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NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 18th January, 2022 at 10.00 am
Place	Ashburton Hall - HCC
Enquiries to	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 - 12)

To confirm the minutes of the previous meeting held on 23 November 2021.

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 19 UPDATE (Pages 13 - 40)

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. (an update from Frimley Health NHS Foundation Trust is appended as a written only update)

7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 41 - 66)

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.

- a) Stage 2 Independent Investigation Report – Southern Health NHS Foundation Trust
- b) Development of Integrated Care Systems in Hampshire

8. PROPOSALS TO VARY SERVICES (Pages 67 - 76)

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.

- a) Southern Health: Adult Forensic Ward Upgrade
- b) Southern Health: Abbey Ward Update

9. REVENUE BUDGET 2022/23 ADULTS' HEALTH AND CARE (Pages 77 - 108)

For the Select Committee to pre-scrutinise the proposed 2022/23 Revenue Budget for the Adults' Health and Care Department.

10. CAPITAL PROGRAMME 2022/23 TO 2024/25 ADULTS' HEALTH AND CARE (Pages 109 - 124)

To pre-scrutinise the proposed capital programme for Adults' Health and Care prior to decision by the Executive Member for Adult Services and Public Health on 18 January 2022.

11. WORK PROGRAMME (Pages 125 - 138)

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

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

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

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

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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,
23rd November, 2021

Chairman:

* Councillor Bill Withers Lt Col (Retd)

- | | |
|---------------------------------|------------------------------|
| * Councillor Ann Briggs | * Councillor Neville Penman |
| * Councillor Nick Adams-King | * Councillor Lance Quantrill |
| * Councillor Pamela Bryant | * Councillor Kim Taylor |
| * Councillor Rod Cooper | * Councillor Andy Tree |
| a Councillor Tonia Craig | * Councillor Tim Groves |
| * 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

34. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Tonia Craig. Councillor Tim Groves, as the Liberal Democrat standing deputy, was in attendance in their place.

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

35. 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.

Councillor Adams-King made a declaration of a personal interest in relation to Item 7 that his partner was a consultant working for the NHS and that he knew one of the presenters.

Councillor Pankhurst made a declaration of a pecuniary interest in relation to Item 8 that she worked for NHS 111 and withdrew from the meeting room for the duration of the item on NHS 111.

36. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 19 October 2021 were confirmed as a correct record and signed by the Chairman.

37. **DEPUTATIONS**

The Committee did not receive any deputations.

38. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made three announcements:

Membership of SP23 Working Group:

The Chairman confirmed that following agreement at the last meeting to establish this working group, membership of the group had been established as follows:

Cllr Neville Penman – Chairman
Cllr Nick Adams-King – Vice Chairman
Cllr Ann Briggs
Cllr Lesley Meenaghan
Cllr Sarah Pankhurst
Cllr David Harrison
Cllr Kim Taylor
Cllr Andy Tree

Future Meeting Dates

The Chairman confirmed the recently announced dates of meetings for this committee in 2022/23:

5 July 2022
27 September 2022
29 November 2022
24 January 2023
14 March 2023
23 May 2023

Statement regarding Southern Health Item at last meeting

At the Committee's last meeting on 19 October, item 6 on that agenda was the Stage 2 Independent Investigation Report on Southern Health NHS Foundation Trust. Members heard from 3 deputations in relation to this topic. It was agreed that Southern Health would bring a further report on their action plan to the meeting in January.

Members asked for guidance on the remit of the HASC particularly to assist newer Members of the Committee. A presentation providing an introduction to

health scrutiny was delivered to committee members on 25 June 2021. The slides from this had been sent to Members appointed to the committee since then to provide this information. The Chairman would also be asking officers to arrange a further briefing shortly before the January meeting. The Department of Health publication 'Guidance to support Local Authorities and their partners to deliver effective health scrutiny' had also been sent to all Committee Members for information.

The role of the Hampshire County Councillor appointed to the Southern Health Council of Governors was also raised. The Chairman had looked into this and confirmed that the Executive Member for Adult Services and Public Health appoints members to a number of Health Trust governor positions. The Council of Governors can hold the Trust's non-executive directors individually and collectively to account for the performance of the Board of Directors. This provided accountability separate to the role of the HASC. It was not the remit of the individuals appointed to report directly to select committees.

Following the last meeting, the request from members that NHS Improvement be asked to attend the next meeting had been discussed with the Monitoring Officer. While a request to attend could be made, the subject matter for any scrutiny would need to be specifically clarified. The HASC was not an investigating body and its purpose was not to duplicate the work of other organisations. It was therefore not considered within the remit of the HASC to scrutinise the Terms of Reference of the Pascoe Investigation as previously determined by NHSI. Members would also appreciate that the investigation had now completed stage 1 and 2. The HASC was not in a position to review the investigation.

Work by the Committee was focused in areas where it can make a material difference. It was within the remit of HASC to scrutinise and ask questions on the action plan when it was presented to the meeting in January. Members would be in a position to review what actions had already been taken and the plans for any future implementation in respect of the 39 recommendations of the Pascoe Stage 2 Investigation. Members would also be able to monitor implementation of actions, to provide assurance that the Trust had learned from previous incidents and taken steps to avoid similar situations being repeated. The Chairman reminded members that it was not within the remit of the HASC to investigate individual cases.

39. **COVID UPDATE**

The Committee received a joint report from the Director of Adults' Health and Care, Director of Public Health and Chief Executive of the Hampshire Southampton and Isle of Wight Clinical Commissioning Group, on the ongoing response to the pandemic in Hampshire (see Item 6 in the Minute Book).

Members heard that some people that were double vaccinated were still getting infected by covid however less were being hospitalised. The winter was anticipated to be difficult for the NHS as there was likely to remain demand from covid patients and high demand from non covid causes. It was currently modelled that the impact of the pandemic would dissipate by around June 2022,

however the NHS would take longer to recover due to the backlog and pre pandemic capacity issues.

Following questions members heard:

- It was important to promote take up of the covid booster vaccine and the flu jab
- The risk of being hospitalised with covid was much higher for the unvaccinated, although some in hospital had been vaccinated. Due to the large number of people infected who had been vaccinated, proportionally the number ending up in hospital was much smaller than the proportion from the unvaccinated infected population.
- 97% of care home staff had been vaccinated. It was now a requirement for care home staff to be vaccinated. 22 individuals remained unvaccinated at the time of this coming into force and the process to terminate their employment would be initiated if they couldn't be re-deployed
- There was concern about the workforce challenges in social care. It was noted this was a national issue, and work was being done in Hampshire to address this including a 'call to care' recruitment campaign and the County Council recruiting to an emergency bank of staff who could be deployed where gaps emerged

RESOLVED:

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

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

Dental Services

The Committee considered a report from NHS England & Improvement on access to dental services in Hampshire (see Item 7 Appendix 2 in the Minute Book).

Members heard that dentists had closed during the first covid lockdown so there was a backlog, and once they re-opened the infection control measures in place meant that dentists were operating at reduced capacity. Due to the need to allow time between appointments to clean, dental services were operating at 65% of commissioned capacity. Priority was being given to emergency dental care and those treatments deemed clinically necessary. There was also a workforce pressure in terms of the number of dentists which had started before the pandemic.

A needs assessment of oral health had recently been undertaken to help identify the areas of highest need. This was due to be published in the new year and additional services would be commissioned based on the assessment of need.

In response to questions, Members heard:

- Additional funding had been offered to dentists to encourage the provision of additional appointments e.g. out of hours, however not all practices were able to take this up
- Dentists are independent providers and can chose to undertake paid work
- Pre-pandemic many practices encouraged 6 monthly check ups, however the guidance from the National Institute of Clinical Excellence suggests every 2 years is sufficient in many cases
- It was acknowledged that Rushmoor had been omitted from the table breaking down Units of Dental Activity by Local Authority and this would be rectified in future updates
- If individuals were seeking an appointment, they should keep trying different practices to find one with availability

Members were concerned that feedback from residents indicated people having difficulty getting appointments. Members were concerned that these capacity issues were increasing inequality as it may be possible to access private dentistry easier than NHS dentistry. Members were concerned that the lack of availability of dental care during this time would build up demand for more complex and expensive treatments in future. Members were interested in whether the number of dentists accepting NHS patients had changed in recent years.

Given Members concerns on this issue, the Chairman agreed to give consideration to what more the Committee could do in preparation for this topic returning to the Committee.

RESOLVED:

The Committee notes the impact of the pandemic on availability of dental care. The Committee request an update from commissioners in March 2022 on progress with increasing capacity in dental services.

Primary Care Update

The Committee considered a report from the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group regarding Primary Care (see Item 7 Appendix 1 in the Minute Book). It was acknowledged that access to GPs was an issue at the moment.

Members heard that:

- Digital methods of contacting a GP suited some people
- It was also now possible to see a range of clinicians not just a doctor, as appropriate to the condition
- It takes 7 to 10 years to train as a General Practitioner (GP) and it was unlikely that there would be as many GPs per head of population in future as there had been in the past
- The ratio was around 2000 to 3000 patients per GP at present
- The Hampshire area was receiving around £7.7 million from the Winter Access Fund, which would be used to pay for additional GP appointments over the winter period

- From January 2022 it would become possible to access your medical records digitally
- e-consult should be available out of hours for those whose jobs mean calling in hours is difficult
- Practices were working together in Primary Care Networks (PCNs) which aimed to build resilience and be a way to share good practice between practices

Members expressed concerns that the triage in place may ultimately be inefficient if people need a face to face appointment following on from a telephone appointment. A Member from Basingstoke highlighted that she was aware of a practice that only offered e-consult in working hours. A Member also gave an anecdote of a practice suggesting that patients try NHS 111. It was agreed that a point of contact at the CCG be provided to Members for raising concerns about local practices that couldn't be resolved locally.

RESOLVED:

The Committee note the update on Primary Care and welcome the GP Winter Access Fund, and request a further update in March 2022.

41. **PROPOSALS TO VARY SERVICES**

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

The Committee received a presentation from representatives of South Central Ambulance Service NHS Foundation Trust and Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing an update on performance of the NHS 111 service in Hampshire and developments towards further Integrated Urgent Care (see Item 8 in the Minute Book).

Members heard that NHS 111 was continuing to see high demand and commissioners were now funding the service based on modelling of this level continuing. Hampshire was performing well on a number of NHS 111 performance measures compared to other regions.

In response to questions, Members heard:

- While residents in Rushmoor were covered by the South East Coast Ambulance Service, the NHS 111 Service commissioned by the Hampshire Southampton & Isle of Wight Clinical Commissioning Group covered Rushmoor
- Care Management Plans were in place for individuals identified as regular users of ambulance services. Consideration was being given to creating mental health care capacity that could be deployed with ambulances to assist those with mental health needs
- Around 5% of calls went unanswered on average, though this went up to 20% at the busiest times
- There had been a 30% increase in 'in hours' demand which could be influenced by issues with accessing GP surgeries. It was possible for NHS 111 advisers to book people a GP appointment

RESOLVED:

That the Committee 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.

42. **ANNUAL SAFEGUARDING REPORT - ADULTS' HEALTH AND CARE 2020-21**

The Committee considered a report of the Director of Adults' Health and Care providing an annual update on the local authority statutory duty to safeguard vulnerable adults (see Item 9 in the Minute Book).

RESOLVED:

The Health and Adult Social Care Select Committee:

1. 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.
2. Notes the commitment of a wide range of Adults' Health and Care staff, and wider partner agencies, to delivering robust safeguarding arrangements in Hampshire.
3. 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.
4. Receive a further update on adult safeguarding in 12 months' time.

43. **WORK PROGRAMME**

The Chief Executive's representative presented the Committee's work programme (see Item 10 in the Minute Book).

RESOLVED:

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

Chairman,

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	18 January 2022
Title:	Covid Update
Report From:	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

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. 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 26)
 - The Director of Adults' Health and Care (paragraphs 27 to 58)

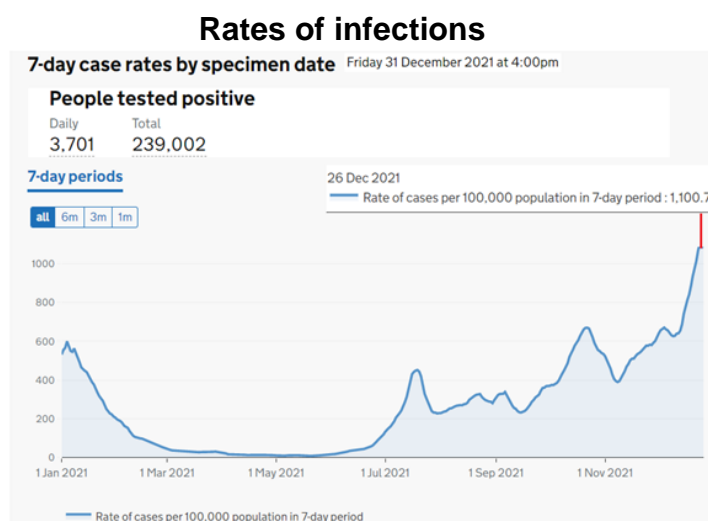
Public Health Update

4. This is an update on the epidemiology of COVID-19 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. Also, the latest batch of data on COVID-19 epidemiology, hospitalisations and vaccination uptake is affected by reporting biases due to the holiday period. Officers will highlight these data caveats in the presentation of the report at the HASC meeting.
6. The overall epidemiological situation in Hampshire continues to be characterised by a very high and rapidly increasing case notification rate and a low stable death rate. This situation is largely driven by high transmissibility of

the Omicron and Delta variants. Case rates are currently highest among young people aged 20-24 years. Overall, case rates are high in Hampshire's Districts, suggesting sustained and rising community transmission. We now have a largely vaccinated, but partially boosted population so need to encourage uptake among unprotected people and urge COVID-19 booster uptake if eligible, to top-up immunity.

COVID epidemiology

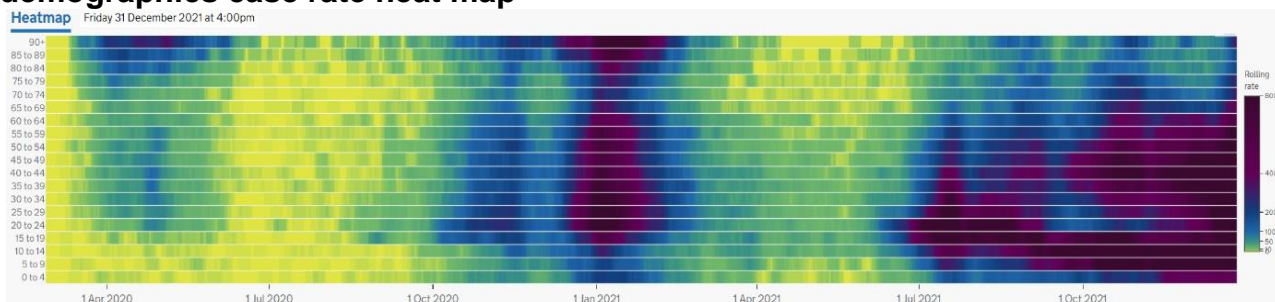
- The overall epidemiological situation for Hampshire continues to be characterised by a very high and rapidly increasing case rate at 1,100.7 cases per 100,000 population in the 7-day period as of 26th December 2021, against the National 7-day rate of 1,253.8 cases per 100,000 population. The current Hampshire rate is a 24.5% rise from 884.4 cases per 100,000 population, in the previous week. These surging rates due to predominance of the Omicron and Delta variants, are especially concerning against a backdrop of waning vaccine immunity. The critical message while rates are high and with a new variant in circulation, is that the community, with the County Council's leadership, gets fully vaccinated and, if eligible, boosted, and that face coverings, good ventilation, hand and cough hygiene and social distancing measures, are complied with, to control the spread of infection.



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

- Age demographic data suggest case rates are high in all age groups as of 26th December 2021. Case rates are highest among young people aged 20-24 (2,215.2 cases per 100,000 population) and 25-29 (2,152 cases per 100,000 population) years of age. In contrast, among older people aged 60 and over, rates are still relatively lower at 372.7 per 100,000 population, though worryingly they are increasing. Reassuringly, rates in younger children aged 0-4 years are relatively lower for now, at 387.8 per 100,000 population. However, we have to protect our unvaccinated and partially vaccinated children, including vulnerable communities by promoting vaccination and urgent rollout of the COVID-19 booster campaign and highlight the importance of taking reasonable care to keep safe, regularly test and contact trace in line with national guidance.

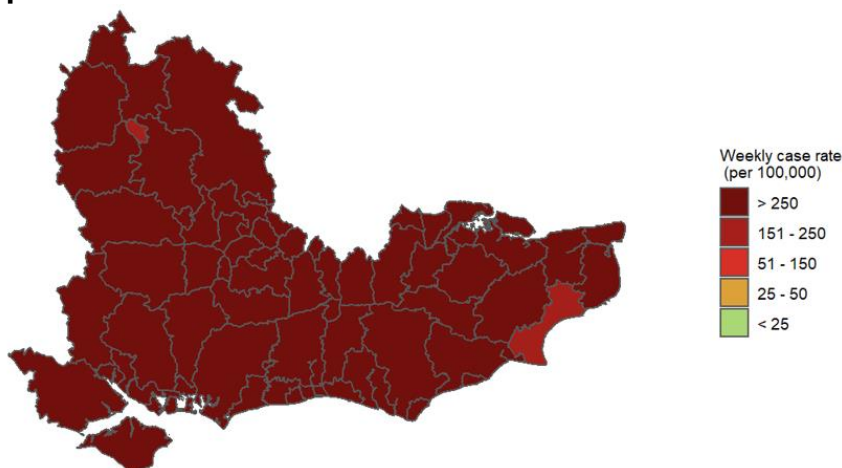
Age demographics case rate heat map



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

- Epidemic intelligence varies considerably at a District level. Overall, all-age case rates are high at more than 250 cases per 100,000 population in Hampshire's Districts, suggesting high and sustained community transmission. Hart has the highest 7-day all age (1,270.4 cases per 100,000 population) and over 60 year case rates (443.6 cases per 100,000 population) as of 26th December 2021. With the new and rapidly spreading Omicron variant driving high infection levels, it is essential that District and County Council work collaboratively to curtail spread and protect the health of communities, especially the most vulnerable ones.

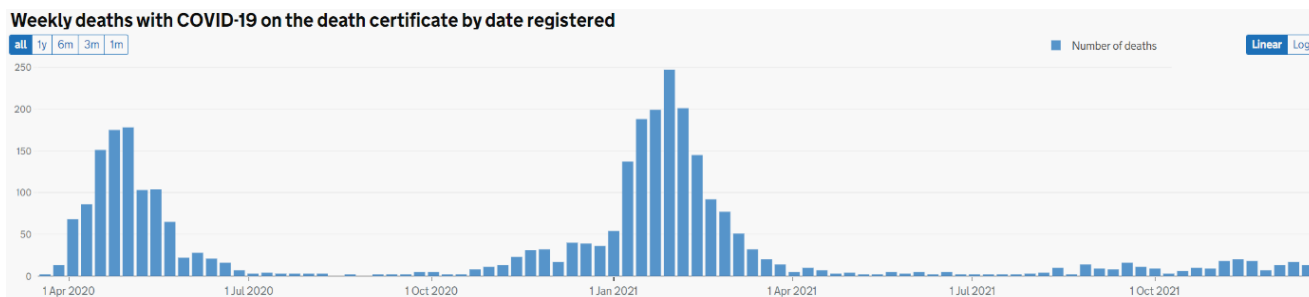
Case rate map



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

- Deaths involving COVID-19 have been steadily falling since mid-January and were consistently lower for people who had two vaccinations. Currently, the County is experiencing a variable, but overall low death rate. The important message here is that being fully vaccinated and boosted is more protective than being unvaccinated or partially vaccinated, and thus a key part of the policy response for reducing hospitalisations and deaths.

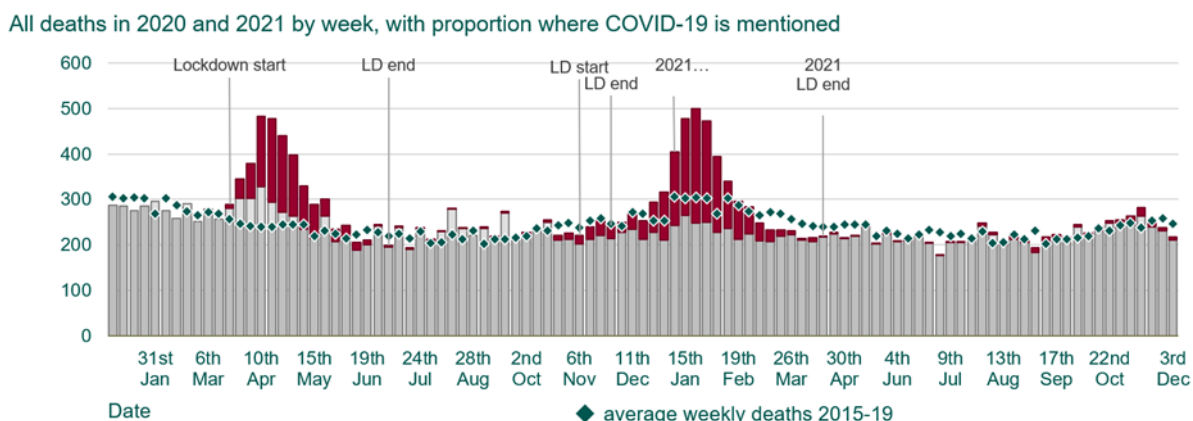
COVID-19 deaths



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

11. Overall, excess deaths above the five-year average for 2015-19 are below or comparable to what we would expect for this time of year, with some spikes, following an initial substantial drop from the very high excess death peaks during wave one and wave two. In the pandemic so far (13 March 2020 to 10 December 2021), there have been a total of 2,034 excess deaths above the five-year average in Hampshire.

Excess deaths



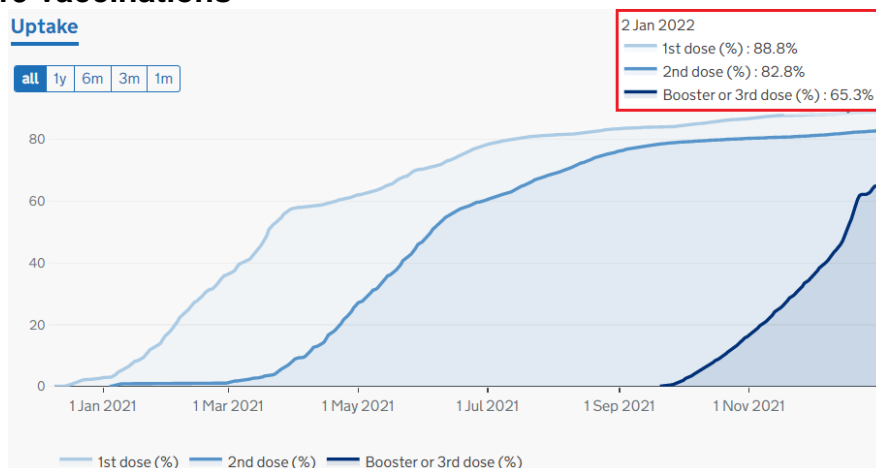
Data source: ONS Death registrations and occurrences by local authority and health board. Produced by LKIS, Public Health England Office for National Statistics, licensed under the Open Government Licence.

12. Workforce absences against a background of care backlog and continuous high demand due to COVID-19 and non-COVID-19 conditions are characterising this phase of the pandemic. Whilst COVID-19 hospitalisations have remained stable, they are on the rise and detailed in the NHS update.

COVID-19 response arrangements

13. Vaccination - In Winter 2021/22 we now have a largely vaccinated population. Latest data at time of writing (and to be updated verbally at HASC) was that around 88.8% of the Hampshire over-12 population have received a COVID-19 vaccination, with 82.8% having had two doses, and 65.3% boosted, as of 2nd January 2022. An estimated 79.3% of adolescents aged 16-17 years and 65.2% of children aged 12-15 years have received a COVID-19 vaccination. Vaccine uptake is high but needs to be even higher, especially where there are inequalities in uptake and every effort should be made to maximise uptake among unprotected individuals who are susceptible to infection.

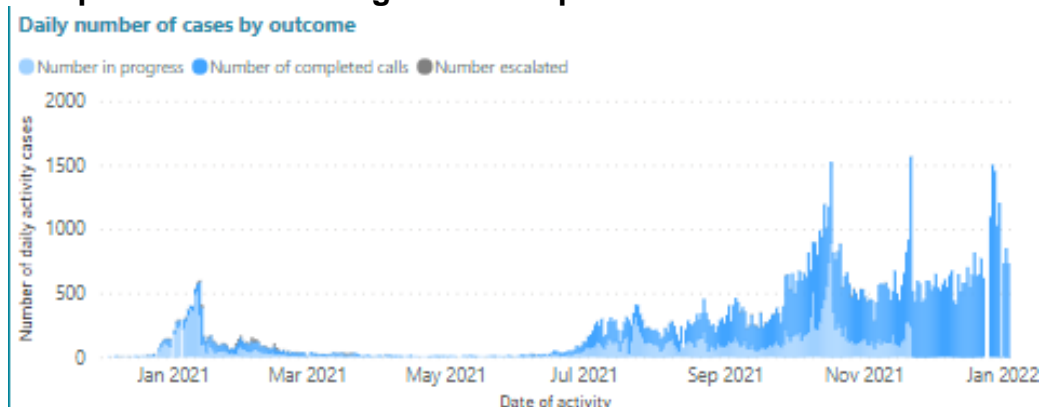
COVID-19 vaccinations



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, self-isolation and access to support where required.
15. The Hampshire Local Tracing Partnership (LTP) has been a success with high case completion. The UK Health Security Agency have described Hampshire as having one of the most effective tracing services in the region. Average daily cases in the service over the previous two weeks is estimated at 837 per day. A hybrid model of the Local – 4 approach, for self-completion of new cases within an 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



Source: Hampshire LTP case outcomes

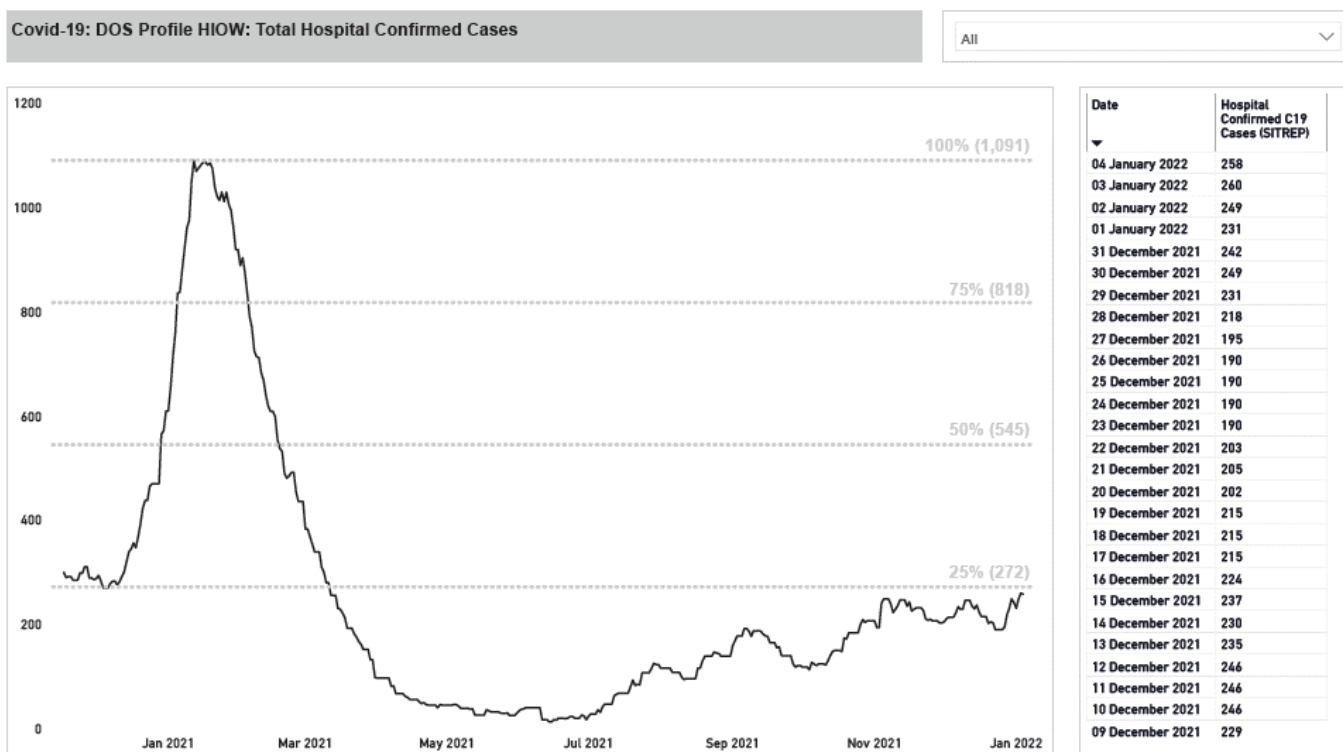
16. Hampshire continues to play a vital role in supporting people on low incomes who are required to self-isolate by delivering financial assistance via signposting to the Test and Trace Support Payment scheme (TTSP) and Practical Support Payment (PSP) schemes.

NHS Update

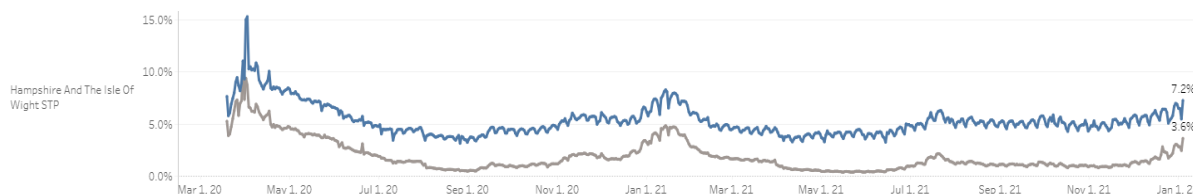
17. The following provides an update on the impact to date of the pandemic on Hampshire and Isle of Wight and planning, the COVID-19 vaccination programme and recovery of services. The latest wave of Omicron is having a significant impact on NHS services. This is a rapidly changing situation, and further updates will be presented verbally at the meeting.

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

18. The following graphs show the number of daily COVID-19 cases in acute trusts across Hampshire and Isle of Wight due to COVID-19. We have seen the impacts of increased COVID-19 activity from early December onwards, in-line with the case modelling.



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



20. As at 4 January 2022 the staff absence rate is 7.2% for all staff absences, with sickness or self-isolation related to Covid-19 currently at 3.6%. These are below the high points of 8.3% and 4.8% respectively in 2021 but are currently

increasing as we progress through the latest wave of Omicron. Absence rates continue to be monitored on a daily basis.

21. 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.
22. 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 their significant role in the delivery of the COVID-19 vaccination programme across Hampshire and Isle of Wight.
23. 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 challenging circumstances.
24. Since COVID-19 lockdown restrictions were lifted in July 2021, we have seen numbers rise steadily, and they have continued to rise throughout the winter period. 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 2021, there were 194 patients with COVID-19 being cared for across all four hospital sites in Hampshire and Isle of Wight. This increased to around 210 at the start of December 2021, and has risen to 258 as of 4 January 2022.
25. 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.
26. 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-COVID-19 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 moved to 9% higher than plan, and stayed at this level during December and January. Demand for 111 services and 999 services are 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 20% of our total acute beds, which is affecting the length of time patients are spending in hospital. Working closely with our partners we are doing all we can to improve this and ensure patients are discharged in a timely way.

Adults Health and Care Update

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

Pressure on services and market interruption

28. There are continued comparatively high volumes of demand and complexity of demand across community and hospital settings due to a range of factors
29. The social care market in Hampshire is continuing to experience significant pressures with regards to the recruitment and retention of staff as detailed in the previous update. These pressures are now being compounded by the impact of the Omicron variant on staff sickness and absences. Adults' Health and Care are planning with partners and providers across the sector to prepare for a number of scenarios, in terms of absences, including a prolonged period through January and February of absence levels of up to 30% across the social care system. Whilst plans to enable the deployment of resources in the event of major and sustained capacity issues have been developed, the future uncertainty means that there remain significant risks for service continuity in the coming period.
30. As detailed in previous updates, Adults' Health and Care continues to provide high levels of support to the care sector.
31. 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 and provide support where required.
32. In order that it can respond to specific issues around infection prevention and control, a weekly forum consisting of senior managers from Adults' Health and Care and Public Health has been established. This has a particular focus on outbreak prevention and control, testing and the rollout of vaccinations. This has served us well over time.
33. Adults' Health and Care is continuing to work closely with care and support providers to maintain required levels of care and ensure stability in the market. This includes the Call2Care campaign which was detailed in the previous report and is designed to attract new people to work in the care sector.
34. Adults' Health and Care commissioning teams continue to co-ordinate the effective and rapid distribution of national funding streams to providers, with the latest one-off funding, received in December, targeted at supporting the wider social care workforce (residential care, nursing care, domiciliary care, day care, personal assistants etc).

Mandatory Vaccinations

35. All staff who work in CQC-registered care home settings needed 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.
36. In Hampshire, as at 29 December 100% (including exemptions) of staff working in care homes have received their double vaccination. Some individuals are exempt, and self-exemption guidance has been extended up until the end March 22. We anticipate that 100-150 staff will have exited the sector, as a

result of non-compliance. Our focus has shifted to promotion of the booster vaccine to further protect staff, working with health colleagues to signpost staff to local vaccination services/walk in centres. The booster is not mandatory, and updates on the NCT are not being kept up to date, our own records based on direct contact with the homes suggest that 61% staff have now had their booster. We continue to support the booster programme in social care settings.

37. A national HM Government public consultation has been completed for vaccination to be applied in NHS settings and the wider social care sector. Consequently, regulations were laid before Parliament on 14 December enacting mandatory vaccination for NHS and social care staff in all patient / public facing roles – to come into effect from 1 April 2022. Our teams will be supporting our care providers to ensure as many staff as possible comply with this new regulation. The main focus of this work will be our domiciliary care providers.

Home Visiting

38. The previous report highlighted increases in the number of safeguarding incidents as a result of a number of factors relating to the pandemic. These included disruptions to the provision of care, including closure of services offering day care and respite, and increased pressure on carers.
39. During restrictions, 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 minimise 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 although visits were undertaken when necessary. Over time this general lack of face-to-face contact has had a negative impact in some situations.
40. As a result, when Plan B was introduced by the Government, Adults' Health and Care, revised its *Home and Service Visits Guidance*, to ensure that staff have a clear understanding about when they should still carry out face to face visits. As has been the case throughout the pandemic, visits must continue to take place where face to face contact is required to carry out the County Council's statutory duties, and/or the purpose of the contact cannot be achieved without face-to-face contact.
41. In addition, the updated guidance recognises there are times when a visit will enable a practitioner to apply professional curiosity in potential safeguarding situations or where there are barriers to effective communication. This will depend on individual circumstances and the nature of the tasks to be carried out. Such circumstances may include where understanding a person's views, wishes, feelings and beliefs is compromised without face-to-face contact, where there is risk of carer breakdown or where there are quality concerns regarding a provider.

Winter Resilience (HCC Care)

42. As previously reported The County Council's own HCC Care arm, continues to experience the same workforce and other pressures as the wider care market. Despite vaccination uptake, the current and ongoing impact of Covid-19,

increased levels of sickness as well as pressures driven by NHS demands are all placing increasing challenges on service delivery.

43. The previously reported mitigation, involving a managed temporary closure of two under-occupied residential units and temporarily redeploying staff to neighbouring services was completed early December. Nevertheless, recruitment and retention continues to be challenging and workforce resilience is fragile.
44. Although the service seeing other pressures – such as seasonal chest infections and Norovirus, these are being managed within the service to maintain the safety and wellbeing of residents, visiting relatives and staff, referring to guidance from the UK Health Security Agency when required.
45. In addition, the onset of winter pressures on local hospital systems has required a greater proportion of bed-based capacity to support Short-Term provision to expedite hospital discharges for people with complex needs who then have their assessment of long-term support requires in a more homely setting.

Winter Plan (Supporting the NHS)

46. 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.
47. 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.
48. Demand for hospital discharges has increased as the public continue to present to emergency departments around the County in large numbers. We have maintained additional staff working in each service. Acute and community partners have seen significant operational challenges, including increased occupancy, ambulance handover delays, availability of workforce, elective care pressures and challenging levels of capacity in community resources. Additional Health funding has been made available for recruitment into Single Point of Access (SPOA) and reablement teams if candidates come forward.
49. 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 and booster vaccine and increased working with voluntary sector.
50. It should be noted that whilst managing winter pressures, considerable effort is also underway to support a response to the NHS of the potential impacts of a the recent Covid19 variant, Omicron. Hospitals across HIOW and Frimley ICS footprints all remain at Opel 4 (highest operational risk level) and Adults' Health and Care is delivering surges in short term services to support high volumes of safe discharges at the back door. Furthermore, given modelling on staff absence and continued high demands for services in mid-January a multi-agency discharge event to reduce acute hospital occupancy is scheduled.

Update on Recovery

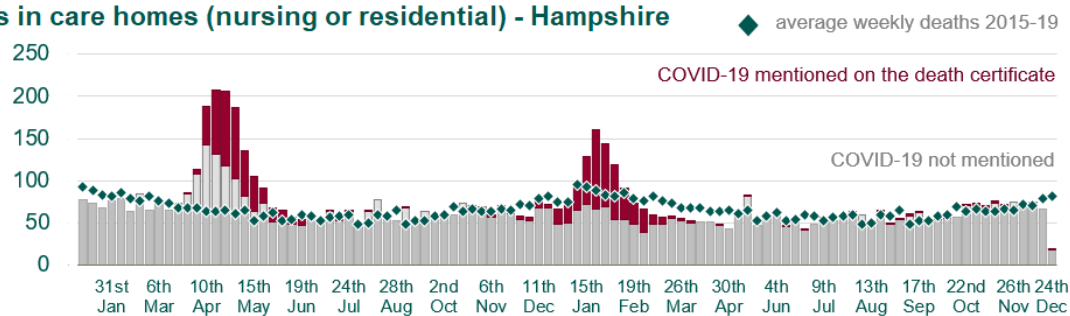
51. As a consequence of the Covid-19 case rates and mounting operational pressures, the Recovery Escalation and Steering Group, due to be stood down in December, has been continued until at least January as a regular forum for operational service leads to take stock, provide mutual support, and ensure an effective and timely response to urgent issues and decisions, escalating to Departmental Management Team (DMT) as appropriate. To ensure sustainability of the Department's approach to Recovery for the longer-term, dependent on the local and national Covid-19 position, it remains the intention in early 2022 to transition the Recovery Escalation and Steering Group to a business-as-usual Senior Management Team (SMT) Network including Headquarters as well as operational senior leads. The Recovery Executive Group was stood down in December as planned, with strategic department-wide decisions and issues relating to recovery now being managed at DMT level.
52. In response to Plan B and in line with the County Council's approach, all Adults' Health and Care staff are now working from home again where they can effectively do so, whilst undertaking face-to-face visits where required (as outlined above in the Home Visiting section). Those who need to attend workplaces for necessary operational, practical, or wellbeing reasons are being enabled to do so in a Covid secure way. Arrangements for Director-approved face-to-face learning continue with the emphasis upon continuing to observe measures to reduce the risks of Covid-19. Supporting the wellbeing and resilience of staff remains central to the department's values and ability to deliver effectively for our local residents.

Progress of Covid-19 within Hampshire's care homes

53. For the time period requested – from 1st February 2020 to 24th December 2021 (ONS week 6 2020 to week 51 2021) and registered up to the 1 January 2022
- there have been **7,212** deaths from all causes in Hampshire care homes (nursing or residential)
 - **1,015** 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 1 January 2022 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 51 released by LKIS South East, Public Health England.

Deaths in care homes (nursing or residential) - Hampshire



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 24 December 2021 but were registered up to 1 January 2022.

Care Home Market Overview

54. Occupancy levels remain relatively stable at just under 87% of total beds reported as being available, but below the 90% target that care providers state is their break-even point and with significant variation in occupancy levels in different homes.
55. The strain on the workforce remains high and there is a continued high reliance on Agency staff, at increased fees. Workforce funding (the equivalent of £115 per staff member) was issued in November to support with recruitment and retention. We will shortly be allocating further funds which are being issued to us from central Government, this should translate to a further £210 per member of staff. Our advice to providers is to focus their efforts on staff retention and consider offering staff bonus payments.
56. Recruitment remains a big challenge across the care sector, and there has been significant competition for resources from other sectors in the run up to Christmas e.g. retail and hospitality. As part of our Call to Care campaign we have established a dedicated recruitment team within our partner organization Connect2Hampshire. This team was up and running from the start of November and has recruited 8 carers and are actively working to fill 30 plus roles across 6 homes.
57. An update on vaccinations within the care sector is provided in paragraphs 35-37.
58. There are continuing signs that Covid outbreaks are on the rise in line with the ongoing national picture, with 42 homes currently closed to admissions and 36 are reporting outbreaks (5 January). We continue to reinforce IPC guidance to help to contain outbreaks, we have provided care homes with links to a support pack to support winter contingency planning and our Quality team are providing ongoing support.

Climate Change Impact Assessment

59. 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.

60. 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

61. 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

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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Hampshire Health and Adult Social Care Select Committee
18th January 2022

Frimley Health NHS Foundation Trust
Covid-19 Update

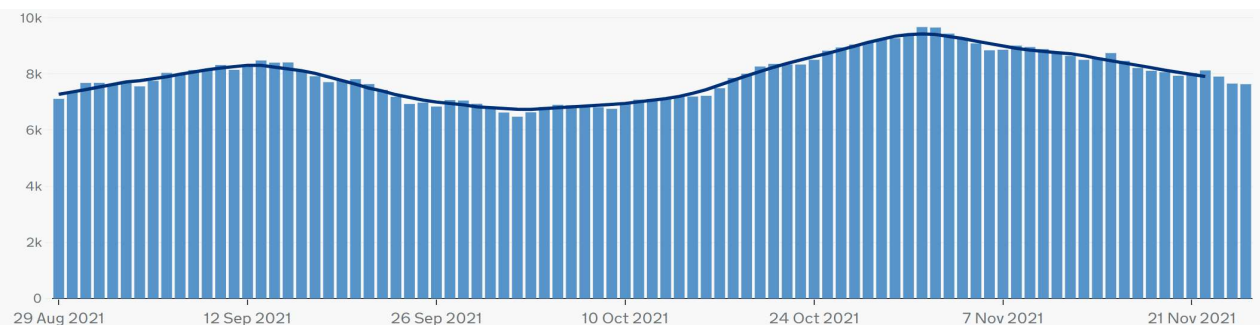
Lorna Wilkinson
Chief of Nursing and Midwifery

COVID 19 Impact

Omicron variant

- Covid-19 positive inpatients in the Trust have increased – and we are planning for a peak in mid January
- Community prevalence of Covid-19 has continued to increase across all locations in the Trust footprint.
- FHFT staff continue to wear appropriate PPE, in line with national guidance and in the context of increased transmissibility of Omicron risk assessments have been reviewed and staff are wearing FFP3 level masks in key areas.
- Visiting has unfortunately been restricted again to exceptional circumstances only (outside of paediatrics and maternity) due to increased community prevalence and associated outbreaks in wards
- Twice weekly lateral flow testing for patient facing staff continues
- Covid-19 vaccination uptake by FHFT 95% for first dose and 93% second dose

No. of patients in UK hospitals with Covid-19



Operational challenge



Unprecedented pressures in urgent and emergency care but FHFT is performing better than most trusts.

Some ops cancelled and escalation areas opened, but we're working with community and social care to improve discharges and find alternatives to hospital admission.

Covid remains a major threat. Extensive planning underway for anticipated peak in January 2022



Know where to go when feeling unwell

Emergency department or call 999 only for very serious life threatening situations.

This can include:

- Loss of consciousness
- An acute confused state
- Fits that are not stopping
- Chest pain
- Breathing difficulties
- Severe bleeding that cannot be stopped
- Severe allergic reactions
- Severe burns or scalds

Call 999 immediately if you or someone else is having a heart attack or stroke.
Also call 999 if you think someone has had a major trauma, such as after a serious road traffic accident, a stabbing, shooting, a fall from height, or serious head injury.
If you are unsure, call NHS 111 or go on-line at 111.nhs.uk

999

Emergency
department



Operational delivery



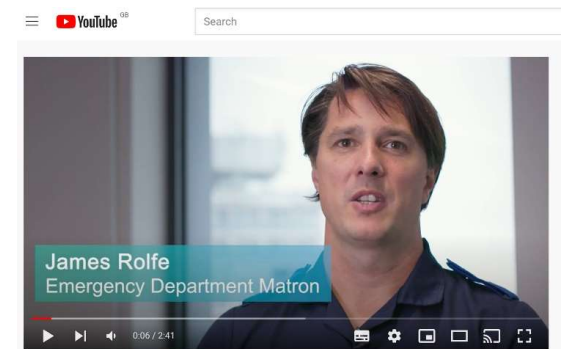
Page 32



Hospital @ Home service

Actions to support operational challenges include:

- Improving flow and capacity in ED, including staffing
- Providing more alternatives to hospital care
- Extend community support
- Virtual outpatient appointments – funding bid to expand further
- Patient initiated follow-ups to avoid unnecessary visits
- Public messaging campaigns to educate and prepare patients



Videos to support patients accessing FHFT services

Current Status

Headline

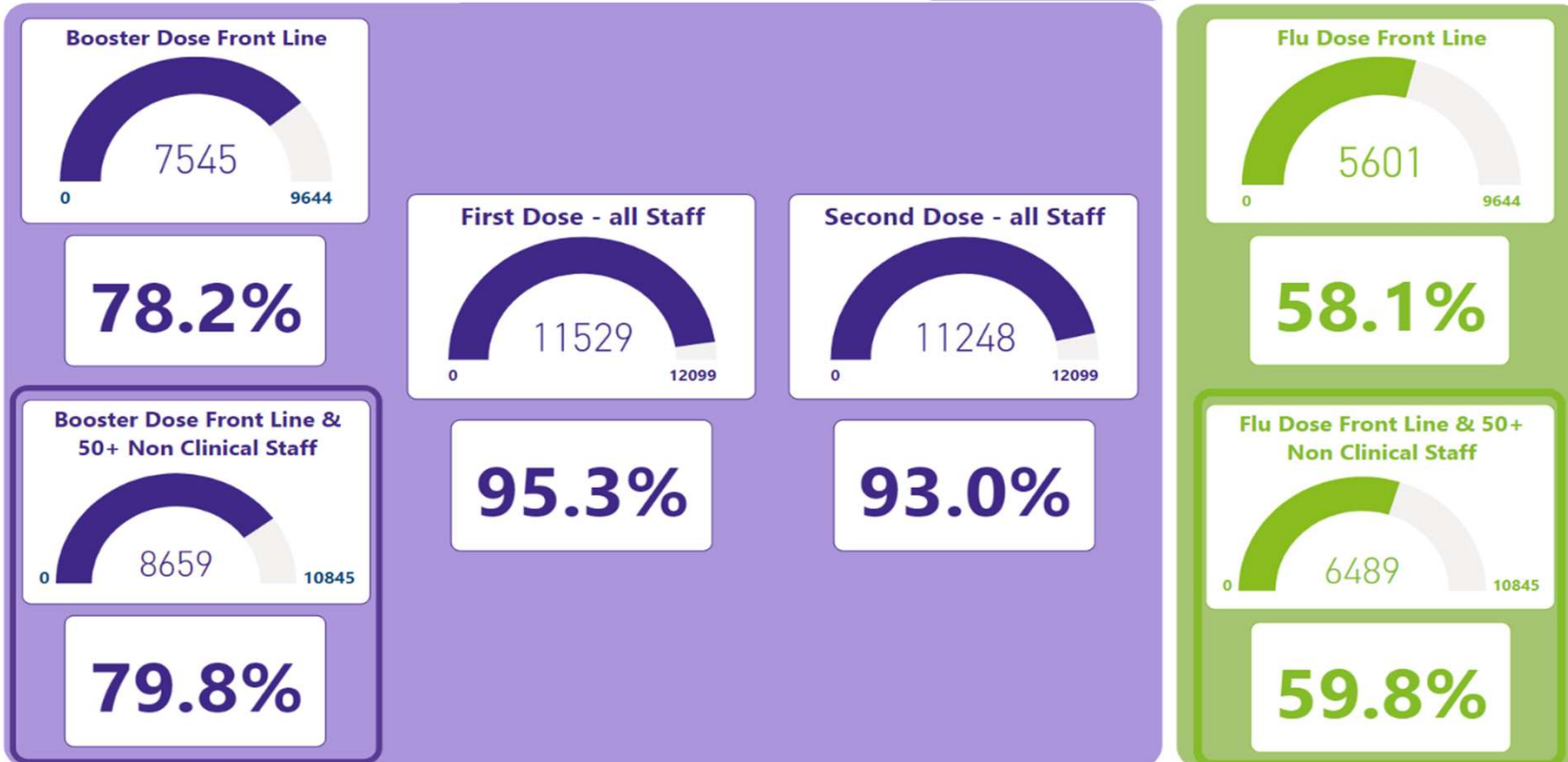
Data as of **04/01/2022 07:30**

COVID Vaccination Status

Data as of: 03 January 2022

Flu Vaccination Status

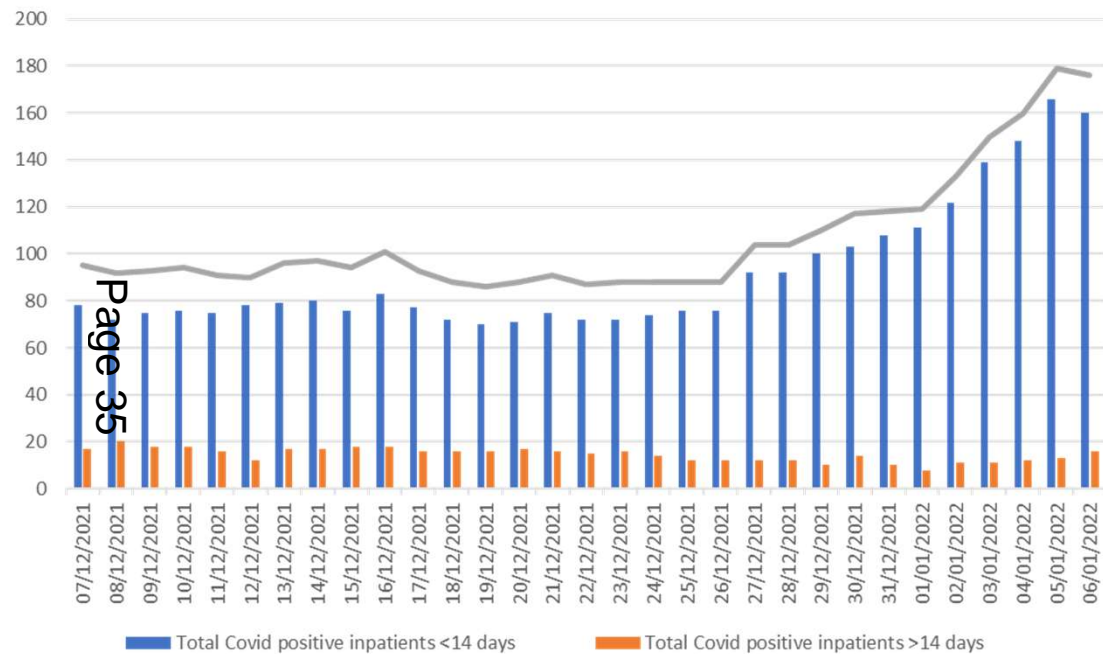
Page 33



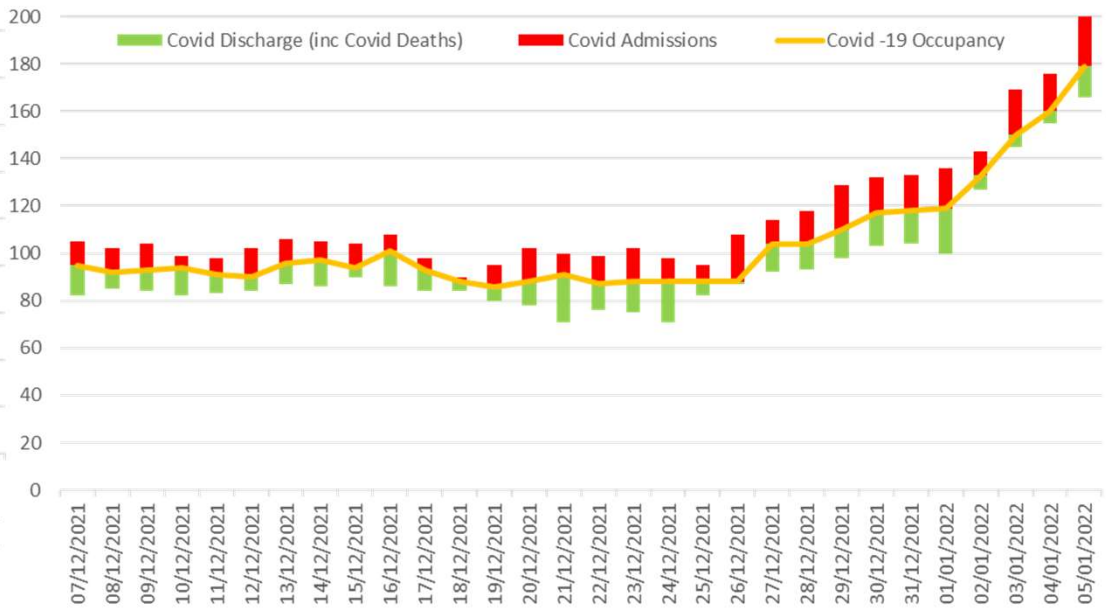
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The following slides provide the most recent Covid Operational Update as at Tuesday 4th January 2022

FHFT Covid - 19 Inpatients

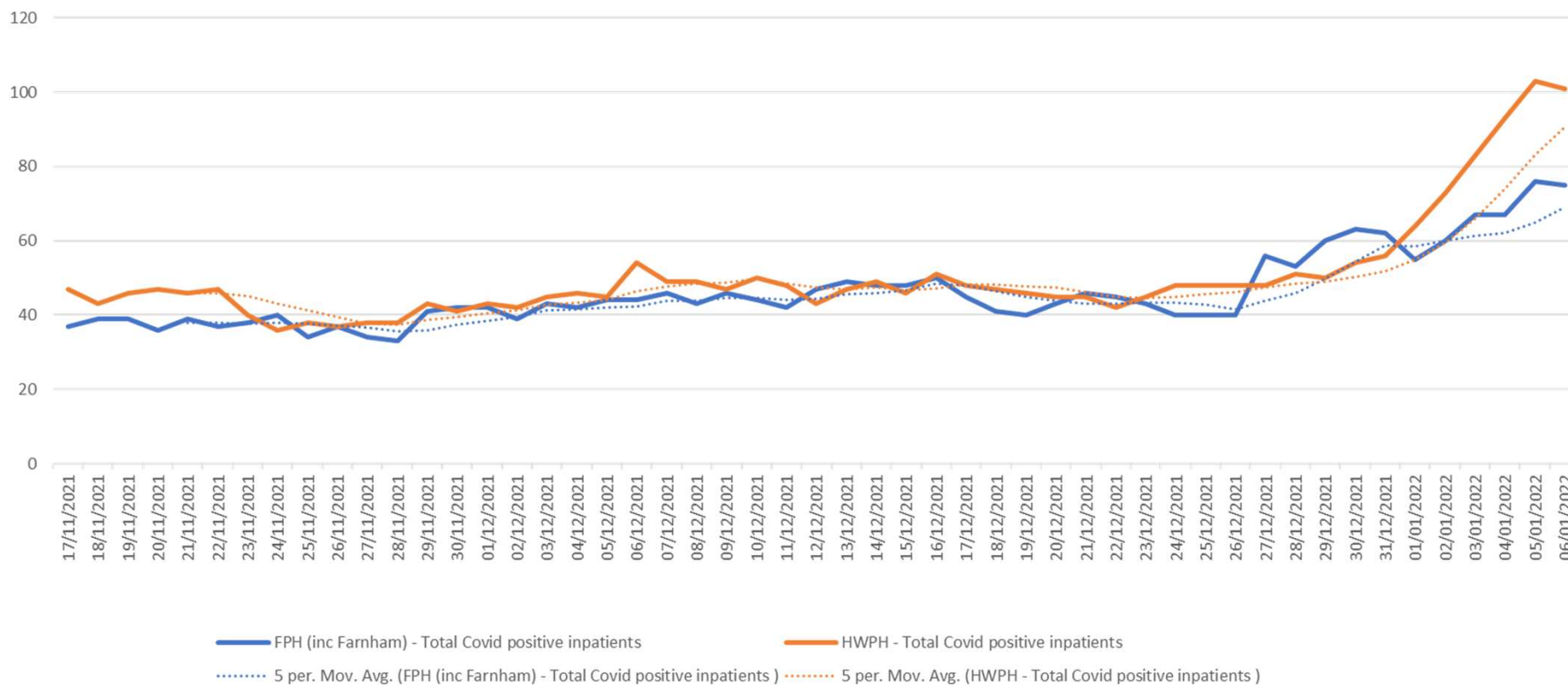


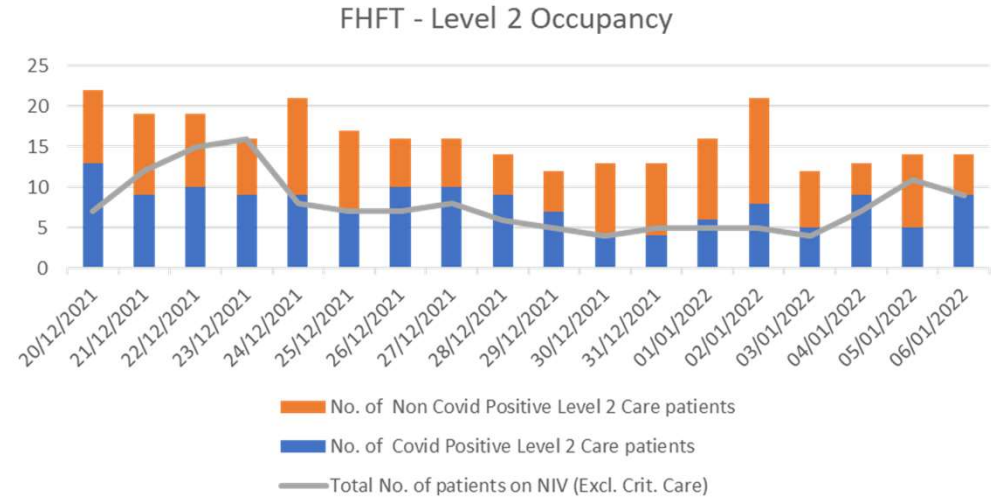
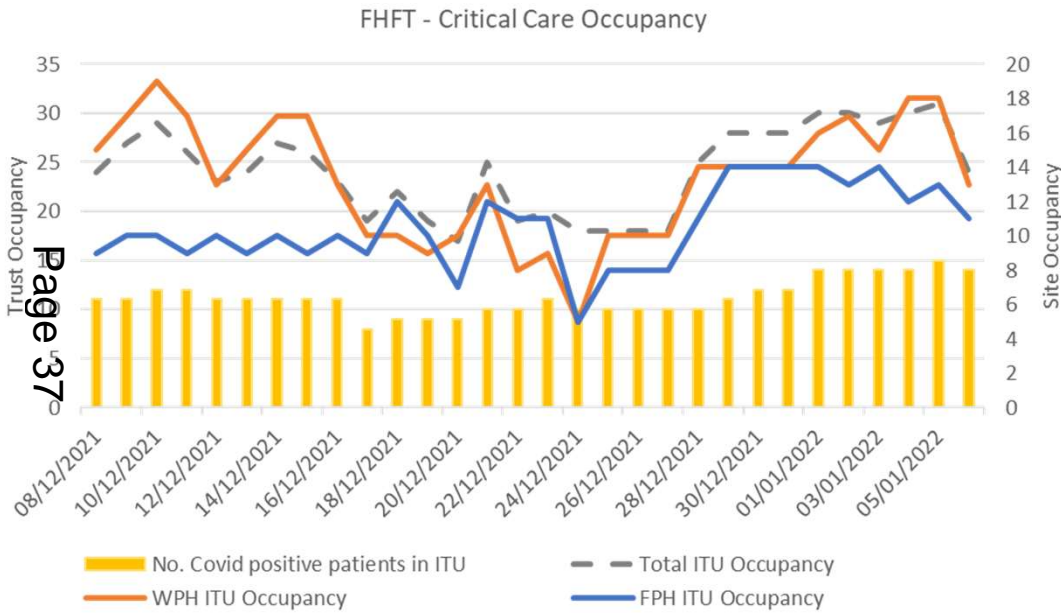
FHFT - Covid-19 Admissions / Discharges



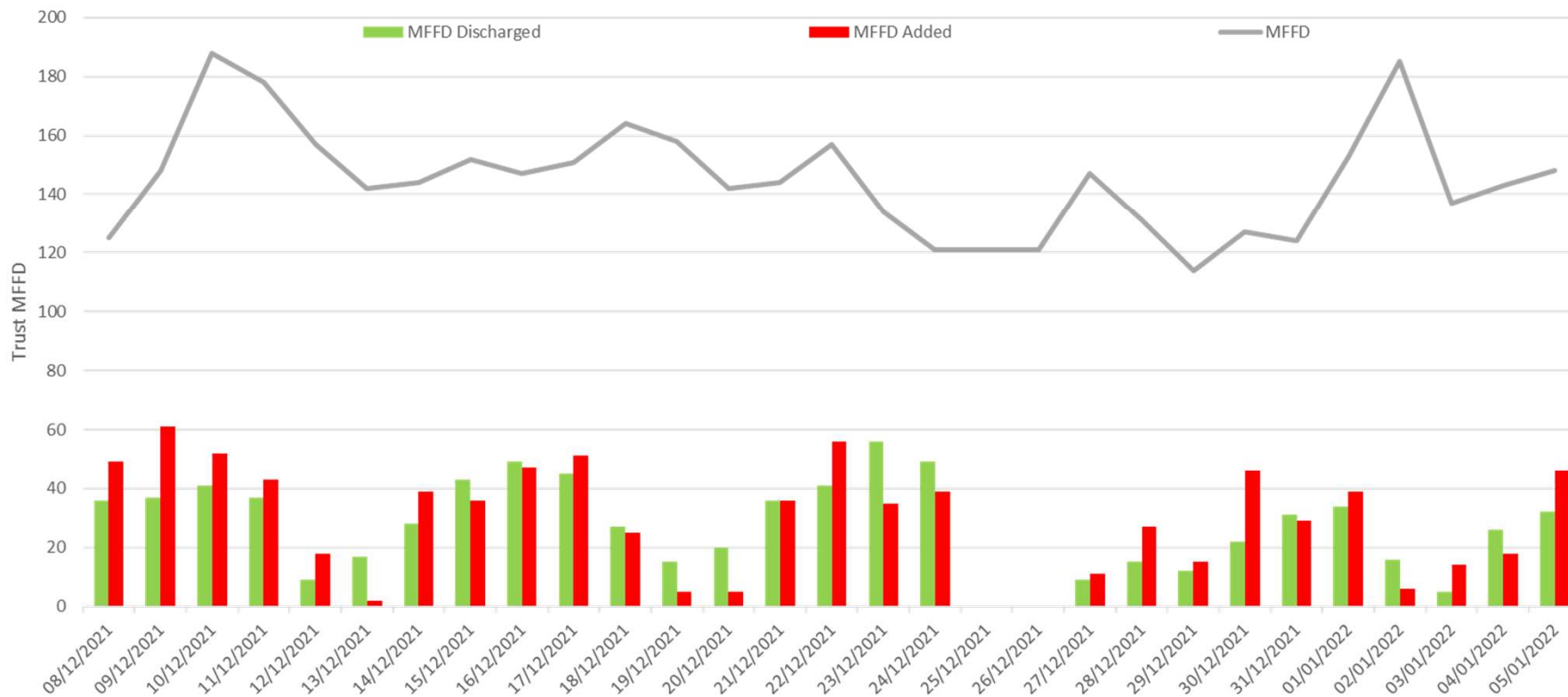
Date	Total Covid positive inpatients <14 days	Total Covid positive inpatients >14 days	Total Covid positive inpatients
06/01/2022	160	16	176

FHFT - Covid Inpatients



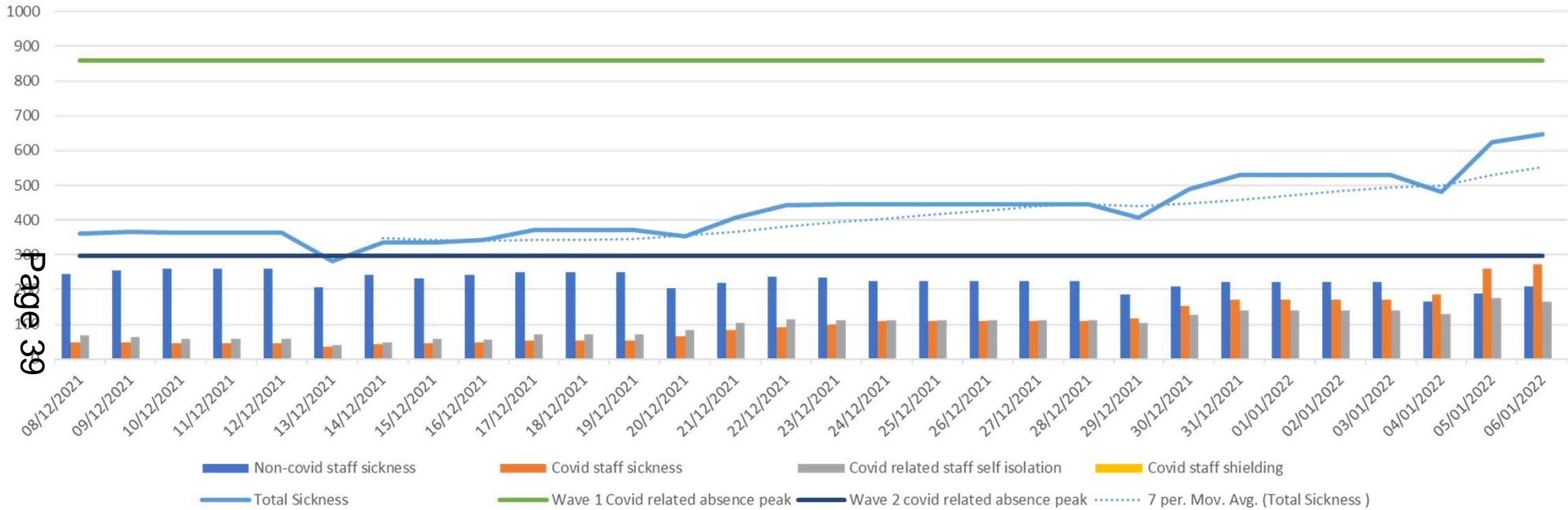


FHFT - MFFD



	FHFT Total MFFD	MFFD Added Yesterday	MFFD Discharged Yesterday
05/01/2022	148	46	32

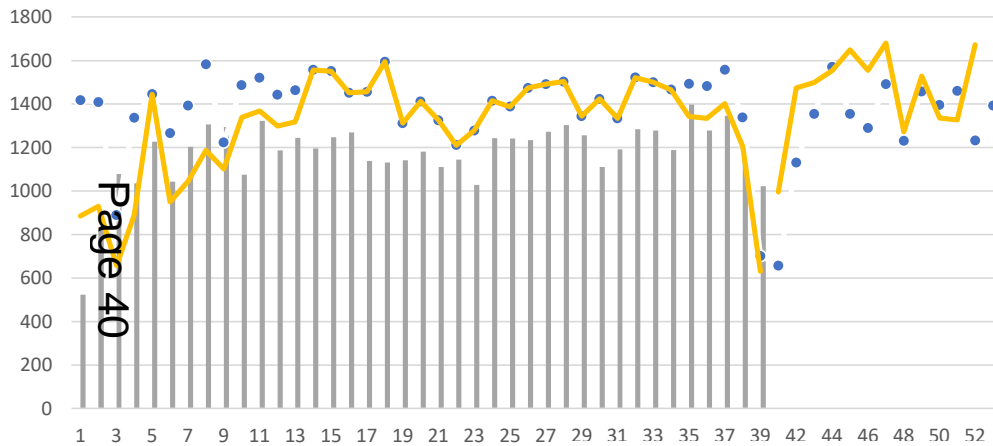
FHFT Staff Sickness



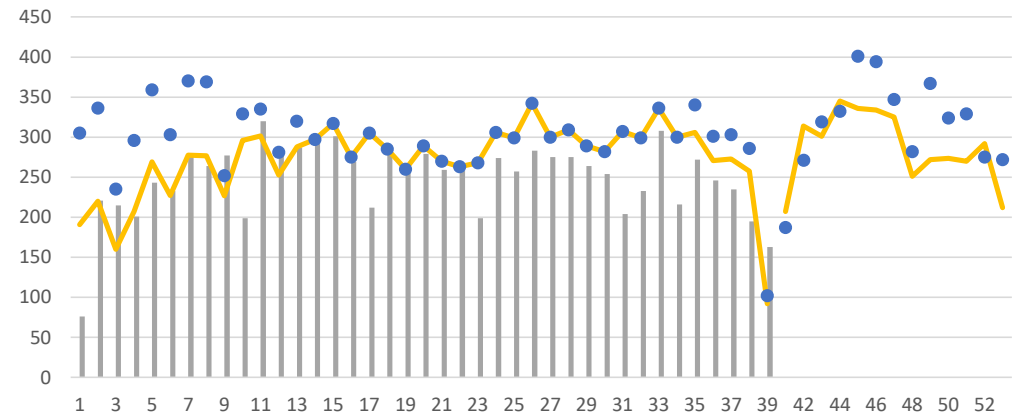
	Non-covid staff sickness	Covid staff sickness	Covid related staff self isolation	Covid staff shielding	Total Sickness
06/01/2022	210	272	165	0	647

Elective Care

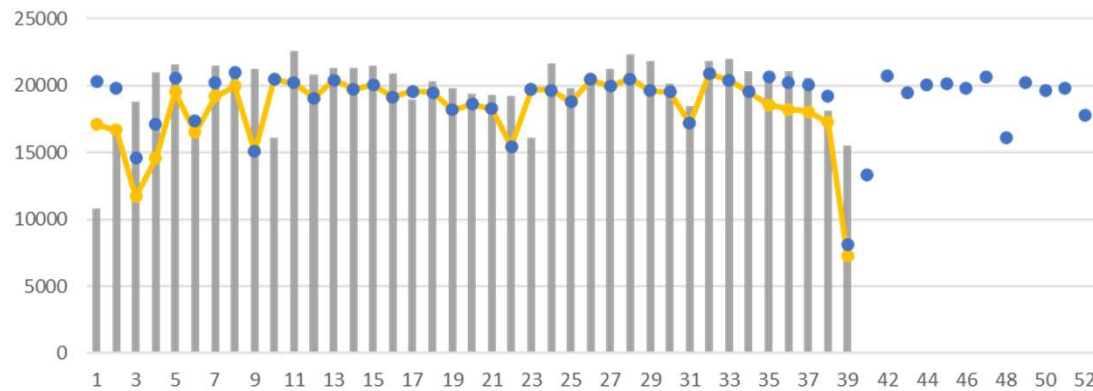
Week on Week DC Performance against 2021 Plan



Week on Week Performance EL against 2021 Plan



Week on Week OPD Performance against 2021 Plan



HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	18 January 2022
Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 779 0507

Email: 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:
 - a) Stage 2 Independent Investigation Report – Southern Health NHS Foundation Trust
 - b) Development of Integrated Care Systems in Hampshire

Recommendations

- a) Stage 2 Independent Investigation Report
5. The Committee notes the actions the Trust has set out it intends to take in response to the recommendations made in the Independent Investigation Report.
 6. The Committee request that the Trust attend the HASC meeting on 8 March 2022 to provide an update on implementation of the actions with a target completion date of the end of January and end of February.

7. The Committee request that the HS&IOW CCG/HS&IOW ICS attend the HASC meeting on 27 September 2022 to provide an update on the steps they have taken to assure themselves that the Trust has made the required improvements, and progress with strengthening mental health and learning disability service delivery in the new ICS structure.
8. The Committee may make further specific recommendations as a result of the discussion at the meeting.
 - b) Development of Integrated Care Systems in Hampshire
9. The Committee request that commissioners attend the HASC meeting on 5 July 2022 to provide an update on implementation of Integrated Care Systems in Hampshire.
10. That this update include further detail on the governance structures as part of the ICS and how this is anticipated to relate to existing parts of the system including health scrutiny and Health and Wellbeing Boards.

Executive Summary

Table 1

Topic	Relevant Bodies	Action Taken	Comment
a) Stage 2 Independent Investigation Report (concerning the tragic deaths of five people who were in the care of Southern Health in the period 2011-2015, and the Trust's response to the families of those who died)	Southern Health NHS Foundation Trust and the HS&IOW CCG	The HASC received an item on this at the October 2021 meeting (report), following publication of the stage 2 report in September 2021. As a result, the Committee requested the Trust return at this meeting to present their action plan setting out how they will respond to the recommendations made by this independent investigation.	Attached is a report from the HS&IOW CCG on this topic at Appendix 1, and a report from Southern Health NHS FT at Appendix 2.

Topic	Relevant Bodies	Action Taken	Comment
b) Development of Integrated Care Systems in Hampshire	HS&IOW CCG and Frimley CCG	The HASC received an item on this at the September 2021 meeting (report) and requested a further update for this meeting.	Attached is a report from the HS&IOW CCG (including information from the Frimley CCG) at Appendix 3. It had been anticipated that ICS would become statutory bodies in April 2022 but this has now been put back to July 2022.

Scrutiny Powers

11. The Health and Adult Social Care Select Committee has the remit within the Hampshire County Council Constitution for 'Scrutiny of the provision and operation of health services in Hampshire'. Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant health service providers to account. The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.
12. The Committee has a role to 'review and scrutinise any matter relating to the planning, provision and operation of the health service in Hampshire'. Health scrutiny functions are not there to deal with individual complaints, but they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends. Health scrutiny can request information from relevant NHS bodies and relevant health service providers, and may seek information from additional sources for example local Healthwatch.
13. The Committee has the power 'to make reports and recommendations to relevant NHS bodies and to relevant health service providers on any matter that it has reviewed or scrutinised'. To be most effective, recommendations should be evidence based, constructive, and have a clear link to improving the delivery and development of health services. The Committee should avoid duplicating activity undertaken elsewhere in the health system e.g. the work of regulators.

Finance

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

Performance

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

Consultation and Equalities

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

Climate Change Impact Assessment

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

Conclusions

18. Regarding the Independent Investigation Report on Southern Health NHS Foundation Trust: as a major provider of mental health services in Hampshire, the Committee has an interest in receiving assurance that the improvements identified by the independent investigation are delivered.
19. Regarding the development of Integrated Care Systems covering the Hampshire population: the Committee has an interest in understanding how this changes the commissioning of health services for the local population, and in terms of integrating health and social care how local authorities are represented in the governance structures of the ICS, in particular with reference to the fact that the footprint of the ICSs does not match Local Authority boundaries.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Issues Relating to the Planning, Provision and/or Operation of Health Services report	19 October 2021
Issues Relating to the Planning, Provision and/or Operation of Health Services report	21 September 2021
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

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

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

EQUALITIES IMPACT ASSESSMENT:

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- 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.

“RIGHT FIRST TIME”

Pascoe Stage 2 Recommendations:

Report for Hampshire Health Overview and Scrutiny Panel (HASC)

January 2022

1 Context

The purpose of this report is to provide an update to the Hampshire HASC in relation to progress following the publication of the Stage 2 Pascoe Report.

2 Background

In 2019, Nigel Pascoe QC was appointed to undertake a paper-based investigation (now referred to as Stage 1) in relation to the historical cases of five people who had died in Southern Health NHS Foundation Trust’s care between 2011 and 2015. In February 2020, the investigation report was published and included a recommendation to establish a public investigation to address and resolve issues that could not be fully considered as part of a paper review.

The second stage took the form of a series of virtual public hearings and was Chaired by Mr Nigel Pascoe QC, supported by three independent experts. The public hearing sessions began on 29 March 2021 and concluded on 29 April 2021.

The Stage 2 process enabled the panel to consider whether current policies were appropriate, to make recommendations where improvements were needed and to consider the progress Southern Health NHS Foundation Trust had made with implementing ‘real reform’ following the recommendations in the Stage 1 report.

The full Stage 2 report was published on 9 September 2021 and is available via:

- [Southern-Health-NHSFT-Stage-2-Final-Report-Right-First-Time-1-1.pdf \(england.nhs.uk\)](#)
- an easy read version is available via: <https://www.england.nhs.uk/south-east/wp-content/uploads/sites/45/2021/09/NHSI-Stage-2-Review-SHFT-Easy-Read-summary.pdf>).

The panel report included 39 recommendations and nine practical learning points for the Trust, NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG), and the wider NHS to consider.

The recommendations for the Trust included areas such as complaints handling; communication and liaison with service users, carers and family members; handover between professionals; independent investigatory structures and action planning.

NHS Hampshire, Southampton and Isle of Wight CCG was given one recommendation which related to the monitoring of its contract with the Trust, to ensure demonstrable rigour and perceived independence.

The report also noted that the establishment of the newly formed Integrated Care System (ICS) provides an opportunity to strengthen the service delivered by the shared specialist Mental Health and Learning Disability Team and that this service should be acknowledged and implanted in the ICS in the next 12 months.

We are grateful to Mr Nigel Pascoe QC and the panel for their work, and welcome the report's recommendations.

Health and care providers in Hampshire and Isle of Wight are working more closely and collaboratively than ever before, which means we are now even better placed to make further change and improvements for the benefit of patients in the communities we serve across the whole local NHS system. Our patients rightly expect and deserve high quality services and we are committed to continuing to put patients, carers and families at the heart of all we do. This report is helpful in making sure we focus on the areas requiring the most immediate improvements, which builds on work already underway.

The panel heard many examples during the hearings of the improvements Southern Health NHS Foundation Trust has made in recent years, and we are pleased to see these reflected in the report.

3. Stage 2 Report: progress update

The CCG has developed a robust governance process for the delivery of the agreed changes following the Pascoe Stage 2 recommendations. The process includes oversight from the CCG, the wider system and NHS England and Improvement (NHSE/I) regional oversight. The monitoring of NHS providers progress against the recommendations will be reported via the quality operational groups in the CCG, which is then reported to the CCG's Governing Body on a regular basis.

The ICS Quality Board is responsible for monitoring the progress of Southern Health NHS Foundation Trust, HIOW providers and the CCG progress against the recommendations. This group includes leads from a number of NHS organisations locally, such as the CCG, other NHS providers, Health Education England and NHSEI.

The panel heard many examples of the improvements Southern Health NHS Foundation Trust has continued to make in recent years, and these were reflected in the Stage 2 report. SHFT are committed to continuing their journey of improvement to ensure that they '*get it right, first time, every time*'.

In response to the Stage 2 recommendations, the Trust have developed a plan which details the work already undertaken and the areas planned for further improvement.

The CCG will be monitoring the Trust's progress against the recommendations identified and will seek assurances, both qualitative and quantitative, to demonstrate the necessary improvements in practice.

The CCG has reviewed its recommendation from Mr Pascoe and the panel, and is continuing to review contractual monitoring arrangements and agreeing how the recommendation will be evidenced with NHSE/I.

We also recognise that the recommendations identified in *Right First Time* should be considered by and implemented within other providers. The governance process includes the oversight of all Hampshire and Isle of Wight NHS providers and their response to the Stage 2 recommendations to ensure system-wide sustainable improvements. We are working more collaboratively than ever before and this provides a strong platform for sharing best practice and learning.

The ICS is due to become a statutory entity in July 2022. The ICS structures for Hampshire and Isle of Wight are in development and discussions are underway in relation to the recommendation about strengthening mental health and learning disability service delivery in the new structure.

During the next quarter, the CCG will be reporting progress via the Hampshire and Isle of Wight Quality Board.

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Stage 2 Independent Investigation Report: *'Right First Time'*

Background

- On 6 February 2020, the Independent Investigation Report (Mr Nigel Pascoe, QC) was published. The report concerned the tragic deaths of five people who were in the care of Southern Health in the period 2011-2015, and the Trust's response to the families of those who died.
- Three of the patients had been under the care of Community Adult Mental Health Services, one under the care of Community Older People's Mental Health Services and one was living at home with support from the Trust's then Social Care Division.
- The Trust had engaged with the families of the five patients but was unable to address their concerns in the period up to 2019.
- The Trust sought the advice of NHS England/Improvement (NHSEI) to consider what else might be done to work with the families. NHSEI suggested that they would liaise with the families. It was then agreed with the families that there should be an independent review of all the investigations that had already been undertaken.
- Mr Nigel Pascoe QC was commissioned by NHSEI to undertake an Independent Review of the Trust's response to each of the five deaths.
- The Stage 1 Review Report, published on 6 February 2020, was very critical of the Trust. The Trust accepted in full the Stage 1 Review Report findings and issued full and unreserved apologies to each of the families.
- It was recommended in the Stage 1 Report that a second review should be undertaken. Its purpose was to examine the progress that the Trust had made as well as looking to recommend further improvements for the Trust to achieve the 'Gold Standard' and to 'Get it right first time, every time.'
- The scope of this second stage review, as set out in the Terms of Reference, was to cover the following policy areas:
 - Reviewing the need for a new independent investigative process
 - The handling of complaints
 - Communication and liaison with families
 - Action plans
 - Supervision by West Hampshire CCG of those issues.
- The second stage review took place between 4 March 2021 and 29 April 2021. The Panel was chaired by Mr Nigel Pascoe QC, supported by three independent experts: Dr Mike Durkin, former National Director of Patient Safety at NHSEI, Dr Hilary McCallion, former Executive Director of Nursing and Mental Health Nurse, and Priscilla McGuire, Ofsted Inspector, CCG Vice-Chair and a Patient and Public Voice Partner.
- The Panel heard written and verbal evidence from 53 witnesses, including service users and others with experience of engaging with the Trust, professional experts and Trust staff. The Panel took place virtually online due to the Covid-19 pandemic restrictions.
- Following the Panel hearings, the Stage 2 report was published by NHS England and Improvement on 9 September 2021 and titled 'Right First Time.' The report is available in full, and as a summary, [on the Trust's website](#), alongside the public statement issued by the Trust at the time of publication. The Trust Board has accepted the Stage 2 report in full.
- Upon publication of the Stage 2 report, the Trust has written to stakeholders including the chairs of local Overview and Scrutiny Panels to inform them of the publication and outline the Trust's response and next steps.

Trust response

- The first and second stage reports acknowledge the progress that has been made by the Trust since 2015.
- The table below summarises the actions that the Trust has taken already and where further work will be undertaken to realise the ambitions of the Stage 2 report. The table is set out against the specific *recommendations* and *learning points* described in the report.
- Progress towards the completion of the actions set out below will be monitored by the Trust Board and its sub-committees.

Recommendations		
R1	SHFT's Complaints, Concerns and Compliments Policy and Procedure documents should be urgently reviewed and reformed. They should be combined into a single document . The policy should prioritise service users, family members and carers. SHFT should work with these groups to co-produce it. It must be clear, straightforward and in an easily understood format. All members of staff must undertake mandatory training on the new Policy and Procedure.	The Trust's procedure and practice for dealing with complaints has already been revised. The practice now is that frontline service managers and clinicians respond the same day by contacting the complainant, clarifying what it is that they are unhappy about, agreeing timescales and what needs to be done to achieve resolution. We are clear that complaints are locally managed with central support and this will be reflected in the revised policy.
R2	SHFT should clarify what complaints management system is actually in place in the organisation, whether this is centralised or locally managed, and further go on to ensure the system is publicised and shared in clear language with staff, service users, family members and carers.	87% of all complaints in 2020/21 were completed through early resolution at source. For all complaints that were escalated the response time has reduced from a median of 57 days (March 2020) to a median of 14 days (October 2021). The Trust's Policy will now be revised to reflect current practice. The policy is being co-produced with the Working in Partnership Committee. Implement by 31.01.2022 Action: Director of AHPs and Nursing The Trust is a pilot site for the new complaints standards issued by the Parliamentary and Health Service Ombudsman (PHSO).
R3	SHFT should clarify and define the role of PALS and if proceeding with it, co-design and co-produce a strategy and implementation plan for its development throughout the organisation. The service must be accessible, supportive and responsive to service user and carer needs.	The Trust has worked with carers and service users and will be launching a Carers and Patients Support Hub in January 2022. This will replace and improve upon the existing Patient Advisory and Liaison Service (PALS) and will be supported by staff previously engaged in administering the complaints process. The Patient Experience Group will have oversight of its on going development and feedback from our staff, patients and carers. Implement by 31.01.2022 Action: Director of AHPs and Nursing
R4	SHFT should urgently implement a process to monitor the quality of the investigation of complaints, complaint reports and responses and the impact of recommendations from complaints. That system should test the extent to which outcomes and judgments are evidence-based, objective and fair.	Complaints reports and responses are quality assured by Executive Directors/Chief Executive. A comprehensive report on complaints is scrutinised by the Quality and Safety Committee. Since January 2021 we put in place a follow up contact with people who have complained to gain feedback; these surveys and the qualitative information are fed into the Patient Experience and Caring Group on a quarterly basis.
R5	SHFT should re-develop its Complaints Handling leaflet that reflects the complaints process, outlines expectations and timelines for service users, family	We will co-produce this with the Working in Partnership Committee and will be available in a range of formats. As the Carers and Patients Support Hub

	members and carers. It must be co-designed and co-produced with these groups. The documents should be widely available to all in paper and digital format.	develops it will be a point of connection to local communities and will be able to connect with a range of people who use our services including those traditionally less engaged. Implement by 28.02.22. Action: Director of AHPs and Nursing
R6	During the investigation of complaints, SHFT should offer the opportunity for face-to-face meetings as a matter of course. These meetings should provide the time to discuss with complainants about how they wish their complaint to be handled and a timeframe for a response, should be agreed. SHFT should maintain communication with the complainant throughout, with a full explanation for any delays.	As part of our changed practices around working with complainants, we offer the opportunity for face-to-face meeting. Our routine practice now includes earlier intervention by our clinical teams, dialogue directly with people to understand their preferences for resolution and putting these in place, regular keeping in touch during the response and improving the way we communicate our findings.
R7	SHFT should ensure that all complainants that go through its complaints handling process, have access to advocacy services where required. SHFT should be alert to the importance of perceived independence of representation. Therefore, it should look to Third sector organisations that it can facilitate access or signpost their availability for complainants. This should be co-ordinated, so as to be part of the complaints handling process.	We value advocacy and already have services that we can signpost people to. However, we agree there is more we can do actively promote these important services. Access to local advocacy services will be promoted through the revised complaints handling leaflet and the Carers and Patients Support Hub. Implement by 28.02.2022 Action: Director of AHPs and Nursing
R8	There is a vital and continuing need for SHFT to re-build trust and confidence with the population it serves. To achieve this end SHFT should continue its move away from a past unresponsive culture and defensive language. Today, SHFT acknowledge the need to balance accountability and responsibility by ensuring that it meets the Duty of Candour and admits its mistakes. To achieve this, SHFT needs to ensure all staff are trained and understand the Duty of Candour and take a positive pro-active approach in all future engagement with families, carers, and service users, to ensure that their needs are met.	The Duty of Candour is promoted in staff training and in practice. Compliance is reviewed at the Patient Experience Group via a quarterly report. Our Investigating Officers and Family Liaison Officers openly engage with families when they are part of an investigation and also check that the service lead has shared information openly and honestly. It is also something that is considered by the corporate SI panel. Patients or family members are always offered a copy of the investigation.
R9	SHFT should co-produce with service users, carers and family members, a Communications Strategy to identify a 'road map' for improving communications. This should include, but is not limited to, mandatory training on communication across the whole of SHFT, including improving internal communications and the development of a protocol setting out how SHFT will provide support to its service users, carers and family members. It should create specific roles to provide this support. SHFT recruitment processes should include good and effective communication skills criteria for all roles at every level of the organisation.	Work has been done and will continue to co-produce more effective communication channels with service users, carers and family members. The Trust has specific roles to support engagement and communication with service users, carers and families which includes carer peer support roles and family liaison officers. Communication skills training modules are already available. All existing training will be reviewed to ensure that communication skills are included appropriately. We will review recruitment processes to ensure that job descriptions, people specifications and interview questions include communications skills. Implement by 28.02.2022 Action: Chief People Officer
R10	SHFT should develop a Carer's Strategy , in which the aims and actions are understood and are to be articulated by carers, working together with staff. As a minimum, these actions should be reviewed annually at a large-scale event with carers at the centre. In	Our carers action plan is aligned to the Hampshire Joint strategy for Carers and the Southampton strategy for carers. Our plan was co-produced with a variety of stakeholders, particularly the Families Carers and Friends group who have oversight and

	<p>future, carers must have the opportunity to articulate their needs and the actions needed to address them. Part of this process should be the enhancement and wider use of the Carer's Communication Plan, which must be underpinned by relevant training.</p>	<p>monitor the plan. The action plan is a 'live' document and actions are added based on feedback and any issues highlighted to us by our carers.</p> <p>The use of Carers Communication Plans will be continuously monitored.</p> <p>We are currently working with partners in Hampshire on the joint strategic plans for carers. We have a project underway currently looking specifically at engagement with lesser heard carers, e.g. military families, carers from rural areas, gypsy and traveller community, black and minority ethnic communities and young carers. We are also just starting a project to look at discharge and the effects on carers. We are strengthening our work with voluntary sector organisations to enable all of this work, and carers themselves are leading on aspects of the projects.</p>
R11	<p>SHFT should ensure all staff are all rapidly trained to understand the Triangle of Care and that these principles are clearly communicated across SHFT to all staff to ensure greater awareness. The Quality Improvement methodology should be used to measure the impact of the Triangle of Care.</p>	<p>The Triangle of Care is one of the approaches the Trust has for supporting carers.</p> <p>An increased number of Triangle of Care workshops have been offered and options for attending sessions out of hours and via webinar. 10 carers leads have been trained to deliver the training from January 2022. An introduction module to give all staff an understanding of the principles and process is available online from January 22. In addition, the principles will be included in local induction from January 22.</p> <p>The introduction of Esther coaching will further enhance and reinforce the Triangle of Care principles.</p> <p>Esther Improvement Coaches are specially trained dedicated members of staff who support the development of other staff to create a culture of continuous improvement to ensure person-centred care. User involvement is integral to the model, building a network around the patient including family, friends and key staff.</p>
R12	<p>SHFT should set up regular localised drop-in sessions and groups for carers and remote carers, which provides support and advice to meet local needs, to include ongoing peer support.</p>	<p>There are several groups already in existence, in addition the Carers and Patients Support Hub will be launched in January 2022. The service will provide single point of contact for issues and concerns, with a hub and spoke model for outreach and drop-in sessions. The hub will include peer/ carer volunteer support and voluntary sector partners will be invited to run support sessions</p>
R13	<p>The Panel recommends that SHFT strengthens its links with the local Hampshire Healthwatch, to ensure that the voices of service users, family members and carers are heard locally. This relationship should be formalised and monitored through a quarterly feedback session between SHFT and Hampshire Healthwatch, with a written report that is publicly available.</p>	<p>The Trust has a good relationship with Hampshire Healthwatch, including meetings with the Trust Chair and Chief Executive. We are also committed to continuing to build our relationships with Southampton and Portsmouth Healthwatches, recognising the important role they play in ensuring patient voices are heard. Formal feedback from</p>

		Healthwatches will always be made available on the Trust's website.
R14	SHFT should pay due regard to the 7th principle and 8th principle of the UK Caldicott Guardian Council in recognising the importance of the duty to share information being as important as the duty to protect patient confidentiality . Through training, supervision and support, staff need to be empowered to apply these principles in everyday practice and SHFT should be transparent about how it does so.	<p>The Trust already promotes the importance of both principles. There are mechanisms in place to hear directly from carers and family members about how the principles are applied in practice.</p> <p>Executive and senior leaders are in attendance at Carer forums to hear their powerful reflections and learning. We will continue expansion of the Triangle of Care training and the incorporation of this ethos into our services.</p> <p>The Information Governance Training will include specific examples linking to these principles.</p> <p>In learning from events and the subsequent learning across the Trust we will look for evidence of the principle being upheld, highlight good practice and encourage a closer understanding where practices could be improved.</p> <p>We will continue to ensure carers forums are attended by senior clinical leaders and share learning from these events widely. This will form part of ongoing monitoring. This is a continuous area of development and improvement. Implement by 28.02.2022 Action: Chief Medical Officer</p>
R15	SHFT should seek to improve both the quality of the handover and the sharing of information between clinicians involved in patient care, to include nursing, medical, therapy and pharmacy staff. This should extend, where relevant, to all care settings, including, SHFT and General Practices across its divisions.	<p>This is an important aspect of the daily routines of all clinicians. We need excellent communication to follow a person from community, through a crisis into hospital and then back home into the community again. This will include GPs, social services, pharmacy, acute hospitals, care homes etc. This is an area of continuous improvement.</p> <p>Internal communication is being improved by many workstreams a few examples are included: strengthening the multidisciplinary team meeting, better operability and access to RIO (our electronic clinical record system where we record clinical notes), ensuring dedicated time for handovers and an established methodology to make the handover process more productive, use of Rio mobile and Rio on our physical health wards, and prioritising the further development of Risk and Care plans.</p> <p>External communications have also been improved, for example: a pharmacy review of all medications prior to discharge including direct communication with GPs; timely use of redesigned discharge summaries; and working with partners to improve the way different clinical systems across the health and care sector digitally exchange information in real time (NHSX are leading on legislative work to accelerate this interoperability work nationally).</p>

		<p>We appreciate the importance of communication not only with colleagues but with people using services themselves, their friends, family and carers and to this end we ensure all doctors have a required reflection and discussion each year in their appraisal about their communication skills. We will look to echo this opportunity to all our staff, both clinical and non-clinical.</p> <p>There are opportunities to listen to patients', families' and carers' views on communication via various surveys and direct requests for feedback.</p>
R16	<p>SHFT must make swifter progress in developing the Patient Experience Dashboard to ensure that it is able to triangulate data and information effectively. It should consider using the data from the Triangle of Care processes to inform this Dashboard. It should also implement specific audits of carer feedback at a local level.</p>	<p>Feedback is already sought and shared from carer groups, carer leads (within the divisions) and surveys. We will consider how to use audit processes to test these arrangements and the triangulation.</p> <p>The Patient Experience dashboard is in place and presented at the Quality and Safety Committee on a quarterly basis. The measures are under review and will continue to be developed.</p> <p>Implement by 31.03.2022 Action: Director of AHPs and Nursing</p>
R17	<p>SHFT should adopt the Patient Safety Response Incident Framework and National Standards for Patient Safety Investigations (published by NHSE/me in March 2020) for reporting and monitoring processes, when they are introduced nationally.</p>	<p>Agreed. The framework has been released and NHS England are working with early adopter sites. The final framework and standards will be informed by the early adopter sites and released in Spring 2022 and organisations are then expected to transition to this.</p> <p>In advance of this we have been developing our own processes to prepare for readiness and recently (October 2021) gained accreditation from the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN)</p>
R18	<p>It is recommended that future NHS patient safety frameworks for Serious Incidents should acknowledge and incorporate the different needs of patient groups, such as physical health, mental health and learning disability and the unique context in which the incident took place.</p>	<p>Agreed. We will align our plans and processes to the national Patient Safety Response Incident Framework and National Standards as mentioned above. Our investigation process will be flexible so it can be tailored to individual requirements with relevant experts from the services.</p> <p>Implement by 31.3.2022. Action: Chief Medical Officer</p>
R19	<p>SHFT should provide a clear and transparent definition of 'independence' and an open and accessible explanation about its processes for ensuring its investigations are 'independent'. The definition and explanation should be available to service users, carers and family members and staff. SHFT should also set out criteria which indicate when an independent and external investigation in respect of a Serious Incident will be conducted and who, or which organisation, will commission it.</p>	<p>The Trust recognises the importance of perception when considering independence and has a tiered approach to reflect the degree of independence needed according to the particular circumstances. This approach has been included in the updated (October 2021) Serious Incident Policy. New patient and family leaflets will be co-produced including a clear explanation of our approach.</p> <p>Implement by 31.01.2022 Action: Chief Medical Officer</p>
R20	<p>In the case of an enquiry into a Serious Incident that requires an external independent investigation, there should be a fully independent and experienced Chair,</p>	<p>This is current practice. The Trust in conjunction with NHS England will commission fully independent reviews where appropriate.</p>

	the background and qualities of whom should be specific to the facts of the case subject to investigation.	
R21	Following a Serious Incident, SHFT should ensure that families, carers and service users, with limited resources, can access external legal advice, support, or advocacy services , as required. Due to potential conflicts of interests, SHFT should not fund such support services directly, but should explore options with local solicitor firms and Third sector or not-for-profit organisations, to facilitate access or signpost their availability.	The Trust will ensure signposting advice is included in the complaints and serious incident investigation processes as well as via the Family Liaison Officers. We have successfully recruited for a further 2 posts. It will also be a part of the Carers and Patients Support Hub. Implement by 31.01.2022 Action: Director of AHPs and Nursing
R22	The job description for SHFT's Investigation Officer role should include specific qualities required for that post. The minimum qualities should include integrity, objectivity and honesty .	Job descriptions in Southern Health are clear on the skills, experience, qualities and values required for all roles. The Investigation Officer job description has been reviewed and amended.
R23	SHFT should develop a more extensive Investigation Officer training programme, which includes a shadowing and assessment process. Service users, family members, carers and clinical staff should be involved in the development of this programme. It should include, but is not limited to, regular refresher training, a structured process for appraisals, a continuous professional development plan and reflective practice. This will ensure continuous quality improvement in the centralised investigations team.	We will revise our training package for Investigation Officers in line with the national offering. They will be co-produced with the support of the Family Liaison Officer. We will set up a Peer Review network including patient and family feedback to support the development of the Investigating Officers. The Trust already has a structured approach in place for appraisals and we will ensure there is access to both reflective practice and a professional development plan. Implement by 31.03.2022 (may be impacted by the timing of the national offer) Action: Chief Medical Officer
R24	SHFT should urgently change and improve the Ulysses template for investigation reports to ensure that all completed investigation reports are accessible, readable, have SMART recommendations and demonstrate analysis of the contributory and Human Factors .	The Ulysses template has already been amended as part of the Serious Incident Review Accreditation Network (SIRAN) accreditation, which was successfully achieved in October 2021. An audit will be carried out after 6 months to support continuous improvement on these measures. During 2022 there are likely to be further changes as the Trust introduces the new national standards and also continues to develop the principles of Safety II where you proactively understand the practices and processes in place when things go well.
R25	All completed investigation reports in SHFT should explicitly and separately document the details of family and carer involvement in the investigation, in compliance with any data protection and confidentiality issues or laws.	We agree. This is current practice and is a requirement for the completion of investigation reports.
R26	SHFT must share learning more widely throughout the whole organisation and ensure that staff have ready access to it. The Trust should ensure staff attend learning events to inform their practice.	The Trust has a range of 'Learning from' programmes including Hot Spots, Learning Matters and Governance Snapshots which are available to all staff on intranet. Trust wide Learning from Events groups and specialty level groups are in place. We are currently working with the National Air Traffic Control Services (NATS) on translating lessons into learning, behaviour and culture change. This is an area that the Trust will always be working to continuously improve.

R27	SHFT should have in place, as a priority, a mechanism for capturing the views and feedback of the service user, family member and carer about the entire SI investigation process . This should be monitored at regular intervals for learning purposes and should be shared with the central investigations team and the Board.	The Trust has a mechanism but is seeking to establish an independent means of feedback. Implement by 28.02.2022 Action: Director of Allied Health Professionals and Nursing
R28	SHFT should improve the quality of the Initial Management Assessments (IMAs) that are provided to the 48-hour Review Panel to ensure that the decision-making process for the type of investigation required is robust, rigorous and timely . This should be done through a systematic training model and quality assurance mechanisms should be put in place	We are doing a mapping exercise as part of our redesign of all mortality processes which is due to complete in December 2021. A patient safety working group is developing the IMA training process. An internal target of 2-3 working days will be put in place rather than the '48 hour' rule to ensure focus is on the quality of decision making. We have reviewed the chair and core membership of reviews to ensure a smaller/ more consistent number of trained chairs and consistency of group membership. Implement by 31.03.2022 Action: Director of AHPs and Nursing
R29	SHFT should produce a quarterly and annual Serious Incidents Report , which should provide a mechanism for quality assurance. It should be presented to the Board and available to the general public , in compliance with data protection and laws.	This is current practice and reports are presented at the Trust Quality and Safety Committee and reported annually through the Trust Quality Account.
R30	The SHFT Board and the Quality and Safety Committee should receive more information on the degree of avoidable harm and the lessons learnt , through regular reporting. Thereafter, that information should be discussed by the Board and shared through the Quality Account and Annual Report and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative analysis of all incidents, but it should also reflect a thorough qualitative analysis to identify the relevant themes of current error and future themes for learning.	This is current practice with 'near misses' reported in our quarterly serious incident reports. This is an area for continuous improvement and learning. The Learning from Deaths quarterly report is scrutinised by the Quality and Safety Committee and discussed by the Board.
R31	SHFT should recognise, implement and develop the role of the Medical Examiner , in line with forthcoming national legislation and guidance.	Agreed. Starting in December 2021, we will begin to roll this out, with other NHS partners, starting at Lymington New Forest Hospital. Progress is being discussed at the Learning from Events Meeting. The full plan to implement Medical Examiners will come to Clinical Effectiveness Group in January 2022 prior to going to Quality and Safety Committee in February 2022. Implement by 31.03.2022 Action: Chief Medical Officer
R32	SHFT should examine the potential of expanding and bringing together the Patient Safety Specialists into a team, led by a Director of Patient Safety, from the Executive level.	The Trust has a group of Patient Safety Clinical Leads (introduced in 2019), embedded within our clinical divisions, who report into the Patient Safety Specialist and are led by the Director of Patient Safety.
R33	SHFT should develop a co-produced Patient Safety Plan , which includes a long-term strategy for the recruitment of Patient Safety Specialists and Patient Safety Partners and a commitment to continuous improvement.	We have a Patient Safety Commitment 2018-25 in place which was co-produced in 2018 and refreshed in April 2021 in consultation with service users and families.

		<p>The national requirements for the Patient Safety Expert are relatively recent (October 2021) and the Trust is consistent with these.</p> <p>We will continue to review these arrangements in line with the Patient Safety Response Incident Framework and National Standards when they are published during 2022.</p>
R36	<p>All Action Plans that are created by SHFT, at any level of the organisation, should include a deadline and the name of an individual(s) and their role, who is responsible for taking forward the action indicated. They must be monitored to ensure they have been implemented and shared for learning.</p>	<p>This is current practice and action plans are monitored at the appropriate part of the organisation. This may be divisional or at a Trust wide forum including Board Committees where appropriate. The Learning from Events forum facilitates Trust wide learning. Work is ongoing to streamline action plans and ensure they are outcome-focused.</p>
R37	<p>SHFT should introduce a Board-level monitoring system for action plans and the implementation of recommendations made during investigations. That process should require tangible evidence to be provided of actions of improvement and learning. That process should be documented and reported on regularly.</p>	<p>The Learning from Events Forum provides a key role in ensuring actions of improvement are undertaken and learning is shared widely across the organisation. This is attended by Patient Safety Leads. Themes from this and our serious incident reporting also are considered by the Quality and Safety Committee and the Board where appropriate.</p>
R38	<p>SHFT should adopt the NHS Just Culture Guide and put in place an implementation plan to ensure its uptake through its ongoing organisational development and staff training programme. It should ensure that it is well placed within the SHFT recruitment strategy and within all induction programmes for all staff, to particularly include substantive and locum medical staff.</p>	<p>Agreed. We will review, refine and deliver a Just Culture implementation plan in line with NHS Just Culture Guide ensuring it is embedded in all our people processes.</p> <p>Implement by 31.03.2022</p> <p>Action: Chief People Officer</p>
R39	<p>SHFT should work to ensure that the membership of its sub-committees and its Staff Governors is increased and diversified, so that it better represents the population it serves. It should work with its Governors to do so. This should form part of a long-term strategy and the impact of it should be measured, monitored and reported on through formalised structured processes.</p>	<p>The Board has made it very clear over a number of years that diversity and inclusion is a foundation on which we build our people and services. The Board recognises fully the challenges of workforce and health inequalities that exist with our society and the Trust is committed to addressing these. The Board set an aspiration to be representative of our diverse communities at all levels by 2024. Plans to deliver this have been progressing and reviewed with progress being made against the 2019 baseline.</p> <p>Work will continue with the appointment of a new Associate Director of Diversity and Inclusion (now in post) and a recent audit to inform our priorities for development. We will ensure that our governors and membership are included as part of this work. We are also taking an active role in the Integrated Care System with the Chief People Officer taking on the Senior Responsible Officer role for Hampshire & IoW.</p>
Learning Points		
L1	<p>SHFT to avoid terms such as 'upheld' or 'not upheld' in complaint investigation reports/response letters.</p>	<p>We ceased this practice in late 2019 / early 2020.</p>
L2	<p>SHFT should consider more effective mechanisms to respond to the immediate needs of carers. That could include a possible helpline or other technical aid in order to lead to a practical response</p>	<p>We are currently able to support carers who are directly involved in our carers' groups; however, the Carers and Patients Support Hub will be a new resource to support carers. The support hub will provide multiple ways for people to get in touch,</p>

		including online options, text messaging service as well as phone line.
L3	SHFT should work harder to ensure that compassion and respect is reflected in every verbal, written response and communication it has with service users, carers and family members.	We agree and believe we have already made significant steps of improvement. We are currently undertaking a pilot with the Parliamentary and Health Service Ombudsman (PHSO) which includes monitoring and evaluating quality of communication with services, families and carers regarding complaints and investigations. We will implement recommended changes following this work. Implement by 31.10.2022 Action: Director of AHPs and Nursing
L4	SHFT should take a 'team around the family' approach to providing support to families and carers and actively recognise that carers and families are often valuable sources of information and they may be involved in providing care and also in need of support.	We agree. We have several families and carers groups in place and the Carers and Patients Support Hub will provide specific support to individuals. Wider outreach sessions will be developed in the community. We will be able to gain feedback from patients and carers about the effectiveness of these arrangements and will also look to improve further.
L5	SHFT should consider the use of recognised mediation services to resolve outstanding issues with families who have disengaged within the last two years.	The Trust has appropriate mechanisms in place. The Trust will always consider independent support and encourage advocacy.
L6	SHFT should review its 'Being Open' Policy to ensure that it is fit for purpose and actively promote it to staff, service users, carers and family members, in digital and paper formats.	Agreed. We will review the current policy and ensure it is fit for purpose, available in different formats and we will actively promote it both within the Trust and externally. Implement by 31.01.2022 Action: Director of AHPs and Nursing
L7	SHFT to involve service users, family members and carers in the writing of action plans across all investigations. Where requested and the appropriate consent is in place, they should be provided with regular updates on the implementation of action plans.	This is current practice. We offer this opportunity within our current processes.
L8	SHFT should ensure that staff members and volunteers across all levels of the organisation and a diverse range of service users, carers and family members are part of the Quality Improvement (QI) projects and SHFT's journey of improvement.	Agreed. Our QI Programme has trained staff at all levels in the organisation who have worked alongside more than 150 patients, their families and carers on specific projects. We will continue with this approach as we re-energise our QI programme and move to the next stage of its development.
L9	SHFT should, overall, increase its annual and quarterly reporting by committees and divisions to be accessible to the public it serves.	Agreed. We will review the current reports that are available to the public, identify where there are gaps and implement changes. Implement by 31.03.2022 Action: Deputy Chief Executive

Note: Recommendations 34 and 35 relate to the CCG and Integrated Care System so have not been included in this table.

Further information

- The full report (including an Easy Read version) and the Trust's public statement (issued on the day of publication), can be found on the Trust website here: <https://www.southernhealth.nhs.uk/about-us/news-and-views/second-stage-review-southern-health-published-today>
- Additional information, including the Terms of Reference for the review, can be found on the NHSE/I website here: <https://www.england.nhs.uk/south-east/publications/ind-invest-reports/southern-health/>

Development of Integrated Care Systems in Hampshire

January 2022

Introduction and context

1. The COVID-19 pandemic has proved how greater collaboration across organisations and communities can drive improvements and quicker solutions to our challenges in health and care. This has been demonstrated locally and we are excited by the prospect of adopting the advantages new legislation creates for us. At the heart of the new legislation is putting Integrated Care Systems (ICSs) on a statutory footing.
2. Integrated Care Systems were established to bring together local authorities, providers and commissioners of NHS services and other local partners to plan and improve health and care services to meet the needs of their population. The core purpose of an Integrated Care System is to:
 - Improve outcomes in population health and healthcare
 - Tackle inequalities in outcomes, experience and access
 - Enhance productivity and value for money
 - Support broader social and economic development

As it stands Integrated Care Systems are voluntary groups of partners. The new legislation will make these statutory for its members.

3. The Health and Care Bill is currently making its way through Parliament and we anticipate the changes outlined in this paper will come into effect from July 2022. On 24 December the initial date of April 2022 was put back to allow Parliament to have more time to consider the legislation as it currently stands.
4. Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:
 - An Integrated Care Partnership (ICP): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.
 - An NHS body, the Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).
5. This paper provides an update on the development of the design of the Integrated Care Partnership and Integrated Care Board in the Hampshire and Isle of Wight and the Frimley systems

Integrated Care Partnership

6. Integrated Care Partnerships will play a critical role in supporting ICSs to achieve their ambitions, facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies. Integrated Care Partnerships' central role is in the planning and improvement of health and care. In

Hampshire the Integrated Care Partnerships will support local partnerships and coalitions with community partners.

7. Integrated Care Partnerships will be established by the Integrated Care Board (ICB) and local government as equal partners. The Integrated Care Partnership for Hampshire and the Isle of Wight will be a joint committee between Hampshire County Council, Southampton City Council, Isle of Wight Council, and Portsmouth City Council and the proposed ICB. The Integrated Care Partnership for Frimley ICB also includes Hampshire County Council within its joint committee with its local authority partners.
8. The Integrated Care Partnerships will be required to develop an integrated care strategy to address the broad health and social care needs of the population in Hampshire, including determinants of health such as employment, environment, and housing issues. The strategy must set out how the needs assessed in the Joint Strategic Needs Assessments are to be met by the NHS and local authorities. Under the new legislation, the NHS and local authorities will be required by law to have regard to the Integrated Care Partnership's strategy when making decisions.
9. There is flexibility for a high level of local decision making about the design and development of an Integrated Care Partnership, building on the following high level requirements:
 - Members must include local authorities that are responsible for social care services in the ICS area, and the local NHS.
 - In addition, members may be drawn from health and wellbeing boards, other statutory organisations, voluntary, community and social enterprise sector partners, social care providers and organisations with a relevant wider interest, such as employers, housing and education providers and the criminal justice system.
 - The Integrated Care Partnership must involve the local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area. In Hampshire and Isle of Wight, there are four Healthwatch organisations based on local authority areas.
10. It is expected that membership of the Integrated Care Partnership will:
 - be representative of the different population groups it serves to ensure involvement of those who are best placed to respond to the diverse health and care needs of the respective population groups
 - provide sufficient capacity of partners to contribute effectively
 - evolve over time
11. All ICSs are required to have at least an interim Integrated Care Partnership up and running from July 2022, with a chair and a committee of statutory members as a minimum. It is expected that these interim arrangements will have developed into substantive arrangements by September 2022 and that the Integrated Care Partnership will develop its first Integrated Care Strategy by March 2023.
12. In Hampshire and Isle of Wight the NHS sees the opportunity for the Integrated Care Partnership to support us to make a step change in improving health outcomes, tackling the complex challenges we face, influence the wider determinants of health and broader social and economic development, and genuinely integrating care. By working with all partners, it can drive and deliver improvements for local communities, including at a neighbourhood level.

13. The development of the Hampshire and Isle of Wight Integrated Care Partnership has been discussed with local authority representatives and it is proposed that a Design group will be established between local authorities (including district and borough representation) and NHS representatives between now and June 2022. This group will help define the structure, ambition and role of the Integrated Care Partnership, as well as its specific membership and governance arrangements. Frimley ICS is working with its partner members, including Rushmoor Borough Council and Hart District Council, to define its future arrangements under the oversight of the Frimley ICS Partnership Board.

Integrated Care Board

14. The Integrated Care Board (ICB) is the statutory organisation that allocates NHS resources, leads integration in the NHS, and has oversight of NHS delivery in the area it covers.
15. Current CCG functions will transfer to the Hampshire and Isle of Wight Integrated Care Board, as will staff below board level, assets and liabilities of NHS Hampshire, Southampton & Isle of Wight CCG and NHS Portsmouth CCG. CCG functions currently under NHS Frimley CCG's remit will transfer to the new Frimley Integrated Care Board. In addition to this, a number of other commissioning functions currently under the responsibility of NHS England may be transferred to the ICBs.
16. Unlike the Integrated Care Partnership, where there is considerable opportunity for local flexibility, the functions and responsibilities of the ICB are defined by the Health and Care Bill and by NHS England. A summary of these functions is available in Appendix 1. The composition of the Board of the ICB is for local determination however, within a set of parameters defined by the Bill.
17. The proposed ICB structures includes:
 - A chair. In Hampshire and Isle of Wight Lena Samuels was appointed as chair designate. In Frimley, Dr Priya Singh was appointed as Chair-Designate.
 - A chief executive. In Hampshire and Isle of Wight, Maggie MacIsaac has been appointed as Chief Executive-designate. In Frimley, Fiona Edwards has been confirmed as Chief Executive-Designate.

The ICSs are looking at confirming membership over the coming weeks prior to the recruitment to in the following categories:

- Non-executive directors.
- Executive Directors, including the core roles of Chief Finance Officer, Chief Medical Officer, Chief Nursing Officer. The Chief Executive and Chair have flexibility to add further roles.
- Partner members from local authorities
- Partner members from NHS organisations.
- Clinical representation.

Next steps to develop the ICS

18. We are currently planning our arrangements for July 2022, which includes:
 - Refresh core ICS purpose and vision, and agree strategic ambitions
 - Initial ICP arrangements agreed, including membership and principles for operation, with clarity on ICP requirements, governance, process and purposes explicitly

stated, and clear outputs produced for ICS governance and/or safe transition workstreams to enact.

- ICB arrangements agreed, with membership, terms of reference, governance, reporting, committees and assurance processes in place, and clear outputs produced for ICS governance and/or safe transition workstreams to enact.
- Arrangements agreed at 'place' including boundaries, leadership arrangements, vision and strategy in each place
- Provider collaboratives established, with clear leadership structures, 'form' and representation
- ICB functions and decision map prepared and ready to be adopted, including clear articulation of nature, shape and functionality at all levels of the ICS
- Develop a system financial framework based on agreed underlying financial principles. Establish Financial Governance arrangements within ICS including Accountability Framework and Scheme of Delegation to system/place

19. We are working closely with borough and district councils to ensure they can influence the development of the ICS, maintaining close links with local communities. A working group has been in place since 2021 with representatives from all borough and district councils, and will continue to meet over the coming months.

Collaborative working between Hampshire and Isle of Wight ICS & Frimley ICS

20. The two ICS's working together have articulated their shared objectives to:

- Improve population health for those who depend on both public sector partnerships for their health and care
- Better support mutual partners (such as Hampshire County Council, Hart District Council, and Hampshire Constabulary) by identifying areas of alignment and reducing duplication

21. Between now and July 2022 both organisations will work to:

- a) Create a "menu of opportunities" for specific population health improvement opportunities, identified using high quality data and information and agreed collaboratively between partner organisations. These opportunities will be consistent with existing ICS strategies and will focus on those areas where a joint approach will create a greater benefit for patients and residents.
- b) Work with their mutual partners to co-design our joint working approach and engage with them throughout to understand how best we can work together to ensure the public sector as a whole is aligned and co-ordinated on behalf of the population.
- c) Use the opportunity presented by the statutory transition to formal Integrated Care Systems to design new ways of working between the two systems which are proportionate to the outcomes they are seeking to achieve. This may result in the use of new statutory constructs such as joint committees with delegated responsibilities but only where there is a clear requirement to overcome an identified challenge.

22. Once the joint opportunities are identified both systems will work together to seek a mandate from partners, adopt a 'learning through doing' approach for the design and implementation of transformation, collectively evaluate what is working well and whether any constraints become identifiable. They will also design and adapt future ways of working which will overcome these constraints.

Appendix 1: Nationally defined functions of the Integrated Care Board

1	Developing a plan to meet the health and healthcare needs of the Hampshire and Isle of Wight population, having regard to the Hampshire and Isle of Wight Integrated Care Partnership's strategy.
2	Allocating resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital). Financial rules will apply to ensure delivery of key national commitments, such as the Mental Health Investment Standard and the primary medical and community health services funding guarantee.
3	Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
4	Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.
5	Arranging for the provision of health services in line with the allocated resources across the ICS through a range of activities including: <ul style="list-style-type: none"> a) putting contracts and agreements in place to secure delivery of its plan by providers b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.
6	Leading system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.
7	Leading system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.
8	Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.
9	Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.

10	Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.
11	Planning for, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.
12	Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	18 January 2022
Title:	Proposals to Develop or Vary Services
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose 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 topics:
 - a) Southern Health: Adult Forensic Ward Upgrade
 - b) Southern Health: Abbey Ward Update

Recommendations

- a) Adult Forensic Ward Upgrade
2. That the Committee support the temporary re-location of patients from Oak Ward at Southfield to Ashhurst Ward at Ravenswood.
 3. That the Committee be notified when the works have been completed and patients returned to Oak Ward.
 - b) Abbey Ward Update
 4. That the Committee be notified when a date for the new ward opening is confirmed.

Executive Summary

5. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
6. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January

2018 meeting [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.

7. This Report is presented to the Committee in three parts:
 - a. *Items for information*: these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
 - b. *Items for action*: these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
 - c. *Items for monitoring*: these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
8. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

Items for Information

a) Southern Health: Adult Forensic Ward Upgrade

7. In December 2021 the HASC was notified by Southern Health NHS Foundation Trust of their intention to undertake some building works which requires patients to temporarily move to another unit. The Trust has provided a briefing note regarding the anticipated impact and the engagement they have undertaken with affected patients and families (see appendix 1). Members may wish to ask questions to understand the likely duration of this change and whether the temporary location affects the ability of family to visit patients.

b) Southern Health: Abbey Ward Update

9. In September 2021 Southern Health NHS Foundation Trust provided an update [Mental Health beds update.pdf \(hants.gov.uk\)](#) to the HASC on building works which included the creation of a new 10 bed female psychiatric intensive care unit. At that time the new ward was anticipated to open in early 2022 so an update was requested for this meeting. The Trust has provided an update (see appendix 2)

indicating that due to some issues with the building works the timescale for the new ward opening is now early summer 2022.

Finance

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

Performance

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

Consultation and Equalities

12. 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

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

Conclusions

14. The temporary move of patients and creation of a new ward are changes/variations in health services and therefore the NHS has a duty to notify the HASC. The HASC has a duty to consider whether to support any proposed changes or make recommendations. In this case, both changes are relatively minor and the eventual outcome appears to be improved facilities for mental health patients in Hampshire.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Proposals to vary services Agenda for Health and Adult Social Care Select Committee on Tuesday, 21st September, 2021, 10.00 am About the Council Hampshire County Council (hants.gov.uk)	<u>Date</u> 21 September 2021
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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Southern Health: Adult Forensic Ward Upgrade

Planned Improvements

Southern Health's Adult Forensic Services is planning to undertake a programme of environmental improvements at two of its units - Southfield in Calmore (low secure unit) and Ravenswood House in Fareham (medium secure unit).

These improvements include a conversion of the current flat at Southfield into a seclusion suite and upgrading the de-escalation room on Ashurst Ward at Ravenswood House into a full seclusion suite. These capital works have already commenced and will be due for completion by February 2022.

Following this, the upgrading of all en-suite and communal bathroom facilities at Southfield (along with other essential works) will need to be undertaken – which, unlike the first phase of works, will require patients to temporarily move to another unit to minimise disruption to their care. It is planned that patients on Southfield's Oak Ward (up to a maximum of 10 male patients) will move to Ashurst Ward at Ravenswood House from 1 February 2022 for this to happen.

Impact and Engagement

Impact

Essential environmental updates at Southfield will take place which will provide an improved environment for patients and staff. The updates to the seclusion suite will enable the service to be able to support patients' needs better.

The proposals will affect up to 10 patients and their families/carers, whose care will temporarily move from Calmore in Southampton to Fareham (care will remain in county).

It will also affect 13 staff - consisting of healthcare assistants, staff nurses and charge nurses - who will be relocating their base of work to Ravenswood House to ensure the safe and efficient running of the male low secure ward.

Engagement

Meetings have taken place with affected staff and patients to outline the proposed changes.

A consultation was launched with staff on 11 October 2021 and all affected staff outlined their preferences about the relocation and were offered one-to-one meetings. The consultation was concluded on 8 November 2021 and staff were individually written to on 9 November 2021.

Letters to patients and their carers were also sent at the beginning of November 2021 to outline the proposed plans. This is the first step in a series of engagement activity with them that is planned as the upgrade progresses – which will include face to face meetings and further correspondence.

For further information

For more information, please contact Nina Davies (Associate Director of Service, Adult Specialist Service). Tel: 02382 311 380. Email: nina.davies@southernhealth.nhs.uk

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Southern Health: Abbey Ward Update

Background

A key priority for Southern Health is to ensure that people who need admission to a mental health hospital are able to access this care close to home.

As a result, we are creating a new 10-bed female psychiatric intensive care unit (PICU) at Antelope House in Southampton, called Abbey Ward. We provided an update in September 2021 on the progress on the project and have included a further update below with revised timescales.

Progress – Antelope House

At Antelope House, phase one (a new Hamtun bedroom) and phase two (the relocation of the 136 suite) are complete and the contractors are well underway with phase three which is the Abbey Ward refurbishment.

Over the next few months, the team will be focusing on engaging service users and gaining their input into the fixtures and fittings along with visual appeal of the ward, to engender a sense of ownership over the new ward amongst those who may be staying there in the future.

The project has experienced some delays due to some complex building works and the availability of staff. Due to these reasons the timescales have shifted slightly, to aim for an opening in early Summer 2022.

Members of Hampshire HASC will be invited to view the new ward facility prior to the official opening.

For further information

For more information, please email: communications@southernhealth.nhs.uk in the first instance.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	18 January 2022
Title:	2022/23 Revenue Budget Report for Adults' Health and Care
Report From:	Director of Adults' Health and Care, Director of Public Health and Director of Corporate Operations

Graham Allen, Director of Adults' Health and Care

Contact name: Simon Bryant, Director for Public Health
Dave Cuerden, Finance Business Partner

Tel: 03707 795574 graham.allen@hants.gov.uk
03707 793256 **Email:** simon.bryant@hants.gov.uk
03707 793845 dave.cuerden@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to set out proposals for the 2022/23 budget for Adults' Health and Care services within the Adults' Health and Care department in accordance with the Councils Medium Term Financial Strategy (MTFS), see attached report to the Executive Member.
2. The Executive Member for Adult Services and Public Health is requested to approve the proposals at her decision day at 3:00pm on 18 January 2022 for submission to Cabinet and County Council in February 2022.

Recommendations

That, in regards to the revenue budget for Adults' Health and Care, the Select Committee either:

supports the recommendations being proposed to the Executive Member for Adult Services and Public Health

Or:

agrees any alternative recommendations to the Executive Member for Adult Services and Public Health, with regards to the proposals set out in the attached report.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Services and Public Health
Date:	18 January 2022
Title:	2022/23 Revenue Budget Report for Adults' Health and Care
Report From:	Director of Adults' Health and Care, Director of Public Health and Director of Corporate Operations

Graham Allen, Director of Adults' Health and Care

Contact name: Simon Bryant, Director for Public Health

Dave Cuerden, Finance Business Partner

03707 795574

graham.allen@hants.gov.uk

Tel: 03707 793256

Email: simon.bryant@hants.gov.uk

03707 793845

dave.cuerden@hants.gov.uk

Section A: Purpose of this Report

1. The purpose of this report is to set out proposals for the 2022/23 budget for Adults' Health and Care in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2021. It also proposes a revised budget for Adults' Health and Care for 2021/22.

Section B: Recommendation(s)

To approve for submission to the Leader and the Cabinet:

2. The revised revenue budget for 2021/22 as set out in Appendix 1.
3. The summary revenue budget for 2022/23 as set out in Appendix 1.
4. The proposed fees and charges as set out in Appendix 2.

For the Executive Member to approve:

5. That authority is delegated to the Director of Adults' Health and Care, in consultation with the Executive Member for Adult Services and Public Health, to undertake all required activity to allocate, and disperse funds, including awarding of grants, from funding made available by the Government to support the County Council's ongoing, Public Health and Adult Social Care, response to the Covid-19 pandemic, as outlined in paragraph 40.

Section C: Executive Summary

6. This report provides the summary outputs of the detailed budget planning process undertaken by Adults' Health and Care for 2022/23 and the revised budget for 2021/22. This process has been undertaken against a backdrop of considerable uncertainty, both in terms of the resources available to the Council and the ongoing impacts of Covid-19 on service delivery. As we transition towards a 'new normal' post-Covid, the distinction between latent and longer term Covid impacts and 'business as usual' financial pressures is difficult to establish. For the purposes of budget setting, the impact of Covid-19 continues to be dealt with as a discrete one-off financial impact as far as possible, separate from the business as usual medium term financial strategy.
7. The 2021 Spending Review announced a 3% per annum real terms increase in local government core spending power to 2024/25. In 2022/23, local authorities will benefit from a considerable boost to grant funding allocated through the local government finance settlement, however this is set against a requirement for £26m additional grant as part of the SP2023 programme. The Spending Review has therefore not diminished the challenges that the authority faces in securing financial sustainability over the medium term.
8. The current financial strategy which the County Council operates works on the basis of a two year cycle of delivering departmental savings targets, with deficits in the intervening years being met from the Budget Bridging Reserve (BBR). In line with this strategy, there will be no new savings proposals presented as part of the 2022/23 budget setting process. Savings targets for 2023/24 were approved as part of the MTF5 in July 2020 and detailed savings proposals, developed through the Savings Programme to 2023 (SP2023), were agreed by Cabinet and County Council during October and November last year.
9. The anticipated delay to delivery of some aspects of the existing Transformation to 2019 (Tt2019) and Transformation to 2021 (Tt2021) programmes has been factored into our financial planning, and a combination of one-off corporate and departmental funding will be provided to bridge the forecast savings gap in 2021/22 and 2022/23. As of November 2021, £9m of Tt2019 savings and £38m of Tt2021 savings have yet to be delivered, in addition to the £80m of SP2023 savings required by 2023/24. The Council therefore faces the substantial challenge of delivering three overlapping change programmes, requiring a total of £127m budget savings. The report discusses the specific issues impacting delivery of the savings programmes for Adults' Health and Care in Sections F, G and H.
10. The report also provides an update on the business as usual financial position for the current year as at the end of October and the outturn forecast for the Department for 2021/22, excluding the financial impact of Covid-19, is a budget under spend of £10.9m, of which £9.4m relates to Adults Social Care and £1.5m to Public Health.
11. The proposed budget for 2022/23 analysed by service is shown in Appendix 1.
12. The report also reviews the level of charges for the provision of services which require approval and provides a summary of these charges in Appendix 2.

13. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2021/22 and detailed service budgets for 2022/23 for Adults' Health and Care. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 8 February 2022 to make final recommendations to County Council on 17 February 2022.

Section D: Contextual Information

14. The Medium Term Financial Strategy (MTFS) update presented to Cabinet and County Council in October and November respectively, addressed the challenges of long term financial planning in an environment of significant uncertainty, in respect of both ongoing spending commitments and the national funding position for the local government sector.
15. The 2021 Spending Review represents the first multi-year budget since 2016/17 following single year spending announcements in 2019 and 2020 linked to uncertainty surrounding the UK's exit from the EU and recently the economic impacts and fiscal response to Covid-19. Whilst the additional certainty offered by a multi-year settlement is welcome, it is disappointing that local authority funding will remain relatively flat in 2023/24 and 2024/25. The settlement therefore does not present a long term solution to funding growth in service demand, for which the Council has lobbied the government for a number of years.
16. The impact of Covid-19 continues to be dealt with as a discrete one-off financial impact, separate from the business as usual medium term financial strategy. The budget summary presented in this report does not take account of Covid-19 impacts as these will be centrally funded on a one-off basis in line with the pressures reported by departments in their financial monitoring returns. However, it should be noted that as we transition towards a 'new normal' post-pandemic, the distinction between latent and longer term Covid-19 impacts and 'business as usual' financial pressures is difficult to establish. The complex inter-relationship between numerous variables post-pandemic makes forecasting challenging, but based on recent analysis carried out as part of detailed budget preparation work, the medium term forecast for departmental spending now anticipates significant pressure building by 2024/25 within Adults' and Children's social care
17. The current financial strategy which the County Council operates, works on the basis of a two year cycle of delivering change to release resources and close the anticipated budget gap. This provides the time and capacity to properly deliver major transformation programmes every two years, with deficits in the intervening years being met from the Budget Bridging Reserve (BBR) and with any early delivery of resources retained by departments to use for cost of change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.
18. The County Council's action in tackling its forecast budget deficit and providing funding in anticipation of further reductions, placed it in a very strong position to produce a 'steady state' budget for 2022/23, giving itself the time and capacity to develop and implement the SP2023 Programme to deliver the next phase of savings totalling £80m by April 2023. This also avoids the worst effects of

sudden and unplanned decisions on service delivery and the most vulnerable members of the community.

19. Consequently, there are no new savings proposals to be considered as part of the 2022/23 budget, however other factors will still affect the budget, such as the publication of specific grant allocations and potential increases in unavoidable pressures such as inflation.
20. The Autumn Budget and Spending Review announcement took place on 27 October 2021 and the key elements were as follows:
 - Local government Core Spending Power will increase by 3% per year in real terms in the period to 2024/25, however this includes raising Council tax and the Adult Social Care (ASC) Precept by the maximum permitted increases.
 - Over the next three years, local authorities will be allowed to increase core council tax by up to 2% per year without a referendum. In addition, ASC authorities will be allowed to raise the ASC Precept by 1% each year. The MTFS assumes that the Council will have the flexibility to raise the ASC Precept by 2% each year and the reduction in the available precept therefore presents a further funding shortfall for the Council of £14m by 2023/24.
 - An additional £4.8bn grant funding was announced for social care and other services to 2024/25. This includes around £1.5bn per year to be distributed through the local government finance settlement in addition to an extra £200m for the Supporting Families Programme and over £70m to boost cyber security and to further strengthen local delivery and transparency.
 - The Spending Review confirmed that £3.6bn of the additional £5.4bn funding for adult social care reforms announced on 7 September 2021 will be routed through to local government. The funding is expected to cover all additional costs resulting from the personal care cap and revised capital limits.
 - Included within the Department of Health and Social Care settlement was an additional £1.7bn over three years to improve the wider social care system, including the quality and integration of care. At least £500m of this will be allocated to improve qualifications, skills, and wellbeing across the adult social care workforce.
 - £2.7bn funding for local road maintenance for non-mayoral authorities over the remaining years of the parliament, equivalent to £900m per year. This allocation is expected to maintain highways funding at 2021/22 levels.
 - The government published its report on the outcome of the Fundamental Review of Business Rates. The review reaffirmed the advantages of business rates as a form of business taxation and did not propose any fundamental changes to the basis on which the tax is levied. However, the government announced a move to 3-yearly revaluations starting in 2023, a freeze on the multiplier and significant new temporary and permanent reliefs, including a 50% relief for retail, hospitality and leisure businesses in 2022/23. Local authorities will be fully compensated for the multiplier freeze and new reliefs via Section 31 grants.

Provisional Local Government Finance Settlement

21. The Provisional Local Government Finance Settlement sets out the key funding allocations that the Council will receive from Government for the coming financial year. This year's settlement covers 2022/23 only as the allocations of funding from 2023/24 will be the subject of a review of the local government funding regime and further consultation, to be carried out in Spring 2022.
22. The key outcomes of the settlement for the County Council are show below and are split between general resources which will contribute to meeting the Council's overall budget requirement, and specific resources which are needed to meet new departmental costs:

Funding Source	2021/22 allocation (£m)	2022/23 allocation (£m)	Change (£m)
Social Care Grant	26.2	37.2	+11.0
2022-23 Services Grant	-	8.3	+8.3
Business rates grant	6.3	9.9	+3.6
Total 'general' resources	32.5	55.4	+22.9

Funding Source	2021/22 allocation (£m)	2022/23 allocation (£m)	Change (£m)
Market Sustainability and Fair Cost of Care Fund	-	3.2	+3.2
Improved Better Care Fund	30.4	31.3	+0.9
New Homes Bonus	3.9	3.4	-0.5
Total 'specific' resources	34.3	37.9	+3.6

23. The key features of the settlement are:
- A 6.3% increase in Core Spending Power, of which 3% is attributable to the grant allocations set out above and 3.3% is attributable to council tax increases (including 1% for ASC) and tax base growth. This compares with an average 7.5% increase for Shire Counties.
 - The 2022/23 Services Grant will be distributed based on the 2013/14 local government funding formula for 2022/23 only. The distribution will be re-evaluated for future years in light of the proposed review of local government funding.
 - The Market Sustainability and Fair Cost of Care Fund is part of the government's package to support the recently announced social care reforms, providing funding for local authorities to prepare their care markets for reform and move towards paying providers a fair cost of care. There are a number of conditions associated with the funding which will require new consultation and market intervention activity and therefore it will not contribute towards meeting the budget deficit in 2022/23.

- The New Homes Bonus was expected to end in 2022/23 but will instead continue for a further year to 2023/24, albeit at a reduced level and has traditionally been used for one-off purposes by the County Council.
24. The final grant settlement for 2022/23 is not due out until January / February 2022. The impact of the final settlement will be reflected in the final budget setting report to County Council.
25. Adults' Health and Care has been developing its service plans and budgets for 2022/23 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Department are set out below.

Section E: Departmental Challenges and Priorities

26. The purpose of this report is to set out the medium term position for the Department and this section is to outline those longer term challenges that are faced. It follows that this report will not then focus on the pandemic but will highlight where opportunities and potential longer term challenges have arisen as a consequence of the pandemic.

ADULT SOCIAL CARE

27. The current year has been another incredibly challenging year for Local Authorities across the breadth of the country due to the Covid-19 pandemic, in particular for those councils that have responsibility for Adult Social Care and Public Health. Hampshire is no different. During the continued response to the pandemic there has been no slowing down or halt to the financial challenges that pre-date the pandemic, quite the opposite in the last year. These financial challenges are well known and driven by various key factors including:
- Number of eligible clients continuing to increase at a faster rate, particularly for those over 85 that are the most vulnerable and have the most challenging conditions,
 - Growing complexity of care needs, for example the increasing prevalence of multiple conditions including higher levels of dementia, and,
 - Sustained increases in the numbers and costs associated with supporting children with disabilities and complex needs transitioning to adulthood.
28. In addition to those key pressures highlighted within paragraph 23, there are many other factors, (such as the financial challenges being experienced by NHS organisations) which have a direct bearing on social care pressures. Regulation and the National Living Wage (NLW) are also impacting on direct provision and the independent sector in terms of increasing cost pressures being passed onto the County Council. It is becoming increasingly evident that these pressures are growing at a faster rate as a result of the impact on the provider market from the Covid-19 pandemic. These pressures are also not unique to Hampshire and are representative of the position nationally.
29. The Government's commitment to the NLW will continue to have an impact on the purchased care budget with greater pressure expected in 2022/23. The increase

in the NLW from April 2022 was confirmed as part of the Spending Review and will see it rise to £9.50 from £8.91, an increase of £0.59, (6.6%).

30. Over the medium term the expected underlying demand in clients requiring adult social care services and the average price paid for it has grown significantly in the past year and is showing no signs of slowing down. Over the next eighteen months at least this growth is likely to far exceed both the previous assumptions and the available funding set aside within the MTFs. The detail of this most prominent challenge is outlined further within Section G of this report
31. Whilst most of the volatility of client numbers and variability of risk tends to concentrate within the Older Adults sector it should not be overlooked that Younger Adults is now the largest single paid for care budget, especially now that services for those with Physical Disabilities is catered for in the Younger Adults overall portfolio. It continues to have a consistent and yet slightly more predictable year on year pressure that needs to be managed. However, despite the unique year that we have seen so far, whilst the general impact of Covid-19 for Younger Adults whilst has been noticeable, it represents less of an additional risk in year and into the future.
32. In previous years, the pressures within Adult Social Care have been partially offset through the availability of non-recurrent funding within the Integrated Better Care Fund, (IBCF) including the Winter Pressures grant. Both of these funding streams are now recurrent. Historically in Hampshire we have invested a proportion of this invaluable resource to influence and implement much needed system change, in particular to reduce numbers of delayed transfers of care, (DToC) out of hospital, which pre Covid-19, had been a major positive force for change. Since 2020/21 a greater proportion of any additional funding has been directed to meet the long term care costs associated with greater and more rapid discharges from hospital, which have been significant due to the national investment given to the NHS within the Hospital Discharge Scheme.
33. The opportunity to utilise spare capacity within the HCC Care Residential units through the sale of Discharge to Assess beds, (D2A) to the NHS to support timely discharges from hospital has continued throughout 2021/22. This has more than offset any pressure arising within HCC Care in response to the pandemic. This is evident later in the report when a favourable business as usual financial position for 2021/22 is outlined. This does not however change the long-term underlying projections of the potential disparity between available resources and need.
34. It was announced within the Spending Review that local authorities will be able to raise only 1% through the adult social care precept in 2022/23. This represents a change from the previously anticipated level of 2%. This reduction in available funding will need to be seen in the wider round when the full impact of the Provisional Local Government Finance Settlement is known.
35. As with 2020/21 there continues to be a focus on the Department's support for the NHS in maintaining the faster flow of patients out of NHS hospitals and this is likely to continue into the medium term. However, as with 2020/21, throughout 2021/22 there has continued to be additional funding through the NHS Hospital Discharge Scheme. In the current year it is forecast that Adult Social Care will have recovered over £28m from the scheme for services commissioned to support discharges on behalf of the NHS. The current expectation is that the

national funding will cease from 2022/23. The key aim as 2022/23 begins will be to look to build upon the continued improvement in these services that have become embedded and attempt to secure them on a longer term footing using existing core NHS funding.

36. The key discharge services further developed over the past year that will need to be maintained are as follows:
- Discharge to Assess, (D2A) capacity as a vehicle to both step clients down from hospital and step people up to prevent a hospital stay. This includes both bedded services provided by HCC Care and non bedded services commissioned from the independent sector.
 - Integrated Intermediate Care, (IIC) arrangements to adequately meet the reablement and rehabilitation demands across the County seamlessly through teams from both Health and Social Care backgrounds.
 - Single Point of Access, (SPoA) a multi-disciplined team across Health and Social Care functions with the singular aim of completing all of the necessary processes together in a timely way to discharge clients from hospital safely through to their physical arrival at the optimum destination for their care journey – this will mainly be their home.
 - Enhanced working within the Hampshire Equipment Store to ensure that vital equipment is accessible for seven days a week to aid faster discharges.
37. Whilst national funding is currently unexpected for the forthcoming year, (this would have been true as at this time last year), it is understood that a national review of these services is due to be undertaken in the early part of 2022. Any continuation of funding would be most welcome, enabling the further embedding of these services without the challenges that uncertainty over funding often brings to joint working initiatives. It is unlikely that without continuation of national funding that these services can be provided to the same extent or developed further, which will inevitably impact on the rate of discharge. In turn slower discharges will have a negative consequence on the capacity of the NHS to clear the elective surgery backlog in the timeframe intended.
38. The supply of affordable and sufficient staffing resource within the In-House Residential and Nursing Care homes continues to be a major challenge for the Department, never more so in the current pandemic climate. This issue is no different to that faced by the independent providers that the Department procure care from. Accordingly in the current year due to the staff shortages and the lower than normal occupancy level the decision has been taken to temporarily close two of the HCC Care Home sites. This has enabled the service to be better placed to adequately resource the remaining homes and in doing so has led them to become more cost effective in the short term. The service has worked closely with clients and their families to safely move residents to suitable alternative care settings.
39. Despite the impact of Covid-19, that has further exacerbated the difficulty to secure both permanent and temporary staff, there continues to be significant progress in sustainably eliminating the overspends seen in prior years and delivering the required savings. The Department has invested both time and short

term financial resources to address the previous issues both through structural changes and development of IT solutions. There is still more work to do to in 2022/23 to fully deliver the efficiencies, but the Department are well positioned for this to be achieved in the early part of the year.

40. As highlighted later in the report the ability to source adequate numbers and quality of staff has been an issue for both the Department and providers of social care alike. This is a national issue, that during the exceptional circumstances of the pandemic continues to be supported with additional funding to try and alleviate this pressure, none more so than at the present. Accordingly, the Department has been required, within the relevant grant specification, to agree plans for these funds. In order to continue to safely allocate and administer Covid-19 related grants, including but not limited to grant awards from these funds that support the social care workforce, the Executive Member is requested to formally delegate authority to the Director of Adults Health and Care, in respect of Public Health and Adult Social Care grants, to take all steps necessary to agree:
- the allocation and dispersal of any such funds,
 - to set and apply the criteria on which allocation of funds to recipients will be dependant, and
 - any administration required to support the grant expenditure including compliance by recipients.
41. The demand from people of working age with physical and learning disabilities is growing even more rapidly and, although positive work to improve value for money in commissioning has created good financial and quality outcomes, the increase in demand through transition from childhood is further outweighing this. Advances in medical care have had a positive impact on life expectancy and have meant that people with very complex needs are surviving into adulthood when historically they might not have done so. They are also living a fuller adult life and are demanding support to live as independently as possible for significant periods.
42. Whilst in the medium term, this represents a growing pressure on Adult Social Care budgets the Department have focussed efforts through Tt2019 and continue to do so through Tt2021 to minimise the impact of this pressure where possible whilst improving outcomes and life experiences for service users, including identifying and helping to secure employment opportunities. This will be achieved through further innovation (including multi-million pound investment in Technology Enabled Care and modern Extra Care housing / Supported Living) alongside efficiencies and service reductions. Additionally, the strengths-based way of operating, coupled with Least Restrictive Practise approaches have been increasingly working to mitigate costs and provide better alternatives for clients within the Younger Adults' service area.
43. Within 2021/22 the Department has commenced the delivery of the programme to roll out Collaborative Robots (Cobots) within the care sector as an alternative and enhancement to traditional forms of care. This innovative approach is the first of its kind and is aimed to help reduce the need for two carer visits and support carers with the physical demands of the role they undertake. Whilst this is a key strand to the Department's Tt2021 savings delivery through reduced overall care

costs, it is anticipated that many other benefits will accrue such as supporting the market to meet demand and help with the retention of carers within the market through less physical stress on their bodies. Whilst the project remains in the early stage of implementation it should be noted that it has undeniably been affected by the impact of the pandemic and the ability of providers to support. However, a small number of Cobots have been deployed to participating providers during the year and have delivered reductions in care. This programme and the outcomes achieved, as volumes of deployed Cobots is extended, will be closely monitored over the next 12 months.

44. The purchase of care for clients within their own home continues to be a challenging area for the Department, and in all likelihood, greater dependency will be placed on providers into the future across all client groups. The impact on the workforce highlighted earlier in this report within Care Home settings is just as prevalent with home care providers. The Department currently cannot secure home care immediately for all clients, accordingly work is being undertaken with local care groups and providers to explore potential initiatives to bring new entrants into the workforce. This is being supported in the short term through utilising specific Covid-19 funding such as the Workforce Retention grant. Work continues to expand upon the gains made from the introduction of the non-residential framework and associated payment process with further streamlining and simplifying of the transactional engagement with providers, having successfully expanding it to all other client groups. Evidence to date would support that it has improved relationships with providers and reduced their back-office costs resulting in greater levels of care provision being available at affordable rates. The Department will continue to seek to improve and make further gains.
45. The other key priority is the Adults' Health and Care Transformation Programme, which is currently forecast to successfully complete delivery of the £55.9m Tt2019 savings by the end of 2022/23, notwithstanding that the final savings will be the hardest to achieve, at the same time as mitigating the significant operational pressures that have been outlined above. Due to the impact of Covid-19 this position represents a delay on the delivery of savings against this programme, the cash impact of this is reflected accordingly within the proposed budget.
46. Additionally, the Department are set to secure cumulative savings of £33.5m for Tt2021 by the end of 2022/23 with the balance against the target of £43.1m being delivered later.
47. This delayed transformational savings is being supported with cash from the planned corporate support and the agreed Covid-19 support package. Beyond this it is essential all savings are achieved within the recently revised timeframes in order to minimise the need to draw on the Department's Cost of Change reserve. Avoiding the need to draw on this reserve maintains the Department's ability to adequately support the forecast transformation costs associated with these programmes and any requirements to offset service pressures in the short term.
48. The Department will be committed within the next year to delivering the implementation of a brand new IT social care system, (Care Director) that is likely to be rolled out by the 2nd quarter of the year. This will inevitably represent a

further challenge for the Department in respect of both securing available resources and the significant risk associated with the control of data and processes during the switch to a new system. The Department are carefully managing the risk and the project to ensure the safe transition.

49. Finally, 2022/23 will see a period of considerable action as the Department prepares for the Adult Social care charging reforms that are due to commence in October 2023. These changes represent the single largest change in the way adult social care is funded. Whilst the precise details of the reform are still to be agreed we do know that there will be a cap on the maximum amount that clients can pay for their care over their lifetime, likely to be £86,000, as well as a change in the upper capital threshold at which point clients become eligible for Local Authority financial support. This will be a change from £23,250 to £100,000.
50. However, within the next twelve to eighteen months the Department will need to prepare for all of the required processes, procedures, policies and systems that will safely deliver these changes in accordance with the responsibility given through the reform. Accordingly, the Government will set aside funding to aid Local Authorities with this work.
51. Alongside this work the Department will also need to focus on developing a greater understanding of the longer term financial consequence of the reform, not just arising from changes in the number of clients requiring financial support but also the additional resources to undertake greater number of social care assessments, financial assessments, billing etc. This will be crucial in order to assess whether the funding provided by the government to meet the ongoing cost of the reform is sufficient.

PUBLIC HEALTH

52. The past year has continued to be exceedingly challenging for Public Health. The continued response to the pandemic has been a significant draw on the time of the management and leadership of Public Health, not least because whilst there has been sufficient additional funding made available, this comes with its own challenges to ensure it is spent appropriately and is targeted to where it will have most impact.
53. It is anticipated the ring-fence will remain on the Public Health grant into 2022/23 and therefore the financial position for Public Health in 2022/23 is based upon this assumption. It is anticipated that the level of the grant for 2022/23 will be announced in January. It is also expected that there will be an allowance for inflation, but it is unknown at what percentage. When greater clarity is provided the budget will be updated accordingly.
54. During 2021/22 the Public Health team have successfully delivered £3.1m of savings toward their Tt2021 in addition to finalising all of the savings required to mitigate in full, the Public Health grant reductions that began in 2015/16.
55. In November 2021 a revised Tt2021 saving target for Public Health of £3.1m was approved by Cabinet and Council as part of the MTFS. In addition, it was agreed that there would be no further saving requirement for Public Health for SP2023. Accordingly, the position reported represents full delivery of all agreed and required Public Health savings.

56. However, the Public Health team are set to continue a programme of making efficiency savings over the medium term, that would be reinvested within Public Health, in order to ensure that the grant is utilised on those services that deliver the best outcomes in those areas that have the highest priority. This includes closer work with the NHS to better align services, where appropriate, to deliver those improved service outcomes for the residents of Hampshire.
57. In 2021/22 the ring-fenced Public Health grant received by Hampshire was increased by £0.6m to £52.9m. This increase was used to cover the recurring inflationary costs incurred by providers most notably the increase in staff cost experienced by the NHS providers. At this time there has not been any confirmation of the actual grant level in 2022/23, the budget has therefore been set on the minimum expectation of a grant equivalent to that received in 2021/22 of £52.9m.
58. Within the current year Public Health resources have continued to be stretched to the maximum due to the requirements of the Covid-19 response. From a financial perspective all forecast additional costs are expected to be met from within specific additional funding made available through the Test and Trace grant, Contain Outbreak Management Fund and Practical Support grant. Therefore, the current year financial variance for the Department represents a position that is largely unaffected by the impact of Covid-19 as is shown within Section F. In respect of Covid-19 response costs in the following year it is currently assumed this will be met from eligible carry forward of the Test and Trace grant, in addition to further specific funding made available nationally.
59. Despite the recent grant increases and the likelihood of a further inflationary increase in grant for 2022/23 there remains significant challenges for delivery of the County Council's core public health responsibilities and for wider work to improve the public's health. Continued careful planning, delivery and evaluation of evidence-based interventions will ensure that the available Public Health resources are focused on the key public health priority areas identified in the Public Health Strategy 'Towards a Healthier Hampshire', which will be refreshed from April 2022, and these are set out below.
60. A key priority is to ensure efficient delivery of the public health mandate to best meet the public health needs of Hampshire's residents and to continue to ensure that these services are providing best value for money. These include the mandated services: the National Child Measurement Programme, (NCMP) delivered through the school nursing service; delivering quality assured NHS health checks with the aim of both reducing future ill health, particularly dementia and cardio-vascular disease, and the demand for health and social care services; enabling access to comprehensive good value for money sexual health services through transformation, providing public health expertise and leadership to NHS commissioners and to local Integrated Care Systems to inform the planning and commissioning of health services and the delivery of health protection responsibilities.
61. A focus on improved outcomes and increased quality in the public health commissioned services remains a priority alongside leadership of public health for Hampshire.

62. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes. The Healthy Child Programme (0-19) is an evidence based universal prevention and early intervention public health programme that is offered to all families. These services are supported by a mandate that requires universal delivery of five key child 'development reviews. It supports parents and promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the Public Health team is working in partnership with Children's Services and NHS colleagues to transform and provide collaborative services for children and young people and their families. Effective use of resources will help to maximise the universal nature of the service, as well as to provide an enhanced offer to vulnerable families, to get the best possible outcomes in the six high impact areas, focus on prevention, and early identification of children and families at risk of future health and social problems. The Public Health nursing service has recently been recommissioned with a view to supporting Hampshire's vulnerable families at a time of resource constraint. This will be led through an active partnership between commissioner and provider.
63. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and care needs, remains a real public health challenge in Hampshire. These choices already have an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on prevention and making a healthy lifestyle 'the norm' for people of all ages is key to keeping people healthy, in employment and independent for longer and to reducing future demand for services. We continue to work to achieve this through appropriate nutrition, reducing obesity, promoting physical activity and supporting people to stop smoking and to drink sensibly. The Stop Smoking Service focuses on both the whole population and aims to increasing quit rates, especially in vulnerable individuals and communities. This requires strategic leadership and collaboration to change the system alongside effective services for the population.
64. With an increasingly older population, tackling social isolation and malnutrition, preventing falls and maintaining mobility in our vulnerable and older residents remain important areas of focus for our work with colleagues in Adult Social Care and for the Demand Management and Prevention Programme.
65. Public Health leadership of violence reduction has further progressed with leadership of the local Violence Reduction Unit for Hampshire. This sees the team working closely with the Office of the Police and Crime Commissioner and Hampshire Constabulary. Domestic abuse is a serious public health problem; Public Health leadership of the strategic partnership is driving work across the system to reduce domestic abuse. The Domestic Abuse service for victims and perpetrators provides further impetus to this work and has an increased focus on reducing the impacts of domestic abuse on children to prevent long term sequelae and impact. In 2021/22, and likely to continue into 2022/23, this work has been supported by the arrival of a specific additional grant to support domestic abuse services.

66. Poor mental health represents a significant burden of disease in the County and increases the risk of developing physical illness and of premature mortality. We will continue our work to improve the mental wellbeing of our communities and the focus on preventing suicide. The final year of an EU partnership grant focusing on improving male health has enhanced our capacity in this important area. The Mental Health Partnership and plan will be further developed in this coming year. Promoting emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services. An updated Emotional Health and Wellbeing Strategy for children and young people continues to be implemented. Partnership working across the County Council, the NHS, voluntary sector and service users will help to drive this agenda forward.
67. The substance misuse service delivers a robust drug and alcohol treatment system that fully meets the diverse needs of the Hampshire population and empowers and enables people to recover from alcohol and/or drug dependency. Through a transformation programme the service will take a family approach and deliver a comprehensive treatment service. Wider system work continues to support responsible drinking and promote safe and healthy places for people to live and work.
68. Sexual Health services and substance misuse services, being demand led, are challenged by the number of patients requiring these services. However, they are continuing to meet the demand through service transformation to ensure that the right service is provided at the right time in the right way for those who need it including through shifting more activity from face to face to digital interventions where appropriate. These approaches, begun prior to the pandemic, have been further developed during the response to Covid-19.
69. The Director of Public Health (DPH) continues to deliver the Health Protection responsibilities through partnership work with the UK Health Security Agency, Office for Health Improvement and Disparities and NHS England. The County Council's health protection responsibilities have been significantly stretched this year with the added responsibilities of Covid-19 pandemic leadership, Outbreak Control Plan, local contact tracing service and leadership and coordinating testing services. This will continue to be a core part of the Departments work in the coming year. The Emergency Planning responsibilities are delivered through work with the Emergency Planning teams in the County Council and wider Local Resilience Forum (LRF) partners.
70. To ensure delivery of the Joint Strategic Needs Assessment on behalf of the Hampshire Health and Wellbeing Board the team continues deliver key analysis for partners including working with the developing Primary Care Networks. Our leadership of Population Health Management will enable more effective delivery of healthcare for the system. Our leadership of Covid-19 intelligence work will continue to be central to the success of our and the system response.
71. Nationally and within the Hampshire and Isle of Wight ICS there is a welcome renewed focus on population health and prevention. The north east of Hampshire is part of the Frimley Integrated Care System where there are similar focuses on population health, prevention and delivery through place. The DPH

provides leadership to both these work programmes supported by the Public Health consultant team.

72. Hampshire County Council are now in the third year of a formal partnership to provide the leadership of public health on the Isle of Wight, (IOW). This arrangement commenced in September 2019 following eighteen months of interim leadership support. The partnership will be reviewed on an ongoing basis but at present is still demonstrating successes. The partnership has increased Public Health capacity across the councils, maintaining the high quality of services across Hampshire, building resilience whilst improving the quality of service delivery on the Island. We will continue to work in partnership to respond to the pandemic appropriately.

Section F: 2021/22 Revenue Budget

73. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.
74. The budget for Adults' Health and Care has been updated throughout the year and the revised budget is shown in Appendix 1. The revised budget shows an increase of £83.1m of which Adult Social Care is a £52.1m increase and Public Health a £30.99m increase.
75. The Adult Social Care increase is made up of the following:
- £30.3m grants (£21.8m Infection Prevention Control, £4.8m Test and Trace, £2.3m Clinically Extremely Vulnerable, £1.1m Rapid testing and £0.25m Workforce Capacity Grant).
 - £19.5m corporate support for T19 and T21 slipped savings
 - £1.0m as a result of responsibilities transferring into Adults' Health and Care from other areas of the County Council
 - £1.4m from Childrens' Services in relation to T21 savings (Public Health rebadging)
76. The Public Health increase is made up of the following:
- £0.6m increase to the 2021/22 Public Health Grant
 - £30.4m grants including £24.3m COMF and £2.4m Domestic Abuse
77. The anticipated business as usual outturn forecast for 2021/22 is a budget under spend of £10.9m, of which £9.4m relates to Adult Social Care and £1.5m to Public Health.

ADULT SOCIAL CARE

78. The forecast saving of £9.4m for Adult Social Care will be utilised in year to fund £8.4m of investment within the transformational programme. In addition, the arrangement whereby £7.6m was provided to the County Council by the county

CCGs in 2020/21 will be reciprocated during 2021/22. This will be funded by the Department's Cost of Change reserve.

79. The Cost of Change balance is forecast to be £26.8m by the end of the year, a reduction of £6.6m from the starting balance of £33.4m. Excluding the impact of the arrangement with the NHS, this represents an increase of £1m in cost of change balance from all other activity within the year. The Cost of Change balance will be utilised within the following years to help fund known forecast pressures, planned delays in savings and one-off project costs.
80. There are some key variances within the £9.4m net position reported, most notably £8m saving within HCC Care, most of which is due to indirect consequences of the impact of Covid-19, as outlined below:
- staffing levels required to meet reduced occupancy in part offset by net additional costs associated with Infection Control.
 - net additional income from the sale of unoccupied beds to the NHS for the purpose of meeting discharge from hospital requirements.
81. In addition, the Department has faced significant spend arising from the response to the Covid-19 pandemic in year. The total spend directly attributable to the consequence of the pandemic, not funded from a specific grant, is forecast to be over £16.1m. This will be offset at the end of the year by corporate support in the form of the financial response package. The business as usual position reported above is therefore after all additional support has been factored in.
82. The impact Covid-19 has had on transformation savings delivery for both Tt2019 and Tt2021 has been significant within Adults' Health and Care. The delay in savings directly attributable the Covid-19 pandemic is being covered by additional corporate support. After all planned support, including Covid-19 and early delivery of savings under SP2023 the Department is not reporting an adverse position in year against profiled transformation savings. However, the ability to affect care package prices and volumes into the long term, which most of the planned savings relate, has been severely impacted by the consequences that the pandemic has had on the care market as well as the continued increase in demand for care.
83. Whilst the Adult Social Care position reported for 2021/22 appears positive on the surface, there is a significant pressure that will materialise in later years arising from the sustained and significant increases throughout 2021/22 in both client numbers and the average price paid for care, in particular within Older Adults. Within 2021/22 these costs can be contained through utilising the additional corporate support given under Covid-19. However, this is not sustainable beyond 2021/22 even at the current level without factoring in the likelihood of these increases continuing into 2022/23 and beyond. The issue is explored further within Section G below.

PUBLIC HEALTH

84. The anticipated favourable outturn forecast for 2021/22 of £1.5m is the result of reduced activity, in some considerable part due to the continued impact of Covid-19. This saving is distributed across most of the contracted services including NHS Health Checks, Violence Prevention, Drugs and Alcohol and Sexual Health

which combined total over £0.9m saving. Additionally, the 0-19 service area is forecasting an under spend of £0.65m due in part to a service provider returning an overpayment against the volume of service provided in a prior year. All of the saving will be placed within the Public Health Reserve at the end of the year.

85. The closing balance of the Public Health reserve is currently forecast to be £7.3m by 31 March 2022. This resource will be utilised in future years to continue to deliver transformational change in addition to providing one off funds to catch up on key contracted services that delivery of has slowed during the pandemic.
86. The Public Health delivery of Tt2021 savings was formally reported to be £3.1m in Month 7, (October). In accordance with the revised Tt2021 saving target for Public Health, approved by Cabinet and Council as part of the MTFS in November 2021, this position represents full delivery of the agreed Public Health savings for Tt2021.
87. All additional expenditure pertaining to Public Health in response to the Covid-19 pandemic has been managed within the specific grants that have available in year including the Contain Outbreak Management Fund, Test and Trace grant and the Practical Support grant.

Section G: 2022/23 Revenue Budget Pressures and Initiatives

88. As outlined within Section F, the departmental business as usual position is currently showing a forecast saving in 2021/22. However, it is currently forecast that this is highly unlikely to be maintained within planned recurrent funding levels into 2022/23 and beyond. Please note the likely pressure is held entirely within the budgets for Older Adults and Younger Adults care packages. All other service areas of the Department, including Public Health, are not currently anticipated to be a pressure for 2022/23 or beyond.

ADULT SOCIAL CARE

89. Within the last twelve months there has been a considerable increase in both numbers of clients and the price at which appropriate care can be secured, with more significant increases observed within the last six months. Primarily this has affected Older Adults Residential and Nursing care packages.
90. Covid-19 obviously had a major impact on the sector with Residential and Nursing volumes dropping by over 350 clients between March 2020 and July 2020 from 2,530 to 2,180. This reduction enabled the County Council to reduce the growth funding to Adults' Health and Care which helped to offset over £8m of undelivered recurring savings within Public Health across Tt2021 and SP2023.
91. Subsequently by September 2021 the total number of clients had risen to 2,394, only 136 clients less than the March 2020 figures, representing an increase of 214 clients over 14 months. Ordinarily over this timeframe we would expect to see approximately 85 additional clients.
92. Growth in client numbers is therefore a significant concern as the rate of growth far exceeds normal expectations and should this continue will represent an accelerated increase in pressure. However, the biggest single concern in this service area is the rate of increase in the price offered by providers for care

packages. Whilst there is no single obvious explanation for this, it could be being driven by:

- Limited availability of an affordable workforce, attributable to:
 - Vaccine requirements
 - Opening up of other sectors of the economy including leisure that has provided alternative employment options
- Ongoing requirements to meet additional infection prevention and testing controls.
- Lower than normal occupancy within the private market, thereby each Care Home's largely stepped cost base, needs to be recovered over fewer clients.
- Pre-empting of the potential impact of the announcement by the government that Social Care Funding Reforms enable self-funding clients to have their care arranged by the local authority thereby eroding the longstanding discrepancy between the rate private clients pay providers and that paid by councils.

93. Irrespective of the reasons, the combination of increasing clients and increasing prices could have a major impact on the County Council's medium term financial position.
94. Whilst of a significantly lesser magnitude there is also a continued acceleration of growth in pressure within Younger Adults, from known client volumes and estimated prices, that contributes to the overall forecast pressure within Adult Social Care.
95. From the various scenarios modelled the most likely forecast pressure for Adult Social Care in 2022/23 is £35m over and above the planned growth already allowed for. In the longer term this would increase to just under £50m by 2024/25. This pressure is based on the assumption that all planned savings are delivered.
96. This forecast is predicated on:
- volumes of care continuing to increase in line with the trajectory seen between April and September 2021, through to April 2022 at which point growth would revert to a rate akin to normal pre-pandemic growth.
 - average price paid for care to increase in line with the trajectory seen between April and September 2021, through to the point at which the average weekly cost for all clients meets the current average price secured for new care.
97. Currently the average weekly price paid for new placement stands at £995 and £1,175 for Residential and Nursing care respectively. In comparison the average weekly price for all existing clients is £859 and £1,000 for Residential and Nursing care respectively. It follows that as pre-existing packages are replaced with newer purchased packages at the current price the average cost for all the clients supported will increase. It is unlikely that prices will reduce in the market even after it stabilises, so these are the average prices likely to be paid in the future.

98. As indicated other scenarios have been modelled. These provide a potential range of a pressure up to £82m in 2022/23, whilst this is unlikely it does indicate the unpredictable nature and potential volatility of this budget.
99. Whilst this higher level of pressure is unlikely, the following risks should be noted.
- The price increases have occurred over a period of time that providers have been able to supplement their income through being in receipt of various national grants directed through the County Council. There is no certainty that these grants will continue within 2022/23.
 - It is unlikely that the much of the impact of the fuel price increases, increases in the national living wage and the 1% increase in employers National Insurance contributions will have fed through to providers.
100. It should be noted that, if necessary, the likely pressure of £35m can be contained within the Adult Social Care budget in 2022/23 through the utilisation of available one off funds held corporately including those set aside for the extended impact of Covid-19. Clearly this is unsustainable beyond 2022/23 at which point alternative solutions would need to be implemented.
101. Given the potential impact on Adults' Health and Care and the County Councils overall finances, options to deal with the increased pressure will be considered as part of the budget setting report due to be presented to Cabinet and County Council in February.
102. For the longer term, although it is early in the process options to mitigate this pressure are already being considered by senior council officers and include exploring the viability of expanding the County Councils footprint within care provision as a way to directly control costs and increasing capacity of alternatives to residential care such as extra care, live in care and supported living.
103. This position, including growth in prices and volumes will be monitored closely throughout the remainder of the current year to better assess the likely pressure in 2022/23.

PUBLIC HEALTH

104. Whilst it has been announced that the Public Health Grant will be increased in line with inflation for 2022/23 a confirmed allocation has not yet been provided. In the absence of confirmed allocations for local authorities, the Public Health grant for 2021/22 had been assumed as the starting point for this budget setting round. The grant allocation for 2021/22 is £52.9m for Hampshire County Council. Should the grant allocation increase from this level this will be reflected within the Public Health budget for 2022/23 at a later date.
105. It should be noted that any inflation included within the 2022/23 allocation will need to be sufficient to offset the cost of the NHS pay award for both 2021/22 and 2022/23 where it is the responsibility of the Public Health budget to fund the associated NHS provider cost increases. Any shortfall will represent a recurrent pressure that would need remedial action to resolve. In the short term this pressure could be met from the Public Health reserve.

106. By April 2022 it is anticipated that a specific plan to utilise a proportion of the Public Health Reserve in 2022/23 will have been agreed. As highlighted previously the starting balance for 2022/23 is forecast to be £7.3m which is more than sufficient for the likely expenditure required and any potential, as yet unidentified, pressure that could materialise within 2022/23.
107. It is currently expected, although not confirmed, that any specific additional expenditure required by Public Health in relation to the Covid-19 pandemic in 2022/23 will be covered by continuation of grant funding and or the carry forward of any unspent grants within 2021/22.

Section H: Revenue Savings Proposals

108. Savings targets for 2022/23 were approved as part of the MTF5 by the County Council in July 2020. Proposals to meet these targets have been developed through the SP2023 Programme and were approved by Executive Members, Cabinet and County Council in October and November 2021.
109. In line with the Council's financial strategy, SP2023 savings will be delivered over a two year period with the business as usual deficit in 2022/23 being met from the Budget Bridging Reserve. Given the medium term deficit due to Covid-19 pressures and the resulting financial response package, which uses up all available financial flexibility, it remains critical that SP2023 is delivered by 1 April 2023.
110. Rigorous monitoring of the delivery of the programme will begin during 2022/23, to ensure that the Department is able to stay within its cash limited budget as set out in this report.
111. This early action in developing and implementing the savings programme for 2023/24 means that the County Council is in a strong position for setting a balanced budget in 2022/23 and that no new savings proposals will be considered as part of the budget setting process for the next financial year.
112. However, within Adult Social Care it is anticipated that £4.2m of Tt2019 savings and £26.7m of Tt2021 savings will remain to be achieved in 2022/23, 2023/24 and 2024/25 in addition to £40.6m of savings required for SP2023 within the same timeframe. This represents a significant challenge alongside the increasing likelihood of significant pressure within Adult Social Care as reported within Section G. The shortfall against target in 2022/23 will be met from a combination of corporate cash flow support and the cost of change reserve. The main reasons for the delays to savings delivery relate to:
 - A proportion of departmental management and transformation resources continuing to be redirected toward responding to the pandemic, thereby keeping some schemes behind schedule.
 - The ability to affect care package prices and volumes into the long term, which most of the planned savings relate, has been severely impacted by the consequences that the pandemic has had on the care market. as well as the continued increase in demand for care.

Section I: 2022/23 Review of Charges

113. For Adult Social Care, the 2022/23 revenue budget includes income of £72.9m from fees and charges to service users. This is an increase of £4.57m (6.68%) on the revised budget for 2021/22.
114. Details of current and proposed fees and charges for 2022/23 where approval is sought for changes are outlined in Appendix 2.
115. As agreed by the Executive Member for Adult Social Care and Health (27 September 2018) delegated authority has been given to the Director of Adults' Health and Care to approve, in respect of Meals on Wheels, the annual price rises for the service users which will be capped to no more than 2.5% above the contractual annual uplift with the service provider. It has been agreed that this provision will remain in place until such time that there is no longer a subsidy provided on this service by the County Council.
116. For 2022/23 the increase of 2.5% above the contractual uplift with the service provider has been agreed. 2022/23 will be the final year an additional uplift to the client charge will be required as from 2022/23 the client charge and the price paid for meals are equal and therefore the meals are no longer being subsidised.
117. The charges proposed for eligible social care services reflect the full cost rate applicable for County Council clients where they are assessed as being able to afford this cost. Furthermore, where these services are purchased by external organisations this charge reflects the basic cost whereby additional specific charges will be levied dependent on the additional resources required to safely support the client.

Section J: Budget Summary 2022/23

118. The budget update report be presented to Cabinet on 07 December 2021 included provisional cash limit guidelines for each department. The cash limit for Adults' Health and Care in that report was £439.1m, a £28.8m increase on the previous year. The increase comprised:
 - An increase of £13.5m as per the MTFs for corporate support to meet demography and complexity pressures
 - An increase of £13.4m for inflation
 - An increase of £1.6m as a result of responsibilities transferring into Adults' Health and Care from other areas of the County Council.
 - An increase of £0.6m as a result of an increase to the Public Health grant in 2021/22
 - A minor reduction of £0.2m for various minor transfers to other areas of the County Council.
119. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Adults' Health and Care for 2022/23 and show that these are within the cash limit set out above.

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

	2022/23	
	£'000	£'000
Cash Limited Expenditure	570,105	
Less Income (Other than Government Grants)	(130,994)	
Net Cash Limited Expenditure		439,111
Less Government Grants:		
• Local Community Voices Grant	(102)	
• Independent Living Fund	(4,082)	
• Improved Better Care Fund (incl Winter Pressures)	(30,359)	
• War Windows Pension Grant	(475)	
• Social Care in Prisons Grant	(104)	
• Public Health Grant	(52,925)	
Total Government Grants		(88,047)
Total Net Expenditure		351,064

Section K: Consultation, Equalities and Climate Change Impact

121. Consultation on the budget is undertaken every two years when the County Council considers savings to help balance the budget. All savings proposals put forward by the County Council has an Equality Impact Assessment published as part of the formal decision making papers and for some proposals stage 2 consultations are undertaken before a final decision is made by the relevant Executive Member.
122. This report deals with the revenue budget preparation for 2022/23 for Adults' Health and Care Department. This is the interim year of the two year financial planning cycle when no new savings proposals are being considered. Therefore, no consultation or Equality Impact Assessments are required.
123. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.
124. This report deals with the revenue budget preparation for 2022/23 for Adults' Health and Care Department. Climate change impact assessments for individual services and projects will be undertaken as part of the approval to spend process. There are no further climate change impacts as part of this report which is

concerned with revenue budget preparation for 2022/23 for Adults' Health and Care Department.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Savings Programme to 2023 – Revenue Savings Proposals (Executive Member for Adult Services and Public Health) Adults Health and Care Budget Report SP2023.pdf (hants.gov.uk)	21 September 2021
Medium Term Financial Strategy Update and Savings Programme to 2023 Savings Proposals https://democracy.hants.gov.uk/ieListDocuments.aspx?CId=163&MId=7737	Cabinet – 12 October 2021 / County Council – 4 November 2021
Budget Setting and Provisional Cash Limits 2022/23 https://democracy.hants.gov.uk/ieListDocuments.aspx?CId=134&MId=7745	Cabinet – 7 December 2021
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

The budget setting process for 2022/23 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Savings Programme to 2023 Programme were considered in detail as part of the approval process carried out in October and November 2021 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 4 to 8 in the October Cabinet report linked below:

<https://democracy.hants.gov.uk/ieListDocuments.aspx?CIId=163&MIId=7737>

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

Budget Summary 2022/23 – Adults' Health and Care Department

Service Activity	Original Budget 2021/22 £'000	Revised Budget 2021/22 £'000	Proposed Budget 2022/23 £'000
Director	1,620	4,046	1,722
Headquarters	19,474	21,711	19,468
Older Adults			
Older Adults Community Services	124,667	149,807	153,497
Reablement	9,891	16,375	17,010
	134,558	166,182	170,507
Younger Adults			
Younger Adults Other	2,485	11,898	10,943
Learning Disability Community Services	116,927	118,328	117,328
Mental Health Community Services	18,905	14,757	17,667
Physical Disability Community Services	32,288	33,469	33,537
	170,605	178,452	179,475
HCC Care	44,120	46,468	46,404
Governance & Assurance	3,511	1,446	1,396
Centrally Held	(15,977)	(8,278)	(32,786)
Total Adult Social Care	357,911	410,027	386,186
Children and Young People 0-19	22,872	22,872	22,867
Community Safety & Violence Prevention	1,446	3,513	1,145
Drugs and Alcohol	8,273	10,223	8,480
Health Check	1,187	1,187	1,187
Protection & Intelligence	22	22	24

Mental Health & Wellbeing	333	333	333
Nutrition, Obesity & Physical Activity	472	905	465
Older People	250	251	251
Public Health Central		6,660	
Sexual Health	9,099	9,316	9,326
Tobacco	2,249	2,249	2,245
Public Health Covid-19 Specific		25,816	
Total Public Health	52,348	83,347	52,925
Total Adults Health and Care	410,259	493,374	439,111

Review of Fees and Charges 2022/23 – Adults' Health and Care

	Income Budget 2022/23	Current Charge	Proposed Increase	Proposed New Charge
	£'000	£	%	£
Charges for HCC provided care:				
(Rounded to 1DP)				
Full cost weekly charge (HCC in-house residential and nursing establishments, incl respite)				
Nursing Care for Older People (per week)	5,200	857.15	2.3	876.68
Residential Care for Older People (per week)	6,300	773.43	2.3	791.00
Residential Care for Dementia (per week)	Included in above	835.80	2.3	854.84
Residential Care for Adults with a Learning Disability (per week):				
Orchard Close	13	1,090.46	2.3	1,115.31
Jacobs Lodge	0	911.40	2.3	932.12
Discharge to Assess Bed (*)	N/A	1,250.00	2.3	1,278.48
Standard Continuing Health Care Support (*)	850	1,101.80	2.3	1,126.93
Meals on Wheels	2,235	5.33	6.5	5.67

(*) Only applicable to NHS customers. Minimum rate actual charge will be subject to individual need

Other Charges:

Service users' contributions for non-residential care (chargeable services) are calculated on the actual cost of care provided to service users. In line with corporate policy all other charges will be increased by an inflation rate of 2.3%

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	18 January 2022
Title:	Capital Programme for 2022/23 to 2024/25 for Adults' Health and Care
Report From:	Director of Adults' Health and Care and Director of Corporate Operations

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

Tel: 03707 795574 **Email:** graham.allen@hants.gov.uk
03707 793845 dave.cuerden@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to set out the proposed capital programme for 2022/23 to 2024/25 for the Adults' Health and Care department, see attached report to the Executive Member.
2. The Executive Member for Adult Services and Public Health is requested to approve the proposals at her decision day at 3:00pm on 18 January 2022 for submission to Cabinet and County Council in February 2022.

Recommendations

That, in regards to the capital programme for Adults' Health and Care, the Select Committee either:

supports the recommendations being proposed to the Executive Member for Adult Services and Public Health

Or:

agrees any alternative recommendations to the Executive Member for Adult Services and Public Health, with regards to the proposals set out in the attached report.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Services and Public Health
Date:	18 January 2022
Title:	Capital Programme for 2022/23 to 2024/25
Report From:	Director of Adults' Health and Care and Director of Corporate Operations

Contact name: Graham Allen and Dave Cuerden

Tel: 03707 795574

03707 793845

Email: graham.allen@hants.gov.uk

dave.cuerden@hants.gov.uk

Purpose of this Report

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

Recommendation(s)

To approve for submission to the Leader and Cabinet:

2. To approve for submission to the Leader and Cabinet the capital programme for 2022/23 to 2024/25 as set out in Appendix 1 and the revised capital programme for 2021/22 as set out in Appendix 2.
3. To recommend to Cabinet that a virement to Culture, Communities and Business Services revenue budget of £1.03m to fund Health and Safety works within the Nursing and Residential estate, as set out in paragraphs 18-19, is approved.

Executive Summary

4. This report seeks approval for submission to the Leader and Cabinet of the proposed capital programme for 2022/23 to 2024/25.
5. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 8 February 2022 to make final recommendations to County Council on 17 February 2022.
6. The report considers the schemes which it is proposed to include in the capital programmes for 2022/23, 2023/24 and 2024/25 and also presents the revised programme for 2021/22.

7. This report highlights that as part of the Medium Term Financial Strategy Update and Transformation to 2021 Savings Proposals Report that was approved by Cabinet in October 2019 investment of up to £70m in Older Persons and Younger Adults Extra Care was approved subject to a satisfactory business case being produced for each scheme.
8. The proposals contained in this report are derived from the departmental service plans which have been developed to support the priorities of the Strategic Plan.

Contextual information

9. Executive Members have been asked to prepare proposals for:
 - a locally-resourced capital programme for the three-year period from 2022/23 to 2024/25 within the guidelines used for the current capital programme including the third year, 2024/25, at a similar level to 2023/24.
 - a programme of capital schemes in 2022/23 to 2024/25 supported by Government grants as announced by the Government.
10. The capital guidelines are determined by the Medium Term Financial Strategy which is closely linked to 'The 'Serving Hampshire's Residents - Strategic Plan 2021 – 2025' with its strategic aims and Departmental Service plans to ensure that priorities are affordable and provide value for money and that resources follow priorities.

Locally resourced capital programme

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

	£000
2022/23	481
2023/24	481
2024/25	481

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

Revised 2021/22 capital programme

13. The revised 2021/22 capital programme for Adults is shown in Appendix 2 and totals £43.727m. The changes since the capital programme was approved in January 2021 are summarised below:

	2021/22
	£000
Approved Programme	15,588

Carry Forward from 2019/20	7,180
Capital additions approved November 2021	22,000
Public Health Grant	139
Transfer to Revenue	(1,180)
Total	<u>43,727</u>

14. The schemes carried forward from previous years of £7.18m were agreed by Cabinet on 13 July 2021. These predominantly relate to the Extra-Care housing and Adults with a Disability Accommodation programmes.
15. As part of the Medium Term strategy Update and Savings Programme to 2023 Report that was approved by Cabinet in October 2021 an investment of £22m was approved for younger adults extra care and the Woodcot Lodge discharge facility to be funded by prudential borrowing with repayments accounted for within proposed revenue saving.
16. Addition of a project to set up inpatient alcohol and drug detoxification provision for £0.139m funded by grant from Public Health England.
17. The transfer to revenue includes £1.03m to fund Health and Safety Work as detailed in paragraphs 18-19 and £0.15m to fund Extra Care property services fees. These are technical adjustments to fund work that cannot be capitalised under the capital accounting rules.

HCC Care

18. A range of essential health and safety liabilities at our in-house residential care and nursing homes were identified through inspections at a total cost of £4.3m over two years. This was reported to Cabinet on 24 November 2020. A programme of works is being undertaken as part of the Culture Communities and Business Services revenue budget with £1.03m vired from the Adult Services Capital Budget to fund the work.
19. This portfolio of buildings remains the highest priority in the HCC estate in terms of health and safety, compliance and operational risk management, with a consequential ongoing demand for routine and one-off investment in maintenance and improvement. It is anticipated that further requests for funding will be made as the estate continues to age and liabilities are identified.
20. A series of detailed asset management surveys (led by Property Services) are currently being undertaken to enable a full assessment of the built estate and to provide lifecycle costings for each building. These surveys will help inform the development of costed lifecycle maintenance plans and consideration of the longer-term strategy for the HCC Care asset portfolio.
21. Accordingly, any requests for funding in the forthcoming year, as outlined above in paragraph 19, to support the maintenance of the estate, will also be informed by the review of the longer-term strategy to ensure that where appropriate, investment is targeted to sites that are included within the longer-term vision.

22. Additionally, it should be noted that the longer-term strategy for the portfolio of buildings will take into consideration the pressure highlighted within the Adult Services and Public Health Revenue Budget report, specifically where internal provision, with capital investment may help to mitigate these revenue pressures. Furthermore, it will also consider how internally provided care can mitigate the potential financial impact of the Adult Social Care funding reforms due to commence from October 2023.

Transformation of Adult Learning Disability Services

23. On the 27 October 2011, the Executive Member for Policy and Resources approved the Adult Learning Disability (LD) Business Case for the early implementation phase of LD transformation and the broader programme. The business case links to the consultation of the transformation proposals reported to the Executive Member for Adult Social Care on 16 May 2011.
24. The Executive Member for Policy and Resources Decision Day on 21 July 2011 approved that 100% of LD capital receipts to be reinvested in LD service re-provision.
25. The Executive member for Policy and Resources on 9 March 2017 approved the revised Business case plan. The financial position has evolved since October 2011 largely as a result of the value likely to be secured by selling surplus property and the consequent impact on prudential borrowing. The business case improved with the use of the Community Grant funding of up to £3.4m.
26. The LD Transformation programme has been successfully delivering capital projects to update and improve the department's LD estate. In that time the programme has successfully delivered 8 schemes through the delivery of new facilities and significant improvements to existing assets. The programme has one further schemes in its programme and is now operating within budget.

Older Persons Extra-Care Housing

27. On the 24 October 2011 Cabinet approved the strategy to extend the development of Older Persons Extra-Care Housing. This included approval of an indicative maximum financial envelope of £45m of capital investment to deliver the programme of work, including transition cost.
28. Capital funding for the extensions to Westholme, Winchester and Oakridge, Basingstoke of £3m was formally approved by the Executive Member for Policy and Resources on 24 January 2013.
29. A review of the Older Persons Extra-Care programme was undertaken in early 2016 and the Executive Member for Policy and Resources reaffirmed the Older Persons Extra-Care programme to the original £45m capital envelope. With this in mind, further work on the remaining programme and project opportunities is being undertaken to ensure the most cost effective programme is identified. Capital funding for future Extra-Care developments will be subject to the development of individual business cases.

30. On 26 September 2018 the Executive Member for Policy and Resources identified three sites for development opportunities in Gosport, Petersfield and New Milton, all three of which are now going through the planning process. This is in addition to previously approved schemes in other parts of the county, including the Nightingale site in Romsey, which was completed in the 2020/21 financial year.

Younger Adults Extra-Care Housing

31. The Executive Member for Policy and Resources approved the strategic business case for the Adults with a Disability Housing programme in April 2016. The business case approved a borrowing envelope of up to £35m to support the programme to transition service users with a learning and/or physical disability from an existing care home setting to a shared house or individual groups of flats.
32. An update was taken to the Executive Member for Policy and Resources in July 2020, and now progressing the delivery of the last of three tranches of new or refurbished accommodation:

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

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

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

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

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

Proposed capital programme 2022/23 to 2024/25 – locally resourced schemes

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

34. The detailed programme in Appendix 1 and expenditure for 2022/23 is summarised in the table below:

	£000
Operational building, including residential and nursing care, improvements	481
Total 2022/23 Budget	481

Capital programme supported by Government allocations

35. The locally resourced capital programme is supported by Government grant received from the Ministry of Housing, Communities and Local Government. In 2020/21 the amount of capital funding to Adult Services was £14.252m for the Disabled Facilities Grant (DFG). This funding forms part of the Better Care Fund – Pooled budget which is overseen by the Hampshire Health and Wellbeing Board.
36. The Secretary of State has not yet announced details of individual local authority capital allocations for 2022/23. For planning purposes 2021/22 allocations are being assumed.
37. The DFG of £14.252m is capital money made available to local authorities as part of their allocations to award grants for changes to a person's home. There is a statutory duty for local housing authorities to provide grants to those who qualify. This part of the fund will be governed by the disabilities facilities grant conditions of grant usage as made by the Ministry of Housing, Communities and Local Government under section 31 of the Local Government Act 2003. Therefore, although officially part of the fund, the money cannot be used for other things and will be paid back out of the fund to the relevant district councils.

Capital programme summary

38. On the basis of the position outlined above, the total value of the capital programmes submitted for consideration for the three years to 2024/25 are:

	Schemes within locally resourced guidelines	Additional schemes funded within the prudential framework	Schemes supported by Government allocations (assumed)	Total
	£000	£000	£000	£000
2022/23	481	-	14,252	14,733
2023/24	481	-	-	481
2024/25	481	-	-	481

Revenue implications

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

	Full Year Cost	
	Current Expenditure £000	Capital Charges £000
Schemes within the guidelines		
2022/23	-	18
2023/24	-	26
2024/25	-	26
	-----	-----
Total	-	70
	-----	-----

Conclusions

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

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Adult Services Capital Programme 2017/18 to 2019/20 Strategy for the Older Persons Extra-Care Housing and Programme Update	20 January 2017
Transformation of Adult Learning Disabilities Services – Programme Update & Revised Business Plan	09 March 2017
Adults with a Disability Housing Programme: Progress update and approval to the strategy for Phase 2 new build projects	9 March 2018
Three Extra Care Development Opportunities in Gosport, Petersfield and New Milton – Outcome of Procurement	26 September 2018
Medium Term Financial Strategy	14 July 2020
Learning Disability Housing - Programme Update	14 July 2020
Cabinet Financial Update and Budget Setting and Provisional Cash Limits 2021/22	24 November 2020
Medium Term Financial Strategy Update and Savings Programme to 2023	12 October 2021
Direct links to specific legislation or Government Directives	
<u>Title</u>	
<u>Date</u>	

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles Grants	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
2022/23 Schemes							
Schemes Supported from Local Resources							
1	Maintaining Operational Buildings including Residential and Nursing Care	327	54	100	481	-	18
2	Disabled Facilities Grant	-	-	14,252	14,252	-	-
Total Programme		327	54	14,352	14,733	-	18

Capital Programme - 2022/23

Site Position	Contract Start		Remarks	Ref
	Date	Duration		
	<i>Qtr</i>	<i>Months</i>		
N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.	1
N/A	1	12	Grant paid to District Councils to fund adaptations to people's homes	2
+ Projects to be partly funded from external contributions.				

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
	2023/24 Schemes						
	Schemes Supported from Local Resources						
3	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
	Total Programme	241	40	200	481	-	26

Capital Programme - 2023/24

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

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
2024/25 Schemes							
Schemes Supported from Local Resources							
4	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
	Total Programme	241	40	200	481	-	26

Capital Programme - 2024/25

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

Adult Social Care 2021/22 capital programme

Resources	
1.	Latest programme limit: £000
	Approved Programme 15,588
	Carry Forward from 2020/21 7,180
	Woodcot and Younger Adults 22,000
	Public Health Grant 139
	Transfer to Revenue (1,180)
	Total <u>43,727</u>
Allocated to Projects / Schemes	
2.	Project Extra-care Housing transformation project 2,967
	Maintaining Operational Buildings including Residential and Nursing Care 574
	Adults with a Disability Accommodation 3,795
	Disabled Facilities Grant 14,252
	Woodcot and Younger Adults 22,000
	Public Health Grant 139
	Schemes controlled on a starts basis <u>43,727</u>

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	18 January 2022
Report Title:	Work Programme
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of Report

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

Recommendation

2. That Members consider and approve the work programme.

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

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
<p>Proposals to Vary Health Services in Hampshire - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service. (SC) = Agreed to be a substantial change by the HASC.</p>									
Urology Services Reconfiguration	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.					
Andover Hospital Minor Injuries Unit	Temporary variation of opening hours due to staff absence and vacancies.	Living Well Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Last update Sept 2020 (invite West CCG to joint present with HHFT). Update spring 2021 deferred as no change to report.					
Spinal Surgery Service	Move of spinal surgery from PHT to UHS (from single clinician to team).	Living Well Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Last Update March 2020 (UHS). Next update deferred due to					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
				pandemic.					
Chase Community Hospital (Whitehill & Bordon Health and Wellbeing Hub Update)	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Latest update circulated Oct 2021. Request further update when developments.					
Integrated Primary Care Access Service	Providing extended access to GP services via GP offices and hubs.	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019, last update March 2021. Requested further update late 2021. Nov 2021 suggested defer to Feb 2022 when further detail likely to be known.		x			
Orthopaedic Trauma Modernization Pilot	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019, last update March 2021. Requested further update early 2022.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
Out of Area Beds and Divisional Bed Management System	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019, last update Sept 2021. New inhouse beds to come onstream summer 2021. Update on other ward for circulation when opened (early 2022?)	X				
Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire CCGs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020 and March 2021. Next meeting tbc as consultation on hold.					
Building Better Emergency Care Programme	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire CCGs	Presented in July 2020 following informational briefings. last update June 2021. Next update requested spring 2022.		X			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
<p>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.</p>									
<p>Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire</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	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 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>					
Independent Review of Southern Health NHS Foundation Trust			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				
Dental Services	Concern over access to NHS dental appointments post pandemic	Starting Well Living Well	NHS England	Initial Item heard Nov 2021, requested update for March 2022.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
Primary Care Services	Concern over access to GP appointments post pandemic	Starting Well Living Well Ageing Well Healthier Communities	HS&IOW CCG/ICS	Initial Item heard Nov 2021. Request update March 2022.		x			
Sustainability and Transformation Plans: One for Hampshire & IOW, Other for Frimley	Subject to ongoing scrutiny the strategic plans covering the Hampshire area.	Starting Well Living Well Ageing Well Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I) Timing of next update tbc					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme									
Budget	To consider the revenue and capital programme budgets for the Adults' Health and Care department.	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care (Adult Services and Public Health)	Considered annually in advance of Council in February (January) Transformation savings pre-scrutiny alternate years at Sept meeting.	x				
Integrated Intermediate Care	To consider the proposals relating to IIC prior to decision by the Executive Member.	Living Well Ageing Well	HCC AHC	Initial briefing on IIC Oct 2019. Update tbc					
Working Groups									
Sustainability and Transformation Partnership Working Group	To form a working group reviewing the STPs for Hampshire.	Starting Well Living Well Ageing Well Healthier Communities	STP leads All NHS organisations	Set up in 2017, met in 2018 and 2019. Report back to HASC Oct 19.	Will meet as needed going forwards.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
SP23 Savings Proposals re Demand Management Grants and Social Inclusion Services	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				
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Nov 2021. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)					
Public Health Updates	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	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	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
Health and Wellbeing Board	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	HWB annual report last received June 2021.			X?		
Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans	To receive an overview on the three different aspects in relation to COVID-19.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HCC Public Health	First received July 2020. Updates to be received at each meeting until further notice.	x	x	x	x	x
Adults' Health and Care Covid Response and Recovery	To receive an overview of the systems that have been put in place by Hampshire organizations, partners and voluntary sector.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC, Borough and District Councils, Hampshire Council for Voluntary Service Network, and voluntary sector	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	x

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
Hampshire and Isle of Wight Covid-19 NHS System Approach Overview	To receive a report setting out the Hampshire and Isle of Wight Local Resilience Forum response	Starting Well	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							
NHS 111	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. Further update Nov 2021. Requested update in 6 months.			x		
		Ageing Well							
		Healthier Communities							
		Dying Well							

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Jan 2022	8 March 2022	24 May 2022	5 July 2022	27 Sept 2022
Development of Integrated Care Systems (ICS)	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well Ageing Well Healthier Communities Dying 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				

* 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

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

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- 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.