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NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 24th January, 2023 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

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 16)

To confirm the minutes of the previous meeting held on 29 November 2022.

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. CQC LOCAL AUTHORITY ASSURANCE - HAMPSHIRE 'TEST AND LEARN' EXERCISE AND ONGOING PREPARATIONS (Pages 17 - 38)

To update the Committee on the future introduction of the Care Quality Commission's assessment of local authority social care functions.

7. 2023/24 REVENUE BUDGET REPORT FOR ADULTS' HEALTH AND CARE (Pages 39 - 66)

To consider a report of the Director of Adults' Health and Care, Director of Public Health and the Director of Corporate Operations, setting out proposals for the 2023/24 budget for Adults' Health and Care in accordance with the Councils Medium Term Financial Strategy (MTFS).

8. CAPITAL PROGRAMME FOR 2023/24 TO 2025/26 (Pages 67 - 82)

To consider a report of the Director of Adults' Health and Care and the Director of Corporate Operations setting out the Adult Services and Public Health capital programme.

9. PROPOSALS TO VARY SERVICES (Pages 83 - 104)

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

- a) Whitehill and Bordon Health Hub – Hampshire and Isle of Wight Integrated Care Board
- b) Integrated Primary Care Access – Hampshire and Isle of Wight Integrated Care Board/Frimley Integrated Care Board
- c) Andover Community Diagnostic Centre – Hampshire Hospitals NHS Foundation Trust

10. WORK PROGRAMME (Pages 105 - 120)

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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Public Document Pack Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Tuesday,
29th November, 2022

Chairman:

* Councillor Bill Withers Lt Col (Retd)

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|---------------------------------|-------------------------------|
| * Councillor Ann Briggs | * Councillor Lesley Meenaghan |
| * Councillor Jackie Branson | * Councillor Sarah Pankhurst |
| * Councillor Pamela Bryant | * Councillor Kim Taylor |
| * Councillor Graham Burgess | * Councillor Andy Tree |
| * Councillor Rod Cooper | * Councillor Cynthia Garton |
| * Councillor Tonia Craig | * Councillor Julie Butler |
| * Councillor Debbie Curnow-Ford | * Councillor Karen Hamilton |
| * Councillor Alan Dowden | |
| * Councillor David Harrison | |
| * Councillor Adam Jackman | |
| * Councillor Andrew Joy | |

*Present

84. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Diane Andrews.

85. DECLARATIONS OF INTEREST

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

86. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 5 July 2022 were agreed as a correct record and signed by the Chairman.

87. DEPUTATIONS

There were no deputations.

88. CHAIRMAN'S ANNOUNCEMENTS

The Chairman noted the written update that Members had received on work with voluntary and community sector organisations since the Executive Member for Adult Services and Public Health Decision to on 16 June 2022 to cease grant funding.

Members were also reminded of the written update received from the Hampshire and Isle of Wight Integrated Care Board (ICB) regarding the Whitehill and Bordon Health Hub. The Chairman noted that the ICB would be attending the HASC meeting in January 2023 to present further information to the Committee.

The Chairman announced that Portsmouth Hospitals NHS Trust had received a Care Quality Commission (CQC) inspection which had taken place through April and May of this year and that the report was available online. The two areas which were inspected, namely the Medical Care and Urgent and Emergency Services in April and a 'planned well-led inspection' in May, were rated as 'Good' by the CQC.

Members were also reminded of the written briefing note from the Hampshire and Isle of Wight Integrated Care Board which had been circulated via email to HASC members setting out proposals for a GP surgery merger.

89. SERVICE RESILIENCE, RECRUITMENT AND RESOURCING

The Committee received a presentation from the Hampshire and Isle of Wight Integrated Care Board (representing Hampshire NHS providers) and the Director of Adults' Health and Care (in respect of Hampshire social care provision) on service resilience, recruitment and resourcing across the health and social care sector.

The Director noted the Autumn Statement which had been published by the Treasury after the HASC papers had been circulated and noted the new information. The Committee noted that the Social Care Reforms (SCR) had been postponed for a two year period and that the funding identified to support SCR was to be made available to Local Authorities to support social care services. Furthermore, the social care Council Tax precept was able to be increased to 2%. Members also noted the Better Care Funding proposals and the allocations to the County Council.

Overall, both in health and social care, workforce resilience was a challenge. This was due to a complex range of factors, not least the competitive employment sector, intricacies of training and qualifications, potential industrial action and the impact this has on the perception of working in health and social care, growing demand for care, increasing cost of care and individuals with more complex support needs. The Committee heard how international recruitment had proven successful and noted how recruitment initiatives and innovative resourcing were seeking to engage and attract employees. Specific mention was made of current workforce shortages in mental health services and dentistry. Members were reassured that the continual focus amidst the shortages was to ensure the safety of services for users.

In response to Members' questions, it was noted that:

- There was an onus on the Integrated Care Board to help the public to understand how health care works and how integrated services add value. Enabling public understanding and engagement could only bring about positive outcomes and potentially positive impacts on recruitment and retention of workforce.
- The numbers of agency staff varied according to circumstances – for example, many services operate an internal 'bank' of staff who are called upon if there are short term absences in the first instance.
- Apprenticeships and training whilst in post was an important focus.
- NHS international recruitment was undertaken from 'green list' areas with a known oversupply of workforce.
- The acronym 'WTE' on page 39 of the agenda pack stood for Whole Time Equivalent.
- The high volume of administrative and clerical staff within the NHS was vital in terms of supporting clinical staff to focus upon clinical delivery.
- The Adults' Health and Care department were transforming Carer Support Services and it was anticipated that this would impact upon the uptake of day services. Two hundred older adults were currently attending social care day services.

There was a question which was not able to be asked due to time constraints and was submitted via email. The question and response is appended to these minutes.

RESOLVED:

That the Committee thanks presenters for delivering the comprehensive presentation, notes the information set out and the significant workforce pressures being faced across the sector.

90. PROPOSALS TO VARY SERVICES

a) Recommendation to create a new community and mental health trust (Southern Health Foundation Trust and Solent NHS Trust)

Members had received a written briefing note from the Hampshire and Isle of Wight Integrated Care Board (HIOW ICB), Solent NHS Trust, Southern Health NHS Trust and also Sussex Partnership NHS Trust setting out their proposals to develop a new NHS community and mental health organisation for Hampshire and the Isle of Wight.

The Committee heard that the proposals were in the early stages, with a business case being developed, the project team appointed and community engagement having begun. Members heard that the proposed date for the creation of the new organisation was 1 April 2024.

In response to Members' questions, it was confirmed that:

- Supporting people to remain well and to prevent health from declining to the point where more extensive care was required would be a key priority for the new Trust.
- Work was and would be conducted to make NHS IT systems interact with each other in a more compatible way. This was particularly important in sharing information between partners and to prevent patients from having to explain their situation repeatedly to different healthcare professionals.
- The consultation and community engagement proposals had not accounted for North East Hampshire. Members were concerned by this and wanted to ensure that the needs of the whole county were considered fairly. It was noted that the geographical complexities needed to be worked through as part of the process.
- The outline business case for the new Trust was expected to be available in February/March 2023 with the more detailed, full business case available by October/November 2024.

Members were acutely aware of the rising demand for mental health services and commented on the significance of these proposals, changing the health infrastructure responsible for delivering these services. The Committee were concerned at some aspects of the presentation including the fact that consideration had not been given to incorporating the whole of the county.

Members discussed whether the proposals would constitute a substantial variation to health services. The general consensus was that the anticipated changes were significant enough to do so but it was agreed that a decision would be reached on this when the item next appeared on the HASC agenda (in March 2023) as more information would be available at that point.

RESOLVED:

- i) That the Committee note the progress made in developing the joint organisation.
- ii) That the Committee defer its decision on whether the proposals constitute a substantial variation to health services to the March 2023 HASC meeting when the item will be presented in further detail.

b) Building Better Emergency Care (Portsmouth Hospitals NHS Trust)

The Committee considered the update report which set out the progress made thus far with the Building Better Emergency Care programme following the receipt of capital investment to build a new Emergency Department (ED).

Members heard that the full business case had been approved by NHS England and the funding had been released for the works to begin. Patients were expected to begin to use the new facilities, once built, by 12 November 2024.

In response to Members' questions, it was noted that:

- A comprehensive improvement plan looking at pre-hospital planning, organisation, receiving critical care patients, acute flow, emergency care centre initiatives was continually being developed to help to make the new ED as efficient as possible. The Committee's concerns regarding the operation and restrictions of the current ED were recognised and Members were assured that the issues would be addressed for the new build.
- With the funding amount having been agreed in 2018, the construction sector had since seen significant pressures on costing due to inflation; this had been factored in and Members were assured that there was enough contingency to allow the build to progress.

RESOLVED:

- iii) That the Committee welcome the progress in the Building Better Emergency Care Programme and request a further update in Spring/Summer 2023 once construction has begun.

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

a) Independent Review of Southern Health NHS Foundation Trust

The Committee received an update on the Trust's action plan following the Stage 2 Independent Investigation and heard how improvements against specific actions had been implemented.

Members' attention was drawn to the way in which the Trust were handling complaints and holding conversations internally with clinicians to ascertain an understanding of the situation which had led to the complaint. Furthermore, the management of incidents had been overhauled entirely and was under close, regular scrutiny from clinicians and Board members.

The Committee heard that the Trust were almost at the point of signing off the action plan with the Integrated Care Board and were hoping that this would be possible within the next month having recently submitted evidence.

In response to Members' questions, it was noted that:

- Honest and open conversations and acceptance of liability were key factors that had been woven into the Trust's culture. The Trust would keep challenging themselves to ensure that this continued.
- In presenting the next update to the Committee, any changes would be highlighted bold within the report and some evidence based examples of the work conducted would be provided.

- The process of the Independent Review and the tragic events which led to it had had an impact on staff over the years and a number of staff were still working through this at the current time with support.

RESOLVED:

- i) That the Committee welcomes the actions the Trust has taken to date in response to the recommendations made in the Independent Investigation Report.
- ii) That the Committee request that the Trust attend the March HASC meeting in 2023 to provide an update once the action plan has been signed off by the ICB.

b) Care Quality Commission Inspection – Maternity Services (Hampshire Hospitals NHS Foundation Trust)

Members received an update from Hampshire Hospitals following their CQC inspection in November 2021 and actions against the improvement plan within Maternity Services.

It was noted that 41 actions were complete with 20 on track and 2 at risk of being overdue. Members were updated on e-learning completion rates, domestic abuse screening (which was possible to track via the Badger Notes app) and new standard operating procedures for equipment testing amongst other updates. The Trust's ambition for community hubs was welcomed – these being a 'one stop shop' for antenatal and postnatal clinics, breastfeeding support and other services. Work on establishing the hubs was progressing.

RESOLVED:

- i) That the Committee note the work undertaken to respond to the action plan and request to be notified once all actions are complete.

c) Care Quality Commission Inspection – Safeguarding (South Central Ambulance Service)

The Committee considered an update from SCAS following their CQC inspection in November 2021 and actions in regard to safeguarding improvements which had been identified as part of the inspection.

Members noted the work undertaken to the safeguarding IT system and safeguarding policies and close monitoring via internal reviews. The Committee were concerned at the slow rate of staff undertaking their safeguarding level 3 training. The Trust confirmed that there were challenges in balancing staff working on the frontline alongside attending training days but recognised the

importance of the training and committed to improving the training rate. The Committee also sought reassurance from SCAS as to whether completion of safeguarding level 3 training was a requirement of professional re-registration for some of their workforce.

In response to Members' questions, it was confirmed that:

- Community First Responders were required to undertake safeguarding level 2.
- SCAS's safeguarding duty began from the moment an ambulance was called and continued through to the moment the patient was discharged or transferred to another service.
- Level 3 safeguarding training could be undertaken as part of a face-to-face session or remotely via e-learning.

RESOLVED:

- i) That the Committee note the work undertaken to date against the action plan and request a further update at the HASC meeting in March 2023.

d) Dental Services Update – (NHS England/Hampshire and Isle of Wight Integrated Care Board)

The Committee received an update from the Hampshire and Isle of Wight Integrated Care Board (ICB) regarding the challenges in accessing dental services.

The national picture regarding shortages in NHS dentists, NHS dental nurses and the resultant challenges in accessing NHS dental services for patients was recognised. The ICB confirmed that they were linking with Hampshire MP's to raise the issue of the national dentistry contract restrictions and also to look at proposals for developing dentist training in the South region. The Committee were supportive of the suggestion that, if no progress had been made come the March HASC meeting, the Chairman would write to local MP's setting out the difficulties faced by Hampshire residents and lobbying for political support to amend the national contract.

The lack of incentives for dentists to work within the NHS was noted, including an additional year of training which was not required to enter into private practice.

There was a question which was not able to be asked due to time constraints and was submitted via email. The question and response is appended to these minutes.

RESOLVED:

- i) That the Committee recognises that access to dental services is an ongoing national issue and continue to monitor this from a Hampshire perspective via regular updates.

- ii) That the Committee request a further update at the HASC meeting in March 2023.

92. **ANNUAL SAFEGUARDING REPORT - ADULTS' HEALTH AND CARE 2021/22**

The Committee considered a report of the Director of Adults' Health and Care providing an annual update on the local authority statutory duty to safeguard vulnerable adults.

RESOLVED:

That the Committee:

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

93. **WORK PROGRAMME**

The Committee considered the forthcoming agenda items via the Work Programme.

RESOLVED:

That the Committee's Work Programme be approved.

Please see below for responses to additional Member queries submitted.

Minute number 89

Question:

It is likely that a large percentage age of staff are going through the menopause stage of life how confident are you that staff are given good levels of support & guidance & that their managers are aware of the impact of the menopause & where possible make reasonable adjustments in the workplace.

Response from the Hampshire and Isle of Wight Integrated Care Board:

We recognise that the menopause can significantly impact on people's health and their ability to come to work. We are committed to improving the experience of those going through the menopause and working to deliver a system-wide Menopause Support Service to all NHS and primary care colleagues working across HIOW.

Over the past ten months we have been developing our offers of support and training for colleagues experiencing the menopause and for those people supporting them, including partners, team members and managers. We also hope to enable colleagues to be open and honest when they feel unable to attend work due to menopause symptoms, and to more accurately capture this data.

With support and clinical supervision provided by a Specialist Clinician with extensive knowledge and experience of menopause we provide a single point of contact for colleagues offering one to one consultations for staff with a Menopause Advisor. Where appropriate and required, our Specialist Clinician supports with further clinical advice around HRT or more complex matters. These consultations have been very well received with great feedback.

We have developed a menopause policy and guidance toolkit for staff and are working up a training programme for managers via a virtual learning platform. Additionally, we have joined up with MenoHealth to provide a year-long programme of fortnightly awareness sessions via Zoom for colleagues to learn about the impact of menopause, get helpful advice and to ask questions in a safe space. We have also successfully trained 30 Menopause Advocates, with a further 15 colleagues attending training in February. The Menopause Advocates are evenly placed across the system and come together each month to share learning and challenges, and will be providing training workshops to individuals, teams and managers and be a point of contact for colleagues who are needing additional support or signposting.

We are well aware of the stigma and taboo still surrounding the menopause and are dedicated to work to break this down and develop inclusive offers. As such, the service continues to offer supportive webinars and talks, ensuring a particular focus on inclusion and diversity by:

- Arranging specialist webinars with the Daisy Network around premature ovarian insufficiency (POI)

- Linking with Lee Chambers regarding a session on male allyship and menopause
- Exploring other underlying health conditions that can cause the menopause and menopause symptoms
- Inviting a member of staff to the menopause working group with a specialist interest in transgender issues who will further promote inclusion and diversity of thought.
- Planning a specific session for our LGBTQ+ network recognising that menopause can be even more difficult for some people in this staff group

Looking ahead, we are working collaboratively as a system to continue to develop our offers and support, and organisations to gain Henpicked Accreditation to be a 'Menopause Friendly Workplace'. We are committed to supporting colleagues and constantly seeking feedback and tailoring our services.

Please see below for responses to additional Member queries submitted.

Minute number 91d

Question:

At what point Dentistry will be transferred from NHS England to ICB and if any plan is already being worked on to recruit/solve the shortages to NHS dentists across Hampshire?

Response from the Hampshire and Isle of Wight Integrated Care Board:

The recruitment of dentists is recognised as a national issue but there are a number of opportunities available to the ICB with the transfer of responsibility from NHS England to help bring more dentists to our area.

As discussed at the last HASC meeting, a workforce strategy for Hampshire and Isle of Wight is in place. We will be focussing our recruitment on roles we need locally, including dentists.

Following a successful Dental Summit held in Portsmouth last summer, a steering group has now been established with University of Portsmouth, led by Professor Chris Louca, to progress a bid for a Centre for Dental Development at the University of Portsmouth Dental Academy. This would attract people to train in the area and, we hope, many will choose to remain living and working locally.

More widely, Health Education England has published 'Advancing Dental Care (ADC) Review Report', the culmination of a three-year review to identify and develop a future dental education and training infrastructure that produces a skilled multi-professional oral healthcare workforce, which can best support patient and population needs within the NHS. The Government is currently considering the next steps.

We accept these initiatives will take time to develop and the more immediate steps we are taking to increase NHS dental provision in Hampshire is through the procurement of new NHS contracts locally.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	24 January 2023
Title:	CQC Local Authority Assurance – Hampshire ‘Test and Learn’ exercise and ongoing preparations
Report From:	Director of Adults’ Health and Care

Contact name: Jess Hutchinson, Principal Social Worker and Assistant Director, Younger Adults
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Report purpose

1. The purpose of this report is to update the Health and Adult Social Care Select Committee on the future introduction of the Care Quality Commission’s (CQC) assessment of local authority social care functions. It also sets out how Adults’ Health and Care is preparing for assessment, including the results of the Test and Learn exercise completed in June-July 2022.

Recommendations

2. The Health and Adult Social Care Select Committee are asked to note the report and acknowledge the achievement of staff, alongside the contributions of wider partners, stakeholders, and those accessing health and care services and carers, to achieving the Test and Learn rating of *Good*.

Executive summary

3. As part of a broad programme of engagement to develop its new single inspection framework for the assessment of local authority social care services, the CQC engaged Hampshire County Council and Manchester City Council respectively in a Test and Learn exercise to test out its emerging approach. The Hampshire exercise ran between June and July 2022 and focused on two aspects of the framework. It involved several components: a self-assessment and data return, fieldwork, and follow up evaluation and reporting.

4. The exercise was a positive experience and resulted in valuable learning for both the CQC and Adults' Health and Care. The CQC has yet to finalise its approach to ratings, and acknowledged that further work was needed on the presentation of its final report. Nevertheless, the CQC rated both quality statements to be *Good* and feedback was positive. This is a significant achievement given the context in which the Directorate is operating.
5. Where areas for improvement were identified, these were known to the Directorate and the CQC recognised that improvement plans were in place and being progressed. The main areas highlighted for improvement related to support for unpaid carers, the timeliness and quality of assessments, and further strengthening strategies to address workforce pressures. The Directorate is taking steps to address these areas as part of a broader improvement plan, driven by the Adults' Health and Care internal self-assessment process. This was introduced in Spring 2022 and will be repeated in 2023.

Legislative context

6. The Government's Adult Social Care White Paper 'People at the Heart of Care' places personalised care at the heart of the Government's vision for the Sector. The White Paper includes measures to help reform the system to achieve its vision through new assurance, improvement, and data measures. These include:
 - An adult social care data framework to improve the quality and availability of data nationally, regionally, and locally.
 - A duty for the CQC to independently review and assess local authority performance in delivering their adult social care duties.
 - New legal powers for the Secretary of State to intervene in local authorities to secure improvement.
 - An increase in sector-led improvement funding to support local authorities to improve and deliver reform.
7. This report focuses on the second of these – the introduction of CQC assessment of local authorities, which was put on a statutory footing by the Health and Care Act 2022. High level enabling legislation was introduced through amendments to the Health and Social Care Act 2008. This created a new duty for the CQC to review local authorities' performance in discharging their adult social care functions under the Care Act 2014. In discharging this duty, the CQC will consider strategic priorities and objectives set by the Secretary of State for the Directorate of Health and Social Care, akin to the NHS Mandate.
8. The exact scope of the review framework is to be set out in secondary legislation. Alongside this, the Health and Social Care Act gives the CQC powers to have oversight of Integrated Care Systems. The date from which the CQC will commence its assurance of local authorities has yet to be determined but is expected to be no earlier than the end of 2023.

CQC Single Assessment Framework

9. The CQC has been working collaboratively with the DHSC, LGA, ADASS and wider Sector to develop a Single Assessment Framework which will be used for providers, local authorities, and systems. Some elements of CQC's current assessment framework will remain. CQC is expected to continue to use its five key questions (safe, effective, caring, responsive and well-led) for provider assessment, and its four-point ratings scale (*Outstanding, Good, Requires Improvement, and Inadequate*).
10. Other elements will be revised. For example, the CQC's Key Lines of Enquiry and prompts will be replaced with a series of quality statements, described as 'we' statements. An overview of the current questions, quality statements and associated regulations are set out on the [CQC's website](#). These remain in development and subject to change. CQC will use a subset of the quality statements for local authority and Integrated Care System assessments. CQC will also draw upon several evidence categories, applying these differently depending on the type of assessment. Within these, the CQC is placing equal weight on the experiences and perspectives of residents and those accessing health and care services and their families and carers.
11. Part of the CQC vision is to become a data-driven regulator. CQC has been mapping data sources and indicators to quality statements within the framework, looking at existing structured data sets before determining whether any new structured sets need developing. CQC are expected to include metrics from the mandated national adult social care data returns, as specified by NHS Digital, in conjunction with other evidence sources.
12. Whilst the Framework is starting to take shape, much of the detail is still to be worked through, including how the CQC might seek to combine or sequence its local authority assessment with that for Integrated Care Systems and how this might work for systems that are more complex in nature. How the assessment will 'look and feel' is also in development – a process that has been supported by the County Council through its participation in the CQC's Test and Learn exercise.

Test and Learn Local Authority pilot

Exercise components

13. The CQC ran two 'Test and Learn' pilots with Hampshire County Council and Manchester City Council respectively. The Hampshire exercise commenced in mid-June and was limited, looking at two quality statements spanning two themes:
 - **Theme 1. How Local Authorities work with people: assessing needs**
We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
 - **Theme 4. Leadership: learning, innovation, and improvement.**

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective, practice and research.

14. The exercise consisted of the following components:
- Completion of a self-assessment and information return, and evaluation of these elements.
 - Fieldwork, comprising CQC interviews and attendance at internal and external meetings primarily concentrated during the week of the 4 July.
 - Feedback meetings and a final report.

Experience and learning

15. The Directorate welcomed the opportunity to participate in the exercise, which was experienced by staff and the CQC as a positive, collaborative endeavour. After each stage of the process, there was opportunity to reflect, capture comments from staff and wider participants, and feedback to the CQC team. Following the exercise, representatives from Adults' Health and Care participated in a workshop alongside colleagues from Manchester City Council to co-produce the assessment framework further and the CQC continues to build on this feedback in developing its approach.
16. Key learning taken from the exercise included the following:
- **The value of preparation** – the Directorate completed an internal self-assessment in Spring 2022 which supported the CQC self-assessment component of its assessment and helped to speed up what was a resource-intensive exercise.
 - **Scene setting is key** – there was value in supporting the CQC team to understand Hampshire's context.
 - **Supporting engagement with people using services** – CQC positively valued hearing from people accessing services and carers and reflected on the importance of preparation and skilled facilitation to enable people's participation.
 - **The importance of a central, coordinating role** – CQC praised Adults' Health and Care for the way the exercise was managed and coordinated. This was time consuming and required dedicated, senior resource.
 - **Briefing Members and partners** – both Adults' Health and Care and the CQC recognised the need to share information in advance about what to expect when engaged with the CQC assessment team.
17. In addition to the above areas, CQC reflections identified further challenges and opportunities including:
- Gaps in hearing from regulated providers.
 - Limited standard data sets, reducing the ability to benchmark consistently.

- The usefulness of balancing face-to-face, online meetings and interviews.

Final report

18. The CQC issued a final report following the exercise in which it scored both quality statements. This is included an appendix one. The 'Assessing Needs' statement received a score of 65, with 'Learning, Innovation and Improvement' rated 75 – both within the *Good* range of 63-85. The report was largely positive and where areas for improvement were identified, these were already known to the Directorate and the CQC recognised that improvement plans were in place and being progressed. The Directorate provided feedback to the CQC on the report highlighting the need to develop the approach to scoring, and to recognise more fully the broader context within with the Directorate, and wider Sector, is operating. CQC has indicated this feedback has been shared internally and is helping to shape their approach. The level at which scores and ratings are to be applied is still to be worked through with the Secretary of State for Health and Social Care but the intention remains to publish an overarching rating as part of the local authority baselining.
19. Key strengths included:
 - **Strong leadership**, enabling frontline teams to adapt to new ways of working, maximising the support available for people using services.
 - **Use of technology, innovation, and co-production**, including working with technology partners to improve efficiency whilst maximising people's health, wellbeing, and independence.
 - **Work to develop stronger links with the Nepalese community** to enable a better understanding of people's needs.
 - **Person-centred, strengths-based assessment**, using a 'least restrictive practice' model and supporting positive risk taking and maximising people's independence.
 - **Positive organisational culture**, where staff felt supported by leaders, resulting in good opportunities for learning, development, and career progression.
 - **Sharing good practice** with other local authority areas.
 - **Proactive Enhanced Care pilot**, which demonstrated positive outcomes and reduced demand for increased packages of care.
20. Key areas for improvement:
 - Whilst some initiatives were in place to address **workforce capacity** risks, this was identified as the biggest challenge by some senior staff.
 - **Support for carers**, including unpaid carers, and carers assessments could be strengthened to improve carer satisfaction overall.
 - The **timeliness and quality of assessments**, ensuring these contained detailed and accurate information. This was picked up particularly in response to providers' feedback.

- The need to capture **cultural and protected characteristics** when people start using Adults' Health and Care services so that staff can be responsive to people's specific needs. Alongside this, Adults' Health and Care recognises the need to develop further the cultural awareness of staff and to continue to develop the inclusivity and accessibility of its services.
 - Addressing any barriers to effective assessments arising from partners' IT systems.
21. Alongside these areas, the CQC recommended that further consideration be given to the leadership oversight and level of challenge offered corporately and politically in relation to assessment and improvement, and that further evaluation of projects would be beneficial in being able to further gauge the success of these in practice. The CQC also highlighted two key next steps: firstly, refreshing the carers' strategy and supporting action plan and secondly, further work to maximise the Directorate's staff recruitment campaign.

Next steps

22. The Directorate is in the process of developing an overarching improvement plan which captures the breadth of actions arising from the Directorate self-assessment, whilst being clear about the priority areas for improvement highlighted by the recent CQC assessment.
23. The internal self-assessment framework is being revised to align with the CQC's single assessment framework and will be repeated in 2023. The Directorate will also keep abreast of key developments, such as confirmation of the required data return, and prepare for these as necessary.
24. Adults' Health and Care will also continue to work in co-production with the CQC to develop its approach further, engaging with and supporting the wider Sector via the LGA and ADASS. The County Council is part of a regional peer group, buddied with West Sussex County Council and Kent County Councils and has also shared learning from the Test and Learn pilot with the County Council's Network, South-East ADASS and individual councils on request.

Conclusion

25. This report demonstrates that Adults' Health and Care is taking proactive steps to prepare for CQC assessment, whilst providing support and leadership to the wider Sector. Despite the pressures on staff, and the short time within which to prepare for the assessment exercise, the Directorate received positive feedback and secured an overall rating of *Good*. This is a significant achievement in the current operating context and demonstrates an ongoing commitment to delivering positive outcomes for Hampshire's adult population. Work is being undertaken to understand better the areas highlighted so that targeted actions can be taken to drive further improvement in outcomes for those accessing health and care services, their families and carers.

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>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Health and Care Act 2022	

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

The County Council's participation in the CQC's assessment of local authority social care functions is likely to drive improvement in the inclusivity and accessibility of Adults' Health and Care Services. This is because the CQC's emerging framework is focused on how services improve outcomes for people who use services, their families, friends, and unpaid carers. This includes people with protected equality characteristics and those most likely to have a poorer experience of care or experience equalities. As well as being a theme throughout the framework, there is a focused quality statement on equality in experience and outcomes. The Directorate's participation in the Test and Learn exercise demonstrated how this focus on equalities has helped to identify areas for improvement - for example, in ensuring services take account of, and respond to, the needs of people with different protected characteristics.

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<p>Local Authority Test and Learn Report</p>	<p>Name of Local Authority: Hampshire</p> <p>Date of assessment: July 2022 (onsite 4 – 7 July 2022).</p> <p>Team:</p> <p>Laura Arnold, Inspection manager (team lead) Lella Andrews, Inspection manager Jackie Straw, Inspector Si Hussain, Inspector Leanne Colder, Inspection planner Amanda Stride, Head of Inspection Mary Cridge, Director of Adult Social Care Paul Najsarek, Subject Matter Expert Ian Redfern, Subject Matter Expert Debbie Bazzard, Research and Evaluation Manager Anna Wambach, Principal Analyst Javen Rahiman, Senior Analyst Ronald Morton, Policy Manager</p>
<p>Overall Summary:</p> <p>Hampshire County Council is a large local authority in the south of England providing long term adult social care support to around 22,000 people. This assessment was carried out as part of a ‘test and learn’ exercise, testing the assessment process to help to further develop the future methodology.</p> <p>A strong leadership team was in place who had led front line teams to adapt to new ways of working during the COVID-19 pandemic, maximising the support available for people using services.</p> <p>Use of technology, innovation and co-production were a strength, however ongoing challenges remained in areas such as recruitment, management of resources resulting in some waiting lists, and support for carers.</p> <p>Overall feedback from staff and partners was positive and where areas for improvement were found during our assessment, these had been identified by leaders and plans were in place to address these.</p>	
<p>Strengths:</p> <p>There was a positive organisational culture where staff felt supported by leaders resulting in good opportunities for learning, development and career progression.</p> <p>Hampshire County Council’s focus on innovation meant they embraced the use of technology, working closely with technology partners to improve efficiency, whilst also maximising people's health, well-being and independence.</p>	

The feedback from staff was leaders were creative in trying out new ideas and approaches to learn and improve. Some successful initiatives supported the needs of the local community. For example, MIND Well-being Centres were a project commissioned jointly with the local authority across Hampshire, supporting people during periods of crisis and to help them regain skills and independence. Linked to this was a successful project working with local sports clubs, training 'Sports Ambassadors,' to support young people in relation to their mental health needs.

Work was being carried out in Rushmoor which was one of the more culturally diverse areas of the county, to develop stronger links with the Nepalese community and enable a better understanding of how to better meet people's needs. Linked to this work, research had been commissioned by the local authority to identify where resources could be better used to support people.

Staff worked using a person centred, strengths - based approach when assessing people's needs. A 'least restrictive practice' model for people with a learning disability, ensured staff were trained to support people in reducing restrictions to their care, supporting positive risk taking and maximising their independence.

Staff shared good practice with other local authority areas, including the successful use of additional COVID-19 funding for live in carers for people during the pandemic. This avoided the need for people to go into 24 - hour care, supporting both them and the system further.

A 'Proactive Enhanced Care' pilot for people aged 85 and over demonstrated positive outcomes in reducing the need for an increased package of care, by staff working more intensively with people from the outset.

Areas for improvement:

Risks had been identified in relation to workforce capacity, and some initiatives were in place to address this, including changes to recruitment practices to be more centralised to release manager capacity. Some senior staff we spoke with identified workforce as the biggest challenge for the local authority.

We received some mixed feedback about support for carers from staff and this was reflected within the current local authority annual survey feedback, however both leaders and partners told us about the work underway to address the issues raised.

High level of vacancies in the brokerage team and difficulties in recruiting staff meant there were delays at times in assessments being completed. Feedback was following this, there could then be further delays in people receiving their care and support.

Waiting lists were identified as a theme which both leaders and staff told us about, meaning assessments may not always be completed in a timely way. Strategies to manage waiting lists included an enhanced risk management process to assist to triage and prioritise assessments. Performance data relating to waiting lists was discussed regularly by leaders to identify actions to improve these. In addition,

workshops were held with operational staff to maximise their engagement with people and there remained a focus on ongoing staff recruitment linked to this.

Some improvements were identified as required between front line teams and some regulated care providers in relation to communication, and timeliness of and detail in, assessments.

Pre-assessment forms were completed when people started using services however cultural and protected characteristics were not included for staff to know people's specific needs. The local authorities' inclusion and accessibility action plan had identified this, that data quality needed to improve further, and this was being actioned.

It was recognised that IT systems used by health partners created a barrier for staff at times in carrying out effective assessments and this was being taken forward by management within local teams.

Quality statements, evidence categories, evidence sources

QS1 Assessing Needs

What people expect:

"I have care and support that is coordinated, and everyone works well together and with me." "I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals."

The local authority commitment: "We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them."

Key findings for this quality statement

- People's direct feedback to us about their care and support was positive in the small number of examples we were able to obtain during our assessment. However, feedback from people via the local authority annual survey results 2021/22 supported this further, along with evidence obtained from other surveys and case studies we reviewed.
- Some positive feedback was received from people evidencing effective assessment of their needs whilst involving them in the process.
- Staff we spoke with were committed to providing a holistic assessment of care needs and spoke passionately about keeping people at the heart of their assessments. However, identified that there were some high waiting lists for assessments.
- Leaders had identified where changes and improvements were required so that assessments could be carried out in a timely way.

People's experience

On completion of this assessment we have concluded we do not have enough direct evidence for the category of people's experience of assessment, care and support as we only spoke with a small number of people directly. In addition, we

do not have evidence of the impact on well-being of people who have not been assessed yet or are not eligible for services. However, for the purposes of this assessment we have scored based on the feedback we have obtained.

Positive feedback was obtained from surveys, case studies and some meetings we attended. For example, one case study showed a joint approach between two teams which led to a positive outcome for one person in giving them a reduced level of care and support which they wanted.

In the 'Independent Futures' meeting, comments from one carer about the assessment and care support they received with their family member included, "Hampshire have been brilliant, I cannot fault [staff member] and their teams, it was the smoothest transition (between services)."

Evidence from Hampshire County Council's annual survey results 2021/22 showed people overall felt safe, were positive about their personal safety, social contact and ability to find information. However, the carers feedback showed less positive results. For example, the overall satisfaction of carers had decreased to 31% in 2021/22, from 44% in 2018/19 and 49% in 2016/17 (no survey was done in 2020).

In the carers survey results for 2021/22 we noted the return rate was quite low at 32%. Additionally, satisfaction results overall were lower for this year compared to previous years. However, we noted changes had been made to the local authority website, with an online carer's needs checker, developed in response to carers waiting to see if they were eligible for support.

At the Contact Assessment and Resolution Centre (CART) around 70% of calls or emails were resolved and we identified that call wait times were improving there. In March 2022 they conducted a survey to proactively seek more feedback and the results were the average satisfaction rating was 4.7 out of 5, with the lowest score being 3.7, for ease of getting in contact with the service.

Other evidence was provided as part of the data return information we received, with positive feedback from people, for example surveys relating to the 'Proactive Enhanced Care scheme' and short - term services which the local authority provided. In addition, we saw positive feedback about the MIND well-being centre and the West Street respite service during our visits, with evidence of people and carers thanking staff for the difference the service had made to them.

Feedback was received from people using telecare services where 90% rated the service good or very good overall. Comments made within the TEC board mid - year report 2021 included, 'This service has saved my life on many, many occasions' and 'I am grateful for all at Argenti and the Adults team for funding this service.'

The use of the 'Cobots' technology was being trialled to support both people and care staff. Cobots is a piece of equipment worn around the lower back of care staff, to assist them when supporting a person to move, and can reduce the number of care staff a person requires. This led to one person feeling this had provided them with further dignity when receiving care now from only one carer

instead of two. Whilst the reablement team had used this technology to help identify further risks to people's care.

The Annual Customer Care Report 2021/22 reviewed compliments and complaints. A total of 630 complaints were received which was an increase of 20% on the previous year. Themes were a lack of service, communication, the quality of service being delivered, fulfilment of duties and invoicing. Of these 10 were referred to the LGSCO (Local government and social care ombudsman) which is an increase from six in the previous year. Outcomes were found to be an equal split between complaints being upheld or partially upheld, and complaints not upheld. The biggest increase in complaints was for the learning disabilities community team from 14% last year to 21%. By contrast, in the same period 148 compliments were recorded which is a slight decrease of 7.5 % from the previous year.

Learning from complaints included giving feedback to staff and using these to inform reflective practice. For example, several complaints about communication led to changes in staff handover practices to ensure messages and key information was accurately recorded and passed on. Complaints training for team managers was also refreshed.

Score for category: 3

Feedback from staff and leaders

Staff reported high levels of waiting lists, particularly in older people's teams and said that they were doing 'a good job' despite some high caseloads. Staff told us to keep people safe they would make short term arrangements to support people whilst waiting for long term allocation for assessment. Staff worked together to try to address these issues locally, including working overtime and with use of agency staff, telling us they did feel empowered to take the initiative to manage this.

We received mixed feedback in relation to support for unpaid carers. For example, feedback from one carers group described excellent joint working and a positive picture. However, some other staff were concerned there was not enough to offer carers in terms of choice.

Staff we spoke with were passionate and kept people at the heart of their assessments. Consistent feedback from staff was they were focused on the individual needs of the person and were empowered to be creative in how people's needs could best be met, not just to 'slot' people into existing services.

One example involved the use of advocacy and related to a person at risk of domestic, financial and emotional abuse. Staff expressed their philosophy of 'think safeguarding first' when supporting this person yet explained how the person's wishes had been at the forefront in them jointly deciding the next steps.

People were supported to access direct payments to maximise their choice and control to meet their needs. One example given was the creative use of direct payments in supporting one person to attend university.

Staff feedback about the local authority was consistently good, and whilst they acknowledged there were challenges such as numbers of referrals and workload, their commitment to people was clear. Staff were keen to tell us about their work and said the culture at the local authority was that they felt able to raise concerns.

Links with local GP's were developed well in some areas however were considered 'a work in progress' in others. Some teams such as the 'Short Terms Services' team felt they had a good working relationship with health services, and we saw this working well in practice to facilitate discharge planning from hospital.

Senior leaders showed a good understanding of the key strengths of the local authority, areas for improvement and opportunities. Key strengths included co-production, communication and engagement. In addition, their approach to innovation, technology, commissioning (extra care) and culture of the organisation.

A local authority overall strategic plan was in place for 2021 to 2025 and a new strategy for adult social care was being developed. Priorities included the introduction of the new care assessment system, impact of major changes in legislation (such as social care reform), an increase in demand for services, delays in assessment and significant workforce challenges. Opportunities included further improvement of co-production and technology advances which were a key part of their planned transformation.

Evidence was there was a cohesive senior leadership team in place with quality as the primary focus. It was positive there was a long-standing executive member in place for Adult Services and Public Health to support consistency.

Score for category: 2

Feedback from partners

Support for people was co-ordinated across different agencies and services. There was evidence of the local authority working with partner agencies to provide a holistic and integrated approach to assessment and care planning. For example, joint sharing of information between the Single Point of Access team and health teams, plus good links with some GP practices in local areas. One new initiative was the 'Delirium pathway' linked to the Single Point of Access team which showed positive working with health partners supporting people with a cognitive impairment.

Some local authority engagement had taken place with regulated care providers in February 2022 to seek feedback about challenges, changes to needs of people and their working relationships. A further provider event held in July 2022 had identified some areas which needed improvement linked to the assessment process.

Feedback we received from providers identified some areas of good practice and other areas where improvements were needed. For example, good communication, engagement and relationships were reported with some local authority services and staff. However, concerns raised related to the quality of assessments at times with a lack of detail and containing inaccurate information.

Reviews and re-assessments were not always completed in a timely way which impacted on providers and people using services. We gave this feedback to local authority leaders.

Key health partners provided positive feedback about their relationship with the local authority. Good feedback from professionals (both from the hospital and community teams) was also seen in relation to the public accessing information from the 'Connect to Support Hampshire' website.

Healthwatch gave positive feedback about their relationship with the local authority whilst also noting that improvements could be made in relation to support for carers and carers assessments, however confirmed a working group had now been set up linked to this work, although this was in its early stages.

Other good working relationships were identified such as with the Voice Ability advocacy service and through working with partners such as Argenti (linked to use of technology).

Score for category: 2

Feedback from processes

Some challenges of the 'AIS' current IT care system were highlighted to us by staff, however there was positivity about the new co-produced Care Director system being introduced next year. Staff told us the emphasis was on this system supporting the function and not the other way around.

The 'Connect to Hampshire' website contained information in relation to assessment including financial assessment and the eligibility framework. Positive feedback had been received about this in terms of accessibility.

A Power Bi dashboard was introduced in June 2022 to enable further overview and analysis of data to inform decision making by staff and leaders, linked to practice. An increase in safeguarding and more complex cases was evident from data provided in the data return and feedback we received from staff supported this.

A new risk assessment and escalation process was being launched in September 2022 to prioritise people waiting allocation.

The local authority SharePoint site enabled staff to access key information and policies they required for practice, for example information about mental capacity assessments and finances.

Score for category: 3

Outcomes

The Proactive Enhanced Care (PECs) pilot showed initial positive outcomes for people aged 85 and over in reducing their need for higher levels of long - term care. This pilot was implemented following an analysis of data which identified issues with packages of care doubling within the first two years for people. The

pilot gave staff the opportunity to reduce or delay this, by building better support and trust with people early on, for example, signposting to other services.

There was a large in-house provision of local authority care services with the majority of these rated as 'good' overall, indicating people receiving these services were happy with the care and support provided.

Positive feedback was received about short term services, for example, people using the discharge to assess service. In this service 1516 people were supported in 2021 and 36% of people returned home either with some care or without the need for any at all. Feedback from staff there was some delays in people moving on from this, related to accessing the provision from other care agencies.

The wide use of technology at the local authority evidenced innovations were encouraged to support staff and support people to remain independent, whilst also being cost - effective. An overall approach to innovation was not documented, however several examples were provided showing greater independence from the use of technology and the difference this had made for people.

Some examples we found included technology such as the Oysta watch app. One case study was of a young person with multiple health conditions where the Oysta monitoring system had enabled them at age 17 to have more independence from their parents meaning their confidence and skills had now grown. In addition, a 'You care, We care' app had been developed for carers so they could view and book available support such as a short break or respite.

The 'Connect to Hampshire' website showed continuing increase in users for 2021 with the highest visited page being 'carers support' evidencing the work being undertaken to improve this area.

Score for category: 3

Total score: 13 - Quality statement score 65

QS4 Learning, improvement and innovation

The local authority commitment: "We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research".

Key findings for this quality statement

- Consistent feedback received and evidence obtained, supported that learning, innovation and improvement were embedded across the organisation.
- We received feedback that there was a positive empowering culture for learning. Staff told us they felt valued and gave examples of opportunities for career progression in the organisation.
- Co-production was a core part of the philosophy of the local authority and this was being developed further with training for staff in co-production. Feedback about this work was positive and showed a commitment to learning alongside people with lived experience.

- The use of technology and innovations were encouraged to improve people's health and support positive well-being outcomes.

Feedback from staff and leaders

Staff were appropriately trained with the experience and knowledge necessary to carry out assessments, including specialist assessments. A specialist social worker lead role had been introduced to further enhance practice. We received feedback that there was a positive empowering culture for learning and for sharing learning.

An 'Excellent practice validation' was an annual evaluation of practice completed to support staff development and learning further. Staff told us they had good opportunities for training and career development with leadership programmes and training pathways available to them.

There was a focus on the wellbeing of staff. Roadshows had been held by senior leaders to engage with staff further to hear their feedback directly. Following the annual staff survey feedback, an action plan was in progress which focused on retention of staff and improving recruitment.

Equality and Inclusion initiatives were highlighted by staff such as newly launched 'Zero Tolerance' campaign in response to staff feedback helping staff to raise concerns and challenge discrimination, harassment and bullying at work.

Positive feedback was given about the Principal Social Worker, linking this role to embedding social work values and helping staff with their continuing professional development. Ongoing engagement with staff included a recent social work conference and a 'social work health check' where feedback had been sought.

Key themes came through from our conversations with staff of an increase in referrals of people self-neglecting and hoarding. Following a serious incident linked to this and one person's death, a serious adults review had been undertaken. The commitment to learning from this by staff and leaders was strong with an action plan including 'Serious incident review' training for staff and the redesign of the MASH (multi – agency safeguarding hub) being two outcomes.

Feedback from the senior management team was that joint working between them had been enhanced further during the pandemic and they were now benefiting from these stronger working relationships across departments.

An automated system of well-being checks had been used successfully during the pandemic and the feedback from leaders was that this was the type of approach they wished to develop further.

Score for category: 3

Feedback from partners

Co-production was a core part of the approach of the local authority. Feedback we received about co-production was positive and showed a commitment to learning alongside people with lived experience.

The need to improve co-production further had been identified in the local authorities' Co-production survey, November 2021. Consequently, training for staff was planned in July 2022 to increase skills and confidence on how to effectively do co-production, a toolkit developed, and some training planned for providers. Further ongoing work was planned over the next 12 to 18 months.

Some successful examples included the LAMA (leisure activities made accessible) project and Second Transitions model. The LAMA project was a bespoke service developed at the request of carers for people with learning disabilities. This group gave positive feedback about the local authority support and what this meant for people. The Second Transition model was developed to support older carers when those they cared for were often over 50 themselves. This meant changes were made to the support planning processes and the local authority allocated worker system following feedback from carers.

Co-production had taken place with people in 2021 linked to short term services at the local authority where 'Nothing about me without me' was the ethos of this work.

One carers group told us they felt senior leaders were supportive and passionate about co-production. The carers strategy from 2018 had not been co-produced at that time, however they were now getting involved with this work. For example, they had been involved in looking at carers assessments to further understand the barriers to these being completed. Additionally, they had contributed to giving feedback on the carers needs checker the local authority had developed on their website.

We noted from the data return an assurance visit from the Office for the Public Guardian was undertaken. Positive feedback was received where staff were deemed to be working in line with good practice. They described a culture of continuing to improve and feedback was decisions and records were clear, up to date and risks identified by staff.

Score for category: 3

Feedback from processes

New initiatives had been developed such as the introduction of training dashboards for managers to monitor staff progress with required training and learning.

The improved MASH service was relaunched in July 2022 with a new triage system and training of staff aiming to increase capacity and ensure a more consistent approach. Since further training in safeguarding had been completed by staff in 2021, section 42 enquires relating to self - neglect had increased from 21 cases in the first quarter to 69 cases in the fourth linked to this learning. In addition, a safeguarding leads forum was held to help improve practice and share learning.

A number of initiatives and reviews were taking place in relation to taking learning from the pandemic, including a review of how safeguarding referrals were managed during this time.

A quality assurance framework (QAF) was in place comprising an online questionnaire for practitioners to complete quarterly. This was to support learning and improvement about assessments. However, improvements were still needed to reach this target currently. Topics such as safeguarding and positive risk taking were covered. Positive feedback from staff was these reviews opened up further conversations which enhanced their practice.

There was a clear programme of internal audit plans to drive improvement for 2022/23. Audit logs evidenced who was responsible for these actions along with a timeline for completion.

Score for category: 3

Total score: 9 – Quality statement score 75

Conclusions and recommendations

In summary, consistent overall feedback was positive in relation to the two quality statements assessed as part of this test and learn assessment. Where areas for improvement were identified from feedback or evidence received, for example in relation to supporting carers, recruitment and waiting lists, we raised these areas with leaders who acknowledged these as areas where improvement was required. We found actions were being taken to address these areas and these could be evidenced. However, there was some impact on people, staff and partners reported.

Further consideration could be given to the leadership oversight and level of challenge offered corporately and politically in relation to assessment and improvement.

Whilst we found there were some positive outcomes for people in relation to individual pieces of work, in some cases further evaluation of projects would be beneficial in being able to further gauge the success of these in practice.

Next steps:

The local authority have confirmed that further work is being done to meet the existing carer's strategy and refresh this with a plan of action working alongside the local Carer's Forum.

A continued campaign of staff recruitment remains ongoing with further work being undertaken to maximise this, including a values - based recruitment campaign planned.

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HAMPSHIRE COUNTY COUNCIL

Front Cover Report

Committee:	Health and Adult Social Care Select Committee
Date:	24 January 2023
Title:	2023/24 Revenue Budget Report for Adults' Health and Care
Report From:	Director of Adults' Health and Care, Director of Public Health and Director of Corporate Operations

Graham Allen, Director of Adults' Health and Care

Contact name: Simon Bryant, Director for Public Health

Dave Cuerden, Finance Business Partner

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Purpose of this Report

1. The purpose of this report is to set out proposals for the 2023/24 revenue budget for Adults' Health and Care in accordance with the County Council's Medium Term Financial Strategy as approved by the County Council in November 2021.

Recommendation

That the Health and Adult Social Care Select Committee either:

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

Or:

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

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Lead Member for Adult Social Care and Public Health
Date:	24 January 2023
Title:	2023/24 Revenue Budget Report for Adults’ Health and Care
Report From:	Director of Adults’ Health and Care, Director of Public Health and Director of Corporate Operations

Graham Allen, Director of Adults’ Health and Care

Contact name:

Simon Bryant, Director for Public Health

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Section A: Purpose of this Report

1. The purpose of this report is to set out proposals for the 2023/24 budget for Adults’ Health and Care in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in November 2021. It also proposes a revised budget for Adults’ Health and Care for 2022/23.

Section B: Recommendation(s)

To approve for submission to the Leader and the Cabinet:

2. The revised revenue budget for 2022/23 as set out in Appendix 1.
3. The summary revenue budget for 2023/24 as set out in Appendix 1
4. The proposed fees and charges as set out in Appendix 2.

Section C: Executive Summary

5. This report provides the summary outputs of the detailed budget planning process undertaken by Adults’ Health and Care for 2023/24 and the revised budget for 2022/23. For the first time in many years, this process has been

undertaken in a high inflationary environment, which presents particular challenges in balancing budget certainty for Directorates with levels of affordability for the Council. The budget for Adults' Health and Care therefore represents a prudent assessment of the funding level required to deliver services, with additional corporately held risk contingencies playing an important role to mitigate the impact of financial uncertainty on service delivery.

6. The Autumn Statement delivered by the chancellor on 17 November announced significant additional resources for local government through social care grants and greater Council tax flexibilities, in addition to the usual index linked increases in business rates income. This funding, including the opportunity to increase council tax, provides a partial solution to meeting the Council's budget shortfall. However, the cost pressures facing the County Council have worsened further over the current year, with extra funding required for children's social workers, Home to School Transport and growth in Younger Adults. Substantial budget gaps therefore remain across the MTFs, despite the announced increases in local government funding and SP2023 savings factored into Directorate budgets in 2023/24.
7. The Council's new organisational structure, implemented from 1 January 2023, draws a clear distinction between our public facing service Directorates, place shaping activity, and organisation facing enabling functions. This structure places a key focus on the Council's priorities emerging from the Hampshire 2050 Commission of Inquiry, ensures that all enabling functions are centrally managed to facilitate maximum efficiency and effectiveness and ensures that services are delivered in the most coordinated and consistent way possible to maximise value for our residents. As detailed work on later phases of the restructure progresses it is likely that further, more minor changes to budgets may be required and this report therefore represents an interim position that will be fine-tuned during the period to 2023/24.
8. The anticipated delay to delivery of some aspects of the remaining Transformation to 2019 (Tt2019) and Transformation to 2021 (Tt2021) programmes has been factored into our financial planning, and one-off Directorate funding will be provided where required to bridge the forecast savings gap in 2023/24. As of September 2022, £32.2m of Tt2019 and Tt2021 savings have yet to be delivered across the Council, however expected early delivery of Savings Programme to 2023 (SP2023) savings totals £21.5m during the current year. Of the required £80m SP2023 savings, £71m are due to be achieved next year, and plans are in place to deliver the remaining savings by 2024/25. The report discusses the specific issues impacting delivery of the savings programmes for Adults' Health and Care in Sections F, G and H.
9. The report also provides an update on the business as usual financial position for the current year. As at the end of October and the outturn forecast for the Directorate for 2022/23, is a budget over spend of £8.1m after all agreed additional support, attributable completely to Adult Social Care. Whilst there is a forecast underspend on Public Health of £1.4m this will be set aside within the ring fenced Public Health Reserve at year end and is not available to offset any of the pressure in Adult Social Care.

10. The proposed budget for 2023/24 analysed by service is shown in Appendix 1.
11. The report also reviews the level of charges for the provision of services which require approval and provides a summary of these charges in Appendix 2.
12. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2022/23 and detailed service budgets for 2023/24 for Adults' Health and Care. The report has been prepared in consultation with the Executive Lead Member and will be reviewed by the Health and Social Care Select Committee. It will be reported to the Leader and Cabinet on 7 February 2023 to make final recommendations to County Council on 23 February 2023.

Section D: Contextual Information

13. In July 2022, Cabinet received a report updating on the development of the next Medium Term Financial Strategy against a potential budget gap of £180m to £200m to 2025/26. This took account of the expected local government pay award, the impact of rising inflation on contract prices and anticipated regulatory changes, resulting in a significant increase on the £157m budget deficit reported to Cabinet in February 2022.
14. Since that time, the cost pressures facing the County Council have worsened further, with substantial extra funding required for children's social workers, Home to School Transport and growth in Younger Adults. These pressures have arisen due to a combination of sustained increases in demand following the pandemic, surging inflation and labour shortages in both in-house and contracted services. The financial crisis that has recently hit the country, with an extended recession being expected, has also worsened the longer term funding outlook for the sector; with no Fair Funding Review, no new two year deal for local government and the announcement in the Autumn Statement that government spending will grow by just 1% per year in real terms from 2025/26. This is significantly lower than the 9.4% increase provided to local government through the 2021 Spending Review.
15. However, the Government has acted to prioritise Social Care spending to 2025, with additional grant funding provided to support hospital discharges and to help meet the increasing costs of both adults and children's care packages. To specifically support hospital discharges a total of £1bn additional funding will be distributed to Local Authorities and Integrated Care Boards in 2023/24, this funding is required to be pooled within the Better Care Fund. It also extends beyond the additional £500m national allocation made in 2022/23 for hospital discharges. A further £1.3bn will be distributed through the general Social Care Grant. This funding has been repurposed from the monies previously earmarked for implementation of the Adults Social Care charging reforms, which have been delayed until October 2025.

16. Councils will also be permitted to increase Council Tax by a maximum level of 2.99% plus a further 2% for the social care precept. The extended Council Tax flexibilities will remain in place until 2027/28 and could generate an additional £14m - £15m per year for the Council, or around £45m by 2025/26. Current levels of inflation also increase the index linked uplift which Councils receive on business rates income. The September 2022 CPI was 10.2% and if this was applied to our retained business rates and top up grant from the Government this would yield an extra £13m next year after allowing for the downturn in the economy.
17. Setting a budget in a high inflationary environment, which the council has not experienced for many years, presents particular challenges in balancing budget certainty for Directorates with levels of affordability for the Council, given the potential for the position to worsen or improve substantially throughout the year in line with changes in the economic picture. The budget for Adults' Health and Care therefore represents a prudent assessment of the funding level required to deliver services, with additional corporately held risk contingencies playing an important role to mitigate the impact of financial uncertainty on service delivery.
18. Directorate budgets have been adjusted to take account of SP2023 savings, however substantial budget gaps remain across the MTFs, despite recently announced increases in local government funding. The Directorate will therefore continue to look to improve efficiency wherever possible, driving collaboration across the organisation and with our wider partners, maintaining a focus on process improvement including maximising the benefit of new technologies, and ensuring our operating models and governance arrangements are lean and responsive to the needs of our residents. This will put the Council in the strongest possible position as it looks to a successor savings programme to meet the substantial medium term challenge that the council faces.
19. Central to our focus on continual improvement is the Council's new organisational structure, which draws a clear distinction between our public facing service Directorates, place shaping activity, and organisation facing enabling functions. This structure places a key focus on the Council's priorities emerging from the Hampshire 2050 Commission of Inquiry, ensuring we can deliver a vision for the county which safeguards Hampshire's economy and future prosperity, quality of life, and protects and enhances the character and environment of Hampshire. This is, of course, alongside our fundamental role of ensuring we can continue to deliver services to our most vulnerable residents.
20. As well as delivering management efficiencies, the new structure will ensure that all enabling functions are centrally managed to facilitate maximum efficiency and effectiveness, as well as reducing duplication. Combining the public facing services delivered by the previous Culture, Communities and Business Services and Economy, Transport and Environment Directorates within a new Universal Services Directorate, will ensure that services are

delivered in the most coordinated and consistent way possible to maximise value for our residents.

21. The 2022/23 budget has been restated to reflect the revised structure and the 2023/24 budget has been prepared on the new basis. However, as detailed work on later phases of the restructure progresses it is likely that further, more minor changes to budgets may be required to ensure budget allocations accurately match the services and roles aligned to each Directorate. Any budget changes as a result of this further work will be contained within the overall organisational budget guidelines agreed by Cabinet in December 2022, accepting that total budgets for individual Directorates may vary within the overall control total agreed. The figures presented in Appendix 1 therefore represent an interim position that will be fine-tuned during the period to 2023/24.
22. Adults' Health and Care has been developing its service plans and budgets for 2023/24 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Directorate are set out below.

Section E: Directorate Challenges and Priorities

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

ADULT SOCIAL CARE

24. The current year has been another incredibly challenging year for Local Authorities across the breadth of the country, in particular for those councils that have responsibility for Adult Social Care that will have seen ever more rapidly increasing prices and real growth in client numbers, particularly those with complex need. Hampshire is no different. These financial challenges are well known and driven by various key factors including:
 - Number of eligible clients continuing to increase at a faster rate, particularly for those over 85 that are the most vulnerable and have the most challenging conditions,
 - Growing complexity of care needs, for example the increasing prevalence of multiple conditions including higher levels of dementia,
 - Severe shortages in the care workforce, resulting in greater use of higher cost agency staff,
 - Cost of living increases, including fuel costs that have led directly to increases in the price paid for care, and,

- Significantly greater increases in the numbers and costs associated with supporting children with disabilities and complex needs transitioning to adulthood.
 - All of the above need to be considered against the backdrop of a year where the Fair Cost of Care exercise was undertaken which undoubtedly affected providers expectations in respect of fee rates.
25. In addition to those key pressures highlighted within paragraph 24, there are many other factors, (such as the financial challenges being experienced by NHS organisations) which have a direct bearing on social care pressures. Regulation and the National Living Wage (NLW) are also impacting on direct provision and the independent sector in terms of increasing cost pressures being passed onto the County Council. These pressures are also not unique to Hampshire and are representative of the position nationally.
26. The Government's commitment to the NLW will continue to have an impact on the purchased care budget with greater pressure expected in 2023/24. The increase in the NLW from April 2023 was confirmed within the Autumn Statement and will see it rise to £10.42 from £9.50, an increase of £0.92, (9.7%). The NLW will undoubtedly put further strain on the price of care alongside general inflation during 2023/24, both of which are significantly higher than the ability of the County Council to increase revenues.
27. In the last year, as expected, the underlying demand in clients requiring adult social care services and the average price paid for it has grown significantly and has recently exceeded previous expectations. Over the next twelve months this growth is likely to exceed both the previous assumptions and the available funding currently set aside within the MTFs. The detail of this most prominent challenge is outlined further within Section G of this report.
28. Historically most of the volatility of client numbers and variability of risk has tended to concentrate within the Older Adults sector and whilst that remains true, and there has been significant growth within this sector, the growth has remained broadly in line with previous predictions throughout 2022/23. However, as Younger Adults is now the largest single paid for care budget, it also carries a substantial amount of risk, and that risk has materialised during 2022/23. Whilst in the past Younger Adults has had a consistent and yet slightly more predictable year on year pressure in the past year this has not remained the case. We have seen unprecedented levels of client growth, material price increases to prevent significant volumes of providers having to hand back care, and a number of clients in crisis that require high cost emergency placements.
29. The opportunity to utilise spare capacity within the HCC Care Residential units through the sale of Discharge to Assess beds, (D2A) to the NHS to support timely discharges from hospital has continued throughout 2022/23 and is planned for 2023/24. This now represents a significant income stream to the Directorate that it is essential is maintained. In light of the announcement made

during the Autumn Statement there would now appear to be specific resources set aside for the NHS to continue these vital services through to 2024/25.

30. It was announced within the Autumn Statement that local authorities will now be able to raise 2% through the adult social care precept in 2023/24. This represents a change from the previous level of 1%. This increase in available funding will need to be seen in the round given the other resources announced for social care in the Provisional Local Government Finance Settlement, but what is clear, is that even with the increased resources they are not sufficient to keep pace with price and growth demand expected for next year.
31. There continues to be a focus on the Directorate's support for the NHS in maintaining the faster flow of patients out of NHS hospitals and this is likely to continue into the medium term. Throughout 2022/23 one off funding made available by the NHS locally has supported the continuation of the discharge services but it was insufficient to meet the costs in the full year. The discharge funding for 2022/23 announced prior to the Autumn Statement has secured those services for the remainder of the year. As highlighted in paragraph 29 above, there is now confirmed dedicated resources being made available through grants to support this work from 2023/24 through to 2024/25. In the current year it is forecast that Adult Social Care will have recovered over £28m for services commissioned to support discharges on behalf of the NHS.
32. The key discharge services further developed over the past year that will need to be maintained are as follows:
 - Discharge to Assess, (D2A) capacity as a vehicle to both step clients down from hospital and step people up to prevent a hospital stay. This includes both bedded services provided by HCC Care and non-bedded services commissioned from the independent sector.
 - Integrated Intermediate Care, (IIC) arrangements to adequately meet the reablement and rehabilitation demands across the County seamlessly through teams from both Health and Social Care backgrounds.
 - Single Point of Access, (SPoA) a multi-disciplined team across Health and Social Care functions with the singular aim of completing all of the necessary processes together in a timely way to discharge clients from hospital safely through to their physical arrival at the optimum destination for their care journey – this will mainly be their home.
 - Enhanced working within the Hampshire Equipment Store to ensure that vital equipment is accessible seven days a week to aid faster discharges.
33. The supply of affordable and sufficient staffing resource within the sector continues to be a major challenge, the County Councils In-House Residential and Nursing Care homes are not shielded from this. Accordingly in the current year due to the staff shortages and the lower than normal occupancy level the directorate has continued to keep two homes temporarily closed. This has enabled the service to be better placed to adequately resource the remaining

homes and in doing so has led them to become more cost effective in the short term. Despite this the Directorate has still been required in year to offer further financial incentives to lower paid staff to both attract new staff and retain the resources currently held. This approach is significantly more advantageous than paying the high cost agency staff fees that would be the alternative.

34. Accordingly, there continues to be significant progress in sustainably eliminating the overspends seen in prior years and delivering the required savings within HCC Care as can be evidenced from the minor underspend position reported in 2022/23. The Directorate has invested both time and short term financial resources to address the previous issues both through structural changes and development of IT solutions. There is still more work to do to in 2023/24 to fully deliver the efficiencies and savings, but the Directorate are well positioned for this to be achieved in the early part of the year through a new staffing blueprint.
35. As already highlighted the demand from people of working age with physical and in particular learning disabilities is growing ever more rapidly and, although positive work to improve value for money in commissioning has created good financial and quality outcomes, the increase in demand through transition from childhood is significantly outweighing this most significantly because a greater number of these clients will be at an extraordinarily high cost. Advances in medical care have had a positive impact on life expectancy and have meant that people with very complex needs are surviving into adulthood when historically they might not have done so. They are also living a fuller adult life and are demanding support to live as independently as possible for significant periods.
36. Younger Adults now represents the major growing pressure on Adult Social Care budgets. Accordingly, the Directorate have focussed efforts through previous transformation rounds and will continue to do so through SP2023 to minimise the impact of this pressure where possible whilst improving outcomes and life experiences for service users, including identifying and helping to secure employment opportunities. This will be achieved through further innovation (including multi-million pound investment in Technology Enabled Care and modern Extra Care housing / Supported Living) alongside efficiencies and service reductions. Additionally, the strengths-based way of operating, coupled with Least Restrictive Practise approaches and planned increased use of volunteers have been increasingly working to mitigate costs and provide better alternatives for clients within the Younger Adults' service area.
37. The purchase of care for clients within their own home continues to be a challenging area for the Directorate, and in all likelihood, greater dependency will be placed on providers into the future across all client groups. The impact on the workforce highlighted earlier in this report within care home settings is just as prevalent with home care providers. The Directorate does on occasion still have difficulty securing home care for all clients immediately, although the position has significantly improved within the last year. The Directorate continues to work with the sector and local care groups to explore potential initiatives to bring new entrants into the workforce as well as encourage new

providers into Hampshire. Work continues to expand upon the gains made from the introduction of the non-residential framework and associated payment process with further streamlining and simplifying of the transactional engagement with providers, having successfully expanding it to all other client groups. Evidence to date would support that it has improved relationships with providers and reduced their back-office costs resulting in greater levels of care provision being available at comparatively affordable rates even during this period of very high inflation. The Directorate will continue to seek to improve and make further gains.

38. During 2023/24 the Directorate is planning to introduce a new Residential and Nursing framework within Older Adults that is anticipated to help deliver both greater financial security for the successful providers through sustainable and fair rates of care and to provide the council with a greater degree of control over both the current price paid and future increases. Currently the Directorate, in this area, are exposed to pure market forces that is enabling the average price to be perpetually driven up with each and every new purchase made.
39. The other key priority is the Adults' Health and Care Transformation Programme, which is currently forecast to successfully complete delivery of the £55.9m Tt2019 savings by the end of 2022/23. Additionally, the Directorate are set to secure all but £11.4m of savings required for Tt2021 by the end of 2022/23 of which £10.6m is set to be delivered in 2023/24.
40. In 2022/23 this delayed transformational savings is being supported with cash from the planned corporate support and the agreed Covid-19 support package. Into 2023/24 it is expected that the Directorate cost of change will support the remaining delayed savings for Tt2021 of £0.8m. Furthermore during 2023/24 it is forecast that the Directorate will have achieved £34.7m of the targeted £40.6m SP2023 savings. The delayed savings of £5.9m will need to be supported with funding from the Directorate cost of change.
41. It is essential all savings are achieved within the recently revised timeframes in order to minimise the need to draw on the Directorate's Cost of Change reserve. Avoiding the need to draw on this reserve maintains the Directorate's ability to adequately support the forecast transformation costs associated with these programmes and any requirements to offset service pressures in the short term.
42. The Directorate is committed within the next year to delivering the implementation of a brand new IT social care system, (Care Director) that is likely to be rolled out by the 2nd or 3rd quarter of the financial year. This will inevitably represent a further challenge for the Directorate in respect of both securing available resources and the significant risk associated with the control of data and processes during the switch to a new system. The Directorate in collaboration with IT are carefully managing the risks within the programme to ensure the safe transition.
43. In the first quarter of 2023/24 the Directorate will embark upon a fundamental review of its operational arrangements to ensure that its working practices

across social care, from assessments through to all financial interactions with providers and clients, are optimised as far as possible. Thereby placing the Directorate in the best possible position to continue to deliver suitable and safe services into the future to those most in need of social care support.

44. Finally, during 2022/23 the Directorate commenced work to prepare for the Social Care Reforms that were due to commence from October 2023. With the decision by government to postpone the implementation date to 2025 much of this work has been stepped down except for where opportunities were identified to improve or make services more efficient such as introducing digital tools to support care and financial assessments.
45. The Directorate also delivered, in accordance with the required timescales, its analysis of the Fair Cost of Care work it had undertaken, which will be published in line with Government requirements. In addition to all of the issues identified above the impact of this work, in particular on provider expectations regarding fee rates should not be underestimated and accordingly is likely to represent a significant challenge to manage those expectations throughout 2023/24, in particular alongside the inevitable difficulties of being within a period of very high inflation.

PUBLIC HEALTH

46. The past year has continued to be exceedingly challenging for Public Health. The continued response to the pandemic, particularly in the first half of the year has been a significant draw on the time of the management and leadership of Public Health, not least because whilst there was sufficient additional funding made available, this comes with its own challenges to ensure it is spent appropriately and is targeted to where it will have most impact. This year also saw the emergence of health issues related to the pandemic and protection measures including increased weight and poorer mental and emotional health.
47. It is expected that the conditions on the Public Health grant for 2023/24 will be the same as those in 2022/23, specifically in relation to the basis of the ring-fence. It is anticipated that the level of the grant for 2023/24 will be announced in the new year. It is also expected that there will be an allowance for inflation and the recently agreed uplift to NHS pay for our commissioned services, but it is unknown at what percentage. When greater clarity is provided the budget will be updated accordingly.
48. During 2022/23 the Public Health team, did not have any new savings required either as part of the Councils savings programmes or through any historical reductions in the grant. In addition, all savings previously required to be delivered have now been met in full. However, the Public Health team continue to take advantage of opportunities to make the service more efficient and prioritise the funding available to those services that make the most difference to the residents of Hampshire. This includes closer work with the NHS to better align services, where appropriate, to deliver those improved service outcomes for the residents of Hampshire.

49. In 2022/23 the ring-fenced Public Health grant received by Hampshire was increased by £1.5m to £54.4m. This increase has been used to cover the recurring inflationary costs incurred by providers most notably the increase in staff cost experienced by the NHS providers for the years 2021/22 and 2022/23. In addition, the grant increase was to cover specialist sexual and reproductive health service activity to enable Pre-exposure prophylaxis for HIV which was previously funded through a standalone grant. At this time there has not been any confirmation of the actual grant level in 2023/24, the budget has therefore been set on the minimum expectation of a grant equivalent to that received in 2022/23 of £54.4m. When the ring-fenced grant and all other grants received and utilised by Public Health in 2022/23 are confirmed for 2023/24 with specific allocations these will be added to the budget. With the strategic partnership with the Isle of Wight some income is received for the delivery of the statutory public health functions and staffing for the Isle of Wight Council.
50. Within the current year Public Health resources have continued to include a residual element of funding remaining from the Covid-19 response. From a financial perspective any forecast costs relating to this funding are expected to be met from those resources. Therefore, the current year financial variance for the Directorate represents a position that is largely unaffected by the impact of Covid-19 as is shown within Section F.
51. Despite the recent grant increases and the likelihood of a further inflationary increase in grant for 2023/24 there remains significant challenges for delivery of the County Council's core public health responsibilities and for wider work to improve the public's health. Continued careful planning, delivery and evaluation of evidence-based interventions will ensure that the available Public Health resources are focused on the key public health priority areas identified in the Public Health Strategy 'Towards a Healthier Hampshire', which will be replaced by a new strategy in early 2023.
52. The refreshed strategy will seek to reduce the prevalence of the conditions contributing the most to years lived in ill health, namely smoking, cardiovascular disease, diabetes, unhealthy weight, low physical activity and poor mental health by acting on the risk factors, environment and conditions which combine to drive them. Recognising the links between health and wealth, the refreshed strategy will align with the vision and strategic direction set out through the Hampshire 2050 Commission and with other key strategies that shape Hampshire as a place.
53. A key priority is to ensure efficient delivery of the public health mandate to best meet the public health needs of Hampshire's residents and to continue to ensure that these services are providing best value for money. These include the mandated services: the National Child Measurement Programme, (NCMP) delivered through the school nursing service; delivering quality assured NHS health checks with the aim of both reducing future ill health, particularly cardiovascular disease and dementia, and the associated demand for health and social care services; enabling access to comprehensive good value for money sexual and reproductive health services through transformation, providing public health expertise and leadership to NHS commissioners and to local

Integrated Care Systems to inform the planning and commissioning of health services and the delivery of health protection and public health emergency planning responsibilities and cooperation with the criminal justice system in respect to violence prevention.

54. A focus on improved outcomes, narrowing the gap in outcomes for groups at most risk of ill health and increased quality in the public health commissioned services remains our key priorities alongside leadership of public health for Hampshire.
55. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes. The Healthy Child Programme (0-19) is an evidence based universal prevention and early intervention public health programme that is offered to all families. These services are supported by a mandate that requires universal delivery of five key child 'development reviews. It supports parents and promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the Public Health team is working in partnership with Children's Services and NHS colleagues to transform and provide collaborative services for children and young people and their families. Effective use of resources will help to maximise the universal nature of the service, as well as to provide an enhanced offer to vulnerable families, to get the best possible outcomes in the six high impact areas, focus on prevention, and early identification of children and families at risk of future health and social problems. The Public Health nursing service, commissioned in 2021/22 has continued to support Hampshire's vulnerable families at a time of resource constraint and national staffing challenges through an active partnership between commissioner and provider.
56. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and care needs, remains a real public health challenge in Hampshire. These choices already have an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on prevention and making a healthy lifestyle 'the norm' for people of all ages is key to keeping people healthy, in employment and independent for longer and to reducing future demand for services. We continue to work to achieve this through appropriate nutrition, reducing obesity, promoting physical activity and supporting people to stop smoking and to drink sensibly. The Stop Smoking Service is accessible to the whole population and aims to increase quit rates, through focussing on population groups for whom smoking prevalence is still high. This requires strategic leadership and collaboration to change the system alongside effective services for the population.
57. With an increasingly older population, tackling social isolation and malnutrition, preventing falls and maintaining mobility in our vulnerable and older residents remain important areas of focus for our work with colleagues in Adult Social Care and the NHS.

58. Public Health leadership of violence reduction has further progressed through the local Violence Reduction Unit for Hampshire. This sees the team working closely with the Office of the Police and Crime Commissioner and Hampshire And Isle of Wight Constabulary. Domestic abuse is a serious public health problem; Public Health leadership of the strategic partnership is driving work across the system to reduce domestic abuse. The Domestic Abuse service for victims and perpetrators provides further impetus to this work and has an increased focus on reducing the impacts of domestic abuse on children to prevent long term sequelae and impact. In 2022/23, this work continues to be supported by a specific additional grant to support domestic abuse services.
59. Poor mental health represents a significant burden of disease in the County and increases the risk of developing physical illness and of premature mortality. We will continue our work to improve the mental wellbeing of our communities and the focus on preventing suicide. The Mental Health Partnership and plan has been further developed this year. Promoting emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services. An updated Emotional Health and Wellbeing Strategy continues to be implemented. Partnership working across the County Council, the NHS, voluntary sector and service users will help to drive this agenda forward.
60. The substance misuse service delivers a robust drug and alcohol treatment system that fully meets the diverse needs of the Hampshire population and empowers and enables people to recover from alcohol and/or drug dependency. Through a transformation programme the service will take a family approach and deliver a comprehensive treatment service. Wider system work continues to support responsible drinking and promote safe and healthy places for people to live and work. An additional grant (SSMTRG) was received specifically to improve substance misuse services in line with the national drugs strategy and to increase access to Inpatient detoxification. This aspect was led by Hampshire County Council on behalf of 18 other Local Authorities.
61. Sexual and reproductive health services and substance misuse services, being demand led, are challenged by the number of patients requiring these services. However, they are continuing to meet the demand through service transformation to ensure that the right service is provided at the right time in the right way for those who need it including through upstream preventative work and shifting more activity from face to face to digital interventions where appropriate. These approaches, begun prior to the pandemic, have been further developed during the response to Covid-19.
62. The Director of Public Health (DPH) continues to deliver the Health Protection responsibilities through partnership work with the UK Health Security Agency, and NHS England. The County Council's health protection responsibilities have been significantly stretched this year with the added responsibilities of Covid-19 pandemic leadership, Outbreak Control Plan, local contact tracing service and leadership and coordinating testing services. This will continue to be a core part of the Directorates work in the coming year. The Emergency

Planning responsibilities are delivered through work with the Emergency Planning teams in the County Council and wider Local Resilience Forum (LRF) partners.

63. To ensure delivery of the Joint Strategic Needs Assessment on behalf of the Hampshire Health and Wellbeing Board the team continues deliver key analysis for partners including working with the developing Primary Care Networks. Our leadership of Population Health Management will enable more effective delivery of healthcare for the system. Our leadership of Covid-19 intelligence work has led to continued intelligence analysis and enabled services to be needs led and tackle inequalities.
64. Nationally and within the Hampshire and Isle of Wight ICS there is a welcome renewed focus on population health and prevention. The northeast of Hampshire is part of the Frimley Integrated Care System where there are similar focuses on population health, prevention and delivery through place. The DPH provides leadership to both these work programmes supported by the Public Health consultant team.
65. Hampshire County Council is now in the fourth year of a formal partnership to provide the leadership of public health on the Isle of Wight, (IOW). This arrangement commenced in September 2019 following eighteen months of interim leadership support. The partnership will be reviewed on an ongoing basis but at present is still demonstrating successes. The partnership has increased Public Health capacity across the councils, maintaining the high quality of services across Hampshire, building resilience whilst improving the quality of service delivery on the Island. We will continue to work in partnership to respond to the pandemic and any other emerging health protection risks appropriately.

Section F: 2022/23 Revenue Budget

66. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.
67. The budget for Adults' Health and Care has been updated throughout the year and the revised budget is shown in Appendix 1. The revised budget shows an increase of £27.1m of which Adult Social Care is a £6.1m increase and Public Health a £19.2m increase.
68. The Adult Social Care increase is made up of the following:
 - £6.1m corporate support for Tt2019 and Tt2021 slipped savings.
69. The Public Health increase of £19.2m is made up of the following:

- £13.1m of carried forward Contain Outbreak Management Fund and Track and Trace grants.
- £3.3m grant for Domestic Abuse services of which £1m is carried forward from 2021/22 and £2.3m is the 2022/23 allocation.

70. The anticipated business as usual outturn forecast for 2022/23 is a budget over spend of £8.1m, which relates in its entirety to Adult Social Care. In addition, there is a forecast underspend on the Public Health grant of £1.4m but this is required to be placed in the Public Health Reserve at year end where it will be used to support further investment in transformational activity in later years.

ADULT SOCIAL CARE

71. There are some key variances within the £8.1m adverse, (net of planned support) position reported, of which all material variances are contained within the budget for purchased care. It had previously been forecast that the Directorate would require additional funding in year of £35m to support the growing pressure on care budgets. The actual pressure in year has grown to £42m with much of the additional pressure coming from within Younger Adults.

72. The pressure in Younger Adults is the direct result of both an increasing need to renegotiate uplifts for specific packages of care, or run the risk of the package being handed back, and a steady increase in client numbers particularly those in crisis that are notoriously expensive to place. These high cost clients can cost circa £3,000 to £4,000 per week whilst the cost of the in year additional uplifts has been £1.5m in 2022/23. As outlined in this report these factors will have an inevitable adverse impact on the budget position for 2023/24 compared to the previous forecasts.

73. The inflationary pressures and subsequent increase in costs felt by providers has led to unprecedented increases in average prices paid by the Council, furthermore this has also had a knock on impact for the ability of the Directorate to deliver savings in accordance with the plan for the year. There has been a further delay of savings delivery in year of £2.1m. Despite this it is still anticipated that by March 2023 the residual Directorate savings for Tt2019 will be achieved.

74. The Cost of Change balance is forecast to be £8.1m by the end of the year, a reduction of £46.6m from the starting balance of £54.7m. Most significantly £21.9m of the reduction is due to a reciprocal arrangement with the NHS that spanned over 2021/22 and 2022/23 that has facilitated keeping funding that originated with the NHS available for vital discharge services during 2022/23. The remaining draws on the Cost of Change balance reflect the need to offset the reported overspend of £8.1m in addition to offsetting the delayed savings of £2.1m as well as programmed project costs to deliver savings of £14.5m.

PUBLIC HEALTH

75. The anticipated favourable outturn forecast for 2021/22 of £1.4m is the result of reduced activity, in some considerable part due to the continued impact of

Covid-19. This saving is distributed across much of the contracted services including NHS Health Checks, Sexual Health and the Children and Young people contract that is in the first year. All of the saving will be placed within the Public Health Reserve at the end of the year.

76. In addition to the Public Health revenue budget there is planned spend of £2.5m from the Reserve of which £1.5m is for one off spend primarily relating to trying to catch up with activity not undertaken during the height of the Covid-19 pandemic. The residual £1m is just the first year of planned investment as part of a longer term programme in Public Health to deliver longer term efficiencies through greater alignment with Council Directorates as well as the NHS.
77. The closing balance of the Public Health reserve is currently forecast to be £7.8m by 31 March 2023, a reduction of £1.1m from the £8.9m opening balance. As previously stated, this resource will be utilised in future years to continue to deliver transformational change in addition to providing one off funds to catch up on key contracted services that delivery of has slowed during the pandemic.
78. All additional expenditure pertaining to Public Health in continued response to the Covid-19 pandemic has been managed within the specific grants that have available in year including the Contain Outbreak Management Fund, Test and Trace grant and the Practical Support grant.

Section G: 2023/24 Revenue Budget Pressures and Initiatives

79. As outlined within Section F, the Directorate business as usual position is currently showing a forecast pressure of £8.1m in 2022/23. Of this total £7m relates specifically to care provision. At the start of 2022/23 an additional £35m of additional support was planned for, the £7m pressure therefore reflects a total pressure of £42m compared to the previous forecast. Correspondingly this level of increase in costs will only have a part year effect in 2022/23 and will therefore lead to a further additional pressure in 2023/24.
80. In summary it had previously been forecast that the £35m pressure in 2022/23 would increase to £45m in 2023/24. Working from the same baseline the current forecast for 2023/24 is a pressure of up to £59m which represents an increase of £14m on the previous forecast of £45m. Please note the likely pressure is held entirely within the budgets for Older Adults and Younger Adults care packages with Younger Adults being the main cause for the additional increase of up to £14m. All other service areas of the Directorate, including Public Health, are not currently anticipated to be a pressure for 2022/23 or beyond.

ADULT SOCIAL CARE

81. The anticipated spend on Older Adults care packages included within the proposed budget for 2023/24 is broadly in line with the previous forecast

pressure for 2023/24, although this is subject to delivery of all savings as currently planned and detailed later within the report.

82. The position for Younger Adults care packages is more complex. The position has been monitored carefully throughout the year and up to month 6 the combined position for Older and Younger Adults had broadly been in line previous forecast assumptions, albeit with Older Adults being less of a pressure thereby offsetting the increase in pressure within Younger Adults. From month 6 the Older Adults forecast pressure has continued to increase up to the level previously assumed, largely caused by a faster than expected increase in client numbers and a persistent increase in the average rate paid for care purchased, due to cost of living changes. Younger Adults in the same timeframe also continued to increase, giving rise to the current position where there is an up to £14m full year effect additional potential pressure in 2023/24.
83. The cause of this additional pressure in Younger Adults is due both to increases in 2022/23 and expected new increases in 2023/24 and are set out below:
- Additional inflationary uplifts agreed Corporately to specific providers during 2022/23 with a full year effect of £2.6m in 2023/24.
 - Increase in the number of high cost clients, often in crisis that needed immediate specialist placements. There has been an increase of over 10 clients with a package of over £3,000 per week since July 2022.
 - Increase in the average price paid for care due to inflationary pressures that providers have passed on to the Council, that if not met could lead to clients being handed back with the risk that the replacement package would be significantly higher in cost.
 - The expected cost of known clients transitioning to adults during 2023/24 is more than double the level the Directorate has seen in previous years.
84. This position, including growth in prices and volumes will be monitored closely throughout the remainder of the current year to better assess the likely pressure in 2023/24. However, it should also be noted that the level of general inflation is significantly impacting providers, alongside severe difficulties in securing staff at reasonable hourly rates, both of which will represent a significant challenge in 2023/24 in comparison to the funding the County Council has available for annual uplifts. There is a very real risk that further pressures could materialise during 2023/24 should these issues persist.

PUBLIC HEALTH

85. Whilst it is expected that the Public Health Grant will be increased for inflation in 2023/24 a confirmed allocation has not yet been provided. In the absence of confirmed allocations for local authorities, the Public Health grant for 2022/23 had been assumed as the starting point for this budget setting round. The grant allocation for 2022/23 is £54.4m for Hampshire County Council. Should the ring-fenced grant allocation increase from this level this will be reflected

within the Public Health budget for 2023/24 at a later date alongside all other confirmed grants for Public Health in 2023/24.

86. It should be noted that any inflation included within the 2023/24 allocation will need to be sufficient to offset the cost of the NHS pay award in the same year where it is the responsibility of the Public Health budget to fund the associated NHS provider cost increases. Any shortfall will represent a recurrent pressure that would need remedial action to resolve. In the short term this pressure could be met from the Public Health reserve.
87. During 2022/23 the Public Health Team have developed a specific plan to utilise the balance of funds available within the Public Health Reserve over the next 3 years. As highlighted previously the starting reserve balance for 2023/24 is forecast to be £7.8m which is more than sufficient for the planned investment in transformational activity and any potential, as yet unidentified, pressure that could materialise within 2023/24.

Section H: Revenue Savings Proposals

88. Savings targets for 2023/24 were approved as part of the MTF5 by the County Council in July 2020. Proposals to meet these targets have been developed through the SP2023 Programme and were approved by Executive Members, Cabinet and County Council in October and November 2021.
89. It is anticipated within the 2023/24 proposed budget that full year savings of £34.8m will be achieved in 2023/24 from SP2023 with the shortfall of £5.9m against the target of £40.6m being met from the cost of change reserve in 2023/24 until the saving can be delivered in later years.
90. The main reasons for the shortfall relate to:
 - The challenges the Directorate faces to deliver savings on care during a period where client numbers and degree of complexity are significantly on the rise. This cost pressure has been further compounded by both the inflationary pressures providers of care are experiencing as well as the severe shortage in appropriate care staff leading to providers paying high agency costs in order to supply the required care. These factors lead to a further increase in the price paid by the Council for care and therefore makes savings delivery exceedingly challenging.
91. It is currently anticipated that all Tt2019 savings will be being complete by the end of 2022/23. Furthermore, it is anticipated within the 2023/24 budget that £11.4m of Tt2021 savings against a residual target of £12.2m will be achieved in 2023/24. The shortfall of £0.8m will be met from a combination of planned corporate cash flow support and the cost of change reserve.
92. Although these savings are built into the proposed 2023/24 budget it should be noted that a separate exercise to review all high risk savings across the County Council is currently being undertaken. The outcome of this review will be reported within the February report to Cabinet and Full Council.

93. Rigorous monitoring of the delivery of the programme will continue during 2023/24, to ensure that the Directorate is able to stay within its cash limited budget as set out in this report.

Section I: 2023/24 Review of Charges

94. For Adults' Health and Care, the 2023/24 revenue budget includes income of £88.4m from fees and charges to service users. This is an increase of £14.9m (20.3%) on the revised budget for 2022/23. This increase is largely reflective of the planned increase in benefits from April 2023 and the increasing volume of clients that the Directorate is supporting.
95. Details of current and proposed fees and charges for 2023/24 where approval is sought for changes are outlined in Appendix 2.
96. The charges proposed for eligible social care services reflect the full cost rate applicable for County Council clients where they are assessed as being able to afford this cost. Furthermore, where these services are purchased by external organisations this charge reflects the basic cost whereby additional specific charges will be levied dependent on the additional resources required to safely support the client.

Section K: Budget Summary 2023/24

97. The budget update report presented to Cabinet on 13 December 2022 included provisional cash limit guidelines for each Directorate. The cash limit for Adults' Health and Care in that report was £507.5m, a £62.4m increase on the previous year. The increase / decrease comprised:
- An increase of £58.5m as per the MTFs for corporate support to meet demography and complexity pressures
 - An increase of £26.9m for inflation
 - An increase of £2.6m as a result of an assumed increase in the BCF/IBCF grants
 - An increase of £14.9m as a result of a precept increase and grant draw for SP2023
 - A reduction of £40.6m for SP2023 savings
98. At that stage, the cash limit guidelines did not include the following items which have now been added (and will be included in the February budget report), increasing the cash limit to £506.1m:
- A reduction of £1.4m as a result of changes to national insurance and pension contributions
99. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Adults' Health and Care for 2023/24 and show that these are within the cash limit set out above.

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

	2023/24	
	£'000	£'000
Cash Limited Expenditure	674,273	
Less Income (Other than Government Grants)	(168,166)	
Net Cash Limited Expenditure		506,107
Less Government Grants:		
• Local Community Voices	(102)	
• Independent Living Fund	(4,082)	
• Improved Better Care Fund (incl. Winter Pressures)	(33,278)	
• War Widows Pension Grant	(482)	
• Social Care in Prisons Grant	(102)	
• Social Care Reform Grant	(3,209)	
• Health Watch	(579)	
• Vulnerable Persons Relocation Scheme	(149)	
• Afghan Project Integration Fund	(616)	
• Public Health Grant	(54,412)	
Total Government Grants		(97,011)
Total Net Expenditure		409,096

Section L: Consultation, Equalities and Climate Change Impact

101. Consultation on the budget is undertaken every two years when the County Council considers savings to help balance the budget. All savings proposals put forward by the County Council has an Equality Impact Assessment published as part of the formal decision making papers and for some proposals stage 2 consultations are undertaken before a final decision is made by the relevant Executive Member.

102. This report deals with the revenue budget preparation for 2023/24 for the Adults' Health and Care Directorate. This takes account of the savings proposals agreed by the County Council in November 2021 including the Equality Impact Assessments prepared at that time. Any revised impacts and subsequent consultation that has been required have been reported to the

relevant Executive Member as savings proposals have been further developed and implemented.

103. Hampshire County Council utilises two decision-making tools to assess the carbon emissions and resilience of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2°C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does
104. This report deals with the revenue budget preparation for 2023/24 for the Adults' Health and Care Directorate. Climate change impact assessments for individual services and projects will be undertaken as part of the approval to spend process. There are no further climate change impacts as part of this report which is concerned with revenue budget preparation for 2023/24 for the Adults' Health and Care Directorate.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Savings Programme to 2023 – Revenue Savings Proposals (Executive Member for Adult Services and Public Health) Adults Health and Care Budget Report SP2023.pdf (hants.gov.uk)	21 September 2021
Medium Term Financial Strategy Update and Savings Programme to 2023 Savings Proposals https://democracy.hants.gov.uk/ieListDocuments.aspx?Clid=163&Mid=7737	Cabinet – 12 October 2021 / County Council – 4 November 2021
Developing a Medium Term Financial Strategy https://democracy.hants.gov.uk/ieListDocuments.aspx?Clid=163&Mid=9942&Ver=4	Cabinet – 19 July 2022 / County Council – 29 September 2022
Budget Setting and Provisional Cash Limits 2023/24 Financial Update and Budget Setting and Provisional Cash Limits 2023/24 (hants.gov.uk)	Cabinet – 13 December 2022
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 report does not contain any new proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Savings Programme 2023 were considered in detail as part of the approval process carried out in Cabinet and County Council during October and November 2021 and full details of the Equalities Impact Assessments (EIAs) relating to those changes can be found in Appendices 4 to 8 in the November Council report linked below:

<https://democracy.hants.gov.uk/mgAi.aspx?ID=45388#mgDocuments>

For proposals where a Stage 2 consultation was required the EIAs are preliminary and will be updated and developed following this further consultation when the impact of the proposals can be better understood.

Budget Summary 2023/24 – Adults' Health and Care Directorate

Service Activity	Original Budget 2022/23 £'000	Revised Budget 2022/23 £'000	Proposed Budget 2023/24 £'000
Director	1,722	1,629	1,555
Headquarters	19,468	21,309	20,478
Older Adults			
Older Adults Community Services	153,497	157,513	209,460
Reablement	17,010	17,316	18,097
	170,507	174,829	227,557
Younger Adults			
Younger Adults Other	10,943	9,719	10,420
Learning Disability Community Services	117,328	119,246	136,138
Mental Health Community Services	17,667	19,000	22,854
Physical Disability Community Services	33,537	34,153	40,413
	179,475	182,118	209,825
HCC Care	46,404	45,478	45,388
Governance & Assurance	1,782	1,870	1,729
Centrally Held	(28,658)	(30,452)	(54,837)
Total Adult Social Care	390,700	396,781	451,695
Community and Young People 0-19	24,267	24,323	24,267
Community Safety and Violence Prevention	1,145	4,415	1,161
Drugs and Alcohol	8,480	11,037	8,586
Health Check	1,187	1,187	1,187
Protection and Intelligence	24	30	30

Mental Health and Wellbeing	333	1,939	1,939
Nutrition, Obesity and Physical Activity	465	778	465
Older People	251	251	256
Public Health Central	6,689	4,725	4,916
Sexual Health	9,326	9,607	9,390
Tobacco	2,245	2,215	2,215
Public Health Covid-19 specific	0	13,141	0
Total Public Health	54,412	73,648	54,412
Total Adults' Health and Care	445,112	470,429	506,107

Review of Fees and Charges 2023/24 – Adults' Health and Care

	Income Budget 2023/24 £'000	Current Charge £	Proposed Increase %	Proposed New Charge £
Charges for HCC provided care:				
Full cost weekly charge (HCC in-house residential and nursing care including respite units)				
Nursing Care for Older People (per week)	4,529	876.68	9.2	957.32
Residential Care for Older People (per week)	5,439	791.00	9.2	863.80
Residential Care for Dementia (per week)	Included in above	854.84	9.2	933.52
Residential Care for Adults with a Learning Disability (per week):				
Orchard Close	14	1,115.31	9.2	1,217.93
Jacobs Lodge	15	932.12	9.2	1,017.87
Discharge to Assess Bed (*)	7,943	1,278.48	9.2	1,396.08
Standard Continuing Healthcare Support (*)	506	1,126.93	9.2	1230.60
Meals on Wheels	2,302	5.67	9.9	6.23

* Only applicable to NHS Customers. Minimum rate - actual charge will be subject to individual need

Other charges

Service users' contributions for non-residential care (chargeable services) are calculated on the actual cost of the care provided to service users.

In line with corporate policy all other charges will be increased by an inflation rate of 9.2%.

HAMPSHIRE COUNTY COUNCIL

Front Cover Report

Committee:	Health and Adult Social Care Select Committee
Date:	24 January 2023
Title:	Capital Programme for 2023/24 to 2025/26
Report From:	Director of Adults' Health and Care and Director of Corporate Operations

Contact name: Graham Allen and Dave Cuerden

Tel: 03707 795574
03707 793845

Email: graham.allen@hants.gov.uk
dave.cuerden@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to set out proposals for the 2023/24 to 2025/26 capital programme for Adults' Health and Care.

Recommendation

That the Health and Adult Social Care Select Committee either:

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

Or:

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

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Lead Member for Adult Social Care and Public Health
Date:	24 January 2023
Title:	Capital Programme for 2023/24 to 2025/26
Report From:	Director of Adults' Health and Care and Director of Corporate Operations

Contact name: Graham Allen and Dave Cuerden

Tel: 03707 795574
03707 793845

Email: graham.allen@hants.gov.uk
dave.cuerden@hants.gov.uk

Purpose of this Report

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

Recommendation(s)

To approve for submission to the Leader and Cabinet:

2. To approve for submission to the Leader and Cabinet the capital programme for 2023/24 to 2025/26 as set out in Appendix 1 and the revised capital programme for 2022/23 as set out in Appendix 2.

Executive Summary

3. This report seeks approval for submission to the Leader and Cabinet of the proposed capital programme for 2023/24 to 2025/26.
4. The report has been prepared in consultation with the Executive Lead Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 7 February 2023 to make final recommendations to County Council on 23 February 2023.
5. The report considers the schemes which it is proposed to include in the capital programmes for 2023/24, 2024/25 and 2025/26 and also presents the revised programme for 2022/23.
6. This report highlights that as part of the Medium-Term Financial Strategy Update and Transformation to 2021 Savings Proposals Report that was approved by Cabinet in October 2019 investment of up to £70m in Older Persons and Younger Adults Extra Care was approved subject to a satisfactory business case being produced for each scheme.

7. The proposals contained in this report are derived from the departmental service plans which have been developed to support the priorities of the Strategic Plan.

Contextual information

8. Executive Members have been asked to prepare proposals for:
 - a locally resourced capital programme for the three-year period from 2023/24 to 2025/26 within the guidelines used for the current capital programme including the third year, 2025/26, at a similar level to 2024/25.
 - a programme of capital schemes in 2023/24 to 2025/26 supported by Government grants as announced by the Government.

The capital guidelines are determined by the Medium-Term Financial Strategy which is closely linked to 'The 'Serving Hampshire's Residents - Strategic Plan 2021 – 2025' with its strategic aims and Departmental Service plans to ensure that priorities are affordable and provide value for money and that resources follow priorities.

Locally resourced capital programme

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

	£000
2023/24	481
2024/25	481
2025/26	481

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

Revised 2022/23 capital programme

11. The revised 2022/23 capital programme for Adults is shown in Appendix 2 and totals £35,176. The changes since the capital programme was approved in January 2022 are summarised below:

	2022/23
	£000
Approved Programme	14,733
Addition in year – Kershaw Centre	400
Carry Forward from 2021/22	20,043
Total	<u>35,176</u>

12. The schemes carried forward from previous years of £20.043m were agreed by Cabinet on 19 July 2022. These predominantly relate to the Extra Care Housing (£0.906m), Adults with a Disability Accommodation (£3.795m) and Younger Adults Extra Care, (£15.185m) programmes.
13. In addition to the carry forwards against schemes in the 2021/22 capital programme, Cabinet also agreed that unspent balances from starts within the capital programmes from prior years of £12.722m. This related to previously committed funding due to reduced costs on the Nightingale Lodge and Oak Park projects within the Extra Care Housing Transformation programme. This will enable additional projects to be completed against the funding for the programme of £45m that was agreed by County Council in February 2012, to be funded from prudential borrowing.

Health and Safety

14. A range of essential health and safety liabilities at our in-house residential care and nursing homes were identified through inspections at a total cost of £4.3m over two years. This was reported to Cabinet on 24 November 2020. This programme has been extended by a further £1.71m to reflect further works identified through a series of detailed asset management surveys across the estate. Accordingly, a programme of works is being undertaken as part of what was the Culture Communities and Business Services revenue budget with £1.71m that has been vired from the Adults' Health and Care Revenue Budget to fund the work.
15. This portfolio of buildings remains the highest priority in the HCC estate in terms of health and safety, compliance and operational risk management, with a consequential ongoing demand for routine and one-off investment in maintenance and improvement. It is anticipated that further requests for funding will be made as the estate continues to age and liabilities are identified.
16. Accordingly, any further requests for funding in the forthcoming year, as outlined above in paragraph 16, to support the maintenance of the estate, will also be informed by the review of the longer-term strategy to ensure that where appropriate, investment is targeted to sites that are included within the longer-term vision.
17. Additionally, it should be noted that the longer-term strategy for the portfolio of buildings will take into consideration the pressure highlighted within the Adult Services and Public Health Revenue Budget report, specifically where

internal provision, with capital investment may help to mitigate these revenue pressures.

Transformation of Adult Learning Disability Services

18. On the 27 October 2011, the Executive Member for Policy and Resources approved the Adult Learning Disability (LD) Business Case for the early implementation phase of LD transformation and the broader programme. The business case links to the consultation of the transformation proposals reported to the Executive Member for Adult Social Care on 16 May 2011.
19. The Executive Member for Policy and Resources Decision Day on 21 July 2011 approved that 100% of LD capital receipts to be reinvested in LD service re-provision.
20. The Executive member for Policy and Resources on 9 March 2017 approved the revised Business case plan. The financial position has evolved since October 2011 largely as a result of the value likely to be secured by selling surplus property and the consequent impact on prudential borrowing. The business case improved with the use of the Community Grant funding of up to £3.4m.
21. The LD Transformation programme has been successfully delivering capital projects to update and improve the department's LD estate. In that time the programme has successfully delivered eight schemes through the delivery of new facilities and significant improvements to existing assets. The programme has one further scheme in its programme and is now operating within budget.
22. During 2022/23 the Executive Director for Adults' Health & Care, under delegated powers agreed for the addition of a £0.4m scheme within the LD Transformation programme to make necessary improvements to the Kershaw Centre to make it suitable for Day Opportunities use. The scheme is to be funded wholly by capital receipts.

Older Persons Extra-Care Housing

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

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

Younger Adults Extra-Care Housing

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

	£000
Spend Tranche 1-3: Complete	29,900
Deregistration allocation:	428
Re-provision allocation:	650
Land Value Transfer:	1,300
Unallocated budget remaining:	2,722
Total	35,000

After spending across the three tranches, and allocated funds for planned and approved future spend, there is currently £2,722m left unallocated from the originally agreed funding approval of £35m.

In addition, during 2021/22 a further £15.185m funding had been approved to be added to this programme. Plans for additional schemes up to the value of the £15.185m and any underspend from the original £35m, inclusive of the currently unallocated £2.722m will continue to be developed. In accordance with financial procedures each individual new scheme will be added to the programme subject to approval of an appropriate business case.

Proposed capital programme 2023/24 to 2025/26 – locally resourced schemes

29. The Adult services capital programme for locally resourced schemes reflects the strategic aims of enabling people to live safe, healthy and independent lives, enjoy a rich and diverse environment and be part of a strong and inclusive community. It includes contributions towards the costs of the following:

- Priority works on residential and nursing care premises to meet the needs of residents and service users to satisfy the requirements of regulators including the Care Quality Commission, The Fire Service and the Health and Safety Executive.

30. The detailed programme in Appendix 1 and expenditure for 2023/24 is summarised in the table below:

	£000
Operational building, including residential and nursing care, improvements	481
Total 2023/24 Budget	481

Capital programme supported by Government allocations

31. The locally resourced capital programme is supported by Government grant received from the Department for Levelling Up, Housing and Communities. In 2022/23 the amount of capital funding to Adult Services was £14.252m for the Disabled Facilities Grant (DFG). This funding forms part of the Better Care Fund – Pooled budget which is overseen by the Hampshire Health and Wellbeing Board.
32. The Secretary of State has not yet announced details of individual local authority capital allocations for 2023/24 or beyond. For planning purposes 2022/23 allocations are being assumed.
33. The DFG of £14.252m is capital money made available to local authorities as part of their allocations to award grants for changes to a person's home. There is a statutory duty for local housing authorities to provide grants to those who qualify. This part of the fund will be governed by the disabilities facilities grant conditions of grant usage as made by the Department for Levelling Up, Housing and Communities under section 31 of the Local Government Act 2003. Therefore, although officially part of the fund, the money cannot be used for other things and will be paid back out of the fund to the relevant district councils.

Capital programme summary

34. On the basis of the position outlined above, the total value of the capital programmes submitted for consideration for the three years to 2025/26 are:

	Schemes within locally resourced guidelines	Additional schemes funded within the prudential framework	Schemes supported by Government allocations (assumed)	Total
	£000	£000	£000	£000
2023/24	481	-	14,252	14,733
2024/25	481	-	14,252	14,733
2025/26	481	-	14,252	14,733

Revenue implications

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

	Full Year Cost	
	Current Expenditure £000	Capital Charges £000
Schemes within the guidelines		
2023/24	-	22
2024/25	-	22
2025/26	-	22
Total	-	66

Conclusions

36. The proposed capital programme for Adult Services as summarised in paragraph 11 is in line with the guidelines set by Cabinet. In addition, it plans to use the allocated Government grants in full. The programme supports the delivery of services countywide and contributes to the strategic aims:

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Adult Services Capital Programme 2017/18 to 2019/20 Strategy for the Older Persons Extra-Care Housing and Programme Update	20 January 2017
Transformation of Adult Learning Disabilities Services – Programme Update & Revised Business Plan	09 March 2017
Adults with a Disability Housing Programme: Progress update and approval to the strategy for Phase 2 new build projects	9 March 2018
Three Extra Care Development Opportunities in Gosport, Petersfield and New Milton – Outcome of Procurement	26 September 2018
Medium Term Financial Strategy	14 July 2020
Learning Disability Housing - Programme Update	14 July 2020
Cabinet Financial Update and Budget Setting and Provisional Cash Limits 2021/22	24 November 2020
Medium Term Financial Strategy Update and Savings Programme to 2023	12 October 2021
Cabinet Financial Update and Budget Setting and Provisional Cash Limits 2022/23	7 December 2021
Cabinet 2021/22 – End of Year Financial Report	19 July 2022
Cabinet Financial Update and Budget Setting and Provisional Cash Limits 2023/24	13 December 2022

Direct links to specific legislation or Government Directives

Title

Date

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

Adult Services

Capital Programme - 2023/24

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles Grants	Total Cost (excluding sites)	Revenue Effect in Full Year		Site Position	Contract Start		Remarks
						Running Costs	Capital Charges		Date	Duration	
						£'000	£'000		£'000	£'000	
	2023/24 Schemes										
	Schemes Supported from Local Resources										
1	Maintaining Operational Buildings including Residential and Nursing Care	284	47	150	481	-	22	N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.
	Schemes supported by the Government										
2	Disabled Facilities Grant	-	-	14,252	14,252	-	-	N/A	1	12	Grant paid to District Councils to fund adaptations to people's homes
	Total Programme	284	47	14,402	14,733	-	22				

Adult Services

Capital Programme - 2024/25

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles Grants	Total Cost (excluding sites)	Revenue Effect in Full Year		Site Position	Contract Start		Remarks
						Running Costs	Capital Charges		Date	Duration	
						£'000	£'000		£'000	£'000	
	2024/25 Schemes										
	Schemes Supported from Local Resources										
3	Maintaining Operational Buildings including Residential and Nursing Care	284	47	150	481	-	22	N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.
	Schemes supported by the Government										
4	Disabled Facilities Grant	-	-	14,252	14,252	-	-	N/A	1	12	Grant paid to District Councils to fund adaptations to people's homes
	Total Programme	284	47	14,402	14,733	-	22				

Adult Services

Capital Programme - 2025/26

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles Grants	Total Cost (excluding sites)	Revenue Effect in Full Year		Site Position	Contract Start		Remarks
						Running Costs	Capital Charges		Date	Duration	
						£'000	£'000		£'000	£'000	
	2025/26 Schemes										
	Schemes Supported from Local Resources										
5	Maintaining Operational Buildings including Residential and Nursing Care	284	47	150	481	-	22	N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.
	Schemes supported by the Government										
6	Disabled Facilities Grant	-	-	14,252	14,252	-	-	N/A	1	12	Grant paid to District Councils to fund adaptations to people's homes
	Total Programme	284	47	14,402	14,733	-	22				

Adult Social Care 2022/23 capital programme

Resources	
1.	Latest programme limit: £000
	Approved Programme 14,733
	Capital Receipt - Wynton Way 400
	Carry Forward from 2021/22 20,043
	Transfer to Revenue see table in main body of report
	Total <u>35,176</u>
 Allocated to Projects / Schemes	
2.	Project Extra-care Housing transformation project 906
	Maintaining Operational Buildings including Residential and Nursing Care 638
	Younger Adults Extra Care 15,185
	Adults with a Disability Accommodation 3,795
	Kershaw Centre – LD Transformation 400
	Disabled Facilities Grant <u>14,252</u>
	Schemes controlled on a starts basis <u>35,176</u>

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	24 January 2023
Title:	Proposals to Develop or Vary Services
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving an update on the following topics:
 - a) Whitehill and Bordon Health Hub (Hampshire and Isle of Wight Integrated Care Board)
 - b) Integrated Primary Care Access (Hampshire and Isle of Wight Integrated Care Board and Frimley Integrated Care Board)
 - c) Andover Community Diagnostic Centre (Hampshire Hospitals NHS Foundation Trust)

Recommendations

2. That the Committee agrees the recommendations as set out below for each item.

- a) Whitehill and Bordon Health Hub (Hampshire and Isle of Wight Integrated Care Board)

That the Committee continue to monitor the progress of the development of the hub and request an update at the June HASC meeting ahead of the planned patient group engagement activity.

- b) Integrated Primary Care Access (Hampshire and Isle of Wight Integrated Care Board and Frimley Integrated Care Board)

That the Committee continue to monitor the item given the importance of enabling access to primary care and request a further update on progress with the new arrangements for providing 'out of hours' care at the June HASC meeting.

- c) Andover Community Diagnostic Centre (Hampshire Hospitals NHS Foundation Trust)

That the Committee monitor the progress of the project and request a further update at the June HASC meeting if appropriate.

Executive Summary

3. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
4. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting [Framework for Assessing Substantial Change and Variation in Health Services](#)). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the NHS Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
5. This Report is presented to the Committee in three parts:
 - a. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
 - b. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
 - c. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
6. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

Items for Monitoring

a) Whitehill and Bordon Health Hub (Hampshire and Isle of Wight Integrated Care Board)

Context

7. In 2018 the Committee considered proposals to change the services provided from the Chase Community Hospital and the longer term aim to create a Whitehill and Bordon Health Hub. A written update from the Hampshire and IOW ICB on the most recent progress was circulated to the Committee in November 2022. The November update noted that the process of agreeing lease terms with the health hub developer (Whitehill and Bordon Regeneration Company) was ongoing, as was the detailed design of the Health Hub. Commissioners have been invited back to the Committee to present the most recent developments since they last attended in July 2022. An update report is attached as a appendix setting out key target dates and also progress made since the last update to the Committee including the establishment of a steering board with partners in the development and GP surgeries agreeing the Heads of Terms for their occupation of the hub.

Recommendation

8. That the Committee continue to monitor the progress of the development of the hub and request an update at the June HASC meeting ahead of the planned patient group engagement activity.

b) Integrated Primary Care Access (Hampshire and Isle of Wight Integrated Care Board and Frimley Integrated Care Board)

Context

9. In July 2019 the HASC was notified of plans to integrate primary care services to bring together two services: the GP Extended Access Service, which was a pilot, and the GP Out of Hours Service. The HASC last received an update in July 2022, which noted that Primary Care Networks (PCNs) were due to become responsible for providing extended access to their patients in October 2022 having been postponed by a year in response to the additional pressure GP practices were experiencing in continuing to support delivery of the COVID-19 vaccination programme. Commissioners have been invited to provide an update at this HASC meeting regarding extended access since the transfer to PCN's in October 2022.

Recommendation

10. That the Committee continue to monitor the item given the importance of enabling access to primary care and request a further update on progress with the new arrangements for providing 'out of hours' care at the June HASC meeting.

Items for Information

c) Andover Community Diagnostic Centre (Hampshire Hospitals NHS Foundation Trust)

Context

11. This is a new item to the HASC work programme; the Committee have been notified that Hampshire Hospitals NHS Foundation Trust (HHFT) had received funding towards the Andover Community Diagnostic Centre to help expand community diagnostic services to the local area. The Centre is due to open in January 2023 delivering seven days a week care.

Recommendation

12. That the Committee monitor the progress of the project and request a further update at the June HASC meeting if appropriate.

Finance

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

Performance

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

Consultation and Equalities

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

Climate Change Impact Assessment

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

2. Equalities Impact Assessment:

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

Hampshire County Council Health and Adult Social Care Select Committee Update January 2023 on progress of the Whitehill and Bordon Health Hub

Background

Hampshire & Isle of Wight Integrated Care Board (ICB) is working with the Whitehill & Bordon Regeneration Company (WBRC), East Hampshire District Council, NHS providers and other partners on the creation of a new Health Hub at Whitehill & Bordon.

The purpose-built health hub will combine primary care (provided by Badgerswood and Forest GP Surgery) and community health services onto a single site, together with services currently provided at Chase Community Hospital. It will be a vital part of the wider regeneration plans for the area.

Latest position

Partners in the development continue to progress their individual workstreams, and key deliverables for the health hub development have been progressed since the last update provided to HASC in November 2022. These include:

- Badgerswood and Forest surgery have advised that they have agreed the Heads of Terms for their occupation of the new facility, which will see the relocation of the General Medical Services from the partnership owned Forest surgery with the Chase pharmacy.
- East Hampshire District Council are progressing the grant agreement with the Defence Infrastructure Organisation of the MoD and plan to have this in place in January 2023
- A steering board has been set up with partners in the development (chaired by the ICB) to ensure that partners meet regularly and maintain traction on development milestones.
- Southern Health NHS Foundation Trust (SHFT) have reiterated their commitment to the scheme and have submitted their internal business case which is now subject to internal scrutiny
- SHFT have also held an internal engagement event to socialise the plans for the health hub, and are following up at present with the service managers unable to attend
- The new health hub does not contain a space for a physiotherapy gym and so the Trust are currently engaging with Everyone Active, the local leisure centre operator, to discuss how they will work together.

All partners in the health hub remain committed to the revised delivery dates, the current status of which is provided below:

Milestone	Who	Date	Status
EHDC approved £991k funding from s.106 and Eco-town grant as capital contribution for Health Hub	EHDC / DIO	1/7/2021	Complete
Primary Care Commissioning Committee approve Health Hub GMS space and associated costs subject to application from GP practice	HIOW ICB	April 2022	Complete

Funding agreement between EHDC & DIO signed.	EHDC / DIO	Jan 2023	In progress – Target completion March 23
SHFT decision to re-locate community services to health hub	SHFT	Dec 2022	In progress - Target completion Feb 23
Legal agreements with tenants signed (Heads of Terms and agreement to lease)	WBRC / B&FS / SHFT	December 2022	In progress – Target completion May 23
Detailed design complete	WBRC / B&FS / SHFT	March 2023	In progress – Target Completion June 23
Engagement with patient groups (formal consultation not required)	HIOW ICB / SHFT	March 2023	Not started – Summer 23
Planning application	WBRC	April – September 2023	Not started – Anticipated to begin July 23
Construction	WBRC	Jan 24- April 25	Not started – Anticipated July 24 to December 25
Tenant fit out, familiarisation and Operationalisation	WBRC / B&FS / SHFT	Spring 25	Not started – Anticipated January to March 26
Occupation	B&FS / SHFT / WBRC	Summer 2025	Not started – Anticipated Easter 26

Next steps

Southern NHS Health Foundation Trust have been engaging clinical teams on the final design and this will conclude by the end of January. The engagement to date has been positive, although there do remain concerns regarding the lack of like-for like gym space for the rehabilitation of patients. Discussions are underway with the local authority and the gym provider to agree how this could be resolved either by a Service Level Agreement or use of Social Prescribing tools, and once these conclude positively the Trust will be in a position to finalise the Heads of Terms.

Badgerswood and Forest practice are working with WBRC on securing an early presence for their Pharmacy within the new town centre ahead of the health hub opening, which they are progressing outside of the health hub scope with the development WBRC.

Th ICB remain committed to the delivery of the health hub and recognise our responsibility to keep stakeholders and public updated on the process. The ICB is working alongside WRBC, East Hampshire District Council and all our partners to prepare an engagement programme that ensures local residents are being kept informed of the developments at key times as the plans progress.

In the meantime, we have provided updates to East Hampshire District councillors, Healthwatch and individuals as requested.

Enhanced Access Services

From October 2022, new arrangements came into place across England for additional primary care capacity outside the core hours of GMS contracts (8.00am to 6.30pm Monday to Friday excluding public holidays), formally known as enhanced access services.

These are available from 6.30pm to 8.00pm Monday to Friday and 9.00am to 5.00pm on Saturdays. The changes are designed to improve access, promote patient choice and support primary care resilience.

Background

Since at least 2013, practices have been offered the opportunity to provide additional appointments outside GMS contract core hours through a specific type of contract offered across the country. In July 2019, these arrangements and responsibilities transferred to Primary Care Networks under the new contract.

A Primary Care Network (PCN) comprises of GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas.

The PCNs in Hampshire and the Isle of Wight which build on existing primary care services and enable greater provision of proactive, personalised, co-ordinated and more integrated health and social care for local people close to home.

PCNs are led by Clinical Directors who may be a GP, general practice nurse, clinical pharmacist or other clinical profession working in general practice.

Across Hampshire these contracts have led to a range of arrangements following old CCG configurations and boundaries. Some contracts would be led through a separate provider acting on behalf of the PCN.

New arrangements

Across Hampshire all PCNs have taken on the contracts to provide the service at a PCN level (this equates to 34 PCNs serving Hampshire). This brings the provision of these services closer to local communities and their local primary care providers.

The new arrangements aim to remove variability across the country by putting in place a more standardised and better understood offer for patients.

PCNs now employ a wide range of roles, in order to offer a wide range of specialist roles, alongside GPs, to ensure our patients get the right help as soon as possible. These additional roles support PCNs to use the Enhanced Access capacity for delivering routine services. It provides an opportunity to develop a better blend of appointments including taking advantage of digital opportunities for those who prefer this form of appointment, facilitating convenient access for patients and flexible working for staff. Introducing a more multidisciplinary offer means patients can access a broader set of services, such as screening and vaccination.

It is for the PCN to determine, based on discussions with their ICB and engagement with their patients, the exact mix of in person face-to-face and remote (telephone, video or online) appointments, how many appointments are for emergencies, same day or pre-booked (including screening, vaccinations and immunisations) and which services should be available when and what skill mix is needed to deliver these.

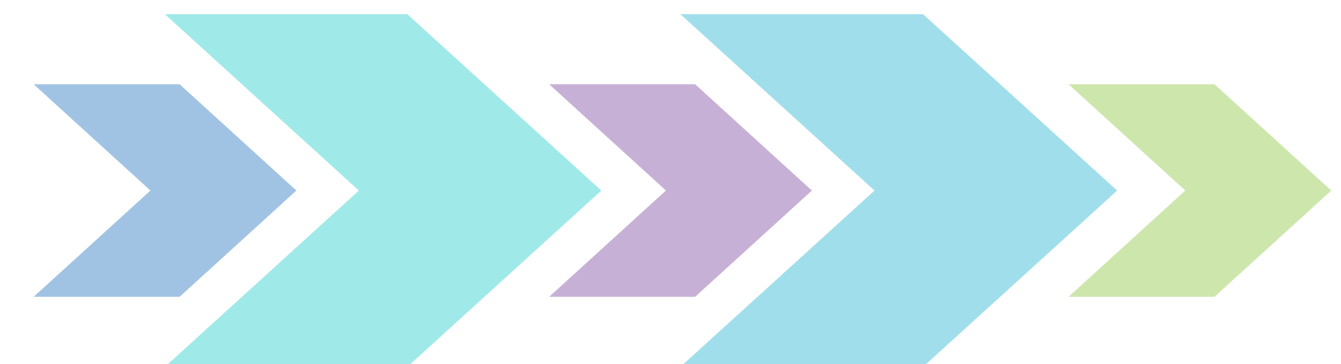
Local arrangements are possible for PCNs to subcontract some or all of their service to other providers or work with others across a larger footprint, which could include a neighbouring PCN.

Over the Spring and Summer of 2022, local ICB teams were in discussions with their PCNs regarding their plans and supported PCNs with their engagement with patients and Patient Participation Groups, to help finalise their offer to patients.

Over 63,500 local people shared their valuable views through surveys, which were available both online and in paper, with the key themes used by the PCNs to help inform how they will provide enhanced access. Key themes from the feedback were around preferred appointment times, access to wider services, continuity of care, barriers to access and travel.

The ICBs covering Hampshire will continue to support PCNs as they deliver these services.

ANDOVER COMMUNITY DIAGNOSTIC CENTRE



WHAT IS THE ACDC? ➤

- Hampshire Hospitals have secured investment of £8.2million to create a Community Diagnostic Centre Andover War Memorial Hospital – developed from The Richards Report
- The vision is to provide improved diagnostic access for patients, enhancing community access and reduce pressure on acute trust sites (Basingstoke and Winchester)
- Part of HHFT's on-going investment in Andover it will also provide modernised facilities for the Minor Injuries Unit and Maternity departments
- Support faster diagnosis for cancer patients, and reduce waits for patients waiting for elective care
- Part of a wider programme across Hampshire and Isle of Wight for four new local diagnostic centres
- Increased access for primary care colleagues – enabling a more integrated experience for patients



BENEFITS

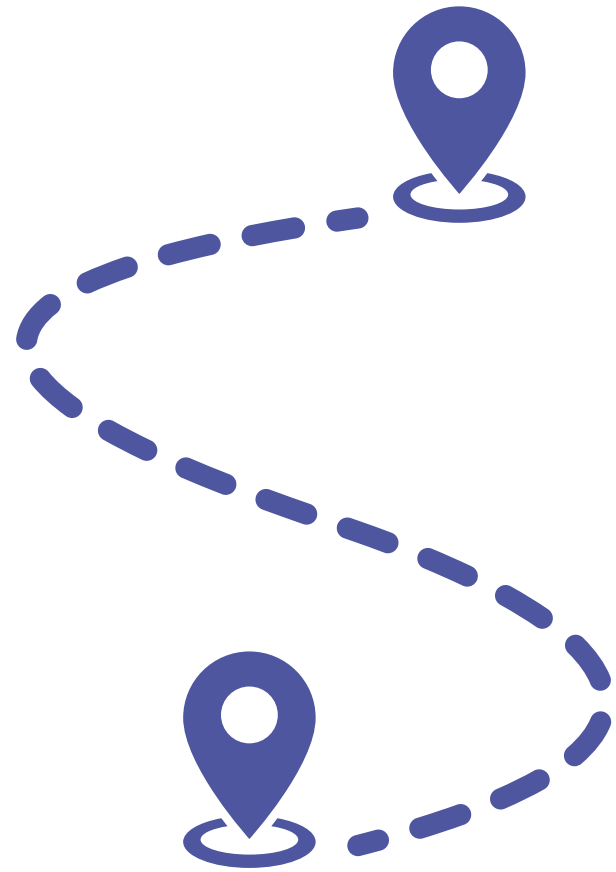


- Patients will have greater access to vital services all whilst staying closer to home – speeding up early diagnosis and reducing waiting times.
- The expansion of the services in the heart of the Andover community will cover seven days a week and will mean people no longer have to travel to the hospitals in Basingstoke and Winchester – or indeed further afield – for the care they need.
- The ACDC has been designed in collaboration with The Wessex Cancer Alliance and clinical experts. Hampshire Hospitals NHS Foundation Trust, which runs the hospitals in Andover, Basingstoke and Winchester, is also talking to local patients and service users, who are helping the trust to configure and design the new areas – keeping patient care at the heart of everything.

TIMELINES



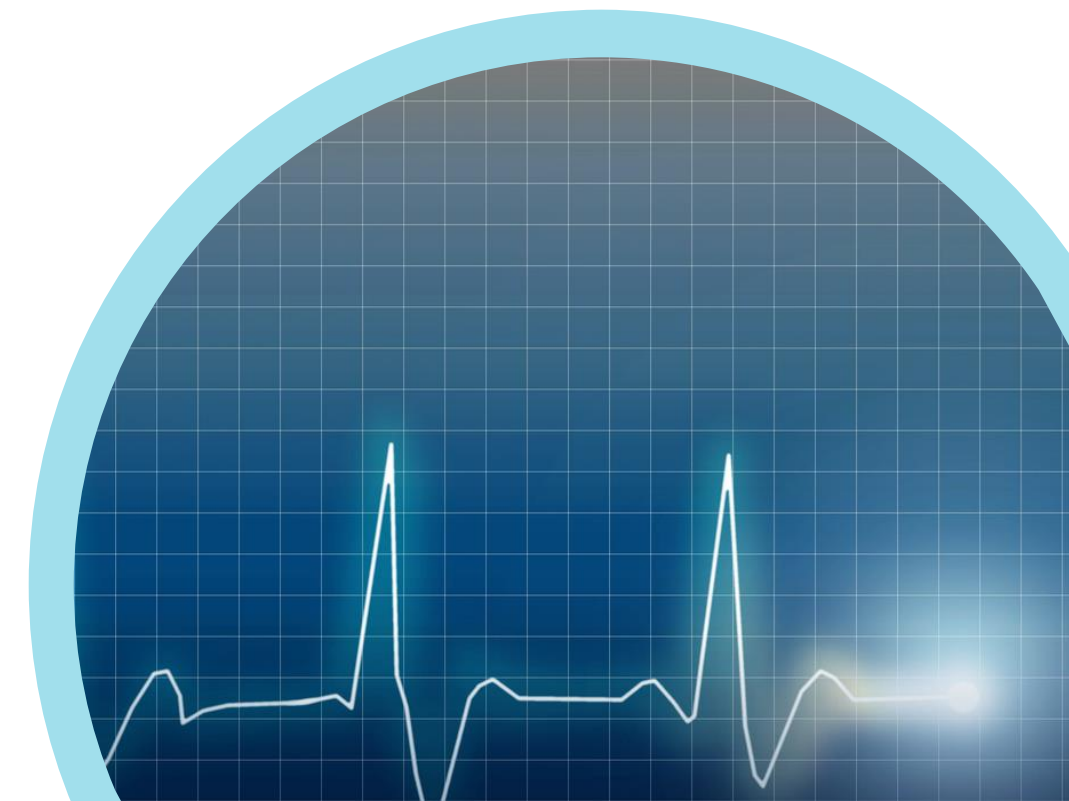
Spring 2023



- Development of the U/S Hub for Obstetric and Non Obstetric Ultra Sound – with bespoke training area for Sonographers
- Co location of the Minor Injuries unit into the diagnostic footprint
- Increased X ray facilities across 7 days
- Extended access for CT and MRI across 7 days
- Redevelopment of maternity birthing services – to provide a modernised birthing area

Summer 2023

- Extra Endoscopy rooms extending access from 6 session to 20 sessions a week
- Full roll out of physiological measurement services – increased access to Echo, ECG, Lung Function Tests
- Increased Point of Care testing to support all imaging and testing



DIAGNOSTICS: THE FUTURE ➔

Andover Community Diagnostic Centre

£8.2m investment into additional HHFT diagnostics

Approved in 2022 – live from 2023



**1 x-ray room
7 U/S rooms/hub
1 MRI**

**Aligning minor
injuries to the
diagnostic footprint**

**Hubs to support
training and skill
development**

**Increased
Endoscopy, and
Physiological
measurement**

**Increased
phlebotomy access
and POCT**

BIRTHING DEPARTMENT ➔

- As part of this new project the maternity department be redeveloped. Providing an improved birthing environment for families, with a modernised setting for the maternity teams to work within.
- While these works are underway, the birthing services in Andover have been temporarily suspended.
- We have been in open communication with those this may impact, and alternative options are available for those with a planned birth at Andover during this time.
- We aim to re-introduce this service as soon as possible, likely in early 2023.



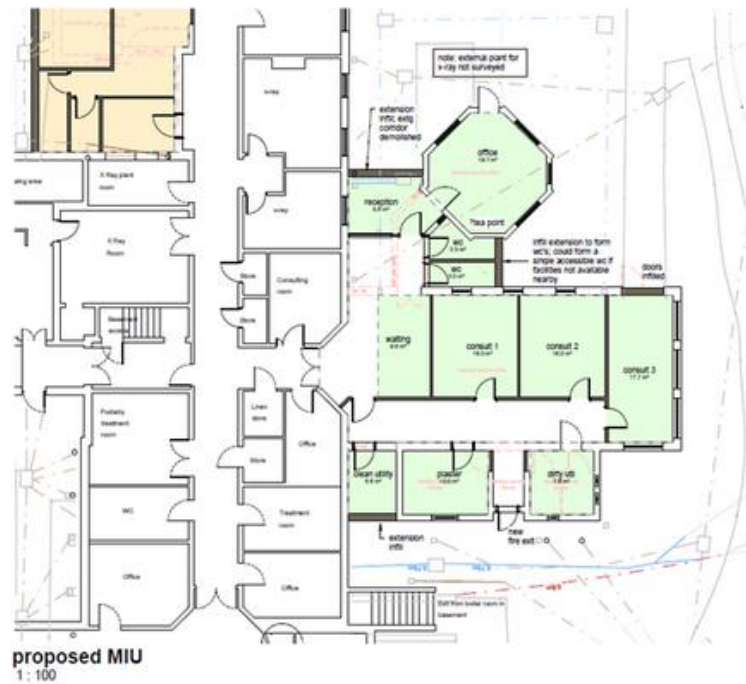
PLAIN FILM



ENDOSCOPY



MINOR INJURIES UNIT



proposed MIU
1:100

ULTRASOUND

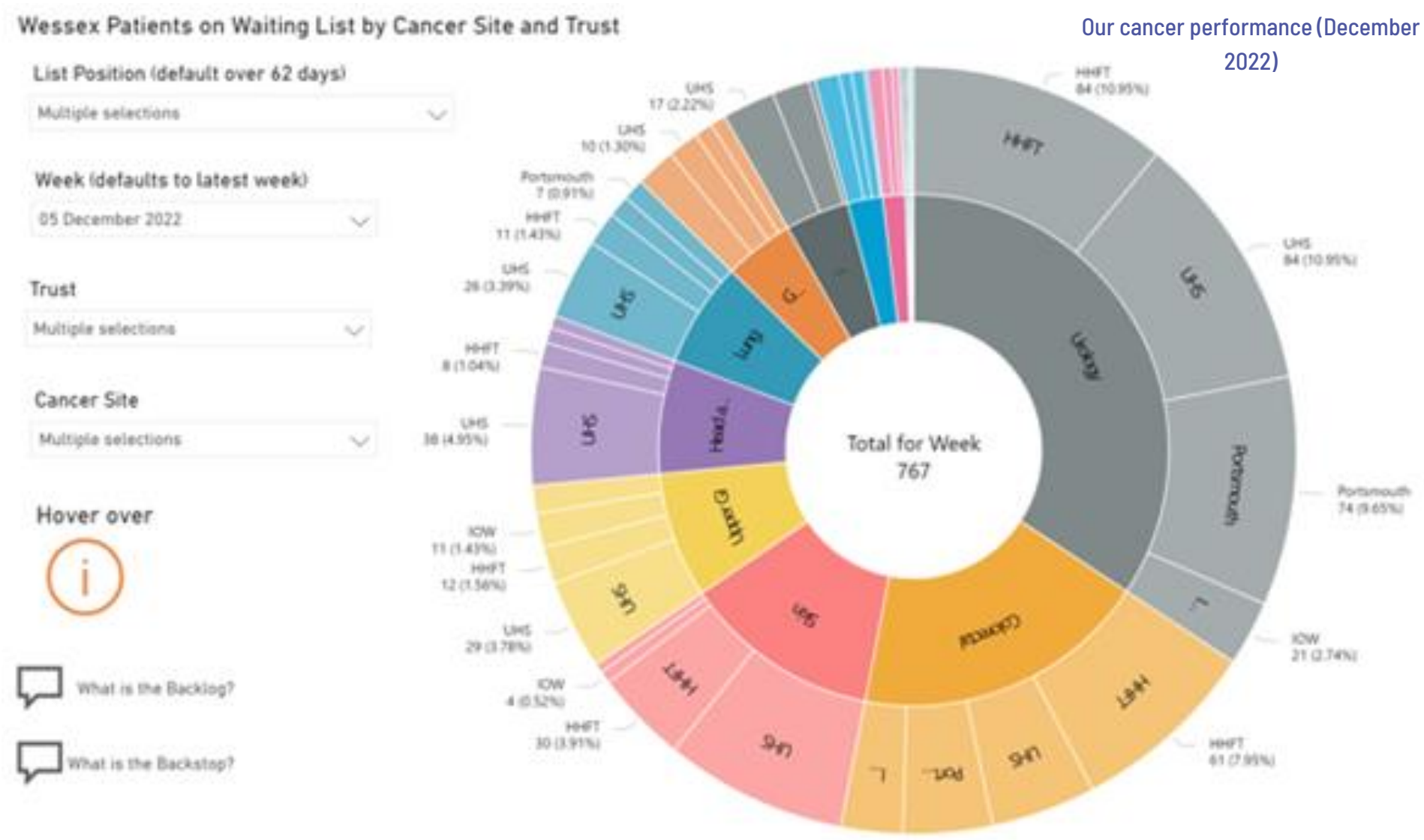


ultrasound first floor
1:100

proposed ultrasound dept
1:100

OUR PROGRESS SO FAR ➔

Life expectancy in Hampshire is higher than the England average. There are however areas of deprivation which leads to a life expectancy gap of seven years for men and five years for women. The three largest causes of death in the county are CVD, Cancer and Respiratory Diseases. These account for the majority of the life expectancy gap between the least and most deprived quintiles: almost 70% for men and 55% for women.



The launch of the CT and MRI service at Andover plays an important part in early identification and timely referrals. There is a huge emphasis on MRI prostate to support Urology and CT support CT Colon for Colorectal.

The original business case quoted our ambition to meet 7 days from referral to acquisition and reporting.

OUR PROGRESS SO FAR ➔



CT

- Has been on site since November 2020
- We are the first trust in region delivering Cardiac CT in the community and provided proof of concept for performing community diagnostics



MRI

- Live from November 2022
- MRI van with permanent co located MRI next to CT from 2024

FURTHER ACTIVITY - RECRUITMENT/COMMS/ENGAGEMENT

- We were grateful to receive support for the ACDC bid from Test Valley Borough Council and Kit Malthouse MP.
- Working alongside ICB colleagues to ensure the project meets the needs of our population and allows health and social care partners to make the most of the significant investment.
- Engaging with stakeholders including healthcare partners, Healthwatch, the Army and service users.
- A productive focus group was held in December 2022 with maternity service users in collaboration with Hampshire Maternity Voices Partnership.
- The ACDC will allow us to recruit experts into Hampshire with an attractive offer of the diagnostic centre, with the hubs also becoming a crucial retention tool. Recruitment to these roles is ongoing.
- Further activity and updates to continue into 2023 .





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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of meeting:	24 January 2023
Report Title:	Work Programme
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

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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	24 Jan 2023	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023
<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.</p> <p>(SC) = Agreed to be a substantial change by the HASC.</p>									
Whitehill & Bordon Health and Wellbeing Hub Update	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Re provision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	Hampshire and IOW ICS	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Last update May 2022. Briefing note circulated Nov. 2022.	x				
Integrated Primary Care Access Service	Providing extended access to GP services via GP offices and hubs. (also to incorporate concerns accessing GP appointments)	Living Well Ageing Well Healthier Communities	Both Hampshire ICSs	Presented July 2019, March 2022. Latest update July 2022 as extended access due to transfer to PCNs for Oct. Requested further update.	x				
Orthopaedic Trauma Modernization Pilot	Minor trauma still treated in Andover, Winchester and Basingstoke. An	Living Well Ageing Well Healthier	HHFT	Presented September 2019, last update March 2021. Requested further update 2022.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 Jan 2023	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023
	elective centre of excellence for large operations in Winchester.	Communities							
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 ICSs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020, March 2021, Sept 2022. Last update to HASC - July 2022.					
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 ICSs	Presented in July 2020 following informational briefings. Last update rec'd Nov 2022.			x		
Proposal to create an Elective Hub	Spring 2022 notified of plans to create an elective hub to help	Living Well Ageing Well	HIOW ICS	Briefing note received May 2022 regarding plans to undertake capital works to provide			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 Jan 2023	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023
	manage the backlog of elective appointments	Healthier Communities		additional theatre space specifically as an elective hub for the Hampshire area. Autumn 2022 – nothing further to note. Defer update to 2023.					
Recommendation to create a new community and mental health Trust	October 2022 notified of plans to create a joint organisation combining community and mental health services for Hampshire and IOW.		Southern Health FT and Solent NHS Trust	Initial presentation to HASC – Nov 2022. To return in March 2023 – consideration over substantial change.		x			
Andover Community Diagnostic Centre	Expansion of community diagnostic services – opening January 2023.	Starting Well Living Well Ageing Well Healthier Communities	HHFT	Some services opening Autumn 2022 with main opening January 2023. Invite to Jan 23 meeting.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 Jan 2023	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023
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	<p>To await notification on inspection and contribute as necessary.</p> <p>PHT last report received Jan 2020, update March 2020.</p> <p>SHFT – latest full report March 2022. Action Plan received May 22. Requested confirmation when all actions completed.</p> <p>HHFT latest report April 2020 received Sept 2020. Maternity services update heard May 2022. Update Nov 22.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p>					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 Jan 2023	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023
				<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> <p>SCAS – inspection re safeguarding concerns reported Feb 22. Update on CQC rating given July 22. Further update on action plan - Nov 22.</p>		x			
Independent Review of Southern Health NHS Foundation Trust			Southern Health NHS FT	Stage 2 Report published in September 2021. Initial item Oct 2021, action plan at Jan 2022 meeting. Latest update Nov 2022.		x			
Dental Services	Concern over access to NHS dental appointments post pandemic	Starting Well Living Well	NHS England/ICS's (dentistry commissioning due to	Initial Item heard Nov 2021, written update March 2022. Last updated Nov 22.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 Jan 2023	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023
			transfer to ICSs)						
Pre-Decision Scrutiny – <i>to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</i>									
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				
Working Groups – <i>currently none active</i>									
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adults' Health and Care	For an annual update to come before the Committee. Last update Nov 2022. Next update due Nov 2023. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 Jan 2023	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023
Health and Wellbeing Board	To scrutinise the work of the Board.	Starting Well	Hampshire County Council Adults' Health and Care	Annual item heard June/July.				x	
		Living Well							
		Ageing Well							
		Healthier Communities							
NHS 111	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well	Both Hampshire ICSs	Updates rec'd – March 2021, Nov 2021, July 2022. Requested update in 6 months.		x			
		Ageing Well							
		Healthier Communities							
		Dying Well							
Development of Integrated Care Systems (ICS)	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well	Both Hampshire ICSs	Updates rec'd - Jan 2022, July 2022. Requested further update 2023.			x		
		Ageing Well							
		Healthier Communities							
		Dying Well							

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 Jan 2023	14 March 2023	23 May 2023	27 June 2023	19 Sept 2023
Mental Health and Wellbeing		Living Well	Led through HCC AHC (multi agency)	Collaborative overview of future intentions around mental health and wellbeing to incorporate multi agency updates.					
		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

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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Hampshire County Council: Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)

Glossary of Commonly used abbreviations / acronyms across Health and Social Care

Please note this is not exhaustive and is revised on a regular basis.

AAA	Abdominal Aortic Aneurysm
A&E	Accident and Emergency or Emergency Department (ED)
AMH	Adult Mental Health
AOT	Assertive Outreach Team
AWMH	Andover War Memorial Hospital
AS	Adult Services
BCF	Better Care Fund <i>This is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.</i>
BNHH	Basingstoke and North Hampshire Hospital (part of HHFT)
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group <i>A clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area up to June 2022</i>
CHC	Continuing Healthcare
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission <i>The Commission regulate and inspect health and social care services in England.</i>
CX	Chief Executive
DGH	District General Hospital
DH / DoH	Department of Health
DTC	Delayed Transfer of Care
ED	Emergency Department / A&E
ENP	Emergency Nurse Practitioner
F&G	Fareham and Gosport
FHFT	Frimley Health NHS Foundation Trust
FT	Foundation Trust
GP	General Practitioner
G&W	Guildford and Waverley
HASC	Health and Adult Social Care (Select Committee)
HCC	Hampshire County Council
HES	Hospital Episode Statistics
H&IOW	Hampshire and Isle of Wight
HHFT	Hampshire Hospitals NHS Foundation Trust
HWB	Health & Wellbeing Board <i>Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult</i>

	<i>social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health</i>
IAPT	Improving Access to Psychological Therapies
ICU	Intensive Care Unit
ICB	Integrated Care Board (part of the ICS)
ICP	Integrated Care Partnership (part of the ICS)
ICS	Integrated Care System (came in to force 1 July 2022, replaces CCG as local commissioning structures. Hampshire population included in the 'Hampshire & Isle of Wight ICS' and the 'Frimley ICS')
ICT	Integrated Care Team
IRP	Independent Reconfiguration Panel
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment <i>This document looks at the specific health and wellbeing needs of the local population and highlights areas of inequality. It helps public bodies decide what type of local services to commission.</i>
Local HW	Local HealthWatch <i>An organisation who represents the patient voice in Hampshire. They are commissioned by HCC and conduct research and investigations into patient experience and are part of a parent organisation Healthwatch England.</i>
MHA	Mental Health Act
MIU	Minor Injuries Unit
NED	Non-executive Director
NEH&F	North East Hampshire and Farnham
NHS	National Health Service
NHS FYFP/V	NHS Five Year Forward Plan / View <i>This is a national strategy which sets the direction for better prevention, new models of coordinated and personalised support and for localities to decide for themselves how best to make progress.</i>
NHSE	<i>NHS England NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England. It holds the contracts for GPs and NHS dentists, although some of these are co-commissioned with CCGs.</i>
NHSI	NHS Improvement <i>NHSI is responsible for overseeing all NHS trusts, as well as independent providers that provide NHS-funded care. Its focus is to ensure that patients receive consistently safe, high quality, compassionate care within local health systems that are financially sustainable. It includes the functions previously carried out by Monitor.</i>
NHSP	NHS Property Services
NICE	National Institute for Clinical Excellence <i>This body provides national guidance and advice to improve health and social care outcomes.</i>

NSF	National Service Framework
OAT	Out of Area Treatment
OBC	Outline Business Case
OBD	Occupied Bed Days
OOA	Out of Area
OOH	Out of Hours
OP	Out-patients
OPMH	Older People's Mental Health (services)
PCN	Primary Care Network
PFI	Private Finance Initiative
PH	Public Health
PHE	Public Health England <i>PH England is an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.</i>
PHU	Portsmouth Hospitals University NHS Trust
QAH	Queen Alexandra Hospital, Cosham
QSG	Quality Surveillance Group <i>The aim of this group is to identify risks to quality at as early a stage as possible. They do this by proactively sharing information and intelligence between commissioners, regulators and those with a system oversight role.</i>
RHCH	Royal Hampshire County Hospital (part of HHFT)
RTT	Referral to Treatment Time (performance indicator)
S&BP FT	Surrey and Borders Partnership NHS Foundation Trust
SCAS	South Central Ambulance NHS Foundation Trust (Service)
SECAMB	South East Coast Ambulance NHS Foundation Trust
SEH	South Eastern Hampshire
SEN	Special Educational Need
SGH	Southampton General Hospital
SHFT	Southern Health Foundation Trust
SHIP	Southampton, Hampshire, Isle of Wight and Portsmouth
SPFT	Sussex Partnership Foundation Trust (provider of CAMHS)
STP	Sustainability (and) Transformation Plan / Partnership / Programme <i>These local plans aim to achieve the goals of the NHS Five Year Forward to achieve better health, transformed quality of care delivery, and sustainable finances. It is a partnership to improve health and care developed proposals built around the needs of the whole population in the area, not just those of individual organisations.</i>
UHS FT	University Hospital Southampton NHS Foundation Trust
UTC	Urgent Treatment Centre
WCH	Western Community Hospital
WiC	Walk in Centre

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