

Public Document Pack



NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Monday, 11th January, 2021 at 10.00 am
Place	Virtual Teams Meeting - Microsoft Teams
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

This meeting is being held remotely and will be recorded and broadcast live via 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 Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING

To confirm the minutes of the previous meeting (10 November).

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. NHS HAMPSHIRE AND ISLE OF WIGHT COVID-19 UPDATE (Pages 5 - 14)

To receive an update on the HIOW NHS system approach to COVID.

7. PUBLIC HEALTH COVID-19 UPDATE

To receive a presentation from the Director of Public Health providing the latest update on Covid 19.

8. ADULTS' HEALTH AND CARE COVID UPDATE

To receive a presentation from the Director of Adults' Health and Care providing the latest update on social care issues related to Covid-19.

9. PROPOSALS TO VARY SERVICES (Pages 15 - 28)

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.

- a) Southern Health NHS Foundation Trust: Becton Centre Closure
- b) Southern Health NHS Foundation Trust: Out of Area Beds Update

10. ISSUES RELATING TO THE PLANNING AND/OR OPERATION OF HEALTH SERVICES (Pages 29 - 32)

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

- a) NHS 111 Performance

11. ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR ADULT SOCIAL CARE AND PUBLIC HEALTH 2021/22 (Pages 33 - 68)

To pre-scrutinise the proposed revenue budget for 2021/22 for the Adults Health and Care Department prior to decision by the Executive Member for Adult Social Care and Health and the Executive Member for Public Health on 11 January 2021.

12. ADULTS' HEALTH AND CARE: CAPITAL PROGRAMME FOR ADULT SOCIAL CARE 2021/22 - 2023/24 (Pages 69 - 90)

To pre-scrutinise the proposed capital programme for Adults Health and Care prior to decision by the Executive Member for Adult Social Care and Health on 11 January 2021.

13. WORK PROGRAMME (Pages 91 - 104)

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 observe the public sessions of the meeting via the webcast.

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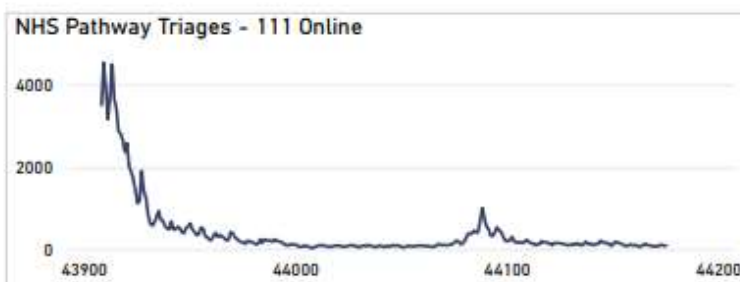
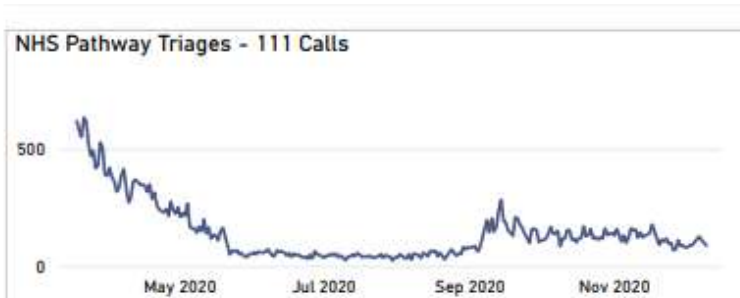
HIOW NHS Response to Covid-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels December 2020

1. Introduction

Following the briefing provided in November 2020, this paper provides an update on the impact to date of the pandemic on Hampshire and Isle of Wight; the Covid-19 vaccination programme; the progress of the Third Phase of the NHS Response to Covid-19; accessing Primary Care Services; NHS England and NHS Improvement Commissioned Services; and work to seek the views of key stakeholders and local people.

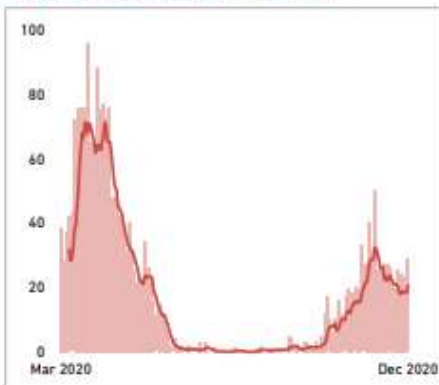
2. Impact of Covid-19 on Hampshire and the Isle of Wight

The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential Covid-19 symptoms.

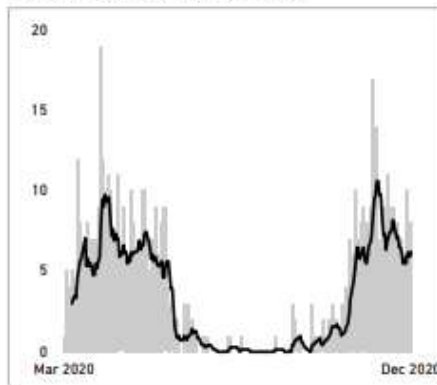


The following graphs show the number of inpatients diagnosed with Covid-19, the number admitted with Covid-19, the number admitted with suspected Covid-19 and the number of patients with Covid-19 discharged.

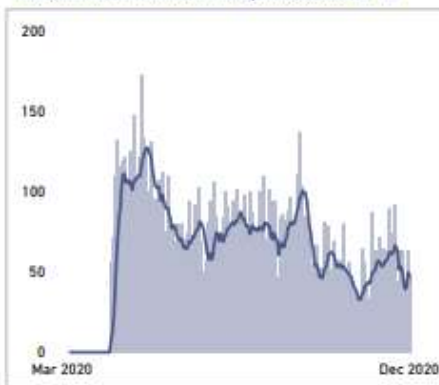
Inpatients Diagnosed with Covid-19



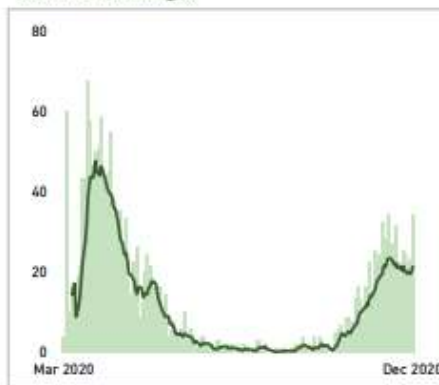
Patients Admitted with Covid-19



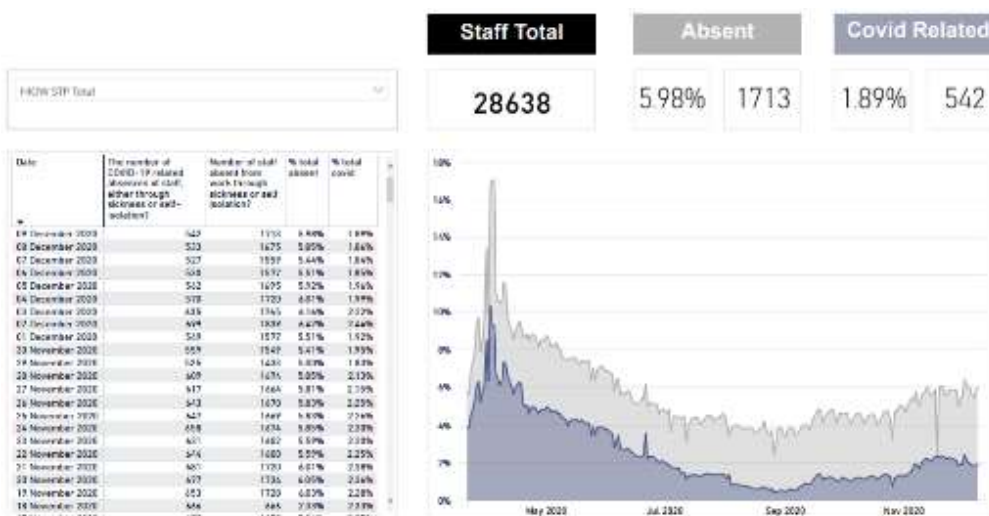
Patients Admitted with Suspected Covid-19



Covid-19 Discharges



The following graph shows the HIOW staff sickness rate including the sickness rate related to Covid-19.



We continue to support our staff on the impact on them from responding to the pandemic. This support is provided in a number of ways with mental health and wellbeing programmes and bespoke support is in place for all staff groups.

The sharp increase in cases during December and increasing winter pressures is impacting on all of the health and care systems across HIOW, particularly Portsmouth and South East Hampshire. Work is underway to refine our contingency plans to cater for this and the impact on services in January and February. These plans include:

- Working closely with Health Protection Boards to minimise the spread of infection in the communities and to keep people safe and well
- Optimising avoidable hospital admissions schemes to ensure local people are only admitted to hospital when needed
- Increasing hospital discharge schemes to ensure local people are discharged from hospital as quickly as possible when they are clinically fit for discharge
- Promoting the different services available to local people, including 111 First, to help them choose the most appropriate service when they need urgent care or advice
- Ensuring clear escalation processes are in place for acute hospitals to request mutual aid when required
- Working with partners to encourage compliance with the Covid-19 guidance – Hands, Space, Face
- Continued focus on the delivery of the Covid-19 vaccination programme.

3. Covid-19 Vaccination Programme

The NHS has planned extensively to deliver the largest vaccination programme in our history, providing three different delivery methods so we can cope with any type of vaccine:

1. Hospital Hubs – where we know the Pfizer vaccine can be stored safely
2. Local Vaccine Services – provided by GPs working together as Primary Care Networks (PCNs)
3. Vaccination Centres – large sites convenient for transport networks.

Now that we have a vaccine that has been confirmed as safe and effective by the MHRA, we have begun to roll it out to those groups who the independent JCVI have decided need it most as supplies are made available.

Delivering the Pfizer vaccine is complex as it needs to be stored at very cold temperatures and moved carefully in batches of 975 doses. Initially it was delivered from “Hospital Hubs” which have been closely followed by local vaccine services provided by the PCNs.

To date (December 23, 2020) across Hampshire and the Isle of Wight, one hospital hub and 36 Local Vaccine Services have gone live with additional sites to follow. The feedback from both patients and staff has been very positive about how well clinics have run.

We are also planning for when batches of the vaccination can be split, meaning that vaccination teams can go into care homes to vaccinate those who can't go to other services.

As well as at-risk patients we have begun to vaccinate care home staff and some of our frontline staff. It is important that health and care workers protect themselves so that they are there to care for others.

The vaccination programme will be delivered over the coming months, and the NHS will keep expanding the programme as we get more vaccine, and potentially other vaccines come available.

The NHS wants to go as fast as all these factors allow and have been recruiting and training more vaccinators and support staff from across the NHS and outside of it, all of whom will be trained, assessed and supervised.

The public can really help the NHS deliver this effectively to those who need it most. Our asks are:

- We will contact you when it's the right time to come forward, so please don't contact the NHS to seek a vaccine before then;
- Please act on your invite when it comes, and make sure you attend your appointments when you arrange them;
- And of course, please continue to abide by all the social distancing and hand hygiene guidance, which will still save lives.

4. HOW NHS progress of the Third Phase of the NHS Response to Covid-19

The Third Phase of NHS Response to Covid-19 guidance, issued in July 2020, sets out the following three priorities for the rest of 2020/21:

- A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally
- C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Our progress to date on these includes:

- There are now only a small number of service changes that were enacted in response to the COVID-19 pandemic, which have not reverted to their previous methods of access. These include:
 - Urgent care in Portsmouth and south eastern Hampshire which has been reconfigured to be offered via NHS 111 First, with the appropriate engagement underway (as reported at previous Committee meetings)
 - Cessation of all domiciliary dental care across the area due to social distancing in line with national guidance. This is being reviewed on a quarterly basis

All other services have either been restored to original methods of access or with the use of digital and telephone access continuing where required to maintain infection control and social distancing requirements

- New Forest Birth Centre – As updated at the previous Committee meeting, the birth centre has been temporarily closed due to staffing levels until January 2021. This is regularly reviewed and there will be a further review of staff levels in January to decide whether it can safely reopen. This temporary change does not affect antenatal and post-natal services which will continue to run at the birth centre
- We have seen notable improvement in October and November despite COVID-19 pressures with weekly activity volumes delivered rising each week for most activity types
- The number of patients waiting over 52 weeks and total waiting list size levels have stabilised and we met the target levels agreed with NHS England for both total waiting list size and over 52 week waiters
- The number of patients waiting over 40 weeks has however increased, and we have 178 over 78 week waiters – the system priority is to ensure these patients are treated

- Cancer standards are being delivered and recovery trajectories for activity are within 5% of target. Cancer capacity has been fully restored
- Inpatient elective episodes have reached higher than planned levels and are delivering over 100% of historic levels
- Inpatient elective, MRI and CT are all exceeding planned levels and national targets
- Primary care activity has also reached its planned recovery levels, at 95% of historic activity. Face-to-face activity has risen to 60%
- Two week wait referrals are now at 96% of previous levels and we have put on extra capacity to see these patients
- Flu immunisation programme rate is exceeding planned rates, and we have ensured over 75% of over 65s has been vaccinated in each CCG area.

The remaining area of concern against elective plans is outpatient department activity which is 90% of planned levels. We are focused on improving this level.

5. Accessing HLOW Primary Care Services

Practices are working hard to continue to safely deliver care to the population. How patients access general practice has had to change due to coronavirus. If you need GP support, please call your practice or contact them online to arrange for you to speak to a GP or nurse over the phone or via video link as soon as possible. Face-to-face appointments are available to patients if clinically necessary, but you may be asked to discuss your conditions over the phone or online first to assess what would be most appropriate for you. Patients that do visit are asked to avoid waiting rooms or queuing and arrive at the time of the appointment. They are also asked to wear a mask, wash their hands before arriving and to socially distance.

We have promoted how local people can access primary care by supporting GP practices with an 'access to general practice communications toolkit'. This explains how patients can safely access GP practices. We have also included messages about how and when to access primary care in our winter communications work.

Additionally, we have worked with GPs to enforce these messages through some patient facing videos, explaining how to get an appointment, and what to expect if you do get called in for a face to face visit.

6. NHS England and NHS Improvement commissioned services

NHS England and NHS Improvement South East commission a number of local services. Key updates on these are:

- Pharmacy services – These continue to remain open with some operating to different hours to ensure they are able to catch up with requests and clean
- Dentistry services – All dental practices providing NHS services are able to provide face-to-face care. All practices are offering a telephone triage service for both their regular patients and other members of the public. During this they can provide advice, prescribe medication to relieve pain or treat infections and can make a clinical decision if they feel that the patient needs to be referred to one of the urgent care hubs if they are unable to carry out the necessary treatment at their own practice
- Optometry services – High street optometry practices continue to provide face-to-face routine patient appointments. However, infection control and social distancing measures mean that the number of patients who can be sight tested during testing sessions is reduced.

7. Seeking the views of local communities

It is key that we seek the views of our stakeholders, partners and local communities as we develop our restoration and recovery plans both within local systems but also across HIOW. To support this we are continuing to:

- Work with our Local Resilience Forum partners to track engagement work being undertaken by partners and other agencies to develop a bank of insight
- Work with the local authority Health Protection Boards
- Develop further work to explore people's views of digital access
- Develop further work to explore people's experience of being on our elective waiting list during the pandemic to understand how we can support them
- Plan how we work closely with Healthwatch to understand the views of our seldom heard communities
- Work with our local Primary Care Networks to support them to engage with local communities on the evolution of their services.

8. Recommendation

The Committee is asked to note this update briefing.

**Hampshire Health and Adult Social Care Select Committee
Portsmouth Hospitals University NHS Trust update
11 January 2020**

Trust response to COVID-19

1. Introduction

The response to the COVID-19 pandemic remains an absolute priority for Portsmouth Hospitals University NHS Trust (PHU). As of 31 December 2020, the whole of Hampshire along with many other parts of the country, is under the tightest, tier four restrictions, following a significant rise in COVID-19 cases and the rapid spread of two new variants of the virus in the community.

According to the Office for National Statistics, prevalence of COVID-19 in Portsmouth has risen to significantly above the national average at 442 cases per 100,000 compared to 275 per 100,000 across England. We are currently treating 323 patients with a positive diagnosis of COVID-19 at Queen Alexandra Hospital (QA) in Cosham.

We are working closely with our local health and care partners and have taken action to ensure that we are as prepared as possible for the days and weeks ahead as we care for an increasing number of patients with COVID-19, many of whom require high levels of care, and respond to winter pressures.

Regular Gold Command meetings, chaired by our Chief Executive, and Silver meetings, chaired by our Chief Operating Officer, are ongoing. We have stepped up our command structure further in light of the increase in prevalence of COVID-19 cases locally and also have a co-located team which is complementing our operational centre function as we continue to follow all national guidance, closely monitor and respond to emerging evidence about the virus, prevalence and impact.

The safety of our patients, visitors and colleagues remains our priority and we continue to work closely with our partners across Hampshire and the Isle of Wight to respond to the pandemic and challenges across the local health and care system.

We all have a role to play in helping to reduce the spread of COVID-19. Our Chief Executive recently wrote an [open letter](#) to thank our communities for their continued support and further emphasise the importance of us all continuing to follow national guidance, wear a face mask or covering as required, wash hands regularly and practice social distancing.

2. NHS vaccination programme

We were delighted to be confirmed as one of the very first “Hospital Hubs” for delivery of the COVID-19 vaccine, along with 49 other locations across the country, enabling the Trust to play an important role in the largest immunisation programme in history.

This followed the Government’s acceptance of the recommendation from the independent Medicines and Healthcare Products Regulatory Authority (MHRA) to approve the Pfizer/BioNTech vaccine for use after it met strict standards of safety, quality and effectiveness.

Following publication by the Joint Committee on Vaccinations and Immunisations (JCVI), of national guidance for priority groups to receive the COVID-19 vaccine, the immunisation programme launched on 8 December.

PHU is proud to have been among the first in the world to administer the COVID-19 vaccine.

Delivery of the COVID-19 vaccine is complex as it must be stored at -70C and moved carefully before being administered. The vaccine is administered in two separate doses.

Teams and individuals across the Trust worked tirelessly to ensure that we were fully prepared to receive and handle the vaccine, create an appropriate clinical space on the hospital site and ensure that appropriate resources and workplace vaccinators were in place to support delivery, and continue to do so as the programme is rolled out.

On 30 December the Oxford-AstraZeneca vaccine became the second vaccine to be approved for use in the UK following clinical trials and analysis of the data by the MHRA, which recommended that the vaccine was approved for use. We await further guidance on the roll-out of this vaccine.

3. Asymptomatic testing for COVID-19

In November we commenced twice weekly asymptomatic testing for COVID-19 for individuals working in patient-facing roles across the organisation. This followed confirmation from NHS England and NHS Improvement that the test would be rolled out to patient-facing staff across the NHS after a pilot with 34 Trusts.

To date, more than 8,000 test kits have been distributed to colleagues in patient-facing roles across the Trust and we continue to encourage all patient-facing staff to test themselves twice a week using the lateral flow testing devices.

This is a significant development in helping to keep patients and staff safe while further reducing the risk of COVID-19 transmission.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	11 January 2021
Report Title:	Proposals to Develop or Vary Services
Report From:	Director of Transformation & Governance

Contact name: Members Services

Tel: 0370 779 0507 **Email:** members.services@hants.gov.uk

Purpose

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving updates on the following topics:
 - a) Southern Health NHS Foundation Trust: Becton Centre Closure
 - b) Southern Health NHS Foundation Trust: Out of Area Beds Update

Recommendations

2. Summary of recommendations (the recommendations for each topic are also given under the relevant section below):
3. *Southern Health NHS Foundation Trust: Becton Centre Closure*

That the Committee:

 - a) Consider whether to support the planned closure of the Becton Centre.
4. *Southern Health NHS Foundation Trust: Out of Area Beds Update*

That the Committee:

 - a) Note the update.

Summary

5. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
6. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the NHS Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
7. This Report is presented to the Committee in three parts:
 - a. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
 - b. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
 - c. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
8. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

Items for Information

9. **Southern Health NHS Foundation Trust: Becton Centre Closure**

Context

10. Southern Health NHS Foundation Trust have notified the committee of their intention to close the Becton Centre in New Milton, see attached briefing paper.

Recommendations

13. That the Committee:
 - a) Consider whether to support the planned closure of the Becton Centre.

Items for Monitoring

14. Southern Health NHS Foundation Trust: Out of Area Beds Update

Context

15. In September 2020 the Committee received an update on out of area beds from Southern Health NHS Foundation Trust and requested a further update on increasing inhouse bed capacity to reduce reliance on other providers. An update has been provided see attached.

Recommendations

16. That the Committee:
 - a) Note the update.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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Health Overview and Scrutiny

Briefing paper

Title: Becton Centre		
Author and role: Adam Domenev Head of Operations, Southern Health NHS Foundation Trust	Contact details: dam.domenev@southernhealth.nhs.uk	Date: 14.14.2020
Purpose of the paper: To provide a briefing summary of the imminent closure of the Becton Centre in New Milton by Southern Health NHS Foundation Trust		
Brief summary: To ensure a safe and sustainable environment for patients and staff, Southern Health NHS Foundation Trust have supported a decision to close the Becton Centre in New Milton, Hampshire by the end of January 2021, the Becton Centre will be completely vacated with staff and services moving to Lymington Community Hospital; Innovations 49 at Efford; and Unit 37 Enterprise Centre Totton.		
Background: The Becton Centre was built in the 1950's and is located in New Milton, Hampshire. The following teams from Southern Health NHS Foundation Trust provide a range of community physical and mental health services that are based at the site: <ul style="list-style-type: none"> • New Forest Older Persons Mental Health (OPMH) community team (Mental Health Practitioners delivering online, home and clinic based outpatient appointments; 25 staff). • New Milton Integrated Community Team (ICT) (nurses, therapists and healthcare support workers delivering community and home based physical health treatments and interventions; 20 staff). • New Forest Integrated Single Point of Access (ISPA) administrative team (general booking and administration staff, including OPMH medical secretaries supporting the above services; 10 staff). <p>Southern Health NHS Foundation Trust (SHFT) took ownership of the property in 2001 from Salisbury Health Care where it previously operated as an OPMH in-patient respite service, which ceased operating in 2012.</p> <p>In May 2019 the first floor of Becton Centre had to be closed as the area was deemed to have inadequate fire protection. This view was verified by a full survey of the site by an independent fire specialist company. This survey advised a significant number of immediate actions which required total capital investment of between £250–300k. These costs and amendments would ensure fire safety compliance, however still not address the overall state of the building, layout and ongoing</p>		

suitability for a sustainable site, to be able to deliver services for a range of clinical and non-clinical staff.

The long term locality vision is for the clinics and group activity, offered currently by OPMH from the Becton Centre, to move into the CCG proposed New Milton Health and Wellbeing Centre. However, this new provision will not accommodate the community teams and administrative functions currently operating from the Becton Centre. Initial scoping indicates the Health and Wellbeing Centre (H&WBC) is not likely to happen until 2023/24 at the earliest. An immediate and long term solution is urgently required in order to provide a safe and secure fit for purpose environment for staff.

In line with the NHS 10 year plan and the community transformation response to the Coronavirus pandemic, the Lymington Integrated Care Team, New Milton Integrated Care Team and Lymington Frailty Team have undergone a virtual integration into a new 'One Team'. The new 'One Team' supports community based patients in clinics, homes and nursing / residential homes across the New Forest locality, working closely with Primary Care Networks and Leads, GP's and West Hampshire Clinical Commissioning Group. Co-locating these teams would be a good option.

Proposal:

Therefore, the proposal is to co-locate teams and services into both more suitable and locally focussed location within the South West New Forest. To enable this to happen, the following moves will be implemented:

1. New Milton Integrated Community Team to move from Becton Centre to 49 Otters Nursery to form a single co-located integrated community health "One Team".
2. Lymington Integrated Community Team to move from Lymington New Forest Hospital (LNFH) to 49 Otters Nursery to form a single co-located integrated community health "One Team".
3. Lymington Frailty Team to move from Lymington Hospital to 49 Otters Nursery to form a single co-located integrated community health "One Team".
4. Older Persons Community Mental Health Team (to include administration) to move from Becton Centre to Lymington New Forest Hospital.
5. South West Integrated Single Point of Access (administrative team) to move from Becton Centre to Unit 42 Enterprise Centre, Totton.

Co-location of the new "One Team" services will improve team resilience, coverage, sustainability and communication between the teams and the Primary Care Networks.

Lymington New Forest Hospital is a custom designed 12 year old PFI building. It is modern and well maintained and offers a significant improvement in environment for patients and staff over the current facilities at Becton Centre. Parking for patients is readily available on site at low cost. Full canteen and other amenities are also available. Patients will also have potential to schedule any physical health and mental health requirements on the same visit (radiology, outpatients, bloods etc).

49 Innovations is situated on the Otter's nursery site at Efford, Lymington and is a standalone building with 100 car parking spaces. The building is of an exceptionally high quality and is offered fully serviced. The landlord has worked with the SW Estate Transformation Manager and has identified an area that meets the Trusts requirements.

Engagement to date:

All clinical and non-clinical staff working across the services at Becton Centre have been met in person by team leads and senior Clinical and Operational Leads within Southern Health NHS Foundation Trust on 15th October 2020 to inform them of the upcoming closure of the site and impact.

Both Integrated Community Care Teams, OPMH Community Mental Health Team and Lymington Frailty Team are supportive of the changes and in agreement without the need for any formal consultation, recognising the opportunities the co-location and moves will offer both to their environment as well as collocating on a single site.

A formal workforce consultation is in progress for the SHFT ISPA team who will be relocating in line with the above plan; no redundancies are anticipated and staff will be actively supported with redeployment if preferred.

SHFT employ a single cleaner for the site and that staff member will transfer employment location to the new site ensuring no redundancy.

All patients will be notified of the change of provision in due course to include information about the ongoing requirement for the use of virtual appointments as a result of the current Coronavirus pandemic.

Support and Evidence:

Supporting documentation includes:

- Fire Risk Assessment for Becton Centre; completed 2019 (enclosed).
- Fire Door Survey for Becton Centre; completed 2019 (enclosed).
- Fire Risk Assessment for Becton Centre; completed 2020 (enclosed).
- Health and Safety Risk Assessment for Becton Centre; completed 2019 (enclosed).
- Workforce Consultation paper for ISPA staff within South West Integrated Service Division as signed off at SHFT JCNC meeting.



Becton Centre FRA 190415.pdf



Becton Centre FRA Review 200624.pdf



Fire Door Survey - Becton Centre.pdf



Becton Centre Final Support Visit 13 05



ISPA Consultation paper Final Version

Impact:

There are currently 3 OPMH clinics per week held for Lymington locality patients at Becton Centre. They will move to be delivered from LNFH from 01/01/21.

There are currently 2 OPMH clinics per week held for New Milton locality patients that will be moving from Becton Centre to LNFH from 01/01/21.

Current services delivered at the GP Practice at Ringwood and the service at Fordingbridge Hospital remains unaffected by the changes outlined within this document.

It is worth noting that although the move date for staff and clinics comes into effect from 01/01/21, no patients will be directly affected as the current management of all OPMH patients is done via SKYPE appointments. Any patients that do require a full face to face assessment or appointment are seen in their own home in person by a Consultant or practitioner. This will continue during the current COVID-19 outbreak and is unlikely to change until April 2021 at the earliest. There are no reductions in service capacity planned as part of this relocation.

Out of area mental health beds & internal bed capacity

Introduction

Further to a September 2020 paper, which outlined the sustained and substantial drop in use of 'out of area' placements, we have been asked to provide an update on this for the HASC meeting in January 2021.

This update will also include a briefing on how we are increasing in-house bed capacity to reduce the Trust's reliance on other providers for mental health beds (summarising some information which was contained in an earlier October 2020 paper).

Background

A key priority for Southern Health is to ensure that people who need admission to a mental health hospital are able to access this care close to home. The Trust has been working in recent years to ensure that all patients within its catchment areas who need an admission are supported in a Southern Health Hospital. This has involved a different way of managing access to beds (including more local frontline ownership of bed management) combined with rigorous daily monitoring and increased communication with patients and professionals at out-of-area sites.

When we last updated HASC, in September 2020, there was just a single patient placed out of area - compared to more than 80 patients placed out of area during an unwelcome peak in late 2019.

This excludes the beds we sub-contact at Marchwood (17 acute beds) and Thornford Park (8 female PICU beds) which is about 14 miles from Basingstoke.

Updated position

Southern Health is pleased to confirm that this improved position is being maintained, keeping inappropriate out of area placements either at zero or a minimal figure (the highest the figure has been since August is three). Currently the figure (as of 22nd December) is zero.

The reason the figure has sometimes risen from zero to one, two or occasionally three out of area placements is when we require a female PICU (psychiatric intensive care unit) bed that we do not provide and our eight sub-contracted beds at Thornford are in use. As you will see from this paper, action is planned to address the lack of female PICU provision.

The only other occasion in recent months when we have required an out of area placement, it has been for appropriate and exceptional circumstances due to the patient's professional role in the NHS.

Southern Health would like to assure the HASC that our rigorous daily monitoring of out of area mental health placements continues and we are confident that we can maintain our current positive position with the required investment in NHS beds.

Supporting the reduction in out of area placements by investing in more beds locally

In addition to the work we continue to do in keeping out of area placements to a minimum (benefiting patients, families and NHS finances), we also have additional plans to support people in being cared for close to home.

After careful assessment of the demand for mental health beds and our capacity to deliver, there was a strong case for additional mental health beds within our services. This will reduce our reliance on our current contracts described above with Marchwood Priory and Thornford Park. Creating extra capacity will also help to ensure the most therapeutic environment for patients and enable services to flex to meet peaks in demand.

As a result, our plans for increasing capacity are as follows:

Opening a new 10-bed female PICU in 2021 at Antelope House, Southampton

- This will be beneficial as there is currently a shortage of these beds in Hampshire.
- It will help us to deliver equity of treatment for male and female PICU patients.
- To be known as Abbey Ward, the PICU will complement other wards in Antelope House and our other acute inpatient sites.
- We have identified capital to refurbish the area to the correct standard and we continue to work with commissioners to identify the recurrent revenue needed to staff this ward.
- The challenge will be recruiting sufficient staff to run the ward so an opening will be phased to support this, likely from the summer of 2021 onwards. In support of recruitment, we have already commissioned a recruitment video to attract staff to Antelope House and are planning to host a series of recruitment opens days in the new year.
- We have already started to engage and consult with staff, patients, carers and other stakeholders to ensure their views are taken into consideration as things progress. For example:
 - Our patient involvement lead has been undertaking 'floor walks' with patients to help us fully understand the patient journey from when they first step into the unit to leaving. This has enabled us to make changes to our floorplan to ensure the patient journey is as therapeutic as it can be.
 - Our patient involvement lead has also consulted with patients from Thornford Park around the use of colours in the decoration of the new PICU.

Opening a new 18-bed female acute mental health ward at Parklands Hospital, Basingstoke

- To be located on the top floor of Parklands Hospital (currently used as an admin base, so admin teams will relocate locally to Chineham Business Park in Basingstoke).
- We are starting to engage with patients to help us shape the design of the new ward and a new staffing model for the best care possible. For example:
 - Past and present patients have been involved in plans for decoration, including around hand-painting doors, as well as decisions on how the rooms will be named, and other elements.
 - The new ward will have a 'therapeutic corner' which is a dedicated space for activities and relaxation for patients.

- Staff engagement is also well underway with a consultation about the relocation of admin teams opening on 4 December, zoom calls set up for staff to discuss the plans and a detailed intranet page containing timelines, frequently asked questions and contact details for further support.
- We have identified capital to refurbish the area to the correct standard and continue to work with commissioners to identify the recurrent revenue needed to staff this ward.
- We hope building work will be begin imminently, with the aim of opening the ward in summer 2021.
- As the new ward will be female only, Parklands' current acute ward known as Hawthorns 2 will become a male only ward.

For further information

For more information, please contact communications@southernhealth.nhs.uk.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	11 January 2021
Report Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Director of Transformation and Governance

Contact name: Members Services

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Email: members.services@hants.gov.uk

Summary and Purpose

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
4. Issues covered in this report:
 - a. NHS 111 Performance

Recommendations

5. Summary of recommendations: (the recommendations for each topic are also given under the relevant section in the table below)
6. *NHS 111 Performance*

That Members:

- a. Note the briefing on NHS 111 performance.
- b. Make any further recommendations as appropriate based on the report.

Table 1

Topic	Relevant Bodies	Action Taken	Comment
NHS 111 Performance	South Central Ambulance Service and Hampshire and Isle of Wight partnership of CCGs	An item on NHS 111 performance was requested following concerns raised by a member of the committee	A report from SCAS is to follow
Recommendations:			
That Members:			
a. Note the briefing on NHS 111 performance.			
b. Make any further recommendations as appropriate based on the report.			

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	11 January 2021
Title:	2021/22 Revenue Budget Report for Adult Social Care and 2021/22 Revenue Budget Report for Public Health
Report From:	Director of Adults' Health and Care, Director of Public Health and Deputy Chief Executive and Director of Corporate Resources

Contact name: Graham Allen, Dave Cuerden and Simon Bryant

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Purpose of this Report

1. The purpose of this report is for the Health and Adult Social Care Select Committee to pre-scrutinise the budget proposals within the remit of this committee. The reports attached set out proposals for the 2021/22 budget for Adult Social Care (Appendix A) and the 2021/22 budget for Public Health (Appendix B) in accordance with the County Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2019 and updated subsequently in July 2020 to reflect the financial impact of the Covid-19 crisis and the County Council's response.
2. The Executive Member for Adult Social Care and Health and Executive Member for Public Health are being asked to approve the budget proposals for submission to Cabinet and full County Council in February 2021. The Health and Adult Social Care Select Committee is being asked to scrutinise the proposals and support them or make any alternative/additional recommendations to the relevant Executive Member on the proposed budget.

Recommendations

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

3. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health (see Appendix A paragraphs 2,3,4)

4. Support the recommendations being proposed to the Executive Member for Public Health (see Appendix B paragraphs 2 and 3)
5. Agree any feedback or additional recommendations for consideration by the Executive Member for Adult Social Care and Health or the Executive Member for Public Health when making their decisions.

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Health
Date:	11 January 2021
Title:	2021/22 Revenue Budget Report for Adult Social Care
Report From:	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources

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

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Section A: Purpose of this Report

1. The purpose of this report is to set out proposals for the 2021/22 budget for Adult Social Care in accordance with the County Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2019 and updated subsequently in July 2020 to reflect the financial impact of the Covid-19 crisis and the County Council's response.

Section B: Recommendation(s)

To approve for submission to the Leader and the Cabinet:

2. The revised revenue budget for 2020/21 as set out in Appendix 1.
3. The summary revenue budget for 2021/22 as set out in Appendix 1
4. The proposed fees and charges as set out in Appendix 2.

Section C: Executive Summary

5. The Medium Term Financial Strategy (MTFS) update presented to Cabinet and County Council in July 2020 sought to assess the medium term impact of Covid-19 on the financial sustainability of the County Council. It explained that we were treating the medium term impact of Covid-19 as a one off financial impact that we aimed to address through a financial response package of County Council resources and further government support and concluded that further government funding of £52.4m was required to ensure that the County Council was financially sustainable in the medium term.

6. An update was presented to Cabinet in November and County Council in December which reaffirmed that a minimum level of government support of at least £50m was still required to help balance the deficit after the application of the financial response package.
7. The aim of the approach to Covid-19 was to place the County Council in the same financial position it would have otherwise been in if Covid-19 had not happened, in order to ensure that the tried and tested financial strategy which the County Council operates could be protected and retained.
8. This strategy 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 Budget Bridging Reserve (BBR) and with any early delivery of resources retained by departments to use for cost of change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.
9. In line with this strategy, the Transformation to 2021 (Tt2021) Programme has been in place for some time to develop the £80m of savings required to balance the budget for 2021/22. Detailed savings proposals for each department were approved by the County Council in November 2019, in order to allow more time for delivery of the savings; including the requirement to undertake a second stage of service specific consultations where necessary.
10. Since the transformation programme is already in place to deliver approved departmental savings, there are no new savings proposals to be considered as part of the 2021/22 budget setting process. The anticipated delay to delivery of some aspects of the transformation programmes has been factored into our financial planning and sufficient one-off funding exists both corporately and within departments to meet any potential gap over the period.
11. The report also provides an update on the business as usual financial position for the current year and the outturn forecast for the Department for 2020/21, excluding the financial impact of Covid-19, is a budget under spend of £5.5m of which £4.8m relates to Adult Social Care and £0.7m to Public Health.
12. The proposed budget for 2021/22 analysed by service is shown in Appendix 1.
13. 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.
14. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2020/21 and detailed service budgets for 2021/22 for Adult Social Care within the Adults' Health and Care Department. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 9 February 2021 to make final recommendations to County Council on 25 February 2021.

Section D: Contextual Information

15. The Medium Term Financial Strategy (MTFS) update presented to Cabinet and County Council in July explained that we were treating the medium term impact of Covid-19 as a one off problem that we aimed to address through a financial response package of County Council resources and further government support.
16. The report concluded that further government funding of £52.4m was required to ensure that the County Council was financially sustainable in the medium term and an update, presented to Cabinet in November and County Council in December, reaffirmed that a minimum level of government support of at least £50m was still required to help balance the deficit after the application of the financial response package.
17. The aim of the approach to Covid-19 was to place the County Council in the same financial position it would have otherwise been in if Covid-19 had not happened in order to ensure that it still had sufficient fire power in its reserves to address the business as usual deficits of at least £40m per annum predicted after the current Transformation to 2021 (Tt2021) Programme has been implemented and in line with the strategy being adopted to manage the financial impact of Covid-19 as a separate one off issue.
18. The current financial strategy which the County Council operates, works on the basis of a two year cycle of delivering change to release resources and close the anticipated budget gap. This provides the time and capacity to properly deliver major transformation programmes every two years, with deficits in the intervening years being met from the Budget Bridging Reserve (BBR) and with any early delivery of resources retained by departments to use for cost of change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.
19. The County Council's action in tackling its forecast budget deficit and providing funding in anticipation of further reductions, placed it in a very strong position to produce a 'steady state' budget for 2020/21, giving itself the time and capacity to develop and implement the Tt2021 Programme to deliver the next phase of savings totalling £80m. This also avoids the worst effects of sudden and unplanned decisions on service delivery and the most vulnerable members of the community.
20. Consequently, the majority of the decisions in respect of major changes to the budget were taken early however, other factors will still affect the budget, such as council tax decisions and inflation.
21. Members will be aware that following previous delays in the Comprehensive Spending Review (CSR) it was hoped that a three year CSR would be announced in November this year. Following increasing rates of Covid-19 throughout October and the uncertainty over the long term economic impacts of Covid-19 the Chancellor announced that only a single year Spending Review would be put in place.

22. The Spending Review announcement took place on 25 November 2020 and the key elements were as follows:

- For salaries set by the Government (such as teachers and police) there will be a public sector pay freeze in 2021/22. The exceptions are for those earning less than £24,000 (who will receive a minimum £250 increase) and the NHS. The Government does not set pay for most council staff, although it is likely to set grant levels at amounts which assume a pay freeze.
- Councils with social care responsibilities will be allowed to increase council tax by up to 5% in 2021/22 without holding a referendum. This consists of 2% for main council tax and 3% for the adult social care precept.
- The business rates multiplier will be frozen in 2021/22 (with local authorities fully compensated for the lost income). Further Covid-19 business rates reliefs may be announced in the new year.
- The Government expects to provide local authorities with over £3bn more to help with Covid-19 pressures in 2021/22. It comprises:
 - £1.55bn to help with expenditure pressures.
 - £670m additional funding for council tax support schemes (which reduce council tax bills for households on low incomes).
 - £762m (estimate) to compensate local authorities for 75% of council tax and business rates losses resulting from 2020/21.
 - Extending the Covid-19 sales, fees and charges reimbursement scheme for three months until the end of June 2021.
- An additional £300m for adults' and children's social care (£1.2m for Hampshire) and continuation of the existing £1bn annual grant put into social care previously will be maintained, along with £2.1bn provided through the improved Better Care Fund (pooled with the NHS). Proposals for reforming adults' social care will be brought forward next year.
- The New Homes Bonus scheme will continue for a further year, with no new legacy payments. Reforms to the New Homes Bonus will be consulted on shortly, with a view to implementing changes in 2022/23.
- The Chancellor also announced how the Government would deliver the next stages of its infrastructure investment plans to drive the UK's recovery with £100bn of capital spending next year and a £4bn Levelling Up Fund.

23. The provisional Local Government Finance Settlement has not been announced at the time of writing this report but is anticipated during week commencing 14 December 2020. This will provide more clarity as to the impact of the Spending Review on Hampshire County Council and details will be provided in a separate briefing to members and within the Health and Adult Social Care Select Committee Briefing presentation in January 2021.

24. The final grant settlement for 2021/22 is not due out until January / February 2021 and should there be any changes to the figures that are released in December 2020 these will be reflected in the final budget setting report to County Council.
25. Adults' Health and Care has been developing its service plans and budgets for 2021/22 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Department are set out below.

Section E: Departmental Challenges and Priorities

26. The current year has been an incredibly challenging year for Adult Social Care departments across the breadth of the country due to the Covid-19 pandemic. Hampshire is no different. This issue came at a time when the financial challenge for adult social care had been at its most heightened. This has been a financial challenge that is well known and driven by various factors including:
 - Number of eligible clients continuing to increase at a faster rate, particularly for those over 85 that are the most vulnerable and have the most challenging conditions,
 - Growing complexity of care needs, for example the increasing prevalence of multiple conditions including higher levels of dementia, and,
 - Sustained increases in the numbers and costs associated with supporting children with disabilities and complex needs transitioning to adulthood.
27. Whilst attention has been focussed on responding to the Covid-19 pandemic, none of these underlying issues have gone away, they remain securely in place, and continue to demand careful and close attention and will do so long after the pandemic is over and behind us.
28. It should be noted however that, to date, during the period of the pandemic, a combination of the reduction in care home clients and additional short-term funding that has been available, especially from the NHS to support timely discharges, has provided an invaluable opportunity to mitigate most of these pressures in the short term. This is evident later in the report when a favourable business as usual financial position for 2020/21 is outlined. This does not however change the long-term underlying projections of the potential disparity between available resources and need.
29. The purpose of this report is to set out the medium term position for the Department and this section is to outline those longer term challenges that are faced. It follows that this report will not then focus on the pandemic but will highlight where longer term opportunities and potential challenges have arisen as a consequence of the pandemic.
30. In addition to those key pressures highlighted within paragraph 26, there are many other factors, (such as the financial challenges being experienced by NHS organisations) which have a direct bearing on social care pressures.

Regulation and the National Living Wage (NLW) are also impacting on direct provision and the independent sector in terms of increasing inflationary pressures. These pressures are also not unique to Hampshire and are representative of the position nationally. Together, growth and price pressures as outlined, have historically and will continue to create a significant pressure on the Adult Social Care budget beyond 2020/21.

31. In recent years, the pressures within Adult Social Care have been partially offset through the availability of non-recurrent funding within the Integrated Better Care Fund, (IBCF) including the Winter Pressures grant. Both of these funding streams are now recurrent. Historically in Hampshire we have invested a proportion of this invaluable resource to influence and implement much needed system change, in particular to reduce numbers of delayed transfers of care, (DToc) out of hospital, which pre Covid-19, had been a major positive force for change. From 2020/21 a greater proportion of this funding has been directed to meet the long term care costs associated with greater and more rapid discharges from hospital.
32. Over the medium term, the expected underlying demand in clients requiring adult social care services continues to grow at pace, which will, unless additional funding is secured, create a pressure. It was announced within the one year Spending Review that additional funding of £300m, for adults' and children's social care would be available nationally from 2021/22, of which it has recently been confirmed that Hampshire will receive just £1.2m.
33. Furthermore, it was announced that local authorities will be able to increase the adult social care precept to 3% from the previous level of 2% in 2021/22. Both of these funding stream opportunities are welcome, however, they also only offer certainty for the stated period.
34. The Department has also benefitted in 2021/22 from the annual investment of approximately £13.5m from corporate support to mitigate known areas of demographic and complexity growth. In total, all of the above funding is still potentially insufficient in comparison with the possible growth in demand and the overall reduction in Council funding that requires savings to be made from all departments including Adults' Health and Care.
35. At the time of this report, the current year business as usual position is favourable, however it would be misleading to think this in any way represents the longer term position. The current year position is built upon significant funding made available within the Covid-19 inspired NHS Discharge Scheme, that is currently only available in this year, and a major reduction in Residential and Nursing packages that is inextricably linked to Covid-19 and is unlikely to represent anything other than a short-term downturn in demand. Also, within the NHS Discharge Scheme there remains a tranche of clients currently receiving care paid for directly by the NHS. Once fully assessed, a proportion of these will fall to the County Council to pay for their long-term care. Whilst we have made prudent assessments of the likely cost, it remains difficult to predict with accuracy what the precise additional financial commitment this will represent in both 2020/21 and 2021/22.

36. Bearing in mind the above it follows that 2021/22 could see a return to 'normal' whereby the additional NHS Discharge funding ceases and activity returns or begins to return to previous levels. It is even possible that service demand could exceed previous levels in which case all of the funding outlined between paragraphs 32 and 34 would not meet the expected cost. The budget that is proposed as part of this report is built upon the assumption that whilst the NHS funding will cease at the end of the current financial year, the Department will not see an increase in paid for care levels that matches or exceeds the pre Covid-19 position, most notably as it is expected to maximise spare occupancy within the HCC Care capacity thereby allowing for an increase in client numbers but at a minimal additional cost.
37. Whilst most of the volatility of client numbers and variability of risk tends to concentrate within the Older Adults sector it should not be overlooked that Younger Adults is now the largest single paid for care budget, especially now that services for those with Physical Disabilities is catered for in the Younger Adults overall portfolio. It continues to have a consistent and yet slightly more predictable year on year pressure that needs to be managed. However, despite the unique year that we have seen so far, whilst the general impact of Covid-19 for Younger Adults whilst has been noticeable, it represents less of an additional risk in year and into the future.
38. It is currently unknown what longer term impact Covid-19 will have on the care market, and most significantly for care homes. With lower than normal occupancy levels, from County Council funded clients and self-funders, and a potential desirability shift away from care homes towards care at home, (such as Live in Care, Extra Care and Shared lives) they may see a sustained, or permanent period of lower than normal occupancy. This would likely lead to a reduction of bed capacity in the market as providers withdraw, which in turn is likely to impact negatively on the unit price that care can be secured for. This represents a significant financial risk in the medium to longer term, should average prices for Hampshire clients increase to levels more commensurate with those paid by self-funders.
39. It is therefore likely that the Department will be required to be ever more innovative in its engagement with providers to maintain those prices at a sustainable and affordable level. At the same time, it will be never more critical to maintain a fair price for services purchased from provider partners to ensure adequate services remain available to meet client needs into the future.
40. Against the backdrop of the above, the Department has and will continue to positively meet the on-going and increasing requirement to reduce costs to offset reductions in overall Council funding. With this in mind, the full Tt2021 saving of £43.1m has been removed from the budget proposed for 2021/22. This reduction in funding will be offset, in part, by regular additional annual investments of approximately £13.5m from corporate support to mitigate known areas of demographic and complexity growth.
41. In previous years there has been a focus on the Department's performance in supporting the flow from NHS hospitals, as pressure is maintained to reduce

the number of Delayed Transfers of Care (DToC), in line with the lower trajectory agreed with the NHS. The current year has been no exception, however, there has been one critical difference, which is the provision of additional funding through the NHS Discharge Scheme. This funding alongside significant collaborative working between County Council; care, operational and reablement teams along with NHS staff across; the provider, commissioning and acute sectors has delivered a significant change in the way clients are discharged from hospital, reducing the length of stay, post being medically fit for discharge, to negligible levels. The key aim as 2021/22 begins will be to look to build upon these improvements and attempt to secure them as the new normal albeit acknowledging the inherent challenge if NHS discharge funding ceases.

42. Although in some part dependant on continued additional funding, but not wholly, the key improvements / collaborations that have been implemented during 2020/21 that will need to be maintained or expanded are as follows:
 - Discharge to Assess, (D2A) capacity as a vehicle to both step clients down from hospital and step people up to prevent a hospital stay. This will need embedding as an integral part of the operational process before long term care is sought.
 - Integrated Intermediate Care, (IIC) arrangements to adequately meet the reablement and rehabilitation demands across the County seamlessly through teams from both Health and Social Care backgrounds.
 - Single Point of Access, (SPoA) a multi-disciplined team across Health and Social Care functions with the singular aim of completing all of the necessary processes together in a timely way to discharge clients from hospital safely through to their physical arrival at the optimum destination for their care journey – this will mainly be their home.
43. To deliver on the opportunities laid out above there is a requirement for additional funding, which is being sought locally but will likely require additional national funding to implement fully. In return these initiatives offer not only sustainable improvement in DToC but real term financial efficiencies to all partners through reduced hospital length of stay and admissions, reductions and delays in the need for long term care as well as supporting an increased number of clients to live longer with greater independence. These initiatives also enable a more organised approach to securing onward care for clients that avoids making urgent placements at generally higher costs.
44. 2020/21 has been a period of consolidation with a small number of local structural changes, the bedding in of a separate Physical Disability Care Management team and in October the delivery of the wider organisational change within both the Younger and Older Adults front line operational teams. The above has resulted in a lower cost operating model that contributes to the Transformation to 2019 (Tt2019) savings target and will see the full annualised savings delivered in 2021/22.

45. The Department continues to ensure that sufficient controls and approvals are in place to support the processes to maintain a reconciled budgeted staffing establishment at all times. This has been further developed in year with tighter governance put in place to support recruitment. In turn this solid platform will help to facilitate more robust proposals to deliver staffing savings for Tt2021 and to effectively manage the budget throughout the year.
46. The supply of affordable and sufficient staffing resource within the In-House Residential and Nursing Care homes continues to be a major challenge for the Department. There continues to be significant levels of vacancies and staff absences that are covered through higher cost agency staff, although this has continued to reduce, expanding the gains made last year. In large part this is due to the Department investing both time and short term financial resources to address the issue both through structural changes and development of IT solutions. Post Covid-19, the scale of the remaining reduction required is still anticipated to be material and work in this area will need to continue at pace in the coming year. The budget for 2021/22 is set on the basis of a full establishment and cover for absence and vacancies based on levels observed in a normal year. Furthermore, gains achieved in the last year on agency spend through the agency arrangement between Hampshire County Council and Commercial Services Kent Ltd (Connect2Hampshire) are anticipated to continue and grow through a greater degree of consistency and continuity in staff resource available.
47. The demand from people of working age with physical and learning disabilities is growing more rapidly and, although positive work to improve value for money in commissioning has created good financial and quality outcomes, the increase in demand through transition from childhood is beginning to outweigh this. Advances in medical care have had a positive impact on life expectancy and have meant that people with very complex needs are surviving into adulthood when historically they might not have done so. They are also living a fuller adult life and are demanding support to live as independently as possible for significant periods.
48. Whilst in the medium term, this represents a growing pressure on Adult Social Care budgets the Department have focussed efforts through Tt2019 and continue to do so through Tt2021 to minimise the impact of this pressure whilst improving outcomes and life experiences for service users, including identifying and helping to secure employment opportunities. This will be achieved through further innovation (including multi-million pound investment in Technology Enabled Care and modern Extra Care housing / Supported Living) alongside efficiencies and service reductions. Additionally, the strengths-based way of operating, coupled with Least Restrictive Practise approaches have been increasingly working to mitigate costs and provide better alternatives for clients within the Younger Adults' service area.
49. Furthermore, across all client groups, the department is planning to roll out, subject to approval by the Executive Member for Adult Social Care and Health, in 2021/22, a programme that looks to utilise Collaborative Robots (Cobots) within the care sector as an alternative and enhancement to traditional forms of

care. This innovative approach is the first of its kind and is aimed to help reduce the need for two carer visits and support carers with the physical demands of the role they undertake. Whilst this is a key strand to the Department's 2021 savings delivery through reduced overall care costs, it is anticipated that many other benefits will accrue such as supporting the market to meet demand and help with the retention of carers within the market through less physical stress on their bodies. This programme and the outcomes achieved will be closely monitored over the next 12 months.

50. The Government's commitment to the NLW will continue to have an impact on the purchased care budget. The increase in the NLW from April 2021 was confirmed as part of the Spending Review at the end of November 2020 and will see it rise to £8.91 from £8.72, an increase of £0.19, (2.2%). It is now applicable for all working people aged 23 and over, a reduction from the previous age of 25. When taking decisions to set the 2021/22 budget, prior to this announcement, the Department had considered that the increase was likely to be greater thereby this announcement provides welcome flexibility to fund a fair inflationary uplift for providers.
51. As highlighted previously, the care home market is likely to see some significant changes over the next few years primarily as an indirect consequence of Covid-19. These likely changes come off the back of pre-existing challenges such as how they support a client group that will have more complex needs, that are living longer and with greater prevalence of dementia, all this whilst also facing tougher regulation. Within the last year the Department has worked tirelessly with the care sector to help mitigate/address these issues, however this can only have limited impact in a normal year and is especially challenging within the environment faced during 2020/21. Within the next year there will be a further review of the Department's standard rates for older adults, which will be concluded and implemented during 2021/22. Alongside this the Department are developing a more innovative strategic approach to the commissioning and procurement of Residential and Nursing care that will seek to support the providers through efficient and timely payments and secure care at the most affordable rates.
52. The purchase of care for clients within their own home continues to be a challenging area for the Department, and in all likelihood, greater dependency will be placed on providers into the future across all client groups. Work continues to expand upon the gains made from the introduction of the new non-residential framework and associated payment process with the aim to further streamline and simplify the transactional engagement with providers, expanding it to all other client groups. Evidence to date would support that it has improved relationships with providers and reduced their back-office costs resulting in greater levels of care provision being available at affordable rates, but there are further gains that can still be made.
53. Whilst work to reduce the average hourly price of care and ensure consistently, that only appropriate care is secured has continued throughout 2020/21, it has understandably been affected by the requirement to respond effectively to the demands of Covid-19, most significantly to move clients out of hospital in a

timely way to free up acute capacity. It is anticipated that the primary focus will return to this area of work during 2021/22. The Department will refresh the aims and target outcomes early within the year and then continue to monitor progress, at a granular level on a weekly basis, to ensure that work is being consistently applied across the County and is delivering the necessary cost reductions to align spend with the medium term budget projection.

54. The other key priority is the Adults' Health and Care Transformation Programme, which is currently forecast to successfully complete delivery of the £55.9m Tt2019 savings by the end of 2021/22, notwithstanding that the final savings will be the hardest to achieve, at the same time as mitigating the significant operational pressures that have been outlined above. Due to the impact of Covid-19 this has pushed back the delivery of savings against this programme, the cash impact of this is reflected accordingly within the proposed budget and is outlined below.
55. Additionally, the Department is set to secure cumulative savings of £19.6m for Tt2021 by the end of 2021/22 with the balance against the target of £43.1m being delivered later. It is essential that these savings are achieved within the recently revised timeframes in order to minimise the need to draw on the Department's Cost of Change reserve. Avoiding the need to draw on this reserve maintains the Department's ability to adequately support the forecast transformation costs associated with these programmes.

Section F: 2020/21 Revenue Budget

56. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.
57. The anticipated business as usual outturn forecast for 2020/21 is a saving of £4.8m for Adult Social Care. This position is dependent on securing Tt2019 cash savings of £47.7m and Tt2021 early savings of just under £5.9m. The forecast saving of £4.8m will be transferred to the Cost of Change reserve, bringing the reserve balance to £11.1m by the end of 2020/21. This sum will be utilised within the following years to help fund planned delays in savings and one-off project costs.
58. There are some key variances within the £4.8m net position reported, most notably £3.4m saving within HCC Care, some of which is due to indirect consequences of the impact of Covid-19, as outlined below:
 - staffing levels required to meet reduced occupancy levels in part offset by net additional costs associated with Infection Control.
 - in year from an increase in the Free Nursing Care rate backdated to April 2019 with a further uplift in April 2020.

- net additional income from the sale of unoccupied beds to the NHS for the purpose of meeting discharge from hospital requirements.
59. Further savings have occurred from posts being held vacant ahead of staff structural changes that are due to deliver savings from April 2021.
 60. In addition, the Department has faced significant spend arising from the response to the Covid-19 pandemic in year. The total spend directly attributable to the consequence of the pandemic, not funded from a specific grant, is forecast to be over £21m. This will be offset at the end of the year by corporate support in the form of the financial response package. The business as usual position reported above is therefore after all additional support has been factored in.
 61. It should be noted that the Department continue to benefit in 2020/21 from the additional recurring funds announced in 2019/20 from the IBCF, that now includes Winter Pressures, of £11.5m. Ordinarily however, these funds and the additional corporate support would still be insufficient to match the underlying pressure. For 2020/21 this pressure has been reduced to an immaterial amount, largely as a consequence of the reduction in Residential and Nursing care placements from March 2020.
 62. The impact Covid-19 has had on transformation savings delivery for both Tt2019 and Tt2021 has been significant within Adults' Health and Care. This is primarily due to resources being redirected toward responding to the pandemic. In addition, the ability to affect care package prices and volumes into the long term, which most of the planned saving relate, has been severely impacted by the need to support the NHS to discharge patients from hospital freeing sufficient acute capacity to cope with the demands of the pandemic.
 63. The delivery of early Tt2021 cash savings in 2020/21 was formally reported to be £5.9m in Month 7, which represents a shortfall of £4.1m against the targeted cash delivery by the end of the year. Correspondingly Tt2019 savings were reported to be £47.7m, which represents a shortfall of £4.4m against the targeted cash delivery by the end of the year.
 64. The budget for Adult Social Care has been updated throughout the year and the revised budget is shown in Appendix 1. The revised budget shows an increase of £43.3m made up of:
 - £34.0m grants (£33.0m Infection Prevention Control and £1.0m Emergency Assistance Grant).
 - £2.9m from departmental reserves to cover one off costs in 2020/21.
 - £6.5m corporate funding (£2.5m to offset the pay award and £4m planned one off support for care packages).

Section G: 2021/22 Revenue Budget Pressures and Initiatives

65. The Department's budget has been reviewed in detail as part of the 2021/22 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 2021/22.
66. As outlined within Section F, the departmental business as usual position is currently showing a forecast saving in 2020/21. However, this position is reliant upon unique Covid-19 funding streams available in the current year only and an otherwise unexpected reduction in volumes of care, particularly within Older Adults. The 2021/22 budget is set excluding the impact of Covid-19, which includes assuming the NHS Discharge funding will cease 31 March 2021.
67. Combining the above factors with the additional corporate support for demography and complexity of £13.5m and a reasonable assumption for growth in care packages cost to 31 March 2022 a budget has been set within the cash limit available.
68. Whilst a prudent level of increase in pressure has been taken account of within the proposed budget this is a notoriously volatile area where projections are often difficult to make with precision. This is even more so within the current climate as it is unknown both, how quickly Residential and Nursing client numbers will recover, and what the impact this will have on the wider care market into the longer term. Should there be any increase beyond the budget that has been set the Department will be required to instigate further saving plans.
69. The Department will continue to develop and agree with NHS partners spending plans to support the totality of the funding made available within the Better Care Fund. It is intended that this funding will continue to cover the direct costs associated with schemes to control the number of delayed transfers of care and contribute much needed funding to offset the associated impact on relevant ongoing long term care package costs. The purpose and value of this funding in 2021/22 is the same as the 2020/21.

Section H: Revenue Savings Proposals

70. Savings targets for 2021/22 were approved as part of the MTFS by the County Council in September 2018. Proposals to meet these targets have been developed through the Tt2021 Programme and were approved by Executive Members, Cabinet and County Council in October and November 2019.
71. It is now anticipated the Tt2019 savings will be fully delivered (£55.9m) by the end of 2021/22. Furthermore, full year savings of £19.6m will be achieved against the Tt2021 programme by the end of 2021/22 with the shortfall against the target being made up from the planned corporate cash flow. For Tt2021 this represents a further delay in savings from the previously approved plan of £8.0m.

72. The main reasons for the increase in shortfall on Tt2021 relate to:
- Transformational resources being redirected toward responding to the pandemic, thereby pushing schemes behind schedule by 6 – 9 months.
 - The need to support the NHS in discharging patients from hospital to release sufficient acute capacity. This has pushed back plans to greater affect sustainable changes to both prices and volumes of care secured from the market.
73. Rigorous monitoring of the delivery of the programme will continue during 2021/22, to ensure that the Department is able to stay within its cash limited budget as set out in this report.
74. This early action in developing and implementing the savings programme for 2021/22 means that the County Council is a strong position for setting a balanced budget in 2021/22 and that no new savings proposals will be considered as part of the budget setting process for the next financial year.

Section I: 2021/22 Review of Charges

75. For Adult Social Care, the 2021/22 revenue budget includes income of £67.7m from fees and charges to service users. This is a decrease of £1.5m (2.17%) on the revised budget for 2020/21.
76. Details of current and proposed fees and charges for 2021/22 where approval is sought for changes are outlined in Appendix 2.
77. As agreed by the Executive Member for Adult Social Care and Health (27 September 2018) delegated authority has been given to the Director of Adults' Health and Care to approve, in respect of Meals on Wheels, the annual price rises for the service users which will be capped to no more than 2.5% above the contractual annual uplift with the service provider. It has been agreed that this provision will remain in place until such time that there is no longer a subsidy provided on this service by the County Council.
78. The charges proposed reflect the full cost rate applicable for County Council clients where they are assessed, (excluding MOW) as being able to afford this cost. Furthermore, where these services are purchased by external organisations this charge reflects the basic cost whereby additional specific charges will be levied dependant the additional resources required to safely support the client.

Section K: Budget Summary 2021/22

79. The budget update report presented to Cabinet on 24 November 2020 included provisional cash limit guidelines for each department. The cash limit for Adults' Health and Care in that report was £409.5m, which includes budgets for Adult Social Care (£357.2m) and Public Health (£52.3m). This is a £13.9m decrease on the previous year for Adult Social Care. This report focusses on Adult Social

Care with Public Health being covered in a separate report. The decrease comprised:

- An increase of £13.5m as per the MTFs for corporate support to meet demography and complexity pressures.
- In increase of £15.9m for inflation.
- A reduction of £43.1m as per the Tt2021 savings.
- A reduction of £0.2m for various minor transfers to other areas of the County Council.

80. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Adult Social Care for 2021/22 and show that these are within the cash limit set out above.

81. In addition to these cash limited items there are further budgets which fall under the responsibility of Adults' Social Care, which are shown in the table below:

	2021/22	
	£'000	£'000
Cash Limited Expenditure	523,205	
Less Income (Other than Government Grants)	(113,660)	
Net Cash Limited Expenditure		357,197
Less Government Grants:		
• Local Community Voices Grant	(102)	
• Independent Living Fund	(4,082)	
• Better Care Fund	(18,907)	
• Improved Better Care Fund	(11,452)	
• War Widows Pension Grant	(475)	
• Social Care in Prisons Grant	(104)	
Total Government Grants		<u>(35,122)</u>
Total Net Expenditure		<u>322,075</u>

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Transformation to 2021 – Revenue Savings Proposals (Executive Member for Adult Social care and Health) https://democracy.hants.gov.uk/documents/s38112/Report.pdf	16 September 2019
Medium Term Financial Strategy Update and Transformation to 2021 Savings Proposals http://democracy.hants.gov.uk/ieIssueDetails.aspx?Id=22267&PlanId=0&Opt=3#A122852	Cabinet – 15 October 2019 / County Council – 7 November 2019
Medium Term Financial Strategy Update https://democracy.hants.gov.uk/ieListDocuments.aspx?Cid=134&Mid=6499&Ver=4	Cabinet – 14 July 2020 / County Council – 16 July 2020
Budget Setting and Provisional Cash Limits 2021/22 https://democracy.hants.gov.uk/documents/s60700/Nov%202020%20Financial%20Update%20Budget%20Setting%20-%20Cabinet%20FINAL.pdf	Cabinet – 24 November 2020 / County Council – 3 December 2020
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

The budget setting process for 2021/22 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Transformation to 2021 Programme were considered in detail as part of the approval process carried out in October and November 2019 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 5 to 8 in the October Cabinet report linked below:

<http://democracy.hants.gov.uk/mgAi.aspx?ID=21194#mgDocuments>

Budget Summary 2021/22 – Adults' Health and Care Department

Service Activity	Original Budget 2020/21 £'000	Revised Budget 2020/21 £'000	Proposed Budget 2021/22 £'000
Director	1,511	2,573	1,620
Strategic Commissioning & Business Support	14,614	15,656	14,889
Transformation	4,013	5,676	3,871
Older Adults			
Older Adults Community Services	120,407	126,669	124,667
Reablement	9,455	9,966	9,891
	129,862	136,635	134,558
Younger Adults			
Learning Disabilities Community Services	116,115	118,559	116,927
Physical Disabilities Community Services	31,399	32,555	32,288
Mental Health Community Services	18,576	18,881	18,905
Contact Centre	2,530	2,983	2,485
	168,620	172,978	170,605
HCC Care	43,885	46,978	44,120
Governance, Safeguarding & Quality	3,650	3,702	3,511
Centrally Held	4,962	30,185	(15,977)
Total Adult Services	371,117	414,383	357,197
Public Health	50,219	57,258	52,348
Net Cash Limited Expenditure	421,336	471,641	409,545

Review of Fees and Charges 2021/22 – Adults' Health and Care Department

	Income Budget 2021/22 £'000	Current Charge £	Proposed Increase %	Proposed New Charge £
Charges for HCC provided care:				
(Rounded to 1DP)				
Full cost weekly charge (HCC in-house residential and nursing establishments, including respite)				
Nursing Care for Older People (per week)	5,100	837.90	2.3	857.15
Residential Care for Older People (per week)	6,200	756.07	2.3	773.43
Residential Care for Dementia (per week)	In above	817.04	2.3	835.80
Residential Care for Adults with a Learning Disability (per week):				
Orchard Close	0	1,065.96	2.3	1,090.46
Jacobs Lodge	0	890.89	2.3	911.40
Meals on Wheels	2,161	5.13	3.9	5.33

Other Charges:

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

In line with corporate policy all other charges will be increased by an inflation rate of 1.4%

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	11 January 2021
Title:	2021/22 Revenue Budget Report for Public Health
Report From:	Director of Public Health and Deputy Chief Executive and Director of Corporate Resources

Graham Allen, Director of Adults' Health and Care

Contact name: Simon Bryant, Director of Public Health

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Section A: Purpose of this Report

1. The purpose of this report is to set out proposals for the 2021/22 budget for Public Health in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2019 and updated subsequently in July 2020 to reflect the financial impact of the Covid-19 crisis and the County Council's response.

Section B: Recommendation(s)

To approve for submission to the Leader and the Cabinet:

2. The revised revenue budget for 2020/21 as set out in Appendix 1.
3. The summary revenue budget for 2021/22 as set out in Appendix 1.

Section C: Executive Summary

4. The Medium Term Financial Strategy (MTFS) update presented to Cabinet and County Council in July 2020 sought to assess the medium term impact of Covid-19 on the financial sustainability of the County Council. It explained that we were treating the medium term impact of Covid-19 as a one off financial impact that we aimed to address through a financial response package of

Council resources and further government support and concluded that further government funding of £52.4m was required to ensure that the Council was financially sustainable in the medium term.

5. An update was presented to Cabinet in November and County Council in December which reaffirmed that a minimum level of government support of at least £50m was still required to help balance the deficit after the application of the financial response package.
6. The aim of the approach to Covid-19 was to place the County Council in the same financial position it would have otherwise been in if Covid-19 had not happened, in order to ensure that the tried and tested financial strategy which the County Council operates could be protected and retained.
7. This strategy 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 Budget Bridging Reserve (BBR) and with any early delivery of resources retained by departments to use for cost of change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.
8. In line with this strategy, the Transformation to 2021 (Tt2021) Programme has been in place for some time to develop the £80m of savings required to balance the budget for 2021/22. Detailed savings proposals for each department were approved by the County Council in November 2019, in order to allow more time for delivery of the savings; including the requirement to undertake a second stage of service specific consultations where necessary.
9. Since the transformation programme is already in place to deliver approved departmental savings, there are no new savings proposals to be considered as part of the 2021/22 budget setting process. The anticipated delay to delivery of some aspects of the transformation programmes has been factored into our financial planning and sufficient one-off funding exists both corporately and within departments to meet any potential gap over the period.
10. The report also provides an update on the business as usual financial position for the current year and the outturn forecast for the Department for 2020/21, excluding the financial impact of Covid-19, is a budget under spend of £0.7m.
11. The proposed budget for 2021/22 analysed by service is shown in Appendix 1.
12. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2020/21 and detailed service budgets for 2021/22 for Public Health. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Social Care Select Committee. It will be reported to the Leader and Cabinet on 9 February 2021 to make final recommendations to County Council on 25 February 2021.

Section D: Contextual Information

13. The Medium Term Financial Strategy (MTFS) update presented to Cabinet and County Council in July explained that we were treating the medium term impact of Covid-19 as a one off problem that we aimed to address through a financial response package of Council resources and further government support.
14. The report concluded that further government funding of £52.4m was required to ensure that the Council was financially sustainable in the medium term and an update, presented to Cabinet in November and County Council in December, reaffirmed that a minimum level of government support of at least £50m was still required to help balance the deficit after the application of the financial response package.
15. The aim of the approach to Covid-19 was to place the County Council in the same financial position it would have otherwise been in if Covid-19 had not happened in order to ensure that it still had sufficient fire power in its reserves to address the business as usual deficits of at least £40m per annum predicted after the current Transformation to 2021 (Tt2021) Programme has been implemented and in line with the strategy being adopted to manage the financial impact of Covid-19 as a separate one off issue.
16. The current financial strategy which the County Council operates, works on the basis of a two year cycle of delivering change to release resources and close the anticipated budget gap. This provides the time and capacity to properly deliver major transformation programmes every two years, with deficits in the intervening years being met from the Budget Bridging Reserve (BBR) and with any early delivery of resources retained by departments to use for cost of change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.
17. The County Council's action in tackling its forecast budget deficit and providing funding in anticipation of further reductions, placed it in a very strong position to produce a 'steady state' budget for 2020/21, giving itself the time and capacity to develop and implement the Tt2021 Programme to deliver the next phase of savings totalling £80m. This also avoids the worst effects of sudden and unplanned decisions on service delivery and the most vulnerable members of the community.
18. Consequently, the majority of the decisions in respect of major changes to the budget were taken early however, other factors will still affect the budget, such as council tax decisions and inflation.
19. Members will be aware that following previous delays in the Comprehensive Spending Review (CSR) it was hoped that a three year CSR would be announced in November this year. Following increasing rates of Covid-19 throughout October and the uncertainty over the long term economic impacts of Covid-19 the Chancellor announced that only a single year Spending Review would be put in place.

20. The Spending Review announcement took place on 25 November 2020 and the key elements were as follows:

- For salaries set by the Government (such as teachers and police) there will be a public sector pay freeze in 2021/22. The exceptions are for those earning less than £24,000 (who will receive a minimum £250 increase) and the NHS. The Government does not set pay for most council staff, although it is likely to set grant levels at amounts which assume a pay freeze.
- Councils with social care responsibilities will be allowed to increase council tax by up to 5% in 2021/22 without holding a referendum. This consists of 2% for main council tax and 3% for the adult social care precept.
- The business rates multiplier will be frozen in 2021/22 (with local authorities fully compensated for the lost income). Further Covid-19 business rates reliefs may be announced in the new year.
- The Government expects to provide local authorities with over £3bn more to help with Covid-19 pressures in 2021/22. It comprises:
 - £1.55bn to help with expenditure pressures.
 - £670m additional funding for council tax support schemes (which reduce council tax bills for households on low incomes).
 - £762m (estimate) to compensate local authorities for 75% of council tax and business rates losses resulting from 2020/21.
 - Extending the Covid-19 sales, fees and charges reimbursement scheme for three months until the end of June 2021.
- An additional £300m for adults' and children's social care (£1.2m for Hampshire) and continuation of the existing £1bn annual grant put into social care previously will be maintained, along with £2.1bn provided through the improved Better Care Fund (pooled with the NHS). Proposals for reforming adults' social care will be brought forward next year.
- The New Homes Bonus scheme will continue for a further year, with no new legacy payments. Reforms to the New Homes Bonus will be consulted on shortly, with a view to implementing changes in 2022/23.
- The Chancellor also announced how the Government would deliver the next stages of its infrastructure investment plans to drive the UK's recovery with £100bn of capital spending next year and a £4bn Levelling Up Fund.

21. The provisional Local Government Finance Settlement has not been announced at the time of writing this report but is anticipated during week commencing 14 December 2020. This will provide more clarity as to the impact of the Spending Review on Hampshire County Council and details will be provided in a separate briefing to members and within the Health and Adult Social Care Select Committee Briefing presentation in January 2021.

22. The final grant settlement for 2021/22 is not due out until January / February 2021 and should there be any changes to the figures that are released in December 2020 these will be reflected in the final budget setting report to County Council.
23. The Public Health team has been developing its service plans and budgets for 2021/22 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Department are set out below

Section E: Departmental Challenges and Priorities

24. 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.
25. Historically the ring-fenced Public Health grant enabled local authorities to discharge this responsibility. At this time, whilst there has been significant discussion at a national level regarding the potential removal of the ring-fence this has not been acted upon and the ring-fence remains. This is anticipated to continue into 2021/22 and therefore the financial position for Public Health in 2021/22 is based upon this assumption.
26. As per the November 2015 spending review, there has been, since 2015/16, a programme of reductions in the Public Health grant allocation for Hampshire County Council. The total confirmed cash reduction in grant allocation from the 2015/16 baseline up to and including 2019/20 was £8.3m. The Public Health team has continued to develop a programme of work to meet these savings over this timeframe and has been successful as spend has continued to land within the budgeted allocation.
27. Subsequently, as part of the Tt2021 Programme Public Health have been allocated a total saving requirement of £6.8m with £1.3m to be achieved in the financial year 2020/21 to support programmes that improve health across the council, whilst the full amount to be saved by 2022/23. Plans to achieve this saving are in train. We are optimistic that the agreed profiled saving of £1.3m will be delivered in the current year.
28. In 2020/21 the ring-fenced Public Health grant received by Hampshire was increased by £2.9m to £52.3m. A significant proportion of this increase was to cover the recurring additional cost incurred by commissioners of NHS providers due to the pay award made to NHS staff under Agenda for Change between 2018 and 2020. At this time there has not been any confirmation of the actual grant level in 2021/22, the budget has therefore been set on the minimum expectation of a grant equivalent to that received in 2020/21 of £52.3m.
29. Within the current year Public Health resources have inevitably been stretched to the maximum due to the requirements of the Covid-19 response. From a financial perspective all forecast additional costs are expected to be met from

within specific additional funding made available through the Test and Trace grant and the Contain Outbreak Management Fund. Therefore, the current year financial variance for the department represents a position that is largely unaffected by the impact of Covid-19 as is shown within Section F. In respect of Covid-19 response costs in the following year it is currently assumed this will be met from eligible carry forward of the Test and Trace grant, in addition to further specific funding made available nationally.

30. Despite the grant increase in 2020/21 and even a potential of a further increase in 2021/22 the reductions in grant since 2015 and the Tt2021 savings inevitably represents challenges for delivery of the County Council's core public health responsibilities and for wider work to improve the public's health. Continued careful planning, delivery and evaluation of evidence-based interventions will ensure that the available Public Health resources are focused on the key public health priority areas identified in the Public Health Strategy 'Towards a Healthier Hampshire', and these are set out below.
31. A key priority is to ensure efficient delivery of the public health mandate to best meet the public health needs of Hampshire's residents and to continue to ensure that these services are providing best value for money. These include the mandated services: the National Child Measurement Programme, (NCMP) delivered through the school nursing service; delivering quality assured NHS health checks with the aim of both reducing future ill health, particularly dementia and cardio-vascular disease, and the demand for health and social care services; enabling access to comprehensive good value for money sexual health services through transformation providing public health expertise and leadership to NHS commissioners and the Sustainability and Transformation Partnership (STP) to inform the planning and commissioning of health services and delivering health protection responsibilities.
32. A focus on improved outcomes and increased quality in the public health commissioned services remains a priority alongside leadership of public health for Hampshire.
33. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes. The Healthy Child Programme (0-19) is an evidence based universal prevention and early intervention public health programme that is offered to all families. These services are supported by a mandate that requires universal delivery of five key child 'development reviews. It supports parents and promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the Public Health team is working in partnership with Children's Services and NHS colleagues to transform and provide collaborative services for children and young people and their families. Effective use of resources will help to maximise the universal nature of the service, as well as to provide an enhanced offer to vulnerable families, to get the best possible outcomes in the six high impact areas, focus on prevention, and early identification of children and families at risk of future health and social problems. The Public Health nursing service has recently been

recommissioned with a view to supporting Hampshire's vulnerable families at a time of resource constraint. This will be led through an active partnership between commissioner and provider.

34. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and care needs, remains a real public health challenge in Hampshire. These choices already have an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on prevention and making a healthy lifestyle 'the norm' for people of all ages is key to keeping people healthy, in employment and independent for longer and to reducing future demand for services. We continue to work to achieve this through appropriate nutrition, reducing obesity, promoting physical activity and supporting people to stop smoking and to drink sensibly. The Stop Smoking Service focuses on both the whole population and aims to increasing quit rates, especially in vulnerable individuals and communities. This requires strategic leadership and collaboration to change the system alongside effective services for the population.
35. With an increasingly older population, tackling social isolation and malnutrition, preventing falls and maintaining mobility in our vulnerable and older residents remain important areas of focus for our work with colleagues in Adult Social Care and for the Demand Management and Prevention Programme.
36. Public Health leadership of violence reduction has further progressed with leadership of the local Violence Reduction Unit for Hampshire. This sees the team working closely with the Office of the Police and Crime Commissioner and Hampshire Constabulary. Domestic abuse is a serious public health problem; Public Health leadership of the strategic partnership is driving work across the system to reduce domestic abuse. The Domestic Abuse service for victims and perpetrators provides further impetus to this work and has an increased focus on reducing the impacts of domestic abuse on children to prevent long term sequelae and impact.
37. Poor mental health represents a significant burden of disease in the County and increases the risk of developing physical illness and of premature mortality. We will continue our work to improve the mental wellbeing of our communities and the focus on preventing suicide. The final year of an EU partnership grant focusing on improving male health is enhancing our capacity in this important area. The Mental Health Partnership and plan will be further developed in this coming year. Promoting emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services. An updated Emotional Health and Wellbeing Strategy for children and young people continues to be implemented. Partnership working across the County Council, the NHS, voluntary sector and service users will help to drive this agenda forward.
38. The substance misuse service delivers a robust drug and alcohol treatment system that fully meets the diverse needs of the Hampshire population and empowers and enables people to recover from alcohol and/or drug

dependency. Through a transformation programme the service will take a family approach and deliver a comprehensive treatment service. Wider system work continues to support responsible drinking and promote safe and healthy places for people to live and work.

39. Sexual Health services and substance misuse services, being demand led, are challenged by the number of patients requiring these services. However, they are continuing to meet the demand through service transformation and shifting more activity from face to face to digital interventions. These have further been developed during the response to Covid-19.
40. The Director of Public Health (DPH) continues to deliver the Health Protection responsibilities through partnership work with Public Health England and NHS England. The County Council's health protection responsibilities have been significantly stretched this year with the added responsibilities of Covid-19 pandemic leadership, Outbreak Control Plan, local contact tracing service and leadership and coordinating testing services. This will continue to be a core part of the departments work in the coming year. The Emergency Planning responsibilities are delivered through work with the Emergency Planning teams in the County Council and wider Local Resilience Forum (LRF) partners.
41. To ensure delivery of the Joint Strategic Needs Assessment on behalf of the Hampshire Health and Wellbeing Board the team continues deliver key analysis for partners including working with the developing Primary Care Networks. Our leadership of Population Health Management will enable more effective delivery of healthcare for the system. Our leadership of Covid-19 intelligence work will continue to be central to the success of our and the system response.
42. Nationally and within the Hampshire and Isle of Wight STP there is a welcome renewed focus on population health and prevention. The north east of Hampshire is part of the Frimley Integrated Care System where there are similar focuses on population health, prevention and delivery through place. The DPH provides leadership to both these work programmes supported by the Public Health consultant team.
43. Hampshire County Council are now in the second year of a formal partnership to provide the leadership of public health on the Isle of Wight, (IOW). This arrangement commenced in September 2019 following eighteen months of interim leadership support. The partnership will be reviewed on an ongoing basis and is already demonstrating successes. The partnership has increased Public Health capacity across the councils, maintaining the high quality of services across Hampshire whilst improving the quality of service delivery on the Island. We will continue to work in partnership to respond to the pandemic appropriately.
44. In October 2016 the Public Health team and Adult Services Department were joined to form the Adults' Health and Care Department. Although Public Health is reported in detail within this report the position is summarised within the Adult

Social Care report to provide a departmental wide view for Adults' Health and Care.

Section F: 2020/21 Revenue Budget

45. The cash limited budget for 2020/21 was originally set, as per the same report last year, to fully utilise the ring-fenced government grant for Public Health at an estimated value of £49.5m, together with planned use of £0.7m of the Public Health reserve.
46. The budget for Public Health has been updated throughout the year and the revised budget is shown in Appendix 1. The revised budget shows an increase of £7.0m made up of:
 - £2.9m increase in the Public Health Grant.
 - £4.8m for the Test and Trace Grant.
 - £0.1m for the HIV Pre-Exposure Prophylaxis Grant.
 - £0.7m of budgeted draw from the Public Health reserve has been returned.
47. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.
48. The anticipated business as usual outturn forecast for 2020/21 is a saving of £0.7m against the revised budget. It is for this reason that the planned draw from the Public Health reserve is no longer required and therefore has been removed from the budgeted plan.
49. A significant proportion of the forecast saving reported is due the impact of Covid-19 on the volume of contracted services delivered. Where applicable it has been agreed to pay reduced contracted amounts to providers that recognises there has been a reduction in their service level whilst providing them with adequate support to meet a proportion of their costs to keep them financially viable during the pandemic.
50. As at April 2020, the closing balance of the Public Health reserve was forecast to be £4.8m by 31 March 2021, after not drawing the £0.7m previously intended from the reserve in year and the expected saving of £0.7m, it is now forecast that the balance at year end will be £6.2m.
51. The Public Health delivery of early Tt2021 savings was formally reported to be £0.5m in Month 7, (October), which represents a shortfall of £0.8m against the targeted cash delivery by the end of the year. However, confidence remains high that this will be met in full after a subsequent review.

Section G: 2021/22 Revenue Budget Pressures and Initiatives

52. As part of the Spending Review in late November 2020 it was announced that the Public Health Grant would be “maintained”. It is currently uncertain if this means in cash or real terms. In the absence of confirmed allocations for local authorities, the Public Health grant for 2020/21 had been assumed as the starting point for this budget setting round. The grant allocation for 2020/21 is £52.3m for Hampshire County Council. Should the grant allocation increase from this level this will be reflected within the Public Health budget for 2021/22 at a later date.
53. Should the grant allocation remain static in cash terms this could represent an additional pressure that has not been factored into the budget at this stage, primarily due to the NHS provider services passing on an increase in their costs to commissioners arising from the 2021/22 NHS pay award that they are obligated to pay.
54. The 2021/22 budget is set based on there not being any shortfall in the service budget and therefore no requirement for a draw from the Public Health reserve for this reason. However, should this position change sufficient resources exist to meet any likely draw that is required.
55. Conversely the forecast shortfall in delivery of Tt2021 savings from the previously agreed savings profile will require a draw from the Public Health reserve in 2021/22. At the current time this is reported to be £1.4m as outlined in paragraph 58 below, but this position is expected to improve in the coming months.
56. The forecast closing balance of the Public Health reserve from 2020/21 of £6.2m, as per paragraph 50, coupled with a potential draw of £1.4m in 2021/22 to mitigate delayed Tt2021 savings would leave a closing balance of £4.8m by 31 March 2022. In addition, should it be required the reserve will be drawn upon to fund any additional one-off costs incurred during 2021/22 to further facilitate or take advantage of opportunities to accelerate the delivery of Tt2021 savings.

Section H: Revenue Savings Proposals

57. Savings targets for 2021/22 were approved as part of the MTFS by the County Council in September 2018. Proposals to meet these targets have been developed through the Tt2021 Programme and were approved by Executive Members, Cabinet and County Council in October and November 2019.
58. It is now anticipated that full year savings of £2.1m will be achieved in 2021/22 with the shortfall of £4.7m against the target of £6.8m being made up from a combination sources including the Public Health reserve, £1.4m, and planned corporate cash flow of £3.3m. As highlighted previously it is anticipated that this position will improve and will have the effect of increasing the full year savings thereby reducing the need to draw on the Public Health reserve.

59. The main reasons for the shortfall relate to the impact of resources being diverted onto priority Covid-19 response tasks, away from savings delivery.
60. Rigorous monitoring of the delivery of the programme will continue during 2021/22, to ensure that the Department is able to stay within its cash limited budget as set out in this report.
61. This early action in developing and implementing the savings programme for 2021/22 means that the County Council is in a strong position for setting a balanced budget in 2021/22 and that no new savings proposals will be considered as part of the budget setting process for the next financial year.

Section K: Budget Summary 2021/22

62. The budget update report presented to Cabinet on 24 November 2020 included provisional cash limit guidelines for each department. The cash limit for Public Health in that report was £52.4m, a £2.1m increase on the previous year. The increase comprised the additional grant funding to bring the grant to the same level as 2020/21 less the transfer of £0.7m previously highlighted back to the Public Health reserve.
63. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Public Health for 2021/22 and show that these are within the cash limit set out above.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Transformation to 2021 – Revenue Savings Proposals (Executive Member for Public Health) https://democracy.hants.gov.uk/documents/s38107/Report.pdf	16 September 2019
Medium Term Financial Strategy Update and Transformation to 2021 Savings Proposals http://democracy.hants.gov.uk/ieIssueDetails.aspx?Ild=22267&PlanId=0&Opt=3#AI22852	Cabinet – 15 October 2019 / County Council – 7 November 2019
Medium Term Financial Strategy Update https://democracy.hants.gov.uk/ieListDocuments.aspx?CId=134&MId=6499&Ver=4	Cabinet – 14 July 2020 / County Council – 16 July 2020
Budget Setting and Provisional Cash Limits 2021/22 https://democracy.hants.gov.uk/documents/s60700/Nov%202020%20Financial%20Update%20Budget%20Setting%20-%20Cabinet%20FINAL.pdf	Cabinet – 24 November 2020 / County Council – 3 December 2020
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

The budget setting process for 2021/22 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Transformation to 2021 Programme were considered in detail as part of the approval process carried out in October and November 2019 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 5 to 8 in the October Cabinet report linked below:

<http://democracy.hants.gov.uk/mgAi.aspx?ID=21194#mgDocuments>

For proposals where a Stage 2 consultation was required the EIAs were preliminary and were to be updated and developed following this further consultation when the impact of the proposals could be better understood

Budget Summary 2021/22 – Public Health

Service Activity	Original Budget 2020/21 £'000	Revised Budget 2020/21 £'000	Proposed Budget 2021/22 £'000
PH Happy			
<i>Drugs and Alcohol</i>	8,576	8,536	8,273
<i>Sexual Health</i>	9,130	9,359	9,099
<i>Mental Health and Wellbeing</i>	346	333	333
	18,052	18,228	17,705
PH Healthy			
<i>Nutrition, Obesity & Physical Activity</i>	515	514	472
<i>Tobacco, (incl. Smoking Cessation)</i>	2,209	2,198	2,249
<i>Health Check</i>	1,211	1,187	1,187
	3,935	3,899	3,908
PH Communities			
<i>Community Safety & Violence Prevention</i>	1,653	1,513	1,446
<i>Older People</i>	866	598	250
	2,519	2,111	1,696
PH Central			
<i>Central</i>	2,814	5,086	6,115
<i>Campaigns</i>	30	30	30
	2,844	5,116	6,145
PH Protect			
<i>Information & Intelligence</i>	17	17	17
<i>Infection Prevention & Control</i>	5	5	5
<i>Dental</i>	180	63	0
	202	85	22
PH Resilient			
<i>Children and Young People 5-19</i>	3,905	3,724	3,542
<i>Children and Young People 0-5</i>	18,762	19,305	19,330
	22,667	23,029	22,872
<i>Public Health Covid-19 Specific</i>	0	4,790	0
Net Cash Limited Expenditure	50,219	57,258	52,348
Funded from			
Ring-fenced Grant		52,348	52,348
Test and Trace Grant		4,790	0
HIV Grant		120	0

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	11 January 2021
Title:	Capital Programme for 2021/22 to 2023/24
Report From:	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources

Contact name: Graham Allen and Dave Cuerden

Tel: 03707 795574 **Email:** 03707 795574
03707 793845 03707 793845

Purpose of this Report

1. For the Health and Adult Social Care Select Committee to pre-scrutinise the Capital Programme for 2021/22 to 2023/24.
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.

Recommendations

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

3. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health (see paragraphs 2 and 3).
4. Agree any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member of Adult Social Care and Health when making their decision.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Health
Date:	11 January 2021
Title:	Capital Programme for 2021/22 to 2023/24
Report From:	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources

Contact name: Graham Allen and Dave Cuerden

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Purpose of this Report

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

Recommendation(s)

To approve for submission to the Leader and Cabinet

2. The capital programme for 2021/22 to 2023/24 as set out in Appendix 1 and the revised capital programme for 2020/21 as set out in Appendix 2
3. The carry forward of resources of £0.86m from 2020/21 to 2021/22 as set out in paragraph 15

Executive Summary

4. This report seeks approval for submission to the Leader and Cabinet of the proposed capital programme for 2021/22 to 2023/24.
5. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 9 February 2021 to make final recommendations to County Council on 25 February 2021.

6. The report considers the schemes which it is proposed to include in the capital programmes for 2021/22, 2022/23 and 2023/24 and also presents the revised programme for 2020/21.
7. This report highlights that as part of the Medium Term Financial Strategy Update and Transformation to 2021 Savings Proposals Report that was approved by Cabinet in October 2019 investment of up to £70m in Older Persons and Younger Adults Extra Care was approved subject to a satisfactory business case being produced for each scheme.
8. The proposals contained in this report are derived from the departmental service plans which have been developed to support the priorities of the Strategic Plan.

Contextual information

9. Executive Members have been asked to prepare proposals for:
 - a locally-resourced capital programme for the three-year period from 2021/22 to 2023/24 within the guidelines used for the current capital programme including the third year, 2023/24, at a similar level to 2022/23.
 - a programme of capital schemes in 2021/22 to 2023/24 supported by Government grants as announced by the Government.
10. The capital guidelines are determined by the Medium Term Financial Strategy which is closely linked to 'The 'Serving Hampshire - Strategic Plan 2017 – 2021' with its strategic aims and Departmental Service plans to ensure that priorities are affordable and provide value for money and that resources follow priorities.

Locally resourced capital programme

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

	£000
2021/22	481
2022/23	481
2023/24	481

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

Revised 2020/21 capital programme

13. The revised 2020/21 capital programme for Adults is shown in Appendix 2 and totals £25.376m. The changes since the capital programme was approved in January 2020 are summarised below:

	2020/21 £000
Approved Programme	13,042
Carry Forward from 2019/20	11,498
Disabled Facilities Grant	1,691
Carry Forward to 2020/21	<u>(855)</u>
Total	<u>25,376</u>

14. The schemes carried forward from previous years of £11.50m were agreed by Cabinet on 14 July 2020. These predominantly relate to the Extra-Care housing and Adults with a Disability Accommodation programmes.
15. The carry forward of £0.86m resources to 2021/22 is to fund Health and Safety works within the Residential and Nursing estate.

Proposed capital programme 2021/22 to 2023/24 – locally resourced schemes

16. The Adult services capital programme for locally resourced schemes reflects the strategic aims of enabling people to live safe, healthy and independent lives, enjoy a rich and diverse environment and be part of a strong and inclusive community. It includes contributions towards the costs of the following:
- Priority works on residential and nursing care premises to meet the needs of residents and service users to satisfy the requirements of regulators including the Care Quality Commission, The Fire Service and the Health and Safety Executive.
17. The detailed programme in Appendix 1 and expenditure for 2021/22 is summarised in the table below:

	£000
Operational building, including residential and nursing care, improvements	481
Carry Forward from 2020/21	855
Total 2021/22 Budget	1,336

Health and Safety

18. Prior to Covid-19, work was being progressed on a strategic business case for the bed based programme in Adults' Health and Care looking at investment in, and expansion of, our in-house residential care and nursing homes. This was to be reported alongside other identified priorities for capital investment, but this work is now on hold given the current financial constraints and uncertainty regarding the future operating model.
19. As part of this work, a range of health and safety measures were identified through inspections that still need to be carried out irrespective of the wider programme at a total cost of £4.3m. A summary report of the key items and associated costs is contained at Appendix 3 and a total of £2.9m revenue funding has been requested, via the November Cabinet Report, over the next two years.
20. Given the importance of health and safety in these care settings an increased annual amount is also flagged in the future investment section detailed below, but this will all be subject to the Local Government Finance Settlement due in December this year.

Transformation of Adult Learning Disability Services

21. 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.
22. 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.
23. 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.

24. The LD Transformation programme has been successfully delivering capital projects to update and improve the department's LD estate. In that time the programme has successfully delivered 7 schemes through the delivery of new facilities and significant improvements to existing assets. The programme has two further schemes in its programme and is now operating within budget.

Older Persons Extra-Care Housing

25. On the 24 October 2011 Cabinet approved the strategy to extend the development of Older Persons Extra-Care Housing. This included approval of an indicative maximum financial envelope of £45m of capital investment to deliver the programme of work, including transition cost.
26. 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.
27. A review of the Older Persons Extra-Care programme was undertaken in early 2016 and the Executive Member for Policy and Resources reaffirmed the Older Persons Extra-Care programme to the original £45m capital envelope. With this in mind, further work on the remaining programme and project opportunities is being undertaken to ensure the most cost effective programme is identified. Capital funding for future Extra-Care developments will be subject to the development of individual business cases.
28. On 26 September 2018 the Executive Member for Policy and Resources identified three sites for development opportunities in Gosport, Petersfield and New Milton, all three of which are now going through the planning process. This is in addition to previously approved schemes in other parts of the county, including the Nightingale site in Romsey, which is due to complete during the 2020/21 financial year.

Younger Adults Extra-Care Housing

29. The Executive Member for Policy and Resources approved the strategic business case for the Adults with a Disability Housing programme in April 2016. The business case approved a borrowing envelope of up to £35m to support the programme to transition service users with a learning and/or physical disability from an existing care home setting to a shared house or individual groups of flats.

30. An update was taken to the Executive Member for Policy and Resources in July 2020, and now progressing the delivery of the last of three tranches of new or refurbished accommodation:

Tranche one – cost of £15.76m (complete).

Tranche two – cost of £11.15m (1 scheme left to complete).

Tranche three – cost of £4.07m (in development).

After spending across the three tranches, and allocated funds, there is currently £1.543m left unallocated, as per the table below. Plans for additional schemes for which this unallocated budget is earmarked continue to be developed.

	£000
Spend Tranche 1-3:	30,979
Modification	100
Deregistration allocation:	428
Re-provision allocation:	650
Land Value Transfer:	1,300
Unallocated budget remaining:	1,543
Total	35,000

Capital programme supported by Government allocations

31. The locally resourced capital programme is supported by Government grant received from the Ministry of Housing, Communities and Local Government. In 2020/21 the amount of capital funding to Adult Services was £14.252m for the Disabled Facilities Grant (DFG). This funding forms part of the Better Care Fund – Pooled budget which is overseen by the Hampshire Health and Wellbeing Board.
32. The Secretary of State has not yet announced details of individual local authority capital allocations for 2021/22. For planning purposes 2020/21 allocations are being assumed.
33. The DFG of £14.252m is capital money made available to local authorities as part of their allocations to award grants for changes to a person's home. There is a statutory duty for local housing authorities to provide grants to those who qualify. This part of the fund will be governed by the disabilities facilities grant conditions of grant usage as made by the Ministry of Housing, Communities and Local Government under section 31 of the Local Government Act 2003. Therefore, although officially part of the fund, the money cannot be used for other things and will be paid back out of the fund to the relevant district councils.

Capital programme summary

34. On the basis of the position outlined above, the total value of the capital programmes submitted for consideration for the three years to 2023/24 are:

	Schemes within locally resourced guidelines	Additional schemes funded within the prudential framework	Schemes supported by Government allocations (assumed)	Total
	£000	£000	£000	£000
2021/22	1,336	-	14,252	15,588
2022/23	481	-	-	481
2023/24	481	-	-	481

Revenue implications

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

	Full Year Cost	
	Current Expenditure £000	Capital Charges £000
Schemes within the guidelines		
2021/22	-	43
2022/23	-	26
2023/24	-	26
	-----	-----
Total	-	95
	-----	-----

36. 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 2020/21 original budget of Adult Social Care Service.

Conclusions

37. The proposed capital programme for Adult Services as summarised in paragraph 13 is in line with the guidelines set by Cabinet. In addition, it plans to use the allocated Government grants in full. The programme supports the delivery of services countywide and contributes to the strategic aims:

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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
Cabinet Capital Programme Review	21 July 2014
Older Persons Extra-Care Programme and update to the Winchester Extra-Care Business Case	21 September 2015
Adult Services Capital Programme 2017/18 to 2019/20 Strategy for the Older Persons Extra-Care Housing and Programme Update	20 January 2017
Transformation of Adult Learning Disabilities Services – Programme Update & Revised Business Plan	09 March 2017
Adults with a Disability Housing Programme: Phase 1 update and additional project approvals	22 September 2017
Adults with a Disability Housing Programme: Progress update and approval to the strategy for Phase 2 new build projects	18 October 2017
Adults with a Disability Housing Programme: Progress update and approval to the strategy for Phase 2 new build projects	9 March 2018
Medium Term Financial Strategy	20 September 2018
Three Extra Care Development Opportunities in Gosport, Petersfield and New Milton – Outcome of Procurement	26 September 2018
Learning Disability Housing - Programme Update	20 June 2019

Medium Term Financial Strategy	14 th July 2020
Learning Disability Housing - Programme Update	14 th July 2020
Cabinet Financial Update and Budget Setting and Provisional Cash Limits 2021/22	24 th November 2020

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

Adult Services

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
2021/22 Schemes							
Schemes Supported from Local Resources							
1	Maintaining Operational Buildings including Residential and Nursing Care	975	161	200	1,336	-	43
2	Disabled Facilities Grant	-	-	14,252	14,252	-	-
Total Programme		975	161	14,452	15,588	-	43

Capital Programme - 2021/22

Site Position	Contract Start		Remarks	Ref
	Date	Duration		
	<i>Qtr</i>	<i>Months</i>		
N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.	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
	2022/23 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 - 2022/23

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

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
	2023/24 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 - 2023/24

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

Adult Social Care 2020/21 capital programme

	Resources	
1.	Latest programme limit:	£000
	Approved Programme	13,042
	Carry Forward from 2019/20	11,498
	Disabled Facilities Grant	1,691
	Carry Forward to 2020/21	(855)
	Total	<u>25,376</u>
	Allocated to Projects / Schemes	
2.	Project Extra-care Housing transformation project	3,117
	Maintaining Operational Buildings including Residential and Nursing Care	601
	Adults with a Disability Accommodation	7,406
	Disabled Facilities Grant	14,252
	Schemes controlled on a starts basis	<u>25,376</u>

Adults Health and Care – Health and Safety Requirements

1. Introduction

- 1.1 Following the onset of Covid-19, work on developing capital investment priorities across the County Council was paused. Within Adults' Health and Care (AHC) work had been undertaken to develop a Bed Based Programme which included essential health and safety works that were required across our residential and nursing estate.
- 1.2 Whilst the work on wider capital investment is on pause, it is of course necessary to ensure that critical health and safety works identified as part of an inspection programme are progressed. The works outlined in this report will address health and safety, compliance, and operational priorities within the residential and nursing building portfolio.
- 1.3 This Appendix identifies the estimated costs of these works and highlights the gap in existing funding arrangements and considers arrangements for funding in the future.

2. Background and Context

- 2.1 The AHC bed-based portfolio consists of twenty-four locations; of which seventeen are nursing and residential homes for older adults. Of these, two include new build extensions constructed between 2006 and 2008 as part of the County Council's 'Enhance' programme.
- 2.2 The proposed programme of essential health and safety works forms a part of the wider AHC capital programme and bed-based review to deliver high quality care within updated fit-for-the-future facilities.
- 2.3 Recognising the significant financial pressures that the County Council is facing due to the Covid-19 pandemic, a review has been undertaken to identify those works which are essential in the next 18 month period to maintain compliance and health and safety across the portfolio. This Appendix also outlines proposals for dealing with health and safety within these buildings for the future to maintain the health and safety and operational functionality of them in the medium to longer term.
- 2.4 These works have been identified from a combination of specific surveys, inspections and testing and information gathered from the general knowledge and understanding of the portfolio of buildings through Property Services' ongoing programmes of servicing, maintenance, and risk management activities and AHC's operational experience, particularly during the Covid-19 pandemic.
- 2.5 Work undertaken over the last two years to review the risk profile across the built estate has highlighted that the AHC bed-based portfolio of

buildings represent the highest risks in terms of health and safety, compliance, and service continuity. This is due to:

- The vulnerable nature of the building occupants.
- The complexity of services being provided in the buildings.
- The 24 hour / 7 days a week occupation and operation of the buildings.
- The regulation framework within which the service is operating.
- The need to ensure that the buildings provide an environment that is 'homely', compatible with the residential nature of the service.

2.6 As the highest risk buildings in the corporate estate, and in line with the requirements of the Care Quality Commission (CQC) registration and corporate health and safety procedures, there is a rigorous regime of surveys, inspections, testing and monitoring in place to manage building related health and safety risks in these buildings. Property Services also works closely with AHC's operational management team to ensure that repair, maintenance, and improvement priorities are fully aligned to operational needs.

2.7 The most significant building related health and safety risks within these buildings that are managed on an ongoing basis are:

- Fire safety.
- Legionella management.
- Critical building systems and services e.g. back-up generators, lifts, boilers, bathroom, kitchen and laundry plant and services.
- Hygiene and infection control.

2.8 In addition, specific reviews of risks associated with pedestrian and vehicle movements and glazing have been undertaken in the last 12 to 18 months as part of the corporate health and safety work plan.

3. Proposed Priority Works

3.1 The following table lists the types of works that have been identified against each of the health and safety risk headings. These works have been identified through the surveys, inspections, and monitoring regime or through the specific risk assessments. Anticipated lifecycle replacement and upgrade works have also been identified from the information obtained from the term maintenance contract activities including servicing, reactive repairs, and annual black building tests.

3.2 The works that have been costed are those that are considered to be essential in the next 18 month period and do not represent the full

maintenance liabilities for these buildings. Some works, including the fire precaution repairs, need to be completed within the next 6 months to comply with the County Council's own corporate health and safety procedures and as well as CQC expectations.

Health & Safety Risk	Proposed Works
Fire precautions	Repairs and improvements to fire detection systems and physical fire precautions including signage, fire doors and fire compartmentation identified through recent fire surveys.
Legionella management	Improvements to hot water circulation, pipework and water tank insulation and removal of pipework 'dead legs' to reduce the risk of legionella colonising the water services systems. Works are targeted at buildings with positive legionella detections or out of parameter water temperature readings.
Glazing	Replacing or applying film to non-compliant glazing to reduce the risk of breakage and mitigate injury should a breakage occur as identified through recently reviewed glazing surveys and glazing risk assessments.
Vehicle & pedestrian movements	Improvements to site access and car parking areas to reduce the risks of harm to pedestrians as identified through surveys and risk assessments undertaken as part of a corporate health and safety led review across all sites.
Building systems and services	Works to essential building services and systems including: works to evacuation lifts to ensure compliance with the updated British Standard; remedial and improvement works to generators and back-up power systems identified through the annual black building tests and servicing regime; remediation of electrical defects identified through the electrical testing and inspection programme lifecycle replacement of boilers, boiler controls, kitchen plant and other critical plant.
Infection control and hygiene	Replacement of current timber handrails which have degraded and cannot be kept clean. Replacement of floor coverings in bedroom and lounge areas and internal re-decoration of bedrooms and communal spaces due to levels of wear and tear from frequent soiling and associated cleaning regimes creating an infection control risk. Maintaining standards of

	decoration is also essential to provide an appropriate 'home' environment for the residents.
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4. Ongoing Annual Maintenance

- 4.1 As the highest risk buildings in the corporate estate, the AHC nursing and residential building require a higher standard of ongoing maintenance than most of the County Council's buildings to manage health and safety risks, address the higher levels of wear and tear associated with the 24 hour / 7 days a week operation of the building and ensure that an appropriate standard of accommodation is provided for the residents. It is therefore important that there is sufficient annual maintenance funding to support the ongoing programme of health and safety related inspections, surveys and testing and the repairs arising from these, as well as ad-hoc reactive repairs and improvement works.
- 4.2 Funding is also required to ensure that planned life-cycle replacement of critical building services and plant can be undertaken proactively at the appropriate time to mitigate the risks from an unplanned failure. Funding is also necessary to enable the regular cycle of redecoration and flooring replacement required to provide an appropriate standard of residential accommodation and support infection control and hygiene standards.
- 4.3 Experience also suggests that additional one-off investment may be required to address some of the ongoing health and safety concerns, such as legionella colonisation, where currently identified and planned works may not be sufficient to fully resolve the issues. The buildings are not static and new issues emerge over time due to the condition of the building, changes in operational use, or changes in statutory or corporate expectations on health and safety. Contingency funding to address unexpected or unplanned issues is therefore important.
- 4.4 At the moment these works are prioritised against other requirements in the corporate estate and often mean that less funding is available to deal with other problems due to the high levels of risk in these buildings. A revised approach is therefore proposed that considers the future years' costs based on the inspection and risk assessment process and that funds are agreed on annual basis through the budget setting process.

5. Finance

- 5.1 Total estimated costs of £4.3m, including a 10% contingency allowance, have been identified for the essential health and safety related works required over the next 18 months. This is broken down against the individual risk headings in the table overleaf.

- 5.2 A total of £510,000 of funding has been allocated from the 2020/21 Policy and Resources repairs and maintenance budget for the corporate estate and from the AHC annual capital works budget to address some of the priority works. A further £892,000 of AHC accrued capital funding is also available to allocate to these works. This leaves a total funding gap of £2.9m.
- 5.3 £2.2m of works have been identified as priorities for the current financial year with the remaining £2.1m required in 2021/22, albeit this will be dependent on the ability to procure and complete the works in the current year. Any unspent funding will be carried forward.

Works	Total Cost £	2020/21 £	2021/22 £
Fire	1,033,760	1,011,360	22,400
Legionella	128,800	128,800	0
Glazing	89,600	89,600	0
Vehicle and pedestrian	334,100	234,100	100,000
Building systems and services	756,224	418,768	337,456
Infection control and hygiene	1,565,200	128,800	1,436,400
Total exc. Contingency	3,907,684	2,679,028	1,896,256
Contingency @10%	390,768	201,143	189,626
Total inc. Contingency	4,298,452	2,212,571	2,085,882
Funded works	510,164	510,164	0
Available funding – unallocated	892,392	128,800	763,592
Unfunded Works	2,895,896	1,573,607	1,322,290

- 5.4 Analysis of historic repairs and maintenance expenditure on this portfolio of buildings indicates a typical combined revenue and capital expenditure in the region of £1.5m from the corporate repairs and maintenance budget in addition to the £481,000 annual AHC capital allocation. On the basis that the capital allocation continues to be made available, this suggests that an annual allocation of around £1.5m is likely to be required for ongoing maintenance activities subject to the inspections and risk assessments that will be carried out

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	11 January 2021
Report Title:	Work Programme
Report From:	Director of Transformation and Governance

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of Report

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

Recommendation

2. That Members consider and approve the work programme.

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

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
<p>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. (SC) = Agreed to be a substantial change by the HASC.</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 and West CCG</p>	<p>Last update Sept 2020 (invite West CCG to joint present with HHFT). Next update due Spring 2021</p>		<p>x</p>			
<p>North and Mid Hampshire Clinical Services Review (SC)</p>	<p>Management of change and emerging pattern of services across sites.</p>	<p>Starting Well Living Well Ageing Well Healthier Communities</p>	<p>HHFT / West Hants CCG / North Hants CCG / NHS England</p>	<p>Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.</p>	<p>If any changes proposed, HASC to receive an update.</p>				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
Spinal Surgery Service	Move of spinal surgery from PHT to UHS (from single clinician to team).	Living Well Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Last Update March 2020 (UHS). Next update deferred due to pandemic.					
Chase Community Hospital (Whitehill & Bordon Health and Wellbeing Hub Update)	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change, further update Nov 2018 meeting. Latest update March 2020. Further update timing tbc					
Mental Health Crisis Teams	Proposed changes to the Mental Health Crisis Teams.	Living Well Ageing Well Healthier Communities	Solent NHS and Southern Health for PSEH	Presented July 2019. Informed Nov 2019 of 9-12 month project delay. Update when work is resumed. (checked Oct 2020 no update)					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
Integrated Primary Care Access Service	Providing extended access to GP services via GP offices and hubs.	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019, last update Sept 2020. Next update due Spring 2021		x			
Orthopaedic Trauma Modernization Pilot	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019, last update Sept 2020. Next update due Spring 2021		x			
Out of Area Beds and Divisional Bed Management System	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019, last update Sept 2020. Next update Jan 2021	X (w)				
Hampshire Together: Modernising our Hospitals and Health Infrastructure	To receive information about a new hospital being built as part of a long term, national rolling	Starting Well Living Well Ageing Well	HH FT and Hampshire CCGs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council to establish joint committee with SCC					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
Programme	five-year programme of investment in health infrastructure.	Healthier Communities Dying Well							
Building Better Emergency Care Programme	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire CCGs	Presented in July 2020 following informational briefings. last update Nov 2020. Next update requested summer 2021.			x		
Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.									
Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary. Updates on hold during pandemic (unless priority due to new report or poor outcome)					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
				<p>PHT last report received Jan 2020, update March 2020.</p> <p>SHFT – latest full report and update March 2020.</p> <p>HHFT latest report April 2020 received Sept 2020.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p> <p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p>					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
Sustainability and Transformation Plans: One for Hampshire & IOW, Other for Frimley	Subject to ongoing scrutiny the strategic plans covering the Hampshire area.	Starting Well Living Well Ageing Well Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I) Timing of next update tbc					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
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 department.	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care (Adult Services and Public Health)	Considered annually in advance of Council in February (January) Transformation savings pre-scrutiny alternate years at Sept meeting. T21 at Sept 2019 and written response to concerns/queries.	x				
Integrated Intermediate Care	To consider the proposals relating to IIC prior to decision by the Executive Member.	Living Well Ageing Well	HCC AHC	Initial briefing on IIC Oct 2019, with pre-scrutiny of EM Decision due later (tbc)					
Working Groups									
Sustainability and Transformation Partnership Working Group	To form a working group reviewing the STPs for Hampshire.	Starting Well Living Well Ageing Well Healthier Communities	STP leads All NHS organisations	Set up in 2017, met in 2018 and 2019. Report back to HASC Oct 19.	Will meet as needed going forwards.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Oct 2020. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)					x
Public Health Updates	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Substance misuse transformation update heard May 2018. 0-19 Nursing Procurement pre scrutiny Jan 2019. Hampshire Suicide audit and prevention strategy provided July 2019.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
Health and Wellbeing Board	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	Joint Health and Wellbeing Strategy refresh agreed by Board March 2019. Update on Strategy received in May 2019. Annual report due to HWB March 2021 and HASC June 2021.			X		
Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans	To receive an overview on the three different aspects in relation to COVID-19.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HCC Public Health	First received July 2020. Updates to be received at each meeting until further notice	X	X	X	X	
Adults' Health and Care Response and Recovery	To receive an overview of the systems that have been put in place by Hampshire organizations, partners and voluntary sector.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC, Borough and District Councils, Hampshire Council for Voluntary Service Network, and voluntary	First received July 2020. Updates to be received at each meeting until further notice	X	X	X	X	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
			sector						
Hampshire and Isle of Wight Covid-19 NHS System Approach Overview	To receive a report setting out the Hampshire and Isle of Wight Local Resilience Forum response	Starting Well Living Well Ageing Well Healthier Communities Dying Well	Hampshire and Isle of Wight Integrated Care System Southampton City, West Hampshire and Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups	First received July 2020. Updates to be received at each meeting until further notice. Temp closure New Forest birth centre notification Oct 2020 requested update Jan 2021.	x inc birth centre update	X	x	x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	11 Jan 2021	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021
Care Home Support Offer and Update	To receive an overview of the care home and care sector position and an update on the Care Home Support Plan.	Living Well Ageing Well Healthier Communities Dying Well	HCC Adults' Health and Care	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	
NHS 111	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	Hampshire CCGs	Item on NHS 111 Nov 2020 on link with Emergency Departments. performance item Jan 2021	x				
CCG Merger		Living Well Ageing Well Healthier Communities Dying Well	Hampshire CCGs	Item heard at Sept 2020 meeting regarding merger due to take place April 2021. Update early 2021 requested.		x			

* Work program to be prioritized and updated accordingly to note items that can be written updates only.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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Document

Location

None

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- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
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- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

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