

Public Document Pack



NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Monday, 28th June, 2021 at 10.00 am
Place	Ashburton Hall - HCC
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 12)

To 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. PUBLIC HEALTH COVID-19 UPDATE

To receive a presentation from the Director of Public Health providing an update on the Covid-19 pandemic in Hampshire.

7. NHS HAMPSHIRE AND ISLE OF WIGHT COVID-19 UPDATE (Pages 13 - 40)

To receive a report from the Hampshire Clinical Commissioning Groups providing an update regarding the NHS response to the Covid-19 pandemic locally, including the progress of the vaccination programme and service recovery. Also included for information are written updates from the following Trusts:

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

8. ADULTS HEALTH AND CARE COVID-19 UPDATE

To receive a presentation providing an update on the actions of the Adults Health and Care Department in response to the Covid-19 pandemic.

9. HEALTH AND WELLBEING BOARD ANNUAL REPORT (Pages 41 - 72)

To receive the Annual Report of the Health and Wellbeing Board.

10. PROPOSED WORKING GROUP - PUBLIC HEALTH CONSULTATION (Pages 73 - 80)

To consider establishing a Working Group regarding the proposals being consulted on by Public Health.

11. PROPOSALS TO VARY SERVICES (Pages 81 - 100)

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

Items for Information

- Building Better Emergency Care Programme Update – Portsmouth Hospitals University Trust
- Repatriation of cancer services – Hampshire Hospitals NHS Foundation Trust
- Urology services proposed reconfiguration – Hampshire Hospitals NHS Foundation Trust

12. WORK PROGRAMME (Pages 101 - 114)

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

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

This page is intentionally left blank

Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held remotely via Microsoft Teams on
Monday, 1st March, 2021

Chairman:

* Councillor Roger Huxstep

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

*Present

Co-opted members

*Councillor Diane Andrews, Councillor Cynthia Garton, Councillor Julie Butler and Councillor Jonathan Canty

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.

256. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Harrison. Councillor Hiscock, as the Liberal Democrat standing deputy, was in attendance in his place.

257. DECLARATIONS OF INTEREST

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

No declarations were made.

258. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 11 January 2021 were confirmed as a correct record.

259. DEPUTATIONS

The Committee did not receive any deputations.

260. CHAIRMAN'S ANNOUNCEMENTS

Joint Committee on Hampshire Together

The Chairman reported that the second meeting of the Joint Scrutiny Committee looking at the Hampshire Together proposals had been scheduled for 8 March. The Committee would be considering further details of the options that were due to be put forward for public consultation at the end of May.

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

NHS 111 Performance

The Committee received a presentation from the Head of Integrated Urgent Care and NHS 111 Services at South Central Ambulance Service NHS Foundation Trust, regarding the performance of the NHS 111 service in the Hampshire area over the past year (see Item 6 in the Minute Book). It was noted that this item had been deferred from the previous meeting. Members heard that the 111 service had experienced an increase in demand during the pandemic and had recruited additional staff to respond to this.

Members asked questions for clarification and heard that:

- There was a separate call centre being used for booking covid vaccinations
- The local clinical assessment service includes mental health staff so that those ringing 111 with mental health issues could be appropriately assessed and referred on

RESOLVED:

That the Committee:

1. Note the briefing on NHS 111 performance.
2. Request a written only update later in the year.

CCG Merger Update

The Committee received a written update regarding the merger of a number of the Clinical Commissioning Groups covering the Hampshire and Isle of Wight area (see Item 6 in the Minute Book). The Chief Executive of the Hampshire and Isle of Wight Partnership of CCGs gave a verbal summary of the paper. It was

highlighted that the government had recently published a White Paper on health and care, regarding plans for further join up between health and care services in England. Consideration would need to be given to the implications of this locally.

Members commented on the proposed merger and expressed concern regarding wasting money on reorganisation, and wanting to ensure the new arrangements would retain the good work that had taken place at a local level.

RESOLVED:

That the Committee:

1. Note the update on the merger of Clinical Commissioning Groups in Hampshire.
2. Request an update in Autumn 2021 on the development of an Integrated Care System (ICS) for Hampshire and the Isle of Wight.

262. **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 latest position on covid 19 in Hampshire. It was noted that infection rates were starting to reduce and excess deaths were below the 5 year average that week.

Offering community testing of asymptomatic residents had commenced on 22 February to try to identify and encourage to isolate some of the estimated third of cases where people have the virus without symptoms. Surge testing had also been undertaken in the community of Bramley where a case of the South African variant had been identified. There had been a 90% return rate of tests put through doors in the area and the results were awaited.

It was highlighted that under the governments recently announced 'roadmap' people would potentially be able to hold gatherings of six people outside from 29 March and no earlier than 21 June social contact rules could be fully relaxed.

RESOLVED:

The Committee note the update.

263. **NHS HAMPSHIRE AND ISLE OF WIGHT COVID-19 UPDATE**

The Committee received a report from the Clinical Commissioning Groups providing an update on the impact to date of the pandemic and third wave of COVID-19 on the NHS in Hampshire and Isle of Wight and the COVID 19 vaccination programme (see Item 8 in the Minute Book). The Committee also noted that written updates had been provided by 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

The Hampshire and Isle of Wight COVID-19 Deputy Incident Commander gave a verbal update on the progress locally of the covid vaccination programme. It was reported that 93% of residents in the priority 1 category had been vaccinated. The current focus was the over 65s and those over 16 with long term conditions. Those with learning disabilities had been risk assessed as a priority group and specific clinics had been designed for this cohort along with the offer of home visits.

Members asked questions for clarification and learned that:

- It was hoped a vaccination site local to the population in Alton would be confirmed soon
- All those shielding due to being clinically vulnerable were due to be offered the vaccine by the end of March

Members expressed their thanks to the NHS and the volunteers involved for the success of the vaccination programme so far.

The Hampshire and Isle of Wight Covid-19 Clinical Medical Acute Lead and Interim Clinical Transformation Director gave a verbal update on the position, reporting that hospitals were now caring for around 400 covid patients compared to around 1,000 at the peak. More than 10% of those waiting for an operation had now been waiting over a year. It would be the priority for the next six months to address waiting times.

RESOLVED:

The Committee note the update.

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

The Committee received a presentation from the Director of Adults Health and Care (see Item 9 in the Minute Book) providing an update on the response to the pandemic by the Adults Health and Care department since the last meeting. Upper tier local authorities were responsible for coordinating support to the clinically extremely vulnerable and those shielding. It was reported that a further cohort had been identified as vulnerable nationally, with 30,000 in this category in Hampshire. The County Council had received details of 11,400 so far that would be approached to offer support and prioritised for vaccination.

It was reported that nearly all social care staff had been vaccinated by 15 February and carers were now able to get the vaccine. A recovery roadmap was being developed to establish next steps for services over the next 2 years.

Regarding care homes, it was noted that from 8 March residents would be able to nominate a loved one who could come for regular visits. Members asked questions for clarification and heard that visits still needed to be carefully managed once residents and their visitors were vaccinated as there remained a chance of transmission and immune response to the vaccination was variable.

The Chairman wanted to place on record on behalf of the committee thanks to county council staff for their efforts over the past year, noting that the Council would be acknowledging the anniversary of the start of the first lockdown on 23 March.

RESOLVED:

The Committee note the update.

265. PROPOSALS TO VARY SERVICES

At the start of this item, Councillor Jonathan Canty declared a pecuniary interest due to working for a charity that lobbies regarding orthopaedic services. He left the meeting while this item was discussed.

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

The Committee received a written update from Commissioners regarding Integrated Primary Care Access Services across Fareham, Gosport and south east Hampshire. It was noted that while electronic options had been developed in response to the pandemic, contact by phone would still be available for those that couldn't access the electronic option.

RESOLVED:

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

Hampshire Hospitals NHS Foundation Trust: Trauma & Orthopaedics Transformation update

The Committee received a written update from Hampshire Hospitals NHS Foundation Trust providing an update on the transformation of their trauma and orthopaedics services.

RESOLVED:

The Committee note the update and request a further update in early 2022.

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

The Committee received a written update from commissioners regarding the development of a health and wellbeing hub for the Whitehill and Bordon area.

RESOLVED:

The Committee note the update and request a further update in late 2021 if the situation has developed.

266. **HEALTH AND SOCIAL CARE SYSTEM RESILIENCE DURING COVID-19**

The Committee received a report of the Director of Adults' Health and Care regarding 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 (see Item 11 in the Minute Book).

Members heard that over 6,000 patients had been discharged from hospital during the pandemic under a new discharge model. This had resulted in 2% going to care homes as new entrants compared to around 20% of discharges pre pandemic. This was positive news for individuals, however it created an occupancy gap at care homes which often need to have high occupancy rates to maintain their viability. Under the new pathway the Clarence Unit had been established as 'step down' care for covid positive patients that no longer required acute care.

It was noted that while respite care had been reduced in the pandemic, it was still available to access if there was a risk of family breakdown. The Hampshire Safeguarding Adults Board had commissioned a review of the response to the pandemic. It was hoped this would report in April and an update could be provided to the next HASC meeting.

RESOLVED:

1. That the Health and Adult Social Care Select Committee support 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.
2. That the Health and Adult Social Care Select Committee note:
 - 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.

267. **CLARENCE UNIT, WOODCOT LODGE**

The Committee received 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 (see Item 12 in the Minute Book). This had enabled patients to be discharged from hospital within 24 to 48 hours of being determined medically fit,

to a service where they could be cared for pending arrangements being established for their onward care.

Length of stay at the Discharge to Assess service was typically around 25 days, and as a result of this service less than 25% went on to residential care. This model had been supported by government discharge funding, however there was a desire to fund this locally to enable it to continue. A report was being taken to the Executive Member for Adult Social Care and Health for a decision day on 16 March to secure funding for the 21/22 financial year, with further work required in the coming months to confirm a more permanent arrangement. It was noted that it was planned to provide a similar model of care covering other parts of Hampshire.

RESOLVED:

That the 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.
- the positive outcomes being achieved for vulnerable older adults by HCC Care at the Clarence Unit following discharge from Portsmouth Hospitals NHS Trust.
- the opportunities and challenges of sustaining the Clarence Unit Discharge to Assess service for the medium to long term.

268. **WORK PROGRAMME**

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

RESOLVED:

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

Chairman,

This page is intentionally left blank



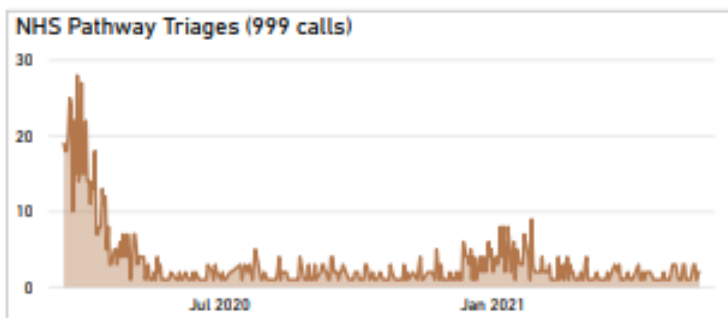
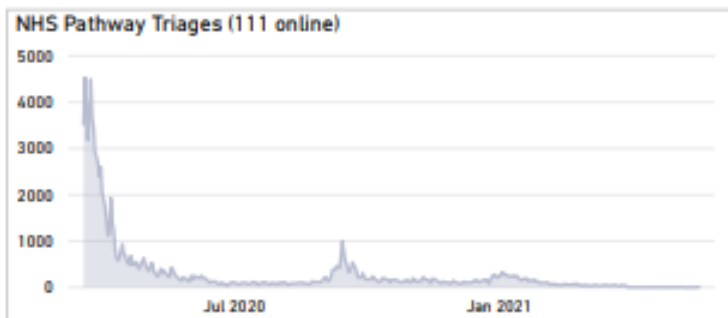
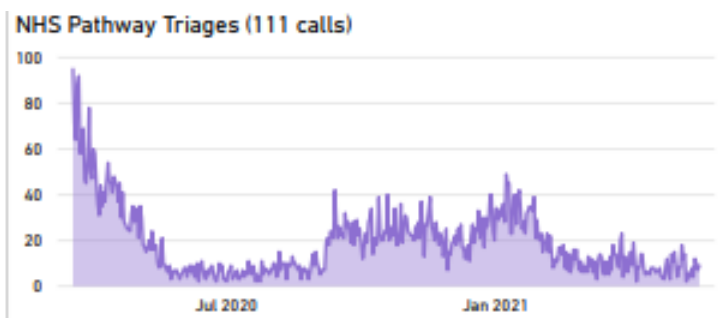
Hampshire and Isle of Wight NHS response to COVID-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels June 2021

1. Introduction

This paper provides an update on the impact to date of the pandemic on Hampshire and Isle of Wight and planning, the COVID-19 vaccination programme and recovery of services, including increases in planned activity.

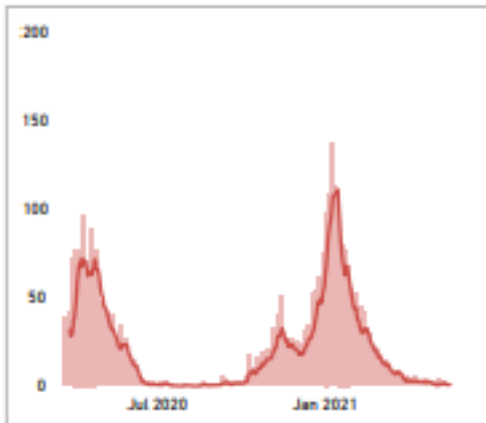
2. Impact of COVID-19 in Hampshire and the Isle of Wight

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

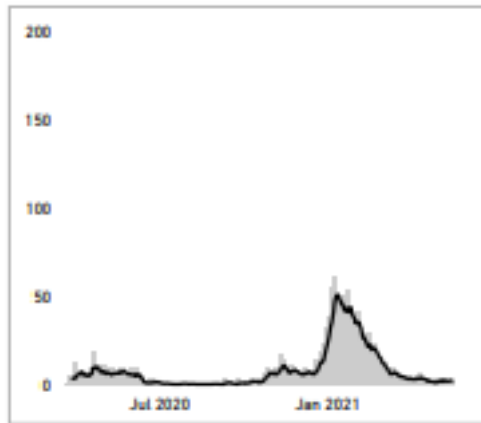


The following graphs show the number of inpatients diagnosed with COVID-19, the number admitted with COVID-19, the number admitted with suspected COVID-19 and the number of patients with COVID-19 discharged.

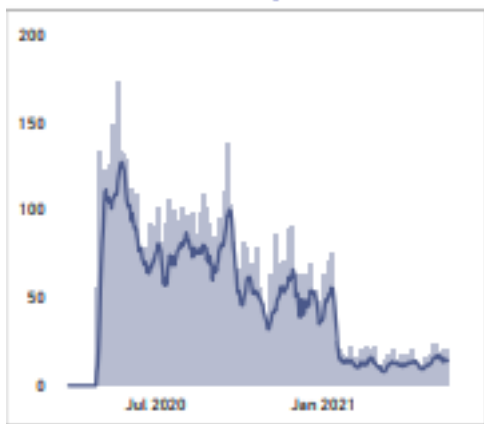
Inpatients Diagnosed with Covid-19



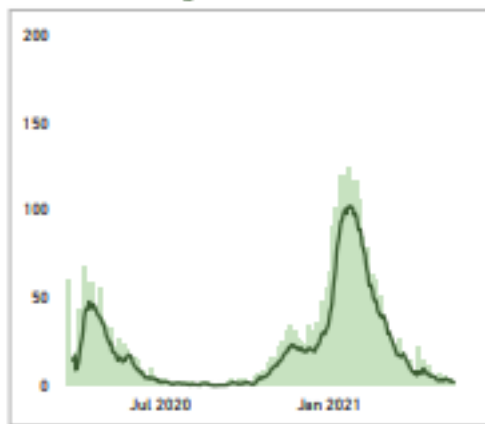
Patients Admitted with Covid-19



Patients Admitted with Suspected Covid-19



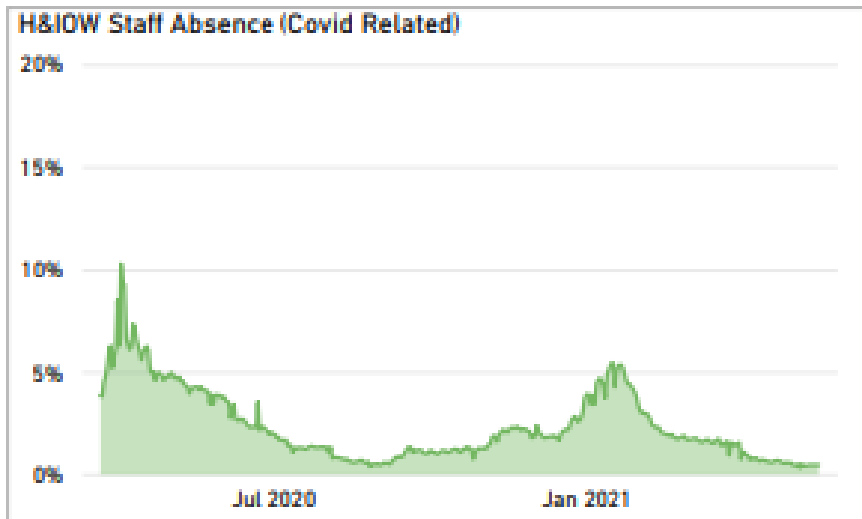
Covid-19 Discharges



The following graphs shows the staff sickness rate across Hampshire and the Isle of Wight including the sickness rate related to COVID-19. Staff absence is at 4.3% for Hampshire and the Isle of Wight overall, down from highs of 8.8%.

H&IOW Staff Absence





We continue to do all we can to ensure that we are supporting our staff. A wide range of support continues to be available, including mental health and wellbeing programmes and bespoke support for all staff groups.

Our primary care colleagues continue to do incredible work to respond to patient need, both COVID-19 and non-COVID related. This is against the backdrop of increasing demand, and while continuing to play a significant role in the delivery of the COVID-19 vaccination programme across Hampshire and the Isle of Wight. Face-to face appointments are available for those who need them, and primary care continues to provide access via telephone and online via eConsult where appropriate.

Our community mental health teams continue to work closely together to supported discharge services, early intervention services and keep our patients safe in the community under incredibly challenging circumstances.

Contingency plans outlined in the February report have allowed health and care systems across Hampshire and the Isle of to manage flows during the peak of infections earlier this year. The number of patients with COVID-19 being cared for in hospital reduced to very low levels by the end of March. As of 9 June there were less than 30 patients with COVID-19 being cared for across all four hospital sites in Hampshire and the Isle of Wight.

We continue to work closely with our health and care partners to respond to COVID-19 while also focusing on the continued recovery of services and local delivery of the vaccination programme. We are monitoring the situation closely and ensuring we are as prepared as possible for any potential future impact of the pandemic in our communities, including new variants.

Across Hampshire and the Isle of Wight we have seen a marked increased non-COVID-19 related demand for care. At present:

- NHS 111 and 999 calls with query COVID-19 symptoms remain comparatively low compared to peak activity during waves 1 and 2 of the pandemic, but 111 calls and 999 calls for non-COVID-19 activity have returned to pre-pandemic levels
- Emergency Department activity volumes made a recovery towards pre-COVID-19 levels in February, and in May and June have risen to peaks above “normal” levels – with some days in May being as busy as a normal January period
- Primary care is also exceptionally busy, with ongoing high patient demand and GP practices continue to GP practices continue to work hard to safely deliver care to the population

3. Recovery of services across Hampshire and the Isle of Wight

High levels of planned care have been maintained in the past months, despite a significant increase in patients with COVID-19 being cared for in hospital during the second peak of the pandemic. Recovered elective activity levels remain higher than the 70% national standard across Hampshire and the Isle of Wight and we are grateful to colleagues across the system for their incredible continued hard work:

- All four main hospital providers have made great progress in returning to “normal” activity levels
- The delivery of planned care is increasing week on week, with a marked step up in patients treated for outpatients and procedures in April and May. Around 95% of elective and 100% of day case activity (compared to 2019/20 baselines) is now being delivered
- MRI, CT, Colonoscopies and Gastro are all exceeding planned levels and national targets
- Cancer activity has returned to normal levels and we have the best performance across the country for cancer waiting times

A significant programme of investment is underway to sustainably transform mental health services over the next three years for the benefit of our communities, with a particular focus on children and young people.

We continue to work with partners to support implementation of innovative ways to reduce waiting lists wherever possible, while continuing to support on the health, wellbeing and recovery of individuals working across the system.

In response to the challenges presented by the pandemic to the elective care programme in Hampshire and the Isle of Wight, the health and care system continues to work in partnership to:

- innovate, share learning and work with patients to make best use of our existing planned care capacity. This work has included:
 - drawing on insight from national productivity and efficiency tools (such as Get It Right First Time) to maximise patient throughput of, for example, theatres
 - using digital approaches to benefit patient experience and reduce non-value adding activity for example virtual consultations, patient-initiated follow-up and digital pre-operative assessment
 - rolling out best practice pathways of care including the use of ‘advice and guidance’ to ensure patients are able to access the optimal outcome as rapidly as possible
- create additional capacity - in a co-ordinated and sustainable way that maximises the return on investment. This work has included:
 - accessing capacity in the Independent Sector, creating multi-organisational treatment hubs, and jointly negotiating with providers of capacity to get best value
 - accelerating the creation of a flexible workforce that will be able to support the hub development, administrative support to enhance take-up of independent sector capacity. The workforce element will enable us to build greater resilience into our delivery programme and build a more secure workforce for the future

NHS England and NHS Improvement has created a number of initiatives to support and incentivise the delivery of increased elective care following wave two of COVID-19 including the Elective Recovery Fund which is open to all systems nationally and invitations to increase community diagnostic capacity.

Last month NHS England and NHS Improvement announced that Hampshire and Isle of Wight Integrated Care System (ICS) had been successful in its bid for additional funding to tackle waiting lists and further reduce waiting times for planned care following a national competitive process.

Hampshire and the Isle of Wight is one of 12 ICSs that will receive the extra funding as part of the Accelerator Systems Programme. The £10m we will receive is welcomed and will assist with our plans to transform services, helping us ensure no patient waits any longer than they have to.

Patients with the most urgent clinical need and those experiencing the longest waits are being prioritised. Areas of the highest priority include dermatology, ear, nose and throat, ophthalmology, urology and orthopaedics and there will be a continued focus on further reducing health inequalities highlighted during the pandemic. We will continue to keep you fully updated as this work progresses.

4. COVID-19 Vaccination Programme

Strong progress continues to be made with local delivery of the COVID-19 vaccination programme. We are delighted to report that as of 17 June, latest published figures show that more than 2m vaccines have been delivered across the Hampshire and Isle of Wight Integrated Care System (ICS) footprint.

We continue to stand out across the South East region and we remain on track to ensure all adults across our system have been offered a first dose by 19 July.

Our highly successful partnership approach across the NHS and partners including local authorities, Hampshire Constabulary, Hampshire Fire and Rescue Service, social care, third sector, intelligence units, community leaders and more continues to be successful. We are extremely grateful to our colleagues, volunteers and partners who are supporting delivery of the programme in our communities. The continued success of the programme locally is testament to their incredible ongoing efforts, which are saving lives.

At the time of submitting this report, bookings are now open to people aged 18 and over and we continue to urge everyone eligible is urged to take up the offer of a vaccine as soon as they receive an invitation.

We continue to bring forward appointments for a second dose of the COVID-19 vaccine from 12 to eight weeks for anyone in the first nine priority groups who is yet to receive their second vaccination, in-line with guidance from the Government and Joint Committee on Vaccination and Immunisation (JCVI). People aged 40 and over can also now book to get their second jab from eight weeks after their first dose following the recent Government announcement.

Recent research shows that two doses of the vaccines are highly effective against the Delta variant of COVID-19, which is now making up the vast majority of cases. In addition to encouraging all adults to make an appointment to receive their first dose as soon as possible, we urge everyone eligible to remember to book their second dose to ensure they receive maximum protection from the virus.

Reducing inequalities

As the vaccination programme progresses at pace we continue to work in partnership to understand and tackle inequalities, addressing individual concerns and circumstances. Work is ongoing to identify communities and areas we need to focus on to increase uptake, taking into account demographics such as age, ethnicity and deprivation.

A significant amount of outreach work has been done to reduce barriers for people who may be less likely to take up the offer of a vaccine. We've seen some fantastic work in these areas, from pop-up

clinics to work with community leaders and support for some of the most vulnerable people in our communities.

Working with community leaders

Solent NHS Trust has worked with local community leaders and invited them to volunteer at their large vaccination centres. This includes Imam Muhammad Ali from the Medina Mosque who volunteered at the Oakley Road centre in Southampton. He has also been filmed encouraging others to take up their invitation to receive the vaccine.

Hosting pop-up clinics

Our success to date includes a number of pop-up clinics in community locations, working with local Primary Care Networks (PCNs) and Solent NHS Trust.

Hundreds of people have been vaccinated at clinics in places of worship, not only for the benefit of congregations but also the wider community. This includes the Jami Mosque in Portsmouth, a session run in partnership with the NHS, Portsmouth City Council and Portsmouth HIVE.

Pop-up clinics have been held in the Southampton city centre area, which is particularly diverse and includes a number of areas of deprivation. Throughout March and April clinics were held at Medina Mosque, Taqwar Mosque, Vedic Temple and the Gurwara Singh Sabha. A clinical held at the Mercy Revival Church was also very well attended

Community venues have also been considered and tested as a part of the pop-up clinic pilot. This includes the Heart of Portsmouth Boxing Club which held a pop-up clinic well attended by the local Sudanese community. Portsmouth has one of the largest Sudanese populations in England. We are continuing to evaluate these clinics and to date, our findings show positive feedback from those attending the clinics, increased accessibility to certain groups which suffer the health inequalities in society, improving relationships with the NHS, and wider benefits to community cohesion.

Reaching out to communities

Primary Care Networks (PCNs) have been directly contacting people in priority cohorts who had not yet responded to an invitation. By discussing any concerns one-to-one, it has been possible to subsequently book an appointment straightaway. Many PCNs have done this by phone, but also in innovative ways. For example, Southampton Central PCN has trialled door knocking exercises in St Mary's, Southampton, focusing on those in priority cohorts who have not yet had their vaccine. In Portsmouth, Brunel PCN has been running monthly bus rounds to find people to be vaccinated, and is holding sessions at local soup kitchens to support the homeless community.

Outreach work to our Gypsy Roma and traveller communities is underway to promote the vaccine and understand any barriers to uptake, such as not being registered with a GP. Hampshire County Council is running a successful voluntary Vaccination Champion scheme, in which individuals sign up and receive training from public health professionals to share up-to-date and trusted information with people in their communities about the COVID-19 vaccine. These volunteers are based from home and able to work whenever is most convenient.

Focused work on vulnerable groups

Processes have been put in place to support clients of sexual health and HIV clinics to be vaccinated, with appropriate confidentiality arrangements.

Clinics have been set up for people receiving support for substance misuse to be vaccinated in Eastleigh, Totton, New Milton, Fareham, Gosport, Havant, Aldershot, Basingstoke, Andover and Winchester. PCNs and homeless healthcare teams have worked with local authorities to ensure homeless people are vaccinated.

5. Recommendation

The Committee is asked to note this update briefing.

ENDS

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

REPORT

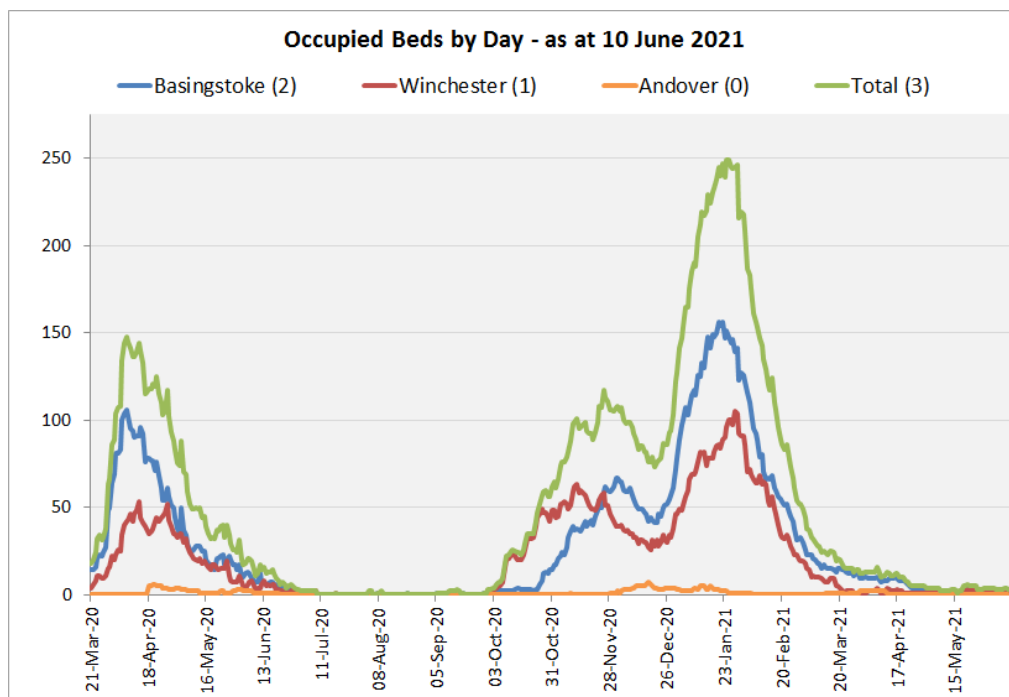
Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee		
Meeting Date:	28 June 2021		
Title:	Update from Hampshire Hospitals NHS Foundation Trust (HHFT) on the response to COVID-19		
Report From:	Julie Dawes, Chief Nurse and Deputy Chief Executive Officer Hampshire Hospitals NHS 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 and as of 10 June have treated 1771 COVID in-patients, 173 in critical care. Of the 1771, as of 10 June 1465 patients have been discharged and sadly 303 passed away.
- 2.4 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 second waves.



Data to: 10 June 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	1771	2383
Remain an in-patient on 10 June 2021	-	3	3
Requiring Critical Care	73	173	246
Discharged	450	1465	1915
Passed Away	162	303	465

Data to: 10 June 2021

- 2.5 During the second wave the demand for critical care beds was significantly higher than the first wave with a requirement that we increase our capacity 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: 10 June 2021

- 2.6 In addition to supporting patients from the local population we 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.
- 2.7 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 and on the Basingstoke site at the end of February 2021. The upgraded infrastructure ensures that the Trust has the capacity to manage any foreseeable future oxygen demands.
- 2.8 The demands of COVID-19 on our workforce have been significant and we are grateful for the 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. During the second wave we received additional support through the deployment of a team from Hampshire Fire and Rescue Service supporting with the turning and proning of critical care patients and, from MOD who provided 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 periods of high COVID-19 incidence elective activity, in line with national recommendations surgical activity was significantly curtailed to ensure that there was capacity to be able to be able to manage the surge in COVID-19 activity with available surgical capacity being focused on the highest priority cancer treatments.
- 3.2 In order to minimise the risk to patients and to maximise the capacity to treat patients on HHFT hospital sites, the Trust worked closely with independent sector hospitals, primarily BMI Hampshire Clinic (Basingstoke) and BMI Sarum Road (Winchester) throughout the first and second waves. 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 used Sarum Road for the delivery of chemotherapy treatment and used Hampshire Clinic for the delivery of diagnostic procedures including endoscopy.
- 3.3 Patients receiving chemotherapy represent one of groups of patients most susceptible to infection. At the start of COVID-19 it became clear that continuing to care for these patients from the existing locations within the main hospital footprint would represent an unacceptable risk and as such the service was relocated to the BMI Sarum Road hospital site. As the prevalence of COVID-19 reduced, chemotherapy services were repatriated to a centralised facility on the Basingstoke hospital site from the beginning of April 2021. The service is currently hosted in the

Firs building which does not require patients to enter the main hospital building. Work is on-going to repatriate services to Winchester.

- 3.4 Due to enhanced cleaning and decontamination measures required to ensure that it remained safe, endoscopy activity was significantly challenged. In order to maintain and increase the capacity a self-contained portable Vanguard endoscopy unit was deployed on the Basingstoke site between October 2020 and March 2021 as well as an increasing the number of available sessions on the Andover site.
- 3.5 In order to increase the ability to support the required volume of outpatient diagnostic activity a CT scanner was installed in Andover in November 2020, not only increasing the available capacity, but also offering a service closer to our patients on a hospital site with a lower risk associated with COVID-19.
- 3.6 One of the impacts of COVID-19 has been that the wait for less urgent elective procedures, particularly those waiting beyond 52 weeks has increased significantly over the last 15 months. The number of patients waiting more than 52 weeks peaked in March 2021 (3444 patients) but is now reducing (2271 as of 30 May 2021). The Trust is committed to ensuring that long waiting patients are offered treatment and are taking steps to increase the capacity to support elective activity.

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. Vaccinations were delivered during two periods between 4 January and 10 February 2021 for first vaccinations and from 22 March to 5 May 2021 predominantly for second vaccinations.

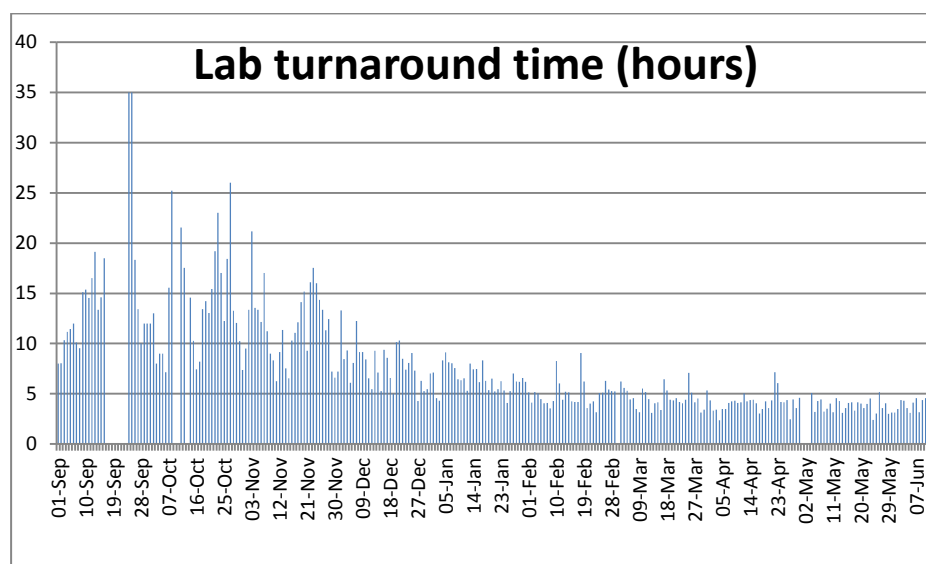
Whilst the vaccination centres are currently stood down (with the emphasis on community vaccination sites) it is anticipated that they may be required to reopen should a booster programme be indicated for the Autumn.

Number of 1st Vaccines Doses Administered	12448 4 January-13 April 2021
Maximum Daily Doses Administered	11910 22 March-5 May 2021
Proportion of Hampshire Hospitals Staff Vaccinated	90.9%

Data to: 5 May 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 10 June 2021, the Trusts Microbiology team have undertaken 92,082 COVID-19 tests of patients, staff and on behalf of partners. COVID-19 has been detected on 4446 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 well under five hours.



Data to: 10 June 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 LAMP Saliva Testing.

As of 6 June, 12,789 kits (of 25 tests) have been distributed to staff with 161 positive cases identified.

- 4.5 Following successful trials into the use of saliva to detect COVID-19 in asymptomatic individuals the Trust has worked with the Department of Health and Social Care to 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 all staff being encouraged to undertake one saliva test and one LFT test each week. As of 6 June, 10,209 saliva tests have been undertaken.

- 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.

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.

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 changed higher risk staff were either redeployed to lower risk activities or worked from home.

- 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 service 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 the Thrive programme including a wellbeing hub to help 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.

Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee
Meeting date:	June 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 the recovery of elective services after the second wave of COVID-19.

2. Current State

2.1 Since the last update to HASC in March 2021, cases of COVID-19 both locally and nationally have decreased significantly. However, this trend has now plateaued, with infections locally beginning to show a rise.

2.2 The new Delta variant is increasingly prevalent locally. While early indications suggest a reasonable level of efficacy after two doses of the vaccine, there remains a significant risk around the unvaccinated population and those who have had one dose. Weekly case rates have started to increase:



2.3 At the time of writing (15/06) UHS has 2 COVID positive patients in General and Acute beds and 1 in intensive care. This is a significant reduction from the mid-January peak of over 300 COVID positive patients. However, numbers are likely to start to trend upwards.

2.4 UHS has seen a significant increase in emergency department attendances and non-elective demand, seeing 103% of May 2019's demand in May 2021.

2.5 UHS continued to run a full elective programme. In May 2021 104% of May 2019's elective activity was carried out. This number is forecast to increase in further June and July.

2.6 UHS has detailed plans to scale up both Level 1 COVID positive beds and also ICU and HDU beds should there be a need. However, at a point this will begin to affect the elective programme.

2.7 Staff wellbeing remains a priority, with leave being encouraged and other support offered.

2.8 Two additional theatres are forecast to come on line at the end of June 2021.

2.9 Waiting lists remain above pre-pandemic levels, with 3,000 patients waiting over 52 weeks.

Conclusion

4.1 While COVID-19 demand is currently reduced, there remains a significant risk of a further wave. This is likely to be driven by the higher infectiousness of the Delta variant.

4.2 Robust plans are in place to manage a potential 3rd wave. However, at a point an expansion in critical care beds will necessitate a reduction in elective surgery.

**Hampshire Health and Adult Social Care Committee
Portsmouth Hospitals University NHS Trust update
June 2021**

Trust response to COVID-19

1. Introduction

This paper provides a brief update on our continued response to the COVID-19 pandemic and recovering our services following the most recent wave of coronavirus.

As of 11 June 2021, local prevalence of COVID-19 has stabilised, though cases may be expected to rise as restrictions are eased across the country. Although the national vaccination programme is progressing at pace, we remain vigilant – especially to the threat of new variants.

Our associated infection prevention and control measures remain in place, including the wearing of PPE such as masks, appropriate social distancing and regular testing for both staff and patients. Updated guidance for visitors balances the need to provide compassionate care carefully with the measures required to keep patients and colleagues safe.

2. Vaccination and vaccine research

On 7 May, we vaccinated our last individual at the Oasis Centre at PHU, which had been transformed into our vaccination hub since December 2020 and enabled us to vaccinate thousands of staff and local people.

Portsmouth Research Hub, part of Portsmouth Hospitals University NHS Trust is one of the sites running the Cov-Boost trial to see which of the existing vaccines could be used in a future vaccination booster programme. The study, being led by University Hospitals Southampton, will give experts behind the UK's COVID-19 vaccination programme a better idea of how effective a third booster of each vaccine is, in protecting an individual from the virus. Recruiting for this trial is currently active and we are encouraging residents in Portsmouth who have already received both doses of the vaccine to take part.

3. Recovering elective services

We are seeking to manage increases in planned activity in order to recover our services and return to normal non-elective activity, as well as planning for potential further impact of COVID-19, while embedding transformation to sustain improvements for the long term.

National planning guidance has been published with a focus on the first six months of 2021/22. This guidance is largely focused on supporting the recovery of services affected during the last wave, and is broken down into the following areas of priority:

- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS vaccination programme and continuing to meet the needs of patients with COVID-19

- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

An elective recovery fund has been established as part of the national planning guidance to support services recovery by attaining set national thresholds compared to 2019/20 levels. We are currently planning to exceed the described thresholds

It will take a considerable amount of time to fully recover to pre-pandemic waiting times for patients, however we are assessing patients' clinical needs to ensure those requiring the most urgent care, including cancer services, receive it as quickly and safely as possible. We continue encouraging people to contact their GP practice with any concerns around their health.

We continued providing urgent and cancer treatments throughout the pandemic as we understand the impact delay could have had on patient care and outcomes. The volume of elective activity in April and May was strong against national targets to access the Elective Recovery Fund.

We continue to work closely with our partners across Hampshire and the Isle of Wight to respond to the COVID-19 pandemic. In addition to the elective recovery fund, £160 million of NHS funding was announced earlier in May to support 'elective accelerator' sites. A share of that funding has been secured for Hampshire and Isle of Wight ICS to support the implementation and evaluation of innovative ways to address elective recovery for the benefit of our patients and population.

We have seen an increase in patients attending the Emergency Department at QA over the last six weeks and continue encouraging and educating patients to make the right decision in terms of where they attend to receive treatment or support, in order to aid social distancing in the ED.

This includes the NHS 111 service where patients are advised to contact 111 either by phone or online before attending ED, unless it is a life-threatening emergency, so they can be directed to the right service at the right time. NHS 111 is also able to book patients in for a time slot at the ED or direct them to mental health services, urgent treatment centre, minor injuries unit, GP practice, pharmacy or self-care.

Briefing note:

Southern Health's response to coronavirus epidemic: update 7

Introduction

As a result of the coronavirus pandemic, 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 always 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

A hugely successful vaccination programme, coupled with the 'hands, face, space' and lockdown measures we have all been following in past months, appear to be winning the battle against coronavirus in the UK. However, worldwide there is still much cause for concern and, with a growing number of variants now affecting parts of our country, now is not the time for complacency. We know that people with COVID-19 can have very mild symptoms or none at all, transmitting the virus to others without being aware of it - and so Southern Health, along with other NHS Trusts, will continue doing things differently than we did prior to the pandemic for some time to come.

With this in mind, Southern Health's IPC (infection prevention and control) team introduced a 'road-map' back in April that mimics the Government's timescales to lifting restrictions on social activities. It includes guidance on:

- patient and staff meetings
- visiting loved ones in hospital
- inpatient activities and communal dining within our units.

The purpose was to help build clarity for our staff and patients around restrictions and show what the Trust will be working towards. It is important to remember that although restrictions may be lifting for the public in the near future, restrictions are planned to remain in place within healthcare for the foreseeable future (past 21 June) – such as social distancing, room ventilation and the use of masks and PPE.

Below are some of the road-map graphics we produced as quick reference guides for the planned changes:





OUR VALUES



Face to face patient meetings







The dates below are a guideline and subject to change. You will be informed when we move to the next step.

 <p>29 March (earliest)</p> <ul style="list-style-type: none"> Virtual meetings unless significant clinical benefit from face to face. 	 <p>12 April (earliest)</p> <ul style="list-style-type: none"> Virtual meetings unless significant clinical benefit from face to face (or low incidence). 	 <p>17 May (earliest)</p> <ul style="list-style-type: none"> Face to face meetings of max. 6 people with social distancing and all other IPC measures. 	 <p>21 June (earliest)</p> <ul style="list-style-type: none"> Face to face meetings usual. COVID secure rules apply still.
---	--	---	--

Visiting



The dates below are a guideline and subject to change. You will be informed when we move to the next step.

 <p>29 March (earliest)</p> <ul style="list-style-type: none"> Allow 1 visitor from same household per patient. For 'End of Life' patients allow max 4 visitors per day (number of visitors at once is at discretion of nurse in charge). 	 <p>12 April (earliest)</p> <ul style="list-style-type: none"> Allow 2 visitor per patient daily and End of Life as per Step 1. 	 <p>17 May (earliest)</p> <ul style="list-style-type: none"> Visiting up to 2 households (or 6 people). End of Life as per Step 1. COVID secure rules apply still. 	 <p>21 June (earliest)</p> <ul style="list-style-type: none"> Visiting limit removed. COVID secure rules apply still.
--	--	---	---

As you can see from this road-map, face to face patient appointments and hospital visiting should both largely return to pre-pandemic status by the end of June*, albeit with IPC measures in place to continue to protect staff and patients alike.

* This could be subject to change, based on the latest Government and scientific advice.

Workforce

As a result of the vaccination roll-out, we have been able to administer the first COVID-19 vaccine to 90% of our 6000+ eligible workforce and 76% of our staff have had their second dose too (as of 3 June 2021). We also continue to test our frontline staff on a regular basis to protect both them and our patients.

To support our frontline teams, we stepped up our health and wellbeing initiatives for our hard-working staff and continued to undertake additional recruitment activity. Indeed, despite COVID-19 challenges, we have not just maintained but increased our workforce numbers.

An additional 470 staff have been employed in the Trust in the last two years including 98.85 FTE (full time equivalent) nurses, 50.4 FTE doctors and 125.94 FTE health care support workers. Additionally, staff turnover (excluding fixed term contracts) has reduced by 25% over the past two years from 16.2% in April 2019 to 12.1% in March 2021.

We have also adapted our recruitment model in response to COVID-19 and have further reduced the time from advert to start date from 12.08 weeks (March 2020) to 10.28 weeks (March 2021). These recent changes have complemented a programme of work that began in August 2018 when the average time (for new recruits to start with the Trust after an advert had been placed) was 14.78 weeks.

In addition

Two of our staff have been involved in articles written about the coronavirus pandemic.

There is a [unique blog from Jacky Hunt](#), our Lead Nurse for Infection Prevention and Control, reflecting on key moments and emotions from the past year as she helped to manage the spread of COVID-19 and keep patients and staff safe.

Additionally, Nursing Times published an article written jointly by Mencap and Becky Sparks, one of the Trust's Strategic Health Facilitators and a Registered Learning Disability Nurse. The article was about supporting people with learning disabilities to get the COVID-19 vaccine, and can be read [here](#).

Service Changes

Most of our services have returned, or are returning, to 'business as usual' after the second, more severe wave of the pandemic in early 2021. However there are a number of pressures that remain to be managed. These include the backlog of routine care appointments, the impact of isolation and stress on the local population's longer term mental health (and the impact of this on our services), and of course the welfare of our staff who have been working longer and harder than ever before.

The following bullet points set out the work we are undertaking in this context:

- A review of patient caseloads is already underway.
- We are also reviewing all the work that we stopped doing during the first and second wave of the pandemic - and what the impact of that was.
- We are evaluating service changes from a patient and quality impact perspective (this includes looking at positive digital innovations we've introduced since the pandemic started).
- We have been recommencing services using a clinically led risk based approach.
- We plan to increase capacity in mental health services, to manage the impact of social isolation and post Covid19 patients, including suicide risk.
- We continue to develop our care home response and our offer to primary care networks as part of a 'single team' approach and in relation to integrated intermediate care plans.

- We are continuing to support system analysis and modelling as well as internal demand and capacity modelling – particularly on unmet need and any post lockdown surge.
- We have put into place longer term support for our staff’s health and wellbeing.

When?

Service changes earlier this year took place with immediate effect and these were communicated to our overview and scrutiny committees (over the January to March period). As we now experience the second recovery phase, we are keeping you updated of the measures we are taking to safely restore services. This has been (and will continue to be) a gradual, service-by-service process as teams undertake localised risk assessments and patient engagement to step up services.

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 future changes, as we focus on the second recovery phase of our Covid19 response.

We have also been working with our local teams to encourage them to share any necessary service adaptations and/or return to ‘business as usual’ with patients and carers as quickly as possible and to offer support and guidance.

Additionally, the Trust’s communications team continues 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.

Additional Updates from Southern Health

Although unrelated to our COVID-19 update for HASC, we thought the committee would be interested to note several additional short updates from Southern Health:

Southern Health appoints new Medical Director

We are delighted to announce that we have recently appointed Dr Steve Tomkins as our new Medical Director.

Steve, who joined the Trust last month, began his career as a GP in Christchurch before acquiring significant experience in clinical leadership roles in the Dorset healthcare system. Most recently he was the Medical Director for Dorset Healthcare, a neighbouring and fellow mental health and community Trust, where he helped the organisation achieve its ‘outstanding’ CQC rating.

Steve is a huge advocate of self-care - wherever possible enabling people to take control of their own health, building the skills necessary to live their healthiest lives - and he was instrumental in helping to set up the first self-care team in the UK. He has also taken a key role in enhancing access to mental health support, including

through Retreats, a 24/7 phone line and increased mental health expertise in primary care. During his career, Steve has held various roles at Dorset CCG including Chair of primary care locality and Lead for workforce, education and integration. He is also a Programme Director at Wessex Deanery and used to work as an educator, helping doctors become GPs.

Review of Southern Health concluded

In February last year, NHS Improvement published an investigation report after Nigel Pascoe QC independently reviewed the historical cases of four people who died in Southern Health's care between 2012 and 2015. The report recommended a second stage process to look at how the Trust has improved in the intervening years and the further developments that we are planning to make.

This second stage took the form of a series of virtual public hearings which were held in March and April. The hearings focused on where the Trust is today in relation to key themes identified in the Terms of Reference (outlined [here](#)). Staff from our Trust provided evidence and responded to questions from a panel of experts. Patients and carers were also invited to share their experiences of care at Southern Health. Following the conclusion of these hearings in late April, a final report is now being produced by the panel. It is expected to be published in late July and will be shared on our website.

An update on our mental health wards

A number of refurbishments are underway across our estate, to replace dormitory provision with more en-suite accommodation for greater privacy and a more therapeutic environment. On Poppy Ward (at Gosport War Memorial Hospital) these refurbishments will be completed by mid-June and at Parklands they are set to finish by the end of July. The next phase of refurbishments at Gosport War Memorial Hospital (on Rose Ward) are likely to be complete by September this year.

In addition to this refurbishment work, we also briefed the Committee in January 2021 on our ambitious plans to create additional mental health beds across Hampshire:

- A new 10-bed female psychiatric intensive care unit (PICU) at Antelope House in Southampton, called Abbey Ward.
- A new 18-bed female acute mental health ward at Parklands Hospital in Basingstoke. (As the new ward will be female only, Parklands' current acute ward - known as Hawthorns 2 - will become a male only ward, allowing us to comply with national guidelines on single sex wards).

In terms of a progress update on both wards, building work has now started at Parklands Hospital and the ward is set to open in August this year. At Antelope House, phased building work has also now started, with phase one – to add another bedroom to the existing PICU – complete. The first part of phase two - to relocate the existing 136 suite in order for works to begin on the new first floor Abbey Ward – is set to start this month. As a result, it is anticipated that the female PICU will open towards the end of 2021. For both new wards, members of the HASC will be invited to the opening to tour the new mental health facilities.

Ends

This page is intentionally left blank

Service recovery

- All services in recovery mode to a varying degree.
- An increase in referrals in some areas, particularly significant in Children's services such as child protection, safeguarding and neurodevelopment/disability.
- No services are back to pre-pandemic capacity. Infection Prevention & Control restrictions mean service capacity is reduced by between 25% - 60%**
 - Due to 'donning & doffing' PPE, additional cleaning regimes between patients and social distancing requirements
 - ***60% reduction is for dental services where reliance on theatre availability and the requirement for 'fallow time' depending on the number of air exchanges in theatre at each site*
- Waiting Lists / Backlog levels vary across services, mitigation in place to minimise the impact however the reduction in service delivery over the pandemic has made this unavoidable

Examples of mitigating actions to minimise risk of harm

- Initial triage of new referrals to assess priority; pooled, 'whole service' waiting lists to ensure prioritisation based on clinical need rather than capacity by location. Urgent cases prioritised.
- Regular & ongoing review of waiting lists; patients able to make contact in the event of deterioration of their symptoms; allowing active review & reprioritisation of their risk where appropriate
- Continued use of technology to support patient care, telephone and video consultations alongside face to face, appropriate approach decided according to clinical need. Support for patient self care options where appropriate
- Partnership working; sharing resources with partner organisations to support patient care. i.e. some very urgent dental cases seen via emergency lists by Maxillofacial surgery at PHU/UHS
- Targeted areas of focus to flex resources and maximise capacity. 'blitz clinics'.
- Use of additional hours from existing staff to increase capacity, while also balancing with wellbeing of staff after a challenging year.

Vaccination programme

- Continue to be the lead provider for large-scale vaccination centres across Hampshire and Isle of Wight, including at Basingstoke Fire Station, Oakley Road in Southampton, St James' Hospital in Portsmouth and The Riverside Centre on the Isle of Wight.
- We are working in partnership with other health organisations, Hampshire and Isle of Wight Fire and Rescue, the Armed Forces and volunteer organisations to vaccinate people in line with the government cohorts.
- During May and June, the large-scale centres in Southampton, Portsmouth and Basingstoke each celebrated giving their 100,000th vaccination.
- We are also supporting outreach work, running pop-up clinics within community locations to make it even easier for people to get vaccinated. Clinics have been held at local places of worship, in community centres and on cruise ships. These have been really well received and we have reached people who may not have otherwise been vaccinated.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	28 June 2021
Title:	Health and Wellbeing Board Annual Report
Report From:	Simon Bryant, Director of Public Health

Contact name: Sumaiya Hassan

Tel: 0370 779 4072

Email: sumaiya.hassan@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 progress of ongoing work to support the delivery of the Joint Health and Wellbeing Strategy within the limitations of the Covid-19 impact.

Recommendations

That the Health and Adult Social Care Select Committee:

2. Note the update, progress, and upcoming priorities of the Health and Wellbeing Board's work.
3. Note the annual report that has been signed off by the Chairman of the Health and Wellbeing Board.
4. Submit any queries or comments in writing for responses.

Executive Summary

5. The Health and Wellbeing Board's recent focus has been on health inequalities and risks under the continuing impact of Covid-19. In addition to the Covid-19 response, challenges, and recovery plans in place across themes, often interconnected, Board Sponsors have continued to strive to deliver the Strategy as outlined in the Business Plan with critical measures in place and monitoring against metrics. A visual summary is also attached.

Contextual Information

6. As a follow up to the Health and Wellbeing Board business plan, this report outlines key issues and developments, Covid impact and mitigations, coproduction and collaboration progress against metric, and upcoming priorities within each theme of the Strategy.

Performance Review by Theme

Strategic Leadership, Simon Bryant

7. The strategic leadership of the Board has developed considerably in the last year with the Director of Public Health taking on the leadership theme of the Board.

Key Developments

8. There have been several significant changes to the Board over the course of the year. With the implementation of virtual meetings, due to the impact of COVID-19, attendance at Board meetings has been excellent allowing Members, often under pressure due to their roles, to easily join in without the usual travel requirements. All new and Deputy Members were invited to attend a meeting to learn more about how the Board operates and with further engagement planned. This will support stability of the membership. The Board is evolving to being more proactive and action oriented.
9. All Board Sponsors have taken on leadership for their themes in driving priorities forward, identifying and reviewing performance metrics. Wider joint planning has been implemented and feedback and insight engagement from all Members considered for forward planning. Co-production is now included in the Board report template to ensure it is an area of review for all business items coming to the Board. A Board Survey was recently conducted and responses being collated and reviewed to determine the direction of travel for the Board. Communication, action, accountability, and public engagement will be ongoing priorities going forwards. Key themes the Members of the Board have worked on are set out in this paper.

Joint Strategic Needs Assessment (JSNA)

10. JSNA work has currently been paused due to the COVID-19 intelligence commitments it is hoped that over the next few months a JSNA work programme will be developed.
11. Post COVID our population health needs have undoubtedly shifted and the long-term health and social care impact of COVID and what this means for our residents has to be considered. Therefore, to inform the JSNA work programme, a COVID health impact assessment will be undertaken to look at the impact to date, what we know happened across our area (time, place, person), what the evidence suggests and what that means for our population. This will be scoped fully and will inform more detailed JSNAs. Of course, underpinning all of this will be the JSNA demography section.
12. With the completion of Census 2021 and preliminary data, hopefully available end 2021, this will enable refreshes of many datasets and indices such as social isolation, mental wellbeing tool and so again, these need to be considered.

Inequalities

13. The COVID-19 pandemic has highlighted the urgent and continuing need to tackle health inequalities. Following a successful workshop on inequalities the strategic group focusing on this work has been refreshed with an organisational development workshop in Spring 2021. Refreshed Terms of Reference to ensure strategic and engaged Board membership with reach across all key organisational stakeholders.
14. The NHS Long Term Plan remains a guiding document in the agenda setting for prevention activities overseen by the board all of which play a critical contributing role to improving health outcomes for all. Strong collaboration between Public Health and NHS partners in response to the NHS Phase 3 return focusing on inequalities and the need to understand how restoration of services can be done in a way that reduces inequalities.
15. Evaluation of Prevention and Inequalities as a result of COVID-19 presented to the Health and Wellbeing Board highlighted the impacts of the pandemic on inequalities in health.
16. Heightened public awareness of COVID-19 and the risk factors associated with it likely contributed to increased impact of some prevention work streams such as the QUIT4COVID initiative which was a collaboration between primary care and public health and saw hundreds of individuals contact the quit smoking services.
17. The system wide work on preventing cardiovascular disease is accelerating at pace following close collaboration between primary care and prevention leadership colleagues and with cardiovascular disease accounting for a quarter of the gap in life expectancy between richest and poorest, provides an exciting opportunity to close this gap locally.
18. Two key action research projects from the previous year's plan were successfully completed and will guide an evidence-based approach to improving delivery of brief intervention to reduce excess alcohol consumption and optimize uptake of physical health checks for individuals with Serious Mental Illness (SMI) in primary care respectively.

Climate Change

19. The County Council has developed a significant work programme (2020-2025) to deliver commitments in the [Climate Change Strategic Framework](#). This framework details the response to the Climate Emergency through the two priority areas - carbon mitigation and resilience to climate change. The work programme sets out significant areas for action over the next five years, an important component of which is joint working across organisational boundaries. For example, the Greening Campaign which offers a blueprint for community groups to develop community engagement, community sustainability and adaptation to climate change and the recently established Climate Change Expert Stakeholder Forum. A priority for the next phase of strategic leadership on climate change is coalescing local authority and NHS action and addressing priorities for environmental sustainability set out in the NHS Long Term Plan through new Integrated Care System structures.

Planning and Local Developments

20. There continues to be public health input to consultation responses to local plans and relevant planning applications. We are also continuing to work together to develop local evidence/background documents for planning policy and providing updates to Hampshire and Isle of Wight Planning Officers Group (HIPOG) with aim of increasing visibility and collaboration. Attendance by public health at Hart's Garden Community workshops to support the community and wellbeing themes.
21. Spatial Planning and Air Quality workshop will be held in March. The aim of the workshop is to tackle barriers to improving air quality in Hampshire and begin to develop local policy to support air quality improvements through spatial planning. It will be facilitated by the Town and Country Planning Association (TCPA) and will be attended by planning officers, environmental health officers, Public Health England and individuals from Hampshire Public Health and Environment, Transport and Economy teams. The workshop will be opened by Cllr Judith Grajewski, Executive Member for Public Health.

Starting Well, Steve Crocker

Key Issues and Developments

22. Over the course of 2020/21, the Hampshire and Isle of Wight Partnership of CCGs has confirmed a series of investments to increase the capacity and responsiveness of children and young people's mental health services across Hampshire.
23. From 21/22, a standard funding model will be implemented for children eligible for Continuing Care which will improve the experience for children and families, free up staff time for more direct work and facilitate better partnership working relationships.

Covid Impact and Mitigations

24. Covid-19, and the associated lockdowns and restrictions upon the everyday lives of children, young people and families has had significant with generally negative impacts upon the mental health and emotional wellbeing of children and young people. It is too early to reliably predict the full impact that this disruption will have had upon the mental health. After an initial dip from March to May 2020, presentations of serious self-harm (requiring hospital treatment) quickly rose to levels not previously seen. Referrals into specialist CAMHS have also risen significantly against previous years.
25. The shift from face to face appointments to digital service delivery for most was delivered quickly, and Hampshire CAMHS services never stopped either seeing patients or receiving referrals; but there are limits to what digital innovation has been able to support. There has also been a push to increase the take-up of digital solutions such as Think Ninja, though it is not clear that this significantly reduced demand for mental health services. The Healthier Together digital platform continues to provide access to a range of digital services, and there have been improvements in the collaboration of CAMHS services with the NHS111 Mental Health Triage service which can provide

24/7 mental health support to children and young people suffering from mental health problems.

26. In terms of targeted support for mental health in schools, Covid has significantly impacted upon the development of mental health support in schools via both Mental Health Support Teams (MHSTs) and the roll-out of the Link Programme. The wider challenges for schools of supporting both face to face learning in school for some children whilst delivering home based learning has been extremely challenging for schools to maintain. Both have made it hard for as many schools to release personnel to participate in the delivery of the Link Programme as was originally intended. Commissioners are currently working with NHS England to inform the next six waves of MHSTs in Hampshire, which should result in more teams over the next three years.
27. Covid has clearly been a challenge for many of the families social care teams work with, exacerbating and magnifying existing issues. For some families their situation, affected by Covid, have brought them to the attention of Children's Social Care thus increasing demand at level 4 at points in time. Where face to face visiting is restricted staff have responded by delivering their interventions virtually through a range of creative virtual tools and resources, thus they have maintained engagement and contact with children, young people and parents. Learning sessions delivered by the CAMHS and Substance Misuse workers have significantly benefitted from being accessed on a virtual platform with demonstrable increases in attendance numbers.

Coproduction and Collaboration

28. A joint commissioning strategy has been developed and agreed by the Joint Commissioning Board to ensure that planning and delivery of services is done in a holistic, joined up way. It is a means for the different partners commissioning education, health and care provision to deliver positive outcomes for children and young people. The Strategy sets out the joint commissioning priorities for Health, Public Health and Social Care to deliver better outcomes for children, young people and their families in Hampshire and the Isle of Wight (IoW).
29. CAMHS and substance misuse workers have had their posts extended. The roles are co-located in social care delivering interventions to 'priority cohort' families, working with partners to embed a whole family approach to meet the needs of both children and parents thereby improving safeguarding and outcomes for the whole family.

Progress Against Metrics

30. Updated metrics are shown in the table below where they are available, it has not been possible to provide updates in all areas due to delays in national reporting and the impact of COVID-19 restrictions with school closures and low response rates.

31. A summary of available updated metrics is provided in the table below.

Theme & Aim	Update
<p>Increase mental health support in schools</p> <p>Waves 5-10 of the MHST programme will focus upon getting teams installed into schools in 4 CCG areas with no such provision at present.</p> <p>Nationally, the Link Programme can be potentially rolled out to all schools.</p>	<p>Only two MHSTs (supporting approximately 16 schools) have been allocated to Hampshire to date. Hampshire is set to benefit much more from the next few waves of MHSTs which are due to be confirmed by April 2021, to cover the next six waves of MHST rollout.</p> <p>The Link Programme is being rolled out more widely, though the impacts of Covid upon schools has limited recruitment into this programme to date to four completed programmes (of a planned seven).</p>
<p>Number of young people (under 18) in specialist substance misuse services</p> <p>Baseline 437</p>	<p>432</p>
<p>Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment.</p> <p>Target is for 315 young people to access treatment.</p>	<p>697</p>
<p>Number of young people whose parents are accessing substance misuse services offered support</p> <p>Target of 30 young people access support.</p>	<p>44</p>

<p>Reduce the proportion of women smoking at the time of delivery</p> <p>Reduce SATOD in Hampshire to 7% by 2020.</p> <p>Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020.</p> <p>Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020.</p> <p>Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020.</p>	<p>9.3%</p> <p>Data for 2019/20 indicates increase in numbers of maternity referrals to the stop smoking service to 819</p> <p>274 (33.5%) quit dates set</p> <p>157 pregnant 4 week quitters (76%) and 126 (50%) pregnant women quit for 12 weeks</p>
<p>Increase in mothers continuing to breastfeed at 6-8 weeks</p> <p>50%</p>	<p>54.7%</p>
<p>Number of children jointly funded for continuing care</p> <p>11 (Baseline)</p>	<p>67</p>

Next Priorities

32. A review of the domestic abuse pathway to understand the families open to social care services accessing domestic abuse services and the wider domestic abuse services and support landscape. This will include mapping needs from Children's Services children and families to understand gaps and implement a joint strategy for meeting demand.
33. Hampshire County Council and CCG domiciliary care provision review of the potential for CCG to join the care support framework, evaluation of the current expenditure and the impact of that on the framework levels/ cost to CCG etc.
34. Implementation of a pooled budget for standard funding model from 22/23 for Continuing Care.
35. A review of the parenting pathway to include the Children's Services Department, Public Health and CCG services, led through the Public Health and Children's Services Joint Transformation Board.
36. A review of our collective support offer for children with challenging behavior, including therapeutic responsibilities.

Living Well, Dr Barbara Rushton

Key Issues and Developments

37. What we have seen over the course of 2020/21 is that Covid -19 has highlighted the inequalities in our population and it has been harder for those already at risk to manage their physical and mental health and to 'Live Well'.
38. Although Health and Care services have remained open for business throughout the year there have been changes to the way that individuals have been able to access support for both physical and Mental Health services. There have been concerns about the hidden harm being done through the impacts of not accessing care, compounded by the concerns over staff wellbeing, resilience and capacity to deliver services.
39. Importantly Health and the Local Authority have been working together to support those shielding enabled "targeted communications" to the vulnerable population providing advice and guidance on who to contact and how to access services. This includes work to support those experiencing homelessness.
40. Work has been ongoing to mitigate the recent increases in the number of women smoking while the Quit 4 Covid programme has been a good example of a targeted intervention to all smokers. The Healthy Hearts model for cardiovascular disease prevention has also been developed to tackle unwarranted variation across our geography.
41. A pilot to tackle obesity in Rushmoor was implemented and is a good example of cross sector working while EnergiseMe have facilitated a wide ranging consultation to shape the forthcoming physical activity strategy.
42. We have learnt a lot about the opportunities to enable people to access care through digital means. Transition to digital solutions has provided 1000s of online therapeutic mental health interventions for patients across Hampshire and there has been an improved 111 Mental Health service to support all ages across the system.
43. We have also seen examples of digital solutions to support those to live well such as pulse oximetry, while Hampshire's Connect to support and the personalised care websites host a library of free self-help resources such as lifestyle, weight and mood management tools.
44. Many of the interventions and new innovations designed to support people to live well have involved collaboration across organisations and traditional boundaries, with many examples of positive co-production. The ambition going forward is that agencies continue to build on this spirit of co-operation through a whole system approach which as a result of the increasing need to tackle inequalities will need to shift its focus to continue to support those people to live healthy lifestyles.

Covid Impact and Mitigations

45. Behaviours through Covid have meant less people have come forward with significant mental and physical conditions increasing the harm to them from potential disease including cancer and cardiovascular disease. For smoking rates, it is anticipated that Covid-19 will have a direct and negative impact into 21/22 as CO monitoring at booking is temporarily on hold. This has resulted in a reduced level of women coming forward as smokers (i.e. reduced smoking

at time of booking rates) and therefore a reduction in the number of women referred for support.

46. The Public Health team in Hampshire and IoW, working with the CCGs and supported by the LMC developed the Quit4Covid programme, with the aim of reducing the number of smokers locally. Access to care has also been encouraged with shared communications such as the “its ok to.....” campaign
47. Although work on tackling obesity paused in March 2020 due to the Covid-19 pandemic a number of priority actions including targeted marketing and increasing access to play activities have been agreed for when the work is restarted.
48. Lockdown impacted on income and ability to work increasing self-harm isolation, domestic abuse and poor mental wellbeing. With the exception of memory assessment clinics every secondary mental health service has remained open and accessible with the same access criteria. Every single patient on caseload was risk stratified and an individual plan of engagement for continuity of care discussed and agreed. Face to Face appointments were maintained for those most at risk or in crisis and digital platforms for 1:2:1 therapeutic intervention as well as group digital solutions were procured.

Coproduction and Collaboration

49. For smoking programmes HCC Public health have worked with all trusts to undertake Public Health England’s Deep Dive Assessment of Pathways and audit levels of CO Screening at booking. All four hospital trusts are actively working to increase the number of women who stop smoking during pregnancy.
50. Smokefree Hampshire are actively engaging with key groups such as people living in the most deprived areas of Hampshire and certain ethnic communities including targeted marketing, mobile outreach clinics, telephone support, the provision of ‘Quit with Bella’ app support and home visiting for the most vulnerable members in our community (pre Covid-19).
51. Teams focussed on obesity have engaged with key partners, such as MIND, food retailers and housing associations to explain the approach and why it’s important while increasing local stakeholder participation in the Whole System Approach.
52. Energise me have provided workforce training for the health sector, social prescribing and volunteer workforces and recruited a post to work across the system through the National Academy for Social Prescribing Thriving Communities Programme.
53. Working with MIND across Hampshire we are contacting very registered SMI patient to offer advice guidance and support in relation to vaccinations with a hope of further maintaining this activity to improve take up and completion of SMI health checks to reduce the mortality gap.
54. Social prescribers within primary care working with wellbeing centers and improving advice and guidance on the steps to wellbeing bridging the gaps between physical and mental health.

Progress Against Metrics

55. The system has mobilised to ensure more than 90% of people in cohorts 1-4 including those over 70 and all health and care staff have been vaccinated which will be contributing significantly to ensuring people are able to continue to live well.

Reducing the proportion of women smoking at the time of delivery

56. Increased from 8.7% in 18/19 to 9.3% in 19/20. (England: 10.8% in 18/19 and 10.4% in 19/20). Improved identification of smokers in early pregnancy may have contributed to this rise.
57. Smokefree Hampshire have reviewed their smoking in pregnancy service and implemented a number of improvements for maintaining the engagement of women and improving their chance of quitting; 52% of pregnant women quit at 4 weeks.

Reduce the gap in smoking between people in routine and manual occupations & the general population

58. In Hampshire, the proportion of people who smoke in routine and manual occupations was 19.3% in 2019, compared to 10% of adults overall (England: 23.2% in R&M compared to 13.9% in adults overall).
59. 45% of people who used Smokefree Hampshire and quit successfully at 4 weeks are from routine and manual occupations (2019/20). Of those people in routine and manual occupations that set a quit date, 65% have successfully quit at 4 weeks against a target of 60%.
60. Initial results from the Quit for Covid campaign have demonstrated the value of working in partnership with 1,084 self-referrals in October and November compared to 251 in September.

Implement whole systems approach to childhood obesity in one area of Hampshire

61. Five Rushmoor early years settings have piloted the healthy early years award, including the 'Healthy Weight, Healthy Eating' topic. This has now gone live to all early years settings in Hampshire.

Implement the Hampshire Physical Activity Strategy

62. In December 2020 Energise Me ran an online conversation for everyone in Hampshire and the Isle of Wight to share their experiences of physical activity and to make suggestions about what needs to change to shape the new strategy
63. 255 joined the conversation alongside a number of facilitated focus groups with 25 Schools and a total of 576 children.

Next Priorities

64. 2020/21 has provided unprecedented challenges for partners in supporting individuals to live well. Tackling the inequalities that lead to poorer health outcomes has to remain front and centre of our approach to prevention and self-care programmes. The system specifically needs to gear up for the Covid-19 impact on mental health and ensuring service capacity and resilience in the coming year.
65. The importance of robust digital solutions to support independence have proven to be more valuable than ever, so we will continue to ensure that the digital tools are promoted further to the public and amongst professionals to deliver the right care, at the right time, in the right environment and provide robust Information to support people to manage their conditions in the community.
66. HLOW will become an Integrated care system ICS on 1 April 2021 with a Partnership Board representing health and care. Alongside the recently formed Prevention and Inequalities Board statutory partners will continue to work with communities to coproduce solutions that work for them alongside the voluntary sector.
67. In order to see positive outcomes the various programmes of work are committed to doing things 'with people not to them' to enable communities to lead healthier lives and develop the local community assets to focus on supporting populations most at risk.

Aging Well, Graham Allen

Key Issues and Developments

68. The last year has been particularly challenging for the older population and for services supporting them. COVID-19 has had a disproportionate effect on older adults, with evidence showing heightened levels of loneliness, depression and physical deconditioning. Services continue to deal with growing complexity of care needs, for example the increasing prevalence of multiple conditions including higher levels of dementia. With statutory, independent and voluntary sector services having moved into an emergency response mode for much of the last year, work on the established priorities of the Ageing Well strand of the Health and Wellbeing Strategy has necessarily had to be adapted.

Covid Impact and Mitigations

69. Supporting older people's mental health and reducing social isolation is a key theme of the HWB Board Business Plan and the pandemic has galvanised efforts in this field. Welfare Support, with a focus on older people and the clinically extremely vulnerable, has been led by Hampshire County Council but delivered in partnership with all district and borough councils, the voluntary sector and NHS. This has been a huge collaborative effort, with more than 85,000 clinically extremely vulnerable people offered support through each lockdown¹.

70. To reduce isolation, the Welfare Helpline set up by Hampshire County Council has been linking people into befriending support (supporting all ages but with a focus on older people). Communication campaigns have tailored messages specifically to older people, including signposting to available services, promoting the importance of staying active, and encouraging digital inclusion. A dedicated webpage on staying well at home was published, with messages targeting physical and mental health, as well as enhancing the home environment. During the period when the clinically extremely vulnerable were advised to stay at home, the Public Health England Active at Home booklet and the Connect to Support care guide was emailed to those on the shielding list. Partner organisations supported with delivering hard copies to some of those who were not digitally connected. Targeted communications were also published under the 'It's OK to' banner, to build confidence in those who were clinically extremely vulnerable to come out of official 'shielding'.
71. **The Healthy Homes Needs Assessment**, which was a key action in the Board's Business Plan, was completed in January 2020, and included a workshop with key stakeholders to help shape the recommendations. A Healthy Homes Working Group was formed, an action plan was developed and was presented to the Health and Wellbeing Board in July 2020. A Workforce development survey was conducted in Autumn 2020. The key findings and recommendations will be presented to the Health and Wellbeing Board in March 2021 as part of the Healthier Communities update.
72. **Initiatives to enable older people to lead healthy, active lives** have continued during the last year, albeit adapted to the current circumstances, including work on **Falls prevention**. In 2020, 25 Falls Champions were trained and over 250 Falls Friends were made. In total, there are now approximately 100 Falls Friends Champions and 1,300 Falls Friends. During 2020, Steady and Strong classes for older people were adapted to national and local Coronavirus restrictions. Many classes were closed for the majority of 2020 however some instructors delivered their classes online. Hampshire County Council ran the [Staying Well at Home campaign](#) which included the delivery of approx. 4,500 information packs to community partners working with those most at risk of deconditioning. Energise Me are developing a mapping tool to collate Strength and Balance opportunities for younger older people who would be too advanced for traditional Steady and Strong classes.
73. **The wider use of technology** has rapidly accelerated during the last year, with many partners now able to offer new ways of accessing services, for example by virtual appointments. An exciting technology development is Hampshire County Council's planned roll out of Collaborative Robots (Cobots) technology to enhance care delivery, as an alternative and enhancement to traditional forms of care. This innovative approach is the first of its kind and is aimed to help reduce the need for two carer visits and support carers with the physical demands of the role they undertake.

Coproduction and Collaboration

74. Health and Wellbeing Board organisations have worked together more collaboratively than ever before on many issues, with a new joint approach on

hospital discharge being particularly significant, thanks to the combined efforts of the NHS, local government and the care sector. 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).

75. A really important focus of this work, with regard to **improving older people’s wellbeing and independence**, is 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. 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.
76. Furthermore, through both the Local Resilience Forum (LRF) and HCC Bronze, collaborative and coproduction groups have been established through a dedicated Carers Bronze, chaired by Carers Together, alongside welfare cells built around the voluntary and community sector and local partners, including the Faith Community. These networks continue to be instrumental in wellbeing checks and regular contacts with older, vulnerable residents.

Progress Against Metrics

Increase in number of Hampshire Fire & Rescue Safe and Well visits	Month (2020/2021)	Count
	April	713
May	608	
June	651	
July	615	
August	576	
September	714	
October	791	
November	597	
December	343	
January	167	

	<p>The figures represent the number of 'closed' Safe & Well in Hampshire. This is the number of referrals that HFRS has dealt with so will include telephone referrals, actual visits, people refusing visits, etc. Performance has remained strong over much of 2020, albeit with reduced numbers of referrals in the last couple of months.</p>
<p>Non-elective emergency admissions in people aged 65+</p>	<p>This measure is not being reported on, given the impact of Covid-19 on NHS activity.</p>
<p>Uptake of flu vaccination</p> <p>Covid-19 vaccination</p>	<p>This year, there has been the highest flu vaccine uptake ever achieved nationally. Data is published by STP/ICS area - up to end Dec: HIOW - 83.5% of people aged over 65 have been vaccinated compared to 80.2% for England HIOW - 77.7% of healthcare workers have been vaccinated, compared to 75.3 in England Frimley (covering NE Hampshire) is lower at 81.2% for over 65s and 72.4% for frontline healthcare workers.² As part of the system response, Hampshire has been working to prioritise and vaccinate older age groups who are at highest risk of dying from COVID-19 as well as key frontline workers who work with the most vulnerable. Work is underway to identify and encourage people who are less likely to come forward for their vaccination. For COVID-19 vaccine, as of 31 Jan: Frimley – 91.4% of people 80 years and over had been vaccinated HIOW – 92.7% of people 80 years and over had been vaccinated</p>
<p>Permanent admissions to residential/nursing homes 65+</p>	<p>As at December 2020, the permanent yearly admissions rate for people aged 65+ was 1605, equating to 534 per 100,000 population. This is down from 544.9 per 100,000 population in December 2019. It is important to note however that this data relates only to admissions where HCC was placing an individual in residential or nursing care. It does not reflect admissions organised by an individual or their family without HCC involvement.</p>

Next Priorities

77. The Cobot technology programme and the outcomes achieved will be closely monitored over the next 12 months. Wider work will also be continuing to support greater digital enablement for older people.

78. Work to review the Disabled Facilities Grant scheme and to report to the HWB Board as to whether arrangements are consistent and equitable across the county was paused during Covid-19, however it is hoped that this will be restarted.
79. Work to increase physical activity for older people and other vulnerable groups has been impacted by COVID-19. We know that across all demographic groups, the first national lockdown led to a 20% reduction in activity levels so resumption of this work will be a priority as we move into recovery. With the ICS Prevention and Inequalities workstream there is further opportunity to embed physical activity into diabetes, cardiovascular disease and musculoskeletal programmes and pathways – these will be explored going forward.

Dying Well, Dr Peter Bibawy

Key Issues and Developments

80. The issues around End of Life have developed well as this was a new aspect of the plan not present in the previous strategy. Boards have been established for the areas with key representation from all acute, community, hospice and commissioning teams.
81. Key task and finish groups have been established including looking at patients and carers and bereavement and after death and focused on key homelessness, Learning Disabilities and multi-cultural communities focused on North East Hampshire.

Covid Impact and Mitigations

82. The impact of Covid on the stability of Hospice Providers has been highlighted and discussions held with NHSE/I to understand how we can support, recognizing their significant contribution to the EOL Pathway. This message was reinforced by the wider South East and NHSE/I investigating.
83. New SCAS Pathway developed to support patients due to be transferred to die at home, to support actions to be taken should they die during their journey home.
84. The single Community syringe driver and PRN charts in place across Hampshire, were updated in late 2019 in response to the Gosport Report. Additional resources to support these during COVID were deployed to all EMIS and S1 practices April 2020.
85. Additional EoL pharmacies were identified & contracted in Portsmouth

Coproduction and Collaboration

86. Frimley ICS are delivering the death fair sessions to the general public. These have been running for the last 3 months and extremely positive feedback received from attendees. The workgroups are looking to develop baseline understanding/measures of the services, education, staffing and patient needs across HloW. The aim of the EoL Board being to foster

consistency, sharing of excellence and development of service/provision where absent or poorly developed, without dictating models from above.

87. The Board has representation from each locality and various sectors including hospices, acute, community, commissioning etc all with specialist knowledge of EoL.
88. The HloW ICS EoL Board links to each of the 4 locality EoL Steering Groups in HloW who are the engines for implementation across LCPs. These Locality Groups are large and bring together CCG, PCN, Hospice, Social Service, Community and Acute Trust representation.
89. EoL Interoperability Working Group is currently developing a framework to invite patient and carer engagement as part of the group going forward.

Progress Against Metrics

90. Due to the current situation most of the work is currently on hold whilst in the Covid response phase.

Next Priorities

91. Restarting all the ICS EoL Board work streams once the current situation has improved.
92. Restarting all the ICS EoL Board work streams once the current situation has improved.
93. ReSPECT - a process which creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. roll out in May 2021.

Healthier Communities, Councillor Anne Crampton

Key Issues and Developments

94. Healthy Homes Working Group established, driving coordinated action to deliver the priorities from the Healthy Homes Workshop in Jan 2020 and address the areas highlighted from the Healthy Homes Needs Assessment.
95. Districts and Boroughs Community Recovery meeting established to identify commonalities around the impact of COVID-19 on local communities, share good practice in relation to community recovery, and explore collaborative opportunities to address impacts.
96. Hampshire's first Active Places Summit took place in October 2020 where Hampshire County Council's new walking and cycling principles were launched.

Covid Impact and Mitigations

97. Government directives to accommodate all rough sleepers and those imminently at risk of rough sleeping, under the 'Everyone in' banner was delivered with little notice for local housing authorities to act. Homelessness

teams made huge efforts to ensure this happened successfully with units of accommodation sourced in the hundreds, and a system wide approach to ensuring welfare and health needs were assessed and met.

98. Districts/ Boroughs established Local Response Centre's alongside the Voluntary Sector to support those most vulnerable in the community. Partnership working has been key, with relationships across communities/ organisations built and strengthened in ways which were unimaginable prior to the pandemic.
99. The Community Recovery Group have identified many impacts of the pandemic on local communities including mental health and physical wellbeing, financial hardships and social isolation. Districts and Boroughs are working with their communities and local partners to develop and promote initiatives which aim to mitigate against the negative impacts of the pandemic. This has included the development of community pantries, employability support and community grant funds.

Coproduction and Collaboration

100. The Healthy Homes workforce development plan is based on the outcomes of a survey which was contributed to by over 260 partners across health, care, housing and the voluntary sector in Hampshire. A number of the schemes listed within the Healthier Communities Board report in March 2021 also involve co-production, and community engagement continues to be a priority.

Progress Against Metrics

101. The paper to the Health and Wellbeing Board in March 2021 highlighted examples of good practice and progress to date against the Healthier Communities priorities. Going forward into 2021/22 we will look to identify measures and mechanisms to capture future progress, as well as what has worked and what hasn't. This is likely to involve a combination of quantitative metrics and qualitative examples or case studies from across the system.

Next Priorities

102. Progress Healthy Homes Action Plan – development of a collaborative induction offer, educational videos on identified topics, and networking opportunities including 'organisational champion' roles.
103. Developing and promoting initiatives to support community recovery, and using the Districts/ Boroughs Community Recovery forum to share knowledge across the County.
104. Development of outcome measures and mechanisms to capture the future progress of schemes, as well as what has or has not worked well.

Finance

105. The work and priorities of the Health and Wellbeing Board Business Plan are delivered within the existing financial resources of the partner organisations involved.
106. Additionally, Hampshire County Council and Hart District Council have jointly funded a one-year part-time project officer secondment to support district level delivery of the business plan objectives.

Climate Change Impact

107. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.
108. The carbon mitigation tool and/or climate change adaptation tool was not applicable because this annual report relates to progress update of ongoing work to support the delivery of the Joint Health and Wellbeing Strategy within the limitations of the Covid-19 impact, rather than any specific interventions. Specific interventions would be assessed where appropriate using the relevant tools.

Conclusions

109. With the significant positive changes and growth to the Board, we expect to take forward updated priorities and actions, monitor progress in a systematic way and continue to tackle inequalities. It is intended recent insight and retrospection about the Board's work will help mature and develop its system leadership role and strengthen partnerships, working across 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:	Yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Health and Wellbeing Strategy 2019-2024	<u>Date</u> May 2019
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

It is expected that Equalities Impact Assessment will be completed as appropriate across the system for specific work programmes or decisions.

Health and Wellbeing Board Annual update

March 2021



Executive summary

Recent focus has been on health inequalities and risks with the impact of COVID-19. In addition to the COVID-19 response, challenges, and recovery plans in place across themes, often interconnected, Board Sponsors have worked to deliver the Strategy as outlined in the Business Plan with critical measures in place and continued monitoring.

Theme summaries



Strategic leadership

Simon Bryant

▶ Key developments

With the implementation of virtual meetings, much improved attendance at Board meetings. Inclusion and introduction to new and Deputy Members with further engagement planned to support stability of membership. The Board is evolving to being more proactive and action oriented. All Board Sponsors have taken on leadership for themes as below in driving priorities forward, identifying and reviewing performance metrics. Wider joint planning has been implemented with feedback and insight engagement from all Members considered for forward planning, and a recent Board Survey completed. Co-production, communication, action, accountability, and public engagement will be ongoing priorities.

▶ Inequalities

The COVID-19 pandemic has highlighted the urgent and continuing need to tackle health inequalities. Following a successful workshop on inequalities the strategic group focusing on this work has been refreshed with an organisational development workshop in Spring 2021 with updated Terms of Reference to ensure strategic and engaged Board membership with reach across all key organisational stakeholders. The NHS Long Term Plan remains a guiding document in the agenda setting for prevention activities overseen by the board all of which play a critical contributing role to improving health outcomes for all with strong collaboration between Public Health and NHS partners in response to the NHS Phase 3 return and the need to understand how restoration of services can prioritise reducing inequalities.

Evaluation of Prevention and Inequalities as a result of COVID-19 presented to the Health and Wellbeing Board highlighted the impacts of the pandemic on inequalities in health. Heightened public awareness of COVID-19 and the risk factors associated with it likely contributed to increased impact of some prevention work streams such as the QUIT4COVID initiative which was a collaboration between primary care and public health and saw hundreds of individuals contact the quit smoking services. The system wide work on preventing cardiovascular disease is accelerating at pace following close collaboration between

primary care and prevention leadership colleagues and with cardiovascular disease accounting for a quarter of the gap in life expectancy between richest and poorest, provides an exciting opportunity to close this gap locally. Two key action research projects from the previous year's plan were successfully completed and will guide an evidence-based approach to improving delivery of brief intervention to reduce excess alcohol consumption and optimise uptake of physical health checks for individuals with Serious Mental Illness (SMI) in primary care respectively.

► **Priorities and actions**

Joint Strategic Needs Assessment (JSNA) programme and COVID health impact assessment. Completion of Census 2021 and preliminary data, expected end of 2021, will enable refreshes of many datasets and indices. Pandemic has highlighted the urgent and continuing need to tackle health inequalities. Deliver commitments in the **Climate Change Strategic Framework**. Public health input to consultation responses to local plans and relevant planning applications and Spatial Planning and Air Quality workshop to follow.



Starting well

Steve Crocker

► **Key developments**







Across 2020/21, series of investments to increase the capacity and responsiveness of children and young people's mental health services across Hampshire. From 21/22, standard funding model will be implemented for children eligible for Continuing Care to improve the experience for children and families, free up staff time for more direct work and facilitate better partnership working relationships.







► **Covid impact and mitigation**

COVID-19, and the associated lockdowns and restrictions upon the everyday lives of children, young people and families has had significant and generally negative impacts upon the mental health and emotional wellbeing of children and young people. It is too early to reliably predict the full impact that this disruption will have had upon the mental health. After an initial dip from March to May 2020, presentations of serious self-harm (requiring hospital treatment) quickly rose to levels not previously seen. Referrals into specialist CAMHS have risen significantly against previous years. The shift from face to face appointments to digital service delivery for most was implemented quickly, and Hampshire CAMHS services continued seeing patients or receiving referrals; but there are limits to what digital innovation has been able to support.

The wider challenges for schools of supporting both face to face learning in school whilst delivering home based learning has been extremely challenging for schools. Covid has clearly been a challenge for many of the families social care teams work with, exacerbating and magnifying existing issues. For some families their situation, affected by Covid, have brought them to the attention of Children's Social Care thus increasing demand at level 4 at points in time. A joint commissioning strategy has been developed and agreed by the Joint Commissioning Board to ensure that planning and delivery of services is done in a holistic, joined up way. CAMHS and substance misuse workers have had their posts extended.

► **Progress against metrics**

Theme and aim	Update
 <p>Increase mental health support in schools</p>  <p>Waves 5-10 of the MHST programme will focus upon getting teams installed into schools in 4 CCG areas with no such provision at present.</p>	<p>Only two MHSTs (supporting approximately 16 schools) have been allocated to Hampshire to date.</p> <p>Hampshire is set to benefit much more from the next few waves of MHSTs which are due to be confirmed by April 2021, to cover the next six waves of MHST rollout.</p>
 <p>Nationally, the Link Programme can be potentially rolled out to all schools</p>	<p>The Link Programme is being rolled out more widely, though the impacts of Covid upon schools has limited recruitment into this programme to date to four completed programmes (of a planned seven).</p>
 <p>Number of young people (under 18) in specialist substance misuse services Baseline 437</p>	<p>432</p>
 <p>Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment Target is for 315 young people to access treatment</p>	<p>697 👍</p>
 <p>Number of young people whose parents are accessing substance misuse services offered support Target of 30 young people access support</p>	<p>44 👍</p>

Theme and aim	Update
<p>Reduce the proportion of women smoking at the time of delivery (SATOD)</p> <p> Reduce SATOD in Hampshire to 7% by 2020</p>	<p>9.3%</p>
<p> Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020</p>	<p>Data for 2019/20 indicates increase in numbers of maternity referrals to the stop smoking service to 819</p>
<p> Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020</p>	<p>274 (33.5%) quit dates set</p>
<p> Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020</p>	<p>157 pregnant 4 week quitters (76%) and 126 (50%) pregnant women quit for 12 weeks 👍</p>
<p> Increase in mothers continuing to breastfeed at 6-8 weeks 50%</p>	<p>54.7% 👍</p>
<p> Number of children jointly funded for continuing care 11 (Baseline)</p>	<p>67 👍</p>

▶ **Next priorities**

A review of the domestic abuse pathway to understand the families open to social care services accessing domestic abuse services and the wider domestic abuse services and support landscape. Hampshire County Council and CCGs domiciliary care provision review and future implementation of a pooled budget for standard funding model. A review of the parenting pathway to include the Children's Services Department, Public Health and CCG services and collective support offer review for children with challenging behavior, including therapeutic responsibilities.



Living well

Dr Barbara Rushton

▶ Key issues and developments

Covid -19 has highlighted the inequalities in our population and it has been harder for those already at risk to manage their physical and mental health to 'Live Well'. Health and Care services have remained open, **Health and the Local Authorities have been working together** to support those **shielding**, "targeted communications" to the vulnerable population and work to support those experiencing **homelessness**. **Quit 4 Covid** anti-smoking programme and the **Healthy Hearts** model. A pilot to tackle obesity in areas and cross sector working with **EnergiseMe**. Transition to digital solutions, interventions and new innovations designed to support people to live well have involved collaboration across organisations and traditional boundaries, with many examples of positive co-production. Active engagement with key groups such as people living in the **most deprived areas** of Hampshire and certain **ethnic communities**, increasing local stakeholder participation, registered patients, etc. with social prescribers within primary care working with wellbeing centres.

▶ Covid impact and mitigations

Less people have come forward with significant mental and physical conditions **increasing the harm** to them from potential disease including cancer and cardiovascular disease. Lockdown impacted on income and ability to work increasing self-harm isolation, domestic abuse and poor mental wellbeing.

▶ Progress against metrics

Due to COVID-19, there is still work to do to achieve further reduction in the proportion of women smoking at the time of delivery; to reduce the gap in smoking between people in routine and manual occupations and the general population; to implement a whole systems approach to childhood obesity; and to implement the Hampshire physical activity strategy.

▶ Next priorities

Tackling the inequalities that lead to poorer health outcomes has to remain front and centre of our approach to prevention and self-care programmes. Gear up for the **COVID-19 impact on mental health** and ensuring service capacity and resilience in the coming year. Ongoing robust **digital solutions** to support independence. H10W will become an Integrated care system ICS on 1 April 2021 with a Partnership Board representing health and care. Alongside the Prevention and Inequalities Board statutory partners will continue to work with communities to **coproduce solutions** that work for them alongside the voluntary sector. **'With people not to them'** to enable communities to lead healthier lives and develop the local community assets to focus on **supporting populations most at risk**.



Ageing well

Graham Allen






▶ Key issues and developments





COVID-19 has had a disproportionate effect on older adults, with evidence showing heightened levels of loneliness, depression and physical deconditioning. Services continue to deal with growing complexity of care needs. With statutory, independent and voluntary sector services operating in an emergency response mode for much of the last year, work on established priorities have had to be adapted. Organisations have worked together more collaboratively than ever before on many issues, with a new joint approach on hospital discharge being particularly significant, thanks to the combined efforts of the NHS, local government and the care sector. Through both the Local Resilience Forum (LRF) and HCC Bronze, collaborative and coproduction groups have been established through a dedicated Carers Bronze, chaired by Carers Together, alongside welfare cells built around the voluntary and community sector and local partners, including the Faith Community.

▶ Covid impact and mitigations

The pandemic has galvanised efforts and supporting older people's mental health and reducing social isolation. Huge collaborative effort, with more than 85,000 clinically extremely vulnerable people offered support through each lockdown. Welfare Helpline, Public Health England Active at Home booklet and the Connect to Support care guide resources and targeted communications. Initiatives to enable older people to lead healthy, active lives including Falls prevention have continued alongside work with Energise Me. **Staying Well at Home campaign** which included the delivery of approx. 4,500 information packs to community partners for those most at risk of deconditioning. Wider use of technology has rapidly accelerated.

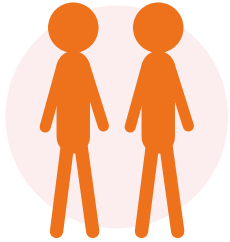
► Progress against metrics

Action	Update
 <p>Increase in number of Hampshire Fire & Rescue Safe and Well visits</p>	<p>April 2020 713 September 2020 714</p>
	<p>May 2020 608 October 2020 791</p>
	<p>June 2020 651 November 2020 597</p>
	<p>July 2020 615 December 2020 343</p>
	<p>August 2020 576 January 2021 167</p>
	<p>The figures represent the number of 'closed' Safe & Well in Hampshire. This is the number of referrals that HFRS has dealt with so will include telephone referrals, actual visits, people refusing visits, etc. Performance has remained strong over much of 2020, albeit with reduced numbers of referrals in the last couple of months.</p>
 <p>Non-elective emergency admissions in people aged 65+</p>	<p>This measure is not being reported on, given the impact of COVID-19 on NHS activity</p>
 <p>Uptake of flu vaccination</p>	<p>This year, there has been the highest flu vaccine uptake ever achieved nationally.</p> <p>Data is published by STP/ICS area – up to end December:</p> <p>HIOW 83.5%  of people aged over 65 have been vaccinated compared to 80.2% for England</p> <p>HIOW 77.7%  of healthcare workers have been vaccinated compared to 75.3% in England</p> <p>Frimley (covering NE Hampshire) is lower at 81.2% for over 65s and 72.4% for frontline healthcare workers</p>

Action	Update
 <p>COVID-19 vaccination</p>	<p>As part of the system response, Hampshire has been working to prioritise and vaccinate older age groups who are at highest risk of dying from COVID-19 as well as key frontline workers who work with the most vulnerable. Work is underway to identify and encourage people who are less likely to come forward for their vaccination.</p> <p>For COVID-19 vaccine, as of 31 January:</p> <p>Frimley 91.4%  of people 80 years and over had been vaccinated</p> <p>HIOW 92.7%  of people 80 years and over had been vaccinated</p>
 <p>Permanent admissions to residential/nursing homes 65+</p>	<p>As at December 2020, the permanent yearly admissions rate for people aged 65+ was 1,605, equating to 534 per 100,000 population. This is down from 544.9 per 100,000 population in December 2019.</p> <p>It is important to note however that this data relates only to admissions where Hampshire County Council was placing an individual in residential or nursing care. It does not reflect admissions organised by an individual or their family without Hampshire County Council involvement.</p>

▶ **Next priorities**

The Cobot technology programme, work to review the Disabled Facilities Grant scheme and increase physical activity for older people and other vulnerable groups has been impacted by COVID-19.



Dying well

Dr Peter Bibawy

▶ Key issues and developments

The issues around End of Life (EOL) have developed well with key representation from all acute, community, hospice and commissioning teams. Task and finish groups have been established including looking at patients and carers and bereavement and after death and focused on key homelessness, Learning Disabilities and multi-cultural communities. Collaboration and representation from each locality and various sectors including hospices, acute, community, commissioning etc all with specialist knowledge of EOL and links to each of the 4 locality EOL Steering Groups in HloW who are the engines for implementation across LCPs and EOL Interoperability Working Group is currently developing a framework to invite patient and carer engagement.

▶ Covid impact and mitigations

The impact of Covid on the stability of Hospice Providers has been highlighted and discussions held with NHSE/I to understand how we can support, recognising their significant contribution to the EOL Pathway. New SCAS Pathway developed to support patients due to be transferred to die at home, to support actions to be taken should they die during their journey home. The single Community syringe driver and PRN charts in place across Hampshire, updated in late 2019 in response to the Gosport Report. Additional EOL pharmacies identified and contracted.

▶ Progress against metrics

Due to the current situation most of the work is currently on hold whilst in the Covid response phase.

▶ Next priorities

Restarting all the ICS EOL Board work streams once the current situation has improved. ReSPECT – a process which creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices to be rolled out May 2021.



Healthier communities

Councillor Anne Crampton

▶ Key issues and developments

Healthy Homes Working Group established, driving coordinated action to deliver the priorities from the Healthy Homes Workshop in Jan 2020 and address the areas identified. Districts and Boroughs Community Recovery meeting established to identify commonalities around the impact of COVID-19 on local communities, share good practice in relation to community recovery, and explore collaborative opportunities to address impacts. Hampshire's first Active Places Summit took place in October 2020. The Healthy Homes workforce development plan is based on the outcomes of a survey which was contributed to by over 260 partners across health, care, housing and the voluntary sector in Hampshire and other schemes have also prioritized community engagement.

▶ Covid impact and mitigations

Government directives to accommodate all rough sleepers and those imminently at risk of rough sleeping. Districts/ Boroughs established Local Response Centre's alongside the Voluntary Sector to support those most vulnerable in the community. Partnership working has been key, with relationships across communities/ organisations built and strengthened in ways which were unimaginable prior to the pandemic. The Community Recovery Group have identified many impacts of the pandemic on local communities including mental health and physical wellbeing, financial hardships and social isolation. Districts and Boroughs are working with their communities and local partners to develop and promote initiatives which aim to mitigate against the negative impacts of the pandemic including the development of community pantries, employability support and community grant funds.

▶ Progress against metrics

Work will continue to identify measures and mechanisms to capture future progress and lessons learned, involving a combination of quantitative metrics and qualitative examples or case studies from across the system.

▶ Next priorities

Progress Healthy Homes Action Plan – development of a collaborative induction offer, educational videos on identified topics, and networking opportunities including 'organisational champion' roles. Developing and promoting initiatives to support community recovery, and using the Districts/ Boroughs Community Recovery forum to share knowledge across the County.

Finance

The work and priorities of the Health and Wellbeing Board Business Plan are delivered within the existing financial resources of the partner organisations involved.

Conclusion

With the significant positive changes and growth to the Board, we expect to take forward updated priorities and actions, monitor progress in a systematic way and continue to tackle inequalities. It is intended recent insight and retrospection about the Board's work will help mature and develop its system leadership role and strengthen partnerships, working across Hampshire.

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Adult Social Care Select Committee
Date:	28 June 2021
Title:	Working Group Proposal
Report From:	Director of Public Health

Contact name: Simon Bryant

Tel: 0370 779 0507

Email: simon.bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is for the Health and Adult Social Care Select Committee (HASC) to consider whether to initiate a Working Group to feed into the consideration of options relating to the deliberation of proposals to be made to the following Public Health services:
 - Substance Misuse
 - Stop Smoking
 - Sexual Health
 - Public Health Nursing

Recommendation(s)

2. To initiate a Working Group to feed into the consideration of options relating to the future of the Public Health services outlined above as per the attached Terms of Reference.
3. To agree membership of the Working Group.

Contextual information

4. In line with reducing budgets and increasing service demand, the Public Health team has worked with organisations which deliver services on its behalf to identify potential new ways of working. This includes making the most of the opportunities that are presented by new technologies and the internet.

5. Hampshire County Council is seeking residents' and stakeholders' views on proposals to make changes to the Public Health services outlined above via a consultation which opens at midday on 14 June 2021 and closes at 11:59 pm on 9 August 2021. Further details about the consultation are available on the County Council's website: [Public Health Consultation 2021 | About the Council | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/public-health-consultation-2021)
6. The consultation will also seek to understand the potential impacts of these options to help inform its final approach.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

- 2.1. This report is about initiating a Working Group; therefore an impact assessment is not relevant. Impact assessments will be considered at the time proposals arising for the Working Group are considered for decision.

HEALTH AND ADULT SOCIAL CARE SELECT (OVERVIEW AND SCRUTINY) COMMITTEE

TASK AND FINISH WORKING GROUP ON PUBLIC HEALTH SERVICES:

Public Health Nursing, Stop Smoking, Sexual Health, Substance Misuse

TERMS OF REFERENCE

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

The Task and Finish Working Group is a working group of the Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC) and is appointed in accordance with the Constitution of Hampshire County Council.

The Task and Finish Group's purpose is to contribute to the consideration of proposals to be made to the following Public Health services:

- Substance Misuse
- Stop Smoking
- Sexual Health
- Public Health Nursing

2. Context

Against the backdrop of reducing County Council budgets and increasing service demand, Public Health needs to re-focus its budgets to take account of its growing portfolio of responsibilities, over and above the provision of mandated services and the need to support the delivery of wellbeing objectives across the authority. Where possible, public health services have already reduced costs by improving efficiency and early intervention and prevention but continues to face a funding shortfall of £6.8million.

The team has worked with organisations which deliver services on its behalf to identify potential new ways of working. This includes making the most of the opportunities that are presented by new technologies and the internet.

A number of the service adaptations that were successfully introduced during the COVID-19 pandemic could continue in a blended model of delivery, which allows face-to-face and group work and also virtual services (internet, video conferencing and phone calls). However, in some cases, consideration also needs to be given to stopping or reducing services.

Hampshire County Council is seeking residents' and stakeholders' views on proposals to make changes to the Public Health services outlined above via a consultation which opens at midday on 14 June 2021 and closes at 11:59 pm on 9 August 2021.

The consultation will also seek to understand the potential impacts of these options to help inform its final approach.

3. Scope of the Task and Finish Working Group

Objectives:

- To provide input to the consideration of possible options relating to proposals to make changes to some Public Health services (outlined above).
- To review feedback from engagement with stakeholders, including service users.

Exclusions:

It is not possible for the HASC to recommend a course of action which fetters the professional discretion of officers to perform their professional roles, or which fetters the discretion of the County Council to take action in future. When considering its recommendations, the Working Group may wish to seek legal advice.

Outcomes:

- To provide updates to the wider HASC on the progress of considerations when appropriate.
- To make recommendations regarding proposals to the wider HASC.
- To submit a report to the wider HASC when recommendations regarding the future of Substance Misuse Services, Sexual Health Services, Stop Smoking Services and Public Health Nursing Services appear before the Committee for pre-decision scrutiny.

4. Method

The Working Group will meet with department officers to consider the evidence leading to recommendations for decision on the future of Substance Misuse Services, Sexual Health Services, Stop Smoking Services and Public Health Nursing Services. At each meeting the group will provide oversight, scrutiny and comment on progress with the review of options.

Where the working group requires further information in order to pursue their purpose as outlined in the scope, such information will be requested.

5. Membership

The Working Group shall be a cross-party group made up of County Councillor Members of the HASC. (*suggested: 3 conservative, 1 liberal democrat, 1 labour, 1 independent*)

6. Meetings

The Working Group will hold an initial meeting to review their scope, understand the timeline for this work and plan future meetings. After this meeting, it shall meet as often as required to satisfactorily explore this topic.

7. Code of Conduct

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

8. Reporting

The Working Group will make an update to the HASC on the progress of considerations when appropriate. It will provide comment to the wider HASC when recommendations regarding the future of Substance Misuse Services, Sexual Health Services, Stop Smoking Services and Public Health Nursing Services appear before the Committee for pre-decision scrutiny.

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

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	28 June 2021
Report Title:	Proposals to Develop or Vary Services
Report From:	Chief Executive

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) Building Better Emergency Care Programme update (Portsmouth Hospitals University NHS Trust)
 - b) Cancer services repatriation update (Hampshire Hospitals NHS Foundation Trust)
 - c) Urology services proposed reconfiguration (Hampshire Hospitals NHS Foundation Trust)

Recommendations

2. Summary of recommendations (the recommendations for each topic are also given under the relevant section below):
3. *Building Better Emergency Care Programme update*

That the Committee:

- a) Note the update and request a further update in Spring 2022 when the full business case is due for submission.

4. *Cancer services repatriation update*

That the Committee:

- b) Note the update regarding repatriation of cancer services.

5. *Urology services proposed reconfiguration*

That the Committee:

Consider whether to support the proposal to centralise emergency urology services, based on whether the Trust has evidenced that this is in the best interest of service users, and that sufficient consultation and engagement has been undertaken with relevant groups and the feedback taken into account.

If it is supported:

- c) Request an update in the autumn of 2021 regarding this service change.

If it is not supported:

- d) Make recommendations to the Trust regarding what further work should be undertaken and brought back to the HASC.

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 Information

6. **Building Better Emergency Care Programme update: Portsmouth Hospitals University NHS Trust**

Context

11. The Committee has heard from Portsmouth Hospitals University NHS Trust for a number of years regarding difficulties at the Accident and Emergency Department at the Queen Alexandra Hospital in Portsmouth. While this hospital is in the Portsmouth City Council area, a number of Hampshire residents from surrounding areas use these services. In late 2018 the Trust was awarded capital funding to develop new emergency care facilities. Since then, the Trust have been developing a new model of care and working on a business case for the necessary capital works. The Committee was last updated on progress in November 2020 and at that meeting Members requested a further update in Summer 2021. The Trust have provided an update, see appendix to this report.

Recommendations

12. That the Committee:

Note the update and request a further update in Spring 2022 when the full business case is due for submission.

13. **Cancer services repatriation update: Hampshire Hospitals NHS Foundation Trust**

Context

14. In response to the Covid-19 pandemic last year, cancer services provided by Hampshire Hospitals NHS Foundation Trust were relocated to a hospital run by the independent sector, in order to reduce the risk to these patients from covid patients being treated at the Trust's hospitals. In April 2021 the Trust notified the Committee of their plans to start re-patriating these services. The Trust was asked to provide an update for this meeting, see appendix to this report.

Recommendations

15. That the Committee:

Note the update regarding repatriation of cancer services.

16. **Urology services proposed reconfiguration: Hampshire Hospitals NHS Foundation Trust**

Context

17. The Committee have been notified that Hampshire Hospitals NHS Foundation Trust intend to reconfigure their urology service, see briefing appended to this report. These services have been provided at their hospitals in Basingstoke and Winchester, and it is now proposed that all emergency urology care be centralised to the Royal Hampshire County Hospital in Winchester. It is proposed to do so from September 2021.

Recommendations

18. That the Committee:

Consider whether to support the proposal to centralise emergency urology services, based on whether the Trust has evidenced that this is in the best interest of service users, and that sufficient consultation and engagement has been undertaken with relevant groups and the feedback taken into account.

If it is supported:

Request an update in the autumn of 2021 regarding this service change.

If it is not supported:

Make recommendations to the Trust regarding what further work should be undertaken and brought back to the HASC.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

**Hampshire Health and Adult Social Care Committee
Portsmouth Hospitals University NHS Trust update
June 2021**

Building Better Emergency Care Programme

Background

Following our update in November 2020, the Building Better Emergency Care programme (BBEC) continues to deliver against our five-year Trust strategy, *Working Together*. Transforming our emergency care pathways in partnership with local health and care organisations remains a key priority for the organisation and the Hampshire and Isle of Wight Integrated Care System (ICS). We are progressing the programme in collaboration to design a sustainable clinical model to deliver safe, effective, efficient, timely and patient-centred emergency care and the associated clinical, workforce and estates changes that are required.

The programme is working across the organisation and with health and care partners to tackle some of the longstanding challenges that can cause delays for patients at our emergency department (ED) at Queen Alexandra Hospital (QA). Our ED is more than 40 years old and the constrained size and layout of the department has limited our ability to make improvements to the way care is delivered and implement best practice. The physical condition does not provide a good enough experience for patients, visitors or staff.

In recognition of these challenges, the Trust was awarded a £58.3m capital investment for new emergency care facilities at QA in December 2018, subject to a three-stage national business case approval (strategic, outline and full business case stages).

Developing a new model of care

We know that simply providing a new facility will not enable us to make the improvements needed for patients in our communities. This capital investment provides an opportunity to redesign how unscheduled and emergency care is provided.

The new clinical model has been redesigned against a set of core principles that provide the framework for all decision making on pathways, processes, workforce, digital and estates options:

- seven-day specialty model
- seven-day access to diagnostics and reporting
- 24-hour, seven-day access to assessment and initiation of treatment by a senior decision maker
- All patients will be managed on a same day emergency or outpatient pathway unless/until requirement for admission to hospital
- Pathways will maximise first place admission under an appropriate specialist, minimising handoffs and handovers of care unless clinically justified
- Emergency workflows will be separately planned and resourced to allow sustainable delivery of emergency and elective activity

The programme will deliver safer, more timely care, greater efficiency and an improved experience for patients, visitors and staff.

Strategic Outline Case and Outline Business Case

Committee members will be aware that the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, approved the Strategic Outline Case for the Building Better Emergency Care Programme in September 2020.

The next step in the approvals process, the outline business case (OBC) is currently being prepared with our partners, Integrated Health Partners (IHP) and AD Architects.

Clinical and non-clinical colleagues and teams have been closely involved in developing the OBC, which describes in more detail the strategic, economic, commercial, financial and management cases for the programme. The purpose of the OBC is to seek approval for investment in the new ED capital project, which will align and support the new emergency care clinical model.

The OBC has been developed with support from the Hampshire and Isle of Wight ICS to ensure the future of emergency care services within the Portsmouth and South East Hampshire system. The OBC is on target to be submitted to NHS England and NHS Improvement by the end of July 2021.

Development of the preferred site

The Trust has undertaken detailed option appraisal and have identified the east car park as the most appropriate location in the QA site to design and build the new facility.

The ED will comprise three levels:

- Level A – a staff car park which will retain at least 200 of the existing 522 staff spaces in the existing east car park
- Level B – clinical facilities (majors, urgent care, paediatrics, radiology and resus) on level B, with direct access from Hunter road for ambulances.
- Level C – will include rest areas and wellbeing space for staff, as well as training rooms, relaxation space, changing facilities and office space.

Outline planning application

Earlier this month, we submitted an outline planning application for the new ED to Portsmouth City Council.

Clinicians have been closely involved in supporting the development of the 1:200 plans working with our architects and partners throughout. The design includes:

- adults and children will be treated in single rooms, improving privacy and dignity and enabling any patient with symptoms of Coronavirus or other respiratory conditions to be isolated quickly
- doubling resus capacity from four adult bays to eight will provide additional capacity for patients needing treatment for critical conditions
- two further paediatric resus bays will be provided for children
- a new CT scanner, located within the ED, will mean patients requiring a specialist scan will be able to have one without leaving the department

- the new department will also be energy-efficient, include easy-to-understand signage and wayfinding for visitors, and provide our staff team with dedicated rest areas to support their wellbeing.

Timeline

The OBC is planned to be submitted by the end of July 2021 and is involving patients, communities, staff and stakeholders to help shape our plans. Subject to national approvals later this year the Full Business Case is scheduled for submission in Spring 2022 for national approval in Autumn 2022. Thereafter, the construction period is a full two years with the new facilities planned to open to patients ahead of winter 2024.

Patient and public engagement

The capital investment will enhance the current provision of services, rather than changing their nature. The level of staff, patient and public engagement to-date has been recently limited by our significant role in the NHS response to the COVID-19 pandemic, however wide-ranging engagement activities will be restarted and undertaken to inform the detailed design, and we remain committed to continuing to engage with patients, the public, staff, committee members, partners and our communities, working with other statutory and voluntary and patient organisations.

Wider improvements to the Trust estate

We continue to work to maintain and improve our buildings, facilities and the environment for the benefit of patients, visitors and staff in line with our Trust strategy, ensuring that we deliver flexibility for the future.

In March 2021, we started construction on a new two-storey ward building on the north car park site, a vital component of our wider plans, in collaboration with partners across Portsmouth and South East Hampshire, to make sure that patients who need urgent care are able to access it more quickly. It is also key to increasing resilience to support our existing partnership with the Isle of Wight NHS Trust.

In the same month, Portsmouth City Council approved our plans for the Trust to build a multi-storey car park alongside the new ward, which will ensure we are providing much needed parking for patients and visitors in the future.

We are also making improvements to enhance the physical environment across the QA site to increase biodiversity and improve the experience of our patients, visitors and staff. Works have recently been completed to develop two of the hospital's outdoor spaces for the benefit of patients, visitors and colleagues.

The 'garden of life' opened earlier this year for patients and staff to relax and enjoy the beautifully landscaped garden.

The deck outside the paediatric department has been recently landscaped to include improved planting along the borders and inclusion of new play equipment, and a shade to enable the space to be better used during periods of hot weather.

Further updates

We will ensure that committee members are regularly updated, and The Trust would be pleased to provide further updates as required.

This page is intentionally left blank

Cancer services repatriation HASC report - June 2021

Purpose

To provide the Committee with an update on the repatriation of cancer services at Hampshire Hospitals NHS Foundation Trust (HHFT), following the impact of COVID-19 and the termination of contracts with the independent sector. This paper updates the briefing provided to the Committee in April 2021.

Context - The COVID effect

In response to the COVID-19 pandemic, the Trust was required to make significant changes to services to enable the safe treatment and management of patients.

As part of HHFT's first response to the COVID-19 pandemic, cancer services along with the infusion services were identified to have high risk patients who would require a level of ongoing care. In order to safely continue to care for this group of clinically extremely vulnerable patients, the service was taken outside of the footprint of the main hospital sites in anticipation of a high number of COVID-19 patients coming onto site. The services previously operational from the Winchester and Basingstoke sites were relocated to the ground floor of the BMI facility, Sarum Road in Winchester.

Haematology inpatients were also cared for in BMI Sarum Road until 6 May when they returned to the Basingstoke site. As part of the second response to the COVID-19 pandemic, the haematology inpatient service was moved from the dedicated ward (Wessex Ward) to the private ward (Candover ward) within the Diagnostic Treatment Centre still on the Basingstoke site, as a designated green area.

The impact upon both patients and staff was assessed and outlined in the previous HASC briefing and feedback from patients attending BMI Sarum Road for their cancer treatment, gathered by the Cancer Partnership was positive and supportive of the way in which cancer services continued to be provided.

Current infection prevention advice for managing this vulnerable patient group

The HHFT Director of Infection Prevention and Control (DIPC) has advised that it is not appropriate to return this clinically extremely vulnerable (CEV) patient group to their usual facilities within either the Basingstoke or Winchester acute hospital sites until the impact of the easing of lockdown on COVID-19 prevalence can be further assessed.

As this timeframe is unspecified and the risk of future surges in viral activity are unknown, it was agreed that the appropriate mitigation for safely returning care of this patient group to Basingstoke and Winchester sites would be for the provision of services from separate buildings, with separate entrance/exits or away from the busy footfall of the main hospitals, facilitating effective infection prevention and control measures and ensuring the safety of those in our care.

Phase 1 repatriation complete

The first phase of repatriation, undertaken in early April 2021, was to return the chemotherapy day admissions unit, acute oncology service and outpatient services from BMI, Sarum Road to the Firs Unit, a separate building on the Basingstoke site.

In order to support patients receiving care as close to home as possible, some limited services including line care, collection of prescriptions and outpatient appointments were provided from a ward area (Colebrook) on the Winchester site.

The impact of this service change is as follows:

a) Patient care

- All chemotherapy patients required to travel to the Firs Unit, Basingstoke for their chemotherapy treatments for an interim period until beginning of July 2021
- Patients who had an adverse reaction to treatments would be transported by ambulance to the main building for acute care under a standard operating procedure
- All patients required to undertake a COVID-19 swab on the day of chemotherapy treatments or outpatient appointments
- Temporary reduction in chemotherapy suite capacity, mitigated by extending working hours, until provision of service reinstated on Winchester site.

b) Staffing

- Staff in the chemotherapy day admissions unit are required to work from the Firs unit, Basingstoke, rather than their usual work location for an interim period until beginning of July 2021
- Administrative/support staff will be accommodated either via remote working, or by working from either the Winchester or Basingstoke sites. However, a limited number of people may be required to travel to a site that is not their usual work location. This is for an interim period until beginning of July 2021.

Proposed phase 2 repatriation

The proposed phase 2 is to reinstate full services on the Nick Jonas Ward on the Winchester site, following capital estates works to upgrade the environment for provision of these essential services. The programme of works commenced on Tuesday 1 June and is due to complete on Monday 5 July 2021.

The impact of this service change is as follows:

a) Patient care

- Ensures provision of a full chemotherapy service on the two main sites of HHFT, supporting delivery of services locally where possible, in line with pre COVID-19 provision.

b) Staffing

- Staff in the chemotherapy day admissions unit are able to return to their usual work location
- Administrative/support staff are able to return to their usual work location, unless they are able to work from home, where they will be supported to do so, in line with national guidance

Proposed phase 3 repatriation

To repatriate haematology inpatient beds from the Candover private ward on the Basingstoke site, to an alternative suitable location on the same site, in line with NICE guidance 2016 specification for intensive inpatient chemotherapy status (Levels of care document).

HHFT is considering options for this facility which is for the provision of very intensive chemotherapy; second line/salvage chemotherapy, intensive chemotherapy and other chemotherapy that cannot be delivered in a day unit.

The impact of this service change on patient care is as follows:

- Haematology inpatients remain in a shared area with planned private patient activity, on a green pathway of care, in single side rooms
- Interim provision does not meet the recommendation for HEPA-filtered side rooms, however agreement from infection control that the use of single side rooms only is sufficient as an interim measure, with no requirement for air scrubbers (only required if patients were to be in a shared room or bay, which is not applicable in this scenario).

Communications and engagement

a) Public and patients

- Notified of the change by their oncology or haematology consultant in outpatient clinics
- Notified of the change by the chemotherapy day admission staff
- Notified by letter from the Clinical Director for Cancer Services, Clinical Matron for Cancer Services and Head of Cancer Services, setting out the proposed changes
- This letter is also shared with the Cancer Services Partnership to share with their members and wider support group members
- Information to be communicated via the HHFT website
- Press release to be sent to the local media if required to inform others of the update to this service.

b) Staff

- Chemotherapy Unit daily safety huddle
- Weekly update from Head of Cancer Services to multidisciplinary clinical and admin teams.

The Health and Adult Social Care Select Committee is asked to:

- Review and comment on the progress to date, and future plans to develop a sustainable model of cancer care within HHFT as COVID-19 continues to shape the future of healthcare.

This page is intentionally left blank

Urology services HASC report - June 2021

Purpose

Inform the committee of the intention of Hampshire Hospitals NHS Foundation Trust (HHFT) to reconfigure the urology service to improve care, and to seek the committee's input and approval.

Context - The current picture of care

Acute urology services have traditionally been provided on both acute HHFT sites at Basingstoke and North Hampshire Hospital (BNHH) and Royal Hampshire County Hospital (RHCH) and are staffed by separate clinical rotas.

Over time, this has resulted in a less efficient department which is understaffed against the levels of care we are committed to providing for our patients and restricts the trust's ability to further expand the service and support patients. There are currently 2 permanent consultants on each site, with the average consultant numbers for most Urology departments be 8-12, meaning that HHFT has been significantly under-staffed for its size and activity.

However, it is important to note that all urgent and cancer care continued throughout the pandemic, and HHFT is proud to have maintained most elective care throughout the second wave in early 2021.

The current structure has the following impact(s):

a) Patient care

- Urology services are under sustained pressure, which has resulted in a significant backlog of patients waiting to be seen for the next step of their care.
- Some urology services are not currently available at HHFT including andrology, female urology care and a full-time superficial bladder cancer specialist.
- Patient wait times have been further strained due to the COVID-19 pandemic, where under national guidance some planned care was postponed.

b) Staffing

- The urology department is understaffed in terms of total consultant numbers. There are currently 4 consultants providing acute urology cover - 2 whole time equivalent (WTE) consultants on-call on the Winchester site, and 1 WTE consultant and 1 part-time consultant on-call on the Basingstoke site. Neighboring urology services typically have more than double this number of consultants (8-12). Other associate specialist, middle-grade and trainee staff are also part of the team.
- The current on call rotas (roughly every 1 in 4) are putting significant pressure on current staff, and vacant posts have been historically difficult to recruit into due to the frequency of

on-call cover required as a result of having fewer staff to cover these responsibilities across both acute sites.

- The recent impact of COVID has led to the withdrawal of some of the networked arrangements, leaving on-call cover particularly vulnerable and the vacated slots are being covered internally, which is not sustainable
- Owing to the low numbers of consultants and the relatively low volume of emergencies on each site, consultants do not cancel elective work whilst on-call, which can lead to conflicts in availability for emergency and elective patients and occasionally delays or cancellations.

Proposal

The proposed change to the urology service is to centralise two relatively low volume acute services onto a single site.

Under the proposed reconfiguration, all emergency urology care would take place at the Royal Hampshire County Hospital in Winchester. Elective procedures will continue to take place on both Basingstoke and Winchester sites and expansion in consultant numbers would allow growth in the service.

Key principles

This change proposal is driven by the trust's vision to provide outstanding care to every patient, and to support our staff to deliver safe and effective care.

Combining the acute care on one site aims to allow for sustainable staffing and on-call rotas, which will form an attractive basis from which to recruit further consultants for future service expansion.

The proposal will provide an improvement in the quality of service to patients, with early access to a senior decision maker and the continuity of a consultant of the week (COW), along with the opportunity for that consultant to be freed from other elective commitments to provide timely, consultant led emergency care and interventions. Expansion of the Advanced Nurse Practitioner workforce on the non-acute site (Basingstoke) in order to deal with the non-complex emergency presentations that can be treated simply as day case or ambulatory pathways, with care closest to home and to minimise travel for all but the sickest and most complicated presentations. Creation of daily consultant delivered, rapid access ambulatory and 2 week wait clinics to minimise admissions and shorten waiting times.

The centralisation of acute urology services was a recommendation The Getting It Right First Time (GIRFT) programme, which saw this as a crucial step forward to ensure the service remains safe and sustainable.

Impact

c) Patient care

- Patients will benefit from an improved service, with early access to a senior decision maker and the continuity of a consultant of the week (COW).

- Due to the relocation of some other services to the Basingstoke site including Trauma and Orthopaedics (T&O), there is less pressure on the emergency theatres in Winchester. This means there is better theatre capacity for rapid access for unscheduled operations and care.
- The resulting continuity of care and strengthened staffing will also help the service to improve and reduce the current wait for treatment.
- The developments to the service will dramatically improve the current staffing of the service, providing opportunities to expand the service and provide more services locally to patients. Some urology services are not currently available at HHFT and patients have to travel to neighboring trusts including Southampton and Salisbury. The longer-term plan would be to introduce services including a fulltime HHFT surgeon for superficial bladder cancer, andrology and female urology care.
- Emergency urology patients arriving at hospital via ambulance will simply be taken to the specialist hub in Winchester for acute urology care, and will not see a difference in their experience of care other than location. Patients referred by their GP to the service will be advised to go to Royal Hampshire County Hospital. In a small number of cases, patients in Basingstoke may be redirected or transferred to Winchester.

d) Staffing

- The current proposal will see significant investment in new consultant colleagues who will work across both sites and existing consultants will come together to provide a single acute urology service for HHFT patients, provided on the Winchester site, staffed entirely by HHFT consultants on a 1 in 8 rota.
- The Basingstoke consultants will provide their acute commitment (currently 1 in 5) as 1 in 8 cover as the consultant of the week in Winchester – as a result of an informal consultation process, the model favoured and agreed by the group was a continuous period of 7 days cover, beginning and terminating on a Friday. The Winchester consultants will adopt the same on-call structure and the model will be supported by recruitment of 3 locum consultants in the first instance, with a commitment to making these appointments substantive as and when suitable candidates have been identified.
- The proposal will provide for a Consultant of the week to supervise emergency admissions and urgent referrals, supported by a dedicated urology middle grade for daytime shifts and an arrangement for middle grade general surgery support out of hours.
- Training for middle grades will be improved by separating elective from emergency care and ensuring greater consultant supervision of emergency urology. There will be cost savings associated with a single sustainable rota that will not rely on expensive locum payments to backfill notional gaps.

Proposed timeline

If approved, the intention is to centralise the acute service from September 2021. Further developments to the service as outlined above will follow once the on-call rota is established and locum consultants become permanent members of HHFT staff as planned – with an aim to begin elements of service expansion towards the end of 2021/ beginning of 2022.

Communications and engagement

a) Staff

It was agreed by the consultant body that changes to the service were necessary for both patient care, and to create a more sustainable staffing/ service model going forward. The following activity has taken place:

- Six months of informal consultation with consultants, specialist nurses and trainees - In this time, staff began the process of service redesign and did so in collaboration. Other interested staff stakeholders and specialties who interact with the urology service have also been engaged in this process, including interventional radiology, gynaecology and general surgery.
- One month of formal consultation of staff – sought formal feedback by those who would be affected by centralising acute care.
- Productive conversations with the Head of the School of Surgery, Kent, Surrey & Sussex, who support the trainees – no concerns raised and positive discussions are ongoing.

b) Patients and other stakeholders

- Engagement with patients and stakeholders have begun with a session with the Cancer Services Partnership on 9 June 2021. The group expressed they were grateful for early involvement and support the significant service improvement.
- Report to HASC for information and recommendations

Future plans and next steps

The Health and Adult Social Care Select Committee is asked to:

- Review and approve the plans to centralise acute urology services at the Royal Hampshire County Hospital in Winchester, with elective care continuing to be provided in both Basingstoke and Winchester, from September 2021.
- Review and comment on the progress to date, and future plans to develop a sustainable model of care within HHFT and provide recommendations.

Following the recommendations and approval of HASC, further communications and engagement would take place:

c) Staff

- Continue staff engagement with regular updates to affected staff groups, with opportunities to feedback and input into the design and development of the service through a series of communication activities
 - o 1:1/ team conversation opportunities with the senior surgical divisional team
 - o Focus groups and workshops
 - o Updates via written and verbal cascades

d) Patients and other stakeholders

- Publicly announce the centralisation of emergency urology care, which will include a call for further feedback and patient involvement.
- Continue to engage with Cancer Service Partnership and other key groups, to ensure ongoing input into the patient pathway development and future review/ evaluation of the service.
- Ongoing engagement with local elected representatives.
- Further updates and reports to HASC as may be requested.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	28 June 2021
Report Title:	Work Programme
Report From:	Chief Executive

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	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 2022
<p>Proposals to Vary Health Services in Hampshire - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service. (SC) = Agreed to be a substantial change by the HASC.</p>									
<p>Andover Hospital Minor Injuries Unit</p>	<p>Temporary variation of opening hours due to staff absence and vacancies.</p>	<p>Living Well Healthier Communities</p>	<p>Hampshire Hospitals NHS FT and West CCG</p>	<p>Last update Sept 2020 (invite West CCG to joint present with HHFT). Update spring 2021 deferred as no change to report.</p>		<p>X?</p>			
<p>North and Mid Hampshire Clinical Services Review (SC)</p>	<p>Management of change and emerging pattern of services across sites.</p>	<p>Starting Well Living Well Ageing Well Healthier Communities</p>	<p>HHFT / West Hants CCG / North Hants CCG / NHS England</p>	<p>Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.</p>	<p>If any changes proposed, HASC to receive an update.</p>				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 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. Latest update March 2021. Request further update late 2021 if developments.			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	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 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 March 2021. Requested further update late 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 March 2021. Requested further update early 2022.				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?			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 2022
Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire CCGs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020 and March 2021. Next meeting tbc as consultation on hold.					
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				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 2022
Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.									
Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary. Updates on hold during pandemic (unless priority due to new report or poor outcome) 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					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 2022
				<p>in November 2019.</p> <p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p>					
Sustainability and Transformation Plans: One for Hampshire & IOW, Other for Frimley	Subject to ongoing scrutiny the strategic plans covering the Hampshire area.	<p>Starting Well</p> <p>Living Well</p> <p>Ageing Well</p> <p>Healthier Communities</p>	STPs	<p>H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018.</p> <p>STP working group to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019.</p>					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 2022
				Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I) Timing of next update tbc					
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.		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					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 2022
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.				
Public Health Proposals following consultation summer 2021	Regarding services covering: substance misuse, stop smoking, sexual health, 0-19 public health nursing		Public Health within AHC Dept	Proposal to initiate Working Group due June 2021. If agreed, to feed in to pre-decision scrutiny in late 2021.					
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Oct 2020. (from 2020 to combine with Hampshire Safeguarding Adults			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 2022
				Board annual report)					
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	Pre-scrutiny of decision following summer 2021 consultation.			X?		
Health and Wellbeing Board	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	Annual report due to 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

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 2022
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
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. To cover recovery once crisis period over	x	X	x	x	x

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	28 June 2021	21 Sept 2021	23 Nov 2021	18 Jan 2022	8 March 2022
NHS 111	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	Hampshire CCGs	Item on NHS 111 Nov 2020 on link with Emergency Departments. Performance item March 2021. Requested written only update later in the year.			X?		
CCG Merger		Living Well Ageing Well Healthier Communities Dying Well	Hampshire CCGs	Item heard at Sept 2020 meeting regarding merger due to take place April 2021. Latest update received March 2021. Requested update on development of ICS Autumn 2021.			x		

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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