

# Public Document Pack



## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Tuesday, 23rd November, 2021 at 10.00 am
<b>Place</b>	Ashburton Hall - HCC
<b>Enquiries to</b>	members.services@hants.gov.uk

Carolyn Williamson FCPFA  
Chief Executive  
The Castle, Winchester SO23 8UJ

## FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. 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 - 10)

To confirm the minutes of the previous meeting.

### 4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

**5. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

**6. COVID UPDATE (Pages 11 - 32)**

To receive a combined update on the response to the Covid pandemic in Hampshire from the Director of Public Health, Director of Adults Health and Care and representatives of the Hampshire Southampton and Isle of Wight Clinical Commissioning Group.

**7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 33 - 54)**

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

- Primary Care Update – Hampshire, Southampton and Isle of Wight Clinical Commissioning Group
- Dental Services in Hampshire and the Isle of Wight – NHS England and NHS Improvement

**8. PROPOSALS TO VARY SERVICES (Pages 55 - 60)**

To consider the 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**

- NHS 111 and Integrated Urgent Care (South Central Ambulance Service NHS Foundation Trust)

**9. ANNUAL SAFEGUARDING REPORT - ADULTS' HEALTH AND CARE 2020-21 (Pages 61 - 72)**

To receive an annual update in respect of the local authority statutory duty to safeguard vulnerable adults.

**10. WORK PROGRAMME (Pages 73 - 88)**

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

**ABOUT THIS AGENDA:**

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

**ABOUT THIS MEETING:**

**The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk) for assistance.**

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

This page is intentionally left blank

# Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday,  
19th October, 2021

Chairman:

\* Councillor Bill Withers Lt Col (Retd)

- |                                 |                              |
|---------------------------------|------------------------------|
| * Councillor Ann Briggs         | * Councillor Neville Penman  |
| * Councillor Nick Adams-King    | a Councillor Lance Quantrill |
| * Councillor Pamela Bryant      | * Councillor Kim Taylor      |
| * Councillor Rod Cooper         | * Councillor Andy Tree       |
| * Councillor Tonia Craig        | * Councillor Jackie Branson  |
| * Councillor Debbie Curnow-Ford |                              |
| * Councillor Alan Dowden        |                              |
| * Councillor David Harrison     |                              |
| * Councillor Adam Jackman       |                              |
| Councillor Lesley Meenaghan     |                              |
| * Councillor Sarah Pankhurst    |                              |

\*Present

## Co-opted members

- \*Councillor Diane Andrews
- \*Councillor Karen Hamilton
- a Councillor Julie Butler
- a Councillor Cynthia Garton

Also present with the agreement of the Chairman: Councillor Liz Fairhurst, Executive Member for Adult Services and Public Health and Councillor Fran Carpenter, Assistant to the Executive Member.

## 25. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Lance Quantrill. Councillor Jackie Branson, as the conservative standing deputy, was in attendance in his place.

Apologies were also received from co-opted members Councillor Julie Butler and Councillor Cynthia Garton.

## 26. 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 Personal Interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 5 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.

**27. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 21 September 2021 were confirmed as a correct record and signed by the Chairman.

**28. DEPUTATIONS**

The Committee received three deputations relating to Item 6 on the agenda, the Stage 2 Independent Investigation Report on Southern Health NHS Foundation Trust.

Teresa Skelton gave a statement expressing dissatisfaction with the treatment of an unnamed individual by Southern Health and the lack of action taken in response to complaints raised about the situation.

Geoff Hill gave a statement giving the view that insufficient action had been taken by Southern Health in response to the various complaints and investigations of complaints that had taken place. He suggested that the Committee should seek the views of the Hampshire County Councillor appointed as a governor on Southern Health NHS Foundation Trust.

Maureen Rickman indicated that she was one of the bereaved families involved in the cases investigated by the Independent Review. However, the process was not satisfactory. She felt the Terms of Reference of the Stage 1 Independent Review were not honoured. The Stage 2 review focus moved away from the individual cases and the families withdrew from the process. She wanted the deaths to be independently investigated and assurance that the same mistakes wouldn't be repeated.

**29. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman highlighted that members had been sent an email on 13 October 2021 regarding the temporary closure of care homes.

The Chairman noted that a covid update had not been included on this agenda as an update had been given at the recent member briefing held on 15 October 2021.

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

The Committee considered a briefing note from Southern Health NHS Foundation Trust regarding the Stage 2 Independent Investigation Report into the Trust conducted by Mr Nigel Pascoe QC published in September 2021 (see

Item 6 in the Minute Book). An extract of the independent investigation report including the Executive Summary and Recommendations was appended. The report considered the circumstances of the deaths of five people in the care of the Trust between 2011 and 2015, the internal and external investigations of those deaths and the steps recommended or taken to prevent their re-occurrence. Stage 2 focused on where the Trust had got to and where it should be, with a view to future reform and improvement.

The Chief Executive of Southern Health NHS Foundation Trust reported that the Trust accepted the recommendations made in the Independent Review reports from Stage 1 and Stage 2 and had apologised for the failings identified, including apologising unreservedly to the bereaved families affected. He reported that the Trust was developing an Action Plan to respond to the recommendations made in the Independent Review reports that would be going to the Trust Board at the end of November 2021.

Members thanked the deputations for their comments on this topic. Members requested clarification of the role of the committee in relation to this situation. The Chairman agreed to seek legal advice on this point. The Chairman agreed to circulate the report from the Stage 1 review to Committee Members.

Members noted that there was a breakdown in trust between the bereaved families and Southern Health NHS Foundation Trust and that further work was required to help the families achieve closure over the tragic circumstances they had experienced. Members suggested good practice be sought from other examples of public investigations involving bereaved families such as Grenfell.

Members felt that it wasn't clear what the families wanted to achieve. Members wanted to invite NHS England & Improvement to a future meeting to explore the allegation that the Terms of Reference for the Review were not followed through. Members were interested in what monitoring of the implementation of actions would be in place, to provide assurance that similar situations would not happen again.

#### RESOLVED:

1. The HASC request Southern Health NHS Foundation Trust attend the meeting in January 2022 to present their action plan, setting out how they will respond to the recommendations from Stage 1 and Stage 2 of the Pascoe Review. That the report that comes to the committee in January take account of the concerns raised by members at this meeting.
2. The remit of the HASC in relation to this topic be set out as part of the documents provided for this meeting.
3. NHS England and Improvement are invited to attend this meeting.

**31. PUBLIC HEALTH: OUTCOME OF THE TRANSFORMATION TO 2021  
PUBLIC CONSULTATION**

The Committee received a report and supporting presentation from the Director of Public Health regarding proposals to make revenue budget savings in a number of public health services (see Item 7 in the Minute Book).

It was noted that the Committee had established a Working Group to consider these proposals in further detail. The Chairman of the Working Group Councillor Briggs gave a statement summarising the findings of the Working Group, as laid out in the Working Group report appended to the report.

Members thanked the Working Group and were supportive of their recommendations. Members asked questions and commented on the proposals.

**RESOLVED:**

That the Health and Adult Social Care Select Committee supports the recommendations being proposed to the Executive Member of Adult Services and Public Health.

**32. WORKING GROUP PROPOSAL**

The Committee considered a report of the Director of Adults' Health and Care regarding the suggestion that the Committee initiate a Working Group to review the proposals for the future of both the Demand Management and Prevention Grants and Social Inclusion Services, as part of the wider SP23 savings programme (see Item 8 in the Minute Book).

The Chairman indicated that he would liaise with the opposition spokespeople on the Committee regarding the membership of the Working Group.

**RESOLVED:**

To initiate a Working Group to review proposals for the future of both the Demand Management and Prevention Grants and Social Inclusion Services, as part of the wider SP23 savings programme, as per the Terms of Reference attached to the report.

**33. WORK PROGRAMME**

The Chief Executive's representative presented the Committee's work programme (see Item 9 in the Minute Book).

Councillor Craig expressed concerns about the impact of GP surgeries merging.

Councillor Tree requested a further update on the Whitehill and Bordon Health Hub before the end of the year.



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 COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	23 November 2021
<b>Title:</b>	Covid Update
<b>Report From:</b>	Director of Adults' Health and Care, Director of Public Health and Chief Executive of the Hampshire Southampton and Isle of Wight Clinical Commissioning Group

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

### Purpose of this Report

1. The purpose of this report is to provide an update to the Select Committee on the response to the Covid-19 pandemic in Hampshire.

### Recommendation

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

### Executive Summary

3. The Health and Adult Social Care Select Committee has received updates on the response to the pandemic since July 2020 from the NHS, the Director of Public Health and the Director of Adults' Health and Care. On this occasion the updates have been brought together into one agenda item. Sections of the report have been provided by:
  - The Director of Public Health (paragraphs 4 to 16)
  - The Clinical Commissioning Group regarding the NHS (paragraphs 17 to 33)
  - The Director of Adults' Health and Care (paragraphs 34 to 88)

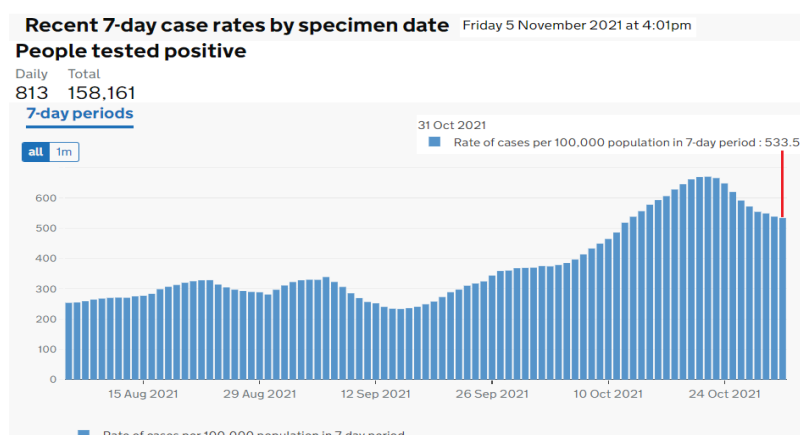
## Public Health Update

4. The following provides an update on the epidemiology of COVID-19 in and the core COVID-19 response arrangements in Hampshire.
5. Inevitably there will be dimensions of this report which will be increasingly out of date immediately after publication. Officers will ensure any such issues are highlighted in the presentation of the report at the HASC meeting. This will particularly apply to the latest data on the transmission of the virus, the position of hospitals in Hampshire and the progress of the vaccination programme.
6. The overall epidemiological situation in Hampshire continues to be characterised by a high but decreasing overall case notification rate and a low stable death rate. Case rates are currently highest among children aged 10-14 years, with increasing over 60 year case rates. Overall, case rates are high in Hampshire's Districts, suggesting sustained community transmission. We now have a largely vaccinated population, but every effort should be made to maximise uptake among unprotected people and encourage COVID-19 booster uptake to top-up immunity over winter.

## COVID epidemiology

7. The overall epidemiological situation for Hampshire continues to be characterised by a high stable case rate at 405.1 cases per 100,000 population in the 7-day period as of 31<sup>st</sup> October 2021, which is above the National 7-day rate of 346.5 cases per 100,000 population. The current Hampshire rate is a 15.8% decline, in the previous week, though we need to be cautious over-interpreting small changes in trends, that may be impacted by the half term break. Yet, these rates are high due to predominance of the Delta variant, and especially concerning against a backdrop of waning vaccine immunity. We know that encouraging high vaccine uptake, face coverings, good ventilation, hand and cough hygiene and maintaining social distancing are effective measures to control the spread of infection.

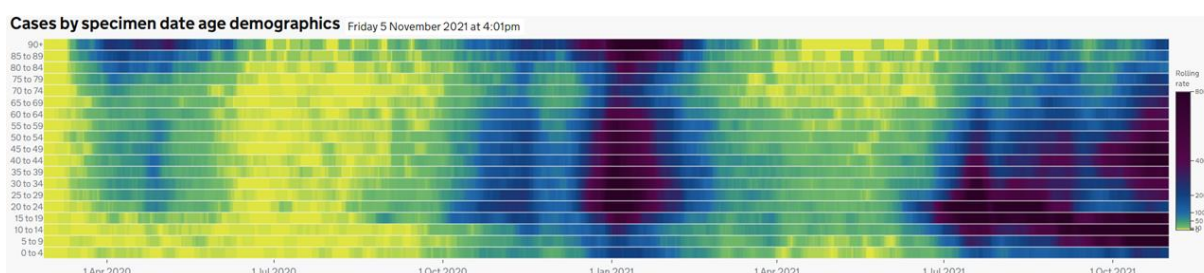
## Rates of infections



Source: GOV.UK Coronavirus (COVID-19) in the UK dashboard

- Age demographic data suggest case rates are present and high in all age groups as of 8<sup>th</sup> November 2021. Case rates are prevalent in all age groups, but 10-14 year olds are the most affected age group with a rate of 1,292 per 100,000, this is a decrease compared to the previous week. Case rates are now starting to decrease in the 40-44 year age band. In contrast, among older people aged 60 and over, rates are still relatively lower at 254.7 per 100,000 population, though worryingly they are increasing due to much earlier waning of vaccine immunity among older people. The message therefore is that the community, with the County Council’s leadership, supports the rollout of COVID-19 booster doses to give further protection and vaccination of children aged 12 to 15 years, which should also help drive down infection case numbers in children.

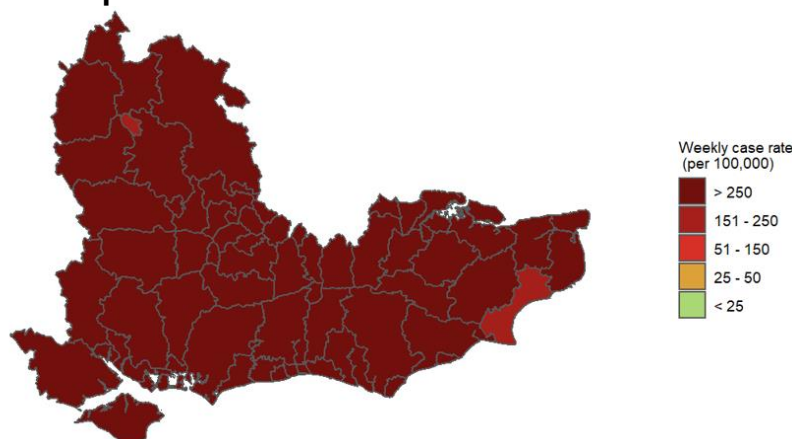
### Age demographics case rate heat map



Source: GOV.UK Coronavirus (COVID-19) in the UK dashboard

- The picture varies considerably at a District level. Overall, all-age case rates are high at more than 250 cases per 100,000. The COVID-19 all age case rates are decreasing across the Hampshire districts. At 655.4 per 100,000 population, Gosport has the highest 7-day all age case rate, higher than the England case rate of 386.7 per 100,000 population. Gosport has the highest over 60 year case rate of 297.5 per 100,000 population, on the 3 of November 2021. With high infection levels it is essential that through District and County Council collaborative leadership, infection rates are controlled, and outbreaks managed effectively.

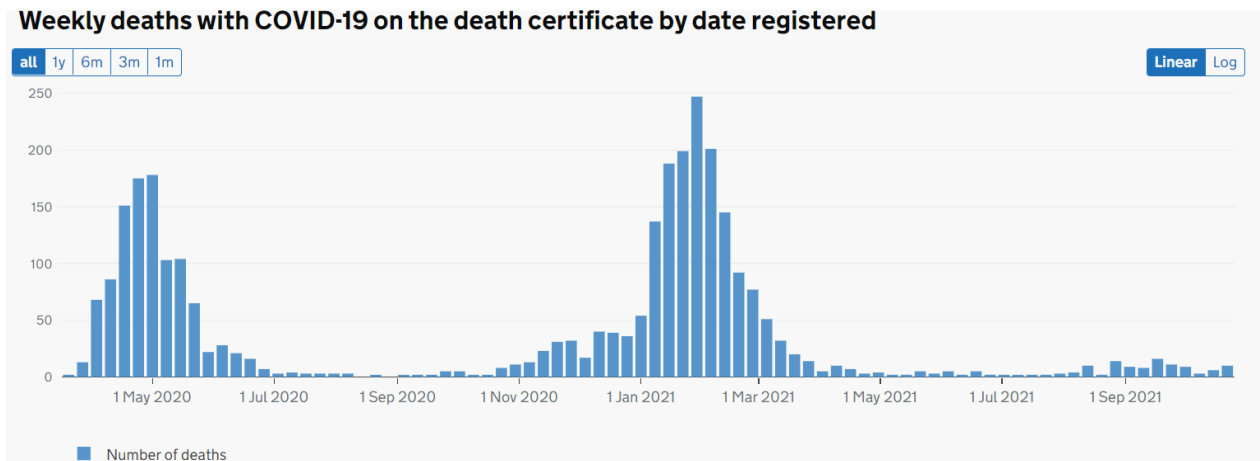
### Case rate map



Source: Situational Awareness Report, UK Health Security Agency Local Authority Report Store

10. Deaths due to COVID-19 have been steadily falling since mid-January compatible with the successful roll out of vaccination. Currently, the County is experiencing a variable, but overall low death rate. The important message here is that vaccination is highly effective against death from COVID-19 and that being fully vaccinated is more protective than if you are unvaccinated or partially vaccinated.

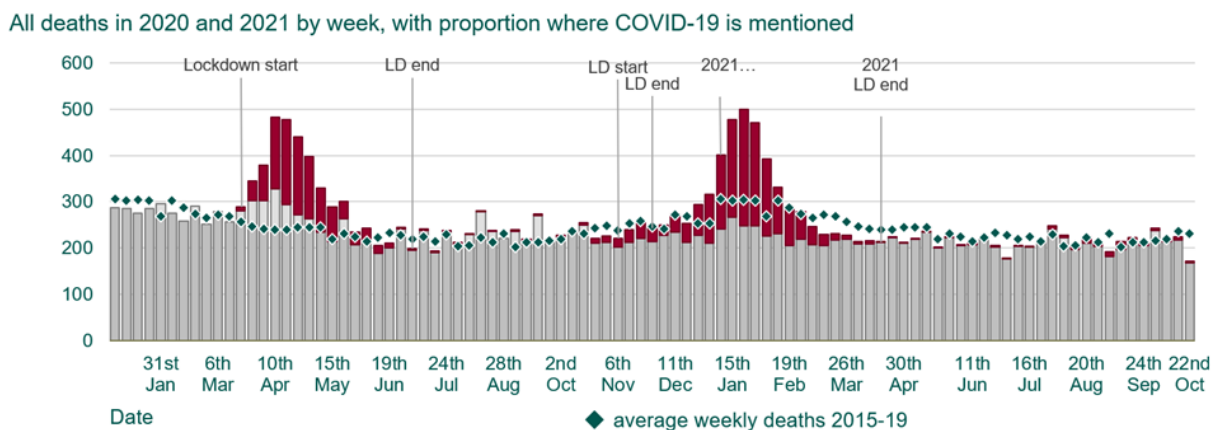
### COVID-19 deaths



Source: GOV.UK Coronavirus (COVID-19) in the UK dashboard

11. Trends in excess deaths above the five-year average for 2015-19, suggest that the higher COVID-19 mortality experience across Hampshire mostly occurred during wave one and wave two. Since March 2021 the overall number of deaths has been below or comparable to what we would expect for this time of year.

### Excess deaths



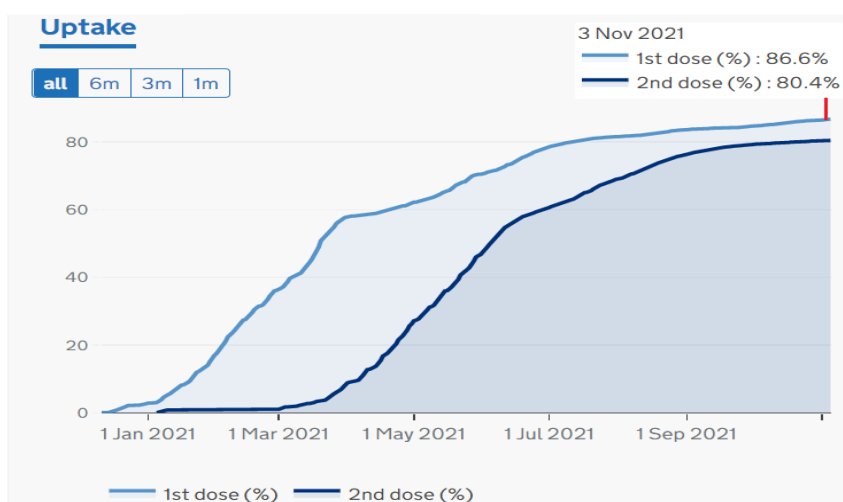
Data source: ONS Death registrations and occurrences by local authority and health board. Produced by LKIS, Public Health England Office for National Statistics, licensed under the Open Government Licence.

12. Healthcare backlog and continuous high demand due to COVID-19 and non-COVID-19 conditions are characterising this new phase of the pandemic. After an earlier decline, hospital admissions due to COVID-19 are gradually increasing and are detailed in the NHS update.

## COVID-19 response arrangements

13. Vaccination - In Autumn 2021 we now have a largely vaccinated population. Latest data at time of writing (and to be updated verbally at HASC) was that around 86.6% of the Hampshire over-12 population have received a COVID-19 vaccination, with 80.4% having had two doses, as of 3<sup>rd</sup> November 2021. An estimated 72.7% of adolescents aged 16-17 years and 36.8% of children aged 12-15 years have received a COVID-19 vaccination. Though vaccine uptake is already very high, it could be higher still and every effort should be made to maximise uptake among unprotected susceptibles.

## COVID-19 vaccinations

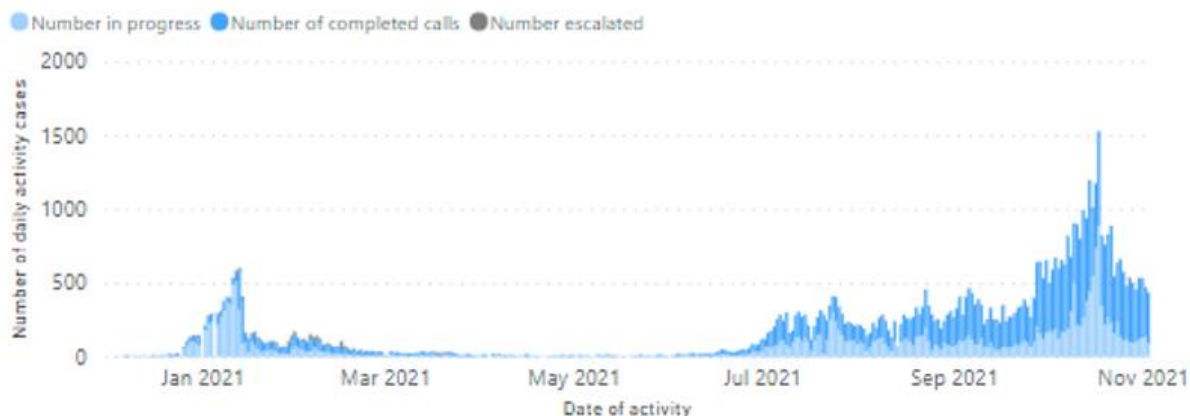


Source: GOV.UK Coronavirus (COVID-19) in the UK dashboard

14. Test, Trace, and Self-Isolation – The Test, Trace, and Self-Isolation system remains critical to breaking chains of transmission to manage the virus over the autumn and winter. Symptomatic or asymptomatic testing helps to find people who have the virus, enables their contacts to be traced and helps ensure people self-isolate and/or get tested to prevent onward spread. Local targeted community testing arrangements continue to support the focus on disproportionately impacted and other high-risk groups. Our high case rates mean that we need to encourage the public's uptake of testing, fast and efficient tracing and self-isolation.
15. The Hampshire Local Tracing Partnership (LTP) has been a success with high case completion. Average daily cases in the service over the previous two weeks is estimated at 539 per day. A hybrid model of the Local – 4 approach, for self-completion of new cases within a 4-hour window is operational, that flexes onboarding and prioritisation of Districts with high case rates and service capacity issues.

## Hampshire Local Tracing Partnership case outcomes

### Daily number of cases by outcome



Source: Hampshire LTP case outcomes

16. Hampshire continues to play a vital role in supporting people on low incomes who are required to self-isolate by delivering financial assistance via the Test and Trace Support Payment scheme (TTSP) and Practical Support Payment (PSP) schemes. Further details on these schemes are provided in the Adults' Health and Care update.

### NHS Update

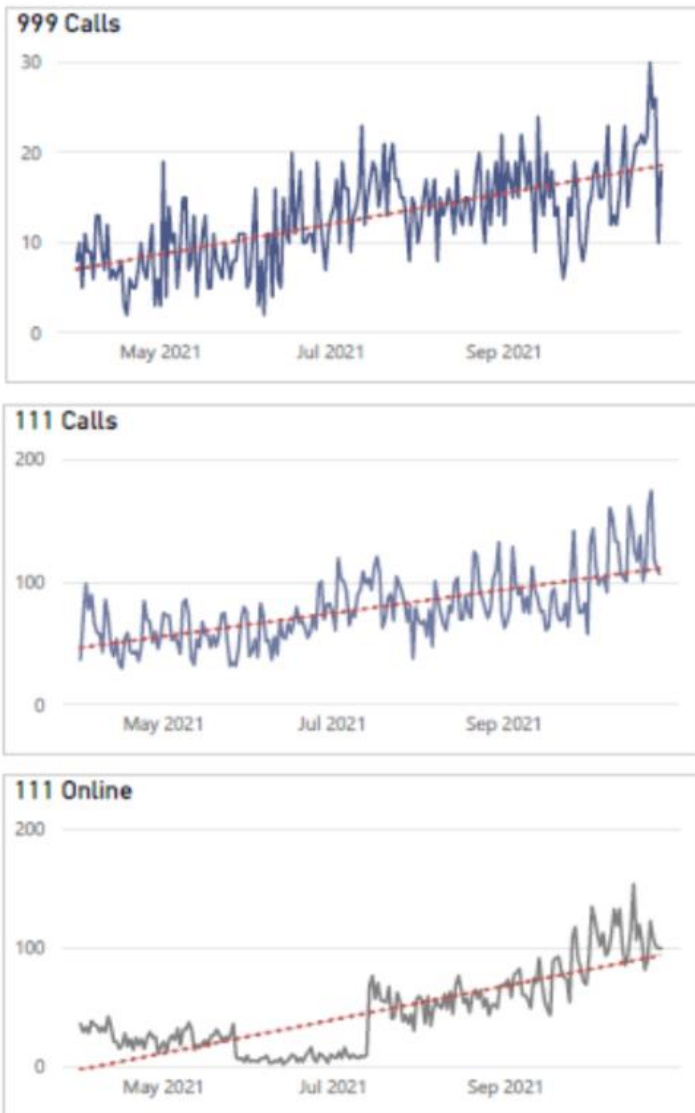
17. The following provides an update on the impact to date of the pandemic on Hampshire and Isle of Wight and planning, the COVID-19 vaccination programme and recovery of services, including increases in planned activity.

### Impact of COVID-19 in Hampshire and the Isle of Wight

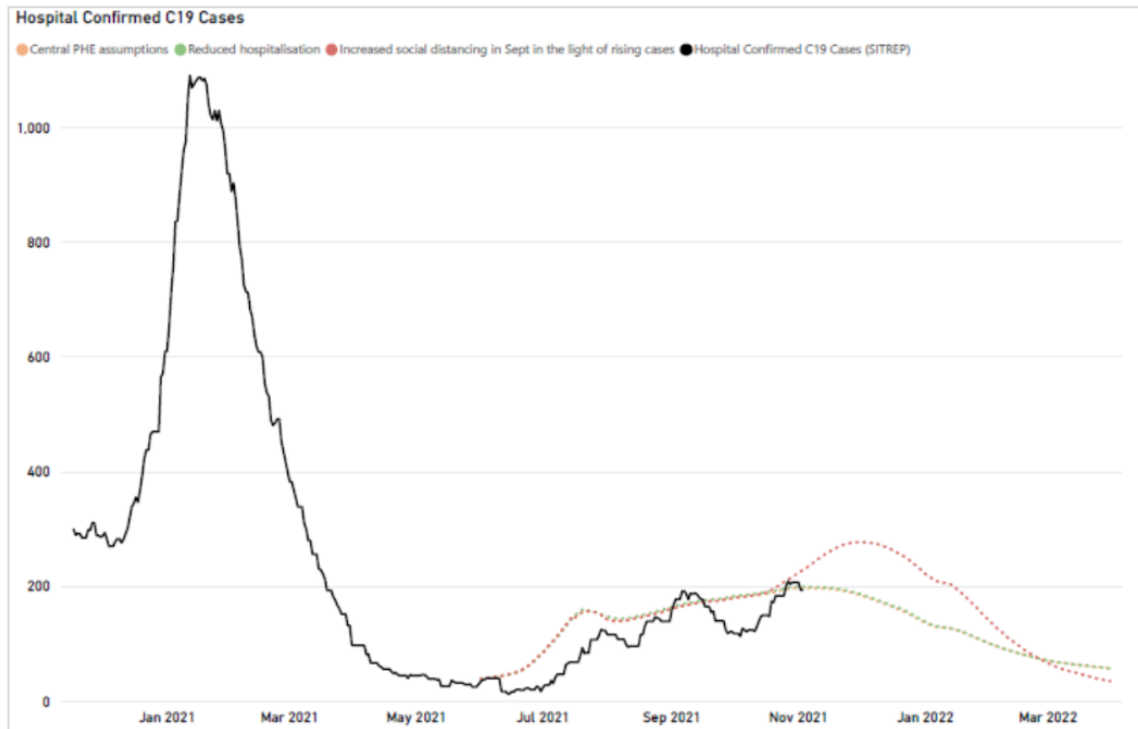
18. The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential COVID-19 symptoms. These graphs demonstrate a stepped increase over the last three months.



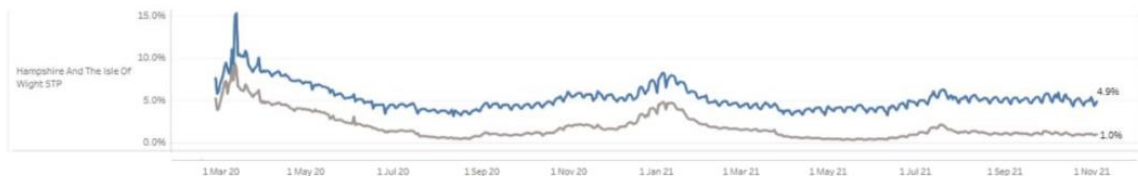
### HIOW - NHS Pathway Triages Query Covid Symptoms (111/999)



19. The following graphs show the number of daily COVID-19 cases in acute Trusts across Hampshire and Isle of Wight due to COVID-19. Again, we have seen the impacts of increased COVID-19 activity from early September onwards, and these are in-line with the case modelling.



20. The following graph shows the daily staff sickness rate across Hampshire and Isle of Wight.



21. As at 2 November, the staff absence rate is 4.9% for all staff absences, which is an improvement on previous highs of 8.8%. Sickness related to Covid-19 sickness or self-isolation is currently at 1%.

22. 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.

23. Our primary care colleagues continue to do all they can 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 Isle of Wight. More 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.

24. 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.
25. The number of patients with COVID-19 being cared for in hospital reduced to very low levels by the end of May (46). Since COVID-19 lockdown restrictions were lifted on 19 July, we have seen numbers rise steadily, and they have continued to rise throughout October. However, positively, in light of the continued roll-out of the COVID-19 Vaccination Programme across our communities, we are seeing far less patients who need intensive care and significantly fewer deaths. As of 1 November, there were 194 patients with COVID-19 being cared for across all four hospital sites in Hampshire and Isle of Wight. The largest increase in COVID-19 cases identified in the last 30 days is predominantly in the 10 - 24 year old age groups.
26. 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.
27. Across Hampshire and the Isle of Wight we have seen a marked increase in 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-COVID19 activity have returned to pre-pandemic levels
  - Emergency Department activity volumes had risen to peaks above “normal” levels in June and July – but during October and November have moved to 9% higher than plan. Demand for 111 services and 999 services is 20% higher than the same periods in 2019.
  - Primary care is also exceptionally busy, with ongoing high patient demand and GP practices continue to work hard to safely deliver care to the population
  - The number of patients in hospital who are medically fit has risen to 17% of our total acute beds, which is impacting on the length of time patients are spending in hospital. Working closely with our partners we are doing all we can to reduce this and ensure patients are discharged in a timely way, however there are acute workforce shortages which continue to cause considerable challenges.

### **Recovery of services across Hampshire and the Isle of Wight**

28. Elective recovery plans have been finalised by all Trusts and include additional activity in order to treat patients more quickly.
29. We are currently delivering a higher level of activity than the national standard (95% of 2019/20 activity levels), and our main focus is now on ensuring patients experiencing the longest waits anyone are treated by March, and that the total

number of patients on the waiting list is reduced. This is extremely challenging in the face of urgent care pressures, and our providers continue to working partnership to do all they can to ensure patients can be treated.

30. Cancer activity remains strong, with Wessex Cancer Alliance second highest nationally and Hampshire and Isle of Wight the fourth highest performing Integrated Care System. Hampshire and Isle of Wight continues to exceed the 28 days faster diagnosis standard, however we have seen more challenged performance in the last the months as a result of the expected marked increase in two-week wait referrals. Breast cancer referrals, for example, are 20% above plan.
31. 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.
32. 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.
33. 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 preoperative 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

## **Adults Health and Care Update**

34. The following provides an update on the impact of the pandemic on social care.

### **Pressures on services**

35. The social care market in Hampshire, like the wider national social care market is currently experiencing a number of significant pressures, particularly with the regards to the recruitment and retention of staff. A number of factors such as the impact of Brexit, the impact of Covid 19, the wider opening of the services market (bars, restaurants etc) and the mandating of full vaccination for all staff working in CQC-registered care settings are all impacting on the ability of care providers to maintain sustainable levels of staffing.
36. The shortage of staff is evident across the whole social care system given the ever increasing demands in levels of care needing to be delivered and the increasing volume of care as a result of increased activity across health and care sectors, impacting on our providers as well as our own teams. Within certain areas of the Adults' Health and Care workforce such as HCC Care and some frontline social work teams, it is also increasingly difficult to attract and retain staff, particularly in the face of the recruitment offers being made by other sectors in the wider economy, particularly retail and hospitality.
37. Adults' Health and Care are working closely with care and support providers to support them where possible to maintain required levels of care and ensure stability in the market. The Call2Care campaign which is detailed in paragraphs 72-76 of this report is designed to attract new people to work in care.

### **Market Interruption**

38. Covid19 has meant that service interruptions with our providers have been more frequent, challenging and complex. During the course of the pandemic, we have had to support providers with a number of different interruption scenarios such as:
- Shortages of PPE
  - Shortages of testing kits
  - Agencies refusing to work in care settings with Covid19 cases
  - Care home outbreaks with cases impacting both the residents and staff
  - Insufficient staffing in care homes due to absence as a result of Covid19, staff needing to self-isolate or other illness
  - Families struggling to support someone they care for because a live-in carer has Covid19.
39. Adults' Health and Care has provided an extensive range of support to the care sector during the pandemic and continues to do so.
40. In terms of issues around capacity, there is daily monitoring of providers reporting information into the National Capacity Tracker. All providers reporting pressures in relation to workforce, PPE or capacity receive a follow-up telephone call with the outcome recorded on the provider view area of AIS. This

information is then used to inform our departmental monitoring of the provider market.

41. Effective and quick distribution of the national funding streams for the sector, through commissioning teams.
42. Throughout the pandemic the Department has co-ordinated regular liaison meetings between the County Council, Clinical Commissioning Groups, the Care Quality Commission and Hampshire Care Association to inform local market support. This has done through a Care Home Board chaired by the Director of Adults' Health and Care, Graham Allen.
43. A dedicated provider portal web page has been set-up and regular monthly provider newsletters sent out, in addition to more ad-hoc communications.
44. Adults' Health and Care commissioning teams have co-ordinated the effective and rapid distribution of national funding streams such as the Infection Control Fund (ICF) and the Contain Outbreak Management Fund (COMF) to individual providers. Additionally, the Department made temporary changes to the way it funded certain providers, such as making block payments to day service providers, to ensure greater market stability. The latest awards of Government funding (£11.2m) is in process for dispersal across the social care sector in two tranches, in line with both required distribution and an element of local discretionary allocation.

### **Mandatory Vaccinations**

45. All staff who work in CQC-registered care settings will need by law to be doubly vaccinated by 11 November 2021. Monitoring and support around the mandatory vaccination requirement is now in place for staff in care homes.
46. In Hampshire, as of 1<sup>st</sup> November 2021, 442 staff in registered care homes, 392 of whom work in older peoples' homes were unvaccinated – representing 3% of the sectors workforce. It is estimated that around 200 people will leave the sector In Hampshire, placing further pressure on staffing capacity. Within, HCC Care, 26 people were unvaccinated at that date with 97% of HCC Care staff fully vaccinated.
47. A public consultation has been completed for vaccination to be applied in NHS settings and the wider social care sector. Consequently, on 9<sup>th</sup> November the Secretary of State for Health and Social Care informed the House that a draft statutory instrument (secondary legislation) would be laid before Parliament to seek to enact mandatory vaccination for NHS and social care staff in all patient / public facing roles – to come into effect from 1<sup>st</sup> April 2022, subject to Parliamentary approval.

### **Safeguarding**

48. Changes in individual circumstances resulting from Covid19, may have resulted in an increase in the number of potential safeguarding incidents. In addition, the ability of the Adults' Health and Care teams to visit people in their homes, be

that their own home, a residential home or a supported living setting was reduced in order to reduce infection risk. Contact with people who use social care services, including assessments and reviews was largely carried out online, using tools such as MS Teams, or over the telephone.

49. Many people have experienced disruption to the delivery of their usual care since the start of Covid19. Services such as day services and respite services have either been closed or have been operating at a reduced capacity. These are settings where safeguarding concerns may often be identified.
50. The care that some people receive in their own homes has also been reduced in some circumstances, particularly where service users or their carers have had concerns around infection prevention. This in turn may have led to additional pressures on those carers.
51. Day services and respite services, under normal circumstances provide respite to both individuals and their carers, allowing them to spend time apart and lead more independent lives. The reduction in the provision of these services along with the other factors outlined in this section are likely to have led to a significant increase in pressures on many carers. To mitigate some of these pressures the County Council, working with voluntary sector partners, has put in place a number of initiatives to help support carers. These include provision of information and advice, outreach and befriending services and in some cases the provision of small carers' grants.
52. As a result of the above, Adults' Health and Care is currently reviewing the levels of safeguarding enquiries that it receives, looking at data from other local authorities with a similar population size to identify trends or themes.
53. Nationally, there is a focus on Safeguarding Adults Reviews relating to self-neglect. This is also reflected in Hampshire, where a themed Safeguarding Adults Review is due to be published shortly. This focusses on 6 cases where people have died who were not open to any services and who had a history of alcohol and/or drug misuse, hoarding and other forms of self-neglect.
54. Adults' Health and Care continued to prioritise prevention, excellent practice, professional development, system improvement, audit, and learning from Safeguarding Adults Reviews. This included by:
  - Introducing extra resource in key areas in the short term, to protect time for professional development despite growth in demand.
  - Planning for the implementation of a new social care recording system, *Care Director*, in 2022 to improve recording of safeguarding data.
  - Introducing a new senior social work role, which went live on 1<sup>st</sup> October 2021. Social workers that meet a required standard of practice will be remunerated for taking on professional lead roles, including Safeguarding Lead to ensure good safeguarding standards in teams.

- Restarting home visits for those who could not be visited during lockdown, with the use of home working guidance to equip staff to make use of professional curiosity and effectively support people at risk.
- Delivering an extensive campaign on re-launching Making Safeguarding Personal and introducing new mandatory safeguarding training, alongside an automated training dashboard.

55. Please see the full Adults Health and Care annual safeguarding report for further details.

### **Workforce**

56. Since the start of the Covid19 pandemic there has been an increased focus on the wellbeing and resilience of the staff who work in Adult's Health and Care. This focus on wellbeing continues to be a priority with people being encouraged to book their annual leave allocation and to take regular breaks, including lunch breaks.

57. In-person team meetings have restarted, with some teams participating in team-building events. All staff have been able to take advantage of a small amount of financial recognition for each person to enable them to have lunch (no alcohol) together or participate in a team activity.

58. Concerns around team capacity and workload-related issues as well as a high level of vacancies for certain roles have led to the decision to create additional capacity in the Adults' Health and Care workforce of around 40 temporary posts. This has been supported by a department-wide recruitment drive which has seen approximately 90 applications, resulting in recruitment to over 20 permanent posts.

### **Winter Resilience (Provider Market)**

59. There are a range of measures being put in place to help individual providers deal with incidents that may arise as a result of situations such as outbreaks of Covid19, staffing shortages etc. Actions cards are being developed so that specific guidance is in place for responding to the wide variety of interruptions scenarios. When these are complete they will be added to an updated provider failure/interruption policy.

60. The County Council's Emergency Planning team are facilitating sessions with staff across the department to ensure we have reviewed our detailed plans to respond to any emergency home closures.

61. Additional temporary posts are being recruited in the Adults' Health and Care Provider Quality team to support providers in the event of potential service interruption or failure as well as to help them to recover from such situations.

62. The department holds a list of agencies that providers can contact to find alternative staff. This list is regularly reviewed and updated with the agencies. Plans are also underway to commission a 12 week emergency care bank, so that Adults' Health and Care can respond to urgent provider staffing requests.



### **Winter Resilience (HCC Care)**

63. The County Council's own HCC Care arm, which runs residential and nursing homes for older people, respite services for adults primarily with learning disabilities and day services for both older people and people with disabilities, is experiencing the same pressures as the wider care market. National issues such as Brexit, Covid19, increased levels of sickness as well as pressures driven by NHS demands are all placing increasing difficulties on service delivery.
64. The service is experiencing a shortage of staff and is competing with other providers within the care sector for scarce staff resources. Recruitment to vacancies and retention of staff across HCC Care, as in the wider care sector, is increasingly challenging. Due to such pressures and low occupancy levels in two HCC Care facilities the Director of Adults' Health and Care took a decision, for operational safety reasons, to temporarily close these two care homes.
65. The service is expecting to come under further pressures during winter resulting from a number of issues, including fluctuating levels of Covid19, predictions of bigger flu impact due to lower resistance in communities and the re-emergence of other illnesses such as Norovirus.
66. In addition, the onset of winter pressures on local hospital systems will further exacerbate the pressure felt on an already fragile care sector workforce

### **Winter Plan (Supporting the NHS)**

67. The foundation for the Winter Plan is to build upon the Discharge to Assess (D2A) and Short-Term services that have been supporting the Hampshire system since the beginning of this financial year. These services have been commissioned in such a way that they can be flexed when there is a surge in demand.
68. Over the past 3 years we have consistently experienced a 20% increase in demand between November and December and a further 10% increase in demand between January and March. This year, CCGs have brought winter plans forward to the start of October and we have been increasing capacity in services from this time, as when required.
69. There has been no significant reduction in demand for hospital discharges over the past 6 months, and we have maintained additional staff working in each service. Additionally, acute hospitals have seen significant operational challenges, including increased occupancy and ambulance handover delays, alongside elective care pressures. Additional resources will be required to support increased demand and referrals to our D2A services and through to onward care. Further additional staff will also be needed in the Single Point of Access (SPOA) and reablement teams. Wraparound care services in terms of support from GPs, social care support, therapist support etc are also required to support the discharge process.

70. Work is ongoing with the NHS to look at what can be done to reduce demand at the front door, for example promotion of preventative services, promotion of the flu vaccine and increased working with voluntary sector.
71. It should be acknowledged that this is being planned and delivered in the context of considerable uncertainty around any new Covid19 variants, a potential flu outbreak and increased demand and complexity of needs.

### **Call to Care campaign**

72. The Call to Care campaign has been created in collaboration with our recruitment agency partner, Connect2Hampshire, to encourage people in Hampshire to consider a career in care.
73. The scope of the campaign is to encourage people to consider a career in care in response to vacancies across the independent sector. The campaign will also take every opportunity to promote careers in care within Hampshire County Council, with a focus on HCC Care.
74. A Campaign Manager has been recruited to focus on attracting, retaining and developing the care workforce in Hampshire. A social media campaign, using Facebook, Instagram, LinkedIn, Snapchat and TikTok has been running since the end of August 2021, as part of a wider marketing campaign, designed to drive people to the [www.CallToCareinHampshire.co.uk](http://www.CallToCareinHampshire.co.uk) website. This wider campaign has involved promotions via local newspapers, local radio, universities, job boards (e.g. Community Care, CV Library), recruitment fairs and even recycling centres.
75. The campaign is starting to see a number of successes; 16 new people have registered as Personal Assistants in Care on the Hampshire PA Finder website.
76. Average weekly impressions (also known as views) for Facebook adverts are in the region of 50k and the new microsite for Call to Care has circa 500 users each week. Most users that find and use our microsite are from the Newsquest digital campaign (local newspapers online - Daily Echo, Hampshire Chronicle, Romsey Advertiser, New Forest Post, Andover Advertiser, Aldershot Star), with others directed from the national campaign or social media.

### **Update on Recovery**

77. The cumulative impact of the operational and workforce pressures described are reflective of the Recovery phase that the Department is currently working through, with the longer-term consequences of Covid now taking effect. To ensure sustainability of the Department's approach to Recovery for the longer-term, a proposal will be presented to DMT in late November to transition the temporary Recovery Escalation and Steering Group to a business as usual SMT Network. Importantly, this will enable senior operational and headquarters managers to regularly share intelligence, coordinate activity, reflect on good practice, and provide a forum for peer support. The SMT Network will have

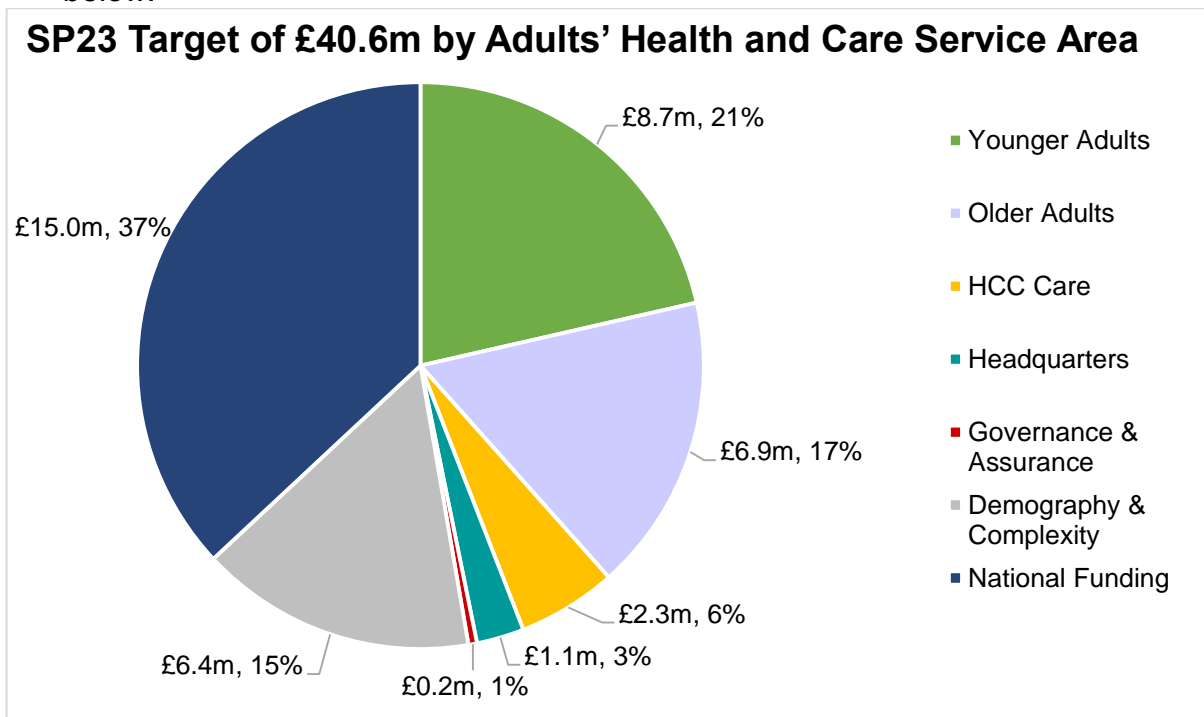
direct links to the Recovery Executive Group and/or DMT to escalate decisions and issues as appropriate.

78. Despite the significant challenges to recovery, positive steps are being made alongside the mitigations being put in place to manage pressures and shore up resilience. All offices have now reopened, and a review of the arrangements is planned for next year once new ways of working, in line with the organisation's new Open Workplace Policy, and the use of hybrid technology has been embedded. Other highlights of recent months include, but are not limited to, roll out of the Senior Social Worker role and Excellent Practice Validation, expansion of virtual appointments, mobilisation of the Older Adults One Plan programme, the opening of the Nightingale Lodge Extra Care scheme, continued close working with the Voluntary, Community and Social Enterprise sector, and refresh of the Department's four existing Market Position Statements (MPSs') alongside publication of two new MPS's for Physical Disabilities and Extra Care.
79. A refreshed five-year Department Strategy was due to be presented to Cabinet in December 2021, however due to the relentless operational challenges and other priorities such as the Afghan Resettlement Programme, this work has been postponed until the new year. The refreshed Strategy will now be prepared for Cabinet consideration in May/June 2022. Engagement with service users, carers and providers will continue between now and then to ensure that important feedback and views are taken into account. Development of the Department's Roadmap and annual Business Plan was similarly postponed, however work on these has now resumed and both are planned for internal publication in early December 2021.

#### **Update on SP23 / T21 / T19**

80. As at October 2021, £51.4m savings had been delivered of Adults' Health and Care's £55.9m Transformation to 2019 (T19) programme, together with £16.5m Transformation to 2021 (T21) savings (target £43.1m). The remaining £31.1m combined represents the most difficult element to achieve as this mainly relates to reducing expenditure on care packages within Older Adults and Younger Adults against a backdrop of increasing demand, complexity, and cost pressures alongside the potential longer-term impact of Covid-19, the financial challenges being experienced by NHS organisations and social care, increasing expectations and greater levels of regulation especially linked to quality.
81. In addition, the Department faces a further budget reduction of £40.6m (or 10%) by April 2023 as its contribution to Savings Programme to 2023 (SP23). These savings will build on past performance through T19 and T21 that has resulted in positive service transformation and innovation (including multi-million £ investment in Technology Enabled Care and modern Extra Care housing) alongside further efficiencies and service reductions. Additionally, the strengths-based way of operating that the Department has been increasingly working to over the last decade continues to improve service user independence and in turn has helped to limit the cost of paid for care packages. A high-level

breakdown of the Department's SP23 savings areas is provided in the diagram below.



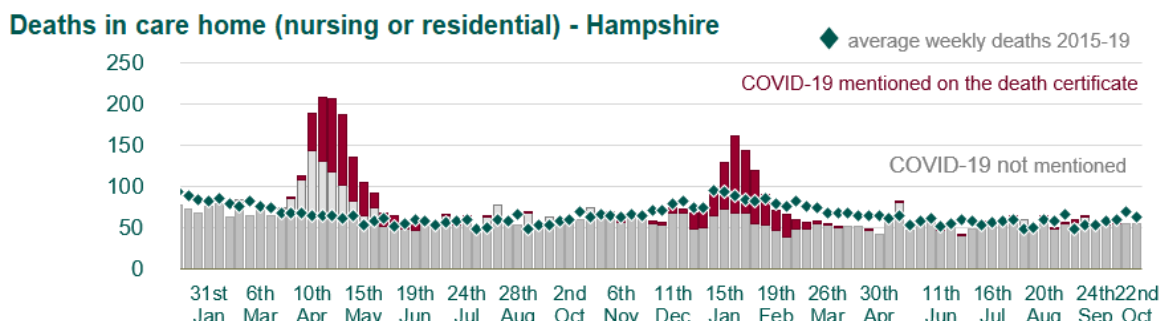
82. SP23 will challenge the Department like never before and it is inevitable that there will be impacts on front-line services. That said, the programme will be taken forward carefully and sensitively in line with the approach outlined above, and the Department is confident from the information currently held that its targets can be achieved. Findings from the Balancing the Budget consultation in summer 2021 were considered and Equality Impact Assessments produced to help shape the final proposals. Stage 2 consultations are planned in the Spring of 2022 on SP23 proposals relating to Social Inclusion and Demand Management and Prevention Grants. Positively, the direct impact of SP23 plans on the Adults' Health and Care workforce is expected to be minimal with very few staff posts to be potentially at risk. Importantly this will enable the further embedding of the large-scale workforce changes implemented during T19 and T21, alongside preparation for the roll-out of the new CareDirector system in Summer 2022, particularly while significant operational pressures and recovery from the lasting impacts of Covid-19 continue.

### Progress of Covid-19 within Hampshire's care homes

83. For the time period requested – from 1<sup>st</sup> February 2020 to 22<sup>nd</sup> October 2021 (ONS week 6 2020 to week 21 2021) and registered up to the 30<sup>th</sup> October 2021

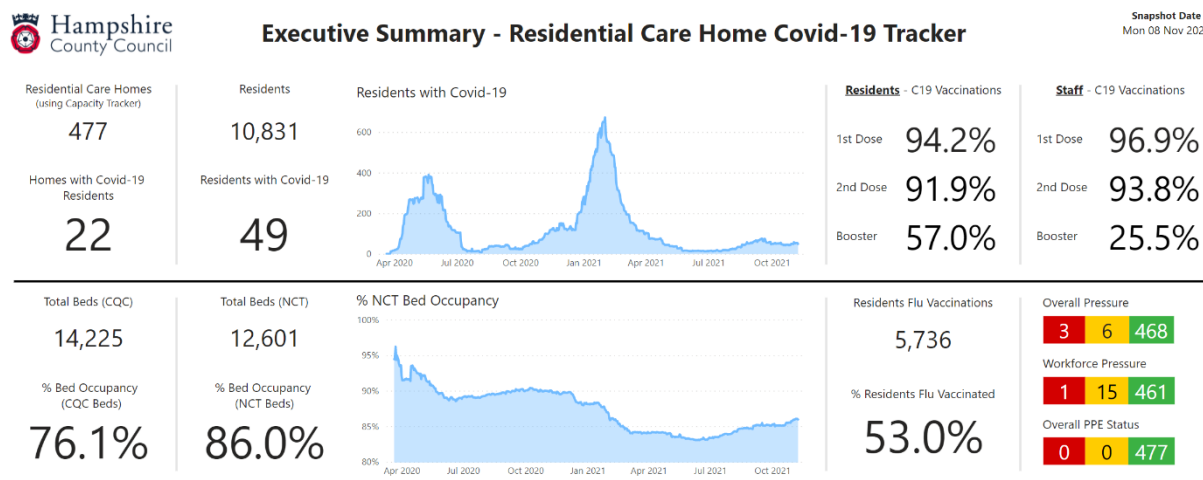
- there have been **6,875** deaths from all causes in Hampshire care homes (nursing or residential)
- **1,004** of these deaths had COVID-19 mentioned on the death certificate. These figures are based on date of death occurrence as opposed to date of registration. They reflect all deaths registered as at the 30<sup>th</sup> October 2021 and are subject to revision, especially the most recent weeks.

\*The source of the underlying data is - Death registrations and occurrences by local authority and health board published by ONS. The graphs are adapted from Latest excess mortality and place of death analysis – up to Week 42 released by LKIS South East, Public Health England.



Data source: ONS Death registrations and occurrences by local authority and health board. Analysis produced by LKIS South East, Public Health England. Figures for most recent weeks are subject to revision and should be treated with caution. This includes all deaths that occurred up to the 22<sup>nd</sup> October 2021 but were registered up to 30<sup>th</sup> October 2021.

## Care Home Market Overview



84. Occupancy levels have shown an improvement over the summer, increasing, on average, from 83% to 86% since June, but they remain below the 90% target that care providers state is their break-even point and with significant variation in occupancy levels in different homes.

85. The strain on staff remains high and there is a continued high reliance on Agency staff, at increased fees.

86. Other sectors continue to open up e.g. retail and hospitality. As part of our Call to Care campaign we have established a dedicated recruitment team within our partner organization C2H. This team was set up during October and is currently working with 30 homes and managing recruitment. We have additional funding

streams through ICTF (confirmed until end March) and COMF to support outbreak management and Govt. has just announced a workforce retention and capacity fund to offer further support over the winter period. This should go some way to helping to build resilience among the workforce.

87. We have put a lot of effort into supporting care homes to maximise the take up of the vaccination before it becomes law on 11<sup>th</sup> November and just over 3% of the workforce have yet to take up the first dose. We have engaged directly with the top 50 homes who have had a lower uptake to ensure that they have robust contingency plans in place and that there will be no interruption to service. All have assured us that they do not anticipate any significant impact on their ability to deliver care
88. There are signs that Covid outbreaks are on the rise, with 35 homes reporting outbreaks over the past month, impacting 65 residents. We will continue to reinforce IPC guidance to help to contain outbreaks and have developed a support pack to help providers with their preparations for winter.

### **Climate Change Impact Assessment**

89. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

### **90. Climate Change Adaptation and Mitigation**

The carbon mitigation tool and climate change adaptation tools were not applicable on this occasion because this is an update and not seeking a decision.

### **Conclusions**

91. This report is presented in order for the Health and Adult Social Care Select Committee to maintain an overview of the response to the pandemic locally, which is a key issue for the health and care sector in Hampshire at present. This gives the Committee the opportunity to remain informed and identify any areas that may warrant further scrutiny.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<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:**

An impact assessment has not been undertaken as this report is providing an update not proposing any change for decision.



## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	23 November 2021
<b>Title:</b>	Issues Relating to the Planning, Provision and/or Operation of Health Services
<b>Report From:</b>	Chief Executive

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### Purpose of this Report

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

#### Recommendations

5. The Committee note the update on Primary Care and welcome the GP Winter Access Fund.
6. The Committee notes the impact of the pandemic on availability of dental care. The Committee request an update from commissioners in six months on progress with increasing capacity in dental services.

## Executive Summary

Table 1

Topic	Relevant Bodies	Action Taken	Comment
Primary Care	Hampshire Southampton and Isle of Wight Clinical Commissioning Group	The CCG have provided a briefing covering access to GP appointments and other developments in primary care attached at Appendix 1.	Members of the Committee requested an item covering access to GP appointments, following concerns raised by residents about difficulties in accessing face to face appointments.
Dental Services	NHS England and NHS Improvement	NHS England have provided a briefing regarding the commissioning of dental activity attached at Appendix 2.	Members of the Committee requested an item covering access to dental services, following concerns raised by residents about availability of NHS dentists in Hampshire.

### Finance

6. Financial implications will be covered within the briefings provided by the NHS appended to this report, where relevant.

### Performance

7. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

### Consultation and Equalities

8. Details of any consultation and equalities considerations will be covered within the briefings provided by the NHS appended to this report.

### Climate Change Impact Assessment

9. Consideration should be given to any climate change impacts where relevant.

## **Conclusions**

10. The Committee will have an interest in monitoring the ongoing impact of the pandemic on access to GP appointments and dental appointments, as they are parts of the health system widely used by the population.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

**Section 100 D - Local Government Act 1972 - background documents**

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

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

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

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

This page is intentionally left blank

## Hampshire Health and Adult Social Care Select Committee primary care update November 2021

### 1. Context

- 1.1. This report summarises Hampshire, Southampton and Isle of Wight Clinical Commissioning Group's (CCG) work programmes relating to delegated primary care commissioning functions in Hampshire. It includes a brief summary of some key achievements, priorities, and plans for the future.
- 1.2. We recognise the frustrations many people are experiencing in accessing GP appointments at the current time. The pace of change brought on by the COVID-19 pandemic has had benefits, particularly for those patients who prefer digital consultations and the speed at which this type of remote consultation can be delivered at times. However, a number of patients have a strong preference for face-to-face appointments and, now COVID-19 restrictions are reducing, there is frustration from some patients around the way primary care is currently operating. We are committed to improving access to high quality general practice, which requires both urgent and long term action. The NHS, working closely with the Department of Health and Social Care (DHSC), has published a blueprint for improving access to GP appointments for patients alongside supporting GPs and their teams. As a part of this, we are currently putting our local plan together to outline how we plan to spend our share of the national £250m winter access fund which is being made available to GP practices. More details can be found within this report.
- 1.3. Primary care is meeting the needs of more patients now than ever before. The method of seeing patients has widened, supporting access, with telephone and online consultations becoming more widely used in GP practices following new ways of working during the COVID-19 pandemic. All GP practices have continued to offer face-to-face appointments throughout the pandemic when clinically appropriate to do so, and this remains the case today.
- 1.4. Patients who are COVID-19 positive remain able to receive face-to-face appointments with a GP or primary care health practitioner in a safe setting, if clinically necessary.
- 1.5. Commissioning arrangements remain as before, with the CCG receiving delegated responsibility from NHS England and Improvement. Within the CCG, primary care is handled at a local level, which reports to a CCG-wide Primary Care Commissioning Committee. These new governance arrangements for commissioning do not represent a significant change. A larger CCG has allowed for better and more streamlined ways of working, such as learning from best practice of other areas and closer working across boundaries.

- 1.6. There are a number of exciting developments in primary care. The projects mentioned below are the result of close collaboration between commissioners, GP practices, Primary Care Networks (PCNs), wider NHS providers, and the voluntary sector.

## **2. Development of Primary Care Networks (PCNs)**

- 2.1. In 2019 NHS England launched its new Five Year Primary Care Contract Framework and the associated Directly Enhanced Service for Primary Care Networks (PCN DES). These arrangements have led to the development of PCNs in the county which bring together groups of local GP practices to work collaboratively to support primary care resilience, promote access and develop more integrated models of care working with other local health and care providers.
- 2.2. There are significant additional investments associated with PCNs, the largest of which is to fund additional roles, via the Additional Roles Reimbursement Scheme (ARRS). These new roles include pharmacists, social prescribers and physiotherapists (among others) which will grow capacity in primary care services and broaden the range of services available to patients.

## **3. Appointments in Primary Care**

- 3.1. All practices are offering face to face, online and telephone urgent and routine appointments for patients.
- 3.2. Whereas nationally rules around shops and non-clinical settings have now been relaxed, the NHS in England continues to follow Public Health England's infection prevention control guidelines.
- 3.3. This means NHS guidance remains in place across all health services including hospitals, GP practices, dental practices, optometrists and pharmacies to ensure patients and staff are protected. Staff, patients and visitors will also be expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, mask and other personal protection equipment. It is very important that in healthcare settings, we do all we can to reduce the risk of infection for our staff and those who need our care.
- 3.4. GP practices are offering face-to-face appointments when it is clinically appropriate to do so, but are also delivering care to patients via telephone and online (through eConsult®). GP practices locally are encouraging patients to use eConsult® in the first instance if they are confident internet users. Almost all practices are relying on some form of triage to ensure that patients are given an appointment with the most suitable member of the primary care team. Furthermore, practices are continuing to support patients with the management of their long term conditions (virtually and face to face) and screening programmes.



- 3.5. On October 19, 2021, the UK Health Security Agency (made up of functions previously hosted by Public Health England) issued the following updated guidance for general practice settings:
- Face-to-face consultations can now go ahead where this is safe for patients and staff, whilst recognising that telephone and video consultations continue to have an important role. The decision about when to see patients face to face or through video consultation is for local clinical leaders based on a number of factors, including patient needs and preferences, configuration of premises, local capacity and the ability to ventilate spaces
  - Patients will continue to be required to wear a face covering if attending a face-to-face consultation unless exempt. The importance of hand and respiratory hygiene should be emphasised, along with other control measures to minimise the risk of transmission of infection
  - Patients with symptoms of COVID-19 or flu should telephone their GP or primary care provider before attending an appointment
  - Physical distancing can be reduced from two metres to one metre in primary care and general practice with appropriate mitigations, such as the continued use of face coverings or masks
  - Primary care providers and general practitioners will need to undertake local risk assessments, including the hierarchy of controls, to identify where physical distancing can safely be reduced

3.6. The latest available appointment data for our GP practices is as below, split to show current levels for September 2021 (the most recent available data) and the comparison to pre-COVID levels for September 2019:

	<b>September 2021</b>	<b>September 2019</b>
Total no. of appointments	895,534	700,543
Appointments attended	804,972	638,908
Did not attend	37,666	30,277
GP appointments given	440,231	343,584
Other healthcare professional staff	428,038	338,145
Face-to-face appointments	536,315	549,375
Home visits	5,857	7,940
Telephone	325,005	131,656

Video/online	5,261	1,760
Same day appointment	375,542	287,592
One day appointment	82,244	41,135
Two-seven days	180,076	128,797

- 3.7. These latest figures published by NHS Digital show that in September 2021 895,534 general practice appointments were given across HIOW – an average 29,851 a day.
- 3.8. In total 542,172 of those appointments were face-to-face or home visits. This is 60.4% - 4% higher than the previous month, but 2.7% lower than September 2019. Practices continue to do all they can to provide face-to-face appointment for patients who wish to have them, while adhering to all infection prevention and control measures to keep people safe.
- 3.9. The number of face-to-face appointments and home visits is against the backdrop of a 27.8% rise in appointments given compared to the same period in 2019 (an increase of nearly 195,000)
- 3.10. There are 11 fewer practices across Hampshire and Isle of Wight compared to September 2019 (144 v 158).
- 3.11. In total 37,666 appointments were not attended in September 2021 across Hampshire and Isle of Wight – an average 1,255 a day. This is important to note as these appointments could have been given to other patients in need had they been cancelled. This is also a 24.4% increase in Do Not Attends (DNAs) compared to 30,277 in September 2019.
- 3.12. eConsult® appointments are in addition to the above and for many practices this represents a significant level of activity, with some larger practices receiving several hundreds of e-consults each week.

#### 4. Vaccination programme in primary care

- 4.1. The Government announced its plans for the current phase of the COVID-19 vaccination programme as part of its wider autumn and winter strategy, which is now being delivered through numerous routes, including primary care. Details of who is eligible for the vaccine are as follows:
- People aged over 16 who are yet to receive a first or second COVID-19 vaccination dose remain eligible. Even if you have previously declined the opportunity of a vaccine, the offer is still open for you to get the jab should you wish to.

- The vaccine is also now being offered to people between the ages of 12 and 15. Parental, guardian or carer consent will be sought by vaccination healthcare staff prior to vaccination of anyone aged 12 to 15. This cohort is receiving the vaccination primarily through the School Immunisations team, provided by Southern Health NHS Foundation Trust.
- We continue to identify and offer the vaccination to those aged 12 to 15 who either live with someone who is more likely to get infections or have a condition that means they're at high risk from COVID-19.
- We also continue to identify and offer a third jab to people aged 12 and over who are immunosuppressed following updated guidance from the Joint Committee on Vaccination and Immunisation (JCVI).
- A booster jab is available to people who have previously received two vaccine doses to ensure continued protection for those most at risk. The booster is being offered to people in priority groups 1 - 9 identified by the JCVI. National guidance states that the booster should be offered no earlier than six months after the second dose. The NHS will contact people when it is time for them to receive the booster vaccination.

4.2. The flu vaccination programme is progressing well locally and we continue to promote the need to be vaccinated against flu. Flu vaccination is important because:

- more people are likely to get flu this winter as fewer people will have built up natural immunity to it during the COVID-19 pandemic
- if you get flu and COVID-19 at the same time, research shows you're more likely to be seriously ill
- getting vaccinated against flu and COVID-19 will provide protection for you and those around you for both these serious illnesses

## 5. GP Access Winter Fund

5.1. On 14 October 2021, NHS England and Improvement published details of a national £250m winter access fund which is being made available to GP practices. The indicative allocation in the publication to Hampshire and the Isle of Wight is circa £7.7m. The money will be made available from the end of November through to the end of March 2022 to support Primary Care. With this funding there are two key aims:

- to drive improved access to urgent, same day primary care, ideally from patients' own general practice service, by increasing capacity and GP appointment numbers achieved at practice or PCN level, or in combination
- to increase the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity, through other services in any primary and community settings

5.2. This will be achieved by:

- Increasing and optimising capacity

- Addressing variation and encouraging good practice
  - Improving communication with the public
- 5.3. An initial plan to demonstrate how the funding can be spent was submitted to NHS England and Improvement on behalf of the Hampshire and Isle of Wight Integrated Care System (ICS) on 28 October 2021. The plan has had:
- Involvement from Primary Care Network Clinical Directors
  - Integrated Care System Board level assurance
  - Discussed with the Wessex Local Medical Committee
- 5.4. The next steps are for Hampshire and Isle of Wight Integrated Care System (ICS) to submit a final version of the plan to NHSE/I by 8 November 2021. The national team will agree plans and associated financial support by 26 November 2021.
- 5.5. We are working closely together with our partners in primary care in the creation of this plan, and to alleviate concerns around the plan. There have been concerns raised by both general practice and national bodies that represent the profession to the national approach. We understand and acknowledge these concerns. We remain conscious of the ongoing commitment and effort made by primary care and wider NHS staff for which we offer our thanks, and we are building on the strong relationships we have with general practice to develop our proposals to better support both our patients and primary care staff.

## 6. Contract and estate developments

### Living Well Partnership

- 6.1. The CCG recently received an application from The Living Well Partnership to merge its two contracts with the CCG together into one. The Living Well Partnership provides GP services locally to its 38,000 patients from a number of surgery sites. One GP practice is within the city of Southampton, east to the River Itchen, and operates from five surgery sites. The other GP practice, St. Luke's and Botley Surgeries, has sites in Hedge End and Botley in Hampshire.
- 6.2. The two practices had already worked together within one Primary Care Network (PCN). A PCN brings GP practices together to work at scale to provide a wide range of services to patients and to integrate with other health and care service providers.
- 6.3. The Living Well Partnership has operated the two practices with one clinical and management team. It requested to merge the two practices together into one NHS contract from 1 October 2021, and the CCG approved its application.
- 6.4. This means the two separate NHS General Medical Services (GMS) contracts held by The Living Well Partnership have now merged into one. By merging the

separate NHS contracts, which currently use two different IT systems to manage records and work with patients, there will now be one system.

- 6.5. The benefits of a contract merger will reduce the administrative work for both clinical and non-clinical staff and free up time and resources for the practice clinical team to see and treat patients.
- 6.6. The CCG received feedback from the public about the proposal and issues raised during this, such as patient access and concern over travel, were considered by the GP practice and the committee.
- 6.7. The contract merger does not mean any site will be closed and patients will still be able to use their local site. Patients registered with either practice will not experience changes to the GP services they receive or to the services they are referred to by their GP.

#### **Blackthorn Health Centre and Bursledon Surgery**

- 6.8. The CCG received an application to merge Bursledon Surgery with Blackthorn Health Centre.
- 6.9. Due to the COVID-19 pandemic, Bursledon Surgery has been used as a hub for consultations with patients from across the Eastern Southern Parishes with suspected COVID-19 infection. More recently it has also been used as a vaccination site supporting the highly successful delivery of the COVID-19 vaccination programme.
- 6.10. Whilst Bursledon Surgery has been used for other purposes since spring 2020, patients have been offered face to face appointments at Blackthorn Health Centre or remote consultations via telephone, video or online.
- 6.11. The application confirmed that all GP services for all patients of both practices will in future be provided only from Blackthorn Health Centre.
- 6.12. The CCG's Primary Care Commissioning Committee has now agreed the application and the practice's proposal to create a single, stable practice able to deliver high quality continuing care to all patients from a single site.
- 6.13. The committee considered feedback on the proposal from over 1,200 people. Matters raised by local people, such as ability to travel between sites and GP practice sustainability, have been taken on board. The CCG is committed to working with local partners to ensure as many mitigations are in place as possible to support patients.
- 6.14. The Lowford Centre surgery site will now be used as a base for new staff employed by practices across the Eastleigh Southern Parishes (which includes Hedge End Medical Centre and West End Surgery) to support GPs in the delivery

of care to their patients. This includes social prescribers, care navigators, physiotherapists, mental health practitioners, clinical pharmacists, youth counselling services and health and wellbeing coaches. It will also be used as a base for GP services at evenings and weekends, known locally as Appointments+ or 'the Hub'.

## **Opening of new Emsworth Medical Centre**

- 6.15. Emsworth Medical Centre received its first patients in the new building on 26 July 2021, two weeks after the construction works were completed. The new surgery has been built on the site of the former Victoria Cottage Hospital on the other side of the A27, a very short walk from the previous building in North Street.
- 6.16. A £3.5m scheme involved redeveloping the derelict hospital site with some new build, but internally the building has been transformed to a health setting fit which provides light, spacious rooms for GPs, staff and patients.
- 6.17. The GP partners at Emsworth worked closely with NHS Hampshire, Southampton and the Isle of Wight CCG, NHS Property Services, other partners - particularly the community - to select the site for their new home.
- 6.18. The local LIFT Company, Hampshire LIFT Limited, was appointed to oversee the design and construction of the project on behalf of the CCG and the GPs, with NHS Property Services acting as landlord. Contractors Mountjoy started on-site in January 2020 for what was expected to be a twelve-month construction period - but the COVID-19 pandemic led to delays caused in part by a shortage of building material and the need for various contractors to socially distance themselves whilst working.
- 6.19. The scheme was funded by NHS England through an Estates, Technology and Transformation Fund grant. It included demolishing single-storey outbuildings, providing a new rear single-storey extension to the main building, installing a new lift shaft, roofing and canopy construction, complete reconfiguration of g rooms, and extensive internal and external decorations.

## **7. Supporting GP practice staff against abuse**

- 7.1. The majority of people who need support from NHS staff do so in a respectful way that helps us create a safe environment for all. Sadly, there are a very small number of people who can be abusive towards our staff and our patients. Both CCGs in Hampshire and Isle of Wight are united with practices in sending a clear message that we have a zero tolerance approach to abuse against our staff.
- 7.2. The CCGs and practices are promoting materials to explain to patients the zero tolerance approach to abuse.

## **8. Patient feedback and satisfaction**

- 8.1. This year's patient survey results were published in July 2021, based on research which took place during January – March 2021.
- 8.2. It is encouraging that local patients rate their GP practices largely in-line with the national averages, but we accept some practices show disappointing results for patient satisfaction. Every year in Hampshire we share best practice of those practices who score very highly so that practices can learn from each other. Where practices are scoring below expectations, we are working with them to better understand and improve the patient experience. It is important to note that the CCG and all GP practices want to reduce the inequalities that have been exposed by the pandemic. We also recognise this has been an exceptionally challenging year for everyone, including patients and GP practice staff.

## 9. Improving our communications to the public

- 9.1. Working with primary care, we have started to increase our communications to the public to explain how GP practices work and the vast range of skilled staff they employ. Below is an explanation of those roles and services. We are creating a range of content to share with the public and partners, including social media imagery. More can be found on the CCG's website [here](#).

## 10. GP surgeries are still open

- 10.1 GP surgeries are still open and are working differently to how they did before the COVID-19 pandemic, due to a number of reasons. [This poster explains why practices continue to work differently.](#)
- 10.2 GP practice staff are also helping patients to manage their conditions at home while they wait for hospital appointments.
- 10.3 We are still dealing with the pandemic, and so in order to keep patients and our staff safe, GP practices continue to make best use of telephone, online and video consultations. Face-to-face appointments are still being given to those who need it. When patients ring, or use an online form to contact their GP surgery to make an appointment, they will be asked some questions which are designed to help staff guide them to the most appropriate clinical person to help them with your condition. This could be a nurse, clinical pharmacist, physician's associate, GP or paramedic.

## 11. Types of appointment

- 11.1 Across Hampshire and the Isle of Wight, GP practices are carrying out hundreds

of thousands of appointments every month. To ensure sure people can get access to care safely and quickly, practices aim to deliver a range of different ways of having an appointment to provide you with more choice and more Types of appointments include phone consultations, online consultations or video consultations. Face-to-face appointments are still available if patients need them.

## 12. Different roles in GP practices

- 12.1 GP practices offer a wide range of specialist roles, alongside GPs, to ensure you get the right help as soon as possible? Below are details of just some of the experts patients may see and how they can help:
- 12.2 **Clinical pharmacists** undertake medication reviews for patients with complex, long-term needs and helping them to manage their conditions. They also work closely with the practice team to help with prescription and medication enquiries, supporting the repeat prescription system, dealing with acute prescription requests, and providing expertise in clinical medicines advice and medicines optimisation.
- 12.3 **First contact physiotherapists** are usually physiotherapists with enhanced skills who can help patients with issues such as back, neck and joint pain. By making it easier for patients to see a physiotherapist, they will have quicker access to diagnosis and treatment, helping them to manage their conditions more effectively and recover faster, so they can get back to normal life quickly. They will also help GPs to manage their workload more effectively and reduce the need for onward referrals.
- 12.4 **Physician associates** are clinical graduates who, while not a doctor, have the skills and knowledge to help diagnose and manage the treatment and care of patients, alongside the practice team, under the supervision of an experienced GP. They can provide extra capacity to help with continuity of patient care and help free up consultants to concentrate on more complex cases.
- 12.5 **Nursing associates** help bridge the gap between healthcare support workers and registered nurses to deliver hands-on care as part of the nursing team. They allow nurses to focus on more complex clinical work. Nursing associates work with people of all ages and in a variety of settings.
- 12.6 **Pharmacy technicians** work alongside the clinical pharmacists and the wider practice team. They help with prescription and medication enquiries, providing safe and effective medicines optimisation as well as ensuring any hospital medication changes are up to date and accurate.
- 12.7 **Occupational therapists** work with people who have difficulties carrying out



various day to day activities because of disability, illness, trauma, ageing, and a range of long-term conditions. They help people to get on with their every-day activities and stay in their own homes by providing adaptations.

- 12.8 **Dieticians** are experts in nutrition. They work with patients to alter their diets based on their medical condition and individual needs. Dietitians advise people and help them make informed and practical choices about their food and nutrition. This could include people with digestive problems, those who want to lose weight, or who need to put on weight after an illness, or people with an eating disorder or a food allergy.
- 12.9 **Social prescribers** - sometimes people visit their GPs for issues caused by non-medical issues like loneliness, debt and unemployment, where a medical prescription is not the best solution. A social prescriber works with patients and their families to help them access a range of local community services that provide practical or emotional support and guidance of a non-medical nature. This helps improve the health and wellbeing of people in the community and allows people to remain independent and live their best lives.
- 12.10 **Health and wellbeing coaches** engage with people to support them in taking an active role in their health, by providing advice and support. They take a holistic approach, helping people to identify difficulties or issues in all areas of their life and helping them find solutions and lifestyle changes that mean they can lead happy and fulfilled lives. Health and wellbeing coaches can also play a key role in helping to tackle health inequalities.
- 12.11 **Care co-ordinators** are trained health professionals who help to support people's care. They offer a range of support such as monitoring and coordinating treatment plans, help educate people about their condition, connect people with services, and evaluate people's progress.
- 12.12 **Patient advisors** – receptionists are trained as advisors to ensure patients get the right care, from the right person at the right time. Providing them with brief information means they can signpost you accordingly. This can save you time if an appointment is not needed or there are other services that can also support your needs. For example other members of the practice team or community services.
- 12.13 **Paramedics** work in a variety of roles within a general practice. Their background in pre-hospital care means that they are used to working with people with a variety of health conditions from coughs and minor injuries to more serious conditions such as asthma and heart attacks. They work alongside GPs and help manage routine or urgent appointments, telephone triage (assessment of urgency of illness or injury) and home visits.

For more information about the different healthcare professionals that work at GP surgeries and the wider community, [download this NHS leaflet](#).

**12.14 Need to register with a GP practice?**

Patients can search for their nearest GP practice by entering their address [on the on the NHS website](#). [Find out more about how to register with a GP practice](#).

**12.15 What should patients do if they need support when their GP practice is closed?**

If you need medical help and your GP practice is closed, and it is not a life-threatening emergency, contact the [111 service online](#) or call 111. A trained adviser will direct you to the right NHS service depending on your needs. The NHS 111 service is available 24 hours a day, seven days a week.

If you or someone you know is experiencing a medical emergency, you/they should still attend an Emergency Department or call 999.

**ENDS**

## Dental Services in Hampshire & The Isle of Wight

November 2021

### Commissioning of Dental Services

Following the closure of dental practices in Portsmouth, Alton and Tadley in mid-2019, a procurement of general dental services was undertaken which secured a total of 64,500 Units of Dental Activity (UDA's) across 4 contracts. The contracts/practices are located in:

- Alton which commenced 1 December 2020
- Portsmouth south which commenced 20 April 2021
- Tadley which has an anticipated commencement date of January 2022
- Portsmouth north which has an anticipated commencement date of December 2021

Prior to the dental practices closing and the new procurement commencing, UDA's were offered to practices across Hampshire and the Isle of Wight (HIOW) who had capacity to provide additional activity; this was on a temporary basis for a period of 2 years in order to ensure the capacity levels within HIOW remained stable. The additional activity equated to 64,480 UDA's. This activity has been further extended from April 2021 to 31 March 2023.

### Localised Concerns

- Despite commissioning 240,785 UDAs on the Isle of Wight, which equates to 1.70 per head of population, there continues to be significant challenges to achieving the Total Contract Value (TCV) for NHS dental providers.
- Recruitment and retention of dentists and dental nurses is cited as the main issue; there is anecdotal information stating a reluctance to travel or relocate to the island.
- Media interest in NHS dental services across Hampshire with Portsmouth highlighted as an area of concern.
- Despite procuring activity in Portsmouth, there remains considerable concerns in patient access.

### Future Commissioning Intentions

- NHS England and NHS Improvement dental commissioners are working in conjunction with colleagues from Dental Public Health to produce system-based profiles of oral health across the South East region. This work will include where services are currently placed and identify gaps in service provision. Once this piece of work is concluded we will be in a better position to identify where we need to commission additional dental activity across Hampshire and the Isle of Wight.

The table below shows the current commissioned UDA's for each area in Hampshire however it does not include the additional access sessions that are in place as the table refers to recurrent UDA's only; the UDA's commissioned across HIOW is therefore higher by 64,480 and this may marginally affect the UDA's per person percentage.

Local Authority	UDA's Commissioned	Population	UDA's per Person	Deprivation (IMD)
Portsmouth	319,544	214,905	1.49	59
Southampton	433,730	252,520	1.72	61
Isle of Wight	240,785	141,771	1.70	98
Havant	108,355	126,220	0.86	119
Gosport	131,933	84,838	1.56	133
Basingstoke & Deane	224,319	176,582	1.27	243
Test Valley	130,729	126,160	1.04	261
East Hampshire	120,818	122,308	0.99	285
Eastleigh	204,558	133,584	1.53	287
Winchester	147,760	124,859	1.18	292
Fareham	147,664	116,233	1.27	298
New Forest	274,091	180,086	1.52	240
Hart	51,387	97,073	0.53	264

## Impact of the Pandemic on Dental Services

COVID-19 has had a greater impact on dentistry than some services due to the close proximity dental teams are in when treating patients with an open mouth in a confined space. Additional infection, prevention, control measures (IPC) must be adhered to in order to reduce the risk to dental teams, patients and the wider population. IPC guidelines include specific requirements when undertaking Aerosol Generated Procedures (AGPs) which are used for treatment including fillings, scale and polish, root treatment and crown preparation. This requires a fallow time after treatment to allow aerosols to settle before an enhanced clean can be carried out. Fallow time was initially 1 hour but reduced to 30 minutes in many cases by the end of 2020.

As most dental procedures involve the use of AGPs this has had a significant impact on capacity and the number of patients that can safely be seen. It is unlikely that these restrictions will be lifted until the pandemic is deemed to be over which means that capacity will continue to be reduced for some considerable time.

While access to dental care is limited across the country due to COVID-19, practices are concentrating on the provision of urgent care and treatment for patients with the greatest clinical need.

## Background

During the first wave of the pandemic all dental practices were required to close for face-to-face care from 25 March 2020 until at least 8 June 2020. This was in the interests of patient and dental team safety. Although closed, practices provided remote advice, analgesia (to help to relieve pain) and anti-microbials (to treat infection) where appropriate (AAA). Following clinical assessment where this did not address a patient's needs dental practices were then able to refer patients to Urgent Dental Care (UDC) Hubs that were set up to treat patients with the most urgent need.

In the second phase of the pandemic as infection rates dropped, there was a phased reopening of practices for face-to-face care, with all open by 20 July 2020 at the latest. All practices with an NHS contract are required to deliver a set amount of treatment in any one year. For dentists and their teams to see as many patients as possible, but in a safe manner, NHS England and NHS Improvement worked closely with Ministers and determined for the period 20 July to 31 December 2020 this would be a minimum of 20% of historic levels of NHS activity in recognition of the 1 hour fallow time and enhanced clean required. For the period 1 January to 31 March 2021 practices were required to deliver 45% of their contracted activity (70% for orthodontics) which reflected fallow time reducing to 30 minutes in many practices followed by the enhanced clean. From 1 April 2021 practices were required to deliver 60% of their contracted activity (80% for orthodontics) and this increased to 65% (85% for orthodontics) on 1 October 2021.

Practices may have to temporarily close if members of the dental team or their household are required to self-isolate. Practices may also have to temporarily stop provision of treatment involving AGPs where they have been unable to obtain their usual make of respirator mask and need to be fit tested to a new model. In both of these instances, where patients require face-to-face urgent care before they are able to reopen, the practice can refer patients to UDC Hubs which remained open when practices resumed face-to-face care for this reason.

### **Current situation**

Although this gradual increase in activity has improved access to urgent dental care and is starting to deliver routine care for those with the greatest clinical need, it is still some considerable way from 100% of usual activity. It has also not addressed the backlog of care that built up during 2020/21 when practices were closed during the first quarter, when 20% of historic activity was delivered during quarters 2 and 3 and 45% of contracted activity during quarter 4. The resulting backlog is going to take some considerable time to address.

The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Although many patients have historically had a dental check-up on a 6 monthly basis, NICE guidance states this is not clinically necessary in many instances and clinically appropriate recall intervals may be between 3 to 24 months dependent upon a patient's oral health, dietary and lifestyle choices. Therefore, many patients who are attempting to have a dental check-up may not clinically need this at the current time.

While practices continue to prioritise patients with an urgent need, where they have the capacity to provide more than urgent care they will prioritise according to clinical need such as patients that require dental treatment before they undergo medical or surgical procedures, those that were part way through a course of treatment when practices closed, those that have received temporary urgent treatment and require completion of this, looked after children and those identified as being in a high risk category and so have been advised they should have more frequent recall intervals.

Although practices have been asked to prioritise patients with an urgent need, it may be necessary for patients with an urgent need to contact more than one practice as each practice's capacity will change on a daily basis dependent upon the number of patients seeking care and staffing levels. Where a practice has the capacity to do so, they will assess patients over the telephone to establish whether the patient requires AAA. If it is established a patient requires a face-to-face appointment, the practice can arrange for them to attend an urgent appointment at the practice or in some instances refer the patient to a UDC Hub.

### **NHS and private dental care**

Whilst most practices provide both NHS and private care, we have made it very clear to all practices that they must spend an equal amount of time on NHS care now as they have historically, albeit much of their surgery time will not be spent on face-to-face care due to the fallow time between patients. A common misconception is that practices are attempting to convince patients to be seen privately rather than on the NHS. This is because practices are contracted to provide a set amount of NHS dental activity per year and so are unable to increase the number of NHS appointments they can offer. Some are able to increase their private hours and number of private appointments available. In some instances, practices may have filled their NHS appointments but still have private appointments available and this is why sometimes patients may only be offered a private appointment when they contact practices. As capacity may change due to the number of patients who contact the practice with an urgent need, patients may need to contact several practices over a varied timescale to obtain an appointment.

## Finding a dentist

Patients are not registered with a dentist in the same way as they are with a GP. A practice is only responsible for a patient's care while in treatment, but many will maintain a list of regular patients and will only take on new patients where they have capacity to do so, such as when patients do not return for scheduled check-ups or advise they are moving from the area. The ongoing reduction in activity and backlog means that many patients, including those with a regular dentist, are unable to access routine care at the current time. Details of practices providing NHS dental care can be found on: <https://www.nhs.uk/service-search/find-a-dentist> or by ringing 111 who will provide details of local dental practices providing NHS care. However, for the reasons outlined above, at the current time it is unlikely that they will be able to accept patients for non-urgent care or those people not considered as having greater clinical need.

## Improving access

Funding has been offered to all practices across the South East region to increase access by providing additional sessions outside of their normal contracted hours, for example in the evening or at weekends. These sessions are for patients who do not have a regular dentist and have an urgent need but have experienced difficulty accessing this or have only been able to receive temporary care (such as AAA, a temporary filling or first stage root treatment) and require further treatment. There are 3 practices in Hampshire that currently have the staffing levels to safely undertake additional sessions, specifically for patients that would be new to those practices. The offer of additional sessions remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional sessions, these will be established.

Should any patient need urgent dental care and the practice that provides this is only able to provide temporary care, they will be able to contact one of the following practices to obtain longer term treatment. This is only for urgent care and these practices will unfortunately not be able to provide routine care.

- Alton Dental, Alton, 01420 83589
- Beggarwood Dental Surgery, Basingstoke, 01256 391391
- Stratfield Road Dental Practice, Basingstoke, 01256 326690

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	23 November 2021
<b>Title:</b>	Proposals to Develop or Vary Services
<b>Report From:</b>	Chief Executive

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

### Purpose of this Report

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 an update on the following topic:
  - NHS 111 and Integrated Urgent Care (South Central Ambulance Service NHS Foundation Trust)

### Recommendations

That the Committee:

2. Note the update and welcome the moves to develop and integrate urgent care services. The Committee request a further update in six months time on the local implementation of Integrated Urgent Care and a Clinical Assessment Service.

### Executive Summary

3. 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.
4. 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 [Framework for Assessing Substantial Change and Variation in Health Services](#)). 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.

5. 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.
6. 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

#### **NHS 111 and Integrated Urgent Care: South Central Ambulance Service NHS Foundation Trust**

7. In November 2020 the Health and Adult Social Care Select Committee received an update on the introduction of 'NHS 111 First' in Hampshire [NHS 111 first Service Update for HASC.pdf \(hants.gov.uk\)](#). Members heard that this involved increased assessment of patient needs by clinicians over the phone, and ability to book appointments for patients including a timeslot to attend the Emergency Department. In March 2021 the Committee received an update on the performance of NHS 111 [HASC 111 Performance Report \(hants.gov.uk\)](#). Members heard of the increase in demand and additional recruitment to increase capacity. Since then, work has been ongoing towards the aim in the NHS Long Term Plan to transform NHS 111 into Integrated Urgent Care (IUC) through a single Clinical Assessment Service (CAS). [NHS England » Next steps for NHS 111](#).
8. South Central Ambulance Service NHS Foundation Trust have been invited to provide an update to the Committee on the impact of NHS 111 First a year on, and the developments towards further Integrated Urgent Care.



## **Finance**

9. Financial implications of any proposals will be covered within the briefings provided by the NHS appended to this report.

## **Performance**

10. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

## **Consultation and Equalities**

11. Details of any consultation and equalities considerations of any proposals will be covered within the briefings provided by the NHS appended to this report.

## **Climate Change Impact Assessment**

12. Consideration should be given to any climate change impacts of proposals where relevant.

## **Conclusions**

13. NHS 111 is a key element of the urgent care system. The Committee will have an interest in being kept informed of developments to further integrate the different elements of health care so that patients can be directed efficiently to appropriate care.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<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.

This page is intentionally left blank

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee		
<b>Date:</b>	23 November 2021		
<b>Title:</b>	Annual Safeguarding Report – Adults’ Health and Care 2020-21		
<b>Report From:</b>	Director of Adults’ Health and Care		
<b>Contact name:</b>	Jess Hutchinson, Principal Social Worker and Assistant Director		
<b>Tel:</b>	07557045553	<b>Email:</b>	Jessica.hutchinson@hants.gov.uk

#### Purpose of this Report

1. The purpose of this report is to provide an annual update in respect of the local authority statutory duty to safeguard vulnerable adults.

#### Recommendations

2. It is recommended that the Health and Adult Social Care Select Committee:
  - Notes the positive progress and strong performance of the Department to keep adults at risk safe from abuse and/or neglect, whilst acknowledging ongoing risks to fulfilling statutory safeguarding duties.
  - Notes the commitment of a wide range of Adults’ Health and Care staff, and wider partner agencies, to delivering robust safeguarding arrangements in Hampshire.
  - Notes the contribution of the Hampshire Safeguarding Adults Board (HSAB) to safeguarding strategy, assurance and the development of policy across the four local authority areas of Hampshire, Portsmouth, Southampton and the Isle of Wight.
  - Receive a further update on adult safeguarding in 12 months’ time.

#### Executive Summary

3. This report provides an overview of the actions undertaken by Adults’ Health and Care and multi-agency partners in **safeguarding adults at risk of abuse and/or neglect** in Hampshire.
4. Over the last year, the Department has seen an **increase in the volume and complexity of safeguarding concerns**, leading to higher numbers of safeguarding enquires. This is largely due to the impact of the Covid-19 pandemic, particularly national lockdown and social distancing measures. In the face of these challenges, the Department **continued to ensure robust governance arrangements and the continuous improvement** of services and safeguarding responses.

5. The **Hampshire Safeguarding Adults Board** continued to play an important role in overseeing safeguarding across the county and four local authority area, including through the development of safeguarding policy. Achievements include the production of **local Multi-agency Safeguarding Adults Policy and Guidance** and introduction of a **new Quality Assurance Framework**.
6. The Board continued to fulfil its statutory duty to arrange **Safeguarding Adults Reviews (SARs)**, seeing an increase in referrals compared to the previous year. A **new system improvement framework** is being piloted across the four Local Safeguarding Adults Board area to ensure learning from SARs drives improvement. A Hampshire **Partnership Review model** is also planned to accelerate timescales for completing SARs, where appropriate.
7. The report demonstrates how the Department continued to fulfil its duties under the Mental Capacity Act 2005 for **Deprivation of Liberty Safeguards** and drove excellent practice in relation to assessing capacity and promoting service users' rights. Furthermore, it highlights the very positive feedback received following **external validation of the Department's Client Affairs Service** by the Office of the Public Guardian.
8. Information is provided on steps taken to improve the Department's multi-agency response to adults at risk of **domestic abuse** and respond to the Domestic Abuse Act, introduced in April 2021.
9. The PREVENT programme is now covered in a separate report due to the high level of risk and the specialist nature of the areas involved.

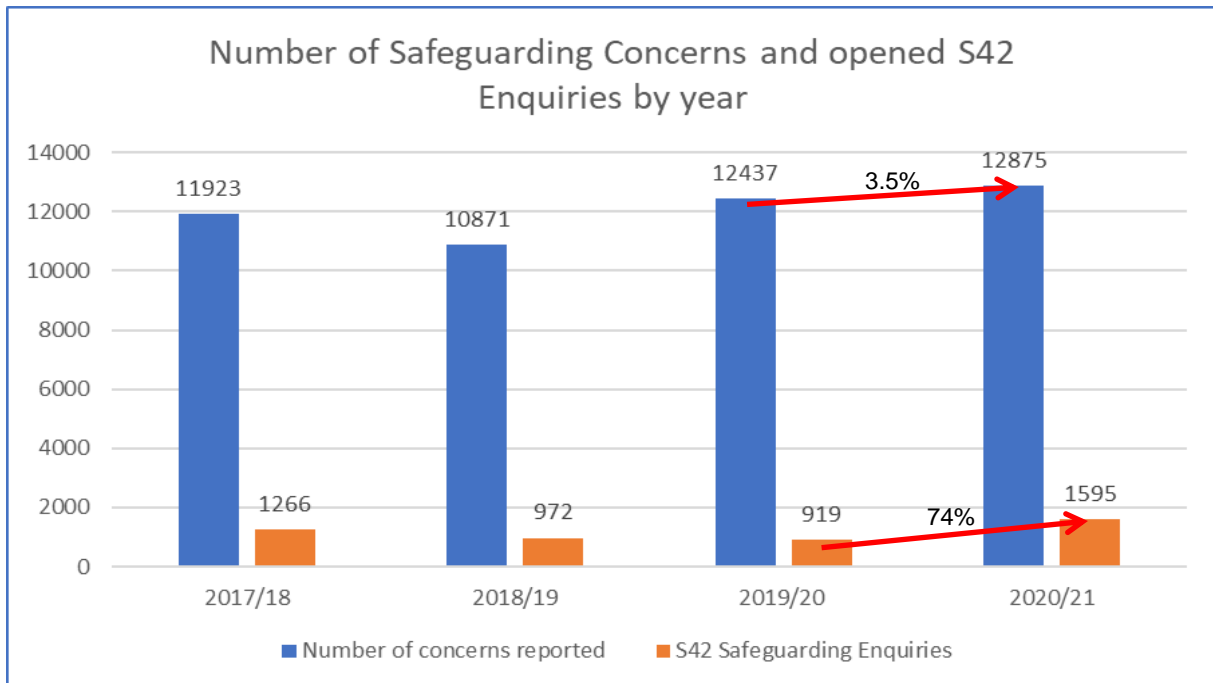
### **Contextual information**

10. Adult safeguarding is a core duty of every local authority. The main statutory responsibilities for local authorities, Police and the NHS are covered by the Care Act 2014 and subsequent statutory guidance. A person with care and support needs living in Hampshire who is at risk of, or experiencing, abuse or neglect, and is unable to protect themselves, can access safeguarding support irrespective of their eligibility for services. A safeguarding concern can be referred by anyone with reason to suspect that someone has care and support needs and is at risk.

### **Safeguarding activity**

11. The majority of safeguarding concerns come through to CART (The Contact and Assessment Resolution Team) and MASH (The Multi Agency Safeguarding Hub) where staff gather information, liaise with other agencies, review the risks presented and consider whether to open a Section 42 safeguarding enquiry.
12. **Data indicates a growth in the volume and complexity of safeguarding concerns, leading to higher numbers of safeguarding enquiries.** This is demonstrated in Table 1 below which shows annual referral numbers for the past four years. This illustrates an increase in adult **safeguarding concerns** of 3.5% (438 additional concerns) in 2020/21 compared to 2019/20. This reflects the national picture with rates of safeguarding concerns during 2020 being higher overall than in 2019.
13. Of the 12,875 safeguarding concerns received in 2020/21, 1,595 converted into Section 42 safeguarding enquiries – an increase of 74% on the number of

enquiries the previous year (919). This increase followed a reduction in Section 42 enquiries seen in March 2020 at the start of the pandemic. This again aligns with national trends, where there was a sharp decline in the rate of safeguarding concerns as lockdowns started followed by increases as lockdowns ended.



14. The increase in volume and complexity can largely be explained by the impact of Covid-19 and long Covid. For example, the sedentary nature of national lockdowns and shielding led to the loss of physical abilities (or decompensation) for some older people and people with disabilities. Social isolation measures impacted mental health whilst also making it more difficult to undertake essential face-to-face visits and progress safeguarding enquiries. Professionals had to adapt to changes in practice in line with new national frameworks and respond to increasing demand pressures on key services, including acute hospitals. Furthermore, the disruption to, and reduction in, social care services caused by restrictions is likely to have caused strain on carers despite the Department continuing to support carers and service users as much as possible.
15. In the face of these challenges, Adults' Health and Care continued to prioritise prevention, excellent practice, professional development, system improvement, audit, and learning from Safeguarding Adults Reviews. This included by:
  - Introducing extra resource in key areas in the short term, to protect time for professional development despite growth in demand.
  - Planning for the implementation of a new social care recording system, *Care Director*, in 2022 to improve recording of safeguarding data.
  - Introducing a new senior social work role, which went live on 1<sup>st</sup> October 2021. Social workers that meet a required standard of practice will be remunerated for taking on professional lead roles, including Safeguarding Lead to ensure good safeguarding standards in teams.

- Restarting home visits for those who could not be visited during lockdown, with the use home working guidance to equip staff to make use of professional curiosity and effectively support people at risk.
- Delivering an extensive campaign on re-launching Making Safeguarding Personal and introducing new mandatory safeguarding training, alongside an automated training dashboard.

### **Hampshire Safeguarding Adults Board (HSAB)**

16. The HSAB continues to be a well-established, strategic board whose membership includes all key multi-agency partners. The Board is Chaired by the Director of Adults' Health and Care, and an Independent Scrutineer provides critical challenge and support to ensure the Board fulfils its core statutory responsibilities.

### **HSAB 2020-2021 Annual Report**

17. In line with its statutory duty under The Care Act, the HSAB published its 2020-21 Annual Report setting out key areas of progress and achievements against its 2019-20 Business Plan. The Report also set out the Board's revised Strategic Priorities for 2021, which were informed by feedback from a stakeholder survey conducted in April 2021. These are prevention, learning and protection. The Board also published its Business Plan (2021-24) detailing the actions planned to deliver on agreed priorities. The Annual Report is available via <https://www.hampshiresab.org.uk/wp-content/uploads/HSAB-Annual-Report-2020-2021.pdf>.

### **Safeguarding Policy and Guidance**

18. Responsibility for the policy framework for adult safeguarding is shared between the four local authority areas in Hampshire and the Isle of Wight. In June 2020, the four Local Safeguarding Adults Boards (LSABs) jointly produced a local Multi-agency Safeguarding Adults Policy and Guidance setting out how local agencies will work together. Adults' Health and Care is currently reviewing and updating its policies and practice guidance to ensure these are aligned.
19. Further areas of policy development included work towards a transitional safeguarding framework, guidance on homelessness and safeguarding, a hoarding protocol and the SAMA policy, which provides a process for managing safeguarding allegations that relate to professionals in positions of trust.
20. A further key development was the introduction of a new Quality Assurance Framework across the 4LSABs to enable partners to monitor safeguarding activity and use this intelligence to understand trends, shape priorities and support flexible partnership responses to meet needs.

### **Cross boundary working**

21. The 4LSABs continued to work together to align and coordinate adult safeguarding activity across the area, as far as practicable. Several 4LSAB working groups (e.g., housing and policy) are in place addressing areas of common interest and this approach has reduced unnecessary duplication,



improved consistency, and resulted in effective joint working on policy development.

22. The 4LSABs and Hampshire Safeguarding Children Partnerships (HSCPs) continued to deliver joint multi-agency training events on the Family Approach Protocol and work on Transition Services, to support young adults as they transfer from Children's to Adults' Services.

### **Safeguarding Adult Reviews**

23. In line with its statutory duties under the Care Act, the HSAB continues to arrange Safeguarding Adults Reviews (SAR) as required. Referrals are considered by the HSAB Learning and Review sub-group which determines whether the circumstances of the case fit the requirements for a SAR and if so, what type of review process would promote the most effective learning and improvement action to reduce the likelihood of future deaths or serious harm occurring. The SAR collates and analyses findings from multi-agency records and frontline practitioners and managers involved with the case. It provides a detailed overview of the interfaces involved and, where necessary, makes recommendations for practice improvement.
24. 2020-21 saw a significant increase in SAR referrals compared to previous years. One SAR was recently published (the Vicky SAR) and there are currently three reviews underway, due to be signed off by the HSAB in December 2021 and January 2022. Each of the reviews have benefitted from the involvement of frontline practitioners from across partner agencies, and liaison with family members. Taken in combination, the SARs highlight the need for practice improvements to safeguarding people who self-neglect and those experiencing homelessness in particular.
25. One SAR (Sam) explored how services have been delivered across agencies (including Childrens Services) to a young man with mental health issues who sadly killed himself. The second SAR relates to a case of a man (adult G) with learning disabilities who was supported by his mother, who herself had physical and mental health needs and struggled to work in partnership with services. The SAR explored the challenges faced by agencies in knowing how to work effectively together to respond to concerns that adult G was being harmed by his mother's reluctance to work with the professionals.
26. The Vicky SAR referenced above provided insight into the circumstances of Vicky who lived with a difficult combination of challenges, having developed epilepsy when she was eighteen and later facing mental health and substance misuse issues. Vicky also became homeless towards the end of her life and very sadly died on her own, in Bed and Breakfast accommodation.
27. In line with the national picture, there has been a notable increase in safeguarding work with adults who self-neglect which is reflected in SAR activity. The HSAB commissioned a thematic review to analyse six local cases where adults died as a result of self-neglecting behaviours. Emerging learning supports a more proactive use of Section 42 enquiries in cases of self-neglect. Once the report findings and recommendations are finalised, work will commence on multi-agency action planning to progress service improvements in response to the learning.

28. A new system improvement framework is being piloted across the 4LSAB region to cross-reference different sources of data, including local and national learning from SARs. This will support a more streamlined approach and consider how feedback from service users can evidence improvement. In addition, the HSAB plans to pilot a Partnership Review model to enable reviews to be completed to an accelerated timescale where appropriate.
29. The final SAR reports and learning summaries will be published on the HSAB website and progress on improvement work will be reported in the 2022 Annual Board Report.

### **Gosport War Memorial Inquiry**

30. The Gosport War Memorial Hospital (GWMH) Inquiry Report was an in-depth analysis of the Gosport Independent Panel's findings. The report revealed that at Gosport War Memorial Hospital, the lives of a large number of patients were shortened by the prescribing and administering of 'dangerous doses' of a hazardous combination of medication not clinically indicated or justified. An Oversight and Assurance Board was established which included membership of Adults' Health and Care. This Board was time limited with HSAB maintaining a scrutiny role to oversee the response to the Inquiry Report and to gain assurance that lessons are being implemented across the relevant agencies involved. There is an ongoing police investigation led by Essex and Kent Constabularies into the historic issues at GWMH which is yet to conclude.

### **Learning and development**

31. HSAB continued to provide a fully funded multi-agency virtual training programme linked to the Board's strategic priorities to ensure that staff could access training during the pandemic. Modules focused on self-neglect, homelessness, safeguarding concerns, Family Approach, transition and financial abuse.
32. Alongside this offer, staff within Adults' Health and Care can access a comprehensive internal safeguarding training programme. This was reviewed and updated to take account of the new Multi-Agency Safeguarding Adults' Policy and Guidance and has operated virtually throughout most of the pandemic. Consideration is being given to the potential reintroduction of face-to-face training delivery and a training dashboard is under construction which will facilitate better, more accessible monitoring of training uptake and currency.

### **Deprivation of Liberty Safeguards (DoLS)/Liberty Protection Safeguards (LPS)**

33. The Local Authority acts as the 'supervisory body' under the Mental Capacity Act 2005 for Deprivation of Liberty Safeguards (DoLS). DoLS is the legal framework applied when someone has care and support needs which mean their liberty is deprived to keep them safe. Care homes and hospitals ('managing authority') must make an application to the local authority if they believe someone in their care, who lacks mental capacity, is deprived of their liberty because of care arrangements in place. These arrangements are necessary to ensure that no-one is deprived of their liberty without independent scrutiny.

34. Following a Supreme Court judgement in 2014, the number of people eligible for DoLS was extended considerably resulting in increased demand for the service. Furthermore, during the pandemic, response to DoLS had to be reduced to critical referrals only. Whilst the DoLS service has recovered to a normal level, and demand is being managed, pressures are likely to continue until a new working model is established under the Liberty Protection Safeguards. Whilst this is expected in April 2022, delays in publication of the draft Code of Practice and regulations make a further national postponement likely, which will impact the Hampshire implementation plan.
35. The DoLS service continues to support the wider workforce to deliver good social care practice in relation to assessing capacity and promoting human rights for the people of Hampshire.

### **Deprivation of Liberty (DoL)**

36. For people living in community settings requiring complex support packages there should also be due consideration as to whether the care and support arrangements amount to a deprivation of liberty. In these circumstances, applications are made to the Court of Protection. Delays in the Court process are common while demand continues to increase, making this an area of risk. A reduction in risk will ultimately be achieved upon implementation of the Liberty Protection Safeguards allowing authorisation to be given by Local Authority and the NHS responsible bodies.

### **Client Affairs Service (CAS)**

37. The Client Affairs Service (CAS) operates to manage the property and financial affairs of people who lack the mental capacity to do this for themselves. People supported by the service have no family willing or deemed suitable to do this on their behalf.
38. The CAS continued to operate an effective service to its 1000 clients during the pandemic and deliver services on behalf of Southampton City Council (SCC). 'Sold service' activities were further developed through previous agreements with Guernsey and with the Clinical Commissioning Groups (CCGs).
39. The Service Manager for the Deprivation of Liberty Safeguards (DoLS) and Client Affairs service is currently in her fourth year as Chair of the National Association of Public Authority Deputies (APAD). She continues to lead on national APAD training, delivered remotely, liaising with the Court of Protection and Office of the Public Guardian on best deputyship practice for public authorities across England and Wales.
40. The CAS is a well-established service and was inspected by The Office of the Public Guardian (OPG) in January 2021, resulting in very positive feedback. The OPG concluded that the operation was very well organised and managed in accordance with the OPG deputy standards. Staff decision making was found to be 'client centred', record keeping clear and up to date, and document storage and financial management secure.

## **The Care Market**

41. Adults' Health and Care takes a robust data-led and proactive approach to monitoring the quality of the provider market, recognising that the risk of abuse and neglect increases in services where care provision is poor. The Department has a dedicated Quality Team which collates and monitors intelligence on the state of Hampshire's provider market and oversees effective use of the Quality Outcomes and Contract Monitoring (QOCM) framework, which further serves to assess the quality of commissioned services and support required improvement.
42. The Department works closely to triangulate information with that of wider partners and to join up monitoring activity to reduce the burden on providers. Working in partnership with Public Health, the Clinical Commissioning Group and Hampshire Care Association, Adults' Health and Care Commissioning supported the timely re-distribution of central Government funds to providers.
43. Alongside this, the wider Department gives leadership support and workforce development guidance to providers, equipping them to empower and learn from the people they support and continuously improve the quality of services.
44. Recognising the significant pressure on Hampshire's social care workforce and staff shortages, which are mirrored nationally, the Department is leading on a dynamic care recruitment campaign on behalf of the independent sector entitled "Call to Care".

## **Domestic Abuse for adults at risk**

45. During 2020-21, new operational guidance was developed by Public Health, Hampshire Constabulary and Adults' Health and Care to support Multi-agency Risk Assessment Conferences (MARAC). This helped to further strengthen links with the Police, supporting improved the MARAC, High Risk Domestic Abuse meetings (HRDA) and safeguarding processes.
46. A new resource was also introduced to CART to ensure appropriate links through for adults in need of care and support who are victims of domestic violence.
47. The Domestic Abuse Act was introduced in April. The Act defines domestic abuse and places a duty on local authorities to create a new Domestic Abuse Partnership Board, which in Hampshire will build on existing, well-established arrangements. In addition, the Act contains new duties relating to refuges and other safe accommodation and provides for all eligible homeless victims of domestic abuse to automatically have 'priority need' for homelessness assistance. This requires the County Council to publish and implement an effective strategy to deliver this, developed in consultation with key stakeholders, which will include a coordinated community response.
48. Looking ahead, as well as responding to the requirements of the Act, the Department plans to undertake a review of the Domestic Abuse training strategy in early 2022, which will be informed by a survey of frontline staff.

## **Climate Change Impact Assessment**

49. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These

tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.

50. This annual report references a wide range of services and activities which serve to fulfil the County Council's statutory duty with respect to safeguarding adults from abuse and/or neglect. Specific projects and initiatives, and the climate impacts of these, are overseen by internal governance arrangements and are not covered in this overarching report.
51. At a more strategic level, reduced travel and a greater reliance on virtual meetings has helped to reduce the Department's carbon footprint during the pandemic. This is likely to continue in some key areas where the wider benefits are clear – for example, virtual meetings with service user and carer representatives for the purpose of co-production have made it easier for external participants to engage with the County Council. Similarly, many teams continue to work effectively from home for most of the week, thereby keeping unnecessary travel to a minimum.
52. There are, however, areas of the Department's business where virtual working is not as effective. This is evidenced in the above report where data indicates an increase in safeguarding referrals which may be, in part, the result of fewer in-person safeguarding visits. The Department recognises the importance of physical meetings to safeguarding vulnerable adults and believes the benefit of these outweighs the climate change impact of greater car travel. To contribute to balancing this, the Department uses several electric vehicles – for example, to deliver public facing engagement relating to its online care and support directory, [Connect to Support Hampshire](#).

## **Conclusion**

53. Despite the challenges presented by the Covid-19 pandemic, Adults' Health and Care continued to fulfil its safeguard remit and continuously improved safeguarding practice during 2020-21, working effectively with partner agencies. The HSAB also made notable progress at both a strategic and operational level, setting updated priorities for the next three years and responding effectively to an increase in Safeguarding Adults Reviews. These served to highlight the need to improve practice to safeguarding those who self-neglect and those experiencing homelessness. It will remain a priority of Adults' Health and Care, alongside multi agency partners, to learn and make system changes in response to all Hampshire SARs.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
Care Act	2014

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<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:**

The Multi-Agency Policy, Guidance and Toolkit referenced in the main body of the report has its own Equality Impact Assessment. The local authority approach to safeguarding is applicable across all communities. As this is an annual overview report, no individual Equalities Impact Assessment has been undertaken.

This page is intentionally left blank



## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
<b>Date of meeting:</b>	23 November 2021
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Chief Executive

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto: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	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
<p><b>Proposals to Vary Health Services in Hampshire</b> - 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.  <b>(SC)</b> = Agreed to be a substantial change by the HASC.</p>									
<b>Urology Services Reconfiguration</b>	Proposal to centralise emergency urology care to Royal Hampshire County Hospital in Winchester	Starting Well  Living Well	Hampshire Hospitals NHS FT	Proposals considered June 2021 and supported. Update requested Autumn 2021.	X?				
<b>Andover Hospital Minor Injuries Unit</b>	Temporary variation of opening hours due to staff absence and vacancies.	Living Well  Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Last update Sept 2020 (invite West CCG to joint present with HHFT). Update spring 2021 deferred as no change to report.		X?			
<b>North and Mid Hampshire Clinical Services Review</b>  <b>(SC)</b>	Management of change and emerging pattern of services across sites.	Starting Well  Living Well  Ageing Well  Healthier	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update	If any changes proposed, HASC to receive an update.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
		Communities		Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.					
<b>Spinal Surgery Service</b>	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.					
<b>Chase Community Hospital (Whitehill &amp; Bordon Health and Wellbeing Hub Update)</b>	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 circulated Oct 2021. Request further update when developments.					
<b>Mental Health Crisis Teams</b>	Proposed changes to the Mental Health Crisis Teams.	Living Well Ageing Well Healthier	Solent NHS and Southern Health for PSEH	Presented July 2019. Informed Nov 2019 project delay. Informed Oct 2021 not restarted and					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
		Communities		likely to evolve into 'mental health collaborative' under ICS. Suggested to remove from work prog as will not be pursued in form presented in 2019.					
<b>Integrated Primary Care Access Service</b>	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. Nov 2021 suggested defer to Feb 2022 when further detail likely to be known.			x		
<b>Orthopaedic Trauma Modernization Pilot</b>	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			
<b>Out of Area Beds and Divisional</b>	Plan to tackle the Out Of Area	Living Well	Southern	Presented September 2019,					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
<b>Bed Management System</b>	(OOA) bed issue within the adult mental health services.	Ageing Well  Healthier Communities	Health NHS FT	last update Sept 2021. New inhouse beds to come onstream summer 2021. Update on other ward for circulation when opened (early 2022?)					
<b>Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme</b>	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.					
<b>Building Better Emergency Care Programme</b>	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 June 2021. Next update requested spring 2022.			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
<p><b>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.</b></p>									
<p><b>Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire</b></p>	<p>To hear the final reports of the CQC, and any recommended actions for monitoring.</p>	<p>Starting Well Living Well Ageing Well Healthier Communities</p>	<p>Care Quality Commission</p>	<p>To await notification on inspection and contribute as necessary.</p> <p>Updates on hold during pandemic (unless priority due to new report or poor outcome)</p> <p>PHT last report received Jan 2020, update March 2020.</p> <p>SHFT – latest full report and update March 2020.</p> <p>HHFT latest report April 2020 received Sept 2020.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas</p>					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 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>					
<b>Independent Review of Southern Health NHS Foundation Trust</b>			Southern Health NHS FT	Notified that report published in September 2021. Action Plan due to Southern Health Board end of Nov 2021. Initial item Oct 2021 requested update to Jan 2022 meeting.		x			
<b>Sustainability and Transformation Plans: One for</b>	Subject to ongoing scrutiny the strategic plans covering the	Starting Well Living Well	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
Hampshire & IOW, Other for Frimley	Hampshire area.	Ageing Well  Healthier Communities		March 17. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I) Timing of next update tbc					
<b>Pre-Decision Scrutiny</b> – 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	Starting Well  Living Well  Ageing Well  Healthier	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			



Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
	department.	Communities							
<b>Integrated Intermediate Care</b>	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					
<b>Working Groups</b>									
<b>Sustainability and Transformation Partnership Working Group</b>	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.				
<b>SP23 Savings Proposals re Demand Management Grants and Social Inclusion Services</b>	Regarding services covering: substance misuse, stop smoking, sexual health, 0-19 public health nursing	Living Well Ageing Well	AHC Dept	Working Group proposal agreed Oct 2021. To feed in to pre-decision scrutiny May/June 2022.	Holding meetings starting in Nov 2021 to feed back to May 2022 HASC				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
<b>Update/Overview Items and Performance Monitoring</b>									
<b>Adult Safeguarding</b>	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Oct 2020. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)	x				
<b>Public Health Updates</b>	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	Last item was pre-scrutiny of decision regarding SP21 savings Oct 2021 following summer 2021 consultation and working group.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
<b>Health and Wellbeing Board</b>	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	HWB annual report received June 2021.				X?	
<b>Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans</b>	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
<b>Adults' Health and Care Covid Response and Recovery</b>	To receive an overview of the systems that have been put in place by Hampshire organizations, partners and voluntary sector.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC, Borough and District Councils, Hampshire Council for Voluntary Service Network, and voluntary sector	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	x

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
<b>Hampshire and Isle of Wight Covid-19 NHS System Approach Overview</b>	To receive a report setting out the Hampshire and Isle of Wight Local Resilience Forum response	Starting 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
		Living Well							
		Ageing Well							
		Healthier Communities							
	Dying Well								
<b>NHS 111</b>	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well	Hampshire CCGs	Item on NHS 111 First Nov 2020 on link with Emergency Departments. Performance item March 2021. Requested written only update later in the year.	X				
	Ageing Well								
	Healthier Communities								
	Dying Well								

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	23 Nov 2021	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022
<b>Development of Integrated Care Systems (ICS)</b>	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well	Hampshire CCGs	Item heard at Sept 2020 meeting regarding merger of CCGs due to take place April 2021. Update received March 2021. Update on development of ICS Sept 2021, requested further update for Jan 2022.		x			
		Ageing Well							
		Healthier Communities							
		Dying Well							

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

#### Other Topic Requests for scheduling:

June 2021 – request for update on water fluoridation powers in the Health and Care White Paper

July 2021 – request for a briefing on the ‘Carers and Working Parents Network’ (a HCC Staff Network. Requested by a member as a result of a member briefing on our workforce)

September 2021 – request for item on encouraging responsibility for health

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

This page is intentionally left blank