

Public Document Pack



NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Wednesday, 16th January, 2019 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 14)

To confirm the minutes of the previous meeting

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. PROPOSALS TO VARY SERVICES (Pages 15 - 34)

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

Items for Monitoring

- Hampshire Hospitals NHS FT: North and Mid Hampshire Clinical Services Review Update
- Southern Health NHS FT: Update on temporary closure of Beaulieu Older People's Mental Health ward

7. PUBLIC HEALTH: PROCUREMENT OF HEALTH VISITING AND SCHOOL NURSING (Pages 35 - 44)

To pre scrutinise a report on procurement of health visiting and school nursing, due to go for decision to the Executive Member for Public Health at her 22 January 2019 Decision Day.

8. ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR PUBLIC HEALTH 2019/20 (Pages 45 - 56)

To consider the report of the Director of Corporate Resources and Director of Public Health prior to the decision of the Executive Member for Public Health.

9. ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR ADULT SOCIAL CARE 2019/20 (Pages 57 - 74)

To consider the report of the Director of Corporate Resources and Director of Adults' Health and Care prior to the decision of the Executive Member for Adult Social Care and Health.

10. ADULTS' HEALTH AND CARE: CAPITAL PROGRAMME FOR ADULT SOCIAL CARE 2019/20 - 2021/22 (Pages 75 - 90)

To consider the report of the Director of Corporate Resources and Director of Adults' Health and Care prior to the decision of the Executive Member for Adult Social Care and Health.

11. WORK PROGRAMME (Pages 91 - 102)

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

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

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

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

This page is intentionally left blank

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,
20th November, 2018

Chairman:

p Councillor Roger Huxstep

p Councillor David Keast
a Councillor Martin Boiles
p Councillor Ann Briggs
p Councillor Adam Carew
p Councillor Fran Carpenter
a Councillor Tonia Craig
p Councillor Alan Dowden
a Councillor Steve Forster
p Councillor Jane Frankum
p Councillor David Harrison

p Councillor Marge Harvey
p Councillor Pal Hayre
p Councillor Neville Penman
p Councillor Mike Thornton
a Councillor Jan Warwick

Co-opted members

p Councillor Tina Campbell
p Councillor Alison Finlay
a Councillor Trevor Cartwright

Also present with the agreement of the Chairman: Councillors Liz Fairhurst and Patricia Stallard

84. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Steve Forster and Jan Warwick. Councillors Graham Burgess and Lance Quantrill, as the Conservative standing deputies, attended in their place.

Apologies were also received from Councillor Martin Boiles, Councillor Tonia Craig and co-opted member Councillor Trevor Cartwright.

85. DECLARATIONS OF INTEREST

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

No declarations were made.

86. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 18 September 2018 were confirmed as a correct record and signed by the Chairman.

87. **DEPUTATIONS**

The Committee did not receive any deputations.

88. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

Respite service at Orchard Close, Hayling Island

The Chairman announced that Hampshire County Council was holding a public consultation to seek the views of service users, the public, and other interested stakeholders on proposals to close Orchard Close Respite Service, Hayling Island, with a view to providing more personalised and tailored respite solutions to those people who currently use the service. The Chairman reminded Members that a workshop had been arranged for members of this committee as part of the consultation, due to take place on Tuesday 4 December. The decision about Orchard Close was due to be considered by the Executive Member for Adult Social Care and Health in February, and an additional HASC meeting had been convened on Monday 11 February, so that the Select Committee could pre scrutinise the decision.

Referral support service: West CCG

The Chairman reported that West Hampshire CCG had notified the HASC that they would be bringing in a referral support service. Referral support was a system designed to support the patient, referrer, provider and practice when a decision to refer was being considered or made. This was to help ensure patients are managed as consistently as possible and if referred are seen at the right place and at the right time. Referral support would be a fundamental part of the outpatient pathway. Slides about this had been provided and would be circulated to committee members for information following the meeting.

89. **PROPOSALS TO VARY SERVICES**

Hampshire Hospitals NHS Foundation Trust: Outpatient and X-ray services in Whitehill and Bordon (Chase) – Re-provision of services from alternative locations or by an alternative provider

Representatives from Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups and Hampshire Hospitals NHS Foundation Trust (HHFT) presented a report on the re-provision of services (see report, Item 6 in the Minute Book).

Members heard that the latest position regarding proposals for a new health hub in Whitehill and Bordon as part of the 'healthy new town' programme was that a

planning application was due to be submitted in December 2018. Members attention was drawn to section 3.5 in the report, which outlined the services currently provided by HHFT at Chase Community Hospital; where the services could be accessed in future; and the outcomes of approaches to alternative providers who had been invited to provide those services at Chase instead.

In response to questions, Members heard:

- That Sustainability and Transformation Partnership Capital funding had been applied for to fund the new health hub.
- It was intended to take an outline business case for the new health hub to the CCG governing body in December

Members expressed disappointment that for the majority of services HHFT was ceasing to provide from Chase, other providers deemed the levels of activity too low to provide the service from Chase. However Members thanked CCG staff for their efforts in approaching alternative providers. Members expressed concern that the changes were not in the interest of the service users affected, as they would have to travel further to alternative locations to access those services in future, and the local member indicated that public transport links serving the area were poor.

RESOLVED:

- a. The Committee concluded that the changes proposed are not in the interest of the service users affected, due to concerns over transport to alternative locations.
- b. The Committee requested a further update be provided for the February 2019 meeting of the HASC, including regarding the development of proposals for the Health Hub.

NHS Guildford and Waverley CCG and Hampshire and Isle of Wight Partnership CCG: West Surrey Stroke Services

The Committee received an update on implementation of changes to stroke services affecting patients in north east Hampshire (see report, Item 6 in the Minute Book).

RESOLVED:

That the Committee:

- a. Note the update on implementation of the new service model.

Hampshire Hospitals NHS Foundation Trust: Andover Hospital Minor Injuries Unit

A representative from Hampshire Hospitals NHS Foundation Trust presented an update on the Minor Injuries Unit at Andover Hospital (see report, Item 6 in the Minute Book).

Members heard that the Minor Injuries Unit continued to close at 6:00pm, due to difficulties recruiting sufficient staff to run the service for longer hours. The current agreement on opening hours, agreed with the Clinical Commissioning Group, ran until December. There was no evidence of impact of displaced need on other emergency departments. The Trust had tendered for a provider for an Urgent Treatment Centre (which would provide GP services alongside minor injuries services) however it hadn't received any bids. Work was ongoing with the CCG to stabilise the service.

RESOLVED:

That the Committee:

- a. Note the progress on managing the opening hours of the MIU at Andover War Memorial Hospital.
- b. Request a further update for the March 2019 meeting, including developments for an Urgent Treatment Centre. That this update be presented jointly with West Hampshire Clinical Commissioning Group.

Southern Health NHS Foundation Trust: Staffing Issues affecting Beaulieu and Poppy Older People's Mental Health wards

Representatives from Southern Health NHS Foundation Trust presented a report on staffing issues affecting two older people's mental health wards (see report, Item 6 in the Minute Book).

Members heard that the Poppy ward in Gosport had been temporarily closed to admissions in October 2018 due to shortages of registered mental health nurses. However, it had since been possible to re-open this ward to admissions in November. The Beaulieu ward at the Western Community Hospital in Southampton had also been temporarily closed to admissions, and it was anticipated this would remain the case for up to six months while additional staff were recruited. The ward had been closed and the patients on the ward at the time had been transferred to other locations or discharged when appropriate. The staff that had been working on the ward were being offered opportunities to re-locate to other parts of the Trust. Where patients were admitted to ward's further from home as a result of this closure, the Trust were offering to support families to travel to visit.

RESOLVED:

That the Committee:

- a. Note the update on the position regarding staffing the Poppy and Beaulieu Older People's Mental Health wards.
- b. Request a further update on the position for the January 2019 meeting.

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

Care Quality Commission (CQC) Inspection of services – Southern Health NHS Foundation Trust

Representatives from Southern Health NHS Foundation Trust presented a report on the Care Quality Commission comprehensive inspection of the Trust undertaken in June/July 2018 (see report, Item 7 in the Minute Book).

Members heard that the overall rating given to the Trust was Requires Improvement, the same as the previous inspection in 2014. However, the CQC had recognised that there had been significant improvements since the last inspection, with a number of areas being considered good or outstanding. 26 service areas had achieved an improved rating, 43 the same, and 6 had gone down.

An enforcement action was implemented in July regarding Bluebird House, and within three weeks the Trust had responded and it was lifted. The CQC report contained 20 must do actions and 74 should do actions. The Trust had come up with an action plan to respond to these areas, organised around seven themes; workforce; safeguarding; end of life care; records management; medicines management; privacy and dignity; supervision.

A Member commented on a report in the national press regarding a psychiatrist having been found to have worked in the UK for 20 years who didn't have the relevant qualifications. Members were assured that the Trust was auditing their processes to ensure this would not happen.

RESOLVED:

That the Committee:

- a. Note the findings of the most recent CQC inspection of Southern Health NHS Foundation Trust.
- b. Note the approach of the Trust to respond to the findings and request provision of the improvement plan.
- c. Request the Trust attend the HASC meeting in March to provide an update on progress made against the recommendations of the Care Quality Commission report.
- d. Request the Trust be transparent about the findings of a review of procedures regarding checking staff qualifications.

Care Quality Commission (CQC) Inspection of services – Hampshire Hospitals NHS Foundation Trust

Representatives from Hampshire Hospitals NHS Foundation Trust presented a report on the comprehensive inspection of the Trust undertaken in June 2018. (see report, Item 7 in the Minute Book).

Members heard that the overall rating given to the Trust by CQC was Requires Improvement, which was a decrease from the previous rating of Good. A presentation was provided that summarised the actions CQC required of the Trust and the action the Trust was taking in response. Members asked questions for clarity and to explore particular areas.

RESOLVED:

That the Committee:

- a. Note the findings of the most recent CQC inspection of Hampshire Hospitals NHS Foundation Trust.
- b. Note the approach of the Trust to respond to the findings and request provision of the improvement plan.
- c. Request the Trust attend the HASC meeting in February to provide an update on progress made against the recommendations of the Care Quality Commission report.

91. **CQC LOCAL SYSTEM REVIEW - ACTION PLAN UPDATE**

The Director of Adults Health and Care provided an update on actions in the action plan arising from the Care Quality Commission (CQC) Local System Review of the Hampshire Health and Care System, that had a target to be achieved within the first 3 months (see Item 8 in the Minute Book).

Members heard that between April and September 2018 there had been a 32% reduction in delayed transfers of care due to social care delays. An App called 'Connect to Support Hampshire' had recently been launched and was being promoted, as a further route to provide information about social care to the public.

RESOLVED:

- a) For the Health and Adult Social Care Select (Overview and Scrutiny) Committee to note the updates on the action plan for the 3 month gateway.
- b) For the Health and Adult Social Care Select (Overview and Scrutiny) Committee to receive a further update in March in relation to the 6 month gateway.

92. **SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP - SYSTEM REFORM PROPOSALS**

The Director of Adults Health and Care and Senior Responsible Officer for the Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW STP) provided a report and supporting presentation regarding the system reform proposals arising from the HIOW STP (see Item 9 in the Minute Book).

Members heard that the direction of travel for the local health and care system was to work towards an Integrated Care System (ICS) for those aspects best dealt with at a Hampshire wide level. Other services would be organised around footprints linking to the acute hospitals, and more local level services would be organised around 23 clusters.

RESOLVED:

That the Committee:

- a) Receives an update on the continued developments of the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP).
- b) Note and consider the recommendations outlined in the Hampshire and Isle of Wight System Reform Proposal.
- c) Identify and propose additional or different system reform proposals, as it sees fit through the Health and Adult Social Care Select Committee Working Group.

93. **ANNUAL ADULT SAFEGUARDING UPDATE**

Representatives of Adults Health and Care presented a report providing an annual update on adult safeguarding (see Item 10 in the Minute Book).

RESOLVED:

That the Committee:

- a) Note the content of the report.
- b) Receives a further update on Adult Safeguarding in 12 months' time.

94. **SOCIAL INCLUSION WORKING GROUP OUTPUT**

Representatives of Adults Health and Care provided a report and supporting presentation regarding the findings of the HASC Working Group on Social Inclusion and a draft report due for consideration by the Executive Member for Adult Social Care and Health at her 5 December 2018 Decision Day. (see Item 11 in the Minute Book).

Members heard that of the £55.9m savings the Adults' Health and Care Department was required to make under the agreed Transformation to 2019

programme, £2m had been identified to be found from social inclusion services. Following detailed work, it was now proposed to provide £1.8m savings from this budget and make up the remainder from other budgets.

The changes proposed had been developed via close working with districts and boroughs who also provide services for homeless people. It was proposed the new arrangements start in August 2019 to allow a transition phase. Consultation had been undertaken, and the feedback received supported the principle of focusing the funds available to support the most vulnerable.

District Council's were receiving additional funding and responsibilities in this area, so the County was working closely with them on the overall provision for this cohort. The HASC had held a task and finish group looking in to the detail of this service change, and the conclusion of this group had been to support the proposed recommendations to the Executive Member. This service was not a statutory requirement.

RESOLVED:

- a) That the recommendations in the report 'Homelessness Support Services: Outcome of the Social Inclusion Transformation to 2019 Review' under section 1 are endorsed to the Executive Member for Adult Social Care and Health for decision.
- b) That the County Council actively participates in partnerships, at a district and county level, to reduce homelessness and end rough sleeping.
- c) That the County Council actively engages with all partners to explore how the varying needs of individuals and families can be met earlier and before they may need more intensive services.
- d) That the County Council continues to offer expertise to and partners with any District or Borough Council choosing to put in bids for additional funding opportunities, where the objectives of this funding aligns with the objectives of the Social Inclusion Services.
- e) That the County Council monitor the impact of these changes.

95. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 12 in the Minute Book).

RESOLVED:

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

Chairman,

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	16 January 2019
Report Title:	Proposals to Develop or Vary Services
Report From:	Director of Transformation & Governance

Contact name: Members Services

Tel: (01962) 845018 **Email:** members.services@hants.gov.uk

1. Summary and Purpose

- 1.1. 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.
- 1.2. 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.
- 1.3. 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). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care 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.
- 1.4. This Report is presented to the Committee in three parts:
 - a. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
 - b. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
 - c. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an

opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements

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

2. Items for Monitoring

2.1 Hampshire Hospitals NHS Foundation Trust: North and Mid Hampshire Clinical Services Review Update

Context

- 2.2 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.
- 2.3 Since January 2014 the HASC has been receiving updates on proposals by Hampshire Hospitals NHS Foundation Trust to ensure sustainability of hospital services for the population of north and mid Hampshire. The HASC last received an update in May 2018, at which time the HASC heard that the Trust and Clinical Commissioners were working on options to potentially centralise some services on their existing sites of Basingstoke, Winchester and Andover, and investigating associated estates implications. The HASC requested a further update once these options had been progressed.

Update

- 2.4 A Report (see Appendix) has been received from the Clinical Commissioning Group and Hospital Trust providing an update. A clinical review concluded services were not at immediate risk, but some services could face sustainability issues in the medium term. Further work was undertaken on those services to identify options. In reviewing the options, the current conclusion of the Trust and commissioners is that centralisation not be pursued, with improvements to provision at existing sites the preferred way forward.

Recommendations

- 2.5 That the Health and Adult Social Care Select Committee:

- a) Note the latest position following the clinical services review.

- b) Request the Trust and commissioners keep the HASC informed of developments to Emergency Departments.
- c) Request the Trust and commissioners return to the HASC, should any proposals to change service provision at Hampshire Hospitals sites arise in the future.

3.1 Southern Health NHS Foundation Trust: Update on temporary closure of Beaulieu Older People's Mental Health ward

3.2 At the Health and Adult Social Care Select Committee meeting in November 2018, the Committee heard that Southern Health NHS Foundation Trust had taken the decision to temporarily suspend admissions to Beaulieu Ward (based at The Western, Southampton), to help maintain a safe level of care to patients. This closure had been necessary due to lack of sufficient staffing. The HASC requested a further update on the position for the January meeting.

3.3 An update on the situation has been provided by the Trust, see appendix. This indicates that Beaulieu ward remains closed, with a plan in place targeting to re-open the ward to admissions in May 2019.

Recommendations

3.4 That the Committee:

- a. Note the update on the position regarding the temporary closure of the Beaulieu Older People's Mental Health ward.
- b. Request a further update on the position for the May 2019 meeting.

CORPORATE OR 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

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.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

- 1.1 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.

2. Impact on Crime and Disorder:

- 2.1 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.

3. Climate Change:

- 3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a covering report which appends reports under consideration by the Committee; therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

- 3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

This page is intentionally left blank

CLINICAL SERVICES REVIEW: HHFT/CCG JOINT UPDATE PAPER

PURPOSE OF THIS PAPER

Hampshire Hospitals NHS Foundation Trust (HHFT) and Commissioners presented a joint update to the Health & Adult Social Care Select Committee (HASC) in May 2018. In this paper the challenges faced by health and care systems in North and Mid Hampshire were highlighted. The acute hospital service split across 3 sites (Andover, Basingstoke and Winchester), and the pressure to staff these services was acknowledged, and the options for changes were outlined.

This paper provides a summary of HHFT's position in terms of its' clinical strategy. The strategy has been developed with and by clinicians and commissioners and reflects public feedback and is presented in this summary form to HASC for it's consideration.

BACKGROUND

HHFT's clinical strategy remains "the provision of care locally where possible and centrally where necessary." HHFT remains committed to its hospitals in Andover, Basingstoke and Winchester and the communities it serves in these areas.

The McKinsey review of acute healthcare services in North and Mid Hampshire (March-September 2017), commissioned by West Hampshire Clinical Commissioning Group (WHCCG), North Hants Clinical Commissioning Group (NHCCG) and HHFT, resulted in a continued consensus that changes to the provision of acute services may be required in order to support safe and sustainable care for patients.

The McKinsey review recommended further detailed work be carried out to assess the feasibility, in terms of cost and deliverability, of centralising essential services on the Basingstoke Hospital site.

The extent of potential reconfiguration required and the associated feasibility was acknowledged to be dependent upon a number of factors, including:

- a) Confirmation of which, if any, acute services are at risk in terms of safety and sustainability in the short term and where centralisation, if applicable, should be prioritised
- b) The timescale and effectiveness of implementation of the Integrated Care Services New Models of Care (NMoC) to divert the current demand for non-critical care within inpatient services to more appropriately resourced community based care
- c) The estate infrastructure reconfiguration required to enable changes to be implemented, and the full extent of associated cost and deliverability including any capital replacement and equipment programmes. Due to the restrictions of the Basingstoke & North Hampshire Hospital (BNHH) and Royal Hampshire County Hospital

(RHCH) sites, further investment in the buildings and infrastructure, over and above essential backlog maintenance, would need robust consideration

From October 2017, following the McKinsey review:

- the Trust reiterated that the strategy of 'Local where possible; Central where necessary' would continue to underpin clinical decision making processes
- clinical reviews were held to identify services at risk of becoming unsafe or unsustainable in the short, medium and long term and any mitigation activities required
- the Trust maintained its support of NMoC in conjunction with Clinical Commissioning Groups (CCGs), Primary and Community Care providers
- a detailed Six Facet estates survey was completed
- the Trust confirmed its wish to continue to explore options for a Cancer Treatment Centre (CTC)
- the Trust also stated that it continued to believe that a new build centrally sited hospital will be necessary to provide health care for the people of North and Mid Hampshire

CLINICAL REVIEW

HHFT undertook a full review of its clinical services in October 2017 against the below agreed criteria:

- quality of care for all
- access to care for all
- affordability
- workforce
- deliverability

It was agreed that no service was unsafe or unsustainable in the immediate future.

However, it was recognised that assumptions and aspirations previously made regarding the ability for NMoC and redirection of care into the community, to reduce demand, had yet to materialise. In addition, demand for secondary care continues to increase both locally and nationally. Both these factors suggest that bed and estate pressures will continue to increase not decrease.

It was agreed that three acute services, listed below, could be at risk in the present model of delivery on both RHCH and BNHH sites in the medium term (3-5years), especially considering workforce and financial sustainability:

- Emergency Department (ED)
- Women's and Children's services
- Surgery

The reviews were undertaken with a commitment to finding a solution which ensured services could be sustained and remain available to the local communities they serve. Further reviews were held in May, June and July 2018 to examine these three services in more detail. General Practitioners (GPs) and CCG representatives were in attendance.

In reviewing services, HHFT recognised that any reduction in provision could be considered as a **significant** change and would be required to move through the Health and Adult Social Care Select Committee (HASC) process and undergo full Public Consultation.

EMERGENCY DEPARTMENT (ED)

During the ED review, all possibilities were explored. These are described below:

Variant 1: Closure of RHCH ED and replacement with an Urgent Treatment Centre

Whilst this would reduce the medical cover required at RHCH, making it a theoretically sustainable approach, Trust clinicians and local GPs identified specific issues especially the potential for reduced patient access; estate reconfiguration challenges (particularly the cost of reconfiguring the existing BNHH estate), a potential reduction in quality of care and the wider system implications, including patient moves to University Hospital Southampton NHS Foundation Trust and other providers. Feedback from public and stakeholder engagement also indicates the view that this option is not acceptable to HHFT or to the community. This variant was rejected.

Variant 2: Closure of ED overnight

This was reviewed and the practicalities of establishing a safe cut-off time, given that the bulk of the attendances are afternoon and evening, were felt to increase clinical risk. The points detailed above were also applicable. This variant was rejected.

Variant 3: Redesign the ED function to make it sustainable

The clinical view was for a redesign of the RHCH front of house services, with a focus on specialties receiving appropriate patients directly, rather than all patients being processed through ED. It was thought that this is likely to be the best model for both sites and importantly, an improvement on the current system. This redesign would require less clinical and estate reconfiguration. The model of Worthing Hospital was reviewed and considered useful. An evolving medical model for RHCH was proposed to include an efficient telephone triage service allowing GP's, South Central Ambulance Service (SCAS) and Emergency Nurse Practitioner's (ENPs) early access to specialist advice to allow streaming of patients directly to the appropriate specialists. As well as an ENP staffed walk in service, the Emergency Department would receive those patients requiring emergency care. Behind the front door, a Clinical Decisions Unit (CDU) would provide ambulatory care for medical, frailty, paediatric, surgical and orthopaedic patients. Longer term admissions would be directed to the existing inpatient facilities.

Variant 4: No change

This was not considered feasible given the ED medical workforce shortage. This variant was rejected.

The conclusion of the ED review was that variant 3 should be pursued, such that ED services at RHCH should remain and that a redesign of the ED function across Basingstoke and Winchester should be undertaken.

WOMEN'S AND CHILDREN'S SERVICES

Agreement was reached during the review of maternity and child health that whilst there may be some necessity to centralise a small higher acuity subset of obstetrics and neonates, there was not a compelling argument to centralise the major part of these services. However it is important to note that Maternity and Neonatal services are currently being reviewed, both via the Wessex network and nationally. Neonatal services especially may be affected by these reviews.

SURGERY

The surgical review concluded that there was no compelling drive to centralise all emergency surgery. However, the provision of surgical assessment units as part of the ED developments on each site would be a platform to launch future service changes for these patients.

Potential changes to the Orthopaedics service, both elective and emergency, continue to be evaluated and developed.

SUMMARY OF CLINICAL REVIEW DECISIONS

Consideration of all issues led to the conclusions/recommendations below:

- There will be a redesign of the Emergency Department and Emergency Care Pathways to ensure its sustainability
- There should be no significant centralisation of obstetrics, maternity services, paediatrics and neonatal services at this time, however the system wide reviews could influence this decision, and may involve some centralisation
- There should be no relocation of acute services from RHCH to BNHH at this time, although the orthopaedic service is currently under review
- All specialities would continue to consider any changes required to ensure safe and sustainable patient care, on two sites, moving forward

HHFT has launched an Emergency Care Pathways redevelopment programme looking to fully test and implement the proposed model. HHFT received £4 million in winter capital funding from the Department of Health and Social Care for its EDs in both Basingstoke and Winchester. The award has facilitated early progress on some

elements, such as the introduction of front of house surgical and paediatric assessment units, which dovetail into the overall redevelopment programme. Most of the funding has been utilised for estates projects which allow the Trust to increase capacity in the two emergency departments and assessment units, improving the flow of patients through the hospitals. The funding is aimed initially to ease winter pressures in the Emergency Departments in its hospitals in Basingstoke and Winchester but has ongoing benefits for the future. Throughout the development of this programme, the project team will be regularly testing the evolving model against the 5 HASC tests¹.

HHFT is also committed to the following development projects:

- Andover – Plans for an Urgent Treatment Centre
- Andover – Extension to Countess of Brecknock Hospice (Charity funded)
- Bordon – Relocation of Outpatient services
- Eastleigh - Integrated Health & Wellbeing Centre (WHCCG project)
- Winchester – New hospice facility (Charity funded)
- Winchester – Expansion of elective care, especially orthopaedics
- Basingstoke – Cancer Treatment Centre
- Whole Trust – Digitalisation programme (Fast Follower)

INTEGRATED CARE SERVICES NEW MODELS OF CARE (NMOC)

HHFT is committed to working with our partner organisations as part of the New Models of Care steering group to provide integrated care by removing organisational boundaries and working together.

- HHFT has supported the development of GP clusters around Hampshire and look on these to facilitate the provision of some specialist care in the community
- Elderly care has been highlighted as an area of need in the local community and HHFT is working with NMoC to develop a robust frailty care model

-
1. The case of need and evidence base underpinning the change taking account of the health needs of local people and clinical best practice.
 1. The extent to which service users, the public and other key stakeholders, including GP commissioners, have contributed to developing the proposal. Regard must be given to the involvement of ‘hard to reach groups’ where this is appropriate, including the need for any impact assessment for vulnerable groups.
 2. The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.
 3. The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
 4. The sustainability of the service(s) affected by proposals, and how this impacts on the wider NHS body or relevant health service provider.

- Prompt access to specialist advice has been enhanced by the exchange of GP and Consultant phone numbers and the use of Advice and Guidance
- Unification of health records remains an aspiration and HHFT has improved access to pathology services from the community and is benefitting from improved access to the Hampshire Health Record

SOUTH CENTRAL AMBULANCE SERVICES (SCAS)

The Trust is working in close collaboration with SCAS and their strategy to:

- agree the provision of robust patient pathways to support a future front of house model and direct access to specialities
- support a gateway model for single point of contact for patients (eg. the current labour line model)
- improve patient care in the community

ESTATES REVIEW

As described in the update in May 2017, the detailed estate reviews undertaken have generated information on the required maintenance spend for each of the three sites over the next 20 years. In order to address priority estates items, the next 5 years spend would need to be as per below:

Basingstoke and North Hampshire Hospital -	£67m
Royal Hampshire County Hospital -	£46.5m
Andover War Memorial Hospital -	£1.8m

Masterplans and Development Control Plans are being developed capturing:

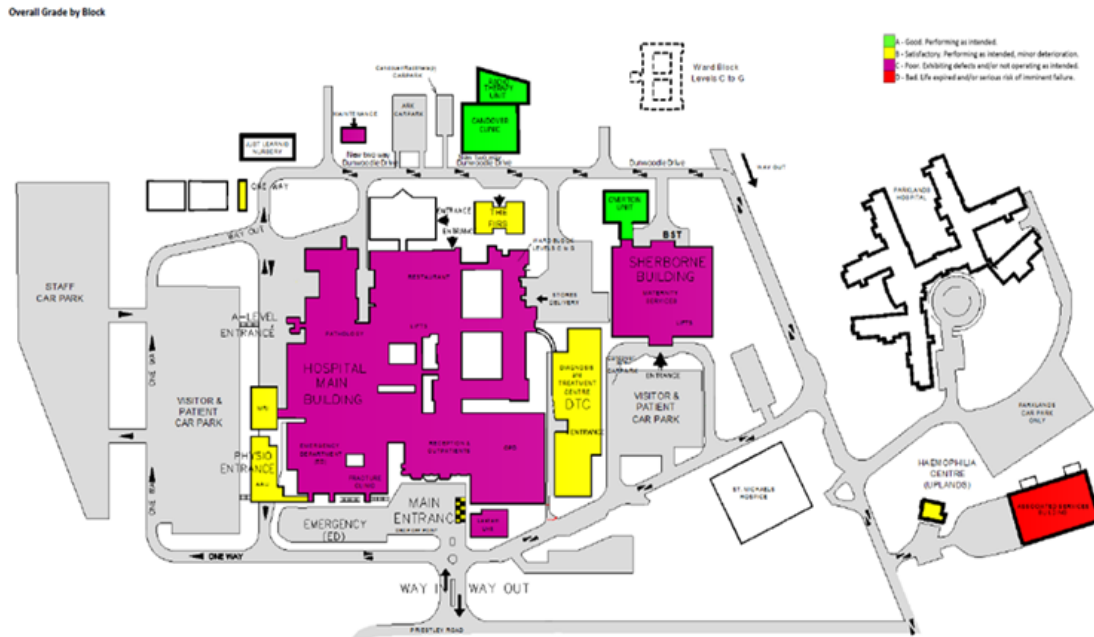
- Backlog Maintenance for all three sites
- Capital Equipment – assessing the extent of expenditure required including timescale and priorities and the development of resilience plans for essential equipment
- Digital Developments as part of the activities through HHFT's role as Global Digital Exemplar, Fast Follower
- Disposals and commercial estate opportunities

HHFT continues to engage with the Hampshire and Isle of Wight STP process to ensure priorities are known and understood, and the masterplan will take into account changes proposed within new out of hospital care models, in support of demand management reductions.

The diagrams below show the summary of the estates review where areas in purple are condition C – poor.

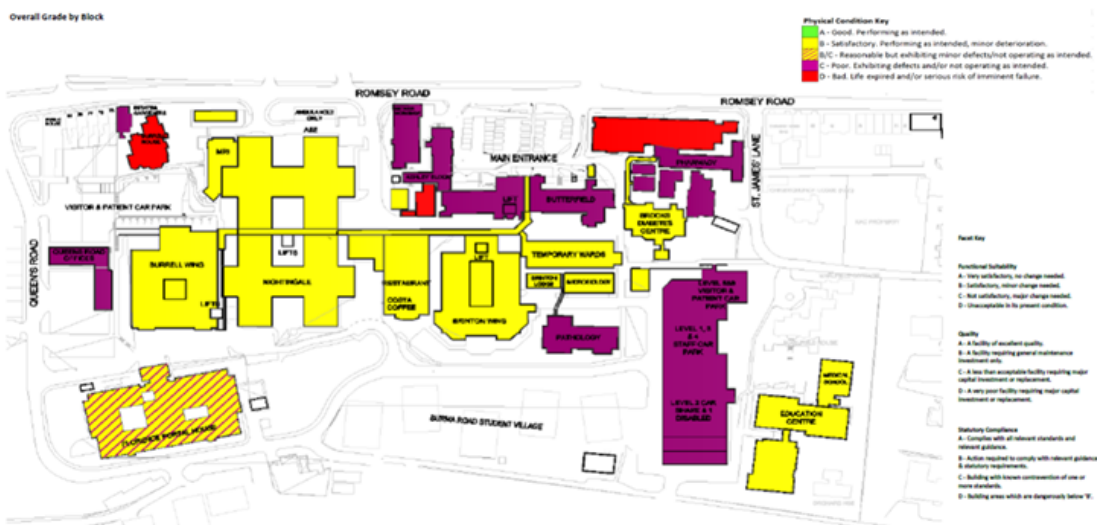
Site based ERIC and Backlog Maintenance Information

Basingstoke North Hampshire Hospital



Site based ERIC and Backlog Maintenance Information

Royal Hampshire County Hospital



Site based ERIC and Backlog Maintenance Information

Andover Community Hospital



SUMMARY AND CONCLUSION

In summary, HHFT’s clinical strategy remains “the provision of care locally where possible and centrally where necessary.” HHFT remains committed to its hospitals in Andover, Basingstoke and Winchester and the communities it serves in these areas. The aim is to configure services such that they provide the best possible care in a way that can be sustained. The strategy recognises the condition of the existing Trust estate and the resulting constraints. HHFT and commissioners are working closely together with partner organisations.

The key elements of HHFT’s clinical plan comprise a redesign of the Emergency Department and Emergency Care Pathways to ensure their sustainability. Plans are in place to ensure the continuation of acute services at Basingstoke and Winchester as far as possible. At this time there will be no centralisation of obstetrics, maternity services, paediatrics or neonatal services although this may be affected by national and regional reviews. Potential changes to the orthopaedics service, both elective and emergency, continue to be evaluated and developed.

Recent Government funding awards to HHFT have facilitated early progress on some elements of much-needed redevelopment of Basingstoke and Winchester EDs. A further award will enable the relocation of pharmacy at Winchester hospital, and the creation of a new centre specifically for non-urgent orthopaedic care.

The strategy has been developed with and by clinicians and commissioners and is presented in this summary form to HASC for its consideration.

31st December 2018

HASC update on staffing issues within our Older Peoples Mental Health Services

This paper provides an updated position from the paper written on 13th November in regards to staffing levels across Older Peoples Mental Health Services. It will also update on the number of patients who have been admitted to Poppy and Elmwood wards rather than to Beaulieu.

Poppy Ward, GWMH

I am pleased to report that Poppy Ward continues to be open to admissions and is able to maintain consistent and improved staffing levels. Recruitment continues and currently only two whole time equivalent (wte) Health Care Support Worker (HCSW) posts remain vacant. Two point six registered nurse posts have been recruited to. The service has been successful in recruiting an additional administrator to continue the ongoing focussed work on our rosters to maintain the level of scrutiny this requires.

Beaulieu Ward, Western Community Hospital

Beaulieu ward currently remains temporarily closed with some necessary environmental works being completed alongside the recruitment campaign.

Staff on Beaulieu Ward

All staff had a one to one meeting with senior managers and HR representatives to discuss available placements and any individual requirements whilst Beaulieu ward was closed. Following this, all staff were allocated to appropriate placements as agreed with them. The staffing numbers shift by shift for Berrywood Ward have been temporarily increased to allow for the fact the ward as an OPMH ward stands alone at the Western Community Hospital (WCH). The increase in staffing numbers enabled a substantial number of HCSW to remain at the WCH. The registered nurses on Beaulieu Ward transferred temporarily to Berrywood ward. A small number of staff elected to develop their skills within other services for the duration of the closure. These include the Specialist Falls Team and secure mental health services.

Patients on Beaulieu Ward

All patients and their families were fully informed both verbally and in writing by Senior staff of the plan to close Beaulieu ward on Friday 16th November. Patients requiring ongoing inpatient treatment were transferred to Poppy and Elmwood wards. Patients requiring an appropriate discharge destination were identified and with support from Adult Services and the CCG these were safely discharged as they were clinically optimised. On Friday the 16th November, two patients remained on the ward who to reduce unnecessary distress were transferred to Berrywood ward. One patient was subsequently discharged the following day on the 17th November to a planned placement. The other patient remains in our service. The staff that transferred to Berrywood from Beaulieu ward have been able to support these patients to ensure continuity of care.

OUR VALUES



Patients & people first



Partnership



Respect

Since the temporary closure of Beaulieu ward there have been four patients who have required acute admission to a Dementia bed. Two patients were admitted to Poppy ward in GWMH and two patients were admitted to Elmwood ward in Parklands Hospital.

We continue to collate and monitor this to ensure all patients and their families are supported. We will consider alternatives to admission including care home placement and additional support in the community. For those patients requiring admission to either Poppy Ward or Elmwood Ward, we will speak to individual families to offer support to cover additional transport needs they may have in order to visit loved ones. To enable capacity to admit, both Poppy and Elmwood ward teams have had increased support to manage Delayed Transfers of Care (DTC) and patient pathways. There are currently 9 DTCs across Poppy and Elmwood wards as agreed with our system partners.

Update on actions being taken to ensure safe services across our Older People's Mental Health Services

We continue to work with all patients and their families to keep people safe and to ensure timely discharge when clinically optimised. Focussed work continues on pathway management including the referral process for admission to the inpatient service.

We continue to monitor patient and family feedback with the support of the Trust Patient Experience Lead. To date no concerns have been identified in regard to the Beaulieu closure.

Safer Staffing calls occur three times per week managed by the OPMH Inpatient Matrons and Safer Staffing Team. The daily call requirement has reduced due to the temporary closure of Beaulieu ward. The Associate Director of Nursing for Mental Health has an operational overview to support the service.

The Trust Organisational Team are working closely with the Matron and Beaulieu ward manager to organise development sessions in preparation for reopening the ward. These have commenced and the team have also been involved in identifying a new model of Dementia Care.

Recruitment/Staffing Update

Our Recruitment Specialist has supported the development of a recruitment plan to focus on staffing Beaulieu ward to enable reopening; there will be a continued focus also to recruit to other vacancies across OPMH Services. Recruitment days specific to Southampton are being organised for January, March and May, the first being held on the 22nd January 2019. A social media campaign is being supported by our Communications team to include Snapchat, Twitter and Facebook. The campaign will work on showing the engagement and diversity of working within OPMH Services. Workforce development plans are being formulated to reflect the skill mix required on the ward. We are working to develop new career pathways and roles and a new care model for Older People's Mental Health. This aims to deliver more effective care and make working in this service a more attractive proposition for clinicians. Dual registered nurses are being encouraged to apply for posts and efforts are being explored re how competencies can be maintained and whether rotational posts will benefit the service. A continued focus will remain on OPMH staff attending University recruitment events.

Current recruitment to Beaulieu ward is:

- 1 Band 6 Nurse relocating from Norfolk to commence post in May 2019. Ward Manager keeping in touch with member of staff to ensure we remain their choice of work
- 2 preceptor nurses qualifying in September 2019 have applied for and have expressed a wish to work on Beaulieu ward. They were successful when we interviewed them
- Alongside the focussed recruitment campaign we will be exploring the use of Long Term Placements from NHSP and/or agency

Current Recruitment to Poppy Ward is:

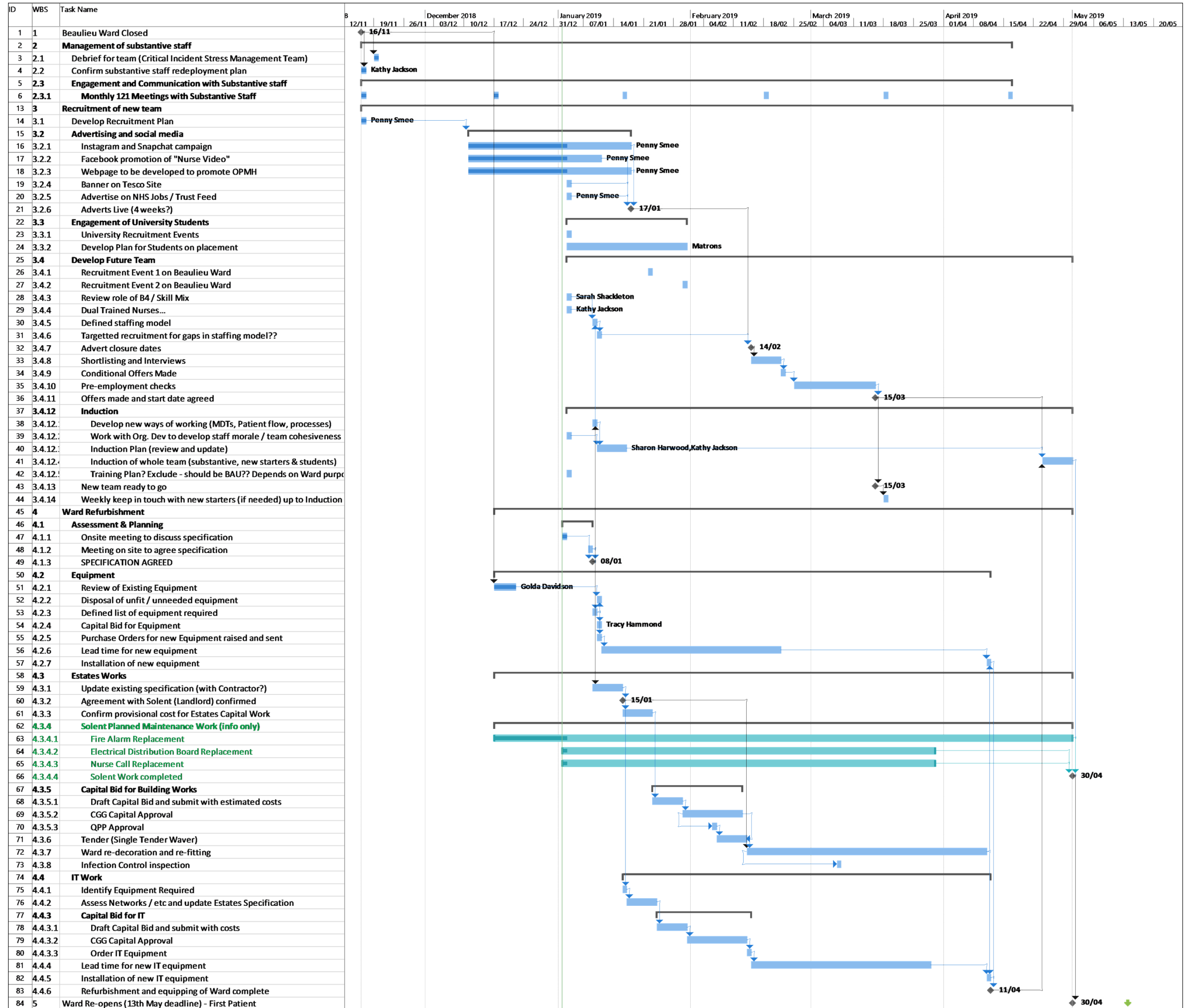
- 2.6 Registered nurses offered posts at recent interviews
- 1 Student nurse to be interviewed on 3rd January 2019
- 2 HCSW – one commencing week commencing 7/1/19 and one in recruitment process

Plans to reopen Beaulieu Ward

A detailed project plan is in place to reopen Beaulieu Ward, with a target date of May (the plan is enclosed with this update). This period of temporary closure is being used to make improvements to the environment on the ward so that patients can benefit from single-sex accommodation. It is likely that, in order to make these changes, the total number of beds on Beaulieu ward will be slightly less compared to the pre-closure amount.

We have been carefully monitoring the availability of older people's mental health beds across Hampshire and, despite the closure of Beaulieu ward, there has been a surplus of beds. We therefore have a high level of confidence that a small reduction in beds at Beaulieu ward will not impact our ability to meet demand for hospital beds, whilst ensuring single-sex accommodation which represents best practice.

This page is intentionally left blank



This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	22 January 2019
Title:	Approval to spend for Public Health Nursing Service
Report From:	Director of Public Health

Contact name: Robert Pears, Consultant in Public Health

Tel: 02380 383323

Email: Robert.pears@hants.gov.uk

1. Recommendation

1.1. That the Executive Member for Public Health gives approval to spend for the Hampshire Public Health Nursing Service, 0-19 years, up to the maximum value of £144.7m (£20.6m p.a. for 7 years + £0.5m transformation money), for a maximum contract term of 7 years (5 years with the option to extend for a period or periods of up to 2 years), commencing on 1 August 2020.

2. Executive Summary

2.1. The purpose of this paper is to seek approval from the Executive Member for Public Health to spend for the Hampshire Child Health and Wellbeing Service (Public Health Nursing Service), up to a maximum value of £144.7m, for a maximum term of 7 years (5 years with the option to extend for a period or periods of up to 2 years) commencing on 1 August 2020.

2.2. This paper seeks to:

- a) Provide context including why Public Health nursing is important.
- b) Describe internal transformation and moves towards greater system integration within existing contracts.
- c) Explain how the new Public Health nursing service will differ from the current health visiting and school nursing services.
- d) Provide financial information for the decision to spend.

3 Contextual information

3.1 Responsibilities for commissioning for school nursing and health visiting transferred from NHS England to local authorities in 2013 and 2015 respectively. Since that time Public Health in Hampshire County Council has been the lead commissioner for these Public Health nursing services. The five face-to-face checks provided by health visiting and the National Child Measurement Programme provided by school nursing are mandated elements of the service. Together health visiting and school nursing deliver the Healthy Child Programme.

- 3.2 The Healthy Child Programme is a prevention and early intervention Public Health programme that lies at the heart of the universal service for children and families. Pregnancy and the first years of life are among the most important stages in the life cycle. This is when the foundations of future health and wellbeing are developed and is a time when parents are receptive to learning and improving their family's lifestyles. The opportunities for prevention and early intervention in 0-19 year olds are highlighted in the Marmot Review¹, by the Chief Medical Officer² and in the November 2018 Department of Health publication "Prevention is Better Than Cure"³.
- 3.3 Health visiting contract performance: Overall performance on the five mandated face-to-face reviews remains high compared to England and the South East. Performance on population coverage for the New Born Visit (84.4% in Q1 2018/19) and 6-8 week checks (89.6%) are average compared to Hampshire's statistical neighbours. Performance on the face-to-face reviews at 15 months (90.3%) and 30 months (87.0%) is high compared to Hampshire's statistical neighbours. Chat Health, the well used anonymous texting support service for 11-19 year olds, has been rolled out to parents of children aged 0-5 years. Uptake has been considerably higher than expected and there is potential in the future to enable parents of 5-19 year olds to also access this. Breastfeeding rates at 6-8 weeks are now recorded by health visitors instead of GPs. As a result the recorded rate has jumped from around a third to 54%.
- 3.4 School nursing contract performance: Overall performance is satisfactory. Coverage targets for the National Child Measurement Programme are being met (97.7% in Year R and 96.4% in Year 6 against targets of 95% for each). Coverage of Year R assessments was 90% in Q4 (May-July) 2017/18 against a target of 95%. Coverage of Year 6 assessments appears to be on track. Chat Health continues to be a popular service with secondary school aged children with mental health being the most frequent issue discussed. Safeguarding remains a key focus for the service.
- 3.5 It is proposed that the following transformation is part of the new service:
- 3.5.1 Health visiting and school nursing are combined into a single 0-19 Public Health Nursing service and that the division between services for 0-4 and 5-19 year olds is removed. The separate health visiting and school nursing contracts will be combined into a single service, underpinned by a single service specification. This will ensure that Public Health nursing services are provided by a single provider in Hampshire on an ongoing basis.
- 3.5.2 There will be greater integration with CCG community services, mental health services including CAMHS and Childrens Service's early intervention services. Integration is not an end in itself, but aims to improve outcomes and the experience of care for services users, families and frontline staff.

¹ <https://www.local.gov.uk/marmot-review-report-fair-society-healthy-lives>

² <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf

4. Current issues

4.1. **Stakeholder engagement.** Extensive service user, public and practitioner engagement has been undertaken to inform the internal transformation of Public Health nursing and system integration. Engagement has included: practitioner workshops in spring 2018 (127 attendees); an online survey that had responses from 405 members of the public and 163 practitioners representing 41 organisations; and 13 parent discussion groups. Key findings were that:

- a) Services should be involved early enough to prevent problems from escalating;
- b) Waiting times should be short;
- c) Parents/carers should be involved in decisions around care and children and young people should be involved when appropriate;
- d) Services should be responsive to the needs of the child or young person and family;
- e) Services should offer continuity of care (both within and between services);
- f) And service integration should be bold, broad and timely.

The intention is that stakeholder engagement will be ongoing through the lifetime of the Public Health nursing contract. The service specification requests that a service user panel be set up to feedback on service quality in real time.

4.2. **Responding constructively to pressures in the public sector.** Public Health nursing provides universal support to public sector services working with children, young people and their families. Those services are under increasing pressure and require a system wide response incorporating universal services, system integration and the development of a new delivery model. Reasons for increased pressure on services include:

a) **Increasing need:** The incidence of some forms of vulnerability is increasing including neglect, childhood obesity and complex medical needs. Rates of admission for 15-24 year old self harm are increasing in Hampshire, and are high compared to the national average. Hampshire's infant mortality rate showed a slight increase compared to previous years in 2015-17.

b) **Increasing demand:** There has been an increase in referrals to Childrens Services, Paediatric Intensive Care Units, Neonatal Intensive Care Units and Childrens and Adolescent Mental Health Services (CAMHS). Paediatric emergency attendances at hospitals are increasing.

c) **Demographics:** While the proportion of 0-19 year olds is expected to remain constant at about 23% of Hampshire's population the numbers of 0-19 year olds is increasing. There were 313,104 0-19 year olds in 2016 with a forecast of 336,401 in 2024. The 10-14 year old age group is expected to increase by 16%.

4.3. **Transformation.** A Public Health nursing transformation board, a monthly meeting for Public Health and the current provider leads, is implementing internal transformation within the existing contract. Transformation includes increased use of skill mix and a greater focus on mental health in school nursing. Service transformation within the existing contract places Public Health nursing on a strong footing for further transformation from August 2020 onwards.

4.4. The Family Nurse Partnership (FNP) aims to support 200 vulnerable, young mothers (under 20 years of age) in two areas of Hampshire: the North focused on Basingstoke, Rushmoor and Hart and in the South, Gosport and Havant. It is currently available to approximately half of eligible young mothers creating an inequity of provision and it has not been shown to be effective nationally⁴ or locally (compared to an enhanced Health visiting offer). The FNP is being reviewed to ensure an equitable offer across the county within the current contract.

4.5. **Moves towards system integration.** Since 2016 system leaders and stakeholders have placed an increased emphasis on system integration, partly as a result of the pressure described in paragraph 3.2. Stakeholders want integration to be bold and ambitious. Successful integration would result in:

- a) More child and family centred care;
- b) A prevention, early intervention and assets based approach;
- c) Multi agency working and improved staff retention;
- d) Integrated IT and information sharing;
- e) Cost efficiencies;
- f) and improved outcomes.

4.6. Integration is being developed through focused partnership work, a shared outcomes framework and a series of three aligned procurements (further information in paragraph 5.3). Partnership working to embed children and young people's integration has been a long-held ambition in Hampshire and the approach has been approved by the Hampshire Health and Wellbeing Board. That work has become more focused recently as a result of pressures the system faces, greater involvement of frontline staff such as GPs, and learning from local integration of community services for adults. A number of initiatives are ongoing including: social care transition to adulthood; closer community working between CCG and Children's Services teams; and the work of the High Impact Area Partnership Board that is tackling shared concerns across maternity and health visiting and early years. The focus is on integration of work in front line staff including improved care pathways between services, shared objectives in service specifications and improved information sharing.

5. Future direction

5.1. **Procurement timeline.** Preliminary work is already underway with engagement with partners for a start date for the new service of 1 August 2020. A full procurement is planned in accordance with the County Council's Contract Standing Orders. Given the scale of service and system transformation involved a negotiated procedure will be used for the procurement.

5.2. **What will be different about the new service?** There is a clear direction of travel for service development. Services and systems are composed of culture(s)/behaviours, structure and processes⁵. To deliver transformational development all three need to change:

⁴ www.cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/building-blocks

⁵ KM&T. Health and care. How to deliver sustainable transformation using system thinking. KM&T, 2016.

Table: service developments in the new Hampshire Child Health and Wellbeing Service contract and their rationale

Lever for change	Approach	Rationale
Culture	A shift to outcomes based commissioning	Current Public Health nursing contracts have large numbers of process related Key Performance Indicators. The aim is to measure less, but measure the most important outcomes for the service.
	Increased focus on equitable access to the service	Replacing the Family Nurse Partnership, which is only available in two areas, with an enhanced health visitor offer will be more equitable. More digital support will increase the reach of the service (for example to fathers/ partners).
	Focus more on mental health and childhood obesity for all children and young people	These are the priorities of stakeholders. It is important to make the best use of a finite resource.

Lever for change	Approach	Rationale
Culture cont.	Emphasis on retention of staff	The 5 year + 2 year contract length will provide some stability for a valued workforce.
	Strategic partnership approach for commissioner/provider relationship	In a rapidly evolving environment it is critical to build a trusting relationship between commissioners and providers so that the service can adapt during the life time of the contract.
Structure	Introduction of a 0-19 Public Health nursing service	Ending the division between health visitors and school nurses and increasing skill mix will allow the provider greater flexibility in delivering the service.
Structure cont.	Meaningful integration with Children's Services, NHS England and CCG services	To ensure that the potential of integration at a system level is fully realised and outcomes are improved.
	A major step up in digital support	To broaden the reach of the service beyond the traditional model e.g. the provision of more online parenting support.
	Greater financial transparency	Specific aspects of the current contracts are difficult to cost. A move towards open book accounting will make service transformation easier to plan in the future.
Process	Ongoing engagement with frontline staff, service users and the public	There is currently a peak in engagement prior to a new procurement. Ongoing engagement will encourage evolution of the service model during the lifetime of the contract, avoiding the need for disruptive contract variations.
	Clarity of pathways between Public Health nursing and other services	Learning from engagement and pathway redesign events will be used to increase the efficiency of working practices for universal, complex need and safeguarding pathways.

5.3. **Aligned procurements.** A number of contracts delivering services for children and young people come to an end in 2020 across The Council and NHS. Decision making bodies in the CCGs, NHS England, Public Health and Childrens Service's have agreed to utilise the opportunity to increase integration

with a view to improving outcomes for families. There will be a series of three aligned procurements resulting in a new model of delivery by 2022/23, of which this is the first one. HCC and NHS England Public Health nursing will be procured at the same time, with alignment to phase 2 (CCG community services) and 3 (CAMHS and neurodiversity services) CCG led procurements. The providers of these new contracts will work together to provide integrated care pathways between services.

6. Finance

- 6.1. It is proposed that the maximum spend under the contract would be £144.7m over the term of 7 years. The Hampshire Child Health and Wellbeing Service is currently funded from the Public Health grant.
- 6.2. The maximum annual contract value requested in this report, (£20.6m) is the equivalent of the draft budget for the Public Health Nursing Service 0-19 in 2019/20. In addition £0.5m one off funding will be provided to support internal transformation of the service. Due to the requirement to reduce Public Health expenditure in line with confirmed and planned reductions in the ring fenced grant the Public Health nursing contract will be constructed in a way that provides contractual flexibility to adjust service provision in line with changes in available funding. It is currently anticipated that the budgeted annual expenditure of £20.6m on this service will reduce by a minimum of £1.1m during the proposed contractual period.
- 6.3. At the time of writing it is unclear a) whether there will be further reductions in the Public Health grant, beyond those already confirmed / announced or, b) whether the Public Health ring fence will continue. Therefore any changes in funding in addition to those already known may further affect the resources available for this contract.
- 6.4. Whilst a maximum spend for the 7 years has been estimated for this approval the annual spend will be monitored and will need to take into account the value of the annual budget set for these services approved by Full Council in February of each year.

7. Equality Impact Assessment

- 7.1. A full Equality Impact Statement has been completed and the link is available in Integral Appendix B.
- 7.2. Overall the impact of the proposed transformation of Public Health nursing should be positive for protected characteristics, poverty and rurality:
 - a) Age. Positive impact. Public Health nursing will continue to support 0-19 year olds, or up to 25 years for Children in Care and Special Educational Needs and Disability. There will be increased emphasis on transition to adulthood, for instance the “ready for adulthood” domain in the new outcomes framework.
 - b) Disability. Positive impact. An aim of integration is to improve the care pathway between Public Health nursing and community NHS services for children with complex needs. This will be delivered through the aligned procurements.
 - c) Sexual orientation. Positive impact. One of the priorities for focused partnership working is mental health. A new emotional wellbeing and mental

health strategy for children and young people is being developed. One of the strategy's priority areas is to develop a whole school approach to mental health. Educational setting will be encouraged to celebrate diversity in sexual orientation, partly through the development of LGBT guidance in educational settings.

d) Race. Neutral impact.

e) Religion or belief. Neutral impact.

f) Gender reassignment. Positive impact. Those undergoing gender reassignment are expected to benefit from the LGBT guidance being developed for educational settings.

g) Gender. Positive impact. The new service is being asked to consider the mental health needs of fathers, in addition to the correct focus on the needs of new mothers. Fathers will also benefit from an enhanced digital offer e.g. the use of apps aimed at new fathers.

h) Marriage or civil partnership. Neutral impact.

i) Pregnancy and maternity. Positive impact. An enhanced health visiting offer will be made across Hampshire whereas the current Family Nurse Partnership offer is only available in two areas. There is a greater emphasis on the mental health needs of new parents in the new service specification.

j) Poverty. Positive impact. The intention of the new service is to target families and carers who are more vulnerable, for instance with more face-to-face support, digital support and printed information.

k) Rurality. Positive impact. Cost savings may require some reduction in the number of drop in clinics available to families. However there will also be a big step up in digital support, which overall will mean that the new service benefits those in rural locations.

8. Consultation and Equalities

8.1. It is for the Executive Member as decision maker to have due regard to the need to: Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

CORPORATE OR 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

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. Equalities Impact Assessment:

A full Equality Impact Assessment has been completed; please see [here](#)

2. Impact on Crime and Disorder:

2.1. None.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Public Health
Date:	16 January 2019
Title:	2019/20 Revenue Budget Report for Public Health
Report From:	Director of Public Health and Deputy Chief Executive and Director of Corporate Resources

Graham Allen, Director of Adults' Health and Care

Contact name: Dr Sallie Bacon, Director of Public Health

Dave Cuerden, Finance Business Partner

Tel: 02380 383329 or
01962 847473

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

1. Recommendation(s)

To approve for submission to the Leader and the Cabinet:

- 1.1. The revised revenue budget for 2018/19 as set out in Appendix 1.
- 1.2. The summary revenue budget for 2019/20 as set out in Appendix 1.

2. Executive Summary

- 2.1. The purpose of this report is to set out proposals for the 2019/20 budget for Public Health in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in September 2018.
- 2.2. The deliberate strategy that the County Council has followed to date for dealing with grant reductions and the removal of funding that was historically provided to cover inflation, coupled with continued demand pressures over the last decade is well documented. It involves planning ahead of time, through a two-yearly cycle, releasing resources in advance of need and using those resources to help fund transformational change.
- 2.3. This strategy has served the County Council, and more particularly its services and community well, as it has delivered transformation programmes on time and on budget allowing maximum planning time and minimising disruption. Put simply, it is an approach that has ensured Hampshire County Council has continued to avoid the worst effects of funding reductions that have started to blight other local authorities.
- 2.4. In line with this financial strategy there were no new savings proposals presented as part of the 2018/19 budget setting process and the budget was balanced through the use of the Grant Equalisation Reserve (GER). Targets

for 2019/20 based on a reduction of approaching 19% in cash limited spend, were approved by the County Council in July 2016 as part of the MTFs to 2020. Proposals to meet these targets were approved by Executive Members, Cabinet and County Council in October and November 2017 and are being implemented through the Transformation to 2019 (Tt2019) Programme.

- 2.5. The report also provides an update on the financial position for the current year within the context that the Public Health grant has been reduced by a further 2.6%, (£1.34m) in 2018/19. Overall the outturn forecast for the Department for 2018/19 is a budget under spend of £0.7m. Although, it should be noted that the budget for 2018/19 includes a draw on the Public Health Reserve of £2.0m.
- 2.6. The proposed budget for 2019/20 analysed by service is shown in Appendix 1.
- 2.7. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2018/19 and detailed service budgets for 2019/20 for Public Health. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Social Care Select Committee. It will be reported to the Leader and Cabinet on 1 February 2019 to make final recommendations to County Council on 14 February 2019.

3. Context and Priorities

- 3.1. The current financial strategy which the County Council operates works on the basis of a two year cycle of delivering change to release resources and close the anticipated budget gap. This provides the time and capacity to properly deliver major transformation programmes every two years, with deficits in the intervening years being met from the Grant Equalisation Reserve (GER) and with any early delivery of resources retained by departments to use for cost of change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.
- 3.2. The County Council's strategy placed it in a very strong position to produce a 'steady state' budget for 2018/19 and safely implement the next phase of changes through the Transformation to 2019 (Tt2019) Programme to deliver savings totalling £140m.
- 3.3. The Tt2019 Programme is progressing well and to plan, but it is clear that bridging a further gap of £140m is extremely difficult and will take longer to achieve in order to avoid service disruption. The Chief Executive's report entitled Transformation to 2019 – Report No. 5 was presented to Cabinet in December 2018 and outlined the positive progress being made.
- 3.4. The anticipated delay in the delivery of some elements of the programme has been factored into our medium term planning to ensure that sufficient one-off funding exists both corporately and within departments to meet any potential gap over the period. Taking up to four years to safely deliver service changes rather than being driven to deliver within the two year financial target requires the careful use of reserves as part of our overall financial strategy and further emphasises the value of our reserves strategy.
- 3.5. Budget setting for 2019/20 will therefore be different in that the majority of decisions in respect of major changes to the budget were taken early.

However other factors will still affect the budget, such as council tax decisions and inflation, but these will not be as significant as the transformation programme that has already been put in place.

- 3.6. The MTFs approved by the County Council in September 2018 flagged that the expectation was for minimal change to the provisional Local Government Finance Settlement for 2019/20, the final year of the Comprehensive Spending Review (CSR). However, it was acknowledged that the Budget in the autumn could potentially contain some additional information that could impact our planning assumptions.
- 3.7. In overall terms, the announcements in the Budget had very little impact on the revenue position reported in the MTFs, although there were some welcome announcements in respect of one off additional funding for both adults' and children's social care and for highways. Although this funding falls far short of the amount required and is only one off, it does however signal that some of the pressures on local government are being recognised by the Treasury and the hope is that this will feed through to further changes within next years CSR.
- 3.8. The provisional Local Government Settlement announced on 13 December confirmed the grant figures for 2019/20 broadly in line with the four year settlement and there has been no change to the council tax thresholds, with the exception of the police precept. The other key elements of the provisional settlement were:
 - The County Council's Revenue Support Grant (RSG) was reduced to zero in 2019/20 as part of the original four year settlement. On top of this a further £1.6m was lost as a result of 'negative RSG' which reduced the top up grant from business rates. The Government has announced that there will be no 'negative RSG' in 2019/20 and this therefore represents a benefit of £1.6m to the County Council next year.
 - A £180m surplus from the business rates levy account will be distributed pro rata to the Settlement Funding Assessment (SFA) which is a proxy for the relative need of each local authority - the County Council's allocation is £1.8m.
 - The continuation of 100% pilots in Devolution Deal Areas and fifteen 75% business rates retention pilots. Hampshire County Council's bid was unsuccessful but Portsmouth, Southampton and the Isle of Wight have had their existing pilot extended, albeit at a lower retention level (2018/19 was 100% retention).
 - £20m has been added to the settlement to maintain the New Home Bonus (NHB) baseline at 0.4% (only growth in new homes above this baseline level attract the NHB). Hampshire will receive approaching £4.9m from the NHB and this is already factored into the MTFs for next year.
 - The provisional settlement confirmed the allocations of adult social care funding announced in the Budget but the Green Paper for adult social care which was originally due to be published in summer 2018 has been delayed further until next year.
- 3.9. The Public Health team have been developing its service plans and budgets for 2019/20 and future years in keeping with the County Council's priorities

and the key issues, challenges and priorities for the Department are set out below.

4. Departmental Challenges and Priorities

- 4.1. The Health and Social Care Act (2012) transferred responsibility for the local leadership of public health from the NHS to upper tier and unitary authorities and conferred on them a new duty to take appropriate steps to improve the health of the people in their area.
- 4.2. A ring-fenced Public Health grant enables local authorities to discharge this responsibility. In December 2017 it was announced that the current ringfence will be maintained until 31 March 2020 and there has not been a change in this formal position since. This therefore continues to be a key assumption on which the future financial position for Public Health is based upon.
- 4.3. As per the November 2015 spending review, there has been, since 2015/16, a programme of reductions in the Public Health grant allocation for Hampshire County Council. The total confirmed cash reduction in grant allocation since 2015/16 up to and including 2018/19 was £6.95m with a further final reduction planned of £1.34m in 2019/20. The programme of grant reduction is expected to total £8.29m by 2019/20; when the remaining grant will be £49.49m.
- 4.4. On 20 December 2018, it was confirmed that the reduction in the Public Health grant for Hampshire in 2019/20 would be £1.34m. The indicative position for 2020/21 remains in line with the announcement in November 2015 in that the grant would be maintained, in cash terms, to the amount announced for 2019/20.
- 4.5. Since 2015/16, against the programmed reduction in grant of £8.29m, the Public Health team are forecast to achieve budgeted savings of £5.82m up to and including the 2019/20 budget reported here. The Public Health team have developed a programme of work to build upon the efficiencies and savings that have already been achieved to meet the remaining expected saving required of £2.47m by 2021/22.
- 4.6. It should be emphasised that the above are cash reductions in the ring-fenced grant. In real terms over the five years the level of reduction is significantly greater. To mitigate this, any inflationary pressures, for example, on staffing costs or existing contracts, have had to be accommodated within the available specific grant income.
- 4.7. The further reduction in the Public Health grant inevitably presents challenges for delivery of the Council's core public health responsibilities and for wider work to improve the public's health. Careful planning, delivery and evaluation of evidence-based interventions will ensure that the available public health resources are focused on the key public health priority areas identified in the Public Health Strategy 'Towards a Healthier Hampshire', and these are set out below.
- 4.8. A key priority is to ensure efficient delivery of the public health mandate to best meet the public health needs of Hampshire's residents and to continue to ensure that these services are providing best value for money. These include the mandated services: the National Child Measurement Programme, (NCMP) delivered through the school nursing service; delivering quality

assured NHS health checks with the aim of both reducing future ill health, particularly dementia and cardio-vascular disease, and the demand for health and social care services; enabling access to comprehensive good value for money sexual health services through transformation providing public health expertise and leadership to NHS commissioners and the Sustainability and Transformation Partnership to inform the planning and commissioning of health services and delivering health protection responsibilities.

- 4.9. A focus on improved outcomes and increased quality in the public health commissioned services remains a priority alongside leadership of public health for Hampshire.
- 4.10. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes. The Healthy Child Programme (0-19) is an evidence based universal prevention and early intervention public health programme that is offered to all families. These services are supported by a mandate that requires universal delivery of five key child development reviews. It supports parents and promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the Public Health team is working in partnership with Children's Services and NHS colleagues to transform and provide collaborative services for children and young people and their families. Effective use of resources will help to maximise the universal nature of the service, as well as to provide an enhanced offer to vulnerable families, to get the best possible outcomes in the six high impact areas, focus on prevention, and early identification of children and families at risk of future health and social problems.
- 4.11. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and care needs, remains a real public health challenge. These choices already have an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on prevention and making a healthy lifestyle 'the norm' for people of all ages is key to keeping people healthy, in employment and independent for longer and to reducing future demand for services. We continue to work to achieve this through appropriate nutrition, reducing obesity, promoting physical activity and supporting people to stop smoking and to drink sensibly. This requires strategic leadership and collaboration to change the system alongside effective services for the population.
- 4.12. With an increasingly older population, tackling social isolation and malnutrition, preventing falls and maintaining mobility in our vulnerable and older residents remain important areas of focus for our work with colleagues in Adult Social Care and for the Demand Management and Prevention Programme.
- 4.13. Domestic abuse is a serious public health problem; Public Health leadership of the strategic partnership is driving work across the system to reduce domestic abuse. The recently recommissioned Domestic Abuse service for victims and perpetrators provides further impetus to this work and has an increased focus on reducing the impacts of domestic abuse on children to prevent long term sequelae and impact.
- 4.14. Poor mental health represents a significant burden of disease in the County and increases the risk of developing physical illness and of premature

mortality. We will continue our work to improve the mental wellbeing of our communities and the focus on preventing suicide. An EU partnership grant focusing on improving male health is enhancing our capacity in this important area. Promoting emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services. Delivery of the updated Emotional Health and Wellbeing Strategy for children and young people will help to drive this agenda forward.

- 4.15. The substance misuse service delivers a robust drug and alcohol treatment system that fully meets the diverse needs of the Hampshire population and empowers and enables people to recover from alcohol and/or drug dependency. Through a transformation programme the newly recommissioned service will take a family approach and deliver a comprehensive treatment service. Wider system work continues to support responsible drinking and promote safe and healthy places for people to live and work.
- 4.16. Sexual Health services and substance misuse services, being demand led, are challenged by the number of patients requiring these services. However, they are continuing to meet the demand through service transformation and shifting more activity from face to face to digital interventions.
- 4.17. The Director of Public Health (DPH) continues to deliver the Health Protection responsibilities through partnership work with Public Health England and NHS England and to ensure delivery of the Joint Strategic Needs Assessment on behalf of the Hampshire Health and Wellbeing Board.
- 4.18. Nationally and within the Hampshire and Isle of Wight Sustainability and Transformation Partnership there is a welcome renewed focus on population health and prevention. The DPH provides leadership to this work programme supported by the Public Health consultant team.
- 4.19. Hampshire County Council agreed an interim partnership to provide the leadership of public health on the Isle of Wight, (IOW). This arrangement was set up in January 2018. Following a review of the function and delivery of the responsibilities the two councils are working together on the shared assumption that a long term partnership is viable.
- 4.20. In October 2016 the Public Health team and Adult Services Department were joined to form the Adults' Health and Care Department. Although Public Health is reported in detail within this report the position is summarised within the Adult Social Care report to provide a departmental wide view for Adults' Health and Care.

5. 2018/19 Revenue Budget

- 5.1. The cash limited budget for 2018/19 was set to fully utilise the ring-fenced government grant for Public Health, together with planned use of £2.0m of the Public Health Reserve.
- 5.2. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.

- 5.3. The expected outturn forecast for 2018/19 is an under spend of £0.7m against the budget that includes both, the in year grant allocation and the budgeted use of £2.0m from the Public Health Reserve. In effect this underspend reflects a lower than originally expected draw on the Public Health Reserve and will therefore be reported at year end as a zero variance on the revenue budget with a greater balance being held on the Public Health Reserve.
- 5.4. As at April 2018, the forecast closing balance of the Public Health Reserve by 31 March 2019, after budgeted use of £2.0m in year was anticipated to be £5.8m. In light of the early realisation of savings plans it is now forecast that the balance at year end will be £6.5m.
- 5.5. The under spend has been achieved by planned work to deliver efficiencies and innovation within existing services in advance of future reductions in funding. This work has included holding vacancies in the Public Health team and making reductions in contractual and non contractual spend.
- 5.6. The budget for Public Health has been updated throughout the year and the revised budget is shown in Appendix 1.

6. 2019/20 Revenue Budget Pressures and Initiatives

- 6.1. For budget planning purposes, the provisional ring-fenced Public Health grant for 2019/20 had been assumed. The provisional grant allocation for 2019/20 is £49.49m for Hampshire County Council, which represents a reduction of £1.34m from the grant awarded for 2018/19. As outlined in paragraph 4.4 above, further cash reductions in grant are not anticipated for future years. To meet the challenge presented by the confirmed reductions in the Public Health grant, the service has been reviewing and re-procuring existing service and contractual commitments to ensure the best use of resources to optimise outcomes for the residents of Hampshire.
- 6.2. The 2019/20 budget is based on the utilisation of £2.93m of the Public Health Reserve to meet the difference between the grant funding and the planned one off and recurring expenditure of £52.42m for the year. The budgeted use of the Public Health Reserve for 2019/20 coupled with the 2018/19 forecast under spend, leaves an anticipated £3.58m within the Public Health Reserve available from 2019/20. This will be utilised to provide short term one-off funding allowing time to further review existing contracts and drive out more sustainable efficiencies.

7. 2019/20 Revenue Savings Proposals

- 7.1. The Public Health function is funded in its entirety from the ring-fenced Public Health grant. Due to this unique funding arrangement the Public Health budget was not subject to savings in the same way as other departments within the County Council were for 2019/20, i.e. through the Tt2019 Programme. The Public Health function has been required to reduce expenditure in line with the planned reductions in the level of grant received by the County Council.
- 7.2. As highlighted earlier within this report the total reduction in the grant level since 2015/16 up to and including 2019/20 has been £8.29m. The savings achieved to date and forecast to be achieved in 2019/20 total £5.82m with

£2.47m forecast to be achieved by 2021/22. In the meantime, there are sufficient resources within the Public Health Reserve to offset the pressure generated from the difference between savings achieved and the level of grant up to 2021/22.

- 7.3. The Public Health team have continued to develop savings in the light of the reducing government grant. The review and re-procurement of existing service and contractual commitments is an on-going process and has resulted in savings in contract values for 2019/20 that have been built into the budget position. Total net savings of £0.92m have been identified and included within the 2019/20 budget.
- 7.4. Rigorous monitoring of the delivery of the programme will continue during 2019/20, to ensure that Public Health is able to stay within its cash limited budget as set out in this report.
- 7.5. This action in developing and implementing the savings programme for 2019/20 means that the County Council is in a strong position for setting a balanced budget in 2019/20. In addition, plans to deliver further savings beyond 2019/20 have been finalised by Public Health. The following table shows the level of savings targeted in each of the next two years (further to those already included within the proposed 2019/20 budget), which will require a subsequent draw from the Public Health Reserve.

	2019/20 £M	2020/21 £M	2021/22 £M
Targeted Saving Profile post 2019/20	0.00	1.99	2.47
Differential between saving achieved and grant reduction requiring draw on Public Health Reserve	2.47	0.48	0.00

- 7.6. By 2021/22 it is anticipated that the Public Health budget will be within the notional available funding announced in the 2015 Autumn Statement, although the targeted savings are loaded toward later years. This is in line with the end dates of the contracts that are planned to be reviewed. In the interim the Public Health Reserve will offset the highlighted funding gap. After funding both the gap outlined above and currently planned non-recurrent expenditure it is anticipated that by March 2021 there will be a balance of £3.01m on the Public Health Reserve.

8. Budget Summary 2019/20

- 8.1. The budget update report presented to Cabinet in December included provisional cash limit guidelines for each department. The cash limit for Public Health in that report was £52.4m which was a £0.5m decrease on the previous year.
- 8.2. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Public Health for 2019/20, including the impact of the 2019/20 pay award, and shows that these budgets are within the cash limit.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Transformation to 2019 – Revenue Savings Proposals (Executive Member for Public Health) http://democracy.hants.gov.uk/ieListDocuments.aspx?CId=595&MId=3138	21 September 2017
Medium Term Financial Strategy Update and Transformation to 2019 Savings Proposals https://democracy.hants.gov.uk/mgAi.aspx?ID=3194#mgDocuments	Cabinet - 16 October 2017 County Council – 2 November 2017
Looking Ahead - Medium Term Financial Strategy https://democracy.hants.gov.uk/ieIssueDetails.aspx?IId=10915&PlanId=0&Opt=3#A18687	Cabinet - 18 June 2018 County Council – 20 September 2018
Budget Setting and Provisional Cash Limits 2019/20 (Cabinet) http://democracy.hants.gov.uk/documents/s26900/Budget%20Report.pdf	10 December 2018

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	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2 Equalities Impact Assessment:

The budget setting process for 2019/20 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Transformation to 2019 Programme were considered in detail as part of the approval process carried out in October and November 2017 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 4 to 7 in the October Cabinet report linked below:

<http://democracy.hants.gov.uk/mgAi.aspx?ID=3194#mgDocuments>

2. Impact on Crime and Disorder:

2.1 The proposals in this report are not considered to have any direct impact on the prevention of crime, but the County Council through the services that it provides through the revenue budget and capital programme ensures that prevention of crime and disorder is a key factor in shaping the delivery of a service / project.

Climate Change:

a) How does what is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified.

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

The County Council in designing and transforming its services will ensure that climate change issues are taken into account.

Budget Summary 2019/20 – Public Health

Service Activity	Original Budget 2018/19 £'000	Revised Budget 2018/19 £'000	Proposed Budget 2019/20 £'000
Drugs and Alcohol	9,278	9,278	9,245
Central (*)	2,710	2,675	2,924
Children 5-19	4,036		
Children under 5 (*)	16,566		
Children and Young People (*)		23,990	23,800
Dental	180	180	180
Health Checks (*)	1,447	1,447	1,211
Health Protection (*)	29		
Information and Intelligence	22	22	16
Infection Prevention and Control		29	5
Mental Health and Wellbeing		1,821	2,121
Misc Health Improvements & Wellbeing (**)	5,697	108	108
Nutrition, Obesity and Physical Activity	959	508	515
Older People		866	866
Sexual Health (*)	9,843	9,843	9,218
Tobacco	2,109	2,109	2,209
Net Cash Limited Expenditure	52,876	52,876	52,418

* Includes mandated services

** Specific services include:

- Domestic abuse services
- Mental Health promotion
- Some Children's and Youth Public Health services

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	16 January 2019
Title:	2019/20 Revenue Budget Report for Adult Social Care
Report From:	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources

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

Tel: 01962 845875 **Email:** Graham.Allen@hants.gov.uk
01962 847473 dave.cuerden@hants.gov.uk

1. Purpose of Report

- 1.1 For the Health and Adult Social Care Select Committee to pre-scrutinise the budget proposals within the remit of this committee (see report attached due to be considered at the decision day of the Executive Member for Adult Social Care and Health at 3:00pm on 16 January 2019).
- 1.2 For the Select Committee to consider the recommendations proposed in the report to the Executive Member for Adult Social Care and Health, and to agree and make recommendations to the Executive Member accordingly.

2. Recommendations

That the Health and Adult Social Care Select Committee:

Either:

- 2.1. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health in section 1 of the report.

Or:

Agree any alternative recommendations to the Executive Member for Adult Social Care and Health, with regards to the budget proposals set out in the report.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Health
Date:	16 January 2019
Title:	2019/20 Revenue Budget Report for Adult Social Care
Report From:	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources

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

Tel: 01962 845875 graham.allen@hants.gov.uk
01962 847473 **Email:** dave.cuerden@hants.gov.uk

1. Recommendation(s)

To approve for submission to the Leader and the Cabinet:

- 1.1. The revised revenue budget for 2018/19 as set out in Appendix 1.
- 1.2. The summary revenue budget for 2019/20 as set out in Appendix 1.
- 1.3. The proposed fees and charges as set out in Appendix 2.

2. Executive Summary

- 2.1. The purpose of this report is to set out proposals for the 2019/20 budget for Adult Social Care in accordance with the Councils Medium Term Financial Strategy (MTFS) approved by the County Council in September 2018.
- 2.2. The deliberate strategy that the County Council has followed to date for dealing with grant reductions and the removal of funding that was historically provided to cover inflation, coupled with continued demand pressures over the last decade is well documented. It involves planning ahead of time, through a two-yearly cycle, releasing resources in advance of need and using those resources to help fund transformational change.
- 2.3. This strategy has served the County Council, and more particularly its services and community well, as it has delivered transformation programmes on time and on budget allowing maximum planning time and minimising disruption. Put simply, it is an approach that has ensured Hampshire County Council has continued to avoid the worst effects of funding reductions that have started to blight other local authorities.
- 2.4. In line with this financial strategy there were no new savings proposals presented as part of the 2018/19 budget setting process and the budget was balanced through the use of the Grant Equalisation Reserve (GER). Targets for 2019/20 based on a reduction of approaching 19% in cash limited spend,

were approved by the County Council in July 2016 as part of the MTFs to 2020. Proposals to meet these targets were approved by Executive Members, Cabinet and County Council in October and November 2017 and are being implemented through the Transformation to 2019 (Tt2019) Programme.

- 2.5. The report also provides an update on the financial position for the current year. For 2018/19 it is forecast that the department will achieve early Transformation to 2019, (Tt2019) savings of £10.0m. In addition, favourable forecast variances within the rest of the Department of £1.6m have been achieved. All savings and favourable variances will be transferred to the Cost of Change Reserve for use in later years.
- 2.6. The proposed budget for 2019/20 analysed by service is shown in Appendix 1.
- 2.7. The report also reviews the level of charges for the provision of services which require approval and provides a summary of these charges in Appendix 2.
- 2.8. This report seeks approval for submission to the Leader and Cabinet of the revised budget for 2018/19 and detailed service budgets for 2019/20 for Adult Social Care within the Adults' Health and Care Department. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 1 February 2019 to make final recommendations to County Council on 14 February 2019.

3. Context and Priorities

- 3.1. The current financial strategy which the County Council operates works on the basis of a two year cycle of delivering change to release resources and close the anticipated budget gap. This provides the time and capacity to properly deliver major transformation programmes every two years, with deficits in the intervening years being met from the Grant Equalisation Reserve (GER) and with any early delivery of resources retained by departments to use for cost of change purposes or to cash flow delivery and offset service pressures. The model has served the authority well.
- 3.2. The County Council's strategy placed it in a very strong position to produce a 'steady state' budget for 2018/19 and safely implement the next phase of changes through the Tt2019 Programme to deliver savings totalling £140m.
- 3.3. The Tt2019 Programme is progressing well and to plan, but it is clear that bridging a further gap of £140m is extremely difficult and will take longer to achieve in order to avoid service disruption. The Chief Executive's report entitled Transformation to 2019 – Report No. 5 was presented to Cabinet in December 2018 and outlined the positive progress being made.
- 3.4. The anticipated delay in the delivery of some elements of the programme has been factored into our medium term planning to ensure that sufficient one-off funding exists both corporately and within departments to meet any potential gap over the period. Taking up to four years to safely deliver service changes rather than being driven to deliver within the two year financial target requires the careful use of reserves as part of our overall financial strategy and further emphasises the value of our reserves strategy.

- 3.5. Budget setting for 2019/20 will therefore be different in that the majority of decisions in respect of major changes to the budget were taken early. However other factors will still affect the budget, such as council tax decisions and inflation, but these will not be as significant as the transformation programme that has already been put in place.
- 3.6. The MTFs approved by the County Council in September 2018 flagged that the expectation was for minimal change to the provisional Local Government Finance Settlement for 2019/20, the final year of the Comprehensive Spending Review (CSR). However, it was acknowledged that the Budget in the autumn could potentially contain some additional information that could impact our planning assumptions.
- 3.7. In overall terms, the announcements in the Budget had very little impact on the revenue position reported in the MTFs, although there were some welcome announcements in respect of one off additional funding for both adults' and children's social care and for highways. Although this funding falls far short of the amount required and is only one off, it does however signal that some of the pressures on local government are being recognised by the Treasury and the hope is that this will feed through to further changes within next years CSR.
- 3.8. The provisional Local Government Settlement announced on 13 December confirmed the grant figures for 2019/20 broadly in line with the four year settlement and there has been no change to the council tax thresholds, with the exception of the police precept. The other key elements of the provisional settlement were:
- The County Council's Revenue Support Grant (RSG) was reduced to zero in 2019/20 as part of the original four year settlement. On top of this a further £1.6m was lost as a result of 'negative RSG' which reduced the top up grant from business rates. The Government has announced that there will be no 'negative RSG' in 2019/20 and this therefore represents a benefit of £1.6m to the County Council next year.
 - A £180m surplus from the business rates levy account will be distributed pro rata to the Settlement Funding Assessment (SFA) which is a proxy for the relative need of each local authority - the County Council's allocation is £1.8m.
 - The continuation of 100% pilots in Devolution Deal Areas and fifteen 75% business rates retention pilots. Hampshire County Council's bid was unsuccessful but Portsmouth, Southampton and the Isle of Wight have had their existing pilot extended, albeit at a lower retention level (2018/19 was 100% retention).
 - £20m has been added to the settlement to maintain the New Home Bonus (NHB) baseline at 0.4% (only growth in new homes above this baseline level attract the NHB). Hampshire will receive approaching £4.9m from the NHB and this is already factored into the MTFs for next year.
 - The provisional settlement confirmed the allocations of adult social care funding announced in the Budget but the Green Paper for adult social care which was originally due to be published in summer 2018 has been delayed further until next year.

- 3.9. Adults' Health and Care has been developing its service plans and budgets for 2019/20 and future years in keeping with the County Council's priorities and the key issues, challenges and priorities for the Department are set out below.

4. Departmental Challenges and Priorities

- 4.1. The national long term financial forecast for Adult Social Care continues to be challenging despite additional non-recurrent funding through the Integrated Better Care Fund (IBCF) and Winter Pressures being made available to Local Authorities in 2018/19 and 2019/20. In Hampshire this short term funding has and will be an invaluable resource to influence and implement much needed system change in particular to reduce numbers of delayed transfers of care, (DToC) out of hospital. However, the short term nature of the funding means it will not positively impact on the underlying increase in demand for clients requiring adult social care services.
- 4.2. The Adult Social Care budgets continue to face demand pressures in the form of both volume and complexity of clients. The Department is therefore required to be innovative in its engagement with providers to maintain prices at a sustainable and affordable level. The need to maintain a fair price for services purchased from provider partners is critical for the stability of this market which in turn will allow the Department to ensure adequate services remain available to meet client needs into the future.
- 4.3. The Department continues to manage the budget pressures whilst at the same time responding positively to the on-going and increasing requirement to reduce cost to offset reductions in overall Council funding. In respect of the latter the full Tt2019 saving of £55.9m has been removed from the budget for 2019/20, with a further £43.1m set to be removed in 2021/22 in respect of Tt2021. These reductions in funding will be offset, in part, by additional annual investments of approximately £10m to mitigate known areas of demographic and complexity growth.
- 4.4. Overall, in the last three years, the Department have been able to report a significantly more positive position than had been previously forecast. This has been evidenced through greater achievement on Transformation to 2017 (Tt2017), as highlighted in paragraph 5.3, greater achievement on Tt2019, as highlighted in paragraph 5.5, and a significantly lower call on corporate support which has allowed the Department to accrue greater levels of cost of change to support known future challenges. This has been achieved through the adoption of a challenging transformation programme that at its core has been particularly successful in enabling; Social Workers to increasingly adopt a strengths-based approach, better and wider use of technology and increased Extra Care and Supported Living as an alternative to higher cost residential care.
- 4.5. 2018/19 has been a period of significant consolidation with the continued bedding in of the new organisational design that was introduced from the beginning of 2017/18. The arrival of a new structure, that is fully funded and that is supported by adequate controls and approvals has ensured that the staffing budget has been managed effectively with a minor under spend forecast on the operational staffing budget in 2018/19. Furthermore, the solid platform from which the Department is performing has enabled future plans to be developed for further organisational changes that are required for Tt2019.

Once finalised, the proposed changes will be consulted on in the new financial year and are set to be introduced from the beginning of 2020/21.

- 4.6. The supply of affordable staffing resource within the In-House Residential and Nursing Care homes continues to be a major challenge for the Department in part due to wider labour market challenges. There continues to be significant levels of vacancies and staff absences that are covered through higher cost agency staff. In response the Department has invested both time and short term financial resources to identify and implement a plan to significantly reduce spend in this area over the next two years. This will be achieved through measures that improve permanent recruitment to vacant posts, right sizing roles and through the more efficient rostering of staff. The budget for 2019/20 is set on the basis of a full establishment and cover for absence and vacancies based on levels observed in 2018/19 with the expectation that savings will accrue during the year. Furthermore it is anticipated that where agency usage is needed to meet peaks in labour requirements this need will be met with a greater degree of consistency and continuity through the new agency arrangement between Hampshire County Council and Commercial Services Kent Ltd.
- 4.7. The demand from people of working age with physical and learning disabilities is growing more rapidly and although positive work to improve value for money in commissioning has created good financial and quality outcomes, the increase in demand through transition from childhood is beginning to outweigh this. Advances in medical care have had a positive impact on life expectancy and have meant that people with very complex needs are surviving into adulthood when historically they might not have done so. They are also living a fuller adult life and are naturally demanding support to live independently as possible. Whilst in the medium term, this represents the fastest growing pressure on Adult Social Care budgets the Department are focussing efforts through the Tt2019 Programme to minimise the impact of this pressure whilst improving outcomes and life experiences for service users, including employment opportunities.
- 4.8. The Government's commitment to the National Living Wage (NLW) continues to have a substantial impact on the purchased care budget. From April 2019 the NLW will increase by 4.9% from £7.83 to £8.21 for all working people aged 25 and over. Inevitably this will have an impact on the cost of some services purchased by the Department. When taking decisions to set the 2019/20 budget the Department has given balanced consideration of the likely impact this will have. It is currently anticipated that sufficient funding has been allocated to mitigate all in year price pressures pertaining to the NLW.
- 4.9. The Department is carrying an underlying pressure caused primarily from the demand for care outstripping the original cash limited budget. In relation to this a pressure was carried into 2018/19, which the Department is continuing to mitigate through additional one off funding from:
- IBCF,
 - Adult Social Care Support Grant, in addition to recurrent funding from
 - Corporate Support made available in year.

This underlying pressure is forecast to be carried into 2019/20 where in some part it will continue to be offset by one off funding but a greater proportion will

require utilisation of the available corporate support to mitigate. It is recognised that purchased care is by far the most volatile and high risk area of adults' social care as it is influenced by a number of complex factors.

- 4.10. The Department is faced with care pressures arising both from the changing demography and complexity of clients, as well as the complex factors, such as tougher regulation, that change the nature of the market in which suppliers and the County Council engage. We continue to experience shortages in the availability of Residential and Nursing care at the County Council's rates which is consequently pushing up the average cost per placement. Although difficult to attribute to any single reason it is believed that shortages in the supply of care workers, against a backdrop of high employment within the county, and reductions in the number of registered providers are both increasing costs and shifting the balance of the market in addition to the need for the County Council to make greater volumes of placements to improve performance in terms of more timely discharges from hospital. Whilst the Department has prevented these pressures from becoming unsustainable to date through work with the market, a review of the Department's standard rates for older persons will be concluded and implemented during 2019/20.
- 4.11. The purchase of care for clients within their own home continues to be a challenging area for the Department. During 2018/19 the Department has refreshed its contractual framework for securing care for clients in their home. As at the date of this report it is too soon to confirm if this has brought some long term stability to the provision of and availability of care, however early signs are positive with waiting lists at their lowest point for many years and new entrants to the market secured. Furthermore, it follows that success in making available greater volumes of care to meet demand may also represent an area of financial risk in terms of greater overall costs incurred. The Department will continue to monitor this closely throughout the year, although it is anticipated that the planned greater coverage of reablement across the County will enable the Department to increase the client base, to meet demand, whilst ensuring that appropriate levels of support are provided in each case, thereby reducing the volume of care overall.
- 4.12. Furthermore, within the new non residential framework the Department has streamlined and simplified the transactional engagement with providers through the introduction of a new process for making payments. Whilst it is anticipated this will improve relationships with providers the system remains in the very early stages although again the early signs are positive and the greater levels of available care provision are in part, due to improved market operating conditions that the Department has worked hard at to make possible.
- 4.13. The two issues above impact the Department's capacity to support flow from NHS hospitals, as pressure is maintained to reduce the number of DToC, in line with the lower trajectory agreed with the NHS. To address the national deterioration in DToC an improvement at a local level became a dependency for the additional IBCF funding from 2017/18. Hampshire's performance in this area, partly linked to focused leadership and significant financial input, has improved markedly recently, especially since the summer of 2018. That said, local delivery on DToC continues to be challenging and future IBCF allocations are likely to depend on the performance gains being maintained and improved further. DToC performance continues to be monitored closely by the government through quarterly IBCF performance outcome statements

and DToC returns from the NHS. Given the profile of DToC in the last year, including the local Care Quality Commission (CQC) system review in March 2018, it is essential that the steps the Department has since implemented, including working more closely and more effectively with key system partners, continues to result in further and sustained performance improvements.

4.14. The IBCF additional allocation for the County Council was £17.0m in 2017/18, with £13.4m in 2018/19 and £6.7m the final year, 2019/20. In June 2017 the spending plan for the full amount was approved at the Health and Wellbeing Board and subsequently agreed by the Ministry of Housing, Communities & Local Government, (MHCLG). The spending plan addresses each of the three key streams for which the funding was provided:

- Meeting Adult Social Care Needs.
- Stabilise the Social Care Provider Market.
- Reduce pressures in the NHS.

Progress on these schemes has been steady and initial plans have been updated as appropriate to meet any changes in need across the countywide system. In 2017/18 the full allocation was fully spent and this is expected to be replicated in 2018/19.

4.15. The other key priority is the Adults' Health and Care Transformation Programme, which successfully completed the delivery of the full £43.1m Tt2017 savings ahead of schedule in 2017/18. Positively, the Department remains ahead of schedule in the current year for the delivery of Tt2019 savings and is likely to secure at least £10.0m in cash terms compared to the previously forecast £8.3m. In broad terms the delivery of Tt2019 during 2019/20 is predicted to be in line with the baseline profile and this is reflected accordingly within the proposed budget for 2019/20.

5. 2018/19 Revenue Budget

- 5.1. The cash limited budget for 2018/19 included the early achievement of Tt2019 proposals of £8.6m during the year. This and any further early delivery achieved during the year can be transferred to cost of change reserves and used to fund future transformational change or to cash flow delivery and offset service pressures.
- 5.2. Enhanced financial resilience reporting, which looks not only at the regular financial reporting but also at potential pressures in the system and the achievement of savings being delivered through transformation, has continued through periodic reports to the Corporate Management Team (CMT) and to Cabinet.
- 5.3. Although it was originally expected that the Department's Tt2017 programme would run into 2018/19 the highly positive achievement of savings during 2017/18 led to the closure of the programme, ahead of schedule, before the start of 2018/19. Therefore, Tt2017 has not been a consideration for the 2018/19 budget.
- 5.4. As outlined in 2.5 there is an expected favourable outturn forecast for 2018/19 of £1.6m after achievement of early Tt2019 savings of £10.0m. Of this £1.6m total £0.7m is related to Public Health with the detail being

reported separately as part of the Public Health Budget report. The remaining £0.9m favourable variance is due to in year savings on Adult Social Care services. Both the favourable variance of £0.9m and the £10.0m early achievement of Tt2019 savings will be transferred to the Cost of Change Reserve, bringing the reserve balance to £30.6m by the end of 2018/19. This sum will be utilised in full, within the following two years, to fund planned delays in savings and to pay for one off project costs.

- 5.5. The 2018/19 favourable position is almost entirely within non-recurrent budgets held within the Department. This under spend reflects the achievement of £10.0m of early Tt2019 savings.
- 5.6. The net position on the Adult Social Care service budgets is a £0.9m under spend, although there are some key variances. The main recurrent pressures in 2018/19 relate to the provision of care, both purchased and provided in house with pressures of £4.3m and £2.0m respectively. However, in year these have been offset by non-recurrent funding made available through the "Meeting Social Care Needs" workstream within the increased IBCF of £4.8m. Furthermore, there are various savings across the Departments' non care budgets, including departmental wide staffing budgets, that total £2.4m.
- 5.7. In addition, to reach this reported position for 2018/19 the Department have only utilised £4.3m of the £10.0m available corporate support for recurrent activity.
- 5.8. On 17 October 2018 final funding allocations for Winter Pressures in 2018/19 were announced to local authorities. The allocation for Hampshire County Council is £4.8m. This resource is intended to be spent on additional social care activity to alleviate winter pressures on the NHS. An expenditure plan has been discussed with NHS partners and has been submitted to the Department of Health and Social Care. At this time, it is expected that this fund will be sufficient to cover all associated costs relating to the impact on long term care package costs during this financial year.
- 5.9. The budget for Adult Social Care has been updated throughout the year and the revised budget is shown in Appendix 1.

6. 2019/20 Revenue Budget Pressures and Initiatives

- 6.1. The Departments' budget has been reviewed in detail as part of the 2019/20 budget preparation process. Significant recurrent contingencies are not being held by the Department as all available recurrent funding has been allocated to service budgets to meet the assessed cost for 2019/20. However, the Department is budgeted to hold centrally a proportion of the 2019/20 IBCF allocation.
- 6.2. As with previous years the risk of significant pressure in 2019/20 will come from purchased care provision. This pressure will materialise through increases in demand and complexity of clients, and through the cessation of one off funding available in 2018/19, as highlighted in paragraph 5.6 above. Despite this the current anticipated pressure is expected to be met in full from the available corporate support in 2019/20 and if required will be subject to a base budget adjustment into the Department.

- 6.3. For 2019/20 the budget for the In-House Care residential and nursing units has been increased to reflect the level of spend forecast in 2018/19. However, there is a significant amount of work being undertaken within the service to reduce costs, primarily those arising from agency usage, that will then enable the Department to release a saving in later years.
- 6.4. On 29 October 2018 the Chancellor announced, as part of the 2018 budget, a further allocation of funding to local authorities for 2019/20 to cover the cost of Winter Pressures. The purpose and value, (£4.8m) of this funding in 2019/20 is the same as the 2018/19 grant, outlined in paragraph 5.8 above. Prior to the start of 2019/20 a full spending plan will be developed and discussed with NHS partners. It is intended that this funding will cover the direct costs associated with schemes to reduce the number of delayed transfers of care and the associated impact on relevant ongoing long term care package costs.
- 6.5. The current growth forecast, specifically for demand pressures and reductions in one off funding for later years are both expected to be contained through the planned growth in available corporate support for the next three years. Conversely the three year position for the Department's Cost of Change Reserve indicates that corporate support of £2.5m will be required to meet the total one off cost of Tt2019 projects and the planned delay in achievement of Tt2019 savings in later years.

7. 2019/20 Revenue Savings Proposals

- 7.1. The Department was given a savings target for 2019/20 of £55.9m which was approved by the County Council in July 2016 as part of the MTFs to 2020. Proposals to meet these targets were approved by Executive Members, Cabinet and County Council in October and November 2017 and have been developed through the Tt2019 Programme.
- 7.2. During the last year, the Department has been progressing the implementation of these proposals, which have been subject to regular reporting to Cabinet and CMT.
- 7.3. It is now anticipated that full year savings of £46.7m will be achieved in 2019/20, which is £0.2m lower than the approved baseline profile. This shortfall, in addition to the planned shortfall against the departmental target of £55.9m in 2019/20, will be made up from the Departments' Cost of Change Reserve.
- 7.4. The main reasons for the shortfall of £9.2m in 2019/20 compared to the total saving of £55.9m relate to:
- £3.1m on the Working Differently programme. The Department is currently on target for this to be achieved in full by quarter one 2020/21.
 - £4.3m on the Living Independently programme. The Department have high confidence that at least £2.0m is on target for this to be achieved in full by quarter one 2020/21. The remaining £2.3m relates to direct reductions in care provision costs which as stated previously can be volatile and accordingly are considered as a high risk that will need to be monitored and managed closely.
 - £1.0m on the Learning Disability and Mental Health programme. This relates to direct reductions in care provision costs which as stated

previously can be volatile and accordingly are considered as a high risk that will need to be monitored and managed closely.

- £0.8m on the Childrens' to Adults Transition programme. The Department is currently on target for this to be achieved in full by quarter one 2020/21.
- 7.5. In addition, the anticipated full years saving in 2019/20 of £46.7m carries a significant amount of risk with some £4.5m of new saving to be achieved from direct reductions in care provision costs.
- 7.6. However, rigorous monitoring of the delivery of the programme will continue during 2019/20, to ensure that the Department is able to stay within its cash limited budget as set out in this report.
- 7.7. This early action in developing and implementing the savings programme for 2019/20 means that the County Council is a strong position for setting a balanced budget in 2019/20 and that no new savings proposals will be considered as part of the budget setting process for the next financial year.

8. 2019/20 Review of Charges

- 8.1. For Adult Social Care, the 2019/20 revenue budget includes income of £63.1m from fees and charges to service users. This is an increase of £3.5m (5.9%) on the revised budget for 2018/19.
- 8.2. Details of current and proposed fees and charges for 2019/20 where approval is sought for changes are outlined in Appendix 2.
- 8.3. The proposed fee increases for Residential and Nursing care are greater than inflation as they are both subject to income generation initiatives within the Departments' Tt2019 Programme. The initiative was to charge self funding clients a price that represented the actual cost of the service provided. These rates have therefore been subject to Executive Member approval previously during 2018/19.

9. Budget Summary 2019/20

- 9.1. The budget update report presented to Cabinet in December included provisional cash limit guidelines for each department. The cash limit for Adults' Health and Care in that report was £382.2m which includes budgets for Adult Social Care (£329.8m) and Public Health (£52.4m). This was a £16.8m decrease on the previous year. This report focusses on Adult Social Care with Public Health being covered in a separate report.
- 9.2. At that stage the cash limit guidelines did not include an allowance for the second year of the two year pay award covering the 2018/19 and 2019/20 financial years. However, the required allocations have now been finalised and have been added – full details will be included in the February budget setting report. For Adult Social Care this amount is £3.2m and increases the cash limit to £333.0m.
- 9.3. Appendix 1 sets out a summary of the proposed budgets for the service activities provided by Adult Social Care for 2019/20 and show that these are within the cash limit, including provision for the 2019/20 pay award, set out above.

9.4. In addition to these cash limited items there are further budgets which fall under the responsibility of Adult Social Care, which are shown in the table below:

	2019/20	
	£'000	£'000
Cash Limited Expenditure	441,125	
Less Income (Other than Government Grants)	(108,088)	
Net Cash Limited Expenditure		333,037
Less Government Grants:		
• Local Community Voices Grant	(100)	
• Independent Living Fund	(4,082)	
• Better Care Fund	(18,907)	
• Improved Better Care Fund	(6,698)	
• Winter Pressures funding*	(4,754)	
• War Widows Pension Grant	(505)	
• Social Care in Prisons Grant	(106)	
Total Government Grants		(35,152)
Total Net Expenditure		297,885

*This will form a non recurrent element of the IBCF in 2019/20 only.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Transformation to 2019 – Revenue Savings Proposals (Executive Member for Adult Social Care) http://democracy.hants.gov.uk/ieListDocuments.aspx?CId=595&MId=3138	21 September 2017
Medium Term Financial Strategy Update and Transformation to 2019 Savings Proposals https://democracy.hants.gov.uk/mgAi.aspx?ID=3194#mgDocuments	Cabinet - 16 October 2017 County Council – 2 November 2017
Looking Ahead - Medium Term Financial Strategy https://democracy.hants.gov.uk/ieIssueDetails.aspx?Id=10915&PlanId=0&Opt=3#A18687	Cabinet - 18 June 2018 County Council – 20 September 2018
Budget Setting and Provisional Cash Limits 2019/20 (Cabinet) http://democracy.hants.gov.uk/documents/s26900/Budget%20Report.pdf	10 December 2018

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	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic 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 characteristic connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic 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 which participation by such persons is disproportionately low.

1.2 Equalities Impact Assessment:

The budget setting process for 2019/20 does not contain any proposals for major service changes which may have an equalities impact. Proposals for budget and service changes which are part of the Transformation to 2019 Programme were considered in detail as part of the approval process carried out in October and November 2017 and full details of the Equalities Impact Assessments relating to those changes can be found in Appendices 4 to 7 in the October Cabinet report linked below:

<http://democracy.hants.gov.uk/mgAi.aspx?ID=3194#mgDocuments>

2. Impact on Crime and Disorder:

2.1 The proposals in this report are not considered to have any direct impact on the prevention of crime, but the County Council through the services that it provides through the revenue budget and capital programme ensures that prevention of crime and disorder is a key factor in shaping the delivery of a service / project.

Climate Change:

- How does what is being proposed impact on our carbon footprint / energy consumption?

No impact has been identified.

- How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

The County Council in designing and transforming its services will ensure that climate change issues are taken into account.

Budget Summary 2019/20 – Adults' Health and Care Department

Service Activity	Original Budget 2018/19 £'000	Revised Budget 2018/19 £'000	Proposed Budget 2019/20 £'000
Director	1,277	1,532	1,481
Strategic Commissioning and Business Support	18,061	18,095	15,172
Transformation	3,443	5,103	3,714
Older People and Physical Disabilities Community Services	125,609	125,992	125,484
Learning Disabilities and Mental Health Services			
Learning Disabilities Community Services	105,474	109,185	106,657
Mental Health Community Services	16,947	17,961	16,998
Contact Centre	665	1,330	1,248
	123,086	128,476	124,903
Internal Provision			
In-House Care	36,696	39,831	42,173
Reablement	11,408	12,202	11,069
	48,104	52,033	53,242
Governance, Safeguarding and Quality	3,591	3,671	3,559
Centrally Held	19,936	41,304	5,482
Total Adult Services	343,107	376,206	333,037
Public Health	52,876	52,876	52,418
Net Cash Limited Expenditure	395,983	429,082	385,455

Review of Fees and Charges 2019/20 – Adults' Health and Care Department

	Income Budget 2019/20 £'000	Current Charge £	Increase %	New Charge £
Mandatory/National Charges:				
Full cost weekly charge (HCC in-house residential and nursing establishments, including respite services)				
Nursing care for Older People (per week)	5,524	682.08	19.5	815.08
Residential Care for Older People (per week)	6,234	615.51	19.5	735.49
Residential Care for Dementia (per week)	In above	665.14	19.5	794.78
Residential Care for Adults with a Learning Disability (per week)	99	1,015.56	2.1	1,036.84
Meals on Wheels*	2,034	4.67	4.95	4.90

*Proposed increase

Discretionary Charges:

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

In line with Corporate Policy all discretionary charges will be increased by an inflation rate of 2.1%

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	16 January 2019
Title:	Capital Programme for 2019/20 to 2021/22
Report From:	Director of Adults' Health and Care and Deputy Chief Executive and Director of Corporate Resources

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

Tel: 01962 845875 **Email:** Graham.Allen@hants.gov.uk
01962 847473 dave.cuerden@hants.gov.uk

1. Purpose of Report

- 1.1 For the Health and Adult Social Care Select Committee to pre-scrutinise the proposed Capital Programme 2019/20 to 2021/22 within the remit of this Committee (see report attached due to be considered at the decision day of the Executive Member for Adult Social Care and Health at 3:00pm on 16 January 2019).
- 1.2 For the Select Committee to consider the recommendations proposed in the report to the Executive Member for Adult Social Care and Health, and to agree and make recommendations to the Executive Member accordingly.

2. Recommendations

That the Health and Adult Social Care Select Committee:

Either:

- 2.1. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health in section 1 of the report.

Or:

Agree any alternative recommendations to the Executive Member for Adult Social Care and Health, with regards to the proposed budget proposals set out in the report.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Health
Date:	16 January 2019
Title:	Capital Programme for 2019/20 to 2021/22
Report From:	Director of Corporate Resources – Corporate Services and Director of Adults' Health and Care

Contact name: Graham Allen and Dave Cuerden

Tel: 01962 845875

Email: graham.allen@hants.gov.uk

01962 847473

dave.cuerden@hants.gov.uk

1. Recommendations

- 1.1. To approve for submission to the Leader and Cabinet the capital programme for 2019/20 to 2021/22 as set out in Appendix 1 and the revised capital programme for 2018/19 as set out in Appendix 2.

2. Executive Summary

- 2.1. This report seeks approval for submission to the Leader and Cabinet of the proposed capital programme for 2019/20 to 2021/22.
- 2.2. The report has been prepared in consultation with the Executive Member and will be reviewed by the Health and Adult Social Care Select Committee. It will be reported to the Leader and Cabinet on 1 February 2019 to make final recommendations to County Council on 14 February 2019.
- 2.3. The report considers the schemes which it is proposed to include in the capital programmes for 2019/20, 2020/21 and 2021/22 and also presents the revised programme for 2018/19.
- 2.4. The proposals contained in this report are derived from the departmental service plans which have been developed to support the priorities of the Corporate Strategy.

3. Contextual Information

- 3.1 Executive Members have been asked to prepare proposals for:
 - a locally-resourced capital programme for the three-year period from 2019/20 to 2021/22 within the guidelines used for the current capital programme including the third year, 2021/22, at a similar level to 2020/21
 - a programme of capital schemes in 2019/20 to 2021/22 supported by Government grants as announced by the Government.
- 3.2 The medium term financial and efficiency strategy is closely linked to the Corporate Strategy and the Corporate Business Plan to ensure that priorities are affordable and provide value for money and that resources follow priorities.

4. Locally resourced capital programme

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

	£000
2019/20	481
2020/21	481
2021/22	481

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

5 Proposed capital programme 2019/20 to 2021/22 – locally resourced schemes

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

- Priority works on residential and nursing care premises to meet the needs of residents and service users to satisfy the requirements of regulators including the Care Quality Commission, The Fire Service and the Health and Safety Executive.
- The replacement of the existing Nursecall systems in the remaining 11 In House units.

5.2 The detailed programme in Appendix 1 and expenditure for 2019/20 is summarised in the table below:

	£000
Operational building, including residential and nursing care, improvements	481
Nursecall	1,300
Total	<u>1,781</u>

6 Revised 2018/19 capital programme

6.1 The revised 2018/19 capital programme for Adults is shown in Appendix 2 and totals £43.24m. The changes since the capital programme was approved in January 2018 are summarised below:

	2018/19 £000
Approved Programme	11,175
Carry Forward from 2017/18	31,119
Disabled Facilities Grant (Better Care Fund pooled budget)	947
Total	<u>43,241</u>

6.2 The schemes carried forward from previous years of £31.12m were agreed by Cabinet on 18 June 2018. These predominantly relate to the Extra-Care housing and Adults with a Disability Accommodation programmes.

7 Extra-Care Housing

- 7.1 On the 24 October 2011 Cabinet approved the strategy to extend the development of Extra-Care Housing. This included approval of an indicative maximum financial envelope of £45m of capital investment to deliver the programme of work, including transition cost.
- 7.2 Capital funding for the extensions to Westholme, Winchester and Oakridge, Basingstoke of £3m was formally approved by the Executive Member for Policy and Resources on 24 January 2013.
- 7.3 Capital funding for future Extra-Care developments will be subject to the development of individual business cases.
- 7.4 On the 21 July 2014 Cabinet approved £26m to be allocated from the original £45m capital envelope to deliver up to 700 units and secure accelerated delivery of the original 500 unit target by 2017.

- 7.5 Since this Cabinet approval several key factors that drive delivery and cost have changed. Build costs have risen and the Registered Housing Provider sector has found it harder to build. Reduced capital subsidy rates and more risk averse lending has been exacerbated by recent Government decisions around Right to Buy and Registered Housing Provider income. This led to an overview of the extra care programme in early 2016.
- 7.6 On 22 April 2016 the Executive Member for Policy and Resources approved the re-instatement of the Older Persons Extra-Care programme to the original £45m capital envelope. With this in mind, a full review of the remaining programme and project opportunities is being undertaken to ensure the most cost effective programme is identified as a basis for the programme going forward.
- 7.7 On 26 September 2018 the Executive Member for Policy and Resources identified three sites for development opportunities in Gosport, Petersfield and New Milton and detailed contract and design work is underway.

8 Transformation of Adult Learning Disability Services

- 8.1 On the 27 October 2011, the Executive Member for Policy and Resources approved the Adult Learning Disability (LD) Business Case for the early implementation phase of LD transformation and the broader programme. The business case links to the consultation of the transformation proposals reported to the Executive Member for Adult Social Care on 16 May 2011.
- 8.2 The Executive Member for Policy and Resources Decision Day on 21 July 2011 approved that 100% of LD capital receipts to be reinvested in LD service re-provision.
- 8.3 The Executive member for Policy and Resources on 9 March 2017 approved the revised Business case plan. The financial position has evolved since October 2011 largely as a result of the value likely to be secured by selling surplus property and the consequent impact on prudential borrowing. The business case improved with the use of the Community Grant funding of up to £3.4m

9 Adults with a Disability Accommodation

- 9.1 The Executive Member for Policy and Resources approved the strategic business case for the Adults with a Disability Housing programme in April 2016. The business case approved a borrowing envelope of up to £35m to support the programme to transition around 600 service users with a learning and/or physical disability from an existing care home setting to a shared house or individual groups of flats.
- 9.2 On the 9 March 2018 the Executive Member for Policy and Resources approved phase 2 (a total of 31 units at Eastleigh and Fareham) of the new build projects and noted the progress of phase 1 (52 units at two locations in Basingstoke, New Milton and Aldershot).

10 Bed Based Programme

- 10.1 In September 2018 the County Council approved an initial £200m for the Bed Based Programme.
- 10.2 Work is currently being undertaken to assess what bed based provision we will need in the future so that we can invest in the right facilities in the right locations. Options for the existing estate are being assessed against the current and predicted future demand for in-house provision over the medium to longer term and an overall Outline Business Case and individual Full Business Cases will be presented in due course.

11 Capital programme supported by Government allocations

- 11.1 The locally resourced capital programme is supported by Government grant received from the Department of Health. In 2018/19 the amount of Department of Health capital funding to Adult Services was £11.64m for the Disabled Facilities Grant (DFG). This funding forms part of the Better Care Fund – Pooled budget which is overseen by the Hampshire Health and Wellbeing Board.
- 11.2 The Secretary of State has not yet announced details of individual local authority capital allocations for 2019/20. For planning purposes 2018/19 allocations are being assumed.
- 11.3 The DFG of £11.64m is capital money made available to local authorities as part of their allocations to award grants for changes to a person's home. There is a statutory duty for local housing authorities to provide grants to those who qualify. This part of the fund will be governed by the disabilities facilities grant conditions of grant usage as made by the Department for Communities and Local Government (DCLG) under section 31 of the Local Government Act 2003. Therefore, although officially part of the fund, the money cannot be used for other things and will be paid back out of the fund to the relevant district councils.

12 Capital programme summary

- 12.1 On the basis of the position outlined above, the total value of the capital programmes submitted for consideration for the three years to 2021/22 are:

	Schemes within locally resourced guidelines	Additional schemes funded within the prudential framework	Schemes supported by Government allocations	Total
	£000	£000	£000	£000
2019/20	1,781	-	11,641	13,422
2020/21	481	-	-	481
2021/22	481	-	-	481

13 Revenue implications

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

	Full Year Cost	
	Current Expenditure £000	Capital Charges £000
Schemes within the guidelines		
2019/20	-	156
2020/21	-	26
2021/22	-	26
	-----	-----
Total	-	208
	-----	-----

13.2 The total revenue implications for the three years of the starts programme, including capital charges, represent a real term increase of 0.06% over the 2018/19 original budget of Adult Social Care Service.

14 Conclusions

13.1 The proposed capital programme for Adult Services as summarised in section 8 is in line with the guidelines set by Cabinet. In addition, it plans to use the allocated Government grants in full. The programme supports the delivery of services countywide and contributes to the corporate aims:

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

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Strategy**

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Transformation of Adult Learning Disabilities Services- Property Issues	21 July 2011
Outcome of the Consultation on the proposed closure of four Residential Care Homes and One Day Centre	9 December 2013
Cabinet Capital Programme Review	21 July 2014
Older Persons Extra-Care Programme and update to the Winchester Extra-Care Business Case	21 September 2015
Adult Services Capital Programme 2017/18 to 2019/20	17 January 2017
Strategy for the Older Persons Extra-Care Housing and Programme Update	20 January 2017
Transformation of Adult Learning Disabilities Services – Programme Update & Revised Business Plan	09 March 2017
Hampshire Equipment Services Accommodation Strategy	20 March 2017
Cabinet End of Year Financial Report 2016/17	19 June 2017
Adults with a Disability Housing Programme: Phase 1 update and additional project approvals	22 September 2017
Adults with a Disability Housing Programme: Progress to date and approval to the strategy for Phase 2 new build projects	18 October 2017
Adults with a Disability Housing Programme: Progress update and approval to the strategy for Phase 2 new build projects	9 March 2018
Three Extra Care Development Opportunities in Gosport, Petersfield and New Milton – Outcome of Procurement	26 September 2018

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. Equalities Impact Assessment:

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

Impact on Crime and Disorder:

The County Council has a legal obligation under Section 17 of the Crime and Disorder Act 1998 to consider the impact of all the decisions it makes on the prevention of crime. The proposals in this report have no proven impact on the prevention of crime.

Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption?

All relevant developments within the capital programme are subject to specific, detailed assessments. Energy conservation, and where applicable enhancing biodiversity, are priorities for all major building schemes.

How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

Where appropriate capital schemes are planned with adaptation to climate change in mind, such as the inclusion of passive cooling through building design, rain-water and grey-water harvesting, drought resistant planting etc

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles Grants	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
2019/20 Schemes							
Schemes Supported from Local Resources							
1	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
2	Disabled Facilities Grants	-	-	11,641	11,641	-	-
3	Nursecall	-	-	1,300	1,300	-	130
Total Programme		241	40	13,141	13,422	-	156

Capital Programme - 2019/20

Site Position	Contract Start		Remarks	Ref
	Date	Duration		
	Qtr	Months		
All schemes support the Corporate Priority of maximising wellbeing				
N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.	1
N/A	1	12	Grant paid to district councils to fund adaptations to people's homes	2
N/A	1	12	Upgrade Nursecall system within In House, residential and nursing establishments	3
+ Projects to be partly funded from external contributions.				

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
	2020/21 Schemes						
	Schemes Supported from Local Resources						
4	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
	Total Programme	241	40	200	481	-	26

Capital Programme - 2020/21

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

Adult Services

Ref	Project	Construct- ion Works	Fees	Furniture Equipment Vehicles	Total Cost (excluding sites)	Revenue Effect in Full Year	
						Running Costs	Capital Charges
		£'000	£'000	£'000	£'000	£'000	£'000
	2021/22 Schemes						
	Schemes Supported from Local Resources						
5	Maintaining Operational Buildings including Residential and Nursing Care	241	40	200	481	-	26
	Total Programme	241	40	200	481	-	26

Capital Programme - 2021/22

Site Position	Contract Start		Remarks	Ref
	Date	Duration		
	Qtr	Months		
N/A	1	12	Continuation of programme for the provision / replacement of furniture and equipment in residential / day care establishments, and to upgrade establishments to contemporary standards.	5
			+ Projects to be partly funded from external contributions.	

Page 88

Adult Social Care 2018/19 capital programme

Resources	
1. Latest programme limit:	£000
Approved Programme	11,175
Carry Forward from 2017/18	31,119
Disabled Facilities Grant (Better Care Fund pooled budget)	947
Adjustment	
Total	43,241
Allocated to Projects / Schemes	
2. Project Extra-care Housing transformation project	19,825
Maintaining Operational Buildings including Residential and Nursing Care	550
Locks Heath Day Service	260
Kitchenettes, Kitchens, Bathrooms Phase 1 Upgrade	750
Information Technology	119
Learning Disability (LD) Integration/Transformation (F&E)	101
Adults with a Disability Accommodation	9,395
Disabled Facilities Grant	11,641
Social Care Capital Grant	600
Schemes controlled on a starts basis	43,241

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	16 January 2019
Report Title:	Work Programme
Report From:	Director of Transformation and Governance

Contact name: Members Services

Tel: (01962) 845018

Email: members.services@hants.gov.uk

1. Purpose of Report

1.1 To consider the Committee's forthcoming work programme.

2. Recommendation

That Members consider and approve the work programme.

WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE: 2018/19

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	16 Jan 2019	11 Feb 2019	19 March 2019
<p align="center">Proposals to Vary Health Services in Hampshire - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.</p>							
<p>Andover Hospital Minor Injuries Unit</p>	<p>Temporary variation of opening hours due to staff absence and vacancies</p>	<p>Living Well Healthier Communities</p>	<p>Hampshire Hospitals NHS FT</p>	<p>Updates on temporary variation last heard in Nov 2018</p> <p>Next update to be considered March 2019, inc UTC developments (invite West CCG to joint present with HHFT)</p>			<p>Update to be considered</p> <p align="center">(M)</p>
<p>Dorset Clinical Services review</p> <p align="center">(SC)</p>	<p>Dorset CCG are leading a Clinical Services review across the County which is likely to impact on the population of Hampshire crossing the border to access services.</p>	<p>Starting Well Living Well Ageing Well Healthier Communities</p>	<p>Dorset CCG / West Hampshire CCG</p>	<p>First Joint HOSC meeting held July 2015, CCG delayed consultation until 2016.</p> <p>Last meeting August 2017 to consider consultation outcomes. Decision made by CCG in line</p>	<p align="center">Verbal update to be received once next meeting has been held.</p> <p align="center">(M)</p>		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	16 Jan 2019	11 Feb 2019	19 March 2019
				with Option B 20 September, which HASC supports.			
North and Mid Hampshire clinical services review (SC)	Management of change and emerging pattern of services across sites	Starting Well Living Well Ageing Well Healthier Communities	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update May 2018. Requested further update once proposals for acute reconfiguration available.	Update to be considered (M)		
Move of patients to Eastleigh & Romsey Community Mental Health Team	Patients in eastleigh southern parishes historically under Southampton East Team moving to Eastleigh and Romsey team	Living Well Ageing Well	Southern Health	Briefing note presented at Sept 18 meeting. Supported as not SC. Requested update in March 2019.			Update due (M)

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	16 Jan 2019	11 Feb 2019	19 March 2019
West Surrey Stroke Services	Review of stroke services	Living Well Ageing Well	NE and SE Hampshire CCGs	To be considered once the consultation has closed Heard at June 2017 mtg, where Committee supported proposals. Monitoring heard Nov 17. Update received Nov 2018.			
Spinal Surgery Service	Move of spinal surgery from PHT to UHS (from single clinician to team)	Living Well Ageing Well	PHT and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Update on engagement received Sept 2018. Implementation update timing tbc.			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	16 Jan 2019	11 Feb 2019	19 March 2019
Chase Community Hospital	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider	Living Well Ageing Well	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change, further update Nov 2018 meeting. Next update due Feb 2019 (inc health hub developments and re provision)		Update to be considered (M)	
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.							
Temporary Closure OPMH Ward	Southern Health NHS FT – reported in Oct temporary closure to admissions to Poppy and Beaulieu wards.	Living Well Ageing Well	Southern Health NHS FT	Update received at Nov 2018 meeting. Poppy re-opened. Beaulieu temp closed for up to 6 months. Requested further update Jan 2019.	Update due (M)		
Care Quality Commission inspections of NHS Trusts serving the population of Hampshire	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary. PHT last report received Sept 2018, requested update in 6 months (March 2019).			PHT update (M)

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	16 Jan 2019	11 Feb 2019	19 March 2019
				<p>SHFT – latest full report received Nov 18. Requested update March 2019.</p> <p>HHFT latest report received Nov 18. Requested update Feb 2019.</p> <p>Solent – inspected late 2018, expect report Jan 2019, not avail for Jan meeting.</p>		<p>HHFT Update (M)</p> <p>Solent report (M)</p>	<p>SHFT update (M)</p>
CQC Local System Review of Hampshire	To monitor the response of the system to the findings of the CQC local system review, published June 2018.	Ageing Well Healthier Communities	AHC at HCC	Update received at Nov 2018 meeting on progress 3 months in to Action Plan. Further update requested in March for 6 month milestones.			Update due (M)
Sustainability and Transformation Plans: one for Hampshire & IOW, other for Frimley	To subject to ongoing scrutiny the strategic plans covering the Hampshire area	Starting Well Living Well Ageing Well Healthier	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018.			General STP update due

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	16 Jan 2019	11 Feb 2019	19 March 2019
		Communities		STP working group to undertake detailed scrutiny – updates to be considered through this. Next update at formal meeting March 2019.			
Overview / 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 dept	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	Pre scrutiny due		
Orchard Close	To consider proposals to close Orchard Close Respite Service, Hayling Island	Living Well Ageing Well	HCC Adults' Health and Care	Workshop held 4 Dec 2018. To pre scrutinise at additional Feb 2019 HASC prior to Feb EM decision.		Pre scrutiny due	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	16 Jan 2019	11 Feb 2019	19 March 2019
Scrutiny Review - to scrutinise priority areas agreed by the Committee.							
STP scrutiny	To form a working group reviewing the STPs for Hampshire	Starting Well Living Well Ageing Well Healthier Communities	STP leads All NHS organisations	ToR agreed September 2017. Met Dec 2017, March 2018, Sept 2018, Dec 2018	Verbal updates to be received when appropriate		
Real-time Scrutiny - to scrutinise light-touch items agreed by the Committee, through working groups or items at formal meetings.							
Adult Safeguarding	Regular performance monitoring of adult safeguarding in Hampshire	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Update Nov 18, next due Nov 19			
Public Health	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Substance misuse transformation update heard May 2018. 0-19 Nursing Procurement pre scrutiny due Jan 2019	0-19 joint proc item (M)		

Key

- (E) Written update to be received electronically by the HASC.
- (M) Verbal / written update to be heard at a formal meeting of the HASC.
- (SC) Agreed to be a substantial change by the HASC.

Other requests not yet scheduled:

Sept 2018: CAMHS assessments of children in schools and change in provider

CORPORATE OR 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

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.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. **Equalities Impact Assessment:** This is a document monitoring the work programme of the HASC and therefore it does not therefore make any proposals which will impact on groups with protected characteristics.

2. Impact on Crime and Disorder:

2.1 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.

3. Climate Change:

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

This page is intentionally left blank