 | Group 3: 5 * |
| | Existing facilities are well located | | | | 2 | 2 | People who live close to the sites |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | 1 | | 1 | | 2 | Group 4: 10 * |
| | Adverse impact on relatives including need to travel further | 2 | 1 | | 1 | 4 | Any other individuals, organisations and DERs |
| | Proposed size of new homes is too large | | 2 | | | 2 | Unspecified 1 |
| | Less local care choice and dependency on local private sector alternatives | | | | 2 | 2 | Total respondents = 21* |
| | Loss in continuity / consistency of care for individuals during transition | | | | | 0 | |
| | Leads to inadequate capacity of appropriate services for local needs | 1 | 2 | | 3 | 6 | |
| | Loss of established highly valued service within local community** | | | | | 0 | ** (includes basic pleas not to close the facility) |
| Potential loss of high calibre staff | | | | | 0 | | |
| Impacts on staff | Staff will have further / too far to travel | | | | | 0 | |
| | Local employment / employment opportunities may be lost | 1 | 1 | | | 2 | |
| | Other impacts on staff | | | | | 0 | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | | | | | 0 | |
| | Strategy primarily driven by financial considerations | 1 | | | | 1 | |
| | Invest in existing estate and facilities | | | | | 0 | |
| | Adequate new services should be open before old ones closed | | | | | 0 | |
| | Other challenges to strategy | | 1 | 2 | 6 | 9 | |
| Other | Key considerations for new accommodation | | | | | 0 | |
| | Land / buildings should be used to meet care needs of local community | | | 3 | 1 | 4 | |
| | Other land / buildings / development comments | | | 1 | | 1 | |

Page 63

* Caution - low base: care needed when interpreting results

Copper Beeches - illustrative comments

Adverse impact on relatives including need to travel further

"The closest placement would be Westholme. for someone who does not drive and finds it hard to access public transport - how is this person centred for the client not being in close proximity to their family?"

Impacts on staff

"The whole consultation experience for staff has been quite traumatic leaving some staff with low moods and wellbeing throughout, feeling uncared for by senior staff throughout HCC. We now have to worry about our job security and our future."

Land / buildings should be used to meet care needs of local community

"I would be happy if the land was utilised for caring of elderly people or homes strictly for elderly people. If flats are built then this area will just go downhill, we already have flats nearby and they are a nuisance".

Loss of established highly valued service within local community

"I have no doubt this is for monetary gain as seen with the closure of Cherry Orchard. So again, where do the people of Andover go? Disgraceful, it is all about money and nothing to do with local services for local people."

Leads to inadequate capacity of appropriate services for local needs

"With the current cost of living crisis they [carers] cannot afford to pay for private care either in the home or in a private care home or to visit relatives who are placed in a home many miles from Andover."

Proposed size of new homes is too large

"Are we returning to the 'old days' of large (80 plus residents) institutions to be cost effective?"

"You propose to make a bigger home, clients with dementia get lost in these buildings"

Other challenges to strategy

*"It was closed temporarily because of staffing recruitment problems - a problem for both the public and private sector in this area. Care Homes are considering closure." **"Perhaps it would be more beneficial to look at staffing rather than buildings"***

"My concern relates to the provision of short-term care for those discharged from hospital but in need of convalescent support."

Copper Beeches - illustrative comments

Current accommodation needs updating to be fit for purpose

"The building is too small to offer a modern up to date service. The bedrooms & corridors are too small. There is little scope to improve the space within the building or within the grounds."

About existing services

"m, they all had such a good rapport and care for the residents. Having visited other homes - this type of care has not been seen anywhere else".

"Copper Beeches was a dementia only home which worked really well".

Challenges to strategy

"Who owns Copper Beeches and if sold will the money be invested in Andover services for the elderly?"

"Will a replacement capital facility and additional staffing be provided to cope with increasing needs for elderly physical high dependency and dementia care in the area?"

"Do you propose to build another care home or sell the land?"

"Just think it's a shame as location and having a Day Service next to the home and walking distance into town would be ideal for learning disability unit for young adults"

"It could be modernised and used as temporary accommodation for families and/or children that are homeless.... The lack of facilities for homing families could make this facility a viable alternative for HCC. It could also be used as children's home, negating the need for the county to contract at extortionate rates for temporary accommodation for children awaiting fostering".

Cranleigh Paddock - reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | | Base |
|---------------------------------------|---|------|------|------|------|--------------------|---|------|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | | | | 1 | | | |
| | Current accommodation needs updating to be fit for purpose | | 2 | | 1 | | | |
| About existing services | Quality of service is high | | | | 2 | | | |
| | Quality of staff is high | | | | 2 | | | |
| | Existing facilities already meet needs of some residents | | | | 2 | | | |
| | Existing facilities are well located | | | | 2 | | | |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | | 1 | | | | | |
| | Adverse impact on relatives including need to travel further | | | | 1 | | | |
| | Proposed size of new homes is too large | | 1 | | | | | |
| | Less local care choice and dependency on local private sector alternatives | | | 1 | 1 | | | |
| | Loss in continuity / consistency of care for individuals during transition | | | | 1 | | | |
| | Leads to inadequate capacity of appropriate services for local needs | | | 1 | 1 | | | |
| | Loss of established highly valued service within local community** | | | | 1 | | ** (includes basic pleas not to close the facility) | |
| Potential loss of high calibre staff | | | | 1 | | | | |
| Impacts on staff | Staff will have further / too far to travel | | | | | | | |
| | Local employment / employment opportunities may be lost | | | | | | | |
| | Other impacts on staff | | | | | | | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | | | | | | | |
| | Strategy primarily driven by financial considerations | | | | | | | |
| | Invest in existing estate and facilities | | 1 | | | | | |
| | Adequate new services should be open before old ones closed | | | 1 | | | | |
| Other challenges to strategy | | | 1 | | | | | |
| Other | Key considerations for new accommodation | | | | | | | |
| | Land / buildings should be used to meet care needs of local community | | | | | | | |
| | Other land / buildings / development comments | | | | 1 | | | |

Group 1:
Current or former service users or their family/friends

0

Group 2:
Current or former HCC care home staff/volunteers

6 *

Group 3:
People who live close to the sites

1 *

Group 4:
Any other individuals, organisations and DERs

6 *

Total respondents = 13*

* Caution - low base: care needed when interpreting results

Cranleigh Paddock - illustrative comments

Unsettling or traumatic to leave current home and community

"the loss in services users that pass away due to being moved with dementia".

Leads to inadequate capacity of appropriate services for local needs

"My mother has just been discharged from hospital after 79 days Lyndhurst would have been an ideal choice The council has a responsibility to the older generation who have all worked and paid their taxes"

Less local care choice and dependency on local private sector alternatives

"There is a lack of council provided care homes in this area it is too far to travel for friends and relatives."

Proposed size of new homes is too large

"Smaller homes are more friendly"

Current accommodation needs updating to be fit for purpose

"I appreciate the building is old and does not meet size requirement and that need has also changed"

"Neither homes are fit for purpose anymore- they pose huge restrictions to being able to deliver care in the most dignified way. The current structure of both buildings means that if a resident's needs do increase, they have to move on sooner than they potentially would need to for their care needs to be met".

About existing services

"Cranleigh Paddock is a specialist home supporting people living with dementia and complex needs."

"Cranleigh Paddock was an amazing facility, when you walked in you instantly immersed into the service, with residents all doing activities in the main lounge by the entrance. The home was practical as it was single story, with lots of access to the lovely gardens."

Other land / buildings / development comments

"NFDC would welcome discussions directly with Hampshire County Council regarding any proposal to sell the building and associated land, before it does so with any other party, reflecting a public sector partnership approach to the best use of public sector owned land. NFDC is committed to providing affordable housing across the district and would be keen to assess the viability of additional affordable housing on this site."

Bishops Waltham House (proposed permanent closure of currently operational home)

Headline findings

334 people who submitted a Response Form responded to the proposal for Bishops Waltham House. 78% disagreed with the proposal and 13% agreed. 7% accepted the proposal but with some concern.

28% of respondents were residents/ former residents or family/ friends. 96% of this group disagreed with the proposal.

10% of respondents were in the “staff/ former staff” group. 39% of this group agreed with the proposal and 33% disagreed.

34% of respondents were people whose stated interest was as someone living close to the home, 94% of whom disagreed with the proposal.

28% of respondents were people in the Group “other interested individuals, organisations or elected representatives.” 27% of these agreed and 57% of them disagreed with the proposal.

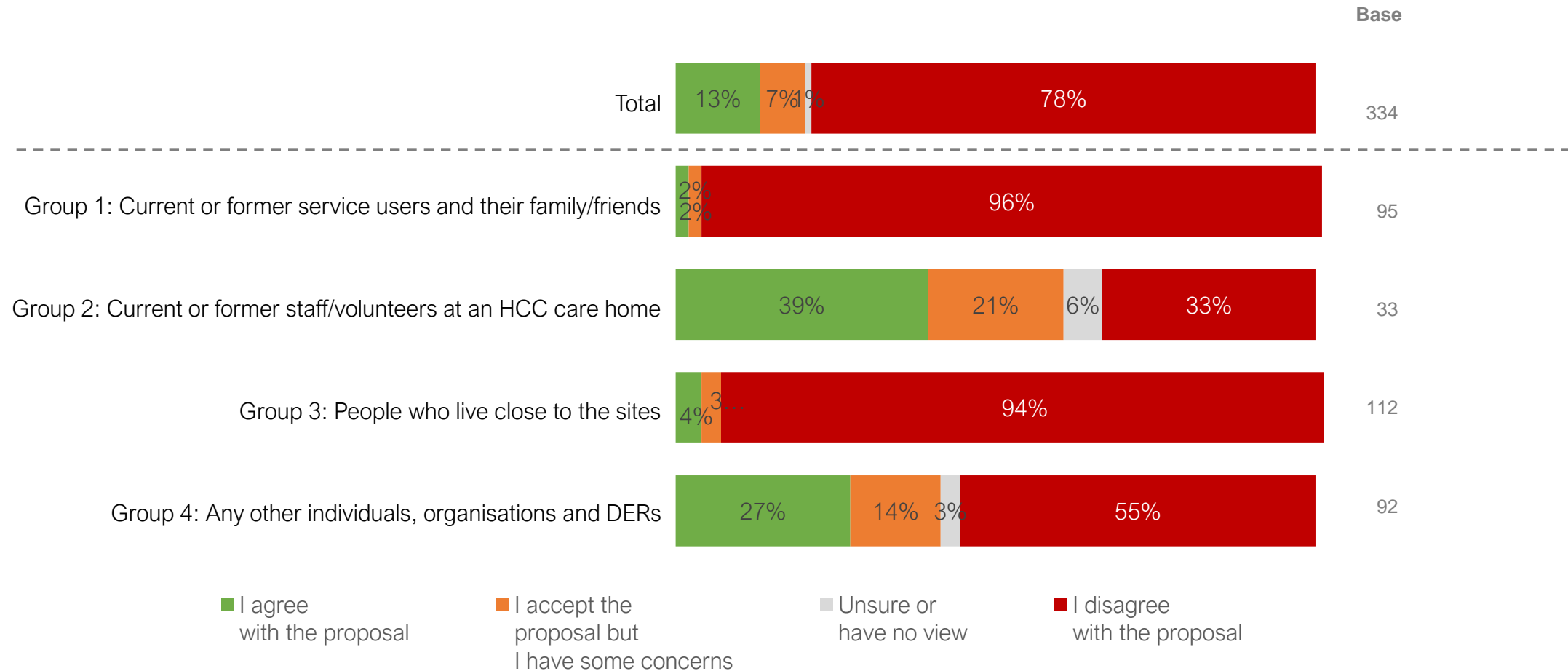
The most frequently mentioned concerns were:

- loss of established highly valued service within local community
- unsettling or traumatic to leave current home and community
- adverse impact on relatives including need to travel further
- inadequate capacity of appropriate services for local needs

Bishops Waltham House

Level of agreement with proposal overall and by interest group

Page 69



Bishops Waltham House – reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | | Base |
|---------------------------------------|---|------|------|------|------|--------------------|---|---|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | | | | | | | |
| | Current accommodation needs updating to be fit for purpose | | 6 | 1 | 1 | 8 | | Group 1: 78 Current or former service users or their family/friends |
| About existing services | Quality of service is high | 35 | 3 | 14 | 5 | 57 | | Group 2: 17 * Current or former HCC care home staff/volunteers |
| | Quality of staff is high | 23 | 2 | 4 | 1 | 30 | | Group 3: 96 People who live close to the sites |
| | Existing facilities already meet needs of some residents | 22 | 4 | 8 | | 34 | | Group 4: 31 Any other individuals, organisations and DERs |
| | Existing facilities are well located | 7 | | | | 7 | | Unspecified 1 |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | 40 | 7 | 29 | 10 | 87 | | Total respondents 223 |
| | Adverse impact on relatives including need to travel further | 32 | 3 | 44 | 8 | 87 | | |
| | Proposed size of new homes is too large | 8 | | 4 | 4 | 16 | | |
| | Less local care choice and dependency on local private sector alternatives | 5 | 1 | 11 | 3 | 20 | | |
| | Loss in continuity / consistency of care for individuals during transition | 2 | | | | 2 | | |
| | Leads to inadequate capacity of appropriate services for local needs | 7 | 3 | 15 | 9 | 34 | | |
| | Loss of established highly valued service within local community** | 45 | 3 | 57 | 11 | 117 | | |
| Potential loss of high calibre staff | | | | | | | ** (includes basic pleas not to close the facility) | |
| Impacts on staff | Staff will have further / too far to travel | 5 | 4 | 9 | | 18 | | |
| | Local employment / employment opportunities may be lost | 10 | 5 | 9 | 2 | 26 | | |
| | Other impacts on staff | | 1 | 1 | | 2 | | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | | | | | | | |
| | Strategy primarily driven by financial considerations | 2 | 1 | 3 | 1 | 7 | | |
| | Invest in existing estate and facilities | 3 | 2 | 4 | 2 | 11 | | |
| | Adequate new services should be open before old ones closed | 3 | 1 | | | 4 | | |
| Other challenges to strategy | 4 | 1 | 2 | 1 | 8 | | | |
| Other | Key considerations for new accommodation | | | | | | | |
| | Land / buildings should be used to meet care needs of local community | 1 | 1 | 4 | 2 | 8 | | |
| | Other land / buildings / development comments | 2 | 1 | 9 | 1 | 14 | | * Caution - low base: care needed when interpreting results |

Bishops Waltham House - illustrative comments

Unsettling or traumatic to leave current home and community

"As a retired medical practitioner, I have seen the very negative effects of having to move out of a care home through no choice of your own and when in a very vulnerable state - whatever "mitigations" are made a number of residents are likely to die shortly after any such "forced" move".

"I work in a care home myself. It isn't just a care home! it's a family, it's a community, if my care home got shut down, the bonds of the residents would be lost! It's all well and good saying "we can find new care homes for the residents" they don't want new ones - they want this one!

"For the elderly residents living there will be too much of a change. They absolutely love it at Bishop's Waltham House, as it's small, with incredible staff and it would be too much of an upheaval to move them".

Less local care choice and dependency on local private sector alternatives

"Where else in the area are people who just need care not nursing supposed to go? The private care homes are beyond most people's means".

Adverse impact on relatives including need to travel further

"Bishops Waltham does not have a train Station it now has a limited bus service, if this home is closed and residents are moved away also future residents then family and friends who don't have their own vehicles are going to really struggle to visit them, especially if their mobility isn't good or have bad health, at the moment most people can walk to see their relatives or friends, they can bring them out into the village if well enough amongst the commuters they remember, please don't take this home away from us, it will rip apart the hearts of many".

"Lack of public transport in rural areas mean that travelling further afield to visit residents is not viable. People don't want to relocate away from their family/friends/ community."

"It's difficult for people to travel to the other areas proposed which would mean severe loneliness and depression for the patient and affect their general wellbeing."

Bishops Waltham House - illustrative comments

Loss of established highly valued service within local community

"It would rip the heart out of our town if this were taken away."

"It would be a shame to lose this home especially as it has been such an integral part of the community for years, I myself volunteered there as a young teenager and can see the quality of care that is given there, there is no such thing as residents and staff, as cliched as it is you are truly family there whether staff, resident, friend or loved one."

"I want to be in Bishops Waltham, the place I call home".

"The facility provides care within the same community in which residents have lived and in which they still have friends and relatives. The huge population expansion of Bishop Waltham makes this even more likely. It is a comfort to people to know that they can stay in their locality and be near their friends and family".

"It's an integral part of the community, nothing else like it in Bishops Waltham - will be a big blow to many families."

"My grandmother spent her final years in Bishops Waltham house after living in the village her whole life, the matter of moving into a care home was made all the more comforting for her knowing she remained local to her roots, Bishops Waltham has many residents who have lived locally for their entire lives!"

"This is a much needed provision to our town. Bishops Waltham house provides a living home for many people in the surrounding areas. Our young children in the village also actively take part in activities with people in the home"

"These people have lived and brought up their children in this beautiful village they deserve more".

Bishops Waltham House - illustrative comments

Leads to inadequate capacity of appropriate services for local needs

"HCC are very naive to think that there is suitable availability for the residents should they need to be moved. As a relative I can assure you that we've looked, and nothing compares to BW house. Please do not close this wonderful home it is crucial to us and the local people."

Less local care choice and dependency on local private sector alternatives

"This is the only public owned care home. Residents and their families are pleased with the care there. Public money should be spent in public owned care not private owned, for-profit organisations."

"I do not agree that residential care should be reliant purely on independent charitable sector and with the aging population and demographics it is important that anyone requiring residential care has affordable choices and not two-tier system based on ability to pay. Government proposal on changes to thresholds of savings will also mean that more people will need LA financial support so better to be able to provide direct provision rather than reliant on other sectors where objectives not necessarily about the quality of care."

Proposed size of new homes is too large

"Being a smaller unit, the staff get to know the residents this wouldn't in a larger home. "Moving to a 80+ resident care home is far too big, My father would be very confused with that number of residents."

"The CQC do not like large care homes as they become institutions."

"Due to it being a smaller setting staff know their residents, they know very quickly if something is out of character and spot early signs of illnesses such as urine infections. I worry in a larger 100 bed place this level of care could not be achieved"

"I disagree that a large home of 80+ beds would provide better care for Dementia sufferers; this is not evidenced in the Cabinet report dated 18th July 2023."

Bishops Waltham House - illustrative comments

Impacts on staff

"Many of the staff in the home have been there for a long time, so the closure will affect these staff hugely. Transferring them to new homes in the New Forest or Havant is just not feasible due to the distance."

"The staff working at Bishops Waltham House are local people, who fit their shifts in around childcare and so on in the village. They were told that they would not lose their jobs. How is this possible?"

"Many staff live in the town this supplying much needed employment. The fact that staff are local helps with work rotas as they are nearby. Local staff means less cars on the road."

Land / buildings should be used to meet care needs of local community

"I would be most concerned should property development on the site become a reality."

"Bishops Waltham does not require yet more housing, but it does need this home."

"I have no idea what the proposed planning for the site will be, but more housing is a total no. We are overwhelmed with development and traffic has become intolerable."

"This town has had building on every available plot of land and does not need yet another open corner to be covered in houses or apartments. We have taken our share of new houses for Hampshire. Any more needs to go elsewhere ...our schools and doctors surgery are at peak capacity and yet still you cut the bus services here."

Current accommodation needs updating to be fit for purpose

"The site is very dated and doesn't for fill regulations or basic standard of living requirements. Whilst I understand the upset it may cause residents and their families, in the long term the standard of care and facilities, quality of life holistically will be improved."

"The building is old and requires updating to provide each resident with their own personal bathroom. These changes would provide residents with independence and dignity".

"The service is fantastic but does need bigger rooms to continue to support people's needs in the future."

Bishops Waltham House - illustrative comments

About existing services

"This care home helped my late grandmother tremendously. The care provided was unmatched."

"In all those [15] years I have never had any reason to complain and never had a cross word with anyone. It is a well-run home where all the staff really care about the people they look after."

"The care she has received has been exceptional and is loving life there."

"As soon as grandma moved in... it was life changing and gave her some independence again. At first we were worried that she didn't have an ensuite but soon realised grandma did not worry and it actually provides much needed exercise each day to walk the short distance across the hall. She had only been able to wash down previously but now enjoys a bath each week and "can't believe her luck" with the amazing facilities that allow this for her. "

"It is a very happy place. I have a large bedroom and there is a range of equipment and hoists to help the staff. I do not need an ensuite bathroom and there are specialist bathrooms here."

"I feel that this home has done very well for me. It is modern, it's comfortable, the room sizes are adequate, and the staff are excellent."

"Bishops Waltham House provides excellent care for my Mother who has advanced dementia. Her needs are being met fully by wonderful HCC care staff. She has a large bedroom and has access to the latest equipment, including hoists, adapted wheelchair, specialist baths etc but most importantly, it is the care that she receives that sets Bishops Waltham House apart from other local residential homes."

"My mother-in-law has been extremely happy and very well cared for. The staff are mainly local and quite often know the residents and their family. The home is well maintained and very clean, the food is excellent."

"I've heard a big part of the reason to close it is due to the building not being fit for purpose, as a builder myself I'm Struggling to see much that can't be easily fixed."

"The home is currently rated as "Good" with the CQC including Dementia care, not just standard residential care as incorrectly stated in the Cabinet Decision Report."

Bishops Waltham House - illustrative comments

Invest in existing estate and facilities

"If you do nothing else allow us the 5 years the others have in the proposal don't shut ours immediately, even if we consider how we could fundraise to help fund costs of improving the building in 5 years we could make a lot and I would be happy to do this."

Page 76

"It is a large site and grounds with plenty of scope for expansion of the care facilities and modernisation, should Hampshire County Council prioritise this. Finding a new greenfield site for adult social care services within the Bishops Waltham parish, and building a brand-new facility would be much more expensive."

"There is lots of land around Bishops Waltham House. Building an extension would seem to be a better solution."

"I would recommend the Council to renovate the entire building and let it function as an elderly home since the funding is available. What would be the benefit of closing this home and building another one? Renovating the current one and providing it with new facilities and upgrades would be much appreciated. Closing it would affect the entire area and would also affect the face of this lovely area."

"Why can't the money be put towards updating the care home? The claim is the building is unfit for purpose as we do not have en-suites but EVERY resident is happy and when people move into the home, they are aware of the building and facilities and are happy to move in so it all feels like an excuse."

"There is significant land around BW House with potential for extra care development through not-for-profit investment and a more detailed analysis of the potential interior improvement to meet standards of provision is required. The range of options for the building and the site requires further assessment and should form part of any closure report to members."

"You currently offer 900 beds across Hampshire in your care homes. The proposal is to increase the number of beds to 1,000 at a cost of £173m – that is £1.7m per bed! This is utterly ridiculous. If you were to modernise Bishop's Waltham House, convert some rooms into rooms with en-suites (there are several rooms that this could be accommodated) for the few residents who need this, fit hoists into other rooms for residents who need them, this would cost a fraction of the proposed figure."

Bishops Waltham House - illustrative comments

Challenges to strategy

“You want to close perfectly suitable homes and build huge 100 bed homes, which the costs of running will be astronomical. Has a thorough modelling exercise of the running costs of these proposed homes been undertaken? The new 100 bed homes will have 100 ensembles – that’s 100 bathrooms that need cleaning every day, 100 bathrooms that will need to be refurbished, etc. Have the Council considered these additional costs in their future budgets, both the daily cleaning costs in the revenue budget and the refurbishment costs in the capital budget?”

“Why is BW not fit for purpose?’ It has been in existence for 40+ years – many properties in the village are 100s of years old and are still standing. I have heard that the rooms are not suitable for hoists because the joists in the building cannot support them – why? Can they not be strengthened? Can a frame not be built and the hoist operate from that? The proposal also states the rooms do not meet the required standards of 14m² – this may be the case for some of the rooms, but many of them are large, or double rooms, giving residents almost their own space like a lounge, as well as a bedroom”.

“If you need 100 more beds, why have you not considered building one or two new homes in the County? This again, would be a fraction of the cost of your proposal.”

“Many of the other homes in the vicinity that the proposal mentions will also not meet the required standards, as they are very old buildings that have been adapted into care homes. Has the Council looked at any of these homes in the vicinity and checked the size of their bedrooms? Your proposal states your engineers have completed a desktop review – what does this mean? Why have they not completed a full review? Have they visited site?”

“Can you explain why this home is not being given the 5 years that the other homes are given? As a member of Bishops Waltham/ Swanmore all my life and being on a low wage where will people like myself go in the future. 173 million for 100 extra beds?? Good value for money?”

Adequate new services should be open before old ones closed

“The proposal wants to close the homes starting from 2024 – the new homes will not be built until at least 2027, probably more like 2028. Where do you propose the residents will live in the meantime? There are NO spaces at other care homes locally. It is absolutely ridiculous to close the homes BEFORE the new ones are built”.

Green Meadows (proposed permanent closure of currently operational home)

Headline findings

166 people who submitted a Response Form responded to the proposal for Green Meadows. 58% disagreed with the proposal and 23% agreed. 14% accepted the proposal but with some concern.

44% of respondents were residents/ former residents or family/ friends. 85% of this group disagreed with the proposal.

12% of respondents were in the “staff/ former staff” group. 60% of this group agreed with the proposal.

3% of respondents were people whose stated interest was as someone living close to the home, 40% of whom disagreed with the proposal and 40% agreed.

40% of respondents were people in the Group “other interested individuals, organisations or elected representatives” 32% of these agreed and 45% of them disagreed with the proposal.

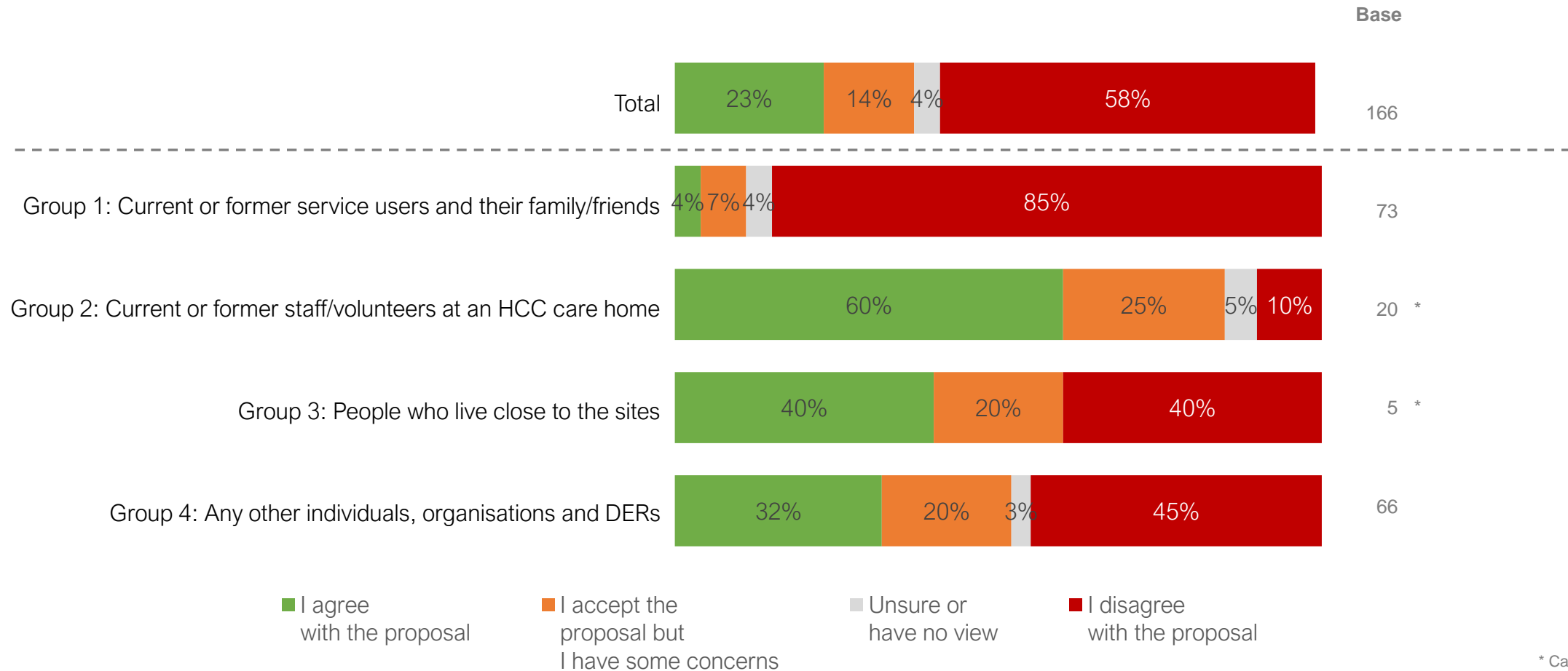
The main concerns were:

- loss of established highly valued service within local community
- unsettling or traumatic to leave current home and community
- adverse impact on relatives including need to travel further

Green Meadows

Level of agreement with proposal overall and by interest group

Page 79



* Caution - low base: care needed when interpreting results

Green Meadows – reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | | Base |
|--|---|------|------|------|------|--------------------|--|------|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | 1 | | 1 | | 2 | Group 1: Current or former service users or their family/friends | 58 |
| | Current accommodation needs updating to be fit for purpose | | 2 | 1 | | 3 | | |
| About existing services | Quality of service is high | 14 | | | | 14 | Group 2: Current or former HCC care home staff/volunteers | 5 * |
| | Quality of staff is high | 16 | 1 | | | 17 | | |
| | Existing facilities already meet needs of some residents | 5 | | | | 5 | Group 3: People who live close to the sites | 2 * |
| | Existing facilities are well located | 1 | | | 1 | 2 | | |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | 23 | | 1 | 3 | 27 | Group 4: Any other individuals, organisations and DERs | 9 * |
| | Adverse impact on relatives including need to travel further | 22 | | | | 22 | | |
| | Proposed size of new homes is too large | 3 | | | 1 | 4 | Total respondents = 74 | |
| | Less local care choice and dependency on local private sector alternatives | 2 | | | | 2 | | |
| | Loss in continuity / consistency of care for individuals during transition | 2 | | | | 2 | | |
| | Leads to inadequate capacity of appropriate services for local needs | | | | | | | |
| Loss of established highly valued service within local community** | 32 | 2 | | 5 | 39 | | | |
| Potential loss of high calibre staff | | | | | | | ** (includes basic pleas not to close the facility) | |
| Impacts on staff | Staff will have further / too far to travel | | | 1 | | 1 | | |
| | Local employment / employment opportunities may be lost | | | | | | | |
| | Other impacts on staff | 2 | 1 | 1 | | 4 | | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | | | | | | | |
| | Strategy primarily driven by financial considerations | 1 | | | | 1 | | |
| | Invest in existing estate and facilities | 3 | | 1 | 3 | 7 | | |
| | Adequate new services should be open before old ones closed | 3 | | | 1 | 4 | | |
| | Other challenges to strategy | 2 | | | 1 | 3 | | |
| Other | Key considerations for new accommodation | | | | | | | |
| | Land / buildings should be used to meet care needs of local community | | | | | | | |
| | Other land / buildings / development comments | 1 | | | | 1 | | |

* Caution - low base: care needed when interpreting results

Green Meadows- illustrative comments

Unsettling or traumatic to leave current home and community

“By closing Green Meadows and Bishops Waltham House, you are stripping out any council run care homes in the vicinity and as this is a rural area the travel times to alternatives will add pressure on the relatives who may even struggle to get to visit given the lack of public transport.”

“My mother loves it there. She will be very distressed to be moved to a new place. She does not want to be put in an ostensibly medical environment with a hoist that she simply does not need, in a large anonymous institution.”

“My elderly friend has built up a rapport with the staff and carers and to have to do all this again somewhere else at the age she is would be incredibly difficult. Alternative homes are a long way away from all she knows and would make visiting her much harder.”

“It will be more difficult for friends and family to visit if residents are placed elsewhere and this will be unsettling to the residents and can increase health issues.”

“The upheaval at [xx] years old would be absolutely devastating for her. The move to another care home is completely unfair and not safe for her at this point in her life and will put her health and happiness at risk.”

“People with dementia do not cope with change it is very confusing for them. The people that live in Green Meadows are well cared for and think of Green Meadows as their permanent home.”

“Her emotional wellbeing is already suffering as a result of the proposed changes, and we are very concerned that she has been advised to identify where she wants to live before the consultation process has ended and decisions taken.”

“I would end up in tears. This is my home. I moved here to be close to my family. I was in a care home previously, but this home is better. Staff are very nice”.

Green Meadows - illustrative comments

Loss of valued service in the local community

“This home is and has been part of the community for many years. It is well respected in the village. The staff make it for them . We moved our mum from Plymouth so she can be near to us as we have lived in the village for 32 years.”

“Green Meadows is an integral part of the local community and has always been a natural progression point of care for people born and bred in the local villages. It has good bus routes locally and allows for continuation of friendships which are vital to the well-being of residents.”

“Its location is ideal for us living locally and there are no other council run premises close by.”

“The home is ideally situated in the centre of an existing community, many of our family members live within a 4 mile radius and therefore visiting, whilst juggling childcare/school runs and other family commitments is easy.”

“A great loss to the community with no obvious solution for those who use it.”

“Green Meadows is a well established care home which has caring and dedicated staff serving the needs of a vulnerable population. It is conveniently located for local residents in Denmead which has a expanded population with recent multiple housing developments and a growing elderly cohort with it.”

“Green Meadows is a huge part of the local community and since covid the connections and interactions have become stronger. The local school and nursery are regular visitors and the residents and children benefit immensely from this. Green meadows has a positive impact on the village and church community and would be a great loss.”

“It is important to maintain care facilities close to the communities served. Upgrading and redevelopment would be better a solution and maintain a cohesive community.”

Green Meadows - illustrative comments

Main Impacts and concerns

Impacts on staff

"It will affect my commute as I live in Denmead therefore spending time and money extra to get to work. When I applied for the role, I wasn't told anything about this (last November) I feel like it's a new job if I transfer to another home which potentially could be exciting, but I am not very good with changes and have been very happy in green meadows and like my colleagues and residents very much so to split us all up is very sad."

Proposed size of new homes is too large

"I disagree 80 beds is beneficial to a patient. It will likely stand to be less personal, may negatively impact the already outstanding caring status held by Green Meadows."

"80 resident homes seem to be huge and not conducive to the family feel achieved at Green Meadows."

"A 'super care home' will lose that personal and community touch which is so important for the wellbeing of the residents."

Less local care choice and dependency on local private sector alternatives

"Of particular concern regarding the proposal, is the number of HCC care homes remaining open versus those that are closing, and the transition period of those being refurbished or relocated. In particular response to Green Meadows, the next closest HCC care homes would be Havant (as a new build, and not ready until 2027 at the earliest), and Gosport (which is short-term care only). With the alternative being privately-run CQC homes, cost associated with this option would be expected to rise significantly."

"My view is that there continues to be a need for council residential care for older people who need care due to infirmity but do not require dementia care. There are many older people who do not have family support and advocacy to manage the financial details and demands of private and commercial care. I feel that the needs and wishes of these Hampshire residents should have a safe place within non-profit seeking residential services."

"Bishops Waltham and Denmead are both small communities , that need a HCC care home to provide affordable care for local residents."

Reasons in support of proposals

"Investment is required and modernising this location is not a good use of limited resources."

"It is an old building and no longer practical to operate services from there."

Green Meadows - illustrative comments

About existing services

"I think this home is outstanding, my father is very happy here, up until now the home has been fit for purpose."

"This is my mother's home. She is settled, has flourished at this wonderfully run personal home where she trusts everyone who attends to her day in day out, throughout the night and she feels SAFE and CONTENT. The staff here are exceptional! They care, they love, they attend, they communicate in such a way that they make every resident feel safe and happy. My mum and her friends that she has made at Green Meadows deserve their voices to be heard and to keep their home maintained, supported and functioning as the wonderful support that it does. Do NOT even consider closing it!"

"Green Meadows not only offers us close personal links, but it also has excellent staff, services and is in lovely grounds which helps the residents wellbeing no end. In fact before choosing Green Meadows, we looked at several affordable options in the area for my father and Green Meadows was easily the best."

"Green Meadows is a fantastic home from home where residents are treated with the upmost care & compassion."

"My mother has blossomed and is so happy with the care. They are like one big family. Please do not shorten her life by closing it down."

"In Green Meadows there's a "family feel" and the staff there are wonderful. The facilities are perfectly adequate."

"The gardens and spaces available to the residents at Green Meadows provides a healthy independence that other homes doesn't seem to offer."

"This is home to my grandmother who thrives here. She feels safe and secure and is amongst friends she grew up with which is a special thing. The care staff are absolutely wonderful- they all care!! They know the residents which is important in understanding their needs and make them feel settled and loved! Additionally, they learn the family of the residents and make efforts to welcome everyone at all times. I have seen first-hand the lengths they go to to support not only my grandmother but her peers and the staff there are outstanding in what they do. They operate as a team, and you can sense and witness the depth of trust there. THIS IS REALLY IMPORTANT."

Green Meadows - illustrative comments

Challenges to strategy

“The arguments are spurious and flawed. Just because a few residents may need hoists does not mean ALL residents need hoists! The same goes for ensuite bathrooms.”

“It would be good for residents of affected care homes and their relatives to be given a clearer picture of the level of help in finding alternative accommodation, as well as the timing of these moves.”

“The vast majority of residents have to be taken to the bathroom by carers, and others are just as able to visit the communal bathrooms – there has never been an issue to our knowledge for this to be a retro-fitted requirement but appears as more of a specious justification for closure. The same is true for hoists and spacing for carers in the bedrooms. It would be good practice to consult the staff on their opinion before making the proposals, and for their response to be reported in the proposals for the purpose of transparency. Otherwise, again this appears to be a questionable justification for closure.”

Invest in existing estate and facilities

“The grounds of Green Meadows extend well beyond the footprint of the existing buildings, and there is substantial room for extending or even replacing.”

“Green Meadows would only need improvement to the facilities and two more permanent staff per shift. The grounds are very engaging, well-kept and secure. Parking is excellent. This proposed closure, is against the wishes of the vast majority of the staff, residents, family and friends of Green Meadows. With family needing to travel approximately an extra 8 miles or more per visit, the environment impact is also unacceptable. With the long leasehold, and the council's poor appetite to sell property - this site would likely stand empty becoming an eyesore for residents of Denmead. There are very few positives in this proposal in our view.”

Green Meadows - illustrative comments

Adequate new services should be open before old ones closed

“It wouldn't be so bad if the care home stayed open until the new one was built, and then the residents and staff could move straight across to the new home . I understand that the home isn't fit for purpose, but it would make the closer a bit easier for staff and residents to know that they would be only moving once and with their friends and the staff they know.”

“It has been made clear that Malmesbury Lawn and Westholme care homes will not be closed until the new care homes Oak Park and Kingsworthy are available for occupancy. This has been flagged at until at least the beginning of 2027. I understand that this is to minimise the disruption of the existing residents of Malmesbury Lawn and Kingsworthy and would concur that this is an excellent idea and demonstrates genuine concern for residents under HCC's care. I would like to know if the same provisional timescale is being extended to Green Meadows and other care homes slated for closure? And if not, why not? What would make the urgency of the closure of the other homes necessary. I do not know about the other care homes, but I do know that Green Meadows has a very good CQC rating and there are no reported shortcomings that would endanger residents or require early closure.”

Other land / buildings / development comments

“It would be helpful to know for Green Meadows, and potentially other sites proposed for closure, what HCC intends to do with the vacant sites. Denmead village and the surrounding area has seen significant residential building in the last few decades, and building land has significant value. I believe that transparency helps to avoid accusations of profiteering and the misunderstanding that financial concerns trump care needs.”

Solent Mead (Home) (proposed permanent closure of currently operational home)

Headline findings

231 people who submitted a Response Form responded to the proposal for Solent Mead Home. Many of these also commented on the attached Day Service proposal. 67% disagreed with the proposal and 18% agreed. 14% accepted the proposal but with some concern.

23% of respondents were residents/ former residents or family/ friends. 79% of this group disagreed with the proposal.

12% of respondents were in the “staff/ former staff” group. 50% of this group agreed with the proposal and 25% disagreed.

16% of respondents were people whose stated interest was as someone living close to the home, 95% of whom disagreed with the proposal.

47% of respondents were people in the Group “other interested individuals, organisations or elected representatives” 62% of these disagreed with the proposal.

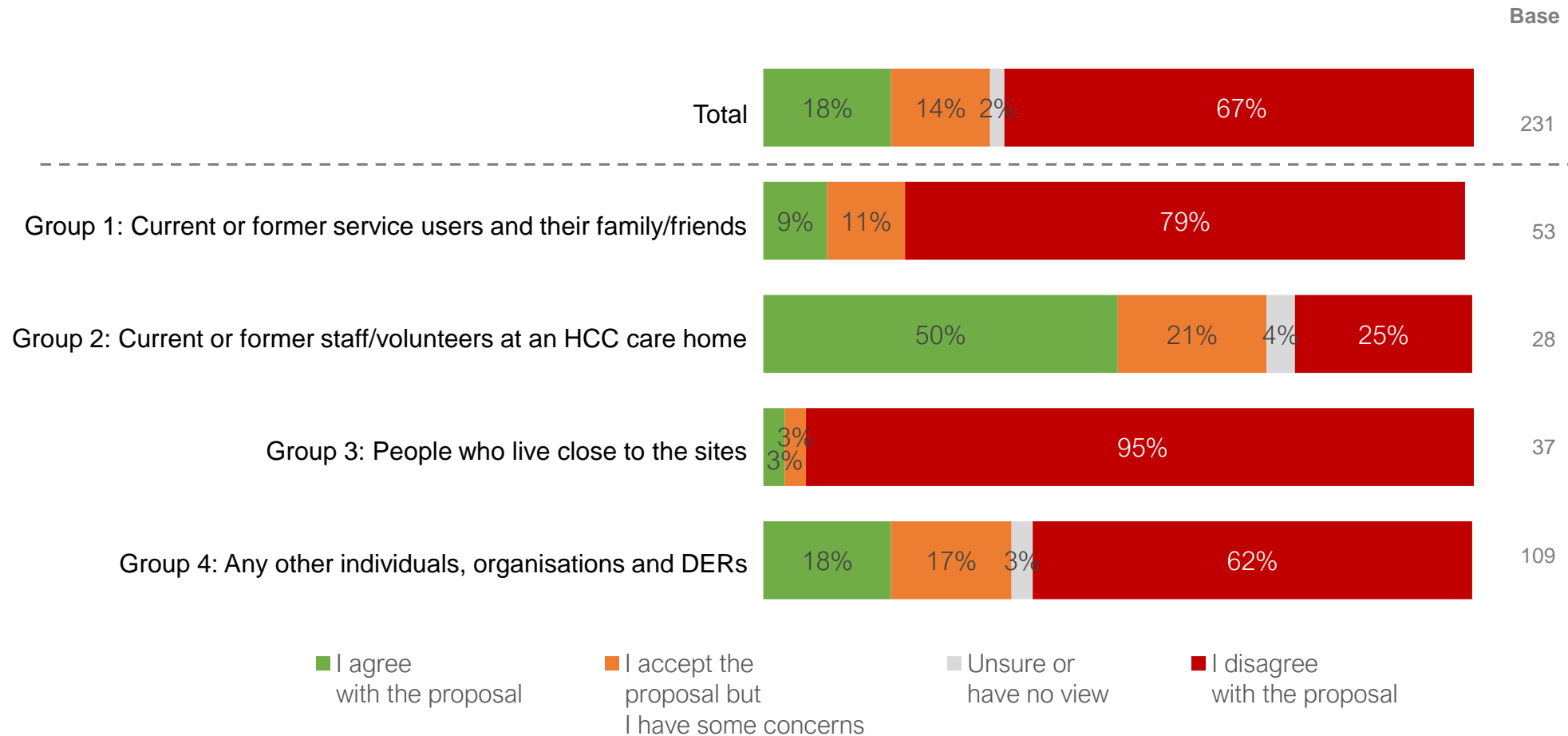
The main concerns were:

- loss of established highly valued service within local community
- less local care choice and dependency on local private sector alternatives
- Unsettling or traumatic to leave current home and community
- Adverse impact on relatives including need to travel further

Solent Mead (Home)

Level of agreement with proposal overall and by interest group

Page 88



* Caution - low base: care needed when interpreting results

Solent Mead (Home) – reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | Base |
|---------------------------------------|---|------|------|------|------|---|---|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | | 3 | | | 3 | Group 1: 40 Current or former service users or their family/friends |
| | Current accommodation needs updating to be fit for purpose | 1 | 2 | | | 3 | |
| About existing services | Quality of service is high | 11 | 3 | 2 | 4 | 21 | Group 2: 16 * Current or former HCC care home staff/volunteers |
| | Quality of staff is high | 8 | 1 | 1 | | 10 | |
| | Existing facilities already meet needs of some residents | 2 | | 2 | 2 | 6 | |
| | Existing facilities are well located | 1 | | 1 | | 2 | |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | 10 | 1 | 4 | 11 | 27 | Group 3: 33 People who live close to the sites |
| | Adverse impact on relatives including need to travel further | 10 | 3 | 4 | 10 | 29 | |
| | Proposed size of new homes is too large | 2 | 1 | 1 | | 4 | |
| | Less local care choice and dependency on local private sector alternatives | 11 | 3 | 8 | 16 | 38 | |
| | Loss in continuity / consistency of care for individuals during transition | | | 1 | | 1 | |
| | Leads to inadequate capacity of appropriate services for local needs | | | | | | |
| | Loss of established highly valued service within local community** | 27 | 2 | 24 | 31 | 85 | |
| Potential loss of high calibre staff | | 1 | | 1 | 2 | ** (includes basic pleas not to close the facility) | |
| Impacts on staff | Staff will have further / too far to travel | | 1 | | 1 | 2 | Group 4: 45 Any other individuals, organisations and DERs |
| | Local employment / employment opportunities may be lost | 2 | 1 | 1 | 6 | 10 | |
| | Other impacts on staff | 2 | 3 | | 3 | 8 | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | 1 | | 2 | 2 | 5 | Unspecified 2 |
| | Strategy primarily driven by financial considerations | 6 | | 5 | 5 | 16 | |
| | Invest in existing estate and facilities | 3 | 2 | 2 | 1 | 8 | |
| | Adequate new services should be open before old ones closed | | 1 | 2 | 7 | 10 | |
| | Other challenges to strategy | 4 | 3 | 3 | 7 | 17 | |
| Other | Key considerations for new accommodation | | 1 | | | 1 | Total respondents = 136 |
| | Land / buildings should be used to meet care needs of local community | | | | 1 | 1 | |
| | Other land / buildings / development comments | 1 | 1 | | | 2 | |

* Caution - low base: care needed when interpreting results

Solent Mead (Home) - illustrative comments

Unsettling or traumatic to leave current home and community

"What is happening at the moment is to put fear and uncertainty to all the residents."

"It is widely accepted by the medical profession that change, particularly major change such as this, can have a catastrophic impact on the elderly, particularly those with any form of dementia. Their emotional and physical well-being is closely linked to the security that comes from familiar routines, environment and care staff. My own mother has been in the incredible care of the staff at Solent Mead for 4 years. She is non-verbal and is therefore unable to express emotions such as pain or discomfort. The continuity of the care staff has been vital to ensure her continued well-being. Her own unique gestures are recognised and acted upon and she is visibly comforted by the familiar faces of the carers around her. I can say without any doubt whatsoever that she would find a major change such as that suggested in these proposals, highly distressing. I am sure that these exact concerns are shared by the families and loved ones of so many of the residents of Solent Mead."

"From my point of view people need care, patience, and time, they don't care about having en-suite facilities. They just want to be treated well and with dignity, turfing them out of their home is appalling".

Adverse impact on relatives including need to travel further

This proposal will reduce the ability of friends and families to maintain links with people in care. It was incredibly difficult. For my sons to visit their dying father when he was placed in a Ringwood care home. There is little viable transport to get from New Milton to Ringwood and the same problem applies all over the forest if more of these services are centralised. You are cutting people off from support at the end of their lives. We have all seen that centralising services =reduction in services, promised home support has never met the needs and this is probably another service reduction."

Proposed size of new homes is too large

"If this home closes I believe the proposals for much larger facilities will be detrimental to the care of the elderly and cannot provide what is required for a good quality of life."

"I think it is nicer for older people to be in homes that contain up to 40 residents rather than much larger homes."

"Building big (80-100 bed) homes will be impersonal, the residents won't build up relationships with staff and it won't have that homely feel."

Solent Mead (Home) - illustrative comments

Loss of valued service in the local community

“Solent Mead provides a valuable local service for the vulnerable and elderly residents of Lymington and Pennington, as well as being an important local employer.”

“Solent Mead Care Home and the Solent Mead Day Service are valuable resources in Lymington for elderly people.”

“The Solent Mead “community” of residents, attendees and care workers can never be replicated. Their wealth of knowledge, care and especially goodwill will be lost forever.”

“Solent Mead provides an invaluable service for elderly residents of Lymington who otherwise might be isolated and lonely. It's location in the town means it's accessible especially as there is a dearth of public transport and taxis are costly.”

“The concept of a care home with a linked day service care and the closeness of both to the centre of Lymington for Lymington residents is a great service. To do away with both with no plan to add services of this sort near Lymington centre is a backwards step.”

Impacts on staff

“There is currently no alternative land designated for the replacement home in the New Forest. The nearest existing home is Ringwood. Many staff members live in Lymington or Pennington and walk into work. They would not be able to transfer to a new home so would be made redundant. In a cost of living crisis when people are struggling to pay the bills, that would be a disgraceful thing for the County Council to do to people who have served for such a long time”.

“Neither homes are fit for purpose anymore- they pose huge restrictions to being able to deliver care in the most dignified way (rooms allowing space for equipment and communal areas not providing adequate space either as an example). Dependency levels in residential care has progressed and neither home lends itself to be able to 100% adequately support these anymore. The current structure of both buildings also means that if a residents needs do increase, they have to move on sooner than what they potentially need to, so that their care needs can be met”.

Solent Mead (Home) - illustrative comments

Less local care choice and dependency on local private sector alternatives

"We need this facility in Lymington. Over the years we have gradually sold off all our council care home facilities to the private sector. This one has to be retained for the ever-increasing older sector who cannot afford private care, also for the ease of relatives visiting."

"Disgusting decision by the council to consider closing a long standing and much sought after care home and day service. With an aging population in Lymington, how can closing care facilities in the local community be the answer."

"I do appreciate the need to adapt and respond to the changing needs of Adult Social care but the fact that no site has yet been even identified for the New Forest , let alone commissioned, would mean that the area would have no residential or day care facilities for many years to come, to service what is already an aging population. If we consider the number of retirement/ later living homes currently under construction alone, this demographic is only likely to increase. Whilst I accept that there is an active private sector serving the area, the average cost of £1500 per week is beyond the financial means of many local residents."

"We have a lot of private residential care facilities in Lymington but little or no other facilities for those who cannot afford to pay for these type of facilities and would like to stay in their own home town or local"

"We need this facility in Lymington. Over the years we have gradually sold off all our council care home facilities to the private sector. This one has to be retained for the ever-increasing older sector who cannot afford private care, also for the ease of relatives visiting"

"Can you not see that reducing the local capacity for elderly people in council care homes will increase the need for these elderly people to be relocated to private homes and these private homes will then increase their costs to the council negating any possible savings and causing distress to the elderly residents. This is much needed by local residents in Lymington. You have already closed The Infirmary and Linden house in New Street."

"Older people in Lymington have no choice if they cannot afford the extremely expensive care homes in the private sector. We desperately need affordable homes in this area. We cannot be cut off from our families and friends, this will seriously affect our mental and physical health."

"There is a huge need in Lymington for care for the elderly, this is borne out by the large number of planning applications for elderly residents, ie Churchill Homes. However, not everyone in Lymington can afford to buy sheltered accommodation or can afford care at home. Their needs are met by family and spouses, usually an elderly spouse, who can also need support by way of respite for the patient."

Solent Mead (Home) - illustrative comments

Investment in the existing site and facilities

*“Plenty of space on site to expand and modernise. It is an ideal facility with local workforce. Use our money wisely by staying local and maintaining, modernising and expanding on site. The land was gifted to the town of Lymington for community use in the 70’s** . It is not County Council land to sell!”*

“Given the size of the site, it should be possible to build the new 'Super Home' on site in 2 stages which would enable the residents and staff to all remain in situ.”

“If upgrade of the existing buildings cannot meet HCC’s notional requirement of bedrooms (ref Care Home Viability model), then the large area available in the Solent Mead grounds could be used to extend existing capacity. The site could be developed to host an increased number of bedrooms, and 80 need not be a limiting number. This would be a both a logical & humane approach. HCC’s current proposal is based on a “desktop review by structural engineers”, implying that no site visit was used in judging the suitability of existing Solent Mead buildings for future development. This itself gives cause for concern.”

“The consultation states that there will be investment in a new New Forest Care Home at a site to be decided. I believe serious consideration should be given to using the Solent Mead Site for this purpose for the following reasons: i) it is a large and extremely under-used site which, after the demolition of existing SM buildings (excluding the NFDC flats adjacent to the care home) would provide ample room for a new New Forest Care Home; ii) there is room for car parking; iii) it is close to High Street and other amenities + transport facilities; iv) it is close to the extremely well equipped Lymington New Forest Hospital and v) offers the potential to provide room for nursing and other staff accommodation.”

“Solent Mead's location just off of Lymington High Street is of huge benefit to families of the residents, many of whom rely on public transport to visit their loved ones. Solent Mead provides service for many service users that require the council to fund their provision of social care, in Lymington and the surrounding area many of the homes have high costs and as a result funds deplete quickly and can no longer remain where they are. Solent Mead has great working relationships with the health professionals near by and benefits from the GP surgery in the same grounds. Solent Mead has the potential to support the local hospital with further discharge to assess beds with Lymington Hospital close by.”

Solent Mead (Home) - illustrative comments

Adequate new services should be open before old ones closed

“No proposed site has yet to be agreed for HCC 80 bedrooms in the New Forest. HCC Solent Mead currently provides care to vulnerable and low-income individuals... Solent Mead should remain open until HCC role has refocused finding, and then building its proposed new New Forest premises.”

“Proposals for closure should not be given until the 'NEW' accommodation has been built and ready to receive residents. It will take years for planning, building etc. to be done, most of the existing residents will have passed away by then.”

*“A new site in the New Forest area should be purchased before closure is considered.” “While we appreciate that the Solent Mead building has issues, we consider that it is completely unacceptable that the Care Home and Day Centre should be closed before any plan is in place for the re-housing of residents or relocation of the Day Centre in Lymington. We strongly suggest that Hampshire County Council work with New Forest District Council to develop a plan which provides alternative residential **and day care facilities** in Lymington, which can be inspected and assessed before considering the closure of the facilities at Solent Mead.”*

“The demand for this is growing exponentially as the population ages, compounded by the large number of retirement flats being constructed in Lymington. The site is obviously very valuable given its location, and if Solent Mead is to close then this must be SUBSEQUENT to a suitable replacement being available IN LYMINGTON or PENNINGTON using the money which would be made available from the sale of the site. We have lost the Infirmary and are to lose Milford Hospital. Why is there no proper planning for the looming age-related crisis?”

Solent Mead (Home) - illustrative comments

Challenges to strategy

“HCC record in delivering new facilities is very poor. I can only imagine how many years it will take for you to find a site close to Lymington, build it (on budget!) that would be big enough for 80 beds. By closing so many centres and just building 3 new ones you are forcing people to live further away from their home and be further away from family and friends. People in these homes should be able to stay within their local communities and not gathered en-mass to stay in places far from home.”

*Page 95
We believe that closing Solent Mead will make it harder for elderly people in Lymington and Pennington who can't afford the kind of luxury 24-hour care provided by private care homes in the town to access such care. We do not believe any new site, should it come forward in the next decade, will be close enough to our town to make up for the loss of Solent Mead. With an ageing population in Lymington and Pennington, it doesn't make sense. Furthermore, we are concerned that if the County Council does sell the land to a developer, it will lead to yet another luxury retirement development being built. Lymington and Pennington already has enough luxury retirement developments being built. We don't need anymore. We strongly object to these proposals and oppose any plans to sell off the land to a developer.”*

“The financial case for closure cannot be made until it is possible to include replacement costs in the assessment. As no location has been given for the proposed replacement, there is a considerable risk that any replacement eventually chosen will not be placed optimally to suit the Lymington catchment area. As no cost-benefit case has yet been presented, it must be supposed that private sector provision has not been ruled out, in spite of the acknowledged deficiencies in the care and treatment of dementia cases in that sector.”

Solent Mead (Home) - illustrative comments

About existing services

“Solent Mead is and always has been a centre of excellence for the elderly. Solent Mead is also the last council care home in Lymington and must not close.”

“I have worked at Solent Mead for nearly 20 years and such lovely friendly home the residents are well looked after with excellent standard care.”

“Solent Mead care home is conveniently appointed for the town centre and the surgery. Facilities are exceptional for dementia patients as well as those who are mobile. Activities kept residents occupied and motivated whilst staff were considerate of needs. We were able to visit anytime and consult with staff on matters of concern to my partially sighted father-in-law. The security offered and the cheerfulness of residents enabled us to feel at ease.”

“I cared for patients in Solent Mead for many years as a GP. The standard of care is exceptional.”

“Since my grandmother has been a resident at Solent Mead, we have taken great comfort in the knowledge that she is receiving the best care from an incredible community who genuinely love and care for her..... We as a family are eternally grateful for what Solent Mead have managed to do for my grandmother, please don't take all she deserves away from her.”

Solent Mead (Day Service) (proposed closure)

Headline findings

204 who submitted a Response Form responded to the proposal for Solent Mead Day Service. 73% disagreed with the proposal and 14% agreed. 10% accepted the proposal but with some concern.

18% of respondents were residents/ former residents or family/ friends. 81% of this group disagreed with the proposal.

10% of respondents were in the “staff/ former staff” group. 43% of this group agreed with the proposal and 24% disagreed.

28% of respondents were people whose stated interest was as someone living close to the home, 90% of whom disagreed with the proposal.

51% of respondents were people in the Group “other interested individuals, organisations or elected representatives” of whom 72% disagreed with the proposal.

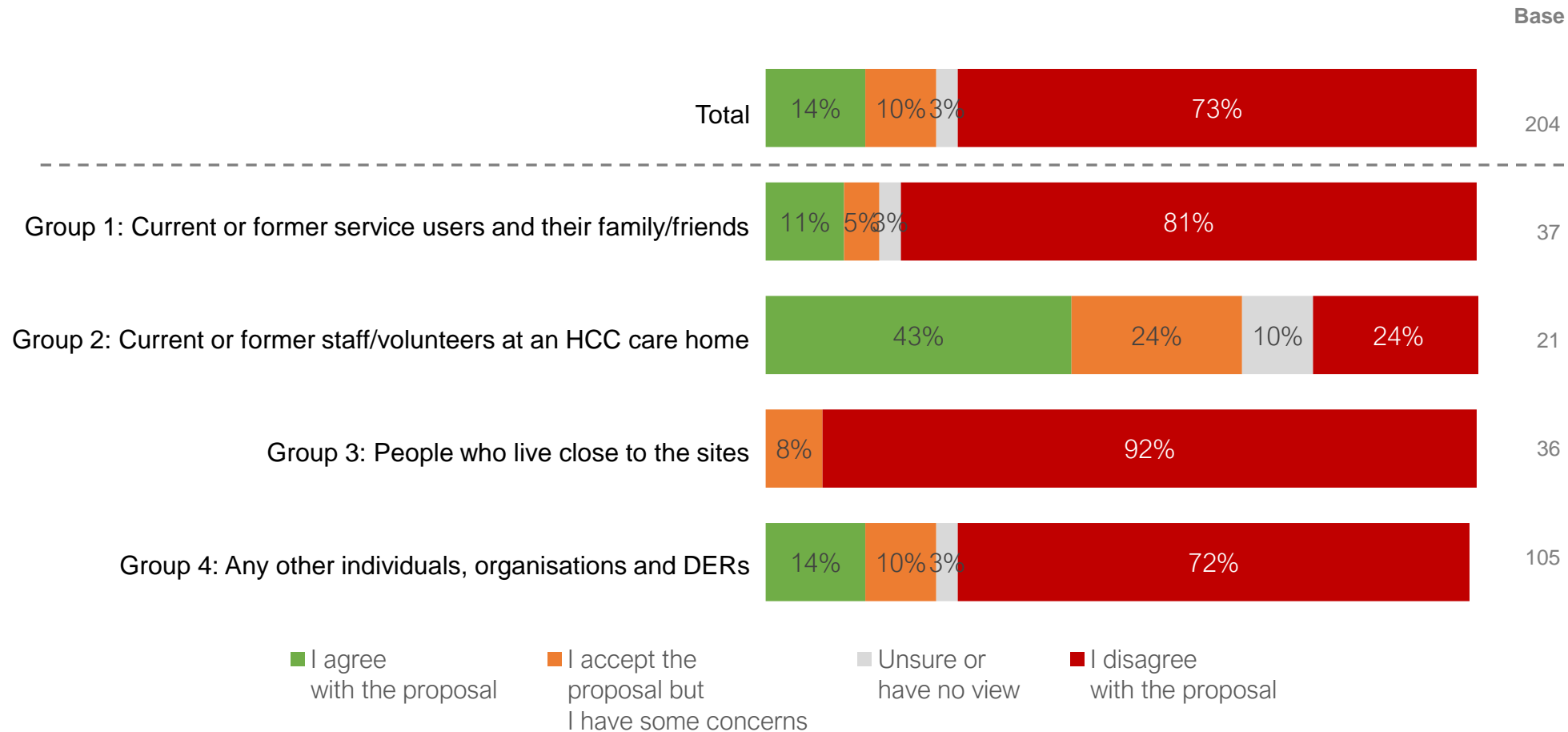
The main concerns were:

- Loss of established highly valued service within local community
- Adverse impact on relatives including need to travel further
- unsettling or traumatic to leave current home and community
- The strategy being driven primarily by financial considerations

Solent Mead (Day Service)

Level of agreement with proposal overall and by interest group

Page 98



* Caution - low base: care needed when interpreting results

Solent Mead (Day Service) – reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | Base |
|---------------------------------------|---|------|------|------|------|---|---|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | | | | 1 | 1 | Group 1: 27 * Current or former service users or their family/friends |
| | Current accommodation needs updating to be fit for purpose | | 1 | | 2 | 3 | |
| About existing services | Quality of service is high | 7 | 1 | 2 | 3 | 14 | Group 2: 9 * Current or former HCC care home staff/volunteers Group 3: 32 People who live close to the sites Group 4: 50 Any other individuals, organisations and DERs Unspecified: 2 Total respondents = 120 |
| | Quality of staff is high | 4 | | 1 | 1 | 7 | |
| | Existing facilities already meet needs of some residents | 8 | 2 | 1 | 5 | 16 | |
| | Existing facilities are well located | 1 | | 1 | 3 | 5 | |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | 4 | | 4 | 10 | 19 | |
| | Adverse impact on relatives including need to travel further | 4 | 1 | 3 | 8 | 17 | |
| | Proposed size of new homes is too large | | 1 | 1 | | 2 | |
| | Less local care choice and dependency on local private sector alternatives | 5 | 2 | 3 | 10 | 20 | |
| | Loss in continuity / consistency of care for individuals during transition | | | | | | |
| | Leads to inadequate capacity of appropriate services for local needs | 2 | 1 | 2 | 1 | 6 | |
| | Loss of established highly valued service within local community** | 22 | 3 | 26 | 32 | 84 | |
| Potential loss of high calibre staff | | | | 2 | 2 | ** (includes basic pleas not to close the facility) | |
| Impacts on staff | Staff will have further / too far to travel | | 1 | | 2 | 3 | |
| | Local employment / employment opportunities may be lost | 1 | | | 4 | 5 | |
| | Other impacts on staff | 2 | | | 2 | 4 | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | 1 | | 1 | 3 | 5 | |
| | Strategy primarily driven by financial considerations | 6 | 1 | 9 | 5 | 21 | |
| | Invest in existing estate and facilities | 1 | | 2 | 1 | 4 | |
| | Adequate new services should be open before old ones closed | 1 | 2 | 2 | 8 | 13 | |
| | Other challenges to strategy | 1 | 1 | | 5 | 7 | |
| Other | Key considerations for new accommodation | 1 | 1 | | | 2 | |
| | Land / buildings should be used to meet care needs of local community | | 1 | 1 | 2 | 4 | |
| | Other land / buildings / development comments | 1 | | | 2 | 3 | |

Page 99

* Caution - low base: care needed when interpreting results

Solent Mead (Day Service) - illustrative comments

Loss of established highly valued service within local community

“There are no plans to replace either of these facilities for obvious budgetary considerations and it is very sad that a valuable community asset such as this will be lost for ever. Only the rapacious property developers will benefit, as it’s unlikely ever to be used for affordable housing, or for anything that could benefit the community as a whole.”

“The Day centre is also a well-loved facility used by dementia groups. It is a strange strategy to claim you are focusing on specialist dementia care and then close a facility which provides it. If you close Solent Mead, then you must build a replacement in Lymington - not elsewhere in the Forest.”

“The Day Centre is a town centre haven for older folk.”

“When it comes to the Day Centre, there is a wealth of evidence about the importance of socialising and physical activity as we get older, and these activities are essential for mental, emotional and physical health. Lymington has a higher than average number of older people, so to take away the only Day Centre in the town is absolutely unacceptable and very short-sighted.”

Unsettling or traumatic to leave current home and community

“The impact on the mental health of the users will be severe in losing their significant social infrastructure. This is not appreciated or taken into account when assessing the proposition.”

“My Brother goes to the day centre, and it has been a lifeline for him and myself. He is from Lymington and is very happy to go twice a week. The staff are amazing, and we would be devastated if it closes.”

“The main reason he attends is companionship and the warm welcome he receives. Solent Mead residential care home and Day Centre have been a great service to Lymington. I hope finance will not come before customer care.”

“I’m a bit worried about going to a different place with different staff. Coming to a day centre gets me out of the home. I spend a lot of time alone - I’ve got a couple of sisters who help me usually, but I like to see different people. I’d like to keep everything as it as for as the people are concerned. I don’t want to travel too far.”

Solent Mead (Day Service) - illustrative comments

Adverse impact on relatives including need to travel further

"The closure of the day centre which have a huge effect on the families and service users that make use of this for respite purposes whereby the service user does not require 24 hour care. What other services that are not extortionately priced are they meant to use! With an aging population we should be building more not closing these places!"

"The Day Centre ... must be given some priority in retaining such a facility within the boundaries of Lymington and Pennington. Travel to an outside facility would debar many of those for which it is now provided and reduce any respite time for carers considerably. I speak from experience where my wife attended on a regular basis and talking to other users of the facility. Please do NOT take this decision lightly; the effect on many people both users and carers will be significant."

Solent Mead day care my wife was offered a space prior to residency. It was an invaluable service which likely saved my life when no other day centre would accept her. She loved going there."

Strategy is primarily driven by financial considerations

"Removing the day care facility from Lymington is short-sighted and unnecessary and appears to be driven predominantly by short-term financial considerations."

"Numbers of people attending have declined but I wonder if more people were aware of the facility they would increase. We must try to keep a Day Centre in Lymington with all the elderly people in the area if it was recommended by social services, I am sure numbers will increase."

"What work has been done to promote the services at the Day Centre e,g, for day respite care for people currently living in the community?"

Emsworth House (proposed site modernisation and expansion)

Headline findings

81 people who submitted a Response Form responded to the proposal for Emsworth House. 63% agreed with the proposal and 7% disagreed. 25% accepted the proposal but with some concern.

7% of respondents were residents/ former residents or family/ friends. 50% of this group agreed with the proposal and 17% disagreed.

21% of respondents were in the “staff/ former staff” group. 71% of this group agreed with the proposal.

7 of respondents were people whose stated interest was as someone living close to the home, 67% of whom agreed with the proposal.

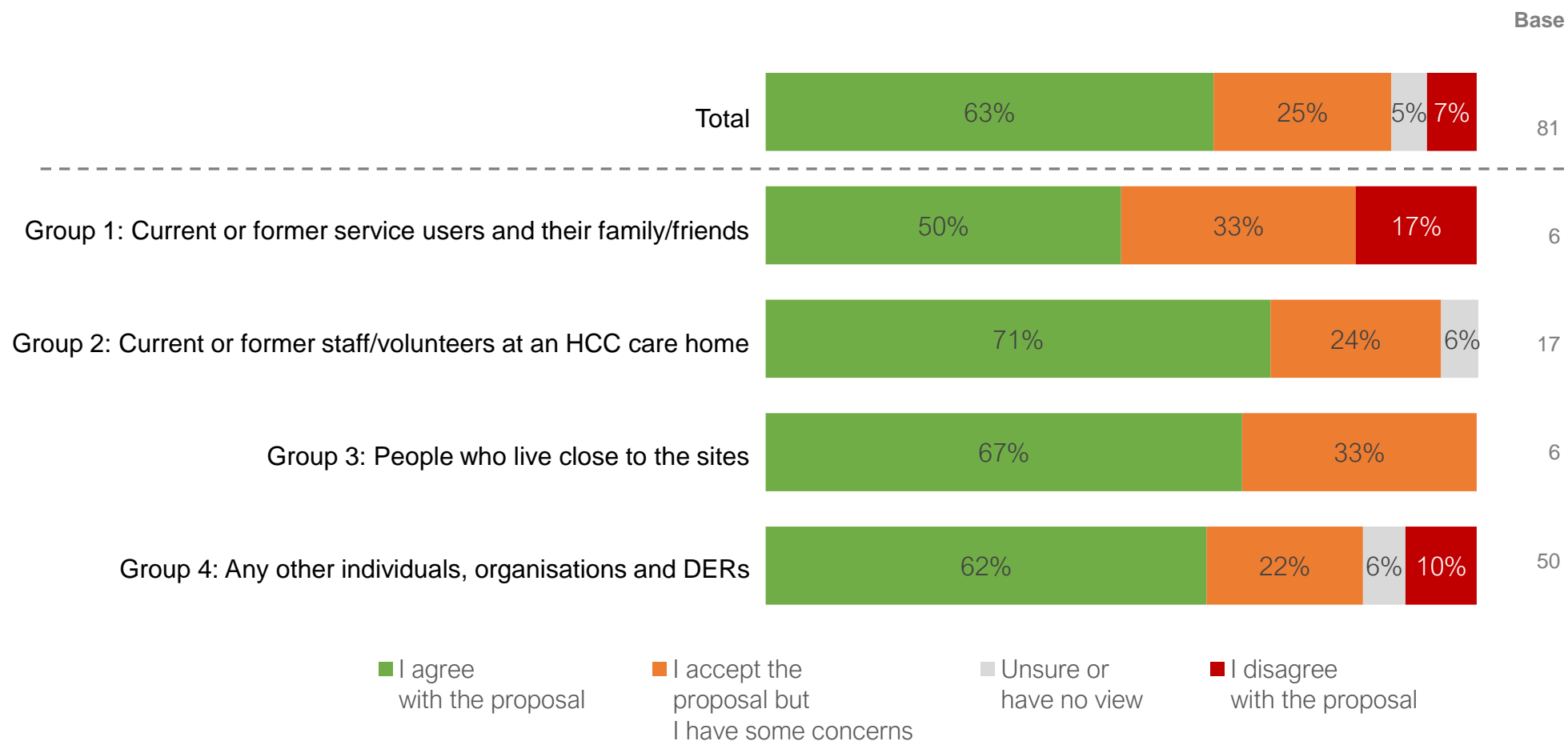
62% of respondents were people in the Group “other interested individuals, organisations or elected representatives” 62% of these agreed and 10% of them disagreed with the proposal.

The majority of comments received related to

- Reasons to support the proposal
- Challenges/ suggestions for the strategy
- Considerations for new accommodation
- Unsettling or traumatic to leave current home and community
- Leads to inadequate capacity of appropriate services for local needs

Emsworth House

Level of agreement with proposal overall and by interest group



* Caution - low base: care needed when interpreting results

Emsworth House – reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | | Base |
|---------------------------------------|---|------|------|------|------|--------------------|--|---|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | | 2 | 1 | 1 | | | 2 * |
| | Current accommodation needs updating to be fit for purpose | 1 | 2 | 1 | 1 | | | Current or former service users or their family/friends |
| About existing services | Quality of service is high | | | 1 | | | | 3 * |
| | Quality of staff is high | 1 | | | | | | Current or former HCC care home staff/volunteers |
| | Existing facilities already meet needs of some residents | | | | 1 | | | 4 * |
| | Existing facilities are well located | | | | | 0 | | People who live close to the sites |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | 1 | | | | | | 7 * |
| | Adverse impact on relatives including need to travel further | | | | | 0 | | Any other individuals, organisations and DERs |
| | Proposed size of new homes is too large | 1 | | | | | | Unspecified |
| | Less local care choice and dependency on local private sector alternatives | | | | 1 | | | 1 |
| | Loss in continuity / consistency of care for individuals during transition | | | | | 0 | | |
| | Leads to inadequate capacity of appropriate services for local needs | 1 | | | 1 | | | |
| | Loss of established highly valued service within local community | | | | | 0 | | |
| Potential loss of high calibre staff | | | | | 0 | | | |
| Impacts on staff | Staff will have further / too far to travel | | | | | 0 | | |
| | Local employment / employment opportunities may be lost | | | | | 0 | | |
| | Other impacts on staff | 1 | | | | | | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | | | | | 0 | | |
| | Strategy primarily driven by financial considerations | | | | | 0 | | |
| | Invest in existing estate and facilities | | | | | 0 | | |
| | Adequate new services should be open before old ones closed | | | | | 0 | | |
| | Other challenges to strategy | | | 1 | 3 | | | |
| Other | Key considerations for new accommodation | | | 1 | | | | |
| | Land / buildings should be used to meet care needs of local community | | | | | 0 | | |
| | Other land / buildings / development comments | | | | | 0 | | |
| Total respondents = 17* | | | | | | | | |

* Caution - low base: care needed when interpreting results

Emsworth House - illustrative comments

Reasons in support of proposals

"Any work HCC can do to ease the journey into old age and meet the requirements of the ageing population for the residents of East Hants is to be applauded."

"Residential rooms do need upgrading though and connexion to both side of the buildings too."

"I do understand that you now want to provide places for people with very complex dementia needs, because when my relative was at this stage in her illness there were very few places available or suitable to meet her needs."

"I think it's a very ambitious proposal which demonstrate that Hampshire are serious about providing a high standard of care for their clients."

"The residential side of Emsworth is too small with long corridors leading to too small lounges. It is difficult to improve the space within the existing footprint."

"I think it can make a great difference in the quality of care with modern facilities ."

"I recognise that the accommodation is not appropriate for the needs of residents, particularly the lack of en-suite facilities."

Emsworth House - illustrative comments

Service design suggestions

“Suggestions for the new build based on my experience as a carer & following previous rebuild - . Ensure corridors small communal sittings areas with a window, where clients can sit & be stimulated whilst looking out the windows. These areas will also help maintain their mobility by offering an area to rest whilst walking long distances. Ensuring there is a large communal area for activities and social events with large windows looking out on community activity.”

Unsettling or traumatic to leave current home and community

“Concerns for the management of transferring the clients from the residential to the nursing side whilst the new build takes place - concern for the clients to be able to maintain the familiarity of staff & the knowledge as them as individuals.”

“My relative had six weeks recuperation at Emsworth House and we had nothing but praise for the staff and accommodation and if this has not changed then the residents, and their relatives, who will have to leave will find the move very upsetting.”

Challenges/ suggestions to strategy

“You say that care residents will have to move out during construction. Could you time this so that it occurs after Oak Park is complete, so that residents can move to another HCC care home that is local?”

“Very large site already, more beds may make running of the site more complicated.”

“Currently this home requires improvement in 3 areas if the latest CQC Inspection Report is to be believed. Previous reports over the last 4-5 years have been similar. This is concerning that the proposal is to significantly increase bed numbers. It is fairly obvious that there are already staffing issues and management issues therefore without addressing these problems will mean that more vulnerable people will be put at risk with the increased beds”.

Emsworth House - illustrative comments

Inadequate capacity of appropriate services for local needs

"I'm concerned that Hampshire is proposing to cease their residential care offer. I'm worried about where my relative will be placed so their care needs will be met."

"Whilst as a local GP Practice we welcome the development of well-run specialist homes to cater to the needs of Elderly Mentally Infirm (EMI) service users, we are very concerned about this proposal. The reason for our concerns centre around the proposed GP cover for such a large EMI home. Currently EMP provides cover to the current Residential and Nursing Homes on the site. This is on a normal patient registration basis on a General Medical Service Contract (GMS) meaning that the service users are provided with the same level of access to GP services as the other 15,000 registered patients. That said, EMP aims to provide both homes with a ward round once a week to deal with any problems and has done so for many years. The costs of providing this extra medical cover is borne by the Practice as Hampshire County Council have never offered any specific contract to the Practice despite assurances at the outset that this would be the case when the nursing home was developed. Over this time the complexity of the patients has increased as the nursing home side has evolved into a step-down facility for the acute services provided at Queen Alexandra Hospital. As a result, demands on the Practice have grown and this has had a significant negative impact on our access for our other patients. I would argue the current situation is unsustainable. A care home the size of Emsworth House needs its own contracted daily medical cover. This need cannot be provided via GMS contract indefinitely. So please be aware, that when planning the new EMI home, Emsworth Medical Practice will not be able to provide medical cover on a GMS basis. We would ask that the Practice is involved in any future discussions regarding medical cover."

Oakridge House (proposed site modernisation and expansion)

Headline findings

77 people who submitted a Response Form responded to the proposal for Oakridge House. 65% agreed with the proposal and 6% disagreed. 22% accepted the proposal but with some concern.

13 % of respondents were residents/ former residents or family/ friends. % of this group disagreed with the proposal.

17% of respondents were in the “staff/ former staff” group. 85% of this group agreed with the proposal and 10% disagreed.

4% of respondents were people whose stated interest was as someone living close to the home, 67% of whom agreed with the proposal.

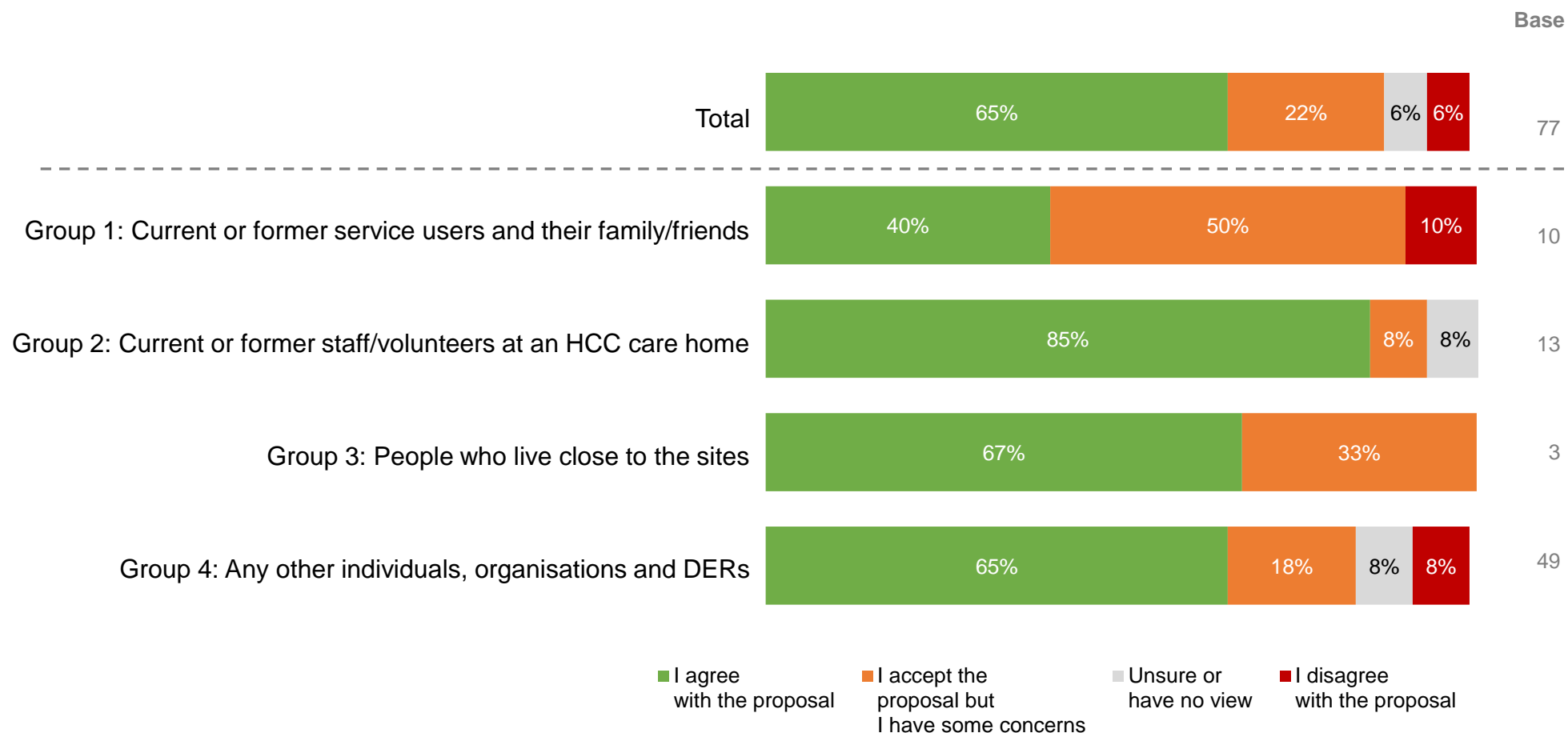
64% of respondents were people in the Group “other interested individuals, organisations or elected representatives” 65% of these agreed and 8% of them disagreed with the proposal.

The majority of comments received related to

- Reasons to support the proposal
- Considerations / suggestions for new accommodation
- Unsettling or traumatic to leave current home and community
- Leads to inadequate capacity of appropriate services for local needs

Oakridge House

Level of agreement with proposal overall and by interest group



* Caution - low base: care needed when interpreting results

Oakridge House – reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | Base | |
|---------------------------------------|---|------|------|------|------|--------------------|--|------|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | 2 | 1 | 1 | 6 | 10 | Group 1: Current or former service users or their family/friends | |
| | Current accommodation needs updating to be fit for purpose | 2 | 1 | | | 3 | | 7 * |
| About existing services | Quality of service is high | | | | | 0 | Group 2: Current or former HCC care home staff/volunteers | |
| | Quality of staff is high | 2 | | | | 2 | | 2 * |
| | Existing facilities already meet needs of some residents | | | | | 0 | Group 3: People who live close to the sites | |
| | Existing facilities are well located | | | | 1 | 1 | | 2 * |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | 1 | | | 1 | 3 | Group 4: Any other individuals, organisations and DERs | |
| | Adverse impact on relatives including need to travel further | 1 | | | | 1 | | 11 * |
| | Proposed size of new homes is too large | | | | | 0 | | |
| | Less local care choice and dependency on local private sector alternatives | | | | 1 | 1 | | |
| | Loss in continuity / consistency of care for individuals during transition | | | | | 0 | Unspecified | |
| | Leads to inadequate capacity of appropriate services for local needs | 1 | | 1 | | 2 | | |
| | Loss of established highly valued service within local community | | | | 1 | 1 | | |
| Potential loss of high calibre staff | | | | | 0 | 1 | | |
| Impacts on staff | Staff will have further / too far to travel | | | | | 0 | Total respondents = 23* | |
| | Local employment / employment opportunities may be lost | 1 | | | | 1 | | |
| | Other impacts on staff | | | | | 0 | | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | | | | | 0 | | |
| | Strategy primarily driven by financial considerations | | | | | 0 | | |
| | Invest in existing estate and facilities | | | | | 0 | | |
| | Adequate new services should be open before old ones closed | | | | | 0 | | |
| | Other challenges to strategy | 1 | | | | 1 | | |
| Other | Key considerations for new accommodation | 1 | | 1 | | 2 | | |
| | Land / buildings should be used to meet care needs of local community | | | | | 0 | | |
| | Other land / buildings / development comments | | | | | 0 | | |

* Caution - low base: care needed when interpreting results

Oakridge House - illustrative comments

Reasons in support of proposals

"I think the proposed expansion would provide a much needed increase in capacity for the area."

"Oakridge House has been providing care for many years. It is located in and around a community that is ageing and provides a much needed service. The modification and expansion should help to provide that service efficiently going forward."

"I do think that modernisation is required at Oakridge house and ensuite facilities in each room will make day to day living and management easier for residents and staff."

I agree with the overall proposals which will update existing provision to present day standards and provide more specialist nursing care."

"There is a local need for more places for people with complex medical conditions and/or dementia."

"This will improve services."

"The residential side of Oakridge is too small, bedrooms too small to

accommodate all of the equipment required to care for the residents fully. Being set within a residential area, staffing shouldn't be a concern, also offers an opportunity to become more immersed into the community."

"The residential side is in dire need of renovations."

"I welcome the planned investment in Oakridge House as the residential care environment is clearly in need of modernisation to enhance the experience of residents, and to allow the excellent care team to continue to provide support to people with increasing levels of frailty."

"The corridors of the upstairs of the home are very narrow and there isn't many spaces for my wife to move around in - she is very active and always on the move. There is a sense of being 'trapped' in the home so expansion and improvements are welcomed."

Oakridge House - illustrative comments

Inadequate capacity of appropriate services for local needs

"With an aging population, an expansion of 100 extra beds in Hampshire is ridiculous. Maybe 1000 in this consultation and 10,000 over 10 years would better reflect the need and end hospital bed blocking."

"I note that the proposal appears to reduce the number of beds available at the home, as a relative of a full-time resident this is concerning."

Unsettling or traumatic to leave current home and community

"I am concerned on the impact of moving my relative and other relatives to alternative accommodation. My relative has built up good friendship and support structures with the current residents and staff and will be unsettled by a change in where they are living."

"If older people move out this would definitely be detrimental to their mental & physical health."

"Relocation of some residents could be unsettling and lead to deterioration of their health and wellbeing."

Suggestions for new accommodation

"I hope that with extension and improvements to Oakridge House that the lift will also be replaced and possibly another one included, so that it is easier for me to access upstairs."

"Oakridge house is next to Oakridge tower which is a success high rise retirement home. Therefore, any expansion could be a matching high-rise block and fit on site and be in keeping with the area and provide hundreds of much needed beds."

Oakridge House - illustrative comments

Other comments

“Oakridge house is next to Oakridge tower which is a success high rise retirement home. Therefore any expansion could be a matching high rise block and fit on site and be in keeping with the area and provide hundreds of much needed beds.”

“I note that the proposal appears to reduce the number of beds available at the home, as a relative of a full time resident this is concerning.”

“The parish of East Woodhay is sited in North Hampshire close to the Newbury border. It is mainly a rural community, dependant on private transport as the provision of public transport in the area is poor. Although most of the shopping services are provided by Newbury due to its proximity. However, most public services are provided by Basingstoke and Deane Borough Council. Therefore, the community has a focus on Basingstoke rather than other nearby Hampshire towns. The parish has poor provision for care homes and is reliant on two private homes. Therefore, the community would support the expansion of care in Basingstoke if it is proposed to support the North Hampshire community as well as Basingstoke.”

Ticehurst (proposed site modernisation and expansion)

Headline findings

77 people who submitted a Response Form responded to the proposal for Ticehurst. 69% agreed with the proposal. 14% accepted the proposal but with some concerns and 8% disagreed.

8% of respondents were residents/ former residents or family/ friends. 67% of this group agreed with the proposal. And 33% disagreed.

22% of respondents were in the “staff/ former staff” group. 82% of this group agreed with the proposal.

4% of respondents were people whose stated interest was as someone living close to the home, All of them agreed with the proposal.

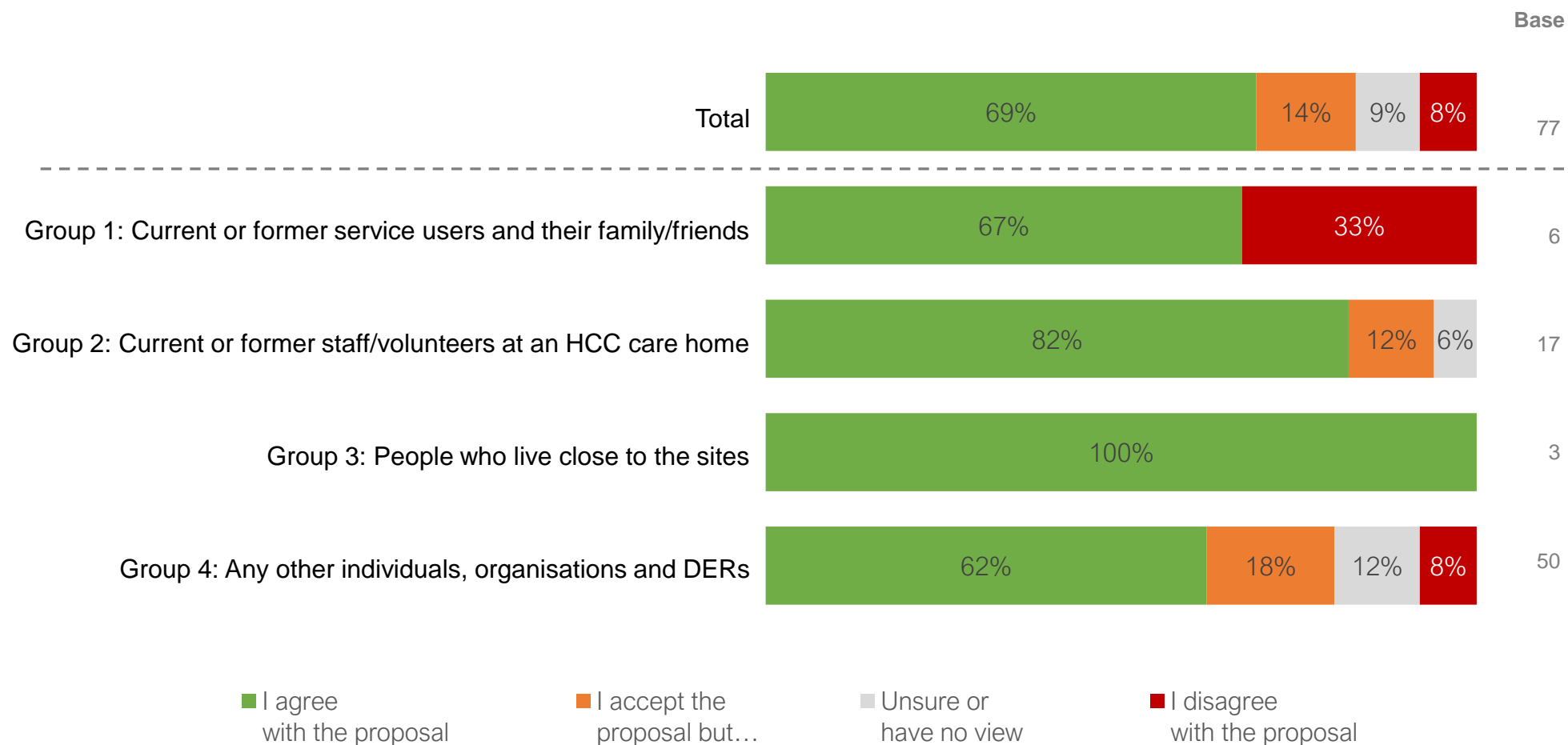
65% of respondents were people in the Group “other interested individuals, organisations or elected representatives” 62% of these agreed with the proposal.

Most of the comments related to:

- Support for the proposal
- Other suggestions/ challenges to the strategy
- Impacts on staff

Ticehurst

Level of agreement with proposal overall and by interest group



* Caution - low base: care needed when interpreting results

Ticehurst– reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | Base |
|---------------------------------------|---|------|------|------|------|--------------------|--|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | | 2 | 2 | 5 | 9 | Group 1: Current or former service users or their family/friends |
| | Current accommodation needs updating to be fit for purpose | | 1 | | 2 | 3 | |
| About existing services | Quality of service is high | | | | | 0 | Group 2: Current or former HCC care home staff/volunteers |
| | Quality of staff is high | | | | | 0 | |
| | Existing facilities already meet needs of some residents | | | | 1 | 1 | Group 3: People who live close to the sites |
| | Existing facilities are well located | | | | | 0 | |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | | | | | 0 | Group 4: Any other individuals, organisations and DERs |
| | Adverse impact on relatives including need to travel further | | | | | 0 | |
| | Proposed size of new homes is too large | | | | | 0 | |
| | Less local care choice and dependency on local private sector alternatives | | | | | 0 | |
| | Loss in continuity / consistency of care for individuals during transition | | | | 1 | 1 | Total respondents =19* |
| | Leads to inadequate capacity of appropriate services for local needs | | | | 1 | 1 | |
| | Loss of established highly valued service within local community** | | | | | 0 | |
| | Potential loss of high calibre staff | | | | | 0 | |
| Impacts on staff | Staff will have further / too far to travel | | | | | 0 | |
| | Local employment / employment opportunities may be lost | | 1 | | | 1 | |
| | Other impacts on staff | | | | 2 | 2 | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | | | | | 0 | |
| | Strategy primarily driven by financial considerations | | | | | 0 | |
| | Invest in existing estate and facilities | | | | | 0 | |
| | Adequate new services should be open before old ones closed | | 1 | | | 1 | |
| | Other challenges to strategy | | 1 | | 3 | 4 | |
| Other | Key considerations for new accommodation | | | | 1 | 1 | |
| | Land / buildings should be used to meet care needs of local community | | | | | 0 | |
| | Other land / buildings / development comments | | | | | 0 | |

* Caution - low base: care needed when interpreting results

Ticehurst - illustrative comments

Reasons in support of the proposal

“Very large site already, Kitchen needs completely refurbishing and relocation. Residential side needs upgrading?”

“As an employee of Ticehurst, I can see that Ticehurst is desperately in need of modernisation. This will only benefit the residents living in the home and those coming in the future as they will have facilities that are fit for purpose. It will also make it easier for staff to carry out their work.”

“I think the proposed expansion would provide a much needed increase in capacity for the area.”

“Great to have an older provision/building in the area upgraded to suit current need.”

“The modification and expansions at Ticehurst will allow residents to have quality of life as well as the staff will have good working environment.”

“The residential side is too small, although the design of a square is ideal for dementia, rather than long rambling corridors.”

“More places are needed in the local area so that families are not separated from elderly relatives living in homes far away that they can't afford / are unable to travel to.”

Ticehurst - illustrative comments

Impacts on staff

“Staffing is a big concern due to its location on the Surrey boarder - and insufficient pay rates in line with Surrey for ancillary services including catering?”

“I believe the home struggles to recruit in this area, so staffing may be costly?”

“Ticehurst is on the Surrey boarder and staffing is very difficult, both in terms of numbers of people looking for work but also the pay rates being lower in HCC. Several key positions are difficult to recruit too, even with pay enhancements. If the home was even larger how would this be addressed if staff could not be sought.”

Page 118

Suggestions/ challenges to strategy

“In order to minimize transport impact to families and the environment the council (Rushmoor BC) would like to be assured that additional places being created should be prioritized to demand arising from the local Rushmoor. We would also expect to see that the building works will be tendered to locally based companies.”

Ticehurst - illustrative comments

Suggestions/ challenges to strategy ctd

“The NHS partners of the Frimley Integrated Care System collectively recognise the significant investment in services to ensure they are fit for the future and appropriate for the patients within our population and we welcome the integrated approach taken with this consultation. On discussion with our system partners there have been some points that we feel should be considered in this process and they are documented below.

1. *Effect on existing health systems It is proven that residents of care homes require more regular contact from health services due to their frailty, multimorbidity and complexity. This would include their registered GP practice and community services. It could also impact on local mental health services. The current resilience and status of these services should therefore be taken into consideration when developing a strategy for long-term and short-term standard residential and/or nursing services for Older Adults. All agencies will need to work closely together to provide the high-quality care that our patients need and deserve. We at Frimley ICB would welcome the opportunity to develop a collaborative approach between the three main commissioners of services when planning future bed provision e.g. HIOW and Frimley ICBs and HCC.*
2. *‘Standard’ residential care We recognise that this consultation indicates a shift from providing a combination of standard residential, dementia and nursing care, particularly at Ticehurst to full Nursing and Dementia care only and we appreciate the dialogue during this consultation around the reasoning behind this. It has been made clear that there is sufficient private residential beds and that this would be a more cost effective use of council resource. We do, however, think it is important to understand whether there will be a net reduction in residential home beds locally in North-East Hampshire and would welcome data to support this.*
3. *Ticehurst redevelopment It is clear that the development of Ticehurst would be a positive impact for our population and we have been given assurances that this will not affect the short-term services (STS) beds that we currently collaboratively commission at Ticehurst. We would welcome the opportunity to be closely involved in this redevelopment with particular reference to how the STS beds may be configured in the future.*
4. *Staffing We recognise that the developments proposed in this consultation will require additional staffing due to the complexity of patients. With a national shortage of healthcare staff we feel that it is important that the staffing models are worked on in partnership and we would welcome the opportunity to develop any such plans together. Our position at Frimley ICB is that we support the proposals in the consultation as it is however it is important that the models of care for patients are factored into future plans. We are committed to being a proactive partner with Hampshire County Council to ensure the best possible outcome for our residents and welcome being fully involved in the next steps of this process.”*

Westholme (proposed closure and relocation to nearby new build sites)

Headline findings

103 people who submitted a Response Form responded to the proposal for Westholme. 50% agreed with the proposal. 15% accepted the proposal but with some concerns and 26% disagreed.

10% of respondents were residents/ former residents or family/ friends. 70% of this group disagreed with this proposal and 30% agreed.

20% of respondents were in the “staff/ former staff” group. 81% of this group agreed with the proposal.

10% of respondents were people whose stated interest was as someone living close to the home, 50% of whom agreed with the proposal and 10% disagreed.

60% of respondents were people in the Group “other interested individuals, organisations or elected representatives” 43% of these agreed and 31% of them disagreed with the proposal.

The most comments related to:

- Support for the proposal
- Other suggestions and challenges to strategy
- **Less local care choice and dependency on local private sector alternatives**
- Land/ building/ development

Malmesbury Lawn (proposed closure and relocation to nearby new build sites)

Headline findings

92 people who submitted a Response Form responded to the proposal for Westholme. 50% agreed with the proposal. 18% accepted the proposal but with some concerns and 24% disagreed.

7% of respondents were residents/ former residents or family/ friends. 70% of this group disagreed with this proposal and 30% agreed. 15% accepted the proposal with some concerns.

20% of respondents were in the “staff/ former staff” group. 81% of this group agreed with the proposal.

4% of respondents were people whose stated interest was as someone living close to the home, 50% of whom agreed with the proposal and 10% disagreed.

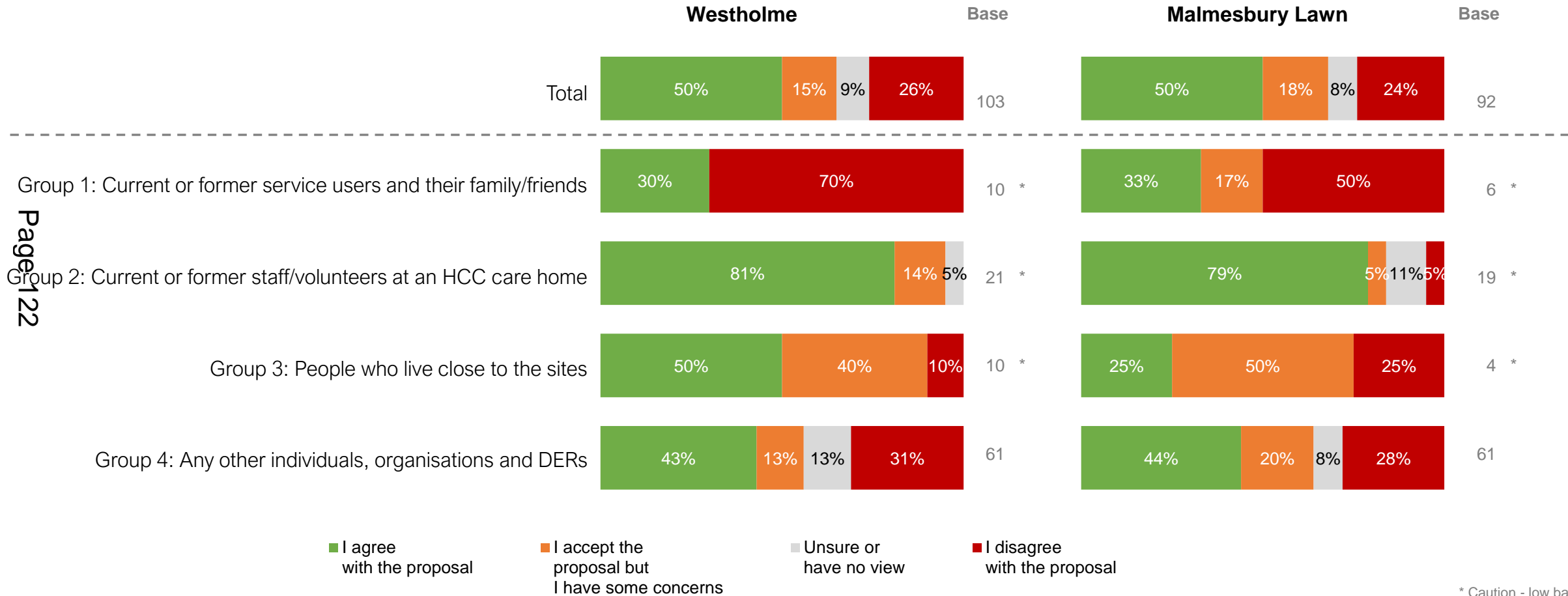
66% of respondents were people in the Group “other interested individuals, organisations or elected representatives” 43% of these agreed and 31% of them disagreed with the proposal.

The most comments related to:

- Support for the proposal
- Other suggestions and challenges to strategy
- Considerations for new accommodation
- Loss of established highly valued service within local community

Westholme and Malmesbury Lawn

Level of agreement with proposals overall and by interest group



* Caution - low base: care needed when interpreting results

Page 122

Westholme – reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | | Base |
|---------------------------------------|---|------|------|------|------|--------------------|--|------|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | 1 | | | 1 | 2 | | |
| | Current accommodation needs updating to be fit for purpose | | 3 | 2 | 1 | 6 | Group 1: Current or former service users or their family/friends | 3 * |
| About existing services | Quality of service is high | | | | | | Group 2: Current or former HCC care home staff/volunteers | 5 * |
| | Quality of staff is high | | | | | | Group 3: People who live close to the sites | 6 * |
| | Existing facilities already meet needs of some residents | | | | | | Group 4: Any other individuals, organisations and DERs | * |
| | Existing facilities are well located | 2 | | 1 | | 3 | | 6 |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | | | | | | | |
| | Adverse impact on relatives including need to travel further | | | | | | | |
| | Proposed size of new homes is too large | | | | | | | |
| | Less local care choice and dependency on local private sector alternatives | 1 | | 1 | 1 | 3 | | |
| | Loss in continuity / consistency of care for individuals during transition | | | | 1 | 1 | | |
| | Leads to inadequate capacity of appropriate services for local needs | | | | | | | |
| Impacts on staff | Loss of established highly valued service within local community** | | | | | | | |
| | Potential loss of high calibre staff | | | | | | | |
| | Staff will have further / too far to travel | | | | | | | |
| Challenges to strategy | Local employment / employment opportunities may be lost | | | | | | | |
| | Other impacts on staff | | | | | | | |
| | Closing day care short sighted - creates demand for more expensive services | | | | | | | |
| | Strategy primarily driven by financial considerations | | | | | | | |
| | Invest in existing estate and facilities | | | | | | | |
| Other | Adequate new services should be open before old ones closed | | | 1 | 1 | 2 | | |
| | Other challenges to strategy | | 2 | 1 | 1 | 4 | | |
| | Key considerations for new accommodation | | | 1 | | 1 | | |
| Other | Land / buildings should be used to meet care needs of local community | | | | | | | |
| | Other land / buildings / development comments | | | 2 | 1 | 3 | | |

* Caution - low base: care needed when interpreting results

Westholme - illustrative comments

Reasons in support of the proposal

“Age of the building , facilities , space for person's needs , legal requirements , building regulations , specialist support.”

“I have, in the past, visited friends at Westholme - and could see that it does not easily look as though it could be brought up to the standard now required.”

“I think the redevelopment of the Cornerways site in Kings Worthy is an excellent idea, especially if it provides more up to date accommodation. It is currently a wasted asset. Also given its proximity to the current site, I consider that both residents' relatives & home staff would not suffer significant disruption.”

“Pleased that the residents won't move until new facility opens.”

“I think the proposals are great and take into account the increasing prevalence of dementia in the UK. A new, purpose-built facility with proper equipment in every room for residents will promote independence and quality of life.”

“The relocation to Kingsworthy should ensure that the home can be reached easily by public transport. This is important to visitors and staff.”

“The residential side of Westholme is too small with small corridors and small bedrooms. The relocation to a larger site will improve the service as more space within the building can be provided, to accommodate larger specialist equipment and larger community space for residents to enjoy.”

Westholme - illustrative comments

Page 125

Less local care choice and dependency on private sector alternatives

"It all depends if the new home will be in Winchester. When my mother was in Westholme it was fairly easy for me to visit but if it was located outside Winchester it would have been difficult without any transport. There already seems to be a shortage of care homes for the elderly in Winchester and to move residents away from their loved ones is very cruel."

"This will reduce local provision for care. Whilst newer facilities are necessary and temporary arrangements might be necessary during any upgrades, unless new care is provided closer to the city centre where bus services have not yet been axed, it remains unclear what benefit this closure has."

"Winchester does not have enough care facilities and this home is one of the best one to support local residents"

Land/ buildings/ developments

"It would be helpful to know what the Council then intends to do with the land. Presumably it will be sold off to developers who will be allowed to build a high number of houses on it adding to the danger that is the Harestock Road and the increased congestion in Winchester?"

There are two homes on the Cornerways site. Are they both being rebuilt.

Suggestions/ challenges to strategy

"It is a shame you spent money on an extension to it more recently in 2014 not just in 2005 and mention of this is rather disingenuously not made in your consultation pack."

"I am concerned as so much funding went into building nursing side and d2a side and into renovation after flooding. It's a pity!"

"Does closing it lead to a reduction in capacity?"

Malmesbury Lawn – reasons and impacts provided by interest group

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | Base |
|---------------------------------------|---|------|------|------|------|--------------------|------|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | | 4 | | 1 | 5 | 1 * |
| | Current accommodation needs updating to be fit for purpose | | | | | 0 | |
| About existing services | Quality of service is high | | | | 1 | 1 | 8 * |
| | Quality of staff is high | | 1 | | 1 | 2 | |
| | Existing facilities already meet needs of some residents | | | 1 | | 1 | 3 * |
| | Existing facilities are well located | | | | | | |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | | 1 | | | 1 | 4 * |
| | Adverse impact on relatives including need to travel further | | | | | 0 | |
| | Proposed size of new homes is too large | | | | | 0 | |
| | Less local care choice and dependency on local private sector alternatives | | | | | 0 | |
| | Loss in continuity / consistency of care for individuals during transition | | | | | 0 | |
| | Leads to inadequate capacity of appropriate services for local needs | | | | | 0 | |
| | Loss of established highly valued service within local community** | | 1 | | 1 | 2 | |
| | Potential loss of high calibre staff | | 1 | | | 1 | 1 |
| Total respondents = 17* | | | | | | | |
| Impacts on staff | | | | | | | |
| | Staff will have further / too far to travel | | | | | 0 | |
| | Local employment / employment opportunities may be lost | | | | | 1 | |
| | Other impacts on staff | | | | | 0 | |
| Challenges to strategy | | | | | | | |
| | Closing day care short sighted - creates demand for more expensive services | | | | | 0 | |
| | Strategy primarily driven by financial considerations | | | | | 0 | |
| | Invest in existing estate and facilities | | | | | 0 | |
| | Adequate new services should be open before old ones closed | | | | | 0 | |
| | Other challenges to strategy | | 1 | 1 | | 2 | |
| Other | | | | | | | |
| | Key considerations for new accommodation | 1 | | | 1 | 2 | |
| | Land / buildings should be used to meet care needs of local community | | | | | 0 | |
| | Other land / buildings / development comments | | | 1 | | 1 | |

* Caution - low base: care needed when interpreting results

Page 126

Malmesbury Lawn - illustrative comments

Reasons in support of the proposal

"A new home would allow us to see the resident through all stages, at Malmesbury Lawn once their needs become too high for our staff to effectively manage, we refer onto nursing, meaning we lose that relationship and the person is forced to trust new people, in the new building we would be able to see them through onto nursing and not lose those relationships and continuity which is so important for successful dementia care."

"Malmesbury Lawn care home has an amazing staffing group and ethos around Dementia Care. We are restricted by the environment on how much further we can progress with in this environment. the level of need within Malmesbury lawn is the highest it has ever been, the living at home longer has impacted care homes and forced a change to happen."

"I believe this is something that is long overdue and HCC are finally looking to the future for the care of the elderly, Malmesbury Lawn is a lovely home but as with most of the homes it does need more up to date facilities so to build a larger and more modern home to meet the current and future needs of the older community is a massive commitment by HCC and I am proud to be able to be here to see this happen. I look forward to being able to see and maybe even work in the new home."

Loss of established highly valued service within local community

"Very much part of the community which you would lose if moved. Local people work there, and a lot of the residents are local."

Considerations for future accommodation

"Will you build in facilities for day care as well at Oak Park? The traditional model is to take people during the day that gives carers respite and/or allows them to work. The newer model is to also accommodate groups of people with dementia, with a leader, who create community for themselves. In addition there are a number of dementia oriented activities that you could offer to the community, eg memory cafe, carers groups, NHS older peoples mental health training for carers and people with dementia. This would establish you as the local centre of excellence and provide an informal pipeline/referral service into your residential and nursing care. For many people, the best option is to keep people with dementia at home for as long as possible. Building support for this into your residential homes makes sense as you already have a centre of expertise there."

"I would like to see that a replacement home is low key, appears to be on a domestic scale and style. My mother had dementia and is now deceased. She had short stay care at Malmesbury Lawn which took place alongside residential care. This home is based in the community and staffed by local people. It felt owned by the staff team who showed understanding of the needs of my mother, and no doubt many others, for domestic routines, such as tidying and washing up (on a very small scale). There was direct access to a safe garden area, and the building was low key with relatively normal room sizes. These features are important to help older people to feel comfortable and not intimidated by large rooms and confusing designs."

Reasons and impact responses made across multiple proposals

Reasons and impact responses made across multiple proposals

Respondents who expressed their views on more than one proposal were offered the option to provide reasons and describe impacts in relation to each individual proposal separately or to make general comments across their responses. Where comments were made against a specific proposal, these were coded to the relevant proposals and feature in those sections. Where the comments were more general in nature, these have been analysed separately. 95 respondents chose to submit a general comment and their responses are presented on the next slide.

Many of the same key themes appear from this analysis as per individual proposals but it is worth noting that over 70% of these responses are from the responder Group 4: “Any other interested individuals, organisations or democratically Elected Representatives”, who tended to be more positive in their comments. (Groups 1 and 3 by their nature were more focused on local and specific proposals.)

Page 129 People answering reasons and impacts across multiple proposals most commonly gave reasons relating to

- Support for the proposals
- unsettling or traumatic to leave current home and community
- adverse impacts on relatives including the need to travel further
- inadequacy of overall provision to meet local needs
- less local care choice and dependency on private sector alternatives

Reasons and impact responses made across multiple proposals (by interest group)

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | | Base |
|---------------------------------------|---|------|------|------|------|--------------------|----|--|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | | 5 | | 14 | | 20 | Group 1: Current or former service users or their family/friends |
| | Current accommodation needs updating to be fit for purpose | 1 | 7 | | 18 | | 26 | |
| About existing services | Quality of service is high | | | | 2 | 0 | | Group 2: Current or former HCC care home staff/volunteers |
| | Quality of staff is high | 2 | | | 0 | 2 | | |
| | Existing facilities already meet needs of some residents | 3 | 1 | 2 | 16 | 0 | | Group 3: People who live close to the sites |
| | Existing facilities are well located | 4 | | 2 | 9 | 2 | | |
| Concerns / reasons we disagree | Unsettling or traumatic to leave current home and community | 2 | 1 | 1 | 1 | | 22 | Group 4: Any other individuals, organisations and DERs |
| | Adverse impact on relatives including need to travel further | 1 | | | 10 | | 15 | |
| | Proposed size of new homes is too large | | | | 2 | 5 | | |
| | Less local care choice and dependency on local private sector alternatives | 1 | | 2 | 17 | | 11 | |
| | Loss in continuity / consistency of care for individuals during transition | 1 | | 1 | 2 | 2 | | unspecified |
| | Leads to inadequate capacity of appropriate services for local needs | 2 | | | 3 | | 20 | |
| | Loss of established highly valued service within local community** | 1 | | 1 | 2 | 4 | | |
| | Potential loss of high calibre staff | 1 | | | 1 | 5 | | |
| Impacts on staff | Staff will have further / too far to travel | 1 | | 1 | 2 | | 4 | Total respondents = 95 |
| | Local employment / employment opportunities may be lost | | | | 2 | 2 | | |
| | Other impacts on staff | 2 | | | 3 | | 4 | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | | | 1 | 3 | 2 | | ** (includes basic pleas not to close the facility) |
| | Strategy primarily driven by financial considerations | | 1 | | 6 | | 5 | |
| | Invest in existing estate and facilities | | | | 7 | | 4 | |
| | Adequate new services should be open before old ones closed | 1 | | | 2 | | 7 | |
| | Other challenges to strategy | | | | 4 | | 7 | |
| Other | Key considerations for new accommodation | | 1 | | 1 | | 3 | * Caution - low base: care needed when interpreting results |
| | Land / buildings should be used to meet care needs of local community | | | | | | 4 | |
| | Other land / buildings / development comments | | | | | | 0 | |

Reasons and impact relating to multiple proposals - illustrative comments

Current accommodation needs updating to be fit for purpose

“These services are wonderful homes, but occupancy has been low over the past few years, with people choosing to move to private provisions at a greater cost to HCC. The buildings are no longer fit for purpose to care for the individuals that require our care and services. The residential sites are unable to accommodate people who do not qualify for a nursing bed leaving many people without a HCC care bed and requiring the private sector. If we are clear and transparent with the possible closures people can begin to make plans or we are able to stop admissions reducing the impact to people in our care and their families. Providing new buildings with our existing nursing homes creates one standard and a much nicer and safer environment to live and work in.”

Adverse impacts on relatives including the need to travel further

“Closure and relocation means that the services can not be accessed by people who can not or should not drive. It reduces the ability for residents to access amenities close to friends and relatives, often residing in communities for many years. Closing these facilities also means that often they are forced to move a long way from home and or family. Studies show that engaged residents are healthier, both physically and emotionally. This reduces the overall care costs and strain on the NHS and families.”

Unsettling or traumatic to leave current home and community

“Elderly residents currently residing across each of these care homes deserve their right to stay in the place they know as "home" in peace during the final years of their lives, where they always feel welcome and looked after by trained, qualified, experienced care home staff members who know these elderly people like family. To be clear, closing down these care homes will not only disrupt these elderly residents' lives but also deprive future generations of access to these vital services within their own community, where such facilities need to remain accessible in light of this country's ageing population so that their needs are catered for - without them, these same people are left abandoned despite requiring specialised care close to their loved ones; here's where proximity to family has been proven by numerous studies to improve the mental health and overall well-being of elderly individuals in long-term care settings.”

Efficient resource use for future population needs / focus on higher needs

“The proposals are borne out of a commitment to provide modern, effective care concentrating on those areas which are most needed, and not necessarily served as well by the wider care market. The impact will ultimately be positive for Hampshire residents and those working in the sector.”

Reasons and impact relating to multiple proposals - illustrative comments

Inadequacy of overall provision to meet local needs

“The closure of all of these dramatically impacts on the availability of local care facilities. The extension, improvement or replacement of facilities in Aldershot, Leigh Park and Winchester do not provide new or replace local care facilities. There may well be an argument for replacing or extending local care services within the private sector, but this MUST be done alongside and preferably ahead of any reduction in existing facilities.”

less local care choice and dependency on private sector alternatives

“The closure of Bishops Waltham House is unnecessary and will cause severe disruption to vulnerable residents, and will remove a much-needed facility in the area (which has evidently had its number of residents run-down over recent years, artificially portraying a lower level of demand/need). The suggestion that there are 75 homes and 15 nursing homes within ten miles of Bishops Waltham House is entirely misleading, particularly regarding those homes' willingness to take publicly-funded residents, and indeed the availability of spaces. The financial case has not been proven or evidenced, included in the July 2023 Cabinet Decision Report. Current staff are excellent and their contribution towards the HCC care sector will be decimated if the home is closed. Its adaptation to meet current higher standards is not necessary as the care needs of residents are being met, as evidenced by the October 2023 CQC "Good" Rating.”

Other comments and suggested alternative approaches

The Response Form provided a final question to provide the opportunity for any further comments, impacts or alternative suggested approaches

342 respondents provided further comments or suggested alternative approaches. Many of the responses reinforce comments on the reasons for answers regarding agreement or disagreement with the proposals.

The most common themes for the comments in the “other comments and suggested alternative approaches” question related to:

- Loss of established highly valued service within local community
- Unsettling or traumatic to leave current home and community
- Invest in existing estate and facilities
- Other challenges to strategy

Page 133

The responses have been coded and the frequency of comments in each theme broken down by category of interest can be seen on the following table.

Any other comments or suggested alternative approaches

| | | Gp 1 | Gp 2 | Gp 3 | Gp 4 | Number of comments | Base |
|---------------------------------------|---|------|------|------|------|--------------------|--|
| In support of proposal | Efficient resource use for future population needs / focus on higher needs | 1 | 5 | 1 | 8 | 15 | Group 1: 115 Current or former service users or their family/friends |
| | Current accommodation needs updating to be fit for purpose | 1 | 4 | | 7 | 13 | |
| About existing services | Quality of service is high | 14 | 3 | | | 18 | Group 2: 38 Current or former HCC care home staff/volunteers |
| | Quality of staff is high | 7 | | | 1 | 8 | |
| | Existing facilities already meet needs of some residents | 18 | 3 | 4 | 4 | 30 | Group 3: 73 People who live close to the sites |
| | Existing facilities are well located | 6 | | 1 | | 7 | |
| Concerns / reasons to disagree | Unsettling or traumatic to leave current home and community | 31 | 5 | 10 | 15 | 61 | Group 4: 111 Any other individuals, organisations and DERs |
| | Adverse impact on relatives including need to travel further | 14 | 2 | 10 | 7 | 34 | |
| | Proposed size of new homes is too large | 8 | 1 | 4 | 2 | 15 | Unspecified 5 Total respondents = 342 |
| | Less local care choice and dependency on local private sector alternatives | 8 | 1 | 7 | 4 | 20 | |
| | Loss in continuity / consistency of care for individuals during transition | 3 | | | 2 | 5 | |
| | Leads to inadequate capacity of appropriate services for local needs | 11 | 1 | 5 | 11 | 28 | |
| | Loss of established highly valued service within local community** | 28 | 3 | 19 | 10 | 62 | |
| Potential loss of high calibre staff | 4 | | | | 4 | | |
| | | | | | | | ** (includes basic pleas not to close the facility) |
| Impacts on staff | Staff will have further / too far to travel | 6 | | 1 | | 7 | |
| | Local employment / employment opportunities may be lost | 4 | 2 | 2 | 1 | 9 | |
| | Other impacts on staff | 3 | 1 | 1 | 1 | 6 | |
| Challenges to strategy | Closing day care short sighted - creates demand for more expensive services | 1 | | | 1 | 2 | |
| | Strategy primarily driven by financial considerations | 3 | | 1 | 3 | 7 | |
| | Invest in existing estate and facilities | 24 | 4 | 16 | 14 | 59 | |
| | Adequate new services should be open before old ones closed | 9 | 5 | 1 | 4 | 19 | |
| | Other challenges to strategy | 13 | 4 | 9 | 26 | 52 | |
| Other | Key considerations for new accommodation | 4 | 1 | 3 | 2 | 10 | |
| | Land / buildings should be used to meet care needs of local community | 5 | 2 | 8 | 5 | 20 | |
| | Other land / buildings / development comments | 6 | 2 | 5 | 7 | 20 | |

Disagree 134

Other comments and suggested alternative approaches – illustrative examples

Loss of established highly valued service within local community

“Bishops Waltham as a village/town provides a loving stable community life to many, Why not build/provide a bigger much needed development within the local area!”

“Don't let this remarkable facility be lost to the large community of ageing retirees.”

- Invest in existing estate and facilities

“As a retired builder i do not see why the appropriate improvements can not be made to the Solent Mead building. There is ample land surroundings the building which I understand to have been donated to NFDC for the purposes of care. Surely this means that the building and land can only be used for social care purposes.”

Page 135

Unsettling or traumatic to leave current home and community

“There is clear evidence that moving people with extreme frailty is likely to significantly shorten their life expectations. HCC have in the past been criticised by coroners for moving people where these capital has depleted, so this is a foreseeable risk. My father would not tolerate a move to a new home, particularly if this was cut of Basingstoke reducing family access to visit. He was placed in Oakridge House with very careful multiagency support as he has previously become very agitated and distressed during a respite period. The staff in both residential and nursing services at Oakridge know my father, have his trust and confidence and have ensured that the transition to long term care has been as good an experience as possible. To move him away from the people he knows and responds so positively with, would effectively be responsible for ending his life.”

Other challenges to strategy

“Why is there no joined up thinking? The NHS is at breaking point due to bed blocking. G ward in NHCH Basingstoke hospital is like a retirement home with elderly people living there for months waiting for a nursing home. Thousands of affordable retirement home and nursing home beds are needed urgently. 100 would not even clear the backlog of bed blocking.”

Identified equalities impacts

When respondents expressed their level of agreement/ disagreement with each proposal, if they provided a reason or impact, they were asked a further question:

Please indicate below if you wish to highlight any characteristics which are particularly relevant to the impacts you have described (NB: These include specific characteristics that the County Council is responsible for considering under the Equality Act 2010). *(Please select all that apply)*

The chart on the following slide indicates the % of respondents to each proposal who identified impacts on protected characteristics. This illustrates that for every proposal, the highest impacts were identified for older people and disabilities.

Page 136

The highest percentage of respondents commenting on their response to proposals who highlighted these two impacts were those responding and commenting on proposals for Green Meadows, Solent Mead (Home and Day Service) and Bishops Waltham.

Other significant impacts identified were on those relating to rurality and environmental impacts, featuring particularly strongly in a higher percentage of respondents on the proposal for Bishops Waltham House. These issues featured in the responses in terms of concerns around public transport in rural areas for access to services and visiting, with a potential increased dependency on car travel.

The other significant higher impact area is on poverty, which tends to feature in comments relating to uncertainties around the availability and cost of alternative local provision in the private sector, and to the potential added costs of transport for visiting alternative homes or accessing day services.

The data on this response will help support the service to undertake the equalities impact assessment of proposals required as part of decision recommendations.

Identified equalities impacts

% of respondents to each proposal who identified impacts on protected characteristics



Base total all responses 586

Engagement sessions and conversations

Summary of notes from engagement sessions and conversations with residents, service users and their relatives/ representatives (individual and group conversations)

50 conversations with individual residents, service users or groups or relatives/ representatives were held during the consultation period. These sessions were through pre-booked appointments conducted by HCC Care senior managers and social workers to provide information, answer questions and assess peoples understanding of the proposals and their implications. This provided an opportunity to provide specific feedback within the consultation period which is summarised below on the following three slides. It may also have led to the completion of survey response forms in some cases. Everyday conversations and queries with residents or their representatives which take place have not been captured as a matter of course for the purpose of the consultation.

Bishops Waltham House – 8 individual conversations with residents

- This had provided an opportunity to understand options, preferences and requirements for the future and to talk through the process. For some this was accepted but there was some apprehension about the potential loss of companionship.
- The staff were highly valued and of real importance was proximity to family in the local community.
- There was apprehension following previous experience of being relocated.
- Resident didn't want to leave a wonderful home close to family.

Page 139

Green Meadows – 7 conversations with representatives of residents

- The quality of care was highly regarded, and residents really get along so well with staff.
- Relatives were very concerned about the proposed closure. It was important that they were close by and in the local community.
- There is an awareness that some facilities are dated but they are adequate, and the processes work well.
- Everyone appears happy at the home, there is a happy community and residents don't want to leave.

Summary of notes from engagement sessions and conversations with residents, service users and their relatives/ representatives (individual and group conversations)

Solent Mead Care Home – 16 conversations with representatives of residents

- Preferences for re-locations were discussed, some in Lymington, others in Winchester. The Day Service and its staff were highly valued as was friendship/ companionship with other residents. Coping with change is a key challenge and it would be helpful to avoid this for as long as possible.
- Some anxiety about closure and the prospect of not having choice to remain close to the town and having to move into a private facility and the costs/affordability .
- Questions raised about closing one place to open another and if it was possible to build on the existing site. What would happen if Solent Mead closed before a new home was opened? It was seen as important that a new facility was operational and staffed.
- There was experience of moving having unsettled residents in the past and there was anxiety that this would happen again.
- Questions were raised about whether current resident would be eligible for the care provided by HCC Care and some anxiety over financial planning for diminishing resources and how they might be supported/ assisted by the County Council.
- There was high praise for the staff but also some concerns regarding the experience of Forest Court which had many agency staff. This was a problem for dementia residents who benefited from familiar carers. There was some fear over the loss of a friendly vibe and high-quality care at Solent Mead which a bigger establishment may not replicate.
- Relatives living in Lymington had concerns regarding travel to anywhere further afield and wanted loved ones to be close to them and their community.
- There was apprehension at the prospect of multiple moves and the detrimental impact and disappointment that a new HCC Care facility wasn't being established before considering closing existing ones. It felt as though there was no real plan in place and residents and their families felt vulnerable without affordable alternatives locally.
- Modifications on an existing site were considered appropriate and cheaper than new facilities.

Summary of notes from engagement sessions and conversations with residents, service users and their relatives/ representatives (individual and group conversations)

Solent Mead Day Service - 5 individual conversations with representatives of residents and a group conversation led by the County Council's commissioned advocacy provider with 4 service users.

- There was general disappointment over the proposed closure of the day centre.
- The group enjoyed being together as a regular team and supporting each other, they wanted to continue to do this along with the current support staff. They were more concerned about staying together and less concerned about a venue. There was anxiety, sadness and apprehensions regarding the proposed closure and finding somewhere in Lymington to continue to meet as a group. They were hopeful to have a couple of new members of the group and hoped that if this was the case, the County Council would continue to support a day service facility at another venue in Lymington if Solent Mead closed. They recognised that some in the room could benefit from a modern approach to residential care.
- The individual conversations revealed concerns about the impact of loss of valued companionship established in the centre and the difficulty in dealing with change. Establishing a routine of attendance had proved highly valuable but change may be difficult to handle. This was the only day centre in Lymington. Service users' goals included maintaining independence and social interaction. Service users weren't fully independent and would need transport to any other facility, but an alternative would really need to be in the town. There was a sense that the decision had already been taken.
- The closure of the site was questioned, it seemed cruel starting this process before a new facility was offered. The arrangements and responsibility for a replacement day service were questioned whilst the closure and opening of new facility was taking place. Would the County Council be funding and offering a replacement day service, or would there be one attached to the new facility.

Summary of notes from engagement sessions and conversations with residents, service users and their relatives/ representatives (individual and group conversations)

Page 142

Emsworth House– group conversation with residents and their relatives

- Relatives wanted disruption of relocation minimised and one preferred this to be sooner rather than later.

Oakridge House – 5 individual conversations with representatives of residents

- Relatives and residents happy with standard of care
- Programme of improvements is understood
- Concerned about disruption and potential move and cost of private provision

Ticehurst – 3 conversations with representatives of residents

- Relatives and residents very happy with quality of care received and supportive of programme of improvements.

Malmesbury Lawn – conversation with a representative of one resident

- Resident had a traumatic experience of a private sector home. Hoping there will be a plan B if proposals are declined.

Unstructured Responses

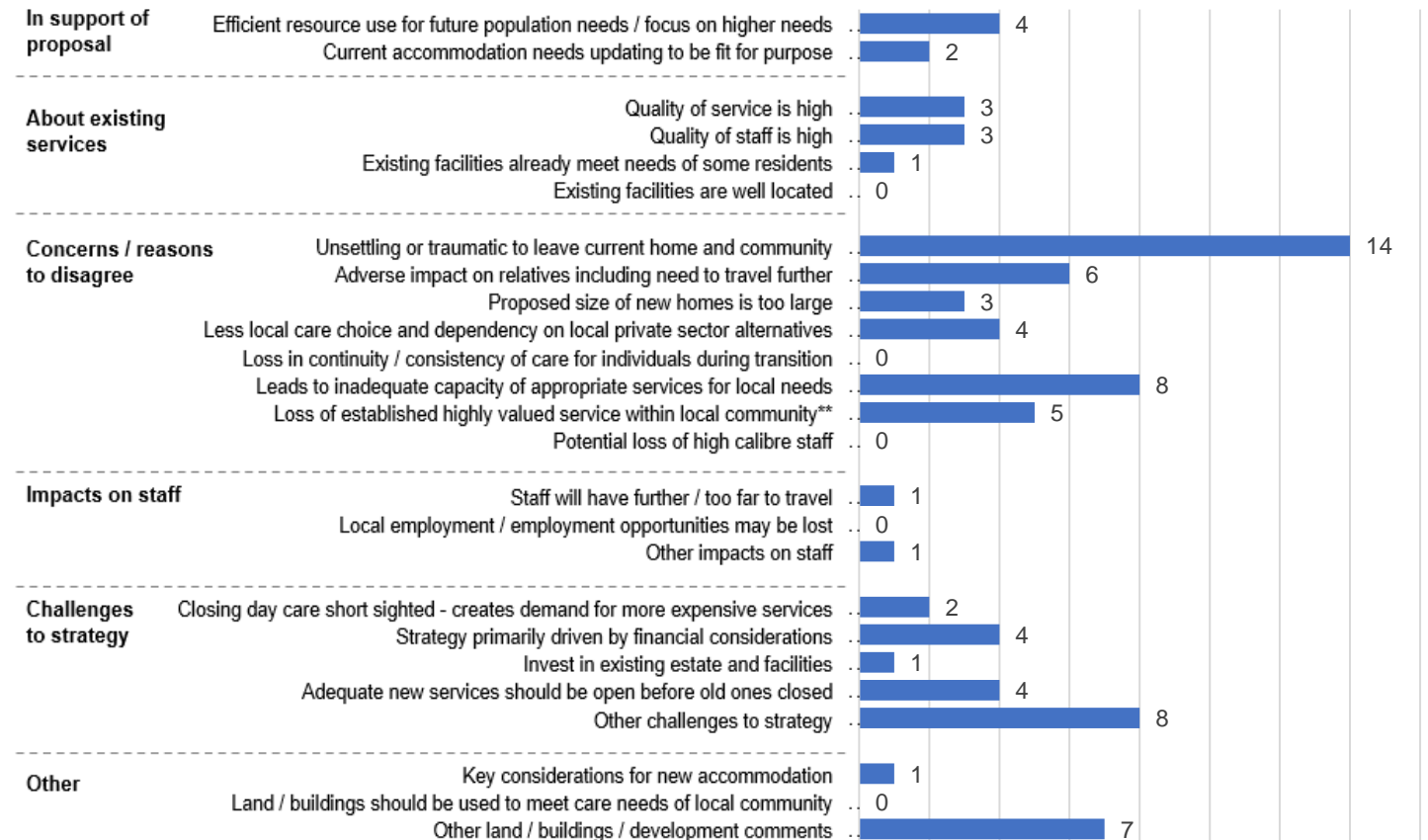
Summary of themes from unstructured responses

44 contributions to the consultation were received as emails or letters. The points expressed in these contributions have been coded to the same themes as those received through the consultation response form. The following table illustrates the number of comments coded to each theme.

The most common themes are:

- Unsettling/ traumatic to leave current home and community
- Leads to inadequate capacity of services for local needs
- Other land/ building/ development comments
- Impact on relatives inc. need to travel furth
- Other suggestions and challenges to the strategy

These contributions were received by the service Department and have been available for review by the service.



Unstructured comments - most commonly mentioned themes

Unsettling/ traumatic to leave current home and community

“The residents and users of Solent Mead have reached the stage in their lives when they expect and need more certainty about their future, including where they will live, their accommodation and who will look after them. Your proposals provide none of these, and indeed the uncertainty of their future which your proposals invoke is at best insensitive and at worst cruel!”

Impact on relatives including the need to travel further

Page 145 *“Solent Mead has provided many people with security, living in the town they love and being near enough for visitors traveling by public transport. A friend recently had the experience of his wife having to go to a care home over 10 miles away with no public transport anywhere near. They were both well into their 80s. It was devastating for them”*

Leads to inadequate capacity of services for local needs

“In the statement published on your web site, you propose “to withdraw, over a period of me, from the direct provision of standard residential care”. It is understood that there are growing numbers of elderly with dementia and other illnesses: but there is also a growing number of elderly who do not need specialist nursing care, so the withdrawal of these services is going to leave a gap in provision for such people.”

Other land/ building/ development comments

“.....There is no information on how the land at Marmsbury Lawn will be used if the care home is provided on another site. Will that site stand empty for years too? The Oak Park scheme was approved at a cost of £25 million. What has happened to that funding? Will procurement on the Oak Park site be any better than previous attempts? Because of previous delays will the care home development on Oak Park be given priority?”

Other suggestions and challenges to the strategy

“Appalled that you are considering any closures before you have the full range of Home Assistance available. Saying that you are going to do so – future tense- does not help those desperate for assistance now – present tense.”

Happily, not personally involved at the moment but have close friends where the patient aged 90 has been in and out of hospital numerous times in the last 2 months but has to be nursed by his wife – aged 94 – when he is sent home with no help or cover provided. Before you close any homes put the assistance needed now in place.”

Methodology and demographics

About this report

This report summarises the main findings from Hampshire County Council's 2023 HCC Care Consultation.

As this was an open consultation, the respondents do not provide a representative sample of the Hampshire population. All consultation questions were optional, and the analyses only take into account actual responses – where 'no response' was provided to a question, this was not included in the analysis. As such, the totals for each question may add up to less than the total number of respondents who replied via the consultation Response Form.

All of the comments and unstructured responses received through the consultation have been shared directly with services for full review, to inform the ongoing development of the proposals, and associated Equality Impact Assessments.

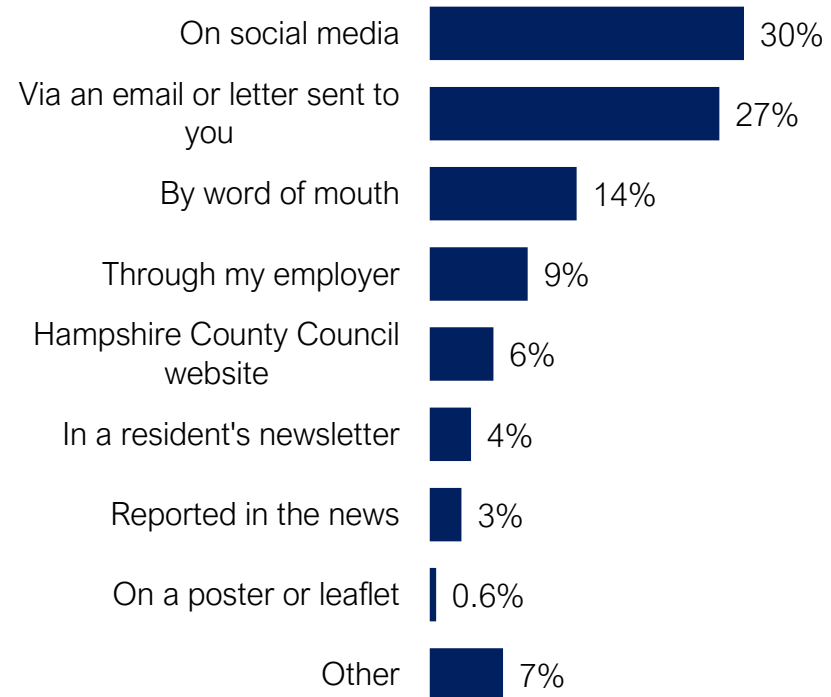
Additionally, consultation codeframes were created using an inductive approach* from a random sample of replies from each open-ended question received across the course of the consultation, in order to understand key themes arising.

The number of people working on each codeframe was kept to a minimum to ensure a consistency of approach for each, and all coding was cross checked.

**This means that the themes were developed from the responses themselves, not pre-determined based on expectations, to avoid any bias in the analysis of these responses.*

Communications and Promotion

Source (where respondents heard about the consultation)



Page 148

The consultation was widely promoted via a range of online and offline channels. Letters were sent to care home residents, their relatives and representatives, along with stakeholders such as partner organisations in the NHS and local councils. Several engagement events were held in all the homes affected (except Copper Beeches and Cranleigh Paddock which are temporarily closed). This was to enable those who may be directly impacted, and their families, to learn more about the proposals and to discuss the proposed changes in more detail with HCC Care staff, social workers and Registered Managers of the homes and Day Service. Advocacy support was offered to residents and Day Service users to help them participate in the consultation. MSTeams and telephone appointments were also offered to people who preferred that form of engagement.

List of responding organisations, groups and businesses

St.Michael's Church of England

University Hospital Southampton NHS FT

Chawton House Surgery

Rushmoor Borough Council

Emsworth Medical Practice

Lymington and Pennington Town Council

New Forest District Council

Bishop's Waltham Parish Council

Hampshire UNISON

Andover & District Older People's Forum

Frimley ICB

Bluezone Care Ltd

Silverlinks

List of responding democratically Elected Representatives' constituencies

Page 150

Bishops Waltham Parish Council

Mayor of Lymington and Pennington

Titchfield Common Ward and Fareham, Titchfield and Fareham County Division

Upham Parish Council

Durley Parish Council

North East Havant

Lymington & Boldre

Boldre Parish Council

East Woodhay Parish Council

Odiham, Hook and the Western Parishes

New Forest West

Hayling Island

Worthys Ward, WCC

Candovers Oakley and Overton Division

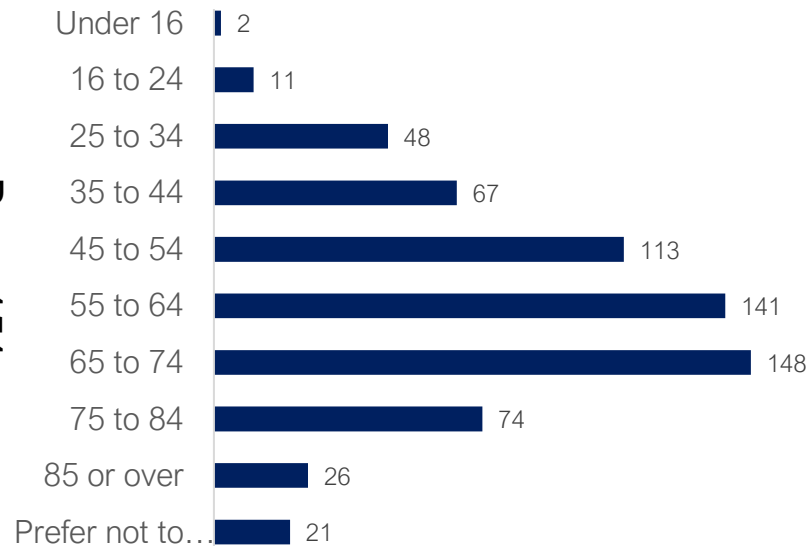
Lymington and Pennington Town Council

Aldershot South Division

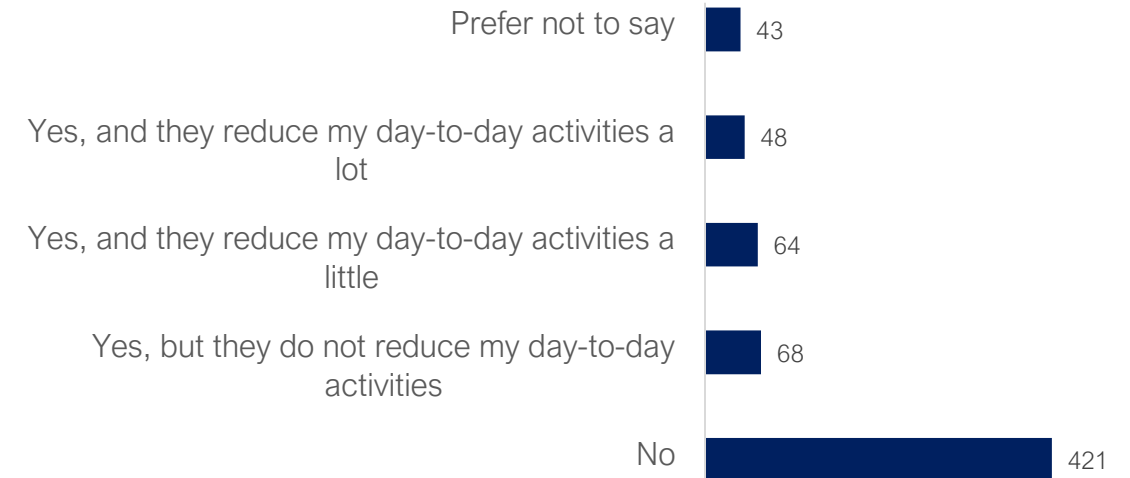
Respondent age and disability profiles

Page 151

Age profile

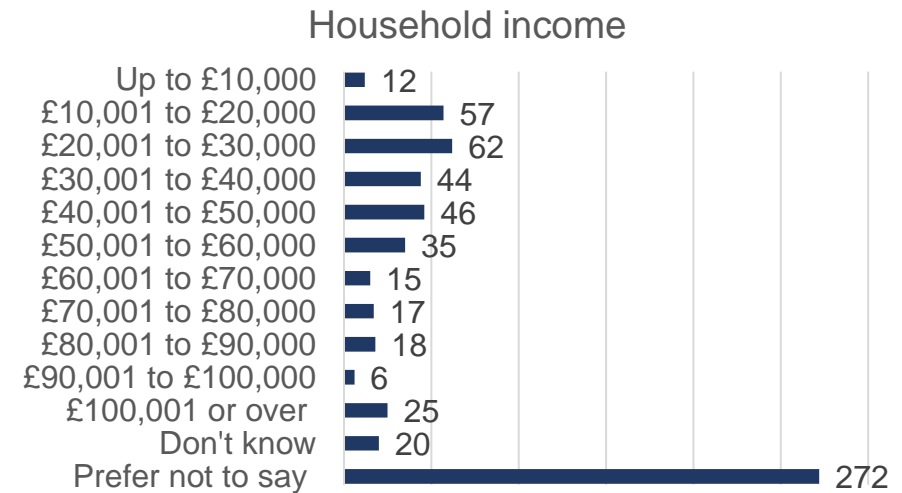
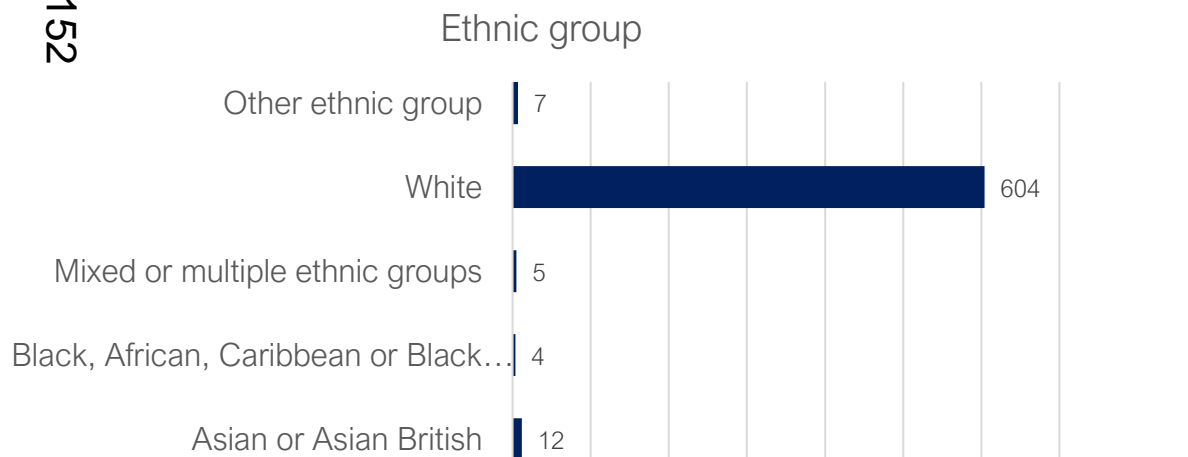
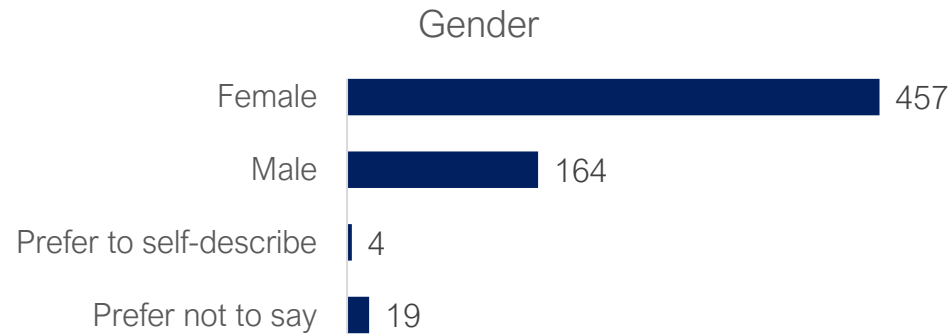


Physical or mental health conditions or illnesses lasting or expected to last 12 months or more













Respondent gender, ethnicity and income profiles

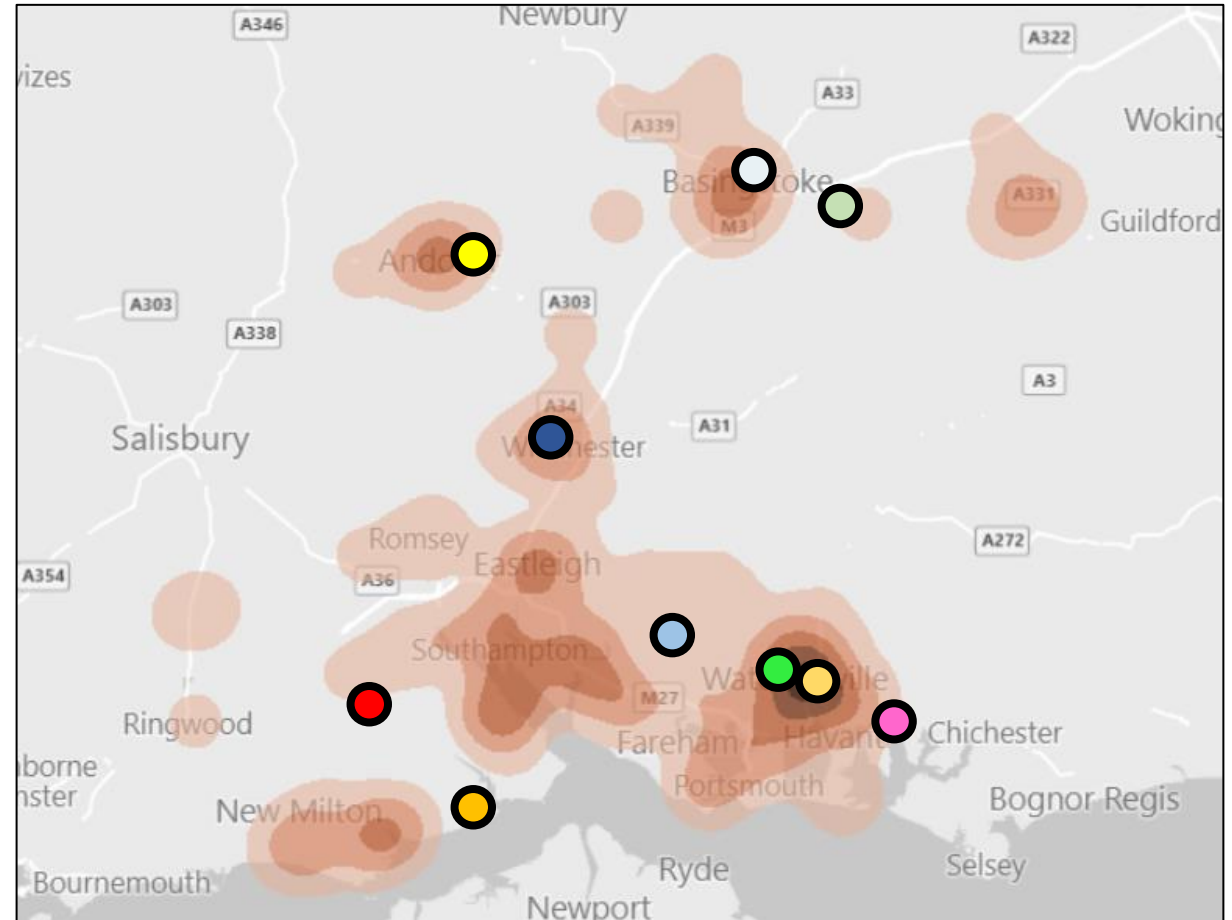
Page 152



Respondent location profile in relation to care home locations

Hampshire postcodes of survey respondents (428 supplied)
(an additional 84 postcodes x-Hampshire were supplied)

| | | |
|--|-----------------------|----------|
|  | Copper Beaches | SP10 2QU |
|  | Cranleigh Paddock | SO43 7AT |
|  | Bishops Waltham House | SO32 1NP |
|  | Green Meadows | PO7 6LW |
|  | Solent Mead | SO41 3RB |
|  | Emsworth House | PO10 7RJ |
|  | Oakridge House | RG21 5QS |
|  | Ticehurst | GU11 3RX |
|  | Westholme | SO22 6NT |
|  | Malmesbury Lawn | PO9 4JY |



Appendix

1. detailed breakdown of main interests provided by respondents

Number of people by stated main interest in the proposals (individual category)

2. areas of interest by interest group

(% of people responding at all to the overall agreement/disagreement question on any proposed site)

3. interest composition of respondents to each proposal

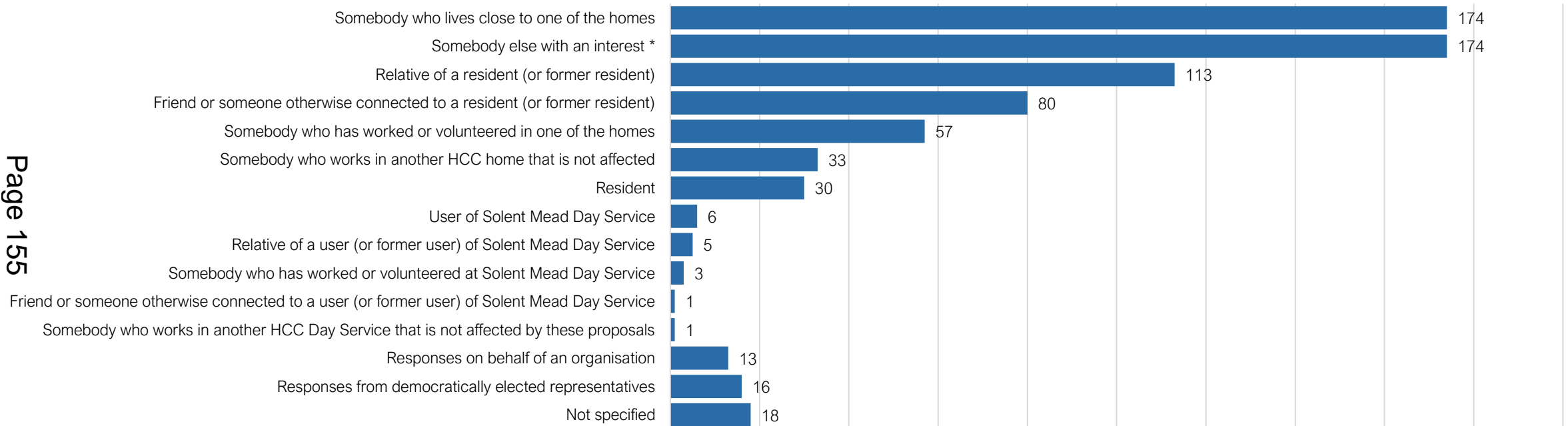
(% of people responding at all to the overall agreement/disagreement question on any proposed site)

Consultation Response Form

A total of 724 responses were received to the online, easy read and paper response forms

Number of respondents by stated main interest in the proposals (single category selection)

Page 155

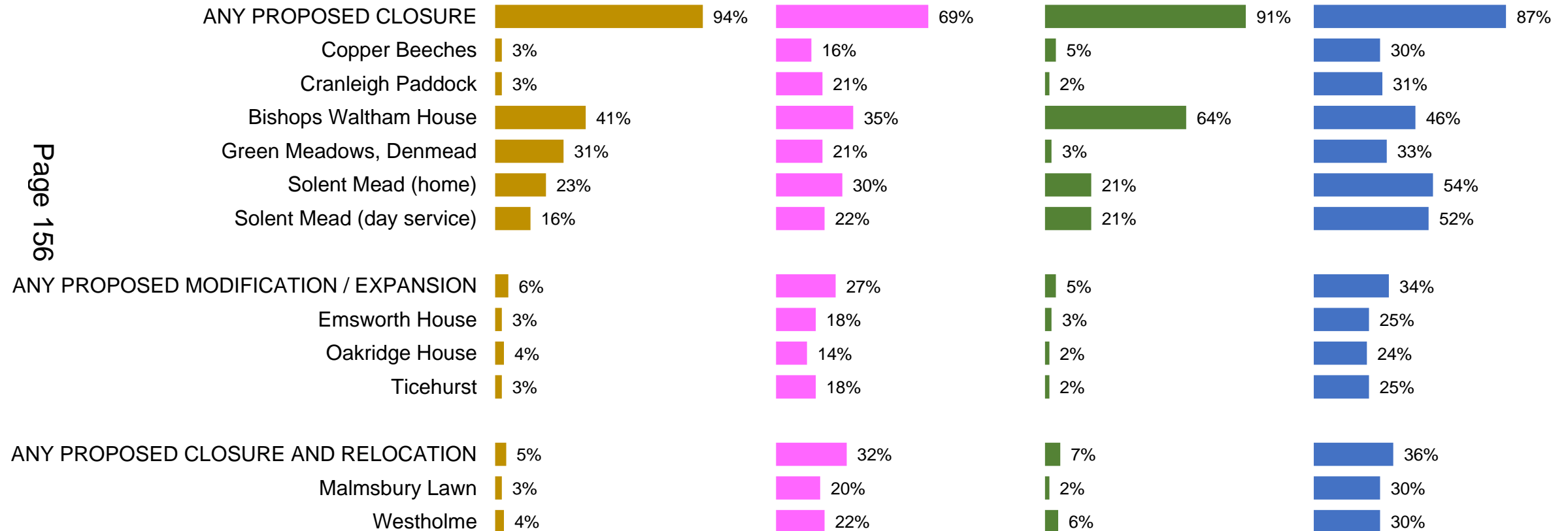


* "Somebody else with an interest" includes those describing themselves as: older residents, residents with disabilities, carers, residents with an interest/ involvement in their local communities and the needs of older residents, family of older people with likely future care requirements, taxpayers/ residents, other current or former staff or professionals in the health or social care sector, some of whom may have had an involvement with the facilities potentially affected by the proposals, former elected representatives and people who work or have worked for Hampshire County Council.

74% of responses were submitted via the standard online form, 20% via the online Easy Read form and 7% via a paper form

Group 2 were slightly less likely than the other groups to answer the question on closures.
Groups 2 and 4 were more likely than other respondents to answer on proposals incorporating relocations.

% of people responding at all to the overall agreement/disagreement question on any proposed site



Graph based on those who gave any response to any of the questions on overall agreement / disagreement with the proposals

■ Gp 1: Current or former residents + their family / friends (Base=232)

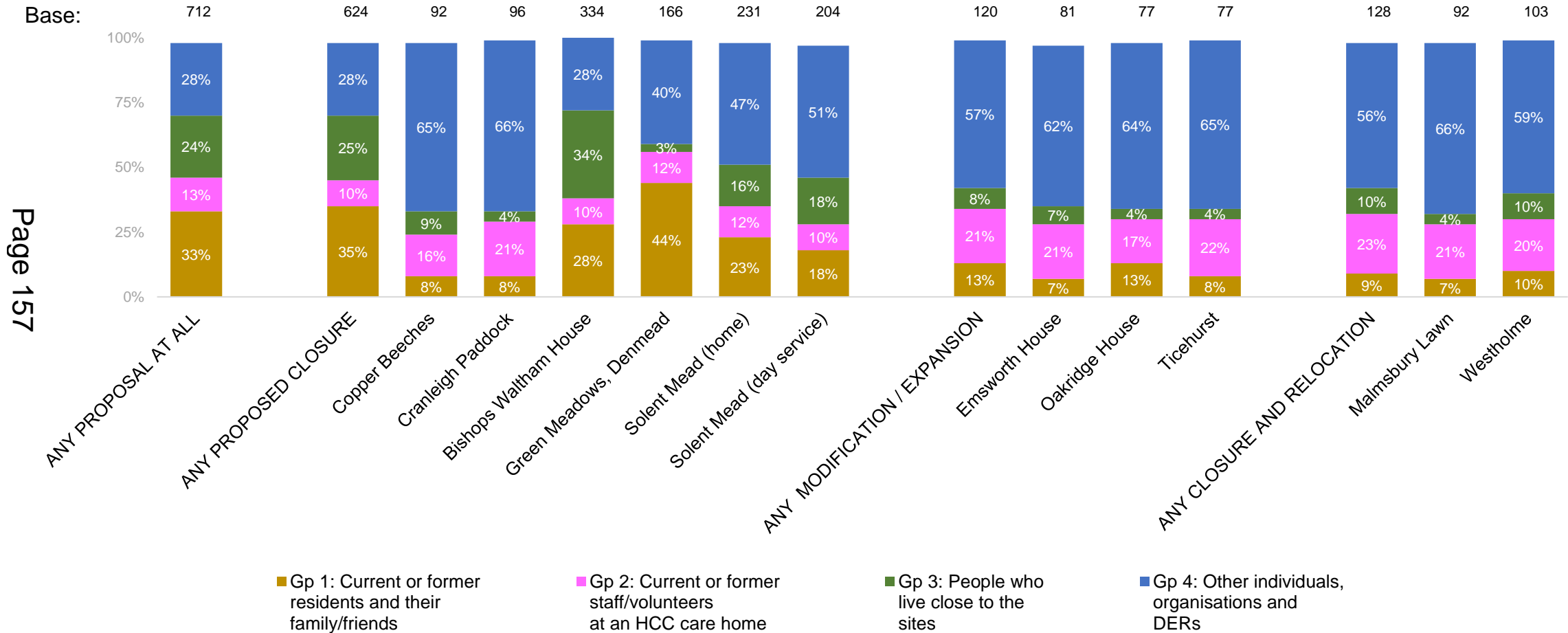
■ Gp 2: Current or former staff/volunteers at an HCC care home (Base=94)

■ Gp 3: People who live close to the sites (Base=174)

■ Gp 4: Other individuals, organisations and DERs (Base=201)

Feedback from current or former residents and their families / friends (Group 1) tended to make up a higher proportion of responses for Bishops Waltham House, Green Meadows and Solent Mead.

Proportion of responses to overall agreement / disagreement question for each site from each respondent group



Page 157

Graph based on those who gave any response to any of the questions on overall agreement / disagreement with the proposals

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Draft Decision Report

| | |
|------------------------|---|
| Decision Maker: | Executive Lead Member for Adult Social Care and Public Health |
| Date: | 8 February 2024 |
| Title: | HCC Care Older Adults Portfolio - Proposed Service Changes |
| Report From: | Graham Allen, Director of Adults', Health, and Care |

Contact name: Paul Archer, Deputy Director, Adults' Health, and Care

Email: paul.archer@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to seek approval from the Executive Lead Member for Adult Social Care and Public Health on the recommendations relating to HCC Care service changes to the Older Adults residential and nursing homes portfolio as set out in paragraph 13 (a-l) of this report.
2. At their July 2023 meeting, Cabinet approved in principle a significant investment programme (estimated at £173m) for HCC Care's Older Adults service portfolio. The proposed programme included 3 new homes and major refurbishments, and expansions to 3 existing homes. This was in support of a change in direction for the Older Adults service so that it can better meet the future needs of a growing elderly population with increasing needs including complex dementia and nursing care.
3. The proposed investment programme also included 7 proposed home closures. 2 of the proposed closures being homes that are already temporarily closed and 2 being homes that would remain open until early 2027 prior to being replaced by 2 of the 3 proposed new homes.
4. The proposed investment programme to support the new service direction, followed a review of the existing portfolio which highlighted several of the current homes, especially those providing standard residential services, are operating from buildings and layouts that are increasingly not fit for purpose and are challenging for staff to work in. The review confirmed that the homes proposed for closure, were not fully occupied, are proving increasingly unattractive to potential service users and their families, and that the work required to adapt the existing buildings so that they are fit for the future was either not possible or not viable.
5. Cabinet approved a formal public consultation specifically in relation to the proposed home closures and the proposed existing home modifications and expansions outlined in the proposed capital investment programme. Cabinet approved the public consultation requesting the outcomes to be scrutinised by

the Health and Adult Social Care (HASC) Select Committee, prior to any formal decisions being taken by the Executive Lead Member for Adult Social Care and Public Health not before February 2024.

6. The formal public consultation commenced on 4th September 2023 and concluded on 12th November 2023. It covered 10 different HCC Care homes across 4 separate proposal categories. The public consultation was overseen by a HASC Member Working Group and their work, and their support for the closure proposals was covered in the preceding item on today's agenda.
7. In summary, 724 official consultation responses were received alongside 44 unstructured written contributions. Consultation responses came from residents/their families/their representatives, from staff, from people who live close to the homes that were being consulted on, from organisations (including the NHS) and from democratically elected representatives. For 3 of the 4 proposal categories consulted on (covering 7 of the 10 homes) there was more support for the proposals than there was disagreement.
8. There was strong public disagreement for the proposed closure of 3 existing residential homes (Bishops Waltham House, Green Meadows, and Solent Mead – including the cessation of the associated Day Service) and the consultation responses in this regard were also added to in the form of submitted petitions against the individual closures. At the time of finalising this report, the County Council had also received a Deputation request in respect of the proposed Bishops Waltham House closure.
9. This report covers the main issues raised from the consultation responses and in particular the issues raised in opposition to the closures at Bishops Waltham House, Green Meadows, and Solent Mead that (at the time of producing this report) are supporting 77 residents in total. The report also provides information on a separate formal staff consultation that took place during the public consultation and outlines how residents/their families have been engaged with since the proposals were first published back in July 2023.
10. Having robustly reviewed the formal public consultation responses, considered the mitigations to the main issues raised and taken all that has been analysed and evidenced into account, the report recommends that the Executive Lead Member should support each of the proposals that were publicly consulted on, including the cessation of residential services at the 3 homes highlighted above.
11. The County Council has highly experienced staff that work across the different HCC Care sites and in our Care Management (Social Workers) service. These staff work with residents and clients across any number of settings daily, and consistently deliver high quality, sensitive care, and support. This includes regularly reassessing clients as their needs change and carefully organising and supporting the transition to new onward care arrangements as required, taking a person-centred approach.
12. The way in which the temporary closures of Copper Beaches and Cranleigh Paddock were managed in late 2021 that resulted in alternative care arrangements being organised for 39 residents, and the outstanding support given to residents who were affected in June 2023 at Westholme following a

flooding incident that required 20 residents to be moved to alternative care settings with no notice, demonstrate that those residents (and their families) impacted by the recommended changes that were consulted on, would be supported in a careful, sensitive and highly professional manner if the closure proposals are approved.

Recommendations

13. That the Executive Lead Member for Adult Social Care and Public Health approves the following recommendations:
 - a) that Copper Beeches residential care home in Andover should be permanently closed with immediate effect.
 - b) that Cranleigh Paddock residential care home in Lyndhurst should be permanently closed with immediate effect.
 - c) that Bishop's Waltham House residential care home in Bishop's Waltham should be closed within 6-12 months of the closure decision if made.
 - d) that Green Meadows residential care home in Denmead should be closed within 6-12 months of the closure decision if made.
 - e) that Solent Mead residential care home in Lymington should be closed within 6-12 months of the closure decision if made.
 - f) subject to recommendation 13e (above) being approved, that the Solent Mead Day Centre, attached to the Solent Mead residential care home, in Lymington should be closed by, or at the same time as the residential care home is closed.
 - g) that at Emsworth House residential and nursing care home in Emsworth the older more traditional residential care setting is closed (timing to be confirmed but likely to be at the end of 2025) and ultimately replaced and extended with modern capacity to meet the needs of people requiring complex dementia care and nursing care, whilst at the same time modernising the existing nursing capacity.
 - h) that at Oakridge House residential and nursing care home in Basingstoke the older more traditional residential care setting is closed (timing to be confirmed but likely to be at the end of 2025) and ultimately replaced and extended with modern capacity to meet the needs of people requiring complex dementia care and nursing care, whilst at the same time modernising the existing nursing capacity.
 - i) that at Ticehurst residential and nursing care home in Aldershot the older more traditional residential care setting is closed (timing to be confirmed but likely to be at the end of 2025) and ultimately replaced and extended with modern capacity to meet the needs of people requiring complex dementia care and nursing care, whilst at the same time modernising the existing nursing capacity.
 - j) that Malmesbury Lawn residential care home in Leigh Park (Havant) should be closed once a proposed new care home at Oak Park opens as set out in this report.

- k) that Westholme residential and nursing care home in Winchester should be closed once a proposed new care home at Cornerways (Kingsworthy near Winchester) opens, as set out in this report.
- l) that in relation to the recommended closures of the residential services at Bishops Waltham House, Green Meadows, Solent Mead, Emsworth House, Oakridge House and Ticehurst, that no further long-term residential admissions to these homes are to be agreed if the closure decisions are made.

Contextual information

- 14. The County Council aims to protect the independence, resilience, and wellbeing of older people. Wherever possible, people want to be supported to stay in their own home and strong Reablement and Domiciliary Care services enable this to happen in most cases for people aged 65 and above.
- 15. When this is not possible and more unplanned care and support is required, Extra Care housing provides an option for people to live independently in a flat within a development which has 24-hour care and support available if needed. The County Council currently commissions care in 20 Extra Care schemes (900 apartments) across Hampshire and has further schemes close to finalisation, or in development.
- 16. If an older person's needs require more significant support, then most will end up being supported in a residential or a nursing care setting. The County Council placed close to 2,000 Older Adults into residential and nursing care services in 2022/23 with 86% of clients being supported by care homes in the independent sector. In total, there are just under 300 care homes registered by the Care Quality Commission (CQC) in Hampshire to support Older Adults.
- 17. Some 3,500 Older Adults, who are the responsibility of the County Council, are currently being cared for in residential or nursing homes across Hampshire settings. The County Council's in-house HCC Care service currently supports just over 600 of these across its range of residential and nursing care homes. In total, the HCC Care service provides circa 900 beds across 15 operational sites, 3 of which focus entirely or mostly on short-term care and supporting people who are unable to go home at the point of discharge from hospital. In addition, HCC Care also has 2 other Older Adults homes (Copper Beeches and Cranleigh Paddock) that have been temporarily closed for operational reasons since the end of 2021.
- 18. A review of the HCC Care Older Adults portfolio concluded last year alongside a service strategy review which looked at both current and future service demand levels and support requirements. The latter highlighted the growing challenges for the HCC Care service in terms of increasing resident dependency and complexity and pointed to a forecast increase in the over 65 population of more than 50,000 over the next 6 years. Additionally, it confirmed (based on data from the Hampshire Joint Strategic Needs Assessment <https://www.hants.gov.uk/socialcareandhealth/publichealth/jsna> and the profile of Older Adults living in HCC Care) that Dementia cases in

Older Adults is predicted to increase by a concerning 45% by 2040, meaning at least a further 6,000 cases of Dementia for Hampshire's older population.

19. The review of the HCC Care portfolio highlighted some significant concerns about the condition of several of the homes, especially the older residential units, that have been under-invested in over past decades. Property assessments and improvement options showed that redevelopment of the sites to suitable levels and current CQC standards was either not possible or was unviable. The review demonstrated how unfit for purpose some of the buildings were and how challenging conditions were for staff to work in.
20. The review highlighted cramped conditions and poor personal space with many of the rooms requiring commodes in the absence of a toilet. Other limitations included narrow/tight corridors, poor lighting in certain homes, staff having to move furniture to perform their duties and not easily being able to support residents who require moving or assistance with personal care needs. Equipment such as hoists was limited, medicine cabinets were centralised rather than being personalised in each room and most of the homes lacked suitable storage space. Many conclusions were drawn from the review and what was very clear for the homes most in question and ultimately at the centre of the public consultation is their inability to cater for people with complex needs and how their layouts would not enable people with growing levels of dementia to be properly supported.
21. The outcomes of the portfolio review and the service strategy work, combined to enable a £173m HCC Care investment proposal to be put forward for Cabinet in July 2023 for consideration. This was on the basis that the County Council wished to remain as a key service provider in the residential and nursing care market and was supported by a financial business case that demonstrated that HCC Care, backed by the proposed investment and able to operate from fit for the future care home environments, is able to deliver nursing and complex dementia services cheaper than the cost of care in the external market. With rising volumes of people requiring complex care support into the future, this was also a very important consideration.
22. The investment proposals included the proposed building of 3 new 80-100 bed care homes and major refurbishments and expansions of 3 existing homes (Emsworth House, Oakridge House and Ticehurst) that would also see the cessation of standard residential services from the end of 2025 and would result in 80-100 bed, fit for the future homes ultimately being delivered. In all cases, the new or modernised homes would be designed to cater for Older Adults with complex needs with the capacity being used flexibly to support both nursing needs and complex dementia needs.
23. The new and modernised home designs would recognise the environmental needs of people with increasing stages of dementia. Building design and interior design are especially important for people with dementia. Improving the care environment for this group of people has a direct link to improved care standards, service delivery, improved experiences for nursing home residents, better staff experience and retention and enhanced reputation.

24. Individual rooms would be designed to meet current Building Regulations in terms of size. Bedrooms would have ensuite bathroom facilities. The new and/or modernised homes would be designed to accommodate overhead track hoists in all bedrooms, to assist with moving people who have mobility issues. In terms of communal facilities, groups of 10 residents would have shared access to lounge and dining facilities. The homes would be designed to feel homely and domestic in nature, whilst at the same time meeting appropriate guidance and regulations for complex dementia care and nursing care. In addition to the ensuite bathrooms, assisted bathrooms and shower rooms would be provided within the homes on a 1:10 resident ratio.
25. The service strategy to be able to better cater for people with complex care needs including complex dementia, was supported by Cabinet. The associated investment programme to improve and add to the HCC Care Older Adults portfolio, taking it to nearer 1,000 beds was agreed to in principle, but given that it included 7 proposed home closures and major changes to 3 existing homes the agreement in principle was subject to a formal public consultation. Cabinet also requested that the outcomes of the consultation should be publicly scrutinised by HASC and that the individual proposals that were to be consulted on (see below) should be subject to a set of decisions to be taken by the Executive Lead Member not before February 2024:
- The proposed permanent closure of two homes currently temporarily closed for operational reasons: Copper Beeches in Andover and Cranleigh Paddock in Lyndhurst.
 - The proposed closures of Bishops Waltham House in Bishops Waltham, Green Meadows in Denmead, and Solent Mead in Lymington.
NB: Linked to the proposed closure of the Solent Mead care home, but specifically consulted on, the proposed closure of the Solent Mead Day Service in Lymington.
 - The proposed refurbishment and expansion of Emsworth House in Emsworth, Oakridge House in Basingstoke and Ticehurst in Aldershot, to include the cessation of standard residential services at the 3 homes.
 - The proposed closure and relocation (to proposed new build sites located near to) Malmesbury Lawn in Leigh Park, Havant, and Westholme in Winchester.

Pre-Consultation Engagement and the Consultation Approach

26. Further to the July 2023 Cabinet meeting, the formal public consultation on the HCC Care closure proposals was planned for and took place between 4 September 2023 and 12 November 2023. It was widely promoted ahead of its commencement and throughout its 10-week period. This included a range of online and offline channels, and letters to care home residents, their relatives, and representatives, and to stakeholders such as partner organisations in the NHS and local Councils.
27. An information pack containing details of the proposals, and a consultation response form were developed in standard and EasyRead formats. These

were published on-line and made available in paper format, with other languages and formats available on request. The information pack contained important information about each of the 10 homes and the Day Service which were being consulted on. Part of the information included in the information pack has been repeated in the separate page by page summaries of the background to the proposals, alternative provision and other considerations and confirmation of the recommended closures, can be found in Appendix 1.

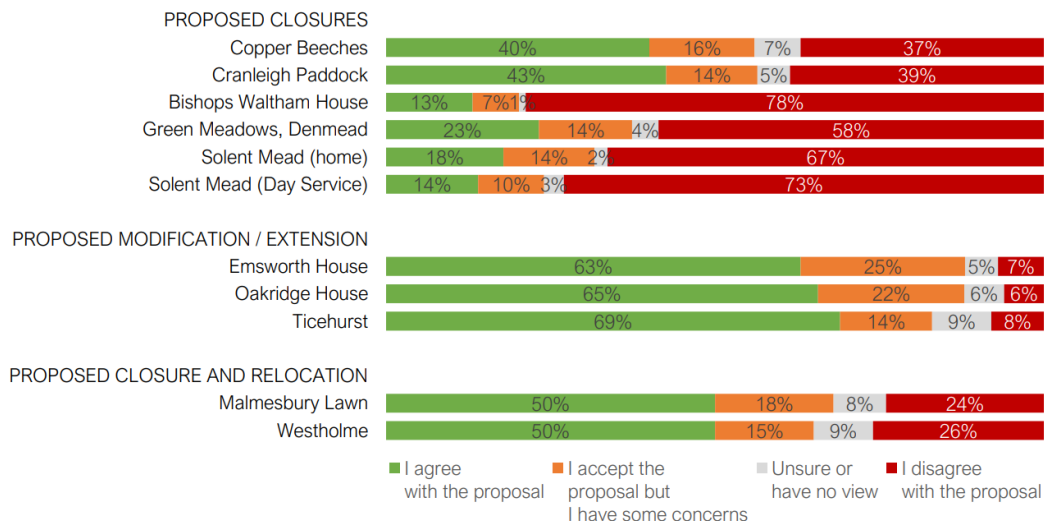
28. Engagement events were held in the homes affected (except for Copper Beeches and Cranleigh Paddock that are temporarily closed). These sessions included pre-consultation events (from the day of publication of the Cabinet report – 10 July 2023) and individual and group meetings during the formal consultation period. This enabled those who may be directly impacted, their families and staff (see staff consultation section later in the report), to learn more about the proposals and to discuss the proposed changes in more detail with HCC Care senior management, with Registered Managers of the homes and the Day Service and with Care Management/Social Worker staff.
29. Take up of engagement sessions with senior HCC Care staff and Care Management staff by residents and their families was particularly strong for the 3 residential homes (Bishops Waltham House, Green Meadows, and Solent Mead – including Day Service users) that are most at threat of imminent closure. The sessions proved invaluable, helping concerns and issues to be openly expressed and enabling the already strong understanding of resident and family needs, to be strengthened further.
30. Officers also worked with and supported the cross party HASC Working Group that was established at the end of July, on request from Cabinet, to oversee and scrutinise the consultation process. This included advising the Working Group of the approach being taken to the consultation, regularly informing them of progress, organising visits to different forms of HCC Care homes to help bring to life the drivers behind the overall proposals and to demonstrate the high quality of care that HCC Care provides. Members were also informed and assured by the regular promotion of the consultation throughout the 10-week period.
31. A key element of the consultation approach was to ensure that Advocacy support was also provided and regularly offered to residents and Day Service users throughout the consultation period to help them to participate in the consultation. MS Teams and telephone appointments were also offered (and accepted) to people who preferred that form of engagement.

The Consultation Response

32. The formal consultation responses including multiple comments from those who responded, were captured, and summarised by the Corporate Insight and Engagement service and their report has been included with today's agenda pack. The report confirms 724 separate responses were received via the official response form with respondents on average commenting on more than 2 of the closure proposals. Of the official responses received, 675 were from individuals, 13 officially on behalf of an organisation, group, or business, and

16 responded as Democratically Elected Representatives. The remaining 20 respondents did not indicate their status.

33. From the above information, approximately 98% of the consultation responses fell into the following respondent groups:
- residents, their families, others with a connection (32%),
 - staff (or volunteers), either working at the homes covered by the consultation, or who work, or have worked for the Directorate (13%),
 - people who live near to the homes covered by the consultation (24%),
 - people and/or organisations, such as the NHS, with an interest in the proposals (28%).
34. In addition to the official responses, a further 44 'unstructured responses' were received through letters and email correspondence and informal feedback was also captured by HCC Care senior staff from meetings they held with 50 residents from a range of homes and Day Service users. This engagement was in addition to private meetings with residents/their families, and meetings they had with staff, which were separate to the formal staff consultation meetings recorded by Human Resources. The information gathered from the unofficial sources complemented the issues raised and generated from the official routes.
35. The headline themes from the consultation responses including a range of supportive comments in support of the proposals, concerns and impacts and other key considerations/points raised are shown in Appendix 2 and are covered off in the consultation mitigations section of the report from paragraph 57. The headline results from the consultation responses, which positively demonstrate greater support than disagreement for 3 of the 4 proposal categories consulted on, are shown in the table below.



NB: Many of the 724 respondents shared their views on more than one proposal.

The 4 Consultation Proposal Categories

36. The public consultation was formed based on the different proposals being broken down into the 4 main category areas listed in paragraph 25. The summary position for each of these category areas is commented on in the following paragraphs.

CATEGORY 1 - The proposed permanent closure of two residential homes currently temporarily closed for operational reasons: Copper Beeches and Cranleigh Paddock.

37. Positively, nearly 60% of respondents (56% and 57%) respectively for **Copper Beeches** and **Cranleigh Paddock** agreed with the closure proposals or accepted the proposals, albeit with some concerns. Disagreement with the proposals was recorded at 37% and 39% respectively and in total, just under 100 of the 724 respondents commented specifically on the 2 closure proposals.
38. 2/3rds of those who responded were from the group of 'other interest individuals' which included organisations and democratically elected representatives. Former staff who worked at the homes strongly supported the closure proposals.
39. These two sites have been closed for operational reasons since the end of 2021. In the lead up to the temporary closures, 39 residents were supported to move either to alternative HCC Care provision, or to care homes in the independent sector.
40. The main concerns that were raised were about the future use of the sites, that the size of the proposed new homes is too large and that there is inadequate capacity or appropriate capacity for future needs and worries about an over reliance on the independent sector. A small range of comments were also received, these included references to the future use of the sites and in the case of the Cranleigh Paddock site, New Forest District Council openly stated a desire to work with the County Council on the options for its future use.
41. The points above were not unique to this proposal category as evidenced in the updates provided below for the other category areas. The key points raised here and below, are addressed in the next section of this report.

CATEGORY 2 - The proposed closure of three residential homes at Bishops Waltham House, Solent Mead (including the Day Service), and Green Meadows within 6-12 months of the closure decision, if made (timings to be confirmed) for service and financial reasons.

42. This consultation category secured the highest level of interest which was not a surprise given that 3 existing residential homes were being proposed for closure and that if the closure is agreed to by Executive Lead Member, then the closures would take place within 6-12 months of the formal decision.

43. Some 78% of respondents in respect of **Bishops Waltham House** disagreed with the proposed closure. The Bishops Waltham House proposal also attracted the highest number of responses with 334 of the 724 respondents submitting a response in relation to the home. Opposition to the proposals was especially high from residents/their families (96%) and from people who live near to the home (94%). On the flip side 60% of current and/or former staff or volunteers who have worked at the home and responded, agreed with the closure proposal, or accepted it, but with some concerns. The level of response from this group was around 1/3rd of the level for the other 2 respondent areas.
44. The most frequently mentioned concerns included the loss of a highly valued community service, the inadequate capacity of appropriate services for local needs, that closure would be unsettling or traumatic for residents who would have to leave the home and the adverse impact on relatives including the need to travel further. A significant number of individual comments were also made including from those who strongly value having a community facility in their village and from those who expressed concerns about the HCC Care service strategy and the size of the proposed new and/or modernised homes that are part of the proposed investment programme plans.
45. In respect of **Green Meadows**, 58% of the 166 respondents disagreed with the proposed closure. Interestingly, of the 4 different groups of respondents listed in paragraph 33, the level of agreement or acceptance with some concerns was higher than the level of disagreement in terms of the responses from staff, from people living close to the home and from other interested parties. That said, 85% of the 73 residents/their families that responded, disagreed with the closure proposal.
46. In line with the responses received in respect of Bishops Waltham House, the most frequently mentioned concerns included the loss of a highly valued community service, that closure would be unsettling or traumatic for residents who would have to leave the home and the adverse impact on relatives including the need to travel further. A range of individual comments were also received, including from those who strongly value having a community facility and from those who questioned the service strategy and the size of the proposed new and/or modernised homes.
47. In respect of **Solent Mead**, 67% of the 231 respondents disagreed with the proposed closure. Like the Bishops Waltham response, the strongest disagreement came from those living close to the home (95% of 37 respondents) whilst 71% of current or former staff (or volunteers) agreed with the closure proposal or accepted it but with some concerns.
48. Again, very much in line with the responses received in respect of Bishops Waltham House and Green Meadows, the most frequently mentioned concerns included the loss of a highly valued community service, less local care choice and an over reliance on the independent sector, that closure would be unsettling or traumatic for residents who would have to leave the home and the adverse impact on relatives including the need to travel further.

49. A range of individual comments were also received, including many from those who strongly value having a community facility and who want the proposed new build for the yet unidentified New Forest location, to be focused on Lymington. Some respondents questioned the service strategy and the size of the proposed new and/or modernised homes.
50. Lastly in this section is the responses received in relation to the proposed closure of the Solent Mead Day Service. It needs stating that despite the strong disagreement for the cessation of the service (73% of the 204 responses), if the Solent Mead residential service is agreed to be closed, then the Day Service would not be able to continue.
51. Again, there were different views expressed with agreement from current and/or former staff and Day Service volunteers but strong disagreement from service users/their relatives and from people living close to the service or those with an interest in the closure proposal - 105 of the overall 204 respondents. Similar issues were raised when the comments were analysed but concerns were also expressed about the strategy being driven primarily by financial considerations.

CATEGORY 3 - The proposed cessation of residential services at Emsworth House, Oakridge House and Ticehurst (not before the end of 2025) as part of extensive modifications and expansions of the homes.

52. Positively, there was strong support for the major refurbishments and expansions of **Emsworth House, Oakridge House** and **Ticehurst** with those agreeing with the proposals at 63%, 65% and 69% and when added to those who accepted the proposals but did have some concerns these percentages increased to 88% (of 81 responses), 87% (of 77 responses) and 83% (of 77 responses). From any perspective, the responses received demonstrate overwhelming support for the refurbishment and expansion proposals.
53. A range of comments were received with the response submissions, and these praised the ambition of the proposals, including the planned efforts to ease the journey into old age and to proactively provide fit for the future facilities to support those with complex dementia needs. Some concerns consistent with those highlighted above were also registered as was the worry about the ability to access suitable alternative provision if the standard residential services are ceased.

CATEGORY 4 - The proposed closure and relocation of the residential service at Malmesbury Lawn and the residential and nursing service at Westholme, mainly for service proximity and workforce reasons, at the time both proposed new-build facilities (at Oak Park and Cornerways), become operational (not until 2027 at the earliest).

54. Like with the previous consultation category area, strong support was expressed via the formal consultation responses for the **Malmesbury Lawn** and **Westholme** closure proposals on the basis that the 2 homes would remain open until being replaced by 2 of the 3 proposed new build sites at Oak Park and at Cornerways.

55. For Malmesbury Lawn 92 responses were received with 68% in agreement or accepting of the proposal (with some concerns) and just 24% of respondents disagreeing with the proposal. In the case of Westholme, 103 responses were received, with 65% in agreement or accepting of the proposal (with some concerns) and just 26% disagreeing with the proposal. For both homes, nearly 80% of the submissions received from current or former staff (or volunteers) agreed with the replacement proposals.
56. A range of comments were made about the proposals, again mainly positive and amongst them was a point made about how the new build facilities would enable residents to be supported throughout their care journey in the same home once they are admitted. This is something that isn't currently the case in many of the homes being proposed for closure. Indeed, at the point of finalising this report, 6 nursing assessments were completed in the first week back, in January 2024, for residential residents at Green Meadows who have regressed in the past months. All 6 will now be supported to transition to alternative nursing care provision at different homes. This is something that we will be able to avoid if the proposed investment plans for the 3 new builds and the 3 refurbishments and expansions are delivered on.

The Main Issues Raised by the Consultation and the Mitigations

57. As outlined in the previous 2 sections of this report, a range of issues and concerns were raised from the consultation respondents, most notably from those responding in relation to the proposed closures of Bishops Waltham House, Green Meadows, and Solent Mead, as well as the Solent Mead Day Service. The 3 homes currently host/support 77 residents in total, whilst there are 13 individuals who use the Solent Mead Day Service. Appendix 2 summarises the concerns raised and lists other key considerations that emerged from the consultation process.
58. Not surprisingly, the main concern centred around uncertainty for residents and their families if the closure proposals are approved. This included concerns about **“what is going to happen to me”**, **“what the alternative care choices will consist of and where”**, **“will I still be visited”** and **“how might this affect me financially”**. In addition, other concerns were raised about the level of support they would receive and how the change process would work, and about the loss of relationships with other residents and with staff and loss of routine.
59. It is fully accepted that the process of moving to an alternative care home can be very unsettling and potentially traumatic and it is accepted that 1 of the current residents at Solent Mead was transferred from Cranleigh Paddock at the end of 2021 and would thus be subject to a 2nd home move within a 3-year period.
60. Prior to and during the consultation, HCC Care staff and Social Workers started to sensitively engage with residents and their families. Support was offered to understand individual and family needs and concerns. Full Social Work support would continue to be offered to each resident should the closure proposals be approved as recommended. Adults Health and Care (through

HCC Care and Care Management staff) have significant experience in supporting older people to transition to new settings. It is work that is practiced daily, especially as existing resident needs are constantly changing and, in many instances, this leads to a different care setting being required.

61. Where appropriate an individual's family would be involved in the transfer process to help support the affected resident. Factors such as proximity to family and other regular visitors, a person's links with community groups such as churches or lunch groups would also be considered. If someone expressed a desire to move to the same home as a friend or other family member, currently living in the same residential home, this would be explored. The process would be managed in a sensitive and person-centred way by highly experienced, professionally astute, and caring staff.
62. Information regarding alternative provision for the 3 homes referenced in paragraph 57 and for Emsworth House, Oakridge House and Ticehurst (the other 3 homes where it is proposed that standard residential care is ceased) is shown in Appendix 3. This shows a plentiful supply of CQC rated good or above alternative provision existing within 10 miles of the homes or services that are recommended to close. The information in Appendix 3 shows details of how many of the alternative homes HCC has current long-term placements with (49 residential homes in the case of Bishops Waltham House) and shows the number of other homes that HCC has worked with in the recent past.
63. The information gathered provides strong assurance that not only is there is vibrant independent sector operating close to the homes in question, but also that they are rated good or better and are businesses (care homes) that work with and are happy to support local authority clients. The recent approval of a new Care Home framework by the Executive Lead Member is intended to further strengthen the relationship the Adults' Health and Care Directorate has with the independent sector.
64. HCC Care holds a good volume of high-quality information about each of the 77 residents it hosts/supports at Bishops Waltham House at Green Meadows and at Solent Mead and this has been strengthened through the sessions held with residents and their families over the past 6 months or so. It demonstrates the desire to have deep knowledge about each resident and an unrelenting commitment to keep learning and to ensure that resident and/or family concerns or issues are constantly understood.
65. This extends to information regarding the number of self-funders (9 of the current 77 residents and none at Solent Mead) and from the information shown in Appendix 3 and from recent external commissioning activity, there is a confidence that alternative provision can be secured at competitive prices. It is also the case that for those residents who make a partial contribution to their weekly care costs, they will be financially unaffected by a move to alternative provision within the independent sector.
66. In terms of the concerns about whether residents would still be visited if they are required to move to an alternative home, and issues of accessibility for family and friends, information is held by each of potentially affected homes in this regard. Of the 77 residents that were being hosted as we entered the

Christmas period, 15 of them are never visited and a further 7 are visited very infrequently – every 2-3 months at best. Of the 55 residents who are visited regularly, or more frequently, at least 49 are visited by family and/or friends who drive to Bishops Waltham House, Green Meadows, or Solent Mead. From this information, visits, and access to alternative provision, should be very much in line with what currently occurs.

67. As already referenced, the HCC Care Older Adults service area is a very dynamic environment. At the time the Cabinet report was published back in July 2023, Bishops Waltham House, Green Meadows, and Solent Mead had a combined occupancy of 95 residents and as stated numerous times in this report, the occupancy as we headed into Christmas had reduced to 77. Part of the reduction will be explained by a drop off in admissions since the Cabinet report was published, but what the table below highlights is that 18 of the 95 residents who were at the homes in July, are no longer there or have moved on. This will be for different reasons including a change in needs, family choice, or regrettably end of life.

| Home | Total Beds | Occupancy July 2023 | Occupancy Dec 2023 |
|-----------------------|-------------------|----------------------------|---------------------------|
| Bishops Waltham House | 35 | 27 | 26 |
| Green Meadows | 42 | 39 | 29 |
| Solent Mead | 35 | 29 | 22 |
| Total | 112 | 95 (85%) | 77 (69%) |

68. The above table helps to highlight the under-occupancy (<85%) that has been a feature of service performance at the 3 homes over the recent past, and this was part of the consideration in the development of the portfolio proposals. It shows occupancy levels reducing to less than 70% over the past 5 months and it should be noted that 2 of the 26 residents at Bishops Waltham House have been admitted in this recent period as temporary, short-term admissions, pending their long-term care needs being established and organised.
69. Continuing the ‘dynamic nature of care provision’ theme, some 31 of the existing 77 residents at the 3 homes, are due to be reassessed by the end of this quarter mainly due to deterioration/increased needs that will likely result in most needing to move on to more appropriate care settings. This includes the 6 residents at Green Meadows who were referenced in paragraph 56 as having confirmed nursing needs following reassessments in the first week of 2024. The remaining reassessments will confirm in several cases, necessary moves to nursing homes and in a smaller number of cases, moves to homes that are better able to support people with complex dementia needs, The nature of long-term care provision is that some of the remaining 46 residents are also likely to regress during 2024 and they too will be reassessed as appropriate in a timely manner.

70. Accepting that if the decision is taken to close the Solent Mead care home, that this would mean the cessation of the Solent Mead Day Service, the public consultation, as highlighted earlier, also specifically sought views for this service area. Whilst there was strong public opposition to the closure of the Day Service, the operational facts are that the service currently operates just 3 days of the week, and in total, supports 13 service users.
71. Positively, alternative Day Service provision exists in New Milton and in Dibden. Age Concern run Day Services in the two locations and have spare places at both sites. Additionally, HCC Care operates a Younger Adults Day Service in New Milton, and this has the flexibility and the space to support a minimum of 3 Older Adults. HCC Care operates a Day Service in Andover that supports both Younger and Older Adults and thus has experience of delivering services that cater for the different needs of adults of all ages.
72. The above paragraphs respond to the main 'uncertainty' concerns that emerged from consultation responses from residents and their families and friends/representatives. Further, they help to demonstrate the mitigations and the dynamic nature of residential and nursing care provision. They also provide assurance and evidence that for both HCC Care senior management and Care Management (Social Workers), not only do they possess the necessary skills, professionalism, caring qualities, and experience to sensitively plan and execute moves to alternative care home provision, but their knowledge of the residents that will be most affected by the proposed closures if they are approved, is thorough.
73. Aside from the fact that re-assessments and moves are tasks that are carried out daily in response to the regular changing needs of residents and/or delivering on family requests for moves, HCC Care staff and Care Management staff successfully and sensitively transitioned 39 residents from Copper Beeches and Cranleigh Paddock over a 3-month period, when the 2 homes were closed for operational resilience reasons in November 2021.
74. More recently, staff from HCC Care presided over the safe temporary moves of 20 residents from Westholme who needed to be evacuated urgently following a sprinkler incident that led to the flooding of rooms across 2 floors. Whilst different in nature and temporary, the moves were expertly handled and, in some cases, those who were moved, requested to stay permanently in their new (temporary) accommodation.

Other Issues/Key Considerations Arising from the Consultation

75. Amongst other concerns that regularly featured, especially from those living near to the homes covered by the consultation, **was the worry about the loss of well-respected/treasured community assets**, a desire for the sites to continue to provide forms of public service, whether alternative ownership could carry on providing care services and comments from respondents who did not want to see the sites sold for private housing or flats.
76. In response to these points, possible future alternative uses have not yet been considered. The internal (officer) focus has been on promoting the consultation, understanding it, and preparing for the HASC scrutiny and then

the Executive Lead Member decision. To be considering future use of the sites ahead of the proposal decisions being taken would be seen by some, as pre-empting the decision and has rightly been avoided.

77. It is also the case that the business case for the investment programme is NOT reliant on the selling of the sites proposed for closure. This means 'the door would be open' for meaningful future engagement with all interested parties, including New Forest District Council in the case of both Cranleigh Paddock and Solent Mead, should the closure proposals be approved. This could also include third party interest in some form of continued care home operation albeit it would not be possible for a new site owner to secure re-registration with CQC, without extensive modification.
78. Concerns were voiced from residents/their families, from people living close to the sites, and from other interested parties regarding the loss of Solent Mead and the impact this would have on Lymington. Arguments were made for the yet to be identified new site to be prioritised for the Lymington area. At this stage, all options remain open in regard the future location of the 3rd new home in the New Forest area and the site search will be included as part of the planned engagement with New Forest District Council.
79. In terms of the responses received from 'others with an interest in the proposals' concerns were raised about **the ability of HCC Care to attract the additional professional staff** that would be required to support a bigger operation that is more geared to higher need clients. In the challenging recruitment and retention environment in respect of Health and Social Care, the concerns raised are very topical and relevant.
80. Pleasingly, HCC Care has had its best recruitment and retention year in 2023 despite the well-versed workforce challenges. Permanent staffing levels are at an all-time high and the gains made in the past year are equivalent to reducing vacant hours by more than 150 full time equivalent staff. A range of initiatives, including internally led nurse conversion arrangements have led to the success that has been achieved. With the first of the investment projects not set to be completed until the first half of 2027, there is high confidence (not adversely impacted by the recent changes announced by Government in respect of the Legal Migration Rules for Family and Work Visa) that staffing levels will be where they need to be, especially as HCC Care will be seeking to recruit staff to modern, fit for the future homes.
81. Another common issue that emerged from the consultation responses was in the form of respondents challenging the service strategy and in particular raising concerns that future **care homes of 80 or more beds will be too big** and result in people being cared for in institutions and that 'homely atmosphere's' will be lost.
82. The response to this point is two-fold. Firstly, and as touched on in paragraph 24 within the 'context section', the investment proposals are based on developing homes for the future that enable residents to benefit from their own facilities and their own staff groups and very much feel like they are part of a home within a home. In a typical 80 bed home, the layout will be over two floors with each floor being split into 2 sections or areas of 20 residents each

that are each supported by a visible nursing station. Lounges, eating areas and communal spaces will be dedicated to smaller groups of residents as will assisted bathrooms and shower rooms (separate to individual ensembles that will be a feature of every resident room) and will be provided on a 1:10 ratio.

83. The other factor behind the minimum 80 bed care home proposal, is the efficiency but also the resilience of the staff operating model. 80 bed homes will enable economies of scale to be secured in terms of overall staffing costs and ratios, as well as enabling specialist staffing positions to be more secured and thus consistently available to the home on a 24/7 basis. In turn, this will ensure that residents will be cared for in an optimum fashion at all times.
84. Questions were raised about **why some sites are planned to close ahead of the proposed investment sites being developed**. The fact remains that the 3 homes proposed for closure (Bishops Waltham House, Green Meadows, and Solent Mead) are not viable to remain operating and would require significant repair and maintenance expenditure over the coming years to ensure the homes are safe to operate in. Such expenditure cannot be justified given that it would run to many millions of pounds and would not address the attractiveness of the home or increase the bed numbers to improve viability. It is also the case that the proposed new or substantially upgraded homes are planned to cater for people with complex care needs including nursing or complex dementia.
85. Amongst other comments received through the consultation were questions about the **value for money of the investment proposal**, whether the proposals should be more ambitious given the forecast volumes of older people who will require help and support into the future, whether the proposals will result in an over-reliance on the independent sector and whether the proposals are being driven by the desire to secure financial savings.
86. The investment programme is backed by a robust and complex financial business case that includes several variables and compares the proposed investment with a withdrawal of the HCC Care service and a future reliance on the independent sector. The cost of the proposed investment is indeed eye-watering, but it should be born in mind that without investing in new facilities and/or refurbishing and modernising existing facilities, the current 900 beds that the service operates from would reduce annually. So, in short, the proposed investment not only helps to avoid this situation, but it also adds at least 10% more service capacity than HCC Care currently operates to.
87. The business case suggests that if the proposed investments are delivered, then the costs that the Directorate will be exposed to in the future will be less than they would be if the Council looked to rely solely on independent sector provision. This is better regarded as future cost avoidance as opposed to planning to secure financial savings and is especially welcome as the excess costs being incurred year on year for Children's and Adults' Social Care is having a significant impact on the Council's finances. The forecast future revenue cost exposure also covers the costs of the investment borrowing.

88. In the current financial and operating climate, the investment proposals are generally regarded as significant and very ambitious. Should the investment programme be implemented then 6 major development projects averaging just short of £30m each will be being progressed alongside each other, and over consecutive years, placing a heavy burden on the construction sector in Hampshire. To go further, would add any number of unnecessary risks to the County Council and to the private sector.
89. The investment plans, if implemented, will mean a sustainable future for HCC Care and the ability to support up to 1,000 people at any point in time, in largely fit for the future homes across Hampshire. We will continue to rely on the independent sector for circa 80% of annual residential and nursing requirements and this appears to be a sensible and logical balance to try to go forward with. The investment proposals are designed to allow HCC Care to continue to have strong market presence and to avoid the County Council from being over reliant on the independent sector over future decades.

Staff Consultation

90. In addition to the formal public consultation process, a separate formal HR consultation process was also organised to ensure the management team engaged formally with the staff most affected by the proposals in the Cabinet report.
91. Several all-staff meetings were arranged to ensure as many staff as possible were told in person about the proposals in the Cabinet report just before it was available online, and further staff briefings took place immediately after the Cabinet decision but prior to the formal HR consultation process beginning on the 4 September 2023, the same day as the formal public consultation commenced. Meetings were also held with Trade Unions during this pre consultation period.
92. Staff (and Trade Unions) were briefed on 4 September 2023, marking the start of the 10-week formal HR consultation process which covered staff at Bishops Waltham House, Green Meadows, and Solent Mead (including the Day Service). Additionally, staff who previously worked at Cranleigh Paddock and Copper Beeches (the 2 homes that have been temporarily closed since November 2021) were also covered by the formal HR consultation.
93. As part of the briefing staff were informed that there would be no compulsory redundancies if the portfolio proposals are approved and then implemented, but that a voluntary redundancy 'window' would open early in the HR consultation period. Although, in overall terms, the HCC Care service does have many vacant positions, the location of the homes with vacant posts does not necessarily make redeployment for those most affected by the proposals, a practical option. This was a leading factor in the decision to offer voluntary redundancy. That said, it was made very clear to staff that the service will strive to retain as many staff as possible and that voluntary redundancy will only be agreed if there is no realistic prospect that the member of staff could be redeployed.

94. During the HR consultation period, a series of meetings with individual members of staff took place with a representative from HCC Care Services' senior management team and senior HR colleagues to ensure everyone had an opportunity to talk about the proposals and the potential impact of a decision to close any or all the homes. The level of engagement was unprecedented, with meetings being proactively arranged to ensure as many staff as possible had an opportunity to talk to senior managers about the proposals and were able to access HR advice, including voluntary redundancy and pension estimates.
95. As anticipated (and hoped) most staff indicated a preference to continue working for HCC, so the meetings provided a valuable opportunity to discuss the sort of roles, hours of work and location to help the management team prepare for the future should the overall portfolio proposals ultimately be approved. They also facilitated discussions about working in different roles, for example Case Managers in the local community social work teams, and thus gathered intelligence that would not have been possible without face-to-face discussions.
96. A total of 153 staff (97%) had at least one meeting, and in many cases, more than one, to discuss personal circumstances in detail. If staff were unavailable, because they were on long term sick leave or maternity leave, phone calls were arranged to ensure they were not disadvantaged because of their absence. A few staff did not want to meet, in the main because they are only contracted to work for a small number of hours and not wanting to discuss redeployment. In other cases, some staff were due to move to other roles or indeed to retire.
97. Regular meetings were arranged with the Trade Unions, on average once every two to three weeks, throughout the consultation period. Overall, the Trade Unions reported a surprisingly low number of enquiries from their members. They have reported that the level of engagement with staff, the principle of voluntary redundancies only and the offer of a second EVR window post if the Executive Lead Member approves the proposals, have reduced some of the anxiety and stress for staff.
98. The voluntary redundancy window referenced above, was opened on 25 September and was due to close on 5 November, but it was extended for another week until 12 November, because there had been some delays with some of the requested pension estimates. Additionally, it was confirmed there would be a second opportunity to apply for voluntary redundancy (10 February to 18 February 2024) if the Executive Lead Member approved the proposals at her February Decision meeting. This is intended to help those staff who either wanted more time to consider their position or did not feel able to commit until a formal decision is made.
99. To date 50 applications for voluntary redundancy have been received. This equates to 32% of the total staff potentially impacted by the home closure proposals. It is likely this number will increase if the second VR window is opened should the Executive Lead Member approval the closure proposals. In summary, currently 108 staff are wanting to continue working for HCC Care

and are thus seeking redeployment. This equates to 68% of the overall impacted workforce.

Consultation and Equalities

100. It is for the Executive Member as decision maker to have due regard to the need to: Eliminate discrimination, harassment, victimisation, and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
101. Equalities Impact Assessments have been carried out to determine the impacts of these recommendations on both residents of the homes, users of the day service at Solent Mead and staff that would be affected should they be approved. The full EIA for both residents and service users and for staff can be found at the end of this report, with the key potential impacts detailed below.

Equalities Impact Assessment (residents and service users)

102. An Equalities Impact Assessment has been carried out on the proposals contained in this report, in relation to their potential impact on both the residents of the homes involved and the users of the day service. In completing it, a range of concerns expressed during the public consultation have been considered, in particular relating to age and disability.
103. Approximately 350 individuals live in the 8 homes that would be impacted by these proposals (remembering that 2 other homes that are set to be affected, are temporarily closed, and thus have no current residents), of these 75% are over 80 years old. In addition, 13 service users have been identified in respect of the Solent Mead Day Service that is also proposed to be closed as part of the overall proposals. Of these 13 service users 54% (7) are over 80 years old.
104. It has been identified that there will be a medium negative impact on current residents and current day service users, in relation to the protected characteristic of age, within homes or services that are proposed to either close or be remodelled to the extent that relocation of current residents would be necessary.
105. Some impacts on the grounds of age were reflected as a concern in the consultation responses. The consultation analysis highlighted concerns that it could be unsettling or traumatic for older residents to move from their current homes.
106. To mitigate impacts, should the decision be made to close the homes, HCC Care and Care Management (Social Workers) have the necessary skills and expertise to handle the closure process sensitively and work with residents, service-users, and their families to find suitable alternatives for each of the current residents and service-users. For current users of Solent Mead Day Service, they would be supported to find alternative Day Service opportunities.

107. It is also recognised that the proposals outline future investment in specialist care for older people in Hampshire, particularly those requiring complex dementia and nursing care which would be a positive impact for future cohorts of residents.
108. Approximately 96% of the current HCC Care residents have a disability and in terms of day service users the disability level is 54%. Most residents have multiple chronic conditions, including mobility issues, dementia, and sensory loss. It has therefore been identified that there would be a medium negative impact on current residents, in relation to the protected characteristic of disability, within homes that are proposed to either close or be remodelled to the extent that relocation of current residents would be necessary.
109. Concerns were raised during the public consultation about the impacts on people with dementia, particularly in relation to the proposed new homes and the proposed extensions to existing homes. To mitigate this, the homes would be designed to feel homely and domestic in nature, whilst at the same time meeting appropriate guidance and regulations for complex dementia care and nursing care. In terms of communal facilities, groups of 10 residents would have shared access to lounge and dining facilities. In addition to the ensuite bathrooms, assisted bathrooms and shower rooms would be provided within the homes on a 1:10 resident ratio.
110. It is also recognised that the proposals outline future investment in specialist dementia provision which would be a positive impact for the future cohorts of residents– and in particular those with complex dementia. The proposal would place Hampshire in a strong position to meet the needs of residents with complex dementia which is expected to become the fastest growing service area in the next 5-10 years.

Equalities Impact Assessment (Staff)

111. An Equalities Impact Assessment has been carried out on the proposals contained in this report, in relation to their potential impact on the staff working in the homes involved. The assessment found that there were neutral impacts on all protected characteristics, except for race where the staff impact was assessed as negative / medium.
112. Our data confirms that 10% of staff who work for Hampshire County Council identify as being from ethnic minority communities, 86% white and 3% prefer not to say. Within HCC Care, 43% of the HCC Care (Older Persons) workforce identify themselves as BME, 54% White and 2% prefer not to say. Any staff reductions would be achieved voluntarily and given the profile of the BME workforce any decisions to support voluntary redundancy would be assessed in the context of this profile to ensure there would be no unintended negative or disproportionate impact on staff from ethnic minority communities.

Climate Change Impact Assessment

113. A Climate Change Impact Assessment is not applicable to this decision report as it relates to the HCC Care service changes to the Older Adults residential and nursing homes portfolio following a formal public consultation and is therefore strategic in nature. The individual investment project proposals recommended within this report will be subject to individual project appraisals which will cover climate change impact assessment requirements.
114. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

Conclusions

115. This report details the outcomes from the 10-week formal public consultation that considered different HCC Care home closure and service cessation proposals that are an integral part of a proposed £173m investment programme in the HCC Care Older Adults service portfolio that was considered by Cabinet in July 2023.
116. The investment programme resulted from a review of the existing Older Adults service portfolio which highlighted several of the current homes, especially those providing standard residential services, are operating from buildings and layouts that are increasingly not fit for purpose and are challenging for staff to work in. It also was influenced by the development of a future service strategy that, in the context of material growth forecasts for older people generally and for increases in complex dementia levels, is aimed at HCC Care being better able to meet the needs of older persons with complex care needs, including complex dementia.
117. The background to the investment programme and what is proposed to result from it has been explained in the report. In summary, the HCC Care Older Adults service would have a more sustainable future if the programme were implemented. It would be able to operate with approximately 1000 beds (100 more than now) and importantly from fit for the future homes. By maintaining a strong market presence, the County Council would be less susceptible to prices in the independent sector, especially complex care prices with the investment programme business case demonstrating that HCC Care is able to deliver complex care services at rates cheaper than the County Council can buy care for in the independent sector.
118. Cabinet approved the investment programme in principle in July 2023, but subject to a formal public consultation, public scrutiny of the consultation outcomes by HASC and a subsequent set of decisions by the Executive Lead Member. Should the consultation proposals be approved, and the proposed investment programme be implemented, the HCC Care service would be

better positioned to meet increased service demand both in terms of the expected continued increase in the elderly population (over 65's set to increase by more than 50,000 in the next 6 years) and in terms of being able to support more people with complex dementia – a condition that is forecast to see a 45% increase for the elderly population by 2040.

119. As outlined, the investment programme combines 3 new builds, and major refurbishments and expansions to 3 existing homes (Emsworth House, Oakridge House and Ticehurst) that would also include the cessation of standard residential services at the sites. The investment programme also includes 7 proposed closures of residential homes. 2 of the homes proposed for closure (Copper Beeches and Cranleigh Paddock) are currently temporarily closed and 2 of the homes (Malmesbury Lawn and Westholme) would continue to operate until being replaced by 2 of the 3 proposed new builds in the first half of 2027. It was agreed that the public consultation would thus be focused on the 10 homes affected by the investment programme proposals, divided purposely into 4 consultation categories. It also included consultation on the Day Service at Solent Mead given that the home is included in the closure proposals.
120. The 10-week public consultation was relentlessly advertised and promoted prior to its commencement and throughout it being live. This resulted in 724 separate responses being received from residents/their families/friends, from staff, from people living near the sites and from other interested parties including organisations and democratically elected representatives. For 3 of the 4 consultation categories (covering 7 proposed home or service closures) there was greater support than there was disagreement for the proposals.
121. For the remaining consultation category, there was strong public disagreement for the proposed closures of residential services at Bishops Waltham House, Green Meadows, and Solent Mead. The consultation disagreement by the public was further supported by petitions against the proposed closures – two of which have been submitted at the time of finalising this report. Existing and/or former staff or volunteers who responded to the consultation, were supportive of the proposals.
122. The main issues that emerged from the consultation responses and the mitigations have been outlined in detail in this report. Uncertainty for those affected was not surprisingly the biggest issue that came through the consultation and through the informal discussions held with residents and their families by HCC Care staff and by Care Management staff prior to, during and since the consultation period. The concerns included the availability and the proximity of suitable alternative provision, of the levels of support that would be available to residents and their families, the likely financial consequences for those that contribute to, or fully fund the care that they receive, and the potential for reduced visiting by families and friends who might struggle to access alternative homes.
123. These points and many more have been addressed in the report. Strong levels of good quality and price competitive alternative provision exists within 10 miles of the homes proposed for closure and the report confirmed that in

almost all cases, family and friends visit their loved ones by car. It is accepted that the prospect of having to move to an alternative care home, for some residents and for their families will be unsettling and concerning. The report outlined the vast experience that HCC Care staff and Care Management staff have in dealing sensitively and professionally with resident changing needs and confirmed just how dynamic the residential and nursing care arena is, with reassessments and onward moves being very much part of the daily workload. The report also highlighted the extent of understanding that staff have of existing residents, their needs, and of issues and concerns of family and friends.

124. It is very much the case that residents who are supported in HCC Care residential settings do regress over time and in many cases, re-assessments confirm that nursing care or complex dementia services are required to enable the increasing needs of residents to be appropriately catered for. An example was quoted about 6 such assessments that were completed in the first week of 2024, on residents who are currently supported at Green Meadows. In each case, alternative onward care arrangements will be pursued in a sensitive and person-centred manner so that the best outcomes for each resident can be secured.
125. The report highlighted how, beyond every day changing needs, that HCC Care staff and Care Management staff have the experience and knowledge from recent events of successfully managing and completing moves for residents to alternative care settings, again carefully controlled and sensitive to the needs and concerns of each individual resident and to their families. The experiences of the Copper Beeches and Cranleigh Paddock temporary closures at the end of 2021 involving 39 residents being moved to alternative care home settings, and the more recent transfer of 20 residents from Westholme following the flooding of rooms in the summer of 2023 were referenced.
126. In addition to the potential impacts for residents and their families, it is also acknowledged that there would also be impacts for HCC Care staff who work at the different homes if the closure proposals are approved. The report outlined the extensive engagement that took place with staff as part of a formal HR led, staff consultation process. This process, which confirmed that there would be no compulsory redundancies resulting from the proposed programme, ran alongside but separate to, the formal public consultation process and positively, engagement was secured with 97% of the 150+ staff that are most impacted by the change proposals.
127. Nearly 70% of the staff expressed a preference to remain employed with HCC Care if the closure proposals are approved, with 50 applications being received for voluntary redundancy consideration, recognising that redeployment is not always suitable for every individual member of staff. The voluntary redundancy process is consistent with major change programmes that may impact on staff groups. Staff who did apply are aware that their applications will not be decided upon until after the Executive Lead Member 8 February decision day.

128. Having robustly reviewed the formal public consultation responses, considered the mitigations to the main issues raised and taken all that has been analysed and evidenced into account, the report recommends that the Executive Lead Member should support each of the proposals that were publicly consulted on, including the cessation of residential services at the homes (Bishops Waltham House, Green Meadows, and Solent Mead) for which there was public disagreement to the proposals consulted on.
129. The recommendations also support the cessation of the Day Service at Solent Mead which clearly cannot continue if it is agreed that the Solent Mead residential home should close. In respect of the 13 current users of the Solent Mead Day Service, the report did evidence alternative provision in New Milton and Dibden led by HCC Care and/or Age Concern for which available capacity has been confirmed.

APPENDIX 1

Copper Beeches Residential Care Home

Copper Beeches is a 36-bed residential care home for Older Adults in Andover. It was built in 1975. It was temporarily closed in November 2021 for operational reasons.

The footprint and layout of the building do not lend themselves to being modernised to meet the standards required to support the needs of people requiring nursing care and complex dementia care as outlined in the strategy for HCC Care.

The typical bedroom size at Copper Beeches does not meet current bed and Buildings Regulation access requirements, although they were in line with standards at the time it was built. Current Building Regulations set out minimum space standards for accommodation used; to comply with this requirement, a minimum room size of 14m² is required. A room of this size also enables the bed to be accommodated with sufficient space for a carer to stand on each side, to assist the resident. The typical room size at Copper Beeches is 10m².

Consideration was given to remodelling and extending Copper Beeches, but this isn't being proposed as the work required to adapt the existing buildings to provide bedrooms that meet current space standards with ensuite bathrooms was financially unviable. The loss of adjacent bedrooms to provide ensuite facilities, would reduce the overall number of residents that could be accommodated in the home to an unviable level.

A desktop review by structural engineers has indicated that such work would reduce the number of bedrooms from 36 to 21.

The site could not meet the requirement to accommodate a minimum of 80 bedrooms aligning with the HCC Care Home viability model and strategy for future investment.

Should the decision be taken to permanently close Copper Beeches. As of December 2023, within a 10-mile radius of Copper Beeches there are 6 residential care homes that are rated 'Good' or above by the Care Quality Commission (CQC) and that HCC commissions care with. In addition, there are 12 nursing homes or dual nursing and residential care homes, that HCC commissions care with, rated 'Good' or above by the CQC within the 10-mile radius. It is therefore considered that there is sufficient accommodation in the local area to meet the needs of older people, both currently and in the future.

Having thoroughly analysed the public consultation responses which support the proposals in respect of Copper Beeches and considering the above, it is recommended that the residential care home is permanently closed with immediate effect.

Cranleigh Paddock Residential Care Home

Cranleigh Paddock is a 32-bed residential care home for Older Adults in Lyndhurst. It was built in 1980. It was temporarily closed in November 2021 for operational reasons.

The footprint and layout of the building do not lend themselves to being modernised to meet the standards required to support the needs of people requiring nursing care and complex dementia care as outlined in the strategy for HCC Care.

The typical bedroom size at Cranleigh Paddock does not meet current bed and Buildings Regulation access requirements, although they were in line with standards at the time it was built. Current Building Regulations set out minimum space standards for accommodation used; to comply with this requirement, a minimum room size of 14m² is required. A room of this size also enables the bed to be accommodated with sufficient space for a carer to stand on each side, to assist the resident. The typical room size at Cranleigh Paddock is 10m².

Consideration was given to remodelling and extending Cranleigh Paddock, but this isn't being proposed as the work required to adapt the existing buildings to provide bedrooms that meet current space standards with ensuite bathrooms was financially unviable. The loss of adjacent bedrooms to provide ensuite facilities, would reduce the overall number of residents that could be accommodated in the home to an unviable level.

A desktop review by structural engineers has indicated that such work would reduce the number of bedrooms from 32 to 18.

The site could not meet the requirement to accommodate a minimum of 80 bedrooms aligning with the HCC Care Home viability model and strategy for future investment.

As of December 2023, within a 10-mile radius of Cranleigh Paddock there are 55 residential care homes that are rated 'Good' or above by the Care Quality Commission (CQC) and that HCC commissions care with. In addition, there are 42 nursing homes or dual nursing and residential care homes, that HCC commissions care with, rated 'Good' or above by the CQC within the 10-mile radius.

Having thoroughly analysed the public consultation responses which support the proposals in respect of Cranleigh Paddock and considering the above, it is recommended that the residential care home is permanently closed with immediate effect.

Bishop's Waltham House Residential Care Home

Bishop's Waltham House is a 32-bed residential care home for Older Adults in Bishop's Waltham. It was built in 1980. The footprint and layout of the building do not lend themselves to being modernised to meet the environmental standards required to support the needs of people requiring nursing care and complex dementia care.

The typical bedroom size at Bishop's Waltham House does not meet current bed and Buildings Regulation access requirements, although they were in line with standards at the time it was built. Current Building Regulations set out minimum space standards for accommodation used; to comply with this requirement, a minimum room size of 14m² is required. A room of this size also enables the bed to be accommodated with sufficient space for a carer to stand on each side, to assist the resident. The typical room size at Bishop's Waltham House is 9m².

Consideration was given to remodelling and extending Bishop's Waltham House, but this isn't being proposed as the work required to adapt the existing buildings to provide bedrooms that meet current space standards with ensuite bathrooms was financially unviable. The loss of adjacent bedrooms to provide ensuite facilities, would reduce the overall number of residents that could be accommodated in the home to an unviable level.

A desktop review by structural engineers has indicated that such work would reduce the number of bedrooms from 32 to 24.

The site could not meet the requirement to accommodate a minimum of 80 bedrooms aligning with the HCC Care Home viability model and strategy for future investment.

As of December 2023, within a 10-mile radius of Bishop's Waltham House there are 61 residential care homes that are rated 'Good' or above by the Care Quality Commission (CQC). In addition, there are 12 nursing homes or dual nursing and residential care homes rated 'Good' or above by the CQC within the 10-mile radius. It is therefore considered that there is sufficient accommodation in the local area to meet the needs of both current residents and older people in the future.

Having thoroughly analysed the public consultation responses and considered the mitigations in respect of Bishops Waltham House and considering the above, it is recommended that the residential care home is approved for closure and that the closure is completed within 6-12 months of the closure decision if made.

Green Meadows Residential Care Home

Green Meadows is a 42-bed residential care home for Older Adults in Denmead. It was built in 1969. The footprint and layout of the building do not lend itself to being modernised to meet the standards required to support the needs of people requiring nursing care and complex dementia care.

The typical bedroom size at Green Meadows does not meet current bed and Buildings Regulation access requirements, although they were in line with standards at the time it was built. Current Building Regulations set out minimum space standards for accommodation used; to comply with this requirement, a minimum room size of 14m² is required. A room of this size also enables the bed to be accommodated with sufficient space for a carer to stand on each side, to assist the resident. The typical room size at Green Meadows is 10m².

Consideration was given to remodelling and extending Green Meadows but this isn't being proposed as the work required to adapt the existing buildings to provide bedrooms that meet current space standards with ensuite bathrooms was financially unviable. The loss of adjacent bedrooms to provide ensuite facilities, would reduce the overall number of residents that could be accommodated in the home to an unviable level.

A desktop review by structural engineers has indicated that such work would reduce the number of bedrooms from 42 to 20.

The site could not meet the requirement to accommodate a minimum of 80 bedrooms aligning with the HCC Care Home viability model and strategy for future investment.

As of December 2023, within a 10-mile radius of Green Meadows there are 65 residential care homes that are rated 'Good' or above by the Care Quality Commission (CQC). In addition, there are 9 nursing homes or dual nursing and residential care homes rated 'Good' or above by the CQC within the 10-mile radius. It is therefore considered that there is sufficient accommodation in the local area to meet the needs of both current residents and older people in the future.

Having thoroughly analysed the public consultation responses and considered the mitigations, in respect of Green Meadows and considering the above, it is recommended that the residential care home is approved for closure and that the closure is completed within 6-12 months of the closure decision if made.

Solent Mead Residential Care Home

Solent Mead is a 35-bed residential care home for Older Adults in Lymington. It was built in 1968. The footprint and layout of the building do not lend themselves to being modernised to meet the standards required to support the needs of people requiring nursing care and complex dementia care as outlined in the strategy for HCC Care.

The typical bedroom size at Solent Mead does not meet current bed and Buildings Regulation access requirements, although they were in line with standards at the time it was built. Current Building Regulations set out minimum space standards for accommodation used; to comply with this requirement, a minimum room size of 14m² is required. A room of this size also enables the bed to be accommodated with sufficient space for a carer to stand on each side, to assist the resident. The typical room size at Solent Mead is 10m².

Consideration was given to remodelling and extending Solent Mead but this isn't being proposed as the work required to adapt the existing buildings to provide bedrooms that meet current space standards with ensuite bathrooms was financially unviable. The loss of adjacent bedrooms to provide ensuite facilities, would reduce the overall number of residents that could be accommodated in the home to an unviable level.

A desktop review by structural engineers has indicated that such work would reduce the number of bedrooms from 35 to 19.

The site could not meet the requirement to accommodate a minimum of 80 bedrooms aligning with the HCC Care Home viability model and strategy for future investment.

As of December 2023, within a 10-mile radius of Solent Mead there are 32 residential care homes that are rated 'Good' or above by the Care Quality Commission (CQC). In addition, there are 21 nursing homes or dual nursing and residential care homes rated 'Good' or above by the CQC within the 10-mile radius. It is therefore considered that there is sufficient accommodation in the local area to meet the needs of both current residents and older people in the future.

Having thoroughly analysed the public consultation responses and considered the mitigations, in respect of Solent Mead and considering the above, it is recommended that the residential care home is approved for closure and that the closure is completed within 6-12 months of the closure decision if made.

Solent Mead Day Service

Solent Mead Day Service offers day services to (Older Adults) people aged 65 and over. The Day Service is operated from the same building as Solent Mead residential care home. Were the decision be made to close the residential care home at Solent Mead, then it would not be possible or viable to maintain the day service in its current location.

Hampshire County Council currently commissions places at 2 Day Services for Older Adults in the New Forest; these are Gore Grange in New Milton and The Horrill Centre in Dibden (Hythe). In both cases, the Day Services referenced are run by Age Concern Hampshire.

In addition, HCC Care operates a Day Service in New Milton primarily for Younger Adults but does have up to 3 places currently available and able to be accessed by Older Adults. HCC Care combines Day Services provision for Younger and Older Adults in Andover and thus has experience of serving the differing needs of people of all ages.

Should the decision be taken to close the Solent Mead Residential service and thus the Day Service, then people who currently use the service (13 presently) would be sensitively supported to find alternative Day Service opportunities.

Having thoroughly analysed the public consultation responses and considered the mitigations in respect of the Solent Mead Day Service and considering the above and the recommended closure of the Solent Mead residential care home, it is recommended that the Solent Mead Day Service is approved for closure and should be closed by, or at the same time as the residential care home is closed.

Emsworth House

Emsworth House, in Emsworth, is a care home for Older Adults, offering 24 residential beds and 48 nursing beds. It was originally built in 1963 but modernised and extended in 2005 to allow it to provide nursing care. Recent work, including site visits, has concluded that the proposals could result in Emsworth House offering 100 beds for complex dementia and/or nursing care. The proposals include the cessation and removal of the standard residential service prior to the planned development of the site.

The proposed modernisation and extension is predicated on being able to continue to provide nursing services through the construction period. This work would require careful planning to ensure that the work can be carried out safely and with minimal disruption to the existing nursing residents. The new blocks would be planned to be constructed as detached buildings with covered or enclosed links to connect them to the retained accommodation to make their construction as easy as possible.

Should the decision be made to upgrade and refurbish Emsworth House, then it is expected that this work would start at the end of 2025 or early 2026. It is planned that the residential service at Emsworth House will continue to operate until the end of 2025.

Having thoroughly analysed the public consultation responses which support the proposals in respect of Emsworth House and considering the above, it is recommended that the existing residential service is closed (timing to be confirmed but likely to be at the end of 2025) ultimately replaced and extended with modern capacity to meet the needs of people requiring complex dementia care and nursing care, whilst at the same time modernising the existing nursing capacity.

Oakridge House Residential and Nursing Home

Oakridge House, in Basingstoke, is a care home for Older Adults, offering 34 residential beds and 57 nursing beds. It was originally built in 1969 but modernised and extended to allow it to provide nursing care in 2010 and then again in 2014.

Recent work, including site visits, has concluded that the proposals could result in Oakridge House offering 88 new and/or modernised beds for complex dementia and/or nursing care. The proposals include the cessation and removal of the standard residential service prior to the planned development of the site.

The proposed modernisation and extension is predicated on being able to continue to provide nursing services through the construction period. This work would require careful planning to ensure that the work can be carried out safely and with minimal disruption to the existing nursing residents. The new blocks would be planned to be constructed as detached buildings with covered or enclosed links to connect them to the retained accommodation to make their construction as easy as possible.

Should the decision be made to upgrade and refurbish Oakridge House, then it is expected that this work would start at the end of 2025 or early 2026. It is planned that the residential service at Oakridge House will continue to operate until the end of 2025.

Having thoroughly analysed the public consultation responses which support the proposals in respect of Oakridge House and considering the above, it is recommended that the existing residential service is closed (timing to be confirmed but likely to be at the end of 2025) ultimately replaced and extended with modern capacity to meet the needs of people requiring complex dementia care and nursing care, whilst at the same time modernising the existing nursing capacity.

Ticehurst Residential and Nursing Care Home

Ticehurst, in Aldershot, is a care home for Older Adults, offering 36 residential beds and 48 nursing beds. It was originally built in 1973 but modernised and extended to allow it to provide nursing care in 2005.

Recent work, including site visits, has concluded that the proposals could result in Ticehurst offering 100 beds for complex dementia and/or nursing care. The proposals include the cessation and removal of the standard residential service prior to the planned development of the site.

The proposed modernisation and extension is predicated on being able to continue to provide nursing services through the construction period. This work would require careful planning to ensure that the work can be carried out safely and with minimal disruption to the existing nursing residents. The new blocks would be planned to be constructed as detached buildings with covered or enclosed links to connect them to the retained accommodation to make their construction as easy as possible.

Should the decision be made to upgrade and refurbish Ticehurst, then it is expected that this work would start at the end of 2025 or early 2026. It is planned that the residential service at Ticehurst will continue to operate until the end of 2025.

Having thoroughly analysed the public consultation responses which support the proposals in respect of Ticehurst and considering the above, it is recommended that the existing residential service is closed (timing to be confirmed but likely to be at the end of 2025) ultimately replaced and extended with modern capacity to meet the needs of people requiring complex dementia care and nursing care, whilst at the same time modernising the existing nursing capacity.

Malmesbury Lawn Residential Care Home

Malmesbury Lawn is a 33-bed residential care home for Older Adults. It was built in 1973.

The footprint and layout of the building do not lend itself to being modernised to meet the standards required to support the needs of people requiring nursing care and complex dementia care as outlined in the strategy for HCC Care.

The County Council is proposing to develop a new 100 bed care home at Oak Park near Havant. This would provide a flexible mix of nursing and complex residential dementia care. This proposed development is approximately 2 miles from Malmesbury Lawn, a residential care home run by Hampshire County Council in Leigh Park Havant. The proposed Oak Park development is anticipated to be completed no earlier than the beginning of 2027.

The typical bedroom size at Malmesbury Lawn is 16m² which meets current Building Regulations. The bedroom sizes are partly the result of some bedrooms being knocked through to form 1 bedroom out of 2 rooms. Whilst this has resulted in overall larger floor area, the existing bedroom widths remain restricted.

Consideration was given to remodelling and extending Malmesbury Lawn but this isn't being proposed as the work required to adapt the existing buildings to provide bedrooms that meet current space standards with ensuite bathrooms was financially unviable. The loss of adjacent bedrooms to provide ensuite facilities, would reduce the overall number of residents that could be accommodated in the home to an unviable level.

A desktop review by structural engineers has indicated that such work would reduce the number of bedrooms from 33 to 24.

The site could not meet the requirement to accommodate a minimum of 80 bedrooms aligning with the HCC Care Home viability model and strategy for future investment.

Should the decision be made to close Malmesbury Lawn on the completion of the new care home at Oak Park (planned for early 2027), then the residents of Malmesbury Lawn would be supported to move to the new home that will be designed to meet the needs of clients with complex dementia.

Having thoroughly analysed the public consultation responses that support the proposals in respect of Malmesbury Lawn and considering the above, it is recommended that the residential care home in Leigh Park (Havant) should be closed once a proposed new care home at Oak Park opens as set out in this report.

Westholme Residential and Nursing Care Home

Westholme is a care home for Older Adults, offering 34 residential beds and 40 nursing beds. It was originally built in 1965 but extended in 2005 to allow it to provide nursing care. The footprint and layout of the building do not lend itself to being modernised and expanded in the same way that is proposed on the sites at Emsworth House, Oakridge House and Ticehurst.

The County Council is proposing to develop a new, minimum 80 bed care home at Cornerways (Kingsworthy) near Winchester. This would provide a flexible mix of nursing and complex residential dementia care.

This proposed development is located approximately 2.5 miles from Westholme, a residential and nursing care home run by Hampshire County Council in Winchester. It is estimated that the new development at Cornerways would be completed no earlier than the beginning of 2027.

The typical bedroom size within the residential care building at Westholme, does not meet current bed and Buildings Regulation access requirements, although they were in line with standards at the time it was built. Current Building Regulations set out minimum space standards for accommodation used; to comply with this requirement, a minimum room size of 14m² is required. A room of this size also enables the bed to be accommodated with sufficient space for a carer to stand on each side, to assist the resident. The typical room size within this part of the home is 10m².

Consideration was given to remodelling and extending the original residential care wing of the building, but this isn't proposed as the work required to adapt the existing buildings to provide bedrooms that meet current space standards with ensuite bathrooms was financially unviable. The loss of adjacent bedrooms to provide ensuite facilities, would reduce the overall number of residents that could be accommodated in the home to an unviable level.

A desktop review by structural engineers has indicated that such work would reduce the number of residential care bedrooms from 34 to 16, resulting in the overall number of bedrooms at Westholme being reduced to 56.

Should the decision be made to close Westholme on the completion of the new care home at Cornerways (planned for early 2027), then the residents of Westholme would be supported to move to the new scheme given that the proposed new home will cater for both complex dementia and nursing needs.

Having thoroughly analysed the public consultation responses which support the proposals in respect of Westholme and considering the above, it is recommended that the residential and nursing care home in Winchester should be closed once a proposed new care home at Cornerways (Kingsworthy near Winchester) opens as set out in this report.

.

APPENDIX 2

Range of comments received

Across the public consultation responses, engagement sessions and other correspondence received, a range of views, questions, impacts and concerns were expressed.

On the public consultation response form specifically:

- **90% of respondents chose to include comments on the response form**
For each proposal, respondents were invited to provide comments on their reasons for their response and to identify impacts - they were also invited to provide any additional comments or suggested alternative approaches.
- **There were 778 comments where respondents explained their response to proposals and highlighted impacts** – Most were specific to individual proposals but 6% were general comments (where people chose to comment once to cover several proposals they had responded on).
- **There were 342 further comments in the question on “other comments and suggested alternative approaches”.**

Of all the written comments received, most of them related to the proposals on home closures (Bishops Waltham House 67%, Solent Mead Home 59%, Day Service 59% and Green Meadows 45%).

Set out on the right-hand side is the spectrum of themes which arose from the comments overall.

Comments supportive of the proposals:

- Opportunities for better facilities and better care for the future
- Provides improved accommodation in modern buildings
- A clear strategy to position HCC care more strongly within the market
- A clear aim to better meet the increasing complex needs of older persons
- Existing HCC care services are highly regarded and valued
- An improved environment that will better attract and provide opportunities for staff

Concerns and impacts:

- Uncertainty
 - What is going to happen to me, when, what are my care choices?
 - Where will my home be? What will it be like? What will change?
 - How will the process be managed and what support will I receive?
 - How might this affect me financially?
- Loss of treasured home, routine, lifestyle and relationships with residents/ staff
- Less regular contact with visitors, losing contact with my community
- Access for visitors especially in rural areas and for low incomes/ non car users
- Process of change can be unsettling/ traumatic
- Loss of local employment
- Development and land use resulting from sales

Key considerations emerging from the Response Form comments

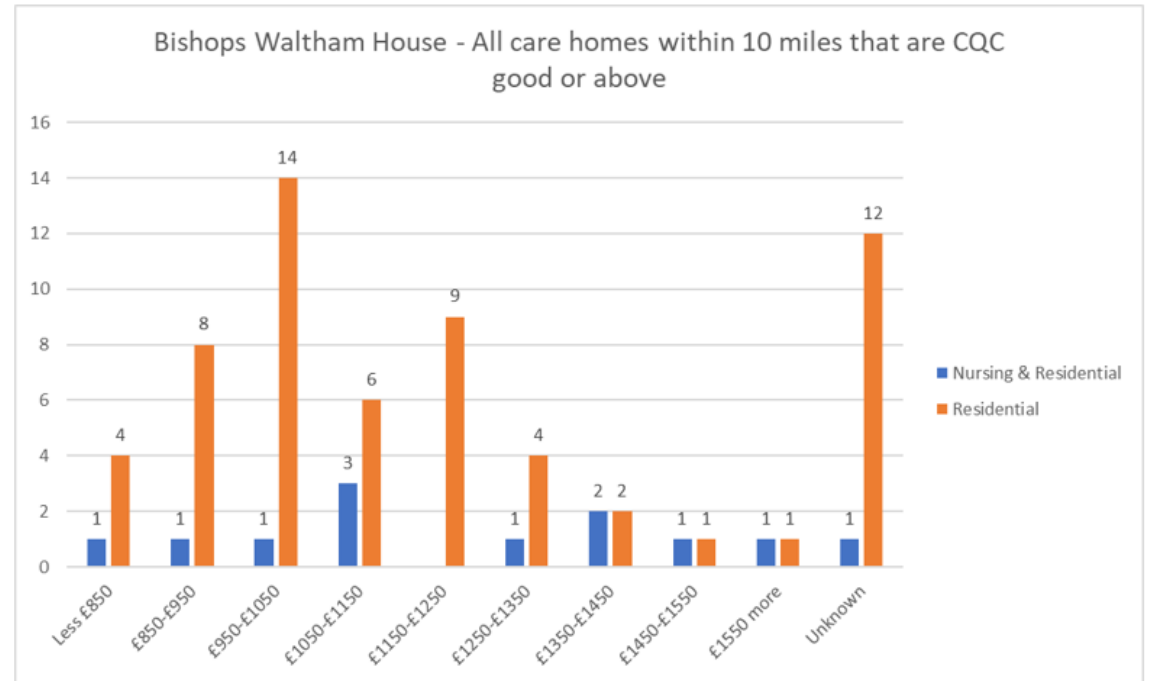
A range of issues for consideration for HCC Care were drawn from the comments and suggestions received:

- Can new provision be available prior to homes being closed?
- Why can't some existing sites based in communities be redeveloped to achieve the same goal?
- Have we explored all options to refurbish existing facilities?
- If they cannot be refurbished or the land used for new facilities, can they be retained for other health and social care purposes?
- Are 80+ bed homes too big? Can quality of care and the creation of a "homely" atmosphere be achieved to match what many existing HCC already have?
- Can we overcome recruitment challenges to run large homes?
- Are we including provision for day services in new facilities, and could we do more to promote this service?
- Transitions between homes needs to be managed in a way that ensures a full understanding of residents' needs are transferred.
- Is this value for money for an extra 100 beds?
- Is there a risk of becoming overdependent on the private care market?
- Should we be more ambitious on the numbers we will aim to support directly given future demographics?
- Is this being done for financial savings or, conversely, is it too expensive?

Homes within HCC Care - Bandings

Bishops Waltham House

| Bandings | Nursing & Dual registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 1 | 4 | 5 |
| £850-£950 | 1 | 8 | 9 |
| £950-£1050 | 1 | 14 | 15 |
| £1050-£1150 | 3 | 6 | 9 |
| £1150-£1250 | | 9 | 9 |
| £1250-£1350 | 1 | 4 | 5 |
| £1350-£1450 | 2 | 2 | 4 |
| £1450-£1550 | 1 | 1 | 2 |
| £1550 more | 1 | 1 | 2 |
| Unknown | 1 | 12 | 13 |
| Grand Total | 12 | 61 | 73 |



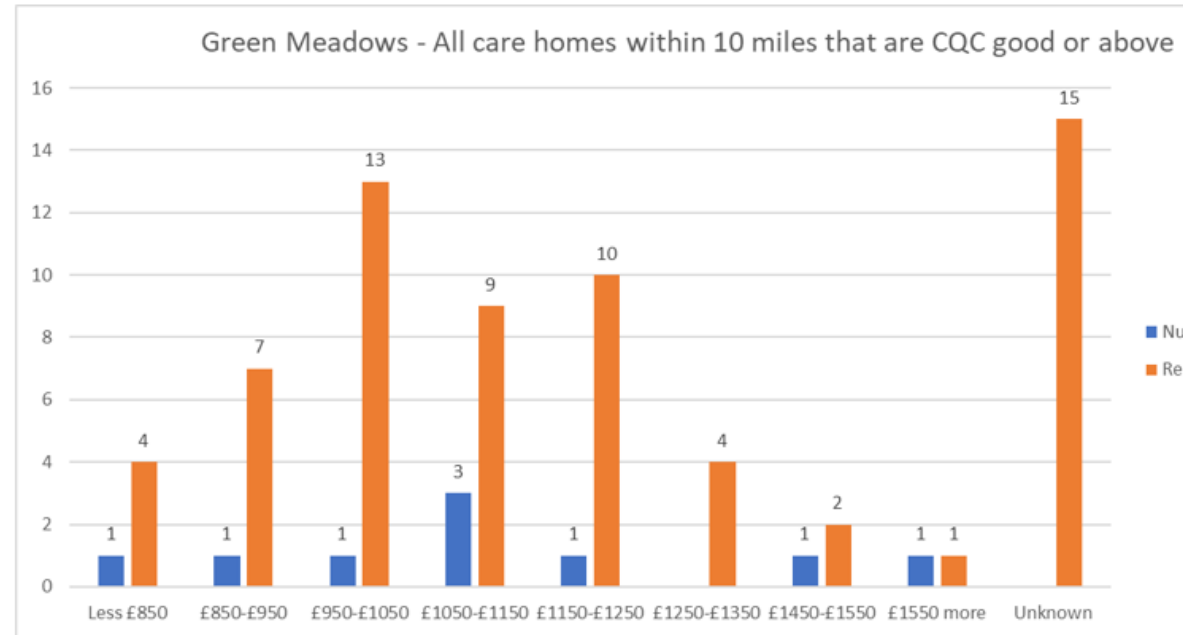
No. of homes within a 10-mile radius where the CQC is Good or above – Vacancies snapshot as at 02/01/2024 is 196.

Homes within HCC Care - Bandings

Green Meadows

Page 198

| Bandings | Nursing & Dual registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 1 | 4 | 5 |
| £850-£950 | 1 | 7 | 8 |
| £950-£1050 | 1 | 13 | 14 |
| £1050-£1150 | 3 | 9 | 12 |
| £1150-£1250 | 1 | 10 | 11 |
| £1250-£1350 | | 4 | 4 |
| £1450-£1550 | 1 | 2 | 3 |
| £1550 more | 1 | 1 | 2 |
| Unknown | | 15 | 15 |
| Grand Total | 9 | 65 | 74 |



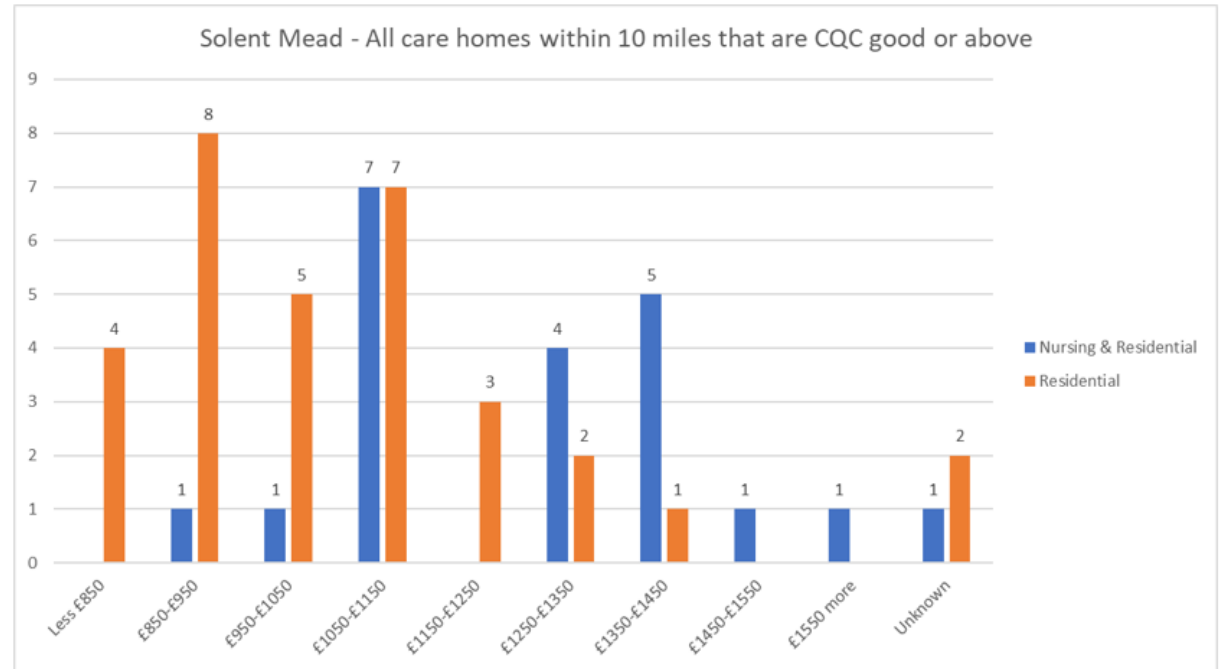
No. of homes within a 10-mile radius where the CQC is Good or above – Vacancies snapshot as at 02/01/2024 is 190.

Homes within HCC Care - Bandings

Solent Mead

Page 199

| Bandings | Nursing & Dual registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | | 4 | 4 |
| £850-£950 | 1 | 8 | 9 |
| £950-£1050 | 1 | 5 | 6 |
| £1050-£1150 | 7 | 7 | 14 |
| £1150-£1250 | | 3 | 3 |
| £1250-£1350 | 4 | 2 | 6 |
| £1350-£1450 | 5 | 1 | 6 |
| £1450-£1550 | 1 | | 1 |
| £1550 more | 1 | | 1 |
| Unknown | 1 | 2 | 3 |
| Grand Total | 21 | 32 | 53 |



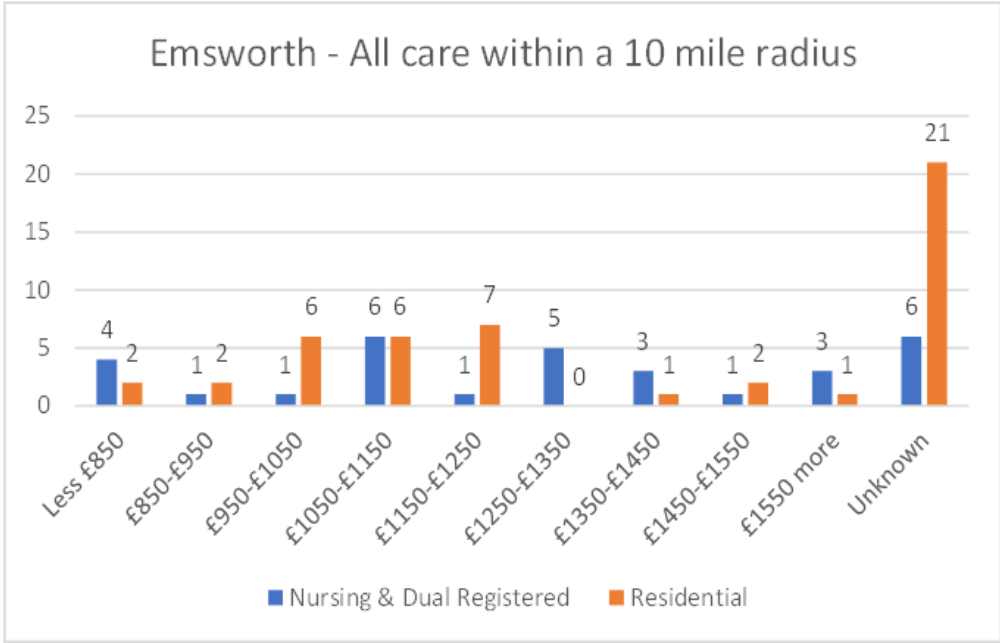
No. of homes within a 10-mile radius where the CQC is Good or above – Vacancies snapshot as at 02/01/2024 is 179.

Homes within HCC Care - Bandings

Emsworth House

Page 200

| Bandings | Nursing & Dual Registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 4 | 2 | 6 |
| £850-£950 | 1 | 2 | 3 |
| £950-£1050 | 1 | 6 | 7 |
| £1050-£1150 | 6 | 6 | 12 |
| £1150-£1250 | 1 | 7 | 8 |
| £1250-£1350 | 5 | 0 | 5 |
| £1350-£1450 | 3 | 1 | 4 |
| £1450-£1550 | 1 | 2 | 3 |
| £1550 more | 3 | 1 | 4 |
| Unknown | 6 | 21 | 27 |
| Grand Total | 31 | 48 | 79 |



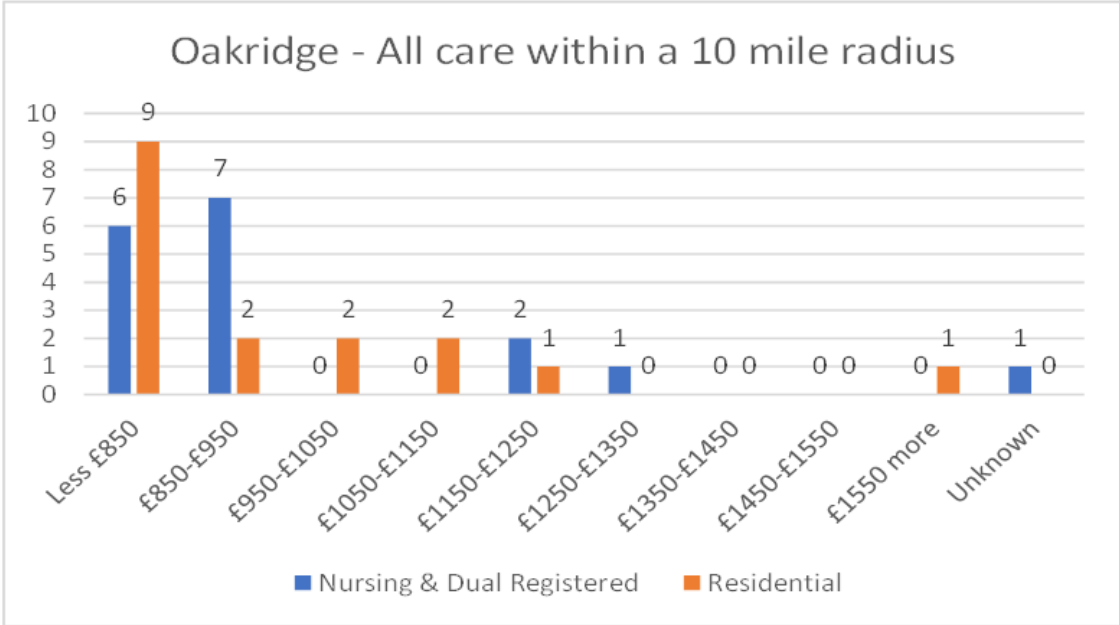
No. of homes within a 10-mile radius where the CQC is Good or above –
Vacancies snapshot as at 02/01/2024 is 100.

Homes within HCC Care - Bandings

Oakridge House

Page 201

| Bandings | Nursing & Dual Registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 6 | 9 | 15 |
| £850-£950 | 7 | 2 | 9 |
| £950-£1050 | 0 | 2 | 2 |
| £1050-£1150 | 0 | 2 | 2 |
| £1150-£1250 | 2 | 1 | 3 |
| £1250-£1350 | 1 | 0 | 1 |
| £1350-£1450 | 0 | 0 | 0 |
| £1450-£1550 | 0 | 0 | 0 |
| £1550 more | 0 | 1 | 1 |
| Unknown | 1 | 0 | 1 |
| Grand Total | 17 | 17 | 34 |



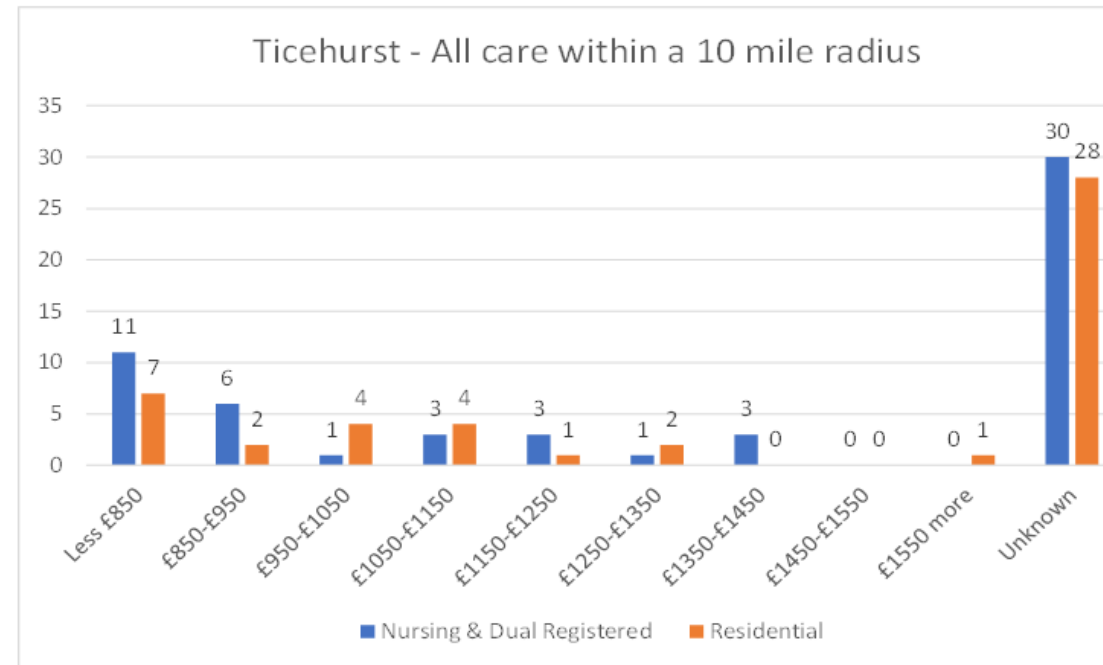
No. of homes within a 10-mile radius where the CQC is Good or above –
Vacancies snapshot as at 02/01/2024 is 132.

Homes within HCC Care - Bandings

Ticehurst

Page 202

| Bandings | Nursing & Dual Registered | Residential | Grand Total |
|--------------------|---------------------------|-------------|-------------|
| Less £850 | 11 | 7 | 18 |
| £850-£950 | 6 | 2 | 8 |
| £950-£1050 | 1 | 4 | 5 |
| £1050-£1150 | 3 | 4 | 7 |
| £1150-£1250 | 3 | 1 | 4 |
| £1250-£1350 | 1 | 2 | 3 |
| £1350-£1450 | 3 | 0 | 3 |
| £1450-£1550 | 0 | 0 | 0 |
| £1550 more | 0 | 1 | 1 |
| Unknown | 30 | 28 | 58 |
| Grand Total | 58 | 49 | 107 |



No. of homes within a 10-mile radius where the CQC is Good or above –
Vacancies snapshot as at 02/01/2024 is 200.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

| | |
|--|-----------------------------|
| Links to previous Member decisions: | |
| <u>Title</u> HCC Care Service and Capital Strategy 2023-07-18 HCC Care Service and Capital Strategy Cabinet report | <u>Date</u> 18 July 2023 |
| Direct links to specific legislation or Government Directives | |
| <u>Title</u> | <u>Date</u> |

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

Equalities Impact Assessments have been carried out to determine the impacts of these recommendations on both residents of the homes, users of the day service at Solent Mead and staff that would be affected should they be approved.

Residents / Service Users Equalities Impact Assessment

Service Affected: HCC Care – Older Persons

Service Description

HCC Care currently operates 15 older persons care homes with 900 beds, consisting of long-term and short-term provision. This includes 4 residential homes, 4 nursing homes (3 of which are exclusively or predominantly being used to support the short-term needs of patients being discharged from hospitals) and 7 joint residential and nursing homes for older people. Additionally, 2 further residential homes (Cranleigh Paddock in Lyndhurst and Copper Beeches in Andover) have been temporarily closed since November 2021. As well as

providing residential and nursing care for older people, HCC Care also provides day services, respite services, including a crisis service, and a small number of residential places for adults under 65 years old with learning disabilities.

Annually, the County Council's Adults' Health and Care directorate helps to place between 1,600 and 1,700 older people into a range of care homes across Hampshire with the vast majority (80%) accessing independent sector homes. In terms of capacity within the care home market, the overall vacancy rate across the whole market in Summer 2023 was approximately 11%.

Service Change

The proposed changes follow the County Council's review of its Care Strategy to establish how its own residential care and nursing homes could be made fit to meet current and future demand whilst ensuring the financial sustainability of the service.

- a) that Copper Beeches residential care home in Andover should be permanently closed with immediate effect.
- b) that Cranleigh Paddock residential care home in Lyndhurst should be permanently closed with immediate effect.
- c) that Bishop's Waltham House residential care home in Bishop's Waltham should be closed within 6-12 months of the closure decision if made.
- d) that Green Meadows residential care home in Denmead should be closed within 6-12 months of the closure decision if made.
- e) that Solent Mead residential care home in Lymington should be closed within 6-12 months of the closure decision if made.
- f) subject to recommendation 13e (above) being approved, that the Solent Mead Day Centre, attached to the Solent Mead residential care home, in Lymington should be closed by, or at the same time as the residential care home is closed.
- g) that at Emsworth House residential and nursing care home in Emsworth the older more traditional residential care setting is closed (timing to be confirmed but likely to be at the end of 2025) and ultimately replaced and extended with modern capacity to meet the needs of people requiring complex dementia care and nursing care, whilst at the same time modernising the existing nursing capacity.
- h) that at Oakridge House residential and nursing care home in Basingstoke the older more traditional residential care setting is closed (timing to be confirmed but likely to be at the end of 2025) and ultimately replaced and extended with modern capacity to meet the needs of people requiring complex dementia care and nursing care, whilst at the same time modernising the existing nursing capacity.
- i) that at Ticehurst residential and nursing care home in Aldershot the older more traditional residential care setting is closed (timing to be confirmed but likely to be at the end of 2025) and ultimately replaced and extended with

modern capacity to meet the needs of people requiring complex dementia care and nursing care, whilst at the same time modernising the existing nursing capacity.

- j) that Malmesbury Lawn residential care home in Leigh Park (Havant) should be closed once a proposed new care home at Oak Park opens as set out in this report.
- k) that Westholme residential and nursing care home in Winchester should be closed once a proposed new care home at Cornerways (Kingsworthy near Winchester) opens, as set out in this report.
- l) that in relation to the recommended closures of the residential services at Bishops Waltham House, Green Meadows, Solent Mead, Emsworth House, Oakridge House and Ticehurst, that no further long-term residential admissions to these homes are to be agreed if the closure decisions are made.

Additional Information

As noted, the purpose of this EIA is to support the Executive Member decision making process. This EIA is linked to a previous EIA *445-HCC Care Service and Capital Strategy* which supported the Cabinet decision making to proceed with the consultation. The information contained in this EIA has been reviewed to reflect additional information from the consultation.

Within this EIA, the assessment of impact and risk has been primarily focused on the short to medium term impacts on current residents. A longer-term assessment, focused on future residents, would highlight primarily positive impacts, particularly in terms of age and disability.

Overview Statement Engagement/Consultation

A full public consultation was undertaken between 4 September 2023 and 11.59 pm 12 November 2023. Responses received were analysed and considered. Information about the consultation proposals, an information pack with copies in easy read and the response form were published on a dedicated consultation page on Hampshire County Council's website. Copies in other languages and formats were made available on request.

The consultation was widely promoted via a range of online and offline channels. Letters were sent to care home residents, their relatives and representatives, along with stakeholders such as partner organisations in the NHS and local councils.

Several engagement events were also undertaken with those directly impacted, service users, their families, HCC Care staff and other staff as appropriate.

Impact Assessment:

Age

Public Impact

Negative - Medium

Decision Rationale

Approximately 350 individuals live in the 8 homes (remembering that 2 other homes that are set to be affected, are temporarily closed, and thus have no current residents), that would be impacted by these proposals, of these 75% are over 80 years old. In addition, 13 service users have been identified in respect of the Solent Mead Day Service that is also proposed to be closed as part of the overall proposals. Of these 13 service users 54% (7) are over 80 years old.

It is recognised that spouses and partners may also be older adults who could struggle to travel to an alternative care facility to visit if it was further in distance.

Some impacts on the grounds of age were reflected as a concern in the consultation responses. The consultation analysis highlighted concerns that it could be unsettling or traumatic for older residents to leave their current homes and communities and that this could lead to deterioration of their health and wellbeing.

It has therefore been identified that there will be a medium negative impact on current residents within homes that are proposed to either close or be remodelled to the extent that relocation of current residents would be necessary.

While there are negative impacts identified for existing residents on the grounds of age due to the requirement for relocation or having to remain on site while works are ongoing which may negatively impact their experience within the home, it is also recognised that there would be strong positive impacts for the future cohort of residents on which the proposals are based. Future residents would have access to improved, modern facilities which would better meet their needs.

Mitigation/Actions

It is recommended that two homes would close immediately – Copper Beeches (Andover) and Cranleigh Paddock (Lyndhurst) and that three homes would close within 6-12 months - Solent Mead (Lymington) which includes Solent Mead Day Service, Bishops Waltham House (Bishops Waltham), Green Meadows, (Denmead). It is also proposed that Westholme (Winchester) and Malmesbury Lawn (Havant) would close following completion of the replacement sites and no earlier than the beginning of 2027. Residents would be relocated to the new homes, should this be their preference.

Residents and service users, and their relatives at Bishops Waltham, Green Meadows and Solent Mead (including the Day Service), proposed for closure within 6-12 months, they have had the opportunity to look at potential alternative accommodation to ensure that they have time to make informed decisions. For

current users of Solent Mead Day Service, they would be supported to find alternative Day Service opportunities.

If the decision to close is made, social workers would carry out Care Act assessments for all residents. These would generate an up-to-date person-centred support plan for each resident. They would help to ensure that residents, their families and the social work staff, are fully informed of their care needs when residents, and their families, come to make decisions on future accommodation. In relation to the recommended closures of the residential services at Bishops Waltham House, Green Meadows, Solent Mead, Emsworth House, Oakridge House and Ticehurst, that no further long-term residential admissions to these homes would be agreed.

The County Council has begun conversations with individuals, their families and carers to explore options that would work best for them to limit the impact of any proposed moves. All residents would be supported to make informed decisions together with their families. Advocacy would be offered and provided, as appropriate, to enable and support the individual's voice within the decision-making process.

To mitigate impacts, should the decision be made to close the homes, HCC Care and Care Management (Social Workers) have the necessary skills and expertise to handle the closure process sensitively and work with residents, service-users and their families to find suitable alternatives for each of the current residents and service-users.

It is proposed that three homes undergo extensions and modifications on the existing sites which would start at the end of 2025 or early 2026. It is anticipated that work would be scheduled to allow nursing services to remain open to minimise and mitigate any disruption for the nursing element. It is proposed that residents within the residential element would move to alternative homes by the end of 2025, having been re-assessed with up-to-date, person-centred support plans to help identify more appropriate care settings. The nature of long-term care provision is that some of the remaining current residents are also likely to regress during 2024 and would be reassessed in a timely manner.

There would be a robust communications and engagement plan to ensure that all affected, including residents and their families, are aware of any changes that may impact them. This plan would be reflective of different needs and information would be appropriately and effectively targeted.

It is also recognised that the proposals outline future investment in specialist care for older people in Hampshire, particularly those requiring complex dementia and nursing care which would be a positive impact for future cohorts of residents.

Disability

Public Impact

Negative - Medium

Decision Rationale

Approximately 96% of the current HCC Care residents have a disability and in terms of day service users the disability level is 54%. Most residents have multiple chronic conditions, including mobility issues, dementia, and sensory loss.

A concern raised within the consultation was about the size of the proposed care homes being too large and the number of residents, changes in facilities, routines and staff could be confusing for residents especially those living with dementia. An additional concern was that the changes could impact on the ability of staff to spot irregular behaviours and early signs of medical conditions.

Mitigation/Actions

If the decision to close is made, to ensure that the impacts on individuals with disabilities are minimised, social workers would carry out Care Act assessments for all residents. These will generate an up-to-date person-centred support plan for each resident. They would help to ensure that residents, their families and the social work staff, are fully informed of their care needs when residents come to make decisions on future accommodation. For current users of Solent Mead Day Service, they would be supported to find alternative Day Service opportunities.

The County Council has begun conversations with individuals, their families and carers to explore options that would work best for them to limit the impact of any proposed moves. All residents would be supported to make informed decisions together with their families. Advocacy would be offered and provided, as appropriate, to enable and support the individual's voice within the decision-making process.

Should a move be required, full support would be provided to ensure all care and support needs could be met in the agreed service. Where possible, individuals would be supported to move to alternative HCC care services as they would be more familiar and enable a smoother transition.

Concerns were raised during the public consultation about the impacts on people with dementia, particularly in relation to the proposed new homes and the proposed extensions to existing homes. To mitigate this, the homes would be designed to feel homely and domestic in nature, whilst at the same time meeting appropriate guidance and regulations for complex dementia care and nursing care. In terms of communal facilities, groups of 10 residents would have shared access to lounge and dining facilities. In addition to the ensuite bathrooms, assisted bathrooms and shower rooms would be provided within the homes on a 1:10 resident ratio.

Residents, currently residing in Malmesbury Lawn and Westholme would be supported to relocate to the new homes in Oak Park (near Havant) and

Cornerways (Kingsworthy) respectively, when completed, should they wish to. This would ensure residents would have the same community of residents and staff team which would make the transition easier.

It is also recognised that the proposals outline future investment in specialist complex dementia provision which would be a positive impact for the future cohorts of residents– and in particular those with complex dementia. The proposal would place Hampshire in a strong position to meet the needs of residents with complex dementia which is expected to become the fastest growing service area in the next 5-10 years. The proposed modern, fit for the future designs recognise that all residential homes house people with varying levels of need including with increasing stages of dementia. Building design and interior design would need to reflect this as they are especially important for people with complex dementia.

Marriage & Civil Partnership

Public Impact

Negative - Low

Decision Rationale

Approximately 16% of current residents are married, and it is recognised that should a move of care facility be required there is a potential for a negative impact on those residents should the travel requirements for spouses increase.

This was reflected in the concerns raised about proposals in the consultation that a change in location of a care facility could result in a loss of proximity to spouse/partner and a reduction in frequency of visits especially where the spouse/partner does not have use of a car and/or has difficulty in accessing public transport.

Mitigation/Actions

The County Council has begun conversations with individuals, their families and carers to explore options that would work best for them to limit the impact of any proposed moves.

If the decision to close is made, to ensure that the impacts on individuals who are married are minimised, social workers would carry out Care Act assessments for all residents. These will generate an up-to-date person-centred support plan for each resident. They would help to ensure that residents, their families and the social work staff, are fully informed of their care needs when residents come to make decisions on future accommodation, alongside the support of care management such as distance from spouse/partner home and/or access to public transport. For current users of Solent Mead Day Service, they would be supported to find alternative Day Service opportunities.

Poverty
Public Impact
Neutral

Decision Rationale

Some concerns were raised about proposals in the consultation that a change in location of a care facility could result in an increase in cost of travel related to longer distances.

Another concern raised was that there was less local choice and more reliance on the private sector. Some care home residents were concerned about how the proposals might impact them financially.

Mitigation/Actions

The County Council has begun conversations with individuals, their families and carers to explore options that would work best for them to ensure that individual concerns are handled. Queries regarding finances will also be supported by specialist in-house advisors.

Residents of the homes and users of the Day Service are protected by law on care charging, the County Council will continue to carry financial assessments to work out how much, if anything, individuals will need to pay towards the cost of their care. The amount that an individual will need to contribute towards the cost of their care will not change, regardless of them being moved to a potentially more expensive care home in the private sector or a more expensive Day Service.

Rurality
Public Impact
Neutral

Decision Rationale

Bishops Waltham House and Green Meadows are in more rural areas, however it is recognised that residents and visiting relatives and friends in any of the identified homes could be impacted by potentially longer travel times for traveling to an alternative care facility.

This was reflected in concerns raised in the consultation responses which included the need to travel further because of relocation of care provision, lack of access to public transport especially in rural areas and if family and friends do not have use of a car.

Mitigation/Actions

The County Council has begun conversations with individuals, their families and carers to explore options that would work best for them to limit the impact of any proposed moves.

A full care assessment would be undertaken with support of family members and carers to ensure consideration is given to a choice of care homes to identify care provision that best suits the individual's care and support needs alongside the support of care management such as distance from family and friends. In addition, the proposed location of all sites within Hampshire has been carefully considered to ensure an improved geographical split/coverage, which would mean that residents should continue to have choice over location, allowing them to be easily visited by relatives and friends. Public transport accessibility will also be factored into decision making to ensure affordable and sustainable travel.

It is noted that the two most rural homes are proposed to be closed within 6-12 months, however the planned new and redeveloped homes have been carefully planned to ensure a good geographical spread across the county.

Staff Equalities Impact Assessment

Equality Considerations

A 10-week HR consultation process ran concurrently with the public consultation (4 September to 12 November 2023) with staff at Bishops Waltham House, Green Meadows, Solent Mead (including Solent Mead Day Service), Cranleigh Paddock, Copper Beeches and the Trade Unions.

One-to-one meetings took place with a representative from HCC Care Services' senior management team and senior HR colleagues to ensure all staff had an opportunity to talk about the proposals in the Cabinet report and the potential impact of a decision to close any or all the homes. A total of 153 staff (97%) had at least one meeting, in some cases more than one, to discuss their personal circumstances in detail. Staff unavailable because they were on long term sick leave or maternity leave received a phone call, as well as the letters and the consultation slides.

Age

Staff Impact

Neutral

Decision Rationale

Staff - HR data recorded on SAP confirms that 39% of staff who work for Hampshire County Council are aged between 25 and 44, 51% between 45 and 64 and 5% are aged 65 or over. Within HCC Care the age profile of the workforce is typically older with 33% aged between 25 and 44, 58% between 45 and 64 and 4% aged 65 and over.

The proposals should not have a negative impact. HCC's redundancy policy potentially provides early access to pension benefits if employees are aged 55 and over and an active member of the LGPS. This means that the scheme provides those staff with additional benefits to mitigate the impact of any job losses.

Disability

Staff Impact

Neutral

Decision Rationale

Staff - HR data recorded on SAP confirms that 8% of the Hampshire County Council (HCC) workforce are recorded as having (or previously had) a disability and 92% are recorded as not informed/unknown. The profile in HCC Care Services – Older Persons indicates that the numbers of staff who are recorded as having (or had) a disability is 3%, so significantly lower than the HCC figure. Therefore, the percentage recorded as not informed or unknown is higher, 97%.

This suggests that HCC Care staff with a disability are less likely to be impacted when compared to the HCC workforce, however, this is more likely to reflect an under-reporting issue. The Directorate has sent several reminders to staff about the importance of updating their personal information on the HR system. Further targeted reminders will be sent to the staff in HCC Care Services specifically.

The proposals should not have a negative impact. Staff reductions would be achieved voluntarily and would take account of an individual's health and wellbeing including the need to make reasonable adjustments.

Gender Re-assignment

Staff Impact

Neutral

Decision Rationale

Staff - assessed as Neutral as relevant data is unavailable at this current time and there is no indication of a disproportionate impact on this protected characteristic.

Pregnancy and Maternity

Staff Impact

Neutral

Decision Rationale

Staff - There was regular communication with staff who were not at work to ensure they were fully involved in the staff consultation process. No colleagues who are pregnant or on maternity leave would be selected for redundancy because of their pregnancy or maternity/adoption leave,

The impact is assessed as neutral because the current legislative framework ensures that staff who are pregnant and/or are on maternity leave have additional protection from an employment law perspective, specifically the Protection from Redundancy (Pregnancy and Family Leave) Act 2023. All employees have been made aware of their rights and additional contact would be made to allay concerns/answer questions.

Race**Staff Impact**

Negative / Medium

Decision Rationale

Staff - HR data recorded on SAP confirms that 10% of staff who work for Hampshire County Council (HCC) identify as being from ethnic minority communities, 86% white and 3% prefer not to say. Staff in HCC Care Services Older Persons account for 4% of the overall 10% of HCC staff, so represent a significant proportion of the ethnic minority workforce across the Council. Within HCC Care itself, 43% of the HCC Care – Older Persons workforce identify themselves as BME, 54% White and 2% prefer not to say.

Mitigations/Actions

Staff - Any staff reductions would be achieved voluntarily and given the profile of the BME workforce any decisions to support voluntary redundancy would be assessed in the context of this profile to ensure there is no unintended negative or disproportionate impact on staff from ethnic minority communities.

Religion or Belief**Staff Impact**

Neutral

Decision Rationale

Staff - HR data recorded on SAP confirms that within Hampshire County Council 29% of staff are Christians, 1% Buddhist, 1% Hindu, 1% Muslim, 3% prefer not to say, 2% are recorded as “other religion” and 64% have no religion or belief recorded. Within HCC Care Services - Older Persons 37% of the workforce are Christians, 3% are Buddhist, 3% are Hindu, 2% are Muslim, 1% are recorded as “other religion” and 53% have no religion or belief recorded. The impact is assessed as neutral because there is no expectation that the proposals, their impact and the mitigations proposed would negatively impact this profile.

Sex**Staff Impact**

Neutral

Decision Rationale

Staff - HR data recorded on SAP confirms that 76% of the Hampshire County Council workforce are recorded as female and 24% as male. The workforce profile in HCC Care Services – Older Persons is broadly similar with 79% female and 21% male. The impact is assessed as neutral because there is no expectation that the proposals, their impact and the mitigations proposed would negatively impact this profile.

Sexual Orientation

Staff Impact

Neutral

Decision Rationale

Staff - assessed as Neutral as relevant data is unavailable at this current time and there is no indication of a disproportionate impact on this protected characteristic.

Marriage and Civil Partnership

Staff Impact

Neutral

Decision Rationale

Staff - assessed as Neutral as relevant data is unavailable at this current time and there is no indication of a disproportionate impact on this protected characteristic.

Poverty

Staff Impact

Neutral

Decision Rationale

Staff – the impact is assessed as neutral because the relevant data is unavailable at the current time and there is no indication of a disproportionate impact on this protected characteristic. Salaries in HCC are at or above the National Living Wage and any potential job changes would not affect salary levels. In the unlikely event that an employee was redeployed to a lower graded post the employee would be protected given HCC's pay protection policy. Specifically, they would either remain on their previous salary for a period of 2 year's or a grade above the redeployed role if there is a difference of more than one grade. Those leaving on redundancy terms would only do so voluntarily.

Rurality

Staff Impact

Neutral

Decision Rationale

Staff - assessed as neutral because although the location of some of the homes is within rural communities not all the staff live in the area. If travel to another location is required, this has been considered in the 1:1 HR consultation meetings to ensure individual circumstances are considered when determining the outcome of the voluntary redundancy or redeployment process. If staff are required to travel, additional mileage would be reimbursed in accordance with HCC's relocation mileage policy.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

| | |
|---------------------|--|
| Committee: | Health and Adult Social Care Select Committee |
| Date: | 16 January 2024 |
| Title: | Issues Relating to the Planning, Provision and/or Operation of Health Services |
| Report From: | Director of People and Organisation |

Contact name: Democratic and Member Services

Tel: 0370 779 8917

Email: 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. Issues covered in this report:

Winter plan update (including presentation slides from South Central Ambulance)

Primary Care Access

Strategic Update on primary care networks

Whitehill and Bordon Health Hub

Maternity – CQC presentation

Recommendation

To note the updates provided.

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

| | |
|---|-----|
| Hampshire maintains strong and sustainable economic growth and prosperity: | no |
| People in Hampshire live safe, healthy and independent lives: | yes |
| People in Hampshire enjoy a rich and diverse environment: | no |
| People in Hampshire enjoy being part of strong, inclusive communities: | no |

Other Significant Links

| | |
|--|----------------|
| Links to previous Member decisions: | |
| <u>Title</u> | <u>Date</u> |
| Review of HASC Work Programme | September 2023 |
| Direct links to specific legislation or Government Directives | |
| <u>Title</u> | <u>Date</u> |
| The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations | 2013 |

Section 100 D - Local Government Act 1972 - background documents

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

| | |
|-----------------|-----------------|
| <u>Document</u> | <u>Location</u> |
| None | |

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

HIOW Winter Operating Plan update – 23/24

Introduction

We know pressures on services exist all year round. In advance of each winter, all areas of England put in place additional planning for expected increases in seasonal illnesses which may put extra pressure on our local services.

In recent years there has been an increasing focus towards an integrated approach to winter planning. This is in recognition that seasonal pressure is multi-faceted and requires a whole-System response and therefore planning, assurance and implementation cannot operate in isolation.

National context

NHS England announced its winter planning requirements in August 23.

The pressures of the ongoing response to demand, as well as challenging circumstances the winter of 2023/24 could bring, required a robust System winter planning process with several specific aims:

- To ensure that planning for the winter period is completed at all levels in good time, to ensure patient safety and quality of care is not compromised.
- To ensure plans are integrated at a local level and that pressure and risk is spread across the System where possible, and not just focussed on one section of the care pathway.
- To ensure that plans are robust and considered the “business-as-usual” seasonal pressures alongside emerging challenges and effectively balance these together.

There is a national requirement for a Winter Operating Plan to be in place for all Systems in England. This paper outlines an update against our Winter Plan at the current time.

Planning across Hampshire and Isle of Wight

While winter pressure is predominantly most challenging in acute settings, and it is right that acute urgent care should lead the work, the Hampshire and Isle of Wight Winter Plan covers the whole care pathway within each System, including Local Authorities and Primary Care services.

The Hampshire and Isle of Wight local System partners are all committed to continue to deliver safe, high quality services for patients and the whole population at all times, including, but not limited to, ensuring patients are seen in the right place and right time, maintaining privacy and dignity at all times, ensuring care closer to home where possible and effective management of infection control.

During the warmer periods of summer, we saw an overall increase in attendances to Emergency Departments when compared to last summer of, on average, 6% across our acute providers. This is in line with the overall trend of an increase in demand on urgent care services seen locally and across the country in recent years.

Over the last few months, we have also experienced periods of industrial action by junior doctors, consultants and radiologists. Throughout this year we continue to work in partnership with our providers to minimise impact on patients.

To help prevent seasonal illnesses, we have launched our COVID and flu vaccination campaigns. Vaccinations started on 11 September with adult care home residents and those most at risk to receive vaccines first.

Keeping people safe at home

A key component to ensuring a safe winter for Hampshire citizens is to ensure that where clinically appropriate we keep people safe in their homes. To respond to the increase in seasonal illness and subsequent demand on services additional capacity has been mobilised across Hampshire to ensure people can access the right care at the right time. This has included:

- Increased Same Day Assessment Capacity in Primary Care: All Primary Care Networks (PCN) have mobilised additional assessment capacity over the winter months (circa 1800 additional appointments per week). These appointments are provided through a range of settings including practices, PCN Hubs and Infection Hubs depending on geographies and assets of local neighbourhoods. This enables patients of all ages with a range of infections and winter illnesses to be managed in the community, releasing capacity within our Emergency Departments for those patients requiring emergency treatment.
- Urgent Community Response: The Urgent Community Response Service is a community-based crisis response service for circumstances such as following a fall, rapid deterioration or decompensation, palliative care or equipment/carer needs. It is provided by a multi-skilled team to patients in their usual place of residence with an urgent care need. The service aims to prevent hospital admission and involves an assessment (within 2-hours of referral) and short-term intervention. Providers are responding to meet demand of local communities within existing workforce and funding constraints, enabling 75 -100 citizens to avoid a hospital admission when experiencing a crisis across Hampshire every day.
- Virtual Care & Virtual Wards are technology enabled enhanced package of care provided within a patient's own home. Virtual Wards support patients who would otherwise be in hospital to receive the acute care, monitoring, and treatment they need in their own home. This includes either preventing avoidable admissions into hospital or supporting early discharge out of hospital. This enables approximately 200-250 Hampshire citizens remain safe at home at any one time.

Supporting the discharge of patients who are ready and safe to leave hospital

Our core aim this winter continues to be that no one spends longer in an acute hospital or community setting than is needed, in order for patients to have the best possible recovery and return to living independently, and to reduce pressures on local services.

Learning from recent years and the pandemic, it proves that discharge is one of the greatest and most increasing challenges we have as a health and care system, and this challenge comes at a time of increasing pressure on scarce public funds for all organisations supporting patients as they leave hospital. Our focus now is to move to improving the recovery and experience of residents by doing all we can to ensure they return straight to their home setting once safe to do so.

Changes in funding post Covid have necessitated the following changes:

- The number of 'discharge to assess' beds we purchase in the Hampshire county area will be a smaller this winter compared to last (196 in 2022/23, compared to 60 in 2023/24)
- The number of block domiciliary hours will be at 2,000 hours for this winter (which equates to 91% of previous levels)
- Live in Care provision will end from February 2024 (which has supported approximately 15 discharges per month).
- The Hampshire Equipment Service has returned to its pre-COVID service specification.
- Additional community services commissioned from Southern Health Foundation NHS Trust will return to pre-Covid levels.

These changes in funding post Covid had potential to increase the number of people waiting in hospital for discharge once they are deemed fit for discharge by 35%. In recognition of this the Hampshire Place Board and the Hampshire and Isle of Wight Discharge Transformation Board agreed early mitigation to ensure the flow of patients is maintained and to minimise, as much as is possible, pressure on hospitals, care services and Hampshire County Council.

The time people are remaining in short term 'discharge to assess' beds has reduced from an average of 34 days in May this year to 22 days in November, which is enabling discharge numbers from hospital to be maintained. In addition individuals discharged out of hospital with Rapid Support Services at home are being supported for up to 18 days on average, a reduction from up to 28 days and this is ensuring discharge numbers can be maintained.

Currently all our hospitals are discharging a higher proportion of people into bedded capacity than the national best practice figure which suggests that 95% of people should be discharged home. In Hampshire we currently discharge only 90% of patients to their homes, with 10% going into bedded capacity after their hospital stay.

The Hampshire and Isle of Wight Discharge Transformation Board and the Hampshire Place Board have therefore committed to a Health and Care Programme

to increase discharges home in line with the national best practice. The Programme was informed by a series of clinical visits to all four acute hospitals and 10 community hospitals in July this year.

To provide further mitigation, Hampshire County Council and the local NHS have also agreed a pooled winter fund to commission some interim winter capacity while the broader transformation activity is embedded. This fund allows additional 'discharge to assess' beds to remain open over the Winter period.

The winter funding initiatives were also complemented by the 'Home for Christmas' discharge campaign which saw an increase of circa 75 additional discharges per day across Hampshire during this period.

Supporting our communities

It was vital that we communicated effectively with our communities to provide them with the advice they need to manage their illnesses and to know which service is most appropriate for their needs. Working together as an Integrated Care System we have are able to reach and engage with a far greater proportion of our population than we each do alone. We have shared publicity, resources with partners across our area, including local authorities and voluntary and community sector organisations, so that we can reach out to as many people as possible.

Winter Funding

HIOW ICB have been successful in obtaining winter funding which is available between January and March 2024, this funding will be used to enhance the following services within the following acute Systems:

North and Mid Hampshire

- 300 additional Rapid Support Service hours per week, assisting an additional 25 discharges per week for individuals who can be supported within their own home
- Enhancing the established core hour GP streaming service to provide a service out of hours on the Basingstoke site Monday to Friday 1900 – 2300, Weekends and Bank holidays 1200 – 2200

South West Hampshire and Southampton

- 150 additional RSS hours per week provided in Hampshire, a further 150 hours per week is being provided by Southampton City Council. Impact is c. 25 discharges more per week.
- Core hour GP streaming in ED at Southampton General Hospital

South East Hampshire

- Enhancement of GP streaming in ED at Queen Alexandra Hospital
- Digital system to assist patient flow management

Winter so far.....

Christmas and New Year Plan

The ICS Winter Operating Plan 23/24 focused on four main areas:

- 1) Leading well including the escalation process
- 2) Looking after our people and patients
- 3) Creating the capacity to meet demand
- 4) Effective communication

As part of that Winter Operating Plan, a “Home for Christmas” Chapter, was included together with a focussed Christmas and New Year Plan. This year’s winter forecast, shows that the first and second week of January 24 will be one of the most challenging period of winter.

The focus of the Plan therefore for all System Partners has been around the recovery actions following the Bank Holiday periods and the ongoing Industrial Action together with the four main areas of focus as detailed above. Delivery of this Plan is being monitored on a daily basis with the ability to respond to issues as they arise.

Christmas and New Year Period update

Whilst the System does everything possible to forecast appropriately and therefore prepare plans to meet those challenges, responding to a multifaceted and complex System is such that, at times unforeseen specific issues arise that require an “unplanned” immediate response which this System is experienced and equipped for.

- All Local Acute Systems have remained at heightened escalation levels during December and into January. Critical Incidents declared and Business Continuity Incidents and Industrial Action have all required Systemwide responses
- The number of patients with no criteria to reside (NCTR) not discharged remains high, averaging 653 throughout December. Although lower than September peaks, we have seen no real sustained progress in the latter half of 2023 for this metric.
- Discharge volumes followed the well-trodden Christmas pattern with a dramatic increase in activity between 19th-25th December, before dropping back to well below average between Boxing Day and the New Year. We have struggled to see any improvement in discharge volumes again moving into early January 24.
- December’s peak of (Acute only) Escalation capacity opened was 202 additional beds on 12/12/23. 31st December saw 142 additional escalation beds in place. Since the New Year escalation beds open have increased

- The 4 hour performance standard for Emergency departments stabilised between 20th-27th December at over 60. In early January however, HIOW local acute systems have struggled to maintain this.
- ED attendance demand reduced in late December as would be expected contextually and is now looking to have rebounded back post the festive break.
- Ambulance Category 2 mean response time did perform better over the festive period with average performance much closer to 20 minutes, well under our 30-minute threshold and doing better than December average in entirety.
- Total ambulance handover demand remained historically high across Christmas with no reprieve in patterns of conveyance, as of 1st Jan 24, the ICB are now at our highest ever rolling weekly averages.
- 60 minute ambulance handover delays did see a short period of relief during the immediate Christmas period however the New Year period saw delays increase again.
- Non Elective Admission demand remained high throughout December with a reported very high acuity of patients and the broader festive period saw a slight reduction in pressure.
- The decision to admit time for a patient waiting in the Emergency Department continues to be over 5 hours.
- November saw the highest average daily discharge volumes we have on record, sitting at 633 discharges per day. Discharges across December were lower at just 559 per day mainly due to the significant drop seen across the Christmas period, as of the 31st December our discharge rolling average was under 500 per day.
- We have seen ARI Hubs introduced in the last few weeks and the capacity is fully utilised on a daily basis. Our Partners have worked extremely hard to get these set up promptly.
- Primary Care have reported extremely high demand for on the day appointments and our Out of Hours providers continued to see high demand. Whilst earlier in December our Urgent Treatment Centres (UTC) were reporting record attendances, but since Christmas we have seen a decline in attendances and so our Comms Team are targeting the awareness of the UTCs via social media etc.

- Covid, Flu and Norovirus has impacted over the last month at times on the ability to effectively move patients through ED given their need for side rooms. Infection control procedures have been a priority to ensure patients are appropriately placed but this can take a number of moves within the hospital or community setting to create the appropriate capacity all adding to the flow challenges to the patient pathway.
- Patients with a mental health condition attending the Hospital and then requiring a mental health bed have continued to see a delay in their transfer to an appropriate mental health facility but we are to ensure this is minimised as much as possible. Again we are seeing good collaborative working to ensure the patient is settled out of the hospital environment as soon as practically possible. If on occasions, we do have an excessive delay the matter is escalated promptly and communication and liaison takes place.

In Summary

This whole year has been extremely challenging for the whole system with heightened escalation in respect of demand, capacity, acuity and complexity of patients.

Many of the escalation actions previously identified have now become business as usual and so the focus on ensuring all processes remain effective and additional actions taken as early as possible has been a priority to prepare for the expected surge during the Christmas period and beyond .

All system partners remain collaborative and responsive to the challenges faced on a daily basis and that continues to be of major benefit when responding to the needs of our patients / clients.

We will continue to remain agile in our response to the seasonal and adhoc pressures but unfortunately we have seen an inability to always achieve the thresholds nationally mandated, this is not local to Hampshire but indeed across the country.

As we progress implementing our Plan and responding on a day today basis, the lessons identified on how we can improve future planning, or indeed where plans have worked well, will be systematically collated and added to the findings from the system-wide partner Winter Review Workshops we will hold in May 2024.

This page is intentionally left blank



NHS

South Central
Ambulance Service
NHS Foundation Trust

SCAS Winter Planning 2023-2024

Page 229





NHS

South Central
Ambulance Service
NHS Foundation Trust

Risk Items on the Risk Registers: -

National Risk Register since 2020: “Beast from the East- 2018”

“Hundreds of cars stranded including on the A31- Hampshire”.

Risk Register Outcome

- **TVLRF: R091-Low temperatures & heavy snow. [Very High]**
- **HIOWLRF:R091: [Very High]**





NHS

South Central
Ambulance Service
NHS Foundation Trust

SCAS 23/24

- Trained DEFRA Water and Flood Incident Managers x5- for flood response/planning requirements.
- Operational and Strategic plan reviewed and updated.
- All staff communications via Everbridge (Severe Weather).
- Daily Met Office Weather Warnings via RSO Team.
- Mobile Command Support Team (4x4 Capable).
- Represented in LRF Executive Winter Planning Groups
- 25 x new 4x4 vehicles (TL, RSO and Spare's.)
- Estates assurance and BC plans tested.



NHS

South Central
Ambulance Service
NHS Foundation Trust

SCAS 23/24

- Increasing access to appropriate care pathways –SCAS Apps, MiDOS (pulls from the National Directory of Services) via ePR/iPad devices.
- Increased capacity for Hear and Treat (Control room)-recruiting above the planned requirements for CSD.
- Resourcing SCAS Paramedics/SP's into EOC, International recruitment ongoing (Australia).
- External GP's into IUC CAS to support CAT 3's and ED validation (Demand Management)
- We have undertaken a Winter Forecast for both demand and capacity

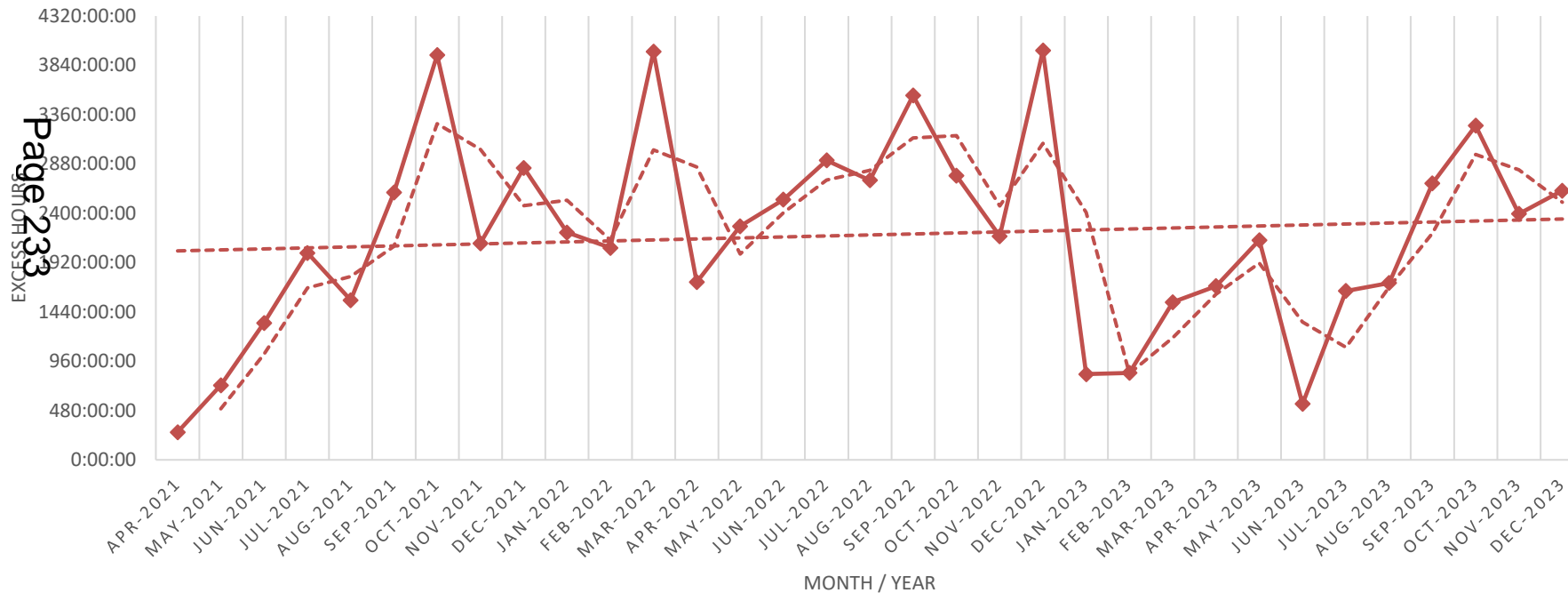


NHS

**South Central
Ambulance Service**
NHS Foundation Trust

SCAS Challenges Handover Delays

QA HANDOVER EXCESSES





NHS

South Central
Ambulance Service
NHS Foundation Trust

SCAS Challenges Handover Delays

- HALOs routinely deployed to Hospitals in line with pressure levels including REAP, OPEL and Enhanced Patient Safety Procedure (EPSP).
- HALOs role is to monitor pressures and escalate these to the hospital team, SCAS control and Tactical Commanders.
- Consideration to undertake immediate handover (within 30 minutes) and rapid release which is communicated via Everbridge.
- Also deployed in the PTS network to attend bed meetings and plan transport requirements.



NHS

South Central
Ambulance Service
NHS Foundation Trust

Power Outages

- SCAS Task Group established to identify areas of risk across the trust including generator capability, bunkered fuel, critical sites.
- Monthly update meetings reviewing the current risks across the trust to mitigate potential risks.
- Participation in planned Power Outage exercises- Exercise Mighty Oak.



NHS

South Central
Ambulance Service
NHS Foundation Trust

Flood Risk

- Exercise Blue Nimbus to test the flood response across the Thames Valley and Hampshire in October 2023 (Strategic and Tactical)
- Met office warnings to provide SCAS with early outlook of flood risk including EA flood warnings.



NHS

**South Central
Ambulance Service**
NHS Foundation Trust

Plans



23/24

- Reflects changes to NHS structure, guidance and legislation.
- Flexibility
- Assurance to partners.
- Scalable
- Considerations including use of other emergency services, voluntary agencies to support.
- Demand Modelling
- Staff Forecasting
- Increase use of technology to warn and inform staff.
- Appropriate Care Pathways



**WINTER RESILIENCE
OPERATIONAL PLAN
2022/2023**



To be read in conjunction with SCAS Strategic Winter Capacity Plan

South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road,
Bicester, Oxfordshire, OX26 6HR

OFFICIAL

1

**WINTER RESILIENCE
WINTER CAPACITY STRATEGY
2022/2023**



South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road,
Bicester, Oxfordshire, OX26 6HR

OFFICIAL

1



NHS

South Central
Ambulance Service
NHS Foundation Trust

Page 238



Industrial Action

- Continuation of potential Industrial Action from other health providers.
 - BMA



NHS

**South Central
Ambulance Service**
NHS Foundation Trust

Thank you

This page is intentionally left blank

Primary care access update

January 2024

Context

1. This report provides an update on access to GP services across Hampshire.
2. There are three types of contract used for primary care in England. 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. 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.
3. 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.
4. Workforce remains a significant challenge for primary care locally and nationally. Although GP numbers remain relatively stable, the number of partners has decreased and the increase in demand has put significant pressure on all clinicians. Hampshire and Isle of Wight has undertaken a good deal of work relating to the recruitment and retention of additional primary care roles, as noted within this report.

Appointments and access

5. 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 on the next page shows the number of GP appointments, and appointment type, from January to October 2023 for practices across the Hampshire and Isle of Wight Integrated Care Board area.
6. The data shows stabilisation in primary care across the year. In October 2023 we saw the highest number of GP appointments for one single month of the year to date, with over 1 million appointments, supporting an overall population of 1.9 million people. Throughout the year approximately 64% of appointments have been face to face, and around 40% of all appointments being on the same day. The data also shows GP practices utilising a wide range of clinical professionals to support as many patients as possible.
7. 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.

GP appointment data: January - October 2023

| Month | Total appointments | Face to Face | Home Visit | Telephone | Video or online | GP | Other healthcare professional | Same day appointments |
|----------------|--------------------|---------------------|-------------------|---------------------|-------------------|---------------------|-------------------------------|-----------------------|
| January 2023 | 932,346 | 598,392 (64.2%) | 7,453 (0.8%) | 296,046 (31.8%) | 7,865 (0.8%) | 440,524 (47.3%) | 466,912 (50.1%) | 423,943 (45.5%) |
| February 2023 | 862,765 | 556,185 (64.5%) | 7,174 (0.8%) | 272,579 (31.6%) | 7,383 (0.9%) | 406,962 (47.2%) | 433,942 (50.3%) | 374,550 (43.4%) |
| March 2023 | 990,958 | 643,166 (64.9%) | 8,276 (0.8%) | 317,038 (32%) | 8,603 (0.9%) | 471,612 (48%) | 494,467 (49.9%) | 421,513 (42.5%) |
| April 2023 | 765,355 | 499,587 (65.3%) | 6,707 (0.9%) | 237,404 (31%) | 4,513 (0.6%) | 347,844 (45.5%) | 397,209 (51.9%) | 330,070 (43.1%) |
| May 2023 | 874,976 | 571,699 (65.3%) | 7,889 (0.9%) | 269,648 (30.8%) | 6,804 (0.8%) | 407,011 (46.6%) | 448,437 (51.2%) | 371,930 (42.6%) |
| June 2023 | 923,429 | 593,497 (64.27%) | 8,470 (0.92%) | 285,452 (30.91%) | 11,666 (1.26%) | 428,451 (46.40%) | 476,605 (51.61%) | 387,658 (41.98%) |
| July 2023 | 875,376 | 554,153 (63.3%) | 8,147 (0.93%) | 278,012 (31.76%) | 13,921 (1.59%) | 397,763 (45.44%) | 460,467 (52.6%) | 372,970 (42.61%) |
| August 2023 | 896,554 | 561,324 (62.6%) | 8,886 (0.99%) | 289,024 (32.24%) | 15,473 (1.73%) | 404,665 (45.14%) | 473,699 (52.84%) | 382,688 (42.68%) |
| September 2023 | 982,480 | 643,619 (65.5%) | 9,580 (0.98%) | 284,191 (28.93%) | 18,240 (1.86%) | 431,016 (43.87%) | 531,232 (54.07%) | 379,231 (38.6%) |
| October 2023 | 1,030,555 | 718,562 (69.73%) | 11,168 (1.08%) | 303,486 (29.44%) | 24,813 (2.41%) | 466,066 (45.22%) | 600,625 (58.28%) | 415,463 (40.29%) |

Supporting GP services and improving patient access

8. In May 2023 the government published its recovery plan for primary care, launched by the Prime Minister in a visit to Southampton. The plan sets out four key areas to support recovery:
 - 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.

9. This is steered by two central ambitions, set nationally:
 - To tackle the 8am rush – meaning patients should be able to not only contact their practice easily but be able to book an appointment (not necessarily on the same day as when they ring) when they ask for it.
 - For patients to know on the day they contact their practice how their request will be managed. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks. Where appropriate, patients will be signposted to self-care or other local services.

10. Locally we have been putting this plan into action, building on the already strong work our Primary Care Networks (PCNs) have started.

11. We have expanded our Additional Roles Reimbursement Scheme (ARRS) roles by recruiting an additional 219 people across Hampshire and Isle of Wight. Roles include health and wellbeing coaches, pharmacists, pharmacy technicians, paramedics and first contact physiotherapists, all working in GP practices to help people get support from the most appropriate professional first time round.

12. To support our clinicians to focus as much time as possible on frontline, senior clinicians across our Integrated Care System have agreed a set of principles to improve patient care and reduce bureaucracy. This includes improving the connections between GPs working in our local practices and consultants working in our acute hospitals. Last year the Integrated Care Board established a steering group focused on improving communication and reducing duplication across primary and secondary care.

13. Staff working in PCNs have been undertaking care navigator training and digital transformation training to ensure their skills are refreshed/updated to help support patients with more rounded care, improving the wider health and wellbeing of our population.
14. A main area of concern expressed by patients is difficulties in getting through to their GP practice by telephone. GP practices, as small enterprises, have faced challenges in providing a telephone system which can handle the increased number of people requiring support. Following this, all practices now offer cloud-based telephony which has improved patient experience when waiting to speak to their clinician. A programme of updating systems for some of our early adopter sites next year will further improve patient experience.
15. 111 non-clinical direct booking has been implemented across Hampshire with General Practice enabling direct booking into their triage arrangements via non clinicians within 111. The implementation of the APEX demand and capacity tool has rolled out, with practices being asked to review frequent attenders and implement a proactive care plan to reduce this type of demand.
16. GP practices have played a key part in supporting our patients to be 'winter strong', delivering COVID-19 and flu vaccination in addition to providing urgent and routine appointments. In Hampshire and Isle of Wight, almost 500,000 COVID vaccinations have been given since the programme began in September 2023. This includes the work by GP practices to vaccinate local care home residents.
17. We are working to ensure the NHS locally is maximising the opportunities that the NHS App and online access provides. By doing so, we are freeing up capacity for those patients who cannot access online services, who are often the most vulnerable in our population.

Next steps

18. A more modern general practice model will improve patient experience and access to GP services as well as expand access to additional services and roles across primary care. Over the coming months we will be working towards this, improving continuity of care and doing more to release GP time to focus on frontline care and managing the most complex. We will keep the committee updated on our progress.

This page is intentionally left blank

Strategic review of primary care networks in North Hampshire

January 2024

Summary

1. This paper has been put together to update on the current situation around primary care (GP services) and resilience in North Hampshire, specifically with a focus on Basingstoke as requested by members.
2. Included within the paper is an update on appointment data, workforce and infrastructure improvements, alongside plans to increase the resilience of primary care in the area. This builds on the strategic review previously carried out around primary care networks in North Hampshire and describes how NHS Hampshire and Isle of Wight Integrated Care Board and partner organisations are working together to continue improving the situation.

Background

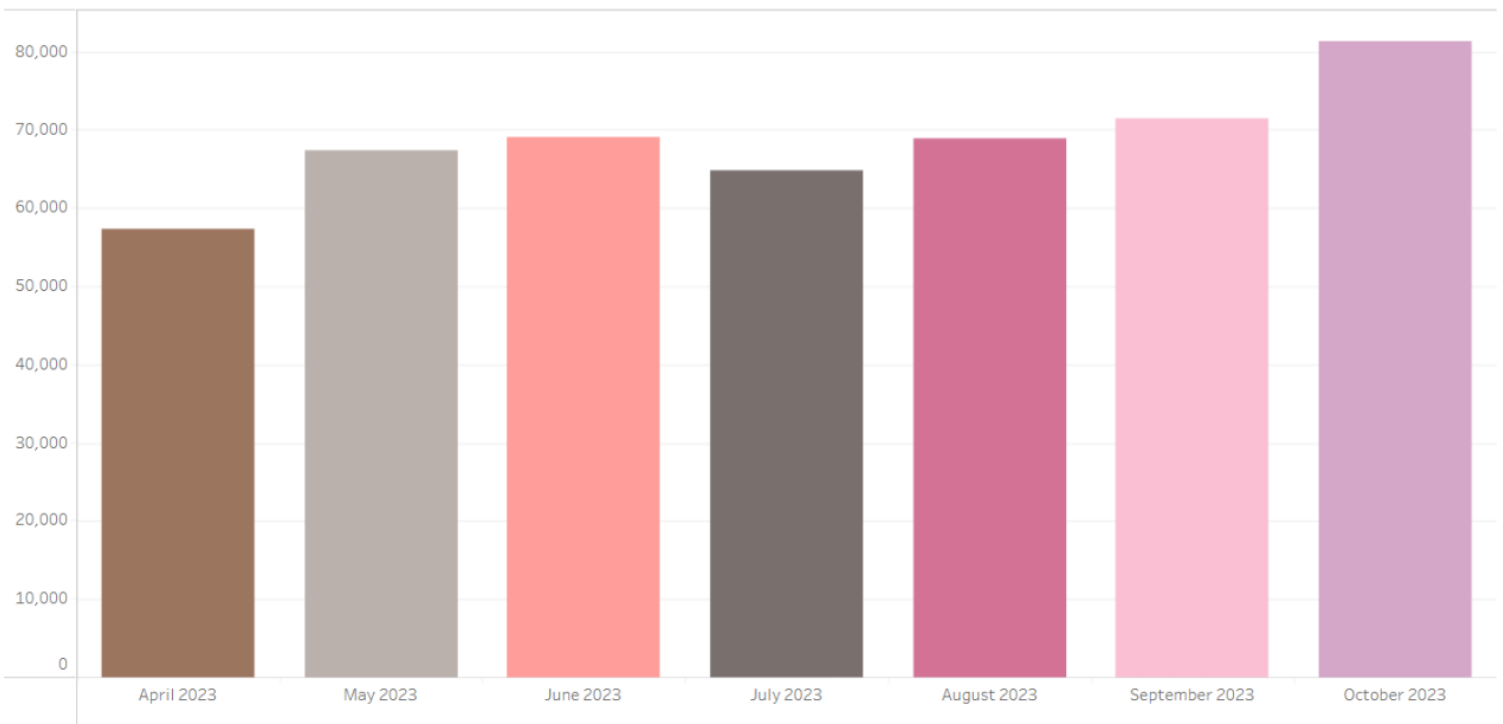
3. Primary care access across Hampshire and Isle of Wight has been steadily increasing since the summer of 2020 with the number of GP appointments booked in October 2023 exceeding one million (60,000 more appointments than provided in the same month of the previous year). This rise is also reflected in the data for Basingstoke. Face-to-face appointments have also been increasing since the summer of 2020, averaging at 66% of all appointments provided across Hampshire and the Isle of Wight in October 2023.
4. A strategic review of primary care networks for North Hampshire was undertaken in 2021 and was completed in the summer of 2022. The purpose of this review was to provide a strategic vision for the delivery of primary care in Basingstoke and was in specific response to the potential risk to future delivery of primary care for those communities.
5. This review also coincided with the Fuller Stocktake¹. The Fuller Stocktake was a review by NHS England that set out a vision to improve access, experience and outcomes for people and communities, led by Professor Claire Fuller, a GP and then chief executive of the Surrey Heartlands Integrated Care System and currently NHS England's Medical Director of Primary Care.
6. In May 2023 the government also published its recovery plan for primary care², launched by the Prime Minister in a visit to Southampton. The plan has two central ambitions, set nationally:
 - To tackle the 8am rush – meaning patients should be able to not only contact their practice easily but be able to book an appointment (not necessarily on the same day as when they ring) when they ask for it.
 - For patients to know on the day they contact their practice how their request will be managed. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate. If their need is not urgent, but it requires a telephone or

face-to-face appointment, this should be scheduled within two weeks. Where appropriate, patients will be signposted to self-care or other local services.

Progress since the strategic review

7. This section provides an update on improvements to primary care access and experience in the Basingstoke area since the strategic review and the publication of the Fuller Stocktake and the national Primary Care Access Recovery Plan.
8. As detailed in the paragraphs above, the current accessibility of primary care in Basingstoke continues to increase at a steady rate. The graph below illustrates the total number of appointments undertaken by all clinician types across the seven Basingstoke GP practices across a seven-month period from April to October 2023.
9. There was a decrease in demand in April 2023 due to Easter Holidays. The total number of appointments reported for October was 81,313, which is an increase from 71,493 in September 2023, and reflects the additional pressure that winter places on practices.
10. The appointment data below does not reflect the differing proportions of urgent versus routine demand on practices. At individual practice level, numbers vary based upon the staffing models, size of practice, the patient demographic and ways in which the appointment data is mapped.

Appointments by Month (Time Series)





11. During the period there has been a significant increase in additional roles in primary care in the area employed under the NHS Additional Roles Reimbursement Scheme (ARRS). These are additional clinical and non-clinical staff that work in practices alongside GPs and nurses to help people get support from the most appropriate professional first-time round. These include Health & Wellbeing Coaches, Clinical Pharmacists, Pharmacy Technicians, Paramedics and First Contact Physiotherapists. For some roles specific training is required and has been carried out, for example, Care Navigation training. Across Basingstoke PCNs there are additional staff across the 15 different ARRS role types employed, equating to 100.9 WTE (1.0 WTE = 37.5 hours per week) working approximately 3,783.75 hours per week. The most frequently employed additional roles are Clinical Pharmacists and Care Coordinators. Please see the summary below:

12. The initial primary care review identified concern expressed by patients in getting through to their practice by telephone. All practices in Basingstoke have now had upgrades to Cloud Based Telephony, thus improving the ability to get through on the phone and reducing the 8am rush. PCNs noted in their Capacity and Access Improvement Plans the intention to review telephone call data in order to reduce call waiting times and call abandonment rates.

13. Practices across the Basingstoke PCNs are currently delivering Additional Same Day Urgent Capacity to support the system winter pressures. Collectively they are offering an additional 244 appointments per week.

14. There are currently six Practices in Basingstoke who have been approved for Transition Support Funding, which is set up to support practices with implementing plans to move to a Modern Day General Practice Access Model – this forms part of the delivery plan for recovering access to primary care. Plans are still being submitted for review and approval and we expect the number of successful plans supported by this funding to increase. A summary of currently approved bids is below:
 - **Odiham Health Centre** – to move to a same day triage model. Improve utilisation of cloud-based telephony, including regular reviews of the reporting data.
 - **Clift Surgery** – to move to a same day access service where one GP and one Advanced Nurse Practitioner (ANP) will call patients back that need to speak to a GP that day. The other GPs will have a mixture of routine telephone, routine face to face, on the day face to face (from same day access patient list that need to be seen but can also be booked by reception) and appointments for Econsults on each session.
 - **Whitewater Health** – to integrate the ANP, nursing, ARRS and GP teams to a sustainable and communicative appointment system managed by a daily clinical lead.
 - **Crown Heights Surgery** – to implement a total triage model which will include fully utilising ARRS roles, and operational working methods.
 - **Watership Down Health** – to move to a total patient triage model. Moving to this new model of triage will ensure patients who contact the practice requesting an urgent appointment, can be allocated to the right appointment with the most appropriate health care professional.
 - **Shakespeare Road Medical Practice** – to implement an improved access model.

15. As part of the Integrated Care Board's Demand & Capacity scheme, practices were required to review frequent attenders and complete and submit an audit review, in order to better inform the advance planning of capacity aligned to predicted demand at a Primary Care Network level. All Basingstoke Practices participated in this audit, and it identified some common patient conditions within this cohort, that has supported them to better proactively manage these patients. These themes included:

- Mental Health
- Elderly and Frailty
- Palliative care
- End of Life (EOL) care
- Care home contacts
- Complex and Chronic conditions
- Leg ulcer / wound management

16. As part of the Capacity and Access Improvement Plans, Basingstoke PCNs are working to improve several areas including:

- Reducing patient 'Did Not Attend' (DNA) rates via various means. Some of the proactive steps being taken include, but are not limited to, reviewing demand and capacity data to identify trends and patterns to better target this cohort, introduce proactive e-messaging to patients and making it easier for patients to cancel appointments.
- Review and increase uptake of the national Friends and Family Test (FFT) surveys to improve patient experience.
- Website Access – the ICB has carried out a Practice website Benchmarking Tool Audit on all practices in Hampshire and the Isle of Wight to help improve accessibility and sign-posting to services for patients.

Next steps

17. Considerable progress has been made since the initial North Hampshire review. In light of this, and the ongoing requirements to deliver to the Primary Care Access Recovery Plans and recommendations of the Fuller Stocktake, primary and community care leaders in Basingstoke are now in discussion about the concept of integrated neighbourhood teams and improved access, which is a core element of both documents.

18. These integrated neighbourhood teams would support practices within the town centre to increase resilience by bringing together multidisciplinary teams to address the three main areas of primary and local care delivery, which are urgent, chronic and preventative care. Other ambitions exist for these teams including to improve access, enhance primary care resilience, address health inequalities and support greater ability to manage the growing population demand in the Basingstoke and Deane area. The ICB is currently in dialogue with Basingstoke and Deane Borough Council around the future of primary care across the borough, including the setup of integrated neighbourhood teams.

19. It should also be noted that the Modernising our Hospitals and Health Services (MOHHS) plans for a new hospital in North Hampshire launched a consultation on 30 November 2023, which remains open. These plans add further opportunity to enhance the emerging primary care strategy.

20. This work is in its early stages and further updates can be provided later in 2024.



¹ [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

² [NHS England » Delivery plan for recovering access to primary care](#)

This page is intentionally left blank

Progress of the Whitehill and Bordon Health Hub

January 2024

Background

1. Hampshire & Isle of Wight Integrated Care Board (ICB) is working with the Whitehill & Bordon Regeneration Company (WBRC), East Hampshire District Council (EHDC), NHS providers and other partners on the creation of a new Health Hub at Whitehill & Bordon.
2. 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

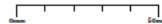
3. Since our last update in June 2023 to HASC partners the following progress has been made by organisations involved in the progress the health hub facility. These include:
 - Completion of the public consultation events to understand the views and expectations of residents, relating to the relocation of the Forest Surgery and Health hub regular WBRC Q&A sessions remain in place.
 - Progression of the detailed design for the facility which includes securing a facility which meets NHS Design Codes and BREEAM Excellent standards.
 - Southern Health NHS Foundation Trust (SHFT) have agreed Heads of Terms for the Trust occupation in the Health Hub.
 - Forest Surgery have also agreed Heads of Terms which will form the basis for their occupation of the site and next steps agreement to lease.
 - EHDC have progressed the regeneration grant funding with the Defence Infrastructure organisation.
 - The planning application for the Health Hub was submitted in December 2023 to EHDC for consideration.

Health Hub Design

4. Images of the Health Hub building have been created which show the facility in the new town centre setting. The health services will be provided over two floors lower ground and ground floors. The lower ground floor will house most of the Primary care services with the pharmacy and the ground floor will house most of the Community services.
5. The following images show the hub in the context of the town centre and surrounding infrastructure:



RESPONSIBILITY IS NOT ACCEPTED FOR ERRORS MADE BY OTHERS FROM SCANNING FROM THIS DRAWING. ALL CONSTRUCTION INFORMATION SHOULD BE TAKEN FROM PLOTTED AND ISSUED DRAWING.



| STATUS | REVISION | DATE | DESCRIPTION |
|--------|----------|------------|---------------------|
| R | | 05.12.2023 | Issued for Planning |



Block H - Street View - Town Square

STRIDE TREGLOWN

CGI VIEWS (SHEET 3)
PROJECT: BLOCK H, BORDON
CLIENT: WHITFIELD & BORDON REGENERATION COMPANY

REVISED BY: CI
CHECKED BY: ME
ORIGINATOR NO: 154964

SUITABILITY STATUS: PL / PLANNING
SCALE: 1:1000

PROJECT ORIGINATOR: JUNE 2016 - 19th FLOOR CLASSIFICATION NUMBER
154964-STP-062 - CGI VIEWS (SHEET 3)
REVISIONS:
© Stride Tregrown Limited 2023

Image 1 – health hub from parade square showing ground floor and steps to lower ground floor

RESPONSIBILITY IS NOT ACCEPTED FOR ERRORS MADE BY OTHERS FROM SCANNING FROM THIS DRAWING. ALL CONSTRUCTION INFORMATION SHOULD BE TAKEN FROM PLOTTED AND ISSUED DRAWING.



| STATUS | REVISION | DATE | DESCRIPTION |
|--------|----------|------------|---------------------|
| R | | 05.12.2023 | Issued for Planning |



Block H - Street View - Havannah Way

STRIDE TREGLOWN

CGI VIEWS (SHEET 2)
PROJECT: BLOCK H, BORDON
CLIENT: WHITFIELD & BORDON REGENERATION COMPANY

REVISED BY: CI
CHECKED BY: ME
ORIGINATOR NO: 154964

SUITABILITY STATUS: PL / PLANNING
SCALE: 1:1000

PROJECT ORIGINATOR: JUNE 2016 - 19th FLOOR CLASSIFICATION NUMBER
154964-STP-061 - CGI VIEWS (SHEET 2)
REVISIONS:
© Stride Tregrown Limited 2023

Image 2 – Lower ground floor showing the area designated for a mobile health screening unit as parking bays when not in use.

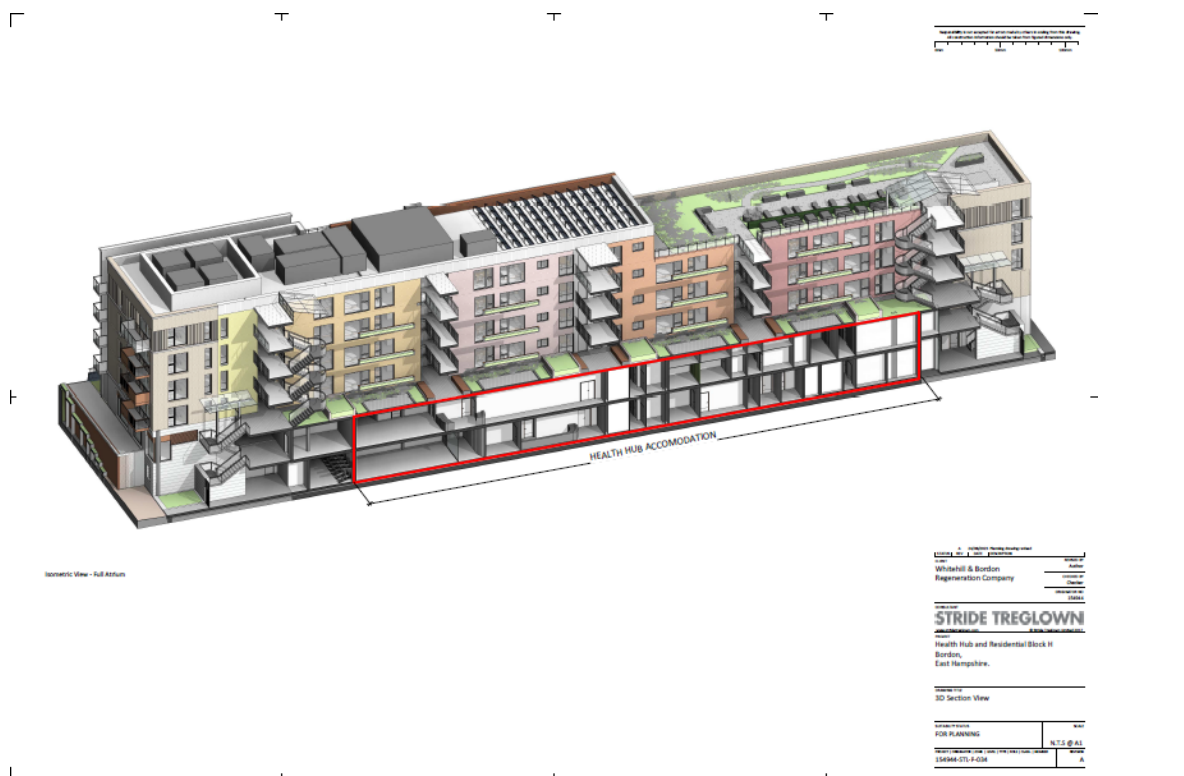


Image 3 – Health Hub accommodation in the context of the block with residential dwellings.



Image 4 - Internal plans – ground and lower Ground floors

Image 5 & 6 – internal layout showing accommodation for tenants.



Image 5 - Lower Ground floor Primary care accommodation - Primary care shown in Green, Pharmacy space in pink. Community and sessional space is shown in blue



Image 6 – Ground floor Community Services accommodation – Community Services shown in Blue. Primary care shown in Green and (not yet confirmed) space for dental shown in purple.

Timeline for Delivery of the Health Hub

- All partners in the health hub remain committed to the delivery of the facility however the delay in the submission of the planning application can no longer be mitigated within the programme for delivery and is reflected in the milestone plan below:

| Milestone | Date |
|--|-----------------------------|
| Planning application submission | Dec 2023 |
| Planning application determination | May 2024 |
| Procurement 4 months | April 2024 – September 2024 |
| Construction – early 24 if planning consent granted. | October 24 to March 2026 |
| Tenant fit out, familiarisation and Operationalisation | Q1 2026 |
| Occupation | Easter 2026 (Q2) |

Next steps

7. Approval of the planning application for the health hub is the next critical milestone in the development of the health hub, although WBRC has agreed a 16 week service level agreement with EHDC, the planning authority. Realistically the approvals process has been taking significantly longer due to coordination of responses from all statutory consultees and is reflected in the updated timeline.
8. The project group continues to meet and monitor activity against milestones monthly to ensure all partners remain fully engaged in the development process.

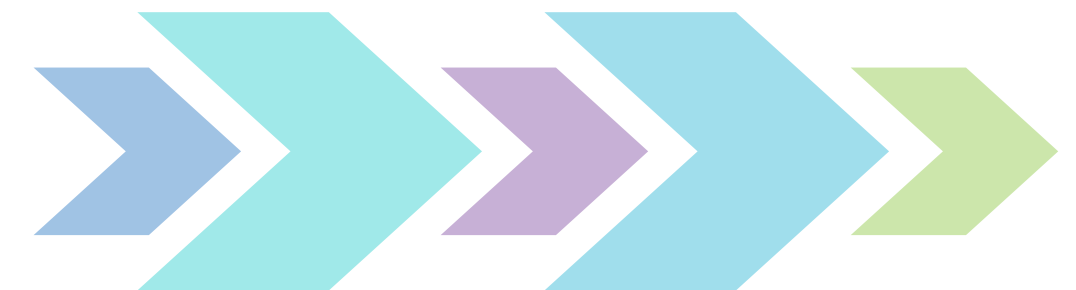
This page is intentionally left blank

HAMPSHIRE HOSPITALS

MATERNITY COQ

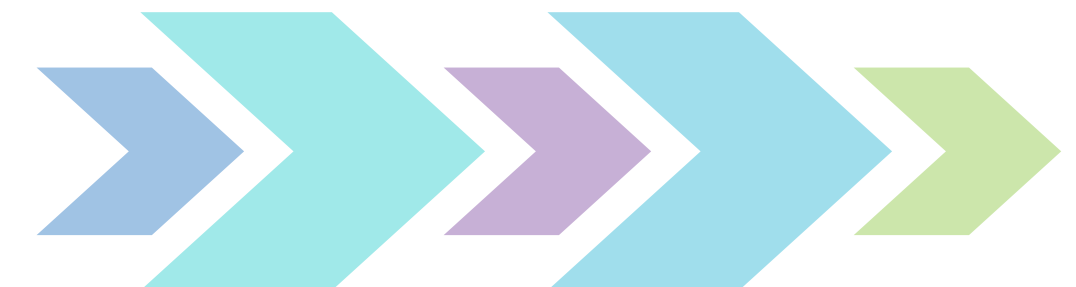
HASC MEETING

January 2024



CONTENTS SUMMARY

- Review of CQC actions
- Progress in sustaining improvement (Sepsis, Education, Appraisals, Domestic Abuse screening)
- Safe Staffing
- Monitoring Red Flags
- Key Performance Indicators
- Quality Improvement Culture
- Embedding and Sustaining Improvement
- Learning from Events
- Listening to Patients and Staff
- Equity and Equality
- Perinatal Culture and Leadership Survey
- Strategic Overview



Our last CQC inspection, 2 years ago in Nov 2021, advised a list of Must Do and Should Do actions. The only incomplete action relates to upgrading the aging estate. We continue to monitor performance against the other actions in our monthly maternity report.

MUST DO

- **Recognition and escalation of Sepsis pathways**
- **Environment and cleaning**
- **Emergency checks**
- **Security**
- **Domestic violence**
- **Call bell on DAU RHCH**
- **Red flag reporting and risk**
- **Learning from incidents**
- **Staffing levels**

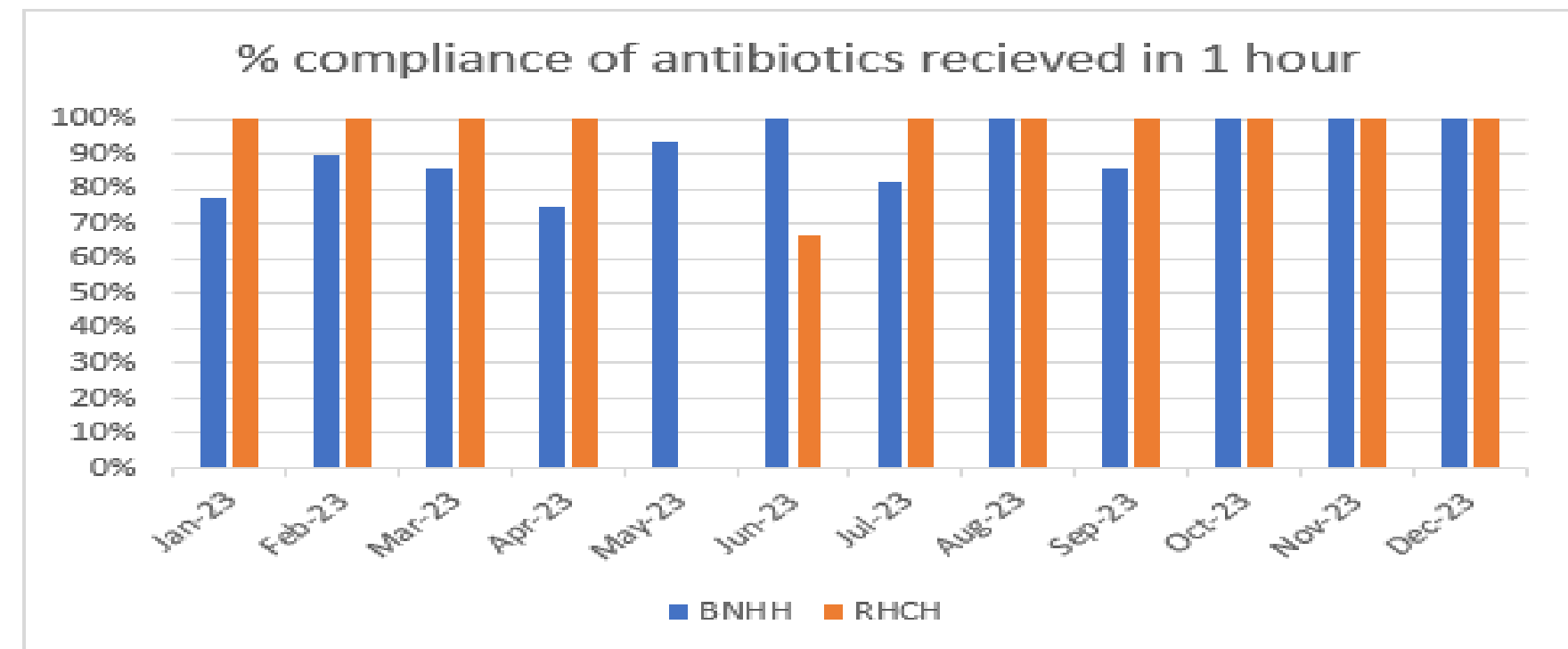
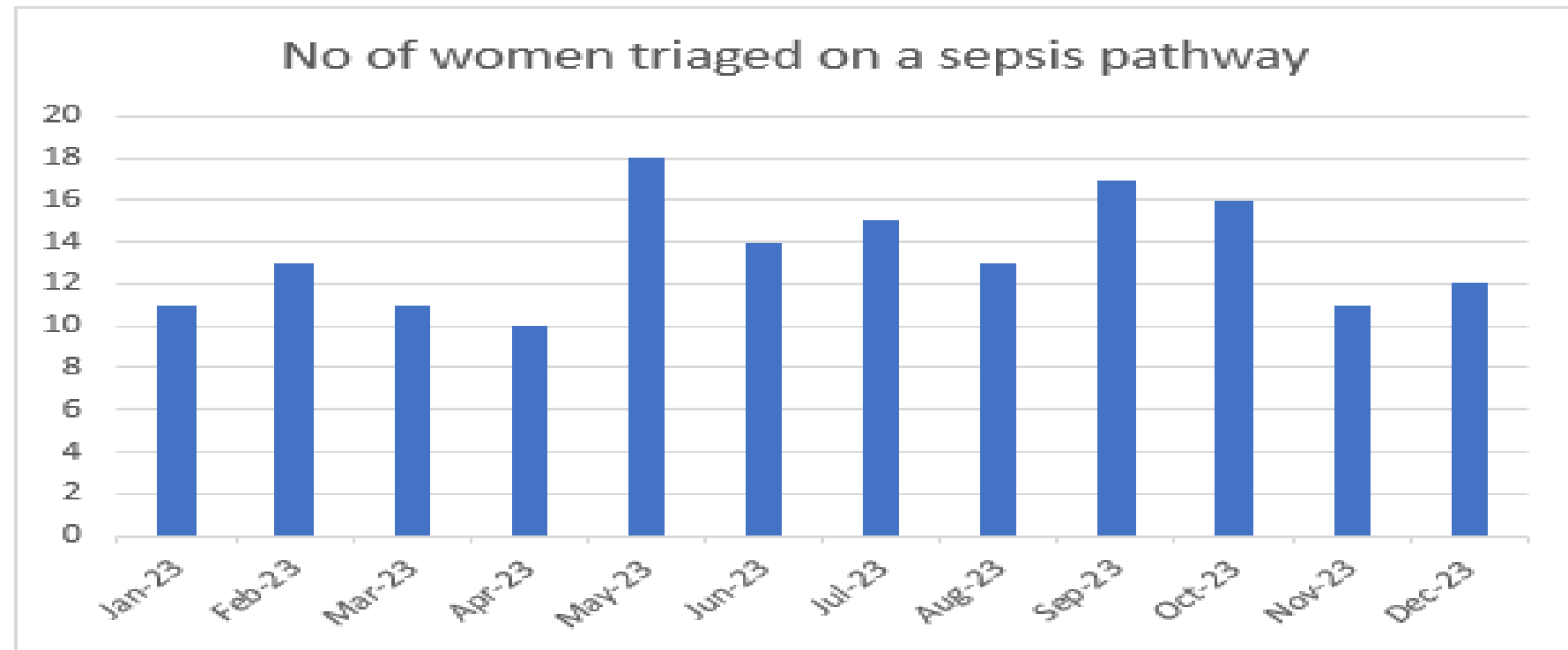
SHOULD DO

- **Covid risk - BAME**
- **Clinical guidelines**
- **Appraisal**
- **Mandatory and Statutory training competencies**



ACTIONS BEING MONITORED

COMPLIANCE WITH SEPSIS PATHWAY

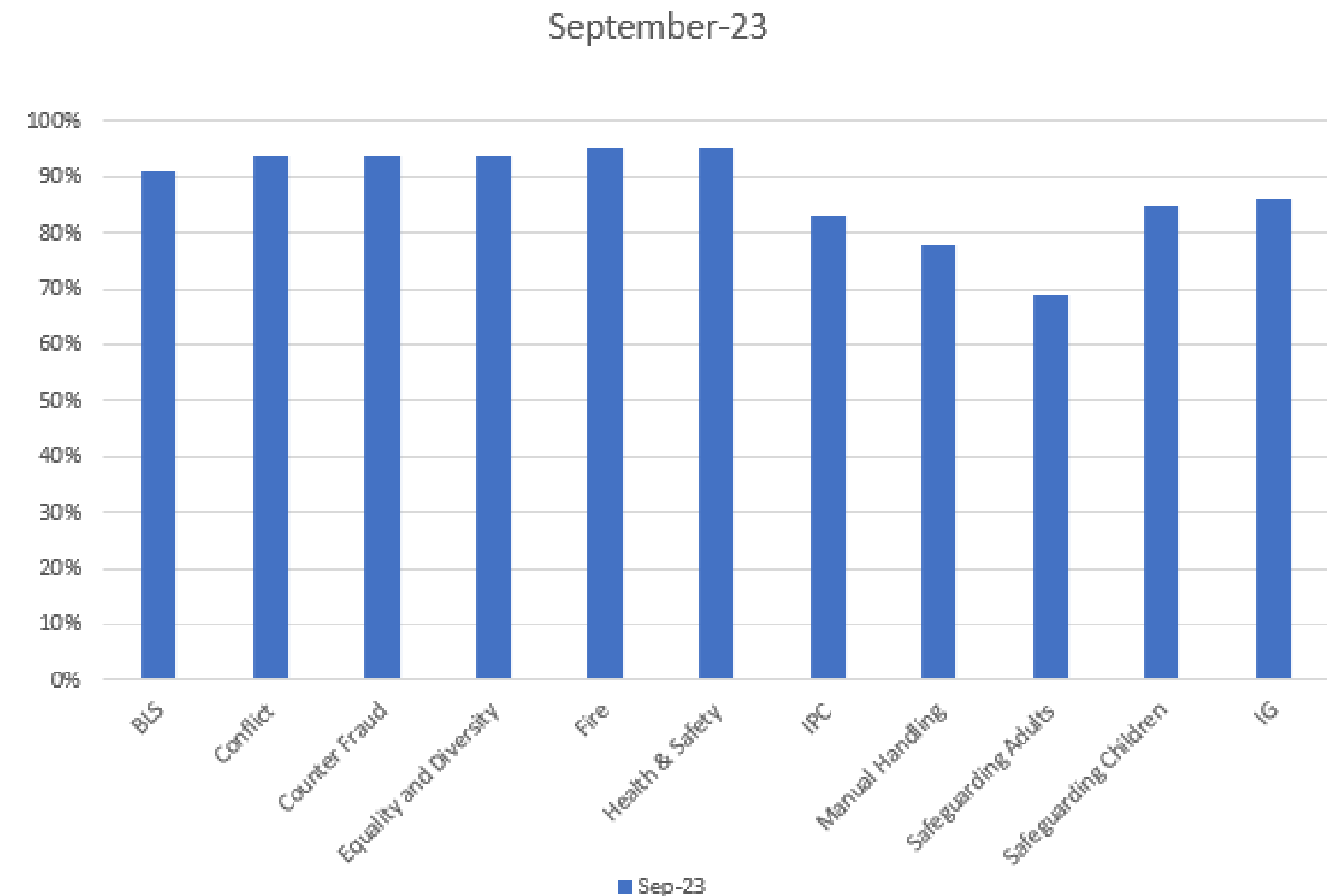


- All women received their antibiotics within 1.5 hours and it was clearly documented with a clinical reason why the antibiotic was not administered within 1 hour. The last 3 months show improvements.

ACTIONS BEING MONITORED

MANDATORY & STATUTORY EDUCATION

- **New Maternity Education policy which includes Training Needs Analysis in line with the National Core Competency Framework (CCF v2)**
- **Compliance with maternity specific mandatory training >90% for all staff groups.**
- **Additional training introduced to meet compliance with new CCFv2 modules.**
- **Education passports available for all staff groups.**



ACTIONS TO BE MONITORED

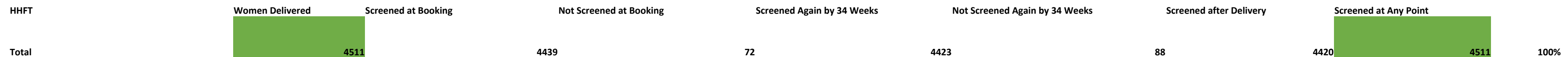


Hampshire Hospitals
NHS Foundation Trust

DOMESTIC ABUSE SCREENING

- In 2023 5336 birthing people booked to receive maternity care at HHFT.
- **100%** were asked at least once about domestic abuse.
- We have enhanced the opportunities to ask about domestic violence to our women multiple times during their pregnancy
- We have provided additional training for all community staff from the domestic abuse advocates within the trust to support these conversations regularly

Page 266



In October 2022 we carried out a pilot whereby we dedicated 5 minutes of time at the end of every antenatal appointment for women only to ask about domestic abuse. During this time 95% of this caseload had been asked.

There was no increase in disclosure and women’s feedback to us was that they appreciated this time with their midwife. We have been nominated for awards Regionally and Nationally for this innovation.

ESTATES IMPROVEMENTS

- **Newly decorated rooms and corridors**
- **Roof repairs – completed at Basingstoke May 2023.**
- **Swipe access doors placed on theatres, drug cupboards and sluices**
- **Maternity ultrasound in new diagnostics centre at Andover**
- **New call bell system at Basingstoke & Winchester.**
- **Theatre upgrade completed in Basingstoke.**
- **Funding approved for theatre upgrade in Winchester.**



ACTIONS TO BE MONITORED

RED FLAG REPORTING

RED FLAGS CRITERIA - DATIX REPORTING

- Delay of 2 hours or more between admission for IOL or EL CS and beginning
- Midwife unable to provide 1:1 care in established labour
- Delay of 30mins or more between presentation & triage
- Unable to provide out of hospital birth
- Missed or delayed medication by more than 30 mins (inc intrapartum analgesia)
- Delayed or cancelled time critical activity
- Missed or delayed care for >60 mins eg washing/suturing
- No full clinical examination when presented in labour
- Delayed recognition & action on abnormal vital signs eg. signs of sepsis/urine output



THEMES AND ACTIONS FROM RED FLAGS:



- QI Project on delays in induction of labour, results shared with staff and maternity safety champions, and actions being implemented.
- Escalation policy rewritten and circulated to give confidence to staff to escalate when support required.
- More midwives recruited to homebirth team which has resulted in less cancellations of the service in 2023.
- Improved staffing has resulted in less delays overall and a reduction in complaints.

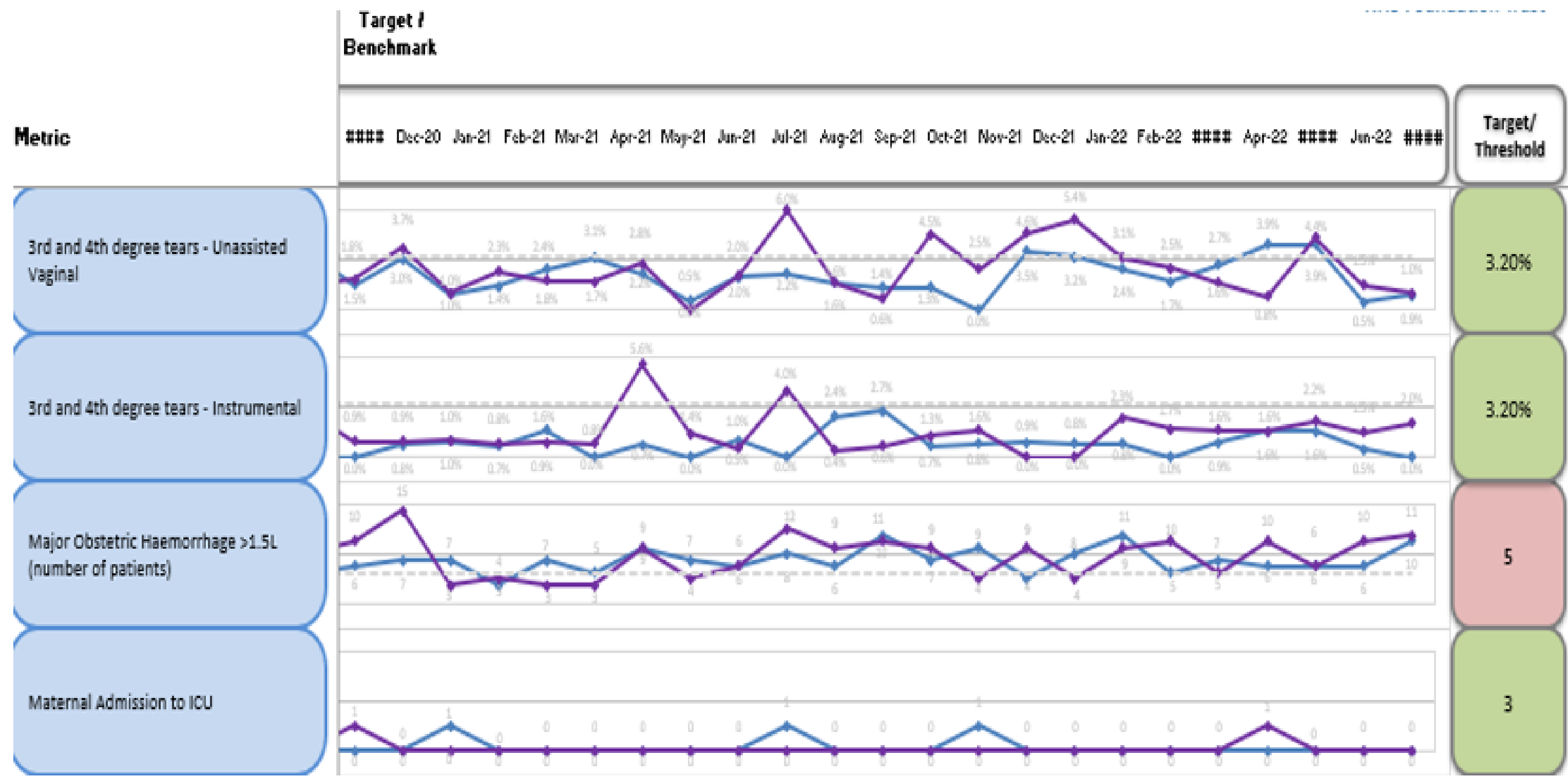


SUSTAINABLE IMPROVEMENT



Hampshire Hospitals
NHS Foundation Trust

Page 270



All improvements aligned to metrics so we can demonstrate the impact of actions we undertake.

QUALITY IMPROVEMENT



Hampshire Hospitals
NHS Foundation Trust



200+ Bronze trained staff
(starting point **9**)



26 Silver trained staff
(starting point **5**)



2 Gold trained coaches
(starting point **0**)

In 2022 & 2023 (to date) 45 QI projects were registered in maternity

Number that were
closed down

13

Themes for closure included: not being a QI project, project changed for an alternative project, no longer required, change in role or workload.

Number that have been
completed

5

Using IHI Scoring Matrix:
2 projects showed *modest improvement*
1 project showed *significant improvement*
2 projects showed *sustainable improvement*

QI projects are **currently live**

26

Number of projects currently '**on hold**'

1

This is due to restart shortly.

EMBEDDING & SUSTAINING >

- **One central maternity improvement plan**
- **Excellent patient experience**
- **Leadership – visibility and behaviours**
- **Culture of improvement and collaboration**
- **Education and training – development programme and learning from events and feedback.**
- **Service improvements based on Saving Babies Lives V3 implemented with ongoing monitoring of embedding change.**
- **Increased learning and development across maternity**
- **Environment – monitoring estate and IPC issues**
- **Excellent governance**



LEARNING FROM EVENTS

- Urgent safety messages and current operational status shared at twice daily safety huddles.
- Weekly safety bulletins from the maternity safety & quality team.
- Ensures learning from events is current and widely distributed amongst maternity staff
- PSIRF implementation live in Oct 2023. Panel reviews and PMRT based around family questions.



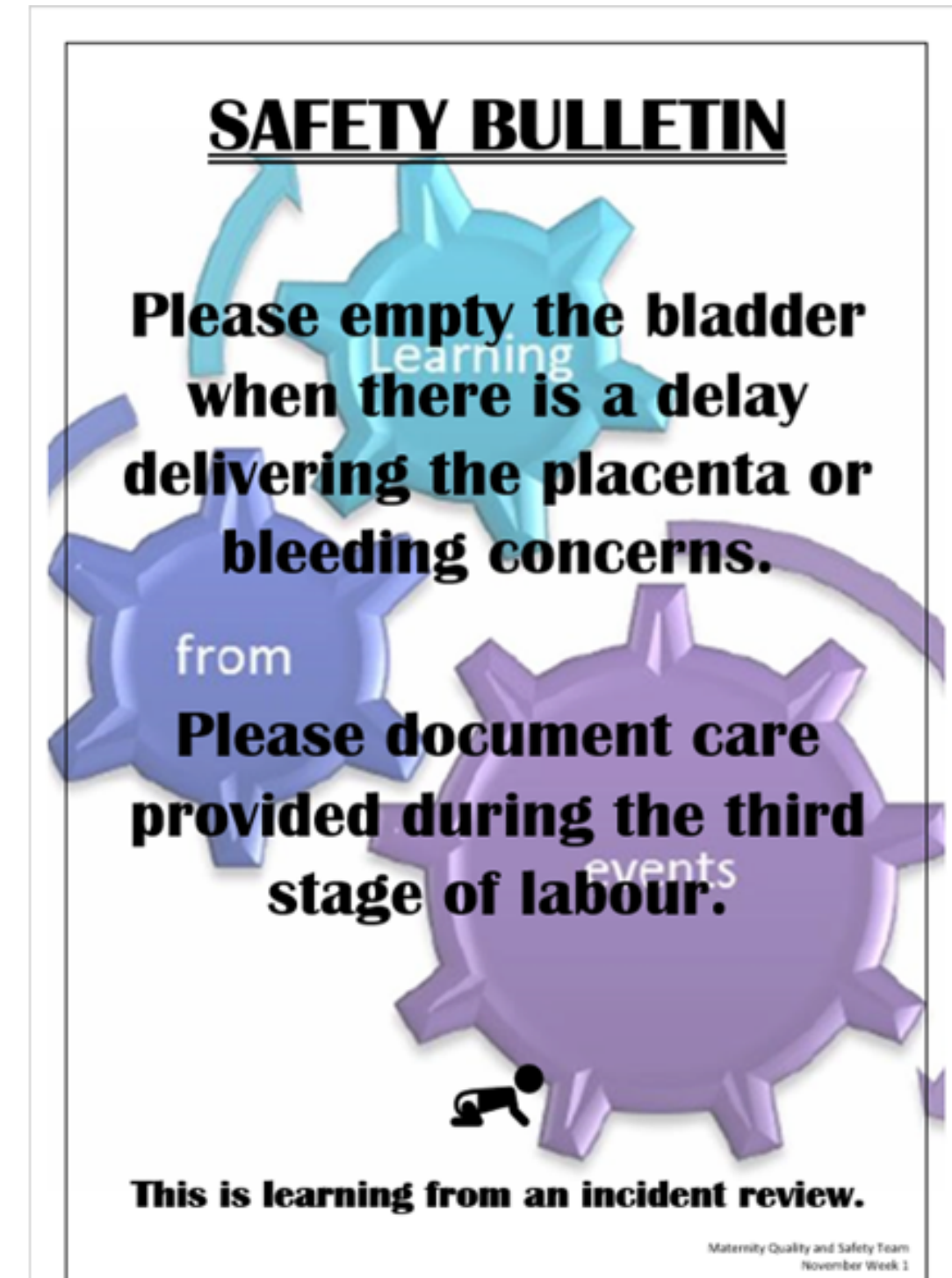
SAFETY BULLETIN

Please empty the bladder when there is a delay delivering the placenta or bleeding concerns.

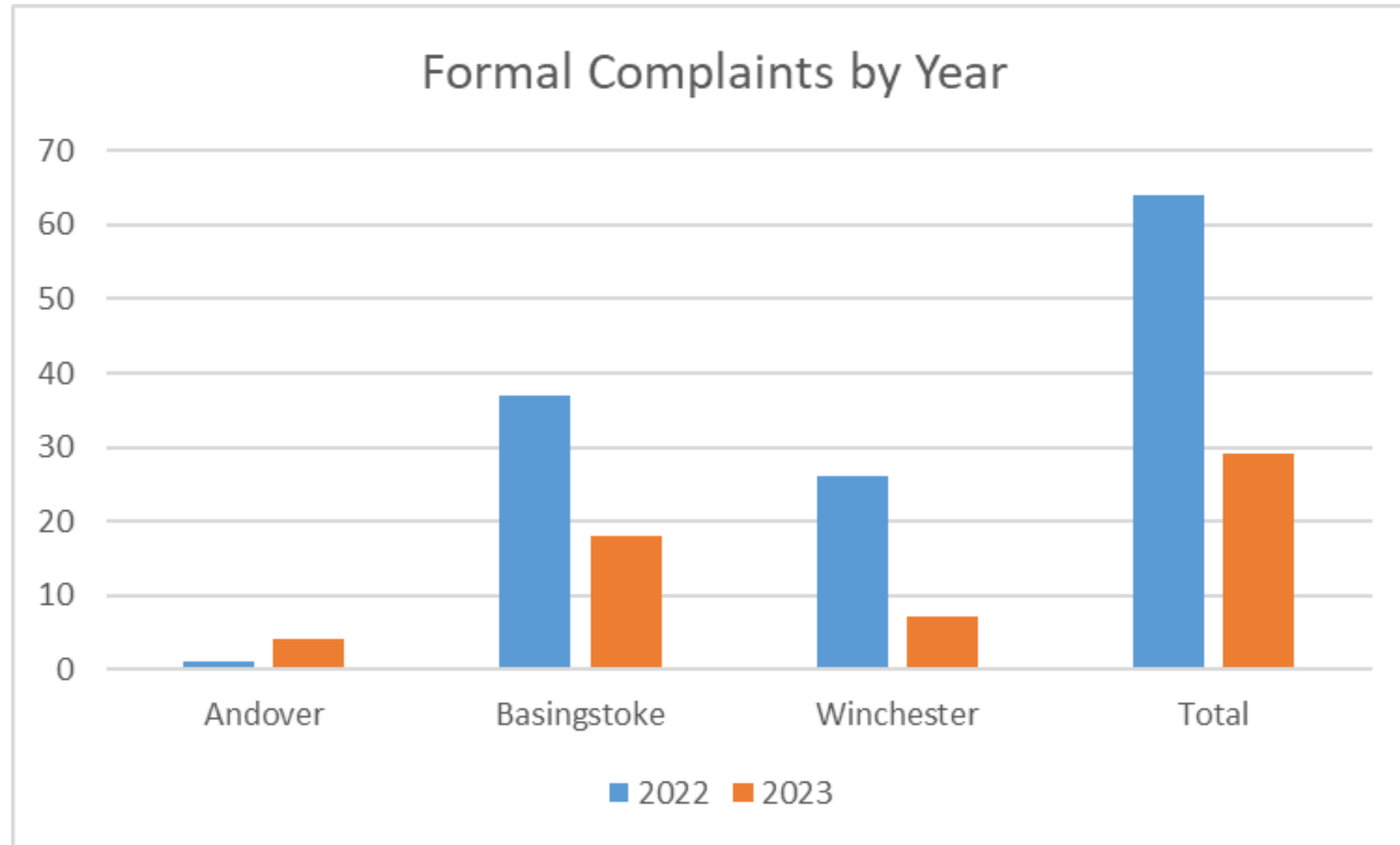
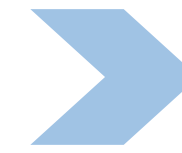
from **Please document care provided during the third stage of labour.**

This is learning from an incident review.

Maternity Quality and Safety Team
November Week 1



LISTENING TO PATIENTS



Page 274

Themes of Complaints:

Communication: being listened to, pain management, cohesion between systems.

Reduction in complaints relating to delays in care.

Plan to introduce 'Birth Rights' and Personalised Care training in 2024

FFT Fabulous



57% RESPONSE RATE

Royal Hampshire County Hospital

Maternity Dept

November 2023 family division winners



Friends and Family Test (Nov 2023)
Basingstoke 98% Positive
Winchester 97% Positive

FFT Fabulous



29% RESPONSE RATE

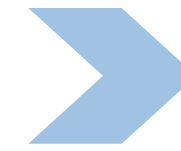
Basingstoke and North Hampshire Hospital

Maternity Services

November 2023 family division runner up



LISTENING TO STAFF



Hampshire Hospitals
NHS Foundation Trust



HHFT

PMA KPI Tracker

| | |
|------------------------|-------------------------------|
| MONTHLY TOTALS: | • Contacts made: 114 |
| | • Staff reached: Midwives: 68 |
| | Students: 30 |
| | Doctors: 10 |
| TOTAL: | MCA's: 4 |
| | RGN/Other: 2 |

2023

NOVEMBER

Restorative:

- 60 x Restorative Clinical Supervision (RCS) sessions facilitated this month: 37 x individual, x 2 group (27 staff).

QI:

- **COMPLETED:** Stay & Grow Conversation, shared with managers.
- PMA info for staff including QR code for booking RCS, shared with staff.
- **ONGOING:** Return from maternity leave.
- Time for Tea: encouraging staff to take breaks.
- Menopause.
- **NEW:** Information for new starters to the Trust via Padlet platform.

Normative:

- Cases: 38/40 Stillbirth. Team Safety Debrief facilitated, 8 staff attended.
- 8 x individual debriefs
- 3 x HSIB Interview support including pre-interview support.
- 2 x Revalidation
- 2 x Caring for Friends & Family conversations.

Formative:

- No MSW Culture workshop this month.
- MQuEST - Sharing The Learning (25 x midwives, 5 x doctors)
- PMA session for students (7 x students)
- Wellbeing Wednesday emails to all staff every week (400+ recipients)

EQUITY AND EQUALITY



Hampshire Hospitals
NHS Foundation Trust

- 2 continuity of carer teams evolving. 1 in Eastleigh and 1 in Basingstoke for vulnerable women and families
- Increased the number of leaflets in a variety of languages on Badgernet and our website
- Introduction of Maternity Voice Partnership Birth Equity group to listen to experiences of those from the global majority and allow these to influence service development.
- Modernising Our Hospital Health Services working group to include a variety of staff and service-users from ethnic background

Staff Development

- Cultural allyship training delivered by SimmComm
- Enhanced staff training and education with diagnosing jaundice in different skin colours
- Cultural focus displays for those countries that we are welcoming International Midwives
- Skin assessment form and pressure area damage information updated to reflect the changes in skin with colour
- Unconscious bias training session within PROMPT and mandatory to all staff

I've had my Covid 19 vaccine - have you?

- The vaccine is effective in preventing Covid-19 infection
- You cannot get Covid-19 from the vaccination
- It is safe in pregnancy
- You can have the vaccination at any stage of pregnancy
- It will always be free of charge

Contact your midwife or hospital to arrange an appointment

For more information see rcog.org.uk/covid-vaccine

NHS University Hospital Southampton NHS Foundation Trust | NHS Hampshire Hospitals NHS Foundation Trust | NHS Isle of Wight NHS Trust | NHS Portsmouth Hospitals University NHS Trust

Royal College of Obstetricians & Gynaecologists

NHS PERINATAL QUAD CULTURE & LEADERSHIP PROGRAMME

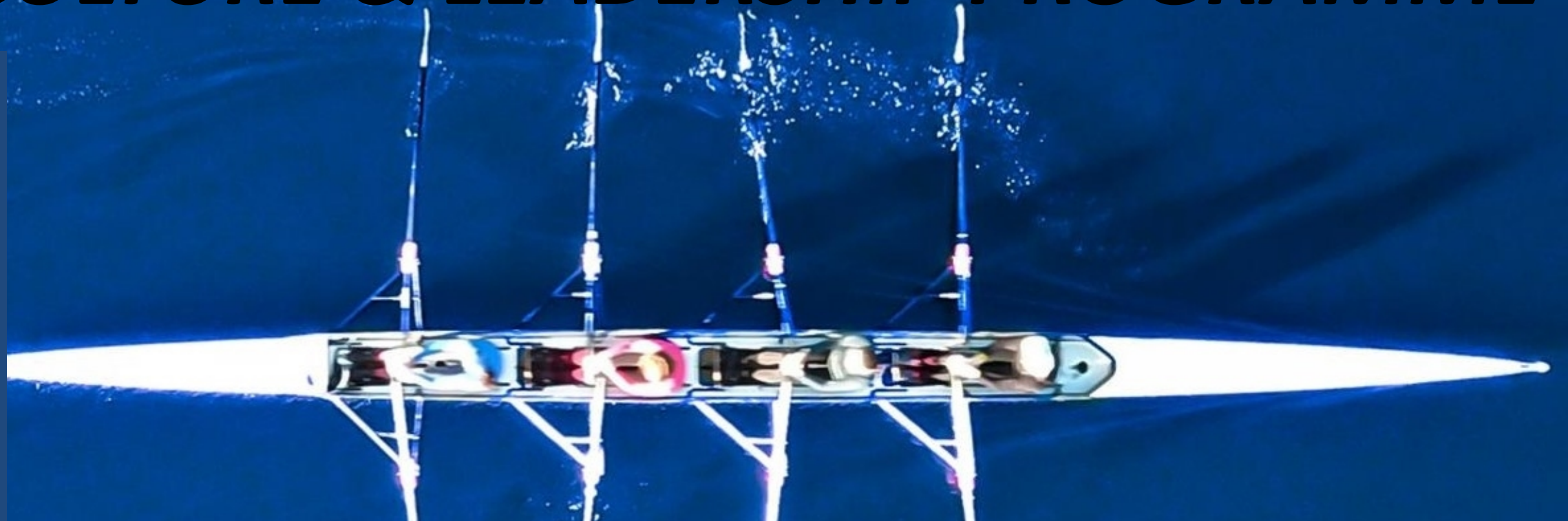
Survey Results

Strengths:

- *Workload is balanced and flexibility is high*
- *There's a no-blame culture – high levels of learning and improvement*
- *Errors are handled appropriately*
- *Staff knowledge is utilised*
- *Staff can ask questions*
- *Leaders are available and communicative*
- *People would be happy to be treated here as a patient*

Opportunities:

- *There is a perception that others are burnt out, but individuals feel okay*
- *There is a lack of performance-based feedback*
- *There can be a breakdown in communication between groups*
- *People are frustrated by technology*
- *There is a need to deal with difficult people*



Key aspirations for the service following staff evaluation of the Score Survey

- *An environment that feels open and inclusive, with a sense of belonging.*
- *People are well trained understand the need for and use BadgerNet properly.*
- *For people to have a clear perception of burnout and what it feels like. That there is a perception that people are working in a motivating climate*
- *A culture where people feel responsible for taking control of their own learning and development.*

STRATEGY IN ACTION



The Three-Year Delivery Plan for Maternity & Neonatal Services (NHSE 2023) by Theme:

Theme 1

Listening to and working with women and families with compassion

Theme 2

Supporting Our Workforce

Theme 3

Developing and Sustaining a culture of safety

Theme 4

Meeting and improving standards and structures

CQC Maternity Survey (Picker)
MIS YEAR 5
FFT Actions

MATERNITY TNA
STAFF
RETENTION

Perinatal Culture & Leadership Plan (OD&QI)

STAFF SURVEY
NETS survey
GMC SURVEY

SBL(V3)
ATAIN
PMRT

BFI Implementation
Pelvic Health Strategy
Specialist service strategy
Accessibility Plan
Equity Strategy

Maternity Education Policy
Workforce & Retention Strategy

Safety Champions
Communications Plan
Governance Strategy

CQC Actions
ANNB QA Plan
Maternity Audit Plan
Digital Strategy
Ward Accreditation

Outstanding Care for Everyone

A Great Place to Work

Working Together for Our Population

Innovating for a Sustainable Future

Best Use of Our Resources

HHFT Maternity strategy 2022-2028 - *A Journey to Achieve Our Vision, Together*

HAMPSHIRE COUNTY COUNCIL

Report

| | |
|---------------------|--|
| Committee: | Heath & Adult Social Care Select Committee |
| Date: | 16 January 2024 |
| Title: | Capital Programme for 2024/25 to 2026/27 |
| Report From: | Director of Adults Health & Care |

Contact name: Dave Cuerden

Email: Dave.cuerden@hants.gov.uk

Purpose of Report

1. For the Select Committee to pre-scrutinise the proposals for the Capital programme for 2024/25, 2025/26 and 2026/27 (see report attached, due to be considered at the decision day of the Executive Lead Member for Adult Social Care and Public Health.)

Recommendation

2. That the Select Committee:

Either:

Supports the recommendations being proposed to the Executive Lead Member for Adult Social Care and Public Health in of the attached report.

Or:

Agrees any alternative recommendations to the Executive Lead Member for Adult Social Care and Public Health with regards to the proposals set out in the attached report.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

| | |
|------------------------|--|
| Decision Maker: | Executive Lead Member for Adult Social Care and Public Health |
| Date: | 16 January 2024 |
| Title: | Capital Programme for 2024/25 to 2026/27 |
| Report From: | Director of Adults' Health and Care and Director of Corporate Operations |

Contact name: Graham Allen and Dave Cuerden

Email: graham.allen@hants.gov.uk
dave.cuerden@hants.gov.uk

Purpose of this Report

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

Recommendation(s)

To approve for submission to the Leader and Cabinet:

2. The proposed capital programme for 2024/25 and provisional capital programme for 2025/26 and 2026/27 as set out in Appendix 1 and the revised capital programme cash limit for 2023/24 as set out in Appendix 2 including the transfers between years and the carry forward of resources as set out in paragraph 16-18.

Executive Summary

3. This report seeks approval for submission to the Leader and Cabinet of the proposed capital programme for 2024/25 and provisional for 2025/26 to 2026/27.
4. The report has been prepared in consultation with the Executive Lead Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 6 February 2024 to make final recommendations to County Council on 22 February 2024.
5. The report considers the schemes which it is proposed to include in the capital programmes for 2024/25, 2025/26 and 2026/27 and also presents the revised programme for 2023/24.
6. The proposals contained in this report are derived from the departmental service plans which have been developed to support the priorities of the Strategic Plan.

Contextual information

7. The County Council has maintained its capital programme throughout the period of austerity, doing so by making use of external sources to fund a significant proportion of expenditure, supplemented by the use of capital receipts and the County Council's own revenue resources. Approximately 80% of expenditure was externally funded in 2022/23 with the remaining c.20% funded by capital receipts (12.5%) and other local resources (7.3%).
8. Where expenditure is funded from local resources, this impacts the revenue budget in one of three ways:
 - A reduction in existing reserves
 - Increased capital financing costs (e.g., interest and MRP) as a result of prudential borrowing
 - The need for direct contributions to schemes from the revenue budget
9. Any impact on the revenue budget is considered as part of the Medium Term Financial Strategy (MTFS) and alongside the priorities within *Serving Hampshire's Residents – Strategic Plan 2021 – 2025*. Given the challenging financial position the County Council faces, any revenue contributions to capital schemes must balance recognition of the importance of capital investment with the need to review and challenge all revenue based expenditure as part of the overall MTFS.
10. The current MTFS assumes continuing revenue contributions to capital schemes throughout the forecast period. In order to allow the County Council time to continue to consider the evolving MTFS position, the capital cash limit guidelines approved by Cabinet in December 2023 only allocated the funding from these revenue based contributions to directorates for 2024/25, with the amounts for 2025/26 and 2026/27 to be held centrally pending further review.
11. The County Council continues to maintain a significant capital programme, resulting in investment in assets to support and enable the provision of local services and delivering benefits to the local economy.
12. Executive Members have been asked to prepare proposals for:
 - a locally resourced capital programme for 2024/25.
 - a programme of capital schemes in 2024/25 to 2026/27 supported by Government grants as announced by the Government.

The capital guidelines are determined by the Medium-Term Financial Strategy which is closely linked to 'The 'Serving Hampshire's Residents - Strategic Plan 2021 – 2025' with its strategic aims and Departmental Service plans to ensure that priorities are affordable and provide value for money and that resources follow priorities.

Locally resourced capital programme

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

| | £000 |
|---------|------|
| 2024/25 | 481 |
| 2025/26 | |
| 2026/27 | |

14. As highlighted in paragraph 10 the allocations for 2025/26 and beyond are being held centrally at this stage and are subject to review in light of the County Council revenue position.
15. Executive Members may propose supplementing their capital guidelines under the 'prudential framework' agreed by Cabinet at its meeting on 24 November 2003, amended by Cabinet in February 2006, thereby integrating more closely decisions on revenue and capital spending in support of strategic aims. The additions may include virements from the Executive Member's revenue budget or use of temporary unsupported borrowing, to provide bridging finance in advance of capital receipts or other contributions.

Revised 2023/24 capital programme

16. The revised 2023/24 capital programme for Adults' Health and Care is shown in Appendix 2 and totals £49,154. The changes since the capital programme was approved in January 2023 are summarised below:

| | 2023/24 £000 |
|--------------------------------------|-----------------|
| Approved Programme | 14,733 |
| Additional Disabled Facilities Grant | 1,244 |
| Carry Forward from 2022/23 | 33,177 |
| Total | <u>49,154</u> |

17. The schemes carried forward from previous years of £33.177m were agreed by Cabinet on 18 July 2023. These predominantly relate to the Extra Care Housing (£0.906m), Adults with a Disability Accommodation (£3.795m) and Younger Adults Extra Care, (£15.185m) programmes together with the addition of £0.4m for improvements to the Kershaw Centre.
18. In addition to the above the carry forwards against schemes in the 2021/22 capital programme, Cabinet also agreed that unspent balances from starts within the capital programmes from prior years of £12.722m. This related to previously committed funding due to reduced costs on the Nightingale Lodge and Oak Park projects within the Extra Care Housing Transformation programme. This will enable additional projects to be completed against the

funding for the programme of £45m that was agreed by County Council in February 2012, to be funded from prudential borrowing.

Health and Safety

19. A programme to constantly review the need for essential health and safety work at our in-house care facilities, including residential care and nursing homes is ongoing. In light of the new and extensive proposals to make the HCC Care estate fit for the future, as outlined later in this report, and there being remaining funds within previously agreed allocations to continue the identified works for the forthcoming year there are no new proposals.
20. This portfolio of buildings remains the highest priority in the HCC estate in terms of health and safety, compliance, and operational risk management, with a consequential ongoing demand for routine and one-off investment in maintenance and improvement. It is anticipated that further requests for funding will be made as the estate continues to age and liabilities identified.
21. Accordingly, should there be the need for any further requests for funding in the forthcoming year, to support the maintenance of the estate, these will also be informed by the plans contained within the longer-term strategy for the HCC Care estate, to ensure that where appropriate, investment is targeted only to sites that are included within the longer-term vision.

HCC Care – Fit for the future

22. As outlined above a new capital scheme is proposed to be added to the Adults' Health and Care Capital Programme in order to safeguard the long-term viability of the Older Adult care estate. It is proposed that the scheme will commence from 2024/25 and will total £173m as outlined in the HCC Care Service and Capital Strategy report that was presented to and agreed by Cabinet in July 2023. It should be noted that these proposals are still subject to public consultation and that the £173m is currently an indicative value of the overall scheme. Within this scheme each individual development will be subject to a separate detailed business case prior to approval for spend.
23. Additionally, it should be noted that the longer-term strategy for the portfolio of buildings will take into consideration the pressure highlighted within the Adult Services and Public Health Revenue Budget report, specifically where internal provision, with capital investment may help to mitigate these revenue pressures.

Transformation of Adult Learning Disability Services

24. On the 27 October 2011, the Executive Member for Policy and Resources approved the Adult Learning Disability (LD) Business Case for the early

implementation phase of LD transformation and the broader programme. The business case links to the consultation of the transformation proposals reported to the Executive Member for Adult Social Care on 16 May 2011.

25. The Executive Member for Policy and Resources Decision Day on 21 July 2011 approved that 100% of LD capital receipts to be reinvested in LD service re-provision.
26. The Executive Member for Policy and Resources on 9 March 2017 approved the revised Business case plan. The financial position has evolved since October 2011 largely as a result of the value likely to be secured by selling surplus property and the consequent impact on prudential borrowing. The business case improved with the use of the Community Grant funding of up to £3.4m.
27. The LD Transformation programme has been successfully delivering capital projects to update and improve the department's LD estate. In that time the programme has successfully delivered eight schemes through the delivery of new facilities and significant improvements to existing assets. The programme has one further scheme in its programme, Romsey & Waterside and Jacob's Lodge and is expected to utilise the remaining £3.6m within the scheme budget.

Older Persons Extra-Care Housing

28. On the 24 October 2011 Cabinet approved the strategy to extend the development of Older Persons Extra-Care Housing. This included approval of an indicative maximum financial envelope of £45m of capital investment to deliver the programme of work, including transition cost.
29. Capital funding for the extensions to Westholme, Winchester and Oakridge, Basingstoke of £3m was formally approved by the Executive Member for Policy and Resources on 24 January 2013.
30. A review of the Older Persons Extra-Care programme was undertaken in early 2016 and the Executive Member for Policy and Resources reaffirmed the Older Persons Extra-Care programme to the original £45m capital envelope. With this in mind, further work on the remaining programme and project opportunities is being undertaken to ensure the most cost-effective programme is identified. Capital funding for future Extra-Care developments will be subject to the development of individual business cases.
31. On 26 September 2018, the Executive Member for Policy and Resources identified three sites for development opportunities in Gosport, New Milton, and Petersfield, of which the latter is likely to open in 2026 whilst Gosport opened July 2023 and New Milton will open by April 2024. In addition, there will likely be the development of a business case for the scheme at Havant during 2024/25. This is in addition to previously approved schemes in other

parts of the county, including the Nightingale site in Romsey, which was completed in the 2020/21 financial year.

Younger Adults Extra-Care Housing

32. The Executive Member for Policy and Resources approved the strategic business case for the Adults with a Disability Housing programme in April 2016. The business case approved a borrowing envelope of up to £35m to support the programme to transition service users with a learning and/or physical disability from an existing care home setting to a shared house or individual groups of flats.
33. An update was taken to the Executive Member for Policy and Resources in July 2020, which outlined the progress of the delivery of the scheme. The current position as at December 2023 is below:

| | £000 |
|-------------------------------|---------------|
| Spend Tranche 1-3: Complete | 31,100 |
| Deregistration allocation: | 428 |
| Re-provision allocation: | 650 |
| Land Value Transfer: | 1,300 |
| Unallocated budget remaining: | 1,522 |
| Total | 35,000 |

After spending across the three tranches, and allocated funds for planned and approved future spend, there is currently £1,522m left unallocated from the originally agreed funding approval of £35m.

Since last reported There has been £1.2m spent on six fully wheelchair accessible bungalows at Sonnet Court to support people with physical disabilities to live independently whose need would otherwise have been met from high cost residential care. It should also be noted that there are commitments outstanding for £170k that enabled two external providers to deliver eight new units of accommodation across two schemes for people with learning disabilities.

In addition, during 2021/22 a further £15.185m funding had been approved to be added to this programme. Plans for additional schemes up to the value of the £15.185m and any underspend from the original £35m, inclusive of the currently unallocated £1.522m will continue to be developed. In accordance with financial procedures each individual new scheme will be added to the programme subject to approval of an appropriate business case.

Proposed capital programme 2024/25 – locally resourced schemes

34. The Adult services capital programme for locally resourced schemes reflects the strategic aims of enabling people to live safe, healthy, and independent lives, enjoy a rich and diverse environment and be part of a strong and inclusive community. It includes contributions towards the costs of the following:
- Priority works on residential and nursing care premises to meet the needs of residents and service users to satisfy the requirements of regulators including the Care Quality Commission, The Fire Service and the Health and Safety Executive.
35. The budget also includes the provisional £173m budget for the HCC Care – Fit for the future programme outlined in paragraph 22 above which aims to deliver a package of new build and refurbished existing sites to facilitate both modern and greater capacity to meet the needs of complex and high needs dementia clients, and safeguard the long-term viability of the Older Adult care estate.
36. The detailed programme in Appendix 1 and expenditure for 2024/25 is summarised in the table below:

| | £000 |
|---|----------------|
| Operational building, including residential and nursing care, improvements. | 481 |
| HCC Care Fit for the future programme. | 173,000 |
| Total 2024/25 Budget | 173,481 |

Capital programme supported by Government allocations

37. The locally resourced capital programme is supported by Government grant received from the Department for Levelling Up, Housing and Communities. In 2023/24 the initial allocation of capital funding to Adult Services was £14.252m for the Disabled Facilities Grant (DFG). A further £1.244m was received in September 2023. This funding forms part of the Better Care Fund – Pooled budget which is overseen by the Hampshire Health and Wellbeing Board.
38. The Secretary of State has not yet announced details of individual local authority capital allocations for 2024/25 or beyond. For planning purposes 2022/23 allocations are being assumed.
39. The DFG of £14.252m is capital money made available to local authorities as part of their allocations to award grants for changes to a person’s home. There is a statutory duty for local housing authorities to provide grants to those who qualify. This part of the fund will be governed by the disabled facilities grant conditions of grant usage as made by the Department for Levelling Up, Housing and Communities under section 31 of the Local

Government Act 2003. Therefore, although officially part of the fund, the money cannot be used for other things and will be paid back out of the fund to the relevant district councils.

Capital programme summary

40. On the basis of the position outlined above, the total value of the capital programmes submitted for consideration for the three years to 2026/27 are:

| | Schemes within locally resourced guidelines | Additional schemes funded within the prudential framework | Schemes supported by Government allocations (assumed) | Total |
|---------|---|---|---|---------|
| | £000 | £000 | £000 | £000 |
| 2024/25 | 481 | 173,000 | 14,252 | 187,733 |
| 2025/26 | - | - | 14,252 | 14,252 |
| 2026/27 | - | - | 14,252 | 14,252 |

Revenue implications

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

| | Full Year Cost | |
|-------------------------------|-----------------------------|-------------------------|
| | Current Expenditure £000 | Capital Charges £000 |
| Schemes within the guidelines | | |
| 2024/25 | - | 3,478 |
| 2025/26 | - | - |
| 2026/27 | - | - |
| Total | - | 3,478 |

Conclusions

42. The proposed capital programme for Adult Services as summarised in paragraph 11 is in line with the guidelines set by Cabinet. In addition, it plans to use the allocated Government grants in full. The programme supports the delivery of services countywide and contributes to the strategic aims:

- Hampshire maintains strong and resilient economic growth and prosperity

- People in Hampshire live safe, healthy, and independent lives.
- People in Hampshire enjoy a rich and diverse environment.
- People in Hampshire enjoy being part of strong, inclusive, resilient communities.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

| Links to previous Member decisions: | |
|--|-------------------|
| <u>Title</u> | <u>Date</u> |
| Adult Services Capital Programme 2017/18 to 2019/20 Strategy for the Older Persons Extra-Care Housing and Programme Update | 20 January 2017 |
| Transformation of Adult Learning Disabilities Services – Programme Update & Revised Business Plan | 09 March 2017 |
| Adults with a Disability Housing Programme: Progress update and approval to the strategy for Phase 2 new build projects | 9 March 2018 |
| Three Extra Care Development Opportunities in Gosport, Petersfield, and New Milton – Outcome of Procurement | 26 September 2018 |
| Learning Disability Housing - Programme Update | 14 July 2020 |
| Cabinet Financial Update and Budget Setting and Provisional Cash Limits 2021/22 | 24 November 2020 |
| Cabinet 2022/23 – End of Year Financial Report | 18 July 2023 |
| HCC Care Service and Capital Strategy | 18 July 2023 |
| Cabinet Financial Update and Budget Setting and Provisional Cash Limits 2024/25 | 12 December 2023 |

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:

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

Adult Services

Capital Programme - 2024/25

| Ref | Project | Construct- ion Works | Fees | Furniture Equipment Vehicles Grants | Total Cost (excluding sites) | Revenue Effect in Full Year | | Site Position | Contract Start | | Remarks |
|---|--|----------------------------|--------|--|---------------------------------------|--------------------------------|--------------------|------------------|-------------------|----------|---|
| | | | | | | Running Costs | Capital Charges | | Date | Duration | |
| | | | | | | £'000 | £'000 | | £'000 | £'000 | |
| 2024/25 Schemes | | | | | | | | | | | |
| Schemes Supported from Local Resources | | | | | | | | | | | |
| 1 | Maintaining Operational Buildings including Residential and Nursing Care | 327 | 54 | 100 | 481 | - | 18 | N/A | 1 | 12 | Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards. |
| 2 | HCC Care Fit for the future | 148,498 | 24,502 | - | 173,000 | - | 3,460 | N/A | 1 | 48 | New builds and refurbishment of existing sites to facilitate both modern and greater capacity to meet the needs of complex and high needs dementia clients. |
| Schemes supported by the Government | | | | | | | | | | | |
| 3 | Disabled Facilities Grant | - | - | 14,252 | 14,252 | - | - | N/A | 1 | 12 | Grant paid to District Councils to fund adaptations to people's homes |
| Total Programme | | 148,825 | 24,556 | 14,352 | 187,733 | - | 3,478 | | | | |

Adult Services

Capital Programme - 2025/26

| Ref | Project | Construct- ion Works | Fees | Furniture Equipment Vehicles Grants | Total Cost (excluding sites) | Revenue Effect in Full Year | | Site Position | Contract Start | | Remarks |
|-----|---|----------------------------|------|--|---------------------------------------|--------------------------------|--------------------|------------------|-------------------|----------|---|
| | | | | | | Running Costs | Capital Charges | | Date | Duration | |
| | | | | | | £'000 | £'000 | | £'000 | £'000 | |
| 4 | 2025/26 Schemes | | | | | | | | | | |
| | Schemes Supported from Local Resources | | | | | | | | | | |
| | Schemes supported by the Government | | | | | | | | | | |
| | Disabled Facilities Grant | - | - | 14,252 | 14,252 | - | - | N/A | 1 | 12 | Grant paid to District Councils to fund adaptions to people's homes |
| | Total Programme | - | - | 14,252 | 14,252 | - | - | | | | |

Adult Services

Capital Programme - 2026/27

| Ref | Project | Construct- ion Works | Fees | Furniture Equipment Vehicles Grants | Total Cost (excluding sites) | Revenue Effect in Full Year | | Site Position | Contract Start | | Remarks |
|-----|---|----------------------------|------|--|---------------------------------------|--------------------------------|--------------------|------------------|-------------------|----------|---|
| | | | | | | Running Costs | Capital Charges | | Date | Duration | |
| | | | | | | £'000 | £'000 | | £'000 | £'000 | |
| 5 | 2026/27 Schemes Schemes Supported from Local Resources Schemes supported by the Government Disabled Facilities Grant | - | - | 14,252 | 14,252 | - | - | N/A | 1 | 12 | Grant paid to District Councils to fund adaptations to people's homes |
| | Total Programme | - | - | 14,252 | 14,252 | - | - | | | | |

Adult Social Care 2023/24 capital programme

| | |
|--|----------------------|
| Resources | |
| 1. Latest programme limit: | £000 |
| Approved Programme | 14,733 |
| Additional Disabled Facilities Grant | 1,244 |
| Carry Forward from 2022/23 | 33,177 |
| Total | <u>49,154</u> |
| Allocated to Projects / Schemes | |
| 2. Project Extra-care Housing transformation project | 906 |
| Maintaining Operational Buildings including Residential and Nursing Care | 650 |
| Younger Adults Extra Care | 15,185 |
| Adults with a Disability Accommodation | 3,795 |
| Kershaw Centre – LD Transformation | 400 |
| Extra Care Housing Transformation | 12,722 |
| Disabled Facilities Grant | 15,496 |
| Schemes controlled on a starts basis | <u>49,154</u> |

HAMPSHIRE COUNTY COUNCIL

Report

| | |
|---------------------|--|
| Committee: | Health and Adult Social Care Select Committee |
| Date: | 16 January 2024 |
| Title: | 2024-25 Revenue Budget for Adults' Health and Care |
| Report From: | Director of Adults Health and Care |

Contact name: Graham Allen
Dave Cuerden

Email: graham.allen@hants.gov.uk
dave.cuerden@hants.gov.uk

Purpose of Report

1. For the Health and Adult Social Care Select Committee to pre-scrutinise the proposals for the 2024/25 budget for Adults Health and Care (see report attached, due to be considered at the decision day of the Executive Lead Member for Adults' Social Care and Public Health at 2:30pm on 16 January 2024).

Recommendation

2. That the Health and Adult Social Care Select Committee:

Either:

Supports the recommendations being proposed to the Executive Lead Member for Adult Social Care and Public Health the attached report.

Or:

Agrees any alternative recommendations to the Executive Lead Member for Adult Social Care and Public Health, with regards to the proposals set out in the attached report.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

| | |
|------------------------|---|
| Decision Maker: | Executive Lead Member for Adult Social Care and Public Health |
| Date: | 16 January 2024 |
| Title: | 2024/25 Revenue Budget Report for Adults' Health and Care |
| Report From: | Director of Adults' Health and Care, Director of Public Health and Director of Corporate Operations |

Graham Allen, Director of Adults' Health and Care

Contact name: Simon Bryant, Director for Public Health

Dave Cuerden, Finance Business Partner

graham.allen@hants.gov.uk

Email: simon.bryant@hants.gov.uk

dave.cuerden@hants.gov.uk

Section A: Purpose of this Report

1. The purpose of this report is to set out proposals for the 2024/25 budget for Adults' Health and Care in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2023. It also proposes a revised budget for Adults' Health and Care for 2023/24.

Section B: Recommendation(s)

To approve for submission to the Leader and the Cabinet:

2. The revised revenue budget for 2023/24 as set out in Appendix 1.
3. The summary revenue budget for 2024/25 as set out in Appendix 2
4. The proposed fees and charges as set out in Appendix 3.

Section C: Executive Summary

5. This report provides the summary outputs of the detailed budget planning process undertaken by Adults' Health and Care for 2024/25 and the revised budget for 2023/24. This process has been undertaken against the backdrop of a budget gap of £132m by 2025/26, which the Council is unable to close through savings alone, and escalating cost pressures within key demand led services, including Adult Social Care and School Transport. Over £130m of inflation, pressures and growth has been added to budgets since 2023/24,

significantly exceeding increases in the Council's funding. The current high inflationary environment also continues to present particular challenges in balancing budget certainty for Directorates with levels of affordability for the Council.

6. Disappointingly, the Autumn Statement delivered by the chancellor on 22 November didn't include any additional financial measures to ease the pressures facing local authorities. The announcement of a higher National Living Wage for 2024/25 than had previously been forecast is likely to result in additional financial pressures for the Council, both through increasing costs for our service providers and also impacting future local government pay awards. It was also notable that the tightening of medium term spending limits set by the government suggests a worrying direction of travel for future funding settlements.
7. The anticipated delay to delivery of some aspects of the remaining Transformation to 2021 (Tt2021) programme and Savings Programme to 2023 (SP2023) have been factored into our financial planning, and one-off Directorate funding will be provided where required to bridge the forecast savings gap in 2024/25. As of September 2023, £10.2m of Tt2021 savings and £11.4m SP2023 savings have yet to be delivered across the Council. Plans are in place to deliver most of the remaining Tt2021 and SP2023 savings by 2024/25, however this presents a considerable challenge for directorates in addition to the £17.1m SP2025 savings due to be delivered next year. The report discusses the specific issues impacting delivery of the savings programmes for Adults' Health and Care in Sections F, G and H.
8. The report also provides an update on the business as usual financial position for the current year as at the end of October and the outturn forecast for the Directorate for 2023/24, is a budget pressure of £7.4m which is made up of £6.7m for Adult Social Care and £0.7m for Public Health. The pressure in Public Health will be offset at the end of the financial year by a draw from the Public Health reserve. The revised budget is shown in Appendix 1.
9. The proposed budget for 2024/25 analysed by service is shown in Appendix 2.
10. The report also reviews the level of charges for the provision of services which require approval and provides a summary of these charges in Appendix 3.
11. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2023/24 and detailed service budgets for 2024/25 for Adults' Health and Care. The report has been prepared in consultation with the Executive Lead Member and will be reviewed by the Health and Social Care Select Committee. It will be reported to the Leader and Cabinet on 6 February 2024 to make final recommendations to County Council on 22 February 2024.

Section D: Contextual Information

12. In November 2023, Full Council approved the Medium Term Financial Strategy and Savings Programme to 2025 (SP2025) which set out the scale of the financial challenges which the Council currently faces and the proposed measures which will begin to address the budget gap of £132m to 2025/26. However, for the first time the Council finds itself in the position of being unable to close the budget gap through savings proposals alone, with a substantial recurring shortfall of £41.6m remaining from 2025/26 after accounting for SP2025 savings.
13. As reported to Cabinet in December, the cost pressures facing the County Council have worsened further since the MTFs was set, most notably within Adult Social Care, Special Educational Needs and School Transport. Where the impact of these pressures is known, additional funding has been included in the provisional cash limits and allocated to services as part of the detailed budget setting process undertaken by directorates.
14. The provisional cash limits for 2024/25 include over £130m of inflation, pressures and growth added to budgets since 2023/24. This represents an average increase in directorate cash limits of over 12% in a single year, which is clearly an unsustainable position when set against a maximum increase in Council tax of 5%. It is therefore not surprising that the Council expects to draw some £86m from reserves to balance the budget for the forthcoming year.
15. Setting a budget in a high inflationary environment presents particular challenges in balancing budget certainty for Directorates with levels of affordability for the Council, given the potential for the position to worsen or improve substantially throughout the year in line with changes in the economic picture. The budget for Adults' Health and Care therefore represents a prudent assessment of the funding level required to deliver services, with additional corporately held risk contingencies playing an important role to mitigate the impact of financial uncertainty on service delivery.
16. The Council's approach to planning and delivering savings over a two year period means that the 2024/25 cash limits do not include any new savings proposals. However, given that the balance of the Budget Bridging Reserve will be fully utilised in 2024/25, all SP2025 savings delivered in the forthcoming year will be transferred to the BBR at the end of the financial year.

Autumn Statement

17. The Government announced the 2023 Autumn Statement on 22 November. Disappointingly, the Statement didn't include any additional financial measures to ease the pressures facing local authorities, despite strong lobbying from the sector in the period leading up to the Statement, which attracted widespread press coverage.
18. Of particular significance for Local Government was the announced of a 9.8% increase in the National Living Wage for 2024/25 to £11.44 per hour. This significantly exceeds the previous central estimate of £11.16 published by the

Low Pay Commission in May on which the current MTFs forecasts are based. This increase is likely to result in additional financial pressures for the Council, both through increasing costs for our service providers and also impacting future local government pay awards.

19. The Economic and Fiscal Outlook published by the Office for Budgetary Responsibility alongside the Statement showed that Local Authority spending has fallen from 7.4% of GDP to just 5% since 2010/11 and the Government's current spending plans suggest that spending outside the NHS will fall further in real terms over the next five years. This sets a worrying backdrop for the medium term outlook for local government finance and suggests that there is unlikely to be sufficient scope to address the funding shortfalls faced by Councils within the government's current spending plans.

Operating model changes

20. The Council transitioned to a new operating model in January 2023 which established new directorates for the delivery of place shaping services and our Hampshire 2050 vision. When the 2023/24 budget was set, it was highlighted that further changes to budgets would be required to ensure budget allocations accurately match the services and roles aligned to each Directorate. The 2023/24 original budget has therefore been restated to reflect the detailed work undertaken on the later phases of the restructure since the budget was set in February 2023.
21. In addition to the early delivery of some SP2025 savings, the Fit for The Future operating model reviews will continue to be progressed and will ensure that the Council's corporate enabling functions, transformation and administrative activity are delivered as efficiently as possible, and that our contact model takes full advantage of new technologies and the changing ways in which residents interact with the Council. It is anticipated that these reviews will identify some further efficiency savings, however these will not be sufficient to bridge the remaining budget gap.
22. Adults' Health and Care has been developing its service plans and budgets for 2024/25 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Directorate are set out below.

Section E: Directorate Challenges and Priorities

23. The purpose of this report is to set out the medium term position for the Directorate and this section is to outline those longer term challenges that are faced. It follows that this report will not then focus on the pandemic but will highlight where opportunities and potential longer term challenges have arisen as a consequence of the pandemic.

ADULT SOCIAL CARE

24. The current year has been another incredibly challenging year for Local Authorities across the breadth of the country, in particular for those councils that have responsibility for Adult Social Care that will have seen ever more rapidly increasing prices and real growth in client numbers, particularly those with complex need. Hampshire is no different. These financial challenges are well known and driven by various key factors including:
- Number of eligible clients continuing to increase at a faster rate, particularly for those over 85 that are the most vulnerable and have the most challenging conditions,
 - Growing complexity of care needs, for example the increasing prevalence of multiple conditions including higher levels of dementia,
 - Severe shortages in the care workforce, resulting in greater use of higher cost agency staff,
 - Cost of living increases, including fuel costs that have led directly to increases in the price paid for care, and,
 - Greater pressure from the NHS for faster discharges from hospital, leading to clients coming into social care with more acute needs earlier.
 - Significantly greater increases in the numbers and costs associated with supporting children with disabilities and complex needs transitioning to adulthood.
 - All of the above need to be considered against the backdrop of a year where the Fair Cost of Care exercise was undertaken which undoubtedly affected providers expectations in respect of fee rates.
25. In addition to those key pressures highlighted within paragraph 24, there are many other factors, (such as the financial challenges being experienced by NHS organisations) which have a direct bearing on social care pressures. Regulation and the National Living Wage (NLW) are also impacting on direct provision and the independent sector in terms of increasing cost pressures being passed onto the County Council. These pressures are also not unique to Hampshire and are representative of the position nationally.
26. The Government's commitment to the NLW will continue to have an impact on the purchased care budget with greater pressure expected in 2024/25. The increase in the NLW from April 2024 was confirmed within the Autumn Statement and will see it rise to £11.44 from £10.42, an increase of £1.02, (9.8%). The NLW will undoubtedly put further strain on the price of care alongside general inflation during 2024/25, both of which are significantly higher than the ability of the County Council to increase revenues.
27. In the last year, as expected, the underlying demand in clients requiring adult social care services and the average price paid for it has grown significantly and has recently exceeded previous expectations. Over the next twelve months this

growth is highly likely to exceed both the previous assumptions and the available funding previously set aside within the MTFS. Accordingly, and as detailed later the Directorate cash limit has been increased.

28. Historically most of the volatility of client numbers and variability of risk has tended to concentrate within the Older Adults sector and whilst that remains true. However, as Younger Adults is now the largest single paid for care budget, it also carries a substantial amount of risk, and that risk has continued to be evident during 2023/24. We have continued to see significant growth in client numbers, in particular high cost clients and material price increases to prevent significant volumes of providers having to hand back care.
29. The opportunity to utilise spare capacity within the HCC Care Residential units through the sale of Discharge to Assess beds, (D2A) to the NHS to support timely discharges from hospital has continued throughout 2023/24, although at a significantly reduced level for the latter half of 2023/24. Whilst this service is planned to continue in 2024/25 at some level the precise volume is still uncertain as negotiations with the NHS remain ongoing. This now represents a significant income stream to the Directorate so any reduction will need to be offset swiftly from utilising any spare capacity to place long term clients thereby reducing the pressure on the purchased care budgets.
30. Local authorities continue to be able to raise 2% through the adult social care precept in 2024/25. This will need to be seen in the round given that no other additional resources have been announced for social care in the Autumn Statement. What is clear, is that the expected resources are not going to be sufficient to keep pace with price and growth demand expected for next year.
31. There continues to be a focus on the Directorate's support for the NHS in maintaining the faster flow of patients out of NHS hospitals and this is likely to continue into the medium term albeit at a significantly lower level. This reflects the reduced financial flexibility that both the ICBs and the County Council have to support this above what can be afforded from specific grants that each receive for this purpose. In the current year it is forecast that Adult Social Care will have recovered over £25m for services commissioned to support discharges on behalf of the NHS.
32. The key discharge services that have continued over the past year that are currently subject to negotiations for 2024/25 are as follows:
 - Discharge to Assess, (D2A) capacity as a vehicle to both step clients down from hospital and step people up to prevent a hospital stay. This includes both bedded services provided by HCC Care and non-bedded services commissioned from the independent sector.
 - Additional social work staff in hospitals - a multi-disciplined team across Health and Social Care functions with the singular aim of completing all of the necessary processes together in a timely way to discharge clients from hospital safely through to their physical arrival at the optimum destination for their care journey – this will mainly be their home.

33. The supply of affordable and sufficient staffing resource within the sector continues to be a major challenge, the County Councils In-House Residential and Nursing Care homes are not shielded from this. For this reason the Directorate has continued to offer financial incentives to lower paid staff to both attract new staff and retain the resources currently held. This approach is significantly more advantageous than paying the high cost agency staff fees that would be the alternative. In 2023/24, particularly since month 5, this policy has started to bear fruit as there has been a significant reduction in high cost agency usage and we have seen a material increase in the number of permanently employed staff.
34. Whilst we have seen significant improvements in recruitment and retention and this has fed through to reduced agency usage, the in year position remains challenging with a pressure forecast on staffing in the older adults units. It should be noted that nearly all of the pressure resides within a small collection of four units. There continues to be work with these units to control costs and or ensure the correct resourcing level is held. Additionally, any changes in the number of beds made available for the Discharge programme, and therefore level of income received, will require a response to mitigate any pressure by realigning staffing levels back to the long term care staffing compliment. The Directorate has continued to invest both time and short term financial resources to address the staffing issues both through structural changes and development of IT solutions. There is still more work to do to in 2024/25 to fully deliver the planned improvements, but the Directorate are well positioned for this to be achieved.
35. As already highlighted the demand from people of working age with physical and in particular learning disabilities is growing ever more rapidly and, although positive work to improve value for money in commissioning has created good financial and quality outcomes, the increase in demand through transition from childhood is significantly outweighing this most significantly because a greater number of these clients will be at an extraordinarily high cost. Advances in medical care have had a positive impact on life expectancy and have meant that people with very complex needs are surviving into adulthood when historically they might not have done so. They are also living a fuller adult life and are demanding support to live as independently as possible for significant periods.
36. Younger Adults now represents the major growing pressure on Adult Social Care budgets. Accordingly, the Directorate have focussed efforts through previous transformation rounds and will continue to do so through SP2023 and SP2025 to minimise the impact of this pressure where possible whilst improving outcomes and life experiences for service users, including identifying and helping to secure employment opportunities. This will be achieved through continued innovation (including multi-million pound investment in Technology Enabled Care and modern Extra Care housing / Supported Living) alongside efficiencies and service reductions. Additionally, the strengths-based way of operating, coupled with Least Restrictive Practise approaches have been

increasingly working to mitigate costs and provide better alternatives for clients within the Younger Adults' service area.

37. The purchase of care for clients within their own home continues to be a challenging area for the Directorate, and in all likelihood, greater dependency will be placed on providers into the future across all client groups. The impact on the workforce highlighted earlier in this report within care home settings is just as prevalent with home care providers. In the last year there has been a significant number of new entrants to the home care market and accordingly have gone onto the Home Care Framework. This has helped to ensure that placements are made faster and offered a greater degree of control over the average price for home care. The Directorate continues to work with the sector and local care groups to explore potential initiatives to bring new entrants into the workforce as well as encourage even more new providers into Hampshire. Work continues to expand upon the gains made from the introduction of the non-residential framework and associated payment process with further streamlining and simplifying of the transactional engagement with providers, having successfully expanding it to all other client groups. Evidence to date would support that it has improved relationships with providers and reduced their back-office costs resulting in greater levels of care provision being available at comparatively affordable rates even during this period of very high inflation. The Directorate will continue to seek to improve and make further gains.
38. During 2024/25 the Directorate will be introducing a new Residential and Nursing framework within Older Adults initially, that is anticipated to help deliver both greater financial security for the successful providers through sustainable and fair rates of care and to provide the council with a greater degree of control over both the current price paid and future increases. Currently the Directorate, in this area, are exposed to pure market forces that is enabling the average price to be perpetually driven up with each and every new purchase made.
39. The other key priority is the Adults' Health and Care Transformation Programme. The Directorate have now completed delivery of the £55.9m Tt2019 savings. Furthermore, the Directorate are set to secure all but £4.9m of remaining savings required for Tt2021 and SP2023 by the end of 2023/24.
40. In 2023/24 there wasn't any material additional corporate support for delayed transformational savings planned and similarly this continues into 2024/25. Accordingly, this has put a significant strain on Directorate Cost of Change balances. As outlined later all of the asks upon cost of change are significantly greater than the funding available.
41. 2024/25 will see the Directorate embark upon delivery of its SP2025 savings programme. With significant savings already achieved, this next round of savings will be the most difficult to achieve yet. There will continue to be robust monitoring of the delivery of this programme, giving adequate early warning where delivery is in jeopardy. For 2024/25 the Directorate is aiming to deliver £7.7m of savings, rising to £34.7m in 2025/26, reaching the total planned saving of £47.9m by 2026/27.

42. The Directorate has successfully delivered the implementation of a brand new IT social care system, (Care Director) that was rolled out in November 2023. The continued development and bedding in of this system will inevitably represent further challenge for the Directorate into 2024/25. However, it should be noted that to date the implementation has been very successful with minimal fixes required to date.

PUBLIC HEALTH

43. During the past year we sought to address new and emerging health needs of the population and to ensure public health services recovered from the changes made during the pandemic. Whilst there was sufficient additional funding made available, this came with its own challenges to ensure it was spent appropriately and was targeted to have most impact. This year also saw the emergence of health issues related directly to the pandemic and to health protection measures implemented during the pandemic period, including increased weight, poorer mental and emotional health and unseasonal infection outbreaks.
44. It is expected that the conditions on the Public Health grant for 2024/25 will be the same as those in 2023/24, specifically in relation to the basis of the ring-fence. It is anticipated that the level of the grant for 2024/25 will be announced in the new year. It is thought there will be an allowance for inflation, particularly to cover any planned uplift to NHS pay for our commissioned services. When greater clarity is provided, the budget will be updated accordingly.
45. The Public Health team continue to take advantage of opportunities to make the public health function more efficient and prioritise the funding available to those services and interventions that make the most difference to health for residents of Hampshire. This includes closer working with other Council Directorates, Districts and Boroughs and the NHS through the Council's Public Health Strategy and the Investing in Public Health programme to better align services, where appropriate, to deliver those improved health outcomes for the residents of Hampshire.
46. In 2023/24 the ring-fenced Public Health grant received by Hampshire was increased by £1.6m to £56.2m. This increase has been used to cover the recurring inflationary costs incurred by providers most notably the increase in staff cost experienced by NHS providers as a result of nationally agreed pay awards for NHS staff. At this time there has not been any confirmation of the actual grant level in 2024/25, the budget has therefore been set on the minimum expectation of a grant equivalent to that received in 2023/24 of £56.2m. When the ring-fenced grant and all other grants received and utilised by Public Health in 2023/24 are confirmed for 2024/25 with specific allocations these will be added to the budget.
47. Within the current year Public Health resources have continued to include a residual element of funding remaining from the Covid-19 response. From a financial perspective any forecast costs relating to this funding are expected to be met from those resources. Therefore, the current year financial variance for

the Directorate represents a position that is largely unaffected by the impact of Covid-19 as is shown within Section F.

48. Despite the recent grant increases and the likelihood of a further inflationary increase in grant for 2024/25 there remain significant challenges for delivery of the County Council's core public health responsibilities and for wider work to improve the public's health. Continued careful planning, delivery and evaluation of evidence-based interventions will ensure that the available Public Health resources are focused on the key public health priority areas set out in the new Public Health Strategy, introduced in 2023.
49. The Public Health Strategy seeks to reduce the prevalence of the conditions contributing the most to years lived in ill health, namely smoking, cardiovascular disease, diabetes, unhealthy weight, low physical activity and poor mental health by acting on the risk factors, environment and conditions which combine to drive them. Recognising the links between health and wealth, the refreshed strategy aligns with the vision and strategic direction set out through the Hampshire 2050 Commission and with other key strategies that shape Hampshire as a place.
50. A key priority is to ensure efficient delivery of the Public Health mandate to best meet the public health needs of Hampshire's residents and to continue to ensure that these services are providing best value for money. These include the mandated services: the National Child Measurement Programme, (NCMP) delivered through the school nursing service; delivering quality assured NHS health checks with the aim of both reducing future ill health, particularly cardiovascular disease and dementia, and the associated demand for health and social care services; enabling access to comprehensive good value for money sexual and reproductive health services and preventative sexual health advice through transformation; providing public health expertise and leadership to NHS commissioners and to local Integrated Care Systems to inform the planning and commissioning of health services as well as the delivery of statutory health protection and public health emergency planning responsibilities and cooperation with the criminal justice system in respect to violence prevention.
51. A focus on improved outcomes, narrowing the gap in outcomes for groups at most risk of ill health and increased quality in the public health commissioned services remain our key priorities alongside leadership of public health for Hampshire.
52. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes and our leadership of the First 1001 days work is fundamental to enabling this in Hampshire. The Healthy Child Programme (0-19) is an evidence-based universal prevention and early intervention public health programme that is offered to all families. By offering a universal service at the earliest point, the service is then able to provide a stepped offer based on assessed need, which ensures good use of skills and resources. These services are supported by a mandate that requires universal delivery of five key child 'development reviews'. It supports parents and

promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the Public Health team is working in partnership with Children's Services and NHS colleagues to transform and provide collaborative services for children and young people and their families. Effective use of resources helps to maximise the universal nature of the service, as well as to provide an enhanced offer to vulnerable families, to get the best possible outcomes in the six high impact areas and to maintain a focus on prevention and early identification of children and families at risk of future health and social problems. The commissioned Public Health nursing service continues to support Hampshire's vulnerable families at a time of resource constraint and national staffing challenges through an active partnership between commissioner and provider. This is now showing signs of success with increased recruitment.

53. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and care needs, remains a real public health challenge in Hampshire. These choices already have an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on creating healthy places, working with colleagues in areas such as transport and planning and with colleagues in Districts and Boroughs and the Voluntary and Community Sector to maximise the use of local assets as well as continuing to advocate for prevention and making a healthy lifestyle 'the norm' for people of all ages is key to keeping people healthy, in employment and independent for longer and to reducing future demand for services. We continue to work to achieve this through appropriate nutrition, reducing obesity, promoting physical activity and supporting people to stop smoking and to drink sensibly. We have allocated resources to ensuring that everyone eligible receives an NHS Health Check that were delayed during the pandemic.
54. The Stop Smoking Service is accessible to the whole population and aims to increase quit rates, through focussing on population groups for whom smoking prevalence is still high. This requires strategic leadership and collaboration to change the system alongside effective services for the population. The Government has announced a new allocation of funding to implement increased services for smokers to be supported to give up. This will commence in April 2024 for 5 years.
55. With an increasingly older population, tackling social isolation and malnutrition, preventing falls and incontinence, and maintaining mobility in our vulnerable and older residents remain important areas of focus for our work with colleagues in Adult Social Care and the NHS and are an important contribution to supporting people to remain healthy and independent for longer.
56. Public Health leadership of violence reduction sees the team working closely with the Office of the Police and Crime Commissioner and Hampshire and Isle of Wight Constabulary. Domestic abuse is a serious public health problem; Public Health leadership of the strategic partnership is driving work across the

system to reduce domestic abuse. The Domestic Abuse service for victims and perpetrators provides further impetus to this work and has an increased focus on reducing the impacts of domestic abuse on children to prevent long term sequelae and impact. In 2024/25, this work continues to be supported by a specific additional grant to support domestic abuse services. The continuation of this grant is unknown at present.

57. Poor mental health represents a significant burden of disease in the County and increases the risk of developing physical illness and of premature mortality. We will continue our work to improve the mental wellbeing of our communities including maintaining a focus on preventing suicide. The Mental Health Partnership and plan has been further developed this year. Promoting emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services. An updated Emotional Health and Wellbeing Strategy continues to be implemented. Partnership working across the County Council, the NHS, voluntary sector and service users will help to drive this agenda forward.
58. The substance misuse service delivers a robust drug and alcohol treatment system that fully meets the diverse needs of the Hampshire population and empowers and enables people to recover from alcohol and/or drug dependency. Through a transformation programme the service will take a family approach and deliver a comprehensive treatment service. Wider system work continues to support responsible drinking and promote safe and healthy places for people to live and work. An additional grant, Drug Treatment, Crime and Harm Reduction, £2.3m, was received in 2023/24 specifically to improve substance misuse services. There is no clarity on the future of this grant continuing.
59. Sexual and reproductive health services and substance misuse services, being demand led, are challenged by the number of patients requiring these services. However, they are continuing to meet the demand through service transformation to ensure that the right service is provided at the right time in the right way for those who need it including through upstream preventative work, improving the quality of the initial contact and shifting more activity from face to face to digital interventions where appropriate. These approaches, begun prior to the pandemic, have been further developed during the response to Covid-19.
60. The Director of Public Health (DPH) continues to deliver the Health Protection responsibilities through partnership work with the UK Health Security Agency (UKHSA), and NHS England. Planning for and responding to infectious disease outbreaks and incidents and promoting uptake of vaccination and screening through the NHS will continue to be a core part of the Directorates work in the coming year. The Public Health Emergency Planning responsibilities are delivered through work with the Emergency Planning teams in the County Council and wider Local Resilience Forum (LRF) partners.
61. To ensure delivery of the Joint Strategic Needs Assessment (JSNA) on behalf of the Hampshire Health and Wellbeing Board the team continues deliver key

analysis for partners including working with the developing Primary Care Networks. Our leadership of Population Health Management will enable more effective delivery of healthcare for the system.

62. Nationally and within the Hampshire and Isle of Wight and Frimley ICSs there is a welcome renewed focus on population health and prevention. The DPH provides leadership to both these work programmes supported by the Public Health team. For Hampshire and IOW the DPH co-chairs the Integrated Care Partnership bringing leadership to this committee and areas of work.
63. Hampshire County Council is now in the fifth year of a formal partnership to provide the leadership of public health on the Isle of Wight, (IOW). This arrangement commenced in September 2019 following eighteen months of interim leadership support. The partnership will be reviewed on an ongoing basis but at present is still demonstrating successes. The partnership has increased Public Health capacity across the councils, maintaining the high quality of services across Hampshire, building resilience whilst improving the quality of service delivery on the Island. We will continue to work in partnership to improve the health of the population and respond to emerging health protection risks appropriately.

Section F: 2023/24 Revenue Budget

64. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.
65. The anticipated business as usual outturn forecast for 2023/24 as at end of October for the Directorate, is a budget pressure of £7.4m which is made up of £6.7m for Adult Social Care and £0.7m for Public Health.

ADULT SOCIAL CARE

66. There are some key variances within the £6.7m adverse, (net of planned support) position reported, of which all material variances are contained within the budget for purchased care. It had previously been forecast that the Directorate would require additional funding in year of £10.8m to support the growing pressure on purchased care budgets. The £6.7m is in addition to this. Furthermore, it should be noted that this position is also after £7.2m of additional funding received from the Market Improvement and Sustainability Workforce fund in 2023/24. Therefore, compared to the forecast pressure of £10.8m reported within the 2023/24 budget report the actual pressure in year has grown to £24.7m.
67. There is a forecast pressure on care packages for all client groups of £5.9m. The forecast pressure is due to higher than anticipated increases in the average rates paid for packages, increases in the number of complex clients

within Younger Adults, as well as a significant increase in client numbers, particularly within Older Adults Residential and Nursing.

68. The pressure in Younger Adults is the direct result of both the continued need to renegotiate uplifts for specific packages of care, or run the risk of the package being handed back, and a steady increase in client numbers particularly those in crisis that are notoriously expensive to place. These high cost clients can cost circa £3,000 to £4,000 per week whilst the cost of the in-year additional uplifts has been £4.35m in 2023/24. As outlined in this report these factors will have an inevitable adverse impact on the budget position for 2024/25 compared to the previous forecasts.
69. The inflationary pressures and subsequent increase in costs felt by providers has led to unprecedented increases in average prices paid by the Council, furthermore this has also had a knock on impact for the ability of the Directorate to deliver savings in accordance with the plan for the year. There has been a further delay of savings delivery in year of £0.3m on SP2023.
70. The Cost of Change Reserve balance is forecast to be exhausted by the end of the year, as the opening balance of £13m is insufficient to meet all of the forecast demand upon it:
 - offsetting delayed savings, £4.8m,
 - the in-year adult social care budget pressure, £6.7m and,
 - to fund all existing investment commitments, £12.7m.
71. Consequently, there is likely to be a need to draw upon Corporate Reserves to balance the final outturn position for the Directorate.

PUBLIC HEALTH

72. The anticipated adverse outturn forecast for 2023/24 of £0.7m will be offset by a corresponding draw from the Public Health Reserve. This position reflects an underspend of £1.7m against the 2023/24 Public Health Grant activity that is more than offset by expected expenditure of £2.4m within the Investing in Public Health programme. It had been previously forecast that all of this programme expenditure would be drawn from the reserve. This programme is intended to deliver longer term efficiencies through greater alignment with Council Directorates as well as the NHS.
73. Much of the underspend on the 2023/24 grant is the result of reduced activity, in some considerable part due to the continued impact that Covid-19 has on how people access Public Health services. This saving is distributed across much of the contracted services including NHS Health Checks, Sexual Health and Tobacco.

74. The closing balance of the Public Health reserve is currently forecast to be £10.1m by 31 March 2024, a reduction of £0.7m from the £10.8m opening balance. As previously stated, this resource will be utilised in future years to continue to deliver transformational change in addition to providing one off funds to catch up on key contracted services that delivery of has slowed during the pandemic.
75. All additional expenditure pertaining to Public Health in continued response to the Covid-19 pandemic and the longer term impact has been managed within the specific grants that have available in year including the Contain Outbreak Management Fund and Test and Trace grant.
76. The budget for Adults' Health and Care has been updated throughout the year and the revised budget is shown in Appendix 1. The revised budget shows an increase of £41.4m of which Adult Social Care is a £23.7m increase and Public Health a £17.7m increase.
77. The Adult Social Care increase is made up of the following:
- £9.2m increase in grants of which £7.2m is the 2023/24 allocation for the Market Sustainability and Improvement Fund.
 - £15.3m of corporate support to reflect the increased number and cost of care packages and additional inflationary increases for providers of care for Younger Adults.
 - £0.8m decrease which is primarily in relation to the Procurement team moving to Corporate Services.
78. The Public Health increase is made up of the following:
- £1.8m increase in the main Public Health grant
 - £10.3m of carried forward Contain Outbreak Management Fund and Track and Trace grants.
 - £3.7m in relation to grants for Domestic Abuse services of which £1.3m is carried forward grant and £2.4m relates to new grant in 2023/24.
 - £1.0m - inpatient detoxification grant.
 - £0.8m - supplemental substance misuse treatment and recovery grant.

Section G: 2024/25 Revenue Budget Pressures and Initiatives

79. As outlined within Section F, the Directorate business as usual position is currently showing a forecast pressure of £7.4m in 2023/24. Of this total £5.9m of the £6.7m Adult Social Care pressure relates specifically to care provision. At the start of 2023/24 an additional £10.8m of additional support was planned for, additionally the Directorate received £7.2m of Market Sustainability and Improvement Workforce grant that had not been factored in to the 2023/24 forecast. Therefore, the reported pressure in fact reflects a total pressure of

£24.7m on Adult Social Care compared to the previous forecast. Correspondingly this level of increase in costs will only have a part year effect in 2023/24 and will therefore lead to a further additional pressure in 2024/25.

80. It should be noted that, whilst at a lower level, it is anticipated that £4.1m the Market Sustainability and Improvement Workforce grant will continue into 2024/25 and this has been considered when setting the budget. Additionally, all other service areas of the Directorate, including Public Health, are not currently anticipated to be a pressure for 2024/25 or beyond.

ADULT SOCIAL CARE

81. With the revised anticipated spend on all clients care packages the proposed budget for 2024/25 represents an increase of £10.5m above the previous forecast pressure for 2024/25. Accordingly, this pressure has been considered when setting the Adults' Health and Care cash limit that was reported to Cabinet 12 December. It should also be noted that this 2024/25 forecast position is subject to delivery of all savings as currently planned and detailed later within the report.
82. The forecast pressure of £10.5m in 2024/25 takes into account all known additional funding and expected increases in income, particularly from clients arising from the known uplift in benefits from April 2024. Furthermore the 2024/25 position builds upon the known position as at 2023/24 and the trends observed on changes in average rates for care and client numbers.
83. The cause of this additional pressure on care packages is due both to increases in 2023/24 and expected new increases in 2024/25 and the reasons are set out below:
- Further inflationary uplifts agreed Corporately to specific providers in 2023/24.
 - Increase in the number of high cost clients, often in crisis that needed immediate specialist placements.
 - General increase in Older Adults clients requiring Residential or Nursing care. In 2023/24 there was an increase of over 200 clients in the first half of the year.
 - Increase in the average price paid for care due to inflationary pressures that providers have passed on to the Council, that if not met could lead to clients being handed back with the risk that the replacement package would be significantly higher in cost.
 - The expected cost of known clients transitioning to adults during 2024/25 is more than double the level the Directorate has seen in previous years.
84. During 2023/24 there has been a significant number of providers, particularly within Younger Adults that have been unable to continue to provide care to Hampshire clients without a further uplift to their rates. After considerable negotiations an additional £4.35m, from the central inflation contingency has been added to the Adults' Health and Care cash limit for 2024/25 to cover the

full year impact of these additional uplifts. All of which reduces the scope of the County Council to manage further pressures.

85. Unfortunately, the announcements within the Autumn Statement, both in respect of the 9.8% increase in the National Living Wage and zero additional funding for Adult Social Care beyond what was already forecast, means that 2024/25 will again be a very challenging year to balance the expectation of providers and the level of funding available to meet their inflationary pressures. There is a very real risk that further pressures could materialise during 2024/25.
86. This position, including growth in prices and volumes will be monitored closely throughout the remainder of the current year to better assess the likely pressure in 2024/25.

PUBLIC HEALTH

87. Whilst it is expected that the Public Health Grant will be increased for inflation in 2024/25 a confirmed allocation has not yet been provided. In the absence of confirmed allocations for local authorities, the Public Health grant for 2023/24 had been assumed as the starting point for this budget setting round. The grant allocation for 2023/24 is £56.2m for Hampshire County Council. Should the ring-fenced grant allocation increase from this level this will be reflected within the Public Health budget for 2024/25 at a later date alongside all other confirmed grants for Public Health in 2024/25.
88. It should be noted that any inflation included within the 2024/25 allocation will need to be sufficient to offset the cost of the NHS pay award in the same year where it is the responsibility of the Public Health budget to fund the associated NHS provider cost increases. Any shortfall will represent a recurrent pressure that would need remedial action to resolve. In the short term this pressure could be met from the Public Health reserve.
89. During 2022/23 the Public Health Team developed a specific plan to utilise the balance of funds available within the Public Health Reserve over the following 3 years. It is currently forecast that this programme will cost £7m in total. Due to in year revenue underspends against the grant in 2023/24 not all of this spend will reduce the balance on the Public Health Reserve. As highlighted previously the starting reserve balance for 2024/25 is forecast to be £10.1m, after programme spend of £2.5m in 2023/24. Therefore, there is more than sufficient reserve to cover the remaining planned investment of £4.5m. This would leave more than adequate funds available to offset any potential, as yet unidentified, pressure that could materialise within 2024/25 or beyond.

Section H: Revenue Savings Proposals

90. The County Council's financial strategy is continuing with a two year approach to planning for savings. Consequently, no new savings are proposed for

2024/25 and savings proposals for 2025/26 have been developed through the Savings Programme to 2025 and were approved by Executive Members in September 2023, and by Cabinet and County Council in October and November 2023. In recognition of the size of the financial challenge which the Council faces, directorates were not issued with savings targets as per previous savings programmes but were instead instructed to review what savings might be achievable if we were to move towards a 'legal minimum' provision of services.

91. The total Savings Programme to 2025 is insufficient to meet the forecast budget gap for 2025/26 and taking account of the planned timing of savings delivery, a significant budget gap of £56.9m remains for 2025/26. Given the shortfall within the Budget Bridging Reserve beyond 2024/25, SP2025 savings delivered in 2024/25 will be transferred to the BBR at the end of the financial year.
92. Since transfers to the BBR will reflect actual savings delivered, the 2024/25 cash limits have not been adjusted in line with planned early delivery savings. For Adults' Health and Care directorate total savings for SP2025 are £47.9m of which £7.7m are currently anticipated to be delivered during 2024/25.
93. Delivery of these savings presents a significant challenge for the directorate, particularly against a backdrop of continued high inflation and rising demand. Rigorous monitoring of the implementation of the programme will begin during 2024/25, to ensure that the Directorate is able to deliver its SP2025 savings in line with planned timescales.
94. This early action in developing and implementing the Savings Programme to 2025 means that the County Council is in the best possible position for setting a balanced budget in 2024/25 and that no new savings proposals will be considered as part of the budget setting process for the forthcoming financial year.
95. Additionally, it is anticipated that £1.1m of Tt2021 savings and £3.8m of SP2023 savings will remain to be achieved in 2024/25. The main reasons for the delays to savings delivery relate to:
 - The challenges the Directorate faces to deliver savings on care during a period where client numbers and degree of complexity are significantly on the rise. This cost pressure has been further compounded by both the inflationary pressures providers of care are experiencing as well as the severe shortage in appropriate care staff leading to providers paying high agency costs in order to supply the required care. These factors lead to a further increase in the price paid by the Council for care and therefore makes savings delivery exceedingly challenging.

Section I: 2024/25 Review of Charges

96. For Adults' Health and Care, the 2024/25 revenue budget includes income of £105.4m from fees and charges to service users. This is an increase of £17.6m

(20%) on the revised budget for 2023/24. This increase is largely reflective of the planned increase in benefits from April 2024 and the increasing volume of clients that the Directorate is supporting.

97. The County Council has, for the last three years maintained a policy of not financially subsidising the Meals on Wheels service. Clients that are in receipt of Meals pay the full cost. Therefore, when in 2023, the current provider did not extend their contract the only interested and viable alternative provider for this highly valued service was secured. The significant increase in charge for this service, as shown in appendix 3, is entirely as a result of this change in provider.
98. Details of current and proposed fees and charges for 2024/25 where approval is sought for changes are outlined in Appendix 3. The uplift of 6.2% for all other services excluding Meals on Wheels has been generated using a blend of CPIH and estimated increases in staff costs for 2024/25, as per the methodology used in previous years. CPIH has been assumed at the same level as that used to generate uplifts to external providers.
99. The charges proposed for eligible social care services reflect the full cost rate applicable for County Council clients where they are assessed as being able to afford this cost. Furthermore, where these services are purchased by external organisations this charge reflects the basic cost whereby additional specific charges will be levied dependent on the additional resources required to safely support the client.

Section K: Budget Summary 2024/25

100. The budget update report presented to Cabinet on 12 December 2023 included provisional cash limit guidelines for each Directorate. The cash limit for Adults' Health and Care in that report was £604.9m, a £76.8m increase on the previous year. The increase / decrease comprised:
 - £10.7m increase in grants of which:
 - £4.1m is the 2024/25 allocation for the Market Sustainability and Improvement Workforce Fund.
 - £2.9m is the increase in the Hospital Discharge Fund
 - £1.9m for the Afghan resettlement schemes
 - £1.8m from the Public Health grant from the 2022/23 grant level
 - £41.8m of corporate support, inclusive of:
 - £15.3m added in 2023/24 as outlined in paragraph 80
 - £13.5m as previously built into the MTFs for 2024/25
 - £10.5m pressures identified during preparation of 2024/25 budget.
 - An increase of £25.1m for inflation

- £0.8m decrease which is primarily in relation to the Procurement team moving to Corporate Services.

101. Appendix 2 sets out a summary of the proposed budgets for the service activities provided by Adults' Health and Care for 2024/25 and show that these are within the cash limit set out above.

102. In addition to these cash limited items there are further budgets which fall under the responsibility of Adults' Health and Care, which are shown in the table below:

| | 2024/25 | |
|--|----------------|----------------|
| | £'000 | £'000 |
| Cash Limited Expenditure | 786,290 | |
| Less Income (Other than Government Grants) | (181,343) | |
| Net Cash Limited Expenditure | | 604,947 |
| Less Government Grants: | | |
| • Local Community Voices | (102) | |
| • Improved Better Care Fund | (31,279) | |
| • Market Sustainability & Improvement Fund | (15,194) | |
| • Discharge Grant | (7,309) | |
| • Healthwatch | (579) | |
| • Social Care in prisons | (93) | |
| • War widows pension grant | (485) | |
| • Vulnerable Persons relocation scheme | (179) | |
| • Afghan Project Integration Fund | (2,520) | |
| • Public Health Grant | (56,187) | |
| Total Government Grants | | (113,927) |
| Total Net Expenditure | | 489,217 |

Section L: Climate Change Impact

103. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

104. This report deals with the revenue budget preparation for 2024/25 for the Adults' Health and Care Directorate. Climate change impact assessments for individual services and projects will be undertaken as part of the approval to spend process. There are no further climate change impacts as part of this report which is concerned with revenue budget preparation for 2024/25 for the Adults' Health and Care Directorate

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

| Links to previous Member decisions: | | | | | |
|---|--|-----------------|-----------------|------|--|
| <u>Title</u> | <u>Date</u> | | | | |
| Savings Programme to 2025 – Revenue Savings Proposals (Executive Lead Member for Adult Social Care and Public Health) 2023-09-19 AHC EM Budget Report SP2025.pdf (hants.gov.uk) | 19 September 2023 | | | | |
| Medium Term Financial Strategy Update and Savings Programme to 2025 Savings Proposals https://democracy.hants.gov.uk/mgAi.aspx?ID=63758#mgDocuments | Cabinet – 10 October 2023 / County Council – 9 November 2023 | | | | |
| Budget Setting and Provisional Cash Limits 2024/25 Financial Update and Budget Setting and Provisional Cash Limits 2024/25 (hants.gov.uk) | Cabinet – 12 December 2023 | | | | |
| <p>Section 100 D - Local Government Act 1972 - background documents</p> <p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p> <table border="0"> <thead> <tr> <th><u>Document</u></th> <th><u>Location</u></th> </tr> </thead> <tbody> <tr> <td>None</td> <td></td> </tr> </tbody> </table> | | <u>Document</u> | <u>Location</u> | None | |
| <u>Document</u> | <u>Location</u> | | | | |
| None | | | | | |

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

The budget setting process for 2024/25 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and services changes which are part of the Savings Programme to 2025 Programme were considered in detail as part of the approval process undertaken in September, October and November 2023 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 3 to 7 of the October Cabinet report linked below:

<https://democracy.hants.gov.uk/mgAi.aspx?ID=62985#mgDocuments>

For proposals where a Stage 2 consultation is required, the EIAs are preliminary and will be updated and developed following this further consultation when the impact of the proposals can be better understood. The results of these consultations and any changes to equality impacts will be reported to the relevant Executive Member as the savings proposals are further developed and implemented.

Budget Summary 2023/24 – Adults' Health and Care

| Service | 2023 Signed Off Budget £000 | 2023 Revised Budget £000 |
|---|-----------------------------------|--------------------------------|
| AS Director | 1,555 | 1,530 |
| Headquarters | 20,478 | 24,847 |
| Older Adults | 227,557 | 236,446 |
| Older Adults Community Services | 209,460 | 218,864 |
| Reablement and equipment store | 18,097 | 17,582 |
| Younger Adults | 209,825 | 220,599 |
| Learning Disabilities Community Services | 134,985 | 141,812 |
| Mental Health Community Services | 22,648 | 22,897 |
| Physical Disabilities Community Services | 40,147 | 42,682 |
| Younger Adults Commissioning and Management | 7,922 | 9,194 |
| Directorate wide Contact Assessment and Resolution Team | 4,123 | 4,014 |
| HCC Care | 45,388 | 45,236 |
| Governance & Assurance | 1,729 | 1,887 |
| Centrally Held | (32,778) | (33,095) |
| Adult Social Care | 473,754 | 497,450 |
| Public Health Main | 54,412 | 56,187 |
| Children and Young People - 0 to 19 | 24,267 | 25,005 |
| Community Safety & Violence Prevention | 1,161 | 1,161 |
| Drugs and Alcohol | 8,586 | 8,745 |
| Health Check | 1,187 | 1,187 |
| Protection & Intelligence | 30 | 47 |
| Mental Health and Wellbeing | 1,939 | 1,996 |
| Nutrition, Obesity & Physical Activity | 465 | 465 |
| Older People | 256 | 256 |
| PH Central | 4,916 | 5,464 |
| Sexual Health | 9,390 | 9,646 |
| Tobacco | 2,215 | 2,215 |
| Public Health Grants | 0 | 15,930 |
| Public Health | 54,412 | 72,117 |
| Adults' Health and Care | 528,166 | 569,567 |

Budget Summary 2024/25 – Adults' Health and Care

| Service | 2023 Signed Off Budget £000 | 2024 Signed Off Budget £000 |
|---|-----------------------------------|-----------------------------------|
| AS Director | 1,555 | 1,532 |
| Headquarters | 20,478 | 24,951 |
| Older Adults | 227,557 | 265,968 |
| Older Adults Community Services | 209,460 | 245,496 |
| Reablement and equipment store | 18,097 | 20,472 |
| Younger Adults | 209,825 | 243,007 |
| Learning Disabilities Community Services | 134,985 | 153,616 |
| Mental Health Community Services | 22,648 | 26,536 |
| Physical Disabilities Community Services | 40,147 | 49,157 |
| Younger Adults Commissioning and Management | 7,922 | 9,818 |
| Directorate wide Contact Assessment and Resolution Team | 4,123 | 3,880 |
| HCC Care | 45,388 | 58,282 |
| Governance & Assurance | 1,729 | 1,629 |
| Centrally Held | (32,778) | (46,609) |
| Adult Social Care | 473,754 | 548,760 |
| Public Health Main | 54,412 | 56,187 |
| Children and Young People - 0 to 19 | 24,267 | 25,004 |
| Community Safety & Violence Prevention | 1,161 | 1,162 |
| Drugs and Alcohol | 8,586 | 8,745 |
| Health Check | 1,187 | 1,187 |
| Protection & Intelligence | 30 | 57 |
| Mental Health and Wellbeing | 1,939 | 1,939 |
| Nutrition, Obesity & Physical Activity | 465 | 465 |
| Older People | 256 | 256 |
| PH Central | 4,916 | 5,511 |
| Sexual Health | 9,390 | 9,646 |
| Tobacco | 2,215 | 2,215 |
| Public Health | 54,412 | 56,187 |
| Adults' Health and Care | 528,166 | 604,947 |

Review of Fees and Charges 2024/25 – Adults' Health and Care

| | Income Budget 2024/25 | Current Charge | Proposed Increase | Proposed New Charge |
|--|--------------------------|-------------------|----------------------|---------------------------|
| | £'000 | £ | % | £ |
| Charges for HCC provided care: | | | | |
| Full cost weekly charge (HCC in-house residential and nursing care including respite units): | | | | |
| • Nursing Care for Older People (per week) | 5,971 | 957.32 | 6.20 | 1,016.68 |
| • Residential Care for Older People (per week) | 5,142 | 863.80 | 6.20 | 917.35 |
| • Residential Care for Dementia (per week) | Included in above | 933.52 | 6.20 | 991.41 |
| Residential and respite care for Adults with a Learning Disability (per week): | | | | |
| • Orchard Close Residential Care | 14 | 1,217.93 | 6.20 | 1,293.46 |
| • Jacobs Lodge, Hindson House, Newcroft Respite Units | Included in above | 1,017.87 | 6.20 | 1,081.01 |
| • West Street | Included in above | 2,009.77 | 6.20 | 2,134.37 |
| • 1:1 support (day) – per hour | Included in above | 23.59 | 6.20 | 25.05 |
| • Waking night – per hour | Included in above | 29.82 | 6.20 | 31.67 |
| Discharge to Assess Bed incl CHC D2A (*) | 13,351 | 1,396.08 | 6.20 | 1,482.67 |
| Enhanced Dementia D2A beds | Included in above | 1,638.00 | 6.20 | 1,739.50 |
| Standard Continuing Healthcare Support (*) | 405 | 1,230.60 | 6.20 | 1,306.90 |
| Meals on Wheels | 2,951 | 6.23 | 36.44 | 8.50 |

* Only applicable to NHS Customers. Minimum rate – actual charge will be subject to individual need

Other charges

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

In line with corporate policy all other charges will be increased by an inflation rate of 6.2%

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

| | |
|-------------------------|---|
| Committee: | Health and Adult Social Care Select Committee |
| Date of meeting: | 16 January 2024 |
| Report Title: | Work Programme |
| Report From: | Director of People and Organisation |

Contact name: Democratic and Member Services

Tel: 0370 779 8917

Email: members.services@hants.gov.uk

Purpose of Report

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

Recommendation

1. That the Health and Adult Social Care Select Committee discuss and agree potential items for the work programme that can be prioritised and allocated by the Chairman of the Health and Adult Social Care Select Committee in consultation with the Director of Adult's Health and Care.

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

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | | 16 Jan 2024 | 5 March 2024 | 21 May 2024 | |
|---|---|---|---------------------------------|--|--|-------------|--------------|-------------|--|
| <p>Proposals to Vary Health Services in Hampshire - <i>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.</i></p> <p>(SC) = Agreed to be a substantial change by the HASC.</p> | | | | | | | | | |
| <p>Whitehill & Bordon Health and Wellbeing Hub Update</p> | <p>Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.</p> | <p>Living Well Ageing Well Healthier Communities</p> | <p>Hampshire and IOW ICS</p> | <p>Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Last update June 2023. Requested Jan 2024.</p> | | <p>x</p> | | | |
| <p>Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme (SC)</p> | <p>To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.</p> | <p>Starting Well Living Well Ageing Well Healthier Communities Dying Well</p> | <p>HH FT and Hampshire ICSs</p> | <p>Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020, March 2021, Sept 2022. Last update to HASC - July 2022.</p> | <p>Joint Committee to continue to monitor progress as appropriate going forward.</p> | | | | |

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | | 16 Jan 2024 | 5 March 2024 | 21 May 2024 | |
|---|---|--|---|---|---|-------------|--------------|-------------|--|
| Building Better Emergency Care Programme | 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 2024. | | | x | | |
| Proposal to create an Elective Hub | Spring 2022 notified of plans to create an elective hub to help manage the backlog of elective appointments | Living Well Ageing Well Healthier Communities | HIOW 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 – March 2024. | | | x | | |
| Project Fusion: Recommendation to create a new community and mental health Trust | October 2022 notified of plans to create a joint organisation combining community and | | Southern Health FT and Solent NHS Trust | Initial presentation to HASC – Nov 2022. Last update, March 2023. | x | | | | |

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | | 16 Jan 2024 | 5 March 2024 | 21 May 2024 | |
|-----------------------------------|--|--|---|--|--|-------------|--------------|-------------|--|
| | mental health services for Hampshire and IOW. | | | Update give November 2023 | | | | | |
| Acute Services Partnership | 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. Discussed November 2020 | | | | | |
| Crowlin House | Proposals to close the Crowlin House facility. HASC requested a full report to justify these proposals. | | Southern Health NHS Foundation Trust | Discussed 21 November 2023 | | | | | |
| Frimley Park New Hospital | To receive information about a new hospital being built as part of a long term, national rolling programme of investment in health infrastructure. | Starting Well Living Well Ageing Well Healthier Communities Dying Well | Frimley NHS Trust, Frimley ICB | New item to Work Programme. Formation of Joint Health Overview & Scrutiny Committee progressing | | | | | |

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | | 16 Jan 2024 | 5 March 2024 | 21 May 2024 | |
|---|---|--|---|--|---|-------------|--------------|-------------|--|
| Changes to hospital discharges/winter pressures | Changes to policy for hospital discharges – item first heard at Sept 2023 HASC. | | HIOW ICB | Item first heard at Sept 2023 HASC. Cttee requested a further update at Nov 2023 HASC. | x | | | | |
| 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. | | | | | | | | | |
| Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire | 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. HHFT latest report April 2020 received Sept 2020. Maternity services update heard May 2022. Update Nov 22. Solent – latest full report received April 2019, written update on minor improvement areas in November 2019. Frimley Health NHS FT – Maternity Services inspection. | | x | | | |

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | | 16 Jan 2024 | 5 March 2024 | 21 May 2024 | |
|-------|-------|---------------------------------------|-------------------|---|--|-------------|--------------|-------------|--|
| | | | | <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. – completed November 2023</p> | | | | | |

Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | | 16 Jan 2024 | 5 March 2024 | 21 May 2024 | |
|---|---|--|---|--|--|-------------|--------------|-------------|--|
| <i>work programme</i> | | | | | | | | | |
| Budget | 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 | | | |
| Working Groups | | | | | | | | | |
| HCC Care Proposals Working Group | To oversee a formal public consultation exercise in relation to the HCC Care Older Adults portfolio that is due to commence 4 September 2023. | | HCC Adults' Health and Care | ToR agreed by HASC – 31 July 2023. Working Group report on 16 January 2024 | | | | | |

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | | 16 Jan 2024 | 5 March 2024 | 21 May 2024 | |
|---|---|--|--|--|--|-------------|--------------|-------------|--|
| Update/Overview Items and Performance Monitoring | | | | | | | | | |
| Adult Safeguarding | Regular performance monitoring adult safeguarding in Hampshire. | Living Well Healthier Communities | Hampshire County Council Adults' Health and Care | For an annual update to come before the Committee. Last update Nov 2022. Next update due Nov 2023. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report) | | | | | |
| Health and Wellbeing Board | To receive updates on 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. | | | | | |

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | | 16 Jan 2024 | 5 March 2024 | 21 May 2024 | |
|---|---|---|-------------------------|--|--|-------------|--------------|-------------|--|
| NHS 111 | To request an item on performance of NHS 111 following concerns raised by a committee member | Living Well Ageing Well Healthier Communities Dying Well | HIOW ICB Frimley ICB | Updates rec'd – March 2021, Nov 2021, July 2022, Mar 2023. | | | x | | |
| Development of Integrated Care Systems (ICS) | Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS. | Living Well Ageing Well Healthier Communities Dying Well | HIOW ICB Frimley ICB | Updates rec'd - Jan 2022, July 2022, May 2023. Keep on work programme for monitoring. Request further update 2024. | | | | | |
| Dental Services | Concern over access to NHS dental appointments/issues with national dental contract. Item on the work programme for regular monitoring updates. | Starting Well Living Well | HIOW ICB Frimley ICB | Initial Item heard Nov 2021, written update March 2022. Last updated Nov 22. Chairman to liaise with the Leader regarding writing to the Secretary of State on dental contracts. | | | | x | |

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | | 16 Jan 2024 | 5 March 2024 | 21 May 2024 | |
|---|---|---|-------------------------|--|--|-------------|--------------|-------------|--|
| Primary Care Access | Concerns regarding access to GP/primary care services. Item on the work programme for regular monitoring updates. | Living Well Ageing Well Healthier Communities | HLOW ICB Frimley ICB | Presented July 2019, March 2022. Latest update June 2023. Requested further update Jan 2024. | | x | | | |
| Strategic Review of Primary Care Networks in North Hampshire | HASC requested a full report into the review conducted by the ICB in 2022. | | HLOW ICB | Requested at the June 2023 meeting. | | x | | | |

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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