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NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 21st November, 2023 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

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

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AGENDA

1. APOLOGIES FOR ABSENCE

To receive apologies for absence and notice of substitutes

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To approve the minutes of the meeting of the Committee held on 19 September 2023

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 OR DEVELOP SERVICES (Pages 11 - 16)

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

- a) Project Fusion – attached
- b) Frimley Park – separate report (Item 7)

7. A NEW HOSPITAL TO REPLACE FRIMLEY PARK HOSPITAL (Pages 17 - 40)

To consider a report seeking the committee's views on the criteria that Frimley Health NHS Foundation Trust will use to evaluate a shortlist of possible sites for a new hospital

8. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 41 - 62)

To consider the report on proposals from the NHS or providers of health services relating to the planning, provision and/or operation of health services in the area of the Committee.

- a) Crowlin House, Totton (Southern Health NHS FT)
- b) Safeguarding (South Central Ambulance Trust)
- c) Acute Services Partnership (Portsmouth Hospitals NHS Trust)

9. ANNUAL SAFEGUARDING REPORT - ADULTS' HEALTH AND CARE 2022-03 (Pages 63 - 78)

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

10. HEALTH & WELL-BEING BOARD ANNUAL REPORT 2022-03 (Pages 79 - 90)

To receive the report updating the Committee on the progress of ongoing work to support the delivery of the Hampshire Health and Wellbeing Board Joint Health and Wellbeing Strategy.

11. WORKING GROUP PROPOSAL (Pages 91 - 96)

To consider whether to initiate a Working Group to oversee and scrutinise the approach and outcomes in relation to savings proposals subject of Stage 2 Consultations.

12. WORK PROGRAMME (Pages 97 - 108)

To consider the Committee's forthcoming 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,
19th September, 2023

Chairman:

* Councillor Bill Withers Lt Col (Retd)

- | | |
|---------------------------------|------------------------------|
| * Councillor Ann Briggs | * Councillor Adam Jackman |
| * Councillor Jackie Branson | * Councillor Andrew Joy |
| * Councillor Pamela Bryant | Councillor Lesley Meenaghan |
| * Councillor Graham Burgess | * Councillor Phil North |
| Councillor Tonia Craig | * Councillor Kim Taylor |
| * Councillor Debbie Curnow-Ford | * Councillor Andy Tree |
| * Councillor Alan Dowden | * Councillor Michael Ford |
| Councillor Cynthia Garton | * Councillor Pal Hayre |
| Councillor David Harrison | * Councillor Tim Groves |
| Councillor Marge Harvey | * Councillor Dominic Hiscock |
| Councillor Wayne Irish | |

*Present

136. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Garton, Harvey, Irish, Craig, Harrison and Meenaghan.

Deputy members who attended were Councillors Ford, Groves, Hiscock and Hayre.

137. 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.

138. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 31 July 2023 were agreed as a correct record and signed by the Chairman.

139. **DEPUTATIONS**

The Committee did not receive any deputations.

140. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman announced that, following the Notice of Motion passed at County Council in July, he had worked with his local MP to highlight the issue of underage vaping and to campaign for a ban on vape products. The Chairman noted recent press coverage surrounding a ban on single use vapes and how the County Council would welcome such a ban for a number of reasons.

The Chairman drew Members' attention to the Joint Health Overview and Scrutiny meetings which had been organised for 20 September and 31 October 2023 to hear progress on the new hospital programme for Hampshire.

Members were updated on the publication of the Adult Social Care Intervention Framework which had been published on 8 August providing councils with information on the Department for Health and Social Care's approach to enhanced monitoring, support and statutory intervention in adult social care. The Chairman noted that the online link to the Framework would be circulated to HASC Members post meeting.

The Chairman noted the national news surrounding Martha's Rule following the death of teenager Martha Mills and ensuring that hospital patients were aware of their rights for a second opinion.

The Chairman also noted the recent press coverage regarding female clinicians working in healthcare experiencing harassment in the workplace and expressed his concern at the reports which had been emerging.

Members were updated on the progress of the HASC Care Proposals Task and Finish Group following the first meeting in August. The Public Consultation had started on 4 September 2023 and would run for ten weeks, ending on 12 November 2023. The Committee noted that the Task and Finish Group intended to meet throughout the autumn with a final meeting in early December to review the consultation outcomes.

141. **PROPOSALS TO VARY SERVICES**

a) Planning for Winter (Hampshire and Isle of Wight Integrated Care Board)

The Committee received the report of the Hampshire and Isle of Wight Integrated Care Board (the ICB) setting out measures being taken to prepare for winter pressures and highlighting a change to the way in which patients were discharged from hospital.

The changes to the hospital discharge process were set out in detail within the report and the ICB had estimated that the changes had the potential to increase

the number of people waiting in hospital for discharge 35%. The Committee were concerned at this high percentage. The ICB advised that there were several activities ongoing and planned which would minimise hospital admissions and mitigate against the planned changes.

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

- With reference to the increase of attendees to Emergency Departments (page 16 of the report detailed a 6% increase), there was a combination of contributing factors – a higher complexity of cases and a saturated health service across all areas under higher demand.
- Anticipated industrial action by clinicians throughout the winter period had been incorporated into planning with urgent care prioritised.
- The 35% figure quoted by the ICB, the increase in patients waiting for discharge from hospital, equated to roughly 260 discharges per month.
- The ICB were hoping to be able to access the recently announced £200 million NHS resilience funding released by the Government to help support throughout the winter period and were working with NHS England to confirm the amount of funding available to them.
- The changes to the hospital discharge policy were under continual assessment with an ICB Discharge Board meeting fortnightly, assessing against key performance indicators and that the ICB would be happy to bring the data back to a future HASC meeting to share with Members.

The Committee were concerned about the reduction in services especially given the oncome of the winter period and the range of pressures that this would present. Members agreed that, given the level of concern, the ICB should be invited back to HASC in November to present an update on the implementation of the changes.

RESOLVED:

That the Committee monitor the proposed changes to hospital discharges closely and request an update on the implementation of these changes at the November 2023 HASC meeting.

142. **DENTISTRY AND COMMUNITY PHARMACIES PERFORMANCE MONITORING**

The Committee received the report of both the Hampshire and Isle of Wight ICB and Frimley ICB with an update on access to dentistry services and community pharmacy provision.

Members had received regular updates on challenges in accessing dental care across Hampshire which was reflective of the national picture and also linked to difficulties with the national dental contract. It was noted that there were few incentives for dentists to work for the NHS with many choosing to enter into private practice.

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

- Monitoring of dental activity delivered against the contracts awarded was conducted throughout the year and funds were reclaimed if the contracted activity hadn't been undertaken.
- The national dentistry contract had been somewhat modified in late 2022 although feedback from NHS dentists showed that it was still not fit for purpose. Both ICB's were awaiting additional reform to take place.
- The ICB's had explored amending individual dental contracts where possible, offering temporary units of dental activity to areas with particular challenges and additional procurement. It was confirmed that the ICB's were aiming to look at flexible commissioning alternatives within the current framework wherever possible.

RESOLVED:

That the Committee continue to monitor the performance of dentistry provision across the Hampshire administrative area and request a further update from both ICB's at the May 2024 HASC meeting.

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

a) Care Quality Commission (CQC) Inspection – Mental Health Inpatient Units (Southern Health NHS Foundation Trust)

The Committee received a report from Southern Health NHS Foundation Trust (Southern Health) following a recent CQC Inspection on their mental health inpatient units which had returned a rating of 'requires improvement'.

The high number of vacancies within the key nursing workforce were identified and Southern Health agreed that looking to recruit more apprentices and linking with Universities could help in addressing this issue. Members were grateful for sight of the action plan and noted that the majority of actions had already been completed.

RESOLVED:

That the Committee note the progress made against the action plan.

b) Pressures facing Ford Ward, Fordingbridge Hospital (Southern Health NHS Foundation Trust)

The Committee received a report from Southern Health NHS Foundation Trust (Southern Health) setting out proposals to temporarily pause admissions to Ford Ward at Fordingbridge Hospital.

Members noted that Ford Ward was a recovery and rehabilitation ward comprising 15 beds although it had been running at a capacity of 8 beds since March 2023 due to staffing challenges. Southern Health confirmed that, at the time of the pause to admissions on 21 August 2023, six patients remained on

the ward and that, since this date, all patients had now returned home having finished their rehabilitation.

The Committee sought reassurance from Southern Health that they had no plans to permanently close Ford Ward and this reassurance was given. Southern Health noted that they were undertaking an options assessment and would notify the HASC once this had concluded and any proposals had been drafted.

RESOLVED:

That the Committee request to be kept informed of any changes to Ford Ward and any implications that arise going forward.

144. **SAVINGS PROGRAMME TO 2025 - REVENUE SAVINGS PROPOSALS**

The Committee considered the report of the Director of Adults' Health and Care and Director of Corporate Operations setting out savings proposals for Adult Social Care and Public Health as part of the Savings Programme to 2025 (SP25) ahead of consideration by the Executive Lead Member for Adult Social Care and Public Health.

Members noted the financial context from a County Council perspective and the reduction in core funding that had been experienced over several years since 2010. Members were reminded of previous savings and transformation programmes including T2021 and SP23 and noted the forecast budget gap for the two years to 2025/26 of £132million.

The Committee noted the financial context from a Directorate perspective and the influencing factors and pressures across the entire health and social care landscape. The specific SP25 proposals for the Directorate were covered, totalling £49.7million, along with a summary of existing budget breakdown by service area.

Members agreed that the context of the report was disheartening but acknowledged that the reduction in funding to the County Council presented a difficult set of circumstances. Members noted that the Council would continue to lobby Government to seek a fairer funding formula and legislative change where possible.

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

- Directorates were working collectively, applying similar approaches and collaborating wherever possible.
- The Public Health budget was not included as part of SP25 as the budget was set at a national level.
- The contribution of the voluntary sector was invaluable and that the County Council would continue to support the important work conducted by these organisations.

Members requested a recorded vote. The results of the vote are detailed below:

For: 10

Councillors Burgess, Bryant, Hayre, North, Jackman, Branson, Curnow-Ford, Briggs, Withers and Ford.

Against: 4

Councillors Taylor, Dowden, Hiscock and Groves.

Abstain: 2

Councillors Joy and Tree.

RESOLVED:

That the Health and Adult Social Care Select Committee support the recommendations being proposed to the Executive Lead Member for Adult Social Care and Public Health in paragraph 2 of the attached report.

145. **WORK PROGRAMME**

RESOLVED:

That the Health and Adult Social Care Select Committee discuss and agree potential items for the work programme that can be prioritised and allocated by the Chairman of the Health and Adult Social Care Select Committee in consultation with the Director of Adults' Health and Care.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	21 November 2023
Title:	Proposals to Develop or Vary Services
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving an update on the following topics:
 - a) Frimley Park – this is the subject of a separate report on today’s agenda
 - b) Project Fusion - Southern Health and Solent merger

Recommendations

2. That the Committee agrees the recommendations as set out below for each item.
 - a) A separate report has been provided by Frimley ICB on the proposed replacement hospital for Frimley Park

The report sets out proposals for public consultation and also proposals for engagement with the health overview and scrutiny process across the localities served by the hospital.

- b) Project Fusion – Southern and Solent merger – full business case

That the Committee receive an update on the proposed merger and consider any identified impact on patients.

Executive Summary

3. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.

4. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting [Framework for Assessing Substantial Change and Variation in Health Services](#)). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the NHS Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.

Recommendation

5. That the Committee continue to monitor progress with the Project Fusion merger.

Finance

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

Performance

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

Consultation and Equalities

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

Climate Change Impact Assessment

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

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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Project Fusion update

Project Fusion is the name for the programme taking place to create a new, combined NHS Foundation Trust to deliver community, mental health and learning disability services across Hampshire and the Isle of Wight. Bringing services into a single organisation will result in more consistent care with reduced unwarranted variation, more equitable access to services irrespective of postcode, and a more sustainable workforce and services. The new organisation will be large, but will operate locally to ensure services can best meet the needs of different communities.

The new Trust will be comprised of all the services currently provided by Solent NHS Trust and Southern Health NHS Foundation Trust, the community, mental health and learning disability services provided by Isle of Wight NHS Trust and child and adolescent mental health services delivered in parts of Hampshire by Sussex Partnership NHS Foundation Trust. The aim is for the new Trust to be formed by April 2024.

A considerable amount of progress has been made since this item was last considered by HASC, including:

- Approval by NHS England of the strategic outline case for change
- The appointments of Ron Shields as Chief Executive and Lynne Hunt as Chair for the new organisation, following comprehensive processes overseen by the Integrated Care Board.
- The appointment of designate Non-Executive Directors from the current organisations to take up roles on the Board of the new Trust.
- Ongoing collaborative working across all clinical teams to identify best practice and opportunities to develop and improve services in the new organisation.
- Detailed and ongoing integration planning to prepare for the organisations to come together.
- Engagement with communities, users, staff and partners to seek views about key elements of the new Trust (including vision, values, strategic objectives, clinical strategy, operating model and naming options).

A detailed full business case has now been developed which will be shared for approval by Boards of each provider Trust involved at a joint meeting in November, and subsequently will be shared with NHS England for review. The Full Business Case describes in detail the case for change, benefits, and the work required to bring the Trusts together. The executive director structure for the new Trust is also being developed and the aim is to have appointed designate executive directors for the new organisation during the weeks ahead. A clinical strategy setting out the key principles that will underpin the way services operate in the new Trust is also in development, following engagement with a wide range of clinicians and stakeholders.

Communications and engagement with patients, carers, staff, communities and partners is ongoing and will continue to April 2024 and beyond. A standalone website and animation have been developed to help communicate the rationale and benefits of this work.

For further information about Project Fusion please visit www.fusion.hiow.nhs.uk

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Committee:	Health and Adult Social Care Select Committee
Date:	21 November 2023
Title:	A new hospital to replace Frimley Park Hospital
Report From:	Frimley Health NHS Foundation Trust

Contact name: Carol Deans, Director of Communications and Engagement,

Tel: 0300 6134365 **Email:** c.deans1@nhs.net

Purpose of this Report

1. The purpose of this report is to seek the committee's views on the criteria that Frimley Health NHS Foundation Trust will use to evaluate a shortlist of possible sites for a new hospital, and the committee's feedback on the Trust's approach to comprehensive engagement with patients, public, and staff.

Recommendation(s)

2. Note the national deadline for eradicating RAAC from the most affected hospitals, including Frimley Park, by 2030.
3. Note that developing a replacement hospital on a new site is the only viable option to achieving this deadline.
4. Note the process and progress to date in working to identify viable site options to deliver a new hospital for local communities by 2030.
5. Provide feedback on the draft evaluation criteria for evaluating a shortlist of possible sites.
6. Provide feedback on our engagement plans.
7. To agree that a Hampshire HASC or JHOSC scrutiny representative would like to be part of the site shortlisting process.

Executive Summary

8. Frimley Park Hospital needs to be replaced by 2030 because it was built in the 1970s using Reinforced Autoclaved Aerated Concrete (RAAC), which makes up around 65 per cent of the current hospital.
9. Alongside our clinical teams and advisors, we have considered whether attempting to build a new hospital on our current site is a viable option. However, this would require a phased demolition and rebuild on a site which is already congested, causing significant disruption to our patients, staff, and hospital services, as well as being more expensive. Most importantly, however, it would be impossible to complete a phased build by our deadline of 2030.
10. As a result, we are now actively looking at alternative locations for a replacement for Frimley Park Hospital.
11. One of our guiding principles is that we are keen for a new site to be located close to the current Frimley Park Hospital site.
12. We are committed to making sure that our patients, staff, volunteers, our local communities and other stakeholders will all have an opportunity to be involved in how we possible sites for a new hospital.

Contextual information

13. We are delighted that we have been included in the government's New Hospital Programme, which will see us build a new state-of-the-art replacement for Frimley Park Hospital by 2030.
14. Frimley Park Hospital needs to be replaced because it was built in the 1970s using Reinforced Autoclaved Aerated Concrete (RAAC), which makes up around 65 per cent of the current hospital.
15. RAAC deteriorates over time and is now at the end of its life, posing a potential safety risk to patients, visitors, and staff. As a result, considerable costly surveillance and maintenance works are required to ensure people's safety. By the end of 2024/25, we will have spent nearly £30 million on surveys and remedial works alone to keep our current site safe.
16. In addition to our rolling programme of inspection, repairs, and reinforcement we have also raised awareness among frontline staff to look out for signs of deterioration and report them immediately. We have tested contingency plans and shared learning with other RAAC affected organisations to reinforce safety for staff, patients and visitors.

17. The Department of Health and Social Care requires the NHS to stop using hospital buildings constructed from RAAC by 2035 but has set a deadline of 2030 for the seven most affected hospitals, which includes Frimley Park.
18. This is an incredibly challenging timescale and we are progressing a number of workstreams at significant pace, working closely with our NHS partners, local authorities, patients, communities and staff to ensure that a new hospital is ready for our patients, staff, and local communities by 2030.

A new site for the new hospital

19. Our current hospital has around 7,000 RAAC planks, including in some of our most key areas: our operating theatres, intensive care unit, wards, and corridors. These are constantly monitored and safety works undertaken to ensure that we maintain a safe environment.
20. Alongside our clinical teams and advisors, we have considered whether attempting to build a new hospital on our current site is a viable option. However, this would require a phased demolition and rebuild on a site which is already congested, causing significant disruption to our patients, staff, and hospital services, as well as being more expensive. Most importantly, however, it would be impossible to complete a phased build by our deadline of 2030.
21. Due to the safety imperative to rebuild the hospital, we have developed a strategic outline business case and have evaluated the options and identified a 'preferred way forward' which is to have a new hospital on a new (yet to be identified) site that can deliver improved patient care and experience and meet the future health and care needs of the local and wider population.

Further challenges with our current site

22. Our current site is too small to deliver modern healthcare standards, and we cannot adequately cater for our growing and ageing population with our current buildings.
23. The current hospital is located in a dense residential area and constrained on all sides. This makes any future expansion of our buildings and services difficult to achieve. And, while significant investment has been made over the years, further investment is still required to ensure all our estate remains suitable for its purpose and in line with modern standards. For example, we have:
 - no separation for the flow of people through the building: the main hospital corridor is the only circulation route for patients, visitors, staff, and supplies

- inpatient accommodation which is generally undersized compared to modern standards, with poor storage resulting in an overflow of equipment into corridors
- some wards which are extremely large – caring for as many as 50 patients, without enough spacing between beds to meet modern infection prevention and control standards
- our current provision of single rooms for patients is low, and they don't all have ensuite facilities
- our outpatient accommodation is fragmented across the site, which can mean patients, visitors and staff having to walk further than necessary
- our planned surgery is not all carried out in one location within the hospital, which may impact how efficient the service is
- our planned care also shares limited resources – such as beds and operating theatres – with our emergency care, which increases the likelihood of people's planned operations being postponed as a result of other demands

A new site will help us better meet the needs of our local communities

24. In addition to the issues with our infrastructure, our current site does not meet the modern standards in hospital design. Moreover, we cannot provide the standard of care for our communities that we want to.

25. We know that we can improve these areas through a new development:

- separating the flow of people through the building where possible: this will help patients and staff get where they need to be, as quickly and easily as possible
- operating unplanned emergency services and planned services on the same site, but separately, which helps us to maintain capacity for planned care
- significantly increasing the number of single rooms, which will meet modern hospital standards and improve privacy and dignity for our patients and take on board learnings from the COVID-19 pandemic around improved infection prevention and control
- reducing infection prevention and control risks caused by our current high number of bedded bays which don't meet the modern requirements for bed spacing

- consolidating our outpatient areas to make the best use of the space available to us, which will also minimise the amount of unnecessary walking around the site for our patients and staff
- locating all our planned surgery in the same place, making our services more efficient
- making sure appropriate clinical services are located next to each other to support the sharing of expertise and streamlining joint working to provide the highest quality clinical care, for example making sure vascular, cardiology and stroke services are adjacent to each other
- ensuring our offices and other supporting accommodation are located in the most appropriate space to support our clinical services
- improving all our environments for our patients, their visitors, and our staff and volunteers
- improving our digital infrastructure, including providing services virtually for those patients who do not need to attend an appointment in person
- improving energy efficiency and sustainability through supporting the ambition to deliver 'net zero carbon' for the replacement hospital
- create efficiencies in procurement and construction through use of modern methods of construction

26. NHS capacity and demand modelling shows that the new hospital will need to have more beds and a footprint twice as large as the current hospital to accommodate more single rooms – developing a new hospital on a new site also allows for growth in the future, and would enable us to improve integrated working by potentially enabling some of our partners to join us on the site.

A challenging timetable

27. We are working to a challenging timeline to deliver a new hospital for 2030. While these dates may change, our current plan is:

February 2024	Propose our preferred site for the new hospital.
May 2024	Approval of our outline specification and model for the new hospital – this sets out how we will arrange our clinical services and support functions in the new building, and what they will each require.

November 2024	Completion of the final specification for the new hospital and model of care, which sets out how we will organise and deliver our services.
February 2025	Final approval of our plans to purchase the new site for the replacement for Frimley Park Hospital, including full local authority planning approval.
April 2025	Approval of our final design for the hospital, alongside final costs, timetable, and method of construction.
Summer 2025	Construction starts.
Spring 2029	Construction complete.
Summer 2029	New hospital building opens, after detailed commissioning and quality checks.

28. There is no practical alternative to seeking a new location for the new hospital. Compared to the option to rebuild on the current Frimley Park Hospital site, it is the only option which enables us to deliver a new hospital within the timescale required nationally, without causing significant disruption and disturbance or unmitigable safety risks to patients, and which allows us to unlock the considerable benefits, set out above, of a new replacement building, on a new site, with room to expand future services.

29. As a result, we are now actively looking at alternative locations for a replacement for Frimley Park Hospital.

30. One of our guiding principles is that we are keen for a new site to be located close to the current Frimley Park Hospital site.

31. We are committed to making sure that our patients, staff, volunteers, our local communities and other stakeholders will all have an opportunity to be involved in how we select possible sites for a new hospital.

Evaluating possible sites for the location of a new hospital

32. Over recent months, the Trust has been identifying potential sites for the location of a new hospital.

33. Through further research, scoping, due diligence, and by developing and applying some 'hurdle criteria', the Trust expects to be able to rule out sites which are not viable. Hurdle criteria are conditions which must be met for a

site to be viable. The hurdle criteria we are considering include:

- whether the site is large enough to accommodate the new hospital – we will need 130,000m² of space which is twice the size of our current premises
- whether it is sufficiently close and easy to access, compared to the current Frimley Park site
- whether it can be provided with the necessary power and utilities by 2030
- whether it has a number of different tenants using it currently – potentially making the purchase too slow for our timescales
- whether there are obvious planning difficulties or any ecological or environmental issues
- whether the site is (or could be) accessible by public transport and road
- the owner's willingness to sell, and the likelihood of them doing so in 2024/25

34. Having applied these criteria, we would then expect to have a number of viable sites for more detailed evaluation and welcome views from Hampshire HASC (alongside other overview and scrutiny committees) on proportionate and appropriate engagement on the proposed criteria that we will use to viable sites, to arrive at a preferred option for the location of the new hospital.

35. Our proposed approach is to:

- widely engage, within the time available, with staff, patients, stakeholders, and our local communities on development of the site evaluation criteria – and the engagement plan is attached as Appendix A for comment
- specifically engage the Hampshire HASC and other overview and scrutiny committees on the development of the evaluation criteria
- evaluate the site options using agreed evaluation criteria – with patient, staff and stakeholder representative involvement, including HOSC representation

The draft evaluation criteria we are seeking views on

36. We are in the process of developing some evaluation criteria that we are seeking people's feedback on. There are separate criteria regarding commercial and value for money considerations which we must take into account, so are excluded here (see also paragraphs 25 and 26).

We would welcome the committee's views on our emerging criteria below, for example:

- how appropriate the criteria are to evaluate potential sites
- whether any further refinement is required
- if there are any criteria the committee think are not represented here:

Group	Evaluation criteria	Questions to test
Site location	Distance from current site	<ul style="list-style-type: none"> • How much does this site option increase/reduce travel time and/or costs for patients to access specific services, compared to now? • Is the staff travel required for this site option acceptable? (What percentage of staff would be able to travel to work within an acceptable time range compared to now?) • To what extent does this site impact patient flows with neighbouring hospitals?
	Access by car	<ul style="list-style-type: none"> • To what extent does this site option have existing access roads that could manage, with minor works, the volume of vehicles likely? • To what extent does this site option offer alternative routes to and from it for blue light and emergency situations? • To what extent does the site option's nearby road network meet the local authority's requirements for us to create sufficient parking spaces on site?
	Distance from key highways	<ul style="list-style-type: none"> • To what extent is the site option accessible from major junctions of key routes such as the M3 and A331?
	Access by foot and cycle	<ul style="list-style-type: none"> • To what extent does the site option have existing path and bicycle routes to and from key transport interchanges and town centres? • Is it a reasonable assumption that paths and routes could be added or adapted?
	Access by public transport	<ul style="list-style-type: none"> • To what extent does this site option have existing bus routes?

Group	Evaluation criteria	Questions to test
		<ul style="list-style-type: none"> To what extent does the site option offer reasonable bus routes from train stations?
	Health inequalities and deprivation	<ul style="list-style-type: none"> To what extent is the site option in, adjacent to, or easily accessible from the more deprived areas of the hospital's catchment area? This is to reflect that there is greater incidence of ill-health and poorer access to transport in more deprived areas. To what extent does the site option impact on health inequalities, those groups with certain protected characteristics (for example older people, or those with disabilities), or any other specific groups, for example carers.
Group	Criteria	Definition / detail
Planning and restrictions	Expansion potential	<ul style="list-style-type: none"> To what extent does the site option have the potential to expand, ideally adjacent or within the very local area?
	Local noise and pollution	<ul style="list-style-type: none"> To what extent does the site option have sources of significant local noise and / or polluting industries or is in an area known for high levels of noxious gases (CO₂, NO₂, SO₂, or particulates)?
	Development height parameters	<ul style="list-style-type: none"> What are the likely parameters for the site option development height? Ideally for the new hospital, at least three-storey height must be achievable, with a preference for up to five storeys.
Group	Criteria	Definition / detail
Purchase	Availability of land	<ul style="list-style-type: none"> To what extent are we sure that the site option land is available for sale?
	Appetite to sell	<ul style="list-style-type: none"> How interested is the owner of the site option in selling?
	Readiness to sell	<ul style="list-style-type: none"> How ready is the site option for sale? Are there planning, ownership, or tenancy issues that need to be overcome?

Criteria assumed to be part of costs

37. The site will be chosen on the basis of obtaining best value for money: the combination of cost and quality that will best meet all of the benefits we want to achieve from the project, including taking into account the outcomes from this period of engagement.
38. In order to facilitate this analysis, we will also undertake work to understand the cost likely to be incurred on each site to address issues such as the following:
- flooding – to include the cost of providing reasonable flood defences and management
 - (de)contamination – based on desktop knowledge of the site the likely cost of decontamination
 - utilities – based on discussions with network providers to understand the ability to provide the required level of electricity, gas, water and sewerage capacity (which we will need to estimate)
 - landscaping requirements and topography – based on desktop studies and potentially using 1:500 plans to ascertain the potential cost of building on or adapting the site
 - ecology, environment, and ‘biodiversity net gain’ – it is possible for a site to pass the ecology hurdle criteria set out in paragraph 21, but still hold potential costs in terms of ecology and any environmental challenges, such as complying with the Environment Act 2021 and biodiversity net gain (which aims to make sure the habitat for wildlife is in a better state than it was before development)
39. Members are asked to note the criteria and provide any feedback to support us to make further refinements and clarifications.

Engaging with our local communities

40. We are committed to working with our patients, staff, volunteers, our local communities, Foundation Trust governors and other stakeholders throughout our work to deliver a new hospital and will be embarking on a significant communications and engagement programme to involve as many people as possible in all stages of the new hospital development.
41. Until January 2024, we will be asking people to help us refine these evaluation criteria. We will bring people together to discuss the case for change for a new hospital site and the criteria we are planning to use to evaluate potential sites we have shortlisted.

42. In so doing, we are aiming to ensure that we engage as comprehensively and fully as possible within the timescales that we must keep to.
43. In order to open the doors on a new hospital by the national deadline of 2030, we need to **identify our preferred site by February 2024**. The evaluation criteria will be formally considered and approved by Frimley Health NHS Foundation Trust Board.
44. The way we involve people will include:

Involving our patients, governors, staff, and communities

We will look to establish patient, public and staff reference groups for the life of the new hospital project. We are also setting up a communications and engagement 'steering group' – which will include patient representatives and others – to assist in developing and facilitating effective communications and providing valued guidance.

By providing us with expert advice and sharing their lived experiences of using and working in our health services, the groups will be invaluable in guiding the development of the replacement for Frimley Park Hospital throughout the programme, from now until the doors open on a new hospital.

We will also seek views and support from our Council of Governors, who will have opportunities to provide feedback on our plans for engagement and discuss any support they would like to be involved in our work, as well as feedback on the evaluation criteria.

We will also be engaging with our Foundation Trust membership to similarly provide feedback on the criteria.

Priority stakeholder site tours of the current Frimley Park Hospital site and engagement meetings

Opportunities to demonstrate to priority stakeholders the case for change and discuss the draft evaluation criteria will be created. Priority stakeholders might include, for example, HOSCs, MPs, Healthwatch, governors, staffside representatives, organisations delivering services on site, local authority planning departments, council leaders and chief executives.

Virtual and in person listening events

We will run virtual and in person listening events where members of the public, those in patient and health-related voluntary organisations, and staff will be invited to find out more about the case for change and support the development and refinement of the criteria.

Community engagement

In addition to hosting events, we will actively engage community groups, including offering to attend existing groups and forums, provide relevant and accessible information for discussion and dissemination, and ensure opportunity to engage with the work is provided in key meetings and briefings.

We will also investigate information stands, with opportunities to discuss the project, in foyers across NHS sites and in community locations.

Online questionnaire

We also recognise that some of our patients travel from further afield to access specialist services which are commissioned nationally. At the same time, we provide community services to people locally who may not need to come to hospital for their care.

To ensure we hear from as many of our patients, communities, and staff as possible, we will also engage people online, such as through an online questionnaire on the criteria.

Working with our health overview and scrutiny committees

We will work with relevant upper tier and unitary authority overview and scrutiny committees to explain that staying on our current site is not an option to deliver a new hospital by 2030 and agree our process for selecting a new site for Frimley Park Hospital.

We will also agree with them the engagement we are planning with local people on the criteria we will use to evaluate a shortlist of potential sites, and seek the committees' feedback on our draft evaluation criteria.

Engaging with our overview and scrutiny committees

45. We recognise that any substantial variation to current health services requires consultation with local authorities. One of our guiding principles for this programme is that we remain close to the current Frimley Park Hospital site. We have identified a number of possible sites within a three-to-five-mile radius of the current hospital, which would minimise the impact of relocation on our patients, public, and staff. Given the challenging timescale, in order to meet the deadline of 2030 for safety reasons, we would welcome discussion as to whether the level of public and stakeholder engagement described in this paper to inform our site preferences is reasonable and proportionate.
46. We will keep the committee updated throughout the period of engagement, and would welcome the opportunity to discuss the feedback, site evaluation process, and next steps in February 2024. We would also like to invite a

Hampshire HASC or JHOSC scrutiny representative to be part of the site shortlisting process.

47. A full engagement plan can be found as Appendix A to this paper. Members are asked to support this approach to engagement on the evaluation criteria and for the committee to comment and provide feedback on our plans.
48. This is the first element of patient and public involvement in the development of a replacement hospital for Frimley Park Hospital, and we are committed to engaging with health overview and scrutiny colleagues and our local communities extensively throughout the life of the programme.

Conclusions

49. FHFT, its Board, clinical advisors, and NHS partners, are unanimous that redeveloping the current hospital site is not a viable option for replacing the current building. As such, a new site must be found and extensive work is already underway to identify and carry out due diligence on potential sites.
50. The Trust is working to an incredibly challenging timescale to open the doors on a new hospital by the national deadline of 2030. This requires a preferred site to be identified by February 2024.
51. Potential sites are being identified and – by applying the ‘hurdle criteria’ set out in paragraph 21 – viable sites will be identified for more detailed evaluation.
52. The Trust is now seeking the advice of Hampshire HASC, alongside other relevant overview and scrutiny committees, to help refine and develop the evaluation criteria (paragraph 24) against which viable sites can be judged.
53. We are also seeking feedback from the committee on our plans for engaging our patients, communities, staff, and volunteers on the new hospital site evaluation criteria, as appropriate and proportionate, taking into account the challenging timescales – and our plans for doing so are attached as Appendix A.
54. In recognition of our main catchment covering three local authority areas, if the formal duty to consult with local authorities applies, we understand it is for the local scrutiny committees to decide to form a Joint Health Overview and Scrutiny Committee.
55. Recognising the need to move forward with our plans to identify a preferred site swiftly, we are engaging overview and scrutiny committees separately until this discussion and any agreement has taken place.

Appendix A: *Communication and engagement plan for developing site evaluation criteria*

DEVELOPING A REPLACEMENT FOR FRIMLEY PARK HOSPITAL COMMUNICATIONS AND ENGAGEMENT PLAN FOR DEVELOPING THE CRITERIA WITH WHICH TO EVALUATE POTENTIAL NEW SITES

NOVEMBER 2023 v6.0

1 INTRODUCTION

Frimley Health NHS Foundation Trust has been granted funding approval for a new state-of-the-art replacement for Frimley Park Hospital through the government's New Hospital Programme.

The hospital needs to be replaced because around 65 per cent of the current hospital is made of Reinforced Autoclaved Aerated Concrete (RAAC).

RAAC deteriorates over time and is now at the end of its life, posing a potential safety risk to patients, visitors, and staff. Our RAAC is constantly monitored and safety works undertaken to ensure that we maintain a safe environment. The Department of Health and Social Care requires the NHS to stop using hospital buildings constructed from RAAC by 2035 but has set a deadline of 2030 for the seven most affected hospitals, which includes Frimley Park.

The Trust has assured stakeholders that a range of opportunities will be created for patients, staff, the local community, and others to be involved and engaged in all stages of the new hospital development.

1

2 CONTEXT AND CASE FOR CHANGE

Alongside our clinical teams and advisors, we have considered whether attempting to build a new hospital on our current site is a viable option, as part of a strategic outline case (SOC).

However, this would require a phased demolition and rebuild on a site which is already congested, causing significant disruption to our patients, staff, and hospital services. Most importantly, however, it would be impossible to complete a phased build by 2030.

Our current site is also too small to deliver modern healthcare standards, and we cannot adequately cater for our growing and ageing population with our current buildings.

NHS capacity and demand modelling shows that the replacement for Frimley Park Hospital will need to have more beds and a footprint twice as large as the current hospital – developing a new hospital on a new site also allows for growth in the future, and would enable us to improve integrated working by potentially bringing some of our partners on site.

As a result, we are actively looking for potential locations for the replacement for Frimley Park Hospital.

This document sets out how Frimley Health NHS Foundation will work with patients, carers, local communities, staff, partners, and stakeholders to develop, refine, and agree the criteria

we will use to evaluate potential sites for a new hospital.

3 INVOLVING OUR COMMUNITIES, STAFF AND STAKEHOLDERS IN DEVELOPING THE CRITERIA TO EVALUATE POSSIBLE HOSPITAL SITES

We are committed to making sure that our patients, staff, volunteers, our local communities, Foundation Trust governors, and other stakeholders will all have an opportunity to be involved in how we evaluate possible sites for a new hospital.

Between late 2023 and early 2024, we will be asking people about what is important to them in a new Frimley Park Hospital site and we will be giving them the chance to contribute to the criteria that will be used when evaluating possible viable locations.

One of our guiding principles is that we are keen for a new site to be located close to the current Frimley Park Hospital site.

During this period of engagement, it will not be possible for us to engage people on their preference for which site the hospital should be located on. This is because we have a duty to ensure we obtain the best value for money from any transaction to purchase a new site, and there are commercial considerations of confidentiality we will need to take into account.

4 COMMUNICATIONS AND ENGAGEMENT APPROACH

We are, however, committed to engaging with our patients, staff, communities, stakeholders, and partners widely and comprehensively.

As such, we will bring people together to discuss the case for change for a new hospital site and the criteria we are planning to use to evaluate potential sites. They will have opportunities to:

- find out why staying on our current site is not a viable option
- contribute to the development and refining of evaluation criteria that will be applied when assessing possible sites for a new hospital
- tell us which evaluation criteria are most important to them and why

The way we involve people will include:

Involving our patients, governors, staff, and communities

We will look to establish patient, public, and staff reference groups for the life of the new hospital project. We are also setting up a communications and engagement 'steering group' – which will include patient representatives and others – to assist in developing and facilitating effective communications and providing valued guidance.

By providing us with expert advice and sharing their lived experiences of using and working in our health services, the groups will be invaluable in guiding the development of the

replacement for Frimley Park Hospital throughout the programme, from now until the doors open on a new hospital.

We will also seek views and support from our Council of Governors, who will have opportunities to provide feedback on our plans for engagement and discuss any support they would like to be involved in our work, as well as feedback on the evaluation criteria.

We will also be engaging with our Foundation Trust membership to similarly provide feedback on the criteria.

Priority stakeholder site tours of the current Frimley Park Hospital site and engagement meetings

Opportunities to demonstrate to priority stakeholders the case for change and discuss the draft evaluation criteria will be created. Priority stakeholders might include, for example, HOSCs, MPs, Healthwatch, governors, staffside representatives, organisations delivering services on site, local authority planning departments, council leaders and chief executives.

Virtual and in person listening events

We will run virtual and in person listening events where members of the public, those in patient and health-related voluntary organisations, and staff will be invited to find out more about the case for change and support the development and refinement of the criteria.

Community engagement

In addition to hosting events, we will actively engage community groups, including offering to attend existing groups and forums, provide relevant and accessible information for discussion and dissemination, and ensure opportunity to engage with the work is provided in key meetings and briefings.

We will also investigate information stands, with opportunities to discuss the project, in foyers across NHS sites and in community locations.

Online questionnaire

We also recognise that some of our patients travel from further afield to access specialist services which are commissioned nationally. At the same time, we provide community services to people locally who may not need to come to hospital for their care.

To ensure we hear from as many of our patients, communities, and staff as possible, we will also engage people online, such as through an online questionnaire on the criteria.

Working with our health overview and scrutiny committees

We will work with relevant county council and unitary authority overview and scrutiny committees to explain that staying on our current site is not an option to deliver a new

hospital by 2030 and agree our process for selecting a new site for Frimley Park Hospital.

We will also agree with them the engagement we are planning with local people on the criteria we will use to evaluate potential viable sites, and seek the committees' feedback on our draft evaluation criteria.

5 AUDIENCES

External audiences – to be informed

- HM Treasury
- Department of Health and Social Care
 - Programme lead
 - Communications lead
- NHS England New Hospital Programme
 - Programme Lead
 - Communications lead
- Care Quality Commission
- NHS England South East
 - Regional Director
 - Regional lead
 - Communications lead

Internal audiences – to be informed and engaged

- Board
- Governors
- Frimley Park staff and volunteers
- Defence Medical Group South East
- Wider FHFT staff and volunteers

External audiences – to be informed and engaged

- NHS Frimley (ICB)
- Frimley Health and Care Integrated Care Partnership and Integrated Care System partners (not otherwise listed):
 - Berkshire Healthcare NHS Foundation Trust
 - Surrey and Borders NHS Foundation Trust
 - South Central Ambulance Service NHS Foundation Trust
 - South East Coast Ambulance Service NHS Foundation Trust
 - Sussex Partnership NHS Foundation Trust
 - Berkshire Primary Care Ltd
 - East Berkshire Primary Care Out of Hours
 - Surrey Heath Community providers
 - The Federation of Windsor, Ascot and Maidenhead Practices
 - Salus Medical Services Ltd
 - Virgin Care

- NHS Leadership Academy South East
- Hart Voluntary Action
- Involve
- Slough CVS
- Voluntary Action South West Surrey
- Rushmoor Voluntary Services
- Neighbouring integrated care boards:
 - NHS Hampshire and Isle of Wight ICB
 - NHS Surrey Heartlands ICB
 - NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
- Neighbouring and partner NHS acute hospital trusts:
 - Ashford & St Peter's Hospitals NHS Foundation Trust
 - Hampshire Hospitals NHS Foundation Trust
 - King's College Hospital NHS Foundation Trust
 - Royal Berkshire NHS Foundation Trust
 - Royal Surrey NHS Foundation Trust
 - St George's University Hospitals NHS Foundation Trust
 - University Hospital Southampton NHS Foundation Trust
- Other NHS partner providers, including:
 - Southern Health NHS Foundation Trust
 - Solent NHS Foundation Trust
 - Buckinghamshire Healthcare NHS Foundation Trust
 - North Hampshire Urgent Care
- Other GP Federations, including:
 - Farnham Integrated Care Services
- Primary Care Networks [DN: Federations and private providers listed in the above]
 - Surrey Heath PCN
 - East Berkshire PCNs
 - North East Hants and Farnham PCNs
- County Councils
 - Surrey County Council
 - Hampshire County Council
- Unitary authorities
 - Bracknell Forest Council
 - Royal Borough of Windsor and Maidenhead Council
 - Slough Borough Council
 - Wokingham Borough Council
- Borough and district councils
 - Surrey Heath Borough Council
 - Guildford Borough Council
 - Hart District Council
 - Runnymede Borough Council
 - Rushmoor Borough Council

- Waverley Borough Council
- Healthwatch:
 - Healthwatch Surrey
 - Healthwatch Bracknell Forest (via East Berkshire lead)
 - Healthwatch Hampshire (via strategic lead)
 - Healthwatch Royal Borough of Windsor and Maidenhead (via East Berkshire lead)
 - Healthwatch Slough (via East Berkshire lead)
- Local MPs:
 - Surrey Heath – Michael Gove
 - Aldershot – Leo Docherty
 - North East Hampshire - Ranil Jayawardena
 - Bracknell Forest and Windsor – Adam Afriyie
 - Bracknell – James Sunderland
 - Slough – Tan Dhesi
 - Waverley, Farnham and South West Surrey – Jeremy Hunt
 - Windsor and Maidenhead – Theresa May
- Local media
- Foundation Trust Members
- Patients, local communities, wider public, including:
 - Fleet U3A Health and Wellbeing Group
- Potential for campaign / support groups tbc

External – current site partners/neighbours (and in future new site partners/neighbours)

- Tbc

6 PRODUCTS

We will produce the following materials to support the communications and engagement required for the engagement on the site evaluation criteria.

- Narrative and key messages
- Site criteria accessible for public audiences
- FAQs and lines to take
- Slide pack for stakeholder and staff briefings, with speaking notes
- Emails to NEDs and governors
- Emails to staff
- Emails to partners, stakeholders, patient and community participation groups
- Questionnaire, online materials, discussion guide and form to capture feedback of group discussions etc.
- Media releases and social media content
- Articles for syndication through existing channels
- Digital content:
 - Video clips
 - Infographics

- Intranet page
- Website copy [or standalone microsite for the new hospital programme could be developed]
- Social media content

7 COMMUNICATIONS AND ENGAGEMENT ACTIVITY TIMELINE

This high-level plan summarises key milestones, deliverables and programme dependencies:

Date	Activity	Detail	Audience
Engagement period – opens w/s 20 November (tbc)			
w/c 20 Nov	<ul style="list-style-type: none"> • Heads-up briefings for key stakeholders and media 	<ul style="list-style-type: none"> • Including calls and emails to priority stakeholders, and on-site media briefing including tour to explain case for change and need for a new site 	All audiences
w/c 20 Nov	<ul style="list-style-type: none"> • Engagement period launched/opens 	<ul style="list-style-type: none"> • Web content, questionnaire, FHFT intranet content published 	All audiences
w/c 20 Nov	<ul style="list-style-type: none"> • Email for Frimley Board, governors and staff 	<ul style="list-style-type: none"> • To launch engagement and direct to engagement opportunities including online questionnaire 	
w/c 20 Nov	<ul style="list-style-type: none"> • Email for system colleagues including boards and governors 	<ul style="list-style-type: none"> • To launch engagement and direct to engagement opportunities including online questionnaire 	System colleagues including boards and governors
w/c 20 Nov	<ul style="list-style-type: none"> • Email for Frimley site partners with article for use in their corporate channels 	<ul style="list-style-type: none"> • To launch engagement and direct to engagement opportunities including online questionnaire 	Current FHFT site partners and their staff
w/c 20 Nov	<ul style="list-style-type: none"> • Email to all other stakeholders, such as Healthwatch, voluntary organisations and community groups, MPs 	<ul style="list-style-type: none"> • To launch engagement and direct to engagement opportunities including online questionnaire 	Stakeholders and their staff/networks
w/c 20 Nov	<ul style="list-style-type: none"> • Email to new Hospital patient and staff reference groups 	<ul style="list-style-type: none"> • To invite to inaugural meeting in November or December to find out more about case for change and discuss draft evaluation criteria 	New Hospital patient, public and staff advisory group
Nov – Jan	<ul style="list-style-type: none"> • Engagement activities undertaken 	<ul style="list-style-type: none"> • including priority stakeholder site tours and engagement meetings; virtual listening events; online questionnaire; patient and staff reference groups meetings. 	All audiences
Nov – Jan	<ul style="list-style-type: none"> • Continued engagement with local authority scrutiny committees 	<ul style="list-style-type: none"> • Update on progress and agree next steps 	Local authorities: Hampshire CC, Surrey CC, Bracknell Forest Council,

Date	Activity	Detail	Audience
			Royal Borough of Windsor and Maidenhead
w/c 20 Nov	<ul style="list-style-type: none"> • Presentation at Hampshire Health and Adult Social Care Committee 	<p>Presentation and paper aim to:</p> <ul style="list-style-type: none"> • explain that staying on our current site is not an option to deliver a new hospital by 2030 • agree our process for selecting a new site for Frimley Park Hospital • seek feedback on the engagement we are planning with local people on the criteria we will use to potential sites • seek feedback on our draft evaluation criteria 	Hampshire Health and Adult Social Care Committee
w/c 20 Nov	<ul style="list-style-type: none"> • Final paper deadline for Surrey Adults and Health Select Committee 	<p>Paper aims to:</p> <ul style="list-style-type: none"> • explain that staying on our current site is not an option to deliver a new hospital by 2030 • agree our process for selecting a new site for Frimley Park Hospital • agree the engagement we are seek feedback on with local people on the criteria we will use to evaluate potential sites • seek feedback on our draft evaluation criteria 	Surrey Adults and Health Select Committee
w/c 27 Nov	<ul style="list-style-type: none"> • Presentation / discussion at FHFT senior leaders forum 	<ul style="list-style-type: none"> • Presentation / discussion at FHFT senior leaders' forum 	FHFT senior leaders
w/c 27 Nov	<ul style="list-style-type: none"> • Presentation at Bracknell Forest Council senior leadership team meeting 	<ul style="list-style-type: none"> • Opportunity to update senior council officers on programme. 	Bracknell Forest Council senior leaders
w/c 4 Dec	<ul style="list-style-type: none"> • Presentation at Frimley VCSE Alliance 	<ul style="list-style-type: none"> • Council of voluntary services for the whole of Frimley (10.30 – 11.30am). • Opportunity to update on case for change, proposals, discuss draft criteria, and encourage engagement and dissemination among community 	Voluntary sector and community organisations
w/c 4 Dec	<ul style="list-style-type: none"> • Presentation at Surrey Adults and Health Select Committee 	<p>Presentation and paper aim to:</p> <ul style="list-style-type: none"> • agree that staying on our current site is not an option to deliver a new hospital by 2030 • agree our process for selecting a new site for Frimley Park Hospital • agree the engagement we are planning with local people on the criteria we will use to evaluate potential sites 	Surrey Adults and Health Select Committee

Date	Activity	Detail	Audience
		<ul style="list-style-type: none"> seek feedback on our draft evaluation criteria 	
Close engagement period – 7 Jan (tbc)			
w/c 8 Jan – w/c 22 Jan 2024 (tbc)	<ul style="list-style-type: none"> Summary feedback report 	<ul style="list-style-type: none"> Evaluate responses and develop summary report 	
w/c 22 Jan 2024	<ul style="list-style-type: none"> Finalise evaluation criteria Communicate final criteria 	<ul style="list-style-type: none"> Programme team finalise evaluation criteria based on summary report Communicate final criteria and publish summary report. Thank participants, advise on next steps and how to stay involved 	

8 COMMUNICATIONS RISKS AND MITIGATIONS

Risk	Mitigation	Owner
Engagement audience(s) do not understand why they are not being asked for their views on which site the new hospital should be located on.	Clear and consistent narrative and explanation, with detailed lines to take to support meeting discussions.	Communications
NHP brand and visual identity not in place in time for collateral and promotion during engagement period phase	NHP brand and visual identity to be formally launched in the new year alongside NHP programme name. Branding will until that period will be in line with existing branding and guidelines.	Communications
Patient, public or staff reference groups are not supported to perform effectively	Consistently Chaired with appropriate admin support provided as required (either from the project team or within the communications team)	Communications
Public and staff events are not organised and managed in a timely manner leading to limited engagement	Ensure events are advertised via multiple FHFT and ICB communications channels at least two weeks before they take place.	Communications

9 REVIEW AND EVALUATION

Delivery of this engagement approach will be measured against the principles and commitments outlined in section four.

The FHFT communications team will monitor traditional media and social media channels, and key stakeholder feedback/intelligence, and share coverage with the Trust Chief Executive, Director of Estates and Facilities and the programme team.

The communications team will continue to review and shape the narrative and messaging in response to emerging issues, themes or reactions.

The Trust's communications team will review coverage/engagement to see the extent to which core messaging is reported.

CONFIDENTIAL

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	21 November 2023
Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 8917

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. Issues covered in this report:
 - a) Crowlin House, Totton
 - b) Care Quality Commission Inspection – safeguarding (South Central Ambulance Trust)
 - c) Acute Services Partnership (Portsmouth Hospitals NHS Trust)
4. **Crowlin House** A brief update has been provided by Southern Health NHS FT, which is appended.
5. **South Central Ambulance Service – Safeguarding** Slides showing progress with the findings of the CQC inspection have been provided by the Trust and these are appended.
6. **Acute Services Partnership (Portsmouth & IoW)** an update on work being carried out by Portsmouth Hospitals University NHS Trust (PHU). This covers progress on partnership with the Isle of Wight NHS Trust (IWT), winter plans, a recent critical incident, general updates and our engagement.

Recommendation

To note the updates provided.

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.

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>
Review of HASC Work Programme	September 2023
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations	2013

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.

Crowlin House

Crowlin House is a social care residential care home in Calmore, commissioned by the Integrated Care Board and provided by Southern Health NHS Foundation Trust. Ongoing work has been taking place to determine the future of this service. There have been discussions at previous HASC meetings regarding this work.

As previously discussed at this committee, Southern Health NHS Foundation Trust and the Hampshire and Isle of Wight Integrated Care Board have been undertaking view-seeking with residents, staff and other stakeholders to inform the development of an options appraisal for the future of Crowlin House.

At this stage the options appraisal is still in development.

We will continue to engage with stakeholders and will be developing the options in partnership with the ICB and will aim to present the recommended option to HASC in late May 2024.

END OF REPORT

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Safeguarding Update

HASC

21 November 2023





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Agenda

1. Operation Avocet – outage of ePCR
2. SAAF
3. Risk Register
4. Training Compliance
5. Transition of Server
6. MCA Compliance



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Operation Avocet

- ePCR outage 19 July 2023
- Reverted to paper safeguarding referrals
- Safeguarding Hub set up to manage process
- Business Continuity in place
- Delayed transition to server
- Raised concerns with LA
- Regular communications with LA via ICS on progress
- ePCR now fully restored (November 2023)

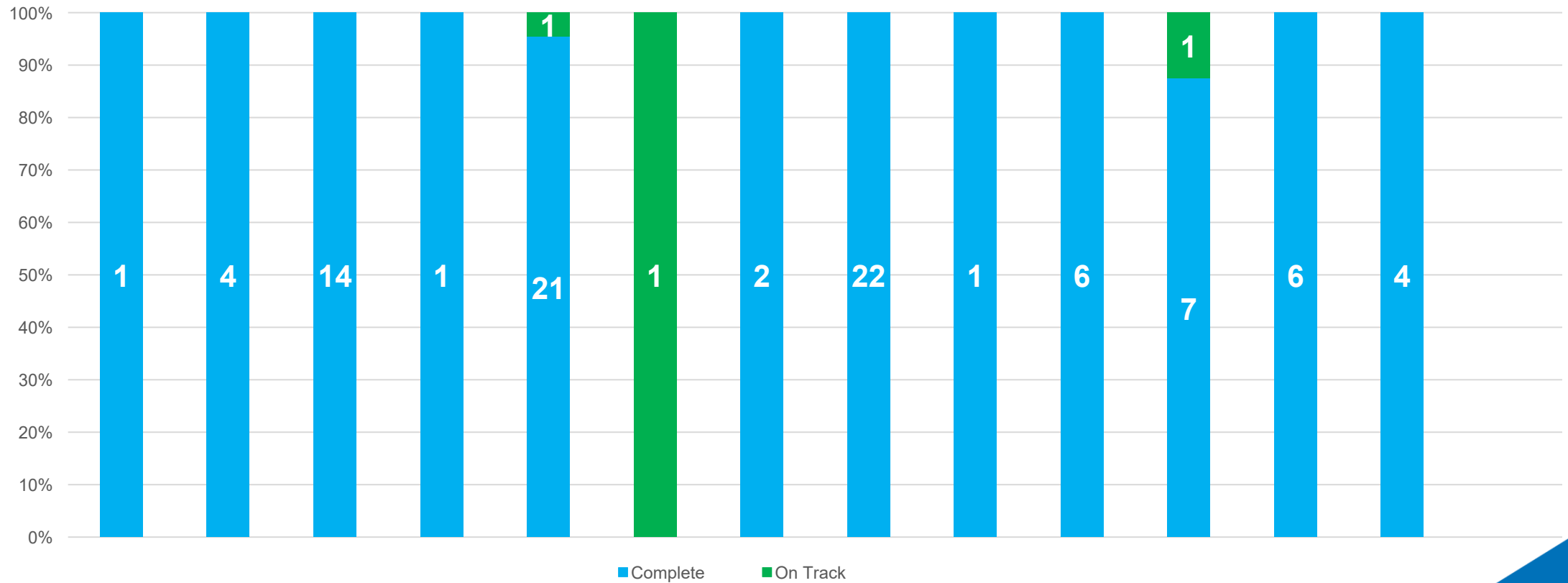


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SAAF Position October 2023 96.7%

Safeguarding Actions





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Outstanding Actions

1. **Transition to New Server** – User acceptance testing 30 October, 1 & 2 November 2023. Local Authorities involved at end point of testing. Frontline crew, Private Providers commence with interface with Fire and LA included. Transition date 30 November 2023.
2. **Review of Safeguarding Policies to ensure Consent captured** – Review of 9 policies took place on 23 August 2023. 4/9 were acceptable. All policies due for review within 3 months so findings will be incorporated in this review. Paper at Safeguarding Committee 3 November 2023.
4. **QlikSense Dashboard** – Training document produced to enable team to develop reports. Final training/demonstration pushed back. Date to be confirmed.
5. **CPIS** – delay in access for frontline crews due to Operation Avocet – functionality Jan 2024



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Risk Register

7 Open Risks

- SG1 – Relationship with Boards - Score (12)
- SG6 – CPIS - Score (12)
- SG7 – Server outages - Score (15)
- SG8 – Training - Score (16)
- SG9 – Supervision - Score (16)
- SG10 – MCA - Score (16)
- SG11 – Operation Avocet - Score (16)



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MCA

Course	23.5.23	18.10.23
MCA 2a	2%	76%
MCA 2b	1%	80%
MCA Level 1	Start date August	59%

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- Audit planned for November 2023
- Work is in progress to develop a way for PTS staff to record MCA on EPR working with MCA Lead Professional Berkshire NHS to record MCA good/best practice and this will include a scenario for SCAS.
- Working with education to include a new training programme for MCA in 24/25.
- The bespoke community first responders' package that is being delivered outside work hours has been well received and positive feedback.



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Safeguarding Training Compliance November 2023

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Safeguarding Level 1 96%
Safeguarding Level 2 95%
Safeguarding Level 3 67%



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Feedback – Triangulation October 2023

- **Safeguarding Adult Board Oxfordshire** - feedback about how good the engagement from SCAS at the Oxfordshire Safeguarding Adults Board has been these last few months and appreciated by myself and the Board. Having Sarah regularly contribute, the assurance updates in terms of progress on your safeguarding improvement plan, the great modern day slavery case study presentation that you gave has been recognised and is appreciated
- **NHS Sussex** - We had a very positive meeting with [@Daniel.Dray@scas.nhs.uk](mailto:Daniel.Dray@scas.nhs.uk) last Wednesday and we were assured about the Safeguarding work that SCAS are currently doing and implementing
- **Feedback from Supervision** - 'It was much appreciated by myself and wider team'
- **Good practice** – developing a bespoke package for Internationally Education Paramedics
- **Testimonial from interim Lead (Operation Avocet)**- Gemma is highly organised in how she goes about her work, with a keen eye for detail and works very quickly and concisely in all her tasks. She is a hard worker and gives above and beyond what's is asked of her, nothing is ever too much for her. Always willing to go that extra mile, never moans just gets on with the task at hand. She can multitask and keep many tasks operating at the same time without getting overwhelmed.



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Safeguarding Metrics

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No	Metric/s	Baseline (Date)	End Target (Date)	Quarterly Trajectories								Comments	
				Aim/ Actual	2022/23		2023/2024				2024/25		
					Q3	Q4	Q1	Q2	Q3	Q4	Q1		Q2
1	Increased number of Safeguarding referrals indicative of +ve reporting	12153 (30/09/22)	17956 (30/09/24)	Aim	12761	13399	14069	14772	15511	16287	17101	17956	Baseline Q2 2022 figures. 5% target increase per Qtr. Q2. Above trajectory (^25.4%)
				Actual	13728	14221	16311	20458					
2	Compliance against trajectory of Level 3 Safeguarding training	6% (30/09/22)	90% (31/03/24)	Aim	20%	30%	46%	60%	70%	90%	>90%	>90%	Trust-wide compliance figure (Clinician + ECA) Q2. Above trajectory (+0.75%)
				Actual	18%	31%	49%	60.75%					
3	Self-assessed compliance against SAAF to safeguard children, young people & adults	20% (30/09/22)	100% (Q4 23/24)	Aim	30%	60%	70%	80%	90%	95%	>70%	>80%	Calculated percentage against tasks aligned to SAAF Q2. Remains above trajectory (+14.5%)
				Actual	30%	64%	94.5%	94.5%					



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Thank you

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Health Overview and Scrutiny

Briefing paper

Title: Portsmouth Hospitals University NHS Trust update		
Presenter: Mark Orchard, Deputy Chief Executive Dr John Knighton, Medical Director	Contact details: communications@porthosp.nhs.uk	Date: November 2023
<p>Purpose of the paper: To update the committee on the work being carried out by Portsmouth Hospitals University NHS Trust (PHU). It covers progress on our Group partnership with the Isle of Wight NHS Trust (IWT), our winter plans, the critical incident, general updates and our engagement.</p>		
<p>Winter plan In July, NHS England published its guidance for winter planning and we have been working across the Portsmouth and South East Hampshire system to respond to this and plan for a safe winter. We have five key priorities:</p> <ul style="list-style-type: none"> • Ensure the safety of all patients • 76% of A&E patient to be admitted, transferred, or discharged within four hours • 85% of ambulance handovers are completed within 15 minutes. • Maintain the delivery of our elective activity • Eliminate patients waiting over 104 weeks for elective treatment and reduce the number of patients waiting over 65 weeks. <p>Over the summer we have worked to reduce the level of bed occupancy across the Trust and improve the flow of patients throughout the hospital. However, the level of demand for our services continues to be high which puts further pressure on our ability to provide timely care, with occupancy of acute beds significantly higher than we had planned for this time of the year. This creates a more challenging starting position for the winter period with escalation beds still in use.</p> <p>The winter plan pulls together a whole hospital approach and focuses on areas such as:</p> <ul style="list-style-type: none"> • Increasing Same Day Emergency Care (SDEC) for specialty patients • increasing the support our Older Person’s SDEC can provide to frail patients • Ensuring Your Next Patient spaces are used effectively to improve the flow of patients through the hospital. • Relaunching our Theatres Admission Unit (TAU) • Reducing the length of time patients spend at the hospital • Encouraging families and carers to help plan for discharge and provide transport to the next place of care. • Validating our patient treatment lists to ensure people sit want/need the care. • Ensuring our staff are vaccinated and supported to be healthy. <p>During October we ran a ‘Breaking the cycle’ event with our system partners to help us reset the QA hospital and allow us to get patients to the right place, first time improving their experience and outcomes. We had a core focus on getting patients to the right place of care first time, reducing the length of stay and progressing patient’s care once they are ready to leave acute</p>		

services. Despite exceptionally high demand for services we were able to improve in all these areas and reduce the number of minutes lost at ambulance handovers.

Winter campaign and support from communities

We are running a number of campaigns over the winter months to support our winter plan. These will encourage people to stay healthy and well, know where to go to get health care and explain the discharge process from hospital to improve the length of stay. These will be multi-media campaigns that will be undertaken in partnership with HIOW ICS and health and care providers.

Critical incident

In early November the Queen Alexandra hospital ran a critical incident for 10 days. The internal incident was called due to sustained high demand for our service leading to significantly full hospital and emergency department. This led to increased risks to patient safety and delays in patients being able to access care.

Gold command was established to co-ordinate the actions needed to ensure patient safety and patient flow. Using the learning from the 'Breaking the cycle' week we focused on three main areas:

- Right Patient, Right Team, Right Place – ensuring patients in need of admission are able to access the right ward first time.
- Reducing length of stay – Reducing the length of stay across the organisation by only 10% would generate the equivalent of 114 extra beds.
- Progressing patients' care: ensuring investigations are prioritised and patients are reviewed early to identify if they can be discharged, therefore reducing their length of stay.

We also worked to increase the number of complex patient discharges by working closely with our system partners.

We would like to thank our staff for their continued efforts to provide safe and timely care during this difficult period.

Group progress

Over the last year IWT and PHU have strengthened their partnership and formed a Group. The Group gives us an opportunity to be innovative in enhancing patient care and outcomes as well as improving the experience and opportunities for our people across the two organisations.

We have already agreed a new leadership model that sees a single team who are the executives of both Trusts supported by a Trust Leadership Team at each of IWT and PHU.

In the new year we will also bring together the governance arrangements with Boards and committees in common. This will provide a closer alignment between the two organisations to maximise the clinical and operational benefits of partnership working, whilst maintaining two very clearly separate and distinct statutory bodies.

There are two exceptions to this, with the Quality and Performance Committee running separately until April 2024, and the Audit Committee which will be retained as independent. The deferred April 2024 date for Quality and Performance recognises that the IWT remains the statutory delivery vehicle for community, mental health and learning disability services (CMHLD) until the planned statutory transfer to a new Hampshire and Isle of Wight CMHLD organisation from April 2024.

These will support our five key areas of work:

- Clinical transformation: a service-by-service approach, looking at how we deliver one service for the benefit of both populations.
- Developing corporate services to operate as one service, standardising our approach to release the benefit of doing things once for two organisations.
- Supporting the creation of a single community, mental health and learning disabilities provider for Hampshire and the Isle of Wight and transferring those services from the IWT to the new provider on 1 April 2024.
- Developing a new strategy for IWT that sets the direction for the Trust as a provider of acute and ambulance services, operating in a Group with PHU and in partnership on the Island.
- Shaping our local systems in Portsmouth and South East Hampshire and on the IoW to ensure we meet the needs of the communities we serve.

Patients, carers, staff and the community will form part of shaping our future service models and any significant changes to clinical services will follow engagement and consultation processes.

General updates:

New five year Trust strategy - Our new strategy 'Working Together, Improving Together', sets out our vision, values, strategic aims and most importantly, how we will deliver against these ambitions for our patients, communities, and people in the future. It sets the framework for the work we do every day and shows how, with everyone in the PHU team working together, improving together, we will achieve our ambitions. Our ambition is high, both in terms of what we set out to achieve for our populations, but also how we will behave to deliver the best possible outcomes for the communities we serve. [Our Strategy - Working Together Improving Together \(porthosp.nhs.uk\)](https://porthosp.nhs.uk)

Fareham Dialysis Unit opening - A new multi-million-pound dialysis centre, which will treat up to 150 patients a week, has been officially opened. The 25-bed Fareham Renal Dialysis Centre, based at the Fareham Community Hospital site, will save local patients more than 380,000 miles in travel distance.

Lotus rehabilitation garden opening - Designed with the support of patients and staff who recognise the value of accessing fresh air close to where they are being treated, the new Lotus garden will offer a place to rest, recover and rehabilitate.

Targeted Lung Health Checks (TLHC) – have been launched in the Fareham and Gosport to support the early detection and treatment of lung cancer. More than 31,000 people, between the ages of 55 and 74 who are current or former smokers and are registered with a GP surgery in Fareham and Gosport, will be invited for a free lung health check over the next two years. [Targeted Lung Health Check \(porthosp.nhs.uk\)](https://porthosp.nhs.uk)

Engagement:

MPs – MPs from across the area attended a briefing with the Executive team in October 2023. This covered key topics such as our new five-year strategy, the winter plan, transformation programmes across HIOW ICS, the Group progress, and building work to our main entrance.

Proud to be PHU Awards – Our local community has been asked to vote for Patient Choice Award in this year's Proud to be PHU Awards. The award shortlist is made of up individuals and teams

who were nominated by patients and their relatives. We received more than 100 nominations, and these were scored by a panel of judges to create a top 10 shortlist. The winner will be announced at a ceremony in mid-November.

Remembrance - Our annual service of Remembrance took place on Friday 10 November in the Garden of Life. The RSM unit marched to the ceremony before we took the opportunity to remember those who have given their lives for their country and especially those who have served and currently serve in the Medical Services.

Realtime patient feedback reports - 91.7% of patients who completed the survey rated their overall experience as “very good” or “good” (which is comparable to July), 97,2% reported being treated with kindness and compassion “always” or “most of the time” (98.5% in July). 75% of complaints were resolved on time in August which shows a good improvement from our average of 33%.

CQC annual inpatient survey - The results highlighted improvements made ultimately enhancing the patient experience. Particularly encouraging was that the areas identified for improvement from the survey closely align with our organisational priorities for this year. One notable example being the effect on patients of overnight moves, where our evidence-based approach has clearly directed us towards the right areas of focus.

NHS 75 colouring competition - Capturing what the NHS means to them, dozens of youngsters entered a drawing competition to celebrate 75 years of the National Health Service. The Portsmouth community voted in their hundreds on Instagram to choose the winners of our two categories and these will be displayed at Queen Alexandra Hospital, alongside four runner up entries.

Neonatal support groups - Neonatal support groups for parents have been relaunched at the Queen Alexandra Hospital. The groups, which were paused due to the Covid-19 lockdowns and social restrictions, are aimed at supporting parents with babies currently in NICU as well as those who have been discharged.

HAMPSHIRE COUNTY COUNCIL

Report

Decision Maker:	Health and Adult Social Care Select Committee
Date:	21 November 2023
Title:	Annual Safeguarding Report – Adults’ Health and Care 2022-23
Report From:	Director of Adults’ Health and Care and Deputy Chief Executive

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

Tel: 0370 779 6723

Email: Jessica.hutchinson@hants.gov.uk

Report purpose

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

Recommendations

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

Executive Summary

3. This report provides an update on the work of the Adults’ Health and Care Directorate, and of the Hampshire Safeguarding Adults’ Board respectively, to safeguard vulnerable adults.
4. The Directorate has seen an increasing number of reported safeguarding concerns, which is a trend seen elsewhere nationally. An extensive programme of safeguarding practice improvement has served to ensure section 42 enquiries are undertaken and recorded to confirm that risks are managed, and people are kept safe. Hampshire’s section 42 enquiry rates are

now within similar parameters of comparator local authority areas. Safeguarding practice has also been further strengthened through an enhanced training offer, continued development of the Senior Social Worker role, continued use of a safeguarding practice audit tool (QAF) and a safeguarding activity dashboard to enable trends to be identified and highlighting opportunities for further development.

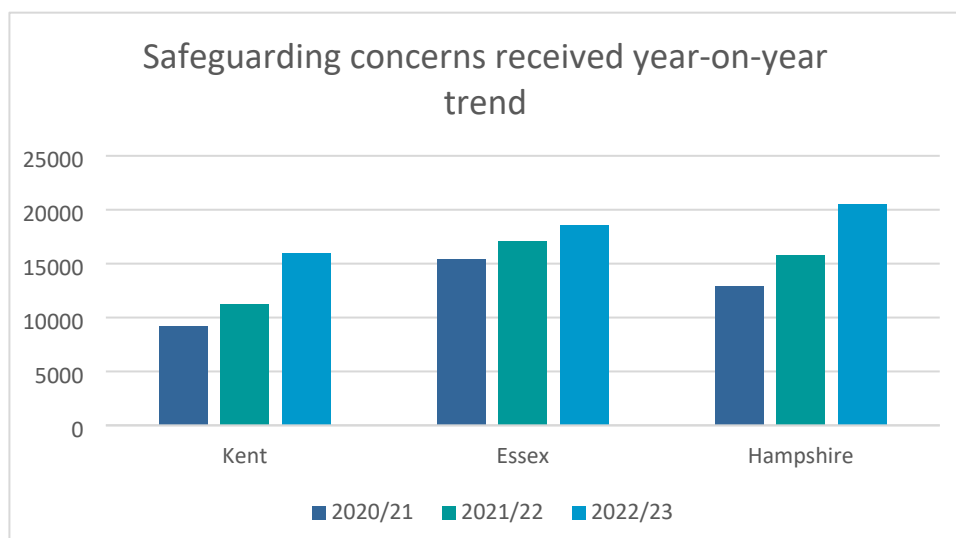
5. Improvement actions are implemented in response to key learning from Safeguarding Adult Reviews and serious incidents. In the past year this has included:
 - a. Increased delivery of direct practice support from the Strategic Safeguarding Team to identified community teams.
 - b. Further development of the Risk Assessment and Escalation Framework.
 - c. Design of new safeguarding recording format in CareDirector to support good practice, and the launch of pro-forma ahead of CareDirector rollout to replicate this improved format.
6. The Directorate has continued to work with wider partners to undertake Large Scale Safeguarding Enquiries, with six opened by the Directorate in the 12 months to September 2023.
7. The government has announced an indefinite delay to implementation of the Liberty Protection Safeguards (2019). Local partnerships have shifted focus to streamlining and strengthening the current safeguards. In the absence of new safeguards, a large waiting list is likely to remain; this is in keeping with other local authorities of a similar size and demographic.
8. The Client Affairs Service continues to operate an effective service to its 1,000 clients and deliver services on behalf of Southampton City Council.
9. In keeping with the County Council's Modern Slavery Statement, the Directorate has continued to progress actions to raise awareness of modern slavery, including through the delivery of training and guidance for staff.
10. There is a continued focus on Domestic Abuse, with new guidance published and training commissioned.
11. In line with its statutory duty under the Care Act, the Hampshire Safeguarding Adults Board (HSAB) published its [2022-23 Annual Report](#) setting out key areas of progress and achievements against its 2022 – 2025 [Strategic Priorities](#). The Board developed an Operational Plan to support delivery of the strategic priorities. The Annual Report covers the first-year delivery of this plan. The HSAB also responded to further growth in the number of Safeguarding Adult Review referrals and commissions.
12. As part of its assurance and oversight of adult safeguarding activity, HSAB continues to review and update its Risk Register. The Board continues to scrutinise and seek assurance regarding the performance of the South-Central Ambulance Service following CQC inspection of the service's Emergency Operations Centre. The Risk in relation to The Gosport War Memorial Hospital has been removed following Board approval.

Contextual information

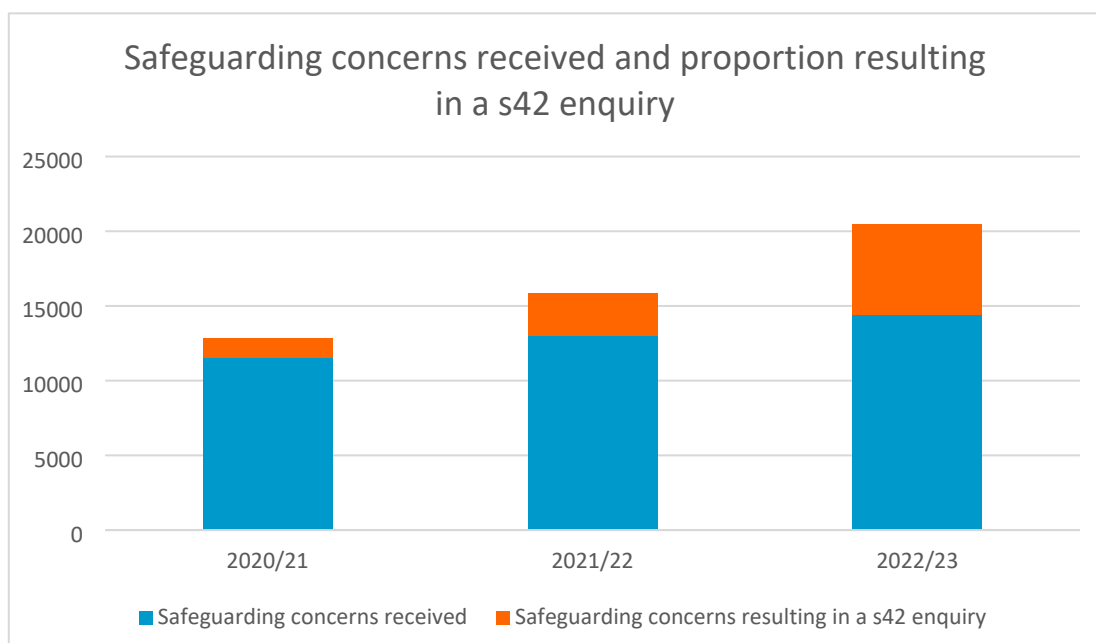
13. This report provides an update on the work of the Adults' Health and Care Directorate, and of the Hampshire Safeguarding Adults Board respectively, to safeguard vulnerable adults.
14. The main statutory safeguarding responsibilities for local authorities, Police and the NHS are covered by the Care Act 2014 and subsequent statutory guidance. The Care Act 2014 Statutory Guidance defines safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect'. A person with care and support needs living in Hampshire who is at risk of, or experiencing, abuse or neglect, and is unable to protect themselves, can access safeguarding support irrespective of their eligibility for services. A safeguarding concern is raised where there is reasonable cause to suspect that an adult who has, or may have, needs for care and support is at risk of, or experiencing, abuse or neglect (Care Act 2014, Section 42 (1) (a) and (b)).
15. Statutory responsibility for oversight of Hampshire's local system safeguarding arrangements rests with the Hampshire Safeguarding Adults Board (HSAB). The main objective of the HSAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet safeguarding criteria. The HSAB achieves this by working closely with wider Adults' and Children's Safeguarding Partnerships.

Safeguarding Improvement

16. Under the leadership of the Principal Social Worker, the Strategic Safeguarding Team has continued a programme of safeguarding practice improvement started in 2021/22. Throughout this period, there have been increasing numbers of safeguarding concerns received by the Directorate, which is a trend also being observed in comparator local authorities. Safeguarding concerns were most often received by the Multi-Agency Safeguarding Hub (MASH) but some also came directly to hospital and community teams.



17. A two-year programme commenced in 2022 to support continued safeguarding practice improvement included a requirement for all operational staff to complete relevant training to ensure their knowledge is fully up to date. At this midway point, 45% of staff in scope have completed their training, 6% have partially completed their training, and 11% have booked their training, with the remainder still to book and complete their training. A training dashboard enables managers to see clearly which staff have attended individual training courses.
18. The safeguarding practice improvement programme has successfully addressed a key priority to respond to more safeguarding concerns through formalised section 42 enquiries to manage risks and keep people safe. This has seen the total number of section 42 enquiries commenced rising to 540 per 100,000 adults in Hampshire (an increase from 119 in 2020/21). This reflects a continued focus on professional practice alongside the increased identification of concerns being seen nationally. This combination of increased safeguarding concerns and increased section 42 enquiries nonetheless places additional pressure on the Multi-Agency Safeguarding Hub and community teams.



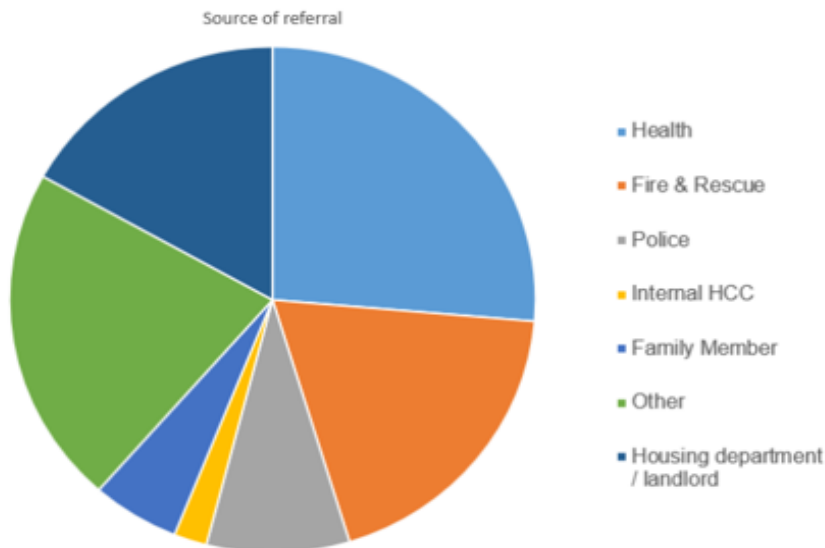
19. SAR learning highlights that working with acute or complex risk can be one of the most challenging areas of practice. In response, the Directorate introduced an improved Risk Assessment and Escalation Framework which has been in place since September 2022. The framework ensures that practitioners are supported with shared decision-making for the most complex risks, drawing on relevant expertise as needed across the Directorate. The most complex risks are reviewed at Risk Escalation Panel, with representation from senior managers within the Directorate. Since its introduction, risks for 19 adults have been discussed at Risk Escalation Panel and seven have been discussed on multiple occasions due to severity and complexity of risk.

Complex considerations relating to mental capacity, hoarding and environmental risks, domestic abuse, self-harm, malnutrition, engagement with services and substance misuse have been recurring themes in risks escalated to panel. The panel has been well-received by practitioners and operational managers as an effective way to achieve progress in the most complex situations. 'Working with Risk' training and guidance has been launched to complement the Risk Assessment and Escalation Framework.

20. The Strategic Safeguarding Team works to continuously improve safeguarding practice through delivering expert guidance and support to practitioners and managers across a broad range of safeguarding practice matters. They also advise on the development and implementation of safeguarding guidance. Six new safeguarding-related guidance topics have been published over the past year, and 13 safeguarding-related guidance topics have been reviewed.
21. Senior Social Workers lead excellent social work practice within their teams, the wider organisation and with multi-agency partners. There are currently over 30 Senior Social Workers with a safeguarding specialism who provide practice expertise within their own, more complex, caseloads and guide, advise and supervise team members. Monthly sessions for this Senior Social Worker group are facilitated by the safeguarding consultants to support the development of safeguarding practice, create and share resources, and for expertise and insights to be shared across teams.
22. Excellent safeguarding practice continues to be supported through the Safeguarding Adult Quality Assurance Framework (QAF). The QAF is an online questionnaire designed to help practitioners, team managers and senior managers celebrate good practice and identify opportunities for improvement. Practitioners working in safeguarding are expected to have their safeguarding practice audited using the QAF tool at a minimum of once a year. The QAF supports recording within the Directorate's client record system that accurately reflects activity undertaken under our statutory responsibilities. It also includes measures in response to learning from Safeguarding Adult Reviews, such as robust application of section 42 criteria in the area of self-neglect.
23. Improvement actions are identified and implemented in response to key system learning from Safeguarding Adult Reviews (SARs). Adults' Health and Care have taken a systematic approach to developing learning from the SARs that have been published since 2020. This is managed through a comprehensive SAR action plan that ensures all learning for the Directorate is progressed and tracked. Notification of SARs publications are circulated to teams across the Directorate and published SARs are available to practitioners via the Social Care Practice Manual. In addition, over the past 12 months, a framework to take learning from serious incidents and apply it to practice improvement in a timely way has been launched with the development of regular Practice Improvement Panels.

Enhanced Support Work project

24. Adults' Health and Care initially commissioned a six-month pilot with two providers to test a new service using Enhanced Support Workers to engage with individuals where there are safeguarding concerns primarily in relation to self-neglect (which may include hoarding), or the person is at risk of experiencing home loss. These individuals may present with recurring multiple co-morbidities, including Mental Health issues, Autism, other disabilities, undiagnosed health needs, substance misuse, or chaotic social circumstances and limited social support networks. People referred to the service are often classified as 'hard to reach'. The pilot was undertaken in response to learning from the thematic self-neglect SAR and escalating numbers of people supported by AHC due to self-neglect.
25. Due to the success of the Enhanced Support Work project in achieving positive outcomes for individuals, continuation of the project was secured until March 2024. Referrals to Enhanced Support Workers were originally via the MASH hub from external partners. The service now accepts referrals from community teams too. The complexity of this work presents a challenge for community teams due to the time-intensive nature of interventions required to successfully address the issues present. The availability of the Enhanced Support Work project provides practical support to help ensure these complex needs continue to be addressed. Referrals to the project are received through a range of channels:



Transformation of the Multi-Agency Safeguarding Hub

26. The Directorate continue to develop and implement a new and improved way of working within MASH with the aim of becoming a centre of excellence for safeguarding practice, retaining a particular focus in supporting residents with the most complex risks, such as hoarding and self-neglect. Previously, all safeguarding contacts were handled by the social care contact centre. Now contacts are channelled through a new Safeguarding Contact Team made up of experienced caseworkers. Their responsibility is to manage all

safeguarding contacts and ensure detailed and relevant information is gathered. This new process focuses on “think safeguarding first” and Making Safeguarding Personal as well as effective risk assessment and use of advocacy.

27. Alongside this, a new **Safeguarding Enquiry Team** consisting of the current MASH team with additional social workers and senior case workers, manage all complex cases, complete enquiries, and visit and work with community partners to manage safeguarding risks. The new model will deliver high quality and timely safeguarding interventions at the front door, a consistent approach to managing safeguarding concerns, increased and consistent feedback to referrers and vulnerable adults from MASH and an upskilled workforce to manage safeguarding concerns through training.
28. In the context of increasing safeguarding referrals being made to Adults’ Health and Care, work is being undertaken to help ensure referrals received are appropriate. This includes focused work with key stakeholders to build on mutual understanding of referral criteria. Furthermore, HSAB and MASH are working in partnership to further develop Hampshire’s online safeguarding referral form.
29. The impact of the Directorate’s continuous practice improvement is monitored via a monthly safeguarding dashboard that generates insights into safeguarding activity, trends and potential areas for development. This is used by both operational and strategic staff to influence practice and improvement activity. The development of a new client records system (CareDirector) for the Directorate has provided opportunities to improve on the existing safeguarding recording format and the measures it generates for governance and assurance. Benefits this will offer include more refined reporting on safeguarding concerns received and rationale for decision-making on actions to be taken in response. This will inform improved reporting of safeguarding activity both internally and for national reporting requirements. The new system is due for rollout in November 2023.

Large Scale Section 42 Safeguarding Enquiries

30. Large Scale Section 42 Safeguarding Enquiries (LSSE) are a co-ordinated multi-agency response to protect adults with care and support needs from organisational abuse. LSSE is part of the continuum of potential responses to safeguarding concerns in a provider setting. An LSSE may be triggered where there are safeguarding concerns about more than one adult, there is a place or network that facilitates abuse, or there is a provider who fails to protect adults from abuse. LSSEs are often complex, requiring significant resource from multiple partners. Over the course of the last year, six LSSEs were opened by the Directorate. At time of writing, there were two open LSSEs, with work continuing to safeguard the individuals and make improvements.

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

31. The Local Authority acts as the 'supervisory body' under the Mental Capacity Act 2005 for Deprivation of Liberty Safeguards (DoLS). DoLS is the legal framework applied when someone has care and support needs and for their own safety and welfare their liberty is deprived. Care homes and hospitals ('managing authority') must make an application to the local authority if they believe someone in their care, who lacks mental capacity, is deprived of their liberty because of care arrangements in place. These arrangements are necessary to ensure that no-one is deprived of their liberty without independent scrutiny and outside of the appropriate legal framework.
32. The Government had planned to replace DoLS with the Liberty Protection Safeguards, which were introduced through the Mental Capacity (Amendment) Act 2019¹ and originally due to come into force in October 2020. This was delayed to April 2022 due to the Covid-19 pandemic. In April 2023 the Government announce the safeguards would not be implemented within the lifetime of this parliament. This has left some doubt as to whether they will be implemented at all.
33. The prevailing view from the National Mental Capacity Forum (NMCF) and the Association of Directors of Adult Social Services (ADASS) is that local authorities should refocus their efforts from preparation for the new safeguards. Resources will be more effectively deployed strengthening and streamlining assessments under the current scheme. It is however common ground that without the offered solution of the new framework, statutory obligations will continue to outweigh the available resource. This is reflected in all Local Authorities and results in large waiting lists that require constant re-triage and risk management. In light of the above decision, the multi-agency implementation Steering Group co-chaired by AHC and the Hampshire and Isle of Wight Integrated Care Board will be stood down until further announcements upon implementation are made.

Client Affairs Service (CAS)

34. The Client Affairs Service (CAS) operates to manage the property and financial affairs of people who lack the mental capacity to do this for themselves. People supported by the service have no family willing or deemed suitable to do this on their behalf.
35. The CAS continued to operate an effective service to its 1,000 clients during the pandemic and deliver services on behalf of Southampton City Council (SCC). 'Sold service' activities were further developed through previous agreements with Guernsey and with the Integrated Commissioning Board (ICB).
36. The service is currently undertaking a systematic review of its processes and practices. This is to ensure that it remains a high performing team that is fit for

¹ [Mental Capacity \(Amendment\) Act 2019 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2019/21/contents/enacted); [Mental Capacity \(Amendment\) Act 2019 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2019/21/contents/enacted)

the future and can manage the increase in demand that is being seen. The review is focused on ensuring that full advantage is made of online and digital solutions.

Modern Slavery

37. Adults' Health and Care continue to progress actions to deliver on the County Council's commitment to preventing slavery and human trafficking across its business activities and supply chains. A key focus over the last year has been to raise awareness across Adults' Health and Care and the wider organisation. Key developments include:

- The Directorate remains involved with the Hampshire Modern Slavery Partnership and has inputted into the development of the Office of Police and Crime Commissioner's three-year strategy.
- The Directorate continues to promote the Hampshire Modern Slavery Partnership eLearning training to key cohorts of Adults' Health and Care staff.
- Regular review and updates of Social Care Practice Manual modern slavery guidance and the Directorate's internal Equality and Inclusion web pages.
- Attendance at national sessions provided by the Shiva Foundation on modern slavery to improve and embed understanding of modern slavery and its impact.

Domestic Abuse

38. The Hampshire Domestic Abuse Partnership is formed by a variety of statutory and voluntary sector agencies working together to tackle the issues of domestic abuse. The Partnership includes the Hampshire Domestic Abuse Partnership Board which operates through several sub-groups that AHC participate in.

39. Operational guidance relating to Domestic Abuse has been developed for Adults' Health and Care staff, including resources on the Social Care Practice Manual pages.

40. As a result of a staff survey, Domestic Abuse training has been commissioned regarding identifying and supporting adults at risk of or experiencing domestic abuse in our service user groups. Domestic Abuse has been a priority feature of Social Work conferences held over the last year. It is also a subject that has been and will continue to be covered in the safeguarding lead Senior Social Work forums as a means of ensuring current and detailed learning is disseminated to teams. Training offered by the Hampshire Safeguarding Children's Partnership is also promoted to practitioners and managers in Adults' Health and Care.

Hampshire Safeguarding Adults Board (HSAB)

41. The HSAB continues to be a well-established, strategic board whose membership includes all key multi-agency partners. The Board is chaired by the Director of Adults' Health and Care, and an Independent Scrutineer

provides critical challenge and support to ensure the Board fulfils its core statutory responsibilities. Additionally, a new post of SAR co-ordinator has been recruited to the Board team, supporting the increased number of SAR referrals received.

42. In line with its statutory duty under The Care Act, the HSAB published its [2022- 23 Annual Report](#) setting out key areas of progress and achievements against its 2022-25 Strategic Plan. Highlights of year one include:

- Safeguarding Adult Reviews and sustained growth in the volume of SAR referrals.
- Holding four round the table discussions on key issues identified from SARs and partner engagement on safeguarding concerns, ethnic diversity, advocacy, and self-neglect.
- Hampshire, IoW, Portsmouth and Southampton Local Safeguarding Adults Boards (4LSAB) System Improvement and Learning Framework working group has been established to support evidence-based decision making.
- Collaborating with Safeguarding Adults Board for Portsmouth, Southampton, and the Isle of Wight to produce joined-up guidance on Multi-Agency Risk Management Framework (MARM), Multi-Agency Escalation protocol, 4LSAB Safer Recruitment Guidance and a refresh of the 4LSAB Multi Agency Safeguarding Policy and Guidance. The Board continues to work through several sub-groups across the 4LSAB areas to reduce duplication and maximise its effectiveness.
- Delivering multi-agency training events, engaging over 70 people at each event.
- Contributing to three Family Approach training events run by the Hampshire Safeguarding Children's Partnership.
- Raised awareness during National Safeguarding Week, reaching 15,417 people via social media.

43. The Board continued to deliver on it's [2022-25 Strategic Priorities](#) , which form the basis of the HSAB forward operational work programme. These priorities are to:

- Foster a shared understanding of what a 'safeguarding concern' is, who to take concerns to and what will happen next.
- Empower people and those who help them to draw on their knowledge and expertise to make safeguarding personal, listening and acting on people's insights and lived experiences.
- Support the effective identification, assessment and coordinated management of risk in a way that balances different perceptions of risk whilst preventing or reducing the impact of harm.

Safeguarding Adult Reviews

44. A key statutory duty of the HSAB is to conduct Safeguarding Adult Reviews (SARs) as appropriate under Section 44 of the Care Act. The purpose of a SAR is to learn from events to drive whole system improvement, leading to better outcomes for adults at risk of abuse and /or neglect.
45. Referrals are considered by the HSAB Learning and Review sub-group which determines whether the circumstances of the case fit the requirements for a SAR and if so, what type of review process would promote the most effective learning and improvement action to reduce the likelihood of future deaths or serious harm occurring. The SAR collates and analyses findings from multi-agency records and frontline practitioners and managers involved with the case. It provides a detailed overview of the interfaces involved and, where necessary, makes recommendations for practice improvement.
46. In 2022/23, the HSAB received 29 SAR referrals, which is an increase from the 17 received in 2021/22. Data received over the first two quarters of 2023 indicates significantly increased volumes, with 19 referrals received so far and two new SAR commissions. Two SARs were commissioned during 2022/23: 'Gillian' SAR and a thematic Self-Neglect Gap Analysis. Gillian SAR was published in September 2023 and the thematic Self-Neglect Gap Analysis is scheduled to be published during Q3 2023.

Key areas of risk and system oversight

47. Pressure is caused by increasing numbers of safeguarding referrals and section 42 safeguarding enquiries within both the MASH and community teams. This pressure is due to the increased demand of safeguarding concerns raised, and increased numbers of safeguarding enquiries required in response. This presents a risk to managing that increased demand while ensuring safeguarding concerns are addressed in an effective, person-centred and timely way.
48. As part of its assurance and oversight of adult safeguarding activity the HSAB continues to review and update its Risk Register. The Board continues to scrutinise and seek assurance regarding the performance of the South Central Ambulance Service following CQC inspection of the service's Emergency Operations Centre. A previous risk in relation to The Gosport War Memorial Hospital has been removed following Board approval.
49. An increasing number of SAR referrals and the complex nature of the work involved is putting pressure on agencies' ability to commission and complete reviews within statutory timescales. In mitigation, the SAR co-ordinator works closely with Adults' Health and Care and partner agencies to monitor referrals and progress of reviews, and to ensure completion of reviews.

Looking ahead

50. Over the next twelve months, the Directorate will prioritise the following to strengthen further its approach to safeguarding adults:

- Practitioner and manager training, guidance and support to embed new safeguarding recording formats in CareDirector.
- Further develop monitoring and reporting of safeguarding activity, maximising the benefits of the new CareDirector system, to help inform strategic priorities.
- Develop further its work to mitigate safeguarding risks associated with cuckooing, incorporating learning to come from cuckooing thematic SAR review, through practice guidance development and multi-agency work.
- Develop improved safeguarding online referral form to support the quality and consistency of incoming safeguarding referrals and efficiency of work in the MASH.
- Contribute to the development of service user and carer feedback form to ensure the experiences of people subject to safeguarding enquiries are understood and used to inform further practice improvements.
- Further development of Practice Improvement Approach to ensure learning from serious incidents is used to inform practice change in a streamlined and timely way.
- Introduction of mandatory policy and guidance updates to ensure staff are briefed on essential local and national developments within safeguarding and wider social care.
- Continued development of safeguarding practice guidance to include new topics on:
 - Supporting people at risk of choking
 - Self-neglect
 - Mate Crime and Hate Crime
 - Cuckooing
 - Self-harm
- Continue to respond effectively to the sustained, high levels of SAR referrals and commissions, and seek to evidence the impact of improvement actions.
- Collaborate with its HSAB partners to implement the operational plan and deliver on the HSAB Strategic Priorities.

Climate change impact assessment

51. This annual report references a wide range of services and activities which serve to fulfil the County Council's statutory duty with respect to safeguarding adults from abuse and/or neglect. Specific projects and initiatives, and the climate impacts of these, are overseen by internal governance arrangements and are not covered in this overarching report.

52. In the main, strategic safeguarding roles require limited travel and are predominantly home based. However, the Directorate also recognises the importance of in-person, physical meetings to safeguarding vulnerable adults and believes the benefit of these outweighs the climate change impact of car travel. To contribute to balancing this, the Directorate is exploring an expansion of its use of electric vehicles.

Conclusion

53. This report demonstrates that the Directorate continues to fulfil its safeguarding remit and continues to seek to improve safeguarding practice, working effectively with partner agencies. The HSAB also delivered on its statutory duties to oversee the local safeguarding system.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	21st November 2023
Title:	Health and Wellbeing Board Annual Report 2022-2023
Report From:	Simon Bryant, Director of Public Health

Contact name: Victoria Brown

Tel:

Email: victoria.brown@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to update the Health and Adult Social Care Committee on the progress of ongoing work to support the delivery of the Hampshire Health and Wellbeing Board Joint Health and Wellbeing Strategy.

Recommendation(s)

2. That the Health and Adult Social Care Select Committee:
 - Note the update, progress, and upcoming Hampshire Health and Wellbeing Board 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 Chair 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 strengthening partnership working across all Board member organisations and beyond to improve the health and wellbeing of Hampshire’s population.
4. With the development in July 2022 of the two Integrated Care Systems (ICS) which serve Hampshire residents – Hampshire and the Isle of Wight Integrated Care System (ICS) and Frimley Health and Care ICS, Board membership has been reviewed and the Terms of Reference updated to reflect system changes.

Contextual Information

5. This report outlines key issues and developments, coproduction and collaboration, progress against metrics, and upcoming priorities within each theme of the Strategy.
6. This report sets out the activity of the Hampshire Health and Wellbeing Board. This is one board in the system overseeing aspects of work on health and wellbeing. Therefore, there will be many other strategies and plans related to organisations and the system not reported here.

Review by Theme

Strategic Leadership

7. There have been several changes to the Board over the course of the year. A new Chair and Vice Chair were elected with the Vice Chair continuing to lead the Living Well theme. The Board continues to evolve with a renewed focus on the Boards working relationships, engagement, and communication with all key stakeholders. This is alongside the close alignment of the Board strategy with the ICS and ICP Strategies.

Joint Strategic Needs Assessment (JSNA) and Programme of Work

8. The Joint Strategic Needs Assessment [JSNA](#) (JSNA) work programme which is published by the Public Health Team has progressed over the last year and acts as a vital source of information on the Hampshire population. Reports published include [JSNA Healthy Lives](#) including lifestyle factors which influence health, [JSNA Healthy People and long term conditions](#) including for example data on mental health and wellbeing, and [JSNA Inclusion Health Groups](#) which focuses on people who are socially excluded and typically experience multiple overlapping risk factors for poor health.

Health Protection Annual Report

9. The Board received the annual update on Health Protection which covered the period of April 2021 to March 2022 recognising we were coming out of COVID and identifying further priorities including responding to emerging health protection issues including tuberculosis, Antimicrobial Resistance (AMR) and the monitoring of other threats including hot and cold weather events.

Hampshire Place Assembly

10. Following the advent of Integrated Care Partnerships in July 2022 (Hampshire & Isle of Wight and Frimley), new ways of working together with system partners to improve health and wellbeing across the ICP footprints were adopted. The Hampshire Place Assembly was launched on 6 October 2022, and has built on the work of the Hampshire Health and Wellbeing Board.
11. The Assembly has a broad membership with attendance of between 60 and 100 people attending each assembly. This approach has seen the Assembly

support the co-production of the ICPs new Health and Wellbeing Strategies with Assembly members. Alongside utilising the knowledge, insights, and passion of Assembly members to launch the Hampshire 'Live Longer Better' program in March 2023 and raise awareness about the prevalence and impacts of loneliness in June 2023. Going forward feedback from the Assemblies will be drawn upon to shape and improve the Assemblies outputs and co-production.

Starting Well

Key Issues and Updates

12. Health School Teams (MHST) coverage of Hampshire Schools has improved as the Wave 6 to Wave 10 MHST expansion programme is implemented. Each MHST increases early help support to Mental school populations of approximately 8,000 pupils. As of April 2023, Hampshire has seven fully mobilised MHSTs, supporting approximately 56,000 pupils. A further four MHSTs will complete mobilisation in February 2024, with a further two Wave 10 MHSTs starting their mobilisation in January 2024.
13. A Substance Misuse Needs Assessment has been undertaken which, alongside stakeholder workshops, has shaped the priorities for the Hampshire Strategic Drug and Alcohol Partnership Substance Misuse Local Delivery Plan 2023 – 26. The plan includes priorities focused on reducing the number of young people misusing substances and ensuring access to support and treatment where required.
14. The most recent data for 22/23 shows a continuing trend for increasing the number of referrals of pregnant smokers into the stop smoking service and increasing numbers of pregnant smokers setting a quit date, quitting for four weeks, and remaining quit after 12 weeks. The NHS Long Term Plan tobacco dependency programme has increased collaboration on this agenda across the system. Over the last year, the Smokefree Hampshire Service and Public Health Commissioners have worked with maternity services to support the design and embedding of the new in-house maternity stop smoking service, including training of new Tobacco Dependency Advisers (TDA) advisers for maternity, and ensuring a uniform approach across the system.
15. The numbers of education staff who have increased skills and confidence to support children and young people at risk of suicide has been increased though a range of training opportunities, these have included.
 - A pilot of suicide prevention training and supervision groups across the North and West of the County
 - Papyrus youth suicide prevention training was delivered to a further 35 Designated Safeguarding Leads
 - Grassroots Suicide First Aid and,
 - Hampshire Safeguarding Childrens Partnership (HSCP) Suicide Awareness webinars.

Key Priority

16. A number of high-profile publications and initiatives were anticipated during 2022, including the rollout of Government funding of the Family Hubs model. In response to this, Children's Services initiated a review of the current early help system to consider the opportunities that could come from a better aligned and coordinated system of early help. Ultimately the review recommended adopting a Community Hub model, to build on existing resources and services to develop a model of universal and community support that could improve health and wellbeing.

Living Well

Key Issues and Updates

17. Work has been ongoing to support the Smokefree Hampshire 2030- a tobacco control strategy to end smoking in Hampshire alongside the Hampshire Tobacco Control Alliance launch in February 2023. The Strategy focuses on three priority areas including helping smokers to stop, promoting smokefree communities and preventing uptake in young people. Partners are working together to support a new pathway for pregnant smokers as per the NHS Long-Term Plan to tackle Tobacco Dependency in Maternity settings.
18. 'We Can Be Active' which is Hampshire's Physical Activity Strategy was created by over 800 individuals and organisations across Hampshire and the Isle of Wight. The Strategy was launched in October 2021 with Energise Me leading the Strategy supporting active lifestyles across the life course. Energise Me seek to encourage positive early experiences for children and young people and hosted the Hampshire School Games in June 2023. System partners across health, the local authority, district and borough councils and community and voluntary sector continue to embed movement into education settings, planning and transport systems, wellbeing initiatives utilizing green and blue spaces and providing training to professionals around the benefits of physical activity.
19. The Hampshire Mental Wellbeing Strategy 2023-2028 was endorsed by the Board in June 2023. The Strategy highlights the commitment and the steps needed to ensure all system partners are working together to support the end goal of improving mental wellbeing for Hampshire's population. The priorities are a focus on prevention, the wider determinants of health and mental wellbeing and lessening the stigma so that people alongside ensuring that the workforce in Hampshire are confident when talking about mental health and wellbeing.
20. Alongside the Strategy there has been the launch of a dedicated Mental Wellbeing Hampshire website for the public and professionals which offers information, advice, sign posting and links to commissioned services.
21. The Hampshire Suicide Prevention Plan 2023-2028 has now been launched, the Suicide Prevention Forum member organisations have worked together to establish a local real time surveillance system, commissioned Amparo suicide bereavement support services, supported Hampshire Voices who work

collaboratively with organisations across Hampshire on suicide related action and focused on workforce development and primary care suicide prevention training.

22. The Government's Household Support Fund was presented to the Board which brought system connection and collaboration. The Government's Household Support Fund to support households in the most need with food, energy, and water bills during October 2022 to March 2023 was administered by the connect4communities programme. Hampshire County Council's share of the Household Support Grant was £7.124 million. The connect4communities programme administered food vouchers to foster carers, care leavers, families open to Disabled Children's Teams, households eligible for council tax support of housing benefit. Alongside targeted grants to those adults and families open to social care teams, unpaid carers and holders of the Gateway Card. Local Citizen's Advice branches also provided targeted support with fuel bills dependent with approximately 1700 household benefitting from this support. This was part of the Health and Wellbeing Board partner organisations who developed their responses to the cost-of-living crisis in 2022.
23. To date there are 19 community pantries in Hampshire and 11 mobile larders, anyone can access their local community pantry. Community Pantries provide a range of fresh, frozen, cupboard and general groceries at a lower cost than supermarkets or shops. Community pantries also organise activities, provide wraparound support services and opportunities for social interaction for all their members. The Community Pantries listen to their local communities and aim to provide additional services and activities to meet their local needs.

Key Priority

24. We will continue to support the delivery of the living well strategies that the Board has endorsed this year with particular focus on Tobacco Control, Mental Wellbeing and Suicide Prevention. With our system partners over the next year our focus will also include drugs and alcohol, cardiovascular disease and healthy weight and physical inactivity.

Aging Well

Key Issues and Developments

25. Demand for our services continue to grow alongside a greater complexity in the needs of the ageing population in Hampshire. There are 317,080 over 65+ year olds in Hampshire or 22.3% of the population (2021) with the prevalence of dementia growing. 23,710 people estimated across Hampshire.
26. Short term services (Home and Bed based) which have been in place since the spring of 2020 has experienced the busiest year to date from April 2022 to March 2023 with 5130 individuals receiving a short-term service, 72,870 days of care delivered across step up and step-down beds with 41% of individuals having returned to their home from a step-up bed. Through the creation and implementation of a Care Home Framework in 2024, the strategic intention remains to move those appropriate away from long-term care and aims 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. The implementation of both step-up and step-down service opportunities in a person's own home and in a temporary bed, have enabled Social Care teams to support individuals to be assessed in a supportive and enabling environment, regularly enabling opportunities for people to return or stay in their own home rather than moving to long term care.

27. The board received the Director of Public Health's 2023 [Annual Report](#) which highlighted ageing and how our lives and lifestyle choices can have a positive impact on how we age.
28. The Live Longer Better Hampshire Programme was launched in March 2023. The Programme focuses on four key areas where positive changes now will give the best opportunities of staying independent in later life; being active, stay steady, hydration and continence and keep connected. The Communities of Practice championing the programme in local areas with district and borough councils, health, voluntary services and adults' health and care was launched at the Hampshire Place Assembly with an address by Professor Sir Chris Whitty.
29. An important focus of work, with regard to improving older people's wellbeing and independence, includes Hampshire County Council's falls prevention programme including Steady and Strong classes and Falls Friends champion training. The Steady and Strong programme continues to grow with over 90 classes available including online options. This is alongside the launch of a fall's prevention checklist for professionals and the public and working with the NHS on extending initiatives such as the falls car which is funded by Fire and Rescue Services and the NHS.
30. The Board has a statutory role in signing off the Better Care Fund. For 2022/23 the BCF allocated £155.6m placing the emphasis on three core areas: admission avoidance reducing flow into our Acute Hospitals, placed based support of the individual in their own community and discharge to assess (Discharge to Assess) models for both health and social care through reablement and community-based services.
31. Hampshire and Isle of Wight Fire and Rescue Service have been working closely with the Integrated Care Partnerships and have supported the development of the ICP strategic objectives. There has been a strong focus on engaging with Primary Care Networks to provide training and awareness to General Practitioners and are working with PCNs in Basingstoke to work with cohorts of vulnerable patients with regards to prevention and improving health outcomes. Hampshire and the Isle of Wight Fire and Rescue Service completed 12,319 safe and well visits between April 2022 and March 2023 which is an increase of 6210 visits from the same period in 2021/22.

Next Priorities

32. The Hampshire Live Longer Better Programme will continue to develop and embed Communities of Practice across Hampshire to encourage older adults' to be physically and mentally active to influence and ensure we age healthily.

This includes supporting professionals to become ambassadors within their workplace for the programme.

33. The opportunity for developing the digital landscape and initiatives with the NHS to cross boundaries using technology and digital platforms where there are common areas of interest and Integrated working including which include anticipatory care, urgent care responses, the potential for direct referral routes into TEC e.g., Falls Care, Delirium Pathway, Dementia Services including supporting Carers to care longer and avoid escalation to secondary care.

Dying Well

Key Issues, Developments and Next Steps

34. Following on from a deep dive presentation to update the Health and Wellbeing Board in June 2023, Hampshire and the Isle of Wight and Frimley ICSs continue to focus on partnership working across their respective footprints and jointly with respect to county wide and regional Palliative and End of Life Care (PEOLC) programmes of work and representation.
35. The Death and Bereavement Public Mental Wellbeing Campaign is being shaped by insight from professionals, volunteers, and Hampshire residents over the Summer of 2023 with the proposed aims to destigmatise talking about death, dying and bereavement and normalising grief.
36. In developing the new Hampshire and the Isle of Wight PEOLC Strategy the shaping of the strategy has focused on utilising an engagement and inclusion approach that has involved our patients, carers and loved ones, community, and staff around what is important to them and or impact them positively on palliative and end of life care. The all age Palliative and End of Life Care Strategy 2023-2026 is due for publication in Autumn 2023.
37. Within Hampshire and the Isle Wight ICS footprint a Hospice collaborative has been established which will strengthen links between independent and trust based hospices. Equally both Hospices within Frimley ICS are working together and aligning their services to promote equitable care across the system and as part of the commissioning process.
38. Ensuring that people have equity of outcomes at the end of life requires an awareness and commitment to deliver appropriate palliative care. We are looking to further work on our health inequalities as identified through the protected characteristics but also disease specific inequalities.

Healthier Communities

Key Issues and Developments

39. The Healthier Communities priority recognises that to improve the health of the whole population and address health inequalities, recognises the role of district and borough partners and that the population and geography of Hampshire is varied and diverse. Below are some of the examples of work led by the districts and boroughs across the county often in conjunction with the community and voluntary sector, commissioned providers and health partners.

40. New Forest District Council have through the Local Children Partnership piloted the Back to Basics campaign aimed at supporting school age young people to manage their mental health and to train significant adults to have constructive conversations regarding the basic steps that can help to improve resilience, such as increasing activity levels, getting enough sleep and more eating healthily.
41. Eastleigh Borough Council delivered the Park Sport Programme, which is an annual activity programme for young people aged 5-16, attracting 2382 people over four weeks across the summer and provided discounts for families in receipt of benefits.
42. East Hampshire District Council in partnership with East Hampshire Locality Leisure and Health Service, Everyone Active and Primary Care Network's started a new pilot project. There are 1 full time Health Coaches in each Leisure Centre, to provide a bespoke client physical activity plan for six months. This is a free service (to those in receipt of benefits) for people aged 11 years plus. The project has seen over 500 referrals from GP's and Social Prescribers.
43. Winchester City Council Winchester organised free park yoga sessions to residents within the local community of St Michael's Ward during May – September 2022/23 to improve physical activity rates, mental wellbeing and to promote active lifestyles. On average just over 50 people of all ages and abilities attended each week.
44. Test Valley Borough Council through a focus on a ward of highest deprivation in Andover in collaboration with a H10WICB funded multi –agency community lead approach to address health and wellbeing inequalities have included initiatives such as; Walk 'n' talk for mental health walks, training for local Mental Health First Aiders, the grow your own food project, community gardens, Mental Health drop-ins, Family drop-ins, craft & lunch in school holidays and a Mental Health & Young People strategy and action plan.
45. Basingstoke and Deane Borough Council commission "Relax Kids" to work with young children to tackle anxiety in schools. These 6-week sessions receive very positive feedback from pupils, teachers and parents and often schools commission further sessions once "taster" has ended.
46. Hart District Council Community Partnerships Team have created 'Here for Hart'. It is the umbrella under which we are working with our partners and communities to help people, stay well, feel included in their community, and supported through the challenges they face.
47. Fareham Borough Council have supported H10WICB by developing a Health and Wellbeing webpage where members of the Public and Social Prescribers are able to easily find information on the support that is available across the Borough.
48. Rushmoor Borough Council have developed several health and wellbeing projects including recruiting a Health Walks Development Officer in collaboration with Rushmoor Voluntary Services will seek to raise physical activity levels and support local people to make social connections. Rushmoor

Link has also been launched acting as a local community directory promoting the local health and wellbeing offer.

Next Priorities

49. Areas of focus include working strategically with Partners to consider climate change mitigation, adaption and impacts including within Hampshire County Council, Districts and Borough Councils, ICSs, and wider networks.
50. Promoting accessible transport and active travel across the Hampshire geography including within our own anchor institutions and allied corporate and business strategies.

Collaboration and Co-Production

51. All Board member organisations and our wider system partners recognise the importance of collaboration and co-production between and within our organisations and with Hampshire's residents. There are multiple examples of collaboration and co-production in the work of the Board and its member organisations, and this shall remain a central element of all work programmes initiated, actioned and endorsed both by the Board and its members.
52. The refreshed Children and Young People's Plan 2022 – 2025 was launched in June 2022 by the Children's Trust. To develop the Plan, the views of over 120 children taking part in focus groups and over 800 parent, carers and professionals responding to a survey were taken into consideration. This resulted in five core priorities for children reflecting their health, wellbeing, and their needs for the future, as well as their relationships with friends, family and their community. The Children's Trust, with a strong interrelationship with the Health and Wellbeing Board is responsible for delivering the plans objectives.
53. System partners have worked closely with Voices: People with Living Experience of Suicide through the development and publication of Hampshire's Mental Wellbeing Strategy and Suicide Prevention Plan. In making suicide prevention everybody's business a key principle is that actions will be co-designed and developed alongside Hampshire Voices.
54. All Board member organisations worked throughout the autumn and winter of 2022/23 to develop, collaborate, and disseminate information, resources and grants in relation to the Cost of Living crisis. This included the Hampshire wide Keep Warm Keep Well campaign, each district and borough council offering guidance and information locally in partnership with their place-based partners including local community and voluntary sector organisations and all health partners ensuring information is shared both with residents and their workforces.
55. Hampshire and the Isle of Wight ICS has worked with communities which has included a focus on people with a learning disability recognising what has gone well and key challenges. For 2023/24 the focus will be on continuing to develop and run Community Conversations and work with supporting a community conversation. There is also the development of a co-produced HIOWICS PEOLC Webpage which will hold what is important to our patients, their loved ones, carers, staff, and communities. Frimley ICS is continuing to

develop end of life care videos translated into languages that are the most spoken within their footprint. As part of the commissioning of specialist palliative care services patient and carers views are and will continue to be sought.

Key Communications Updates

56. Suicide prevention training Zero Suicide Alliance training: this free, 20 minutes training is accessible to anyone and supports conversations around suicide. Promotion of this training is planned as part of World Suicide Prevention Day.
57. Hampshire Live Longer Better Programme will continue to develop and embed Communities of Practice across Hampshire to encourage older adults' to be physically and mentally active to influence and ensure we age healthily.
58. The Death and Bereavement Public Mental Wellbeing Campaign will be launched in the autumn of 2023.

Finance

59. 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

60. The Health and Wellbeing Board and its members will in the next year continue to focus on enabling strategic change to improve the health outcomes of Hampshire's population, continue to tackle inequalities and ensure that prevention and early intervention is at the forefront of work programmes. The Board in the next year will support the co-production of a new Hampshire Health and Wellbeing Strategy which will shape future ways of working, develop associated metrics and deliverables for the next five years.

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> A Strategy for the Health and Wellbeing of Hampshire 2019-2024 Health and Wellbeing Board Annual Report	<u>Date</u> July 2022
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

HAMPSHIRE COUNTY COUNCIL

Decision Report

Committee	Health and Adult Social Care Select Committee
Date:	21 November 2023
Title:	Working Group Proposal
Report From:	Director of Adults' Health and Care

Contact name: Graham Allen

Tel: 03707 795574

Email: Graham.allen@hants.gov.uk

Purpose of this Report

1. The purpose of this report is for the Health and Adult Social Care Select Committee (HASC) to consider whether to initiate a Working Group to oversee and scrutinise the approach and outcomes of the Stage 2 Consultation in relation to the following savings proposals. The three proposals relate to the adult social care grants programme for voluntary, community and social enterprise organisations, the withdrawal of all funding for non-statutory Homelessness Support Services and changes to the way in which contributions towards non-residential social care costs are calculated.

Recommendation(s)

2. To initiate a Working Group to review proposals, subject to Stage 2 consultations, relating to the adult social care grants programme for voluntary, community and social enterprise organisations, the withdrawal of all funding for non-statutory Homelessness Support Services and changes to the way in which contributions towards non-residential social care costs are calculated, as per the attached Terms of Reference.
3. To agree membership of the Working Group.

Contextual information

4. The Budget Consultation 2024-2026 Making the Most of Your Money, published in June 2023, proposed a number of reductions in Adults' Health and Care budgets, approved by Full County Council on 9 November 2023. Three proposals are identified as requiring Stage 2 consultations:
 - Proposals relating to the adult social care grants programme for voluntary, community and social enterprise organisations,
 - the withdrawal of all funding for non-statutory Homelessness Support Services

- proposals relating to changes to the way in which contributions towards non-residential social care costs are calculated.
5. **Proposals relating to the adult social care grants programme for voluntary, community and social enterprise organisations;** these discretionary grants support-voluntary sector services across Hampshire with infrastructure and running costs representing a target saving of £620,000. If implemented, voluntary and community organisations would need to reshape their services or seek alternative funding.
 6. **Withdrawal of all funding for non-statutory Homelessness Support Services;** non-statutory financial support assists the relevant housing authorities provide support for vulnerable people who are homeless or at risk of homelessness, to maintain independent accommodation. These services support a range of partners to achieve positive outcomes for these clients. This proposal relates to ceasing Hampshire County Council funding of £2million.
 7. **Proposals relating to changes to the way in which contributions towards non-residential social care costs are calculated.** This could see the maximum contribution toward non-residential care costs (where applicable) increase from 95%, currently, to 100% within the permissible charging regulations. This proposal relates to a target saving of £500,000 from the budget for these services.

**HEALTH AND ADULT SOCIAL CARE SELECT (OVERVIEW AND SCRUTINY)
COMMITTEE
TASK AND FINISH WORKING GROUP ON THE DIRECTORATE SP25
PROPOSALS THAT REQUIRE A STAGE 2 CONSULTATION.**

TERMS OF REFERENCE

1. Introduction

- 1.1 This Task and Finish Working Group established to assist the Adults' Health and Care Directorate with the decision-making process in respect of its SP25 proposals and the associated Stage 2 Consultations.

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

- 2.1 The Task and Finish Working Group is a working group of the Health and Adult Social Care Select (Overview and Scrutiny) Committee and is appointed in accordance with the Constitution of Hampshire County Council.
- 2.2 The Task and Finish Working Group's purpose is to oversee and scrutinise the approach and outcomes of the Stage 2 Consultation in relation to the following SP25 proposals:
- 2.2.1 Proposals relating to the adult social care grants programme for voluntary, community and social enterprise organisations; these discretionary grants support-voluntary sector services across Hampshire with infrastructure and running costs representing a target saving of £620,000. If implemented, voluntary and community organisations would need to reshape their services or seek alternative funding.
- 2.2.2 Withdrawal of all funding for non-statutory Homelessness Support Services; non-statutory financial support assists the relevant housing authorities provide support for vulnerable people who are homeless, or at risk of homelessness, to maintain independent accommodation. These services support a range of partners to achieve positive outcomes for these clients. This proposal relates to the ceasing Hampshire County Council funding of £2 million.
- 2.2.3 Proposals relating to changes to the way in which contributions towards non-residential social care costs are calculated. This could see the maximum contribution toward non-residential care costs (where applicable) increase from 95%, currently, to 100% within the permissible charging regulations. This proposal relates to a target saving of £500,000 from the budget for these services.
- 2.3 The Task and Finish Working Group will assist the Directorate by giving feedback on the overall approach to engagement with key stakeholder groups and will review and provide feedback on the presentation of the outcome of the Stage 2 Consultation process.
- 2.4 The Task and Finish Working Group will provide a report on its activities to the Health and Adult Social Care Select (Overview and Scrutiny) Committee for consideration.

3. Objectives

- 3.1 To support the Directorate with the approach to engagement and consultation with key stakeholder groups.
- 3.2 To review feedback from engagement and formal public consultation with a wide range of stakeholders, in relation to the Directorate Stage 2 Consultations listed above.
- 3.3 To consider and provide comment on impact assessments.

4. Outcomes

- 4.1 To provide updates to the Health and Adult Social Care Select (Overview and Scrutiny) Committee on the progress of the Stage 2 Consultations listed above.
- 4.2 To provide feedback regarding the Stage 2 Consultation to the Directorate.
- 4.3 To submit a report to the Health and Adult Social Care Select (Overview and Scrutiny) Committee to be considered alongside any Officer Recommendations before the Committee for pre-decision scrutiny.

5. Method

- 5.1 The Task and Finish Working Group will meet with Directorate officers to consider the evidence leading to recommendations for decisions on the proposed savings proposals.
- 5.2 At each meeting, the Task and Finish Working Group will provide feedback to Officers on the stated objectives of the review.
- 5.3 Where the Task and Finish Working Group reasonably requires further information in order to meet its objectives such information will be provided by Officers.

6. Membership

- 6.1 The Task and Finish Working Group shall be a cross-party group made up of Members of the Health and Adult Social Care Select (Overview and Scrutiny) Committee, consisting of a total of 8 Members: 5 Conservative Group, 2 Liberal Democrat Group, 1 Labour Group or 1 Independent Group.

7. Meetings

- 7.1 The Working Group will hold an initial meeting to review the finalised consultation document and to also understand the timeline for reviewing and making recommendations on the outcomes of the planned formal public consultation.
- 7.2 At its initial meeting the Task and Finish Working Group shall appoint a Chairman from among its Members.
- 7.3 The Task and Finish Working Group will meet after the Stage 2 Consultation to provide feedback to Officers and to agree its report to the Health and Adult Social Care Select (Overview and Scrutiny) Committee. The content of the Report will be agreed by consensus.

- 7.4 Meetings of the Task and Finish Working Group can be either in person, remote or hybrid.
- 7.5 Following the submission of the Report the Task and Finish Working Group will cease to exist.

8. Code of Conduct

- 8.1 Elected Members of the Working Group shall comply with the Hampshire County Council's Code of Conduct for Members.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of meeting:	21 November 2023
Report Title:	Work Programme
Report From:	Director of People and Organisation

Contact name: Democratic and Member Services

Tel: 0370 779 8917

Email: members.services@hants.gov.uk

Purpose of Report

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

Recommendation

1. That the Health and Adult Social Care Select Committee discuss and agree potential items for the work programme that can be prioritised and allocated by the Chairman of the Health and Adult Social Care Select Committee in consultation with the Director of Adult's Health and Care.

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

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024	
<p>Proposals to Vary Health Services in Hampshire - <i>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.</i></p> <p>(SC) = Agreed to be a substantial change by the HASC.</p>									
Whitehill & Bordon Health and Wellbeing Hub Update	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	Hampshire and IOW ICS	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Last update June 2023. Requested Jan 2024.		x			
Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme (SC)	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire ICSs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020, March 2021, Sept 2022. Last update to HASC - July 2022.	Joint Committee to continue to monitor progress as appropriate going forward.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024	
Building Better Emergency Care Programme	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire ICSs	Presented in July 2020 following informational briefings. Last update rec'd May 2023. Requested update 2024.			x		
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	HIOW 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. Autumn 2022 – nothing further to note. Defer update to 2023. Next update – Jan 2024.		x			
Project Fusion: Recommendation to create a new community and mental health Trust	October 2022 notified of plans to create a joint organisation combining community and		Southern Health FT and Solent NHS Trust	Initial presentation to HASC – Nov 2022. Last update, March 2023.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024	
	mental health services for Hampshire and IOW.								
Acute Services Partnership	Proposal to bring together senior leadership and clinical teams from IOW Trust and PHU to form a partnership.	Starting Well Living Well Ageing Well Healthier Communities	Portsmouth Hospitals University NHS Trust	First presented at HASC – March 2023.					
Crowlin House	Proposals to close the Crowlin House facility. HASC requested a full report to justify these proposals.		Southern Health NHS Foundation Trust	Requested at June 2023 meeting – request for Sept 2023.	x				
Frimley Park New Hospital	To receive information about a new hospital being built as part of a long term, national rolling programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	Frimley NHS Trust, Frimley ICB	New item to Work Programme.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024	
Changes to hospital discharges/winter pressures	Changes to policy for hospital discharges – item first heard at Sept 2023 HASC.		HIOW ICB	Item first heard at Sept 2023 HASC. Cttee requested a further update at Nov 2023 HASC.	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/ individual Trusts	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. HHFT latest report April 2020 received Sept 2020. Maternity services update heard May 2022. Update Nov 22.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024	
				<p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p> <p>Frimley Health NHS FT – Maternity Services inspection.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p> <p>SCAS – inspection re safeguarding concerns reported Feb 22. Update on CQC rating given July 22. Further update on action plan - Nov 22, Mar 23.</p>	x	x?			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024	
Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme									
Budget	To consider the revenue and capital programme budgets for the Adults' Health and Care department.	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care (Adult Services and Public Health)	Considered annually in advance of Council in February (January) Transformation savings pre-scrutiny alternate years at Sept meeting.		x			
Working Groups									
HCC Care Proposals Working Group	To oversee a formal public consultation exercise in relation to the HCC Care Older Adults portfolio that is due to commence 4 September 2023.		HCC Adults' Health and Care	ToR agreed by HASC – 31 July 2023.	Working Group meetings currently ongoing.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024	
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adults' Health and Care	For an annual update to come before the Committee. Last update Nov 2022. Next update due Nov 2023. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)	x				
Health and Wellbeing Board	To receive updates on the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	Hampshire County Council Adults' Health and Care	Annual item – normally June/July.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024	
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	HIOW ICB Frimley ICB	Updates rec'd – March 2021, Nov 2021, July 2022, Mar 2023.			x		
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	HIOW ICB Frimley ICB	Updates rec'd - Jan 2022, July 2022, May 2023. Keep on work programme for monitoring. Request further update 2024.					
Dental Services	Concern over access to NHS dental appointments/issues with national dental contract. Item on the work programme for regular monitoring updates.	Starting Well Living Well	HIOW ICB Frimley ICB	Initial Item heard Nov 2021, written update March 2022. Last updated Nov 22. Chairman to liaise with the Leader regarding writing to the Secretary of State on dental contracts.				x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	21 Nov 2023	16 Jan 2024	5 March 2024	21 May 2024	
Primary Care Access	Concerns regarding access to GP/primary care services. Item on the work programme for regular monitoring updates.	Living Well Ageing Well Healthier Communities	HLOW ICB Frimley ICB	Presented July 2019, March 2022. Latest update June 2023. Requested further update Jan 2024.		x			
Strategic Review of Primary Care Networks in North Hampshire	HASC requested a full report into the review conducted by the ICB in 2022.		HLOW ICB	Requested at the June 2023 meeting.		x			

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

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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);
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- 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.