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NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 19th October, 2021 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
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

To confirm the minutes of the previous meeting (to follow)

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 5 - 26)

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.

- Southern Health NHS Foundation Trust: Stage 2 Independent Investigation Report by Mr Nigel Pascoe QC

7. PUBLIC HEALTH: OUTCOME OF THE TRANSFORMATION TO 2021 PUBLIC CONSULTATION (Pages 27 - 122)

For the Health and Adult Social Care Select Committee to pre-scrutinise the proposals to make revenue budget savings in a number of public health services (substance misuse, stop smoking, sexual health and public health nursing), following a public consultation undertaken in Summer 2021. The Committee to take account of the report from the Working Group that considered these proposals. The Executive Member for Adult Services and Public Health is due to take a decision on these proposals at the Decision Day scheduled for 2:00pm on 16 November 2021.

8. WORKING GROUP PROPOSAL (Pages 123 - 128)

For the Health and Adult Social Care Select Committee (HASC) to consider whether to initiate a Working Group to review proposals for the future of both the Demand Management and Prevention Grants and Social Inclusion services, as part of the wider SP23 savings programme.

9. WORK PROGRAMME (Pages 129 - 144)

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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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	19 October 2021
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:
 - Southern Health NHS Foundation Trust: Stage 2 Independent Investigation Report (Pascoe Review)

Recommendations

5. The Committee note the findings of the Stage 2 Investigation Report into Southern Health NHS Foundation Trust and request the Trust present their Action Plan at the January 2022 Committee meeting, setting out how they will respond to the recommendations.

Executive Summary

Table 1

Topic	Relevant Bodies	Action Taken	Comment
<p>Independent Stage 2 Investigation of Southern Health NHS Trust undertaken by Mr Nigel Pascoe QC, following the deaths of five people in the care of the Trust between 2011 and 2015.</p>	<p>Southern Health NHS FT and Hampshire Clinical Commissioning Group/ICS</p>	<p>The HASC has an interest in independent reviews of Trusts operating in Hampshire</p>	<p>Southern Health has been on an improvement journey for several years, with changes of Senior Leadership since 2015. The HASC has been maintaining overview and scrutiny of the Trusts response to areas of improvement identified. The most recent development is that a stage 2 Independent Review has been undertaken by Mr Nigel Pascoe QC. The report arising from this review was published on 9 September 2021 and makes 39 recommendations and 9 learning points. The Trust are developing an action plan to outline the action they will take to respond to those. Attached is a briefing note provided by the Trust to introduce this topic to the Committee. The Executive Summary and recommendations of the independent review are also attached. Further details are available from the NHS England and NHS Improvement South East website: NHS England and NHS Improvement South East » Southern Health NHS Foundation Trust</p>

Finance

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

Performance

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

Consultation and Equalities

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

Climate Change Impact Assessment

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

Conclusions

10. Southern Health NHS Foundation Trust are the major provider of Mental Health services for the adult Hampshire population. The Health and Adult Social Care Select Committee will have an interest in ensuring the Trust learns from what has happened in the past and responds to the areas of improvement identified effectively.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

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

Section 100 D - Local Government Act 1972 - background documents

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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Stage 2 Independent Investigation Report: ‘Right First Time’

Overview and outline of Trust response

Introduction

On 6 February 2020 the Independent Investigation Report (conducted by Mr Nigel Pascoe, QC) was published. The background to the report is the tragic death of five people who were in the care of the Trust in the period 2011-2015, and the Trust’s response to the families of those who had died.

Three of the patients had been under the care of the 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 of the Trust’s then Social Care Division.

The Trust was unable to address the families 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 of the investigations that had already been undertaken.

Mr Nigel Pascoe, QC was commissioned 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.

A recommendation of the Stage 1 Review Report was that there should be a Second Stage Investigation examining the themes that were identified in the Stage 1 Review Report and what learning and progress had taken place.

Mr Pascoe engaged with the families about their wishes for a Second Stage Review and what the Terms of Reference should be.

The investigation hearings, which were originally intended to be held in Spring 2020, were delayed by the onset of the Covid-19 pandemic. Further consultation on the Terms of Reference took place in August 2020. The final agreed Terms of Reference were issued on 23 September 2020.

The scope of the review as set out in the Terms of Reference was to cover the following policy areas:

1. Reviewing the need for a new independent investigative process
2. The handling of complaints
3. Communication and liaison with families
4. Action plans
5. Supervision by West Hampshire CCG of those issues.

The Stage 2 Public Investigation was conducted by: Mr Nigel Pascoe, QC as the Independent Chair, and a Panel of three 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 Stage 2 Investigation took place over 23 days, from 4 March to 29 April 2021. The Panel heard written and verbal evidence from 53 witnesses, including 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.

The Second Stage Review Report, '*Right First Time*', was published by NHSEI on 9 September 2021.

Trust Response to the Stage 2 Investigation Report

The Trust Board accepted in full the report and the findings. The Trust again apologised to the families for the distress that had been caused. The Trust thanked those who had been involved in the process and contributed to the Report.

The Trust welcomes the report, which will contribute to bringing about further improvement in the delivery of Trust services.

Next Steps

The Trust is preparing a response and action plan describing how the organisation will respond to the recommendations in the report and where progress has already been achieved. This will be discussed at the Trust Board meeting on 30 November 2021. The Trust will then share the action plan with partners, including Scrutiny Committees.

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/>

'RIGHT FIRST TIME'

INDEPENDENT REVIEW INTO SOUTHERN HEALTH NHS FOUNDATION TRUST

Executive Summary

1. This independent investigation was set up to consider the circumstances of the deaths of five people between October 2011 and November 2015, which occurred whilst they were under the care of Southern Health NHS Foundation Trust ("SHFT").
2. The Chair, Nigel Pascoe QC, was appointed in 2019, to undertake a paper-based investigation, to consider the internal and external investigations of those five deaths and the steps recommended or taken to prevent their re-occurrence. This culminated in a written report in February 2020, which made specific recommendations, including the establishment of a, "*limited public investigation that is specific and focussed in nature*". The purpose was to address and resolve the issues that could not be considered fully on a paper review. Thus, the paper Review and subsequent report became Stage 1.
3. Stage 2 proceeded on the basis of the specific policy areas that had been identified at Stage 1. A Panel of three members was appointed to sit alongside the Chair. They received a wide and diverse body of evidence from service users, carers and family members; SHFT; the CCG; NHSE/I; and independent experts and highly-experienced individuals. The public hearings took place over a seven-week period.
4. The Panel understand and respect the decision of the five families who participated at Stage 1, not to participate at Stage 2. The Panel's unanimous view was that it was, and remains, in the wider public interest for Stage 2 to proceed.
5. The Panel's focus at Stage 2 has been on: where SHFT were in 2019, where SHFT are today in 2021 (two years later), and where SHFT should be, with a view to future reform and improvement.

6. The Panel have, on the evidence received, formed their own independent views and conclusions on these key questions and the evidence received. They have then proceeded to make 39 Recommendations and 9 Learning Points on the policy issues of complaints handling, communication and liaison, independent investigatory structures, action plans and supervisory structures with the CCG. They also cover the 'additional themes' identified by the Panel. These are intended to move forward a process of constructive and necessary reform.
7. In conclusion, the Panel have formed the view that, in the last two years, there has been evidence of improvement by SHFT towards increased engagement with service users, carers and family members. But these changes have not been universal in their impact and the evidence, taken as a whole, suggests that they have not always happened to the standards expected, or in some cases, at all.
8. Therefore, the Panel is driven to conclude that there is a real need for continuing systematic and practical reform in SHFT, to fill significant gaps and resolve difficult issues.
9. The Panel have concluded that SHFT has some way to go in its journey to address all of the policy areas in the terms of reference if it has a chance of meeting the fundamental need to 'get it right first time', every time.
10. The Panel has identified good work in progress in SHFT and thus it has rejected wholesale and undiluted attacks made on SHFT. However, there is a necessity for further strategic and practical change, in order for there to be far-reaching and consistent reform which is in the greater public good. The proof of good intentions will be their successful implementation.

Recommendations

The Panel has set out below its Recommendations and Learning Points.

Complaints Handling

Complaints Handling Policy, Procedure and Process

1. 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 and paid and unpaid carers, including family members. 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.
2. 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.
3. 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.
4. 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.
5. SHFT should re-develop its Complaints Handling leaflet so that it reflects the complaints process, outlines expectations and timelines for service users, family 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.

Response to Complaints

6. 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.

Support for Complainants

7. SHFT should ensure that all complaints which 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 to facilitate access to advocacy services, or signpost their availability to complainants. This should be co-ordinated so as to be part of the complaints handling process.

Communication, Liaison and 'Care for the Carer'

Culture, Attitudes and Duty of Candour

8. 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 acknowledges 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.

Communication and Liaison with Service Users, Carers and Family Members

9. 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.

Communication and Liaison with Carers

10. SHFT should develop a Carers 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 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 Carers Communication Plan, which must be underpinned by relevant training.
11. SHFT should ensure all staff are 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.
12. SHFT should set up regular localised drop-in sessions and groups for carers (as well as virtual sessions for remote carers), to provide support and advice in order to meet local needs. These sessions and groups should include ongoing peer support.

Support for Service Users, Carers and Family Members

13. SHFT should strengthen 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.

Information Sharing

14. SHFT should pay due regard to the 7th and 8th principles of the UK Caldicott Guardian Council in (i) recognising the importance of the duty to share information being as important as the duty to protect patient confidentiality and (ii) ensuring that service users are informed about how their confidential information is used. 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.

Communication between Primary and Secondary Care and Internal Communications

15. 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.

Measuring Impact

16. 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.

Investigations

Incident Investigation Policy, Procedure and Processes

17. SHFT should adopt the Patient Safety Response Incident Framework and National Standards for Patient Safety Investigations (published by NHSE/I in March 2020) for reporting and monitoring processes, when they are introduced nationally.

18. It is recommended that future NHS patient safety frameworks for Serious Incidents should acknowledge and incorporate the different needs of patient groups, such as those with physical and/or mental health conditions and/or learning disabilities and including the unique context in which the incident took place.

Independence

19. 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.
20. 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, the background and qualities of whom should be specific to the facts of the case subject to investigation.

Support for Service Users, Carers and Family Members during the SI Investigation Process

21. 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.

Investigation Officers

22. 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.
23. SHFT should develop a more extensive Investigation Officer training programme, to include 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.

Investigation Reports

24. 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.
25. 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.

Sharing Learning

26. 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.

Feedback

27. 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.

Monitoring and Quality Assurance

28. SHFT should improve the quality of the Initial Management Assessments 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.
29. 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 confidentiality laws.

30. 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 errors and future themes for learning.

Medical Examiner

31. SHFT should recognise, implement and develop the role of the Medical Examiner, in line with forthcoming national legislation and guidance.

Patient Safety

32. 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.
33. 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.

Supervisory Structures

34. The CCG should monitor its contract with SHFT with demonstrable rigour and patent independence.
35. The establishment of the newly formed Integrated Care System provides an opportunity to strength the service delivered by the shared specialist Mental Health and Learning

Disability Team. Therefore, the team should be acknowledged and embedded in the ICS in the next 12 months.

Action Plans

36. 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.

37. 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.

Just Culture and Accountability

38. 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.

Leadership, Succession and Strategy Planning

39. 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.

Learning Points

Complaints Handling

1. SHFT should avoid terms such as 'upheld' or 'not upheld' in all complaint investigation reports and response letters.

Communication, Liaison and 'Care for the Carer'

2. 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.
3. 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.
4. 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.

Investigations

5. SHFT should consider the use of recognised mediation services to resolve outstanding issues with families who have disengaged within the last two years.
6. 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.

Action Plans

7. SHFT should 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 the action plan.

Quality Improvement

8. 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 projects and SHFT's journey of improvement.

Leadership, Succession and Strategy Planning

9. SHFT should increase its annual and quarterly reporting by committees and divisions. The reporting should be more accessible to the public it serves.

Conclusions

1. The Panel appointed to conduct the Stage 2 Review into Southern Health NHS Foundation Trust have found a mixed picture.
2. In the last two years, there has been a welcome move towards increased engagement with service users, carers and family members. There have been Quality Improvement projects, co-production work, regular invitations for service users, carers and family members to present at Board meetings, amongst other improvements, which are identified in this Report. Whilst this is admirable progress, there is absolutely no room for complacency.
3. Why not? The bottom line is that those changes have not been universal in their impact. The Panel heard examples from individual service users and carers which suggested that change has not happened to the standards expected, or in some cases, at all.
4. Further, on the evidence, the Panel is driven to conclude there is a real need for continuing systematic and practical reform in SHFT. There are still significant gaps to be filled and some difficult unresolved issues. These are matters of concern.
5. Faced with that reality, the Panel have made 39 recommendations and 9 practical learning points for SHFT, the CCG and wider NHS to consider. These are intended to move forward a process of constructive and necessary reform.
6. The Panel have concluded that SHFT has some way to go on its journey to address all of the policy areas in the Terms of Reference. The 'gold standard' and areas of improvement that participants identified have not yet been achieved. There is still a fundamental need to get it right first time, every time.
7. The Panel have been able to identify good work in progress and a real commitment from a number of SHFT participants across the organisation. In that respect, the Panel has rejected wholesale any undiluted attacks made on SHFT.

8. But in the last analysis, the Panel is certain that further strategic and practical change is necessary in the greater public good and they consider that the present management does recognise the need for reform. The proof of good intentions will be their successful implementation.

Chair: Nigel Pascoe QC

Panel Members:

Dr Mike Durkin OBE MBBS FRCA FRCP DSc

Professor Hilary McCallion CBE

Priscilla McGuire

9 September 2021

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	19 October 2021
Title:	Public Health: Outcome of the Transformation to 2021 Public Consultation
Report from:	Director of Public Health

Contact name: Rachael Dalby-Hopkins

Tel: 0370 779 3271

Email: rachael.dalby-hopkins@hants.gov.uk

1. Purpose of Report

- 1.1 For the Health and Adult Social Care Select Committee to pre-scrutinise the proposals to make revenue budget savings in a number of public health services (substance misuse, stop smoking, sexual health and public health nursing), following a public consultation undertaken in Summer 2021 (see the report attached due to be considered at the Decision Day of the Executive Member for Adult Services and Public Health at 2:00pm on 16 November 2021).
- 1.2 For the Select Committee to consider the report from the Health and Adult Social Care Working Group that considered these proposals (see appendix A of the report attached).

2. Recommendations

That the Health and Adult Social Care Select Committee:

Either

- 2.1 Supports the recommendations being proposed to the Executive Member of Adult Services and Public Health

Or:

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

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Committee:	Executive Member for Adult Services and Public Health
Date:	16 November 2021
Title:	Public Health: Outcome of the Transformation to 2021 Public Consultation
Report From:	Director of Public Health

Contact name: Rachael Dalby-Hopkins

Tel: 0370 779 3721

Email: rachael.dalby-hopkins@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide the Executive Member for Adult Services and Public Health with the outcomes of the public consultation.

Recommendations

2. That the Executive Member for Adult Services and Public Health approves savings from Public Health Services as set out in this report.

For substance misuse:

- It is recommended that a service is maintained in Winchester and work continues to find a more cost-effective venue to secure a saving of £60,000.

For stop smoking services:

- Stop unsupported prescribing for reasons described in this report to secure savings of £168,000.

For sexual health services:

- Stop the duplicated HIV and syphilis self-sampling service for reasons described in this report to secure a saving of £8,000.

3. That the Executive Member for Adult Services and Public Health notes the following:
 - Robust monitoring of the impact of any change will be established so that commissioners and providers can respond with any appropriate mitigation as required.

- Continue to identify service transformation opportunities.

Executive Summary

4. This report provides the Executive Member for Adult Services and Public Health with the outcomes of the public consultation and seeks approval for savings of £236,000.
5. The Public Health Transformation to 2021 (Tt2021) savings target of £6.802m was agreed in November 2019. Feedback from Public Health England and a subsequent review of the appropriate spend of the ring-fenced grant identified that only £3.128m of proposed savings could be allocated to existing Hampshire County Council spend
6. As a result, Full Council will be asked to approve the reduced savings target of £3.128m on 4 November.
7. The saving of £236,000 arising from the items that were part of the consultation (£3.05m) are not required to meet the amended savings target, so this funding would be retained within the Public Health function to support, through reinvestment, further transformation in priority Public Health programmes.

Contextual Information

8. Public Health Services have focused on service transformation for many years with emphasis being on improving outcomes, value for money, service efficiency and delivering services in ways preferred by residents. For example, sampling for sexually transmitted infections can be undertaken by post with no need to attend a clinic in person and employing teams with a mix of skills has ensured specialist skills are used where they can provide most value for residents.
9. The Serving Hampshire – Balancing the Budget consultation carried out in 2019 sought the view of Hampshire residents on ways the County Council could balance its budget in response to continuing pressures on local government funding, and still deliver core public services.
10. In November 2019, the County Council set a savings target of £6.802m for Public Health as part of its Transformation to 2021(Tt2021) Programme. At that time, outline proposals to reduce the budget in substance misuse, sexual health, domestic abuse, mental health, healthy lifestyles, 0-19 services and services for older people were included in the report to the County Council. Since then, the service has worked with each of its commissioned service providers to develop a series of proposals to deliver savings. This has included:

- Working with clinical commissioning groups to identify long term sustainable funding for the Hampshire-side alcohol nurse service;
 - Replacing the printed Health Checks booklet with an online alternative;
 - Working with nursery school and older people's accommodation providers to develop a new model of supervised tooth brushing;
 - Changing the way that medicines are prescribed in some services.
 - Introduction of a digital front door for the sexual health service to triage service user needs enabling access the right service at the right time
11. Hampshire Public Health is funded by a ring-fenced grant, the terms and conditions of which require that the budget is spent on delivering core responsibilities and improving the health of Hampshire residents. In order to achieve T21 savings from the Public Health ring fenced budget, the savings needed to be allocated to alternative council services which deliver Public Health outcomes. This process is called re-badging.
12. During the public consultation, feedback was received from Public Health England, which clarified that when spending the ring-fenced grant, Public Health outcomes must be the primary purpose and that consequential health outcomes from other service expenditure are not admissible. This clarification highlighted the need to re-consider the level of achievable Public Health savings for Tt2021 due to limited alternative and eligible council services suitable for re-badging. Accordingly, only £3.128m of Public Health savings could be safely allocated to alternative council services. This position has been described in detail in the Savings Programme to 2023 Revenue Savings Proposals report and Full Council will be asked to approve the reduced savings requirement of £3.128m on 4 November.

The Public Consultation

13. Savings opportunities amounting to £3.05m, originally intended to help achieve the Public Health Tt2021 saving target of £6.802m alongside the £3.128m already achieved, were developed in conjunction with service providers, and were the subject of an eight-week public consultation which was conducted by the County Council between 14 June 2021 and 9 August 2021. This was considered an appropriate period for consultation given the number people who use the service. It also allowed other stakeholders including health partners, district and borough councils and other interested partners to participate.
14. For each proposal the consultation sought to understand:
- The extent to which residents and other stakeholder support the County Councils proposals for changes to services;
 - The potential impact of the proposed changes and
 - Any alternative options that could achieve savings
15. An information pack and response form were published on the County Council's website and the response form was also available as an online survey.

Unstructured responses sent through other means such as email were also accepted and analysed as feedback.

16. The consultation was promoted through a range of channels, including (but not limited to):
 - emails to local voluntary and community sector partners, district and borough councils, MPs, NHS trusts, GP surgeries, pharmacies, sexual health clinics, schools, local parent and carer networks, charities, and constabulary and fire service partners;
 - social media posts on Twitter and Facebook;
 - press release information for the local media;
 - school communications with the request that the consultation be shared with parents via, for example, school newsletters; and
 - internal communications with staff at the County Council, including the services being consulted upon.
17. Whilst the consultation was 'live' to stakeholders, the Health and Adult's Social Care Select Committee established a Working Group to review and discuss each of the proposals and develop a series of recommendations. Their report is attached at appendix A.
18. The summary of the findings of the public consultation is attached at appendix B.

Substance Misuse

Service background

19. Drug and alcohol misuse has a large detrimental impact on the health of the population and impact on society. Alcohol consumption has risen during the pandemic and is a driver of inequalities and poor outcomes.
20. The substance misuse treatment service delivers treatment and support to adults and young people who are misusing drugs and alcohol. The service is currently delivered through nine permanent treatment centres and nine smaller satellite clinics.
21. The service provider has been leading a programme of transformation across the County to introduce innovative practices to deliver services, maintain or improve client outcomes whilst improving value for money. This has included changing the way medications are prescribed or the way that services are delivered.
22. Having permanent treatment centres in Hampshire that can provide open access/drop-in facilities is a cornerstone of the service, though identifying reasonably priced accommodation in the 'right' places to meet the needs of

clients is challenging. This is a result of the high rental costs or suitability of buildings for the provision of clinical services. This is an issue being experienced across the County but needs particular focus in Winchester. For the service provider, premises and the geographical footprint of services has been a long-term priority

The Consultation proposals

23. The County Council proposed to make reductions of £120,000 from the budget for the substance misuse treatment service by closing the Winchester treatment hub. This would affect adults who access substance misuse treatment services in Winchester. It would not affect the delivery of the children and young people's substance misuse treatment service.
24. People living in Winchester who need to access the substance misuse treatment service would still be able to seek support at the Winchester satellite clinic, via support groups at local community centres, through outreach or virtual support or at treatment hubs elsewhere in Hampshire (the nearest one being Eastleigh).

Public consultation response summary

25. 869 respondents provided feedback on this proposal via the consultation response form.
26. Over three quarters of respondents (78%) disagreed with the proposal to close the Winchester treatment hub. Higher levels of disagreement were expressed amongst respondents who had used the service (91%), those with children up to the age of 16 in their household (85%) and those from ethnic minority backgrounds (85%).
27. Perceived impacts of proposed changes to the substance misuse treatment service focused on the effect on service users, particularly in relation to people who are already vulnerable and the accessibility of treatment services. There was also some concern that the impact could extend to the wider community through increased criminal behaviour or demand for other services.
28. Almost a quarter (24%) of respondents raised the issue of impact on other services including increased demand on the NHS and GPs (22%), more pressure on crime and probation services (14%) and general increased demand on other services. In addition, the impact on the budget of services was also a theme (20%) as well as impact on health outcomes such as poorer physical health (17%) and increase in death rates (7%), poorer mental health (6%) and increase in self harm and suicide (3%).

Overall recommendation:

29. It is recommended that a service is maintained in Winchester and work continues to find a more cost-effective venue to secure a saving of £60,000.

Stop Smoking

Service background

30. Smoking is the most effective public health intervention to improve the health of the population. Hampshire County Council commissions a free stop smoking support for local residents, known as 'Smokefree Hampshire'. The service offers one-to-one support from trained advisers to people who want to quit smoking, along with free nicotine replacement therapy (NRT), vaping kits, and medications that can make it easier to quit. Support is provided face-to-face in community venues, pharmacies, vape shops and by telephone and video call.

The consultation proposals

31. *Proposal A* was to reduce the number of venues from which face-to-face stop smoking services are provided: If agreed, 15 of the existing 33 venues would close, saving £150,000. The service would still provide all the online support currently available and continue to provide face-to-face support at the remaining 18 community venues. The arrangements that are in place with specific pharmacies, GP practices and vape shops would also continue.
32. *Proposal B* was to reduce unsupported prescribing (the number of prescriptions written by GPs for stop smoking medication and nicotine replacement therapy (NRT) that are not accompanied by a referral to Smokefree Hampshire): If agreed, GPs would be asked to refer patients to the Smokefree Hampshire service to access medication or NRT alongside tailored support. Evidence suggests that this would increase the chances of successfully quitting smoking and provide a more cost-effective way of helping people to stop smoking, saving £168,000.

Public consultation response summary

33. 766 respondents provided feedback on these proposals via the consultation.
34. Overall, 61% of respondents disagreed with the proposal to close 15 local venues delivering the Smokefree Hampshire service, with the highest levels of disagreement expressed by respondents who have used the service (80%) and those with children up to the age of 16 in their household (69%).
35. The proposal to stop unsupported prescribing by GPs split opinion amongst most groups, with 50% of respondents disagreeing and 40% agreeing with this

proposal overall. Current previous service users and organisations that work in the health sector were clearest in their views, with 72% and 75% disagreeing respectively.

36. The most frequently mentioned impacts of proposed changes to stop smoking services related to service users - particularly regarding accessibility of services, and how the vulnerable would be affected. Impacts on healthcare and other services that would deal with the impacts of poorer health were also frequently described.
37. There was also concern about the impact on other services including increased demand for NHS/GP services (24%) and increase in costs to other services (20%).

Overall recommendations:

38. It is recommended that unsupported prescribing is stopped to save £168,000.

Sexual Health

Service background

39. Hampshire County Council is required to provide sexual health services, including some statutory services. This service is important for the health of our population and to reduce (sexual transmitted infections) STIs and unwanted pregnancies. The emergence of new STIs needs new management and treatment. The majority of these services are provided by Solent NHS Trust to everyone living in Hampshire who needs them. They are delivered from a number of sexual health clinics spread across Hampshire, as well as online, postal and outreach services in a range of places, including colleges.
40. Public Health also commissions: additional sexual health services, such as long-acting reversible contraception (e.g. coils and implants), from General Practices (GP surgeries); emergency hormonal contraception, often known as the 'morning after pill' from some commissioned local pharmacies; and a provider of online HIV and syphilis self-sampling.

The proposals

41. *Proposal A*: To reduce or stop parts of the service that the County Council does not have a statutory duty to provide. This proposal would save £184,000 and encompasses: reducing sexual health promotion and HIV prevention services, including only providing free condoms to people aged 24 and under and men who have sex with men; stopping the provision of counselling to people experiencing psychosexual problems; stopping free sexual health training for professionals. With fewer resources available, the service would focus on vulnerable groups which are at greatest risk of poor sexual health. Other groups

may experience longer waiting times, use online services or be required to pay a fee.

42. Proposal B: To close the small sexual health clinics in Alton, Hythe, New Milton, Ringwood and Romsey. This proposal would save £249,000. Larger sexual health clinics and the smaller clinics in other locations would continue to be provided in addition to the services that are now available online and by telephone or post.
43. Proposal C: That community pharmacies would only provide free access to emergency hormonal contraception (the 'morning after pill') to people aged 24 and under. This proposal could save around £80,000. If it is approved, women aged 25 and over would still be able to access free emergency hormonal contraception from their GP or from Solent NHS Trust Sexual Health. Alternatively, they could pay for it at community pharmacies at a cost of between £13.50 and £35.
44. Proposal D: To remove the HIV and syphilis self-sampling service provided by SH:24. This proposal could save around £8,000 by reducing service duplication as HIV and syphilis self-sampling testing kits are available from the Solent NHS Trust Sexual Health which also provides a self-sampling service for a range of STIs.

Public consultation response summary

45. 1082 respondents provided feedback on these proposals via the consultation response form.
46. 80% of respondents disagreed with the proposal to stop counselling for people experiencing psychosexual problems, with net disagreement seen amongst most respondent groups. This was particularly high amongst respondents aged under 25 (94% disagreed), and organisations that work in the health sector (95%).
47. There was consistently high disagreement with the proposal to reduce sexual health promotion and HIV prevention services across respondents (78%), although this was slightly lower amongst respondents with an illness, health problem, or disability, of whom 23% agreed and 71% disagreed with the proposal.
48. The proposal to stop providing free sexual health training showed strong overall disagreement from respondents (78%). Disagreement was higher amongst respondents with experience of using the service (84%), those aged under 25 (84%), and health sector organisations (84%), as well as those from households with children aged 0-16 (83%).

49. Three quarters of respondents (75%) disagreed with the proposal to limit free access to emergency contraception at community pharmacies to people aged 24 and under. Respondents aged under 25 expressed stronger disagreement to this proposal than other groups (92%).
50. There was significant majority disagreement with the proposal to remove the HIV and syphilis self-sampling service (74%), particularly amongst respondents aged under 25 (92% disagreed), ethnic minorities (80% disagreed), and those with experience of using the service (79% disagreed).
51. 71% of respondents disagreed with the proposal to close some smaller sexual health clinics, rising to 84% of those aged under 25. In contrast, disagreement was lower amongst non-service users (67%), respondents with household incomes of up to £30,000 per year (67%), and those with an illness, health problem, or disability (65%).
52. Respondents felt that the proposed changes to sexual health services would reduce service access - particularly for the young and already vulnerable - whilst also reducing levels of equality and impacting on the health of those who rely on these services.

Overall recommendations

53. It is recommended that the duplicated HIV and syphilis self-sampling service as described in proposal D is stopped to save £8,000.

Public Health Nursing

Service background

54. The Hampshire 0-19 Public Health nursing service comprises two functions: health visiting and school nursing to deliver the Healthy Child Programme. The health visiting part of the service is provided to children aged 0 to 7 years and their family. It supports parents to focus on the needs and priorities of their baby and family during pregnancy, the first years of life and beyond. This service is provided to everyone who lives in Hampshire with various levels of support. The school nursing part of the service is available for children, young people aged 5-19 years and their families, or young people aged up to 25 years if they are leaving care at 18 or have special educational needs and disabilities (SEND).

The proposals

55. The County Council proposed to reduce the budget for Public Health nursing by £2.09 million per year by:
- reducing the number of staff posts available to support families by approximately 47 (12.5% of the current workforce);

- only providing school nurse support to children and young people over the age of 11 years through the digital offer. A reduction in the number of staff posts would be enabled through encouraging a greater focus on using digital (online, video and telephone) channels wherever appropriate to enable the remaining public health nurses to focus on those aged under 12 years with the greatest needs. Fewer face-to-face appointments would be available, and these would be prioritised for those with the greatest needs such as those living in areas of deprivation, with safeguarding needs or where the support needed requires a face-to-face appointment.

Public consultation response summary

56. 2767 respondents provided feedback on these proposals via the consultation response form.
57. There was strong disagreement with the proposal to reduce the number of staff posts available to support families by approximately 47. Overall, 96% disagreed with the proposal, encompassing over 90% of respondents in all key demographic groups.
58. 94% of respondents disagreed with the proposal to only provide school nurse support to children and young people over the age of 11 years through the digital offer, with 83% doing so strongly. Disagreement was high in all key respondent groups.
59. The majority of respondents who commented on the perceived impacts of the proposals mentioned the effect on service users, other services that could need to handle any additional demand as a result of the proposed changes, and on communities in general, with almost half referring to the potential impacts on health outcomes if the proposed changes were implemented.

Overall recommendations

60. The proposals which were included in the public consultation will not be progressed.

Finance

61. Given the clarification from Public Health England and subsequent agreement by Hampshire County Council Chief Officers on the appropriate use of the Public Health grant, on 4 November 2021 Full Council will be asked to agree to reduce the Tt2021 savings requirement from £6.802m to £3.128m. This saving has now been achieved in full.

62. In addition, a further saving of £236,000 arising from the items that were part of the consultation (£3.05m) has been identified and is proposed to be implemented. The proceeds of these savings are not required to meet the amended savings target, instead this funding would be retained within the Public Health function to support, through reinvestment, further transformation in priority Public Health programmes.

Climate Change Impact

63. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience impact 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 2C temperature rise by 2050. This process ensures that climate change consideration are built into everything that the authority does.

64. The recommendations made in the report have been assessed against the two tools and no impacts have been identified.

Equalities

65. Integral appendix C contains the equality impact assessments (EIAs) that have been completed on the proposed changes to Public Health services, specifically for substance misuse, sexual health and stop smoking services.

66. The EIAs have identified that the recommendations made in this report may have a high or medium impact on people in the following areas:

- Substance misuse – age, disability, gender, poverty
- Stop smoking – none
- Sexual health – sexual orientation

Next Steps

67. Significant transformation possibilities should become apparent as a result of strategic opportunities for change. These include:

- i. The Hampshire, Isle of Wight and Southampton and Frimley Integrated Care Systems (ICS) will be developing different ways of delivering services at a local level. Hampshire Public Health is well positioned to maximise the potential of any changes and play a role in the development and delivery of plans at system and more locally at place level as part of this work.
- ii. A new Public Health Strategy for Hampshire is being developed, priorities which will be informed by the changing health needs of the population of Hampshire. This will take into account the impact of the COVID-19 pandemic on residents and services and will provide

additional opportunity to identify and highlight areas where delivering public health outcomes differently would improve outcomes.

- iii. The COVID-19 pandemic presented many challenges for the health of the population where there have been changes to health needs. Service providers have worked hard to adapt the way services were delivered. Primarily this meant that services suspended delivery of most face-to-face services and moved to online or telephone or in some cases a mixture of online and limited in person delivery, triaging to ensure needs were met. Although for a number of services this was an adaptation that had ever been planned, these changes do need to be reviewed and assessed to determine their role in the longer term. This has the potential to challenge future service models which have relied upon face-to-face delivery.
- iv. Additional Government funding through the Mental Health Transformation Programme has been provided to clinical commissioning groups to support the development of improved community mental health services. For substance misuse services, this means there is potential to explore improved support for those who experience a combination of both mental health and substance misuse issues.

68. In addition, several specific pieces of work have been identified including:

- i. Establishing a strategic accommodation board to work collaboratively with all providers and other stakeholders to identify suitable and good value premises from which to offer services. This will include thorough reviews of usage and service user feedback to ensure appropriate access to face-to-face service across the county;
- ii. Reviewing access to free emergency hormonal contraception for residents aged over 25 to ensure provision continues to meet the needs of the most vulnerable;
- iii. Reviewing the impact of virtual service delivery during the pandemic to determine the appropriate level of permanent shift to online provision of services;
- iv. Exploring opportunities for co-commissioning with partner local authorities and the NHS for a system wide integrated sexual health service for Hampshire residents, whilst maintaining appropriate local provision;
- v. Identifying opportunities for transformation across systems (health, social care, criminal justice and housing for instance) including those presented by the Leadsom Review and forthcoming comprehensive spending review or the Domestic Abuse Act 2021;
- vi. Working with the CCG to ensure appropriate health representation at child protection conferences.

Conclusions

- 69.** Whilst there is no requirement to make savings above the new target of £3.128m, there is an opportunity to continue to review any opportunities for transformation for improvement of Public Health outcomes as outlined above. Any savings identified through additional transformation will be directly re-invested in public health programmes in line with grant criteria to improve the health of Hampshire residents.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
December 2018 Executive Member Decision Paper	
November 2019 Executive Member Decision Paper	
September 2021 Executive Member Decision Paper	
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Health and Social Care Act 2012 (legislation.gov.uk)	2012

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:

Substance misuse

Age: adult population aged 30-49 years

Impact: Medium

Approximately 50% of adults accessing substance misuse services in Hampshire are aged between 30 – 49 years. 66% of those people in treatment for their opiate addiction are between the ages of 30 and 49 years. This cohort require intensive care and support (including medical treatment) to enable recovery. A change in access to treatment amongst these age groups in Winchester may result in a decrease in the numbers of people accessing substance misuse treatment and a likely increase in the unmet need in the city. This age group also have the highest

number (nearly two thirds) of all drug related deaths across Hampshire. Accessing substance misuse treatment services is a protective factor in preventing drug related deaths and reducing access to these services for this cohort of people will result in an increased number of deaths.

Mitigation:

- A range of access points across the city, including a smaller satellite clinic that opens at certain times during the week on a sessional basis, where one to one appointments will be available;
- Support available for service users in crisis 24/7
- Group work/recovery support activities available at local community venues;
- Outreach to other services such as homeless support services; and
- Virtual support (via the telephone and/or online).
- The treatment hubs at other sites in Hampshire, the nearest being Eastleigh.

Disability: mental health

Impact: medium

People with drug and/or alcohol dependencies often have complex needs and other related or unrelated health problems. For example, 53% of service users within the substance misuse service have an identified mental health need. The service is currently working jointly with primary care and secondary mental health services to support service users who have a co-occurring substance misuse and mental health need. Joint working arrangements could be affected, and lower level mental wellbeing support will not be available within the service.

The closure of the Winchester hub may disproportionately affect those with complex needs who require greater access options and more intense support. This will affect the progress of an individual's recovery and potentially the risk to their health and wellbeing, including risk of death.

Mitigation:

- Clear joint working protocol developed which describes referral, assessment and treatment pathways.
- Outreach and joint working developed with community mental health teams. Substance misuse has been identified as priority within the Mental Health Transformation Programme to provide integrated treatment pathways at all levels for those with mental health/substance misuse.

Gender

Impact: medium

Currently, 63.8% of people accessing treatment for drug and alcohol misuse in Winchester are male. Less women (36.2%) currently access substance misuse services. The closure of the Winchester hub may impact the number of women accessing support.

At present the substance misuse service offers women only groups which are particularly important as some would have experienced domestic abuse.

Mitigation:

- Ensure women only groups continue in areas of highest need.

Poverty

Impact: medium

Deprived communities are associated with the problematic use of drugs such as heroin and crack cocaine. Although problematic use of these drugs is not exclusively related to deprivation it is much more common among those living in poverty. The impact of harmful and dependent drinking is greatest in deprived communities. There would be a reduction in access to substance misuse services for those living in poverty. National statistics show that there are higher numbers of drug related deaths in areas of deprivation. Both Gosport and Havant have higher than average deaths. Health outcomes such as rates of alcohol related conditions, alcohol related mortality and alcohol related hospital admissions for those living in local authority areas where there are elevated levels of deprivation in Hampshire is likely to increase. Whilst Winchester is an affluent district, there are pockets of deprivation.

Mitigation:

- Prioritise resources to ensure that substance misuse services are visible and accessible in Winchester. Work with other agencies who have good visibility in Winchester (e.g. homeless support services, primary care) to ensure there are clear and robust pathways of referral.

Sexual health

Sexual orientation

Impact: medium

Gay, bisexual men and men who have sex with men (MSM) are at high risk of poor sexual health, particularly in relation to HIV and other sexually transmitted infections, and are a priority group for the Level 3 Integrated Sexual Health Service. Sexually transmitted infection diagnoses in MSM has risen sharply in England over the past decade. The Office for National Statistics report on Sexual orientation: 2019, suggests that an estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019.

Mitigation:

MSM will continue to have access to regular STI home-sampling (including for HIV and syphilis) to reduce their increased risk of HIV and other sexually transmitted infections. In addition, MSM have access to dedicated extra clinics in Hampshire.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	19 October 2021
Title:	Public Health T21 Working Group Outcomes Report
Report From:	Public Health T21 Working Group

Contact name: Rachael Dalby-Hopkins

Tel: 0370 779 3721

Email: rachael.dalby-hopkins@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to inform the Health and Adult Social Care Select Committee the outcomes of the Public Health T21 HASC Working Group which contributed to the consideration of the proposals included in the public consultation to deliver budget savings.

Recommendation(s)

That the Working Group recommend to the Health and Adult Social Care Select Committee (HASC) the following:

- That the **substance misuse** proposal to close the Winchester hub proceeds on the understanding that work to secure an alternative model of provision in Winchester is developed to allow clients continuous and uninterrupted access to a service in the city.
- That the **stop smoking** proposal to end some face-to-face provision in some parts of Hampshire proceeds on the understanding that more pharmacies and vape shops are recruited to support residents wishing to quit smoking. This must be focused especially in Alton, Bordon, Petersfield and Ringwood where residents would have to make longer journeys to access a face-to-face service.
- The proposals that have been developed for **sexual health** would have a significant impact on Hampshire residents and therefore the Working Group recommends that the removal of the HIV and syphilis self-sampling service operated by SH:24 is the only element that should be agreed. The HASC Working Group does not support the other proposals as described and believes that alternative models need to be developed that support improved sexual health for all residents.

Appendix A

- The proposals that have been developed for the **Public Health nursing service** would present significant risks to the children and young people and families of Hampshire. The HASC Working Group does not support the proposals as described and believes that an alternative model needs to be developed that would continue to support children and young people and families to thrive in Hampshire.
- Establish appropriate monitoring of all services to ensure any adverse impact of changes that are implemented are promptly identified and addressed.

Executive Summary

2. The Public Health T21 Consultation ran from 14 June to 9 August 2021 and outlined proposals that could enable Hampshire Public Health Service to re-focus its ring-fenced public health budget to support the Councils saving programme and deliver savings in the following four service areas:
 - Substance misuse treatment
 - Stop smoking (known as Smokefree Hampshire)
 - Sexual and reproductive health
 - 0-19 Public Health Nursing (including health visiting and school nursing)
3. The Working Group also sought to understand the potential impacts of the proposed options and invited other suggestions on how savings could be made, to help inform its final approach. The total budget being consulted on was £3.049m. If proposals were agreed this would contribute to the overall Public Health T21 savings target of £6.8m.
4. The Working Group met five times to consider the current service provision, the potential impacts of the proposals on residents and implications for Hampshire County Council.
5. After careful consideration of the above the HASC Working group supports some elements of the proposals for substance misuse services, stop smoking services and online HIV and syphilis testing services.
6. The group also recommends that the remainder of the proposals should not be agreed in full due to the adverse impact on the health and wellbeing of residents, particularly children, young people and on vulnerable population groups.

Appendix A

7. The public consultation summary report was not available to the Working Group prior to the conclusion of their work.

Contextual information

8. To support the HASC in making recommendations to the Executive Member for Adult's Services and Public Health in respect of the T21 Public Health savings proposals, it was agreed at its meeting on 28 June to establish a Working Group.
9. The proposals were the subject of an 8-week public consultation which ran from 14 June until the 9 August. The working group coincided with this time period.
10. The Working Group was cross party and consisted of the following elected members:
 - Cllr Ann Briggs (chair)
 - Cllr Rod Cooper
 - Cllr Tonia Craig
 - Cllr Debbie Curnow-Ford
 - Cllr Neville Penman
 - Cllr Andy Tree
 - Cllr Jacky Tustain
11. The Working Group met 5 times (7 July, 12 July, 19 July, 27 July and 30 July) to review the savings proposals for substance misuse, stop smoking, sexual health and public health nursing.
12. The first meeting provided an overview of the ring-fenced nature of the public health grant and a brief summary of each of the four services affected by the proposals. Each subsequent meeting was used to focus on one service theme.
13. Each session comprised a presentation by officers of previous transformation work, the savings proposal included in the consultation and those options rejected at an earlier stage, risks and proposed mitigation followed by an opportunity for councillor questions.
14. Each theme is presented below with a summary of geographic considerations for all themes in paragraph 26 and 27.

Appendix A

Substance Misuse

15. Summary of Proposals Discussed by the Group

The Working Group heard it is proposed that the Winchester treatment hub would close permanently in order to save £120,000. To mitigate the impact of this proposal, treatment and support would be provided in a different way by developing a hybrid model. This would involve:

- Partnership arrangements with existing services to offer satellite clinics e.g homeless day centre; local GPs
- Outreach
- Group work at local community venues
- Digital offer

16. Summary of Feedback from the Group

The group expressed concern about:

- The increased pressure on the alternative hub in Eastleigh
- The potential for people to drop out of services as a result of needing to travel or have an appointment to allow access

It was confirmed that if the proposal is approved, the service provider would meet each individual to talk through their options and that each person who contacted the service would continue to be allocated a key worker. The provider is actively working on alternative ways of delivering this service with another partner.

Additional Suggestions made by the Group

Members of the Working Group were keen to be assured that robust monitoring of impact would be in place so commissioners and providers can respond with any appropriate mitigation as required.

Smoking

17. Summary of Proposals Discussed by the Group

The Working Group also heard it is proposed to save £150,000 by reducing from 33 to 18 the number of hired community venues from which a face-to-face service is delivered. To mitigate the impact of this proposal the service provider would provide the service by:

- Phone and video call
- Mobile clinic deployed to areas of highest need
- 78 pharmacies, GP practices and vape shops via a service level agreement

Appendix A

A further £168,000 would be saved by reducing the level of unsupported prescribing provided by GPs, for which there is no evidence base or national guidance.

Residents have been broadly positive about the switch to a digital approach necessitated by COVID-19 restrictions, as it has allowed for more flexible appointment times. For the hardest to reach clients, such as pregnant women, feedback has been positive, as they have found it easier to fit telephone calls around busy lives including looking after a young family.

18. Summary of the Feedback from the Group

The Working Group expressed concern about the following:

- The nearest alternative face to face service and the number of clients currently using the community provision.
- The mechanism by which GPs would be discouraged not to offer unsupported prescribing. It was confirmed that alerts would be placed on GPs online system
- The impact of the merger of CCGs in North East Hampshire on the proposals for Hampshire residents. It was confirmed that all Hampshire practices including within the Frimley ICS footprint would be made aware of these proposals.

19. Additional Suggestions made by the Group

The Working Group also suggested:

- Charging for some services such as NRT. In line with the NHS constitution clinical services must be free at point of contact. This may also be a barrier to people on low incomes.
- Ending funding for prescriptions made by GPs, but this risks alienating an important partner in the system. GPs would be encouraged to refer to Smokefree Hampshire to ensure the greatest chance of a successful quit.
- Encouraging more pharmacies to offer support as outlined in the consultation information pack.
- Members of the Working Group were keen to be assured that robust monitoring of impact would be in place so commissioners and providers can respond with any appropriate mitigation as required.

Sexual Health

20. Summary of Proposals Discussed by the Group

The proposals affecting sexual health services were presented to the group

Firstly, to save £184,000 by reducing or stopping parts of the service that are not a statutory duty to provide, including:

Appendix A

- Reducing sexual health promotion and HIV prevention services;
- Stopping counselling for people experiencing psychosexual problems;
- Stopping the provision of free sexual health training for non-specialist sexual health staff.

Secondly, to save £249,000 by closing 5 of the smaller clinics:

- Alton
- Hythe
- New Milton
- Ringwood
- Romsey

These clinics are open for fewer hours and do not provide the full range of sexual health services. The number of people to be displaced by these proposed closures is estimated to be 1697.

Thirdly, to save £80,000 by restricting access to free emergency hormonal contraception. It is proposed that this service is only provided free of charge to people aged 24 years and under at community pharmacies. It is estimated that 3,000 women would be affected by this proposed change.

Finally, to save £8,000 by removing the HIV syphilis self-sampling service provided by SH:24.

21. Summary of Feedback from the Group

Of particular concern to the Working Group were the following:

- The impact of these proposals on the wider system, other departments and agencies. By closing clinics and limiting access to some services such as emergency hormonal contraception and free condoms there would be increased demand in other parts of the system including the specialist level 3 service and primary care. This could also lead to poorer sexual health outcomes.
- Proposed clinic closures disproportionately affect residents living in the New Forest District Council area where access to alternative face to face services may be more difficult for young adults who may need to rely on, and pay for, public transport. Although online and by post services are available, these proposed closures could place increased pressure on GPs to provide an alternative service, lead to increased costs if residents choose to access services out of county and potentially lead to poorer sexual health outcomes for residents in this area.
- The proposed reduction in the level of sexual health promotion and HIV prevention would lead to a reduced focus on early intervention and prevention. In the longer term this may lead to increased demand for sexual health services such as treatment and testing for sexually transmitted infections and HIV or emergency hormonal contraception.

Appendix A

- The reduction in contraceptive service could negatively impact women especially those aged over 25 who would need to pay or travel to a clinic or GP to access free emergency hormonal contraception.
- The reduction in access to free condoms could negatively impact most people over 25 who would need to pay for condoms.

22. Additional Suggestions made by the Group

Members of the Working Group were keen to be assured that robust monitoring of impact would be in place so commissioners and providers can respond with any appropriate mitigation as required.

Public Health Nursing

23. Summary of Proposals Discussed by the Group

The Working Group was presented detail about the proposal to reduce the 0-19 Public Health Nursing Service budget by £2.09 million per year by:

- reducing the number of staff posts available to support families by approximately 47 (12.5% of the current workforce); and
- only providing school nurse support to children and young people over the age of 11 years through the digital offer.

The rationale for proposals was explained:

- 85% budget is staffing so the level of saving cannot be achieved without reducing the workforce
- Digital offer developing to provide a wider reach
- Enable the largest number of children, young people and families to access information, advice and support themselves enabling the workforce to focus on those with greatest need
- The priority is to protect pregnancy and the first years of life to promote the best start in life and recognise that babies and young children reliant on parents and carers. There would be a greater level of risk in reducing this support.

24. Summary of Feedback from the Group

Of particular concern to the working group was:

- Families would be signposted to services that have already been reduced such as Hampshire Libraries for internet access
- The digital offer is not accessible for some families
- The proposed new model places the responsibility on families to be proactive which may not be appropriate for all
- Reducing this service may lead to worsening in the health and wider developmental outcomes of children in the future and provide a cost burden in future years. For instance, if vulnerable families are missed there may be bigger issues to resolve later at increased cost

Appendix A

- Reducing the involvement of the service in safeguarding meetings could result in serious concerns being missed or identified at a later stage.

25. Additional Suggestions made by the Group

Further work needs to be completed to identify transformation opportunities which improve outcomes for children and young people and their families.

Members of the Working Group were keen to be assured that robust monitoring of impact would be in place so commissioners and providers can respond with any appropriate mitigation as required.

26. Concerns common to more than one theme

For each of the areas of proposed savings the Working Group expressed concern about:

Digital exclusion – proposing to substitute face to face service delivery does not take account of those residents who do not have access to digital technology or that the Hampshire Library Service has closed some libraries meaning that internet access may not be easily available locally.

Impact on the wider system - closing Hampshire Public Health face to face services and signposting residents to other providers such as GPs or schools or other service providers.

27. Cumulative impact of proposals to close clinics or sessions across Hampshire would mean that some geographic areas and residents would be disproportionately affected.

- **Sexual health:** residents seeking access to face-to-face services in the New Forest or Alton area would need to use on-line, by post services or travel further. Face to face services would be available as follows:
 - Alton – the nearest alternative clinic would be 8.3miles away in Bordon;
 - Hythe – the nearest clinic would be 12 miles away in Southampton;
 - New Milton – the nearest clinic would be 21 miles away in Southampton. However, some service users may prefer to use a Bournemouth service which may be closer;
 - Ringwood – the nearest clinic would be 17 miles away on Totton. However, some service users may prefer to access a Bournemouth service which may be closer;
 - Romsey – the nearest clinic would be between 7 and 11 miles away in Eastleigh, Winchester or Southampton. Young people would be able to access the Romsey young person’s clinic.

Appendix A

- **Stop smoking:** residents seeking access to face-to-face services across the County would need to use on-line or travel to alternative provision at pharmacies or vape shops. This would be a particular issue in:
 - Alton - there would be no specialist face-to-face support within 20 miles, though there are pharmacies in Odiham (9.3 miles away) and Basingstoke (13 miles away);
 - Bordon - there would be no specialist face-to-face support within 20 miles, though there are pharmacies in Liphook (4.8 miles away) and Odiham (13 miles away);
 - Petersfield - where residents would need to travel between 13 and 15 miles to access specialise face-to-face support or 10 miles to a pharmacy in Liphook;
 - Ringwood - where residents would need to travel between 12 and 17 miles to access specialist face-to-face support or 6 miles to a pharmacy in Fordingbridge;
 - For all other proposed closures residents would need travel 10 miles or fewer to access specialist face-to-face support.
- **Substance misuse:** residents seeking to access face-to-face support would be able to do so by making an appointment at the new hybrid service offer in Winchester or by accessing the larger clinic in Eastleigh.
- **Public Health nursing:** All residents regardless of post code would be affected by these proposals.

28. Finance

The proposals included in the consultation would contribute £3.049m to the overall Public Health T21 savings target of £6.8m. If these proposals are not acceptable The Council would need to develop alternative proposals to deliver the required savings. Any savings made would need to be in line with the conditions of the ring-fenced Public Health grant and deliver public health outcomes.

29. Consultation and Equalities

This report sets out feedback from the HASC Working Group and therefore has no impact or proposed impact on groups with protected characteristics.

30. Conclusions

The HASC Working Group puts forward the above recommendations for the HASC to consider making to the Executive Member for Adult's Services and Public 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:	Yes
OR	
This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:	

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
December 2018 Executive Member Decision Paper November 2019 Executive Member Decision Paper	
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Health and Social Care Act 2012 (legislation.gov.uk)	<u>2012</u>

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

This report sets out feedback from the HASC Working Group and therefore has no impact or proposed impact on groups with protected characteristics

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Appendix B

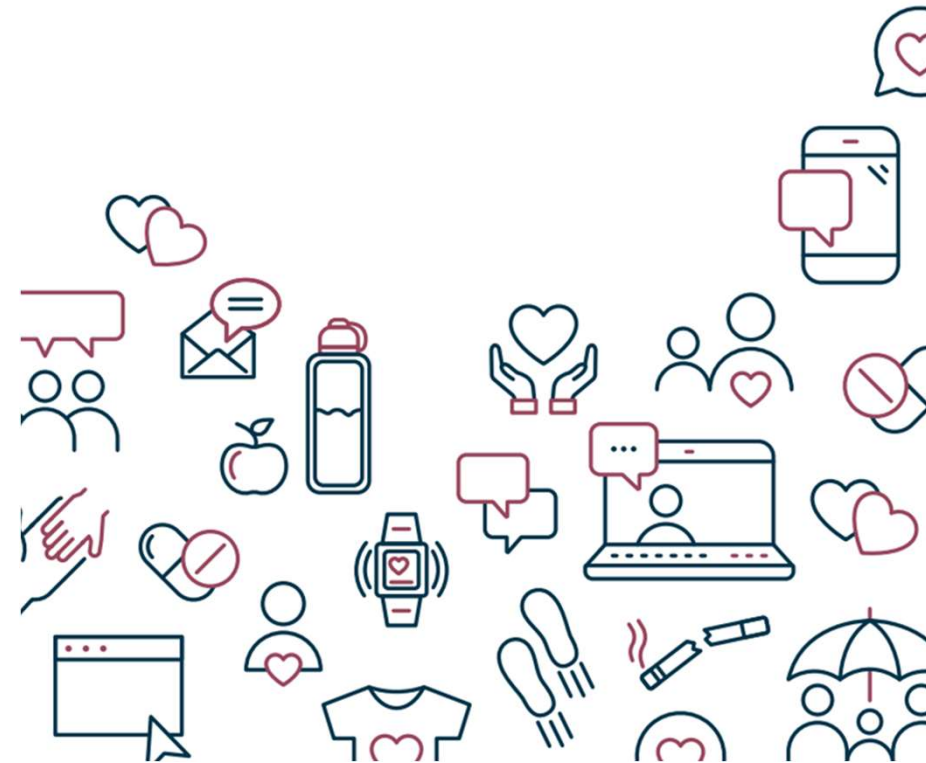
Public Health Services consultation

Insight analysis

age 20

August 2021

Produced by the Insight and Engagement Unit



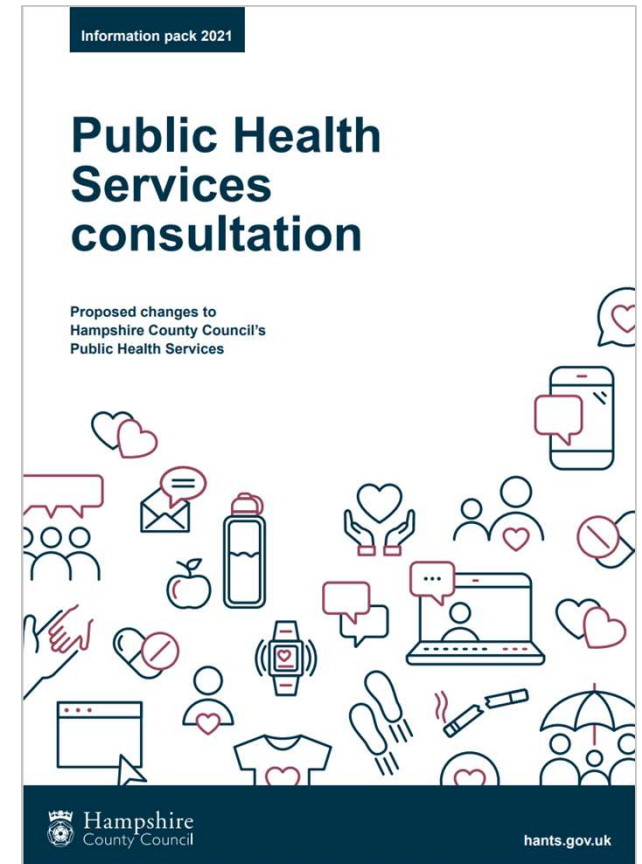
Consultation context

From **14 June – 9 August 2021** Hampshire County Council conducted an open consultation, seeking the views of residents and stakeholders, on proposed changes to some Public Health services.

The consultation sought to understand views on proposals that could enable Hampshire's Public Health Service to re-focus its ring-fenced budget and deliver savings in the following four service areas:

- Substance misuse treatment service;
- Stop smoking service (known as Smokefree Hampshire);
- Sexual health services;
- 0-19 Public Health nursing service, which includes health visiting and school nursing.

It also sought to understand the potential impacts of the proposed options and invited other suggestions on how savings could be made, to help inform a final approach.

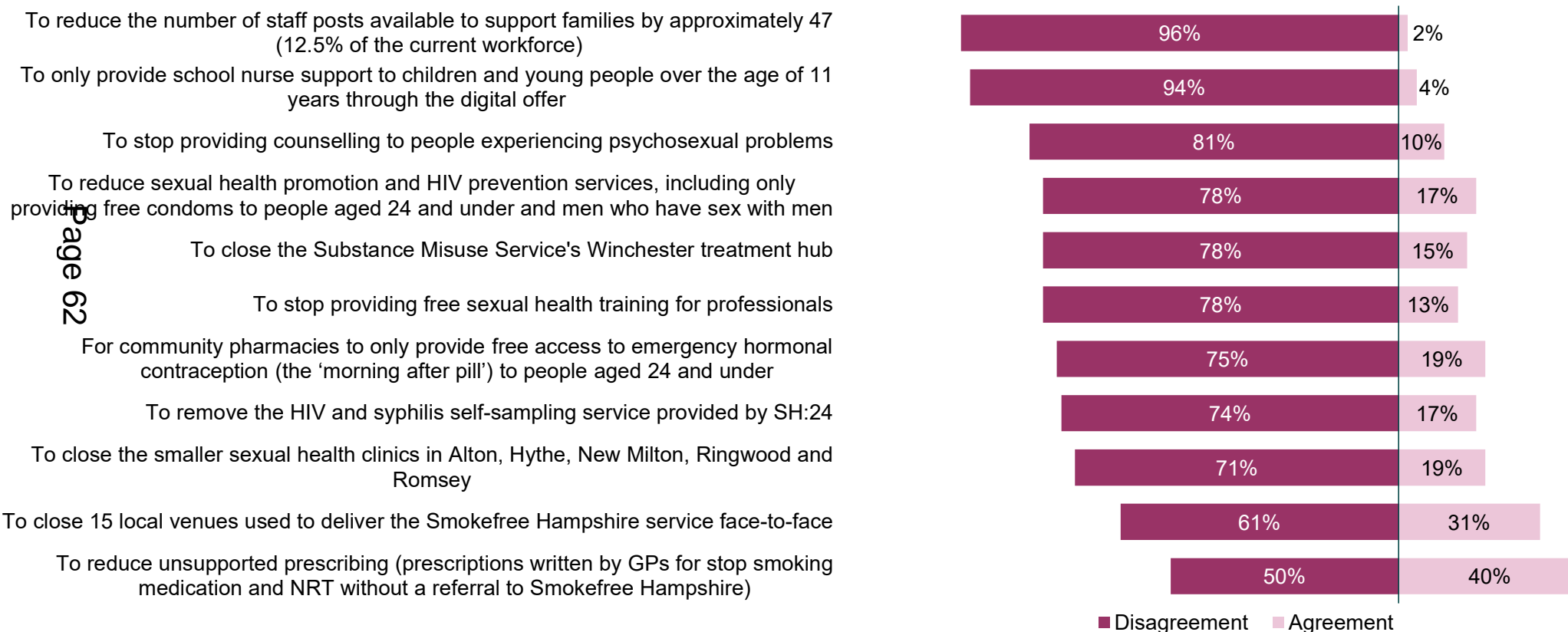


Consultation response

- The consultation was widely promoted through a range of communication channels including emails to stakeholders (including healthcare providers, schools, charities, Hampshire councils, and MPs), social media posts, and press releases.
- The Information Pack and Response Form were made available both digitally and in hard copy in standard and Easy Read formats, with other formats available on request. Unstructured responses could be submitted via email or letter.
- **The consultation received 3,060 responses** – 2,988 via the consultation Response Form and 72 as unstructured responses (via email and letter).
- Of the responses submitted via the consultation Response Form, **2,861** were from individuals and **10** from democratically elected representatives. Including the unstructured responses, **154** groups, organisations or businesses responded, including **38** schools and **54** organisations working in the health sector.
- Of those who responded in a personal capacity, **2,000** had experience of using one or more of the services (or, in the case of the 0-19 Public Health nursing service, lived with children who have used the service) addressed through the consultation.

Executive summary - Proposals: There was majority disagreement with all of the proposals across all four consultations, with the strongest disagreement expressed in relation to proposed changes to the 0-19 Public Health nursing service

To what extent do you agree or disagree with the following proposals? (Base: 2746, 2748, 1072, 1071, 866, 1052, 1067, 1060, 1059, 754, 749)



Executive summary- Impacts: 3,878 comments were submitted to illustrate impacts that could arise should the consultation proposals be implemented, with the impact on service users mentioned most frequently by respondents

- Impacts of proposed changes to the substance misuse treatment service focused on the effect on service users, particularly in relation to people who are already vulnerable and the accessibility of treatment services. Some respondents also felt that the impact could extend to the wider community through increased criminal behaviour or demand for other services
- The impact of proposed changes to stop smoking services on service users were mentioned most frequently, particularly regarding accessibility of services, and how the vulnerable would be affected. Impacts on healthcare and other services that would deal with the impacts of poorer health were also frequently described
- Respondents felt that the proposed changes to sexual health services would reduce access to services, particularly for the young and already vulnerable, whilst also reducing levels of equality and impacting on the health of those who rely on these services
- The majority of responses relating to proposed changes to 0-19 Public Health nursing services mentioned impacts on service users, other services that could need to handle any additional demand as a result of the proposed changes, and on communities in general, with almost half referring to the potential impacts on health outcomes if the proposed changes were implemented
- All comments have been read and considered by the project team

Executive Summary: Further comments and unstructured responses enabled people to provide more detailed views on the proposals, as well as alternative suggestions as to how savings could be made

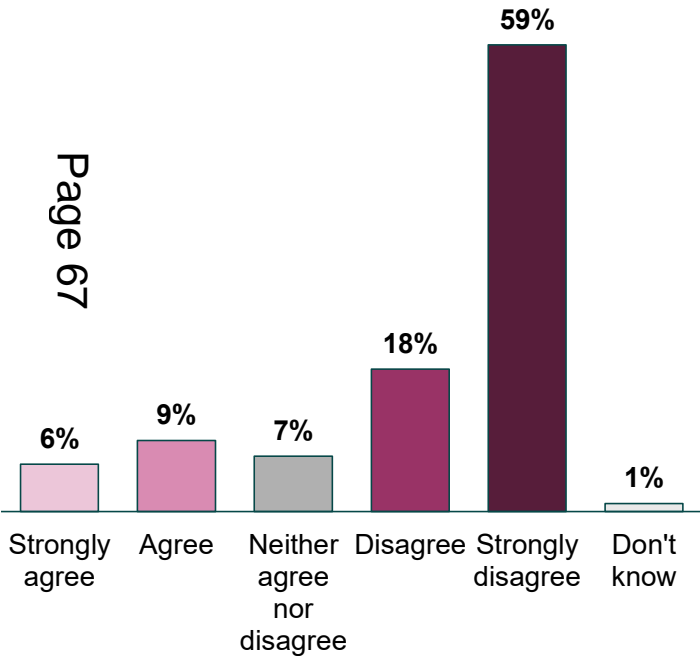
- When additional comments were provided, these most commonly related to equality concerns, particularly with regard to children, young people and their parents and carers, with those on low incomes and members of the LGBT community also mentioned. Wider impacts on health and wellbeing of service users were also mentioned regularly
- Suggestions for alternative ways to balance service budgets related to reducing staff costs by reducing employees and salaries, increasing funding by lobbying the government and raising Council Tax, reducing budgets to other services, and by providing services in a different way, such as more online provision, more self-service, and counter views that there should be more face-to-face service provision
- Unstructured responses (via letter and email) were most frequently concerned about the potential impacts of the proposed changes, particularly for children and young people, families, and people with mental health issues, as well as regularly commenting on the impacts on demand for other services from the proposed changes and the COVID-19 pandemic

Substance misuse treatment service: Consultation context

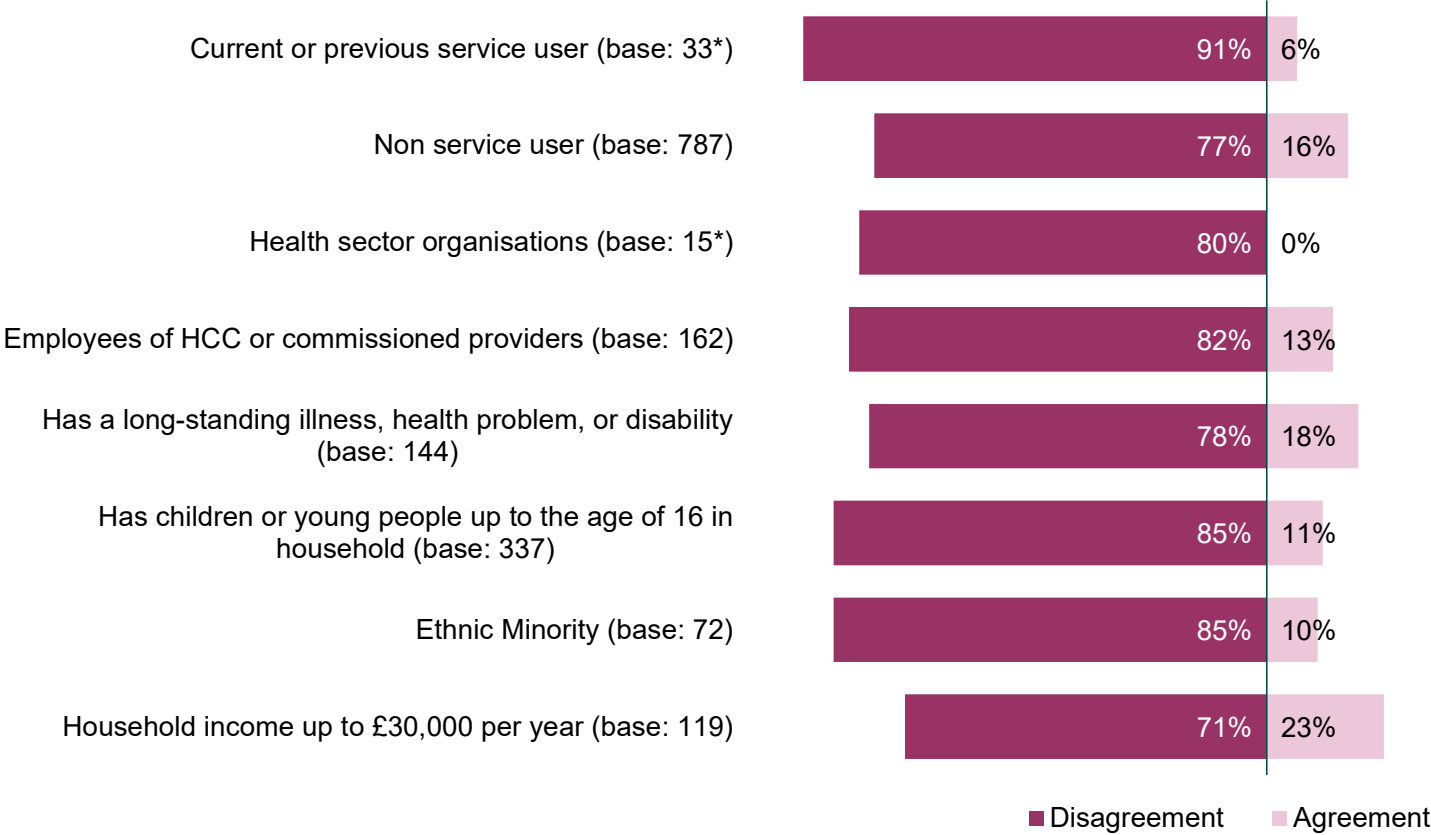
- The substance misuse treatment service delivers treatment and support to adults and young people who are misusing drugs and alcohol. The service is currently delivered through nine permanent treatment centres and nine smaller satellite clinics.
- The County Council consulted on reductions of £120,000 from the budget for substance misuse treatment service by closing the Winchester treatment hub. This would affect adults who use or need drug treatment services in Winchester. It would not affect the delivery of the children and young people's substance misuse treatment service.
- People living in Winchester who need to access the substance misuse treatment service would still be able to seek support at the Winchester satellite clinic, via support groups at local community centres, through outreach or virtual support or at treatment hubs elsewhere in Hampshire (the nearest one being Eastleigh).
- **869** respondents provided feedback on this proposal via the consultation Response Form. Additional responses relating to this service were also provided in the unstructured responses presented towards the end of this report, but are not included separately here as the themes often covered more than one service.

Over three quarters of respondents (78%) disagreed with the proposal to close the Winchester Treatment Hub. Higher levels of disagreement were expressed amongst respondents who had used the service (91%), those with children up to the age of 16 in their household (85%) and those from ethnic minority backgrounds (85%)

To what extent do you agree or disagree with the proposal to close the Winchester Treatment Hub? (Base: 866)



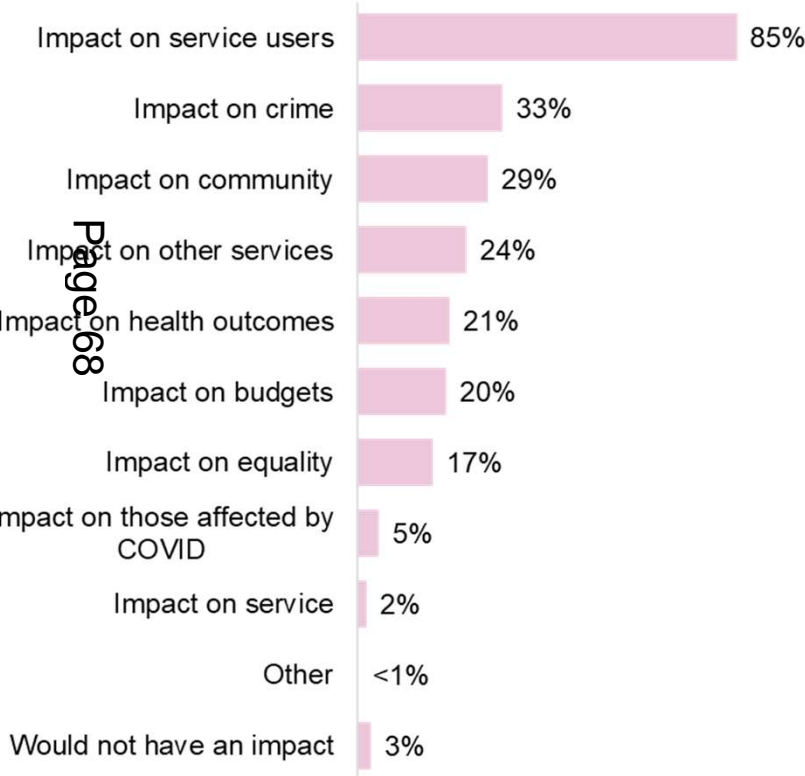
Agreement / disagreement by respondent groups



Page 67

Impacts of proposed changes to the substance misuse treatment service focused on the effect on service users, particularly in relation to people who are already vulnerable and the accessibility of treatment services. Some respondents also felt that the impact could extend to the wider community through increased criminal behaviour or demand for other services

What, if any, type of impact do you think the proposed changes to the substance misuse treatment service may have? (Base: 534 responses)



Impacts on service users (85%)



- Heaviest impacts on those already vulnerable (84%)
- Harder for existing service users to use services (54%)
- Harder for service users to travel to services (37%)

Impacts on other services (24%)



- Increased demand on NHS and GPs (22%)
- More pressure on crime and probation services (14%)
- General increased demand for other services (13%)

Impacts on equality (17%)



- Reduced inclusivity (15%)
- Impacts on those who struggle with attending appointments (8%)
- Excludes those without digital access or skills (6%)

Impacts on crime (33%)



- Increased substance misuse (30%)
- Increase in crime (16%)
- Increase in violent crime (4%) or domestic abuse (3%)

Impacts on health outcomes (21%)



- Poorer physical health (17%)
- Increase death rates (7%)
- Poorer mental health (6%)
- Increase in self harm or suicide rates (3%)

Impacts on those affected by COVID (5%)



- COVID and lockdowns have increased demand for the service (5%)
- Could impact and slow recovery from the pandemic (5%)

Impacts on community (29%)



- Impacts on unsupported areas (26%)
- Impacts on community cohesion (20%)
- Impacts on service users families and friends (12%)

Impacts on service budgets (20%)













- Increased costs to other services (20%)
- Increased costs to this service over the longer term (7%)

Impacts on the service (2%)




- Increased pressure on resources (2%)
- Increased pressure on staff working for the service (1%)

Impacts of proposed changes to the substance misuse treatment service – There was general agreement on the main impacts across key respondent groups, with health sector organisations additionally highlighting the impact on other services and on service inclusivity. Households with children were more likely than others to mention costs to the wider community and organisation budgets


Shaded cells show the top three impacts described by this group	Base											Other
		Impact on service users	Impact on crime	Impact on community	Impact on other services	Impact on health outcomes	Impact on budgets	Impact on equality	Impact on those affected by COVID	Impact on the service	Would not have an impact	
Blank cells are shown where no responses were made relating to the corresponding theme												
All responses	591	85%	33%	29%	24%	21%	20%	17%	5%	2%	3%	<1%
Current or previous service user	27*	96%	30%	22%	15%	22%	11%	7%		4%		
Non service user	527	84%	32%	30%	24%	20%	21%	16%	5%	2%	3%	<1%
Health sector organisations	12*	92%	25%		58%	25%	17%	33%				
Employees of HCC or commissioned providers	112	94%	34%	32%	25%	25%	20%	18%	5%	4%	1%	
Has a long-standing illness, health problem, or disability	98	87%	33%	23%	15%	19%	16%	13%	3%	2%	5%	
Has children or young people up to the age of 16 in household	238	91%	37%	37%	30%	25%	26%	15%	6%	3%	1%	
Ethnic Minority	46*	78%	26%	24%	9%	17%	7%	9%	7%	2%	2%	
Household income up to £30,000 per year	80	76%	25%	19%	20%	18%	18%	16%	3%	4%	8%	

Impacts of proposed changes to the substance misuse treatment service – The examples below illustrate some of the key themes arising, including concerns about how service users would travel to alternative locations, the potential to exacerbate existing inequalities and mental health issues, and perceptions of the additional strain that could be placed on services and communities

Impacts on service users 


“Closing services will only impact on those people who already have less in terms of money, transport”

“People with substance misuse often don’t have the ability to travel for their care and this would put an extra barrier in the way of their recovery”

Impacts on crime 


“This will impact the whole community with increases in crime and antisocial behaviour”

“...reducing the budget will lead to increased and sustained substance abuse, leading to more crime, domestic abuse, hospital admission, self harm, suicide”

Impacts on community 


“...impact on the community as people’s substance misuse spirals if they can’t access help”

“This service enables families to minimise their substance misuse and try to make positive changes within their lives and for the benefit of their families”

Impacts on other services 

“...Greater strain financially on the NHS and staff who have to deal with an increased work load”


“Any reduction in services for people struggling with substance misuse is going to end up with more work for other services such as A&E, police, GPs, health visitors, social services”

Impacts on health outcomes 

“More health issues will arise from prolonged substance misuse that has not been supported”


“Impacts life chances and survival rates for people with substance / addiction issues”

“Substance abuse often stems from underlying mental health issues”

Impacts on budgets 


“People may not be able to access the support they need which would increase the financial burden on other services”

“If this support is further eroded it could have a significant negative impact leading to increased issues (impacting on the councils budgets in the longer term)”

Impacts on equality 


“Children living with a parent who abuses substances will continue to live in a harmful environment if their parents are not being helped”

“People with substance misuse issues often find it difficult to feel confident to access services due to lack of insight into their problems, feeling shame and anxiety about change”

Impacts on those affected by COVID 

“Mental Health is linked to substance misuse, and there is a huge rise in mental health issues since the pandemic”

“I am horrified at the prospect of the cuts in this area, when vulnerable people with addiction problems exacerbated by the Covid-19 pandemic need them”

Impacts on the service 

“Staff would have less time to be able to fully support anyone who is currently suffering with substance abuse”

“Satellite locations might need additional support to deal with any outflow from Winchester”

Impacts of proposed changes to the substance misuse treatment service – quotes from the health and care sector described increasing demand for services, the impacts that the proposed changes could have on other services, and the health outcomes for existing vulnerable service users who may struggle to adapt to changes in how services are provided

Health and care sector organisational responses

“Given the client group, we do not think reimbursed travel costs are an alternative to having a local hub. This could potentially have an impact on GP services with people choosing to contact their GP instead. It does not solve a problem, it simply shifts the activity to another provider and one that is already over capacity”

“As we know we are seeing an increasing number of patients with problem of substance misuse. I personally saw one last week who felt suicidal as felt he is unable to access any help and I feel closing services like this can just lead to more issues and add pressure on other parts of the system”

“As a result of the COVID pandemic many people’s substance misuse problems have spiralled out of control. Many people who are substance misusers or at risk of becoming a substance misuser are also homeless and this population rely on local face to face services. Not having this service in Winchester also increases our workload as GPs at a time when our profession is in crisis and we more stretched than we have ever been”

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Personal responses from individuals who work in the health and care sector

“Closing an inclusion service would cause a huge deal of stress on GP services, police services and ambulances”

“People who use substances may have a chaotic lifestyle...Prebooking rooms won’t reach the most vulnerable”

“If this service is closed, the work of social workers will only increase, and end up costing more”

“Those on the fringes of society, who are already struggling are going to receive less support and help. There is already enough difficulty with people receiving the help they need, so reducing the funding will mean people will get even less support”

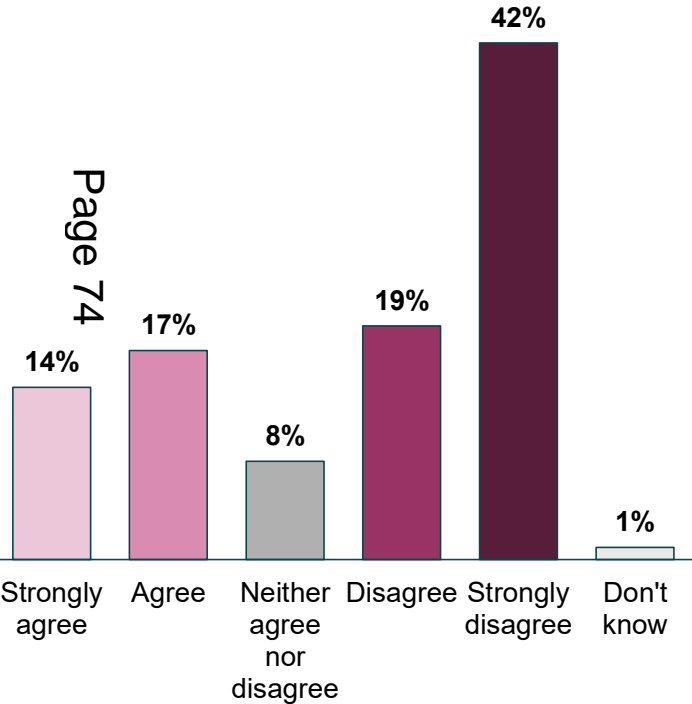
“I believe it would lead to even greater ill health in this vulnerable group, ultimately deaths and of course crime. I am absolutely shocked the council is proposing the closure of a drug and alcohol Service when addiction is chronically underfunded as it is”

Stop smoking service: Consultation context

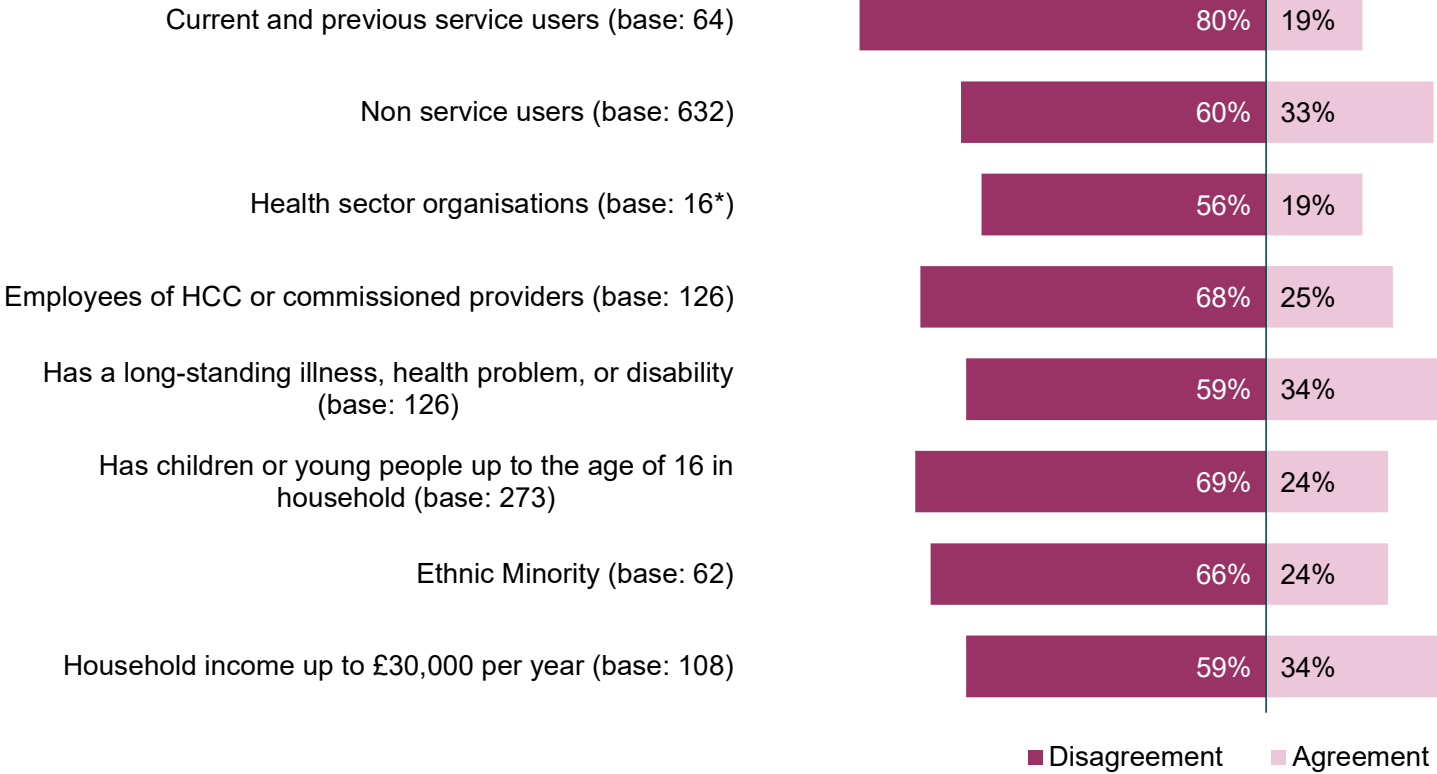
- Hampshire County Council commissions Solutions4Health to provide free stop smoking support for local residents. This service, known as 'Smokefree Hampshire', offers one-to-one support from trained advisers to people who want to quit smoking, along with free nicotine replacement therapy (NRT), vaping kits, and medications that can make it easier to quit. Support is provided face-to-face in community venues, pharmacies, vape shops and by telephone and video call.
- **Proposal A was to reduce the number of venues from which face-to-face stop smoking services are provided:** If agreed, 15 of the existing 33 venues would close, saving £150,000. The service would still provide all the online support currently available and continue to provide face-to-face support at the remaining 18 community venues. The arrangements that are in place with specific pharmacies, GP practices and vape shops would also continue.
- **Proposal B was to reduce unsupported prescribing (the number of prescriptions written by GPs for stop smoking medication and nicotine replacement therapy (NRT) that are not accompanied by a referral to Smokefree Hampshire):** If agreed, GPs would be asked to refer patients to the Smokefree Hampshire service to access medication or NRT alongside tailored support. Evidence suggests that this would increase the chances of successfully quitting smoking and provide a more cost-effective way of helping people to stop smoking, saving £168,000.
- **766** respondents provided feedback on these proposals via the consultation Response Form. Additional responses relating to this service were also provided in the unstructured responses presented towards the end of this report, but are not included separately here as the themes often covered more than one service.

Overall, 61% of respondents disagreed with the proposal to close 15 local venues delivering the Smokefree Hampshire service, with the highest levels of disagreement expressed by respondents who have used the service (80%) and those with children up to the age of 16 in their household (69%)

To what extent do you agree or disagree with the proposal to close 15 local venues used to deliver the Smokefree Hampshire service face to face? (Base: 754)

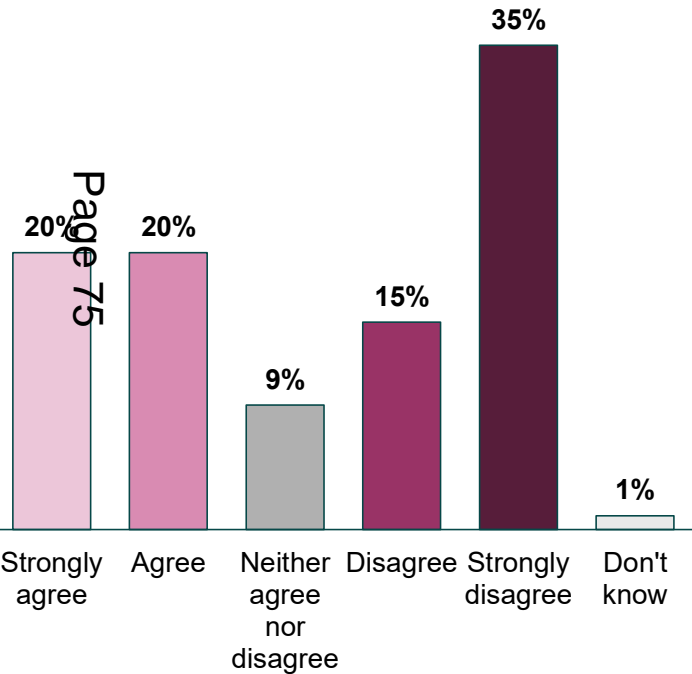


Agreement / disagreement by respondent groups



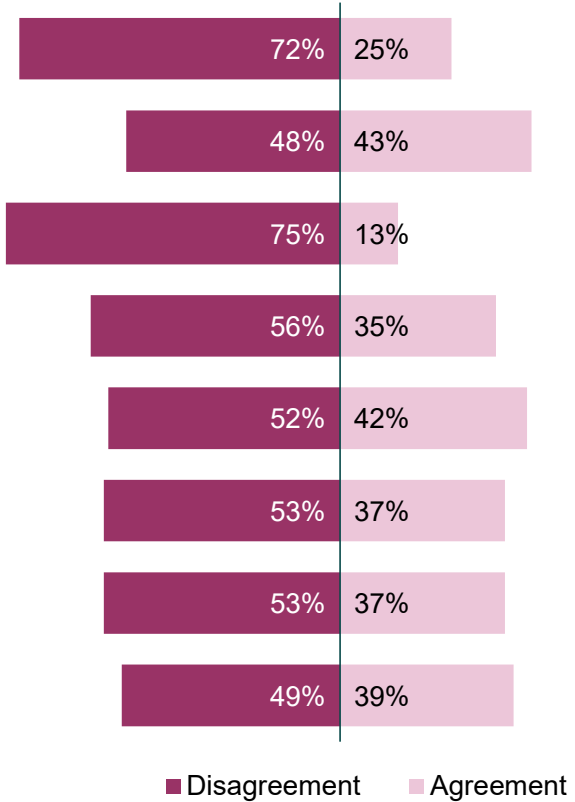
The proposal to stop unsupported prescribing by GPs split opinion amongst most groups, with 50% of respondents disagreeing and 40% agreeing with this proposal overall. Current/ previous service users and organisations that work in the health sector were clearest in their views, with 72% and 75% disagreeing respectively.

To what extent do you agree or disagree with the proposal to reduce unsupported prescribing by GPs? (Base: 749)



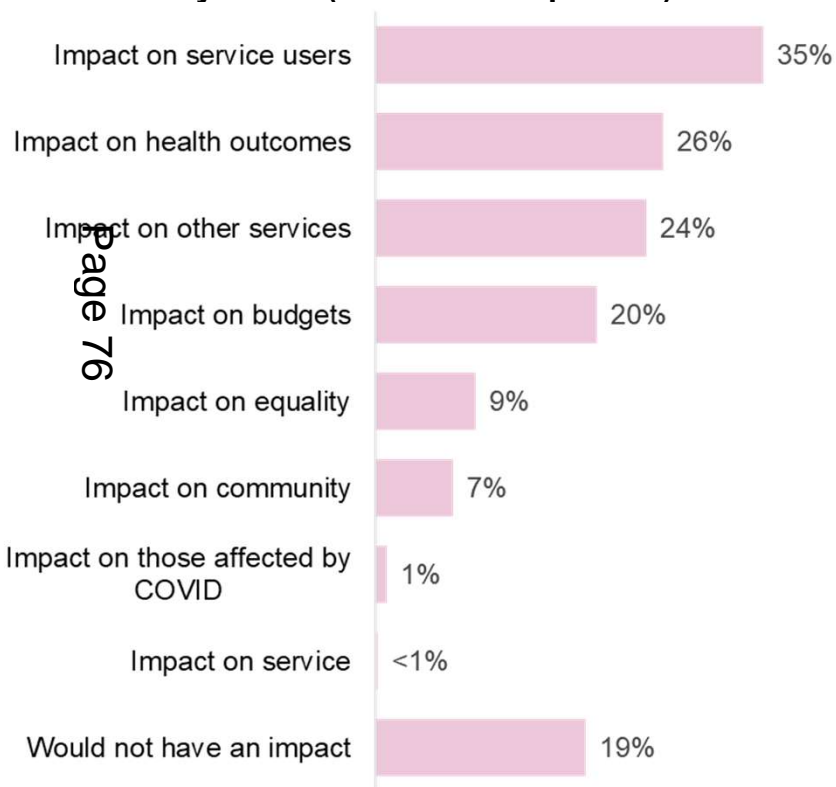
Agreement / disagreement by respondent groups


- Current and previous service users (base: 66)
- Non service users (base: 627)
- Health sector organisations (base: 16*)
- Employees of HCC or commissioned providers (base: 123)
- Has a long-standing illness, health problem, or disability (base: 124)
- Has children or young people up to the age of 16 in household (base: 273)
- Ethnic Minority (base: 61)
- Household income up to £30,000 per year (base: 107)




Impacts of proposed changes to stop smoking services – Impacts on service users were mentioned most frequently, particularly regarding accessibility of services, and how the vulnerable would be affected. Impacts on health and other services that would deal with the impacts of poorer health were also frequently described

What, if any, type of impact do you think the proposed changes to stop smoking service may have? (Base: 439 responses)




Impacts on service users (35%) 


- Harder to access service (21%)
- Heaviest impacts on most vulnerable (8%)
- Impacts on those on low incomes (6%)
- Reduced motivation for those requiring service to access it (5%)

Impacts on health outcomes (26%) 


- Increase in smoking-related illnesses (16%)
- Increase in poor physical health (8%)
- Increase in mortality rates (7%)
- Increase in poor mental health (1%)

Impacts on other services (24%) 


- Increase in demand for NHS / GP services (24%)
- Increased strain on staff providing public services (1%)

Impacts on budgets (20%) 


- Would increase costs to other services (20%)
- Would increase costs for the stop smoking service over the longer term (12%)

Impacts on equality (9%) 


- Reduced inclusivity of services (9%)
- Harder for people who find online services difficult to use or access (5%)
- Impacts on those who struggle with attending appointments (<1%)

Impacts on community (7%) 

- Impact on families or friends of service users (4%)
- Would make communities more unequal (2%)
- Impacts on areas no longer served by the service (2%)










Impacts on those affected by COVID (1%) 

- COVID and lockdowns have increased demand for the service (1%)
- Could impact and slow recovery from the pandemic (1%)

Impacts on the service (<1%) 

- Impacts on staff (<1%)
- Increased pressure on resources (<1%)

Impacts of proposed changes to stop smoking services – While all the groups listed below most commonly referred to impacts on service users and health outcomes, health sector organisations also referred to equality and community impacts, and there was a view amongst respondents with health problems, low incomes, or ethnic minority backgrounds that there may be no notable impacts

<p><i>Shaded cells show the top three impacts described by this group</i></p> <p><small>Blank cells are shown where no responses were made relating to the corresponding theme</small></p>	Base	 Impact on service users	 Impact on health outcomes	 Impact on other services	 Impact on budgets	 Impact on equality	 Impact on community	 Impact on those affected by COVID	 Impact on service	 Would not have an impact
All responses	439	35%	26%	24%	20%	9%	7%	1%	<1%	19%
Current and previous service users	42*	36%	36%	31%	14%	7%	5%		2%	7%
Non service users	358	33%	25%	24%	21%	8%	6%	1%		22%
Health sector organisations	15*	60%	33%	20%	13%	27%	27%			20%
Employees of HCC or commissioned providers	70	36%	29%	21%	14%	13%	9%	3%		19%
Has a long-standing illness, health problem, or disability	71	34%	24%	17%	15%	8%		1%		21%
Has children or young people up to the age of 16 in household	156	38%	31%	28%	25%	11%	4%	1%	1%	13%
Ethnic Minority	33*	33%	30%	15%	21%		6%			21%
Household income up to £30,000 per year	65	29%	20%	22%	15%	6%	3%	2%		25%

Impacts of proposed changes to stop smoking services – examples of the comments received highlight concerns around the availability and cost of transport or online access to alternative services, and fears about the longer-term health implications should services that focus on prevention and early intervention be reduced

Impacts on service users



"Lots of people in Gosport are reliant on (poor and exorbitant) public transport and this would put them off using"

"It is unfair to take away the ability for GP surgeries to help patients while they are awaiting their referrals"

Impacts on other services



"To not help people will put further pressure on COPD and cancer treatment in the longer term"

"The NHS spends out more than this proposed saving on treating illnesses related to smoking. This will just increase if there is no help available for people genuinely wanting to quit"

Impacts on health outcomes



"...we know of the risks of smoking not only to smokers but to those around them, including their children, as well as the added morbidity and susceptibility to COVID"

"Smoking mothers MUST be able to access these services to reduce infant mortality"

Impacts on budgets



"This will be short term saving but will increase costs in the long term as more people will smoke adding more burden to the NHS"

"Opportunities for early intervention will be lost and increased cost will result"

Impacts on equality



"...it is incredibly important that those on low incomes have equality of opportunity to make their lives healthier"

"There are a significant number of patients, especially older or anxious patients, who will not consider accessing on-line services"

Impacts on community



"There will be an impact on both the personal lives of smokers and their families, specifically their children"

"Concern that the geographical spread of remaining centres is not comprehensive"

Impacts on those affected by COVID



"...coming out of this pandemic, people may require more not less help with this addiction"

"People are already under severe strain at the moment - due to the Covid-19 pandemic and its effects"

Impacts on the service



"If the services are reduced then they will not be able to cope with the referrals and not have capacity to support those who smoke to be able to stop and benefit there health in all other areas"

Impacts of proposed changes to Stop smoking service – quotes from the health and care sector suggest that the service is valued as cost effective, and that reducing it could impact smoking cessation rates. The capacity of service users to access and use online options was also flagged as a potential barrier to service engagement – although some noted its effectiveness

Health and care sector organisational responses

“NHS run smoking cessation services are known to be effective and much needed. Smokers are 3 times more likely to quit successfully using these services. A reduction in face to face service provision is likely to make it harder for smokers to engage with the service”

“Working differently in the Covid pandemic through the use of more virtual consultations and online resources has been shown to be effective in increasing the number of patients who successfully quit”

“We have concerns that there is no contractual mechanism to do this. No mention of funding GPs for their time to attend or engage with the training”

“Rushmoor has one of the highest prevalence rates for smoking at 24%. The withdrawal of this service will widen the inequalities gap. You suggest that our patients can access the online support service...there are high levels of both income and digital poverty which would make this solution unworkable”

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Personal responses from individuals who work in the health and care sector

“Without these services there will need to be a lot more money spent on treating the problems and illnesses caused by smoking”

“Increase in physical health problems, increase in hospital admissions and death”

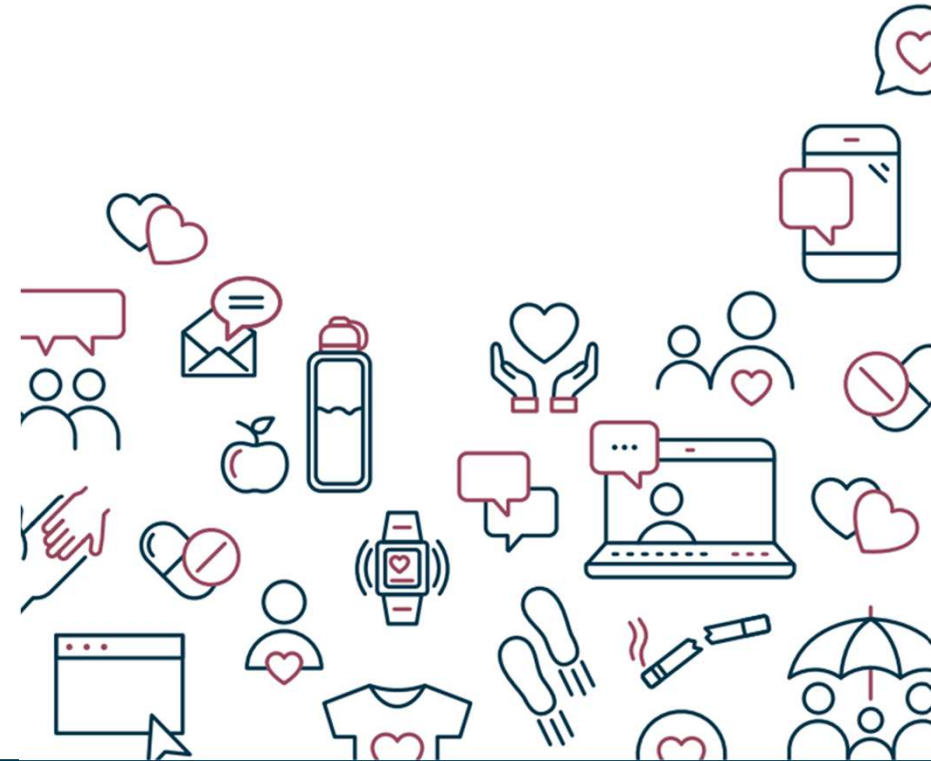
“They will both present barriers to care to some service users, in particular those who do not have access to technology or transport”

“I have been involved with smoke free services and though I appreciate the importance, I have seen little progress for smoking cessation, therefore I would put funds into different service”

“As a professional working with service users with learning disabilities I am aware that there is a large population of service users with learning disability that struggle to engage when using video consultation”

Consultation three: Sexual health services

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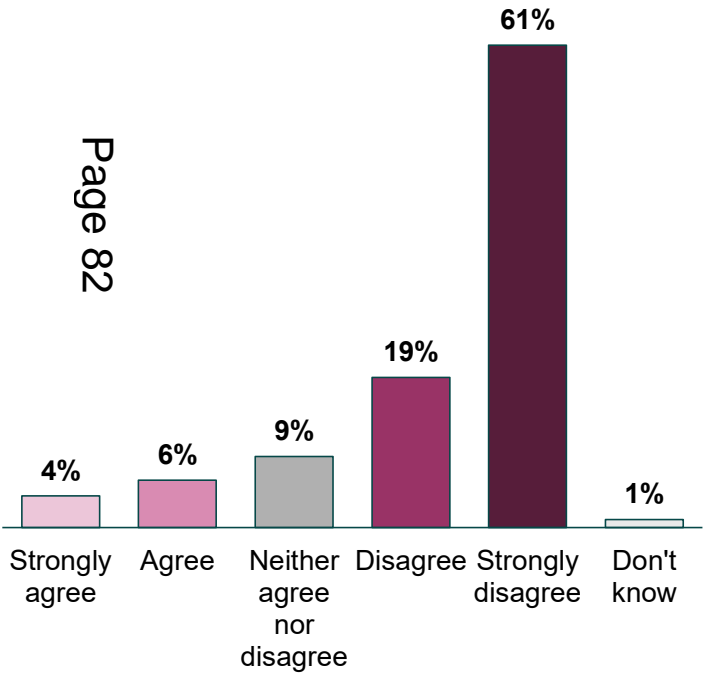


Sexual health: Consultation context

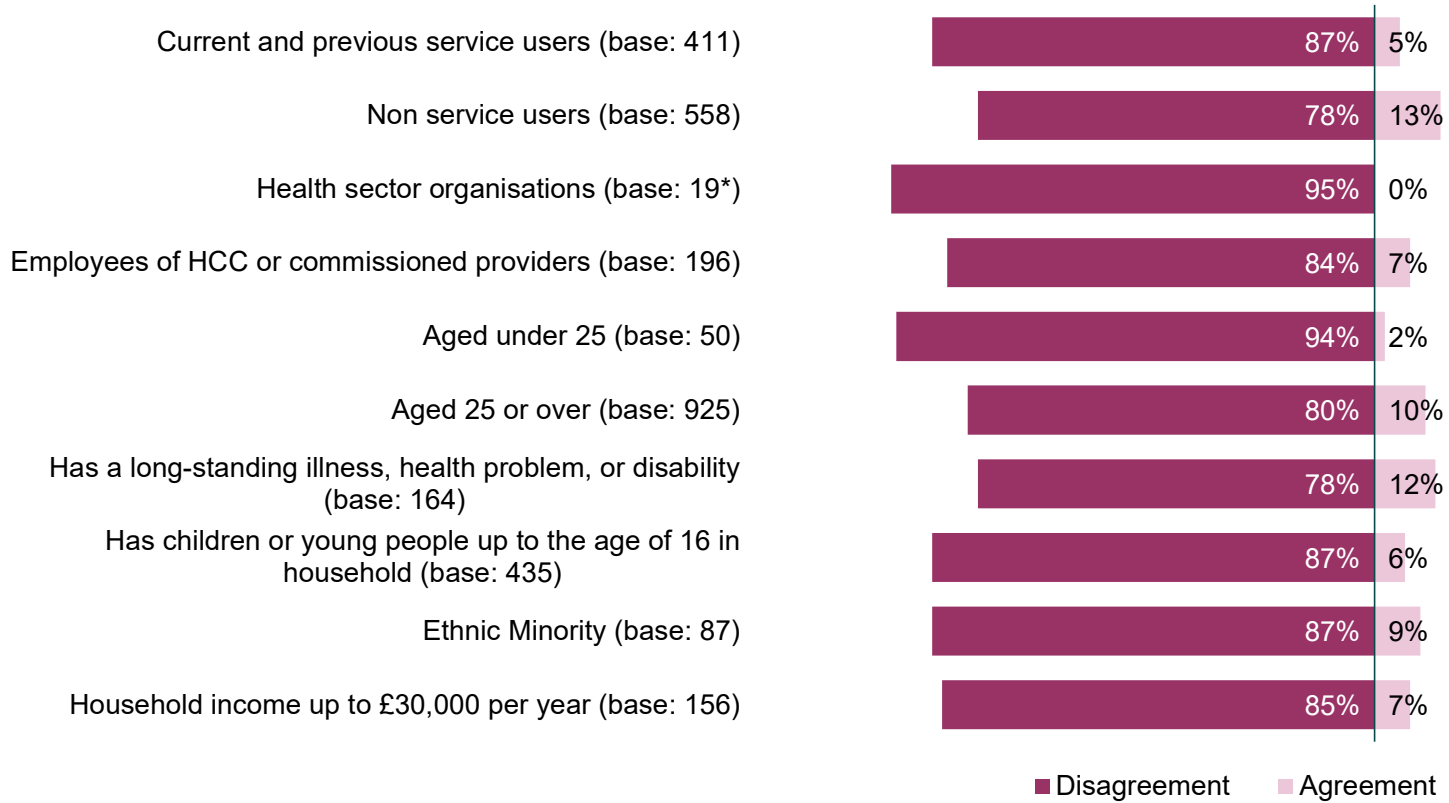
- Hampshire County Council is required to provide sexual health services, including some statutory services. The majority of these services are provided by Solent NHS Trust to everyone present in Hampshire who needs them. They are delivered from a number of sexual health clinics spread across Hampshire, as well as online, postal and outreach services in a range of places, including colleges.
- Public Health also commissions: additional sexual health services, such as long-acting reversible contraception (e.g. coils and implants), from General Practices (GP surgeries); emergency hormonal contraception, often known as the 'morning after pill' from some commissioned local pharmacies; and a provider of online HIV and syphilis self-sampling.
- **Proposal A: To reduce or stop parts of the service that the County Council does not have a statutory duty to provide.** This proposal would save £184,000 and encompasses: reducing sexual health promotion and HIV prevention services, including only providing free condoms to people aged 24 and under and men who have sex with men; stopping the provision of counselling to people experiencing psychosexual problems; stopping free sexual health training for professionals. With fewer resources available, the service would focus on vulnerable groups which are at greatest risk of poor sexual health. Other groups may experience longer waiting times, use online services or be required to pay a fee.
- **Proposal B: To close the small sexual health clinics in Alton, Hythe, New Milton, Ringwood and Romsey.** This proposal would save £249,000. Larger sexual health clinics and the smaller clinics in other locations would continue to be provided in addition to the services that are now available online and by telephone or post.
- **Proposal C: That community pharmacies would only provide free access to emergency hormonal contraception (the 'morning after pill') to people aged 24 and under.** This proposal could save around £80,000. If it is approved, women aged 25 and over would still be able to access free emergency hormonal contraception from their GP or from Solent NHS Trust Sexual Health. Alternatively, they could pay for it at community pharmacies at a cost of between £13.50 and £35.
- **Proposal D: To remove the HIV and syphilis self-sampling service provided by SH:24.** This proposal could save around £8,000 by reducing service duplication as HIV and syphilis self-sampling testing kits are available from the Solent NHS Trust Sexual Health which also provides a self-sampling service for a range of STIs.
- **1082** respondents provided feedback on these proposals via the consultation Response Form. Additional responses relating to this service were also provided in the unstructured responses presented towards the end of this report, but are not included separately here as the themes often covered more than one service.

80% of respondents disagreed with the proposal to stop counselling for people experiencing psychosexual problems, with net disagreement seen amongst most respondent groups. This was particularly high amongst respondents aged under 25 (94% disagreed), and organisations that work in the health sector (95%)

To what extent do you agree or disagree with the proposal to stop providing counselling to people experiencing psychosexual problems?
(Base: 1072)

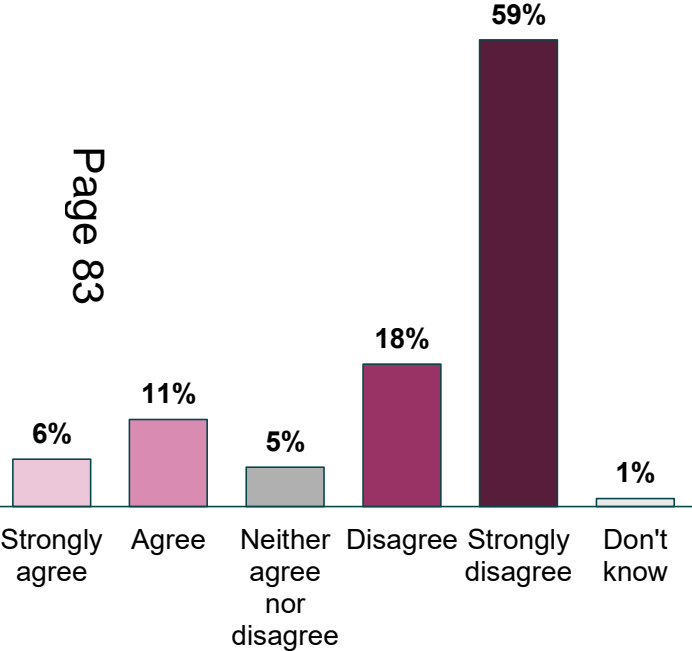


Agreement / disagreement by respondent groups

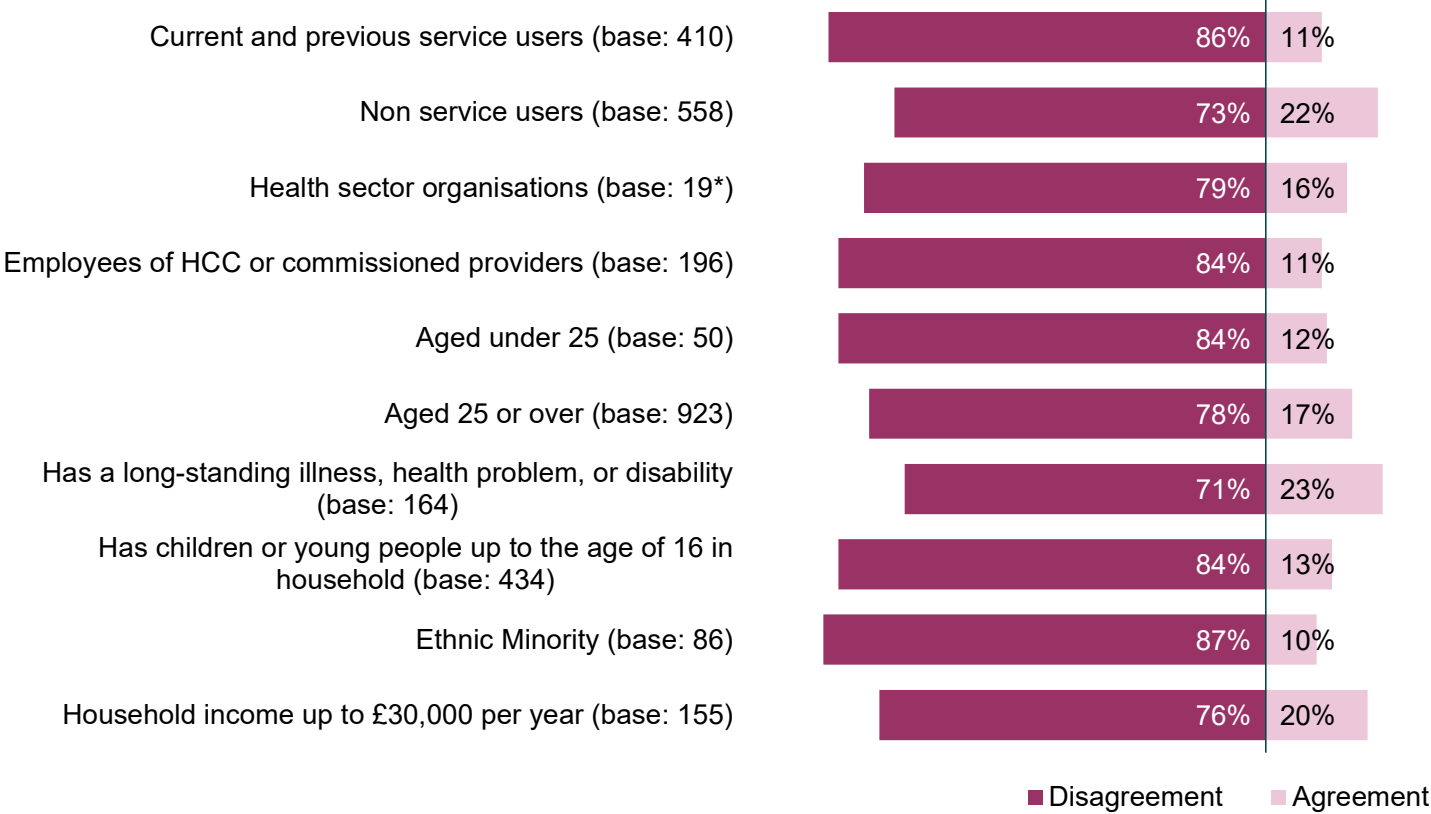


There was consistently high disagreement with the proposal to reduce sexual health promotion and HIV prevention services across respondents (78%), although this was slightly lower amongst respondents with an illness, health problem, or disability, of whom 23% agreed and 71% disagreed with the proposal

To what extent do you agree or disagree with the proposal to reduce sexual health promotion and HIV prevention services, including only providing free condoms to people aged 24 and under and men who have sex with men? (Base: 1071)



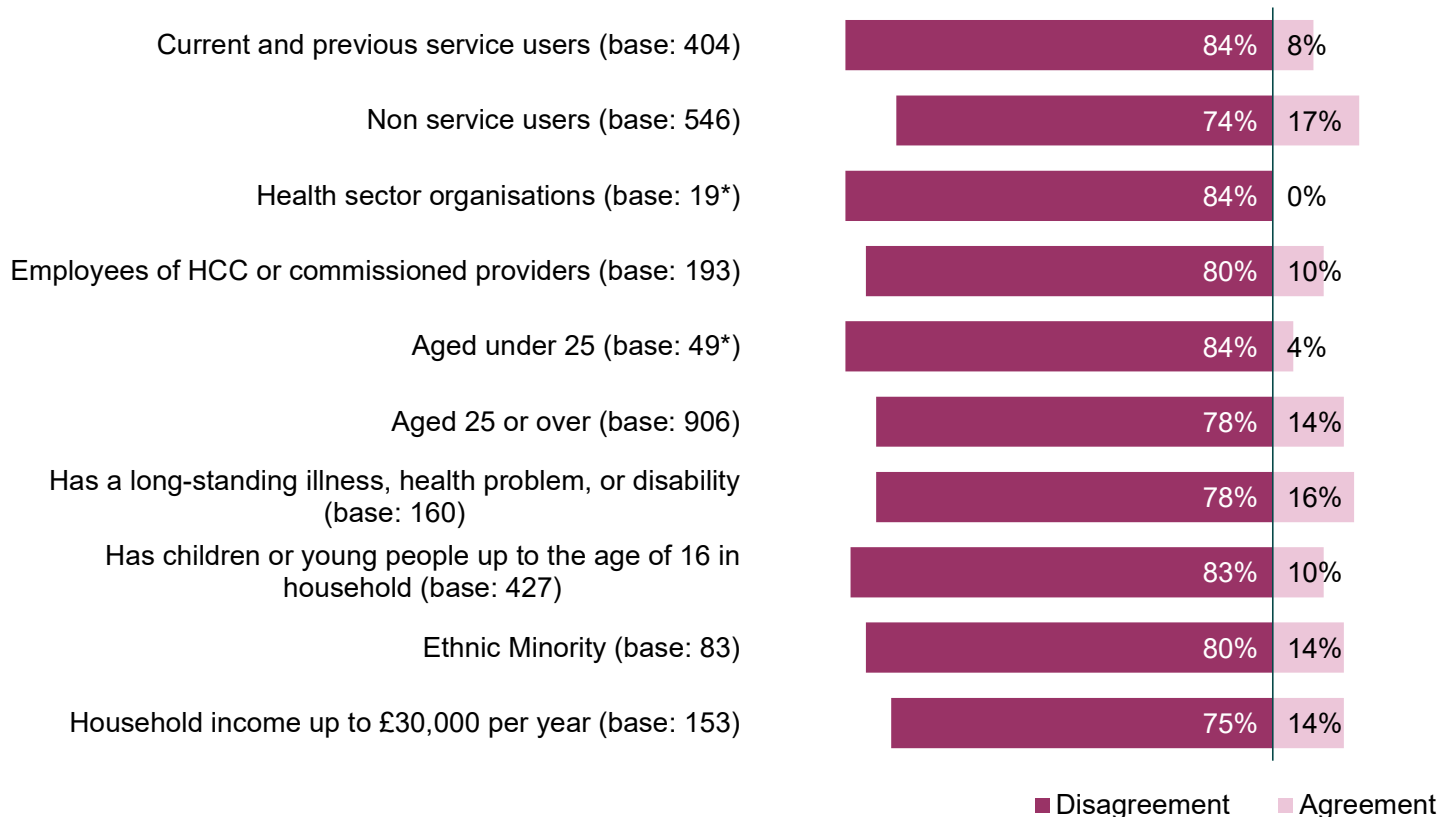
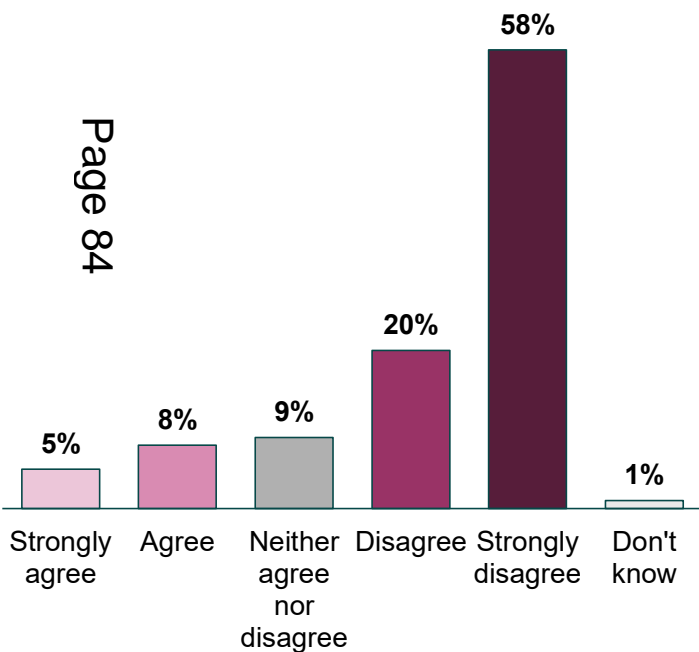
Agreement / disagreement by respondent groups)



As with other proposals relating to sexual health, the proposal to stop providing free sexual health training showed strong overall disagreement from respondents (78%). Disagreement was higher amongst respondents with experience of using the service (84%), those aged under 25 (84%), and health sector organisations (84%), as well as those from households with children aged 0-16 (83%)

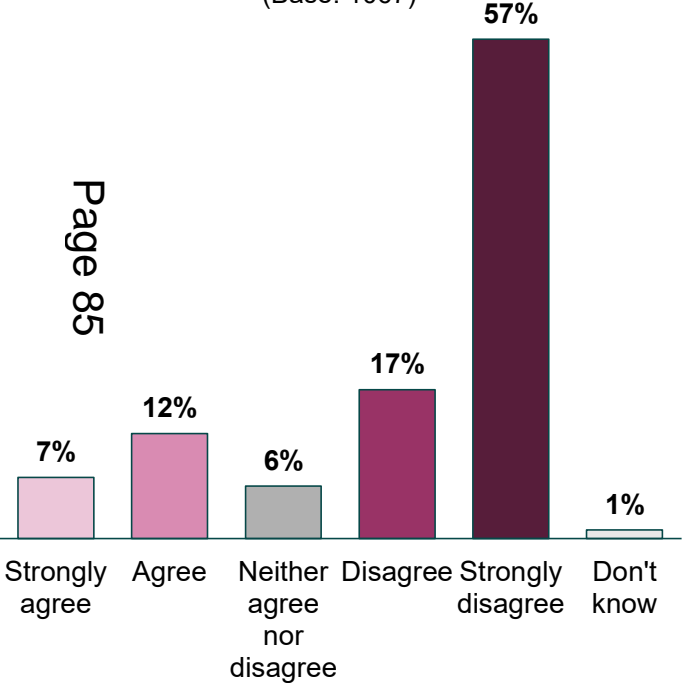
To what extent do you agree or disagree with the proposal to stop providing free sexual health training for professionals? (Base: 1052)

Agreement / disagreement by respondent groups

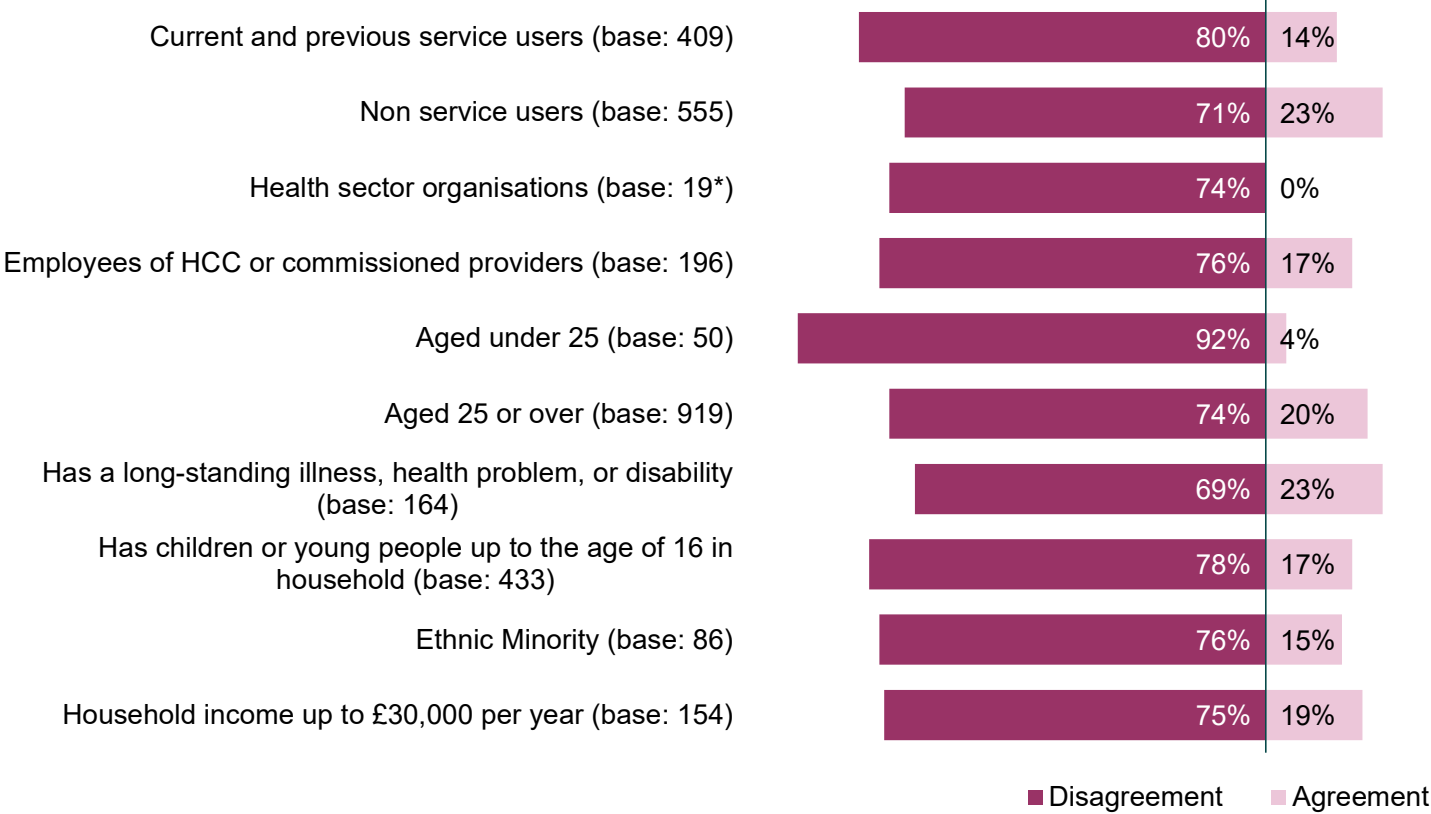


Three quarters of respondents (75%) disagreed with the proposal to limit free access to emergency contraception at community pharmacies to people aged 24 and under. Respondents aged under 25 expressed stronger disagreement to this proposal than other groups (92%).

To what extent do you agree or disagree with the proposal for community pharmacies to only provide free access to emergency hormonal contraception (the 'morning after pill') to people aged 24 and under?
(Base: 1067)

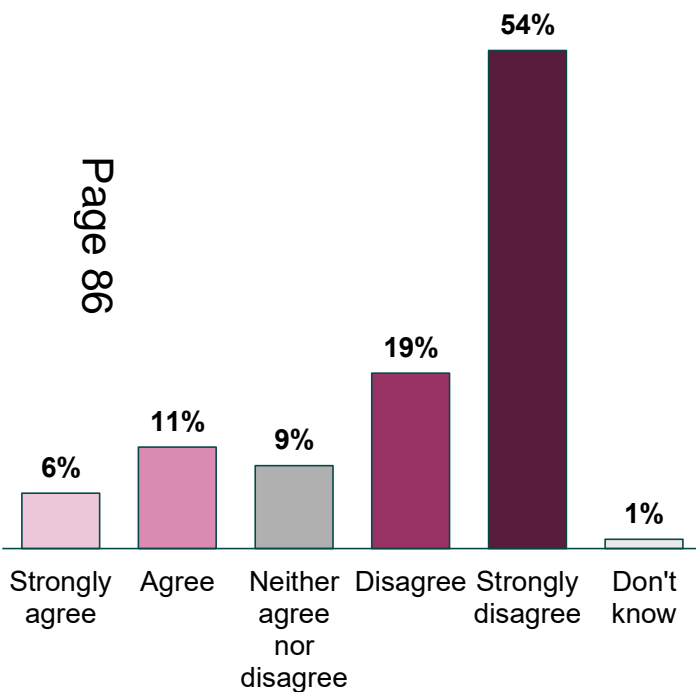


Agreement / disagreement by respondent groups

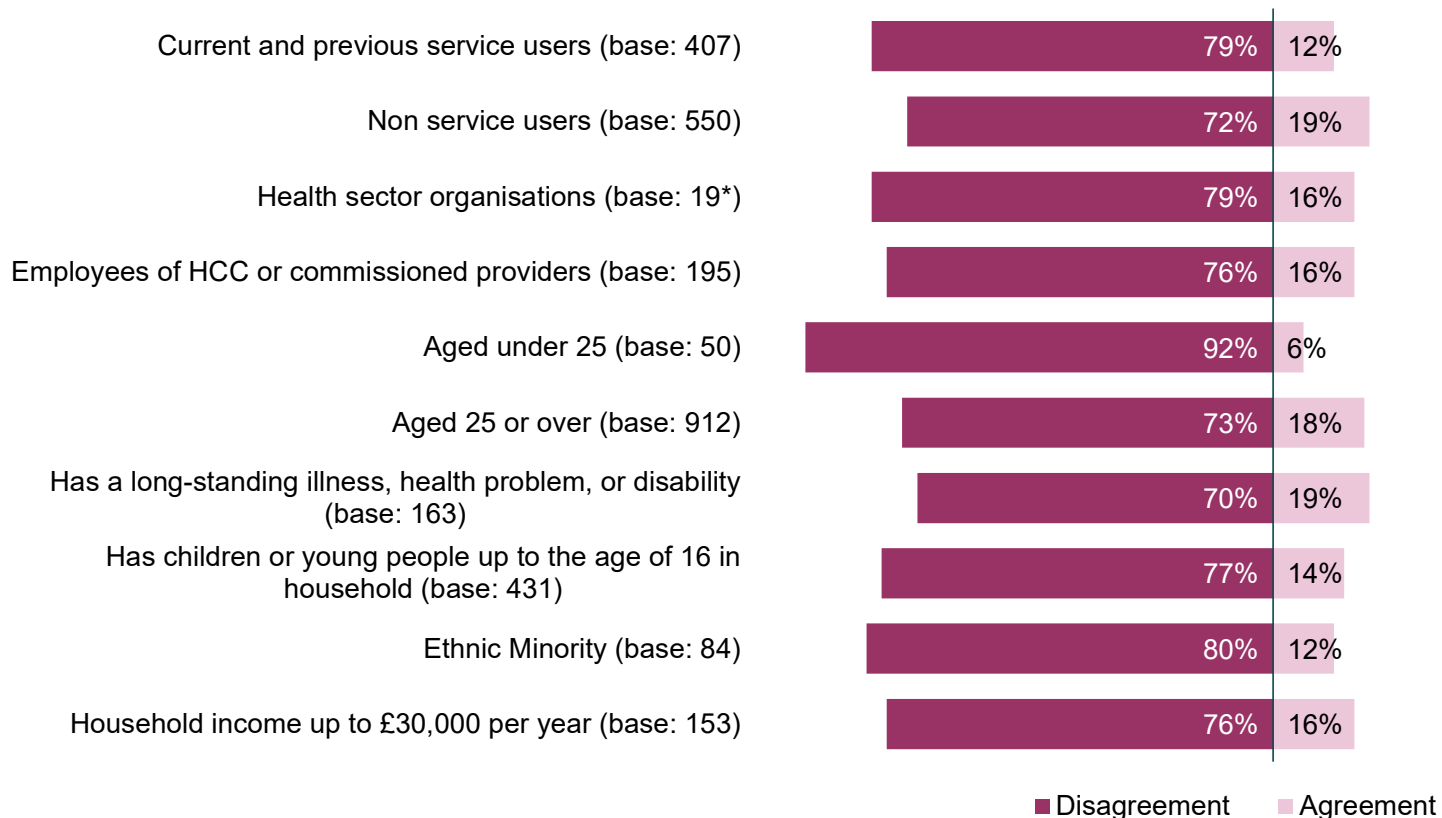


There was significant majority disagreement with the proposal to remove the HIV and syphilis self-sampling service (74%), particularly amongst respondents aged under 25 (92% disagreed), ethnic minorities (80% disagreed), and those with experience of using the service (79% disagreed)

To what extent do you agree or disagree with the proposal to remove the HIV and syphilis self-sampling service provided by SH:24?
(Base: 1060)

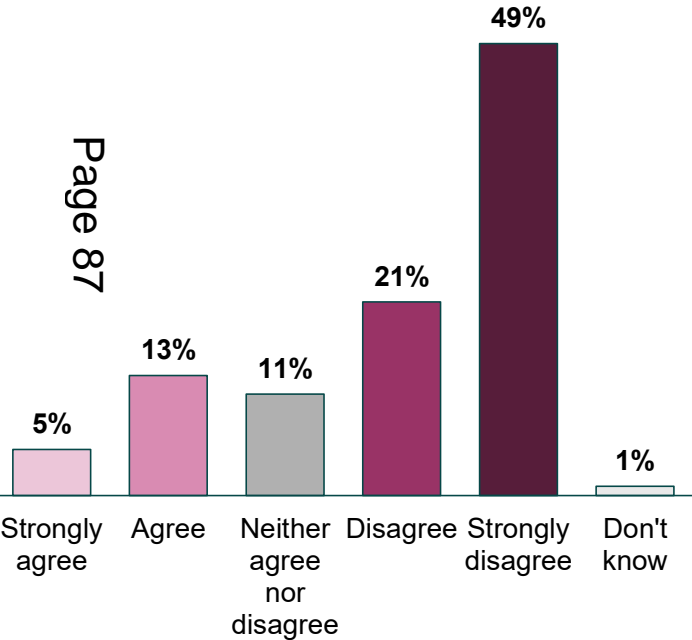


Agreement / disagreement by respondent groups

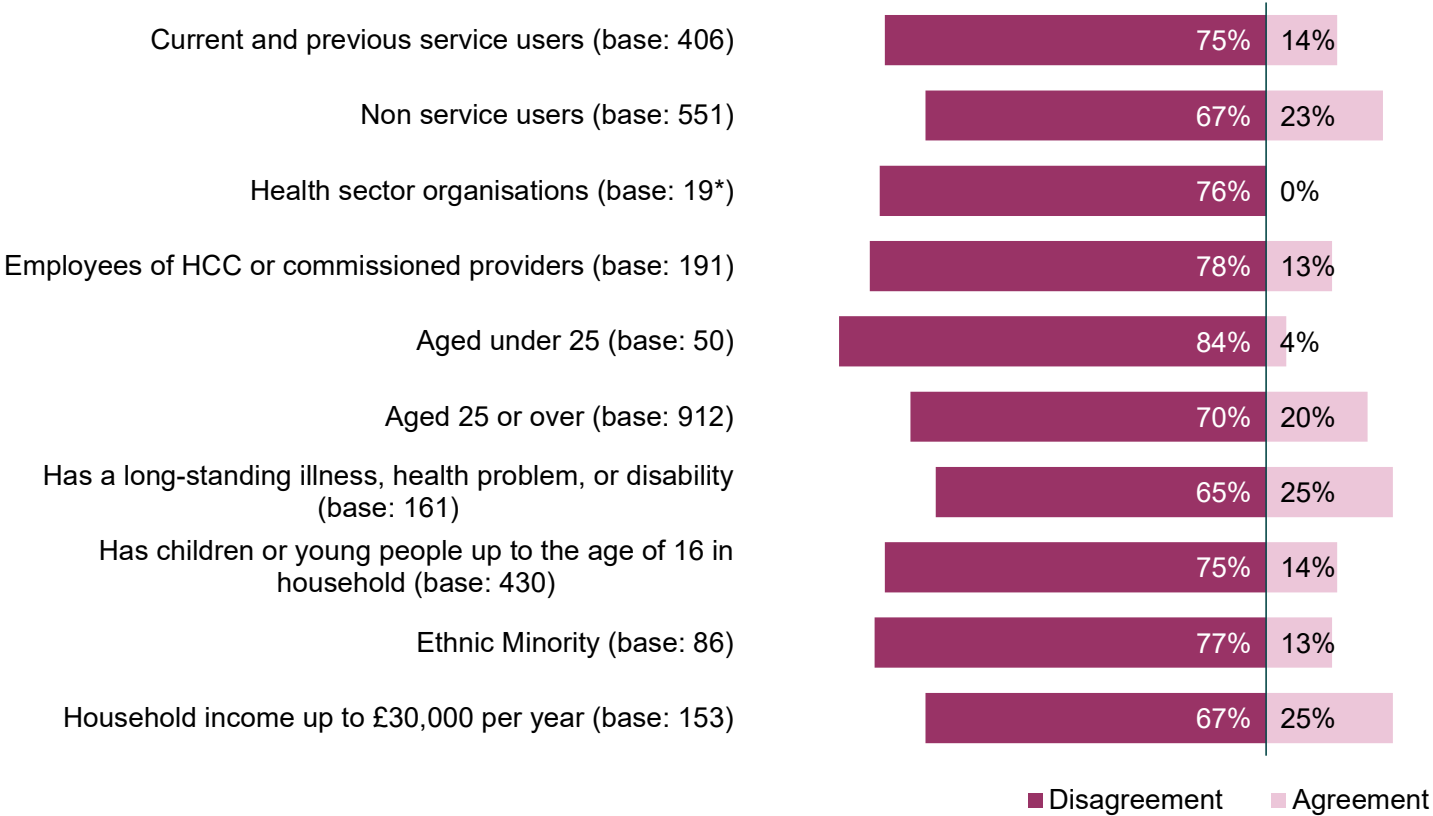


71% of respondents disagreed with the proposal to close some smaller sexual health clinics, rising to 84% of those aged under 25. In contrast, disagreement was lower amongst non-service users (67%), respondents with household incomes of up to £30,000 per year (67%), and those with an illness, health problem, or disability (65%)

To what extent do you agree or disagree with the proposal to close the smaller sexual health clinics in Alton, Hythe, New Milton, Ringwood and Romsey? (Base: 1059)

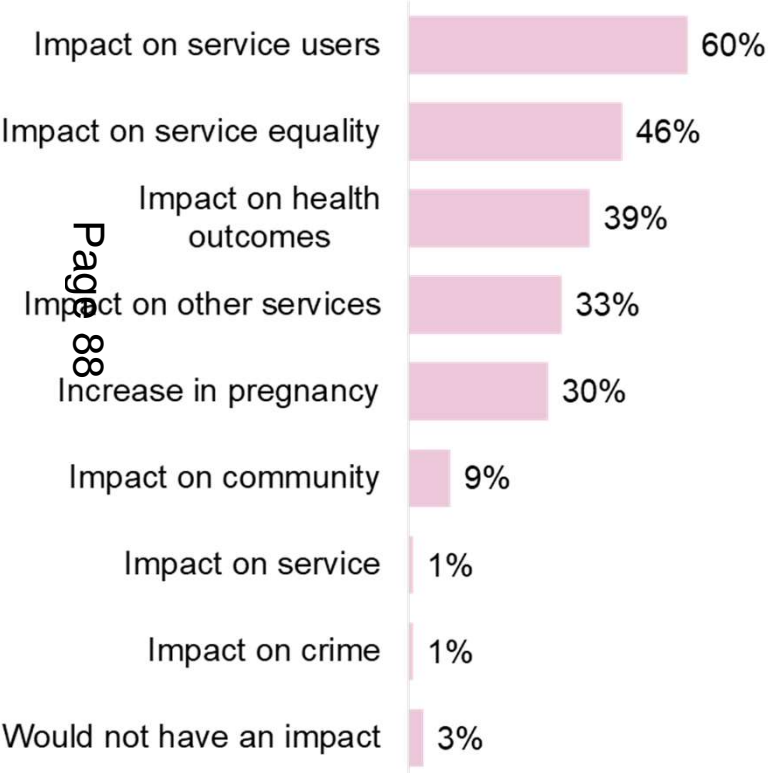



Agreement / disagreement by respondent groups




Impacts of proposed changes to sexual health services – Respondents felt that the proposed changes would reduce access to services, particularly for the young and already vulnerable, whilst also reducing levels of equality and impacting on the health of those who rely on these services

What, if any, type of impact do you think the proposed changes to sexual health services may have? (Base: 679 responses)




Impacts on service users (60%) 


- Would make it harder to access services (48%)
- Reduced services for young people (16%)
- Heaviest impact on people who are already vulnerable (16%)

Impacts on health outcomes (39%) 


- Increase in sexually transmitted infections (33%)
- Poorer mental health (11%)
- Poorer physical health (3%)
- Rise in self harm/suicide (1%) and death (1%)

Pregnancy impacts (30%) 


- Increase in rates of teenage pregnancy (5%)
- Increase in rates of abortion (4%)

Impacts on the service (1%) 


- Increased pressure on resources (1%)
- Increased pressure on service staff (<1%)

Impacts on service equality (46%) 


- Service would be less inclusive (39%)
- Female service users would be affected (33%)
- Children and young service users would be impacted (15%)
- LGBT (2%) and ethnic minority (1%) impacts

Impacts on other services (33%) 

- Impacts on GP surgeries (32%)
- Increased demand for emergency contraception services (11%)
- Increase in demand for child social care (4%)
- Increased demand for social housing (2%)










Impacts on community (9%) 

- Impacts on areas where service provision would no longer be available (7%)
- Would make communities less inclusive (4%) and reduce community cohesion (1%)
- Social stigma of Sexual health (1%)


Impacts on crime (1%) 

- Increase in overall crime rate (<1%)
- Increase in domestic abuse (<1%)

Impacts of proposed changes to sexual health services – There was a general uniformity in the main impacts identified by different groups, although the level of concern tended to be higher amongst younger people (aged under 25) and health sector organisations – who also flagged the impact on other services, pregnancy rates, and communities


Shaded cells show the top three impacts described by this group	Base									
		Impact on service users	Impact on equality	Impact on health outcomes	Impact on other services	Increase in pregnancy	Impact on community	Impact on service	Impact on crime	Would not have an impact
<i>Blank cells are shown where no responses were made relating to the corresponding theme</i>										
All responses	679	60%	46%	39%	33%	30%	9%	1%	1%	3%
Current and previous service users	281	68%	54%	46%	27%	34%	9%	1%		3%
Non service users	324	50%	38%	32%	33%	25%	7%	1%	1%	1%
Health sector organisations	18*	83%	50%	28%	72%	44%	22%		6%	5%
Employees of HCC or commissioned providers	123	57%	48%	47%	38%	32%	11%	2%		
Aged under 25	28*	82%	57%	57%	18%	32%	11%	4%		1%
Aged 25 or over	580	59%	45%	39%	32%	29%	8%	1%	1%	
Has a long-standing illness, health problem, or disability	100	46%	36%	34%	21%	16%	10%			3%
Has children or young people up to the age of 16 in household	266	63%	52%	42%	30%	36%	9%	<1%	<1%	6%
Ethnic Minority	56	45%	36%	36%	13%	20%	9%	2%	2%	2%
Household income up to £30,000 per year	96	56%	38%	35%	28%	27%	4%	1%		2%

Impacts of proposed changes to sexual health services – the examples below illustrate the value placed by respondents on the service helping to identify people at risk, and their perceptions of the equality and health impacts on those already vulnerable due to their health, sexual orientation, or mental wellbeing

Impacts on service users 


“These services provide a safe environment for young people to access information and help on sexual health”

“Charging people for contraceptives will result in more unwanted pregnancies. Cutting the counselling will potentially impact on people’s mental health and well being”

Impacts on equality 


“These cuts definitely seem to disproportionately discriminate against the LGBTQ+ community and racial minorities who are at greater risk of poorer sexual health”

“Is it not discriminating against women to suggest that men over the age of 24 can have condoms but females can’t?”

Impacts on health outcomes 


“This will have an impact and lead to more unwanted pregnancies, more HIV infections and STIs”

“No support for HIV/other sex related diseases would also see a rise in mental health issues on top of there other problems”

Impacts on other services 


“This would result in a higher cost to the NHS with an abortion or a birth of a child”

“Small cost saving are worthless considering huge cost of unplanned pregnancy- social housing, benefits, medication costs of STI”

Impacts on pregnancy 


“This will escalate the risk of teenage pregnancy, young people will not have the education and resources readily available to practise safe sex which will put their health at risk”

“...more unplanned pregnancies and these being terminated at a later date”

Impacts on community 


“Concerned about access to services in rural areas, especially young people who may not like to use online services or see their GP”

“...it will have a huge and negative impact on the health and wellbeing of all service users and their families”

Impacts on the service 

“Stopping training would only add more pressure to the remaining Sexual health”

“Reducing HP and HIV prevention services is short sighted and is only likely to result in an increase in demand of service in the longer term”

Impacts on crime 

“Victims of domestic abuse and who suffer from coercive control of their contraception need to have an emergency option, regardless of their age”

“Sexual Health issues...can be linked to substance misuse and criminal offences”

Impacts of proposed changes to sexual health services – quotes from the health and care sector described issues around access to services if the times and locations were reduced, and the impacts that the proposed changes could have on people who may be vulnerable in a range of ways

Health and care sector organisational responses

“Some patients cannot travel to far distances so having smaller accessible clinics is useful”

“Higher levels of health inequality for those patients not living in large urban areas”

“What is the proposal to fill the gap? It seems likely that General Practice will be left to pick up the slack. GPs are under-skilled in this area and this will only be exacerbated by the lack of training opportunities”

“The cessation of psychosexual counselling will mean these patients are likely to come to their GP and we will have no service to support them...Unintended pregnancy can have long lasting implications on individuals and on health services so the proposal to cut local Sexual health and access to free EHC in those aged 25+ is concerning”

“As [emergency contraceptive] provision must be made within defined time periods of up to 72hrs or 120hrs following unprotected sexual intercourse weekends and bank holidays this could be a potential concern”

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Personal responses from individuals who work in the health and care sector

“Residents in the cities will still be able to access the full range of services, and Hampshire residents in the New Forest will be forced to travel to Southampton clinics to access sexual health care”

“The cost of termination and long term HIV will cost more long term”

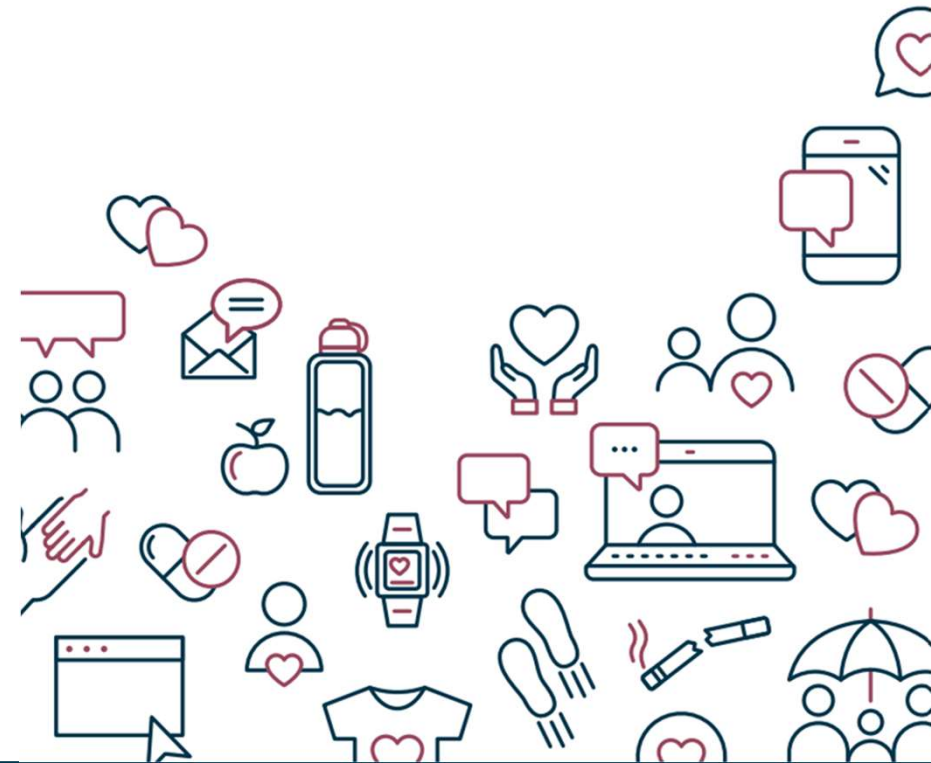
“A lot of people are put off coming to these services in general through fear of embarrassment or shame, putting these rules in place I feel would only put people off further”

“Sexual health support some of the most vulnerable women and girls and even those over 24 can be vulnerable, in domestic abuse situations or need the specialist menopause service which GPs may not have the same level of knowledge for”

“[The services] are a safe space for females & males to discuss their sexual activity & learn & educate on how important contraception is. Also these professionals quite often will be able to recognise a person in need, or having been groomed or raped”

Consultation four: 0-19 Public Health nursing service

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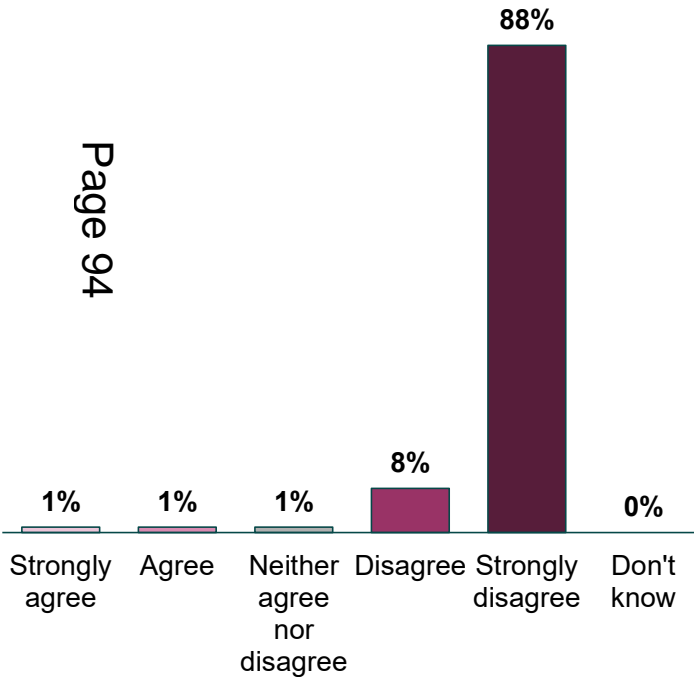


0-19 Public Health nursing: Consultation context

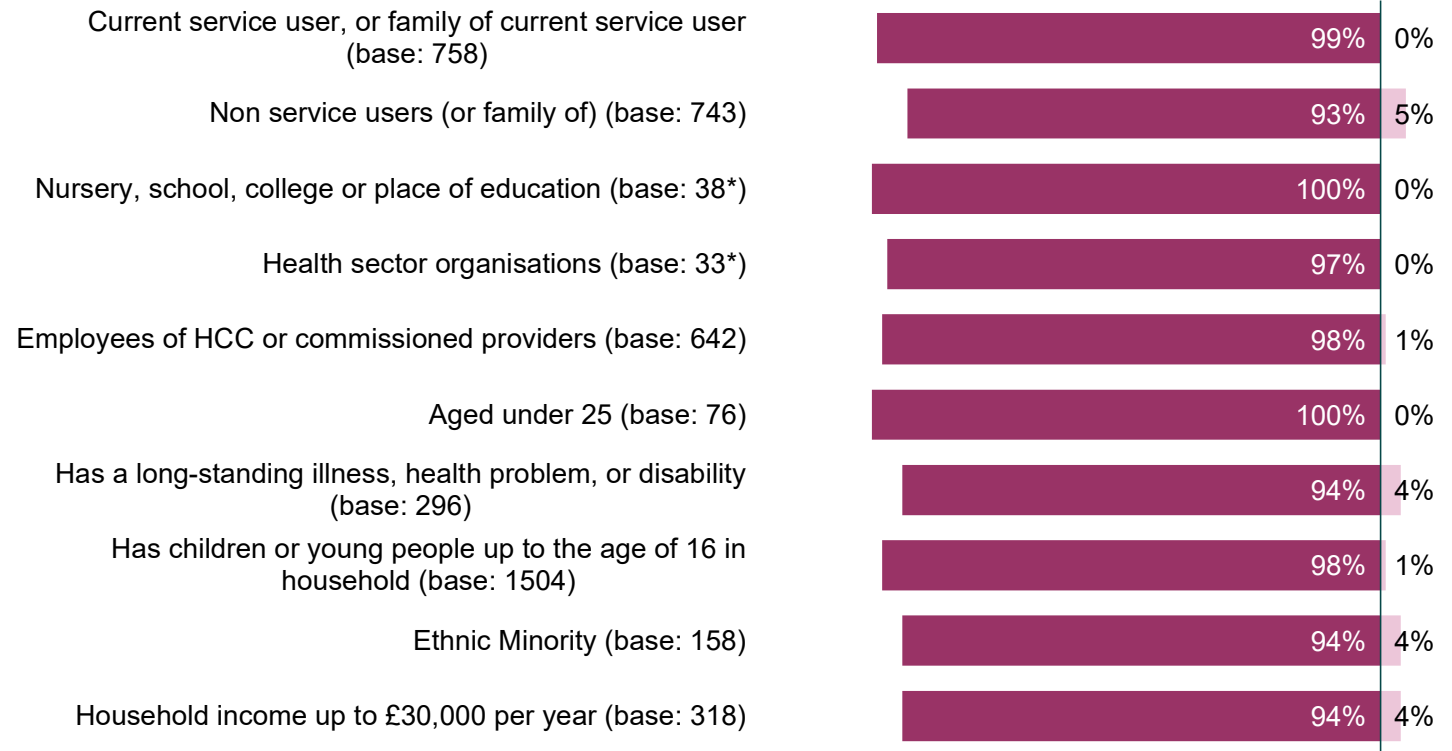
- The Hampshire 0-19 Public Health nursing service comprises two functions: health visiting and school nursing to deliver the Healthy Child Programme. The health visiting part of the service is provided to children aged 0 to 7 years and their family. It supports parents to focus on the needs and priorities of their baby and family during pregnancy, the first years of life and beyond. This service is provided to everyone who lives in Hampshire with various levels of support. The school nursing part of the service is available for children, young people aged 5-19 years and their families, or young people aged up to 25 years if they are leaving care at 18 or have special educational needs and disabilities (SEND).
- The County Council proposed to reduce the budget for Public Health nursing by £2.09 million per year by:
 - reducing the number of staff posts available to support families by approximately 47 (12.5% of the current workforce);
 - only providing school nurse support to children and young people over the age of 11 years through the digital offer. A reduction in the number of staff posts would be enabled through encouraging a greater focus on using digital (online, video and telephone) channels wherever appropriate to enable the remaining public health nurses to focus on those aged under 12 years with the greatest needs. Fewer face-to-face appointments would be available, and these would be prioritised for those with the greatest needs such as those living in areas of deprivation, with safeguarding needs or where the support needed requires a face-to-face appointment.
- **2767** respondents provided feedback on these proposals via the consultation Response Form. Additional responses relating to this service were also provided in the unstructured responses presented towards the end of this report, but are not included separately here as the themes often covered more than one service.

There was strong disagreement with the proposal to reduce the number of staff posts available to support families by approximately 47. Overall, 96% disagreed with the proposal, encompassing over 90% of respondents in all key demographic groups

To what extent do you agree or disagree with the proposal to reduce the number of staff posts available to support families by approximately 47 (12.5% of the current workforce)? (Base: 2746)



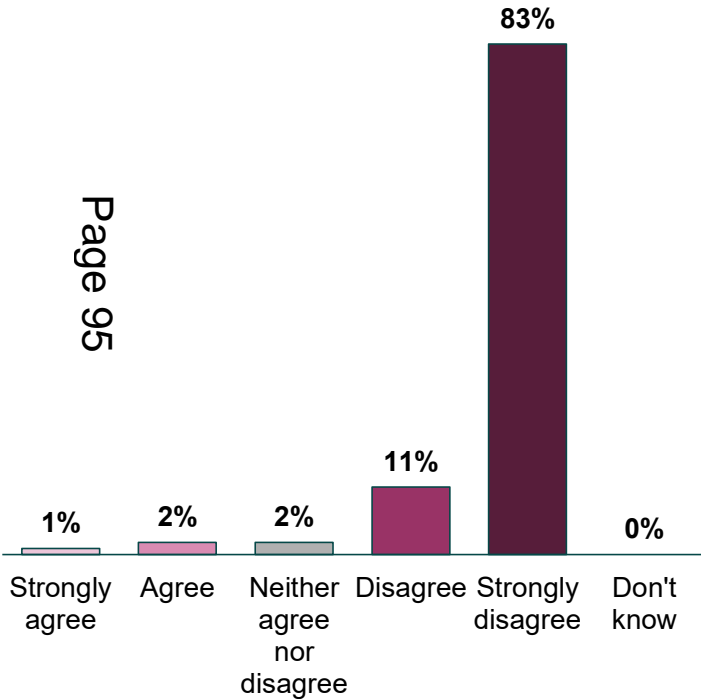
Agreement / disagreement by respondent groups



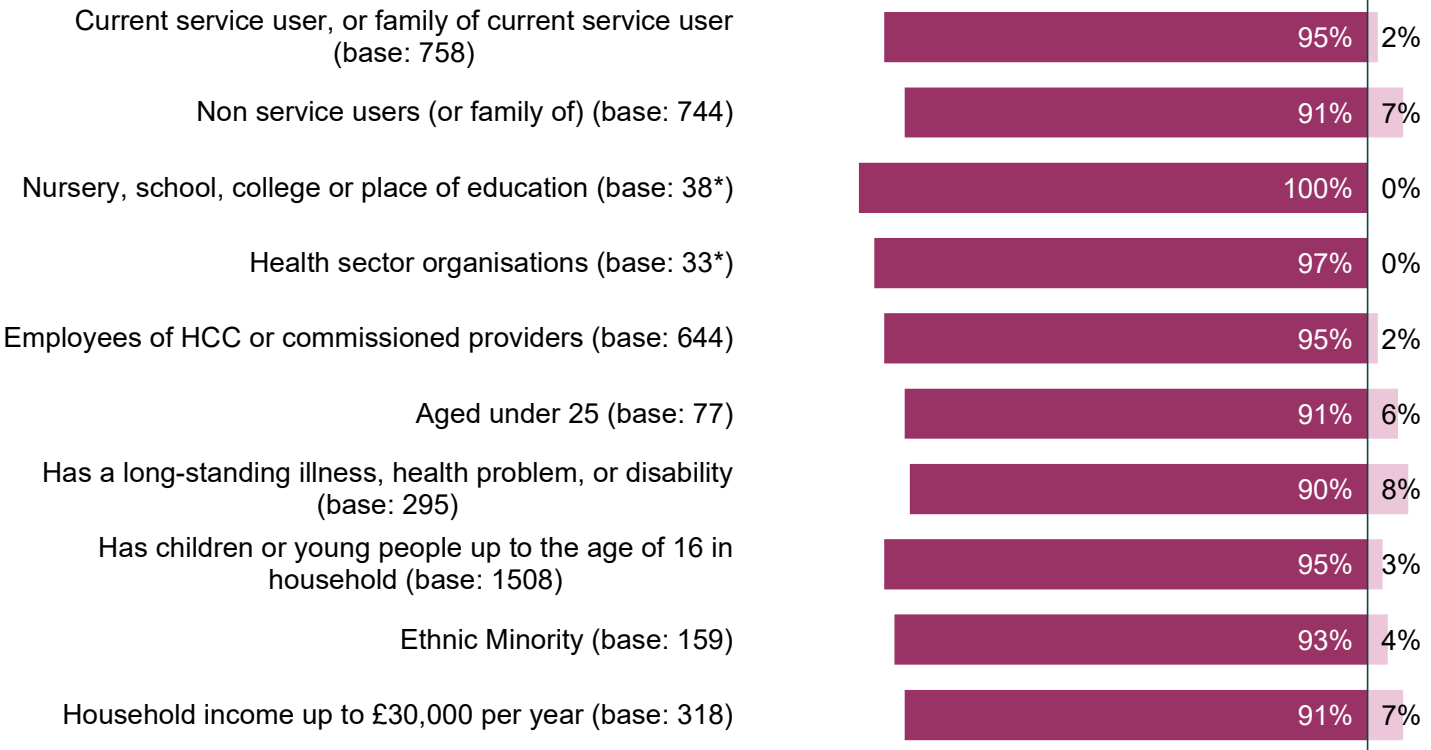
■ Disagreement ■ Agreement

94% of respondents disagreed with the proposal to only provide school nurse support to children and young people over the age of 11 years through the digital offer, with 83% doing so strongly. Disagreement was high in all key respondent groups

To what extent do you agree or disagree with the proposal to only provide school nurse support to children and young people over the age of 11 years through the digital offer?
(Base: 2748)



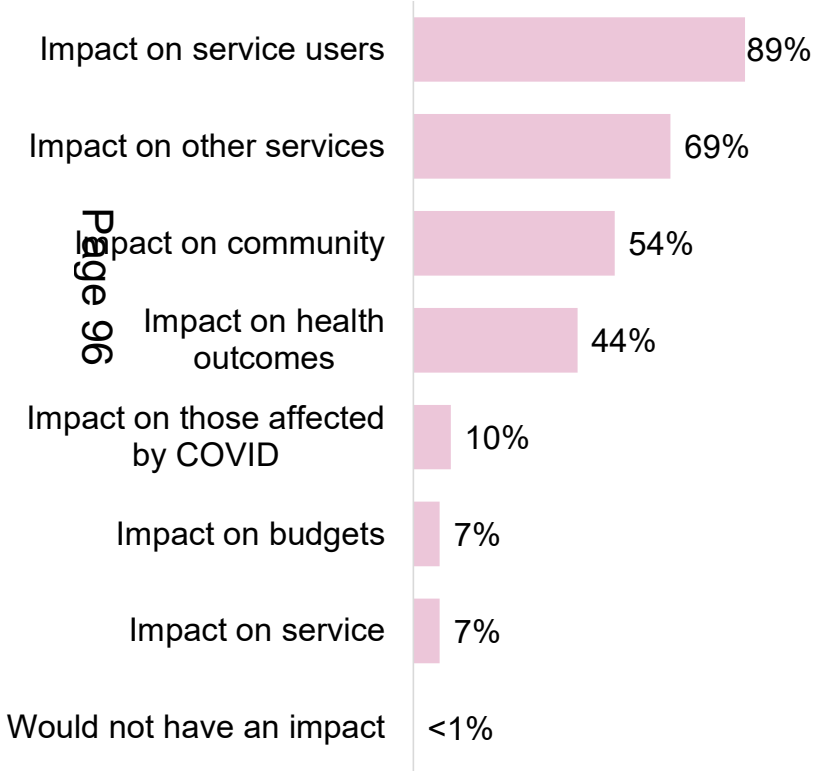
Agreement / disagreement by respondent groups




■ Disagreement ■ Agreement


Impacts of proposed changes to 0-19 Public Health nursing services – The majority of responses mentioned impacts on service users, other services that could need to handle any additional demand as a result of the proposed changes, and on communities in general, with almost half referring to the potential impacts on health outcomes if the proposed changes were implemented

What, if any, type of impact do you think the proposed changes to 0-19 Public Health nursing may have? (Base: 2226 responses)




Impacts on service users (89%) 


- Impacts on those already vulnerable (88%)
- Impacts on children and young people (88%)
- Would make it harder for service users to access services (65%)
- Impacts on parents and carers (61%)

Impacts on other services (69%) 


- Would be hard to replicate the range of services provided by school nurses (46%) and health visitors (43%)
- Removing early interventions will increase demand elsewhere (44%)

Impacts on community (54%) 


- Community services would be less personal or responsive as a result (52%)
- Would increase inequality (5%)
- Impacts on families and friends of service users (3%) and on areas no longer served (2%)

Impacts on health outcomes (44%) 


- Poorer mental health (39%)
- Poorer physical health (15%)
- Increase in overweight and obesity rates (6%)
- Rise in self harm and suicide rates (3%)

Impacts on those affected by COVID (10%) 

- COVID and lockdowns have increased demand for the service (10%)
- Could impact and slow recovery from the pandemic (9%)









Impacts on budgets (7%) 

- Would increase costs to other services (7%)
- Would increase costs for the 0-19 Public Health nursing service over the longer term (7%)

Impacts on the service (7%) 

- Increased pressure on resources (6%)
- Increased pressure on service staff (6%)

Impacts of proposed changes to the 0-19 Public Health nursing service – Different respondent groups consistently reported impacts on service users, other services, and on communities frequently, with places of education and health sector organisations also demonstrating notable concerns about the impacts on health outcomes from the proposed changes

Shaded cells show the top three impacts described by this group Blank cells are shown where no responses were made relating to the corresponding theme	Base									Other
		Impact on service users	Impact on other services	Impact on community	Impact on health outcomes	Impact on those affected by COVID	Impact on budgets	Impact on service	Would not have an impact	
All responses	2226	89%	69%	54%	44%	10%	7%	7%	<1%	<1%
Current service user, or family of current service user	679	92%	76%	58%	46%	7%	4%	8%		
Non service users (or family of)	511	82%	60%	44%	35%	9%	8%	5%	1%	
Nursery, school, college or place of education	32*	100%	84%	44%	53%	13%	3%			
Health sector organisations	33*	91%	88%	76%	67%	15%	15%	6%	3%	
Employees of HCC or commissioned providers	550	91%	76%	59%	49%	13%	6%	11%	<1%	
Aged under 25	54	89%	72%	56%	41%	4%	4%	4%		
Has a long-standing illness, health problem, or disability	237	81%	56%	48%	36%	5%	8%	4%	<1%	
Has children or young people up to the age of 16 in household	1274	91%	69%	54%	44%	9%	6%	7%	<1%	
Ethnic Minority	113	79%	61%	49%	30%	7%	9%	6%	1%	
Household income up to £30,000 per year	246	87%	63%	50%	40%	6%	5%	8%	<1%	

Impacts of proposed changes to the 0-19 Public Health nursing service – the examples below illustrate impacts on the general student population through the removal of a valued universal service, with specific mentions of individual cases where service users benefitted from the support they received, and perceived effects on other services due to less early intervention work

Impacts on service users



“All students benefit from being able to access a person at school who is able to give personal attention”

“I had a child with health issues that weren't fully identified. Having additional support from a Health visitor who I knew made a massive difference”

Impacts on other services



“Schools are already extremely stretched - they benefit from the support of these specific services”

“This will...create a burden on social services for many many years. If these children and families aren't helped at an early stage”

Impacts on community



“...any cuts to services for children see negative effects as they get older in things like bad education and employment outcomes, poor mental health, drug and alcohol issues leading to crime / prison”

“It will lead to greater social isolation in young families especially as it covers many rural villages”

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Impacts on health outcomes



“The school nurse has supported my daughter and myself with her mental health...My daughter found the sessions really helpful giving her practical advice my daughter's anxiety reduced and her confidence grew”

“Cutting services...will result in diagnosable health conditions being missed”

Impacts on those affected by COVID



“Friends of mine (as new Mums) have really struggled during the Pandemic due the sudden and unexpected lack of being able to have family support at this time”

“The covid pandemic has increased reported mental health distress amongst teenage children”

Impacts on budgets



“Higher social care costs, higher health costs because of lack of preventive intervention and soft learning”

“As a nurse who has worked in the NHS all her working life I think face to face contact...often leads to a saving of money and doctor's time”

Impacts on the service



“Reducing health visitors would put more stress on remaining staff, increasing the risk of burn outs and impairing the service they currently offer”

“Reducing staff numbers will reduce morale, put staff under more pressure, lead to much reduced service”

Impacts of proposed changes to the 0-19 Public Health nursing service – quotes from the health and care sector mentioned the value that the service plays in reducing the burden on other health services, with regular mention of the increased demand for the service, particularly in relation to emergent mental health issues arising from the COVID pandemic

Health and care sector organisational responses

“The school nurses are a invaluable role in the schools and provide so much. advice and support that cant be relay over a computer”

“The staffing levels in the North of Hampshire in the health visiting service have been far below the required number for many years and should not be cut further”

“We know that families need support more than ever following the devastating impact of COVID-19 and the effects of this will continue to be seen over the coming years. Parents need to have face to face contact with a health visitor to support them in their transition to parenthood and with the every day struggles of having a young baby”

“The current climate has seen a significant increase in safeguarding concerns and mental health concerns for young people and we should be widening and re-enforcing the safety net – rather than taking it away. Health visitors and school nurses have invaluable “eyes” on the most vulnerable members of our society – children”

Page 6

Personal responses from individuals who work in the health and care sector

“The figures coming out about the impact of covid on children is shocking and there will be a huge need for more services going forward, not cuts”

“The waiting list for additional support is already at full capacity, cutting more funds is going to make it worse”

“Families who were not safeguarding families because of the support offered by health visitors will end up under children's services which will increase their workload”

“Reducing the number of contacts Health Visitors have with families will be extremely detrimental to families - they rely on us to support their mental health, isolation, health and wellbeing needs”

“Digital exclusion is already a real problem in Hampshire with those without the money and literacy skills; and those in rural areas with poor connectivity most affected”

Impacts of proposed changes to the 0-19 Public Health nursing service – quotes from places of education mentioned the value that the service provides to teachers and school staff, both in terms of supporting children to live healthy lives and in being a source of expertise for handling cases involving vulnerable children

Places of education organisational responses

“To not have a health representation at child protection conferences including contributing to decision making within child protection plans would be detrimental to the needs of the child”

“Increasingly we need the support of the school nursing team to help with eating, sleeping and toileting needs. School does not have the capacity to deal with this especially now we have to ‘catch up ’ learning”

“During this on-going pandemic, I have referred five children to the school nursing service - their support has been essential and has made a huge difference to both the children and families. If the funding is cut, it would mean no primary support for the children, this would mean that needs are not met and problems which can be helped at an earlier level will escalate”

“We need their professional advice and support which we do not have as education professionals. School nursing team have supported us with developing vulnerable pupils and have been absolutely crucial in the role of safeguarding. As it currently stands we are struggling to access the level of support required”

“I am convinced that Secondary pupils will not adequately engage with online services having spent much of the Lockdown period with their cameras off and mics muted”

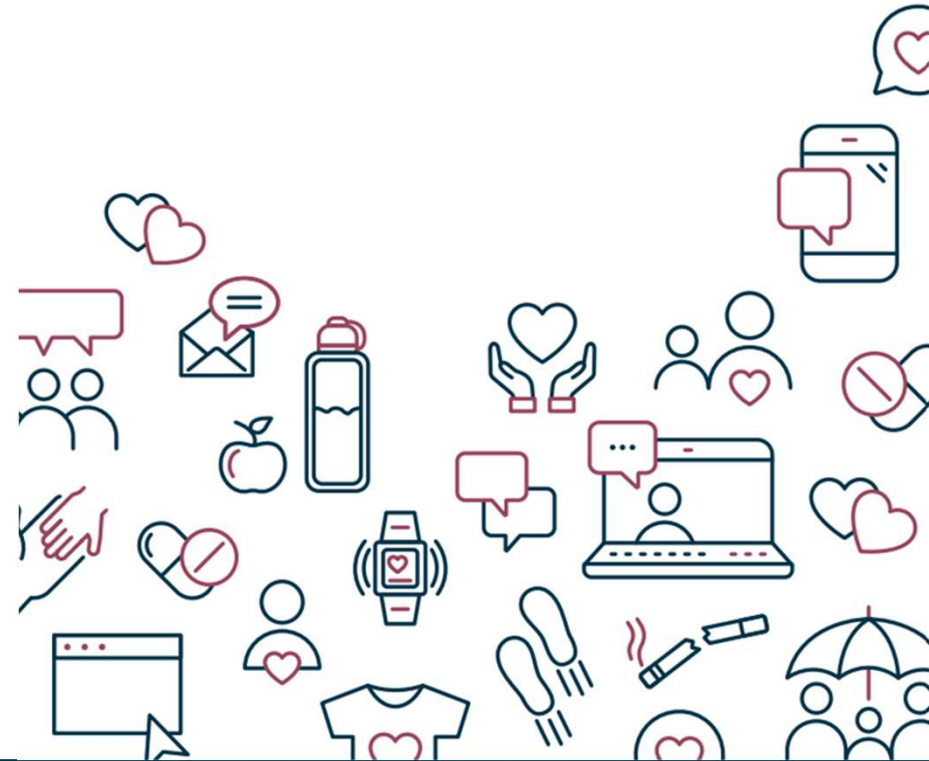
“At a time where the waiting list for a CAMHS appointment is 18 months and suicidal children will only be seen if they have made multiple attempts to take their own lives it is not appropriate to be cutting services”

“We have a number of vulnerable children and families and the school nursing team provide invaluable support to these families that cannot be replicated in a digital offer”

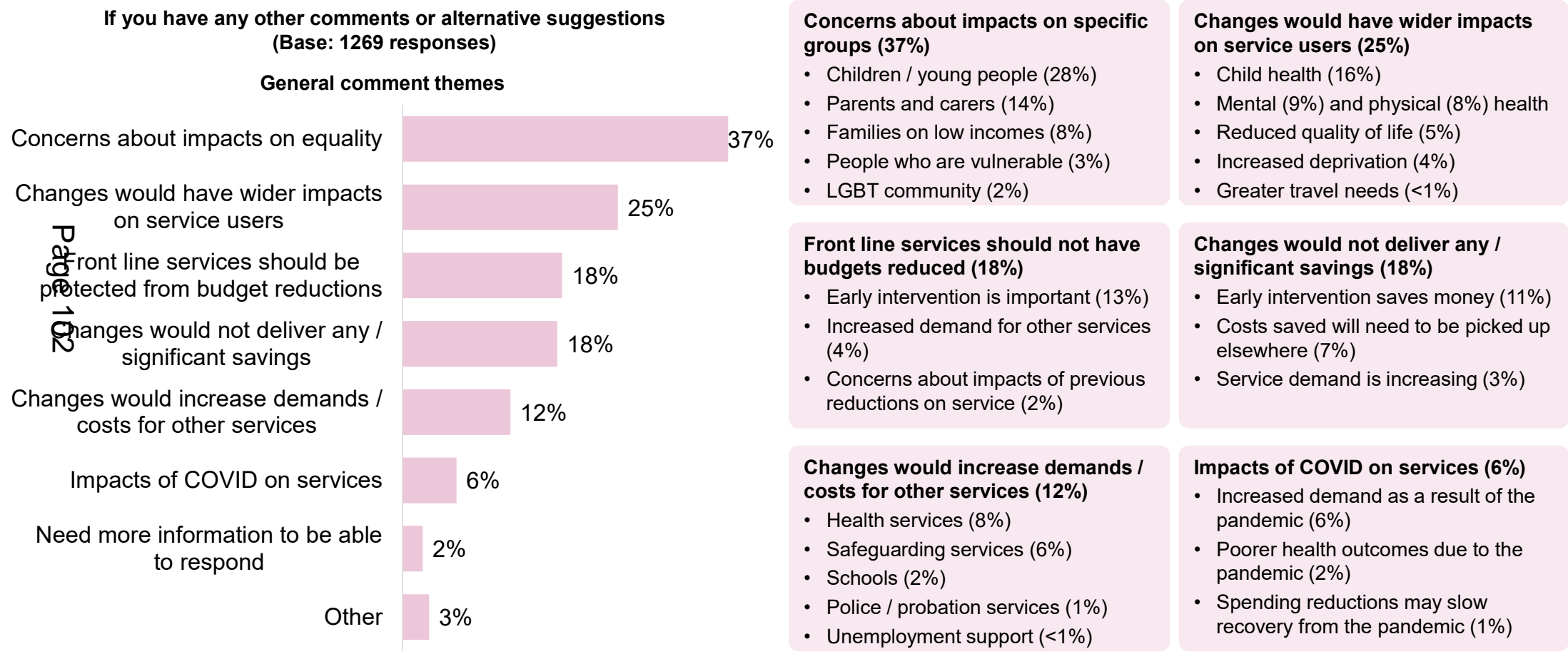
“The ability of the school nursing team to step in to talk to parents about not emergency health issues such as eating habits, obesity, weight gain or loss, hypermobility, toileting etc. means that often parents do not need to seek GP advice because the team can signpost or provide all the necessary advice - thus lessening the considerable GP work load”

Further comments

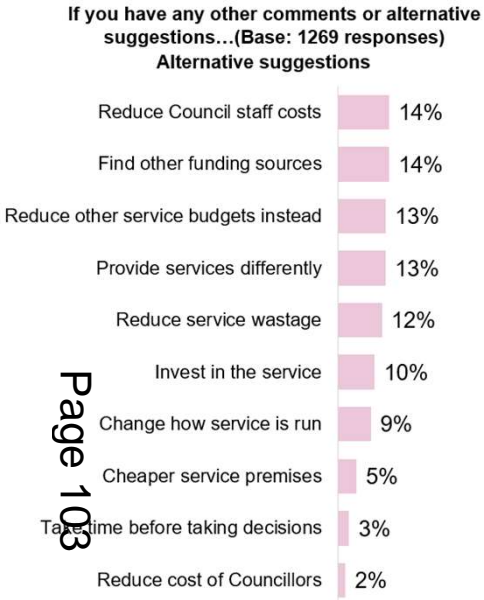
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Further comments and suggestions – General comments most frequently mentioned impacts on equality, with specific mention of children, parents and carers most often described; wider impacts on service users were also regularly referenced, mostly regarding health impacts but also in relation to quality of life and deprivation



Further comments and suggestions – Suggested alternatives most commonly related to reducing staff costs and finding other sources of funding, such as lobbying government and raising Council Tax. Suggestions about how services could be provided differently were almost equally as likely to mention increasing face to face options as they were to reference online provision



Find other funding sources (14%)

- Lobby central government (6%)
- Increase Council Tax (3%)
- Find ways to generate income (3%)
- Increase other (non-Council) taxes (2%)
- Parking charges (1%)

Reduce Council staff costs (14%)

- Reduce senior management numbers (7%) and costs (2%)
- Fewer employees (2%)
- Reduce employee salaries (2%)
- Reduce external consultants (1%)

Reduce other service budgets instead (13%)

- Environmental services (3%)
- Office costs (3%)
- Highways (2%)
- Transport (1%)
- Public health campaigns (1%)

Provide services differently (13%)

- More online provision (5%)
- Hybrid model (both face-to-face and online) (3%)
- Self-service (3%)
- More face-to-face provision (3%)
- More clinics / sites (1%)
- More community support (1%)

Reduce service wastage (12%)

- Joint working to minimise duplication (6%)
- Merge services (2%)
- Reduced overheads through partnership working (2%)
- Reduce admin costs (1%)
- More work with charities (1%)

Invest in the service (10%)

- Additional staff (2%)
- Better training (1%)
- Additional capacity to reduce waiting lists (<1%)

Change how the service is run (9%)

- Needs-based, not universal (1%)
- Discontinue/reduce Stop smoking service (1%)
- Introduce charging / donations (1%)
- Reduce / review funding for older people services (1%)
- Increase use of volunteers (<1%)

Cheaper service premises (5%)

- Consolidate multiple services in 'hubs' (2%)
- Reduce offices where possible by encouraging remote / home working (2%)
- Use existing Children's Centres / Family Support Hubs (1%)

Engagement before making decisions (3%)

- More consultation with service users (1%)
- Staff consultation (1%)
- Community engagement (<1%)
- Engagement with parents and carers (<1%)

Reduce cost of councillors (2%)

- Reduce number of councillors (1%)
- Reduce councillor pay (1%)
- Reduce councillor expenses (1%)

Further comments gave detailed descriptions of the ongoing impacts of the COVID pandemic, and the value of services that support health at an early stage. **Alternative suggestions** proposed ways to get additional value from existing facilities, small charges that could be made for some services, and how to reduce other services' budgets to support public health services

Further comments

"After a year of COVID health and mental health need more support than ever"

"Public Health savings are not savings. They are taxing the future by failing to address actual health needs now"

"...children have been impacted by a worldwide pandemic and need support after this crisis"

"...most realistic efficiencies have already been made and if we want to maintain world-class public services, we need to pay for them"

"We should be investing in the prevention of poor health and better support and education for families and children. This will save money in the future"

"This pandemic has shown us the importance of Public health specialists. Without these specialists we are looking at a very unhealthy future"

"This pandemic has shown us the importance of Public health specialists. Without these specialists we are looking at a very unhealthy future"

"we need to prioritise early years support to reduce potential future demands on all public services"

"I would be prepared to pay more in Council Tax"

Suggestions

"Use the community hospital at Swanwick much better, it's an underused resource"

"Cut admin costs and overheads by embedding health visitors with other services"

"...a small charge for enhanced stop smoking and weight management services"

"I recognize cuts need to be made and although unpopular, cuts to stopping smoking, sexual health and drug and alcohol services are preferable to cut to the public health nursing service"

"More preventative work in Primary schools so that intervention needs in Secondary are less"

"Smoking cessation and some substance misuse would be fine digitally"

"A good start would be making the public more aware of how to self help themselves without having to use the NHS"

"Budget cuts are not necessary, tax people more to pay or reduce overheads to pay for these essential services"

"Seek to find areas that have excelled under online services through Covid lockdowns"

Further comments and suggestions from health and care organisations and places of education indicated concerns about safeguarding and impacts on other organisations, with suggestions relating to making use of other early support services, reducing costs, ring fencing budgets, and using digital services as a way to identify service users who need more intensive support

Health and care organisational responses

Places of education organisational responses

Further comments

“Safeguarding issues will go undetected if the health visitors are not seeing the families, meaning children and young people will be suffering harm”

“This proposal sees a direct transfer of workload to primary care that is unfunded and does not support the aims of public health medicine. Public health is about protecting and improving health and wellbeing, and reducing health inequalities”

“Hearing phrases such as ‘just continue what you are doing or you are doing a great job’ when they haven’t set foot in the school or even seen the child is really unhelpful”

“This will then have a much wider impact in the future on families as will need even more support from the NHS and other services which will have an increased cost attached to them rather than addressing the needs earlier and saving time and money later”

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Suggestions

“...recommend that the commissioning for Public Health is ring-fenced and not used to offset funding cuts in other areas of the Local Authority”

“Look at Early Help Hub which already do much of this work and are uniquely placed to refer to other services”

“Digital offer could be used as a result of a triage system of referrals. This would mean that any child aged 5-19 would have access to a face-to-face school nurse if the need were greater than that of other referrals”

“If School Nursing Teams could reside in schools would this save on venue costs. Schools in the same locality could share School Nursing Teams’ times”

Emails, Letters and Telephone Calls: The County Council received 72 unstructured responses to the consultation via email, letter, or telephone

This consisted of responses from 33 members of the public, 19 healthcare providers, 15 other organisations, businesses or groups, 5 local authorities, 1 local Councillor, 1 political group in Hampshire County Council, and 1 team within the County Council*.

Local authorities who provided unstructured responses included:

- Basingstoke and Deane Borough Council
- Basingstoke and Deane Borough Council
- Basingstoke and Deane Borough Council
- Hart District Council
- New Forest District Council
- Winchester City Council

The political group that responded was the Liberal Democrat Group in Hampshire County Council

The County Council Team that responded was the Hampshire Library Service

Businesses, organisation, and groups who provided unstructured responses included:

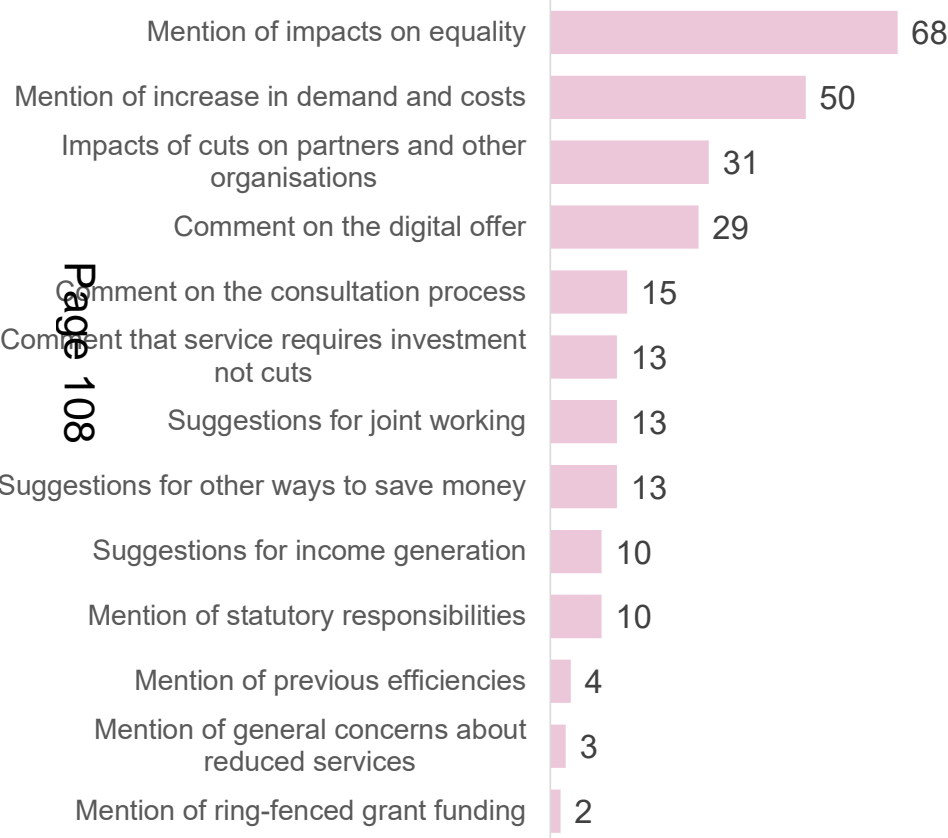
- Diocese of Winchester & Diocese of Portsmouth Education Team
- Family Nurse Partnership
- Hampshire & IOW LMC
- Institute of Health Visiting
- National Childbirth Trust
- National Network of Designated Healthcare Professionals for Children (NNDHP)
- NHS Sussex Partnership
- Representatives of Hampshire's Youth Forum and Members of Youth Parliament
- Royal College of Midwives
- Royal College of Obstetricians & Gynaecologists
- Solent NHS Trust
- Stillbirth and neonatal death charity
- Terrence Higgins Trust
- Wessex LMC
- Winchester and District Homestart

Healthcare providers who provided unstructured responses included:

- Aldershot Health Primary Care Network
- Andover Primary Care Network
- Chineham Medical Practice
- Gosport Health Visiting Team
- Hampshire Community Perinatal Mental Health Team
- Hampshire Hospitals Foundation Trust
- Hampshire Maternity Mental Health Service
- Healthwatch Portsmouth
- Hedge End Medical Centre
- Patients Participation Group (Ringwood Medical Centre)
- Princes Gardens Surgery
- Ringwood Medical Practice
- Shepherds Spring Medical Centre
- Solent NHS Trust
- Solent West community paediatric team
- Southern Health
- St Mary's Surgery, Andover
- Sussex Partnership Trust
- The Portchester Practice

Unstructured responses: The general themes, not exclusive to specific proposals, are shown below. These predominantly related to equality impacts and expectations that the proposed changes would lead to increases in service demands and costs, both to the services being consulted upon and to the public purse more generally

Number of comments made via email, letter, or telephone relating to: (Base: 72 unstructured responses)



Equality impacts (68 mentions) most frequently related to impacts on:

- Children / young people (55)
- Those with mental health issues (37)
- Families (36)
- Vulnerable people (34)
- Safeguarding service users (32)
- Those with physical health issues (29)
- Parents (19)
- Lower incomes (17)
- Women (12)
- LGBT (11)
- Pregnancy (10)
- Homeless people (8)
- Those with learning difficulties (7)
- Older people (7)
- Those with disabilities (6)
- Ethnic Minorities (4)

Comments on increased costs and demand (50 mentions) most frequently related to:

- Impact of the pandemic on service demand (32)
- Less early intervention / prevention (30)
- Increased costs in future (21)
- Create long term issues (20)
- Increased burden on other organisations (19)
- Increasing demand (18)
- Increase in sexual health problems (10)
- Increase in substance misuse (9)
- Impacts on school budgets (7)
- Increasing child protection (6)

Additional detail on other themes is shown on the next page

Unstructured responses: Aside from the aforementioned impacts on equality, demand and costs, respondents also cited higher demand for public and secondary care services and the longer waiting times as a result of proposals. The increased use of digital options had a mixed response, with some suggesting it has benefits in moderation and others concerned about digital exclusion

Comments made via email, letter, or telephone relating to: (Base: 72 unstructured responses)

Impacts of cuts on **partners and other organisations** (31 mentions) most frequently related to:

- Increased demand on primary (19) and secondary (8) care services
- Increased waiting times (4)

Comments on the **digital offer** (29 mentions) most frequently related to:

- Concerns about replacing existing service with digital options (26)
- Some users lack digital access (13)
- Face-to-face has advantages (4)

Comments on the **consultation process** (22 mentions) most frequently related to:

- More information wanted (8)
- Partners not sufficiently engaged (4)
- Delay as Govt policy may change (2)
- Inadequate consultation length (2)

Comments on **investment rather than cuts** (13 mentions) most frequently related to:

- Need more professionals (3)
- More investment in preventative work (2)
- More training (1)
- Ring-fencing health visitor budgets (1)

Suggestion for **joint working** (13 mentions) most frequently related to:

- More work with partners and charities (4)
- Reduce duplication via joint working (3)
- A multi-agency approach is needed (2)
- Joint working of Council and Health (2)

Suggestions of **ways to save money** (13 mentions) most frequently related to:

- Look elsewhere in the Council for ways to make savings (3)
- Reduce admin (2) and management (2)
- Make greater use of local suppliers (2)

Mentions of **ways to generate income** (10 mentions) most frequently related to:

- Lobby central government for funding (7)
- Means tested charging (2)
- Increase Council Tax (2)
- Disagreement with any charging (1)

Mentions of **statutory responsibilities** (10 mentions) most frequently related to:

- Risks of Council not meeting its duties (3)
- Technology may not meet needs (2)
- Potential for changes of legal duties (2)
- Partnership work may not be joined up (2)

Mentions of **previous efficiencies** (4 mentions) most frequently related to:

- Loss of capacity to date (3)
- Cumulative impact on service users (1)
- Recognition of the Council's financial position (1)

Unstructured responses: There were specific comments relating to all four proposals, with the largest proportion relating to the 0-19 Public Health nursing service. Regular themes in each related to increased demand for services and other systems that could need to pick up additional demand, most commonly GPs

Comments made via email, letter, or telephone relating to: (Base: 72 unstructured responses)

Consultation 1: Substance misuse treatment service

19 responses mentioned concerns about the proposed changes to this service, and 3 responses made specific reference to the proposals

- 1 response suggested there is not enough clarity on what 'adequate' provision would entail
- 1 response challenged the savings targets in the consultation, as they felt these do not reflect increased demand for other services
- 1 response suggested that new ways of working be identified, with the suggestion of more joined-up working and increased digital tools for service users

Page 1

Consultation 2: Stop smoking service

12 responses made mentioned concerns about the proposed changes to this service, and 4 responses made specific reference to the proposals

- 2 responses indicated agreement with the proposed site closures
- There was 1 mention of each of the following:
 - Agreement with moving services to pharmacies
 - Suggesting an independent referral system to GPs
 - Disagreement with GPs not prescribing NRT
 - GP services being needed for carbon monoxide monitoring
 - Concern about reducing service in deprived areas

Consultation 3: Sexual health services

23 responses mentioned concerns about the proposed changes to this service, and 9 responses made specific reference to the proposals

- 2 mentioned concerns that HIV and syphilis testing services are not available to GPs, 1 mentioned increasing availability of HIV testing, and 1 indicated support for removing the HIV and syphilis self-sampling service
- 2 mentioned concerns that GPs will not have alternative treatment or funding options if they can not refer patients to psychosexual counselling services
- 1 mentioned that contraceptive services are cost effective, and 1 suggested condom provision services could operate through a postal system
- 1 mentioned concerns about increasing levels of HIV in the South
- 1 indicated disagreement with reducing sexual health training for care staff
- 1 mentioned that GPs may not have the skills to pick up this service

Consultation 4: 0-19 Public Health nursing service

51 responses mentioned concerns about the proposed changes to this service, and 17 responses made specific reference to the proposals

- 6 mentioned the value of these practitioners as advocates for children
- 6 mentioned disagreement with the proposals for the service
- 5 mentioned concerns that children may become 'invisible' to health services
- 2 mentioned that the service's ability to engage with younger children
- 1 mentioned each of the following:
 - That school nurses help refer children to other services
 - The service gives health advice that service users need, often immediately
 - The service is valued by children and families
 - The proposed changes may impede the Healthy Child Programme

About this report

This report summarises the main findings from the 2021 Public Health open consultation. Notable demographic variances from the average response are also highlighted, with further information available in the supporting data pack and tables.

As this was an open consultation the respondents do not provide a representative sample of the Hampshire population. All consultation questions were optional and the analyses only take into account actual responses – where ‘no response’ was provided to a question, this was not included in the analysis. As such, the totals for each question generally add up to less than the total number of respondents who replied via the consultation Response Form. Typically, reported data has been re-based to exclude ‘don’t know’ responses to facilitate demographic comparisons.

Respondents could disclose if they were responding as an individual, providing the official response of an organisation, group or business or if they were responding as a democratically elected representative. Given the relatively low number of organisations / democratically elected representatives that responded, the usefulness of percentages in quantifying their views is limited. However, analysis has been completed by ‘respondent type’, using indicative percentages for each closed question in order to help illustrate any contrast between their views and those of individuals – recognising that organisations / democratically elected representatives provide both an ‘expert’ view and speak on behalf of a larger audience.

A note on verbatim coding

Unstructured response and open-ended responses were analysed by theme, using an inductive approach. This means that the themes were developed from the responses themselves, not pre-determined based on expectations, to avoid any bias in the analysis of these responses. These macro (overarching) and micro (sub-level) themes were brought together into code frames and are included in the appendices to this report.

The codeframes aimed to draw out the key themes and messages from the comments covered, including any:

- specific groups to which they related;
- impacts that they mentioned;
- suggestions for alternative ways in which the County Council could make savings; and
- feedback on the consultation process.

One individual worked on each codeframe to ensure a consistency of approach for each.

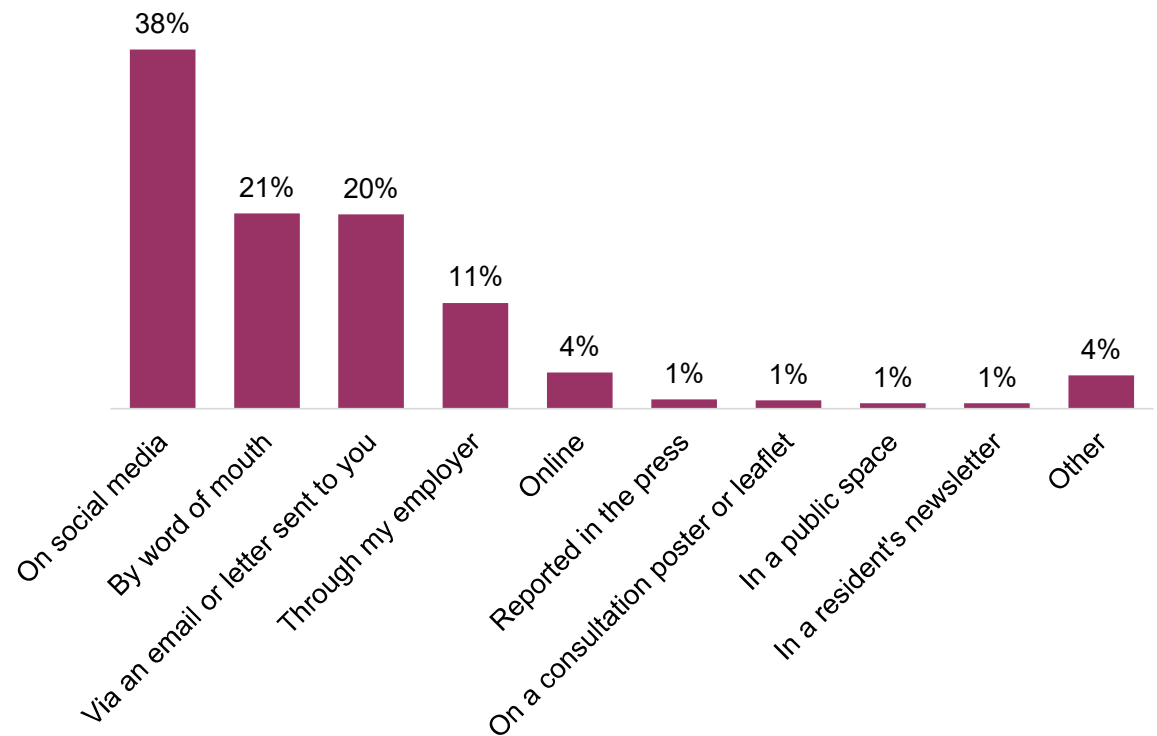
All of the comments and unstructured responses received through the consultation were also shared directly with project leads for further review, in order to inform the development of proposals.

How respondents heard about the consultation: Many respondents heard about the consultation via social media or correspondence, reflecting promotional work to raise awareness of the consultation. The significant public interest in the consultation is reflected in the proportion of respondents who became aware of the consultation via word of mouth

The consultation was promoted through a range of channels, including (but not limited to):

- emails to local voluntary and community sector partners, district and borough councils, MPs, NHS trusts, GP surgeries, pharmacies, sexual health clinics, schools, local parent and carer networks, charities, and constabulary and fire service partners;
- social media posts on Twitter and Facebook;
- press release information for the local media;
- school communications with the request that the consultation be shared with parents via, for example, school newsletters; and
- internal communications with staff at the County Council, including the services being consulted upon.

How respondents heard about the consultation: (Base: 2928)



Service relationship at the time of responding: High proportions of respondents used, or lived with users of, 0-19 Public Health nursing services

Employment: 10% of respondents (307) indicated that they worked for Hampshire County Council, 8% (249) for the Southern Health NHS Foundation Trust, 3% (78) for Solent NHS Trust, under 1% (2) for Inclusion Hants, and 2% (58) for other businesses or organisations that provide services for Hampshire County Council.

Service usage (of those who responded via the response form):

Substance misuse treatment service (869 responses)



15 respondents (<1%) to this element of the consultation were current service users
129 (3%) were previous service users

Stop smoking service (766 responses)



5 respondents (<1%) to this element of the consultation were current service users
61 (8%) were previous service users

Sexual health services (1082 responses)



37 respondents (3%) to this element of the consultation were current service users
375 (35%) were previous service users

0-19 Public Health nursing (2767 responses)



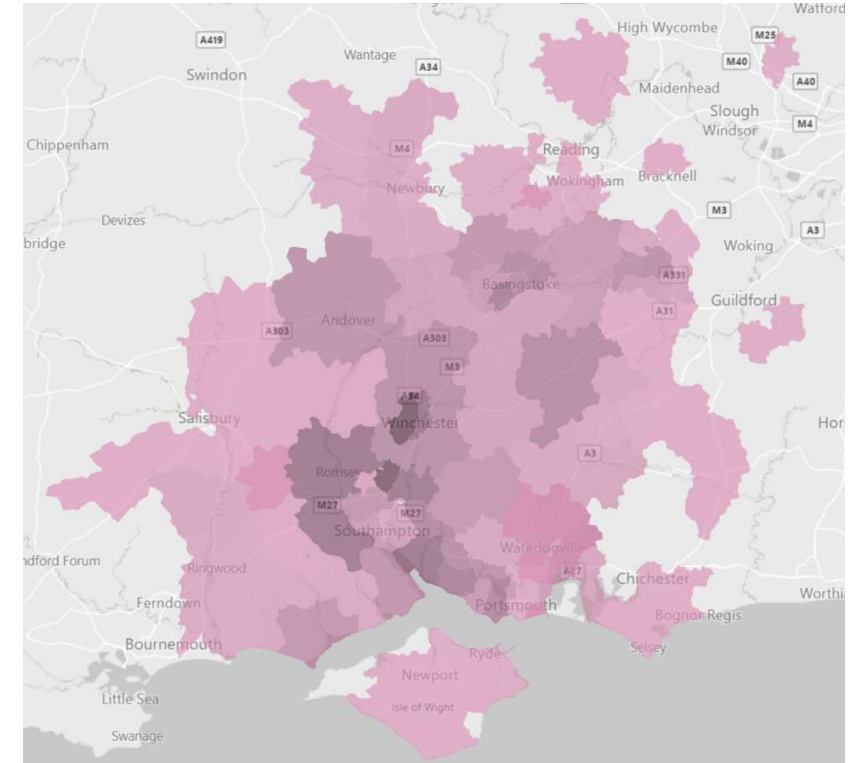
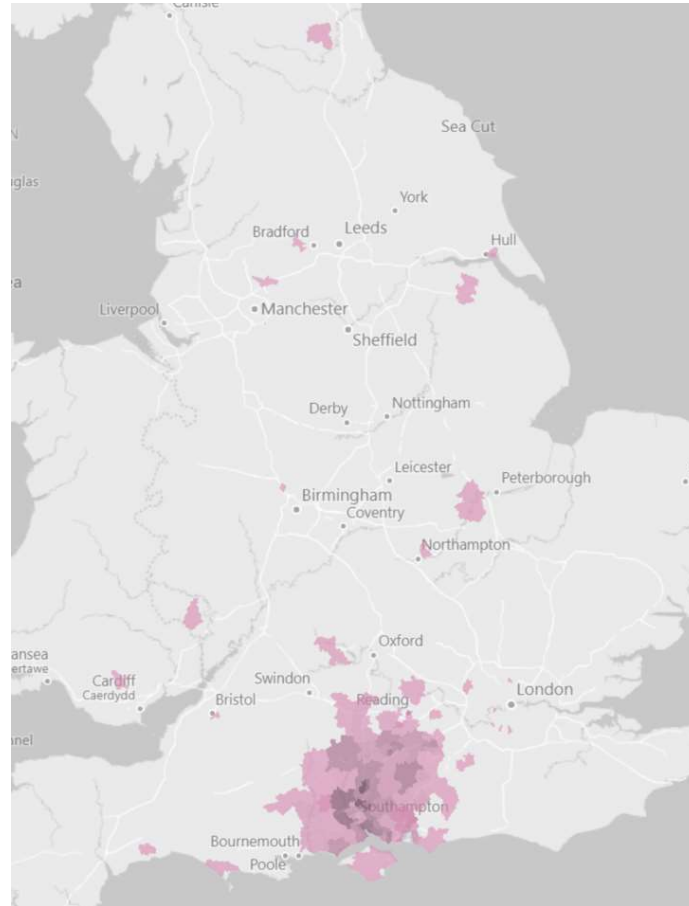
762 of respondents (28%) to this element of the consultation were, or lived with, current service users
1030 (37%) were, or lived with, previous service users

Location: The consultation heard from respondents located across the county and beyond.

Respondents were asked to provide their postcode.

The heatmap shows the distribution of respondents at postcode district level (the first part of the postcode). Darker colours on the map show a higher density of responses received.

The consultation received responses from across the Hampshire area and beyond, with the greatest number of responses from the Winchester and Eastleigh areas.

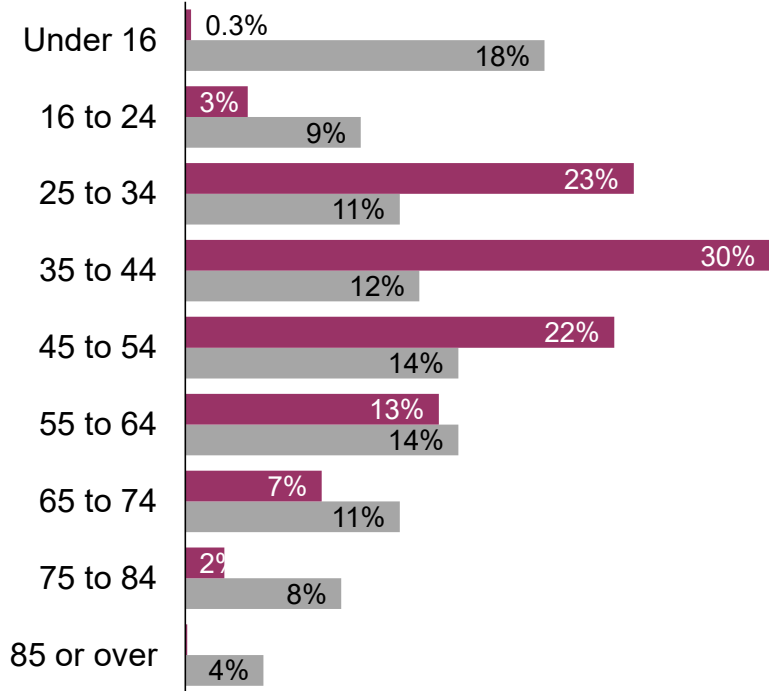


Profile: There was a significant over-representation of females and those in the 25-54 age groups amongst the respondent profile, when compared with the Hampshire population as a whole.

Respondent gender profile vs Hampshire population (Base: 2673)

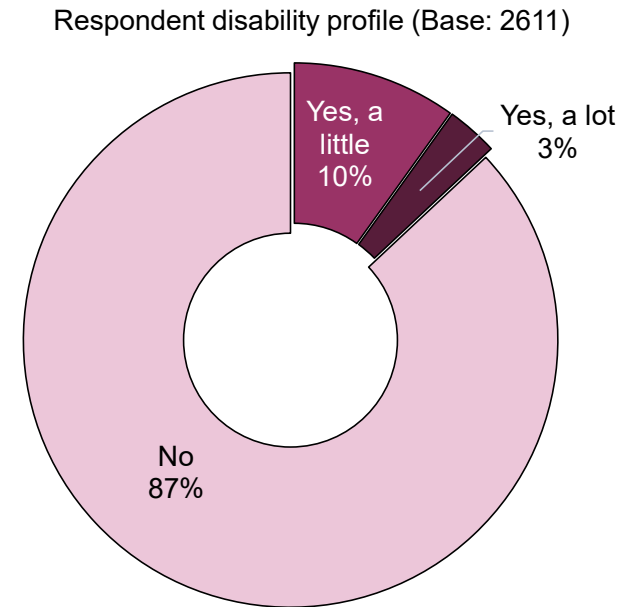
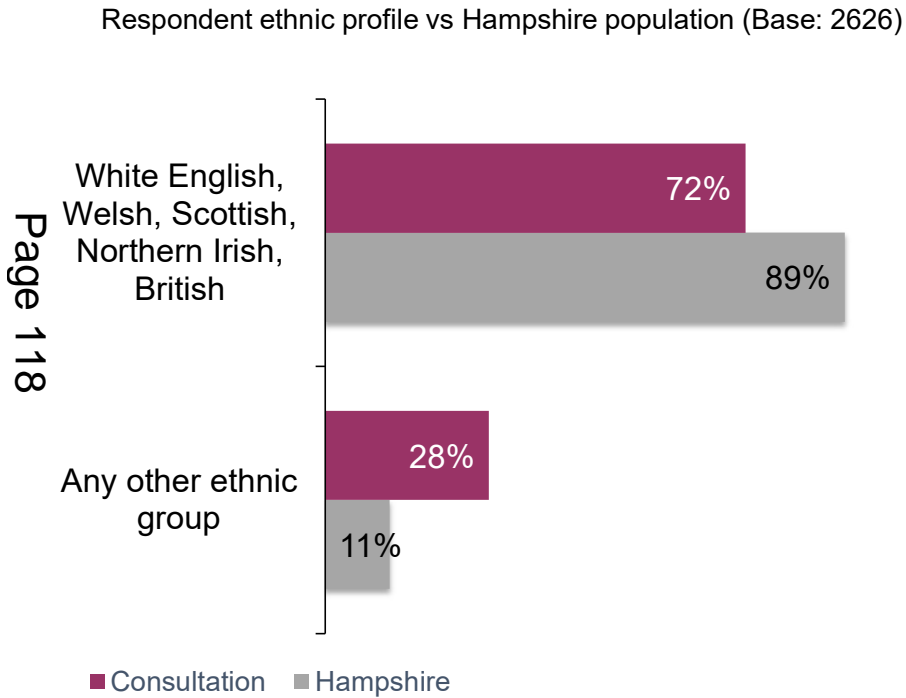


Respondent age profile vs Hampshire population (Base: 2709)



Hampshire Source: 2021 ONS forecast. Consultation Base excludes 'prefer not to say'

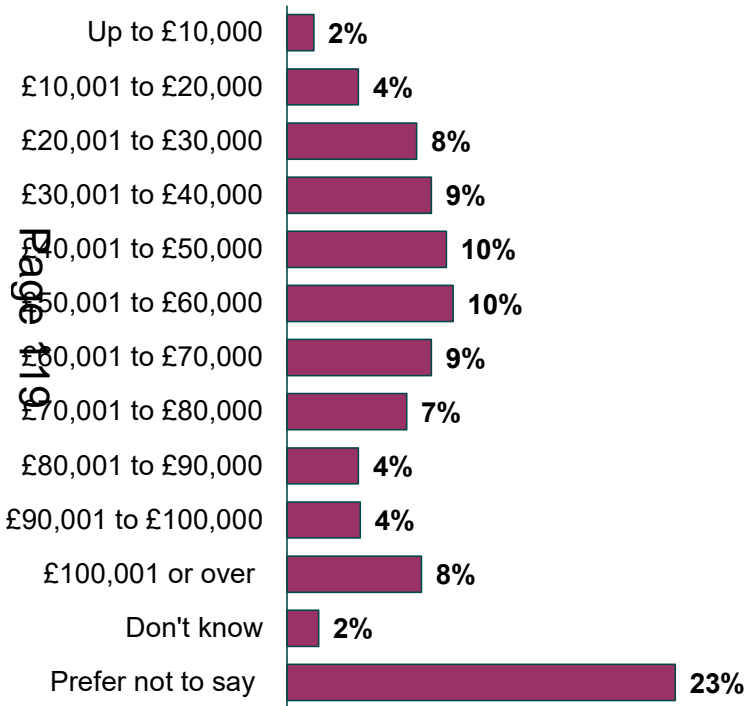
Profile: The ethnic profile of those who responded was more varied than that of the Hampshire population. 13% of respondents reported that they had a long-term disability that limited their day to day activities.



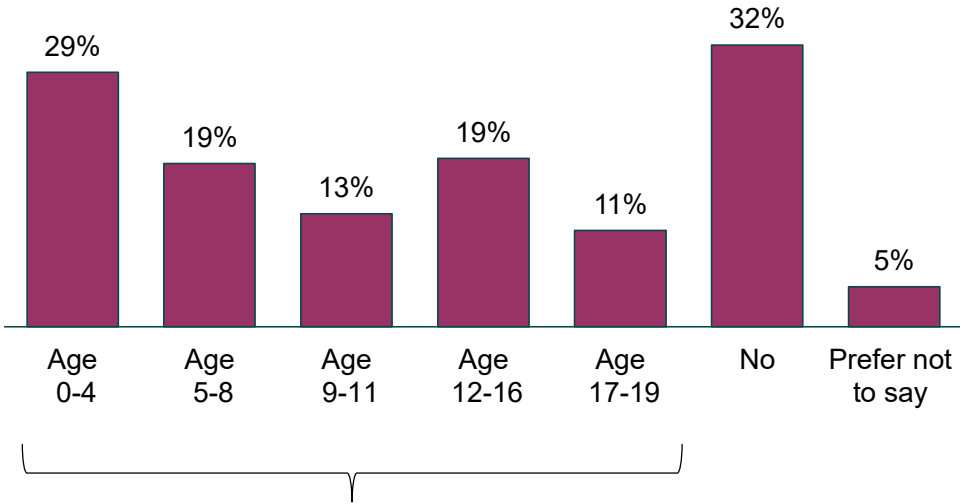
Hampshire Source: 2011 Census. Disability profile not available. Consultation Base excludes 'prefer not to say'.

Profile: 63% of respondents lived with a child or young person aged under 19, of which 15% had a special educational need or disability (SEND). 6% of respondents lived in households with an annual income of under £20k.

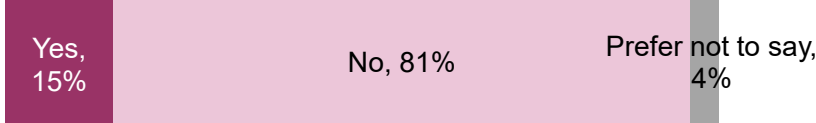
What is your total annual household income, from all sources, before tax and other deductions? (Base: 2667)



Are there any children or young people up to the age of 19 living in your household? (Multi-code. Base: 2721)



Do any of these children or young people have SEND? (Base: 1642)



List of responding groups, businesses, organisations and elected representatives: 112 groups, businesses and organisations named themselves within their consultation Response Form. 9 of the 10 democratically elected representatives who provided a structured response provided their details.

- Abbeywell Surgery
- Action Cerebral Palsy
- Action on Smoking and Health (ASH)
- Aldershot Health PCN
- All Saints CE VA Junior School
- Asthma UK - British Lung Foundation
- Baby Sensory
- Baycroft School
- Bentley Church Of England Primary School
- Binsted CE Primary
- Bladder & Bowel UK
- Brantlys Grange Medical Practice
- BSM Psychosexual Services Working Party
- Burfields Infant School
- ChatHealth
- Chatbox Community Pre-School Ltd.
- Child Death Overview Panel
- Child Death Overview Panel
- Clift Surgery
- Community Paediatricians at Basingstoke Hospital HHFT
- Community Pharmacy South Central (Hampshire & Isle of Wight LPC)
- Denmead Infant School
- Dimension childcare
- DorPIP
- Energise Me
- Fareham Community Labour Party
- Fareham LCP
- Four Lanes Infant School
- Frimley Commissioning Group and Frimley Integrated Care System
- Frogmore Community College
- Glenwood school
- Group of Designated and Named Safeguarding Nurses across Hampshire
- Hampshire Constabulary - Basingstoke & Deane District
- Hampshire Maternity Voices Partnership
- Hampshire, Southampton and Isle of Wight Clinical Commissioning Group
- Healthwatch Portsmouth
- HENRY
- HIOW Perinatal mental health multiagency group
- HIPS Designated Doctors for Safeguarding (Hampshire, Isle of Wight, Portsmouth, Southampton)
- Home-Start Hampshire
- Horndean Surgery
- Institute of Health Visiting
- Jubilee, Highlands and Whitley surgeries making Sovereign Primary Care Network.
- Kingsclere Community Association
- Liphook Federation
- Little Sunlights Nursery
- London Diploma in psychosexual and Relationship Therapy
- Lyndhurst Surgery
- Multiagency School age autism strategy group
- National Childbirth Trust (NCT)
- National Network of Designated Healthcare Professionals for Children
- New Forest LCP
- New Forest West Labour Party
- New Milton Infant School
- No Limits (South)
- Oakmoor School
- Oakwood Infant
- Old Basing Infant School
- One Community
- Padnell Infant School
- Paediatric Continence Forum
- Petersfield Infant School
- Portchester Community School

CONTINUED ON NEXT PAGE

List of responding groups, businesses, organisations and elected representatives: 112 groups, businesses and organisations named themselves within their consultation Response Form. 9 of the 10 democratically elected representatives who provided a structured response provided their details.

CONTINUED FROM PREVIOUS PAGE

- Portsmouth Hospitals University NHS Trust
- Priestlands school
- Princes Gardens Surgery
- Ranvilles Infant School
- Romsey Family Support Group
- Romsey Opportunity Group
- Rowhill School
- Rushmoor Borough Council
- Scantabout Primary School
- SCHOOL AND PUBLIC HEALTH NURSES ASSOCIATION
- School Nursing
- SH:24 CIC
- Shakespeare Junior School
- SIFT
- Sent Youth Action
- South East Maternity Voices Partnerships
- Southern Health
- Southern Health - School Nursing
- Southern Health NHS foundation Trust
- Southern health NHS Foundation trust
- Southern Health NHS Foundation Trust Corporate Safeguarding Team
- Southern Health NHS Foundation Trust, Children in Care Team
- St Bede C of E Primary School
- St Clements Practice
- St Lawrence CE Primary School
- St. Peter's Catholic Primary School
- Stoke Park Infant School
- Swan Medical Group
- The Arnewood School
- The Bridge Education Centre

- The Henry Beaufort School
- The Office of the Police and Crime Commissioner for Hampshire
- The Vyne Community School
- The Westgate School
- The Whiteley Surgery
- Tweseldown Infant School
- Two Saints Ltd
- University Hospital Southampton NHS Foundation Trust
- Velmead Junior School
- West End Surgery
- Wickham Group Surgery
- Wildern School
- Winchester and District Home-Start
- Winchester Churches Nightshelter
- Winchester Rural N&E PCN
- Wistaria & Milford Surgeries
- Wistaria & Milford Surgeries
- Youth and Families Matter
- Youth Champions

Responses were submitted from the democratically elected representatives from the following areas:

- Aldershot North
- Baughurst Parish
- Candovers Oakley and Overton
- Itchen Valley
- Titchfield Division
- Totton South

Responses were also submitted by the members of parliament for the following constituencies:

- Basingstoke
- Meon Valley
- North West Hampshire

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Committee	Health and Adult Social Care Select Committee
Date:	19 October 2021
Title:	Working Group Proposal
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 03707 795574

Email: Graham.allen@hants.gov.uk

Purpose of this Report

1. The purpose of this report is for the Health and Adult Social Care Select Committee (HASC) to consider whether to initiate a Working Group to review proposals for the future of both the Demand Management and Prevention Grants and Social Inclusion services, as part of the wider Savings Programme 2023 (SP23). (subject to Cabinet approval on 12 October and approval by Full County Council on 4 November 2021)

Recommendation(s)

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

Contextual information

4. The Serving Hampshire - Balancing the Budget consultation, published in June 2021, proposed a number of reductions in Adults' Health and Care budgets, subject to Cabinet approval on 12 October and approval by Full County Council on 4 November 2021. Two proposals are stated as being subject to stage 2 consultations; Local and County wide grants funded by Adult Social Care to voluntary, community and partner organisations in relation to Demand Management and Prevention, and Social Inclusion Services which provide support for vulnerable people who are homeless or at risk of homelessness to maintain independent accommodation
5. Local and county-wide grants funded by Adult Social Care to voluntary, community and partner organisations in relation to Demand Management and Prevention currently support a range of activities designed to help prevent and manage demand for Social Care services. The proposal is to cease to provide such grants representing a target saving of £365,000. If implemented,

voluntary and community organisations would need to reshape their services or seek alternative funding.

6. Social Inclusion Services provide support for vulnerable people who are homeless or at risk of homelessness, to maintain independent accommodation. These services support a range of partners to achieve positive outcomes for these clients. This proposal relates to a target saving of £360,000 from the budget for these services.
7. The County Council wants to work with all partners in planning for future service delivery.

**HEALTH AND ADULT SOCIAL CARE SELECT (OVERVIEW AND SCRUTINY)
COMMITTEE
TASK AND FINISH WORKING GROUP ON ADULTS' HEALTH AND CARE SP23
SAVINGS PROGRAMME PROPOSALS**

TERMS OF REFERENCE

1. Introduction

- 1.1 The Serving Hampshire - Balancing the Budget consultation, published in June 2021, proposed a number of reductions in Adults' Health and Care budgets, subject to Cabinet approval on 12 October and approval by Full County Council on 4 November 2021. Two proposals are stated as being subject to stage 2 consultations; Local and County wide grants funded by Adult Social Care to voluntary, community and partner organisations in relation to Demand Management and Prevention, and Social Inclusion services which provide support for vulnerable people who are homeless or at risk of homelessness, to maintain independent accommodation
- 1.2 Local and county-wide grants funded by Adult Social Care to voluntary, community and partner organisations in relation to Demand Management and Prevention currently support a range of activities designed to help prevent and manage demand for Social Care services. The proposal is to cease to provide such grants representing a target saving of £365,000. If implemented, voluntary and community organisations would need to reshape their services or seek alternative funding.
- 1.3 Social Inclusion services provide support for vulnerable people who are homeless or at risk of homelessness, to maintain independent accommodation. These services support a range of partners to achieve positive outcomes for these clients. This proposal relates to a target saving of £360,000 from the budget for these services.
- 1.4 The County Council wants to work with all partners in planning for future service delivery.

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

- 2.1 The Task and Finish Working Group is a working group of the Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC) and is appointed in accordance with the Constitution of Hampshire County Council.
- 2.2 The Task and Finish Group's purpose is to review proposals for the future of both the Demand Management and Prevention Grants and Social Inclusion services, as part of the wider SP23 savings programme.

3. Scope of the Task and Finish Group

- 3.1 The HASC Select Committee considered an introduction to the Council's required savings and the specific efficiencies to be sought from Adults' Health and Care, following the results of the Serving Hampshire - Balancing the Budget consultation; at their meeting on 21 September 2021.

- 3.2 This working group is being formed to provide overview and scrutiny of the review of Demand Management and Prevention Grants and Social Inclusion services, which forms part of the Department's SP23 programme, prior to an Executive Member decision.

4. Objectives

- 4.1 To support the County Council with the approach to reviewing these grants and services alongside District and Borough Councils, together with any other organisations with a statutory responsibility or interest in this provision.
- 4.2 To review feedback from engagement and consultation with a wide range of stakeholders, including service users.
- 4.3 To consider and provide comment on impact assessments.
- 4.4 To scrutinise and review proposals for service reconfiguration developed within the financial envelope available.

5. Areas out of scope

- 5.1 The overall savings contribution from Adults Health and Care, as agreed by the Executive Member for Adult Services and Public Health on 21 September 2021. (subject to confirmation by Cabinet on 12 October and County Council on 4 November)
- 5.2 The consideration of other Adults' Health and Care services not defined as Demand Management and Prevention Grants or Social Inclusion services.

6. Outcomes

- 6.1 To provide updates to the wider HASC on the progress of considerations when appropriate.
- 6.2 To make recommendations regarding proposals to the wider HASC
- 6.3 To submit a report to the wider HASC when recommendations appear before the Committee for pre-decision scrutiny.

7. Method

- 7.1 The working group will meet with department officers to consider the evidence leading to recommendations for decisions on the future of these programmes. At each meeting, the group will provide oversight, scrutiny and comment on progress towards the stated objectives of the review.
- 7.2 Where the working group requires further information in order to pursue the concerns outlined in the scope, such information will be requested.

8. Membership

- 8.1 The working group shall be a cross party group made up of Members of the HASC, with additional membership from one of the District and Borough Co-opted Membership.

9. Meetings

- 9.1 The Working Group will hold an initial meeting to understand the timeline for reviewing and making recommendations on these programmes. After this meeting, it shall meet as often as required to satisfactorily explore these topics.
- 9.2 It is anticipated that the Working Group would start meeting shortly after confirmation of the savings targets by County Council on 4 November 2021, with a view to concluding to feed into a decision by the Executive Member in June 2022.

10. Code of Conduct

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

11. Reporting

- 11.1 The Working Group will make an update to the HASC on the progress of considerations when appropriate. It will provide comment to the wider HASC when recommendations appear before the Committee for pre-decision scrutiny.
- 11.2 The Working Group will cease to exist once its purpose has been fulfilled.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	19 October 2021
Report Title:	Work Programme
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of Report

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

Recommendation

2. That Members consider and approve the work programme.

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

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 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.		x			
Andover Hospital Minor Injuries Unit	Temporary variation of opening hours due to staff absence and vacancies.	Living Well Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Last update Sept 2020 (invite West CCG to joint present with HHFT). Update spring 2021 deferred as no change to report.		X?			
North and Mid Hampshire Clinical Services Review (SC)	Management of change and emerging pattern of services across sites.	Starting Well Living Well Ageing Well Healthier	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update	If any changes proposed, HASC to receive an update.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 2022
		Communities		Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.					
Spinal Surgery Service	Move of spinal surgery from PHT to UHS (from single clinician to team).	Living Well Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Last Update March 2020 (UHS). Next update deferred due to pandemic.					
Chase Community Hospital (Whitehill & Bordon Health and Wellbeing Hub Update)	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Latest update circulated Oct 2021. Request further update when developments.					
Mental Health Crisis Teams	Proposed changes to the Mental Health Crisis Teams.	Living Well Ageing Well Healthier	Solent NHS and Southern Health for PSEH	Presented July 2019. Informed Nov 2019 project delay. Update when work is resumed.		X			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 2022
		Communities		(checked July 2021 – project re-starting Aug 2021, suggested timing for update late 2021)					
Integrated Primary Care Access Service	Providing extended access to GP services via GP offices and hubs.	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019, last update March 2021. Requested further update late 2021.		x			
Orthopaedic Trauma Modernization Pilot	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019, last update March 2021. Requested further update early 2022.			x		
Out of Area Beds and Divisional Bed Management System	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019, last update Sept 2021. New inhouse beds to come onstream summer 2021. Update on other ward for					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 2022
				circulation when opened (early 2022?)					
Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire CCGs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020 and March 2021. Next meeting tbc as consultation on hold.					
Building Better Emergency Care Programme	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire CCGs	Presented in July 2020 following informational briefings. last update June 2021. Next update requested spring 2022.				x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 2022
Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.									
Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary. Updates on hold during pandemic (unless priority due to new report or poor outcome) PHT last report received Jan 2020, update March 2020. SHFT – latest full report and update March 2020. HHFT latest report April 2020 received Sept 2020. Solent – latest full report received April 2019, written update on minor improvement areas					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 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.	X		x		
Sustainability and Transformation Plans: One for Hampshire & IOW, Other for Frimley	Subject to ongoing scrutiny the strategic plans covering the Hampshire area.	<p>Starting Well</p> <p>Living Well</p> <p>Ageing Well</p> <p>Healthier Communities</p>	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 2022
				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					
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		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 2022
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.				
Public Health Proposals following consultation summer 2021	Regarding services covering: substance misuse, stop smoking, sexual health, 0-19 public health nursing		Public Health within AHC Dept	Working Group initiated June 2021. To feed in to pre-decision scrutiny in late 2021.	Holding meetings in July 2021 to feed back to Oct 2021 HASC				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 2022
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Oct 2020. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)		x			
Public Health Updates	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Pre-scrutiny of decision due Oct 2021 following summer 2021 consultation.	X				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 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 received June 2021.					
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	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 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. Requested written only update later in the year.		X?			
		Ageing Well							
		Healthier Communities							
		Dying Well							

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	19 Oct 2021	23 Nov 2021	18 Jan 2022	8 March 2022	10 May 2022
Development of Integrated Care Systems (ICS)	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well	Hampshire CCGs	Item heard at Sept 2020 meeting regarding merger of CCGs due to take place April 2021. Update received March 2021. Update on development of ICS Sept 2021, requested further update for Jan 2022.			x		
		Ageing Well							
		Healthier Communities							
		Dying Well							

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

Other Topic Requests for scheduling:

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

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

September 2021 – request for item on encouraging responsibility for health

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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	
<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 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.

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