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NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 5th July, 2022 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 the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 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 - 14)

To confirm the minutes of the previous meeting held on 24 May 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. PROPOSALS TO VARY SERVICES (Pages 15 - 20)

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.

- Hampshire Together Update (Hampshire Hospitals Foundation Trust)
- Enhanced Access to GP Services (Commissioners)

7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 21 - 34)

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

- South Central Ambulance Service Care Quality Commission Inspection relating to Safeguarding (SCAS)

8. NHS 111 UPDATE

To receive an update on performance of NHS 111 and the local implementation of Integrated Urgent Care and a Clinical Assessment Service.

9. DEVELOPMENT OF INTEGRATED CARE SYSTEMS UPDATE (Pages 35 - 48)

To receive an update on the change of health commissioning from Clinical Commissioning Groups (CCGs) to Integrated Care Systems (ICS).

10. HEALTH AND WELLBEING BOARD ANNUAL REPORT (Pages 49 - 78)

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

11. WORK PROGRAMME (Pages 79 - 90)

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

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

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

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

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Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Tuesday,
24th May, 2022:

Chairman:

* Councillor Bill Withers Lt Col (Retd)

- | | |
|---------------------------------|-------------------------------|
| * Councillor Ann Briggs | * Councillor Lesley Meenaghan |
| * Councillor Graham Burgess | * Councillor Sarah Pankhurst |
| * Councillor Pamela Bryant | * Councillor Kim Taylor |
| Councillor Jackie Branson | * Councillor Andy Tree |
| Councillor Rod Cooper | * Councillor Lance Quantrill |
| * Councillor Tonia Craig | * Councillor Dominic Hiscock |
| * Councillor Debbie Curnow-Ford | |
| Councillor Alan Dowden | |
| * Councillor David Harrison | |
| Councillor Adam Jackman | |
| Councillor Andrew Joy | |

Co-opted members

- * Councillor Julie Butler
- * Councillor Diane Andrews
- * Councillor Karen Hamilton

*Present

Also present with the agreement of the Chairman:

Councillor Liz Fairhurst – Executive Member for Adult Services and Public Health

64. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Jackie Branson, Councillor Andrew Joy and Councillor Rod Cooper – Councillor Lance Quantrill attended as the Conservative substitute.

Apologies were also received from Councillor Cynthia Garton and from Councillor Alan Dowden – Councillor Dominic Hiscock attended as the Liberal Democrat substitute.

65. 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.

66. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting held on 8 March 2022 were confirmed as a correct record and signed by the Chairman.

67. **DEPUTATIONS**

The Committee received a deputation from Anna Miles the scheme manager for MHA Communities in Winchester regarding Item 6 on the agenda – the pre scrutiny of SP23 savings proposals and, in particular, the proposal to cease grant funding schemes.

The deputation outlined the work conducted by MHA Communities as a friendship and social activities scheme within the community for older people and noted that 1500 older people participate each week across Hampshire. Members heard how the grant funding received from Hampshire County Council was key in helping older people live independently and that the proposed changes would mean a reduction in MHA's activities and services which could lead to older people requiring care at an earlier stage in their lives.

The Chairman thanked Anna for attending and for making her deputation. The Committee noted the valuable work that was conducted by the organisation.

68. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

- **Covid 19** - cases were decreasing across the county and testing was now mainly taking place in health settings. Public Health continued to work with health leads to be responsive to any changes in guidance whilst empowering care settings to manage Covid 19 incidents. The Spring booster vaccine campaign was set to continue until the end of May for care homes and the end of June for the wider offer.
- **System Resilience Report** – further to the 2021 report, a second update was being prepared for the June Cabinet meeting regarding activities undertaken across the health and social care system to maintain system resilience in the discharge of people from hospital settings. The report would be shared with HASC when available.
- **Southern Health estates** – HASC members had received an email (dated 23 May 2022) regarding recent developments being undertaken by Southern Health to some of their buildings.
- **South Central Ambulance Service (SCAS) CQC outcome** – following a CQC inspection in November 2021, SCAS had been instructed to make improvements to its safeguarding arrangements. The Chairman noted that he would be requesting SCAS's attendance at the next HASC meeting to provide assurance that the required improvements have been put in place.

69. PRE-SCRUTINY OF SP23 SAVINGS PROPOSALS

The Committee considered the findings of the Working Group on the Savings Programme to 2023 proposals relating to certain Adult Social Care Grant Schemes and funding for Social Inclusion services and pre-scrutinised the proposals going forward to the Executive Member for Adult Services and Public Health.

Councillor Briggs, a member of the working group, presented the group's report and outlined the process that had been undertaken through the series of meetings and discussions. The detail of the working group meetings and conclusions was included within the report presented. Councillor Taylor, a member of the working group, noted that the group were not asked to make alternative recommendations to those presented and that she had not been in agreement with them. Councillor Harrison, a member of the working group, noted that he was also not in agreement with the recommendations of the group.

The Committee agreed the following:

- a) To acknowledge that a robust Working Group process, chaired by Councillor Penman, and consisting of 7 members of HASC in total was established and worked to throughout the past 6 months.
- b) To note that Member participation was strong, regular and consistent throughout.
- c) To note that 5 meetings took place in total including 3 prior to the public consultation, 1 during the consultation and a final meeting in late April to discuss the outcomes of the consultation
- d) To acknowledge that Members were kept fully informed throughout the process by officers and were given every opportunity at each of the meetings to fully debate the issues and ask relevant questions.
- e) To note that Members were properly updated on the outcomes of the consultation exercise including being notified of the concerns raised by those who responded.
- f) To note that following the Working Group process, the savings recommendations are going to be taken forward to the Executive Member in June with the report to include the main points that result from the HASC debate of the draft Executive Member report.

The Committee then moved to pre-scrutinise the proposals that would be put forward to the Executive Member at her Decision Day. The Director of Adults' Health and Care presented the report and the background to the proposals in detail. Broadly, the Committee heard that:

- The County Council's Savings Programme to 2023 entailed a reduction in Council expenditure by at least £80 million by 31 March 2023 to deliver a balanced budget.
- The County Council's Adults' Health and Care Department had savings targets of £40.6m by 31 March 2023. Informed by feedback from the Balancing the Budget Consultation, proposals on how these savings could be achieved were developed by the Department.
- A 6-week public consultation on the proposals had been carried out from 7 February 2022 to 21 March 2022.

- Making challenging yet necessary proposals to reduce funding as set out within the report and in the knowledge that service users may be impacted was a difficult process for the Council. However, officers had been scrupulous in their research and in forming partnerships with other organisations to ensure that the impact from the proposals would be mitigated wherever possible. This included signposting grant recipients to other forms of funding and working with them to enable them to apply and seek alternative grant awards.
- Throughout the process the working group had been kept informed and engaged with the development of the proposals and their feedback had been incorporated into the final recommendations.

The Committee discussed the proposals. Some Councillors suggested delaying the grant reduction by a year given the ongoing cost of living crisis and other financial pressures. The Director noted that, whilst this suggestion was very well intentioned and would mean a short term reprieve for grant recipients, it would likely impact more significantly later on in the SP23 process and larger reductions to critical services would likely be required at a later stage.

Councillors sought reassurance from the Director that the grant recipient organisations would be supported to seek alternative sources of funding. The Director gave his assurance that the Council would continue to actively work with the current grant holders to explore ways that the services could continue to be sustained after the current grant award had ceased. It was agreed that the Committee would receive a report at a future meeting which detailed the work being conducted with the grant recipients.

Members thanked the officers who had been involved in producing the proposals noting that they had been compassionate throughout a challenging piece of work. Members also acknowledged the work of community groups and organisations and also the volunteers involved in keeping these running and noted the excellent services they provided.

Overall the debate focused upon the moral dilemma that was presented with the requirement to make the SP23 savings whilst supporting vulnerable residents. Members also felt strongly that the County Council should continue to lobby Government regarding the reduction in public funding which had led to the Council's budget deficit and noted this as part of the 'wider background' to the proposals.

The Chairman moved to the vote and the Committee voted as follows:

For: 8
Against: 3
Abstain: 2

The Committee therefore resolved to recommend to the Executive Member for Adult Services and Public Health that she:

For Adult Social Care Grants

1. Approves the ceasing of the following Adult Social Care Grant Schemes, thereby contributing £320,000 of savings towards (SP23) the savings programme to 2023:
 - a. the Neighbourhood Care and Support grant scheme;
 - b. the Community based Support Grant scheme; and
 - c. the Rural Connections grant scheme
2. That the Executive Member for Adult Services and Public Health notes that robust monitoring of the impact of any or all of the proposed changes will be established and enacted so that officers and providers can respond with any appropriate mitigation(s) as required.

For Social Inclusion

3. Approves the strategy for delivering homelessness services in Hampshire as detailed in this report and the reduction in Hampshire's funding of £360,000 for homelessness services from April 2023.
4. Subject to recommendation 5 being approved, gives approval to spend up to £6.3million for a period of up to 3 years on the delivery of homelessness services as set out in this report from April 2023.
5. Delegates authority to the Director for Adults' Health and Care to finalise spend for contracts up to the amount outlined above following any decisions made by Districts and Boroughs with regards to possible contributions towards homelessness services.
6. Notes that the above proposed spend is based on anticipated District/Borough contributions and is subject to decisions by District/ Borough Councils.
7. Gives approval to awarding grants to Basingstoke and Deane Borough Council, New Forest District Council and Winchester City Council subject to their decision-making processes, up to a maximum annual value of:
 - Basingstoke and Deane Borough Council - £376,000
 - New Forest District Council -£36,000
 - Winchester City Council - £24,500
8. Delegates authority to the Director for Adults' Health and Care to finalise the amount of the grants up to the value outlined above subject to agreement by the aforementioned District and Borough Councils.
9. Notes that the County Council will continue its positive relationship with District, Borough and City Councils to identify additional sources of funding to help enhance the county wide offer in line with their statutory duties in this space.
10. Notes that the County Council will continue to work with all relevant organisations and service areas including Public Health, Adults Health and Care service areas, and District and Borough Council's to ensure that wider service areas help to minimise the likelihood of people becoming homeless.

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

a) Dental Services Update - NHS England and H&IOW CCG/ICS

Alison Cross, Senior Commissioning Manager from NHS England, attended virtually via MS Teams to present the item. Sara Tiller, representing the CCG/ICS, was also present as dental commissioning was due to transfer to the ICS in future.

A written update had been provided in response to questions that the Committee had raised at a previous meeting and members had been concerned that residents were having difficulties accessing NHS dental care.

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

- On a national scale, NHS dental provision was low but that private practice was increasing rapidly. Dentists qualified after 5 years of training and the NHS required a further 1 year of additional training. To enter into private practice, the additional training was not a requirement.
- There was a national shortage of dentists, therapists, receptionists and nurses.
- The contractual procurement obligations were very restrictive in enabling additional NHS practices to be established. The procurement of additional dentistry provision was underway but was not anticipated to be in place until at least April 2023.
- Patients who were unsatisfied should raise complaints formally to enable them to be tracked. It was agreed to share the email address and telephone number for raising a complaint with all Committee members.
- The recruitment for a new role within the CCG/ICS was underway and the post would be aimed at helping recruit and retain NHS dentists.

Overall the Committee agreed that there still remained significant difficulties for residents in accessing dental care. The Committee agreed that a further update should be requested for the September meeting.

RESOLVED:

- i) That the Committee noted the update and requested a further report be brought to the September HASC meeting to address the ongoing issues.
- ii) That the Committee noted the challenges which existed as a result of a restricted contract/procurement process and agreed to lobby Hampshire MP's to assist in this regard.

b) Care Quality Commission Inspection Report – Southern Health NHS Foundation Trust Action Plan

Ron Shields, Chief Executive of the Southern Health NHS Foundation Trust, attended to present the report.

Following a CQC inspection, the Trust had received a 'requires improvement' rating in two areas – 'are services safe?' and 'are services effective?'. The other domains were rated as 'good'. Following a full report on the inspection to HASC in March 2022, the Committee had requested sight of the action plan in place to address the improvement areas. The detailed action plan was included within the agenda pack for the Committee to review.

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

- The Governing Board were providing effective scrutiny of the Trust and that this had been a focus for continual improvement to ensure that issues were being fully considered.
- That the 'ongoing' status referred to within the action plan meant that the action point was still progressing but also that it did not have a defined end point and would continually be a work in progress due to the nature of the action.

RESOLVED:

- i) That the Committee welcome the progress the Trust has made in completing a number of actions in response to the CQC findings.
 - ii) That the Committee request the Trust provide an update to confirm once all the required actions have been completed.
- c) Care Quality Commission Inspection – Hampshire Hospitals NHS Foundation Trust Maternity Services

Alex Whitfield, the Chief Executive of Hampshire Hospitals NHS Foundation Trust (HHFT), and Julie Dawes, the Chief Nurse at HHFT, attended to present the item.

Following a CQC inspection, the HHFT Maternity Services had received a 'requires improvement' rating. The findings of the inspection were presented to the Committee including a presentation on the actions being undertaken by the Trust to address the areas of concern.

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

- In response to national reports, investigations and incidents, such as the Ockenden Maternity Review, the Trust continually reviewed and compared with their own practices, reflecting upon what had been highlighted in other services which could also be a focus within Hampshire.

RESOLVED:

- i) That the Committee welcomes the update and the Trust's approach to continual self evaluation and improvement.

- ii) That the Committee request a further update on the improvements being implemented for it's meeting in September.

71. PROPOSALS TO VARY SERVICES

a) Whitehill and Bordon Health Hub update – CCG/ICS

Sara Tiller from the CCG/ICS attended to present the update item. Members noted that the revenue funding envelopment for the Hub had been agreed and that progress had moved forward to the development of leases with the GP practice and with Southern Health. It was noted that work was underway with the future tenants of the Hub.

Members agreed that it would be of benefit to understand how specifically the Hub would provide different and more improved services to residents within the area.

RESOLVED:

- i) That the Committee welcome the progress towards a Whitehill & Bordon Health Hub and request a further update in November 2022.
- b) Proposal to create an elective hub for Hampshire and Isle of Wight - CCG/ICS

There was a written update which had been provided for the Committee.

RESOLVED:

- i) The Committee note the proposal to increase elective capacity through creating a new elective hub and request a further update in Autumn 2022 on progress with the scheme and what is being done to manage and prioritise the backlog of elective care in the meantime.
- c) Building Better Emergency Care Programme (Portsmouth Hospitals University NHS Trust)

Before this item was heard, Councillor Pankhurst made a declaration that she was an employee of South Central Ambulance Service working for NHS 111.

Chris Evans, the deputy Chief Executive of Portsmouth Hospitals University NHS Trust, and Paul Jeffries, the Assistant Director of Operations at South Central Ambulance Service, attended to present the item.

Members noted the progress that had been made in planning for the capital works to redevelop the Emergency Department buildings and to help deliver a new model of care to patients. The Committee heard that following a series of

engagement exercises to inform planning, the full business case for the works was due for submission in May 2022.

In response to Members' questions it was noted that:

- Contingency funding had been set aside in response to the rise in inflation.

RESOLVED:

- i) That the Committee welcome the progress in the Building Better Emergency Care Programme and request a further update in September 2022 regarding:
 - how the building works will be managed alongside maintaining business as usual at the hospital
 - What the Trust is doing to manage emergency care pressures in the meantime, heading in to the winter period

72. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme.

Councillor Taylor requested an update on plans by Hampshire Hospitals NHS Foundation Trust to build a new hospital. It was noted that a Joint Committee had been established to monitor the progress of the new hospital but agreed that a short update to the HASC would be helpful.

RESOLVED:

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

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	5 July 2022
Title:	Proposals to Develop or Vary Services
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving an update on the following topics:
 - a) Hampshire Together Update (Hampshire Hospitals NHS Foundation Trust)
 - b) Enhanced Access to GP Services (Commissioners)

Recommendations

- a) Hampshire Together Update (Hampshire Hospitals NHS Foundation Trust)
2. That the Committee note the update on the Hampshire Together programme.
 - b) Enhanced Access to GP Services (Commissioners)
3. That the Committee request an update for the November 2022 meeting confirming how all Hampshire Primary Care Networks are delivering the requirements for Extended Access to GP services.

Executive Summary

4. 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.

5. 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.
6. 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.
7. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

Items for Information

a) Hampshire Together Update (Hampshire Hospitals NHS Foundation Trust)

Context

9. Hampshire Together is a programme that involves all NHS and social care services across north and mid Hampshire (Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas). It is being led by Commissioners, in partnership with Hampshire Hospitals NHS Foundation Trust. The programme also includes the potential for the construction of a brand new hospital as part of the Government's Health Infrastructure Plan.
10. The Trust last presented to the Committee in November 2020 and at that meeting the Committee agreed that the proposals constituted a substantial variation and, along with Southampton City Council who reached the same determination, a Joint Scrutiny Committee was formed to consider the proposals. The Joint Committee

last met in March 2021 and is intended to reconvene when a revised timetable for the Hampshire Together public consultation becomes clear.

11. The Committee understand that the Trust still intends to pursue the development of a new hospital building under this programme, however the timescales have slipped from the original intentions. The Trust have been invited to provide an update for this meeting for the benefit of the full Committee, as Membership of the Committee has changed since the last update, following County Council elections in May 2021.

Recommendation

12. The Committee note the update on the Hampshire Together programme.

Items for Monitoring

b) Enhanced Access to GP Services (Commissioners)

Context

13. In July 2019 the HASC was notified of plans to integrate primary care services in Southern Hampshire by the Primary Care Alliance across Fareham, Gosport and south east Hampshire. The IPCAS service was developed to bring together two services: the GP Extended Access Service, which was a pilot, and the GP Out of Hours Service. These were delivered by two separate providers with differing access points for local people.
14. The HASC last received an update in March 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. At the March 2022 meeting, the Committee noted that the Primary Care Alliance and CCGs were working together to develop the longer-term model further taking into account the views of local people.
15. Commissioners have been invited to provide an update at this meeting regarding what extended access PCNs are expected to offer from October, and progress in Hampshire with readiness to deliver these requirements.

Recommendation

16. The HASC request an update for the November 2022 meeting confirming how all Hampshire Primary Care Networks are delivering the requirements for Extended Access to GP services.

Finance

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

Performance

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

Consultation and Equalities

19. 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

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

Conclusions

21. The HASC will wish to be kept informed of the timescales for the plans by Hampshire Hospitals to take forwards development of a new Hospital Building in Mid Hampshire.
22. The HASC will have an interest in understanding how the requirements around enhanced access to GP services are being delivered in Hampshire.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

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

Section 100 D - Local Government Act 1972 - background documents

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

This is a covering report 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

Report

Committee:	Health and Adult Social Care Select Committee
Date:	5 July 2022
Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
4. Issues covered in this report:
 - a) Care Quality Commission Inspection Report regarding Safeguarding– South Central Ambulance Service

Recommendations

5. *To be confirmed following receipt of update*

Executive Summary

Table 1

Topic	Relevant Bodies	Action Taken	Comment
a) Care Quality Commission Inspection Report	CQC and SCAS	CQC carried out a focused inspection in November 2021 to check on the	As this was a focused inspection, the service was not re-rated, however they were told to make

Topic	Relevant Bodies	Action Taken	Comment
(Safeguarding) – South Central Ambulance Service		safety and quality of safeguarding governance processes. Update on actions taken to be provided.	improvements to their safeguarding processes.

Scrutiny Powers

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

Finance

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

Performance

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

Consultation and Equalities

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

Climate Change Impact Assessment

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

Conclusions

16. The Committee will wish to monitor plans to improve on the areas identified by CQC as requiring improvement.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

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

Section 100 D - Local Government Act 1972 - background documents

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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South Central Ambulance Service NHS Foundation Trust

Quality Report

Unit 7-8 Talisman Business Centre

Talisman Road

Bicester

OX26 6HR

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Website: www.scas.nhs.uk

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Date of inspection visit: 24th November 2021

Date of publication: 11/02/2022

Summary of findings

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Summary of this inspection

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Detailed findings from this inspection

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Summary of findings

Overall summary

South Central Ambulance Service NHS Foundation Trust (SCAS) provides a range of emergency, urgent care and non-emergency healthcare services, along with commercial logistics services. The trust delivers most of these services to the populations of the South-Central region – Berkshire, Buckinghamshire, Milton Keynes, Hampshire and Oxfordshire. In addition, they provide a non-emergency patient transport services (PTS) in Surrey and Sussex.

There is also Resilience and Specialist Operations offering medical care in hostile environments such as industrial accidents and natural disasters. This team is known as Hazardous Area Response Team (HART) based in Hampshire.

SCAS is the main provider of 999 emergency ambulance services within the South Central region (as are all English ambulance trusts in their defined geographical areas); all other services the trust delivers are tendered for on a competitive basis.

Services are delivered from the trust's main headquarters in Bicester, Oxfordshire, and a regional office in Otterbourne, Hampshire. Each of these sites includes an emergency operations centre (EOC) where 999 and NHS 111 calls are received, clinical advice is provided and from where emergency vehicles are remotely dispatched if needed. There is a PTS contact centre at each EOC. The trust also works with air ambulance partners; Thames Valley and Chiltern Air Ambulance (TVAA) and Hampshire

and Isle of Wight Air Ambulance (HIOWAA). The trust serves a population of over seven million people across the six counties. They employ approximately 3,300 staff who, together with over 1,000 volunteers, operate 24 hours a day, seven days a week.

We carried out this short noticed focused inspection because we received information of concern about the safety and quality of the service.

Concerns raised related to the safeguarding arrangements at South Central Ambulance Service NHS Foundation Trust. The focused inspection only considered how well the trust was delivering their safeguarding responsibilities.

Post inspection we raised concerns with the trust about issues we had found. The trust took immediate action and provided assurance all concerns raised would be addressed which included a given timeframe.

How we carried out the inspection

We spoke with staff and looked at a wide range of documents including policies and procedures, audit reports, meeting minutes and trust board papers. We spoke with other agencies concerned with the safeguarding of people who used the trust services.

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Summary of findings

Our inspection team

The team that inspected the service comprised a CQC inspection manager, two additional inspectors and two

specialist advisors with experience in ambulance safeguarding and NHS trust governance. The inspection team was overseen by Amanda Williams, Head of Hospital Inspection.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve:

- The trust must review their safeguarding objectives and strategy.
- The trust must review their safeguarding governance structure and reporting from front line to Board.

- The trust must review board oversight of safeguarding at SCAS.
- The trust must review their safeguarding policies and policies relating to safeguarding.
- The trust must review their safeguarding education provision.
- The trust must review the structure of the safeguarding team including roles and responsibilities within the team.
- The trust must review their safeguarding team resources, competence, and effectiveness.
- The trust must review their IT systems to make sure they are fit for purpose.
- The trust must review their safeguarding systems and processes to make sure they keep service users safe.

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Safeguarding

Operational staff had an understanding of how to protect patients from abuse and the service worked with other agencies to do so. However, policies were ambiguous or incorrect, and whilst compliance in level 1 and 2 mandatory training in safeguarding was almost within trust target, level 3 training was

well below due to the COVID-19 pandemic but with no clear action plan to address this. Leaders and teams did not consistently use systems to manage safeguarding reporting effectively. Risks and issues were not always identified and escalated. Reliable

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data was not always collected and analysed to understand performance, make decisions and improvements. There was insufficient resource to cope with current safeguarding demands.

The trust had no strategy or strategic objectives for safeguarding. Prior to the inspection there had been an away day to consider safeguarding arrangements and leadership responsibilities. However, there had been no involvement from the trust board non-executive director safeguarding lead and limited involvement by the executive lead for safeguarding. No formal action plan from the day had been produced. We could not find evidence that safeguarding was being steered by those with strategic responsibility.

The Safeguarding Adults Policy (dated November 2021) and the Safeguarding Children Policy (dated October 2021) both contained outdated references and advice which had the potential to confuse staff. The policy statements were not deliverable due to the size of the region covered by the trust and the limited resources within the safeguarding team. For example, the Safeguarding Adult Policy contained out of date references such as to the domestic abuse definition from the Home Office (2013) rather than referencing the Domestic Abuse Act (2021). This meant the policy was not using current legislation as a basis from which to protect people from harm.

Policies linked to safeguarding policies were not in line with current safeguarding arrangements and lacked oversight from a safeguarding perspective. For example, there was no evidence the Discipline and Conduct Policy (first issued 2011 and last reviewed March 2020) had been reviewed from a safeguarding perspective in 2020 or the intervening decade. There had been significant legislative and national guidance changes in that time, such as the Disclosure and Barring Service (Core Functions) Order 2012, the Safeguarding Vulnerable Groups Act 2006 (Miscellaneous Provisions) Regulations 2012, Working together to Safeguard Children (July 2018) and the Care Act (2014). There was no evidence these changes had been considered in the development and review of the policy. Service users could be exposed to the risk of harm as safeguarding policies were ambiguous or incorrect. Policies were not in line with national statutory guidance

and did not have oversight from safeguarding professionals. This meant staff were not offered the correct guidance about how to respond in some situations.

Safeguarding was part of the staffs' induction and mandatory training. Staff were allocated the appropriate level of safeguarding training for their role. Staff compliance training rates showed that safeguarding adult level 1 and 2 and safeguarding children level 1 and 2 was slightly below the trust compliance target of 95% at 92%. However, safeguarding level 3 was at 21%. The trust explained this was because level 3 training was a face-to-face training course and due to the COVID-19 pandemic this type of training had been suspended, recommenced and suspended again. Although there was a training trajectory for level 3 safeguarding training this had not been reviewed or revised due to the changing circumstances caused by the pandemic over the last year. There was no clear plan, including a date for when the minimum compliance would be met, on how safeguarding level 3 training was to be delivered to staff going forward. This meant there were clinical staff who had not received safeguarding training at a suitable level for their role and training was not updated at the appropriate intervals.

Roles and responsibilities for staff working in the safeguarding team were unclear, there was conflict in the team and management of the team was poor, with no clear accountabilities. Some staff said that they did not know who they reported to and who line managed them. Not all members of the team had yearly appraisals or safeguarding supervision. This meant staff were not supported appropriately, staff found it hard to raise concerns and there was no formal meeting to identify good or poor performance or training needs. Service users could be placed at risk as the safeguarding team could not function effectively without effective leadership and opportunities for learning and organisational development could be missed.

The trust had reduced the number of governance meetings due to pressures caused by COVID-19. At the time of the inspection, staff said that there had been no safeguarding committee meeting for over a year. As part of the factual accuracy process, the provider told us that there had been a meeting on 22 April 2021, although the minutes of this were not provided. Staff told us

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safeguarding was discussed in other meetings such as the clinical governance meetings for the different clinical areas at the trust, the patient safety group meeting and the quality and safety group. Post inspection we requested minutes of these meetings and could see safeguarding was a standing agenda at these meetings. However, these meetings had a much wider agenda than the safeguarding committee meeting and therefore limited time for consideration of safeguarding concerns and performance. Safeguarding was escalated by exception from the patient safety group to the quality and safety committee who reported upwards to the board by exception. This meant the board was not well sighted on safeguarding risks and incidents.

Staff gave us conflicting reports of how safeguarding was addressed in these meetings, the time allocated to safeguarding concerns, who attended the meetings to represent the safeguarding team, how regularly meetings were attended by a safeguarding team member and how information was reported up to the board.

The assistant director of quality, who line managed the safeguarding team, trusted the head of safeguarding to address any concerns, escalate risks and to keep them informed. However, during the inspection, we found this was not always occurring. For example, they were unaware of section 42 delays and how delayed or missed referrals had been reported. Those with line management responsibility for safeguarding did not always have a good understanding of the quality of the work being undertaken and assurance that the work was keeping people safe.

With no safeguarding committee meeting there had been reduced oversight of safeguarding which meant risks were not being identified and escalated appropriately and that any risks to people were not being monitored and mitigated.

Staff we spoke with told us although there was a computer based system for managing safeguarding referrals, they needed to manually check that all the referrals had been forwarded, as necessary to the local authority. They felt the processes were burdensome and took up a lot of their time. The provider has confirmed referrals that cannot be processed automatically need to be screened before being forwarded to the multi-agency safeguarding hub.

Staff told us that in August 2021 about 750 safeguarding referrals had been found on the computer system that had not been automatically sent to the relevant local authorities multi agency safeguarding hub. The system failing was identified by chance when the safeguarding team had been asked to follow up on a referral from a private ambulance provider who carried out work for SCAS.

The trust provided evidence these incidents were escalated and reported externally to commissioners on their detection and that all the referrals had been reviewed for any patient safety risks due to the delay and none were found.

Senior members of the safeguarding leadership team gave us contradicting information about these delays and whether they were reported as a serious incident. The head of safeguarding said they had not been reported as a serious incident and the assistant director of quality saying they were reported and reviewed as a serious incident. However, after following the trust's serious incident procedures, the incident was not reported as a serious incident as no actual patient harm had been identified. We found no mention of this incident in any board minutes which meant that the board was not sighted on the level of risk this situation posed. It also meant that the need for strategic and operational improvements to safeguarding were not identified.

Although a major failing was identified in the computer system which resulted in referrals not reaching their destination, and this occurred over a period of 17 days. There was no mention of this incident in subsequent quality and safety meeting minutes or in board papers. This meant the board and senior staff responsible for safeguarding did not have sight of this issue or assurance that the issues leading to the delayed referrals had been appropriately addressed and this would not occur again. Service users will or may be exposed to the risk of harm if safeguarding referrals are not made in a timely way.

We were shown a commissioned internal Safeguarding Children Audit (dated September 2021). This report identified several risks relating to child safeguarding. These included :staff lacked awareness of the standards and regulations and were incapable of delivering safeguarding guidelines because of the absence of comprehensive training, safeguarding referrals made by the trust were not consistently completed with sufficient

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details and high-risk safeguarding referrals were not followed up by the safeguarding team once they have been delivered to the relevant local authorities. We saw no evidence that findings highlighted in the report were being actioned.

The safeguarding team had not completed any internal audits since January 2020. Staff told us they used to provide a quarterly report to the head of safeguarding, but the team no longer had capacity to do this work. The last audit completed was done by administrative assistants who had no training to complete audits. Audits are part of the assurance framework and a lack of audits meant there was a lack of clarity about performance. Post inspection, at the factual accuracy stage, the provider told us this was incorrect and audits had been carried out between January and March 2021 and staff had training to complete the audits. However, they did not provide evidence to demonstrate this.

In the 2020/21 there had been 38,250 safeguarding referrals made. In 2017/18 the total number of referrals made was 12,500. This is an increase of 206% in four years. Once a referral had been made and sent to the local authorities, the trust did not have oversight on whether the referral has been read and acknowledged by the relevant service, or whether reasonable action has been taken to ensure the concern was resolved. Due to the high level of referrals made by the trust full oversight was said not to be feasible. The internal Safeguarding Children Audit dated September 2021 noted some of the referrals were of high-risk including threat to life and self-harm, and it was also noted that the safeguarding team were unable to review these referrals prior to them being sent to the local authorities again due to the high levels of referrals made compared to the size of the team. The team were not sampling or auditing the high risk referrals when the safeguarding concern had not been mitigated to gain some assurance that concerns were identified, recorded, referred and acted upon appropriately. For example, when the patient had not been conveyed to hospital or other place of safety, or the police had not been on the scene. Therefore, the trust did not have the oversight and assurance safeguarding concerns were being actioned promptly and that the welfare of children and adults may have continued to be at risk of harm.

Section 42 of the Care Act (2014) requires that each local authority must make enquiries (or cause others to do

if it believes an adult is experiencing, or is at risk of, abuse or neglect. When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened. The enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. Whilst the administrative staff prioritised section 42 responses to the local authority, they were not meeting deadlines for section 42. There was no record of how many were not met within 28 days. There was no record provided to demonstrate that this was being monitored. The head of safeguarding was aware of the delays, but it was not escalated through the governance structure as the safeguarding committee was not meeting. Post inspection at the factual accuracy stage the trust told us there was a record of 19 section 42 reports and four cases were delayed. They did not provide us any further information or evidence. For example, how many delayed section 42 reports there had been in the last year or how the trust monitored and reported this information.

The head of safeguarding confirmed that some section 42 deadlines were being missed but was unclear how many. The assistant director of quality, who was line managing the safeguarding team, was not aware of section 42 delays. There was no evidence provided and board papers did not show that the board were aware of or considered a strategic response to section 42 delays.

There was limited partnership working, in part due to capacity within the team, as an example, nobody had attended the Hampshire Local Safeguarding Children Partnership meetings for over a year, despite Hampshire being the largest county within the area covered by the trust. The head of safeguarding said that they tried to prioritise and rotate as there were so many partnership meetings to try and cover. Considering the geographical area covered by SCAS and the number of safeguarding partnerships and boards it is unrealistic that there is an expectation a small team can provide the level of engagement necessary without a supporting operational structure. There was no plan or policy decision about how partnership working would best be used to ensure that people were protected from harm.

We could not be assured that the board was sighted on all safeguarding risks, due to the governance and line management structure. We could not be assured that the board was sighted on all safeguarding risks, due to the

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governance and line management structure. Although the board were given information through the quality and safety board report, the board papers from 2019 onwards, showed a lack of consideration of safeguarding, a lack of challenge and poor oversight of safeguarding with little action being taken in relation to the few identified issues. For example, there was little oversight of compliance with the training requirements for staff requiring level three safeguarding training. There was a message timeline that

showed that training would be provided, but there was no clarity that it had been provided. There were several board papers that mentioned training would recommence at various points, but none that showed the numbers of staff who had completed training and what proportion of the staff this was. There was no evidence of challenge around the lack of delivery of level three training.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	5 July 2022
Title:	Development of Integrated Care Systems Update
Report From:	Ros Hartley, Director of Partnerships, HIOW ICS

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

1. To present an update on the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS.

Recommendations

2. That the Committee note the update.
3. That the Committee request that the Commissioners provide a further update in late 2022 or early 2023 for the HASC to comment on the ICP Interim Integrated Care Strategy and the ICBs first 5 Year Forward Plan for healthcare.

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
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Other Significant Links

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<u>Title</u>	<u>Date</u>
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Section 100 D - Local Government Act 1972 - background documents

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<u>Document</u>	<u>Location</u>
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EQUALITIES IMPACT ASSESSMENT:

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2. Equalities Impact Assessment:

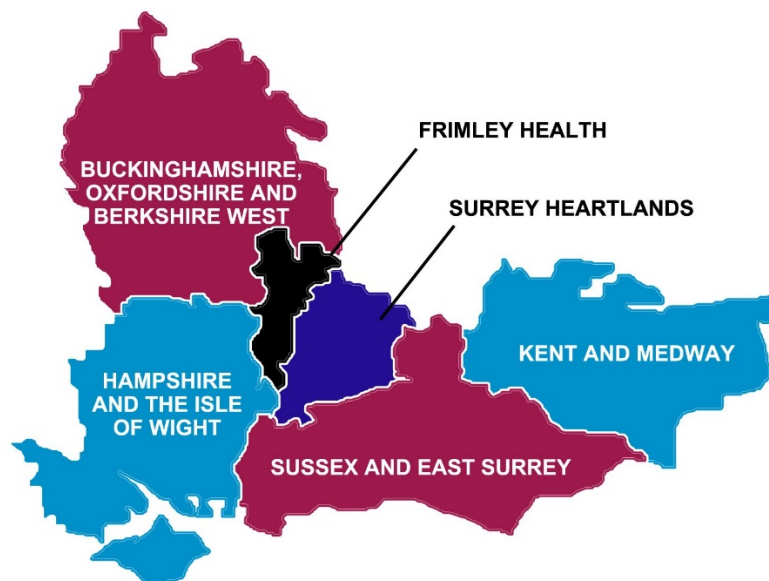
This is a covering report which appends an update under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

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Developing Integrated Care Systems in Hampshire

Introduction

1. This paper provides an update on the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS.
2. Since we last updated the committee on the development of ICSs, the Government published its White Paper on 'Joining up care for people, places and populations' has been published and provides significantly more clarity around how place-based partnership working will develop in the future.
3. From July 2022 Integrated Care Systems will take on the responsibility for improving health and care for residents. It will also be responsible for broader aims such as strategic planning for the area.
5. The NHS was set up primarily to provide episodic treatment for acute illness, but it now needs to deliver joined-up support for growing numbers of older people and people living with long-term conditions. As a result, the NHS and its partners need to work differently by providing more care in people's homes and the community and breaking down barriers between services.
6. We have two integrated care systems in adjacent geographies, both of which are focused on improving population health and reducing health inequalities.



7. Local Authority boundaries, combined with historical NHS commissioning arrangements, means that we have a long history of the two areas working together across both health and there are many services already jointly commissioned including Continuing Health Care, children's services and maternity.
8. Our systems are working ever more closely together to achieve this aim.
9. **The Hampshire & Isle of Wight Integrated Care System** will serve a population of 1.9 million people in Portsmouth, Southampton, Isle of Wight and the majority of Hampshire.
10. **The Frimley Integrated Care System** will serve a population of 800,000 people across Surrey Heath, Slough, Windsor & Maidenhead, Bracknell Forest and North East Hampshire
11. Between now and statutory transition in July 2022 we have engaged with our partners to find out how we can best work together, identified key areas where joint working will have maximum impact and looked to design simplified governance and decision making structures

Contextual Information

13. The Government has announced a number of reform packages for health and care across England, which includes:
 - Health and Care Bill, which puts Integrated Care Systems on a statutory footing. This will come into effect on 1 July 2022.
 - 'People at the Heart of Care', a white paper on reforming adult social care published in Autumn 2021.
 - 'Health and social care integration: joining up care for people, places and populations', a white paper published in February 2022.
 - 'Roadmap to recovery', a speech by the Secretary of State for Health and Social Care made in March 2022.

Definitions

14. There are a number of terms used within this paper to describe concepts as defined by the new legislation. A short explanation of these are as follows:

Hampshire and Isle of Wight: The naming convention for the new ICS is Hampshire and Isle of Wight including Southampton and Portsmouth.

Integrated Care System (ICS): the statutory arrangement which brings together local authorities, providers and commissioners of NHS services and other local partners to plan and improve health and care services to meet the needs of their population, made up of an Integrated Care Partnership and an Integrated Care Board.

Integrated Care Partnership (ICP): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS Integrated Care Board.

Integrated Care Board (ICB): An NHS body responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services. This body will take on the functions currently undertaken by Clinical Commissioning Groups (CCGs).

Place: the entity/locality in which local government and the NHS face a shared set of challenges at a scale that often works well for joint action.

Clinical Commissioning Group (CCG): the existing NHS body responsible for designing, planning and funding NHS services within the location it serves. From July, CCGs will be dissolved and their functions taken on by the ICB.

Department for Health and Social Care (DHSC): Government department responsible for implementation of national policy.

ICS structure

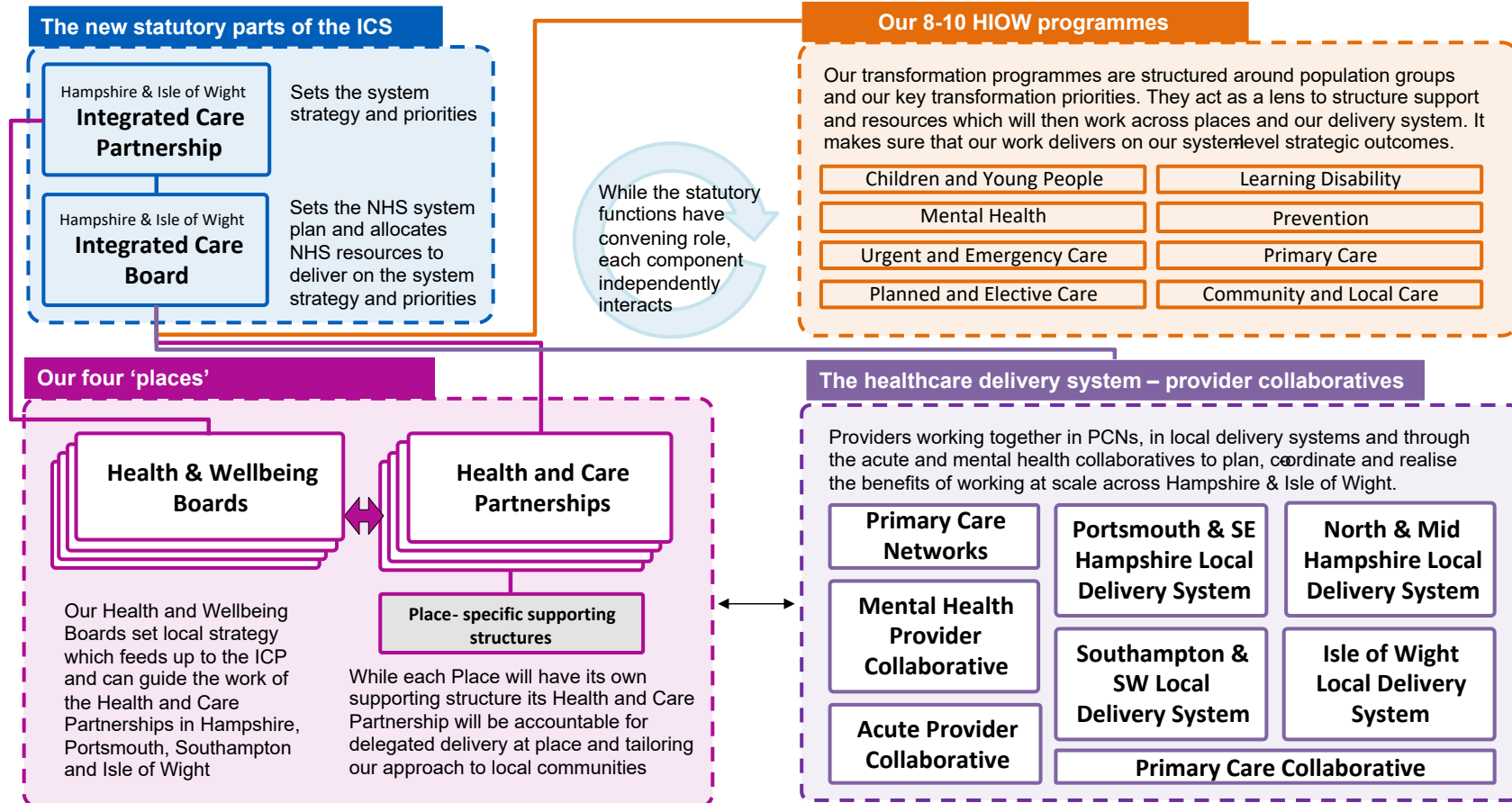
15. The legislation creates two statutory parts of an ICS: an Integrated Care Partnership and an Integrated Care Board. The Place of Hampshire will report link into both ICS governance structures as shown in diagram 1 below.
16. The governance structures work in the form of a matrix, given there are programmes which will be undertaken at an ICS level which will naturally link with the work at place, and vice versa. For example, we are proposing transformation programmes will be undertaken at an ICS level to focus on strategic level work and outcomes. Provider collaboratives and local delivery systems (Hampshire specific and focussing on acute footprints) will often cover more than one place

17. Workshops with partners to help design the new ICS have taken place throughout 2021/22. This includes workshops with the voluntary and community sector, all Healthwatch organisations in Hampshire and Isle of Wight, and existing CCG staff.

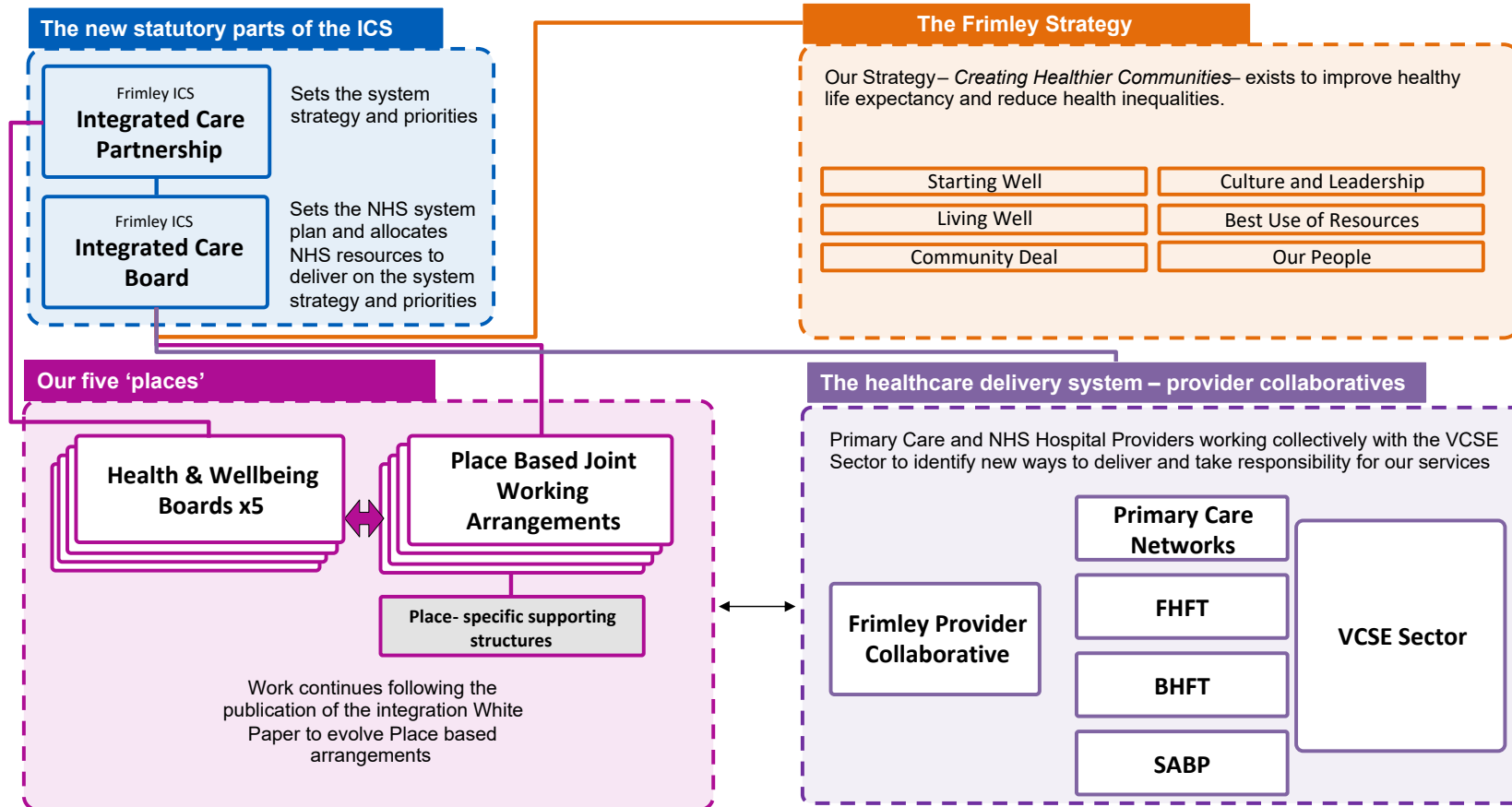
18. Further engagement with partners has also commenced to consider:

- How NHS money will flow and financial delegation to place
- Other NHS responsibilities and functions to be carried out at place
- The management structure in the ICBs which brings leadership to places,
- The planned governance model for place – including how HWBBs link to the ICPs and how existing governance between CCG Boards and places will transition to the ICB.

How each aspect of our system functions – HIOW ICS



How each aspect of our system functions – Frimley ICS



Integrated Care Partnerships

19. In Hampshire and Isle of Wight we have the opportunity to develop the ICPs as a key driving force in our system. They will be responsible for defining our system strategy and ambition and setting the tone and culture for our whole partnership across Hampshire and Isle of Wight. They will be built on existing partnerships and priorities (particularly through the Health and Wellbeing Boards) and is an opportunity to come together at scale at an impactful level for our populations. There is the opportunity for the ICPs to bring different perspectives and ways of thinking together, uniting everyone working to improve health and care, extending beyond our traditional partners locally.
20. To date there have been a series of discussions with members of the Health and Care Leadership Group, made up of senior leads from local authorities and the NHS, and other partners about the development of the ICP. This included discussions with Healthwatch, district and borough council chief executives from Hampshire, voluntary and community sector leads, Hampshire Fire & Rescue, Hampshire Constabulary and NHS providers.
21. There is a strong desire from partners to be involved in the ICPs and for it to be an inclusive partnership beyond those organisations directly responsible for health and care.
22. The Government has issued its indicative timeline to help systems identify the key milestones in developing the ICPs and the integrated care strategy. It defines 2022 to 2023 as a 'transitional year'.

Indicative date	Activity
April – June 2022	DHSC engages with systems to inform the guidance on the integrated care strategy
July 2022	ICP formally established by local authorities and ICBs (subject to parliamentary passage)
July 2022	DHSC to publish guidance on the integrated care strategy
December 2022	Each ICP to publish an interim integrated care strategy if it wishes to influence the ICB's first 5-year forward plan for healthcare to be published before April 2023.

Indicative date	Activity
June 2023	DHSC refreshes integrated care strategy guidance (if needed)

Integrated Care Boards (ICB)

23. The Integrated Care Boards for Hampshire and Isle of Wight and Frimley are the statutory NHS bodies which will take on duties and responsibilities which currently sit with the Clinical Commissioning Groups (CCGs) covering the area.
24. Its purpose is to bring leadership to the NHS and is accountable to NHS England for the performance of the NHS, for strategic planning for the NHS, for the allocation of the circa £3.5 billion NHS resource for Hampshire & Isle of Wight and Frimley, and for ensuring effective collaboration, governance and contractual arrangements.
25. The board of an ICB differs from a CCG. Whereas CCGs are GP-led bodies and often have lay-member representation with non-voting members, such as local authorities, the ICB will have a unitary board. This means all members act as a single body to make decisions with shared corporate accountability. As such, the process to determine membership from partner organisations is regulated and a three-step process is required to appoint members. Eligibility criteria is required, followed by a nomination/application process, and then the final selection decided by the ICB chair-designate.
26. **In Hampshire and Isle of Wight** our Chair and Chief Executive, Lena Samuels & Maggie MacIsaac, have been appointed, together with an executive team. The board also consists of five Local Authority partner members drawn from the county council, unitary and district / borough councils, two primary care members and two NHS provider partner members.
27. **Frimley Integrated Care Board** level executive and non-executive positions are now complete and we are in the final phase of working with partner organisations to identify a further eight colleagues to join the Board. These eight seats will be filled with members who are working in the Local Authority, Primary Care and NHS Provider sectors and will ensure we bring a true system partnership approach to how the ICB takes decisions for the benefit of our population.

Development of 'place'

28. The White Paper on 'Joining up care for people, places and populations' published in February 2022, has been widely welcomed and provides significantly more clarity around how place-based partnership working will develop in the future. It identifies the value place based arrangements to bring together NHS and local authority leadership including responsibility for effective delivery and commissioning of health and care services, in addition to wider partners, such as the voluntary, community, social care and social enterprise sector.
29. It explains that all places within an ICS should adopt a model of accountability by Spring 2023. There should be a single person, accountable for shared outcomes in each place or local area, working with local partners. This could be an individual with a dual role across health and care or an individual who leads a place-based governance arrangement. The paper notes a 'place board' brings together partner organisations to pool resources, make decisions and plan jointly.
30. The White Paper also indicates that new flexibility around finances will be legislated for, to allow for more to be possible around budgets being aligned and pooled together. The Government has committed to review section 75 of the 2006 Act which underpins pooled budgets, to simplify and update the regulations.
31. There is agreement between the CCGs and Hampshire County Council, as the existing statutory members of the Integrated Care Board Board, that this board should be reconstituted as the strategic place-based board for Hampshire, with representation from leaders of key partner organisations in the county. It should be linked to decision-making structures in all statutory organisations that participate and determine the scope of a pooled budget. In line with the guidance in the recent White Paper, the new Place based Board will be responsible for:
 - Effective delivery and commissioning of health and care services, through joint planning and decision making
 - Setting and agreeing shared outcomes and be accountable for delivery of these outcomes
 - Increasing integration and pooled resources

Conclusions

35. Development of the ICS and its governance will continue beyond its formal launch on July 1st. ICS arrangements are new, but look to build on the integration already in place and particularly newly forged relationships between statutory partners working closely through the pandemic

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	5 July 2022
Title:	Health and Wellbeing Board Annual Report 2022-2023
Report From:	Simon Bryant, Director of Public Health

Contact name: Sumaiya Hassan

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Purpose of this Report

1. The purpose of this report is to update the Health and Adult Social Care Select Committee on the progress of ongoing work to support the delivery of the Joint Health and Wellbeing Strategy within the limitations of the Covid-19 impact.

Recommendation(s)

2. That the Health and Adult Social Care Select Committee:
 - Note the update, progress, and upcoming priorities of the Health and Wellbeing Board's work.
 - Note the annual report that has been signed off by the Chairman and agreed by partners of the Health and Wellbeing Board.
 - Submit any queries or comments in writing for responses.

Executive Summary

3. The Health and Wellbeing Board has continued to focus on health inequalities and risks under the continuing impact of Covid-19. In addition to the Covid-19 response, challenges, and recovery plans in place across themes, often interconnected, Board Sponsors have continued to strive to deliver the Strategy as outlined in the business plan with updated priorities, critical measures in place and monitoring against metrics.

Contextual Information

4. As a follow up to the Health and Wellbeing Board business plan, this report outlines key issues and developments, Covid impact and mitigations, coproduction and collaboration progress against metric, and upcoming priorities within each theme of the current Strategy in place until 2024.

Performance Review by Theme

Strategic Leadership, Simon Bryant

Key Issues and Developments

5. This year has seen a number of reports highlighting the impact of the pandemic:

[Joint Strategic Needs Assessment](#)

6. [COVID-19 Health Impact Assessment](#) – a retrospective view of the first two waves of the pandemic and what has meant to our local populations, reviews national guidance and policy to date and what the potential impacts have been and will be on our populations.
7. [JSNA Demography](#) - focussing on the age structure of our population and future projections and the socio demographic and protected characteristics of our population.
8. [JSNA Vital Statistics](#) - detailing births and deaths data and trends analysis
9. [JSNA Healthy Places](#) - this chapter focuses on the social and commercial drivers for health – includes district reports.
10. [Inclusion Health Groups](#) -This report focuses on the inclusion health groups across Hampshire and where possible aims to quantify these communities in our population, where they live, their demographics and describe the potential health outcomes and challenges they may face (includes district summary).

These reports enabled the board and board members to plan health and care services focusing on health inequalities and the impact of the pandemic

Public Health Annual Report

11. The Director of Public Health [report](#) highlighted the mental health impacts of COVID on the population across all ages. The report set out key areas of work alongside recommendations that the board was asked to support. The recommendations were:
 - i. Work with partners across Hampshire to promote a prevention-focused approach towards improving the public's mental and emotional health through progressing the work of Hampshire's Mental Health Prevention Concordat.
 - ii. Work alongside community, voluntary sector and district partners to identify how we can support mental health and wellbeing for people from ethnic minority backgrounds and other populations at increased risk of COVID-19 in Hampshire. This includes utilising Community Researchers to engage with their communities to understand key issues around mental and emotional health and wellbeing.

- iii. Mobilise community assets to promote mental and physical health and wellbeing via the implementation of a Community Champion programme, whilst also strengthening communities through a sustained Men's Activity Network.
- iv. Strengthen the pathways for people with co-occurring mental health and alcohol and drug use conditions, working with the NHS Transforming Mental Health Services programme
- v. Ensuring that mental health services are equally accessible for everyone, including those from ethnic minority groups who are more likely to have been affected by the impact of COVID-19.
- vi. Focus on the wider social and economic factors to address inequalities and mental health. For example, understanding the impact of COVID-19 on people's personal finances and mental wellbeing and seeking to address these through targeted resources for residents and training programmes to support front-line staff.
- vii. Building capacity and capability across frontline workforces to prevent mental health problems and promote good mental and emotional wellbeing within their everyday practice using the Public Mental Health Leadership and Workforce Development Framework Call to Action.
- viii. Continuing to promote public-facing culturally competent mental and emotional wellbeing resources and targeted communications campaigns, especially to address areas of inequalities

Population Coproduction and Partner Collaboration

Membership Changes

- 12. The membership of the board has changed with new members and deputies representing: Police and Crime Commissioner, the District and Borough Council Chief Executives, Clinical Commissioning Group, Hampshire Fire and Rescue Service, Healthwatch Hampshire and Acute Health Trusts.

Next Priorities

- 13. [JSNA Healthy Lives](#) – providing a focus on risk factors including behavioural risk factors and some of the wider determinants of health.
- 14. [JSNA Healthy People](#) - focussing on the health outcomes of our population and the health inequalities which are evident.
- 15. The Pharmaceutical Needs assessment will be published in the autumn. This is a statement of the pharmaceutical services provided that are necessary to meet needs in the area and is the market entry document to enable NHS E/I and the ICS to commission pharmacy services for the population.

Role of the Board

- 16. With the development of the two Integrated Care Systems (ICS) which will continue to serve Hampshire residents - Hampshire and Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS Board,

membership of the Health and Wellbeing Board will be reviewed accordingly, and the Terms of Reference updated as necessary.

Starting Well, Steve Crocker

Key Issues and Developments

17. The standard funding model for children eligible for Continuing Care has been running for a year, it has simplified the administration process and allowed front line professionals to focus on ensuring the right care is in place to meet the child's needs. Although it is still the ambition to implement a pooled budget, this has now been delayed until 23/24 to review extending the standard funding model to include non care items of expenditure such as travel and insurance.
18. Hampshire County Council and the CCG explored the possibility of jointly commissioning care support, however the different requirements and regulatory frameworks meant that the services and associated documentation were different. Combining the service specifications risked removing the differentiations and having two specifications undermined the benefits of a joint framework. Although it was decided that stand alone processes would better meet each partners needs, we continue to work in partnership to ensure that both parties requirements are mutually understood and that ultimately Hampshire children and families receive more joined up services, regardless of how they are purchased.
19. A series of workshops were held in Spring 2021 which reviewed the domestic abuse pathways and customer journey maps were produced from the child's perspective. The maps demonstrated the large volume of stakeholders involved for families experiencing domestic abuse and the difficulties often encountered in navigating available services. The workshops suggested that more information is required about the services available to ensure that families are accessing the right support and that agencies are referring families appropriately, including setting expectations about their services. In addition, all services adopting a trauma informed approach was identified as key to improving the experience for families. The final action plan, including a list of agreed recommendations for improvements, will be reported to the Hampshire Domestic Abuse Partnership Board in June 2022.

Covid Impact and Mitigations

20. The longer-term impact of the Covid pandemic has seen a sustained increase in demand for services from children's social care. Referrals for assessment and intervention have been at least 20%, and at times 30% higher than pre-pandemic levels for the last 10 months and there is no evidence this is likely to reduce. Additional funding has been made available for social workers and other family practitioners to respond to this, but there

remain ongoing recruitment issues (nationally), adding to the pressures on the service.

21. Covid-19, and the associated lockdowns and restrictions upon the everyday lives of children, young people and families, has had significant and generally negative impacts upon the mental health and emotional wellbeing of children and young people. It is too early to reliably predict the full impact that this disruption will have. After an initial dip from March to May 2020, presentations of serious self-harm (requiring hospital treatment) quickly rose to levels not previously seen. Referrals into specialist CAMHS have also risen significantly against previous years. The March 2022 referral level of 1,237 was the highest single month on record, 46.2% higher than the equivalent figure in March 2019 (the last March before the pandemic). Whilst March 2020 levels were impacted by the first Covid lockdown, referral levels since that time have continued to increase, as evidenced in Table 1 below. Similarly, whilst waiting lists for assessment and treatment, and total open caseloads were relatively static between March 2019 and March 2020, the combination of increased referrals, and increased acuity for those young people open to CAMHS during the pandemic has seen numbers for those awaiting assessment, awaiting treatment and open to treatment all rise significantly compared to pre-pandemic levels. The growth in the number of children awaiting assessment and treatment has also increased the amount of clinical capacity that CAMHS services need to invest each month in ensuring the safety of those on those waiting lists. Without this, more of the additional capacity that has been created in CAMHS services through additional investment would have translated into additional treatment and assessment capacity.

Table 1: External Referrals into Hampshire CAMHS 2019-2022

Date	Referrals to CAMHS	% Change from 2019
Mar-19	846	N/A
Mar-20	700	-17.3%
Mar-21	1042	23.2%
Mar-22	1237	46.2%

22. Specialist CAMHS services in Hampshire made the shift from face to face appointments to digital service delivery for most children and young people quite quickly and the service continued to receive referrals through the pandemic.
23. In addition to increasing the CAMHS digital offer, effort was focused upon ensuring a continuation of the work of the CAMHS Transformation Board. Whilst this Board had been established to address some of the challenges associated with the pre-pandemic waiting times for CAMHS, it was also anticipated that a global pandemic would be detrimental to children's mental health, and that therefore it would be important to maintain a focus upon supporting service transformation to address both the historic challenges and the new emerging impacts as a result of the Pandemic.

24. This work has led to:
 - i. Increased capacity in the Hampshire CAMHS eating disorder services capacity.
 - ii. Increased capacity in the intensive home treatment CAMHS service (i2i).
 - iii. Increased capacity in the Core CAMHS service to address historic waiting lists, and increased demand from the Pandemic (estimated at that time as being approximately 25%)
 - iv. Establishing a new Paediatric Psychiatric Liaison service to support children and young people in mental health crisis at acute hospitals
 - v. Continued expansion of the NHS 111 Mental Health Triage service, a 24/7 all age mental health service that puts children, young people and parents in contact with mental health professionals able to support a range of mental health crisis situations impacting children and young people, supported at most times by a dually staffed rapid response vehicle which can support young people in their communities and homes around mental health crisis situations without a need to visit hospital.
 - vi. Increased capacity in Hampshire CAMHS early help and support capacity
 - vii. Commissioning of a new Digital mental health early help service (Kooth.com) for 11-25 year olds across Hampshire
 - viii. Increased capacity in the Hampshire community counselling services.
 - ix. The development of a new community and voluntary sector mental health grants fund to support the third sector in supporting these services.
25. The combined impact of the above has been to increase the proportion of Hampshire children and young people accessing NHS funded mental health services to well above the levels of the NHS Long Term Plan, and to transform the number of clinical contacts offered within CAMHS services to Hampshire children and young people. The NHS Long Term Plan sets targets for the number of additional children and young people who will be accessing NHS funded mental health services against a baseline set in April 2016. For 2021/22, the target of additional children and young people (over and above the 2016 Baseline) to be accessing NHS funded mental health services was 9,427 for Hampshire, Southampton and Isle of Wight CCG. The actual number of additional children and young people accessing NHS funded mental health services in 2021/22 was 12,780, exceeding the national target for this area by 35.6%. This investment has also helped to clear waiting lists within higher risk areas of community CAMHS services (such as Children's Eating Disorder services), though as Table 1 above shows, the number of children awaiting assessment and/or treatment overall has risen. This investment has also helped to clear waiting lists within higher risk areas of community CAMHS services (such as Children's Eating Disorder services).
26. The mental health ramifications of the Pandemic upon children and young people have not only presented or been felt in NHS services. Schools have reported a range of impacts arising from the pandemic implied in changes in the behaviours of children and young people in and around school and

college. To help mitigate some of these impacts, the NHS response has also been proactive in Hampshire. In addition to the local investments in service transformation outlined above the Hampshire Children's Mental Health Commissioning Team has also been working with local partners in the County Council, schools and other local partners to successfully:

- a. Attract funding to secure a further five Mental Health Support Teams (MHSTs) into Hampshire from January 2022, with a further four to arrive in January 2023 and three more from January 2024. Each MHST improves the resilience of the mental health early help offer in supported schools with a pupil population of approximately 8,000.
 - b. Deliver the DfE/Department of Health funded Link Programme into over 80 schools and colleges over the last 2 years, improving relationships between schools and CAMHS services and supporting whole school approaches to promoting positive mental health.
 - c. Working with NHS and wider colleagues to improve the quality of the digital help offer and the availability of freely available digital resources to support children, young people, parents and families around children's mental health.
 - d. Working with HCC colleagues to shape a common approach to the utilization of the DfE Wellbeing for Education Resilience funding that the County Council managed. This collaboration resulted in expansion of the capacity of the Kooth.com service in 2021/22, and resulted in improved mapping and communication of the Hampshire children's mental health offer now reflected on the Hampshire-wide Family Information Services Hub (FISH).
27. The NHS Tier 4 CAMHS Service is commissioned at a regional level, and delivered by an NHS Provider Collaborative led by Sussex Partnership NHS Trust. This approach has a clear aim of reducing the number of children in out of area placements, and providing more care closer to home. However, a surge in demand for services, closure of some private facilities where concerns over quality have been raised and a shortage of specialist workforce required to meet this demand have led to significant issues with availability of Tier 4 beds for Children and Young People.
28. This reduction in NHS mental health beds is having a significant knock on financial and service pressure on children's social care services..

Coproduction and Collaboration

29. The joint commissioning strategy developed and agreed by the Joint Commissioning Board identifies a small number of priority projects where partnership working is critical to success. By having clear joint priorities alongside joint accountabilities, the Board aims to ensure teams can work effectively together to deliver joint goals.
30. Joint evaluation of the CAMHS and substance misuse worker roles co-located in social care has demonstrated positive outcomes for families which has a positive impact on partner services. Following the evaluation, funding has been secured for future years and a joint performance framework has been put in place to track progress.

31. The Hampshire Children's Trust Children and Young People's Plan has been refreshed for 2022 to 2025. The plan has been developed through engagement with children and young people in focus groups and a survey for parents, carers and professionals. Partners have then worked together in a series of workshops to create a plan based on this feedback for how partners can work together to improve outcomes. The plan is due to be launched in June.
32. Children's Services and Public Health have been working together to identify transformation opportunities for improving outcomes of children and families accessing the Public Health Nursing and the Family Support Services and Intensive Support Workers. This work has included a 'discovery phase' of a staff survey, interviews for key stakeholders and three focus groups with staff from within the services (both the interviews and focus groups included representation from Hampshire Parent Carer Network) and the findings are currently being assimilated ahead of the 'design phase' of two workshops.

Progress Against Metrics

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

Theme & Aim	Update
<i>Increase mental health support in schools</i> Waves 5-10 of the MHST programme will focus upon getting teams installed into schools in 4 CCG areas with no such provision at present. Nationally, the Link Programme can be potentially rolled out to all schools.	Only two MHSTs (supporting approximately 16 schools) have been allocated to Hampshire to date. Hampshire is set to benefit much more from the next few waves of MHSTs which are due to be confirmed by April 2021, to cover the next six waves of MHST rollout. The Link Programme is being rolled out more widely, though the impacts of Covid upon schools has limited recruitment into this programme to date to four completed programmes (of a planned seven).
<i>Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment</i> Number of young people (under 18) in specialist substance misuse services Baseline 437	399 Total numbers of under 18s in treatment in 2021/22 are similar for the same period last year (396) although remain 9% lower than the baseline figure. Since 1 st July 2018, the young people's service has been expanded to support young adults aged 18-24 years. In 2021/22, a total of 568

	<p>young adults aged 18-24 were accessing either specialist or targeted treatment. This represents a 24% increase in the total numbers in treatment compared to the same period last year (459).</p> <p>To reflect the increased numbers of young people aged 11-24 years in treatment, additional investment has been made in the service for 2022-23. This additional capacity includes specific targets to increase the under 18s in treatment.</p>
<p>Children are offered support where parental substance misuse is identified</p> <p>Number of young people, whose parents are accessing substance misuse services, are offered support</p> <p>Target of 30 young people accessing support.</p>	<p>79</p> <p>Figures for 2021/22 show there has been an 80% increase in the number of young people supported compared to those previously reported (44), with numbers more than doubling compared to baseline.</p> <p>Additional investment for 2022/23 will allow the service to continue to meet increasing demand.</p>
<p>Reduce the proportion of women smoking at the time of delivery</p> <p>Reduce smoking at time of delivery (SATOD) in Hampshire to 7% by 2020.</p> <p>Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020.</p> <p>Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020.</p> <p>Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020.</p>	<p>SATOD rate 2020/21 7.9% (carbon monoxide monitoring was paused during COVID and so the identification of smokers at booking may have been reduced).</p> <p>Maternity referrals to Smokefree Hants: 702 women (2020/21) 811 women (2021/22)</p> <p>'In house' maternity opt-out stop smoking service are currently being rolled out across NHS Trusts (delivery from Oct 2022). Therefore, pregnant women will no longer be routinely referred to Smokefree Hampshire.</p> <p>41% (between Oct 2021 to April 2022); previous contractual year was 34%</p> <p>4 week quit rate: 54% (Oct 2020 to Sep 2021) 12 week quit rate: 28% (Oct 2020 to Sep 2021)</p>

Increase in mothers continuing to breastfeed at 6-8 weeks	57.5% (Nov 2021 to Jan 2022)
50%	
Number of children jointly funded for continuing care	62 – jointly funded for CC 9 - jointly funded via Section 117 Aftercare
11 (Baseline)	

Next Priorities

35. To progress the domestic abuse 'Journey of a Child' action plan with leads from each agency.
36. HCC Children's Services, Public Health and CCG CYP MH commissioners have continued to work around the development of the offer for CYP with challenging behaviour. The HIOW ICS-wide Key Worker service is now live, providing improved support for CYP with LD/A on the Dynamic Support Register (which highlights those children and young people with greatest risk. The Complex Children's Panel has helped to build consensus around the development of new resilient placement options such as the Hayter House project in Romsey, due to go live in the Spring/Summer of 2023, whilst opening up access to similar provision in Southampton at a new development (Westwood House). The CCG has maintained its commitment to support HCC efforts that will improve the resilience of HCC Children in Care residential services and settings and Foster Care through funding for improved psychological insight and leadership. The CCG has also committed to funding to develop the reach and scope of Portage Service in relation to more vulnerable children of school age in 2022/23 and 2023/24.
37. To agree and implement opportunities for improving outcomes of children and families accessing the Public Health Nursing and the Family Support Services and Intensive Support Workers arising from the current discovery project underway.
38. To seek opportunities to incorporate and align Public Health Services into the Holiday Activity and Food (HAF) Programme signposting offer. There is significant alignment between Public Health priorities and the aim of HAF in respect of health eating, activity, obesity and signposting to other forms of support.

Living Well, Dr Barbara Rushton

Key Issues and Developments

39. The impact of the past two years continues to be far-reaching and it may be some time before we return to pre-pandemic levels of physical and mental health.

40. Importantly partners have continued to work together to support the vulnerable population providing advice and guidance on who to contact and how to access services. Face to Face appointments have returned.
41. An offer of digital/telephone stop smoking support continued and the accessibility of stop smoking medications enhanced, with more pharmacies and vape shops providing services.
42. Adults' Health & Care, Energise Me, and NHS partners are looking at how we can support better ageing. There are four areas of focus: continence, social isolation, dementia and falls
43. Nationally, a "Live Longer Better campaign" has been established and Energise Me has invested into the national community of practice and learning which has a large network across the country.
44. The 'Whole System Approach' (WSA) pilot to tackle obesity in Rushmoor has now been initiated in Havant
45. HLOW was a *trailblazer* site for the national NHS BP@Home programme. Approximately 6000 blood pressure monitors were distributed to GP surgeries to support the remote management of individuals with high blood pressure.

Covid Impact and Mitigations

46. Fewer people have come forward with significant mental and physical conditions increasing the harm to them from potential disease including cancer and cardiovascular disease.
47. Carbon Monoxide monitoring at booking is temporarily on hold. This has resulted in a reduced level of women coming forward as smokers Referrals to Smokefree Hampshire from primary and secondary care reduced by approximately 40% during 21/22. However, the number of people referring themselves for support increased significantly
48. A second Quit4Covid GP text messaging campaign was delivered to encourage all smokers to seek expert advice. Support for pregnant women has continued through the 'Speak to your Midwife' targeted social media campaign and ongoing partnership work with NHS Trust Smokefree Pregnancy Steering Groups to promote midwife referrals.
49. Health Check delivery was severely compromised by the impact of COVID on primary care capacity (as well as latterly by the national shortage of blood test bottles). The time has been used to improve structures for Health Check commissioners (Public Health) and providers (Primary Care) to share learning and collaborate
50. Ambition to increase the MECC training offer applicable to a range of common upstream behavioural risk factors (such as smoking, diet and physical activity) which will upskill the health care work force

Coproduction and Collaboration

51. HCC Public Health have worked collaboratively with Acute, Maternity and Mental Health Trusts to support the implementation of the NHS Long Term Plan for Tobacco Dependency Services.
52. The whole System Approach to obesity collaboration continues in Rushmoor and was recently established in Havant. A new District is planned for 22/23 and shows the recognition of system partners value in working together to achieve shared objectives.
53. The We Can Be Active Strategy, a co-produced strategy for physical activity was adopted by the Health and Wellbeing Board in October 2021.
54. Healthy Hearts programme has recruited to a pharmacist led cardiovascular disease prevention team designed to support Primary Care Network teams in optimising medication used to an treat individual's risk factors
55. A Health Equity Audit was undertaken for smokefree Hampshire to enhance the accessibility of the service in 22/23 includes insight work with priority groups to identify their experience as service users & targeted social media campaigns.
56. Working with MIND across Hampshire we are contacting every registered SMI patient to offer advice guidance and support in relation to vaccinations

Progress against Metrics

57. The COVID-19 vaccination programme has been a key factor in helping people to remain well in the community. Over 4 million doses have been given locally and the system mobilised quickly to ensure that over Winter 2021 everyone was offered a booster vaccination by 31st December to combat Omicron.
58. Smoking at Time of delivery in Hampshire in 20/21 is estimated to be 7.9%. This is a reduction from 19/20 (9.3%) and the lowest prevalence recorded to date.
59. 40% of people who set a quit date with Smokefree Hampshire were from routine and manual occupations. Of those people in routine and manual occupations setting a quit date, 67% went on to successfully quit for 4 weeks.
60. The Healthy Early Years Award was developed to engage early years practitioners in a whole settings approach to health. Five Rushmoor early years settings piloted the award, including topics on Healthy Weight and Healthy Eating, and Physical Activity and Active Play. This is now live to all early years settings in Hampshire and will be promoted further in 2022.
61. The Physical Activity Strategy was launched in 2021. In the last year 47 clinicians have been trained through the Physical activity clinical champions training and 35 individuals trained through the supporting others to be physically active training for social prescribers.

62. The Prevention and Inequalities Board selected physical activity as one of two priority focus areas. An action plan is being developed to embed physical activity training into workforce development and clinical pathways.

Next Priorities

63. Tackling the inequalities that lead to poorer health outcomes has to remain front and centre of our approach to prevention and self-care programmes.
64. Cardiovascular disease prevention remains a priority for the Prevention & Inequalities Board across the ICS
65. Important to restart programmes that have been paused while the system specifically needs to gear up for the Covid-19 impact on mental health and ensuring service capacity and resilience in the coming year.
66. We will continue to ensure that we increase accessibility to digital tools and they are promoted further within the system
67. As Hampshire & the Isle of Wight becomes an Integrated Care System ICS on 1 July 2022 there will be new opportunities to improve outcomes, tackle inequalities, enhance productivity and support community development. The Board should facilitate deeper integration across agencies as well as ensure its priorities are reflected in the forthcoming integrated care strategy.

Aging Well, Graham Allen

Key Issues and Developments

Live Longer Better Programme

68. The Live Longer Better programme is part of a national revolution by Sir Muir Gray and led locally by Public Health, Demand Management & Prevention and Energise Me. The programme aims to support older people to increase their healthy life expectancy, reverse the effects of lockdown and reduce demand on health and care services.
69. The integral aspect of Live Longer Better is a cultural shift in how we support older people; from 'care' that implies doing tasks for people, to 'coaching' – doing tasks with people. To enable this, we need to increase levels of physical activity in people as they get older.
70. To deliver the Live Longer Better programme in Hampshire, we have identified four key areas of focus: falls, continence, social isolation and dementia. All are interlinked and provide opportunities where physical activity can prevent the condition, or improve the quality of life of people who experience them.
71. To date we have:
 - Relunched Steady and Strong (evidence-based falls prevention classes), with 86 classes open across the county.

- Developed information for Social Workers on continence to promote opportunities to prevent or reverse incontinence, rather than manage it with containment products.
- Undertaken insights and engagement with Hampshire residents about strength and balance.
- Developed content for a Live Longer Better microsite for Hampshire residents.

Technology-enabled Care and Digital Enablement for Older People

72. **Digital Enablement:** Supporting older people to become digitally enabled brings a variety of benefits, many of which have been highlighted during the COVID pandemic, for example helping people to access services and remain socially connected. The previous year's grant funded activity has continued to deliver providing digital literacy training and access to connected equipment.
73. Further to this in partnership with the CCG, NHS England Health Equalities Partnership (HEP) funding has been utilised to establish a digital inclusion network, so that good practice and opportunities can be mapped, shared and acted upon across statutory partners and voluntary community and social enterprise (VCSE) organisations. In addition the HEP funding is being utilised to provide digital champions training to VCSE partners to enable further training opportunities for digitally excluded individuals, as well as supporting the refurbishment of donated devices that can be loaned to people with free data.
74. Care Technology: Hampshire County Council's Care Technology partnership has continued to develop throughout the pandemic period, with the mainstreaming of our Cobots programme, the introduction of the Automated Wellbeing Call Service, using AI to support individuals and families who were shielding to access broader support services and a greater use of care technology to supplement or replace more traditional forms of care. The partnership has supported in excess of 30,000 individuals in the last 8 year and currently provides TEC services to circa 13,000 Hampshire residents.
75. We are now working with colleagues in using care technology to support short-term service following hospital discharge and within and beyond our discharge to assess units. The focus of this work is to enabled people to return home with support that helps them remain independent for longer and with less reliance on more intensive and intrusive forms of care; in the last year we have helped reduce the need for over 100,000 hours of home care, maximising people's independence for longer.

Covid Impact and Recovery

76. Older people are, of course, one of the key population groups to have been disproportionately affected by the impact of the Covid-19 pandemic. There have been continued collective efforts across the whole system to support the health and care needs of older people and effective flow through the

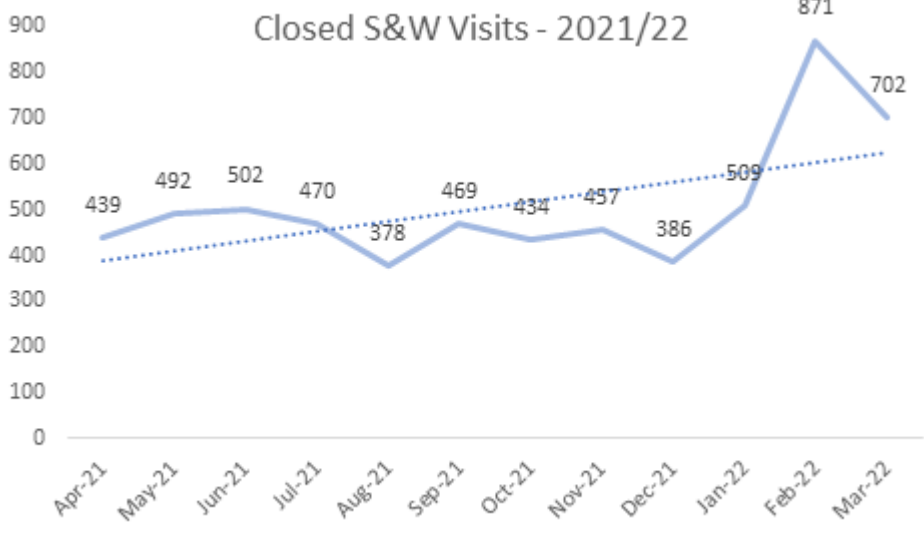
system. As outlined in the last COVID Update presented to the Health and Adult Social Care Select Committee there are continued comparatively high volumes of demand and complexity of demand across community and hospital settings due to a range of factors. The social care market in Hampshire is continuing to experience significant pressures with regards to the recruitment and retention of staff.

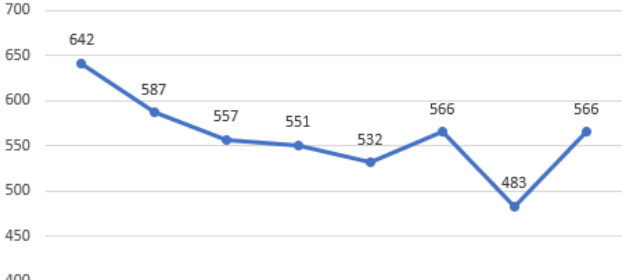
77. Adults' Health and Care continues to provide high levels of support to the care sector. The department continues to work closely with care and support providers to maintain required levels of care and ensure stability in the market. This includes the Call2Care and Connect2Care campaign designed to attract new people to work in the care sector.
78. It is important to recognise that Hampshire County Council have distributed close to £80m of Government grant support to the social care sector over the last two financial year and also made additional payments in the last financial year of £18m to support the sector.
79. Each week, Hampshire community partners support over 400 individuals to be discharged from acute hospitals, with HCC leading on some two-thirds of these discharges. The vast majority of individuals are either able to go or return home with support (in some cases additional support), returning to a previous care home where they resided before admission or being admitted to temporary discharge to assess bed-based facility as part of our successful Short Term Service approach through HCC Care. Thereafter people move on, typically to an ongoing service level / type of care should they need it following a Care Act assessment outside of the hospital at a later point, when they have had an opportunity to better recover.
80. In relation to hospital discharges, new [Updated guidance](#) has been issued regarding hospital discharges following the end of the Civil Contingencies pandemic response. Key elements of the previous guidance are retained, but these are no longer a requirement. The new guidance sets out that arrangements and processes are a local decision and subject to local finances. That said, the previous approach is promoted as best practice.

Population Coproduction and Partner Collaboration

81. The Carers Bronze Group, established during COVID and chaired by Carers Together has developed into the Carers Operational Group providing a place for carers organisations and local partners to come together to respond to the needs of unpaid carers, in addition and in support of the Hampshire Carers Partnership Board.
82. The Live Longer Better programme has a growing stakeholder group with a number of representatives across the system. We will work with specific care service areas to implement the programme and intend to include older people using the services in the design. We are also working with Hampshire County Council's Insights and Engagement team to utilise Hampshire Perspectives as part of the development of workstreams.

Progress Against Metrics

Increase in number of Hampshire Fire & Rescue Safe and Well visits	Month	Closed Visits
	Apr-21	439
	May-21	492
	Jun-21	502
	Jul-21	470
	Aug-21	378
	Sep-21	469
	Oct-21	434
	Nov-21	457
	Dec-21	386
	Jan-22	509
	Feb-22	871
	Mar-22	702
	Total	6109
	<p>Performance has remained constant over much of 2021/22, albeit with increased numbers over the last couple of months. This increase, during the last quarter of the year, is likely down to the relaxation in restrictions due to the pandemic enabling the Service to visit more vulnerable people.</p>	
		
Uptake of flu vaccination	<p>Data is published by STP/ICS area - up to the end of February 2022. Uptake of the flu vaccine for older adults continues to be high in Hampshire:</p> <p><u>Over 65s:</u> HIOW – 85.7% of people aged over 65 have been vaccinated. Frimley – 83% of people aged over 65 have been vaccinated. These figures compare favourably with the 82.3% rate for England as a whole</p>	

Covid-19 vaccination	<p><u>Healthcare workers:</u> HIOW – 59.7% of healthcare workers have been vaccinated, compared to 60.5% in England Frimley (covering NE Hampshire) is slightly lower at 58.5% for healthcare workers. It is worth noting that the figures for flu vaccination of healthcare workers have dropped since 2020/21, largely due to the prioritisation of the Covid-19 vaccination for frontline workers.</p> <p>As part of the ongoing system response, Hampshire has continued to prioritise and vaccinate older age groups who are at highest risk of dying from COVID-19 as well as key frontline workers who work with the most vulnerable. Work continues to identify and encourage people who are less likely to come forward for their vaccination.</p> <p>HIOW – 95.8% of people 80 years and over had been fully vaccinated (3 doses), 94.8% had received a booster Frimley – unable to access this data</p> <p>Source: Foundry, 25/05/22</p>																		
Permanent admissions to residential/nursing homes 65+	<p>The chart below shows admissions from 2014/15 to 2021/22.</p> <p>As at March 2022, the permanent yearly admissions for people aged 65+ was 1766, equating to 566 per 100,000 population. The admission rate dropped dramatically during the Covid-19 pandemic and has now returned to a similar rate, however as seen over a longer trajectory (shown in the chart below) the reliance on permanent residential and nursing care is decreasing. This is a strategic intention, moving away from long-term care and aiming to support a higher proportion of people to remain independently (or with care) in their own homes and in more enabling care settings, such as extra care housing.</p> <p>NB this data relates only to admissions where HCC was placing an individual in residential or nursing care. It does not reflect admissions organised by an individual or their family without HCC involvement.</p> <div><p>HCC Res/Nursing Admissions per 100,000 pop</p><table><tr><th></th><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>2017/18</th><th>2018/19</th><th>2019/20</th><th>2020/21</th><th>2021/22</th></tr><tr><td>HCC</td><td>642</td><td>587</td><td>557</td><td>551</td><td>532</td><td>566</td><td>483</td><td>566</td></tr></table></div>		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	HCC	642	587	557	551	532	566	483	566
	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22											
HCC	642	587	557	551	532	566	483	566											

Next Priorities

83. The following areas have been prioritised initially for the Live Longer Better programme:
- Day Services, to help people move more to provide activities that reduce sedentary behaviours and increase strength and balance.
 - Extra Care, services to support more provision of physical activity on site and working with local leisure providers. This will also incorporate the coaching element as described above for the domiciliary care provided.
 - Argenti, to support those with technology enabled care to access preventative opportunities for falls.
 - District and Borough Council, by developing Communities of Practice with key leads in local authorities to develop their own Live Longer Better action plan within the scope of the Hampshire objectives.
 - Undertake insights on continence, and further develop the insights for strength and balance.
 - Deliver a Hampshire-wide offer of activities tailored to older people which incorporate strength and balance.

Dying Well, Alex Whitfield

Executive Summary

84. Following on from a deep dive presentation to update the Health and Wellbeing Board in October 2021, the purpose of this report is on progress by HIOW and Frimley ICS' in relation to End of Life Care key priorities for improvement, outlined below:
- **Priority 1:** Ensure person-centred care, choice and control is consistently in place across Hampshire to help people live well with life-limiting conditions.
 - **Priority 2:** Support people at end of life to return to or remain in their preferred setting in the last days and hours of life.
 - **Priority 3:** Improve skills and capacity across Hampshire to ensure people are encouraged and supported to have early and timely conversations about end of life wishes and choices. This will help individuals and their families to plan and prepare in advance.
 - **Priority 4:** Work together effectively across organisations to provide well integrated care and consistent palliative care, building on a shared care plan irrespective of organisational or funding boundaries.
 - **Priority 5:** Improve access to bereavement support and services locally, for all age groups, especially for parents, families and educational communities following the death of a child, for children experiencing the loss of a parent, and for long-term carers who may also need support when their caring role ceases.

85. This report seeks to provide an update regarding the progress of both Hampshire and Isle of Wight ICS (HIOW) End of Life Care Board and Frimley Health and Care ICS Steering Group, regarding the following:
- Key Issues and Developments
 - Covid Impact and Recovery
 - Population Coproduction & Partner Collaboration
 - Progress against Metrics
86. The key priorities for End-of-Life Care across each ICS are outlined below, having been determined by the relevant ICS Board/Steering Groups perspective of areas which need further development and aligned with the national priorities. These priorities will be reviewed on a regular basis, informed by the regular update of the End of Life Care matrix – the findings and recommendations from which will be pulled into the ICS work plans and updated accordingly.

Population Coproduction and Partner Collaboration

HIOW ICS Update

Community Engagement

87. Recognising the needs of our patients, families, carers and community partners are crucial to inform the development and delivery of PEOLC, during 2022/23, HIOW ICS identified engagement with our community as a dedicated workstream.
88. Work was initiated in October 2021, following which a series of community conversations have been held to understand what matters most (rather than what we believe matters most). The ICS have followed the Solent approach to community engagement, where we have listened to our community and initiated a programme of work to focus on a clearly defined group, those at most risk of a poor experience at end of life. We will ensure the continued inclusion of people with a learning disability and those who support them, working with them to design solutions and evaluate the impact of these changes based on measures the community have designed.
89. Alongside this pivotal and innovative approach to community engagement, the ICS have established links with the Wessex Care Record (WCR) to initiate a piece of work supporting the EOL Interoperability Working Group. Alongside WCR expertise, we are working to develop an audit which works to a) create a formal body of evidence to confirm understanding of existing patient expectations concerning the sharing of records and b) engaging with professionals, patients, carers and their families to understand expectations of how we should share records. The findings of this audit will inform the formation of a technical solution to sharing of EOL records and form part of the community engagement portfolio for PEOLC across the ICS.

Stakeholder Engagement

90. HIOW ICS PEOLC Board has recently restructured to further strengthen PEOLC/ICS leadership and professional expertise within the Board and various working groups. The revisions to the Board include plans to report to the ICS Transformation Board (once formed) as part of the wider ICS governance infrastructure. The PEOLC Board will report to the ICS Transformation Board on all aspects of the PEOLC Programme of work. Alongside this, regular reports are now provided to both the HIOW ICS Quality Board (from a quality perspective) and Hampshire Health and Wellbeing Board to ensure system wide input and awareness of the PEOLC programme.
91. To ensure discussions held at Board are informed by the wide range of skills and expertise across our system, we have worked with colleagues to ensure various groups feed in and out of the Board, strengthening our communication and wider stakeholder engagement, going forward. These groups include the PLACE PEOLC Steering Groups (with acknowledged need to re-establish these in two PLACE areas) to represent the views of our PLACE localities, Hospice Collaborative (recently formed with time to explore collectively as a collaborative of independent hospices) and CYP Clinical Network (as a specialist voice for CYP). All these groups are pivotal to informing the ICS direction of travel around PEOLC locally. It this broad range of stakeholders that have been part of our plans to shape and drive the key deliverables of our Board.

Frimley ICS Update

Community Engagement

92. The ICS is in the process of producing English and BAME EOLC videos. These videos will include translations into top 5 BAME languages that are spoken locally. Service users' experiences will be captured to encourage the local population to access EoLC support services.
93. The following booklets are regularly updated to improve outcomes for patients at the end of their life:
 - Looking after someone at the end of their life
 - A guide to reaching our communities in end-of-life care
 - We are sorry for your loss
 - Looking after someone at the end of their life

Stakeholder Engagement

94. Ensuring that people have equity of outcomes at the end of life requires an awareness and commitment to deliver appropriate palliative care. Seeking an understanding of the patient's beliefs about health and illness is imperative. This facilitates the delivery of high-quality, personal, sensitive, and appropriate care founded on mutual trust, respect of the patient's nationality, culture, age, gender, and political and religious beliefs. A booklet for staff "A Guide to reaching our communities in end-of-life care" was published and circulated across the system. The aim is to assist health and care professionals to better meet the spiritual needs of people for whom they

care. This is raising awareness of the different cultural needs that our population may have.

95. Stakeholders have completed the Ambitions Framework for PEOLC for the third time, there is an upward trend toward level 5. The outcomes help to inform the workplan for 22/23. One of the key areas identified was to continually make improvements by having a data set from across the system. The exceptional depth and breadth of clinical and care information afforded by the Frimley ICS data model gives us the opportunity to construct insightful and potentially anticipatory insights into whole population palliative and end of life needs and supports identification of individual residents' end of life support requirements earlier.

EoLC AMBITIONS SELF ASSESSMENT																							
		Frimley ICS Combined Selfassessment tool							Frimley ICS							Frimley ICS							
		All attendees																					
		21.11.2018							17/05/2021							16.05.2022							
		Level 0	Level 1	Level 2	Level 3	Level 4	Level 5		Level 0	Level 1	Level 2	Level 3	Level 4	Level 5		Level 0	Level 1	Level 2	Level 3	Level 4	Level 5		
Ambition 1: Each Person Seen as an Individual		0.0%	9.1%	27.3%	36.4%	27.3%	0.0%			0.0%	0.0%	0.0%	31.60%	63.20%	5.30%			0.0%	0.0%	0.0%	26.3%	73.7%	0.0%
Ambition 2: Each person gets fair access to services		0.0%	10.0%	40.0%	40.0%	10.0%	0.0%			0.0%	0.0%	0.0%	50%	50%	0.0%			0.0%	0.0%	0.0%	66.7%	33.3%	0.0%
Ambition 3: Maximising comfort and well-being		0.0%	0.0%	12.5%	25.0%	56.3%	6.3%			0.0%	0.0%	0.0%	6.30%	68.80%	25%			0.0%	0.0%	0.0%	18.8%	68.8%	12.5%
Ambition 4: Care is coordinated		50.0%	8.3%	8.3%	12.5%	20.8%				0.0%	0.0%	13.0%	47.80%	39.10%	0.0%			0.0%	0.0%	4.3%	30.4%	56.5%	8.7%
Ambition 5: All staff are prepared to care		0.0%		14.3%	42.9%	42.9%	0.0%			0.0%	0.0%	0.0%	0.0%	57.10%	42.90%			0.0%	0.0%	0.0%	28.6%	71.4%	0.0%
Ambition 6: Each community is prepared		0.0%		75.0%	25.0%	0.0%	0.0%			0.0%	0.0%	25.0%	50%	25.00%	0.0%			0.0%	0.0%	0.0%	25.0%	75.0%	0.0%

96. The two hospices Thames and Phyllis Tuckwell are working together and aligning their service to promote equitable care across the system. A showcase event was held in March to mark the 2021 achievements. Achievements for 2021 presented includes:

- Rapid Response service Pilot ended in March 2022. Funding awarded to continue for the next 12 months. This service is to increase capacity of the current services.
- Thames Hospice co-connect Bereavement support – this is bereavement support for local people whose bereavement has been adversely impacted by the pandemic.
- Thames care@home – provides personal care to clients in their own homes, that have a prognosis of less than 6 weeks.
- Brigitte Trust – Neurological support group for people with MND, MS, MSA and PSP
- Implementation of ReSPECT – This was rolled out in August 2021.
- Urgent community Response / Hospital at Home (now called frailty virtual ward – allows patients with severe frailty to be treated in last few months of life or in final illness at home.
- Homeless pathway – making sure people who are homeless have a choice about their care at end of life.

Key Issues and Developments

Frimley ICS Update

Deliverables	Update
Deliverable 1: EOLC Strategy	<ul style="list-style-type: none"> EOLC self-assessment tool kit used to measure Frimley ICS progress against the 6 ambitions. This is completed every year to establish gaps and task and finish groups for the year. 2022 is the third year for Frimley ICS using the assessment toolkit and there has been progress noted across all ambitions.
Deliverable 2: ReSPECT	<ul style="list-style-type: none"> ReSPECT was rolled out in August. Data monitoring and review – report, follow up reviews, compliance and feedback. Utilisation data is monitored regularly and it shows an increase across the system. Ongoing promotion via Frimley ICS website. Online training offered and face to face training is provided as necessary or when requested.
Deliverable 3: Education and Training	<ul style="list-style-type: none"> The steering group continuously reviews and identifies new training needs. Ongoing promotion across the system on accessing training Training Hub offering training support across the system. Training data being maintained and reviewed.
Deliverable 4: Multicultural and EOLC	<ul style="list-style-type: none"> A booklet for staff “A Guide to reaching our communities in end of life care” published and circulated across the system. Booklet can be accessed via Frimley website Videos (films) to be created that focus on encouraging the public from different backgrounds to access EOLC.
Deliverable 5: Bereavement and Care after Death	<ul style="list-style-type: none"> Planning more Death Fair sessions for 2022. Supporting other areas that want to run Death fair sessions and sharing information. Continue to attend Dying Matters awareness week activities to learn from other areas.

HIOW ICS Update

Deliverables	Update
Deliverable 1: EOLC Strategy	<p>Initial focus on completing the EOL Self-Assessment Tool & Matrix shared by National Team.</p> <ul style="list-style-type: none"> EOLC self-assessment tool kit populated to baseline HIOW ICS position against the 6 PEOLC ambitions. Top Gaps Identified including: a) Shared Records b) Community Engagement (Promoting discussion around death, dying and bereavement)

	<ul style="list-style-type: none"> • Due to be completed annually, next in September 2022 to review/establish gaps and task and finish groups for year ahead. • Following restructure of the ICS PEOLC Board, strengthening links to the wider ICS structure, development of a HIOW ICS Strategy has now been proposed
Deliverable 2: EOL Interoperability	<p>Focussed on developing a technical solution to sharing information concerning PEOLC. Approach to enable operational delivery will need to follow.</p> <ul style="list-style-type: none"> • Business Analyst assigned. ICS have developed set of User Requirements (including an EOL Dataset) – signed off by Board • Working closely with Wessex Care Record with specific funding stream to support workstream • Series of Models considered in Options Paper – formally approved development of a “Hybrid” model • WG have agreed to work up technical specification for long-term Hybrid Solution. • Specific expertise requested of WCR to consider immediate amendments to CHIE against user requirements. • Work aimed to support a short term and long-term solution to support PEOLC patients.
Deliverable 3: Education and Training	<p>Focussed on developing a Training and Education Model across ICS – targeted at specific bands initially.</p> <ul style="list-style-type: none"> • Series of training sessions identified for specific staffing groups from within existing HIOW offer. • Working with HEE to build into existing platform and establish within HEE Learning Pathways • Further engagement and communication planned to secure ICS wide commitment to this provision.
Deliverable 4: Community Engagement	<p>This group was initially focussed on how we work with our community to support development of PEOLC.</p> <ul style="list-style-type: none"> • Two Community Conversations held, commencing Summer 2021, recommendation being to focus on a clearly defined group – those at most risk of a poor experience of PEOLC. • We will work with people with a learning disability and those who support them to design the solutions. • We shall evaluate the impact of those changes with measures decided by people with a learning disability
Deliverable 5: Bereavement & Care after death	<ul style="list-style-type: none"> • Learning shared from Frimley ICS around Death Fairs ran during 2021. • Portsmouth and South East ran a series of targeted discussions around Death for BAME community • Linking in with Libraries to hold a series of Death Fairs in HIOW. • Guidance for Volunteers drafted for further discussion

Covid Impact and Recovery

97. The EoLC Groups within each ICS continue to offer support to stakeholders. We have developed on our priorities in the last year and made significant changes to respond to PEOLC during a pandemic. The guidance, protocols, and pathways to support changes across the ICS are continuously reviewed as part of covid-19 recovery and the relevant steering groups continue to review PEOLC guidance across the system.

Progress against Metrics

98. Access to an ICS Palliative and End of Life Care dashboard has previously been outlined as a challenge with the Hampshire Health and Wellbeing Board. The proposed way forward at that time was to support a recently formed South East Regional team working group formed to develop a series of proposed indicators on which to form a dashboard.
99. Following a series of meetings, the Regional team have recently communicated a series of National core metrics for 2022/23 outlined within the new Palliative and End of Life Care Strategic Clinical Networks Budgetary Framework. The series of core metrics have provided a basis on which all ICS' are now working to capture a baseline understanding of Palliative and End of Life Care across the ICS.
100. It is anticipated that the data associated with these core metrics will be available from quarter 2 2022/23. It is recognised that further work is required to strengthen the range of core metrics associated with PEOLC alongside a framework of measurable outcomes associated with various workstreams. This work is being completed alongside our efforts to develop methods of evaluation with our community and community partners.
101. Details of the initial core metrics are outlined below:

TABLE OF CORE METRICS 2022/23

Priority	Core metrics	Reporting
Improving Access	1. a) Total number of people identified as in their last year of life and b) percentage of individuals in the last year of life who have been offered personalised care planning (NHS LTP) 2. Establish and measure against regional baseline of available services for all ages 24/7PEoLC	Either locally identified, or based on an agreed baseline and trajectory depending on maturity (Quarterly from the start of Q2) Completion of baseline, building on Jan 2022baseline and 24/7 SPOC bids (Number and % by ICB, by the end of Quarter 2 and any changes by Quarter 4)
Improving Quality	3. No of staff with improved staff confidence, knowledge and skills in PEOLC, focussing on PCSP at EoL (NHS LTP)	Numbers/% of staff attended training, including PCI, E-ELCA, GOFQI (end of Quarter 4)
Improving sustainability	4. At least 33% of ICS/ ICB in each region have PEOLC as a strategic priority in ICS/ICB plans	Reviewing ICB/ ICS plans (by end of Quarter 1)

Next Priorities

102. Alongside the continuation of the Working Groups focussed on delivery, reporting to the ICS PEOLC Boards/Committees our ICS' will also be working on the following:

Area of Work	Details	ICS Area
Data Dashboard	National team have shared framework of data requirements in May 2022 which ICS' will report against from Q2 onwards.	Frimley and HIOW
Dying Matters Week	A series of information sessions were offered to our community as part of Dying Matters Week (May 22). Inc. ICS Board opened to the Community. Share learning to inform plans for 2022/23.	Frimley and HIOW
Health and Care Bill	Following news of the pending Health and Care Bill, approach to exploration of services offered by hospices being considered – core/specialist services delivered, gaps and areas for collaboration.	Frimley and HIOW
Death Fairs	Death Fair sessions topics are being translated into English videos first then later into other languages (Polish Urdu, Panjabi and Nepalese). Death fairs being developed within HIOW in first instance.	Frimley and HIOW
Self-assessment tool and EOL Strategies	To be completed yearly to help identify gaps and opportunities. HIOW working to draft PEOLC ICS Strategy alongside this.	Frimley and HIOW
EOL Medicine Authorisation Charts	Different charts for the North and South in order to standardise paperwork used between providers, aim to reduce paperwork burden on prescribers & improve safety	Frimley
Single Point of Contact	Models being developed across HIOW and group established to share learning to inform HIOW wide model.	HIOW

Healthier Communities, Councillor Anne Crampton

Key Issues and Developments

Healthy Homes

103. Over the last year, a Healthy Homes Working Group has been taking forward the recommendations outlined in the Healthy Homes Needs Assessment.
104. We have successfully delivered a workforce development programme focused on keeping people safe at home which includes the following:

- Webinar series- To date, we have run 4 webinars out of our series of 6 which focused on Money Matters, Tenants Rights, Domestic Abuse and Anti-social behaviour. Future sessions will focus on Hoarding & Fire Safety and Social Prescribing.
- Short videos- We have [published](#) short introductory videos on topics such as fuel poverty, Safe & Well visits and Disabled Facilities Grants.
- Joint Induction Programme- we have drafted a proposal to develop a joint induction programme across housing, health, care and community services to support more collaborative working across the system.

105. In addition to the workforce development programme, we are in the final stages of publishing a Health Begins at Home Memorandum of Understanding. The Hampshire Health Begins at Home MoU is designed for everyone working within the HIOW system, to make a change in the way we work together, innovate together and commission together. There are specific actions and outcome measures around preventing homelessness by promoting partnership working, ensuring everyone can stay safe and healthy in their own homes and supporting multiagency workforce development opportunities.

Healthy Environments

106. In order to progress the shared aim of healthier, more sustainable environments, we have achieved the following in the last year:

- Delivered four workshops with the Town and County Planning Association with colleagues from across Hampshire and the Isle of Wight to create recommendations for improving air quality
- Developed the Hampshire Local Transport Plan 4 to support active lifestyles and quality places
- Explored options for establishing a Healthy Environments Working Group to provide a coordinated approach to delivering health and wellbeing outcomes through the built and natural environment.

Districts and Boroughs Recovery

107. The District and Borough recovery group continued to meet as we moved out of COVID restrictions and into the early stages of recovery. The meeting takes place monthly and brings together representatives from all 11 District and Borough councils with a focus on those who work in their local community and on the Health and Wellbeing agenda. The meeting is chaired by a District or Borough member and the planning of each meeting is coproduced between the chair and the HCC Demand Management and Prevention Change Unit. Membership of the meeting is also extended to partners in Public Health and Health and aims to encourage partnership working and sharing of information among attendees.

Covid Impact and Recovery

108. The District and Borough Recovery Group meet monthly with a theme, guest speakers and topics that focus on Health and Wellbeing and COVID recovery. Guest speakers have included Public Health, Citizens Advice and Health colleagues. District and Borough colleagues also have an opportunity to share their priorities and challenges with peers.

Population Coproduction and Partner Collaboration

109. To inform the Health Begins at Home Memorandum of Understanding, we have liaised with a number of key strategic and operational groups to ensure the priorities and actions are both practical and ambitious. The key aims of the MOU is to improve collaboration amongst partners working to support people to live in a healthy environment.

Next Priorities

110. Healthy Homes:

- Publish the Health Begins at Home Memorandum of Understanding and invite stakeholders to sign up.
- Complete and evaluate the Healthy Homes Webinar series, and explore the possibility of further topics such as smoke-free homes.
- Further develop the joint induction programme in collaboration with ICS learning and development teams.

111. Healthy Environments:

- Explore opportunities to deliver action on air quality with partners with the joint agenda of health
- Establish a Healthy Environments Working Group

112. District and Borough Council recovery:

- Continue to identify opportunities for collaborative working
- Be informed of the emerging ICS priorities and align with District and Borough priorities where appropriate
- Continue to work together on key issues such as poverty, mental health and community engagement

Finance

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

Conclusions

114. With continued positive changes and growth to the Board, we expect to take forward updated priorities and actions, monitor progress in a systematic way and continue to tackle inequalities, develop its system leadership role, and strengthen partnerships, working across Hampshire.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Health and Wellbeing Board Annual Report	<u>Date</u> June 2021

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:

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

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	5 July 2022
Report Title:	Work Programme
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of Report

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

Recommendation

2. That Members consider and approve the work programme.

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

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023	14 March 2023
Proposals to Vary Health Services in Hampshire - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service. (SC) = Agreed to be a substantial change by the HASC.									
Urology Services Reconfiguration	Proposal to centralise emergency urology care to Royal Hampshire County Hospital in Winchester	Starting Well Living Well	Hampshire Hospitals NHS FT	Proposals considered June 2021 and supported. Update requested Autumn 2021.					
Andover Hospital Minor Injuries Unit	Temporary variation of opening hours due to staff absence and vacancies.	Living Well Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Last update Sept 2020 (invite commissioners to joint present with HHFT). Update spring 2021 deferred as no change to report.					
Spinal Surgery Service	Move of spinal surgery from PHT to UHS (from single clinician to team).	Living Well Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Last Update March 2020 (UHS). Next update deferred due to pandemic.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023	14 March 2023
Chase Community Hospital (Whitehill & Bordon Health and Wellbeing Hub Update)	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Last update May 2022. Requested further update Nov 2022.			x		
Integrated Primary Care Access Service	Providing extended access to GP services via GP offices and hubs.	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019, last update March 2022. Request further update July 2022 as extended access due to transfer to PCNs for Oct.	x				
Orthopaedic Trauma Modernization Pilot	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019, last update March 2021. Requested further update early 2022.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023	14 March 2023
Out of Area Beds and Divisional Bed Management System	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019, update Sept 2021. Update Jan 2021 on Abbey ward, to be notified when it opens (expected summer 2022)					
Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire CCGs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020 and March 2021. Next meeting tbc as consultation on hold. May 22 Cllr Taylor requested update.	x				
Building Better Emergency Care Programme	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire CCGs	Presented in July 2020 following informational briefings. Last update rec'd May 2022. Requested further update Sept 2022.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023	14 March 2023
Proposal to create an Elective Hub	Spring 2022 notified of plans to create an elective hub to help manage the backlog of elective appointments	Living Well Ageing Well Healthier Communities	CCG/ICS	Briefing note received May 2022 regarding plans to undertake capital works to provide additional theatre space specifically as an elective hub for the Hampshire area. Further update requested Autumn 2022.		x			
Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.									
Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary. PHT last report received Jan 2020, update March 2020. SHFT – latest full report March 2022. Action Plan received May 22. Requested confirmation when all actions completed.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023	14 March 2023
				<p>HHFT latest report April 2020 received Sept 2020. Maternity services update heard May 2022. Requested update Sept 22.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p> <p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p> <p>SCAS – inspection re safeguarding concerns reported Feb 22. Request update on actions for July 22.</p>	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023	14 March 2023
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 March 2022. CCG/ICS and Trust to update for Sept 2022.		x			
Dental Services	Concern over access to NHS dental appointments post pandemic	Starting Well Living Well	NHS England	Initial Item heard Nov 2021, written update March 2022. Last updated May 2022. Requested further update Sept 22.		x			
Primary Care Services	Concern over access to GP appointments post pandemic	Starting Well Living Well Ageing Well Healthier Communities	HS&IOW CCG/ICS	Initial Item heard Nov 2021. Update received March 2022. Further update requested on demand and meeting the demand, timing tbc		x?	x?		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023	14 March 2023
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 Adult Services	For an annual update to come before the Committee. Last update Nov 2021. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023	14 March 2023
Public Health Updates	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Last item was pre-scrutiny of decision regarding SP21 savings Oct 2021 following summer 2021 consultation and working group.					
Health and Wellbeing Board	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	Annual item heard June/July.	x				
NHS 111	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	Hampshire CCGs	Item on NHS 111 First Nov 2020 on link with Emergency Departments. Performance item March 2021. Further update Nov 2021. Requested update in 6 months.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023	14 March 2023
Development of Integrated Care Systems (ICS)	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well Ageing Well Healthier Communities Dying Well	Hampshire CCGs	Item heard at Sept 2020 meeting regarding merger of CCGs due to take place April 2021. Last update Jan 2022. Request further update July 2022.	x				
Adult Social Care Grant Schemes	To receive an update on the progress made working with grant recipients on seeking alternative funding.		HCC AHC	Pre-scrutiny of Exec Member decision in May 2022. Requested an update later in the year on work conducted.			x?	x?	

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

Other Topic Requests for scheduling:

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

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

September 2021 – request for item on encouraging responsibility for health

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

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.