

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 27th June, 2019 at 10.00 am
Place	Ashburton Hall - HCC
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 received.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 8)

To confirm the minutes of the previous meeting

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. ELECTION OF VICE CHAIRMAN

For the Board to elect a Vice Chairman, as required by the Hampshire County Council Constitution at the first meeting of the Board following the Annual General Meeting in each year.

6. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

7. INTEGRATED INTERMEDIATE CARE (Pages 9 - 16)

To receive an overview with regard to the creation of an Integrated Intermediate Care service in Hampshire.

8. INTEGRATION AND BETTER CARE FUND AND IMPROVED BETTER CARE FUND UPDATE (Pages 17 - 28)

To receive an update on the Integration and Better Care Fund and the Improved Better Care Fund.

9. HEALTH AND WELLBEING BOARD REPRESENTATIONS TO PHARMACY CONSOLIDATION APPLICATIONS, 2017 TO JUNE 2019 (Pages 29 - 34)

To receive an update on consolidation applications since the publication of the latest Pharmaceutical Needs Assessment.

10. HEALTH AND WELLBEING BOARD BUSINESS PLAN UPDATE (Pages 35 - 40)

To receive a progress report on work being undertaken to produce a business plan to support delivery of the new Joint Health and Wellbeing Strategy.

**The formal business of the Board is due to conclude by 11.15am.
The Board will then have a closed session on the Business Plan, due to conclude by 12:00pm.**

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

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

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

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Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Thursday, 14th March, 2019

Chairman:

p Councillor Liz Fairhurst (Executive Member for Adult Social Care and Health, Hampshire County Council)

Vice-Chairman:

a Dr Barbara Rushton (Chair, South Eastern Hampshire Clinical Commissioning Group)

p Graham Allen (Director of Adults' Health and Care, Hampshire County Council)

a Dr Sallie Bacon (Director of Public Health, Hampshire County Council)

p Dr Peter Bibawy (Medical Director, North East Hampshire and Farnham Clinical Commissioning Group)

a Nick Broughton (Chief Executive, Southern Health NHS Foundation Trust)

p Dr David Chilvers (Chair, Fareham & Gosport Clinical Commissioning Group)

p Steve Crocker (Director of Children's Services, Hampshire County Council)

p Councillor Anne Crampton (Hart District Council)

p Dr Nicola Decker (Chair, North Hampshire Clinical Commissioning Group)

p Shantha Dickinson (Hampshire Fire and Rescue Service)

a Carol Harrowell (Voluntary Sector Representative)

p Christine Holloway (Chair, Healthwatch Hampshire)

a Michael Lane (Hampshire Police and Crime Commissioner)

p Councillor Keith Mans (Executive Lead Member for Children's Services and Deputy Leader, Hampshire County Council)

a David Radbourne (NHS England Wessex)

a Councillor Philip Raffaelli (Gosport Borough Council)

a Dr Sarah Schofield (Chair, West Hampshire Clinical Commissioning Group)

p Councillor Patricia Stallard (Executive Member for Public Health, Hampshire County Council)

p Nick Tustian (Chief Executive, Eastleigh Borough Council)

a Alex Whitfield (Chief Executive, Hampshire Hospitals NHS Foundation Trust)

84. APOLOGIES FOR ABSENCE

Apologies were noted from:

- Dr Sallie Bacon, Director of Public Health. Her Substitute Simon Bryant attended in her place.
- Dr Barbara Rushton, Chairman South East Hampshire Clinical Commissioning Group. Her Substitute Maggie Maclsaac also sent apologies.
- Dr Sarah Schofield, Chairman West Hampshire Clinical Commissioning Group. Her Substitute Dr Rory Honney attended in her place.
- David Radbourne, NHS England. His Substitute Bennett Low also gave apologies.
- Michael Lane, Police and Crime Commissioner for Hampshire. His Substitute Anja Kimberley attended in his place.
- Cllr Philip Raffaelli, District Councillor Representative. His Substitute Cllr Tony Capon also sent apologies.
- Alex Whitfield, Acute Provider representative. Her Substitute Mark Cubbon also gave apologies.

- Nick Broughton, Community & Mental Health Provider representative. His Substitute Sue Harriman also gave apologies.
- Carol Harrowell, Voluntary Sector representative. Her Substitute Julie Amies attended in her place.

85. **DECLARATIONS OF INTEREST**

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

86. **MINUTES OF PREVIOUS MEETING**

The minutes of the last meeting were reviewed and agreed.

87. **DEPUTATIONS**

A deputation was received from Dr David Knight on behalf of Hampshire Climate Action Network, in relation to the agenda item regarding the Joint Health and Wellbeing Strategy. He highlighted that the organisation had responded to the request for feedback on the draft strategy, and was disappointed to see that climate change was not mentioned in the strategy, given the health impacts of climate change. He suggested that the wording in the strategy regarding 'reducing impact on the environment' be strengthened to cover reducing greenhouse gas emissions and taking account of the likely impacts of climate change in the design and delivery of health and care services. He highlighted a range of actions the Council and partners could take to reduce air pollution, and encouraged allowing wind turbines on Hampshire County Council land to provide renewable energy. He also mentioned that other councils had pledged for their areas to become carbon neutral in future.

The Chairman allowed Board Members to comment on the deputation.

It was discussed that the Hampshire 2050 Commission was considering the impact of climate change and would welcome submissions on these issues. It was commented that the County Council already did various activities related to these issues such as encouraging active travel, offering help with home insulation for older people and using electric vehicles.

88. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman announced that Dr Sallie Bacon, Director of Public Health would be retiring, and thanked her on behalf of the Board for all her hard work.

89. **JOINT HEALTH AND WELLBEING STRATEGY**

The Board received a report from the Health and Wellbeing Board Manager regarding the refresh of the Hampshire Joint Health and Wellbeing Strategy (see Item 6 in the Minute Book). Since the last draft the Board had considered in December 2018, engagement had been undertaken in January and February 2019, mainly targeted at relevant stakeholders, though including the public. The report summarised the feedback received, and attached was an updated draft of the strategy that had been revised in light of the feedback. It was noted that once the strategy was finalised, next steps would be to develop a business plan for the coming year, to detail actions to be taken in support of the strategy aims.

Board Members discussed the revised strategy, including the 'dying well' theme which was an addition compared to the previous strategy. It was noted that some of the feedback from the engagement period was at a level of detail that would be more suited to informing the business plan than the strategy. It was discussed that information could be drawn together on the activities currently underway that support each strategy theme.

Board Members noted their thanks to the Health and Wellbeing Board Manager for her work in drawing the strategy together and responding to the feedback. The Healthwatch Hampshire representative requested some additions to the strategy including reference to the impact of climate change on health and the use of co-production.

RESOLVED:

That the Health and Wellbeing Board:

Notes the summary of feedback received during engagement on the draft Strategy in January and February 2019.

Approves the revised high-level Strategy for the Health and Wellbeing of Hampshire 2019–2024, subject to the additions requested during the meeting.

Notes that the draft priorities for 2019/2020 contained in the Appendix to the Strategy will be refined to create a 2019/2020 business plan for the Health and Wellbeing Board and agrees to receive a business plan to sign off at the next meeting on 27 June 2019.

90. **CQC LOCAL SYSTEM REVIEW - ACTION PLAN PERFORMANCE UPDATE**

The Board received a report from the Director of Adults' Health and Care at Hampshire County Council, regarding performance against the Action Plan developed in response to the Care Quality Commission (CQC) local system review of the Hampshire health and care system. The report and attached updated version of the action plan reported on actions targeted to be achieved within six months.

It was reported that winter 2018/19 had seen less issues with delayed discharge from hospitals and issue escalation compared to the previous year. There had been a reduction in Delayed Transfers of Care due to requiring social care support by 75% in December 2018 compared to December 2017. However, increased hospital attendances have been noted since February 2019 with increased pressures as a result, including challenges to maintain flow to discharge people back to the community following an admission. All partners continue to work together across all settings to support good outcomes for people and improve system flow.

The role of the Sustainability and Transformation Partnership was discussed, and elected members on the Board suggested that it would improve transparency if the STP Board met in public. It was noted that an item on the STP had been to the County Council's Cabinet in February and the report could be circulated to Health and Wellbeing Board Members for information, along with a report the Cabinet had also considered on air quality issues. It was also noted that the Improvement and Transformation Board involved key stakeholders in the health and care system and discussed key issues affecting the Hampshire system. It was offered that a report on the work of the ITB could be brought to a future meeting of the Health and Wellbeing Board.

RESOLVED:

That the Health and Wellbeing Board:

Notes the update of the Care Quality Commission's Local System Review Action Plan that has been jointly developed by Hampshire's health and care system leaders to respond to the Review's findings.

Receives a progress update on the Action Plan due for completion in July 2019.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	27 June 2019
Title:	Integrated Intermediate Care
Report From:	Director of Adults' Health and Care

Contact name: Debbie Butler

Tel: 01962 847226

Email: Debbiebutler2@nhs.net

Purpose of this Report

1. The purpose of this report is to provide the Health and Wellbeing Board with the background and the latest position with regard to the creation of an integrated Intermediate Care service to operate across the whole of Hampshire. This proposed service will bring together elements of Hampshire County Council directly provided services and Southern Health NHS Foundation Trust to support Hampshire residents to avoid unnecessary hospital admissions and to be supported to leave hospital settings in a timely manner and return to independent living.
2. The contents of this report were presented to the Health and Adult Social Care Select Committee (HASC) of Hampshire County Council on 14 May 2019 as part of the scrutiny function required for such a key service development. The approach and ambition were supported by HASC.

Recommendations

3. For the Health and Wellbeing Board to note and support the project approach and the direction of travel in seeking to create an integrated health and social care service.
4. To note the managerial, service and legal options available in creating an integrated health and social care and endorse the preferred route to organisational alignment and integration.

Executive Summary

5. This report sets out the ambition to achieve a Hampshire County Council and Southern Health NHS Foundation Trust re-designed, jointly led and integrated health and social care crisis response, rehabilitation and reablement service for the whole of Hampshire. This integrated service was a recommendation following the Care Quality Commission (CQC) Local System Review in Hampshire. This service development is a key component

of the CQC action plan this Board and the Health and Adult Social Care Select Committee have previously endorsed and received updates upon.

6. The vision of this project, and in due course the new service, is to achieve significant benefits across the whole system including:
 - An improved client experience that is person-centred, seamless and integrated;
 - A clear and effective pathway for individuals to promote recovery and independence;
 - Improved efficiency by reducing service duplication and increasing productivity;
 - Rationalising spend across the health and social care system;
 - Minimising future demand for health and care services by reducing avoidable hospital admission rates, reducing length of hospital stay and reducing reportable and non-reportable hospital delays;
 - To enable people to retain their independence and remain in their homes for as long as possible, thereby minimising the need for ongoing complex packages of care.
7. Hampshire Clinical Commissioning Groups (CCGs) and Hampshire County Council have developed and agreed a shared specification for a Hampshire Integrated Intermediate Care service. The specification sets out the requirements for rehabilitation, reablement and recovery services to prevent unnecessary hospital admission and promote individuals' fullest possible recovery following an episode of ill-health, including ensuring timely discharge from hospital. The service is to be made up of crisis response and standard services through a single point of access and, whilst Intermediate Care will normally take place in people's own homes (or the place they normally call home), there will be a provision for people who require a period of bed based Intermediate Care.
8. The primary providers of current services, Hampshire County Council and Southern Health Foundation Trust, have worked together to develop a Proposal for an integrated service which meets the requirements of the specification. The Proposal has been met with support by system leaders and agreed in principle, subject to the delivery of a satisfactory implementation plan and agreement through the respective governance of all commissioning and provider organisations.

The Integrated Intermediate Care Service (IIC)

9. The requirement is for a Hampshire wide service which provides all people with equity of access to Intermediate Care, although it is acknowledged that different localities and Integrated Care Partnerships (ICPs) will have varying needs dependent on geography and demographics. For this reason, precise pathways, processes and structures may vary slightly in order to accommodate local needs.
10. The proposed service model will bring together current Hampshire County Council and Southern Health Foundation Trust crisis response, rehabilitation

and reablement functions under a single management structure. It is proposed that a management team is jointly appointed to manage service implementation and delivery. At this time, it is not proposed that other staff should be jointly appointed but rather a Section 75 agreement be put in place to enable managers to direct the work of staff from the other organisation. This will not change the employer and minimise any change to current terms and conditions of staff.

11. It is proposed that there will be one Local Access Point (LAP) for each ICP two in the North and Mid system (until suitable accommodation can be identified), to manage referrals and allocate work to teams. In-reach activity, largely from acute providers, will also be coordinated from the LAPs.
12. Rehabilitation and reablement beds will be reviewed, rationalised and reconfigured to ensure that all IIC beds are of a standard and configuration to meet the requirements of the specification irrespective of ownership. This will help achieve more capacity in the system, thereby reducing delays in acute and community hospitals, whilst delivering a cost effective bed offer which ensures that people are able to access appropriate Intermediate Care beds as close to their home as possible.
13. Community home based Intermediate Care services will be redesigned, with a single Hampshire County Council /Southern Health Foundation Trust combined workforce which is able to operate at local level, minimising travel and delays. The teams will interface with Primary Care Network Multi-Disciplinary Teams to ensure effective transitioning.
14. Urgent Community Response is a key component of an effective IIC service and a new process is to be put in place within the LAPs to ensure that hospital admissions can be avoided wherever possible and ongoing needs are minimised. The LAP will stratify IIC requests with a separate process for Urgent Community Response. Features of the Urgent Community Response service include:
 - Urgent Community Response process will avoid non-elective admissions into acute hospitals from both the community and front door (eg Emergency Departments);
 - Referrals can be made by clinicians and professionals in the community and acute settings;
 - As part of the development of Standard Operating Procedures, clear criteria for what constitutes the need and expectation for Urgent Community Response will be developed;
 - The service will operate from 07:00 to 20:00, 7 days a week;
 - Urgent Community Response will take place within 2 hours during service hours;
 - Referrals will be made by a phone call into the IIC LAP, through a designated number;
 - Referrals will be made by clinician/professional to clinician/professional to assess and agree suitability and need;
 - An IIC First Contact Responder will undertake an initial visit to the individual to assess safety and IIC need;

- Depending on the referral and need, work with the individual may commence immediately and may be for a relatively short period in order to improve an individual's condition;
 - Therapists will commence work with individuals within 3 days;
 - A person may undertake their IIC recovery at home or in an IIC bed depending on individual needs and circumstances and this will be determined as part of the referral process.
15. In order to develop, test and improve the different aspects of the new operating model, a forerunner programme has been in place for a number of months. Forerunners currently in train include integrating Hampshire County Council and Southern Health Foundation Trust care staff, integrating Hampshire County Council and Southern Health Foundation Trust Occupational Therapy staff, developing the Winchester Triage Hub (a future Local Access Point) and developing a frailty admission avoidance model. The next phase of forerunners has now commenced, and areas being developed and tested include: Local Access Points in each of the localities; working practice and operational structures with Primary Care Networks; and Acute hospital in-reach services.
 16. Stakeholders are being asked to join Local Working Groups in each ICP to provide support and input to the delivery of the IIC service into each system. These stakeholder groups will include service user and voluntary sector representation as well as primary and secondary care providers in each ICP. The Local Working Groups will oversee the implementation of the Forerunner projects, local communication plans and demand and capacity modelling by system.

Finance

17. The redesigned and integrated Intermediate Care service is intended to provide the following benefits:
 - Yield economies of scale;
 - Stabilised workforce through improved recruitment and retention and increased workforce flexibility;
 - Increased productivity;
 - Improved service resilience;
 - Positive impact on health and care systems by enabling people to remain in good health in their own homes for longer.
18. It is not the intention to increase the current funding envelope for Intermediate Care. However, if there is a case of enhancing services beyond the specified requirements which clearly demonstrates beneficial impacts, an appropriate business case will be submitted for consideration as part of the normal financial planning process.
19. Work will be undertaken with commissioners to determine the best mechanism for funding the future integrated service. However, the current mechanism of the Better Care Fund (BCF) provides a way of both accounting for the money and also to report on elements of current (individual) service performance. The BCF is currently subject to a review at

a national level and whatever amendments or replacement may be recommended to the BCF, development of a 'pooled fund' for this service will require an additional Section 75 agreement to be put in place.

Performance

20. Performance measures and Key Performance Indicators are to be developed in line with national best practice developed by the Social Care Institute for Excellence (SCIE). The aim will be to have a set of simple measures, qualitative and quantitative, to support effective operational management of the service.

Consultation and Equalities

21. Staff engagement and consultation will take place throughout the process and formal consultation will take place if necessary, although this has yet to be determined.
22. An Equality Impact Assessment will be undertaken at the next stage of decision making and subsequent implementation.

Conclusions

23. Many areas across the country already have the equivalent of integrated Intermediate Care services in place. A huge amount of energy and organisational determination, both for commissioners and providers, is being directed into this project in Hampshire.
24. In line with the findings of the CQC Local System Review, as well as other insights, our collective resources to better support people to live independently and to avoid unnecessary hospital admission and / or return to their usual place of residence with the maximum opportunity for independent living can be best achieved through this approach.
25. The Board is asked to note and support the work being undertaken and to receive a further update later in this calendar year.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

Staff engagement and consultation will take throughout the process and formal consultation will take place if necessary, although this has yet to be determined.

An Equality Impact Assessment will be undertaken at the next stage of decision making and subsequent implementation.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	27 June 2019
Title:	Integration and Better Care Fund and Improved Better Care Fund Update
Report From:	Director of Adults' Health and Care

Contact name: Karen Ashton

Tel: 01962 845612

Email: karen.ashton@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to provide an update to the Health and Wellbeing Board on the Integration and Better Care Fund (IBCF) and Improved Better Care Fund (iBCF).

Recommendations

The Health and Wellbeing Board is asked to:

2. Note the current position with regard to the Integration and Better Care Fund (IBCF) and Improved Better Care Fund (iBCF) policy.
3. Note the approach to the application of the IBCF.
4. Note that a Deed of Variation to the current Section 75 agreement will be executed so that Hampshire meets expected National Conditions for a jointly agreed plan.
5. Delegate authority to the Chair of the Health and Wellbeing Board to take any decisions that are required in relation to IBCF/iBCF approvals before the next Board meeting on 10 October 2019.

Executive Summary

6. This report seeks to:
 - set out the background to the IBCF and iBCF arrangements;
 - consider the financial framework within the pooled budget;

- highlight the impact the IBCF and iBCF has made on the performance of the system;
- highlight key issues; and
- briefly consider the future direction of the IBCF and iBCF.

Contextual information

7. As previously reported to the Health and Wellbeing Board, national policy for integration of health and social care delivery remains a priority supported financially through the pooled Integration and Better Care Fund (IBCF) (2015) and Improved Better Care Fund (iBCF) announced in the Spring Budget in 2017. The announcement in 2017 of this additional £2 billion for adult social care over three years came with a number of conditions and targeted the financial implications of social care pressures¹ in the following areas:
 - Meet adult social care needs
 - Reduce pressures on the NHS – including supporting more people to be discharged from hospital when they are ready
 - Ensure that the local care provider market is supported
8. The Department of Health and Social Care (DHSC) developed a set of metrics – including, but broader than, Delayed Transfers of Care – to assess patient flow across the NHS and social care interface. These metrics were considered in the 2018 Care Quality Commission (CQC) Local System Review, in which Hampshire was one of 20 selected areas. The review insight has been used by system leaders to develop and implement a tailored improvement plan.
9. In addition, Hampshire partners² received support provided by Newton Europe in 2018, funded and commissioned jointly by the IBCF national team, the Local Government Association, NHS England and NHS Improvement. Newton Europe used their considerable experience and expertise to gather local insight and evidence into the root causes of delayed transfers of care underperformance. The outcome and evidence applied in a system plan was underpinned by a set of agreed principles. The subsequent work programme has been tackling key areas identified as vital components of effective discharge and flow. The programme has been sponsored and led on behalf of the whole system. A discernible improvement in performance has been reported although there are still opportunities for further improvement.

¹ <https://www.gov.uk/government/publications/the-allocations-of-the-additional-funding-for-adult-social-care>

² Initially covering the populations relating to North Hampshire and West Hampshire CCGs, University Hospital NHS Foundation Trust and Hampshire Hospitals NHS Foundation Trust

10. The publication of the NHS Long Term Plan 2019 has maintained the expectation that the IBCF will continue to support elements of the integration agenda³. The NHS Long Term Plan sets out new investment and national commitments on integrated care. Within the next five years, all parts of the country:
- “Will be expected to have improved the responsiveness of community health crisis response services to deliver the services within two hours of referral in line with NICE guideline NG74, where clinically judged to be appropriate”
 - “Should be delivering reablement care within two days of referral to those patients who are judged to need it”
 - “Primary care networks will from 2020/21 assess their local population by risk of unwarranted health outcomes and, working with local community services, make support available to people where it is most needed”
 - “Will upgrade NHS support to all care home residents who would benefit by 2023/24, with the Enhanced Health in Care Homes model rolled out across the whole country”
 - Will support easier, secure, sharing of information between care homes and NHS staff. Care home staff will have access to NHSmail, enabling them to communicate effectively and securely with NHS teams involved in the care of their patients”
 - “Care home residents will get regular clinical pharmacist-led medicine reviews where needed”
11. This approach is expected to deliver new models of integrated care that bring together parts of the health and care system in new ways to deliver improved outcomes for people e.g. intermediate care.
12. Over the coming months the Hampshire and Isle of Wight Strategic Delivery Plan is being refreshed to incorporate the 508 commitments set out in the NHS Long Term Plan 2019.
13. For the meantime a working group has considered the implications for the 2019/20 combined IBCF and iBCF plan pending the outcome of the national IBCF review that will shape the future year’s integration approach.

Update on progress for agreeing an investment plan

14. All five Clinical Commissioning Groups (CCGs) and Hampshire County Council (the County Council) have considered plans for the core IBCF and iBCF 2019/20. As well as matching policy guidance for the core IBCF to

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803114/accountability-framework-to-nhse-and-nhsi-2019-to-2020.pdf

include 1.7% inflation, officers have noted how the IBCF is being used to enable wider system plans. The entire pooled budget resource is committed to contracted services, comprising services included in the out of hospital care model, illustrated in Figure 1 below.

15. This approach will position the IBCF as a key enabler for:

- Intermediate Care and Hampshire Equipment Service
- NHS Continuing Healthcare Discharge to Assess pathway
- Social prescribing approach
- Supporting emergent primary care networks and non-CHC spot purchasing

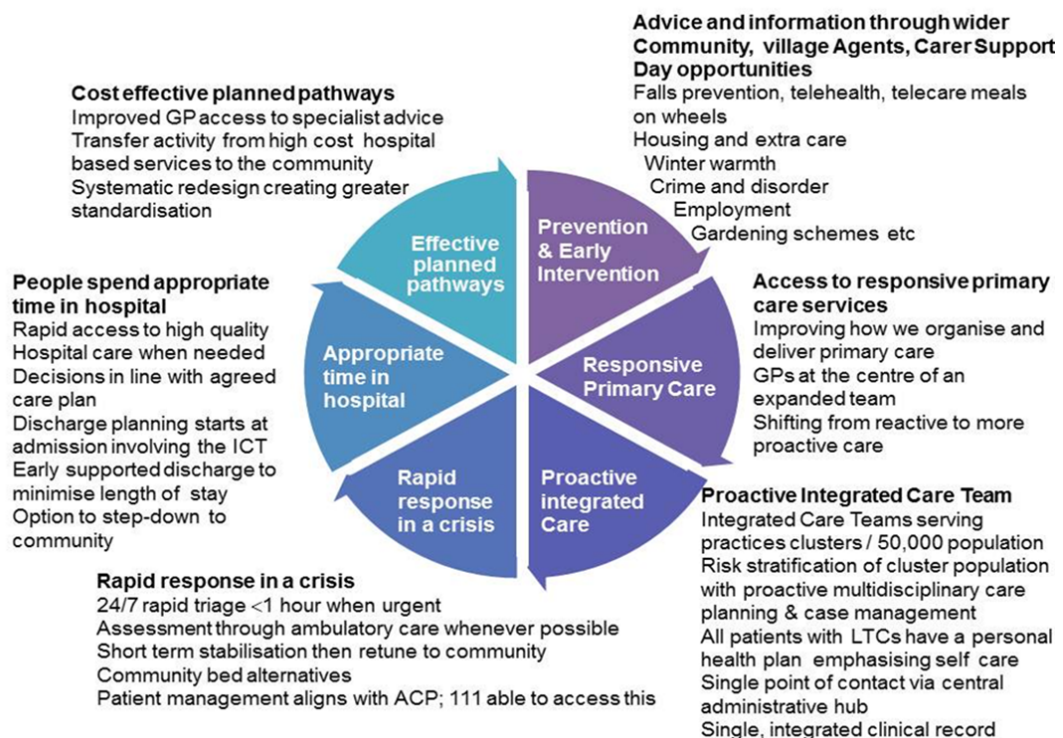


Figure 1: Out of hospital care model

16. In this context the wider system is also forming a proposal for a more unified integrated commissioning approach for services that support people with learning disabilities, people with mental health needs, supporting future dementia advisory and carer support, alignment of older persons mental health commissioning through a delirium pathway and enhancing the wellbeing centres.

17. For the iBCF, the County Council circulated a briefing note in April 2017 that confirmed the spending plan for the additional short-term investment spread across the three designated areas. Subsequent decisions have been based

on the principles adopted in 2017. All investments have taken place as agreed with the CCGs, taking account of the short-term nature. The funding has been deployed to support such schemes as a Social Worker available in NHS 111 call centre to advise on social care matters. Although the spending plan 2019/20 reflects the reducing levels of additional support, funds continue to be invested where there are opportunities to smoothe discharge and flow in areas recognised as delivering high impact changes.

Finance and performance

18. In total £123,045,817 is the combined value of the IBCF and iBCF for 2019/20, including 1.7% inflation (see Appendix 1). The delayed technical guidance will confirm these financial assumptions.
19. £12,561,046 of the total fund is designated to Disabled Facilities Grants (DFGs) and allocated centrally to Housing Authorities with a requirement for them to work more collaboratively and flexibly with health and care partners, despite the extremely outdated legal framework. For Hampshire Districts and Boroughs Table 1 sets out the 2019/20 distribution.

Funding for the Better Care Fund 2019-20			
Local Authority	Disabilities Facilities Grant	Council	BCF contributions to District Councils for DFG
Hampshire	£12,561,046	Basingstoke & Deane	£1,377,158
		East Hampshire	£1,489,813
		Eastleigh	£1,163,139
		Fareham	£ 757,036
		Gosport	£ 795,489
		Hart	£ 738,645
		Havant	£1,756,631
		New Forest	£1,125,419
		Rushmoor	£1,060,510
		Test Valley	£1,212,262
		Winchester	£1,084,944

Table 1: Distribution of DFG allocation across Hampshire Housing Authorities

20. £27,435,975 contributes to the cost of commissioned social care services for the benefit of a person's health. £52,688,971 contributes to NHS commissioned community health services across the county of Hampshire as directed by the five CCGs in Hampshire.
21. The remaining £30,359,825 investment reflects decisions announced in the 2017 Spring Budget⁴, setting up the iBCF. These additional short-term monies allocated for pressures in social care include "winter pressures" funding. Whilst additional iBCF temporary funding added to the pooled fund has been welcome, it cannot negate the underlying intense financial pressure and constraint within the social care and health system overall.

⁴ <https://www.gov.uk/government/publications/the-allocations-of-the-additional-funding-for-adult-social-care>

22. The entire IBCF and iBCF pooled fund is now jointly monitored quarterly through a return to NHS England signed off by the Hampshire County Council Section 151 Officer. This combined monitoring requires demonstration of national conditions and success being measured by nationally determined metrics.

23. For the core IBCF these national conditions for 2020 are:

- Plans to be jointly agreed;
- NHS contribution to adult social care is maintained in line with inflation;
- Agreement to invest in NHS commissioned out-of-hospital services: and
- Managing Transfers of Care

24. The iBCF is subject to the following grant conditions:

- The grant can only be used for meeting adult social care needs, reducing pressures on the NHS, including supporting people to be discharged from hospital and supporting the local social care market providers.
- The recipient authority must:
 - pool the grant into the local BCF unless the authority has written Ministerial exemption.
 - work with relevant CCGs and providers to meet National Condition 4 (managing transfers of care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017–2019; and
 - provide quarterly reports to the Secretary of State

25. Pending the publication of delayed technical guidance, it has been indicated that performance metrics for the core IBCF will be reduced in 2020 to cover:

- Delayed transfers of care;
- Non-elective admissions (General and Acute);
- Admissions to residential and care homes; and
- Effectiveness of re-ablement

26. In contrast, performance for the iBCF continues to be measured on number of additional packages of care, additional hours of domiciliary care and additional residential placements.

Legal Implications – Section 75 Agreements

27. It is a requirement for local authorities and CCGs to establish one or more pooled funds for delivery of the scheme's activity. An existing Section 75 agreement has been amended via a Deed of Variation to reflect agreements for 2019/2020.

Key Issues

28. The most pressing issue for the system continues to relate to our ability to synchronise the IBCF and iBCF as an enabler across Hampshire and that this

approach supports the collaborative delivery of the wider system vision for integration.

29. Whilst we have developed our approach in the context of delayed technical planning guidance that to some extent created a planning hiatus, further changes may occur in year at a national government level.

Future direction and next steps

30. It is clear that integration of health and social care services remains a high priority. The IBCF, now in its fourth year, is the only mandatory national programme for integrating health, housing and social care. The core IBCF and iBCF are currently components of the Sustainability and Transformation Programme relating to New Models of Care and Primary Care Networks. The planning requirements indicate limited change in 2019/20 which is essentially a transition year.
31. System partners continue to work together through the joint commissioning discussions to understand both the use and the benefits for local people and organisations are understood in the face of an even more challenging financial landscape.
32. In the longer term before the new spending period, ahead of the Spending Review outcome, the Government is still committed to publishing a Green Paper explaining proposals for establishing a fair and more sustainable basis for funding adult social care, in the face of the future financial and demographic challenges the country faces.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Integrated and Improved Better Care Fund Update	<u>Date</u> March 2018
Direct links to specific legislation or Government Directives	
<u>Title</u> The Government's 2019-20 Accountability Framework with NHS England and NHS Improvement https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803114/accountability-framework-to-nhse-and-nhsi-2019-to-2020.pdf	<u>Date</u> May 2019
Integration and Better Care Fund: The Disabled Facilities Capital Grant Determination (DFG) 2019-2020 [31/3710] Ministry of Housing, Communities and Local Government file:///C:/Users/sshqmtka/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/M4Q0ZS17/3710-DFG-Grant-Determination-2019-20-FINAL-190508-copy.pdf	May 2019

Section 100 D - Local Government Act 1972 - background documents

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

1. Equality Duty

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

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

2. Equalities Impact Assessment:

This is an update report. Impact assessments will be undertaken when particular decisions are due to be taken.

APPENDIX 1: Combined IBCF and IBCF Schedule 2 Finances

		SCHEDULE 2 FINANCES							
		Funding Transfer out to commissioning organisation 2019/20							
<u>Payment Through</u>	<u>Revised Split (removing additional spend) s256</u>	<u>FG CCG</u>	<u>SE CCG</u>	<u>NH CCG</u>	<u>NE CCG</u>	<u>WH CCG</u>	<u>CCG Total</u>	<u>HCC</u>	<u>Total</u>
HCC	Section 3 - Service Integration	£0	£0	£0	£0	£0	£0	£17,866,533	£17,866,533
HCC	Section 3 - 14/15 Increase through AT	£0	£0	£0	£0	£0	£0	£5,001,410	£5,001,410
HCC	Section 4 - Adult Services	£0	£0	£0	£0	£0	£0	£1,016,608	£1,016,608
HCC	Section 6 - Community Enablement	£0	£0	£0	£0	£0	£0	£126,585	£126,585
HCC	Section 8 - Sitting Service/Day Care	£0	£0	£0	£0	£0	£0	£32,392	£32,392
HCC	Section 10 - Welcome Home Support	£0	£0	£0	£0	£0	£0	£53,417	£53,417
HCC	Section 15 - Palliative Care	£0	£0	£0	£0	£0	£0	£207,043	£207,043
HCC	Section 19 - OPMH Dementia Advisors	£0	£0	£0	£0	£0	£0	£152,669	£152,669
HCC	15/16 Agreement - OPMH Dementia Advisors	£0	£0	£0	£0	£0	£0	£216,250	£216,250
HCC	Section 26 - Frogmore Dementia Days	£0	£0	£0	£0	£0	£0	£31,582	£31,582
HCC	ICES	£0	£0	£0	£0	£0	£0	£2,731,486	£2,731,486
	Agreed to Transfer	£0	£0	£0	£0	£0	£0	£27,435,975	£27,435,975
	Community Services								
	SOUTHERN HEALTH: Community Care Teams								
CCG	OT's	£226,196	£432,331	£594,236	£314,280	£376,392	£1,943,435		£1,943,435
CCG	Physios	£505,465	£733,070	£534,901	£380,232	£503,241	£2,656,909		£2,656,909
CCG	Nursing	£3,634,952	£4,546,156	£3,876,335.16	£3,412,399	£12,655,547	£28,125,389		£28,125,389
CCG	Fleet Hospital Community Beds	£0	£0	£0	£1,656,251	£0	£1,656,251		£1,656,251
CCG	LD Community	£0	£0	£346,415	£0	£2,341,260	£2,687,675		£2,687,675
CCG	OPMH Community Teams	£2,846,200	£2,192,365	£1,959,741	£0	£5,687,827	£12,686,132		£12,686,132
CCG	Wheelchair services	£0	£0	£663,015	£0	£0	£663,015		£663,015
	Solent NHS Trust	£0	£0	£0	£0	£0	£0		
CCG	Podiatry	£570,474	£529,313	£0	£0	£0	£1,099,787		£1,099,787
	VIRGIN HEALTH: Community Care Teams	£0	£0	£0	£0	£0	£0		
CCG	Rehab	£0	£0	£0	£1,124,844	£0	£1,124,844		£1,124,844
CCG	Physios	£0	£0	£0	£45,534	£0	£45,534		£45,534
	Agreed Transfer	£7,783,287	£8,433,235	£7,974,643	£6,933,540	£21,564,267	£52,688,971	£0	£52,688,971
	Other Services								
HCC	Disability Grant						£0	£12,561,045	£12,561,045
HCC	Meeting Adult Social Care Needs						£0	£22,107,329	£22,107,329
HCC	Stabilising Social Care Provider Market						£0	£2,348,000	£2,348,000
HCC	Reduce Pressure on the NHS						£0	£1,150,000	£1,150,000
HCC	Winter Pressures Grant (allocation TBD)						£0	£4,754,497	£4,754,497
CCG	Further Service to be Identified						£0	£0	£0
	Agreed Transfer	£0	£0	£0	£0	£0	£0	£42,920,871	£42,920,871
	TOTAL TRANSFER VALUE AGREED	£7,783,287	£8,433,235	£7,974,643	£6,933,540	£21,564,267	£52,688,971	£70,356,846	£123,045,817

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	27 June 2019
Title:	Health and Wellbeing Board representations to pharmacy consolidation applications, 2017 to June 2019
Report From:	Interim Director of Public Health

Contact name: Simon Bryant, Interim Director of Public Health

Tel: 02380 383326

Email: Simon.Bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is for information only and presents the consolidation applications Hampshire Health and Wellbeing Board have responded to since the publication of the latest Pharmaceutical Needs Assessment.

Recommendation

2. That the Health and Wellbeing Board note the findings from the document.

Executive Summary

3. This report seeks to:
 - set out the background to the consolidation process and the duties of the Health and Wellbeing Board
 - detail the consolidation applications for the period of 2017 – June 2019 for which the Health and Wellbeing Board have been asked to make representations.

Contextual information

4. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 state that Health and Wellbeing Boards (HWBBs)

are required to produce an assessment of needs for pharmaceutical services in their area at least every three years.

5. The Hampshire Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across the districts and how well needs for pharmaceutical services are being met. The latest report which was signed off by the Board on 15 March 2018 can be found at:
<http://documents.hants.gov.uk/public-health/HampshirePharmaceuticalNeedsAssessmentFinal2018.pdf>
6. The PNA is used as a starting point for anyone who is thinking of making an application for a new pharmacy. NHS England (NHSE) is required to use it to consider applications to open a new pharmacy, move an existing pharmacy or to commission additional services from a pharmacy. In order to open a community pharmacy, a contract must be granted by NHSE.
7. Since 5 December 2016, the Health and Wellbeing Board has a statutory duty to make a representation to NHSE on consolidation applications of community pharmacies in its area (i.e. where pharmacy businesses on two or more sites propose to consolidate to a single existing site). The Health and Wellbeing Board must respond within 45 days. NHS England collate all responses from interested parties and then makes the final decision on the consolidation application.
8. This briefing presents the consolidation applications Hampshire Health and Wellbeing board have responded to since the publication of the latest PNA. It is worth noting that opening and closure of pharmacies is not a responsibility of the Board.
9. Appendix 1 sets out the consolidation applications that have been received and to which a response has been made.

Consultation and Equalities

10. Any equality issues are considered as part of the individual consolidation applications.

Conclusions

11. The Board are asked to note the four consolidation applications in Appendix 1.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> http://documents.hants.gov.uk/public-health/HampshirePharmaceuticalNeedsAssessmentFinal2018.pdf	<u>Date</u> 15 March 2018
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

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2. Equalities Impact Assessment:

Any equality issues are considered as part of the individual consolidation applications.

Appendix 1

2017 Applications:

Continuing site

L Rowlands & Co LTD T/A Rowlands Pharmacy

1 Middle Park Way, Leigh Park, Havant, Hampshire PO9 4AB.

Closing site

L Rowlands & Co LTD T/A Rowlands Pharmacy

2 Strouden Court Precinct, Warren Park, Havant, Hampshire, PO9 4JX

HWB representation made to NHS England (November 2017)

The Hampshire Health and Wellbeing Board considered the consolidation application and believed the removal does not create a gap in pharmaceutical services provision as published in the Hampshire Pharmaceutical Needs Assessment 2017 which was out to consultation at the time.

Outcome

Following appeal final decision is yet to be made

2018 Applications:

Continuing site

Wessex Pharmacies Ltd

The Corner House, Broad Street, Alresford, Hampshire. SO24 9AR

Closing site

Pillbox Chemists Limited.

1 East Street, Alresford, Hampshire. SO24 9EE

HWB representation made to NHS England (June 2018)

The Hampshire Health and Wellbeing board considered the consolidation application and believed the removal does not create a gap in pharmaceutical services provision as published in the Hampshire Pharmaceutical Needs Assessment 2018.

Outcome

Consolidation application accepted

2019 Applications:

Continuing site

Lloyds Pharmacies Ltd

2 Commercial Road, ASDA Precinct, Totton, Hampshire. SO40 3BY

Closing site

Lloyds Pharmacies Ltd

13a Commercial Road, Totton, Hampshire. SO40 3BX

HWB representation made to NHS England (May 2019)

The Hampshire Health and Wellbeing Board considered the consolidation application and believed the removal does not create a gap in pharmaceutical services provision as published in the Hampshire Pharmaceutical Needs Assessment 2018.

Outcome

Awaiting decision

Continuing site

Pillbox Chemists Ltd (t/a Oakley Pharmacy).

22c Oakley Lane, Oakley, Basingstoke. RG23 7YJ

Closing site

Pillbox Chemists Ltd (t/a Bucksin Pharmacy).

Units 1-3 Bucksin Centre, Bucksin, Basingstoke, RG22 5BW

HWB representation made to NHS England (June 2019)

The Hampshire Health and Wellbeing Board has considered the consolidation application and believes the removal does create a gap in pharmaceutical services provision. Accessibility could be an issue for some more vulnerable lower income population groups resulting in them travelling further which would be difficult without use of a car. A small but high need client group who access opiate substitute therapy at this pharmacy would have to travel to either the continuing site or the three pharmacies located nearby, the closest of which is approximately 1.1 miles or 21 minute walk away.

Outcome

Awaiting decision

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	27 June 2019
Title:	Health and Wellbeing Board Business Plan Update
Report From:	Director of Adults' Health and Care

Contact name: Kate Jones

Tel: 01962 845195

Email: kate.jones@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to update the Health and Wellbeing Board on progress towards producing a business plan to support the first year of delivery of the new Joint Health and Wellbeing Strategy ([A Strategy for the Health and Wellbeing of Hampshire 2019–2024](#)). This high-level strategy was agreed by the Health and Wellbeing Board in March 2019 and is now available [online](#).

Recommendations

That the Health and Wellbeing Board

2. notes and supports the direction of travel to produce a business plan for the first year of the new Joint Health and Wellbeing Strategy
3. agrees to receive and sign off the business plan at its next meeting

Executive Summary

4. This report updates the Board on the work that is taking place to develop a business plan to support the delivery of the new Health and Wellbeing Strategy. The business plan will effectively be an annual strategic work programme, outlining the key activities the Board will do, monitor and observe in 2019/2020. It will also contain some performance indicators and some proxy measures that will enable the Board to assess progress on the delivery of the strategy over time.
5. Sponsors at Health and Wellbeing Board level have been agreed to provide guidance to colleagues working on the various themes in the business plan. A draft business plan has been created which will now need wider input from a range of partners in order to ensure that the activities and performance measures proposed are the right areas to focus on in partnership.

Business Plan background and development

6. The development of the business plan will support one of the recommendations from the Care Quality Commission's (CQC) Local System Review in 2018. CQC recommended that the Board should determine and agree its work programme, in order to make the Hampshire system more coordinated and streamlined. Now that the Board has a high level strategy in place for the next five years, work is underway to develop a more detailed business plan that will set out on a year-by-year basis where the Board is going to focus its attention to support delivery of the strategy.
7. The business plan for the Board is envisaged to be a high level action plan, which will capture a range of key work programmes that require partnership working from partner organisations on the Board to ensure successful delivery. The business plan will cover all of the themes of the strategy, and Board members have been identified to act as sponsors for each theme, to provide Board-level guidance to staff working on the plan:

Starting Well:	Steve Crocker, Director of Children's Services, Hampshire County Council
Living Well:	Dr Barbara Rushton, Clinical Chair, South Eastern Hampshire Clinical Commissioning Group
Ageing Well:	Graham Allen, Director of Adults' Health and Care, Hampshire County Council
Dying Well:	Dr Peter Bibawy, Clinical Chair, North East Hampshire and Farnham Clinical Commissioning Group
Healthier Communities:	Cllr Anne Crampton, Chair of Hampshire HWB District Forum
Strategic Leadership:	Dr Nick Broughton, Chief Executive, Southern Health

8. An early draft business plan has been developed, with input from Public Health and from a number of other local authority and CCG colleagues. This is intended as a draft for wider discussion and it will be a developmental process over the course of the coming months to ensure that the right activities have been included and to ensure that those individuals/organisations who will need to lead and be involved in work have been identified and are clear on expectations. This is important to ensure that the plan is robust and that good progress can be made.
9. Operating within such a complex and multi-layered partnership landscape, the business plan will feature a mix of activities. There will be some activities that the Board will want to **do** itself, there will be other areas that it wants to closely **monitor**, and it will be satisfied to **observe** at a distance other activities that are being led elsewhere.

10. A number of performance indicators and some proxy measures will be identified and included in the business plan so that the Board can measure progress over time against the various priorities.
11. It will be important to engage the Hampshire and Isle of Wight STP/ICS and the Frimley ICS and the neighbouring local authority areas, to ensure there is appropriate alignment with other strategic plans and Health and Wellbeing Boards.
12. The creation of the business plan also provides a good opportunity for the Health and Wellbeing Board to consider the range and membership of the subgroups that currently report into it, to ensure that governance and reporting is clear and there is good two-way communication between the Board and those structures that support it.

Consultation and Equalities

13. A high-level Equality Impact Assessment will be undertaken as part of the process of agreeing the final business plan. It is expected that more detailed equality impact assessments would be completed as appropriate across the system for specific work programmes or decisions that feature in the business plan.

Next steps

14. Board members will have an opportunity to consider the developing draft content in the business plan informally following the formal session of the June Health and Wellbeing Board meeting to provide guidance to inform further development work over the Summer.
15. It is intended to present a final draft business plan for the Board to sign off at its meeting on 10 October 2019.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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People in Hampshire live safe, healthy and independent lives:	Yes
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