

Public Document Pack



NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Wednesday 17th January 2018 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 14)

To confirm the minutes of the previous meeting

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. PROPOSALS TO VARY SERVICES (Pages 15 - 24)

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

Items for Monitoring

- North Hampshire CCG and West Hampshire CCG: Transforming Care Services in North and Mid Hampshire - proposals

7. ADULTS' HEALTH AND CARE:: REVENUE BUDGET FOR PUBLIC HEALTH 2018/19 (Pages 25 - 38)

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

8. ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR ADULT SOCIAL CARE 2018/19 (Pages 39 - 54)

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

9. ADULTS' HEALTH AND CARE: CAPITAL PROGRAMME FOR ADULT SOCIAL CARE 2018/19 - 2020/21 (Pages 55 - 70)

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

10. HASC: ARRANGEMENTS FOR ASSESSING SUBSTANTIAL CHANGE IN NHS PROVISION - UPDATE (Pages 71 - 88)

To consider and agree a revised framework for assessing substantial change in NHS provision.

11. WORK PROGRAMME (Pages 89 - 100)

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

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk 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, 2017

PRESENT

Chairman:

p Councillor Roger Huxstep

Vice-Chairman:

p Councillor David Keast

p Councillor Martin Boiles
p Councillor Ann Briggs
a Councillor Adam Carew
p Councillor Fran Carpenter
p Councillor Charles Choudhary
a Councillor Tonia Craig
p Councillor Alan Dowden

p Councillor Steve Forster
a Councillor Jane Frankum
p Councillor David Harrison
p Councillor Marge Harvey
p Councillor Pal Hayre
p Councillor Mike Thornton
d Councillor Jan Warwick

Substitute Members:

p Councillor Neville Penman

Co-opted Members:

p Councillor Tina Campbell
a Councillor Trevor Cartwright
p Councillor Barbara Hurst
p Councillor Alison Finlay

In attendance at the invitation of the Chairman:

p Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health
p Councillor Patricia Stallard, Executive Member for Public Health

31. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Jan Warwick. Councillor Neville Penman, as the conservative standing deputy, was in attendance in her place.

Apologies were also received from co-opted member Councillor Trevor Cartwright.

The Chairman welcomed Councillor Tina Campbell to the meeting, who had been appointed by HLOWLA as the fourth co-opted member representing district and borough councils.

32. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's

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

No declarations were made.

33. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 21 September 2017 were confirmed as a correct record and signed by the Chairman.

34. **DEPUTATIONS**

The Committee did not receive any deputations.

35. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made three announcements:

Death of Former Co-opted Member Councillor Dennis Wright

With regret the Chairman notified the Committee of the passing of Councillor Dennis Wright, who represented district and borough councillors on the Health Overview and Scrutiny Committee, and latterly on the HASC, until he stood down from that role in June 2017. The Chairman spoke on behalf of the Committee, giving their thoughts and wishes for his family at this sad time, and remembering his contribution to the Committee. A minute of silence was held in his memory.

Consultation on Older People and Physical Disability Service Day Opportunities

Members received an email on 15 November alerting them to the current consultation on this subject, which opened on 13 November and would close on 7 January 2018. This considered the future of two older peoples' day services; Bulmer House Day Service in Petersfield, and Masters House Day Service in Romsey, with a view to providing more personalised and tailored support to those currently attending.

During the consultation period, staff would work with those who currently use Bulmer House and Masters House day services and their families and carers to explore other potential options that they may wish to use. Detailed work had already started on identifying alternative options for these people.

To ensure that the Committee would be provided with the opportunity to participate in the consultation, a separate briefing for HASC had been arranged

for Thursday 7 December. Members would be further contacted in advance of this briefing to provide any necessary background information.

In addition, Members would have noted that the HASC previously scheduled for 20 March had been brought forward to 27 February, in order to facilitate the pre-decision scrutiny of this item.

Briefings and Updates

Updates would be shared after this meeting with the Committee on:

- Andover Minor Injuries Unit (*Hampshire Hospitals NHS Foundation Trust*)
- Transforming Care Partnership (*via West Hampshire Clinical Commissioning Group (CCG)*)

36. **PROPOSALS TO VARY SERVICES**

NHS Guildford and Waverley CCG: West Surrey Stroke Services

The scrutiny officer to the Committee provided a brief overview of the report, and noted the responses to those areas where Members had made previous representations (see report, Item 6 in the Minute Book).

Members agreed that the temporary model being operated showed a positive impact on the conveyance times of those in the affected areas of Hampshire. Members wished to be assured that treatment times at Frimley Park also remained positive, and that the relevant CCGs would continue to monitor ambulance response times.

RESOLVED

That the Committee:

- a. Note the outcomes of the consultation and final proposals for stroke services in West Surrey, which impact on some areas of South Eastern Hampshire.**
- b. Request a further update once the new service model has been fully embedded, to include monitoring information on the ambulance response times in the affected Hampshire area, and treatment times once patients have reached Frimley Park Hospital.**

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

The Chairman agreed to take the second issue under Item 7 first.

Southern Health NHS Foundation Trust – Care Quality Commission Re-Inspection

Representatives from Southern Health NHS Foundation Trust presented a report updating the HASC on the progress of actions relating to the Care Quality Commission (CQC) and Mazars reports (see report, Item 7 in the Minute Book).

Members heard that Dr Nick Broughton, the new Chief Executive, had now taken up his post, and a new Chair, Lynne Hunt, was also now in position. As a result of these Executive roles being filled, Julie Dawes, who had been the Interim Chief Executive, had now returned to the position of Chief Nurse. The Executive Board felt new, and would take some time to embed.

Since this item had last appeared before the Committee, the CQC had undertaken an inspection of the Elmleigh and Antelope House adult mental health units, as a result of information received from whistleblowing. This inspection had not resulted in the Trust being required to take any actions, although there were some 'should do' recommendations which Southern Health would integrate into its action plans.

An internal review had been commissioned from Niche Grant Thornton which considered the progress of all of the actions the Trust had needed to implement. The report gave an 'A' to 'E' rating of 80 actions, with 'A' being the most advanced and 'E' the least progressed. All of the actions had been given an 'A' or 'B' rating, and the comments received were positive. Although the report highlighted some areas for improvement, the overall commentary noted that there was now a robust 'Serious Incident Requiring Investigation' (SIRI) process in place.

The Trust were subject to two ongoing prosecutions, one which related to a service user in Hampshire and another in Oxfordshire, with both being publically known cases. Southern Health were not defending these suits. Both related to health and safety, and the Trust felt that the considerable amount of work undertaken since the time of these incidents had resulted in environments being as safe and ligature-free as possible. Going forward, it would be important that the Trust continued to build confidence in staff and service users, as well as the public, about these improvements.

In response to questions, Members heard:

- That the most recent CQC report detailed concerns reported by staff about miscommunication between the Executive team and staff in Antelope House about expectations around the Hamtun ward reopening. The Trust were aware of these concerns before the CQC inspection, and had discussed learning with staff. The Trust believed that the ward had been opened safely, and with a new management team in place now, there would be a better relationship from floor to ward.
- Antelope House staff may have previously felt disenfranchised in previous years due to the nature of the service, and how the service was managed, but recent engagement with staff had shown that this was no longer the case.
- In relation to the death of a service user where it is not clear who has been the most recent provider of their care, it had been agreed that the Trust that had been the most significant provider would lead the SIRI process, and would do so within the 48-hour window.

- The biggest issue facing the Trust which it felt still needed to be tackled fully was that of parity of esteem. Often patients with mental health needs require physical health support, and vice versa. One of the CQC actions was for mental health practitioners to be trained on physical health needs and how to pick up deteriorations of condition, and this was ongoing. The Niche Grant Thornton report showed that this had been a fully implemented recommendation.
- That many of those members of the public involved in the Trust were ex-complainants or service users who wanted to work with the organisation to improve it. In addition, the Trust were keen to increase the number of service users who return to employment, and were working with stakeholders on this aim, but was already a nationally-leading mental health provider in this area.

The Chairman and members of the Committee thanked Ms Dawes for her leadership and the progress she had made to the Trust's improvement journey whilst Interim Chief Executive.

RESOLVED

That Members:

- a. Note the update from the Trust.**
- b. Request that a further consideration of progress made against the recommendations of the Care Quality Commission and Mazars report is heard in September 2018.**
- c. Request an interim update on progress made against the Trust's actions plans, for information.**
- d. Request the assessment report by Niche Grant Thornton, once available.**

Portsmouth Hospitals NHS Trust: Care Quality Commission Re-Inspection

The Chief Executive and Interim Chief Nurse from Portsmouth Hospitals Trust were joined by the Director of Nursing and Quality from Hampshire CCG Partnership, in order to speak to a further update on the Trust's Quality Improvement Plan, which had been published following the most recent CQC report (see Item 7 in the Minute Book).

Members heard that further changes had been made to the Executive Board since the Trust last appeared before the HASC in September, with a new Chair in position, Melloney Poole, who took up the role on 1 November. Further work was being undertaken to recruit three other Non-Executive Director roles, and a strong list of candidates were due to be considered. It was hoped that appointments would be made at the end of November 2017. In terms of Executive Directors, all appointments had now been made, with successful candidates having already started in post, or due to begin on 1 December of 1 January. This was the first time the Trust had seen a substantive Board in place

for a considerable period of time, and it was hoped that this would give the organisation greater stability to take forward improvements.

The Trust were continuing to engage with staff, and in the Chief Executive's first 100 days, he had met with over 4,000 members of staff, and had put in mechanisms in order to hear a range of staff views. This had been successful in capturing views across the organisation, and time was being taken to translate this into coherent set of actions for the leadership team to take.

Elements of governance within the Trust were a key area of criticism by the CQC, and resultantly a clear plan was being put in place to strengthen this area. It was felt the Trust were making good progress against these. A key aspect of this was the quality improvement plan, which the Chief Executive noted felt different to previous strategies aimed at improving the Trust, as it gave greater weight to changing the culture, systems and processes within Queen Alexandra Hospital. The aspiration was to be a Trust that in future does not rely on inspection regimes to highlight areas for action and improvement. The plan had been developed and tested with 75 members of staff to refine the document and to make it one that staff from the ward to the Board could own and implement, and had content that genuinely meant something to those who work for the Trust. The Chief Executive was pleased with the final document, which had been published on 31 October. The Board was absolutely committed to delivering on all the actions, and had assigned dates by which it expected actions to be implemented and to have achieved its aim.

There were five key domains of the plan, which aimed to bring to life the key aspects of the CQC's findings. The Trust had assigned Executive Board members to each of these to ensure each had the appropriate senior overview and monitoring of the changes and improvements expected. These were:

- Valuing the basics (sponsored by the Chief Operating Officer)
 - Putting patients at the centre of care
 - Delivering holistic care
 - Having courageous discussions
 - Involving patients, families and carers
- Moving beyond safe (sponsored by the Director of Finance)
 - Urgent care
 - No 'avoidable' deaths
 - Stop harm to patients
 - Right patient in the right bed
- Supporting vulnerability in patients (sponsored by the Director of Workforce and Organisational Development)
 - Safeguarding
 - Mental health
 - Dementia
 - Mental Capacity Act and Deprivation of Liberty
- An organisation that learns (sponsored by the Medical Director)
 - Zero tolerance of bullying
 - Behaviours and compassion
 - Right staff with the right skills
 - Staff engagement
- Leading well through good governance (sponsored by the Chief Nurse)
 - Leadership at all levels

- Role clarity, responsibility and accountability
- Standardising and consistency in processes
- Being open and transparent

The issues around supporting vulnerability in patients remained a significant challenge for the Trust, as urgent care, for example, was an exceptionally busy environment and delivering the personalised care that was required for these cohorts of patients would require a different approach and thinking.

From the perspective of the CCG, the stability of the Board and recent appointments had seen a visible impact on the Trust, especially in the most recent months. The wealth of knowledge and capacity of the leadership of the new Board, as well as the energy of staff across the Trust, had made a noticeable difference.

The CCGs continued to play multiple roles in the Trust's journey to improvement, taking part in the joint oversight and assurance process alongside NHS England, NHS Improvement and the CQC. These organisations had joined forces with the CCG to monitor line by line progress against the delivery of the actions through the process, and the Trust had been transparent on where it saw the advancement of actions and progress. As part of this, the CCG had undertaken announced and unannounced inspections, including four visits to the Medical Assessment Unit to triangulate progress reported with how staff were working on the ground. This had been helpful for all parties, and the Trust had used the findings from these as part of their own processes to improve and amend implementation plans.

The CCG had been very encouraged by the changes demonstrated to date that specifically focused on mental health and vulnerable patients. This had been aided by a whole system approach to mental health through the set up of a cross-organisation Board. This, in particular, was aimed at tackling how the Trust works with partners in the community and vice versa, and although there was still a long way to go in terms of the approach, it was felt that discussions were following the right path.

The CCG noted that from their perspective challenges remained in terms of actions in relation to mortality and workforce, but these were big challenges that wouldn't change overnight. There also remained pressures in the Emergency Department and the resultant flow issues through the hospital, but this wasn't to say that there wasn't lots of positive work ongoing.

The CQC's enforcement actions had not yet been lifted, as the Trust and CCGs would need to understand from the regulator what actions should be evidenced before the overall rating of 'inadequate' was re-considered. It was hoped that the CQC would deliver a view on this in the new year, and that by May 2018 the rating for the Trust would have improved.

In response to questions, Members heard:

- That routine calls took place between the CQC, Medical Director and Chief Nurse to keep the regulator in the loop on progress. The CQC had been sent the quality improvement plan, but they generally do not tend to give

comments on whether such documents are right or wrong, but rather if they can demonstrate progress against the actions.

- The Trust were due to meet Professor Ted Baker, the CQC's Chief Inspector of Hospitals, in two weeks' time to discuss progress, but believed that it would be further into 2018 before a fuller inspection would take place. The CQC had not advised the hospital on any dates for possible inspections, but the Trust were aware that they may inspect at any time.
- The CQC had completed a re-inspection of the radiology department in July and the final report was due within the next week or so. The Chief Executive would be writing to HASC on this topic, as it picked up further actions that must be taken.
- That from the Trust's perspective, urgent care remained the biggest challenge. The Trust was one of the 20 systems determined by the Department of Health as needing the most support to improve arrival to treatment times and other metrics associated with urgent care. For the year to date, the Trust remained in the bottom decile for performance, and many patients still needed to wait far longer than the Trust would like. The Trust and its partners were fully committed to driving improvements, ensuring that capacity was in the right place in the system.
- The quality improvement plan was not reliant on new funding to implement, and the Trust were committed to putting the resources in place to progress the plan, particularly in relation to staff training and development. The Trust were cognisant that it would need to invest money where it will lead to tangible benefits relating to the plan, but would need to prioritise actions appropriately according to the funds available.
- The view of the Trust was that the footprint of the Emergency Department is good, but the layout within it is poor, and doesn't make the best use of resource. Historically parts of other departments have been removed and added to the Emergency Department, but this had added complexity to pathways and didn't result in better flow. There were plans to refresh what the floorplan looks like for the Emergency Department and Medical Assessment Unit, ensuring that adjacent areas have the right diagnostic access. However, the Trust still needed to be mindful of limited resource, although some funds had been made available to assist with this from the CCGs.
- This winter the Trust would be executing new plans on patient streaming, utilising GP resource to route patients to this service if the Emergency Department was not the right place for individuals to be treated.
- The CCGs had undertaken a piece of work to understand why some of the population attend accident and emergency if they do not need to. It was hoped that the work around the GP forward view may help to aid this issue, with greater focus on out of hospital urgent care.
- South Central Ambulance Service NHS Foundation Trust have among the best non-conveyance rate to hospital of any Trust nationally, and had developed significant skillsets in paramedics to keep people out of hospital when appropriate.
- Through the Trust's work with vulnerable patients, there would be a focus on how they could meet the needs of those with autism, with this work planned in for January and February 2018. The Trust would be utilising external advisors to strengthen their approach to this, and had already delivered some training for all Emergency Department and Maternity staff

on meet the needs of vulnerable adults, as this is where the hospital had the highest points of contact.

- The Trust now had 17 'freedom to speak up' advocates, whose role was to be a focal point for any member of staff who had concerns about bullying. It was hoped that this scheme would further expand across the Trust.
- The CCG expected it to be a tough winter this year, with a potential increase in flu. The focus would be on keeping people out of hospital who do not need to be there, utilising learning from the new models of care work streams which have had success in avoiding hospital attendance. The CCG had increased the number of primary care services offering same day GP sessions and home visiting services to help contribute to this.
- In reviewing the training and development of staff who join the Trust, and those who have been with it for a longer period of time, it had been found that a lot of overseas staff have the basic skills required in terms of respecting dignity and the humanity of basic care. However, after a period of time staff can become desensitised to what good looks like, especially when faced with exceptionally busy services. The focus would be on ensuring that staff had access to ongoing education which stops poor practice from occurring, and can develop staff in-house to train the clinician the Trust needs.
- The language barrier for staff that have been recruited from overseas has been a trend seen in complaints, and is a great source of frustration for patients, their families and the staff themselves. The Trust needed to ensure due diligence by checking that there is a basic consistency of English tested for those in clinical practice, and if not, to ensure that staff are supported to improve this before interacting with patients.
- Timely discharge remained a high priority, both in terms of speedy discharge home once decided to be medically fit, and delayed discharge for those going to another setting of care, or home with a care package. Pharmacy delays had been an issue, and work was ongoing to ensure that all wards and departments know the process for accessing medications before discharge.
- The Trust had been looking to other hospitals for best practice, and had discovered Northumberland Hospitals' 'criteria led discharge' procedure, which may be applicable in Portsmouth.

RESOLVED

That Members:

- a. Note the quality improvement plan from the Trust.**
- b. Request that further consideration of progress made against the recommendations of the Care Quality Commission report, and the Trust's Quality Improvement Plan, is heard in May 2018.**
- c. Request an interim update on progress made against the Quality Improvement Plan, for information.**

The Director of Adults' Health and Care presented a report on Adult Safeguarding (see report, Item 8 in the Minute Book).

The report was taken as read, and in response to questions, Members heard:

- That proof of concept was important to test when adopting new technologies, and the Department had piloted a number of different types. This included those that enabled greater social contact to be made, and those which acted as sensors and reminders, as well as the more traditional forms of social care technology like fall alarms. Rolling out technology to those who would benefit from it would allow precious social care resources to be freed up, and would result in more time for face to face time with those service users who need it.
- Much of the technology being used was through the Argenti partnership, with any device tested and adjusted with service users before being rolled out across the County. All technologies being regularly used had been implemented based on research, evidence and feedback. Currently the service was looking at the benefits of using technologies such as Amazon's 'Alexa'.
- Approximately 9,300 service users have integrated technology into their daily routine. More than 5,000 of these individuals only used technology to assist their social care needs, rather than other forms of support.
- It would be important to ensure that the Department closely monitored the use of technology to ensure that it doesn't impact negatively on service users.

The Director indicated his willingness to bring a future briefing to Members on the use of technology in Adults' Health and Care.

RESOLVED:

That the report is noted.

39. WORK PROGRAMME

The Director of Transformation and Governance presented the Committee's work programme (see Item 9 in the Minute Book).

RESOLVED:

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

Chairman, 17 January 2018

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	17 January 2018
Report Title:	Proposals to Develop or Vary Services
Report From:	Director of Transformation & Governance

Contact name: Members Services

Tel: (01962) 847336 **Email:** members.services@hants.gov.uk

1. Summary and Purpose

- 1.1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services, of which a revised version is due to be agreed at this meeting. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
- 1.4. This Report is presented to the Committee in three parts:
 - a. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
 - b. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
 - c. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an

opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements

- 1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim of maximising well being.

Items for Action

2. **NHS North Hampshire Clinical Commissioning Group and NHS West Hampshire Clinical Commissioning Group: Transforming Care Services in North and Mid Hampshire**

Context

- 2.1 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.
- 2.2 The now-disbanded Health Overview and Scrutiny Committee (HOSC) agreed that the proposals for the future of hospital services in north and mid Hampshire constituted a substantial change in service in [January 2014](#). At this time, these proposals were to either:
 - a) Centralise critical care services on the site of Basingstoke and North Hampshire Hospital and invest in Royal Hampshire County Hospital in Winchester as a general hospital treating the majority of patients in the local community; or
 - b) Build a new 300-bedded critical treatment hospital between Basingstoke and Winchester to treat the 15%-20% sickest patients or those at highest risk and invest in both the Royal Hampshire County Hospital and Basingstoke and North Hampshire Hospital as general hospitals treating the majority of patients in their respective communities.

Background

- 2.3 The HASC have received update items on proposals for hospital services in North and Mid Hampshire since this time, with the most recent in [November 2015](#). At this meeting, commissioners informed Members of the requirement to undertake a 'whole services review' before proceeding to public consultation on the options available for acute services in North and Mid

Hampshire. Since this time, the Chairman and scrutiny officer have received occasional briefings on progress to date, and briefings have been received by the wider Committee. One of the key concerns regularly cited by the Trust since this time, and an element picked up in correspondence between the Chairman, CCGs and Trust, has been the sustainability of providing services at all three hospital sites.

- 2.5 Since the HASC last considered this item, the Hampshire and Isle of Wight Sustainability and Transformation Plan/Partnership (STP) has been agreed, which includes a core delivery work stream on 'urgent and emergency care'. Within this is a dedicated programme on 'transforming care services in North and Mid Hampshire', which sees North Hampshire CCG (as part of Hampshire CCG Partnership), West Hampshire CCG and Hampshire Hospitals NHS Foundation Trust (HHFT) continuing to work together to deliver a set of proposals for potential consultation on this topic. A wider scope has existed since the update in November 2015, with the focus including out-of-hospital care and the organisation of community and primary care services across the geography.
- 2.6 Members will wish to note that HHFT has a [new Chief Executive in post](#), Alex Whitfield, who took up the position in April 2017, following the retirement of Mary Edwards in December 2016.

Update

- 2.7 A report ([Appendix One](#)) has been received from North Hampshire and West Hampshire CCGs, setting out a brief history of the programme, the options considered at a recent joint meeting in public of the North Hampshire CCG and West Hampshire CCG Governing Bodies, and the preferred option. For useful background reading, the reports considered by the CCGs at this meeting can be found [here](#).
- 2.8 The preferred option agreed at this meeting was to continue work to develop options for centralising services on the existing HHFT site (in Andover, Basingstoke and Winchester). The option to consult on building a standalone critical treatment hospital would not be progressed further, with the CCGs citing unaffordability as the main reason for this. In a [joint press release](#) from the CCGs and Trust, Alex Whitfield, the HHFT Chief Executive, notes the Trust's disappointment at this outcome.
- 2.9 Given the wider nature of the review and the requirement to undertake further work on it, together with the aim to provide care closer to home and out of hospital, the CCGs have stated that at this stage they do not plan to go out to consultation. A further update is due to the CCGs on the transforming care services work programme at their March 2018 Board meetings.

2.10 The CCGs will be present to speak to the report at the meeting. HHFT will also be present during the item.

Recommendations

2.11 That the Committee:

- a. Note the proposals on 'transforming care services in North and Mid Hampshire'.
- b. Makes any further recommendations on this item following discussions held during the meeting.

CORPORATE OR 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:	Yes

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.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

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

2. Impact on Crime and Disorder:

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

3. Climate Change:

- 3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a covering report which appends reports under consideration by the Committee; therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

- 3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.



West Hampshire Clinical Commissioning Group
North Hampshire Clinical Commissioning Group

Hampshire Health and Adult Services Committee - 17 January 2018

Update on Programme to Transform Care Services

Introduction

On 30 November 2017, West Hampshire and North Hampshire CCGs met in public to review all the work carried out so far and confirm the next steps in the programme to transform care services in North and Mid Hampshire.

Programme history

Early in 2017, West Hampshire CCG, North Hampshire CCG and Hampshire Hospitals NHS Foundation Trust began to work together to produce a joint plan for agreeing and delivering the best configuration of health care for the population of North and Mid Hampshire. This programme would help decide the right configuration of care - hospital-based, community-based and that provided by local GPs - for this part of Hampshire for many years to come. It would ensure that the health and social care system could meet the many opportunities and challenges facing it around the need to empower people to stay well and to provide safe, high quality, consistent and affordable health and care to everyone.

The right configuration would also include clarity about how care should be provided for people who are critically ill and those who need more specialised care. Hampshire Hospitals NHS Foundation Trust had proposed the development of a critical treatment hospital to provide this. An independent report carried out at the end of 2016 confirmed that further work needed to be done on the potential options and the impacts of any development on services in the community and in Winchester and Basingstoke Hospitals as well as other parts of the NHS locally (like University Hospital Southampton) that would be impacted by such a development.

The three organisations appointed McKinsey and Co to work with them during 2017 to look at how best they could implement this important programme. The focus was on how best to provide seven days a week services for people who are critically ill or need specialised care and how to develop options for how all parts of our health and care services – including community, primary and social care – can come together to offer a wider range of more coordinated out of hospital care and what that could look like.

Options considered

The Governing Bodies of North Hampshire and West Hampshire CCGs met in public on 30 November 2017 to review the work carried out with McKinsey. This included the evaluation of a number of options - informed by public research - set against agreed criteria. This included the Trust's original proposal for a new critical treatment hospital on a green field site near junction 7 of the M3 as well as options around the reconfiguration of the Basingstoke and Winchester sites.

Preferred option

The two CCG Boards accepted that the critical treatment centre was not affordable, given the financial challenges facing the local NHS and that it was not appropriate at this time to proceed to formal consultation on a future configuration of acute services for the people of north and mid Hampshire. The agreed recommendations were:

- To continue to develop and implement plans for rolling out more joined up local health services both in and out of hospital over the next few years;
- To continue with the current programme arrangements in order to develop proposals for the centralisation of services within the current Hampshire Hospitals' footprint (Andover, Winchester and Basingstoke), thus ensuring that patients continue to have access to the safest and highest quality care. This will include exploring any necessary capital development to support relocation of services;
- That other options, including a standalone critical treatment hospital, will not be progressed at this time as part of the programme.

Ongoing work programme

The two CCGs and the Trust will continue with the programme to identify how best to configure services between the three current sites (Winchester, Basingstoke and Andover) with a focus on:

- High quality care in and out of hospital in line with national best practice
- Joined up local care close to home or at home, focused around the patient's whole needs
- Less reliance on acute hospitals
- Using the benefits of rapidly developing technology.

The NHS Five Year Forward View clearly describes that the NHS and social care needs to fundamentally change how the health and wellbeing needs of local people are met. Likewise, local people have consistently told us that they want to be able to manage their health and wellbeing more effectively with services provided as close to their own homes as possible. We have started to develop a new way of providing care differently

which has three key elements – keeping people well; strengthening local primary and community care; and providing specialist care where needed.

We have started this work already and have a number of examples in place, such as extended GP access, which is already being piloted in Winchester and Andover and, from January 2018, will be piloted across groups of practices in east Hampshire, Alton and Basingstoke town centre. We have also rolled out GP online consultations in eleven of the 18 practices in north Hampshire and 45 of the 49 practices in west Hampshire. In our rural practices (Oakley and Overton, Kingsclere and Tadley) we are recruiting a nurse for our Proactive Care Programme to support our frail population in these areas. The care navigators project based in GP practices in Hedge End, Botley, West End, Bursledon and Hamble is providing much-needed welcome help to guide frail and elderly people around local health and care services and prevent social isolation, while Wellbeing Centres in Winchester, Eastleigh and Andover, run by Solent Mind and Andover Mind, offer a wide range of courses, workshops and support sessions for people with mental health problems.

The learning from these approaches and others from across the county clearly demonstrate that providing care in this way means that fewer local people need to be seen in hospital and there is the opportunity to develop this even further.

Timescales

At this stage, no formal consultation is currently planned.

Regular updates on the work programme to provide more care outside hospital will be received by both CCG Boards as the work programme is implemented. The next formal update to the formal meetings of both Boards will be in March 2018.

Alongside this, an information and engagement campaign is being developed for everyone living in the north and mid Hampshire area that will explain simply and clearly:

- What's already changed and how that's proving better for patients and NHS staff
- Why more services need to change and how that will benefit the patients using them
- Where those changes will take place and what the new way of providing services will actually look like within each local community
- How patients, special interest groups and local people can take part and contribute.

We will be happy to continue providing updates on all aspects of this programme at future meetings of the HASC.

Heather Hauschild
Chief Officer
West Hampshire CCG

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Front Cover Report

Committee:	Health and Adult Social Care Select Committee
Date:	17 January 2018
Title:	Revenue Budget Report for Public Health 2018/19
Report From:	Director of Adults' Health and Care, Director of Public Health and Director of Corporate Resources – Corporate Services

Contact name: Graham Allen, Director of Adults' Health and Care
Dr Sallie Bacon, Director of Public Health
Dave Cuerden, Finance Business Partner

Tel: 023 8038 3329
01962 847473

Email: graham.allen@hants.gov.uk
Sallie.Bacon@hants.gov.uk
dave.cuerden@hants.gov.uk

1. Purpose of Report

- 1.1 For the Health and Adult Social Care Select Committee to pre-scrutinise the budget proposals within the remit of this Committee (see report attached due to be considered at the decision day of the Executive Member for Public Health at 2:00pm on 17 January 2018).
- 1.2 For the Select Committee to consider the recommendations proposed in the report to the Executive Member for Public Health, and to agree and make recommendations to the Executive Member accordingly.

2. Recommendations

That the Health and Adult Social Care Select Committee either:

- 2.1. Support the recommendations being proposed to the Executive Member for Public Health in section 1 of the report.

Or:

Agree any alternative recommendations to the Executive Member for Public Health, with regards to the budget proposals set out in the report.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	17 January 2018
Title:	2018/19 Revenue Budget Report for Public Health
Report From:	Director of Public Health and Director of Corporate Resources – Corporate Services

Graham Allen, Director of Adults' Health and Care

Contact name: Dr Sallie Bacon, Director of Public Health

Dave Cuerden, Finance Business Partner

Tel: 02380 383329 or
01962 847473

Email: graham.allen@hants.gov.uk
sallie.bacon@hants.gov.uk
dave.cuerden@hants.gov.uk

1. Recommendation(s)

To approve for submission to the Leader and the Cabinet:

- 1.1. The revised revenue budget for 2017/18 as set out in Appendix 1.
- 1.2. The summary revenue budget for 2018/19 as set out in Appendix 1.

2. Executive Summary

- 2.1. The purpose of this report is to set out proposals for the 2018/19 budget for Public Health in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2017.
- 2.2. The deliberate strategy that the County Council has followed to date for dealing with grant reductions during the prolonged period of austerity is well documented. It involves planning ahead of time, making savings in anticipation of need and using those savings to help fund transformational change to generate the next round of savings.
- 2.3. In line with the financial strategy that the County Council operates, which works on the basis of a two year cycle of delivering departmental savings to close the anticipated budget gap, there is no savings target set for departments in 2018/19. Any early achievement of resources from proposals during 2018/19 as part of the Transformation to 2019 (Tt2019) Programme will be retained by departments to use for cost of change purposes.

- 2.4. The report also provides an update on the financial position for the current year within the context that the Public Health grant has been reduced by a further 2.5%, (£1.32m) in 2017/18. Overall the outturn forecast for the Department for 2017/18, is a budget under spend of £0.39m. Although, it should be noted that the budget for 2017/18 includes a draw from the Public Health reserve of £1.27m.
- 2.5. The proposed budget for 2018/19 analysed by service is shown in Appendix 1.
- 2.6. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2017/18 and detailed service budgets for 2018/19 for Public Health. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 5 February 2018 to make final recommendations to County Council on 22 February 2018.

3. Context and Priorities

- 3.1. The current financial strategy which the County Council operates works on the basis of a two year cycle of delivering departmental savings targets to close the anticipated budget gap. This provides the time and capacity to properly deliver major savings programmes every two years, with deficits in the intervening years being met from the Grant Equalisation Reserve (GER) with any early achievement of savings proposals retained by departments to use for cost of change purposes, cashflow the delivery of savings or offset service pressures.
- 3.2. The County Council's early action in tackling its forecast budget deficit over the prolonged period of austerity and providing funding in anticipation of further reductions, has placed it in a very strong position to produce a 'steady state' budget for 2018/19, giving itself the time and capacity to develop and implement the Tt2019 Programme to deliver the next phase of savings totalling £140m. This also avoids the worst effects of sudden and unplanned decisions on service delivery and the most vulnerable members of the community. Consequently there are no departmental savings targets built into the 2018/19 budget. However, other factors will still affect the budget, such as council tax decisions and inflation.
- 3.3. In 2016 the Local Government Finance Settlement provided definitive figures for 2016/17 and provisional figures for local authorities for the following three years to aid financial planning for those authorities who could 'demonstrate efficiency savings'. Following acceptance by the Department for Communities and Local Government (DCLG) of the County Council's Efficiency Plan for the period to 2019/20 the expectation was for minimal change for 2018/19 and 2019/20. No figures have been published beyond this date and there remains uncertainty around the Fair Funding Review and the future of 100% Business Rate Retention.
- 3.4. The Medium Term Financial Strategy (MTFS) approved by the County Council in November 2017 flagged that the Budget in November might

contain some additional information that could impact our planning assumptions, for example around public sector pay and council tax referendum limits.

- 3.5. In overall terms, the announcements in the Budget had very little impact on the revenue position reported in the MTFS, although there were some welcome announcements in respect of the Community Infrastructure Levy and Section 106 Developer Contributions.
- 3.6. Since the Budget was announced there has been a two year pay offer for local government workers, which includes a 'core' increase of 2% and changes to the lower pay scales to reflect the impact of the National Living Wage. The overall increase in the pay bill could be in the region of 6% over the two years, and is above the allowances made within the MTFS. Depending on the final pay award that is agreed this could mean additional recurring costs of circa £5m will need to be met.
- 3.7. The offer of a four year settlement provided greater but not absolute funding certainty and the provisional Local Government Settlement announced on 19 December confirmed the grant figures for 2018/19 in line with the four year settlement. The other key elements of the provisional settlement were:
 - The 'core' council tax referendum limit was increased from 2% to 3% for all authorities for the next two years (each 1% increase in council tax equates to approximately £5.7m). The arrangements for the social care precept remain unchanged.
 - Ten new 100% Business Rate Pilots were announced, one of which was for Portsmouth, Southampton and Isle of Wight Unitary Councils.
 - A Fair Funding Review consultation was announced as part of the settlement which is expected to be implemented in 2020/21.
 - A potential move to at least 75% Business Rate Retention is also planned for 2020/21, but still on the basis of fiscal neutrality.
 - No new announcements of funding for social care above those that we are already aware of but the Green Paper for adult social care is due to be published in summer 2018.
- 3.8. The key announcement related to the new referendum limit for council tax and this will be considered by Cabinet as part of the budget setting process in February.
- 3.9. The Public Health team has been developing its service plans and budgets for 2018/19 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Department are set out below.

4. Departmental Challenges and Priorities

- 4.1. The Health and Social Care Act (2012) transferred responsibility for the local leadership of public health from the NHS to upper tier and unitary authorities and conferred on them a new duty to take appropriate steps to improve the health of the people in their area.
- 4.2. A ring-fenced public health grant enables local authorities to discharge this responsibility. In December 2017 it was announced that the current ring-fence will be maintained until 31st March 2020.
- 4.3. As per the November 2015 spending review, there has been, since 2015/16, a programme of reductions in the public health grant allocation for Hampshire County Council. The total confirmed cash reduction in grant allocation since 2015/16 up to and including 2017/18 was £5.61m with further reductions planned of £1.34m in 2018/19 and a final reduction of £1.34m in 2019/20. The programme of grant reduction is expected to total £8.29m by 2019/20 when the remaining grant will be £49.49m.
- 4.4. On 21st December 2017, as part of the provisional Local Government Finance Settlement, it was confirmed that the reduction in the Public Health grant for Hampshire in 2018/19 would be £1.34m with the final reduction for 2019/20 of £1.34m remaining indicative.
- 4.5. Since 2015/16, against the programmed reduction in grant of £8.29m the Public Health team has identified budgeted savings of £4.90m up to and including the 2018/19 budget reported here. The Public Health team continue to develop a programme of work to build upon the efficiencies and savings that have already been achieved to meet the remaining expected saving required of £3.39m.
- 4.6. It should be emphasised that the above are cash reductions in the ring fenced grant. In real terms over the five years the level of reduction is significantly greater. To mitigate this, any inflationary pressures, for example, on staffing costs or existing contracts, have had to be accommodated within the available specific grant income.
- 4.7. A reduction in the public health grant inevitably presents challenges for Public Health and delivery of the Council's public health responsibilities, however, careful planning, delivery and evaluation of evidence-based interventions will ensure that available public health resources are focused on the key public health priority areas identified in the Public Health Strategy 'Towards a Healthy Hampshire' and set out below.
- 4.8. 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 delivered through the enhanced school nursing service; delivering quality assured NHS health checks with the aim of reducing future ill health, particularly dementia and cardio-vascular disease, and the demand for health and social care services; enabling access to comprehensive good value for money sexual health services through recommissioning, providing public health expertise and leadership to

Clinical Commissioning Groups to inform the planning and commissioning of health services and health protection responsibilities.

- 4.9. The focus on improved outcomes and increased quality in the public health commissioned services remains a priority to ensure effective use of the public health grant for the residents of Hampshire.
- 4.10. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes. The Healthy Child Programme (0-19) is an evidence based universal prevention and early intervention public health programme that is offered to all families. These services are supported by a mandate that requires universal delivery of five key child development reviews. It supports parents and promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the PH team is working in partnership with Children's services and NHS colleagues to transform and integrate services for children and young people and their families. Effective use of resources to maximise the universal nature of the service, to get the best possible outcomes in the six high impact areas, focus on prevention, and early identification of children and families at risk of future health and social problems is a priority for public health. The proportion of our population making unhealthy lifestyle choices and the impact on their future health and care needs remains a real public health challenge. These choices are already having an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on prevention and making a healthy lifestyle 'the 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. For children and young people this is delivered as part of the Healthy Child Programme by the Public health school nursing service.
- 4.11. With an increasingly older population tackling social isolation and malnutrition, preventing falls and maintaining mobility in our vulnerable and older residents will remain important areas of focus working closely with colleagues in Adult Services and the Demand Management and Prevention Programme.
- 4.12. Domestic abuse is a serious public health problem and through leadership and joint commissioning at a local level we have been able to reshape victim services. This work will continue and we will maintain our focus on reducing violence by continuing our leaderships of the Hampshire Domestic Abuse strategy.
- 4.13. Poor mental health represents a significant burden of disease and increases the risk of developing physical illness. We will continue our work to improve the mental wellbeing of our communities and the focus on preventing suicide. An EU partnership grant focusing on improving male health is enhancing our capacity in this important area. Promoting

emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services. The delivery of an updated Emotional Health and Wellbeing Strategy for children and young people will help to drive this agenda forward.

- 4.14. 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 a new service will be procured to commence in 2018. Work continues to support responsible drinking and promote safe and healthy places for people to live and work.
- 4.15. Sexual Health services and substance misuse services, being demand led, are challenged by the number of patients requiring this service, however are continuing to meet the demand for the service provision through transformation and shifting more activity from face to face to digital interventions.
- 4.16. The Director of Public Health continues to deliver the Health Protection responsibilities through partnership work with Public Health England and NHS England.
- 4.17. Public Health will contribute to the 'Transforming the Council to 2019' Programme and explore how this contribution can be enhanced, for example through working to align public health services for children with children's services, the transformational programme to drive out efficiencies in sexual health and other existing public health services, delivery of the agreed re-procurement schedule to maximise the value and quality of commissioned services and providing public health technical expertise to the development of outcome measures and the evaluation of interventions in the programme.
- 4.18. Through the Hampshire and Isle of Wight Sustainability and Transformation Partnership there has been renewed focus on leadership of prevention in the NHS.
- 4.19. In October 2016 the Public Health team and Adult Services Department were joined to form the new Adults' Health and Care Department. Although Public Health is reported in detail within this report the position is summarised within the Adult Social Care report to provide a departmental wide view for Adults' Health and Care.

5. 2017/18 Revenue Budget

- 5.1. The cash limited budget for 2017/18 was set to fully utilise the ring-fenced government grant for Public Health, together with planned use of £1.27m of the Public Health Reserve.
- 5.2. Enhanced financial resilience reporting, which looks not only at the regular financial reporting carried out in previous years but also at potential pressures in the system and the achievement of savings being delivered

through transformation, has continued through regular reports to the Corporate Management Team (CMT) and periodic reports to Cabinet.

- 5.3. The expected outturn forecast for 2017/18 is a budget under spend of £0.39m. This under spend has been achieved by planned work to deliver efficiencies and innovation within existing services in advance of future reductions in funding. This work has included holding vacancies in the Public Health team, and making reductions in contractual and non contractual spend.
- 5.4. The 2017/18 closing balance of the Public Health Reserve, after budgeted use of £1.27m was anticipated to be £6.14m. In light of the early realisation of savings plans it is now forecast that the balance at year end will be £6.53m.
- 5.5. The budget for Public Health has been updated throughout the year and the revised budget is shown in Appendix 1.

6. 2018/19 Revenue Budget Pressures and Initiatives

- 6.1. For budget planning purposes, the provisional figure for the ring-fenced Government grant for Public health for 2018/19 had been assumed. This position was subsequently confirmed within the provisional Local Government Finance Settlement on 21st December. The confirmed grant allocation for 2018/19 is £50.83m for Hampshire County Council, which represents a reduction of £1.34m from the grant awarded for 2017/18. As outlined in paragraph 4.4 above, further reductions are anticipated for future years. To meet this challenge, the service has been reviewing and re-procuring existing service and contractual commitments to ensure the best use of resources to optimise outcomes for the residents of Hampshire within a reducing Government grant.
- 6.2. The 2018/19 budget is based on the utilisation of £2.05m of the Public Health Reserve to meet the difference between the grant funding and the planned expenditure of £52.88m for the year. The budgeted use of the Public Health Reserve for 2018/19 coupled with the 2017/18 forecast underspend, leaves an anticipated £4.48m within the Public Health Reserve available from 2019/20. This will be utilised to provide short term one-off funding allowing time to further review existing contracts and drive out more sustainable efficiencies.

7. Revenue Savings Proposals

- 7.1. The Public Health team have continued to develop savings in the light of the reducing government grant. The review and re-procurement of existing service and contractual commitments is an on-going process, and has resulted in savings in contract values for 2018/19 that have been built into the budget position. Total net savings of £0.58m have been identified and included within the 2018/19 budget.

- 7.2. Rigorous monitoring of the delivery of the programme will continue during 2018/19, to ensure that Public Health is able to stay within its cash limited budget as set out in this report.
- 7.3. This action in developing and implementing the savings programme for 2018/19 means that the County Council is in a strong position for setting a balanced budget in 2018/19. In addition, plans to deliver further savings beyond 2018/19 is being finalised by Public Health. The following table shows the level of savings targeted in each of the next four years (further to those already included within the proposed 2018/19 budget), the gap in funding and the subsequent required draw from the Public Health Reserve.

	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m
Targeted Saving Profile	0	(0.35)	(3.39)	(3.39)
Funding Gap	2.05	3.39*	3.39	3.39
Draw on Public Health Reserve	2.05	3.04	0	0
Closing Balance Public Health Reserve	4.48	1.44	1.44	1.44

* Includes the final grant reduction of £1.34m.

- 7.4. By 2020/21 it is anticipated that the Public Health budget will be within the notional available funding announced in the 2015 Autumn Statement although the targeted savings are loaded toward later years. This is in line with the end dates of the contracts that are planned to be reviewed. In the interim the Public Health Reserve will offset the highlighted funding gap leaving a balance of £1.44m unallocated which will be available to meet any additional project costs associated with driving out the savings.

8. Budget Summary 2018/19

- 8.1. The budget update report presented to Cabinet in December included provisional cash limit guidelines for each department. The cash limit for Public Health in that report was £52.88m which was a £0.56m decrease on the previous year.
- 8.2. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Public Health for 2018/19 and show that these are within the cash limit set out above.

CORPORATE OR 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>
Transformation to 2019 – Revenue Savings Proposals (Executive Member for Health and Public Health) http://democracy.hants.gov.uk/documents/s6200/2017-09-21%20-%20Transformation%20to%202019%20Revenue%20Savings%20Proposals%20Report_HF000014712061.pdf	21 September 2017
Medium Term Financial Strategy Update and Transformation to 2019 Savings Proposals (Cabinet) http://democracy.hants.gov.uk/documents/s8298/Decision%20Record.pdf	16 October 2017
Budget Setting and Provisional Cash Limits 2018/19 (Cabinet) http://democracy.hants.gov.uk/documents/s9665/Budget%20Report.pdf	11 December 2017
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
None	

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	

IMPACT ASSESSMENTS:

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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic 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 characteristic connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic 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 which participation by such persons is disproportionately low.

1.2 Equalities Impact Assessment:

The budget setting process for 2018/19 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Transformation to 2019 Programme were considered in detail as part of the approval process carried out in October and November 2017 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 4 to 7 in the October Cabinet report linked below:

<http://democracy.hants.gov.uk/mgAi.aspx?ID=3194#mgDocuments>

2. Impact on Crime and Disorder:

2.1 The proposals in this report are not considered to have any direct impact on the prevention of crime, but the County Council through the services that it provides through the revenue budget and capital programme ensures that prevention of crime and disorder is a key factor in shaping the delivery of a service / project.

Climate Change:

- How does what is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified.

- How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

The County Council in designing and transforming its services will ensure that climate change issues are taken into account.

Budget Summary 2018/19 – Public Health

Service Activity	Original Budget 2017/18 £'000	Revised Budget 2017/18 £'000	Proposed Budget 2018/19 £'000
*Central	2,595	2,595	2,710
Information and Intelligence	32	32	22
Nutrition	1,188	1,188	959
Drugs and Alcohol	9,357	9,357	9,278
Tobacco	2,109	2,109	2,109
Dental	180	180	180
Children 5 - 19	4,036	4,036	4,036
*Children under 5	16,566	16,566	16,566
*Health Checks	1,447	1,447	1,447
**Misc Health Improvements and Wellbeing	5,771	5,771	5,697
*Sexual Health	10,130	10,130	9,843
Emergency Preparedness and Responsiveness	0	0	0
Health Protection	29	29	29
Transitional Costs	0	0	0
Net Cash Limited Expenditure	53,440	53,440	52,876

*Includes mandated services.

**Specific services include

- Domestic abuse services
- Mental Health promotion
- Some Children's and Youth PH services

HAMPSHIRE COUNTY COUNCIL

Front Cover Report

Committee:	Health and Adult Social Care Select Committee
Date:	17 January 2018
Title:	Revenue Budget Report for Adult Social Care 2018/19
Report From:	Director of Adults' Health and Care and Director of Corporate Resources – Corporate Services

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

Tel: 01962 845875 **Email:** Graham.Allen@hants.gov.uk
01962 847473 dave.cuerden@hants.gov.uk

1. Purpose of Report

- 1.1 For the Health and Adult Social Care Select Committee to pre-scrutinise the budget proposals within the remit of this committee (see report attached due to be considered at the decision day of the Executive Member for Adult Social Care and Health at 3:00pm on 17 January 2018).
- 1.2 For the Select Committee to consider the recommendations proposed in the report to the Executive Member for Adult Social Care and Health, and to agree and make recommendations to the Executive Member accordingly.

2. Recommendations

That the Health and Adult Social Care Select Committee:

Either:

- 2.1. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health in section 1 of the report.

Or:

Agree any alternative recommendations to the Executive Member for Adult Social Care and Health, with regards to the budget proposals set out in the report.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Health
Date:	17 January 2018
Title:	2018/19 Revenue Budget Report for Adult Social Care
Report From:	Director of Adults' Health and Care and Director of Corporate Resources – Corporate Services

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

Tel: 01962 845875 **Email:** graham.allen@hants.gov.uk
01962 847473 dave.cuerden@hants.gov.uk

1. Recommendation(s)

To approve for submission to the Leader and the Cabinet:

- 1.1. The revised revenue budget for 2017/18 as set out in Appendix 1.
- 1.2. The summary revenue budget for 2018/19 as set out in Appendix 1.
- 1.3. The proposed fees and charges as set out in Appendix 2.

2. Executive Summary

- 2.1. The purpose of this report is to set out proposals for the 2018/19 budget for Adult Social Care in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2017.
- 2.2. The deliberate strategy that the County Council has followed to date for dealing with grant reductions during the prolonged period of austerity is well documented. It involves planning ahead of time, making savings in anticipation of need and using those savings to help fund transformational change to generate the next round of savings.
- 2.3. In line with the financial strategy that the County Council operates, which works on the basis of a two year cycle of delivering departmental savings to close the anticipated budget gap, there is no savings target set for Departments in 2018/19. Any early achievement of resources from proposals during 2018/19 as part of the Transformation to 2019 (Tt2019) Programme will be retained by Departments to use for cost of change purposes.
- 2.4. The report also provides an update on the financial position for the current year. Overall the outturn forecast for the Department for 2017/18 is a budget under spend of £9.7m.

- 2.5. The proposed budget for 2018/19 analysed by service is shown in Appendix 1.
- 2.6. The report also reviews the level of charges for the provision of services which require approval and provides a summary of these charges in Appendix 2.
- 2.7. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2017/18 and detailed service budgets for 2018/19 for Adult Social Care within the Adults' Health and Care Department. The report has been prepared in consultation with the relevant Executive Members and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 5 February 2018 to make final recommendations to County Council on 22 February 2018.

3. Context and Priorities

- 3.1. The current financial strategy which the County Council operates works on the basis of a two year cycle of delivering departmental savings targets to close the anticipated budget gap. This provides the time and capacity to properly deliver major savings programmes every two years, with deficits in the intervening years being met from the Grant Equalisation Reserve (GER) with any early achievement of savings proposals retained by Departments to use for cost of change purposes, cashflow the delivery of savings or offset service pressures.
- 3.2. The County Council's early action in tackling its forecast budget deficit over the prolonged period of austerity and providing funding in anticipation of further reductions, has placed it in a very strong position to produce a 'steady state' budget for 2018/19, giving itself the time and capacity to develop and implement the Tt2019 Programme to deliver the next phase of savings totalling £140m. This also avoids the worst effects of sudden and unplanned decisions on service delivery and the most vulnerable members of the community. Consequently there are no departmental savings targets built into the 2018/19 budget. However, other factors will still affect the budget, such as council tax decisions and inflation.
- 3.3. In 2016 the Local Government Finance Settlement provided definitive figures for 2016/17 and provisional figures for local authorities for the following three years to aid financial planning for those authorities who could 'demonstrate efficiency savings'. Following acceptance by the Department for Communities and Local Government (DCLG) of the County Council's Efficiency Plan for the period to 2019/20 the expectation was for minimal change for 2018/19 and 2019/20. No figures have been published beyond this date and there remains uncertainty around the Fair Funding Review and the future of 100% Business Rate Retention.
- 3.4. The Medium Term Financial Strategy (MTFS) approved by the County Council in November 2017 flagged that the Budget in November might contain some additional information that could impact our planning assumptions, for example around public sector pay and council tax referendum limits.

- 3.5. In overall terms, the announcements in the Budget had very little impact on the revenue position reported in the MTFs, although there were some welcome announcements in respect of the Community Infrastructure Levy and Section 106 Developer Contributions.
- 3.6. Since the Budget was announced there has been a two year pay offer for local government workers, which includes a 'core' increase of 2% and changes to the lower pay scales to reflect the impact of the National Living Wage. The overall increase in the pay bill could be in the region of 6% over the two years, and is above the allowances made within the MTFs. Depending on the final pay award that is agreed this could mean additional recurring costs of circa £5m will need to be met.
- 3.7. The offer of a four year settlement provided greater but not absolute funding certainty and the provisional Local Government Settlement announced on 19 December confirmed the grant figures for 2018/19 in line with the four year settlement. The other key elements of the provisional settlement were:
- The 'core' council tax referendum limit was increased from 2% to 3% for all authorities for the next two years (each 1% increase in council tax equates to approximately £5.7m). The arrangements for the social care precept remain unchanged.
 - Ten new 100% Business Rate Pilots were announced, one of which was for Portsmouth, Southampton and Isle of Wight Unitary Councils.
 - A Fair Funding Review consultation was announced as part of the settlement which is expected to be implemented in 2020/21.
 - A potential move to at least 75% Business Rate Retention is also planned for 2020/21, but still on the basis of fiscal neutrality.
 - No new announcements of funding for social care above those that we are already aware of but the Green Paper for adult social care is due to be published in summer 2018.
- 3.8. The key announcement related to the new referendum limit for council tax and this will be considered by Cabinet as part of the budget setting process in February.
- 3.9. Adults' Health and Care has been developing its service plans and budgets for 2018/19 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Department are set out below.

4. Departmental Challenges and Priorities

- 4.1. The national long term financial forecast for Adult Social Care continues to be challenging despite additional non recurrent funding being made available to Local Authorities for 2017/18 through to 2019/20. In Hampshire this short term funding has been an invaluable resource to influence and implement much needed system change. However, it is too early to be confident that the funding will have a discernible positive impact on the underlying increase in demand for clients requiring adult social care services.

- 4.2. At the same time Adult Social Care budgets face demand pressures in the form of both volume and complexity of clients the Department is also required to be innovative in its engagement with providers to maintain prices at a sustainable and affordable level. The need to maintain a fair price for services purchased from provider partners is critical for the stability of this market which in turn will allow the Department to ensure adequate services remain available to meet client needs into the future.
- 4.3. The Department continues to manage the budget facing these pressures whilst at the same time there is an increasing requirement to reduce cost to offset reductions in overall Council funding. In respect of the latter the full Tt2017 saving of £43.1m has been removed from the budget for 2017/18, with a further £55.9m set to be removed in 2019/20 in respect of Tt2019. However, these reductions in funding will be offset, in part, by additional annual investments of approximately £11m to mitigate known areas of growth.
- 4.4. Overall, in the last two years, the Department have been able to report a significantly more positive position than had been previously forecast. This has been evidenced through greater achievement on Tt2017, (as highlighted in 5.3) and significantly less call on corporate support which has allowed the Department to accrue greater levels of Cost of Change. This has been achieved through the adoption of a challenging transformation programme that at its core has been particularly successful in enabling; Social Workers to adopt a strength based approach, increased use of technology and increased supported living as an alternative to high cost residential care.
- 4.5. 2017/18 has been a period of significant change and challenge for the Department not least with the bedding in of the joining of Adult Social Care and Public Health Departments and the commencement of a new organisational design. In regard of the latter 2017/18 has seen the arrival of a new structure, that is fully funded and that is supported by adequate controls and approvals to ensure that the budget can be managed effectively. This has been seen to be successful to date with a minor under spend forecast on the operational staffing budget.
- 4.6. The supply of affordable staffing resource within the In House Residential and Nursing Care homes continues to be a major challenge for the Department in part due to wider labour market challenges. Whilst there continues to be significant levels of vacancies that are covered through higher cost agency staff this issue has continued to lessen significantly during 2017/18. This is primarily due to improved permanent recruitment to vacant posts and more efficient rostering of staff. The budget for 2018/19 is set on the basis of a full establishment and cover for absence and vacancies in accordance with CQC regulations.
- 4.7. The demand from people of working age with physical and learning disabilities is growing more rapidly and although positive work to improve value for money in commissioning has created good financial and quality outcomes, the increase in demand through transition from childhood is beginning to outweigh this. Advances in medical care have had a positive impact on life expectancy and has meant that people with very complex needs are surviving into adulthood when historically they might not have

done. They are also living a fuller adult life and are naturally demanding support to live independently. Whilst in the medium term, this represents the fastest growing pressure on Adult Social Care budgets the Department are focussing efforts through the Tt2017 and Tt2019 programmes to minimise the impact of this pressure whilst improving outcomes and life experiences for service users.

4.8. The governments' commitment to the National Living Wage continues to have a substantial impact on the purchased care budget. From April 2018 it will increase from £7.50 to £7.83 for all working people aged 25 and over. Inevitably this will have an impact on the cost of some services purchased by the Department. When taking decisions to set the 2018/19 budget the Department has given balanced consideration of the likely impact this will have. It is currently anticipated that sufficient funding has been allocated to mitigate all in year price pressures pertaining to the National Living Wage including those arising from sleep in care.

4.9. The Department is carrying an underlying pressure caused primarily from the demand for care outstripping the original cash limited budget. In relation to this a pressure was carried into 2017/18, which the Department is mitigating through:

Additional one off funding from:

- Integrated Better Care Fund, (IBCF)
- Adult Social Care Support Grant, in addition to recurrent funding through:
- Corporate Support made available in year.

This underlying pressure is forecast to be carried into 2018/19 where in some part it will continue to be offset by one off funding but a greater proportion will require utilisation of the available corporate support to mitigate. It is recognised that purchased care is by far the most volatile and high risk area of adults' social care as it is influenced by a number of complex factors.

4.10. The Department is faced with care pressures arising both from the changing demography and complexity of clients, as well as the complex factors, such as tougher regulation, that change the nature of the market in which suppliers and the County Council engage. We continue to experience shortages in the availability of Residential and Nursing care at the County Council's rates which is consequently pushing up the average cost per placement. Although difficult to attribute to any single reason it is believed that shortages in the supply of care workers, against a backdrop of high employment within the county, and reductions in the number of registered providers are both increasing costs and shifting the balance of the market. To stabilise this market additional funding has been identified through the IBCF to increase the rates paid to all providers of Residential and Nursing care to clients that have a physical disability and or are older persons. Whilst the financial impact of this increase will be recurrent, the IBCF funding is only short term until 2019/20 when the pressure will be met from within the available corporate support. In 2018/19 a review of the Department's standard rates for older persons will be concluded and implemented.

- 4.11. The purchase of care for clients within their own home continues to be a challenging area for the Department. During 2018/19 the Department is committed to refreshing the Care at Home framework that whilst it is envisaged will bring some stability to the budget it may also represent an area of financial risk in terms of greater capacity to meet a further level of demand to that met in the last three years. In some part this should be offset through the work the Department is engaged in with Tt2019 to free up provider capacity by enabling greater independence of clients to better meet their own needs. Furthermore, within the new framework the Department is committed to improving relationships with providers through streamlining and simplifying the transactional engagement with them. A new process for making payments is expected to be introduced during 2018/19.
- 4.12. The two issues above adversely affect the Department's capacity to support flow from NHS hospitals, as pressure is maintained to reduce the number of delayed transfers of care (DToC) in line with the jointly agreed trajectory. To address the national deterioration in DToC an improvement at a local level became a dependency for the additional IBCF funding from 2017/18. Even though Hampshire's performance has improved, and the County Council has contributed significantly to this, local delivery on DToC continues to be challenging and may affect the level of future IBCF allocations. The local DToC performance is being monitored closely by the government through quarterly IBCF performance outcome statements and DToC returns from the NHS. In addition it is confirmed that Hampshire is one of the selected systems that will be subject to a local system review by the Care Quality Commission (CQC) in early 2018. Given the profile of DToC in the last year, it is essential that the steps the Department has implemented or has committed to take, including working more closely and more effectively with key system partners, does result in continued performance improvements in this challenging arena.
- 4.13. The Integrated Better Care Fund, (IBCF) additional allocation for the County Council was £17.0m in 2017/18, with £13.4m in 2018/19 and £6.7m the final year, 2019/20. In June 2017 the spending plan for the full amount was approved at the Health and Wellbeing Board and subsequently agreed by the DCLG. The spending plan addresses each of the three key streams for which the funding was provided.
- Meeting Adult Social Care Needs
 - Stabilise the Social Care Provider Market
 - Reduce pressures in the NHS

Progress on these schemes has been steady and it is expected that the 2017/18 allocation will be spent in full by the end of the year.

- 4.14. The other key priority is the Adults' Health and Care Transformation Programme, which is on schedule to complete the delivery of the full £43.1m Tt2017 savings by April 2018 and this is reflected accordingly within the proposed budget for 2018/19. For Tt2019 the Department have developed a programme to deliver savings of £55.9m as presented in the Medium Term Financial Strategy Update and Transformation to 2019 Savings Proposals report that went to Cabinet in October 2017. Progress on this programme has

been firm with early cash savings of £0.7m achieved in 2017/18 and £8.6m expected to be achieved in 2018/19.

5. 2017/18 Revenue Budget

- 5.1. The cash limited budget for 2017/18 includes early achievement of cash savings for Tt2019 of £0.7m. These and any further savings achieved during the year can be transferred to cost of change reserves and used to fund any future cost of change and demand management.
- 5.2. Enhanced financial resilience reporting, which looks not only at the regular financial reporting carried out in previous years but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through regular reports to the Corporate Management Team (CMT) and periodic reports to Cabinet.
- 5.3. It was agreed with Cabinet for Adults Health and Care to defer achievement of £13.1m Tt2017 savings to 2018/19 with the shortfall in 2017/18 being covered from the Departments' cost of change reserves. It is currently forecast that the cash saving shortfall in 2017/18 will only be £8.4m with full achievement expected for 2018/19. This has enabled the Department to retain a greater than expected proportion of the cost of change reserve to meet future Tt2019 costs. In light of the Departments' highly positive Tt2017 position to date and the level of confidence that the full saving will accrue in 2018/19 work is currently being undertaken to formally close the Adults Health and Care Tt2017 programme before the close of the year.
- 5.4. The forecast outturn for 2017/18 is a budget under spend of £9.7m. This favourable position is entirely within non recurrent budgets held within the Department and reflects the proportion of cost of change reserve brought into the year that is not required to meet either a savings shortfall or transformation costs. The net position on the Departments' service budgets is breakeven, although there are some key variances outlined below in paragraph 5.5.
- 5.5. The main recurrent pressures in 2017/18 relate to the provision of care, both purchased and provided in house with pressures of £3.4m and £2.3m respectively. However in year these have been offset by non recurrent funding made available through the "Meeting Social Care Needs" workstream of from the increased Integrated Better Care Fund, (IBCF) of £4.0m. The balance of £1.7m is offset from various savings across the Departments' non care budgets.
- 5.6. In addition, to reach this reported position the Department have utilised £2.1m of the £10.0m available recurrent corporate support and £4.8m from the one off Adult Social Care Support grant in 2017/18.
- 5.7. The budget for Adult Social Care has been updated throughout the year and the revised budget is shown in Appendix 1.

6. 2018/19 Revenue Budget Pressures and Initiatives

- 6.1. The Departments' budget has been reviewed in detail as part of the 2018/19 budget preparation process. Significant recurrent contingencies are not being

held by the Department as all available recurrent funding has been allocated to service budgets to meet the assessed cost for 2018/19. However, the Department is budgeted to hold centrally a proportion of the 2018/19 IBCF allocation and the planned early savings from Tt2019.

- 6.2. As with previous years the significant likely pressure in 2018/19 will come from care provision, both in house and purchased. This pressure will materialise through increases in demand and complexity of clients, and through the cessation of one off funding available in 2017/18, as highlighted in 5.5 and 5.6 above. Despite this the expected pressure is expected to be met in full from the available corporate support in 2018/19 and if required will be subject to a base budget adjustment into the Department.
- 6.3. The current growth forecast for demand pressures and reductions in one off funding for later years are both expected to be contained through the planned growth in available corporate support for the next three years.

7. Revenue Savings Proposals

- 7.1. In line with the current financial strategy, there are no new savings proposals presented as part of the 2018/19 budget setting process. Savings targets for 2019/20 were approved as part of the MTFs to 2020 by the County Council in July 2016. Detailed savings proposals to meet these targets have been developed through the Tt2019 Programme and were approved by Executive Members, Cabinet and County Council in October and November this year.
- 7.2. Some savings will be implemented prior to April 2019 and any early achievement of savings in 2018/19 can be retained by Departments to meet cost of change priorities. During the preparation of the 2018/19 budgets it was anticipated that £8.6m of savings would be achieved in year. This has been reflected in the detailed estimates contained in Appendix 1.

8. 2018/19 Review of Charges

- 8.1. For Adult Social Care, the 2018/19 revenue budget includes income of £59.6m from fees and charges to service users. This is a decrease of £0.4m (0.6%) on the revised budget for 2017/18.
 - A £1.1m reduction in income as a direct consequence of care volumes reducing to meet the Tt2017 and Tt2018 savings programmes.
Which is offset by;
 - £0.4m increase in the full cost for in-house residential and nursing provision that reflects a shift to charging closer to the overall cost of providing care, as agreed in January 2017.
 - £0.3m general increase in client income due to benefits increases.
- 8.2. Details of current and proposed fees and charges for 2018/19 where approval is sought for changes are outlined in Appendix 2. The Department will work with individuals affected to support them in understanding their choices and making decisions about how they wish to manage their support.

9. Budget Summary 2018/19

- 9.1. The budget update report presented to Cabinet in December included provisional cash limit guidelines for each Department. The cash limit for Adults' Health and Care in that report was £396.0m which includes budgets for Adult Social Care, (£343.1m) and Public Health, (£52.9). This report focusses on Adult Social Care with Public Health being covered in a separate report.
- 9.2. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by the Department for 2018/19 and show that these are within the cash limit set out above.
- 9.3. The cash limit is funded, in part, from specific Government Grants which fall under the responsibility of Adult Social Care. These specific grants are shown in the table below:

	2018/19	
	£'000	£'000
Cash Limited Expenditure	441,537	
Less Income (Other than Government Grants)	(98,430)	
Net Cash Limited Expenditure		343,107
Funded in part by the following Government Grants:		
• Local Community Voices Grant	(218)	
• Independent Living Fund	(4,210)	
• Better Care Fund	(8,412)	
• Improved Better Care Fund	(13,437)	
• War Widows Pension Grant	(539)	
Total Government Grants		(26,816)
Total Net Expenditure		316,291

CORPORATE OR 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:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Transformation to 2019 – Revenue Savings Proposals (Executive Member for Adult Social Care) http://democracy.hants.gov.uk/documents/s6200/2017-09-21%20-%20Transformation%20to%202019%20Revenue%20Savings%20Proposals%20Report_HF000014712061.pdf	21 September 2017
Medium Term Financial Strategy Update and Transformation to 2019 Savings Proposals (Cabinet) http://democracy.hants.gov.uk/documents/s8298/Decision%20Record.pdf	16 October 2017
Budget Setting and Provisional Cash Limits 2018/19 (Cabinet) http://democracy.hants.gov.uk/documents/s9665/Budget%20Report.pdf	11 December 2017
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
None	

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	

IMPACT ASSESSMENTS:

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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic 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 characteristic connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic 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 which participation by such persons is disproportionately low.

1.2 Equalities Impact Assessment:

The budget setting process for 2018/19 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Transformation to 2019 Programme were considered in detail as part of the approval process carried out in October and November 2017 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 4 to 7 in the October Cabinet report linked below:

<http://democracy.hants.gov.uk/mgAi.aspx?ID=3194#mgDocuments>

2. Impact on Crime and Disorder:

2.1 The proposals in this report are not considered to have any direct impact on the prevention of crime, but the County Council through the services that it provides through the revenue budget and capital programme ensures that prevention of crime and disorder is a key factor in shaping the delivery of a service / project.

Climate Change:

- How does what is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified.

- How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

The County Council in designing and transforming its services will ensure that climate change issues are taken into account.

Budget Summary 2018/19 – Adults' Health and Care Department

Service Activity	Original Budget 2017/18 £'000	Revised Budget 2017/18 £'000	Proposed Budget 2018/19 £'000
Director			
Director	1,535	1,312	1,277
Strategic Commissioning and Business Support			
Strategic Commissioning	17,399	18,884	18,061
Transformation			
Transformation	2,917	3,949	3,443
Older People and Physical Disabilities			
Older People and Physical Disabilities Community Services	123,829	119,041	125,609
Learning Disabilities and Mental Health Services			
Learning Disabilities Community Services	103,194	104,255	105,474
Mental Health Community Services	17,742	16,795	16,947
Contact Centre	0	706	665
Internal Provision			
Internal Provision	34,176	35,492	36,696
Reablement	10,868	11,341	11,408
Governance, Safeguarding and Quality			
Safeguarding	3,455	3,637	3,591
Centrally Held	(12,968)	29,350	19,936
Total Adult Services	302,147	344,762	343,107
Public Health	53,440	53,440	52,876
Net Cash Limited Expenditure	355,587	398,202	395,983

Review of Fees and Charges 2018/19 – Adults' Health and Care

	Income Budget 2018/19	Current Charge	Planned Charge (approved by Full Council Feb 2017)	Proposed Increase	Proposed New Charge
	£'000	£	£	%	£
Mandatory/National Charges:					
Full cost weekly charge (HCC in-house residential and nursing establishments, including respite services)					
Nursing Care for Older People (per week)	5,297	635.46	666.12	2.4	682.08
Residential Care for Older People (per week)	6,278	573.51	601.09	2.4	615.51
Residential Care for Dementia (per week)	In above	619.78	649.60	2.4	665.14
Residential Care for Adults with a Learning Disability (per week)	99	991.76	N/A	2.4	1,015.56
Orchard Close (per standard week)	-	828.87	N/A	2.4	848.75
Meals on Wheels	1,196	4.55	N/A	2.6	4.67

Discretionary charges:

Service user charges for non residential care (chargeable services) are calculated on the actual cost of care provided to service users.

In line with Corporate Policy based on an assumed CPI, all discretionary charges will be increased by an inflation rate of 2.4%

HAMPSHIRE COUNTY COUNCIL

Front Cover Report

Committee:	Health and Adult Social Care Select Committee
Date:	17 January 2018
Title:	Capital Programme for Adult Services 2018/19 to 2020/21
Report From:	Director of Adults' Health and Care and Director of Corporate Resources – Corporate Services

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

Tel: 01962 845875 **Email:** Graham.Allen@hants.gov.uk
01962 847473 dave.cuerden@hants.gov.uk

1. Purpose of Report

- 1.1 For the Health and Adult Social Care Select Committee to pre-scrutinise the proposed Capital Programme 2018/19 to 2020/21 within the remit of this committee (see report attached due to be considered at the decision day of the Executive Member for Adult Social Care and Health at 3:00pm on 17 January 2018).

2. Recommendations

That the Health and Adult Social Care Select Committee either:

- 2.1. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health in section 1 at the beginning of the report.

Or:

Agree any alternative recommendations to the Executive Member for Adult Social Care and Health, with regards to the budget proposals set out in the report.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Health
Date:	17 January 2018
Title:	Capital Programme for 2018/19 to 2020/21
Report From:	Director of Corporate Resources – Corporate Services and Director of Adults' Health and Care

Contact name: Graham Allen and Dave Cuerden

Tel: 01962 845875

01962 847473

Email: graham.allen@hants.gov.uk

dave.cuerden@hants.gov.uk

1. Recommendations

- 1.1. To approve for submission to the Leader and Cabinet the capital programme for 2018/19 to 2020/21 as set out in Appendix 1 and the revised capital programme for 2017/18 as set out in Appendix 2.
- 1.2. It is recommended that the first phase of the project to update the kitchenettes, kitchens and bathrooms at the in-house units totalling £750k, being funded from the 2017/18 Capital Programme, be approved.

2. Executive Summary

- 2.1. This report seeks approval for submission to the Leader and Cabinet of the proposed capital programme for 2018/19 to 2020/21.
- 2.2. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 5 February 2018 to make final recommendations to County Council on 22 February 2018.
- 2.3. The report considers the schemes which it is proposed to include in the capital programmes for 2018/19, 2019/20 and 2020/21.
- 2.4. The proposals contained in this report are derived from the departmental service plans which have been developed to support the priorities of the Corporate Strategy.

3. Contextual Information

3.1. Executive Members have been asked to prepare proposals for:

- a locally-resourced capital programme for the three-year period from 2018/19 to 2020/21 within the guidelines used for the current capital programme including the third year, 2020/21, at a similar level to 2019/20
- a programme of capital schemes in 2018/19 to 2020/21 supported by Government grants as announced by the Government.

3.2. The medium term financial and efficiency strategy is closely linked to the Corporate Strategy and the Corporate Business Plan to ensure that priorities are affordable and provide value for money and that resources follow priorities.

4. Locally resourced capital programme

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

	£000
2018/19	481
2019/20	481
2020/21	481

4.2. Executive Members may propose supplementing their capital guidelines under the 'prudential framework' agreed by Cabinet at its meeting on 24 November 2003, as amended by Cabinet in February 2006, thereby integrating more closely decisions on revenue and capital spending in support of corporate priorities. 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. No virements are proposed between revenue and capital budgets in this report.

5. Proposed capital programme 2018/19 to 2020/21 – locally resourced schemes

5.1. The Adult services capital programme for locally resourced schemes reflects the corporate aims of enabling people to live safe, health 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

5.2. The detailed programme in Appendix 1 and expenditure for 2018/19 is summarised in the table below:

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

6. Revised 2017/18 capital programme

6.1. The revised 2017/18 capital programme for Adults is shown in Appendix 2 and totals £55.1 million. The changes since the capital programme was approved in January 2017 are summarised below:

	2016/17 £000
Approved Programme	481
Carry Forward from 2016/17	44,433
Disabled Facilities Grant (Better Care Fund pooled budget)	10,694
Transfer to Revenue (eg demolitions)	-481
Total	55,127

6.2. The schemes carried forward from previous years of £44.433m were agreed by Cabinet on 19 June 2017. These predominantly relate to the Extra-Care housing and Adults with a Disability Accommodation programmes.

6.3. Projects are being developed to undertake the first phase of updating the kitchenettes, main kitchens and bathrooms at a number of the in-house units at an estimated cost of £750k over the next year. It is recommended that this is funded from the 2017/18 capital programme.

Extra-Care Housing

6.4. On the 24 October 2011 Cabinet approved the strategy to extend the development of 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.

6.5. 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.

6.6. Capital funding for future Extra-Care developments will be subject to the development of individual business cases.

- 6.7. On the 21 July 2014 Cabinet approved £26m to be allocated from the original £45m capital envelope to deliver up to 700 units and secure accelerated delivery of the original 500 unit target by 2017.
- 6.8. Since this Cabinet approval several key factors that drive delivery and cost have changed. Build costs have risen and the Registered Housing Provider sector has found it harder to build. Reduced capital subsidy rates and more risk averse lending has been exacerbated by recent Government decisions around Right to Buy and Registered Housing Provider income. This led to an overview of the extra care programme in early 2016.
- 6.9. On 22 April 2016 the Executive Member for Policy and Resources approved the re-instatement of the Older Persons Extra-Care programme to the original £45m capital envelope. With this in mind, a full review of the remaining programme and project opportunities is being undertaken to ensure the most cost effective programme is identified as a basis for the programme going forward.

Transformation of Adult Learning Disability Services

- 6.10. 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.
- 6.11. 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.
- 6.12. 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. It is envisaged that the transformation will be completed by the end of March 2019.

Adults with a Disability Accommodation

- 6.13. 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 around 600 service users with a learning and/or physical disability from an existing care home setting to a shared house or individual groups of flats.

Transfer to revenue

- 6.14. The funding transfer of £481k to revenue is a technical accounting adjustment. This is for expenditure on capital projects that cannot be capitalised under the capital accounting rules eg demolition costs.

7. Capital programme supported by Government allocations

- 7.1. The locally resourced capital programme is supported by Government grant received from the Department of Health. In 2017/18 the amount of Department of Health capital funding to Adult Services was £10.694m for the Disabled Facilities Grant. This funding forms part of the Better Care Fund – Pooled budget which is overseen by the Hampshire Health and Wellbeing Board.
- 7.2. The Secretary of State has not yet announced details of individual local authority capital allocations for 2018/19. For planning purposes 2017/18 allocations are being assumed.
- 7.3. The Disabled facilities grant (DFG) of £10.694m is capital money made available to local authorities as part of their allocations to award grants for changes to a person’s home. There is a statutory duty for local housing authorities to provide grants to those who qualify. This part of the fund will be governed by the disabilities facilities grant conditions of grant usage as made by the Department for Communities and Local Government (DCLG) 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.

8. Capital programme summary

- 8.1. On the basis of the position outlined above, the total value of the capital programmes submitted for consideration for the three years to 2019/20 are:

	Schemes within locally resourced guidelines	Additional schemes funded within the prudential framework	Schemes supported by Government allocations	Total
	£000	£000	£000	£000
2018/19	481	-	10,694	11,175
2019/20	481	-	-	481
2020/21	481	-	-	481

Note: the above figures are net of developers' contributions and exclude the costs of land for programme schemes which are dealt with outside the guidelines.

9. Revenue implications

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

	Full Year Cost	
	Current Expenditure £000	Capital Charges £000
Schemes within the guidelines		
2018/19	-	26
2019/20	-	26
2020/21	-	26
	-----	-----
Total	-	78
	-----	-----

9.2. The total revenue implications for the three years of the starts programme, including capital charges, represent a real term increase of 0.02% over the 2017/18 original budget of Adult Social Care Service.

10. Conclusions

10.1. The proposed capital programme for Adult Services as summarised in section 8 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 corporate aims:

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

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Strategy**

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:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links**Links to previous Member decisions:**

<u>Title</u>	<u>Date</u>
Transformation of Adult Learning Disabilities Services- Property Issues	21 July 2011
Outcome of the Consultation on the proposed closure of four Residential Care Homes and One Day Centre	9 December 2013
Cabinet Capital Programme Review	21 July 2014
Older Persons Extra-Care Programme and update to the Winchester Extra-Care Business Case	21 September 2015
Adult Services Capital programme 2017/18 to 2019/20	17 January 2017
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
Hampshire Equipment Services Accommodation Strategy	20 March 2017
Cabinet End of Year Financial Report 2016/17	19 June 2017
Adults with a Disability Housing Programme: Phase 1 update and additional project approvals	22 September 2017
Adults with a Disability Housing Programme: Progress to date and approval to the strategy for Phase 2 new build projects	18 October 2017

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	

IMPACT ASSESSMENTS:

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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. Equalities Impact Assessment:

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

2. Impact on Crime and Disorder:

2.1. The County Council has a legal obligation under Section 17 of the Crime and Disorder Act 1998 to consider the impact of all the decisions it makes on the prevention of crime. The proposals in this report have no proven impact on the prevention of crime.

3. Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption?

All relevant developments within the capital programme are subject to specific, detailed assessments. Energy conservation, and where applicable enhancing biodiversity, are priorities for all major building schemes.

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

Where appropriate capital schemes are planned with adaptation to climate change in mind, such as the inclusion of passive cooling through building design, rain-water and grey-water harvesting, drought resistant planting etc.

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles Grants	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
2018/19 Schemes							
Schemes Supported from Local Resources							
1	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
2	Disabled Facilities Grants	-	-	10,694	10,694	-	-
Total Programme		241	40	10,894	11,175	-	26

Capital Programme - 2018/19

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

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
	2019/20 Schemes						
	Schemes Supported from Local Resources						
3	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
	Total Programme	241	40	200	481	-	26

Capital Programme - 2019/20

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

Page 67

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
	2020/21 Schemes						
	Schemes Supported from Local Resources						
4	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
	Total Programme	241	40	200	481	-	26

Capital Programme - 2020/21

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

Page 68

Adult Social Care 2017/18 capital programme

Resources	
1.	Latest programme limit: £000
	Approved Programme 481
	Carry Forward from 2016/17 44,433
	Disabled Facilities Grant (Better Care Fund pooled budget) 10,694
	Transfer from Revenue
	Transfer to Revenue -481
	Total 55,127
Allocated to Projects / Schemes	
2.	Project Extra-care Housing transformation project 19,825
	Maintaining Operational Buildings including Residential and Nursing Care 437
	Locks Heath Day Service 280
	Kitchenettes, Kitchens, Bathrooms Phase 1 Upgrade 750
	Information Technology 119
	Extra-Care Housing 15
	Learning Disability (LD) Integration/Transformation (F&E) 101
	Adults with a Disability Accommodation 20,396
	Improvements to Residential and Nursing Accommodation: 112
	Disabled Facilities Grant 10,694
	Social Care Capital Grant 1,193
	Nursecall Upgrade 660
	Hampshire Equipment Store 545
	Schemes controlled on a starts basis 55,127

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Front Cover Report

Committee:	Health and Adult Social Care Select Committee
Date:	17 January 2018
Title:	Arrangement for Assessing Substantial Change in NHS provision
Report From:	Director of Transformation and Governance

Contact name: Katie Bradley, Group Manager

Tel: 01962 847336

Email: Members.services@hants.gov.uk

1. Purpose of Report

- 1.1 For the Health and Adult Social Care Select Committee to consider and agree a revision to the framework for assessing substantial change in NHS provision, following changes to section 12 of the process. .

2. Recommendations

That the Health and Adult Social Care Select Committee:

- 2.1. Agrees the revisions to the framework for assessing substantial change in NHS provision.

This page is intentionally left blank

Hampshire County Council Health and Adult Social Care Select Committee: Arrangements for Assessing Substantial Change in NHS provision (revised December 2017)

Purpose and Summary

- 1) The purpose of this document is to agree the arrangements for assessing significant developments or substantial variations in NHS services across the Hampshire area, and for those that may impact on the Hampshire population.
- 2) It describes the actions and approach expected of relevant NHS bodies or relevant health service providers and the Hampshire Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC) when proposals that may constitute substantial service change are being developed, and outlines the principles that will underpin the discharge of each parties' role and responsibilities.
- 3) The document is the fifth refresh of the 'Framework for Assessing Substantial Service Change' originally developed with advice from the Independent Reconfiguration Panel (IRP)¹ and updates the guidance relating to the key issues to be addressed by relevant NHS bodies or relevant health service providers when service reconfiguration is being considered. Emphasis is placed on the importance of constructive working relationships and clarity about roles by all parties based on mutual respect and recognition that there is a shared benefit to our respective communities from doing so.
- 4) This framework was substantially amended in 2013 following the publication of 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013'². This latest refresh relates to the 'hospital bed closure' test which was introduced in April 2017 by NHS England³.
- 5) The legal duties placed on relevant NHS bodies or relevant health service providers and the role of health scrutiny are included to provide a context to the dialogue that needs to be taking place between relevant NHS bodies or relevant health service providers and the HASC to establish if a proposal is substantial in nature. In this document, the term 'NHS' and 'NHS bodies' refer to:
 - NHS England
 - Clinical Commissioning Groups
 - NHS Trusts and NHS Foundation Trusts
- 6) It is intended that these arrangements will support:
 - Improved communications across all parties.

¹ <http://www.irpanel.org.uk/view.asp?id=0>

² <http://www.legislation.gov.uk/ukxi/2013/218/contents/made>

³ <https://www.england.nhs.uk/2017/03/new-patient-care-test/>

- Better co-ordination of engagement and consultation with service users carers and the public.
 - Greater confidence in the planning of service change to secure improved outcomes for health services provided to communities across Hampshire
- 7) Section 242 of the NHS Act places a statutory duty on the NHS to engage and involve the public and service users in:
- Planning the provision of services
 - The development and consideration of proposals to change the provision of those services
 - Decisions affecting the operation of services.
- 8) This duty applies to changes that affect the way in which a service is delivered as well as the way in which people access the service.
- 9) Section 244 of the NHS Act 2006 places a statutory duty on relevant NHS bodies or relevant health service providers to consult Local Authorities on any proposals for significant development or substantial variation in health services. NHS organisations will note that this duty is quite distinctive from the routine engagement and discussion that takes place with Local Authorities as partners and key stakeholders.
- 10) Significant development and substantial variation are not defined in the legislation but guidance published by the Department of Health and Centre for Public Scrutiny on health scrutiny make it clear that the body responsible for the proposal should initiate early dialogue with health scrutineers to determine:
1. If the health scrutiny committee consider that the change constitutes a significant development or substantial variation in service
 2. The timing and content of the consultation process.
- 11) Where it is agreed that a set of proposals amount to a substantial change in service, the NHS body or relevant health service provider must draw together and publish timescales which indicate the proposed date by which it is intended that a decision will be made. These timescales must also include the date by which the local authority will provide comments on the proposal, which will include whether the NHS Body has:
- Engaged and involved stakeholders in relation to changes; and,
 - Evidenced that the changes proposed are in the interest of the population served.
- It is therefore expected that the NHS body or relevant health service provider works closely with health scrutineers to ensure that timetables are reflective of the likely timescales required to provide evidence of the above considerations, which in turn will enable health scrutiny committees to come to a view on the proposals.

- 12) The development of the framework has taken into account the additional key tests for service reconfiguration set out in the Government Mandate to NHS England. Where it is agreed that the proposal does constitute a substantial change the response of a health scrutiny committee to the subsequent consultation process will be shaped by the following considerations:
- Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service? *(This should take account of the relevant equality and data protection legislation and be clear about the impact of the proposal on any vulnerable groups.)*
 - The extent to which commissioners have informed and support the change. *(This has been somewhat superseded as the expectation from NHS England is that commissioners should lead all service changes.)*
 - The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.
 - How the proposed service change affects choice for patients, particularly with regard to quality and service improvement.
 - Whether one of the three considerations in relation to bed closures have been met (NHS England must approve this before a Health Scrutiny Committee can take a decision on this element):
 - Alternative sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the workforce will be there to deliver it.
 - Specific new treatments or therapies will reduce specific categories of admissions.
 - Where bed use has been less efficient than the national average, that NHS bodies have a credible plan to improve performance without affecting patient care.
- 13) NHS organisations and relevant health service providers will also wish to invite feedback and comment from the relevant Local Healthwatch organisation. Local Healthwatch has specific powers, including the ability to refer areas of concern to health scrutineers and Healthwatch England, and also specific responsibilities, including advocacy, complaints, and signposting to information. Health scrutiny committees hold good relationships with patient and public representatives and expect evidence of their contribution to any proposals for varying health services from the NHS.
- 14) The framework attached at Appendix One identifies a range of issues that may inform both the discussion about the nature of the change and the response of health scrutiny committees to the consultation process. The intention is that this provides a simple prompt for assessing proposals, explaining the reasons for the change and understanding the impact this will have on those using, or likely to use, the service in question. It aims to inform any report or briefing you may be asked to

present to HASC, in order to answer the likely questions from the Committee on the nature and impact of any proposed change.

- 15) The framework is not a 'blueprint' that all proposals for changing services from the NHS / relevant health service provider are expected to comply with. The diversity of the health economy across Hampshire and the complexity of service provision need to be recognised, and each proposal will therefore be considered in the context of the change it will deliver. The framework can only act as a guide: it is not a substitute for an on-going dialogue between the parties concerned. It is designed for use independently by organisations in the early stages of developing a proposal, or to provide a basis for discussion with health scrutineers regarding the scope and timing of any formal consultation required.
- 16) Although it remains good practice to follow Cabinet Office guidance in relation to the content and conduct of formal consultation, health scrutiny committees are able to exercise some discretion in the discharge of this duty. Early discussions are essential if this flexibility is to be used to benefit local people.
- 17) Any request to reduce the length of formal consultation with the HASC will need to be underpinned by robust evidence that the NHS body or relevant health service provider responsible for the proposal has engaged, or intends to engage local people in accordance with Section 242 responsibilities. The 2017 statutory guidance⁴ on 'Patient and public participation in commissioning health and care' states that '*Involvement should not typically be a standalone exercise such as a formal consultation. It will generally be part of an ongoing dialogue or take place in stages.*' Such engagement requires the involvement of service users and other key stakeholders in developing and shaping any proposals for changing services. Good practice guidance summarises the duty to involve patients and the public as being:
 1. Not just when a major change is proposed, but in the on-going planning of services
 2. Not just when considering a proposal, but in the development of that proposal, and
 3. In decisions that may affect the operation of services.
- 18) All proposals shared with health scrutiny committees by the NHS body or relevant health service provider – regardless of whether or not they are considered substantial in nature - should therefore be able to demonstrate an appropriate consideration of Section 242 responsibilities.
- 19) The HASC will come to its own view about the nature of change proposed by an NHS body or relevant health service provider. Where a proposal is judged to be substantial and affects service users across

⁴ <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

local authority boundaries the health scrutiny committees affected are required to make arrangements to work together to consider the matter.

- 20) Although each issue will need to be considered on its merits the following information will help shape the views of the HASC regarding the proposal:
1. The case of need and evidence base underpinning the change taking account of the health needs of local people and clinical best practice.
 2. The extent to which service users, the public and other key stakeholders, including clinical commissioners, have contributed to developing the proposal. Regard must be given to the involvement of 'hard to reach groups' where this is appropriate, including the need for any impact assessments for vulnerable groups.
 3. The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.
 4. The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
 5. The sustainability of the service(s) affected by proposals, and how this impacts on the wider NHS body or relevant health service provider. This includes any impact that may be caused by bed closures.
- 21) This information will help the HASC to come to a view about whether the proposal is substantial, and if so, whether the proposal is in the interest of the service users affected.
- 22) The absence of this information is likely to result in the proposal being referred back to the responsible NHS Body or provider of NHS services for further action.
- 23) If an NHS body or relevant health service provider consider there is a risk to the safety or welfare of patients or staff then temporary urgent action may be taken without consultation or engagement. In these circumstances the HASC should be advised immediately and the reasons for this action provided. Any temporary variation to services agreed with the HASC, whether urgent or otherwise, should state when the service(s) affected will reopen.
- 24) If the HASC are not satisfied with the conduct or content of the consultation process, the reasons for not undertaking a consultation (this includes temporary urgent action) or that the proposal is in the interests of the health service in its area then the option exists for the matter to be referred to the Secretary of State. Referrals are not made lightly and should set out:
- Valid and robust evidence to support the health scrutiny committee's position. This will include evidence that sustainability has been considered as part of the service change.

- Confirmation of the steps taken to secure local resolution of the matter, which may include informal discussions at NHS Commissioning Board Local Area Team level.

Guiding Principles

- 27) The HASC will need to be able to respond to requests from the NHS or relevant health service providers to discuss proposals that may be significant developments or substantial variations in services. Generally in coming to a view the key consideration will be the scale of the impact of the change on those actually using the service(s) in question.
- 28) Early discussions with the HASC regarding potential for significant service change will assist with timetabling by the NHS and avoid delays in considering a proposal. Specific information about the steps, whether already taken or planned, in response to the legislation and the five tests (outlined in paragraph 12), will support discussions about additional information or action required. NHS organisations should also give thought to the NHS' assurance process, and seek advice as to the level of assurance required from NHS England, who have a lead responsibility in this area.
- 29) Some service reconfiguration will be controversial and it will be important that HASC members are able to put aside personal or political considerations in order to ensure that the scrutiny process is credible and influential. When scrutinising a matter the approach adopted by the HASC will be:
 1. Challenging but not confrontational
 2. Politically neutral in the conduct of scrutiny and take account of the total population affected by the proposal
 3. Based on evidence and not opinion or anecdote
 4. Focused on the improvements to be achieved in delivering services to the population affected
 5. Consistent and proportionate to the issue to be addressed
- 30) It is acknowledged that the scale of demand on services currently being experienced in the NHS and social care coupled with significant financial challenges across the public sector is unprecedented. Consultation with local people and the HASC may not result in agreement on the way forward and on occasion difficult decisions will need to be made by NHS bodies. In these circumstances it is expected that the responsible NHS body or relevant health service providers will apply a 'test of reasonableness' which balances the strength of evidence and stakeholder support and demonstrates the action taken to address any outstanding issues or concerns raised by stakeholders.
- 31) If the HASC is not satisfied that the implementation of the proposal is in the interests of the health service in its area the option to refer this matter to the Secretary of State remains.

- 32) All parties will agree how information is to be shared and communicated to the public as part of the conduct of the scrutiny exercise.

Appendix One – Framework for Assessing Change

Key questions to be addressed

Each of the points outlined above have been developed below to provide a checklist of questions that may need to be considered. This is not meant to be exhaustive and may not be relevant to all proposals for changing services

The assessment process suggested requires that the NHS or relevant health service providers responsible for taking the proposal forward co-ordinates consultation and involvement activities with key stakeholders such as service users and carers, Local Healthwatch, NHS organisations, elected representatives, District and Borough Councils, voluntary and community sector groups and other service providers affected by the proposal. The relevant health scrutiny committee(s) also need to be alerted at the formative stages of development of the proposal. The questions posed by the framework will assist in determining if a proposal is likely to be substantial, identify any additional action to be taken to support the case of need and agree the consultation process.

Name of Responsible (lead) NHS or relevant health service provider:

Name of lead CCG:

Brief description of the proposal:

Why is this change being proposed?

Description of Population affected:

Date by which final decision is expected to be taken:

Name of key stakeholders supporting the Proposal:

Date:

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>Case for Change</p> <p>1) Is there clarity about the need for change? (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)</p> <p>2) Has the impact of the change on service users, their carers and the public been assessed?</p> <p>3) Have local health needs, and/or impact assessments been undertaken (including equality and privacy impact assessments)?</p> <p>4) Do these take account of :</p> <p> a) Demographic considerations?</p> <p> b) Changes in morbidity or incidence of a particular condition? Or a potential reductions in care needs (e.g due to screening)</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>programmes)?</p> <p>c) Impact on vulnerable people and health equality considerations?</p> <p>d) National outcomes and service specifications?</p> <p>e) National health or social care policies and documents (e.g. five year forward view)</p> <p>f) Local health or social care strategies (e.g. health and wellbeing strategies, joint strategic needs assessments, etc)</p> <p>5) Has the evidence base supporting the change proposed been defined? Is it clear what the benefits will be to service quality or the patient experience?</p> <p>6) Do the clinicians affected support the proposal?</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>7) Is any aspect of the proposal contested by the clinicians affected?</p> <p>8) Is the proposal supported by the lead clinical commissioning group?</p> <p>9) Will the proposal extend choice to the population affected?</p> <p>10) Is bed closure involved in this change? If so, has one of the three conditions been met and assessed by NHS England?</p> <p>11) Have arrangements been made to begin the assurance processes required by the NHS for substantial changes in service?</p> <p>Impact on Service Users</p> <p>12) How many people are likely to be affected by this change? Which areas are the affecting people from?</p> <p>13) Will there be changes in access to</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>services as a result of the changes proposed?</p> <p>14) Can these be defined in terms of</p> <ul style="list-style-type: none"> a) waiting times? b) transport (public and private)? c) travel time? d) other? (please define) <p>15) Is any aspect of the proposal contested by people using the service?</p> <p>Engagement and Involvement</p> <p>16) How have key stakeholders been involved in the development of the proposal?</p> <p>17) Is there demonstrable evidence regarding the involvement of</p> <ul style="list-style-type: none"> a) Service users, their carers or families? 		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>b) Other service providers in the area affected?</p> <p>c) The relevant Local Healthwatch?</p> <p>d) Staff affected?</p> <p>e) Other interested parties? (please define)</p> <p>18) Is the proposal supported by key stakeholders?</p> <p>19) Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this?</p> <p>Options for change</p> <p>20) How have service users and key stakeholders informed the options identified to deliver the intended change?</p> <p>21) Were the risks and benefits of the</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>options assessed when developing the proposal?</p> <p>22) Have changes in technology or best practice been taken into account?</p> <p>23) Has the impact of the proposal on other service providers, including the NHS, local authorities and the voluntary sector, been evaluated?</p> <p>24) If applicable, has the impact on community services been assessed?</p> <p>25) Has the impact on the wider community affected been evaluated (e.g. transport, housing, environment)?</p> <p>26) Have the workforce implications associated with the proposal been assessed?</p> <p>27) Have the financial implications of the change been assessed in terms of:</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
a) Capital & Revenue? b) Sustainability? c) Risks?? 28)How will the change improve the health and well being of the population affected?		

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	17 January 2018
Report Title:	Work Programme
Report From:	Director of Transformation and Governance

Contact name: Members Services

Tel: (01962) 847336

Email: members.services@hants.gov.uk

1. Purpose of Report

1.1 To consider the Committee's forthcoming work programme.

2. Recommendation

That Members consider and approve the work programme.

WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE: 2017/18

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 January 2018	27 February 2018	15 May 2018
<p align="center">Proposals to Vary Health Services in Hampshire - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.</p>							
<p>Andover Hospital Minor Injuries Unit</p>	<p>Temporary variation of opening hours due to staff absence and vacancies</p>	<p>Living Well Healthier Communities</p>	<p>Hampshire Hospitals NHS FT</p>	<p>Updates on temporary variation last heard in June 2017 (via electronic briefing) Next update to be considered July 2018</p>			
<p>Dorset Clinical Services review (SC)</p>	<p>Dorset CCG are leading a Clinical Services review across the County which is likely to impact on the population of Hampshire crossing the border to access services.</p>	<p>Starting Well Living Well Ageing Well Healthier Communities</p>	<p>Dorset CCG / West Hampshire CCG</p>	<p>First Joint HOSC meeting held July 2015, CCG delayed consultation until 2016. Last meeting August 2017 to consider consultation outcomes. Decision made by CCG in line with Option B 20 September, which</p>	<p>Verbal update to be received once next meeting has been held. (M)</p>		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 January 2018	27 February 2018	15 May 2018
				HASC supports.			
North and Mid Hampshire clinical services review (SC)	Management of change and emerging pattern of services across sites	Starting Well Living Well Ageing Well Healthier Communities	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Latest update indicated whole system review to report in Jan 17 as part of STP. Status: to next appear once options are available.	To be considered (M)		
Move of the Kite Unit	Move of neuropsychiatric inpatient unit from St James Hospital, Portsmouth, to Western Community, Southampton	Living Well Ageing Well	Solent NHS Trust	Considered March 2017 and support provided by Committee. Monitoring update received Summer 17. Next update early 2018		Update on move of unit (E)	
West Surrey Stroke Services	Review of stroke services	Living Well Ageing Well	NE and SE Hampshire CCGs	To be considered once the consultation has closed			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 January 2018	27 February 2018	15 May 2018
				Heard at June 2017 mtg, where Committee supported proposals. Monitoring heard Nov 17. To be next considered September 18.			
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	To await notification on inspection and contribute as necessary. SHFT – next update Sept 18			PHT re-inspection action plan (M)
Sustainability and Transformation Plans: one for Hampshire & IOW, other for Frimley	To subject to ongoing scrutiny the strategic plans covering the Hampshire area	Starting Well Living Well Ageing Well Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17, Frimley March 17 STP working group to undertake detailed scrutiny – updates to			Next STP updates to be received to formal meeting

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 January 2018	27 February 2018	15 May 2018
				be considered through this			
Overview / Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme							
Budget	To consider the revenue and capital programme budgets for the Adults' Health and Care dept	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care (Adult Services and Public Health)	Considered annually in advance of Council in February Transformation to 2019 proposals to be considered September	To be considered (M)		
Older People and Physical Disability Day Services	To consider prior to decision the outcomes of the OPPD consultation	Living Well Ageing Well Healthier Communities	HCC Adults; Health and Care	To be considered		To be considered (M)	
Scrutiny Review - to scrutinise priority areas agreed by the Committee.							
STP scrutiny	To form a working group reviewing	Starting Well	STP leads	ToR agreed September 2017	Verbal updates to be received when appropriate		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 January 2018	27 February 2018	15 May 2018
	the STPs for Hampshire	Living Well Ageing Well Healthier Communities	All NHS organisations				
Real-time Scrutiny - to scrutinise light-touch items agreed by the Committee, through working groups or items at formal meetings.							
Adult Safeguarding	Regular performance monitoring of adult safeguarding in Hampshire	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Update Nov 17, next due Nov 18			
Public Health	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Substance misuse transformation to be considered (deferred TBC)			Substance misuse update to be considered

Key

- (E)** Written update to be received electronically by the HASC.
- (M)** Verbal / written update to be heard at a formal meeting of the HASC.
- (SC)** Agreed to be a substantial change by the HASC.

CORPORATE OR 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:	Yes

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.)

DocumentLocation

None

IMPACT ASSESSMENTS:

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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. **Equalities Impact Assessment:** This is a document monitoring the work programme of the HASC and therefore it does not therefore make any proposals which will impact on groups with protected characteristics.

2. Impact on Crime and Disorder:

2.1 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.

3. Climate Change:

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

This page is intentionally left blank

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

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

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

AAA	Abdominal Aortic Aneurysm
A&E	Accident and Emergency or Emergency Department (ED)
AMH	Adult Mental Health
AOT	Assertive Outreach Team
AWMH	Andover War Memorial Hospital
AS	Adult Services
BCF	Better Care Fund
BNHH	Basingstoke and North Hampshire Hospital (part of HHFT)
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CHC	Continuing Healthcare
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CX	Chief Executive
DGH	District General Hospital
DH	Department of Health
DTC	Delayed Transfer of Care
ED	Emergency Department / A&E
ENP	Emergency Nurse Practitioner
F&G	Fareham and Gosport
FHFT	Frimley Health NHS Foundation Trust
FT	Foundation Trust
GP	General Practitioner
G&W	Guildford and Waverley
HASC	Health and Adult Social Care (Select Committee)
HCC	Hampshire County Council
HES	Hospital Episode Statistics
HHFT	Hampshire Hospitals NHS Foundation Trust
HOSC	Health Overview and Scrutiny Committee
HWB	Health & Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICU	Intensive Care Unit
ICT	Integrated Care Team
IRP	Independent Reconfiguration Panel
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
Local HW	Local HealthWatch
MHA	Mental Health Act
MIU	Minor Injuries Unit
NED	Non-executive Director
NEH&F	North East Hampshire and Farnham
NHS	National Health Service
NHSE	NHS England

NHSI	NHS Improvement
NHSP	NHS Property Services
NICE	National Institute for Clinical Excellence
NSF	National Service Framework
OAT	Out of Area Treatment
OBC	Outline Business Case
OBD	Occupied Bed Days
OOH	Out of Hours
OP	Out-patients
OPMH	Older People's Mental Health (services)
PFI	Private Finance Initiative
PHT	Portsmouth Hospitals Trust
QAH	Queen Alexandra Hospital, Cosham
RHCH	Royal Hampshire County Hospital (part of HHFT)
RTT	Referral to Treatment Time (performance indicator)
S&BP FT	Surrey and Borders Partnership NHS Foundation Trust
SCAS	South Central Ambulance NHS Foundation Trust (Service)
SECAMB	South East Coast Ambulance NHS Foundation Trust
SEH	South Eastern Hampshire
SEN	Special Educational Need
SGH	Southampton General Hospital
SHIP	Southampton, Hampshire, Isle of Wight and Portsmouth
STP	Sustainability and Transformation Plan
UHS FT	University Hospital Southampton NHS Foundation Trust
WCH	Western Community Hospital
WiC	Walk in Centre