Hampshire County Council

NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Monday, 1st March, 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 (Pages 5 - 10)

To confirm the minutes of the previous meeting

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 11 - 36)

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
b) CCG Merger Update

7. PUBLIC HEALTH COVID-19 UPDATE

To receive a presentation from the Director of Public Health, providing an update on developments in the Covid-19 public health response in Hampshire since the last meeting on 11 January.

8. NHS HAMPSHIRE AND ISLE OF WIGHT COVID-19 UPDATE (Pages 37 - 70)

To receive an update from the NHS commissioners in Hampshire, providing an update on developments in the Covid-19 NHS response in Hampshire since the last meeting on 11 January. Including written updates from the following Trusts:

- Hampshire Hospitals NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- Portsmouth Hospitals University NHS Trust
- Frimley Health NHS Foundation Trust
- Southern Health NHS Foundation Trust

9. ADULTS' HEALTH AND CARE COVID UPDATE

To receive a presentation from the Director of Adults Health and Care, providing an update on developments in the Covid-19 adult social care response in Hampshire since the last meeting on 11 January.

10. PROPOSALS TO VARY SERVICES (Pages 71 - 86)

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) Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups: Integrated Primary Care Access Service update

b) Hampshire Hospitals NHS Foundation Trust: Trauma & Orthopaedics Transformation update

c) Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups: Whitehill & Bordon Health and Wellbeing Hub update

11. HEALTH AND SOCIAL CARE SYSTEM RESILIENCE DURING COVID-19 (Pages 87 - 102)

To consider a report of the Director of Adults' Health and Care regarding key activities undertaken across the health and social care system to maintain system resilience in the discharge of people from hospital settings during the response to COVID-19.

12. CLARENCE UNIT, WOODCOT LODGE (Pages 103 - 112)

To consider a report of the Director of Adults' Health and Care regarding the Discharge to Assess service, known as the Clarence Unit (located in Gosport) and operated by HCC Care as part of a multi-agency venture with the NHS.

13. WORK PROGRAMME (Pages 113 - 126)

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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AT A MEETING of the Health and Adult Social Care Select Committee of HAMPSHIRE COUNTY COUNCIL held remotely via Microsoft Teams on Monday, 11th January, 2021

Chairman:
* Councillor Roger Huxstep

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

*Present

Co-opted members
*****Councillor Diane Andrews
*****Councillor Julie Butler
*Councillor Jonathan Canty
*Councillor Cynthia Garton

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

243. **APOLOGIES FOR ABSENCE**

No apologies for absence had been received.

244. **DECLARATIONS OF INTEREST**

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

Cllr Jonathan Canty declared that he worked for the charity ‘Versus Arthritis’ which seeks to influence health policy.

Cllr Julie Butler declared that she was Chair of 'Friends of Ticehurst' (a nursing and residential home).

245. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health and Adult Social Care Select Committee held on 10 November 2020 were confirmed as a correct record.

246. DEPUTATIONS

The Committee did not receive any deputations.

247. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcement:

Joint Committee on Hampshire Together

At the last meeting in November the Committee determined that the 'Hampshire Together' proposals by Hampshire Hospitals constituted a potential substantial change in services. At the County Council meeting on 3rd December a Joint Scrutiny Committee was established to scrutinise this proposal, including representation from Southampton City Council who also consider the change substantial. The membership of the joint committee was: Councillors Ann Briggs, Fran Carpenter, Rod Cooper, David Harrison, Roger Huxstep, David Keast, and Mike Thornton from Hampshire County Council and Councillor Professor Barrie Margetts from Southampton. The first meeting of the Joint Committee was held on Friday 18 December and Cllr Huxstep was voted in as Chairman. The Joint Committee had a useful initial discussion of the Trusts plans for consultation and would be holding further meetings in 2021 as the programme developed. It was now anticipated that the public consultation would start in May after the local elections.

248. NHS HAMPSHIRE AND ISLE OF WIGHT COVID-19 UPDATE

The Committee received a report from the Clinical Commissioning Groups covering Hampshire and the Isle of Wight providing an update on the response of the NHS in Hampshire to the Covid-19 pandemic (see Item 6 in the Minute Book).

The Hampshire and Isle of Wight NHS Covid-19 Clinical Medical Acute Lead (and Interim HIOW Clinical Transformation Director) gave a verbal update on the latest position. It was reported that hospitals in the county were coming under pressure due to the numbers of Covid patients and elective services had been suspended unless life saving. Capacity was being utilised in the independent sector and mutual aid arrangements were in place to enable hospitals to work together to manage bed demand.

A verbal update on the vaccination programme was also provided by a representative of the Clinical Commissioning Groups. Members heard that the focus of the vaccination programme was to avoid hospital admissions resulting

from Covid and therefore was initially targeting vulnerable groups in four categories. This included care home residents and staff, the over 80s and frontline health and social care staff, then the over 75s, followed by the over 70s and the clinically extremely vulnerable over 18.

Primary Care Networks were working together to form vaccination hubs, of which there were 39 sites across Hampshire and Isle of Wight for administering the vaccines. Larger Vaccination Centres were also being established of which there would be 4 in Hampshire; one on the Isle of Wight, one in Portsmouth, one in Southampton and one in Basingstoke. 39,000 doses had been given out locally to date, out of a total population of around 1.7 million.

The Chief Operating Officer of Frimley Health NHS Foundation Trust provided an update on the position of the Trust, as part of the population in the north of Hampshire used their services. It was reported that cases had increased in the area covered by Frimley Health more quickly than in the rest of Hampshire in the weeks leading up to the meeting, including as a result of the new more infectious strain.

Members asked questions of all the speakers for clarification and further information.

RESOLVED:

To note the updates received.

249. **PUBLIC HEALTH COVID-19 UPDATE**

The Committee received a presentation from the Director of Public Health (see Item 7 in the Minute Book) providing an update on the public health response in Hampshire to the Covid-19 pandemic. The Director provided the latest figures on the state of coronavirus in Hampshire. Members asked questions for clarification, and commented on the importance of getting the message through to people about the importance of social distancing.

RESOLVED:

To note the update.

250. **ADULTS' HEALTH AND CARE COVID UPDATE**

The Committee received a presentation from the Director of Adults' Health and Care (see Item 8 in the Minute Book) providing an update on the Covid-19 response by Adults' Health and Care. Members heard that in the national lockdown day services had been closed, however one to one outreach was being maintained where it was considered necessary. Advice had been provided to care homes regarding arrangements to support safe visits, with staff being mindful to seek to facilitate in end of life situations. At the time of the meeting 20% of care home residents had received a first dose of the vaccination and 23% of care home staff. Members asked questions for clarification.

RESOLVED:

The Committee note the update.

251. PROPOSALS TO VARY SERVICES

a) Southern Health NHS Foundation Trust: Becton Centre Closure

The Chief Executive of Southern Health NHS Foundation Trust gave a verbal summary of the written report provided (see Item 9 in the Minute Book) regarding the proposed closure of the Becton Centre. It was reported that the Trust planned to move the services and teams currently based at the Becton Centre to other locations, as the building was no longer fit for purpose.

RESOLVED:

The Health and Adult Social Care Select Committee support the planned closure of the Becton Centre.

b) Southern Health NHS Foundation Trust: Out of Area Beds Update

The Chief Executive of Southern Health NHS Foundation Trust gave a verbal summary of the written report provided (see Item 9 in the Minute Book) regarding the development of additional inpatient mental health bed capacity. It was noted that the Trust would be opening a new 10 bed female PICU at Antelope House in Southampton, and a new 18 bed female acute mental health ward at Parklands Hospital in Basingstoke, later in 2021.

RESOLVED:

The Health and Adult Social Care Select Committee note the update.

252. ISSUES RELATING TO THE PLANNING AND/OR OPERATION OF HEALTH SERVICES

a) NHS 111 Performance

This item was deferred for consideration at the next meeting.

253. ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR ADULT SOCIAL CARE AND PUBLIC HEALTH 2021/22

The Committee considered a report of the Director of Adults' Health and Care, Director of Public Health and Deputy Chief Executive and Director of Corporate Resources regarding 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 (see item 11 in the Minute Book).

A presentation was provided to summarise the reports. Members asked questions for clarification and debated the proposed budget.

RESOLVED:

The Health and Adult Social Care Select Committee:

1. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health (see Appendix A to the report at item 11, paragraphs 2,3,4)

2. Support the recommendations being proposed to the Executive Member for Public Health (see Appendix B to the report at item 11, paragraphs 2 and 3)

254. **ADULTS' HEALTH AND CARE: CAPITAL PROGRAMME FOR ADULT SOCIAL CARE 2021/22 - 2023/24**

The Committee considered a report of the Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources regarding 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 (see Item 12 in the Minute Book).

RESOLVED:

That the Health and Adult Social Care Select Committee:

Support the recommendations being proposed to the Executive Member for Adult Social Care and Health (see paragraphs 2 and 3 in the report at Item 12).

255. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 13 in the Minute Book).

Cllr Carew requested an update on the Chase Community Hospital and proposed new health hub be scheduled for the next meeting.

Cllr Craig requested the Select Committee have a future item on the impact of the pandemic on patients with non Covid conditions. The Director of Adults Health and Care suggested that the Committee could consider covering such issues under a regular 'recovery update' item in future, once the crisis period had abated.

RESOLVED:

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

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	1 March 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

Tel: 0370 779 0507 **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

   b. Clinical Commissioning Groups merger update

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 note the briefing on NHS 111 performance.

7. *Clinical Commissioning Groups merger update*

   That Members note the update on the merger of Clinical Commissioning Groups in Hampshire.

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	This item was deferred from the January 2021 meeting. An updated presentation from SCAS is attached.
Recommendations: That Members note the briefing on NHS 111 performance.			
Clinical Commissioning Groups merger update	Hampshire CCGs	The HASC has been maintaining an overview of changes in how NHS commissioning is organised	In September 2020 the CCG briefed the committee on plans for 6 of the CCGs covering the Hampshire and Isle of Wight area to merge. The Committee sought an update in Spring 2021, including how these changes impact the development of an Integrated Care System (ICS) for the Hampshire area (noting that some CCGs covering areas of Hampshire will remain outside the arrangement). The CCG has provided the attached update.
Recommendations: That Members note the update on the merger of Clinical Commissioning Groups in Hampshire.			

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:	
Title	Date
Direct links to specific legislation or Government Directives	
Title	Date

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 disproportionally 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.

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South Central Ambulance Service
NHS Foundation Trust

111/IUC Performance Report

Mark Rowell
Head of IUC & NHS111 Service

01/03/2021

South Central Ambulance Service
NHS Foundation Trust

NHS111 in Context

- SCAS is part of the Coivd-19 Pandemic Response
- Mobilised the National Clinical Assessment Service (NCAS)
- Working with the national teams to set up specialists, such as GPs, pharmacists and dentist for the NCAS
- Supporting the Covid-19 Response Service (CRS)
- Provided a Safety Netting Service using the NHS 111 in SCAS
  - 9 March 20 to 9 June 20
  - Supporting calls from the CRS with Heath and Clinical Advisors
  - Demand significantly above the contracted levels
  - Early involvement of track and trace
  - Sign posting patients to hot hubs

South Central Ambulance Service
NHS Foundation Trust

NHS111 Performance

- Since July SCAS operating as normal with 111 business
- Demand profile changed from the out of hours period into the in hours (08.00 to 18.30)
- We have seen a 30% increase in demand, during the in hours period
- Increase in staff absence due to the pandemic
- We also had further demand pressures due to the coronavirus and other related issues:
  - Increase in demand when the schools returned
  - Changes in government policy relating to coronavirus
  - Primary care pressures
  - Number of changes to the clinical triage and operating platforms in 111

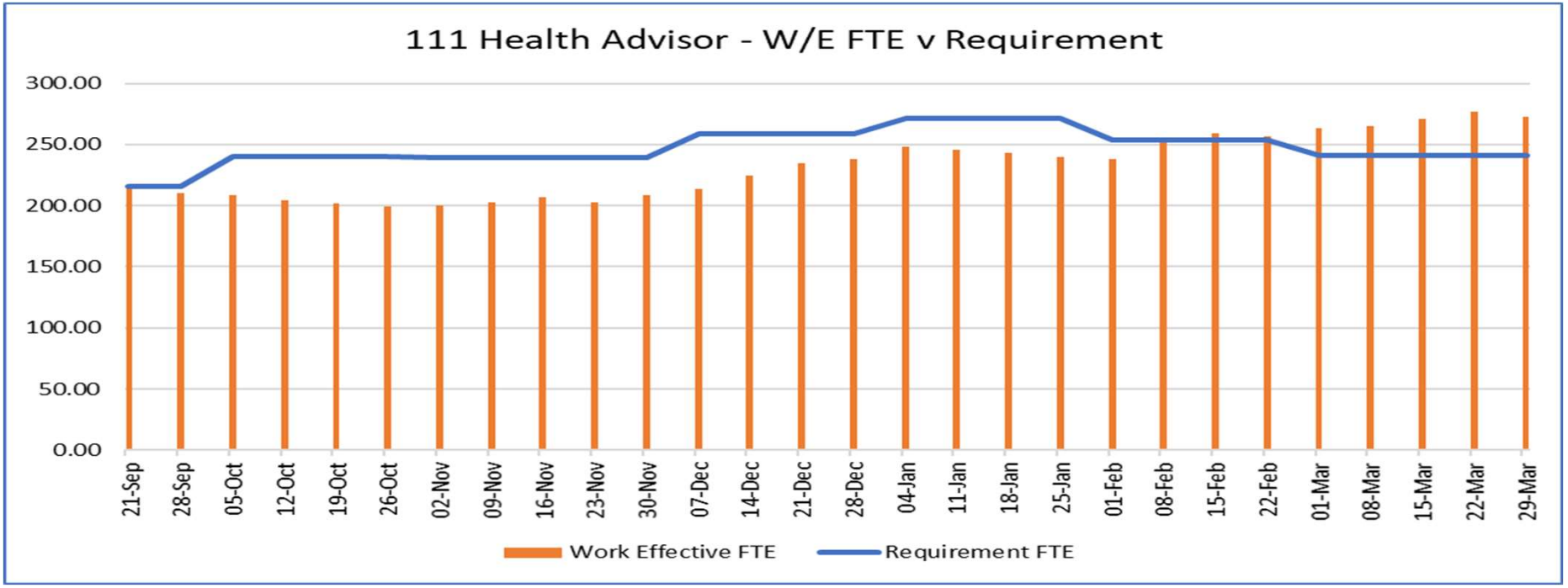
South Central Ambulance Service
NHS Foundation Trust

NHS111 Recruitment

- Recruitment plan in place since the summer to cover the in hours demand and staffing of the National Clinical Assessment Service
- Recruited and trained over 40 staff on short term contracts
- Review of the current demand, plus an additional 20% increase for 111 First
- An increase of 70 WTE but in real terms well over 120 staff on full and part time contracts
- Training and coaching is 6 weeks
- Since September a robust recruitment plan in place
- Training capacity doubled across our three locations by planning course during the day and evenings

South Central Ambulance Service
NHS Foundation Trust

2020-21 Current 111 Non-Clinical Workforce

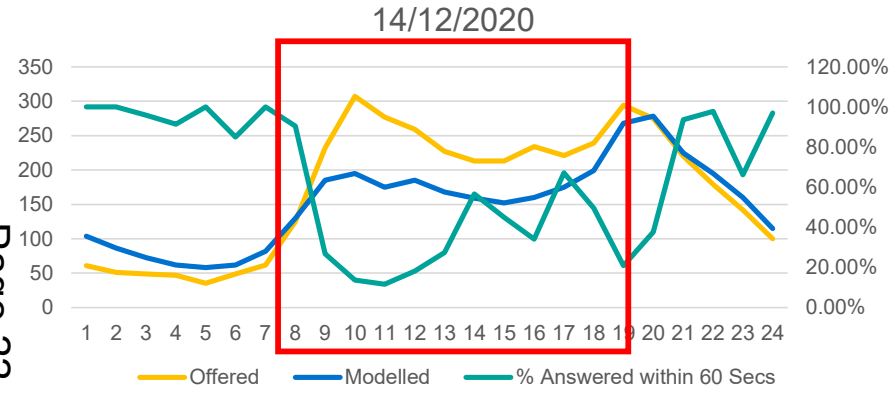


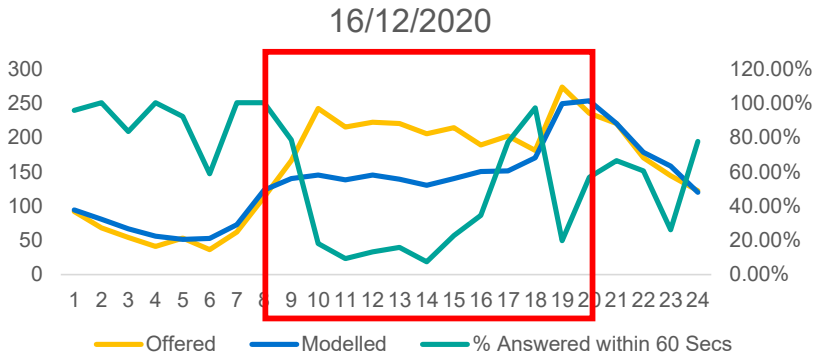
South Central Ambulance Service
NHS Foundation Trust

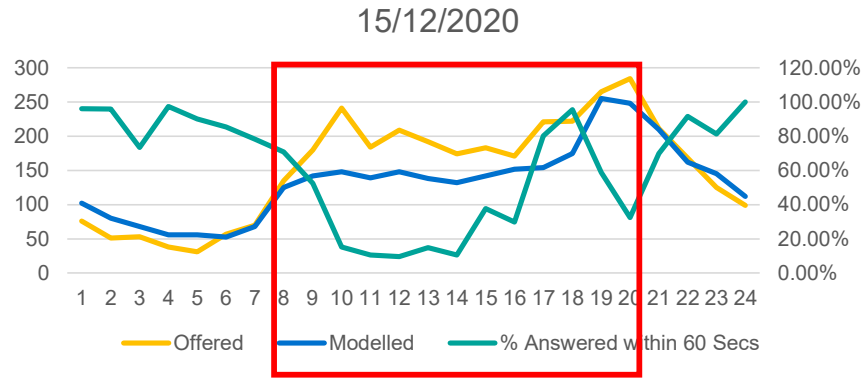
NHS111 current Performance and Challenges

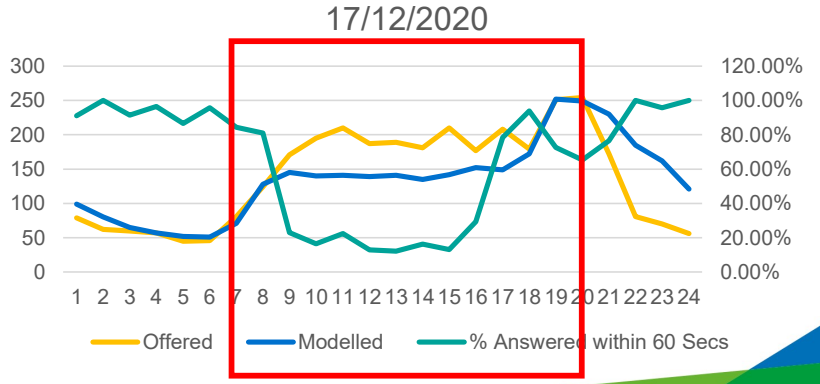
- Same challenges as describe above
- Due to second wave we have seen the demand in hours remain high and starting to increase into the out of hours period
- Our staff absence continues to rise (Covid related)
- North 111 call centre pressures due to high absence rates
- 111 National Contingency support in Nov and Dec
- Recovery Plan in place for 111 (call length and not ready)
- Recruitment plan on track (101 new recruits from Oct to Dec)

South Central Ambulance Service
NHS Foundation Trust



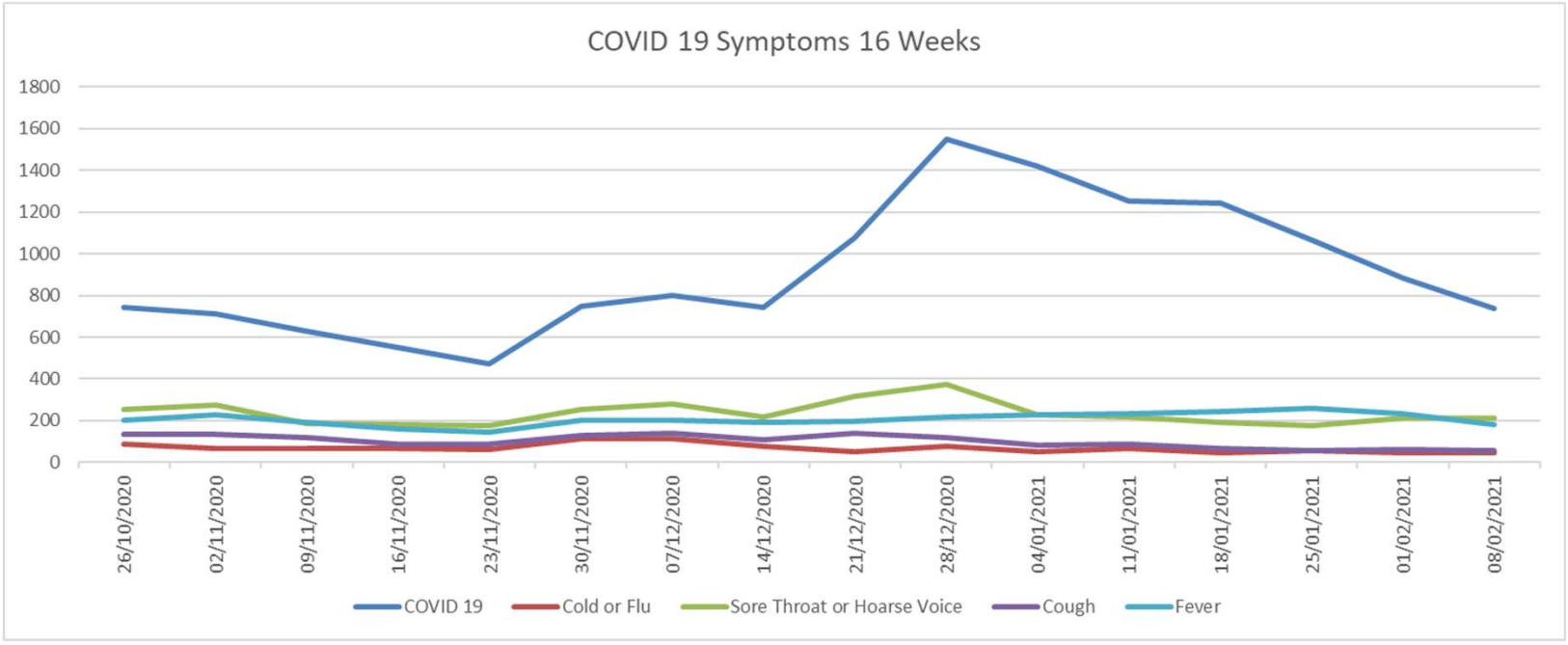






South Central Ambulance Service
NHS Foundation Trust

COVID 19 Symptoms Last 16 Weeks



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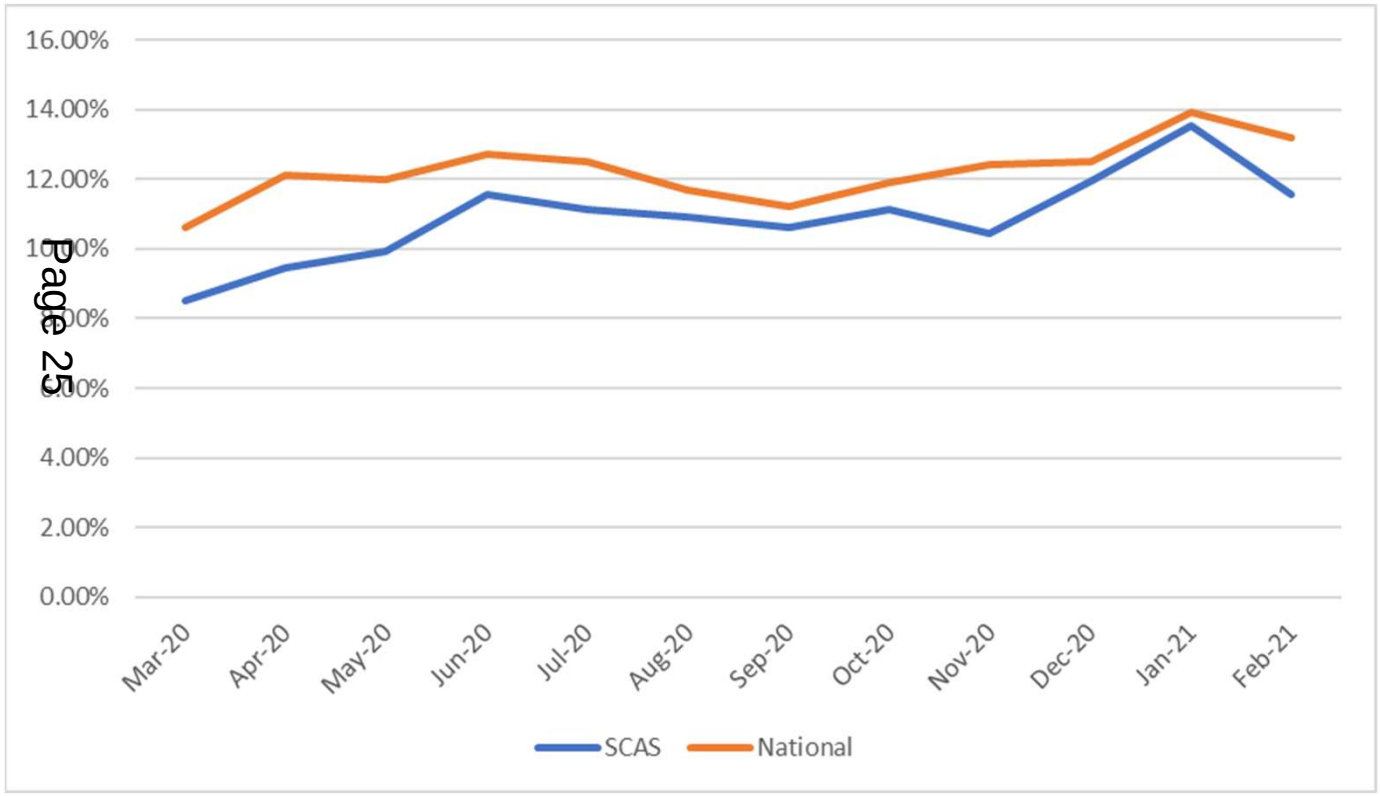
NHS Foundation Trust

111 - 999 (SCAS Contracts)



N.B

- Data for March is 1st – 11th

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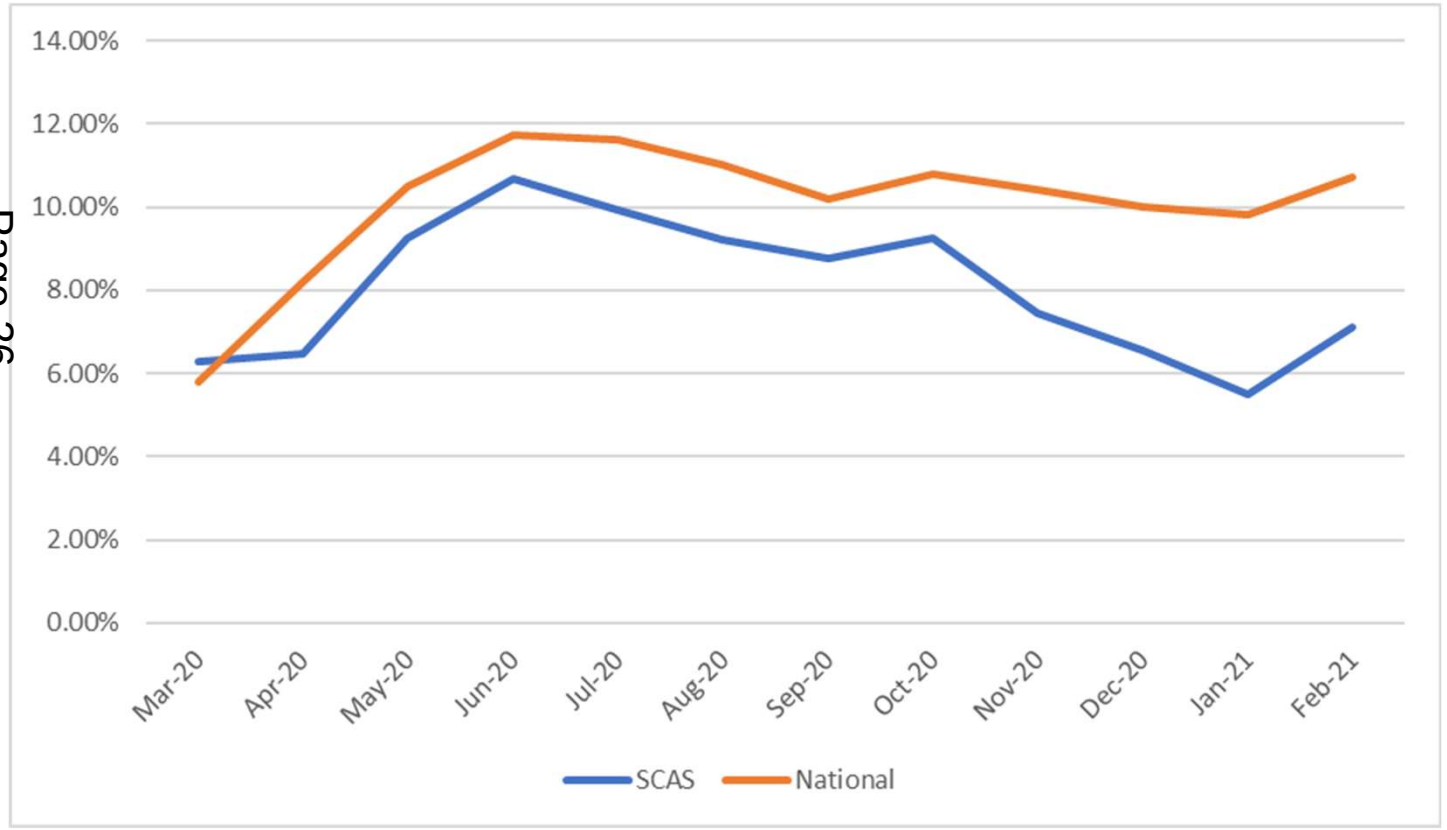
NHS Foundation Trust

111 - ED (SCAS Contracts)



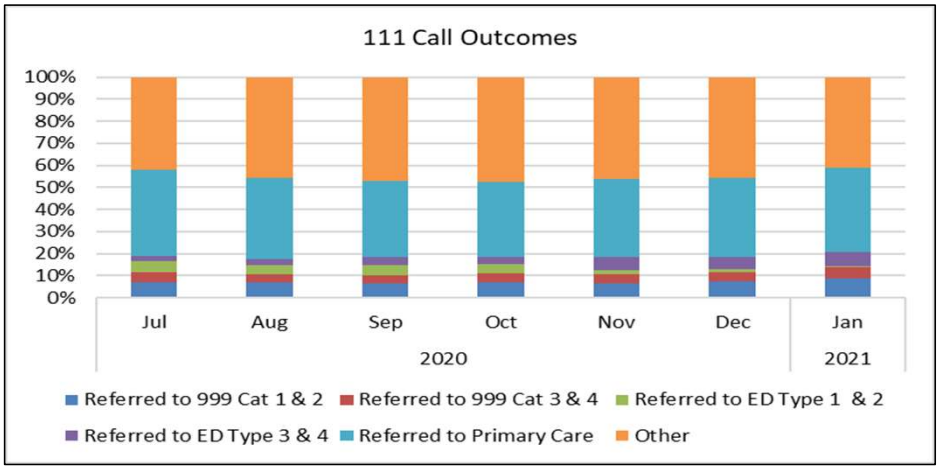
N.B

- Data for March is 1st – 11th

PSEH System 111 Call Outcomes

South Central Ambulance Service
NHS Foundation Trust

- 111 Call outcomes have remained stable with very little variation reported since July.
- There was an increase in the number of calls referred to 999 category 1 & 2 during January, however further data points are required to understand if this was an in month change or the start of an onwards trend.
- Referrals to 'other' remain well above the baseline – these patients would receive self care advice, or be asked to contact other services such as local pharmacies or dental teams.
- The % of patients referred to Primary Care remains steady, with 41% of patients referred to contact or speak to Primary Care during January.



	999 Cat 1 & 2	999 Cat 3 & 4	ED Type 1 & 2	to ED Type 3 & 4	Primary Care	Other
Baseline	6%	5%	6%	4%	51%	27%
Jul 20	7%	5%	5%	2%	39%	42%
Aug 20	7%	4%	4%	3%	36%	46%
Sept 20	7%	4%	5%	3%	35%	47%
Oct 20	7%	4%	4%	3%	34%	47%
Nov 20	6%	4%	2%	6%	36%	46%
Dec 20	7%	4%	1%	5%	36%	46%
Jan 21	9%	5%	1%	6%	38%	41%

NHS
South Central Ambulance Service
NHS Foundation Trust

Thank you

Update on the future of Clinical Commissioning Groups in Hampshire and the Isle of Wight
Hampshire Health and Adult Social Care Select Committee
March 2021

1. Introduction and background

This paper provides an update on progress being made to create a single commissioning organisation for Hampshire, Southampton and the Isle of Wight from 1 April 2021, for the benefit of residents in the communities we serve.

Building on existing close working arrangements, NHS Hampshire, Southampton and Isle of Wight CCG will bring together Southampton City CCG, West Hampshire CCG and Hampshire and Isle of Wight Partnership of CCGs (which has been a mechanism for closer joint working between South Eastern Hampshire, Fareham and Gosport, the Isle of Wight and North Hampshire CCGs over the last three years). Portsmouth CCG will remain a statutory body and will work closely with the newly formed CCG.

The process of merging these six CCGs follows the development of detailed proposals, in-line with national policy and local plans for health and care, which will also see Hampshire and the Isle of Wight designated as an Integrated Care System (ICS) from April. Arrangements for the new CCG continue to be developed in parallel with the design and development of the ICS.

Closer collaboration and stronger partnerships in local places with districts, borough and other local government and health and care partners are key. Collectively we continue to plan and deliver care in an integrated way to improve the health outcomes of local populations.

Collaborative arrangements across Hampshire and the Isle of Wight and in local systems, bringing together the organisations which provide care in our hospitals and in the community, are also being further developed to join up services and operate at scale where it makes sense to do so, for the benefit of our communities.

We have actively sought the views of colleagues in each of the existing CCGs, local health and care organisations, community and patient groups and other stakeholders, discussing the case for change and carefully considering their feedback, which has directly informed and helped shape our plans for future ways of working.

The merger is supported by GP member practices across Hampshire and the Isle of Wight and the Boards governing each CCG, which are each led by local GP leaders, as well as partners from across the Hampshire and Isle of Wight ICS.

Following a formal application process, conditional approval for the establishment of the new organisation was granted in November 2020. We regularly report to NHS England and NHS Improvement on our progress and are now in the in the final stages of the process, having met all expectations and requirements to date.

Two key programmes are now underway to deliver on the remaining requirements for final approval to be granted for the creation of the new organisation from 1 April and ensure that the intended benefits of coming together can be realised. This programme of activity is being delivered in parallel with and without any impact on the ongoing response to the COVID-19 pandemic which remains a priority.

2. Operating as part of the Hampshire and Isle of Wight Integrated Care System – local and national context

The recently published Government health and care White Paper, *Integration and Innovation: working together to improve health and social care for all,* outlines plans to further join up health and care services across England.

Proposals include bringing forward measures for statutory ICSs across every part of England, comprised of an ICS NHS body and an ICS Health and Care Partnership, bringing together the NHS, local government and partners. Under the proposals the ICS NHS body will be responsible for the day-to-day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address health, public health, and social care needs across the local population.

The document also highlights plans to merge some of the functions of CCGs with those performed by non-statutory Sustainability and Transformation Partnerships (STPs)/ICSs. This would see CCGs merge to become ICSs. While no specific date is given for the merger, the White Paper states that the Government's proposals for health and care reform will start to be implemented in 2022. While the proposals outlined include changes for CCGs, we are moving forward with the merger of our six CCGs by 1 April and work is ongoing to ensure that we complete all of the necessary requirements. Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) has already received approval to become a non-statutory ICS from April this year. This recognises the considerable progress we have already made locally in working together as a partnership of NHS, local

government organisations and other colleagues, to join up the planning, transformation and delivery of health and care services for our population.

New ways of working in the CCGs are being aligned with the design and development of the Hampshire and Isle of Wight ICS. For 2021/22 the ICS Board is a non-statutory body that brings together NHS providers, local authorities and commissioners to provide collective leadership to the health and care system in Hampshire and the Isle of Wight.

The ICS Board responsibilities include aligning and agreeing system-wide priorities, oversight of system performance, agreeing system-wide control totals, planning service delivery and reconfiguration system-wide where appropriate, and co-ordination of approaches across local authority footprints.

There is already an overlap between the statutory responsibilities of the CCG and the functions it makes sense to undertake through and in the ICS. The new CCG and ICS will have a joint Executive (including a joint Chief Executive) which means that there is one team with oversight of both sets of responsibilities, and maximum opportunity to utilise the skills, resources and capabilities in the system to best effect to improve health outcomes and health services. We have already started to appoint to joint Executive roles for the ICS and the new Hampshire, Southampton and Isle of Wight CCG. Please find further information attached as Appendix I.

The White Paper reflects the work we are already progressing locally across Hampshire and the Isle of Wight to build on our existing partnerships to meet the needs of our population, further joining up health and care services for the benefit of the communities we serve.

3. Benefits for patients, primary care and local health and care partners

We remain absolutely committed to continuing to support our communities to stay as healthy as possible and ensuring local residents have access to high quality healthcare when they need it. Coming together as one CCG for Hampshire, Southampton and the Isle of Wight will enable us to build on our successful collaborative approach to planning and delivery, maintaining local, clinically-led decision making focused on the needs of local people, while also realising the benefits of working at scale across the area to achieve the best possible outcomes.

Our experience during the COVID-19 pandemic has further highlighted the benefits of closer joint working. Coming together as one organisation will also enable us to build a more efficient and effective operating model, make better use of our resources avoid duplication and achieve economies of scale for the benefit of local residents.

In order to better support the planning and delivery of improvements in health outcomes for local people and service performance, the CCG will aim to:

- **Increase the support we provide to primary care and to the development of primary care networks**. General practice is the cornerstone of the NHS and the first port of call for most people who seek health advice or treatment. We are committed to supporting general practice and Primary Care Networks (PCNs), which are at the heart of integrated care

- **Pursue deeper integration of health and care with local council partners**, building on existing relationships at local place across Hampshire, Southampton and the Isle of Wight. Strengthening collaborative arrangements with local authorities (parish, district and borough) at local place and maintaining the focus on local communities and the places where people live and work is fundamental. This provides the best opportunity to use our collective resources to make a genuine impact on preventing ill health, reducing inequalities, joining up health and care delivery, and improving people's independence, experience and quality of life.

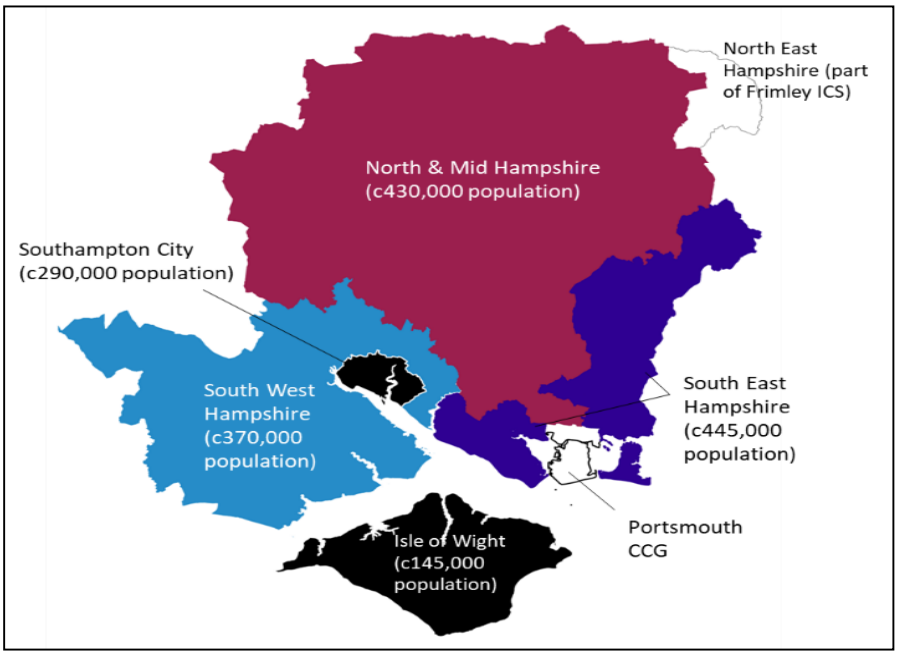
- **Better support providers to redesign and transform service delivery.** Providers, CCGs and local authorities are working increasingly closely together to redesign service delivery, co-ordinating and improving the delivery of services for the population they serve. For some services it makes most sense to build delivery alliances to plan, transform and co-ordinate service delivery in geographies based around acute hospital footprints. For other services it makes sense to plan and deliver transformation together at the scale of Hampshire and Isle of Wight, and beyond. Alongside our work to integrate health and care with local authorities, we will align CCG teams and resources with each delivery alliance, supporting them to redesign pathways and develop services

- **Create a single strategic commissioning function for the Hampshire and Isle of Wight ICS** to support and enable the ICS, accelerating simplification of planning, transformation and infrastructure at a Hampshire and Isle of Wight level.

4. Local teams working together to meet the needs of the local population

The CCG will be organised with five local teams, as follows:

- North and Mid Hampshire
- Isle of Wight
- Southampton City
- South West Hampshire
- South East Hampshire



Each local team will be accountable for improving health outcomes, service quality and NHS performance for the local population, and for the allocated population budget. The local team will also be responsible for supporting local primary care and local Primary Care Network development, and for engagement with local practices.

Local teams will each comprise of clinicians and managers working with closely with health and care partners to meet the needs of the local population. Each team will be led by a clinical leader with a senior manager. The design and composition of the local team will be determined locally. The clinical leaders who lead the five local teams will be members of the CCG Board.

Where there are existing integrated NHS and local government commissioning arrangements these will remain unchanged. Our aim is to further deepen integrated commissioning, building on these existing arrangements.

Members of local teams will work as an integral part of the partnerships of providers, local authorities and CCGs based around each acute hospital to support the transformation of delivery and care pathways.

5. Next steps

We continue to deliver a detailed programme of work submitted as part of the formal application process for the new organisation which includes:

- Implementing plans to establish the new CCG, including technical changes required
- Continued management of the transition for the current to new arrangements
- Continued involvement of staff and partners to ensure the changes are implemented successfully and intended benefits realised

Work is progressing at pace to deliver the intended benefits of the single CCG for Hampshire, Southampton and the Isle of Wight:

- **The CCG Technical Merger Programme** is working to ensure that all legal and technical requirements for establishing the new organisation are in place by 1 April 2021. The programme team continues to deliver this important project without any impact on the response to the COVID-19 pandemic

- **The Future Ways of Working Programme** is working to develop and deliver cultural change, working closely with our partners to build on existing relationships, develop new ways of working and specialist teams to enhance support provided to primary care. The team is also working to align new ways of working in commissioning with new ways of working across the wider ICS for the benefit of our population. The approach for this project is balanced with the ongoing COVID-19 response and NHS recovery which remain a priority.

Following submission of evidence and assurance to NHS England and NHS Improvement, a decision on final approval for the new CCG is expected in March.

Further updates

We will ensure that committee members are kept updated and would be pleased to provide further updates as required.

Hampshire and Isle of Wight ICS and CCG Executive Team

Maggie MacIsaac
Chief Executive

Lena Samuels
Chair

Derek Sandeman
Chief Medical Officer

Roshan Patel
Chief Finance Officer

Fiona Howarth
Chief of Staff

Paul Gray Executive
Director of Strategy

Tessa Harvey, Executive
Director of Performance

Richard Samuel
Director of Transition
and Development

Emma McKinney
Director of Communications
and Engagement

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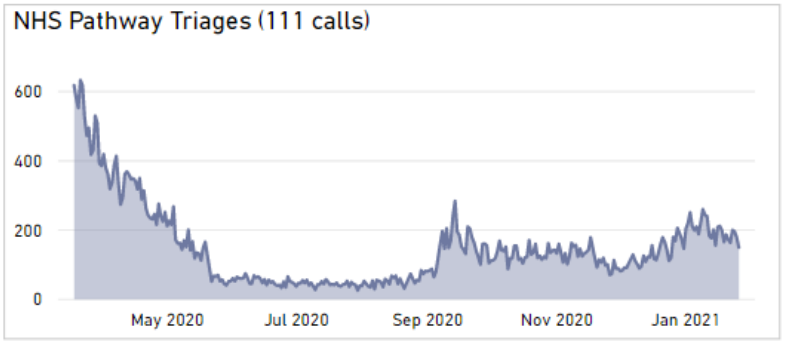
HIOW NHS Response to COVID-19
Update Briefing for HIOW Overview and Scrutiny Committees/Panels
February 2021

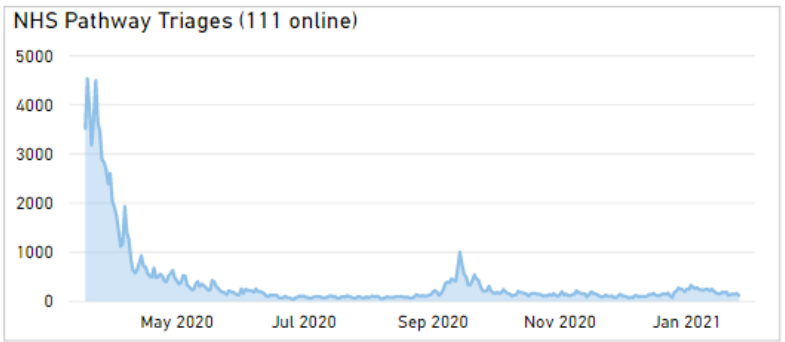
1. Introduction

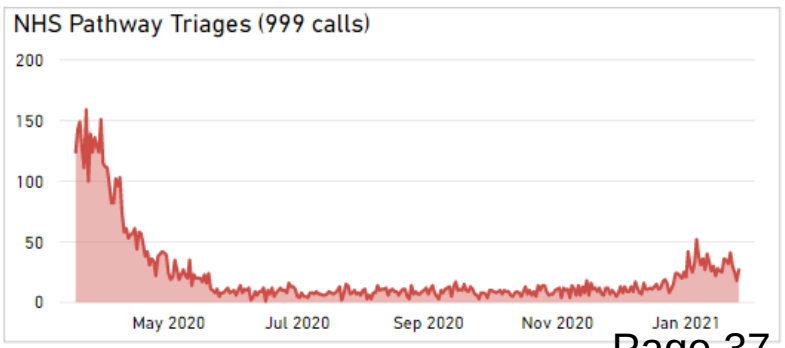
Following the briefing provided in January 2021, this paper provides an update on the impact to date of the pandemic and third wave of COVID-19 on Hampshire and Isle of Wight, the COVID-19 vaccination programme, the progress of the third phase of the NHS response to COVID-19; primary care, pharmacy, dentistry and optometry services and work to seek the views of key stakeholders and local people.

2. Impact of COVID-19 and the third wave on Hampshire and the Isle of Wight (HIOW)

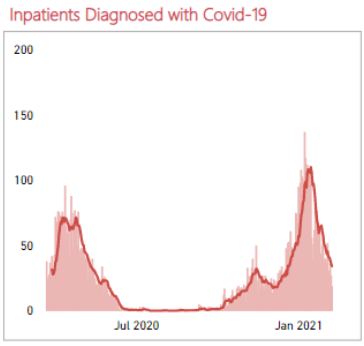
The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential COVID-19 symptoms.

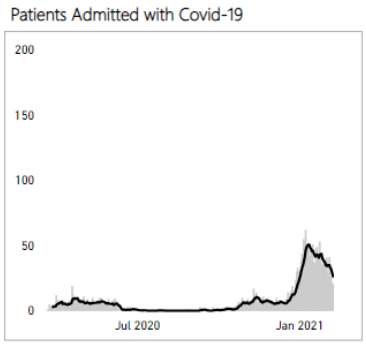


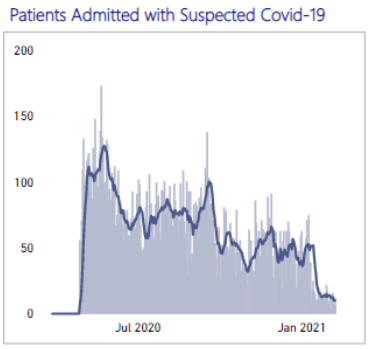


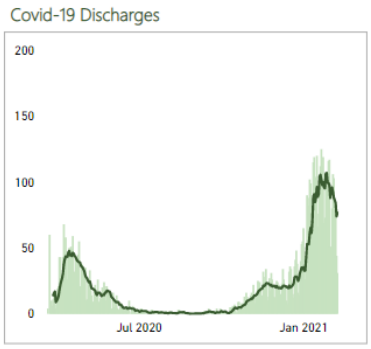


The following graphs show the number of inpatients diagnosed with COVID-19, the number admitted with COVID-19, the number admitted with suspected COVID-19 and the number of patients with COVID-19 discharged. The third wave of COVID-19 saw a marked increase in case numbers, hospital admissions, general bed use and ITU bed use. At the peak of this wave bed use was more than double that of wave one, and currently (9 February, 2021) is still 1.8 times the peak of wave one.

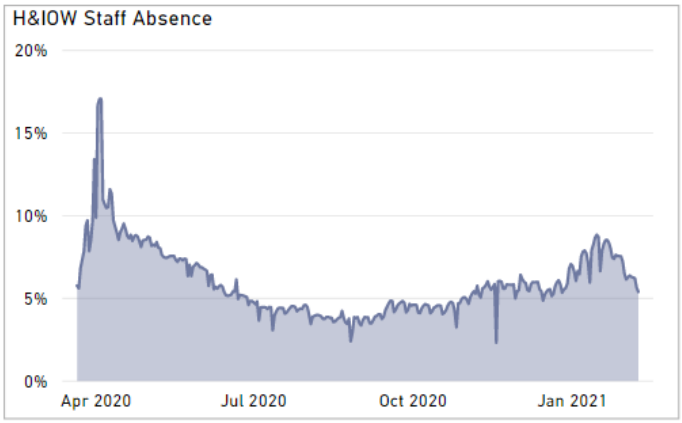


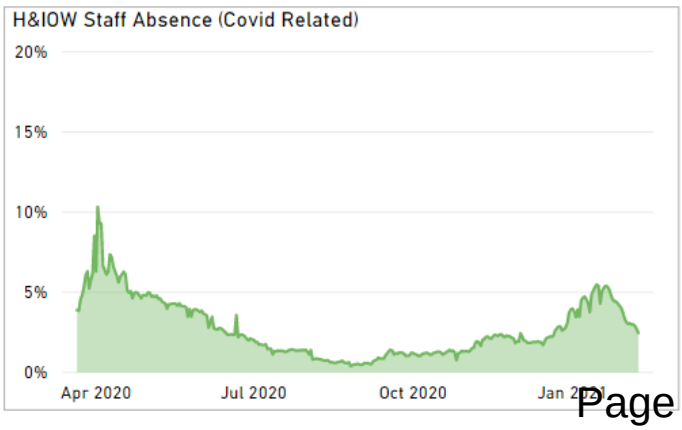






The following graph shows the HIOW staff sickness rate including the sickness rate related to COVID-19.





We continue to offer health and wellbeing support to our staff in a number of ways. Mental health and wellbeing programmes and bespoke support are in place for all staff groups.

The sharp increase in cases during December and January and the impact of COVID-19 on all NHS providers increased the winter pressures impacting on all of the health and care systems across HIOW, particularly Portsmouth and South East Hampshire. Work was carried out to refine our contingency plans to cater for this and the impact on services. 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 continues to deliver the largest vaccination programme in our history. Across Hampshire and the Isle of Wight there are 64 vaccination sites including:

- Hospital hubs – where we know the Pfizer vaccine can be stored safely
- Local GP vaccine services – provided by GPs working together as Primary Care Networks (PCNs)
- Local pharmacy vaccine services
- Vaccination centres – large sites convenient for transport networks.

We continue to prioritise ensuring those in groups one to six receive the first dose of the vaccination, as follows:

1. Care home residents and staff
2. Those aged 80 and over and frontline health and social care workers
3. Those aged 75 and over
4. Those aged 70 and over and clinically extremely vulnerable individuals.
5. Those aged 65 and over
6. Those aged 16 to 65 in an at-risk group and unpaid carers

Both Hampshire and the Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS (which includes North East Hampshire), have now delivered the first dose of the vaccine to more than 95% of people aged 80 and over. We continue to perform extremely well in terms of vaccination rates across the region and other parts of the country and are doing all we can to drive uptake among eligible groups in our communities.

A breakdown of vaccination figures by NHS region and Integrated Care Systems/Sustainability and Transformation Partnerships are published online by NHS England and Improvement on a daily and weekly basis.

All eligible care home residents and staff across Hampshire and the Isle of Wight have been offered a first dose of the COVID-19 vaccination. We are now returning to care homes to vaccinate those who have not yet received the first dose due to illness or self-isolating.

As the vaccination programme progresses at pace we continue to work in partnership to understand and tackle inequalities, addressing individual concerns and circumstances including medical history, age and ethnic background.

In support of this, we have set up a joint working group comprising of communications and engagement leads across the NHS and local authorities in Hampshire and the Isle of Wight. This group is working closely together to deliver a dedicated Black, Asian and Minority Ethnic (BAME) communications plan which aims to:

- Engage with BAME communities, increase awareness and enhancing understanding of the vaccination programme and how the process works
- Identify and address concerns from our BAME communities about the COVID-19 vaccine programme
- Understand and address existing barriers for our BAME communities using NHS services, such as communication, language and/or culture.

Community outreach work with BAME groups is underway in a number of areas. This vital work is supported by a range of materials and activity including shared key messages for all partners, a dedicated voluntary sector communications pack, case studies, media work with community broadcasters and social media activity.

We are working in partnership to engage with groups identified by our public health partners as being at risk of inequalities related to the vaccination programme to understand potential barriers and how these can be tackled. Key themes from this work will be used to further target our local communications approach and outreach work.

4. HIOW 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 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 – Following temporary closure due to staffing levels, the birth centre has reopened and is providing services with the necessary COVID-19 safety requirements. The change did not affect antenatal and post-natal services which continued to run at the birth centre during the temporary closure
- The number of patients waiting over 52 weeks and total waiting list size levels had stabilised prior to the third wave of COVID-19, and until December, we were meeting the targets agreed with NHS England for both total waiting list size and over 52 week waiters. However, non-urgent elective activity ceased during January and February (urgent and cancer procedures were maintained) and the number of patients waiting over 52 weeks, and the total list size, has risen further
- The number of patients waiting over 40 weeks has increased, and we have 400 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 remained fully restored
- Inpatient elective, MRI and CT activity levels have all been maintained at 80% of historic levels, even during the third wave
- Primary care activity has also reached its planned recovery levels, at 95% of historic activity. Face-to-face activity remains at 60%
- Two-week wait referrals are now at 96% of previous levels and we have arranged extra capacity to see these patients

5. HIOW Primary Care Services and Pharmacy, Dentistry and Optometry Services (commissioned by NHS England and NHS Improvement)

GP practices continue to work hard to safely deliver care to the population. Patients can access their GP by phoning or contacting them online to arrange 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 patients may be asked to discuss their conditions over the phone or online first to assess what would be most appropriate for them. 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.

Pharmacy services remain open with some operating to different hours to ensure they are able to catch up with requests and clean.

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.

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.

6. 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 local authority partners to engage with BAME and seldom heard communities about accessing the COVID-19 vaccination programme
- 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
- 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.

7. Recommendation

The Committee is asked to note this update briefing.

Hampshire Hospitals
NHS Foundation Trust

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee
Meeting Date:	1 March 2021
Title:	Update from Hampshire Hospitals NHS Foundation Trust (HHFT) on the response to COVID-19
Report From:	Julie Dawes, Chief Nurse and Deputy Chief Executive Officer Hampshire Hospitals NHS Foundation Trust

Contact name:	Stuart Wersby, Trust EPRR Lead		
Tel:	01256 313510	**Email:**	stuart.wersby@hhft.nhs.uk

1. PURPOSE

To provide an update to HASC on the response of Hampshire Hospitals NHS Foundation Trust to the COVID-19 epidemic.

2. IMPACT OF COVID-19 ON HAMPSHIRE HOSPITALS

2.1 Hampshire Hospitals had its first positive COVID-19 patient on 10 March 2020 and between then and 23 June 2020 when the last patient from the first wave was discharged treated 612 COVID positive in-patients, 73 in critical care. Of the 612 COVID-19 patients 450 were discharged and sadly 162 passed away.

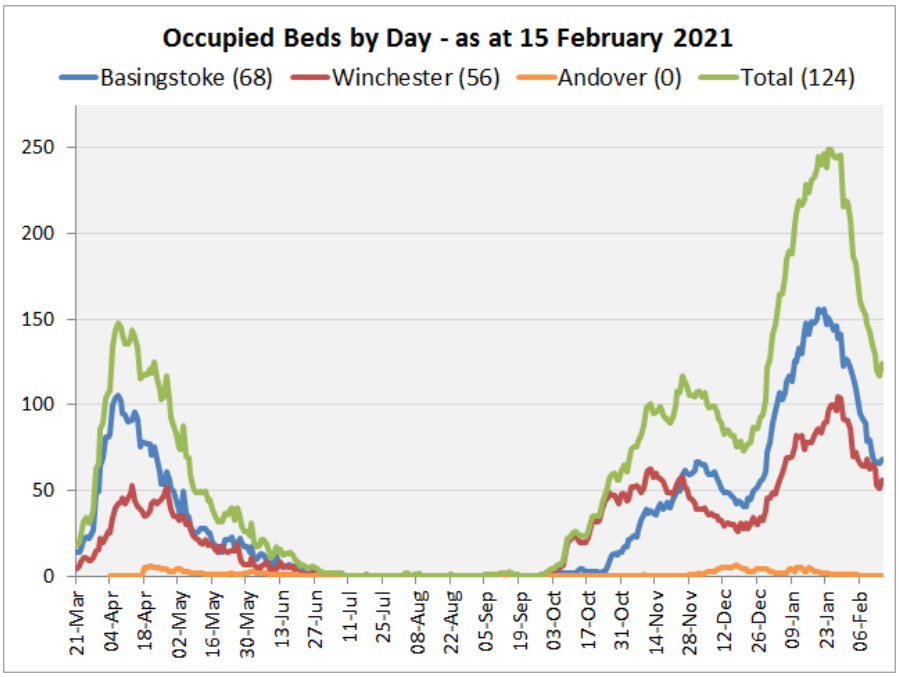
2.2 Between 23 June 2020 and 3 September 2020 no in-patients were treated for COVID on any of the Hampshire Hospitals sites.

2.3 Hampshire Hospitals had its first positive COVID-19 patient from "Wave 2" on 3 September 2020 and as of 14 February 2021 have treated 1601 COVID in-patients, 235 in critical care. Of the 1601, as of 14 February 1223 patients have been discharged and sadly 261 passed away.

2.4 The number of COVID patients presenting during the second wave varied significantly from what was experienced during the first. Patient numbers slowly increased, peaking on 24 November at 117 before gradually reducing until 19

December where the number of cases was 73. Case numbers started to increase again through the latter part of December and continued to increase until 23 January 2021 when there were 249 inpatients across Hampshire Hospitals. Since 23 January 2021 the number of inpatients has reduced significantly and at the time of this report (15 February) has reduced to 115.

2.5 The graph below shows the daily bed occupancy for COVID positive patients each day for Winchester (red line) Basingstoke (blue line), Andover (orange line) and total for Hampshire Hospitals (green line) for both the first wave and the start of the second.



Data to: 15 February 2021

	Wave 1 First Patient 10 March 2020 Last patient discharged 23 June 2020	**Wave 2** First patient 3 September 2020	**Total Patients**
Total Admitted	612	1,601	2,213
Remain an in-patient on 14 February 2021	-	117	117
Requiring Critical Care	73	235	308
Discharged	450	1,223	1,673
Passed Away	162	261	423

Data to: 14 February 2021

2.6 During the second wave the demand for critical care beds has been significantly higher than the first wave with a requirement that we increase our to meet the surge in demand. Hampshire Hospitals normally operates with 17 critical care beds (level 3 equivalent) but surged the capacity for critical care to 45 with additional beds within the ward environment for some patients receiving NIV (non-invasive ventilation) support.

Normal Critical Care Capacity* *Level 3 Equivalent Capacity	17
Maximum Beds Mobilised	45 16 January 2021
Maximum Number of Critical Care Patients	42 17 January 2021
Maximum Number of COVID Critical Care Patients	33 27 January 2021

Data to: 14 February 2021

2.7 In addition to supporting patients from the local population we have received 10 critical care patients in support of hospitals under the greater demand. This has included five patients from neighbouring Trusts as well as five further afield including Kent and the West Midlands.

2.8 During the response to COVID-19 in early 2020 it was identified that the high therapeutic demand for oxygen for COVID-19 patients, including the use of NIV, increased the risk of exceeding the capacity of our oxygen plant and infrastructure. The Trust was prioritised for an upgrade of its plant, but due to other Trusts with more urgent requirements, this was not completed ahead of the second wave. The Trust therefore implemented measures to ensure that oxygen use was carefully monitored and where clinically appropriate patients were transferred to oxygen concentrators as the use increased.

The oxygen plant on the Winchester site was upgraded at the end of January 2021 with the Basingstoke site scheduled for the end of February. After upgrade the Trust expects to have sufficient capacity for any foreseeable demands.

2.9 The demands of COVID-19 on our workforce have been significant and we are grateful for the ongoing support of partner organisations and the wider community in helping us maintain our services and continue to provide a high standard of care to our patients. Over recent weeks we have received additional support through the deployment of a team from Hampshire Fire and Rescue Service to support with the turning and proning of critical care patients. The Trust has also benefitted from MOD support with managing patient discharges as well as providing practical support to keep the environment safe and clean.

3. ELECTIVE AND SURGICAL ACTIVITY

3.1 During the first wave a number of services were suspended in order to focus resources on the treatment of COVID-19. However, during the second wave, with careful planning, this was not the case until the end of December. This meant that a significant number of unscheduled / emergency patients were treated throughout the autumn and early winter as well as maintaining a significant proportion of our elective program.

3.2 With the numbers of patients being treated for COVID-19 significantly increasing both in the local area and across the UK, a National decision instructed Trusts to

suspend elective activity, other than the most urgent Priority 1 (emergency procedures) and Priority 2 (procedures that require treatment within four weeks), to ensure that the NHS was able to manage the increase in demand.

3.3 In order to minimise the risk to patients and to maximise the capacity to treat patients on Hampshire Hospitals sites, the Trust has worked closely with independent sector hospitals, primarily BMI Hampshire Clinic (Basingstoke) and BMI Sarum Road (Winchester). Independent hospitals have provided extra capacity in a setting which was not treating COVID-19 patients. In addition to the provision of surgical capacity we have used Sarum Road for the delivery of chemotherapy treatment and have used Hampshire Clinic for the delivery of diagnostic procedures including endoscopy.

3.4 In addition to the priority 1 and 2 activity, where possible, and where it would not impact on the safety of patients or the ability for us to be able to provide surge capacity we have continued with diagnostic, outpatient and some limited surgical activity. Activity has been maintained through the use of a self-contained portable Vanguard endoscopy unit on the Basingstoke site as well as an increase in the number of sessions on the Andover site.

4. ONGOING MANAGEMENT OF THE COVID-19 RISK

4.1 Minimising the risk of COVID-19 transmission is a key component in our arrangements to protect patients and staff. Hampshire Hospitals is achieving this through a number of measures including vaccination, testing and active infection management.

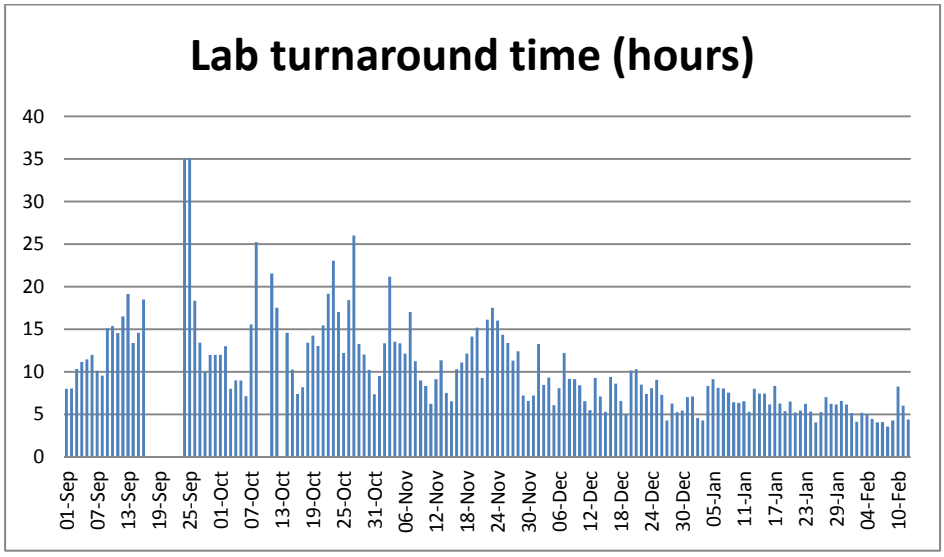
4.2 Vaccination is a significant element of the UKs arrangements to manage the COVID-19 epidemic. In line with National plans Hampshire Hospitals established vaccination centres on each of its primary sites. Hampshire Hospitals has administered vaccines in line with the JCVI (Joint Committee on Vaccine and Immunisation) guidelines predominantly to Health and Social Care workers (both employed by the Trust and in the wider health and social care community) as well as to a small number of high risk patients. First vaccines were delivered on 4 January 2021 and remained operational until 10 February when the centres were asked to temporarily stand down to support the prioritisation of community vaccination centres. We currently plan the Hospital Vaccination Centres to be reopened on 22 March 2021 to support the roll out of the second dose of vaccinations to those already vaccinated.

Number of 1st Vaccines Doses Administered	12237 4 January-10 February
Maximum Daily Doses Administered	574 4 February 2021
Proportion of Hampshire Hospitals Staff Vaccinated *Note: Excludes those vaccinated through other centres*	88%

Data to: 14 February 2021

4.3 The testing of patients and staff remains a key part of the Trusts management of COVID-19. Between 26 January 2020 and 14 February 2021 the Trusts microbiology team have undertaken 64,158 COVID-19 tests of patients, staff and on behalf of partners. COVID-19 has been detected on 4216 occasions.

The microbiology team have put in place processes for returning swab results quickly including by the use of a satellite lab on the Winchester site which often allows for patients in the Emergency Department to have a result before they are admitted to a ward. The average turn-around time for all samples is consistently under five hours.



Data to: 14 February 2021

4.4 It has become clear that not all people who contract COVID-19 display symptoms and as such there is a significant risk that they transmit the virus to others. In addition to the use of Personal Protective Equipment (PPE) the Trust participates in the twice-weekly testing whereby staff undertake Lateral Flow Tests (LFTs) and self-report the results.

As of 9 February 2021 8353 kits (of 25 tests) have been distributed to staff with 159 positive cases identified.

4.5 Following successful trials into the use of saliva to detect COVID-19 in asymptomatic individuals the Trust is working with the Department of Health and Social Care to further develop a trailer based lab for undertaking the testing of saliva using LAMP (loop-mediated isothermal amplification) technology and automation. The Trust has started to introduce LAMP testing as an alternative to LFT testing with some groups of staff already (as it is more sensitive than the LFT test) and intends to increase the provision of LAMP testing to further groups of staff as the capacity is further increased.

4.6 When staff members are identified as being positive to COVID-19 through symptomatic or asymptomatic testing a dedicated test and trace team has been developed to quickly identify any associated risk to other staff members. The Test and Trace Team also undertake surveillance to identify potentially linked cases in

relation to being a contact of someone else who has tested positive or staff where there is initially no clear link but where they work in the same area. Where potential areas of concern are identified staff are isolated (if a high risk contact) or increased testing including daily LFT testing is undertaken to identify any further asymptomatic cases in the area.

4.7 It is acknowledged that good infection prevention and control (IPC) management can prevent the transmission of the virus. The Trust has an outbreak control group which meets daily from November through to the end of January and five days a week from February and is supported by Local Authority Public Health Consultants and Clinical Commissioning Group IPC colleagues. It is also regularly attended by the NHS England and NHS Improvement regional IPC Lead. Through inclusion of best practice advice from both internal and external specialists we have put in place support to our infection control processes. This includes reducing the risk associated from airborne virus by improving ventilation of space, spacing beds used for screening patients (by reducing the occupancy of some bays) and the introduction of air scrubbers which filter and recirculate air.

5. Staff Welfare and Support

5.1 At the start of the COVID-19 epidemic the government introduced a process of shielding for the most vulnerable members of society (including members of staff) and a significant amount of work was undertaken redeploying at-risk staff to appropriate environments.

As more information about the risk to particular groups of staff was understood Hampshire Hospitals assessments were extended to all members of staff who were from BAME backgrounds over 55, all staff over 60, all male staff, all pregnant staff and all staff with underlying conditions which they considered might be impacted by COVID-19.

Risk assessments were used as the basis of discussions between staff members and their line managers with a range of control measures depending upon the outcome of the assessment.

As the number of COVID-19 cases in the community and our hospitals has risen a small number of the most vulnerable staff have been redeployed to activities without direct patient contact which can be undertaken away from our hospital sites.

5.2 A dedicated team was established early in the response to COVID-19 to support members of staff displaying COVID-19 symptoms and to facilitate their testing and, where required advice and support. This services remains in place and has now been broadened to support the screening of pre-operative or pre-treatment patients.

5.4 To minimise the risks to our staff from COVID-19 assessments have been undertaken, and reviewed for all workplace areas considering the maximum safe capacity of the area as well as other measures required to minimise the risk of transmitting COVID-19.

5.5 We know that the demands and pressures resulting from COVID-19 have had a profound impact on many of our staff and that this is likely to have an ongoing impact on them. To help staff we have introduced wellbeing hub to identify staff who are finding things difficult and to provide or signpost them to appropriate support.

6. RECOMMENDATION

That this report is noted by the Committee.

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Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee
Meeting date:	1st March 2021
Title:	Update from University Hospitals Southampton NHS Foundation Trust (UHS) on COVID-19
Report From:	Duncan Linning-Karp, Deputy Chief Operating Officer

1. Purpose

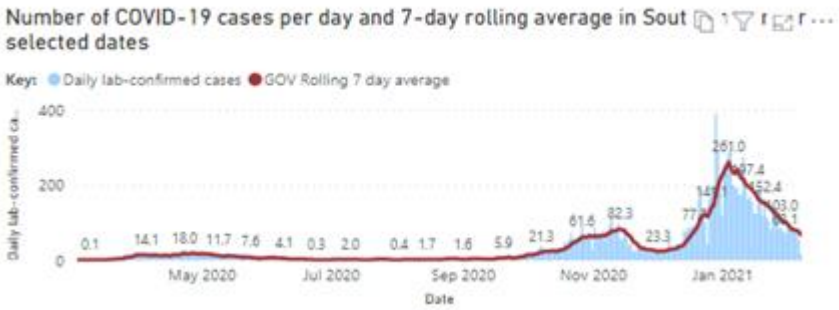
1.1 To provide an update to HASC on COVID-19 and the response of UHS.

1.2 To provide an update to HASC on elective services throughout the third wave of COVID-19.

2. Current State

2.1 Since the last update to HASC in October 2020, cases of COVID-19 both locally and nationally rose significantly. While a national lock-down in November 2020 somewhat flattened the increase, locally there continued to be high levels of COVID-19 in December. That, combined with the emergence of the new variant, led to significant and sustained pressure on UHS in January 2021.

2.2 In Southampton infection rates rose throughout late December and early January although they are now decreasing:



2.3 At the time of writing (15/02) UHS has 101 COVID positive in General and Acute beds and 54 across intensive care and high dependency units. This is a significant reduction from the mid-January peak of over 300 COVID positive patients. However, it remains roughly in line with the peak of Wave 1 (170), and services continue to be under pressure.

2.4 UHS also saw a degree of nosocomial infection across December and January.

2.5 UHS continued to run a full elective programme in December. In line with national guidance priority 3 and 4 patients were cancelled in January and remain so (with a few exceptions).

2.6 This was done to release both nursing and anaesthetic staff from theatres to critical care. The number of critical care beds was doubled, to support both local patients and the wider regional and national need. We saw a high level of critical care transfers in to UHS throughout January. 18 theatres were cancelled to support critical care.

2.7 Throughout January priority 1 and 2 patients continued to be operated on both on the UHS site and also in the independent sector (at the cancer hub at Spire and also Practice Plus Group).

2.8 UHS and the wider system used the Nuffield for medical step-down beds, attracting national plaudits for the successful approach.

Conclusion

4.1 UHS saw a peak in Wave 3 that was 60% higher than in Wave 1. While the numbers have started to reduce, there remains significant pressure, particularly in critical care

4.2 The 18 closed theatres will re-start as the number of patients requiring critical care reduces.

4.3 The vaccine roll out has been successful, with all staff offered their first dose and very high levels of uptake.

4.3 Staff have been under significant and sustained pressure. Ensuring their ongoing well-being will be crucial as we look to recover services

Hampshire Health and Adult Social Care Select Committee
Portsmouth Hospitals University NHS Trust update
1 March 2020

Trust response to COVID-19

Introduction

The response to the COVID-19 pandemic remains an absolute priority for Portsmouth Hospitals University NHS Trust (PHU). Portsmouth, Havant and Gosport were moved into the tightest government restrictions, tier four, from 20 December 2020 and following this, the rest of Hampshire along with the whole of England, were also moved into tier four, on 26 December essentially moving everyone into a national lockdown. The decision to do this was made following a significant rise in COVID-19 cases.

According to the Office for National Statistics, prevalence of COVID-19 in Portsmouth remains above the national average at 148 cases per 100,000 compared to 125 per 100,000 across England. We are currently treating 251 patients with a positive diagnosis of COVID-19 at Queen Alexandra Hospital (QA) in Cosham. This is a reduction of over 280 patients from the last peak in this most recent wave when we had 539 patients with a positive diagnosis of COVID-19. While the rate of infection is moving in the right direction, the number of patients requiring intensive treatment in our Critical Care Unit remains high and our current inpatient numbers remain higher than wave one where we peaked on 8 April 2021 with 168 patients.

We continue to work closely with our local health and care partners to support each other in caring for the high number of patients with COVID-19 we have seen, as well as with usual winter pressures. A significant proportion of patients with COVID-19 who have required admission at Queen Alexandra Hospital have needed higher levels of care than previously seen and we have continued to follow plans to provide additional intensive care space in other areas of the hospital. This has meant a reduction in our elective and planned care.

Regular Gold Command meetings, chaired by our Chief Executive, and Silver meetings, chaired by our Chief Operating Officer, are ongoing. We continue to follow all national guidance, while closely monitoring and responding to emerging evidence about the virus, prevalence and impact including the new variants. This includes sharing information regularly with staff around infection prevention and prevalence.

With the slow reduction in prevalence locally we are as a Trust and as part of the wider healthcare system considering the most suitable and effective way, we can gradually reintroduce services which had been paused due to the demands of the pandemic. We know that many of our staff have been redeployed to elsewhere in the organisation to support the care of our sickest patients and have been working under increased pressure for some time. Any restoration plans must take into account that some of these staff will still be needed in their temporary bases and unable to return

immediately to their usual roles, as well as needing time to rest and recover themselves.

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 challenges we face not only due to the pandemic, but wider health and system care pressures. Following on from guidance around the support of staff during this period of prolonged pressure, we have stepped up the health and wellbeing services including mental health support available to them.

We do not underestimate the role we have to play in encouraging compliance with national guidance and setting an example to support a reduction in the transmission of COVID-19. We have hosted numerous media outlets over the last few months sharing information about the position the Trust is in as well as the pressure our teams and individuals face. This has been well received and we continue working with media organisations to support accurate, timely updates.

NHS vaccination programme
In December 2020 PHU were confirmed as one of the very first “Hospital Hubs” for delivery of the COVID-19 vaccine, along with 49 other locations across the country. PHU remain incredibly proud of the role we continue to play in supporting the largest immunisation programme in NHS history.

We began vaccinating priority groups, as set out by the Joint Committee on Vaccinations and Immunisations (JCVI), with the Pfizer/BioNTech vaccine. Earlier this year we also received a limited supply of the Oxford-AstraZeneca vaccine, which has been used with patients unable to have the Pfizer/BioNTech vaccine due to contraindications.

In February we completed the task of offering all PHU staff their first dose of vaccine and are working with colleagues who have declined to offer support and advice that we hope will encourage uptake. We have also during the past few months offered vaccination appointments to neighbouring Trusts and other social and health providers locally. To support with the roll out, we have been working closely with health and social care partners to support communications and engagement around encouraging high-risk groups that we know have expressed hesitancy around getting the vaccine.

Following a change of national guidance, we increased the gap between first and second doses from 21 days up to 12 weeks. This has enabled a higher number of people to have their first dose more quickly. We will shortly commence delivering second doses to individuals.

Asymptomatic testing for COVID-19
In November 2020 we started distributing twice weekly asymptomatic testing kits for all individuals working in patient facing roles across the Trust. Over 8,000 test kits were distributed at the time and we continue working with staff to remind them

around the importance of carrying out these tests and reporting them each time. These kits help identify when a member of staff may be carrying the virus but not showing symptoms and helps us reduce the risk of them unknowingly passing this onto our patients and staff. These tests are an important part of the work we are doing to protect our patients and staff against the transmission of this virus, and compliance with at-home testing kits means we are playing an essential role in this.

Many staff who were part of the first roll-out are now reaching the end of their kits and we have began distributing replacements to them, as well as to every member of staff in the Trust including Engie, Bank Partners, military staff, students and trainees.

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Hampshire Health and Adult Social Care Select Committee
1st March 2021

Frimley Health NHS Foundation Trust
Covid-19 Update

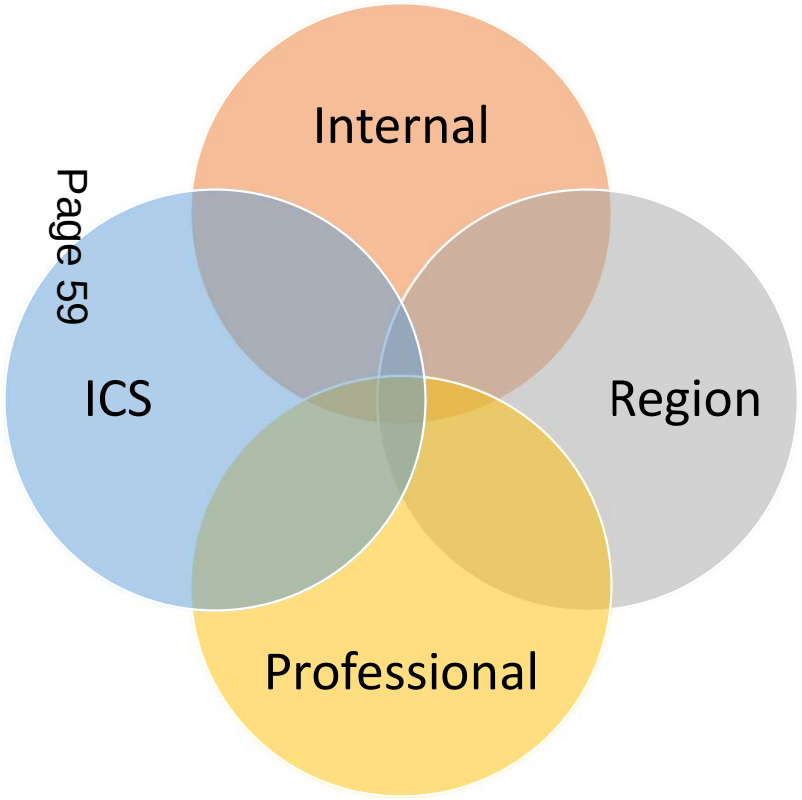
Lorna Wilkinson
Chief of Nursing and Midwifery

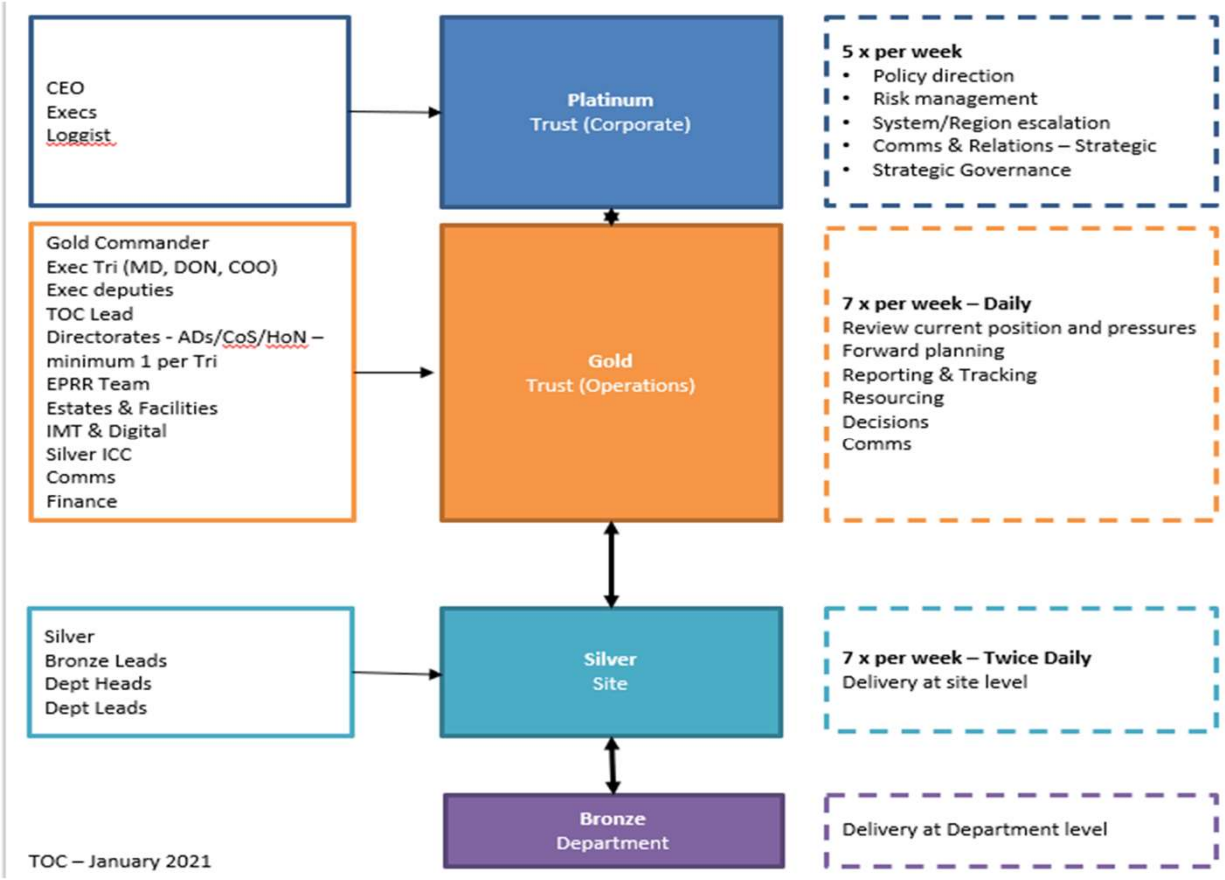
Covid 19 - Our Staff

Extraordinary people
in
Extraordinary times
doing
Extraordinary things
deserving
Extraordinary recognition

	Non-covid staff sickness	Covid staff sickness	Covid related staff self isolation	Covid staff shielding	**Total Sickness**
08/02/2021	165	88	32	87	372

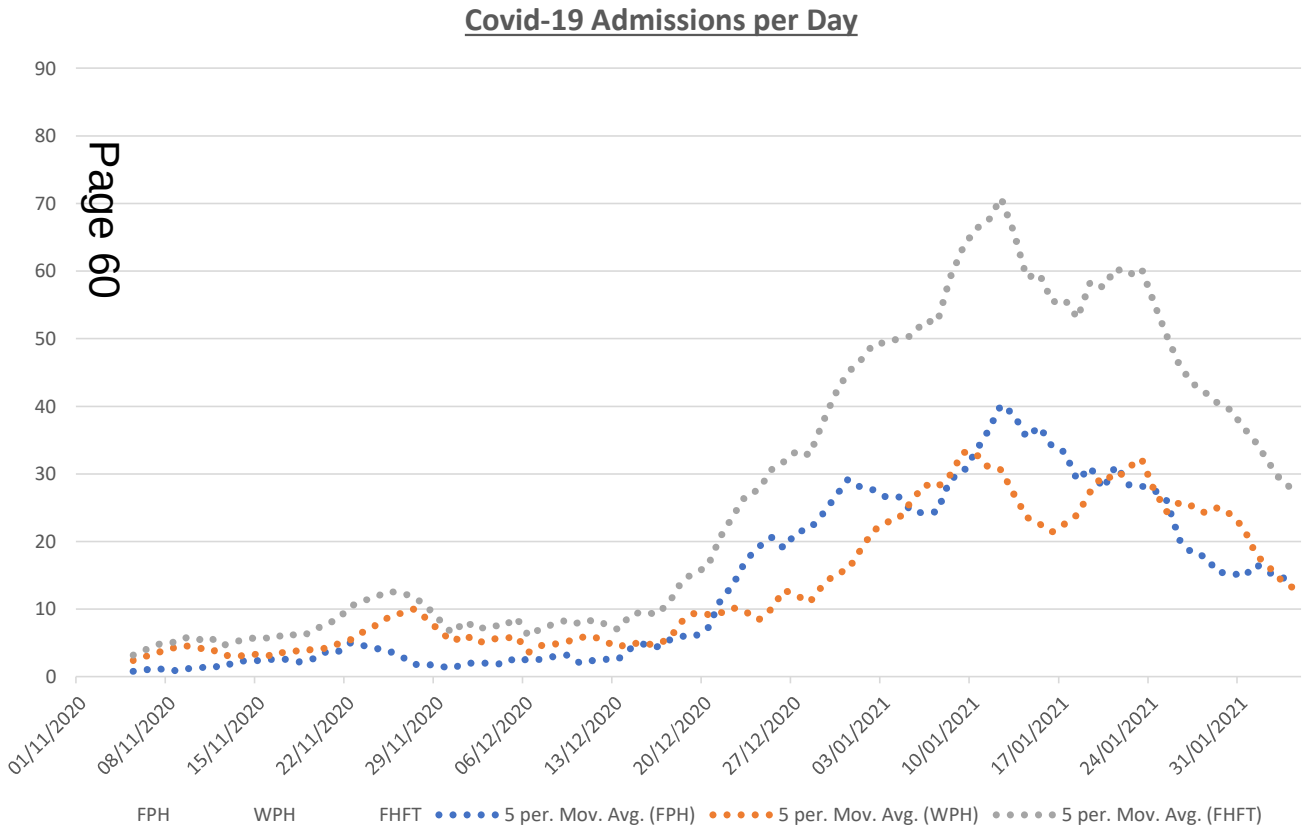
Covid 19 – the daily drumbeat

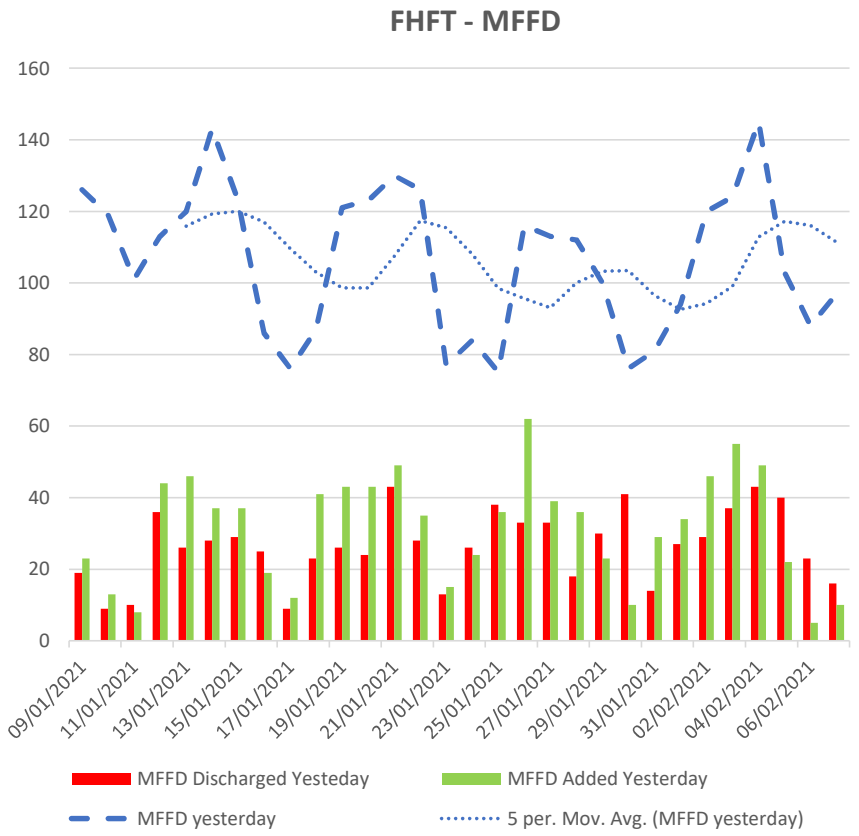


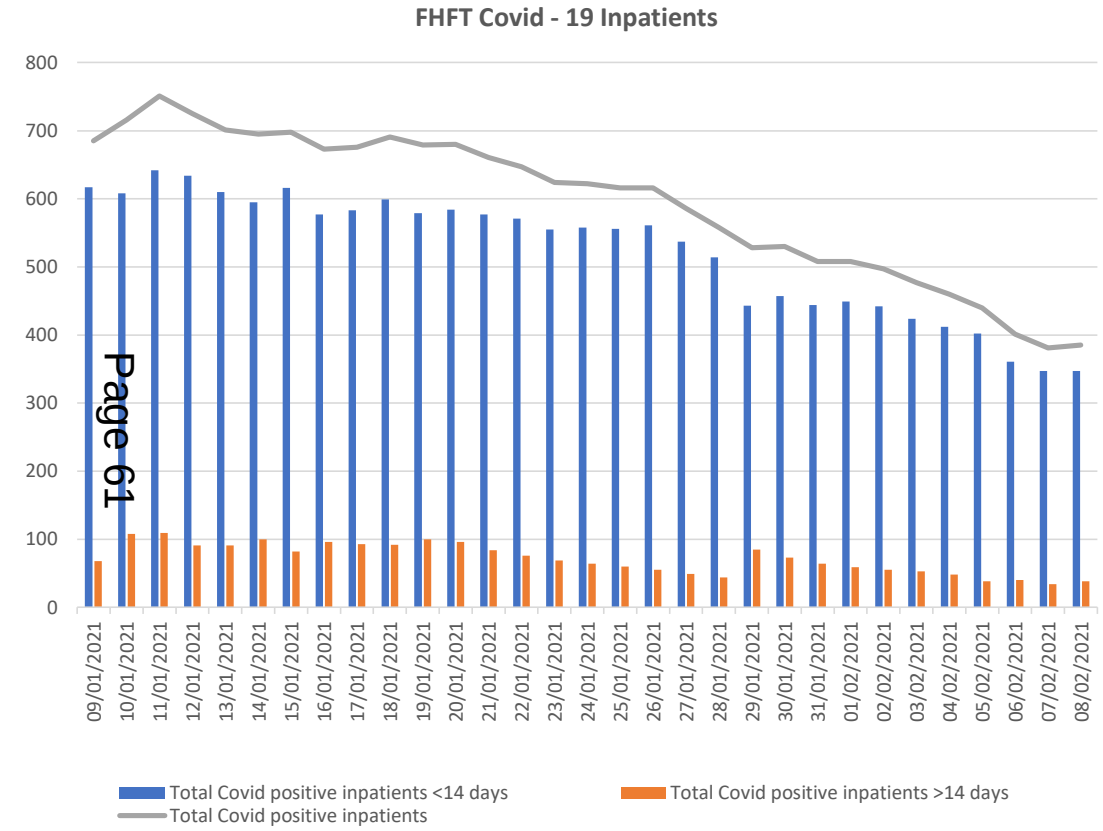


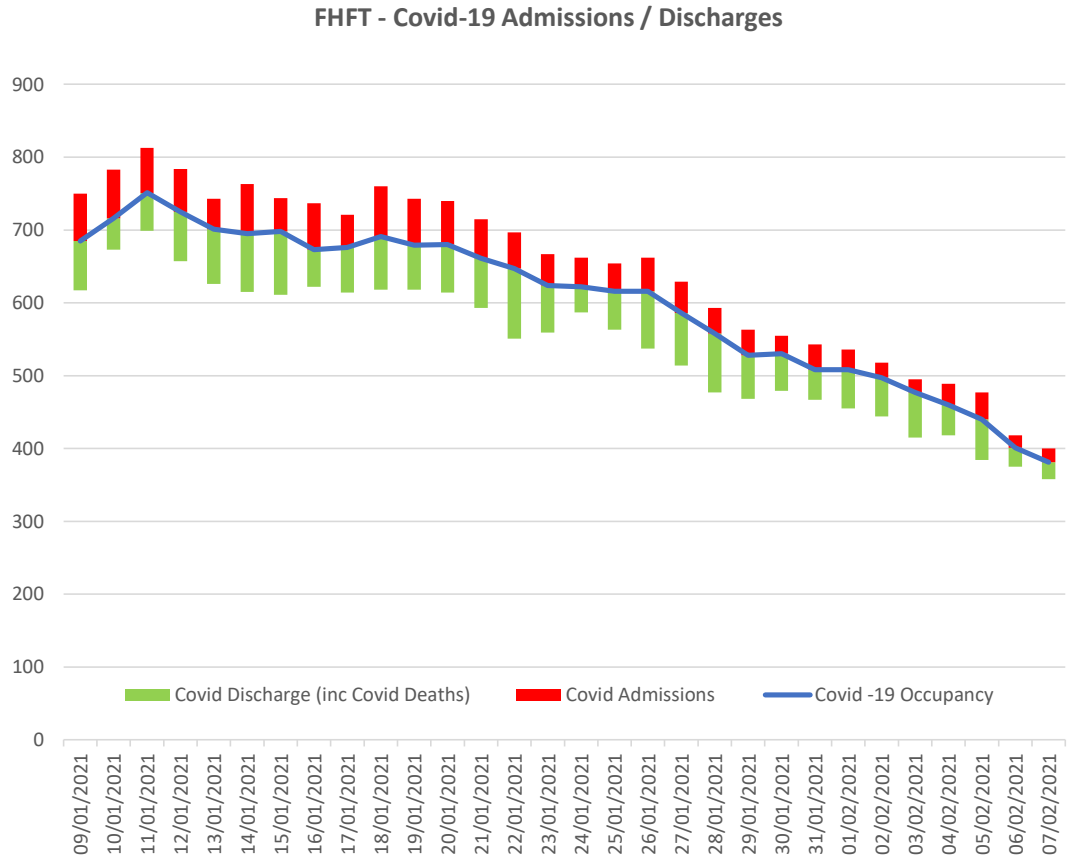
Covid 19 – The Numbers

- Well over double wave one





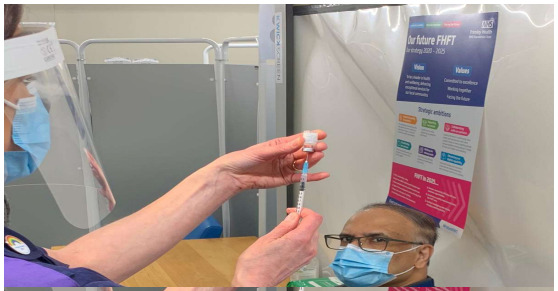


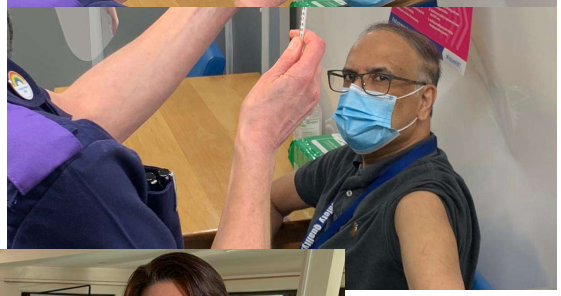


Date	Total Covid positive inpatients <14 days	Total Covid positive inpatients >14 days	Total Covid positive inpatients
08/02/2021	347	38	385

Date	Covid inpatient	Covid Discharge (inc Covid Deaths)	Covid Admissions
07/02/2021	381	23	19

Covid 19 - Vaccinations





Covid-19 vaccinations offer us the best hope of a return to some normality.

Frimley Health has been at the forefront of delivering the Covid-19 vaccine. In December we hosted one of the first 50 national vaccination hubs providing the Pfizer vaccine to over-80s, healthcare and care home workers.

The hub at Wexham has now given more that 20,000 vaccinations including about 10,000 doses for Frimley Health staff (8 February). It is continuing to provide up to 500 vaccinations a day to healthcare workers across the community.

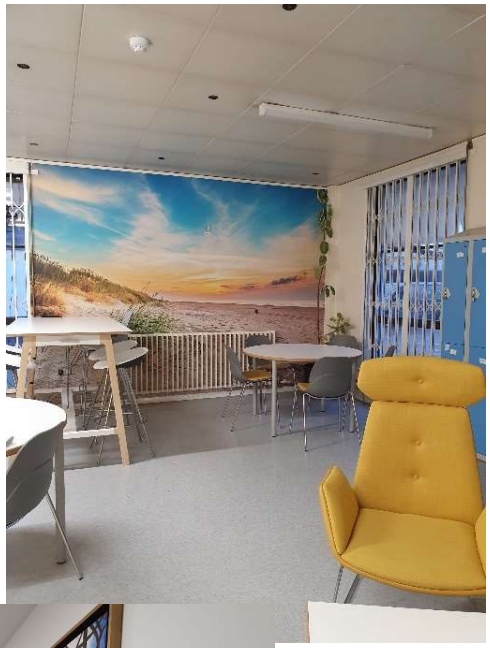
Meanwhile our local healthcare partners have scaled up provision of vaccines for the community, with most over-80s across our region now vaccinated.

Covid-19 Vaccines	
1. Running Total of Vaccines given to date (from NIMS)	**20,426***
2. Total Number of doses given of FHFT staff - to date	**Approx. 10,000 TBC**
3. How many people received the vaccine yesterday ?	**264**

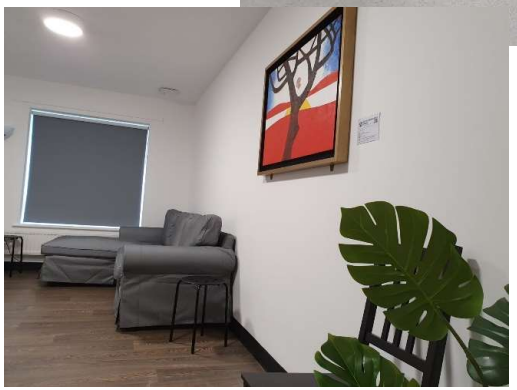
*As at 8th Feb 2021

Recovery to the 'Next Normal'

How we recover from the latest wave of Covid-19 is key. Of the greatest importance is the need to continue to support our people and to offer them the right support, at the right time, in the right way to recover and revitalise.



Following feedback that having restful places to have downtime was one of the most important factors, supported by donated funds, we have been able to invest in a programme to upgrade and renovate staff rest areas at Wexham Park and Frimley Park. This is now well underway with some areas already completed. Some of the donated funds have also funded robust and sustained psychological support, which is also something you also told us you valued.



Our strategy: *Our Future FHFT* will guide our recovery and enable us to emerge in better shape to face future challenges. We have already been able to implement key parts of our five-year strategy helping us to ensure that FHFT can not only recover from our Covid-19 experience but that we support our people and build an organisation fit for the future.

NHS
Frimley Health
NHS Foundation Trust

FHFT Strategy Update

Vision

To be a leader in health and wellbeing, delivering exceptional services for our local communities

5-Year Objectives:

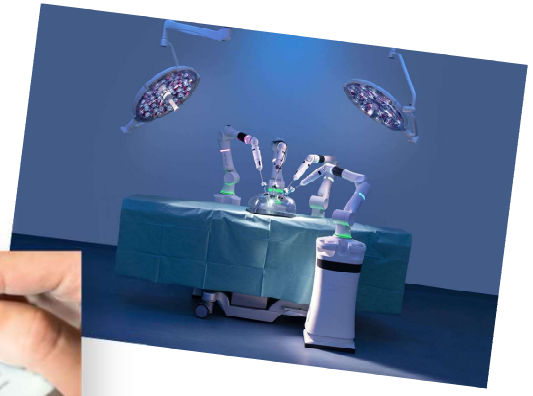
Improving quality for patients	Supporting our people	Collaborating with our partners	Transforming our services	Making our money work	Advancing our digital capability
To be in the Top 10 Trusts in the country for safety and patient experience	To be in the Top 10 best Trusts to work for in the NHS	To reduce the need for hospital-based care by working collaboratively with our partners	To provide consistently excellent care as 'One Frimley Health'	To be in the top 10 Trusts in the country for efficiency	To be in the top 10 digitally advanced Trusts in the country

Building on our vision and using our six strategic ambitions as a framework, we have incorporated our experiences from the pandemic into the strategy making it more robust and relevant than ever. Our strategic ambitions equip us with the tools to deliver the highest quality health and care services

NHS
Frimley Health
NHS Foundation Trust

Implementing our Strategy

Frimley Excellence



Epic

Strategic ambitions

Improving quality for patients

An outstanding trust delivering the best patient outcomes, safety and experience through a culture of continuous quality improvement

Supporting our people

A great place to work, supporting our people to be the best

Collaborating with our partners

Leading the way in coordinating local health and care services, with more support closer to home, enabling people to have healthier lives by being in charge of their own health and wellbeing

Transforming our services

Delivering excellence every day across all our services as 'One Frimley Health'

Making our money work

One of the most efficient providers of healthcare in the country

Advancing our digital capability

Using technology and innovation to provide the latest treatments and connected care for our patients

February 2021
Media and Communications Team

Briefing note:
Southern Health's response to coronavirus epidemic: update 6

Introduction

As a result of the ongoing coronavirus epidemic, Southern Health (along with all other NHS organisations across the country) has had to adapt its healthcare services to protect patients, staff and local communities.

During these unique times, our aim has been to provide our local overview and scrutiny committees with regular updates on all those healthcare services where changes have been necessary as a result of the national crisis. We have either done this through Southern Health specific updates or through the system-wide updates which have been provided to the committees over the past year. This paper is the latest in a series of Southern Health specific updates.

Current position: overview

We are now in our third and most challenging national lockdown since the COVID-19 pandemic began.

Southern Health was one of a number of organisations which recently signed an open letter to the people of Hampshire and the Isle of Wight to ask for their ongoing support as the NHS works to do everything we can to treat people with COVID-19, whilst also providing the other healthcare services that people need every day, in addition to delivering the biggest vaccination programme ever seen in England. (Click here to read the letter).

Priorities
In terms of Southern Health's specific response during this latest wave of the pandemic, we have a number of priorities – based around patient risk and the goal of treating people without the need for a hospital admission wherever possible (keeping beds free for potential COVID-19 admissions). This is based on key learnings from the first wave of the pandemic.

For example, we are focusing on:
- urgent community response services,
- community nursing and therapies,
- mental health services (including italk)
- children's services (including childhood immunisations and safeguarding work).

We are also redeploying a large number of staff to the system-wide COVID-19 vaccination programme which is now in full swing, as well as supporting acute trust colleagues with additional staff for their critical care teams.

Unfortunately this does mean that we have to once again temporarily cease or reduce some of our non-urgent community and elective services, utilising technology whenever possible. These services – which are detailed in the next section - will return to normal as soon as this latest wave recedes.

Workforce

To support our frontline teams, we are undertaking additional recruitment activity (including the recruitment once again of volunteers). We are also fast-tracking training for redeployment purposes, we are incentivising part-time staff to increase their hours, and we are stepping up our health and wellbeing initiatives for our hard-working staff.

As a result of the vaccination roll-out, we have been able to administer the first COVID-19 vaccine to more than two thirds of our 6000+ workforce and this number continues to rapidly rise. We also continue to test our frontline staff on a regular basis to protect both them and our patients.

New Long-Covid Service

We are also part of a new service now available in Hampshire to support 'post-Covid' or 'long-Covid' patients and Covid-positive patients in the community. Six clinics now operate across Hampshire and the Isle of Wight.

Whilst this is certainly the most challenging period of the pandemic, there is much to be positive about with the successful introduction of the vaccination programme and with our ability to implement key learnings from the first wave of the pandemic, at pace, in order to manage this latest wave as effectively as possible.

Service Changes

During this latest wave of the pandemic, we have had to once again make a number of changes to our services to adapt to the fast-changing environment we continue to find ourselves in. These changes, which were agreed with commissioning colleagues, can be summarised as follows:

Community services

- We are continuing to review our caseloads, scaling back our routine work where it is clinically safe to do so.
- This enables us to support more patients who are discharged home, to release beds in the acute hospitals.
- Services which have been scaled back (i.e. we have reduced frequency of visits where appropriate or reduced face-to-face work and moved to video/telephone support where appropriate) include:
    - Non-urgent blood tests; palliative support visits to stable patients; chronic disease management; and leg clinics.
- Community services which we continue to maintain at normal levels include:
    - Daily insulin administration for high risk/vulnerable patients; end of life syringe drivers and stat doses; rocket drains (indwelling catheters designed to drain recurrent effusion from the chest); high risk diabetics; urgent referrals and assessments (care homes); O2 and respiratory services; continence care; bowel care; catheter care and blockages; Parkinson's disease services; Multiple sclerosis services; and falls service.

Inpatient services

- We have increased the number of beds in our physical health wards across our community hospitals, to support the pressures faced by the acute hospitals, whilst maintaining infection prevention and control measures.
- There are opportunities to expand this further if required and subject to staffing availability.

Elective treatments

- There is a temporary cessation (or reduction in frequency) of elective and routine outpatient services across our community hospital sites, using risk assessment and triage to ensure high risk patients continue to be seen. Some of this work has been in order to accommodate the creation of additional bed capacity as mentioned above. Services which have temporarily ceased include:
    - Rheumatology, routine endoscopy and DEXA (bone density) scans.
- There has also been a small reduction in non-urgent MRI and ultrasound scanning.
- There have been more significant reductions in musculoskeletal services, so that staff can redeploy to the vaccination programme – these include the temporary closure of orthopaedic choice, physio and MSK

podiatry for routine referrals. In these services and also in podiatry and pain services, only urgent referrals are currently being seen.
- Other services are continuing at this this current time, but are constantly under review (to enable the Trust to react at pace to the constantly changing COVID-19 situation).

Key Points

There are a number of key points to note about any temporary service changes:

- We have been (and continue) working with our staff, patients and carers across Hampshire to **ensure our local communities have access to our services**, especially those needing urgent or ongoing support.
- We have adapted our services to ensure we are able to **support our patients in different ways**, such as via telephone, text messaging or video calls. Crucially though, face-to-face contact with patients is still taking place where this is important to their safety.
- Where services and support groups have had to temporarily be suspended to prevent the risk of infection, **alternative arrangements** have been put in place to ensure people can still access care, advice and support.
- All **service change is carefully risk assessed** by the teams delivering the care, to ensure any adaptations are in the best interests of patients and are as temporary as possible. Any significant service changes are added to the Trust's central risk register and the Trust Board then makes informed decisions based upon the latest risk evidence and the mitigating factors that have been put in place by teams locally.
- Whilst it is true that the methods for delivering care may have temporarily changed, the **vast majority of the care we provide is still available for people to access** - and we have been working hard to share this message with our patients to avoid any unnecessary negative consequences of service change.

When?

Service changes are taking place with immediate effect, after consultation with our commissioners and services will return to usual as soon as capacity allows, as happened after the first wave in the summer last year.

Engagement Activity & Next Steps

We continue to work closely in partnership with our CCG colleagues and those across the local healthcare and social care system to agree and implement changes, as we continue to focus on our Covid19 response.

We are also working with our local teams to encourage them to once again share any necessary service adaptations with patients and carers as quickly as possible and to offer support and guidance.

Additionally, the Trust's communications team is working to share messages regularly on Southern Health's website and across our various social media channels.

Any questions?

If you have any questions, please contact Grant MacDonald (Southern Health's Chief Operating Officer) or Heather Mitchell (Southern Health's Executive Director for Strategy, Infrastructure and Transformation) via email: grant.macdonald@southernhealth.nhs.uk / heather.mitchell@southernhealth.nhs.uk.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	1 March 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) Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups: Integrated Primary Care Access Service update

   b) Hampshire Hospitals NHS Foundation Trust: Trauma & Orthopaedics Transformation update

   c) Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups: Whitehill & Bordon Health and Wellbeing Hub update

Recommendations

2. Summary of recommendations (the recommendations for each topic are also given under the relevant section below):

3. *Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups: Integrated Primary Care Access Service update*

   That the Committee:

   a) Note the update and request a further update in late 2021 regarding plans for these services from April 2022.

4. *Hampshire Hospitals NHS Foundation Trust: Trauma & Orthopaedics Transformation update*

That the Committee:

b) Note the update and request a further update in early 2022.

5. *Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups: Whitehill & Bordon Health and Wellbeing Hub update*

That the Committee:

c) Note the update and request a further update in late 2021 if the situation has developed.

Summary

6. 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.

7. 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.

8. 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.

9. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

Items for Monitoring

10. **Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups: Integrated Primary Care Access Service update**

Context

11. In September 2020 the Committee received an update on the Integrated Primary Care Access Service in South East Hampshire and requested a further update in Spring 2021. An update has been provided see attached. It had been expected that new arrangements would need to be in place by April 2021, however recent national announcements have delayed this to April 2022. Therefore the Clinical Commissioning Group proposes to continue the existing service for a further year, and develop plans for its successor over the coming year ready for April 2022.

Recommendations

12. That the Committee:

    Note the update and request a further update in late 2021 regarding plans for these services from April 2022.

13. **Hampshire Hospitals NHS Foundation Trust: Trauma & Orthopaedics Transformation update**

Context

14. In September 2020 the Committee received an update on Orthopaedic Trauma Transformation and requested a further update in Spring 2021. An update has been provided see attached. Due to the impact of the pandemic, implementation of the new model has not progressed as planned due to changes to elective work. Once elective procedures are back up to capacity it will be possible to start demonstrating the benefits of the new approach.

Recommendations

15. That the Committee:

    Note the update and request a further update in early 2022.

16. **Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups: Whitehill & Bordon Health and Wellbeing Hub update**

Context

17. The Committee last received an update on the Whitehill and Bordon Health and Wellbeing Hub in March 2020. At the request of Cllr Carew, the local Member, an update has been provided see attached.

Recommendations

18. That the Committee:

Note the update and request a further update in late 2021 if the situation has developed.

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:	
Title	Date
Direct links to specific legislation or Government Directives	
Title	Date

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 disproportionally 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.

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	1st March 2021
Report Title:	Integrated Primary Care Access Service update
Report From:	Keeley Ellis, Locality Director, Primary Care on behalf of **Sara Tiller** Managing Director – Fareham and Gosport and South Eastern Hampshire **Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups**

1. Purpose

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

The IPCAS service was developed to bring together two services: the GP Extended Access Service, which was a pilot, and the GP Out-Of-Hours service. These were delivered by two separate providers with differing access points for local people.

The contract originally ran until 2021 when Primary Care Networks (PCNs) were expected to become responsible for providing extended access to their patients.

This position has now changed nationally and the purpose of this paper is to provide an update to the Committee on the CCGs' response to the latest national guidance.

Sections 2-4 of this paper describe the situation at the time of the previous update in September. Section 5 provides information about how we now expect this to evolve.

2. Background

During the summer of 2019 the CCGs and Primary Care Alliances worked together to seek views of local people about the services, hubs, travel, and their preference for accessing the service. Following feedback the service model was determined as summarised in the table:

	Site	Opening times
Patients ring their practice to book an appointment (both routine and urgent) or NHS111 when their practice is closed for an urgent appointment	Fareham Community Hospital	• Mon to Fri 6.30pm to 10.30pm
	Forton Medical Centre, Gosport	• Tues and Thurs 6.30pm to 10.30pm (for urgent appointments) • Sat and Sun 8am to 10.30pm
	Portchester Health Centre	• Sat and Sun 8am to 10.30pm
	Chase Community Hospital	• Fri 6.30pm to 10.30pm
	Swan Surgery, Petersfield	• Tues and Thurs 6.30pm to 10.30pm • Sat and Sun 8am to 10.30pm
	Waterlooville Health Centre	• Mon, Wed and Fri 6.30pm to 10.30pm • Sat and Sun 8am to 10.30pm

3. Impact of COVID-19

The impact of the COVID-19 pandemic, although challenging, has accelerated the pace of change and transformed the way in which primary care services are delivered. This includes the way the IPCAS service operates. There has been a further breakdown of traditional roles and boundaries, with strong collaborative working with NHS 111, community and mental health services, secondary care and the voluntary sector to deliver the best outcomes for our population during the pandemic.

Primary care services have remained open throughout the pandemic but the way in which services are delivered has fundamentally changed to ensure patient safety, implement infection, prevention and control measures effectively, and that patients continue to be cared for in the most appropriate setting for their needs. This reflects national guidance on how primary care services should be delivered during the pandemic:

This accelerated pace of change has led to new models of delivery supported through strong clinical leadership, greater partnership working and digital technology:

- 100% of general practices open are operating **a total triage model** to support the management of patients remotely where possible. This means operating a model where all patients requiring GP care are assessed either on the phone or via an electronic system (eConsult) to determine the best option for their care. All practices operate telephone and online consultations.

- Strengthened working with **NHS 111**, with NHS 111 able to directly "book" patients into a practice

- Continued provision of **essential face-to-face** services (including home visits) through designation of "hot" and "cold" sites and teams to minimise the spread of infection. Hot and cold is essentially the separation of care for those with suspected COVID-19 and those not

- Greater use of **Electronic Repeat Dispensing (ERD)** to reduce footfall within practices

This has meant a significant change for patients in how some services are accessed and used, but has also ensured that primary care and general practice can continue to operate and provide essential services during this very challenging time.

4. Changes to local delivery

Several "hot" sites were set up across our two CCG areas to ensure safe separation in the way services were delivered for patients, with these hot hub sites providing care for patients with suspected COVID-19. "Cold" sites were then identified within the remaining general practice facilities to provide services to those who also needed care but were not suspecting as having COVID-19.

It was extremely important to ensure all primary care services were operated in this way and therefore the IPCAS service was also aligned to this model.

As a result, the sites of delivery were identified to align to the "hot" service hubs set up across the patch so that the IPCAS service could focus on service provision that was absolutely critical and needed at this time (in-line with national guidance). The sites identified were:

Patients ring their practice to book an appointment (both routine and urgent) or NHS111 when their practice is closed for an urgent appointment	**Site**	**Opening times**
	Forton Medical Centre, Gosport	• Mon to Fri 6.30pm to 10.30pm • Sat and Sun 8am to 10.30pm
	Waterlooville Health Centre	• Mon to Fri 6.30pm to 10.30pm • Sat and Sun 8am to 10.30pm

NHS England determined nationally which services were vital to continue throughout the pandemic phase and therefore "cold" sites were also aligned in the IPCAS service to day time delivery to ensure safety for patients, these were as follows:

Patients ring their practice to book an appointment (both routine and urgent) or NHS111 when their practice is closed for an urgent appointment	**Site**	**Opening times**
	Portchester Health Centre	• Mon to Fri 6.30pm to 10.30pm Sat and Sun 8am to 10.30pm
	Swan Surgery, Petersfield	• Mon to Fri 6.30pm to 9pm (from mid-September to increase to 10.30pm) • Sat and Sun 8am to 2pm

During the first wave of the pandemic the service model was adjusted to also allow patients to be booked in to a video consultation, reducing the need for patients to travel and in turn reducing the risk of infection.

Given the ongoing critical nature of the pandemic, it is not expected that this will change in the near future and the committee will be kept appraised of any plans to change this.

5. Longer-term service provision and next steps

In a recent letter NHS England and NHS Improvement outlines that the responsibility for the delivery of extended access service will not be going to PCNs from April 2021, and that this will be delayed for a further year. This is in response to the additional pressure GP practices are currently experiencing in delivering the COVID-19 vaccination programme.

The CCG is therefore required to ensure a service runs until 31st March 2022. The option of going out to procurement on this contract is ruled out on account of the timeframes. A procurement process would take six months, and mobilisation a further three to six months which would be near to the end of the contractual term. The CCG will therefore extend the existing service for a further year and publish a contract award notice to this effect in order to update the market.

Throughout the next year, further work will be undertaken with PCNs to establish next steps. Engagement with patients and reviewing the service that has been in place will form a large part of ensuring that future provision is fit for purpose.

At this point it remains unknown what the PCN contract detail will look like. For example financial details and specific requirements in terms of operating hours and locations has not be published. This detail is expected in autumn 2021 when more plans can be made.

NHS England and NHS Improvement has, however, confirmed that PCNs will become responsible for providing extended access to their patients and therefore this currently integrated service may be split again as follows:

- the GP Extended Access Service provided by Primary Care Networks
- the GP Out of Hours Service provided by a Primary Care Provider Organisation

Primary Care Alliance and CCGs are working together to develop the longer term model, further taking into account the views of local people, the lessons from running the service to date and aligning the service to the wider vision for urgent care services in Portsmouth and South East Hampshire.

All service providers will need to take into account how we can effectively develop these services but also robustly ensure we recognise the vast feedback we have collectively received to date. This will include:

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

6. Recommendation

It is recommended that the Committee notes the changes as a result of the ongoing COVID-19 pandemic, and recognises the proposed next steps to engage local people on the intended service changes as a result of the NHS England and NHS Improvement mandate for Primary Care Networks to deliver elements of this service from 2022 rather than 2021 as previously planned.

Trauma & Orthopaedics Transformation
HASC - Position Paper - February 2021

1. Purpose

Further to the position paper submitted to this committee in September 2020 this report has been provided to give the committee a status update on the Trauma and Orthopaedic transformation programme during the Covid19 pandemic.

2. Context

2.1 Implementation to Date

On 3 December 2019, the Trust implemented its plans to centralise all trauma services to Basingstoke and North Hampshire Hospital. The plan supported all patients requiring inpatient procedures, or treatments relating to trauma or non-elective conditions, who were previously admitted to the Royal Hampshire County Hospital, Winchester being redirected to Basingstoke and North Hampshire Hospital.

Further to this, from 3 January 2020, most hip and knee arthroplasty was centralised at the Royal Hampshire County Hospital.

2.2 The COVID effect

In response to the ongoing Covid19 pandemic, the Trust made some significant changes to services to enable the safe treatment and management of patients. This response has had the following impact upon the trauma and orthopaedic (T&O) programme; and has made the evaluation of success difficult in lieu of these changes.

a) Staffing

Staffing the T&O medical rotas and wards has been challenging due to staff self-isolation, the shielding of staff, and the need to redeploy staff to support other areas in the hospital such as the Emergency Departments and Critical Care. For a significant period, the Foundation Year doctors from T&O were seconded to the medicine division and the service only retained enough juniors to cover our core trauma commitments. There was also a significant redeployment of senior nursing staff to help in ITU and the Emergency Departments.

b) Dedicated Inpatient Care

From early March to August due to the increased numbers of Covid positive patients, the elective inpatient and day case programme had to be suspended.

On both sites the dedicated wards for planned orthopedic surgery were repurposed to care for other patient groups, and after a partial restoration these arrangements were re-instated in response to the surge in January 2021.

c) Theatres

Whilst there was a short-lived dip in trauma demand at the start of the pandemic, demand has now returned to pre-Covid levels.

Elective theatres stopped in the last week of March 2020. The department would normally run 52 elective theatre lists a week. Elective procedures restarted in July, but much of this work was initially programmed to take place in the independent sector in partnership with the NHS. This allowed orthopedics to run in a Covid free environment (known as green sites) on a limited number of theatre available lists with a phased return to in-house capacity achieving a normal elective programme for October and November. Unfortunately, with the second wave of Covid19 affecting activity levels from January onwards, the elective programme has once again been suspended.

d) Outpatients

In September 2020, the elective outpatient facilities at both acute hospital sites were relocated to free up space to accommodate other pressing hospital demands, and in conjunction with infection control requirements, clinic capacity was reduced. Throughout the year, services were gradually restored and have adapted to the reduced outpatient footprint, although the service is still unable to return to pre-Covid levels.

3. **Transformation Objectives**

a) Improve patient experience and outcomes (measured via patients surveys)

Due to the ongoing pandemic, we have temporarily suspended formal patient surveys and intend to start these again once we have restored elective services to 'business as usual'.

b) Improve 30 day mortality and increasing best practice tariff following fractured Neck of Femur

In the two years prior to the transformation both Basingstoke and Winchester were flagged as national outliers with mortality significantly above our peers. Both sites worked hard to reduce mortality by the implementation of multidisciplinary team meetings and a concentration on orthogeriatric care for this very frail patient group, and our mortality rate had returned to normal by the time the transformation took place.

Orthogeriatric input is key to delivering positive improvements; unfortunately two Orthogeriatric Consultants left their roles in a six-month period over the time of transformation. However, we have appointed a full-time locum consultant and continue to advertise for the second consultant vacancy. In the meantime, the rest of our multidisciplinary team remains in place, with considerable input from a nurse consultant, a nurse practitioner and two staff grade doctors, and we are looking to further develop the team and in particular the nursing roles.

As previously reported, any deaths are rigorously reviewed, audited and reported within a robust governance structure led by specialist clinicians.

c) Increase elective theatre productivity

The transformation programme had successfully delivered increased elective theatre productivity. Unlike previous years, in 2019-20, planned surgical procedures were able to continue in the new ring fenced facilities in the Royal Hampshire County Hospital throughout the winter period, with the Trust one of few that maintained this service provision amidst the seasonal pressures. There was a further benefit to this ring-fenced

theatre capacity in Winchester as it allowed upper and lower limb surgeons from Basingstoke (where elective surgery had been closed) to maintain their surgery activity in Winchester.

d) Phase 3 - create capacity to repatriate elective activity subcontracted to private providers

In lieu of the effects of Covid19 this phase has not yet commenced but is being actively developed.

4. Conclusions

The programme has demonstrated that combining trauma onto a single site has provided considerable benefits for the patient population. Unfortunately, the elective transformation has not had the opportunity to develop fully and provide us the opportunity to fully test some of our arrangements because of the waves of reductions of elective capacity due to Covid19 as detailed in section 2.2 above.

The service is confident that the work it has undertaken to strengthen its organisational framework around the elective surgery delivery, much of which was developed during the 'downtime', will allow them to return strongly as soon as they are able, and take on the challenge of reducing the backlog of long waiting patients which has built up during the course of 2020. An example of some of the work undertaken is:

- Performed a job planning exercise for all consultants and middle grades allowing the service to maximise elective and trauma workload. Hand in hand with this is a new theatre timetable which will support the service in maximising its efficiency across both Winchester and Basingstoke.
- The Trust has a new cohort of registrars and junior doctors who are now on Trust wide contracts which helps with cross-site working. The previous problems reported with changing contracts and modifying time and place of work have been resolved.
- Through regularly monitoring performance and activity targets, collecting data for the GIRFT programme for both elective and trauma services, prospectively collecting the 'Model Hospital' data. This allows the service to highlight areas where it is doing well, as well as areas that need improvement.
- In October the orthopaedic service became involved in the Hampshire and Isle of Wight (HIoW) Orthopaedic programme, primarily to encourage team working amongst the various provider organisations, to work towards services that are standardised, improve outcomes and reduce variation for orthopaedic care. This may involve the development of specialist Orthopaedic centres in the future, as part of phase 3 of the transformation programme, but this is at very early stages of discussion.

5. Next Steps

The expectation is that there will be a planned restart of elective work towards the end of February, and hopefully a full programme of work will be running by the end of March 2021.

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Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	1st March 2021
Report Title:	**Whitehill & Bordon Health and Wellbeing Hub update**
Report From:	**Sara Tiller** Managing Director – Fareham and Gosport and South Eastern Hampshire **Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups**

1 Purpose

1.1 This report provides an update to the briefing paper previously submitted to the committee in March 2020 on the development of a health and wellbeing hub in Whitehill and Bordon. Committee members will be familiar with the background to this programme from our previous updates.

2 Progress since last update

2.1 Despite a short hiatus in meetings as a result of the the COVID-19 pandemic, we remains committed to the progression of the Whitehill and Bordon Health Hub. Since the previous update was provided to the HASC there have been a number of changes to the health and wellbeing hub scheme.

2.2 This has enabled health partners to review how they can deliver services differently given the shift to more virtual consultations, and less reliance on face-to-face consultations.

2.3 The developer, WBRC, has also looked at how the facility can be provided differently and has recently brought plans for a stand-alone two storey building, rather than a multi-use site with five floors of residential units. Both primary tenants Forest surgery and Southern Health NHS Foundation Trust are reviewing the latest plans to see where they may be able to better integrate services and share common accommodation.

2.4 We are working closely with local authority partners East Hampshire District Council and WBRC is working up the financial model for the facility. At present this does have a financial viability gap which we are working through collectively, and hope to have a solution in the next few months. We will then be able to take a business case through the CCG approvals process.

2.5 In the meantime health services continue to be provided from the local GP surgeries and the Chase Community Hospital.

3 Recommendation

3.1 The Committee is asked to note this update.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	1 March 2021
Title:	Health and Social Care System Resilience during COVID-19
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 0370 779 5574 **Email:** graham.allen@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to update the Health and Adult Social Care Select Committee on the key activities undertaken across the health and social care system to maintain system resilience in the discharge of people from hospital settings during the response to COVID-19.

Recommendations

2. That the Health and Adult Social Care Select Committee is asked to support;
   a) The continuation of discharge pathways and funding arrangements to maintain and build on progress and performance described in this report and in-line with the White Paper - Integration and Innovation: working together to improve health and social care for all, published on 11 February 2021.
3. That the Health and Adult Social Care Select Committee notes:
   a) This update report on Health and Social Care system resilience during COVID-19 which will be received by Cabinet on 16 March 2021.
   b) The overall performance in the most extraordinary circumstances to support residents to be discharged from hospital settings and return to their appropriate place of residence.
   c) The efforts of all staff and partner organisations in maintaining safe, appropriate and resilient discharge pathways, within a new national operating framework, introduced at pace, in the spring of 2020.
   d) The fundamentally changed nature of the health and care sector as a consequence of its response to COVID-19.

Executive Summary

4. This report seeks to provide an overview and update the Health and Adult Social Care Select Committee on key activities and issues related to acute

hospital system resilience throughout the period of response to COVID-19. The situation has been incredibly challenging and dynamic in terms of the issues faced and the response required.

5. In response to the COVID-19 pandemic, on 19 March 2020, the Government issued new hospital discharge guidance for all NHS trusts and local authorities. This guidance also formally suspended the reporting of Delayed Transfers of Care (DToC) a key interface between the NHS and Local Government, from mid-February 2020.

6. This interim guidance for the COVID-19 period required the NHS and Social Care to take a new single system approach, with the goal of rapidly discharging hundreds of patients from hospital to maximise capacity to treat people with acute COVID-19 (Covid) symptoms. The discharge of people was in anticipation of creating maximum 'surge' capacity in acute hospital settings in the Spring of 2020. Thankfully this capacity was not required at that time. Changes in legislation facilitated this and additional funding was made available to the NHS to provide / or arrange care for individuals leaving hospital during the crisis period. This change in funding and discharge commissioning responsibilities has had a transformative impact in this key interface in the role of the NHS and Local Government.

7. Furthermore, on 21 August 2020, NHS trusts and local authorities were issued with updated hospital discharge guidance. This guidance reinforced the approach taken under the interim guidance and gave specificity to new ways of working and funding in the short / medium-term, with additional funding continuing to be made available to enable people to leave hospital, albeit, for more specific purposes and for a more limited, 6 week period. Subsequently, a new National Social Care Winter Plan was produced in the early autumn of 2020.

8. Performance to maintain flow of patients through the discharge pathways described in both the interim and subsequent guidance has seen the adoption, at pace, of new ways of working, new facilities and multiple step-changes in the prevailing approach to provide care. A range of approaches have also been brought about through learning from successive waves of the pandemic and its subsequent impact on NHS and social care settings.

9. Overall, we have seen some 6,000+ people across Hampshire's acute hospitals supported to be discharged – a rate of 150+ people per week; either returning home with additional support, returning to a care home setting with additional support or being admitted to temporary discharge to assess bed-based facilities (including some temporary 'hotel' bed facilities commissioned by the Clinical Commissioning Groups (CCGs) in the spring to create surge capacity) before moving to a permanent destination / service level / type. It is important to underline that the completion of an assessment to determine an ongoing level of support follows the person once they have moved out of acute hospital settings; delay through completion of an assessment whilst in an acute bed has been removed from the discharge process – the new approach being called Discharge to Assess (D2A). We have also seen the repurposing of some care home capacity, as well as the establishment of new D2A bed-based services. Fundamentally, national arrangements for the NHS

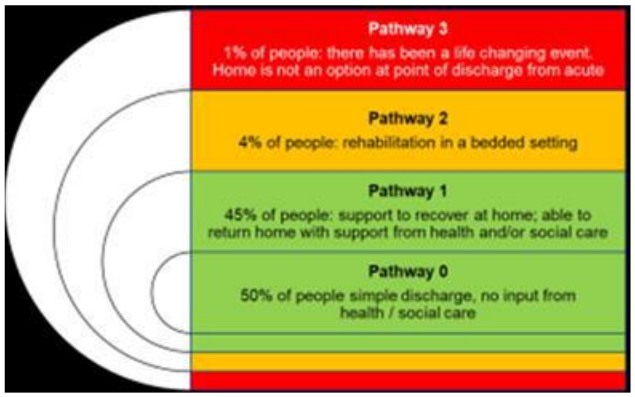
to fund discharge support for up to 6 weeks has enabled this new, dramatic approach.

Summary of the key policy and process changes

10. The new hospital discharge system arising from all the current guidance is based on the principle that unless required to be in hospital, patients must not remain in an NHS bed and acute and community hospitals must discharge all patients as soon as it is clinically safe to do so. Transfer from the ward should happen quickly, but safely. This has been further enhanced by guidance relating to the approach that must be followed to both test people for COVID-19 in advance of discharge (brought about in mid-April 2020) and also when someone can be discharged from hospital when they are COVID-19 positive. Whilst the guidance is in place through emergency measures, elements of the new ways of working will, inevitably, continue into the post-COVID-19 operating model.

11. The above changes have combined to bring about a dramatic (positive) impact on what used to be referred to as delays in transfer (DToCs) and marked improvements to near relatively few delays (people now being identified as having a status of Medically Optimised for Discharge (MOFD)) have been noted by the systems around patient discharges. Additionally, formal recording of DToC was suspended in mid-February 2020.

12. As a reminder – the guidance sets out pathways for people being discharged from hospital, as shown in the diagram below:



13. The requirements set out in the guidance are that:

    - Systems should work to a D2A model.
    - Assessments and planning for ongoing care will take place at home or in a community (D2A) setting, not in a hospital.
    - ‘Home first’ should be the aim for all patients, wherever possible.
    - Every discharged patient should be followed-up within 24 hours of discharge (ideally same day) by a lead professional or community multi-disciplinary team (MDT).

- There should be 7 day per week working for all planned discharges between 8am and 8pm, and
- Discharge to an interim care bed (D2A) or Designated Setting (where a person has tested COVID-19 positive) for up to 6 weeks should happen where a return home or usual care setting was not appropriate / available.

14. In all circumstances NHS Covid funded discharge support is available, albeit time limited, at this point into the early part of 2021/22.
15. The guidance has further required enhanced and deep multi-agency working to support what is a complex process, with several changes in responsibility and / or joint ways of working:
    - Acute hospitals remain responsible for Pathway 0 discharges (simple discharges)
    - Community providers (Hampshire County Council with Southern Health and Primary Care Networks) are responsible for Pathways 1-3 discharges and the tailored support required in each instance, and
    - Multi-agency collaboration is required to support the discharge process of all Pathways – with Single Points of Access (SPoAs) and co-ordination strongly embedded to streamline processes.
16. To enable this approach, we have developed a new system-wide tracker of available system capacity, as well as ensuring each person is tracked and followed through their discharge journey / destination; to D2A care home provision, community beds, hospices and residents own homes.

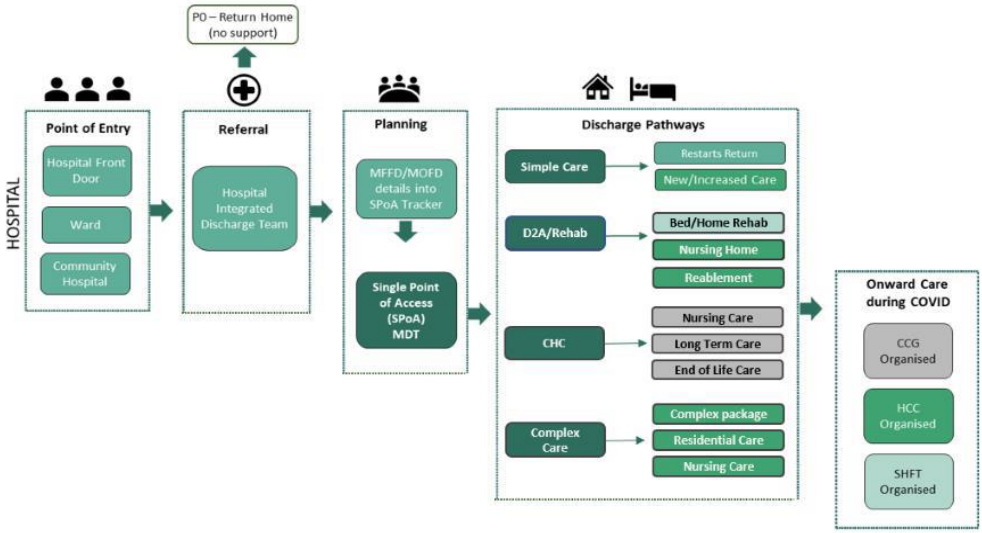
Hampshire's approach to implementing the national guidance

Single Points of Access (SPoAs) for each acute hospital footprint

17. Each acute hospital system in Hampshire has developed a discharge process, in common across our whole geography, for people needing onward health and social care. All referrals made into a multi-disciplinary, multi-organisational Single Point of Access (SPoA).
18. The SPoA manages the D2A approach in order to rapidly and appropriately discharge individuals on pathways 1-3 from hospital, when MOFD. Oversight of the ongoing assessment of need following discharge is provided. From the notification of a person being discharge ready, through to leaving the acute hospital, a timeframe of 24 hours is being routinely achieved, though can and does take longer in the more complex cases; where necessary for patient safety / safeguarding or other reasons.
19. This is a radically different way of working with our system partners and the SPoAs bring together shared teams across all key operational services. The operational leads are responsible for the daily processes and ensuring safe discharge using the principles of D2A. There is shared operational management accountability for SPoA functioning. Adult Social Care senior managers are well represented in leadership roles in the SPoA.

20. Under the new arrangements, referrals into these SPoAs (via a digital process) come from acute hospitals and community hospitals for all care pathways. Each of the SPoAs comprises a multi-disciplinary team, including West Hampshire CCG Continuing Health Care Team, Southern Health Foundation Trust staff, Hampshire County Council Hospital Social work staff and Reablement staff. These staff work closely with Acute Trust staff from the Hospital Discharge Teams and colleagues with links to Hampshire County Council Brokerage. Ambulance services and others may also be involved. Hampshire's approach to this new model has been a lead regionally and has significantly influenced opportunities that we see for discharge operations in the future.

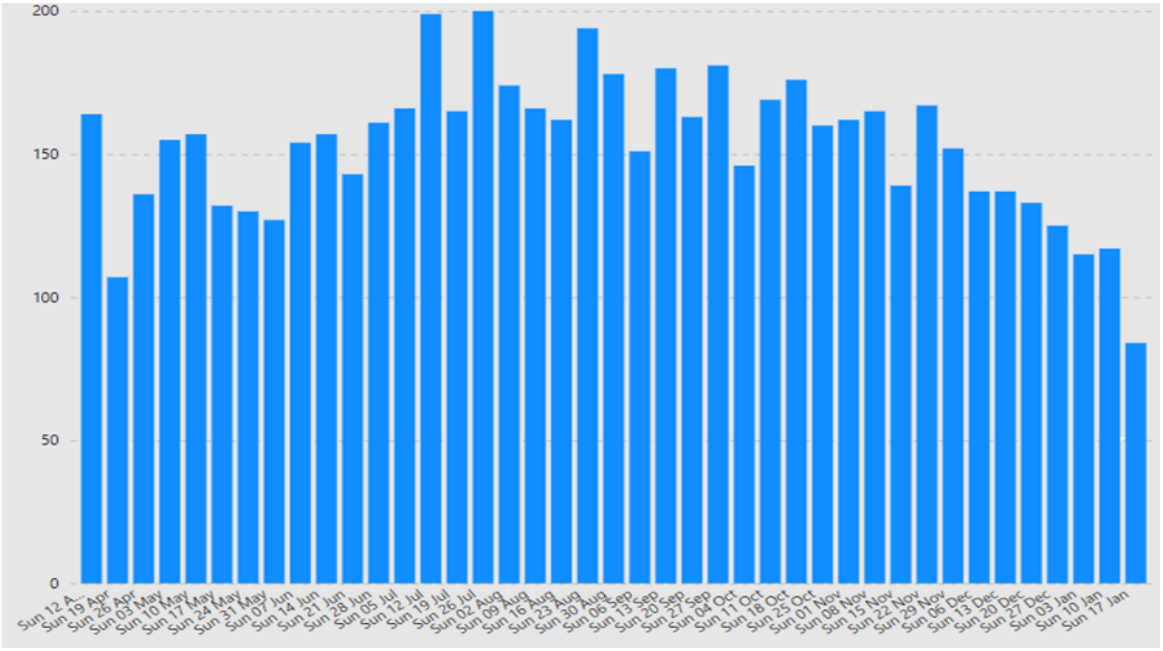
21. The diagram below illustrates, at a high level, this new COVID-19 discharge process;



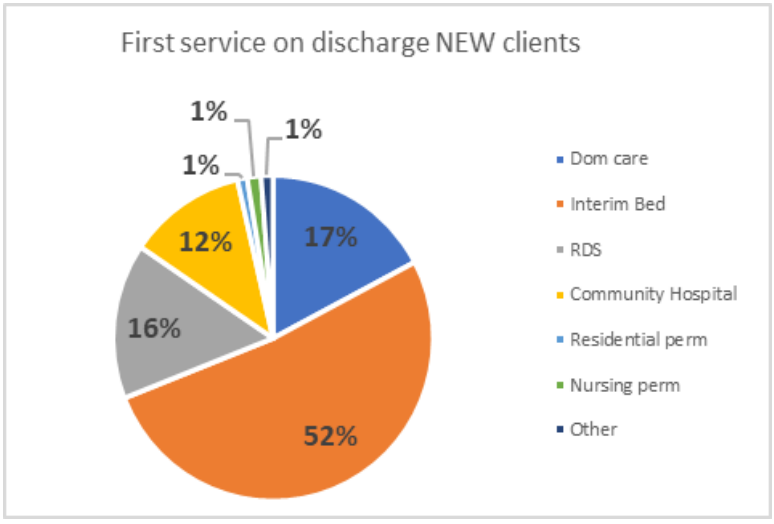
Impact and Performance

22. Since February 2020, and in the light of these changes, recording of Delayed Transfers of Care have been suspended by the NHS, meaning it is not possible to directly monitor the impact of the new arrangements when viewing them in light of the previous DToC reporting. However, despite there being no national figures, internal tracking by the Trusts confirm that bed delays of any kind have reduced to a fraction of those previously reported. It is important to identify that measures now in place are based upon NHS discharge funding. This has removed the critical interface which has been a feature of the prevailing DToC process; e.g. who is funding what and who needs to be in agreement that this is appropriate. Further information on the new discharge funding arrangements is outlined, in paragraphs 25 and 30, below.

23. The chart below shows acute hospital discharges from April 2020 to early January 2021;



24. It is also worth noting that of these 6,000 people supported some 3,150 are new to social care support. Of these 85% of people went either into an interim bed or straight home with additional short-term support. With fewer than 2% of new clients going into a permanent residential or nursing care placement from hospital. This reduction of permanent care home placements directly from hospital has been a key outcome that the new services have sought to achieve. However, this represents broader care sector risks into the medium-term which is likely to lead to some care home re-setting in terms of home closures / reduced overall bed-base.



25. Hampshire County Council is continuing to be successful at accessing external NHS funds in the form of a Discharge Fund (DF) to support the stand up and delivery of these new arrangements and services to care for patients during COVID-19. Operating under a national framework, this fund has operated two main Discharge Schemes to enable recurring and non-recurring funds to be allocated to support discharge, Reablement and other winter specific pressures such as, additional support to the most frail of our users during COVID-19.

26. As at the end of October 2020 Hampshire County Council had claimed a total of £13.2m from the NHS Discharge Schemes. This claim amount has been made in accordance with the scheme guidance and all expenditure has been agreed with the Clinical Commissioning Groups (CCGs) as eligible expenditure. It is currently forecast that by the end of the financial year the total claim will be approaching up to £24m across the schemes.

27. Expenditure against these schemes falls into two categories:

    - Eligible care provision costs
    - Services commissioned / provided on behalf of and at the request of the CCGs.

28. In respect of the latter this has included for scheme 1, the following in the first six months to the end of September 2020:

    - Extending the capacity of the Hampshire equipment store from 5 day working to 7, including increased equipment provision
    - Procuring a countywide rapid discharge scheme and increased Hampshire County Council Reablement resources to facilitate increased flow from hospitals
    - Furnishing increased discharge capacity within temporary Hotel sites and commissioning care provision
    - Increasing hospital care management resources to ensure assessments are timely to support rapid flow and
    - The introduction of Clarence Unit in the South-East of the County - a Discharge to Assess (D2A) unit of up to 80 beds, with 25 of these beds presently designated for COVID-19 positive patients.
    - The re-purposing of HCC Care facilities, mainly Willow Court and Forest Court to provide additional D2A capacity in the North and Mid, and South-West sub-systems
    - Increasing numbers of beds for more complex users to help free up capacity needed for COVID-19 ventilated bed spaces in Acutes.

29. From October 2020, within scheme 2, the above have continued and have begun to increase in volume. In particular, D2A bed-based capacity has expanded, using more in-house HCC Care capacity to meet the needs of the hospital systems. Of late, this has further increased across the wider social care sector, in light of acute hospital admissions.

30. Furthermore, the additional hospital care management capacity, along with increased resource for Hampshire County Council Reablement have extended further as they are now enshrined within the overarching Integrated Intermediate Care (IIC) and SPoA initiatives. Whilst NHS funding for these initiatives is, in the main, temporary to 31/03/2021, there are some elements that have been secured as permanent funding. Furthermore, it is hoped that the South West Hampshire and South East Hampshire systems will be able to confirm all temporary funding as permanent before the end of the financial year.

31. In this financial year, we estimate that some £24m of funding will have been made available to fund discharge support across pathways 1-3, much of this is to enable Hampshire County Council to deliver additional services on behalf of the NHS (such as discharge to assess and costs incurred through the previously established 'care hotels'), as well as ensuring that support for up to 6 weeks is available for all people subject to the hospital discharge pathway. Work remains ongoing on the cost recovery and reimbursement arrangements with the CCG Partnership and local system partners.

32. Further performance worthy of particular focus include the use of short-term bed-based care as alternatives to making permanent admissions to care homes - the development of specific D2A bed-based care. At the vanguard of this approach, is the creation of the Clarence Unit which supports discharges from Queen Alexandra Hospital. This unit provides an average of 21 to 28 days support to individuals who are unable to return home upon discharge to aid their recovery and rehabilitation. Therapists and social workers work on site alongside the care staff to optimise the person's reablement potential and to carry out Care Act assessments with a focus on how someone could successfully return home. Since opening, the unit has supported some 280 patients and has recently increased its capacity to 73 beds. Outcomes for clients benefitting from the Clarence service offer have been very favourable with just under 25% requiring (moving on to) long-term residential and nursing care at the end of their stay. Prior to the D2A operation, most would have been discharged from hospital straight to a permanent long-term care solution.

33. Currently the D2A approach is being replicated in other HCC Care homes, most notably at Willow Court and Forest Court. It is also available in some independent sector homes. At the start of January there were 168 beds across the County, which includes a number of designated beds for COVID-19 positive patients. Close performance monitoring across all these homes is in place and work will continue to ensure that the service set-ups and service performance and outcomes are concentrated around the main settings and optimised to replicate the results that are being achieved at Clarence Unit.

34. Additionally, we have established a new Rapid Discharge Service (RDS), designed to rapidly enable people to return home within 2 hours of a discharge decision or to avoid an admission altogether. In total, the RDS has supported 529 discharges from hospitals across Hampshire. At the end of receiving this service, 26% of clients required no further long-term services

from Adults' Health and Care, with 55% going onto receive longer-term domiciliary care.

35. Overall, our Reablement services, through a transformation programme which commenced some three years ago have seen a total of 15, 371 referrals in this financial year (including Occupational Therapy and other services) – of which 4,664 are for people being discharged from acute hospital settings and almost 900 people from other hospital settings. However, it is important to recognise that we are now seeing some 60% of referrals being received by our Reablement Service to support people to remain in the community rather than enter hospital settings. Alongside this transformed balance in referral patterns is that people, on average, remain in the service for 19 days – some 2 days less than the target and a remarkable 16 days less than when the transformation programme commenced. This stunning effort to reduce pressures upon NHS services can also be witnessed across all HCC's adult social care services and across all our operational teams, working with providers and partners.

Looking forward

36. The marked uplift in volume and pace of discharge seen in this year has been a significant challenge to sustain, especially in light of the impacts upon the care home sector in the spring / early summer of 2020 when we saw the devastating effects of COVID-19 on care home settings. To its considerable credit the care home sector, whilst still fragile, has recovered some confidence and implemented robust COVID-19 secure procedures in the second half of this year. However, the impacts on the social care workforce across all elements of the whole, wider social care sector will remain into the medium / longer term. The impacts of staff fatigue, isolation and trauma of staff and people receiving support, will clearly continue to cast a significant shadow and will require dedicated recovery activity.

37. Additionally, new challenges relating to lower numbers of permanent admissions and sector-wide issues relating to insurance cover have come increasingly to the fore in recent weeks/months. These are issues that Hampshire County Council are actively supporting the sector to address. However, contextually we have seen the commissioning of a quarter fewer new permanent admissions through HCC, whilst deaths in care home settings (both those expected and those resulting from COVID-19) has seen a contraction of circa 20% of people in permanent care home settings overall. Whilst permanent admissions through local authority / NHS commissioning equate to approximately 40% of the care home sector the reductions in the sector over the past 12 months lead the care home market to be in a fragile short-term position. HCC commissioners will continue to work with the sector, though there is a high risk of some home closures and market re-setting during the comping period.

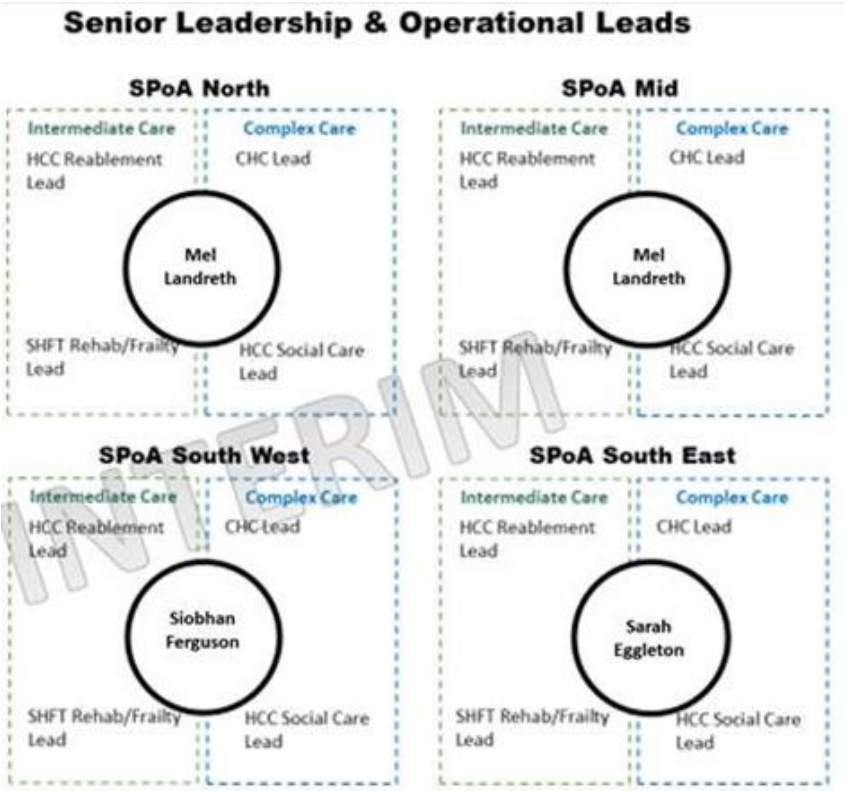
38. The domiciliary care sector has remained robust in its ability to support residents throughout 2020. This is testament to the market development transformational work that the Department successfully focussed on over the past 2 years. However, since the rapid increase in community transmission

and number of COVID-19 cases seen since late December 2020 concerns in the short-term have increased.

39. It is hoped the roll-out of vaccination across the highest priority groups and the current slowing in COVID-19 transmission rates will enable the sector to recover. However, inevitably in response to the impacts of the pandemic the NHS will need to recover planned / elective care through the remainder of this year (and beyond) and maintain the vaccination programme meaning that pressures upon the wider health and social care sector and the social care provider market will continue.

System governance

40. New interim governance arrangements have been put in place between NHS and social care partners to support robust and consistent decision making across our operational area, as shown in the diagram below. As well as the governance arrangements in place for each SPoA, a Hampshire wide Discharge Leadership Group brings together director-level and senior level organisational leads to make decisions about issues that need to be resolved at a Hampshire scale or where there is a need for greater organisation wide oversight. This Group is chaired by the jointly funded Hampshire County Council / NHS Director of Transformation – Patient Flow & Onward Care.



Conclusion

Learning and Looking Forward

41. An unparalleled integration and transformation remains ongoing with our system partners as a result of COVID-19 and joint ambitious solutions are now more of an expected norm within the system partnership. The stand-up of new and effective shared service architecture set out above has enabled the safe and fast-paced discharge of thousands of patients across Hampshire, working more closely than ever as a system partnership with singular focus.

42. The system partnerships have agreed that the new service architecture must be maintained and our shared ambition and appetite for this is high. System partners have worked well together in difficult circumstances to put a robust new process in place with forward momentum. We remain focussed on not 'slipping back' to old ways of working, but pressures on NHS services to recover and restore elective care pathways and the costs of the new arrangements remain as risks as does a myriad of sometimes challenging policy guidance for social care and the NHS.

43. Furthermore, it is key that Hampshire County Council works on a deeper and at the same time more impactful collaboration with CCGs and Health commissioners to ensure that there is sufficient ongoing community home and bed-based capacity to serve the varying discharge needs of Hampshire residents.

44. A key suite of performance dashboards is in place and will be further developed for the SPoA's to provide the information necessary to support forward joint commissioning, performance monitoring, national reporting and future business cases.

45. In addition, a number of different activities are underway across the system to review Hampshire's response to the national discharge guidance, to review actions taken and to assess future opportunities for a sustainable SPoA and D2A model.

46. **Forward direction activities include:**

    - On 11 February 2021 HM Government published the White Paper Integration and Innovation: working together to improve health and social care for all (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf). This sets out the direction of travel to create increased integration and collaborative working locally between the NHS and local government. These proposals are entirely in line with work underway across Hampshire and as such represent a significant opportunity to build upon work undertaken jointly through our response to the pandemic. It also creates the opportunity for increased strategic and functional alignment through the development of the Hampshire health and care system within the Integrated Care System development identified in the NHS Long Term Plan

and the operation of the Health and Wellbeing Board and associated arrangements.

- Confirmation of continuing / future investment with NHS partners for the new pathways and resources identified in this report for 2021/22 and beyond – both for capital and revenue funding
- Case studies and tactical changes to monitor the quality of COVID-19 care to aid our learning of the impacts of this disease in our ongoing care of users
- A long-COVID-19 national pilot (external fund of £300,000 attained to be shared) to help establish a hub of HIOW expertise to drive clinical and care learning and excellence across the partnership for complex, post-COVID-19 conditions
- Tools have been developed both to log immediate risks and issues for resolution in each SPoA as well as to track risks, assumptions, issues and dependencies more strategically to feed into the learning from this complex implementation process
- Rapid Insight SPoA Discharge Case Study work by Wessex Academic Health Science Network, which will review a number of patients on their experience of the discharge process
- Care Governance overview of assessment practice and Care Act compliance for onward care
- Healthwatch Hampshire survey on health and care advice and help during COVID-19
- Quality impacts and case studies to learn from patient and user experience and patient stories of care during COVID-19, some of which are remarkable
- Stakeholder evaluation exercises in each system have looked at what has worked well and what could be improved moving forward.
- High uplift of activity and capacity to support wave 3 is now underway and the services remain at a heightened state of performance and delivery into March 2021.

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:	Yes

Section 100 D - Local Government Act 1972 - background documents

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

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 disproportionally low.

2. **Equalities Impact Assessment:**

Health and Social Care System Resilience during COVID-19

Accountable officer: Graham Allen, Director of Adults' Health and Care
Email address: kate.jones@hants.gov.uk
Department: Adults' Health and Care
Date of assessment: 04/02/2021

Description of current service/policy
During the Covid-19 period, Adults' Health and Care has worked with the NHS to take a new single system approach, with the goal of rapidly discharging thousands of patients from hospital during 2020/21 to maximise capacity to treat people with acute Covid-19 symptoms. Changes in legislation have facilitated this and additional funding has been made available to provide care for individuals leaving hospital during the crisis period. The joint goal has been to safely care for

and discharge patients to the most appropriate care settings, including some now to dedicated care home settings (“designated”) for Covid-19 exclusively.

Geographical impact:
All Hampshire

Description of proposed change
Each system surrounding Hampshire’s acute hospitals has developed a new discharge process in line with National directives. Referrals for discharge are now made into a multi-disciplinary, multiorganizational Single Point of Access (SPoA). These SPoA bring together all organisations who would otherwise work individually on discharging people from hospital. The principle of ‘Home First’ is adopted, with those unable to go home usually going for a period of rehabilitation in a specialist
care home before any longer-term decisions are made. Most people will return to their own home.

Impacts of the proposed change
This impact assessment covers Service users

Engagement and consultation
Has engagement or consultation been carried out? Yes
The new arrangements were introduced quickly to comply with emergency guidance being released by the Government. This limited opportunities to engage with service users and families. However, Adults’ Health and Care has consulted and engaged with all relevant system partners in co-designing and developing the new system, for example NHS partners including GPs, commissioners and acute/community providers, and district and borough councils. Various opportunities to engage with and gain feedback from service users are now in place, including work by the Wessex Academic Health Science Network which will review a number of patients on their experience of the discharge process.

Statutory considerations
Impact Mitigation
Age: Low

There are a number of positive impacts of this new service model:
• Better coordination across services to ensure the most appropriate pathway is followed for each patient
• Individuals tracked through their journey, so long-term health and care needs can be assessed outside a hospital setting, which is likely to result in better long-term decisions being made
• Shorter hospital stays are likely to lead to less decompensation of frail elderly patients – typically, the longer you stay in hospital, the worse your outcome, therefore speedier discharge can often help.

The overall impact has been marked as ‘low’ however because the positives have to be balanced by a less favourable negative impact in that some patients may not

get the choice of onward care they would ideally like in the short-term as the priority is to free up the hospital bed as soon as it is safe for the patient to leave.

The mitigation is that the initial onward care is only a temporary situation, and individuals are tracked throughout their care pathway to ensure that the most appropriate long term solutions can be found, preferably in the individual's usual place of residence.

Disability: Low The identified impacts for 'disability' mirror those for 'age'.
Sexual orientation: Neutral
Race: Low

We are aware that lack of choice in short-term onward care destinations for individuals coming out of hospital could impact on individuals being able to receive services that they feel are culturally appropriate in the short-term. However, the discharge to assess model which aims to assess long-term needs in the community should mitigate against short-term lack of choice by enabling more timely and personalised care planning for the longer term, out of the hospital environment.

Religion and belief: Neutral
Gender reassignment: Neutral
Gender: Neutral
Marriage and civil partnership: Positive

Reduced length of hospital stays and putting in place enhanced support at home may allow more couples to stay together in their own home for longer. Where one partner recuperates in a bedded facility, this may take pressure off the partner at home and reduce their need to take on very high levels of caring responsibility until their partner has made a greater recovery. In the short term, some couples may be apart for longer if post-discharge rehabilitation takes place in a bedded facility that is not accessible for geographical reasons or where visits in person are not yet possible. However, in the longer term, there should be benefits in recuperating outside a hospital environment.

Pregnancy and maternity: Neutral

Other policy considerations
Impact Mitigation
Poverty: Neutral
Rurality: Low

There are fewer care services available in rural areas if a bed-based solution is required. In addition, bed-based therapy services are being concentrated in centres of excellence or hubs. This hub approach should improve care outcomes but has a potential negative impact in that there is reduced short-term choice for the patient in their immediate onward care destination. This may particularly affect those patients who live in rural areas. This approach only applies to short-term onward care, hence the impact is considered 'low' rather than '.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	1 March 2021
Title:	Clarence Unit, Woodcot Lodge
Report From:	Director of Adults' Health and Care

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

Tel: 0370 779 1268 **Email:** paul.archer@hants.gov.uk

Purpose of this report

1. The purpose of this brief report is to update Members of the Health and Adult Social Care Select Committee regarding the Discharge to Assess service, known as the Clarence Unit (located in Gosport) and operated by HCC Care as part of a multi-agency venture with the NHS. The service has so far served some 280 Hampshire residents. These are vulnerable and complex older adults who have been supported at the Clarence Unit immediately upon discharge from Portsmouth Hospitals NHS Trust since its inception at the beginning of June 2020.
2. The Clarence Unit was established at speed last year partly in response to the overall local system response to the first Covid-19 wave but with one eye on the future and sustained/improved patient flow and outcomes. Clarence enabled quick but safe discharges to take place daily, fitting with evolving Government guidance and short-term funding in respect of Discharge to Assess (D2A) and has meant that frail, vulnerable, elderly patients have been able to be discharged from hospital at the point they are deemed medically fit to leave.
3. Individual assessments and recovery, including reablement and therapy type support has been expertly delivered from within the Clarence service and typically after a length of stay of close to 25 days, Clients longer-term destinations have been carefully organised and implemented. Less than 25% of those moving on from Clarence have required a long-term social care arranged Residential or Nursing Care provision with many (just under 60% prior to the latest extreme Covid-19 wave) able to return home.
4. The report provides summary detail of the Clarence operation and looks ahead to 2021/22, headlining the opportunity (and the challenges) that exist to build on the successes to date and to put the service on a longer-term footing. The site is available to the local system on a short-term lease arrangement which is due to expire at the end of March. Discussions are currently progressing with the landlord to extend the lease for at least a further 12

months to enable time to work on a longer-term arrangement that will provide more certainty for staff, partners, and all concerned.

Recommendations

5. That the Health and Adult Social Care Select Committee note the significant system benefits of vastly improved patient flow and reduced discharge delays (bed days lost) as a direct result of the discharge to assess service at the Clarence Unit.
6. That the Health and Adult Social Care Select Committee note the positive outcomes being achieved for vulnerable older adults by HCC Care at the Clarence Unit following discharge from Portsmouth Hospitals NHS Trust.
7. That the Health and Social Care Select Committee note the opportunities and challenges of sustaining the Clarence Unit Discharge to Assess service for the medium to long term.

Executive Summary

8. In June 2020 and partly as a local system response to the challenges of Covid-19, the Portsmouth and South-East Hampshire (PSEH) Integrated Care Partnership (ICP) agreed to commission and operate a new discharge to assess service operation for the benefit of vulnerable and often frail older adults who were deemed medically fit enough to be discharged from Portsmouth Hospitals NHS Trust but not, at that point in time, able to return to their own home.
9. The establishment of the discharge to assess operation was in keeping with Government policy for local systems to be able to quickly and safely discharge patients well enough to leave hospital, back into the community as a means of maintaining maximum levels of Acute capacity in the wake of the evolving pandemic. The cost of the Clarence Unit service, operationally led by HCC Care, with support from the NHS, was covered by the national Covid-19 discharge fund that is still in existence, albeit on a lesser scale than when it was first introduced. The discharge fund will cover the costs of the Clarence operation for the entirety of the current financial year but is due to finish 6 weeks into 2021/22 meaning that the local system would be responsible for funding the operation thereafter.
10. The Clarence Unit currently provides 73 beds for vulnerable older adults being discharged from Portsmouth Hospitals NHS Trust. 48 of the beds being earmarked and available for patients who, at the point of being discharged, have returned a negative Covid-19 test, and a further 25 beds specifically designated for Covid-19 positive patients, with the appropriate infection control safeguards for staff and clients built into the ‘designated facility’ service which is sanctioned by the Care Quality Commission (CQC). Ordinarily, the Clarence Unit could function to a maximum 80 beds, split across 3 floors, if it were not for some of the necessary restrictions placed on it as a result of operating in a Covid-19 environment.

11. At times, in excess of 20 patients a week have been discharged from hospital and been admitted to the discharge to assess service. Typically, length of stay is around 25 days during which time assessment, recovery and rehabilitation takes place in order that the clients onward movement can be arranged in an orderly and optimum fashion. Outcomes for clients have been very positive to date with just less than 25% requiring an onward move to a long-term Residential and/or Nursing Care facility. Previously, the majority of patients exiting the hospital via what is known as 'Pathway 3' would have ended up with a long-term care home placement and they typically would have resided in hospital for between 5 and 10 days longer prior to their placement being actioned, than they do now under the slicker discharge to assess arrangement.

12. The challenge for the local system is to build on the success story of the past 8-9 months, look to secure the full staffing footprint and 80 bed operation (as Covid-19 recedes) and to be able to repurpose sufficient existing funding to allow the service to have a secure medium to longer-term future. Whilst the overall strategy for people leaving hospital is to push towards a home first of 95% (it is currently around 92%) it has to be acknowledged that bed-based arrangements do have their place and against the backdrop of an ageing population and steadily increasing levels of acuity/complexity for frail elderly people, often with multiple conditions, it is likely to be some time before facilities such as at the Clarence Unit can be scaled back. Add in the fact that step-up opportunities (an aid in terms of admission avoidance) for people struggling in their own homes and in need of focused recovery type support are all too scarce to non-existent, then securing the future of quality discharge to assess operations such as the Clarence Unit and other main centres in Hampshire is perhaps all the more important?

Contextual information

13. Hampshire County Council is a partner in the Portsmouth and South Eastern Hampshire (PSEH) Integrated Care Partnership (ICP) which comprises:

    - Fareham and Gosport Clinical Commissioning Group
    - Hampshire County Council
    - Portsmouth City Clinical Commissioning Group
    - Portsmouth City Council
    - Portsmouth Hospitals Trust
    - Solent NHS Trust
    - South Eastern Hampshire Clinical Commissioning Group
    - Southern Health NHS Foundation Trust.

14. The ICP continues to work collaboratively to plan, commission and operationally establish the required level of bedded and non-bedded capacity for all patients both during the different and on-going phases of Covid-19, winter and into the medium/longer term. Since March of 2020 and the first

wave of Covid-19 it has also been operating to new Government discharge guidance, policies and funding arrangements which are increasingly being orientated to a discharge to assess way of working that involves assessments being completed in community settings wherever possible, with the main emphasis on a 'home first' model and same day (safe) discharges for the majority of patients. It is recognised that the more complex, vulnerable older patients will not always be able to go home immediately upon discharge and the local system in concert with the rest of Hampshire and the Isle of Wight (this is replicated regionally and nationally) also provides bed-based capacity to help optimise discharge to assess way in practice.

15. As part of the overall planning responsibility and given the imperative to speed flow through the hospital system to protect capacity for anticipated Covid-19 demands, the ICP agreed last Spring to enter into a lease with an independent sector landlord to utilise a mothballed Nursing Home known as Woodcot Lodge in Gosport and to use the facility initially up to the end of the current financial year as a discharge to assess service operation for vulnerable and complex older adults who were deemed medically fit to leave the hospital but not fit or well enough to go home.

16. The Government discharge fund that has been in place for the entirety of this financial year, has covered the cost of what has been an improving and increasingly important operation for the ICP and for which some 280 patients leaving hospital have benefitted to date. One of the challenges for the system partners which is currently being tackled is how to repurpose existing business as usual resources to enable the service to continue not only for 2021/22 but at least for the medium term. The system is working hard to secure the necessary finances and to that end, discussions with the landlord regarding a minimum one year extension to the lease arrangements are also well advanced.

The Clarence Unit Operation 2020/21

17. At the point of writing this report (mid-February 2021) some 280 patients leaving Portsmouth Hospitals NHS Trust have benefitted from the Clarence discharge to assess service since its inception in early June last year. The operation at Clarence effectively began back then from scratch with staff recruited and/or sourced from agency arrangements to enable the ground floor of the 3 floor facility to begin operating on 6 June 2020.

18. Admissions to the site steadily built over the first two months of operation and successful outcomes were immediately being realised. Hospital flow for frail elderly patients (tested Covid-19 negative at the point of discharge) was improved, reducing delays and thus lost bed days and thus protecting important Acute hospital capacity. The Clarence operation enabled clients to be safely isolated for an initial 14 days upon admission but to steadily benefit from rehabilitation and therapy specialist support which resulted in an initial 60% or so to return to their own homes at the conclusion of a 21-28 day stay.

19. By the end of the summer, the first floor of the facility was 'stood up' which increased the available bed numbers from 24 to just above 50. Admission levels increased accordingly and pleasingly performance levels as described

above, were largely maintained. Recruitment continued over the immediate period in anticipation of opening the 2nd floor from early November so that the usual higher service demands of winter could be catered for.

20. Before the final floor was ready for operations, the Government introduced a new policy in respect of patients who were testing positive for Covid-19 at the point of hospital discharge. Namely they either needed to complete a full 14 day isolation period in hospital or that they could only be transferred to a care facility that acquired Designated Facility status from the CQC. These settings would be homes that could operate to the highest possible infection control standards and for which there was clear separation between 'hot' and 'cold' areas and staff within the settings. For clarity, anyone able to leave hospital and go home was not impacted by the new policy but in the case of Clarence, clearly we are describing frail elderly patients who required an onward bedded service for at least an interim period.

21. Clarence was put forward for and secured Designated Setting status at the beginning of November. This disrupted plans to open the final floor for Covid-19 negative patients and also impacted on the staffing arrangements and recruitment as a higher ratio of staff to clients work within a Designated Setting. Initially just 5 beds operated to the Designated Setting Policy but the higher requirements around infection control and separation meant that capacity for Covid-19 negative patients remained at the 50 bedded level.

22. Recruitment continued through November alongside the evolving Covid-19 situation and whilst the plan was to introduce more general beds to accommodate the higher winter demands, the explosion of Covid-19 cases across the South in December meant a further change of plan with the Designated Setting part of the facility increased from 5 beds to 25 beds to provide for the clear and obvious higher Covid-19 positive demands.

23. Up to this point some 153 clients had benefitted from the Clarence operation between June and early December with 86 (56%) able to return to their own homes after an average length of stay of around 25 days. Just 35 clients (23%) required to move to a long-term care home placement following their stay at Clarence.

24. Since early December, and as expected given the extreme challenges of the third wave of the virus, throughput to Clarence has been much higher, helping to demonstrate the value of such an operation at such a difficult time for all concerned. In the past 10 weeks or so a further 128 admissions have been accommodated and whilst performance in terms of outcomes for clients has dipped a little, this is not an unexpected result given the double issue of higher numbers of Covid-19 positive patients in what is anyway a very vulnerable client group, coupled with winter illnesses and the flu season.

25. In summary, the Clarence operation has been a significant addition to the PSEH infrastructure since its inception last June and resulted in no end of benefits for the Hospital, for system partners and importantly for patients/clients especially in terms of improved outcomes. A bullet point list of the key benefits derived from the Clarence operation is included below:

- Provides an opportunity to deliver an ICP system service for the benefit of Hampshire residents, managed by the County Council with local partners working together to contribute workforce resources

- A large single site where complex discharges, particularly for Pathway 3 (including some CHC D2A), can be placed into at pace whilst longer-term needs and transition plans are being established

- Discharge to Assess capacity for the most complex people and which has significantly (positively) impacted on Acute Trust performance and the wider system in terms of flow

- Addresses the pre Covid-19 system challenges of high Medically Fit for Discharge Numbers, associated delays and potentially poorer outcomes due to vulnerable people being in the wrong setting

- Ensures systems resources are not stretched across multiple D2A sites, as has happened in previous Winters, which results in more efficient use of resources from both a staffing and financial perspective. This also significantly reduces time needed to contact multiple providers and source individual placements

- Flexibility for other step-down cohorts as and when needed

- Stand-by surge capacity during the Covid-19 third wave and ability to set up part of the operation as a Designated Setting.

- Capacity for 14-day isolation beds during the Covid-19 period for those being discharged into care settings, where the home is unable to accommodate them initially, due to all the beds on the site being single rooms.

- Ability to manage both hot and cold cohorts due to the three floors and single room set up – links to the Designated Setting point above

- Consistent discharge model ensuring better outcomes for patients with a homogenous service offer

- Offers additional capacity as business as usual begins to be turned back on to ensure the ICP does not see a return to pre Covid-19 acute bed capacity and system flow issues

- Enables us to utilise a more medium-term staffing model which provides a more stable and consistent workforce

Looking Ahead to 2021/22 and Beyond

26. As outlined throughout this paper, there are multiple benefits of the Clarence operation for an ICP that has consistently high demand from its resident population. As also stated above, whilst Clarence was established in part to help secure a better position for the system during the first wave of Covid-19, it was also developed with one eye on the future given that D2A has been a long-held ambition for partners as the means to both improve flow and to improve patient/client outcomes for what is a challenging and very vulnerable client group.

27. As we look ahead, the immediate priority is to secure the Clarence operation for 2021/22 and work both to extend the lease for at least that period and to secure the necessary finances to fund the operation for the forthcoming financial year, save for the first 6 weeks which will be covered by the extended national discharge fund. Progress is being made in both areas and an outline business case is in preparation to be debated by PSEH Executives at their March meeting.

28. Staffing levels are good and given that funding for at least the first half of 2021/22 has already been found, recruitment is continuing in anticipation that the service will soon be confirmed at least for the medium-term. The County Council's property team also continue to operate on the site with the permission of the landlord to ensure that necessary building improvements are made which in turn protects the entirety of what in time, as Covid-19 recedes, will be a fully functioning 80 bedded discharge to assess unit.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document	Location
None	

IMPACT ASSESSMENTS:

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 under the Act;

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

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionally low.

2. Equalities Impact Assessment:

2.1 The services provided at the Clarence Unit, Woodcot Lodge are aimed at adults and older people (generally people 55+). These people are likely to have long term conditions and may have manageable dementia. The service will be a positive benefit to individuals who will be supported by dedicated nursing, care, therapy and social work staff to recover and recuperate following their hospital admission.

2.2 The multidisciplinary team will work with individuals, their carers and families to understand their on-going care needs and how they could be met after their 28 day stay, either returning to independence in their own home, receiving further reablement to increase their independence in the community at home, being supported by a package of care at home or a decision about a permanent care setting. By making this decision after a person has recovered from the acute phase of an illness, evidence suggests the outcome is more appropriate. Without these services, people may prematurely require other forms of permanent long term care such as residential or nursing care.

2.3 The County Council recognises that there is a requirement to ensure that ongoing care arrangements should enable people to maintain their relationships with their spouses, partners, wider family members and friends. Whilst they will be isolation during their stay virtual contact and other means of keeping in touch will be available.

2.4 A full EIA was published as part of developing the service last year EIA-Clarence-unit-woodcot-lodge.pdf (hants.gov.uk)

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	1 March 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	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
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.									
Andover Hospital Minor Injuries Unit	Temporary variation of opening hours due to staff absence and vacancies.	Living Well Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Last update Sept 2020 (invite West CCG to joint present with HHFT). Update spring 2021 deferred as no change to report.			**X?**		
North and Mid Hampshire Clinical Services Review **(SC)**	Management of change and emerging pattern of services across sites.	Starting Well Living Well Ageing Well Healthier Communities	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.	If any changes proposed, HASC to receive an update.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
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. update March 2020. Further update March 2021.	X				
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	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
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 Jan 2021. New inhouse beds to come onstream summer 2021. Update poss Sept?			**X?**		
Hampshire Together: Modernising our	To receive information about a new hospital	Starting Well Living Well	HH FT and Hampshire	Presented July 2020. Last update Nov 2020. Agreed					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
Hospitals and Health Infrastructure Programme	being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Ageing Well Healthier Communities Dying Well	CCGs	SC. 3 Dec Council established joint committee with SCC. Held first meeting 18 Dec. Next meeting tbc as start of consultation on hold to avoid pre-election period		x			
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	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well	Care Quality Commission	To await notification on inspection and contribute as necessary. Updates on hold during pandemic					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
Hampshire		Healthier Communities		(unless priority due to new report or poor outcome) PHT last report received Jan 2020, update March 2020. SHFT – latest full report and update March 2020. HHFT latest report April 2020 received Sept 2020. Solent – latest full report received April 2019, written update on minor improvement areas in November 2019. Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020. UHS FT inspected Spring 2019. Update					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
				provided July 2019. Further update March 2020.					
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	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
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 ?**		**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. Update 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	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
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	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
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**	**x**
Adults' Health and Care Covid 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 sector	First received July 2020. Updates to be received at each meeting until further notice	**x**	**x**	**x**	**x**	**x**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
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. To cover recovery once crisis period over	**x** inc birth centre update	**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. Update on review of approach due summer 2021. Performance item Jan 2021 deferred to March 2021.	**x**	**x**			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	1 Mar 2021	22 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022
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

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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

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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 disproportionally 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.