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NOTICE OF MEETING

Meeting Health and Adult Social Care Select Committee

Date and Time Monday, 16th September, 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.

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

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 5 - 44)

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

a) Out of Area Beds and Divisional Bed Management System (Southern Health)

b) Spinal Surgery Service Implementation Update (University Hospital Southampton)

c) Beggarwood and Rooksdown Surgeries Update (NHS North Hampshire CCG)

d) Orthopaedic Trauma Modernization Pilot (NHS Hampshire Hospitals Foundation Trust)

e) Andover Hospital Minor Injuries Unit Update (NHS Hampshire Hospitals Foundation Trust)

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

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

No issues to consider.

8. ADULTS' HEALTH AND CARE - TRANSFORMATION TO 2021 (Pages 45 - 174)

9. WORK PROGRAMME (Pages 175 - 188)

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 <u>members.services@hants.gov.uk</u> 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 6

HAMPSHIRE COUNTY COUNCIL

Report

Committee:		Health and Adult Social Care Select Committee				
Date of Meeting:		16 September 2019				
Report Title:		Proposals to Develop or Vary Services				
Report From:		Director of Transformation & Governance				
Contact name:		Members Services				
Tel: (01962) 845018		B Email: <u>members.services@hants.gov.uk</u>				

Purpose

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving updates on the following topics:

a) Out of Area Beds and Divisional Bed Management System (Southern Health)

b) Spinal Surgery Service Implementation Update (University Hospital Southampton)

c) Beggarwood Surgery Update (NHS North Hampshire CCG)

d) Orthopaedic Trauma Modernization Pilot (NHS Hampshire Hospitals Foundation Trust)

e) Andover Hospital Minor Injuries Unit Update (NHS Hampshire Hospitals Foundation Trust)

Summary

- 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.
- 6. 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.

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

Items for Monitoring

The recommendations for each topic are also given under the relevant section below, regarding each item being considered at this meeting:

9. Out of Area Beds and Divisional Bed Management System (Southern Health)

Context

10. New plans are being put into place to tackle the Out of Area (OOA) bed issue within the adult mental health services – which, most importantly, will benefit future patients who need an inpatient stay. It will ensure a more effective use of the Trust's resources, as the costs of OOA beds are currently a significant burden on the Trust's finances. The proposal will initially run for six months, from 8 July 2019, with a three-month review at the end of September.

Recommendations

11. That the Committee:

- Note the update and current challenges as well as any recorded issues addressed and/or resolved
- Note whether the proposed change is in the interest of the service users affected
- Request a written update for January 2020

12. Spinal Surgery Service Implementation Update (University Hospital Southampton)

Context

13. The HASC last received an update at the May 2019 meeting regarding the implementation of the service transfer from Portsmouth Hospitals NHS Trust (PHT) to University Hospital Southampton NHS Foundation Trust (UHS) on 31 October 2018. UHS will be here to report on any specific patient feedback or concerns, as Members previously drew attention to the difficult nature of recovery from surgery.

Recommendations

- 14. That the Committee:
 - Note the update on the implemented service transfer and any recorded issues addressed and/or resolved
 - Determine if and when a further update is necessary

15. Beggarwood Surgery Update (NHS North Hampshire CCG)

Context

16. North Hampshire Urgent Care (NHUC) and North Hampshire Clinical Commissioning Group (NHCCG) have confirmed their agreement for the provision of General Practitioner services at the Beggarwood site from September. They will provide GP services with the site remaining a GP surgery. NHUC (a not-for-profit, community benefit society) has been rated as 'Good' by the Care Quality Commission and excellent in a recent external audit.

Recommendations

- 17. That the Committee:
 - Note the update and current challenges as well as any recorded issues addressed and/or resolved

• Request a written update for January 2020

18. Orthopaedic Trauma Modernization Pilot (NHS Hampshire Hospitals Foundation Trust)

Context

19. To ensure patients in need of significant trauma care, following an accident, receive the best possible support from clinical teams to make the best possible recovery, care will be provided 24 hours a day, 7 days a week from the Basingstoke Hospital site on behalf of all Hampshire Hospital patients. Minor trauma will still be treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations such as hip and knee replacements would be provided at the Royal Hampshire County Hospital in Winchester.

Recommendations

- 20. That the Committee:
 - Note the update and current challenges as well as any recorded issues addressed and/or resolved
 - Note whether the proposed change is in the interest of the service users affected
 - Request a further update for March 2020

21. Andover Hospital Minor Injuries Unit Update (Hampshire Hospitals NHS Foundation Trust)

Context

21. Following up from the April 2019 meeting, an update will be shared regarding progress on transitioning the MIU at Andover War Memorial Hospital to an Urgent Treatment Centre. Local commissioners were aiming for October or December 2019, although there is a chance this could slip into 2020.

Recommendations

- 23. That the Committee:
 - Note the progress update and current challenges as well as any recorded issues addressed and/or resolved
 - Request a further update for March 2020

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:						
Title Proposals to Vary Services	<u>Date</u> April 2019, May 2019					
Direct links to specific legislation or Government Directives						
Title	Date					

Section 100 D - Local Government Act 1972 - background documents

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

<u>Document</u>

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 disproportionally low.

2. Equalities Impact Assessment:

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



Briefing note: Providing acute inpatient mental health care within Hampshire

Overview

Out of area (OOA) bed placements, and the reality of sending patients miles away from their family and friends, is serious issue affecting almost every mental health provider across the country. However, Southern Health NHS Foundation Trust was recently highlighted as having more OOA bed placements than some other trusts and we are keen to address this.

This paper outlines the plans we are putting in place to tackle the OOA bed issue within our adult mental health services – which, most importantly, will benefit future patients who need an inpatient stay. It will ensure a more effective use of the Trust's resources, as the costs of OOA beds are currently a significant burden on the Trust's finances.

Background

What is an out of area placement?

An 'out of area placement' for acute mental health inpatient care happens when a person with assessed acute mental health needs who requires adult inpatient care, is admitted to a unit that does not form part of the usual local network of funded services. This maybe an inpatient unit that does not usually admit people living in the catchment of the person's local community mental health service and where the person cannot be visited regularly by their care co-ordinator to ensure continuity of care and effective discharge planning.

Southern Health has a contractual responsibility to provide inpatient care when patient need exceeds what can be supported in the community. Unfortunately, demand for inpatient care has exceeded Southern Health's bed capacity since May 2016 and the underlying root cause of the situation is complex, with no single solution to fix the problem.

What are the challenges to reducing OOA bed placements?

Reducing the number of OOA bed placements is not a simple task and it is complicated by a number of factors.

These challenges include:

- An increase in the number and acuity of the patients we see in Hampshire, with 57.3% of admissions being detained under the Mental Health Act, compared to 45.5% in 2016/17.
- Fewer acute beds in Hampshire than the national average (14 per 100,000 compared to 19 per 100,000) national benchmarking would suggest we have 40 too few beds compared to similar populations.
- Longer average lengths of stay in Hampshire (44 days compared to the national average of 32) with 39% of beds occupied by patients who have been in them more than 100 days.



• A perceived lack of investment in alternatives to inpatient care - such as community mental health services, home treatment and crisis response.

Although these issues are key to ensuring a stable bed position in the longer term, this paper focuses on the management of flow across our patient pathways as an immediate action to effect change fast.

What is the current process for bed management?

Southern Health's Adult Mental Health services are divided into four geographical areas/divisions – North and Mid Hampshire, South West Hampshire, East Hampshire and Southampton. Currently, mental health beds and patient flow are managed by the Trust's Acute Care Support Team (and not by individual divisions). This is a **centralised bed management model** which unfortunately has not proved successful enough in managing the resource. There have also been local operational concerns regarding the sustainability of the model in the longer term.

These concerns include difficulty in managing planned admissions locally; continuity of care; and differing thresholds for admission, discharge and potential risk across divisions. By using this centralised bed management system, we have found there are a number of factors that can cause an increase in a patient's length of stay (when compared to beds being managed more locally by areas/divisions):

- Admission/gatekeeping is less robust when making the decision to admit a patient to shared bed stock. Incentives to intensively treat a patient in their own home and effectively manage risks, compared to admitting to another division's bed are lacking (particularly out of hours).
- Once admitted, there is little incentive for the patient's home area/division to prioritise early discharge or repatriate the patient when they are 'safe' in a bed and staff are stretched. Travelling and lack of familiarity with other teams further impact on the ability of one division to in-reach to another.
- When a local Acute Mental Health Team (AMHT) is looking for a bed for their patient they can more easily identify a local patient on their ward to home treat, than a patient from another area/division. A 'one in, one out' model between an AMHT and a local ward works well, where locational relationships are strong.
- The inpatient team does not have the benefit of 'knowing' the patient as well as patients from their own area/division and may take some time to make themselves familiar with the case and start an effective treatment plan. Prior knowledge as well as community in-reach and information sharing make timely and effective treatment more likely.
- The responsible clinician will be less likely to consider leave for a patient who is from another division and this can impact on recovery. Reasons include: logistical transport issues, difficulty getting the patient back for early review, lack of relationship with the AMHT that will be reviewing the patient whilst on leave, difficulties getting prescriptions issued/delivered and also a concern that if a patient needs to be recalled the bed won't have been protected and will have been given to someone else.
- Discharge planning can be difficult and untimely, as a safe discharge will often involve direct communication with the AMHT/Community Mental Health Team who will be following the patient up. Organising this in a timely fashion when clinicians are far away is difficult, so significant delays are frequent. Added complications include social care packages that need to be coordinated by teams remotely, who have no relationship with the inpatient team.

In essence, all areas/divisions report that not having 'ownership' of their beds, in respect of planning admissions and discharges is the single biggest barrier to the maintenance of patient flow through the inpatient services. The Divisional Bed Model is proposed in order to address these issues (see below).

What have we been doing to improve the situation up until now?

Before outlining the planned new way of managing mental health beds, it is important to understand all the work already taking place to try and address the unacceptable rise in OOA bed placements.

The Trust has been investing significant efforts into reducing OOA bed placements and developed a seven point 'Right Care, Right Place' plan to run alongside the current centralised bed management model. The seven point plan is:

(1) To embed the principles of effective patient flow and supporting resource

- (2) To improve the culture in which beds are managed
- (3) To fully develop and implement the Emotionally Unstable Personality Disorder Clinical Pathway
- (4) To develop and embed system-wide resilience and escalation
- (5) To develop accommodation solutions to admission prevention and early discharge
- (6) To improve access to longer-term placement, including the rehabilitation pathway
- (7) To review the system-wide capacity and demand

We did this by taking part in a number of multi-agency meetings to help us understand the local system, work with our partners and find solutions. These include:

- Local meetings in all areas with Hampshire County Council; unblocking issues and delays to discharge
- Weekly Stranded Patient Meetings with HCC, Southampton City Council and local commissioners
- Strategy meetings between HCC and Southern Health senior managers
- Meetings with different housing providers to investigate housing options
- Weekly meetings with local authority colleagues to look at any delays in the transfer of care
- Monthly mental health directors meetings where it was agreed that OOA placements were a systemwide, multi-organisational priority and an ECR programme board was established.

We have also been applying the Quality Improvement methodology to the flow of acute patients through Southampton, working with all local partners, with a view to potentially standardising the approach across the Trust. We are also working with Hampshire County Council to apply the QI methodology to our social care flow, ensuring that patients who are discharged and need Social Care input do not fall through the gaps and end up back in the system.

In addition, we have been working to provide more support to people before they get to the point of crisis/admission, e.g.

- Opening a community based Crisis Lounge in Southampton
- Placing mental health nurses in the NHS111 call centre to offer support and triage, freeing up teams to support more patients
- Working with commissioners to bid for transformation funds to support crisis services, alternatives to admission and improved psychiatric liaison in our acute hospitals
- Setting up a Psychiatric Intensive Care Unit working group.

As is clear, much work has been undertaken to address the issue of OOA bed placement but it has not been significantly impactful, which is why we are now proposing to make swift changes internally to how we manage the process.

Proposed Changes

We are proposing to align bed allocation to areas/divisions, moving away from the current centralised bed management model. This new way of working is called the Divisional Bed Model and has the support of our commissioners.

It is a system which has had success in the past, and which we can learn from. In 2014/15, a similar area model system saw the use of out of area beds drop rapidly for the Trust - and the position was sustained through the following financial year. Whilst the model worked well, some areas were subsidising others and a perverse

incentive developed, where the more successful an area was, the higher the volume of referrals, discharges and leave that had to be managed by staff, with a negative impact on them.

Through a period of significant organisational change, plus several changes in senior leadership and the temporary closure of Hamtun Ward (on the grounds of safety) and Kingsley Ward (for a significant refurbishment), the model eroded until we ended in our current position. However, with the Mental Health and Learning Disability Division now replaced by Integrated Locality Divisions, the Trust is in a position to once again adopt a local bed management model to allow divisions to have more control of clinical pathways and improve overall patient experience.

<u>Scope</u>

Currently the scope of the Divisional Bed Model includes Adult Acute and PICU wards across North and Mid Hampshire, South West Hampshire, Southampton and South East Hampshire. Older People's Dementia and Functional beds will potentially come into scope following this first phase.

<u>The Detail</u>

Beds available will be ring-fenced for each division for their sole use. Each division will not have assumed use of acute beds outside of their division (with the exception of when bed allocation exceeds resource available within a division).

By 'owning' the beds, each division will be better placed to identify individuals likely to require admission earlier and be confident that if admission is required a bed will remain available (without other divisions filling it). By having this control over the acute resource, each division will also be in a position manage the whole pathway (community and acute inpatient), rather than the current situation where care is fragmented.

The key principles include:

- 1. The management of the commissioned bed stock lies with each division.
- 2. The divisions are able to offer beds to the system to offset any overspill from other divisions, but they are also able to decline on the basis of demand, acuity and staffing levels.
- 3. Referrals for a bed from another division should go from one Acute Mental Health Team to another, as gate keepers. Therefore, the current centralised Acute Care Support Team will no longer be required and resources will instead transfer into AMHTs to allow local services to extend the bed management role out of hours, reducing the pressure on on-call services.

In order to establish the number of acute beds to each Division, the total numbers of beds were allocated against the weighted population. For the duration of the trial period beds have been allocated as follows.

- Southampton has the sole use of Saxon and Trinity wards. The wards are based at Antelope House and each ward has 18 beds.
- South East will have use of Elmleigh and the three purchased beds in Solent. Elmleigh is an Acute hospital in Havant which has 34 beds. The Solent beds are in the Portsmouth area.
- North Hampshire will have use of Hawthorns 2. These 23 beds are based in Parklands Hospital, Basingstoke
- South West and Mid Hampshire will have access to Kingsley Ward and the ten contracted beds at Marchwood Priory. Kingsley ward is a 25 bedded unit in Winchester, and Marchwood provides 10 additional beds between Totton and Hythe.

Timing, oversight and evaluation

The proposal will initially run for six months, from 8 July 2019, with a three-month review at the end of September. All key stakeholders including commissioners will provide ongoing oversight during this period. In order to evaluate the outcome of the 6 month trial we will look at the number of patients being sent outside of the Southern Health footprint, the number of miles patients have had to travel to access inpatient care, length of stay and number of admissions.

Next Steps

In order for the new Divisional Bed Model to work as effectively as possible, we will be implementing some associated changes - working up plans and liaising closely in partnership with our staff and commissioners and in consultation with our local scrutiny committees. This will include agreeing some changes to the configuration of mental health beds across Southern Health.

For example, whilst we will retain the six contracted beds with Solent NHS Foundation Trust to mitigate any initial risks in the new model, Southern Health plans to cease the contract for 10 beds at Marchwood Priory when no longer required.

In order to give the new model the best chance of success from the outset, it is planned that patients currently in out of area beds will not be repatriated to Hampshire but instead will remain in their current unit until discharged back to our local community services. Whilst clearly not an ideal course of action and not a decision that was taken lightly, it was deemed absolutely essential for divisions to have the necessary time to firmly establish the new bed model within their teams.

We also recognise that during the trial period the situation may arise where a patient is placed out of area whilst a bed is available in Hampshire. However, on balance the benefits of working to the Divisional model during this period, to test if over the short to medium term it can dramatically reduce the number of people overall being placed out of area, is a calculated risk.

There will always be individual circumstances that are considered and made an exception to this rule and we have protocols in place should these situations arise. This short term impact on some of our inpatients should result in a longer term benefit for the majority of our patients going forward.

In summary

Whilst the current centralised bed management system initially makes sense when looking at economies of scale, in reality it generates perverse incentive, longer bed stays, is inefficient, and relies on the premise that there is consistency across all teams and pathways, which is not always the case.

Most importantly, we continue to use an excess numbers of out of area beds at significant financial risk, caring for people away from their local communities, and failing to provide continuity through the clinical pathway.

At present, if a division is struggling with bed management, it impacts on the system as a whole. However if divisions are able to retain management of their own bed stock, the Trust can focus its support, resource and interventions trying to find local solutions to local pressures, rather than engaging in system wide change (which has a negative impact on other divisions).

Ultimately we believe the new bed model will reduce the number of patients treated out of area, away from their local communities. It will also significantly improve the Trust's financial position.

Any questions?

If you have any questions, please contact the communications team on 02380874666 or email <u>communications@southernhealth.nhs.uk</u>

Ends



Thursday 1 August 2019

Dear Colleague

Improving acute inpatient mental health care within Hampshire

I wanted to write to you about changes we are making to improve access to acute mental health care for people in Hampshire, alongside our partners across the health and care system.

As you will be aware, demand for mental health inpatient care is outstripping capacity across the NHS nationally. Locally, this means that at any one time there are dozens of Hampshire residents receiving care miles from their homes, loved ones and support networks. This has a detrimental effect on our patients, and is also very costly to find and fund 'out of area' placements when our own beds are full.

Clearly, this situation is entirely unacceptable and requires urgent and ongoing action. As a local provider of mental health services, improving access to care closer to home is one of our most pressing priorities. It is also a priority for the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP).

The root causes of the problem are many and complex:

- An increase in demand for acute mental health care (more patients, greater acuity, longer stays)
- Limited investment in mental health services especially community-based crisis care/prevention
- Historical reductions in acute mental health beds Hampshire is below the national average for population size (14 beds, compared to 19 beds, per 100,000)
- Limited alternatives to admission, such as crisis lounges and day treatment models
- Challenges associated with timely discharge from hospital to the community (e.g. availability of housing or supported accommodation)
- Systems and processes, which have limited our staff's ability to deliver the best care.

Unfortunately, there are no simple fixes, and the solution lies across multiple areas of work. In response, we have undertaken a number of initiatives, including:

- Establishing a Crisis Lounge in Southampton and Day Treatment Programme in Fareham and Gosport, to provide alternatives to hospital admission
- Placing mental health nurses in the NHS 111 call centre to triage and provide appropriate care and response to anyone in Hampshire and the Isle of Wight 24 hours a day, 7 days a week
- Working with Solent NHS Trust to develop an improved community crisis care response in Portsmouth and South East Hampshire



- Working with local authorities and housing providers to unblock issues regarding delays to discharge and to also introduce alternative accommodation for people in crisis
- Making use of local private sector beds and those of partner NHS trusts
- Appointing staff with lived experience of mental health problems to ensure we are listening to, and learning from, people using our services.

We have also placed bids to access additional national funding to develop better crisis care and mental health in-reach in local acute hospitals (e.g. improved psychiatric liaison in A&E departments).

Divisional Bed Model

Most recently, we have made some internal changes to how our Trust manages adult mental health beds. We have moved from a centralised model to a new 'divisional bed model' aligned to our four geographical divisions - North and Mid Hampshire, South West Hampshire, East Hampshire and Southampton. This is to ensure all aspects of a patient's care, from the community to hospital, is managed by local care teams, reducing the fragmentation of care and enabling closer working between community and hospital teams. This model has been used before successfully – and has reduced the need for local people to receive care outside Hampshire.

In order to enable this new model to work, we have taken the difficult decision to focus on current patients in Hampshire rather than the repatriation of patients currently out of area. It also means that in some circumstances, in the short term, it will be necessary for some local patients to receive care out of area rather than impacting on another division's bed management. However we are confident that, in time, this new approach will result in fewer out of area placements and better access to the most appropriate care for people.

An Increase in Beds

Despite all these initiatives, we acknowledge that we currently do not have sufficient beds in Hampshire to meet demand. That is why we are now proposing to change the location of some of our mental health beds and open additional ones. These plans will help the new divisional approach to bed management work effectively, as well as moving us towards a needs-led, rather than age-led, approach to mental health inpatient care.

The proposals involve:

- Moving the Crisis Lounge, currently at Southampton's Antelope House (in part of the unit called Abbey Ward), into a community setting in the city something patients have told us they'd prefer.
- Moving Berrywood Ward from the Western Hospital in Southampton into Abbey Ward. This would then become a 13-14-bed specialist mental health ward for patients with frailty.
- Moving Stefano Olivieri Ward from Melbury Lodge in Winchester into the 18-bed space vacated by Berrywood Ward at Western Hospital, following a full refurbishment.
- Using the space vacated by the Stefano Olivieri Ward in Winchester to <u>create 12-14 new beds</u> for adult patients with acute mental health needs. (This substantial increase in adult mental health beds would result in one or two fewer beds overall for older people's mental health, where capacity currently exists).

Please note that we are in the early stages of these proposals and some of the detail is subject to change. We are committed to involving our staff, patients and wider stakeholders in these planned

changes in the coming months, so they feel fully informed and able to support the proposals. Needless to say, we would carry out any agreed changes with sensitivity and the minimum of disruption to patients.

If you would like further detail, or have any questions about this work, please do not hesitate to get in touch. We would also be delighted to arrange a visit to any of our services, should you find that helpful. My contact details are below.

Yours sincerely

Dr Nick Broughton Chief Executive, Southern Health

Tel: 02380 874101 Email: <u>nick.broughton@southernhealth.nhs.uk</u> This page is intentionally left blank



Rooksdown and Beggarwood surgeries update September 2019

1. Introduction

In discussion with North Hampshire CCG, Cedar Medical Limited gave notice in March 2019 to withdraw from its contract to deliver primary care services at the Rooksdown and Beggarwood practices (in the north and south west of Basingstoke, respectively). The standard six month notice period in the national NHS contract meant that the services they provided would come to an end on 8th September 2019.

North Hampshire CCG has been working to ensure that the patients (around 13,800) registered with Cedar Medical Ltd at the two practices will still be able to access clinically appropriate and safe primary care services, with no impact on the continuity of their care.

The CCG has arranged for a new provider at each of the practice sites. Rooksdown Practice is now run by neighbouring Bramblys Grange Medical Practice as a branch surgery. Bramblys Grange is a well-established local practice and this development provides an opportunity for the practice to develop the range of services it provides as well as offering core primary care services out of both its sites.

Beggarwood Practice is now run by North Hampshire Urgent Care (NHUC) through an initial two year contract. NHUC, through its Hantsdoc division, is a well-established, local, not for profit community benefit society, that has provided out of hours GP services for over 20 years and more recently bookable weekend Improved GP Access for the area. This development allows NHUC to provide high quality GP services maintaining the site as a GP surgery.

2. Key issues

The CCG recognise the importance of providing an effective and safe primary care presence in both the current Rooksdown and Beggarwood surgery areas, and in doing this, we have considered a number of important factors:

- Patient safety and service quality: the need for patient safety is paramount, whether to improve the services being provided to patients at the sites or in planning for the future. CQC inspections at both practices earlier in the year required urgent action to be taken. The inspections rated Rooksdown 'inadequate' and Beggarwood as 'requires improvement' overall. This meant there was a need to quickly improve in a number of important areas many focused on patient care and how this is provided. We took immediate action and put in place a series of interim measures to tackle the concerns as well as ensuring they were considered in any future solution (see section four below).
- **Primary care pressures the national picture**: it is well documented that primary care services generally, both locally and nationally, are having to face up to a range

of challenges in recent years. We recognise that demand and expectations from patients are increasing, particularly from those with more complex conditions. We know that GP surgeries are under pressure in terms of workforce, with difficulties in replacing the older cohort of GPs, with one in five retiring over the next five years. Meanwhile, we must adapt our offer to attract new GPs to the area by providing the flexibility in the role that many new incumbents to the profession are looking for. Some surgeries, and we have seen this already in the North Hampshire area, are looking at mergers as a solution, to deliver greater resilience but also as an opportunity to develop services in a different way.

- New approaches to delivering primary care: the NHS Long Term Plan, published in January this year, signalled a new approach to how primary care generally could be delivered in future, within the framework of Primary Care Networks. These networks, linked to the new GP contract, encourage practices to align more closely together around geographical areas to build resilience and provide a greater choice of services and appointment options for patients. This gives us scope to develop the way services are provided in future in the area, particularly in view of the support required for the new housing developments (see below), and to look at ways we can use a wider team of primary care, community health and social care professionals working together more closely to deliver out of hospital care more effectively.
- New housing developments: we are, of course, aware that both surgery areas contain new, or planned, housing development. This is particularly the case with Beggarwood, and this will have an impact on population growth. We have planned for this in our estates strategy and there is an opportunity for all local practices surrounding these developments to work within their Primary Care Networks to develop their services so they can continue to provide primary care to the population as it increases.
- **Financial implications:** working to the national formula means that funding per head of population for Beggarwood is lower than many others. This makes it a less attractive proposition to potential new providers. As the population grows, the funding arrangement will improve but until the housing development is complete, affordability may be an issue.

3. Engagement with practice patients

To ensure that the views of patients were taken into consideration as we developed our proposals for the future, we invited all patients to complete a survey and attend drop-in events held at the practices. The key themes from the feedback we received were:

- People want to see permanent clinical staff through flexible appointments (online, telephone, pre-bookable)
- Customer service needs to improve, particularly communications with patients
- The quality of services needs to improve, particularly some of the care provided by locums
- The range of services needs to be broader: such as dieticians, sexual health, cervical screening, health checks, increased blood tests, extended access and online services
- Continuity of care is important: being able to see the same healthcare professional when needed.

Patients also raised concerns about the travel distances to alternative sites for some services.

4. Interim support measures

As a result of this engagement feedback, and linking these to the findings from the CQC inspections, the CCG worked with NHS England to fund additional support in the practices to ensure that services could be maintained. In conjunction with the practices, the following interim actions were taken:

- Changed the appointment booking system so patients could book appointments in advance rather than just on the day
- Stabilised the locum provision to ensure patients received continuity of care during the interim period
- Promoted the services currently available to patients (such as extended access appointments)
- Secured an interim practice manager to provide support to the team to make sure patients' concerns were addressed.

5. Options appraisal process for future provision

We undertook a full and thorough options appraisal process, the results of which were presented to the CCG's Primary Care Commissioning Committee at the end of May. Nine options were considered. There were a range of approaches linked to the following three broad options:

- Disperse the list to other practices this would involve patients being given details for other neighbouring practices that have capacity and asked to register themselves. This option relies on nearby practices having the capacity to take on additional patients and can result in greater operational pressures on these practices if this process is not handled carefully.
- Transfer the list to other practices in a managed way this identifies a practice or practices able to take responsibility for the full, or a significant part of the patient list. It enables appropriate arrangements to be put in place with those practices and the provision of financial support if required.
- Going out to procurement for a new provider, this option would generally take longer to implement.

Our preferred option after the appraisal was the 'managed transfer of patients to two practices keeping both sites open' – ideally, finding an alternative provider, or providers, to deliver primary care services from each surgery. This would allow patients to stay with their preferred surgery, unless they themselves chose to move.

This option fulfilled a number of benefits:

- It creates a logical, geographically sensible way to provide care for people
- It delivers the best situation for patients in terms of patient experience and services, and is aligned to the feedback received from our engagement work
- Patient choice remains in place (i.e. individuals could still move to other practices but we anticipated the vast majority of people would opt for remaining with their current practices, being the closest to them)
- It supports the CCG's strategic direction.

6. Taking forward the preferred option

Our intention was to deliver the preferred option as one solution for both surgeries but given the slightly different circumstances between the two, the arrangements for doing this were adapted. The preferred option also took into account the lack of geographical proximity between the sites which was a key theme in the patient engagement.

After careful consideration, Bramblys Grange Medical Partnership confirmed that it would like to take over Rooksdown Practice as a branch site.

We worked with the practice to determine when they would start to operate services from the Rooksdown site. This included further discussions with the staff to support them during the transition.

Patients registered within the Rooksdown Practice boundary and used this site as their preferred surgery did not need to do anything, as they were automatically re-registered with Bramblys Grange Medical Partnership and the practice remains open.

Whilst the range of services available will initially remain as they currently are, the practice is keen to develop these in the future.

The situation with Beggarwood was more complex. The funding formula and the current population numbers meant that it may not be a viable proposition for an alternative provider. This is expected to improve as the population numbers grow with the housing development.

North Hampshire Urgent Care (NHUC) confirmed that it would like to take over the Beggarwood Surgery as this is an opportunity for them to provide more quality GP services within the North Hampshire area.

To minimise the potential financial risk the CCG and NHUC have agreed a two year APMS (Alternative Provider Medical Services) contract. This means that the practice remains open but gives us a period of time to fully consider the long-term future and how this can be achieved. This will include working with local providers and NHUC to create a sustainable model of care. We will also continue to work with local authorities to understand how communities can be best served and determine the timescales for local population growth.

Both new providers have met with representatives from the Patient Participation Group and supported them to form as two groups – one for each site. Engagement with the groups is ongoing and includes discussions about the development of future services.

7. Developing services at both sites

The way Primary Care Networks (PCN) will develop means that there is now more scope to look at new and innovative ways of meeting demand for primary care services.

We expect both new providers to be reviewing and revising the services that are delivered, in line with recommendations in the NHS Long Term Plan and our own work, locally in North Hampshire, in developing local care models.

Any revision will continue to be based on the clinical needs of the overall population, taking into account the views of patients, and align with developments of new models of care. The focus of this is to help people remain healthy by providing services that help them live

more healthily or manage their own conditions more effectively. It is also about improving people's confidence in health and care services so that they know how and when to use them. This, in turn, should mean that health and care services are accessed at appropriate times and that people are helped to return normal living rapidly after an episode of ill health/care need.

We will continue to engage with all stakeholders over any major service change and /or service provision. We are also supporting each PCN to engage with local stakeholders in the development of their plans and to co-produce services with local people.

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Report to Health and Adult Social Care Select Committee

Proposed Orthopaedic Transformation

1.0 Purpose

Further to Hampshire Hospital NHS Foundation Trust (HHFT) Clinical Services review update provided to this committee in January 2019, this report summarises the proposals to sustain and improve the care of patients within orthopaedic elective and trauma services.

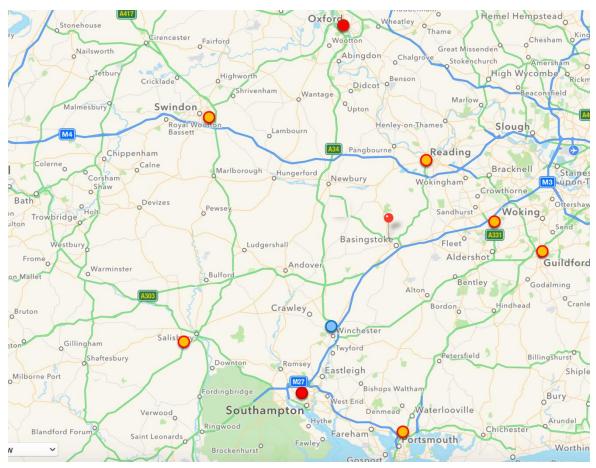
Orthopaedic elective work is planned work on bones and joints. This includes large operations which require a general anaesthetic and a stay in hospital, for example planned hip and knee replacements. It also includes smaller operations, which can be done in the day and sometimes with just a local anaesthetic. Examples of this would be carpal tunnel surgery on hands.

Orthopaedic trauma work is unplanned work responding to an emergency. This includes large operations, for example a fractured hip due to a bad fall, as well as more minor trauma such as a broken arm, which may just require plastering.

Our vision is to:

- Ensure patients in need of significant trauma care, following an accident, receive the best possible support from our clinical teams so that they make the best possible recovery. Our proposal is to treat these patients within a best practice, 7 days a week, orthopaedic service. Minor trauma, such as a broken arm requiring plastering, would still be treated in Andover, Winchester and Basingstoke
- Create an elective centre of excellence for large operations such as hip and knee replacements. These types of operations are known as arthroplasty and we would like a national exemplar arthroplasty service. Smaller planned operations, such as day surgery, would still happen in Basingstoke and Winchester.

The map below shows the existing trauma centre provision within the local area:



 Level 3 Trauma Centre (Southampton and Oxford)
 Level 2 Trauma Centre (Salisbury, Swindon, Reading, Frimley, Guildford and Basingstoke)

West Hampshire CCG (WHCCG), North Hampshire CCG (NHCCG) and HHFT seek to inform Hampshire Health and Adult Social Care Select Committee (HASC) on development of these draft proposals and request the committees' input and guidance. We are engaging with staff, patients and carers, and key stakeholders to further understand the potential impact of proposed changes and develop options that optimise benefits for patients and provide quality healthcare services.

This report has been provided to support discussion with HASC to:

- Outline draft service proposals for Trauma & Orthopaedic services at Hampshire Hospitals and the wider system.
- Describe the approach to engagement to meet and exceed best practice public involvement and ensure that any proposed service change is in the best interests of our patients and communities.

2.0 Drivers for change

The key drivers for making changes to the existing configuration of Trauma and Orthopaedics services within Hampshire Hospitals and the wider care system are:

(1) Consultant care; There are now a number of consultants that specialise in different types of complex surgery of bones and joints and we want to ensure our patients

are treated by the right consultant for their injury 7 days a week. Consolidating this specialist workforce across less acute hospital sites increases our ability to ensure our patients have access to the best possible trauma care any day of the week.

- (2) Frail elderly population in need of care; Our population is growing older and with age comes an increased risk from falls and fractures, which are common forms of orthopaedic trauma. Older people can become more frail and less mobile following an injury and often need intensive rehabilitation to prepare them for home and the best place for this rehabilitation is not a busy hospital ward.
- (3) "Getting it Right First Time"; A review of Hampshire Hospitals' trauma and orthopaedics services by Professor Tim Briggs, National Director of Clinical Improvement, highlighted that the number of people who die following hip fracture in Hampshire Hospitals is above the National average. The average mortality following hip fracture at the Hampshire Hospitals was approximately 10% in 2017/8, compared to a National average of 7%.
- (4) Waiting times; People waiting for planned operations (such as hip and knee replacement) are waiting longer than we would want, especially during the winter because their operation may be postponed with priority being given to emergency admissions.

Centralisation of trauma and orthopaedic services has been successful in many other Trusts, including Cheltenham and Gloucester, East Kent and the United Lincolnshire Hospitals and is recommended in the NHS Long Term Plan. The principle of centralising some services is already in place for Hampshire for patients in need of cardiology (centralised in Basingstoke) and stroke care (centralised in Winchester).

3.0 Draft Proposals

The NHS Long Term Plan encourages organisations to consider separating urgent and planned care to improve patient outcomes. The transformation of the orthopaedic service is a key part of Hampshire Hospital's clinical strategy and reflects a commitment to provide services that are high quality and sustainable for the future.

To address the drivers for change HHFT have developed the draft proposal below to reconfigure Trauma and Orthopaedic services. It is recognised that this is a complex project and that there are significant interdependencies in relation to wider services and stakeholders. There is a need to establish data, stakeholder mapping and patient outcomes to further develop options for the future delivery of these services, and these are currently in process.

Winchester Hospital Inpatient Trauma undertaken at alternative Acute Hospital site(s) and development of Arthroplasty (joint replacement) Centre at Winchester Hospital. This would include:

- Patients requiring inpatient procedures or treatments relating to trauma or nonelective orthopaedic conditions usually admitted to Winchester Hospital would be re-directed to the nearest Acute Hospital that has the right specialist consultant capability and capacity to meet the needs of these patients. A full review of local capacity and service delivery is underway to ensure our patients receive the right care, in the right place, and the right time.
- Capacity at Winchester Hospital from undertaking less emergency operations would be utilised to create a 'centre of excellence' for elective care. The creation of a 'centre of excellence' ensures staff are able to consolidate and develop their skills, creating training and sub-specialism opportunities, and would be a great addition for our local population. The existing space, beds and theatre capacity, would be fully

utilised to transfer as many elective arthroplasty (joint surgery) procedures as possible to this centre. This would ensure routine surgery would be able to proceed as planned during winter months, and aims to improve waiting times and patient experience.

• Day case surgery and overnight stay for elective procedures would continue to be provided on both acute sites, and to a lesser degree in Andover, in line with the clinical strategy of "Local where Possible". Outpatient and pre-operative assessment clinic appointments would also continue to be provided on all sites in line with current services.

Full relocation of all HHFT Hip and Knee Arthroplasty to Winchester Hospital

We are also looking into the opportunities to further expand the centre of excellence at Winchester Hospital to include all major hip and knee procedures. This step change is likely to require additional operating theatre capacity and orthopaedic elective beds. This would require some reconfiguration of other services within HHFT to accommodate this work. Options are being developed to explore these further and would be linked to the wider engagement work underway in relation to these proposals. No concrete decisions have been made at this time so that feedback can be considered in the development of the best options for our patients, carers and staff as well as wider stakeholder groups.

Link to Hampshire & IOW STP

There is a local aspiration to expand services provided in Winchester to incorporate the repatriation of patients currently sent by the NHS to the private sector for treatment as a consequence of the capacity constraints in the system. This is likely to require investment by the wider system in order to develop appropriate outpatient facilities, theatre capacity and beds. Some of this has already been secured following a successful bid to enhance our orthopaedic outpatient services as part of wider STP funding.

4.0 Potential Impact of Service Changes

4.1 Benefits

Improved patient experience and outcomes would be achieved by:

Providing faster access to specialised care delivered in Winchester as a centre of excellence for joint replacement (arthroplasty) which would provide a modernised service and improve both experience and results for patients. It would reduce waiting times for first clinic appointment, reduce waiting times for surgery and reduce the length of stay in hospital following surgery.

Improved onward care that enables elderly patients to age well through the provision of improved specialist care. Dedicated rehabilitation therapy would be available to maximise the opportunities for patients to be discharged back to their normal place of residence by actively mobilising them during the post-operative recovery phase. This would significantly reduce length of stay in hospital and reduce the risk of other complications arising.

Reduced waiting times by protecting and prioritising elective care. The separation of trauma and planned activity would mean patients waiting for planned operations would

be much less likely to be postponed, reducing wait times for first clinic appointment, improving referral to treatment times and reducing length of stay in hospital.

Improved outcomes for trauma patients as a result of ensuring our patients are treated by the right specialist consultant for their surgery 7 days a week.

Maintaining patient choice as routine outpatient treatment for minor broken bones would continue in Basingstoke and Winchester Emergency Departments. The majority of patients would be safely discharged home pending a triage phone call, advice from a dedicated senior orthopaedic clinician and/or potential fracture clinic attendance prior to planned surgery if this is required.

4.2 Impact on population

Work is underway to quantify the impact the draft service proposal may have on our local population. This includes;

- A collaborative data analysis between HHFT, CCG and South Coast Ambulance Service (SCAS) to identify; should the Royal Hampshire County Hospital no longer undertake emergency inpatient trauma procedures following the identified need to consolidate our specialist workforce in order to improve outcomes, which site(s) will best meet the needs local people,
- An Equality Impact Assessment to ensure we understand the potential impact of any proposal on people with different protected characteristics and to identify potential mitigating steps to reduce or remove adverse impacts.
- A Quality Impact Assessment to ensure any proposal has a neutral or positive impact on quality
- Understanding the impact on family and carers; previous service transformation examples the have highlighted concerns from the public on travel times and identified this is a key challenge that centralisation of services may bring to visiting family members in hospital. This is acknowledged as one main area of concerns within the proposed service model and we commit to understanding this better and considering options for minimising any inconvenience to family and carers.

5.0 Engagement

5.1 Pre-Engagement

Initial pre-engagement has focused on work with key partners and staff. This has been prioritised to help develop a broad overview of what the clinical changes could look like and the implications of those changes. A summary of this pre-engagement is shown below.

Date		Activity				
2017 Aug		Transforming Clinical Services (TCS) undertook pre- consultation research with public a broad range of stakeholders that identified a majority support for the principle of acute service centralisation-				
2018	July – Sept	Need for change identified / flagged externally by NHS Improvement's national Getting It Right First Time (GIRFT) programme and the National Hip Fracture Database				
	Sept – Dec	Internal agreement that change is required and clinical discussions about service change ideas and options				

Date		Activity
2019	Jan	Clinical strategy, including trauma and orthopaedics, shared with Health and Adult Social Care Select (Overview and Scrutiny). Committee (<i>HASC</i>).
	Jan – Mar	Informal, internal discussions
	Mar	Formal project structure launched
	Мау	CCG / HHFT joint agreement to work together to re-design trauma & orthopaedic services.
	June	HHFT Board agrees, in principle, to proceed with project. HHFT presentation of high level proposals to Local A&E Delivery Board
	July	High level staff consultation to formalise staff input / feedback
	Aug	Review of progress and plans developed for wider and more formal engagement

5.2 Engagement

The Trust and CCGs are now in a position to embark upon an intensive period of stakeholder engagement that targets specific groups to look at progressing an alternative service model for trauma and orthopaedics.

We would like to implement changes to this service provision as soon as possible to support us through the peak period of winter, and we recognise the need to work collaboratively with our stakeholders to identify if this is feasible.

Our priority for the next two months is to undertake this engagement with key stakeholders (with particular reference to the ambulance trust, neighbouring acute and community/mental health trusts and HCC teams) supported by patient experience input from Healthwatch, recent and current patients, carers and other local people.

The effectiveness of engagement will determine the level of public consultation required or demonstrate adequate engagement and support has been secured so consultation is not required.

5.3 Engagement principles and objectives

We will be open, honest and responsive in our communications and engagement activities to support the key test of strengthened patient and public involvement.

The objectives of this communication and engagement plan are to:

- plan and manage the engagement process
- use outcomes to guide any formal consultation
- provide a range of opportunities for stakeholders to give their views, ask questions, raise concerns and make comments
- recognise the different needs and current levels of understanding amongst different audiences and develop communications that are consistent, clear and tailored to their needs
- ensure all feedback gathered is fed into the overall service development

- deliver clear, co-ordinated, consistent and timely communications to all audiences relating to engagement and consultation around potential changes to trauma and orthopaedic services
- ensure any short-term, temporary or interim changes to trauma and orthopaedic services are communicated and the opportunity to provide feedback about those changes is clear so they can be incorporated into the final service development and acted on immediately if necessary (e.g. revert back to the current service model)
- manage media interest throughout the engagement period and beyond, in order to maintain the reputation of all organisations involved and ensure the correct messages are being relayed to the public

5.4 Audiences

Communications, engagement and involvement is planned for the following audiences

Audience	Aims
 Internal audiences: Directly affected staff (clinical and non-clinical) 	To raise awareness and ensure staff engagement and involvement wherever possible
Indirectly affected staff (clinical and non-clinical)	To ensure a consistent understanding of the proposals and the reasons for change
Unaffected / minimally-impacted staff (clinical and non-clinical)	To ensure staff know how to get involved and provide feedback about the proposals
	For staff to be able to provide accurate updates to patients and visitors
Partner and stakeholder organisations (including	To ensure the impact on their services is fully understood
organisations in neighbouring geographies where relevant)	To enable the service to be developed in a 'whole- system' way
	To seek support for the final service model
	To understand / identify any additional key audiences
Patients and their families / carers	To gain an understanding of the potential implications and benefits for patients and their families / carers based on their previous patient experience
Local people / general public	To inform and engage the public in relation to service change proposals and enable open and honest dialogue which informs Trust and CCG decision-making
Local media	To ensure local media have a sound background understanding of the proposals and rationale to enable balanced reporting with neutral rather than

Audience	Aims			
	negative reporting			

5.5 Engagement timeline

The two summary timelines below outline the planned engagement programmes dependent upon whether formal consultation is considered necessary. The effectiveness of engagement and scale of quantified changes will determine the level of public consultation required.

Timeline 1 – Informal Engagement								
Sept	Oct	Nov	Mar	Apr				
Engagement & EQIA completed		Review engagement feedback	Implement (changes to service made if required)			Implement final service model		
			Review and f	eedback	Incorporate feedback into long term proposals			
Local media			engagement					

Timeline 2 – Formal Consultation										
Sept	Oct	Nov	Dec Jan Feb				Mar	Apr		
Engagement & EQIA completed		Formal consultation*		Review consultatio n feedback		Implemen t final service model				
Staff engage	Staff engagement Staff org change consultation									
Partners / stakeholder engagement Present										
Patients and carers engagementFormal consultationRev con							final service			
		Public engag	ement / cor	sultation		n feedback model				
Local media engagement										

5.6 Engagement Activities

A summary of engagement activity for key stakeholders is outlined below in **Appendix A**. A more detailed, operational action plan to deliver this activity is being developed.

5.7 Engagement / evidence log

Logs of engagement activity and feedback are being kept to enable the CCGs and Trust to keep track of the views of individual stakeholders and ensure all feedback is considered as the service model is finalised.

6 Timeline & Next Steps

The next two months are critical in terms of developing our understanding of the impact of proposed changes, engaging with patients and stakeholders and developing proposals. As indicated in the timelines outlined above, partners will review the data and intelligence gathered during this period to understand the significance of proposed changes which will inform subsequent consultation and implementation timelines.

The Health and Adult Social Care Select Committee is asked to:

- Review and comment on the outlined draft service proposals for Trauma & Orthopaedic services at Hampshire Hospitals and the wider system.
- Review and comment on the approach to engagement to meet and exceed best practice public involvement and ensure that any proposed service change is in the best interests of our patients and communities.
- We may want to be testing some of these ideas early in order to provide better care this winter. We would be interested in whether HASC would be supportive of this or would rather wait until the full public engagement process is complete before any changes are tested.

We would like to present a more detailed operational plan to the committee for further advice and guidance in November 2019.

Stakeholder	Approach			Key actions	Lead	Timescale for
	Engage	Active comms	Keep informed			main engagement
HCC HASC	\checkmark			Regular attendance at HASC meetings supported by dedicated workshop if desired by HASC	CCG and HHFT	Sept 2019 – Mar 2020
Patients, carers & families				Review patient experience feedback of current T&O services (from PALS, complaints, 'Through your eyes' events)	HHFT	Sept 2019
	\checkmark	\checkmark	\checkmark	Actively seek views from current patients using the service (incl knee & hip school and fracture clinics) via survey / focus groups		Sept – Oct 2019 (and throughout phase 1 if applicable)
			Health Focus events		Sept – Oct 2019	
			Online survey		Nov 2019 – Feb 2020	
				Via Healthwatch, websites, social media, local media		Sept – Nov 2019
Local people /				Health Focus events	HHFT	Nov 2019 – Feb
general public				Staffed display / drop-in events with presentations	HHFT and CCG	2020
	\checkmark			Static displays	CCG	
			Online survey	HHFT and CCG		
				Governors' High Street 'stands'	HHFT	
			Via Healthwatch, website, social media, local media, patient and community groups	CCG and HHFT		
Patient / community groups / voluntary sector		\checkmark		Letter(s) with offer of face-to-face meeting and/or attendance at their meetings / events.	CCG and HHFT	Oct 2019 – Feb 2020

Appendix A – Engagement Activities External stakeholders

Stakeholder	Approach		Key actions	Lead	Timescale for
Local healthwatch		\checkmark	Initial 1:1 briefing to discuss how they want to be involved and how they can assist. Request update to their 2015 patient stories reports	HHFT	Sept 2019 – Feb 2020
Media / Press		\checkmark	Initial 1:1 briefing followed by regular updates Consider recording / interview opportunities	HHFT comms team	Sept 2019 – ongoing
MPs		\checkmark	Letter(s) and offer of face-to-face meeting	CCG and HHFT	Sept – Dec 2019
Local CCGs	\checkmark		Through existing / agreed reporting and engagement systems	CCG	Ongoing
Neighbouring CCGs		tbc	CCG to agree level of engagement desired	CCG	Sept 2019
SCAS (9s, PTS & 111)	\checkmark			HHFT and CCG	Sept 2019 – Mar 2020
Community / mental health trusts	\checkmark		1:1 discussions and Board to Board if required		
Neighbouring acute hospitals	\checkmark				
HCC (reablement, adult services, care management, continuing health care)	√		1:1 discussions	HHFT and CCG	
Deanery	\checkmark		1:1 discussions with senior medical representatives		Sept – Nov 2019
NHSI/NHSE		\checkmark	Through existing / agreed reporting and engagement	HHFT and CCG	Sept 2019 – Mar
STP / ICS		\checkmark	systems	HHFT and CCG	2020

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Stakeholder	Approach			Key actions	Lead	Timescale for
Clinical Senate		\checkmark			HHFT and CCG	
Trauma Network		\checkmark			HHFT	
Primary Care Networks			\checkmark		HHFT and CCG	
CQC			\checkmark		HHFT	Ongoing
Care Homes			\checkmark	Through existing communication methods (eg newsletters,	HHFT and CCG	
Local Authorities			\checkmark	websites, social media, attendance at meetings / events)	HHFT and CCG	
Professional bodies			\checkmark		HHFT	

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Internal stakeholders

Stakeholder	Approac	h		Key actions	Lead	Timescale for
	Engage	Active comms	Keep informed			main engagement
Directly affected medical staff	\checkmark			Medically led engagement Formal consultation with BMA representatives Formal engagement with Deanery Weekly and monthly project and estates working groups		Sept 2019 – Apr 2020
Directly affected clinical staff	V			Regular face-to-face meetings (voluntary, mandatory, drop- in) 1:1s Drop-in events		Ongoing
Directly affected non-clinical staff	~			Attendance at existing team / department meetings Dedicated T&O transformation email Back to the floor' visits Weekly and monthly project and estates working groups		
Indirectly affected clinical staff		\checkmark		Drop-in events Dedicated T&O transformation email Attendance at existing team / department meetings		Sept – Nov 2019
Indirectly affected non- clinical staff		\checkmark		Through usual Trust channels including monthly CEO 'In touch' briefings, staffed and static stands in each hospital, CEO blog, internal Facebook groups, discussion forum on internet (TrustNet), footures in forthightly poweletter, updates		
Unaffected clinical staff			\checkmark	intranet (TrustNet), features in fortnightly newsletter, updates in weekly staff bulletin Briefings to senior management team for onward cascade		Oct – Dec 2019
Unaffected non- clinical staff			\checkmark			
HHFT Board	\checkmark			Incorporation in clinical strategy workshops / discussions		Ongoing

NHS West Hampshire Clinical Commissioning Group NHS North Hampshire Clinical Commissioning Group Hampshire Hospitals Foundation Trust

Stakeholder	Approach			Key actions	Lead	Timescale for	
				Joint workshop with Council of Governors			
1							
HHFT Governors				Joint workshop with Board		Ongoing	
		2		Governors' newsletters			
		v		Members and Community Engagement sub-group			
				Patient Engagement Group	HHFT		
Staff Side / Staff Forum	\checkmark			Attendance at meetings (to provide briefings and receive feedback)		Sept 2019 – Mar 2020	

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Services (Overview and Scrutiny) Committee
Date:	16 September 2019
Title:	Development of Andover UTC
Report From:	Zena Ludick, Operations Director, Medicine Division, Hampshire Hospitals Foundation Trust & Alex Whitfield, Chief Executive Hampshire Hospitals NHS Foundation Trust

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1. Purpose of Report

1.1 This paper updates the Scrutiny Committee on the recent developments in redesigning the Minor Injuries Unit (MIU) in Andover to meet national standards of an Urgent Treatment Centre.

2. Progress to date

- 2.1. The Committee was previously updated by HHFT in March 2019 on the progress it had made to develop the UTC. This paper provides an update on the current situation and in addition an update on the management of opening hours in the MIU.
- 2.2. June 2018 saw the review of the attendance profile of the MIU and the decision to reduce the opening hours from 08.30-19.30 to 08.30-18.00. Together with West Hampshire Clinical Commissioning Group the Trust had decided to continue with the revised opening hours until further notice. The impact on patients has been paramount in this decision making process. Radiology provision continues to end at 16.00 and there has been no significant increase in attendances to Basingstoke or Winchester following the reduction in opening hours. There have been no formal complaints or incidents raised following the reduction in opening hours.

- 2.3. Between July 2018 and July 2019 the MIU has seen and treated 12,369 patients. For a period of eight months the team maintained 100% against the four hour target. The average performance for the year is 99.04%.
- 2.4. In spite of the reduced hours in the MIU there has not been a direct increase in attendances to either Basingstoke or Winchester as a result of this. However, there has been an increase of 17% to all A&E attendances and an 8% increase in emergency admissions to our emergency departments, which is in line with the rest of Hampshire.
- 2.5. Recruitment of Emergency Nurse Practitioners (ENPs) has been a principal focus in the Medicine Division. The Trust has been actively growing its own capability but this is taking time to realise. Since 2018 the Trust has trained four ENP's and has a further two on training programmes. We are recruiting for September intake and hope to attract more candidates. Currently the MIU has a vacancy of six ENPs.
- 2.6. The Trust has collaborated with South Central Ambulance Service (SCAS) and employs two SCAS ENP's and one trainee on a six week rotational contract. This initiative has supported the MIU opening hours and provided a development opportunity for both SCAS paramedics and the MIU ENP's.
- 2.7. As part of the national Urgent Care Strategy, CCG's are required to redesign urgent care services outside of A&E to provide a consistent and standardised service offer and reduce public confusion on where to access urgent care in their locality.
- 2.8. Following the Andover Urgent Treatment Centre (UTC) procurement in spring 2018, where no bids were received, the three incumbent providers (Hampshire Hospitals NHS Foundation Trust (HHFT), Mid Hampshire Healthcare & Partnering Health Ltd) were invited to coproduce the service model with the CCG.
- 2.9. Providers have been working together to design a service model that meets local patient needs and delivers the national standards for an UTC within the available resources. Commissioners and providers intend to have a proposed service model for future service provision by October 2019.
- 2.6 All partners are committed to developing a high quality, sustainable, integrated service model for Andover patients. Continuity of existing service provision will be maintained by incumbent providers until an agreement has been reached. The MIU contract has been extended until March 2020; if necessary this will be extended further.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date: 16 September 2019	
Title:	Transformation to 2021 – Revenue Savings Proposals
Report From:	Director of Adults' Health and Care, Director of Public Health and Deputy Chief Executive and Director of Corporate Resources

Contact name: Sarah Snowdon and Dave Cuerden

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Purpose of this Report

- 1. The purpose of this report is to outline the detailed savings proposals for both Adult Social Care and Public Health that have been developed as part of the Transformation to 2021 (Tt2021) Programme.
- 2. The report also provides details of the Equality Impact Assessments (EIAs) that have been produced in respect of these proposals and highlights where applicable, any key issues arising from the public consultation exercise that was carried out over the summer and how these have impacted on the final proposals presented in this report.
- 2.1. The Executive Member is requested to approve the detailed savings proposals for submission to Cabinet in October and then full County Council in November, recognising that there will be further public consultation for some proposals.

Recommendations

That the Health and Adult Social Care Select Committee consider the detailed savings proposals and:

Either:

4. Support the recommendations being proposed to the Executive Member for Adult Social Care and Health and Executive Member for Public Health in section 2 of the report.

Or:

5. Agree any alternative recommendations equivalent in value to the required Transformation to 2021 total, to the Executive Member for Adult Social Care

and Health and Executive Member for Public Health with regards to the budget proposals set out in the report.

6. Agree any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member when making their decision

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Adult Social Care and Health	
Date:	16 September 2019	
Title:	Transformation to 2021 – Revenue Savings Proposals	
Report From:	Director of Adults' Health and Care, Director of Public Health and Deputy Chief Executive and Director of Corporate Resources	

Contact name: Sarah Snowdon and Dave Cuerden

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Purpose of this report

1. The purpose of this report is to outline the detailed savings proposals for both Adult Social Care and Public Health that have been developed as part of the Transformation to 2021 (Tt2021) Programme.

Recommendation

2. To approve the submission of the proposed savings options for Adult Social Care and for Public Health contained in this report and Appendix 1 to the Cabinet.

Executive Summary

- 3. This report outlines the detailed savings proposals for both Adult Social Care and Public Health that have been developed as part of the Transformation to 2021 (Tt2021) Programme.
- 4. The report also provides details of the Equality Impact Assessments (EIAs) that have been produced in respect of these proposals and highlights where applicable, any key issues arising from the public consultation exercise that was carried out over the summer and how these have impacted on the final proposals presented in this report.
- 5. The Executive Member is requested to approve the detailed savings proposals for submission to Cabinet in October and then full County Council in November, recognising that there will be further public consultation for some proposals.

Contextual information

6. Members will be fully aware that the County Council has been responding to reductions in public spending, designed to close the structural deficit within the economy, since the first reductions to government grants were applied in

2010/11 and then as part of subsequent Comprehensive Spending Reviews (CSRs).

- 7. Whilst the County Council understands the wider economic imperative for closing the structural deficit, the prolonged period of tight financial control has led to significant reductions in government grant and the removal of funding that was historically provided to cover inflation, coupled with continued underfunding for demand pressures. At the same time the County Council has also had to respond to inflationary and growth driven increases in costs across all services, but in particular adults' and children's social care.
- 8. One of the key features of the County Council's well documented financial strategy and previous savings programmes has been the ability to plan well in advance, take decisions early and provide the time and capacity to properly implement savings so that a full year impact is derived in the financial year that they are needed.
- 9. This strategy has enabled the County Council to cushion some of the most difficult implications of the financial changes which have affected the short-term financial viability of some County Councils, with Surrey previously considering a referendum for a 15% council tax increase and the well publicised financial issues facing Northamptonshire whose Director of Finance issued a Section 114 notice in February 2018, imposing spending controls on the council.
- 10. This approach has also meant that savings have often been implemented in anticipation of immediate need providing resources both corporately and to individual departments to fund investment in capital assets and to fund further change and transformation programmes to deliver the next wave of savings.
- 11. Whilst this has been a key feature of previous cost reduction programmes it was recognised that the Transformation to 2021 (Tt2021) Programme, the fifth major cost reduction exercise for the County Council since 2010, would be even more challenging than any previous transformation and efficiency programme against the backdrop of a generally more challenging financial environment and burgeoning service demands.
- 12. Unsurprisingly, the Tt2021 Programme is building seamlessly on from the Transformation to 2019 (Tt2019) Programme, with projects and programmes of work set to go further and harder in a number of areas as the search for an additional £80m of savings (combining cost reduction and income generation) develops.
- 13. The Tt2021 work has been taken forward without any impacts for Tt2019 delivery with the Corporate Management Team (CMT) setting appropriate time aside for the Tt2021 planning process whilst maintaining a continued strong grip on Tt2019.
- 14. What is different to previous years however is the fact that the profile of delivery for the Tt2019 Programme is back loaded, with some changes not being delivered at all until well after 2019/20. Secured savings exceeded the £100m mark in the first quarter of 2019 which represented another major milestone for the Programme. However, this leaves £40m to deliver and as we move ahead we know that the remaining savings areas will be the most difficult to secure.
- 15. Whilst sufficient resources have been set aside to cover this delayed implementation the need to commence the successor programme does

therefore mean that there will be overlapping change programmes which is another significant difference. This does increase the overall risk in the budget going forward and there is clearly no room for complacency especially as implementation and delivery of Tt2021 will begin to run alongside the Tt2019 Programme and strong focus will be required to ensure simultaneous delivery of both.

- 16. Departments have looked closely at potential opportunities to achieve the required savings and unsurprisingly the exercise has been extremely challenging because savings of £480m have already been driven out over the past nine years, and the fact that the size of the target (a further 13% reduction in departmental cash limited budgets) requires a complete "re-look"; with previously discounted options having to be re-considered. It has been a significant challenge for all departments to develop a set of proposals that, together, can enable their share of the Tt2021 Programme target to be delivered.
- 17. The opportunity assessment and planning work has confirmed the sheer complexity and challenge behind some of the proposals, which means in a number of areas more than two years will be required to develop plans and implement the specific service changes.
- 18. The cashflow support required to manage the extended delivery timetable for the Tt2021 Programme will in the most part be met from departmental cost of change reserves but further funding of £32m to provide for necessary investment and the later delivery has already been factored into the requirements for the Grant Equalisation Reserve going forward. This provision will be considered as part of the updated Medium-Term Financial Strategy (MTFS) that will be reported in October.
- The County Council undertook an open public consultation called Serving Hampshire – Balancing the Budget which ran for six weeks between 5 June – 17 July. The consultation was widely promoted to stakeholders and residents and asked for their views on ways the County Council could balance its budget in response to continuing pressures on local government funding, and still deliver core public services.
- 20. The consultation was clear that a range of options would be needed to deliver the required £80m of savings by 2021. Therefore, whilst each option offers a valid way of contributing in-part to balancing the budget – plugging the estimated £80m gap in full will inevitably require a combination of approaches. For example, the Information Pack illustrated the amount of savings that would still be required even if council tax was increased by up to 10%. It explained that the £80m estimated budget shortfall took into account an assumed increase in 'core' council tax of 4.99% in both 2020/21 and 2021/22. The Pack also explained that if central government were to support changing local government arrangements in Hampshire, savings would still take several years to be realised. Residents were similarly made aware that the use of reserves would only provide a temporary fix, providing enough money to run services for around 27 days.
- 21. As the consultation feedback confirms, a number of different approaches are likely to still be needed to meet the scale of the financial challenge. Consequently, the County Council will seek to:

- continue with its financial strategy, which includes:
 - targeting resources on the most vulnerable adults and children
 using reserves carefully to help meet one-off demand pressures
- maximise income generation opportunities;
- **lobby central government** for legislative change to enable charging for some services;
- **minimise reductions and changes to local services** wherever possible, including by raising council tax by 4.99%;
- consider further the opportunities for **changing local government arrangements** in Hampshire.
- 22. Executive Lead Members and Chief Officers have been provided with the key findings from the consultation to help in their consideration of the final savings proposals for this report. Responses to the consultation will similarly help to inform the decision making by Cabinet and Full Council in October and November of 2019 on options for delivering a balanced budget up to 2021/22, which the Authority is required by law to do.
- 23. In addition, Equality Impact Assessments have also been produced for all of the detailed savings proposals and these together with the broad outcomes of the consultation and the development work on the overall Tt2021 Programme have helped to shape the final proposals presented for approval in this report.

Budget Update

- 24. Members will be aware that 2019/20 represented the final year of the current Spending Review period and that no indication has previously been provided by Government about the prospects for local government finance beyond this time. Although a further 4 year Spending Review had originally been planned for the summer of this year, this was impacted by Brexit and the national political situation.
- 25. In recent years, significant lobbying of the Government has been undertaken by Hampshire and the wider local government sector in order to ask them to address the financial pressures we are facing and to convince them to provide an early indication of the financial position beyond 2019/20 to aid medium term financial planning and to address the more immediate issue of budget setting for 2020/21. Whilst the news of a single year settlement was not welcome, it was not unexpected and was partly balanced by the promise of an early indication of the 'settlement' for local government.
- 26. The Spending Round announcement took place on 4 September and the key issues from a Hampshire perspective were:
 - £2.5bn nationally for the continuation of existing one off grants across social care services (worth around £38.5m to Hampshire) most of which had already been assumed in the MTFS.
 - An extra £1bn for adults' and children's social care services, representing between £15m and £20m to Hampshire depending on the distribution methodology, which will be consulted upon.

- The Public Health Grant will increase in line with inflation and the Department of Health and Social Care's contribution will grow in line with the additional investment in the National Health Service next year
- Core council tax of 2% and the continuation of a 2% adult social care precept. This is below our assumptions in the MTFS and would lose the County Council around £12m of recurring income over the two years of the Tt2021 Programme.
- Additional funding for schools, which includes extra funding for Special Educational Needs of £700m. If this was distributed on the same basis as previous additional grant, our share would be around £16.8m and would help to address the future growth in this area but does not provide a solution to the cumulative deficit position schools will face at the end of 2019/20.
- 27. The content of the proposed settlement and the issues it addressed were pleasing to see as they mirrored the key issues that we have been consistently raising for some time directly with the Government and through our local MPs.
- 28. In overall terms, there is a net resource gain to the County council, albeit that is only for one year at this stage. However, the cost pressures we face, particularly in adults and children's social care services are significantly outstripping the forecasts that were included in the original Tt2021 planning figures.
- 29. Without the additional injection of funding, the County Council would have faced a revised deficit position well in excess of £100m by 2021/22, but the additional resources bring us back to a broadly neutral position.
- 30. More detail will be provided in the update of the MTFS and as part of the Member briefings that will take place as part of the Tt2021 decision making process.

Transformation to 2021 – Departmental Context / Approach

- 31. The Tt2021 budget reduction of £43.1m (or 13%) represents a significant challenge for a Department combining Adult Social Care and Public Health. It needs to be seen within the context of the County Council's wider budgetary position, outlined above, the continued and increasing demand and cost pressures, the financial challenges being experienced by NHS organisations which have a direct bearing on social care pressures, increasing expectations and greater levels of regulation especially linked to quality.
- 32. The savings target will challenge the Department like never before (see following sections) and it is inevitable that there will be impacts on front-line services. That said, the programme would be taken forward carefully and sensitively. We will look to build on past performance that has resulted in positive service transformation, and innovation (including multi million £ investment in Technology Enabled Care and modern Extra Care housing) alongside efficiencies and service reductions. Additionally, the strengths-based way of operating that the Department has been increasingly working to over the second half of this decade continues to improve service user independence and in turn has helped to limit the cost of paid for care packages.

Adult Social Care - Context

- 33. The Adult Social Care element of the savings target amounts to <u>£36.3m</u>. Five potential issues are impacting on the size of this challenge or could add to it. Although the additional funding included within the 2019 Spending Round is likely to significantly mitigate these risks in the short term as highlighted in the following paragraphs. These potential issues include:
 - service demand and complexity levels (includes also higher service prices)
 - continued elements of non-recurrent government grant support
 - the future availability of a Social Care precept
 - the double running of savings programmes
 - the continued uncertainty regarding future funding for the service
- 34. We are seeing demand continuing to increase at a faster rate. This includes the growth in the numbers of adults with eligible care needs, including an increase in the number of vulnerable/frail older people (particularly those aged 85 or above), growing complexity of care needs e.g. the increasing prevalence of multiple conditions including higher levels of dementia, and sustained increases in the numbers and costs associated with supporting children with disabilities and complex needs transitioning to adulthood. Other factors such as regulation and the national living wage are also impacting on direct provision and the independent sector in terms of increasing inflationary pressures. These pressures, that are not unique to Hampshire and are representative of the position nationally.
- 35. To help address the range of strategic Social Care financial challenges being faced, the Government have previously made available relatively modest additional non-recurrent funding to local authorities for Adult Social Care. The grants have allowed transformational programmes to be progressed aimed at reducing cost exposure in the long term. However, they do not address the current and anticipated future increases in demand and like many local authorities, the County Council has had little choice but to use a major element of this funding (£11.5m for 2019/20) to offset the increase in recurring pressures with £7.7m being used in this way this year.
- 36. As per the announcement within the 2019 Spending Round it has been confirmed that all non-recurrent grants received by Adult Social care departments in 2019/20 will continue into 2020/21. As the 2019 Spending Round announcement only confirms funding for one year (2020/21) this offers security and certainty only in the short term, there remains a risk that during the timeframe of the Tt2021 programme the department will face the challenge of a loss of significant funding whilst delivering £43.1m of savings, albeit that the Government has said that it is at least baselining the £2.5bn announced in the Spending Round
- 37. In addition to the above, as set out in paragraph 34, the Department is currently experiencing service pressures on care packages that puts a greater risk on the targeted transformational savings. In the short term this pressure will likely be significantly ameliorated by the announcement of a further £1bn nationally for social care within the 2019 Spending Round. However, as stated above this

only offers certainty until the end of 2020/21. Should this funding not continue beyond that time period there is a risk that additional corporate support may be required in later years, albeit the level will be subject to the achievement of a departmental cost recovery plan that has been introduced and is being worked to.

- 38. As per the 2019 Spend Round announcement it is likely that local authorities will retain the ability to raise additional 2% Council Tax under a specific precept for Adult Social Care in 2020/21. There is no such certainty beyond this point which needs to be considered against the current assumption within the MTFS that this flexibility will continue to be afforded to local authorities in 2020/21 and beyond. It should be noted that the proposal is subject to the normal local government finance settlement consultation that the government will undertake later this year.
- 39. Whilst the Department is planning for the Tt2021 savings described in this report it is concurrently in the midst of delivering the final two years of Tt2019 savings. As at July 2019 nearly £41m of the £55.9m target had been achieved leaving just over £15m still to secure. The remaining £15m represents the most difficult element to achieve as this mainly relates to reducing expenditure on care packages against a backdrop of increasing demand and cost pressures as highlighted. As many of the Tt2021 savings are an extension upon the Tt2019 work programmes the Department faces a very challenging forward period.
- 40. At the time of writing the Adult Social Care Green Paper (or an appropriate alternative future funding mechanism) is still awaited and as such it remains unclear as to what financial impact this will have for all upper tier Authorities. Needless to say, it is highly likely that it will have a significant effect on the future funding for adult social care and very possibly during the timeframe of Tt2021, but the form this could take is unknown. What is known is that the continued delay of the Green Paper (or alternative) is making it very difficult for local authorities to forward plan financially with any degree of certainty.
- 41. The annual ADASS Budget Survey report, published earlier this year, identifies the critical funding challenges being faced by all local authorities, both in-year and in the near future, in the provision of adult social care. These challenges are being felt too in Hampshire, albeit currently not as acutely as in many other places. However, currently we have not built in any assumptions regarding the impact of the Green Paper (or alternative) therefore there may, as a result, be both further opportunities and significant challenges that the Department may face over the Tt2021 timeframe.

Public Health - Context

42. In respect of Public Health this budget has historically been funded through a specific ring-fenced grant. The 2019 Spending Round announcement indicates that the ring-fence may not be removed for 2020/21 as previously intended, as part of the wider Fair funding Review and extension of the Business Rate Retention scheme, which have now been delayed. However, at this stage it remains unclear whether the ring fence will remain beyond 2020/21 if those wider system changes are introduced at that point. In light of this uncertainty it continues to be assumed within the MTFS that during the critical period of the Tt2021 programme that the ring-fence will be removed, and that Public Health

will be funded similarly to other County Council Departments. Therefore, for the first time Public Health is included within the Department's transformation programme with target savings of <u>**£6.8m**</u> from the overall £43.1m are to be secured from Public Health.

- 43. The majority of the Tt2021 £6.8m saving would be achieved from the main commissioned Public Health services which include 0-19 Public Health nursing (health visiting and school nursing), substance misuse and sexual health. These services are trying to balance a reducing budget with the forecast population growth and increasing complexity of needs being seen. The challenges are being addressed along with the context of increasing national expectations about Public Health leadership for system-wide prevention, with the publication of the NHS Long Term Plan and the recent Prevention Green Paper.
- 44. The Tt2021 saving target would still run alongside savings of £8.4m that Public Health need to achieve in respect of the previously announced reduction in the ring-fenced Grant through to 2019/20. The majority of this saving is anticipated to be achieved by the end of 2020/21 with the late delivery being funded through the balance accumulated within the Public Health Reserve. By the end of this financial year some £6.4m of the required £8.4m savings is forecast to be secured.

Savings Proposals

Proposal 1 – Younger Adults Services

- 45. The biggest block of targeted proposed savings, some £13.2m, would come from **Younger Adults** services as the Department looks to continue the successful journey started ahead of Tt2017 and built upon in Tt2019 to embed a strengths-based approach and move increasingly away from institutional, long-term care settings and move instead to support people into more flexible, more modern ways of living that provide much greater independence for service users with learning disabilities, physical disabilities and/or mental health needs. This would include:
 - further and closer integration of Learning Disabilities and Mental Health services with the NHS;
 - more supported living accommodation including moving people on from residential care;
 - creating more opportunities for employment including supported employment;
 - enabling people to do more for themselves, including developing opportunities for people to find a greater level of support from within their local communities and through volunteer schemes.
 - extension of transition (Special Educational Needs and Children's Services) to further manage family expectations promoting independence;
 - extension of current work on reducing challenging behaviour (Least Restrictive Practice) which will lead to reduced support costs.

 working with our technology partner to develop and implement the use of Co-bots (exo-skeleton technology) to support the lifting and handling of clients.

Proposal 2 – Older Adults Services

- 46. The next biggest targeted savings proposals, some £12.6m, would come from **Older Adults** as the Department looks to further transform its services for older people. There will be a continued focus on strengths-based approaches, intermediate care and reablement to improve the health and wellbeing of residents so that increasing numbers can remain in their own homes, living as independently as possible. This approach aims to see lower or reduced needs following a short-term intervention, enabling, wherever possible, people to return home with appropriately sized care packages as opposed to being transferred to residential and nursing care provision at current levels of demand. This would include:
 - focused investment in short-term provision and in Extra Care, including the introduction of 5 new schemes across the county which in turn will reduce the number of high cost residential placement;
 - improved relationships with care providers alongside more modern commissioning and procurement approaches, including revisions to policies and operational arrangements e.g. proactively reducing the number of capital-depleters
 - expanding the Shared Lives offering for clients beyond the target number of placements – approximately 11 additional clients per year;
 - greater use will also be made of technology solutions, including implementation of Co-bots (exoskeleton technology) to support both service users and care workers.

Proposal 3 – In-house Services (HCC Care)

- 47. The third block of targeted savings proposals covers £1.6m which relates to **Inhouse services** (HCC Care) the detail of which will be finalised following the completion of a thorough review of the service by the end of 2019. The review will look at options for:
 - how a more commercial approach to the department's in-house services can be applied;
 - how productivity can be improved;
 - how efficiencies can be realised through staff structures, ways of working, and recruitment and retention (reduced agency spend).
- 48. Over the Tt2021 time period it is possible that the Department could add to existing bed numbers and that there could be additions and deletions to the care home stock. Any changes in provision will be predicated on the outcome of the HCC Care Services review, any subsequent consultation and Member decision.

Proposal 4 – Working Differently

- 49. The fourth block of targeted proposed savings covers £4.7m relating to workforce efficiencies and increased income achievement. The work areas would include:
 - enabling the entire workforce to work '**differently**', e.g. even more productively, more efficiently and more effectively. This includes optimising the use of technology.
 - partly as a product of the above and partly as an outcome of streamlining business processes, reducing the numbers of staff that the Department operates with including fewer managers, in a manner that is least disruptive to service users.
 - Increased income generation through sold services primarily with other local authorities including but not limited to Technology Enabled Care (TEC), Partnership in Care Training (PaCT), Client Affairs Service and sharing expertise in key service areas.

Proposal 5 – Government Funding

50. The fifth block of the Adult Social Care targeted savings proposals (£4.2m) is in anticipation that income at least equivalent to the level of current non-recurrent **Government grant funding** (see paragraph 33 above) will be confirmed as recurring support as part of the Local Government finance settlement later this year. The inclusion of this sum of money is consistent with the Tt2021 proposals being put forward for Children's Services.

Proposal 6 – Public Health

- 51. The final targeted savings area, £6.8m, relates to **Public Health** reductions to commissioned spend, subject to the confirmed ending of the existing ring-fence. Continuing with the approach used to deliver savings required by the reduction in the overall ring-fenced grant award by Government over the last few years, there will be a focus on service transformation. £5.7m (84%) of the proposed savings relate to commissioned services (as below) which include mandated and non-mandated service areas such as:
 - central Public Health expenditure
 - substance misuse
 - sexual health
 - domestic abuse service and Mental health
 - healthy lifestyles
 - 0-19 services
 - older People
- 52. Within the above there would be a strong focus on working with external service providers to improve efficiency and productivity focused on population health outcomes. There would also be an emphasis on digital technology including

further development of customer portals, enhancement of online advice and guidance, estates utilisation, staff training and supply chain cost reductions.

53. Transformation activity would balance funding and resources between a universal and targeting approach for the most vulnerable and high-risk groups. Protecting and improving health and well-being and reducing health inequalities for Hampshire's residents will continue to be the priority when transforming service delivery.

Key Challenges/Risks

- 54. In Adults' Health and Care, as in other departments, we already have many of the solutions to the challenges we face. Reducing service demand, whilst appropriately meeting eligible needs (against the backdrop of a reducing budget) is highest among these but is becoming increasingly challenging. Over the past year demand, complexity (proportionately more dementia needs for example) and higher market prices have been relentless. We recognise that social care budgets for both Adults and Children's are under extreme pressure and thus recognise the inescapable risk that there could be a resultant negative impact upon other services of the County Council.
- 55. Whilst the required savings will be positively pursued, there remain significant risks. It is recognised that difficult service decisions/changes will need to be made across the programme to achieve the decreased departmental expenditure. There is a risk that a reduction in the Department's service offer may reduce, or may be perceived to reduce, client choice. The Department is mindful of its legal duties and is clear that eligible needs will be met in the most cost-effective way. The Department will also continue to closely monitor the actions of other local authorities and legal judgements. The impact of decisions on service users will continue to be carefully considered and mitigated where possible. It should be noted that adult social care case law turns upon circumstances in individual cases and as such some areas of risk are by their nature less predictable.
- 56. Progress and success will require a very thoughtful and careful engagement approach across a myriad of different but important stakeholders. Most important will be the way the Department works with people and their representatives (family, friends) who use services. Positive engagement will enable more co-produced solutions to be secured. In turn this should result in greater levels of independence and/or local support that in turn will help to reduce paid for service costs. Success will be very much dependent on how we continue to change the culture of staff, how we create the optimum working conditions for all staff (including improved productivity linked to the significant investment in mobile technology) and how we continue the journey of re-setting expectations that the public understands, accepts and agrees to.
- 57. There is also much ongoing work with the NHS at acute hospital, community provider and Clinical Commissioning Group (CCG) level. The Department will continue to take forward integration opportunities where they can add most value and improve and simplify existing joint working taking out cost alongside improving the service user experience. It is recognised that there will continue to be external scrutiny on discharge performance and how the County Council

uses the Better Care Fund (and any other future sources of funding support) to protect and enhance social care provision across Hampshire.

58. Technology has been mentioned in numerous places within this report and is another key enabler to a successful future. There are clear opportunities to build upon the very successful assistive technology arrangement that the County Council has recently renewed with Argenti. Technology is increasingly important in terms of prevention and reducing reliance upon 'traditional' forms of social care support in favour of remote support solutions and increased social networking. Increasing the ability of the County Council and the desire of the public in relation to maximising private pay opportunities and sold services to generate income is largely untested territory which will also be fully explored over the coming period.

Summary Financial Implications

- 59. The combined savings target that was set for Adult Social Care and Public Health was £43.1m and the detailed savings proposals that are being put forward to meet this target are contained in Appendix 1.
- 60. The Department is currently forecasting to achieve savings of up to £24.0m of the £43.1m required by 2021/22, the year by which the Tt2021 budget reductions would come into effect. The remaining £19.1m is expected to follow across 2022/23 and 2023/24. In cashflow terms, this late delivery requires £25.2m of cashflow support for the two-year period. The Department forecast that this is currently unable to be covered from cost of change reserves and would therefore be reliant on Corporate support as reported in June 2019 as part of the 2018/19 End of Year Financial Report. The Department will continue to focus on safely achieving early savings wherever possible to mitigate this need.
- 61. The Department has been able to top up its cost of change reserve through some early delivery of Tt2019 savings and is planning to add further to this through early delivery of some Tt2021 savings. This combined with additional funding announced as part of the 2019 Spending Round puts the Department in a stronger position to meet the cashflow required for all of the following over the time period to 2021/22:
 - 1. the delayed delivery of savings for Tt2021
 - 2. the expected costs of projects to deliver the Tt2021 savings
 - 3.the forecast pressure on Adult Social Care packages arising from significant increases in demand and complexity of clients.
- 62. However, this will be largely dependent on both the additional funding remaining available annually after 2020/21 and the delivery of a departmental recovery plan that is currently being implemented. In the event that either of these risks materialise it is likely that the department will require additional recurring corporate support beyond 2020/21.
- 63. The Adult Social Care financial position reported in 2019/20 is highlighting a significant additional recurrent pressure arising from increases in care package volumes and unit costs stemming back to the latter part of 2018/19 as reported at year end. The pressure is in part due to increases in costs for step changes

to service activity levels e.g. the Department is now operating with a lower waiting list than previously and has sustainably improved performance on Delayed Transfers of Care. This pressure is in addition to the recurrent spend that is currently being supported by one-off grant funding of £7.7m in 2019/20.

- 64. At this current time the combined potential pressure highlighted above will likely be significantly mitigated in 2020/21 by both the department's proportion of the additional funding of £1bn nationally for social care (Children's and Adults') and the continuation of grants received in 2019/20 as announced within the 2019 Spending Round. Whilst any remaining pressure is anticipated to be met through the departmental recovery plan. More detail on the cost pressures across social care services and the impact of the Spending Round announcements will be included in the MTFS update to Cabinet and County Council in October and November respectively.
- 65. Even after allowing for the impact of the departmental recovery plan, the additional pressures in 2019/20 may be of a magnitude that utilises the Departments Cost of Change Reserve leaving it insufficient to meet future one off costs. It follows that there remains a possibility that the department will require one-off additional support in 2020/21. The level of this support will depend on the outturn position for 2019/20. It should be noted that the Department have already made significant reductions in planned one-off (limiting the level of additional support required) to help with the financial pressures being experienced.
- 66. For Public Health there is a danger that the reductions in commissioned spend, despite the forward focus being on the most vulnerable, could impact adversely on children and families thus increasing the risk of higher numbers of looked after children. This risk would be mitigated by Public Health working ever more closely with Children's Services to design pathways and specifications for services that would support Children and Families to have the best possible outcomes. In all circumstances mitigating actions will be focussed upon those individuals and communities most at risk.
- 67. In summary, it should be highlighted that the Department faces a very challenging forward period financially especially as it needs to successfully combine the delivery of the recovery plan alongside transformational savings, whilst also attempting to manage ever increasing demand, complexity and higher prices from an increasingly volatile independent sector. In contrast additional funding has been made available to help mitigate these challenges in 2020/21 however at this stage the funding is only guaranteed for one year.

Workforce Implications

- 68. Appendix 1 also provides information on the estimated number of posts that may be affected as a result of implementing the proposals.
- 69. Of the estimated 120 Full Time Equivalent (FTE) posts affected approximately half are in HCC Care and the remainder between front line operations and HQ functions. It is anticipated that the majority of these posts would be managed through natural turnover. Any residual posts that cannot be managed in this would way would need to be managed down between now and the implementation date.

70. The County Council's approach to managing down staff levels in a planned and sensitive way through the use of managed recruitment, redeployment of staff where possible and voluntary redundancy where appropriate would be continued.

Consultation, Decision Making and Equality Impact Assessments

- 71. As part of its prudent financial strategy, the County Council has been planning since June 2018 how it might tackle the anticipated deficit in its budget by 2021/22. As part of the MTFS, which was last approved by the County Council in September 2018, initial assumptions have been made about inflation, pressures, council tax levels and the use of reserves. Total anticipated savings of £80m are required and savings targets were set for Departments as part of the planning process for balancing the budget.
- 72. The proposals in this report represent suggested ways in which Departmental savings could be generated to meet the target that has been set as part of the Tt2021 Programme. Individual Executive Members cannot make decisions on strategic issues such as council tax levels and use of reserves and therefore, these proposals, together with the outcomes of the *Serving Hampshire Balancing the Budget* consultation exercise outlined below, will go forward to Cabinet and County Council and will be considered in light of all the options that are available to balance the budget by 2021/22.
- 73. The County Council undertook an open public consultation called *Serving Hampshire* – *Balancing the Budget* which ran for six weeks from 5 June to the 17 July 2019. The consultation was widely promoted to stakeholders through a range of online and offline channels including: the County Council's website; local media and social media channels; the County Council's residents' enewsletter *Your Hampshire*; direct mail contact to a wide range of groups and organisations across Hampshire; posters and adverts in County Council libraries, Country Parks, at Hillier Gardens and Calshot Activity Centre; in residential and day care settings, on electronic noticeboards in GP surgeries and healthcare settings. Information Packs and Response Forms were available in hard copy in standard and Easy Read, with other formats available on request. Comments could also be submitted via email, letter or as comments on social media.
- 74. The consultation sought residents' and stakeholders' views on several options that could contribute towards balancing the revenue budget, and any alternatives not yet considered as well as the potential impact of these approaches. The consultation was clear that a range of options would be needed to meet the required £80m savings by 2021. For example, the Information Pack illustrated the amount of savings that would still be required even if council tax was increased by up to 10%.
- 75. The options were:
 - Reducing and changing services;
 - Introducing and increasing charges for some services;
 - Lobbying central government for legislative change;
 - Generating additional income;

- Using the County Council's reserves;
- Increasing council tax; and
- Changing local government arrangements in Hampshire.
- 76 Information on each of the above approaches was provided in an Information Pack. This set out the limitations of each option, if taken in isolation, to achieving required savings. For example, supporting information explained that the £80m estimated budget shortfall took into account an assumed increase in 'core' council tax of 4.99% in both 2020/21 and 2021/22. The Pack also explained that if central government were to support changing local government arrangements in Hampshire, savings would still take several years to be realised. Residents were similarly made aware that the use of reserves would only provide a temporary fix, providing enough money to run services for around 27 days.
- 77 Therefore, whilst each option offers a valid way of contributing in-part to balancing the budget plugging the estimated £80m gap in full will inevitably require a combination of approaches.
- 78 A total of 5,432 responses were received to the consultation 4,501 via the Response Forms and 931 as unstructured responses through email, letter and social media.
- 79 The key findings from consultation feedback are as follows:
 - The majority of respondents (52%) agreed that the County Council should continue with its current financial strategy. This involves targeting resources on the most vulnerable people; planning ahead to secure savings early and enable investment in more efficient ways of working; and the careful use of reserves to help address funding gaps and plug additional demand pressures e.g. for social care.
 - Achieving the required savings is likely to require a multi-faceted approach. However, respondents would prefer that the County Council seeks to explore all other options before pursuing proposals to reduce and change services in particular, opportunities to generate additional income and lobby central government for legislative change.
 - Just over one in three respondents (37%) agreed with the principle of reducing or changing services - but the proportion who disagreed was slightly higher (45%) - Of all the options, this was respondents' least preferred.
 - Around half of respondents (52%) agreed with the principle of introducing and increasing charges to help cover the costs of running some local services, but over one-third (39%) felt that additional charges should not be applied.
 - Respondents were in favour of **lobbying central government** to allow charging in some areas:
 - -66% agreed with charging for issuing Older Person's Bus Passes.
 - -64% agreed with charging for Home to School Transport.
 - -56% agreed with diverting income from speeding fines or driver awareness courses.

- However, in other areas, opinions were more mixed:
 - -42% agreed and 43% disagreed with recouping 25% of concessionary fares.
 - most did not feel that it would be appropriate to lobby for charges relating to library membership (60% disagreement) or HWRCs (56% disagreement).
- Overall, lobbying for legislative change to enable charging was respondents' **second preferred option**.
- Of all the options presented, generating additional income was the **most preferred option**. Suggestions included:
 - Improving the efficiency of council processes.
 - Increasing fees or charges for services.
 - Using council assets in different ways.
 - Implementing new, or increasing existing, taxes.
 - -Lobbying central Government for more funding.
- Six out of ten respondents (61%) agreed with the position that **reserves should not be used** to plug the budget gap.
- Most respondents (55%) preferred the County Council to raise council tax by less than 4.99%. This compared to 34% of respondents whose first choice was to raise council tax by 4.99%. There was limited support for a rise in council tax above this level (14%).
- More than half of those who responded (61%) agreed that consideration should be given to changing local government arrangements in Hampshire.
- One in three (36%) respondents noted **potential impacts** on poverty (financial impacts), age (mainly older adults and children), disability and rurality.
- Staffing efficiencies were the most common focus of **additional suggestions** (31%).
- The 931 unstructured **other responses** to the consultation primarily focused on ways to reduce workforce costs (26% of comments), the impact of national politics on local government (8%), the need to reduce inefficiency (6%) and both support and opposition to council tax increases (7%).

Proposals following consultation feedback

- 80. Executive Lead Members and Chief Officers have been provided with the key findings from the consultation to help in their consideration of the final savings proposals. As the consultation feedback confirms, a number of different approaches are likely to still be needed to meet the scale of the financial challenge. Consequently, the County Council will seek to:
 - continue with its financial strategy, which includes:
 - -targeting resources on the most vulnerable adults and children

-using reserves carefully to help meet one-off demand pressures

- maximise income generation opportunities;
- **lobby central government** for legislative change to enable charging for some services;
- **minimise reductions and changes to local services** wherever possible, including by raising council tax by 4.99%;
- consider further the opportunities for **changing local government arrangements** in Hampshire.
- 81. The proposals set out in Appendix 1 have, wherever possible, been developed in line with these principles but inevitably the effect of successive reduction programmes over more than a decade will begin to have an impact on the services that can be provided.
- 82. Following the Executive Member Decision Days, all final savings proposals will go on to be considered by the Cabinet and Full Council in October and November – providing further opportunity for the overall options for balancing the budget to be considered as a whole and in view of the consultation findings. Further to ratification by Cabinet and Full Council, some proposals may be subject to further, more detailed consultation.
- 83. In addition to the consultation exercise, Equality Impact Assessments (EIAs) have been produced for all the savings proposals outlined in Appendix 1 and these have been provided in Appendix 2. These will be considered further and alongside a cumulative EIA by Cabinet and Full Council. The cumulative assessment provides an opportunity to consider the multiple impacts across proposals as a whole and, therefore, identify any potential areas of multiple disadvantage where mitigating action(s) may be needed.
- 84. Together the *Balancing the Budget* consultation and Equality Impact Assessments have helped to shape the final proposals presented for approval in this report.
- 85. For the public health proposals, the range of groups predominantly affected is more varied (with impacts on older people and people with disabilities, but also including gender, pregnancy/maternity, poverty, rurality and race). Some of these impacts are negative such has fewer people to be able to access the services. Mitigation against the negative impacts is through services being targeted to the most vulnerable groups. This reflects the whole population remit of Public Health services. The Equality Impact Assessments, together with the broad outcomes of the stage 1 consultation, have helped to shape the final proposals presented for approval in this report.
- 86. The Department would look to conduct Phase 2 consultation on detailed options with regards to a small number of service areas as listed below. The specific service change proposals would be subject to further work and confirmation. The majority of the Phase 2 consultations would likely take place next year and most probably from June 2020 and would include:

- Younger Adults including Learning Disabilities and Mental Health -Integration with the NHS
- Older Adults alternatives to residential care including a revised policy regarding Capital Depleters (to be confirmed).
- In-house service provision including potential consolidation / closure of any current provision
- Public Health reductions to commissioned spend

In addition, a comprehensive staff consultation would be conducted prior to the finalisation and implementation of Working Differently proposals.

Where stage 2 consultations are carried out on specific options, revised equality impact assessments would be completed, to take account in more detail of the equality impacts identified by those participating in these consultations.

Conclusion

- 87. The Transformation to 2021 Programme represents the most challenging and significant programme thus far undertaken by Hampshire County Council. The consequences of previous transformational programmes of cost reduction and change has meant that the course previously set remains consistent with the majority of proposals within this report.
- 88. The delivery of Transformation to 2021 will be in parallel to delivery of a number of the Transformation to 2019 initiatives and, for that reason, is more complicated. There is continued uncertainty over medium term funding, as set out in this report and we still await the publication of a social care Green Paper.
- 89. In the face of the challenges outlined throughout this report Adults' Health and Care are fully cognisant of duties under the Care Act 2014, as well as the mandate for Public Health services and other requirements. The proposals contained within this report represent realistic and achievable means by which reductions in the budget can be achieved. However, it is recognised that whilst some proposals build upon work already underway which have led to improved outcomes and greater independence for some, other people will experience a reduction in the support and the services available to them. Priority will be provided, wherever possible, to those vulnerable and at greatest risk, whether that be through care needs or risks presented through deprivation, social isolation, lifestyle or other factors.

CORPORATE OR 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:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes

Other Significant Links

Links to previous Member decisions:					
<u>Title</u> Looking Ahead - Medium Term Financial Strategy <u>https://democracy.hants.gov.uk/ielssueDetails</u> .aspx?IId=10915&PlanId=0&Opt=3#Al8687	Date Cabinet - 18 June 2018 County Council – 20 September 2018				
Direct links to specific legislation or Govern	ment Directives				
Title	Date				

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

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:

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

1.2 Equalities Impact Assessment:

A full Equalities Impact Assessment has been undertaken for each of eth savings options and these are included as a separate appendix to this report (Appendix 2).

Equality Impact Assessments have been completed for the proposals outlined in this report and can be found following the below link. In summary a total of 19 Equality Impact Assessments have been carried out: 11 of these have focus on services that are commissioned by Public Health. The main equality groups impacted by social care proposals are older people and people with disabilities, some of these impacts are largely positive in that proposals would result in groups of people seeing an increase in independence and opportunity to participate in community life. Some groups of people would see changes to their current services or would be directed to self-service with potential for a negative impact on some. For the public health proposals, the range of groups predominantly affected is more varied (with impacts on older people and people with disabilities, but also including gender,

pregnancy/maternity, poverty, rurality and race). Other non-protected population groups are affected by the proposals such as people leaving in rural or economically deprived areas. The impact would be that people will need to travel further for services and due to reducing public transport and related costs this could have a negative impact. Adult Social Care and Health and Public Health – Proposed Savings Options (Subject to consultation where appropriate)

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
LD1	Younger Adults - Learning Disability Younger Adults Extra Care accommodation, moving people on from residential care.	Greater proportion of clients in a lower cost service whilst also enabling a greater level of independence for individuals.	309	1,309	2,000	
Page 65	Younger Adults - Learning Disability Extension of current work on reducing challenging behaviour (Least Restrictive Practice, LRP).	Practices required by providers to mitigate the risk to carers can be lessened leading to reduced support costs. Would require extension of temporary LRP staff team.	400	1,275	2,000	
LD3	Younger Adults - Learning Disability Extension of transition (Special Educational Needs and Children's services) to further promote independence.	Reduction in both support costs and the requirement for demography funding to support transition.	0	166	500	

LD4	Younger Adults - Learning Disability Greater use of universal services (demand prevention), and extension of Strength Based Approach (SBA) and Telecare.	Reduction in demand for traditional care service as alternatives to care provided through lower cost technological solutions, whilst maintaining independence for longer. This would require Hampshire County Council taking a pioneering role as a major employer, reducing social isolation, developing community activities/clubs and supporting the wider Voluntary and Community Sector. Supporting economic development of the care market, including encouragement of micro-providers and adoption of Technology Enabled Care.	311	1,757	4,840	
Påge -	Younger Adults - Learning Disability Extension of new volunteering model of care started in 2019.	Reduced support costs through use of volunteering resources to meet some elements of a personal support plan. Care needs that require registered care are still met through a regular support provider.	50	217	245	
C LD6	Younger Adults - Learning Disability Extension of integration work with the NHS with a proportion of savings recouped through Adult Services. Joined up approach to care provision through closer working facilitated by pooled budgets to reduce overall costs.	Dependent on the detailed planning of integration with the NHS. Lower cost of care provision for both NHS and Hampshire County Council whilst better meeting clients' needs through breaking down organisational barriers that impact on determining Health or Social Care needs and the administration that entails.	0	0	1,000	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21	2021/22	Full Year Impact	Estimated Staffing Impact
MH1	Younger Adults - Mental Health Greater use of universal services (demand prevention) and extension of Strength Based Approach. Extension of integration work with the NHS with a proportion of	Dependent on the detailed planning of integration with the NHS. Lower cost of care provision for both NHS and Hampshire County Council whilst better meeting clients' needs through breaking down organisational barriers that impact on determining Health or Social	£'000 138	£'000 438	£'000 600	FTE
Page	savings recouped through Adult Services. Joined up approach to care provision through closer working facilitated by pooled budgets to reduce overall costs.	Care needs and the administration that entails.				
Je 67 PD1	Younger Adults - Physical Disability Younger Adults Extra Care accommodation, moving people on from residential care. Moving clients with physical disabilities from residential to tenancy and Supported Living schemes.	Greater proportion of clients in a lower cost service whilst also enabling a greater level of independence for individuals. Reduction of clients in residential care following move to Supported Living resulting in improved outcomes and financial savings.	163	519	712	
PD2	Younger Adults - Physical Disability Greater use of universal services (demand prevention), and extension of Strengths Based Approach and Telecare.	Reduction in double-up care packages and costs. Increased independence and mobility of service users. Carers able to focus on personal care. Further work is required to understand likely partnership models, costs and impact on net benefit position.	63	575	900	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PD3	Younger Adults - Physical Disability Extension of new volunteering model of care started in 2019.	Hampshire County Council taking a pioneering role as a major employer, reducing social isolation, developing community activities/clubs and supporting the wider Voluntary and Community Sector. Supporting economic development of the care market, including encouragement of micro-providers and adoption of Technology Enabled Care???? through the use of increased volunteering opportunities	21	189	255	
Page 🐯	Younger Adults - Physical Disability Work by the Technology Enabled Care partnership to develop and implement the use of Cobots (exoskeleton technology) to support lifting and handling of clients.	Increased independence and mobility of service users. Carers able to focus on personal care. Further work is required to understand likely partnership models, costs and impact on net benefit position.	50	150	150	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
OA1 Page 69	Older Adults Purchased Care Demand to be diverted prior to the front door as a result of both the continuation of the Demand Management and Prevention programme and the Contact Assessment and Resolution Team (CART) diverting individuals at first contact. Investment in Services will continue however the proposed activities would result in the mitigation of the forecast demand increase in care needs by circa £2m per year for three years.	Individuals would receive more timely advice to meet early needs through the extension of demand and prevention services resulting in the people being able to continue for longer without the need to access services. CART would support by increasing resolution rates through embedding Strengths Based Approach (SBA) fully and increasing self-service rates.	0	2,000	6,000	
OA2	Older Adults Purchased Care - Domiciliary Care Reduction in commissioned domiciliary care hours by reviewing the number of new clients with eligible needs who would receive a service and by ensuring the needs of individuals are met by other means where appropriate.	Eligible needs met through a more personalised approach which would include family and friends, local community and voluntary sector organisations and making better use of technology to reduce demand. SBA embedded fully with practitioners, CART, Health and Providers. Increased awareness and use of direct payments for Personal Assistants (PAs).	548	1,703	2,445	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
OA3 Page 70	Older Adults Purchased Care - Residential Care Reduction in commissioned spend by diverting individuals away from long term residential care, including directly from hospital. Increased availability of community services, short-term placements to address individuals' eligible needs and services to prevent crisis and the need for residential care.	A person would be able to live at home for longer as a result of newly defined processes and receiving additional services which would be developed to prevent admission to hospital and avoid the need for residential care. Individuals would have greater access to short term/temporary beds in both in-house and private market following discharge from hospital and to avoid a permanent need for long term residential care. Social Workers would have greater autonomy and options to offer services which avoid a service user progressing residential care.	1,329	2,049	2,605	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
OA4 Page	Older Adults Purchased Care - Residential Care Opening of 5 new Extra Care schemes - Addenbrooke, Fernmount, Bulmer, Nightingale and Oak Park. Savings based on placing a greater number of clients with high or medium care needs into Extra Care and new models of provision, reducing the number of high cost residential placements.	The development of new sites would provide increased availability of Extra Care accommodation for service users. Individuals living in Extra Care would experience increased independence whilst any care needs would continue to be met. Residents are able to claim housing benefit therefore a lower cost of provision is required from Hampshire County Council.	0	111	750	
71 0A5	Older Adults Purchased Care - Residential Care Expanding the Shared Lives offering for Older Adults beyond the target number of placements delivered in T19 (approximately 11 additional clients per year).	Reduction of high cost residential placements whilst providing a more personalised service for clients.	0	49	200	
OA6	Older Adults Purchased Care - Technology Enabled Care Work by the Technology Enabled Care partnership to develop and implement the use of Cobots (exoskeleton technology) to support lifting and handling of clients.	Increased independence and mobility of service users. Carers able to focus on personal care. Further work is required to understand likely partnership models, costs and impact on net benefit position.	200	600	600	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
IH1	In House Undertake a strategic analysis of in- house provision to rationalise services across target locations / service user cohorts - in particular cease current residential provision that no longer delivers to the target group.	Consolidate existing provision and consider longer term expansion to respond to local demography and complexity challenge. Aim to enable departmental strategy for Older People and Learning Disabilities . Potential for costs to be incurred elsewhere e.g. housing benefit, Older People/Physical Disabilities commissioning budget.	0	354	400	
Pag≌ 72	In House Review In House Management processes to achieve most cost effective resourcing plan for Residential and Nursing Units.	Reduce staffing blueprint, whilst maintaining safe levels of care that meet regulator expectations. Services delivered within budget reducing pressure on departmental resources. Using latest technologies to aid in the efficient and timely application of HR policies in absence and performance management.	740	750	750	
IH3	In House Review of Nurses recruitment and retention.	Reducing the vacant nursing hours thereby reducing use of high cost agency cover. Reduction in the establishment and use of Assistant Practitioners (ratio reduction from current 1:10 to 1:20).	208	275	275	
IH4	In House Utilise in-house provision for publicly funded residents with complex care needs, rather than purchase care from the private market and ensure that people with needs that can be best met by the private sector are supported into appropriate placements.	Where clients can be placed more cost effectively in the private market this would occur to ensure that the best value and utilisation of Hampshire County Council assets is achieved in order to meet the complex care needs of other publicly-funded residents.	24	174	200	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21	2021/22	Full Year Impact	Estimated Staffing Impact
≥ Page 73	Working Differently Initially utilise growth funding to retain staffing capacity, in order to meet the rising demand for assessments, casework support and the associated business/HQ activity. Meanwhile, make ongoing improvements to ways of working that would create efficiencies and await reductions in demand that, taken together, would enable workforce reductions to happen at a later date, at a point when these are safe and appropriate to make.	Retains staffing capacity to meet increased demand as a result of increases in rates of referral and/or case complexity at the frontline and in the back office. Necessitates further changes to ways of working, utilisation of technology and readiness to adjust staffing levels in light of any reduced demand. Efficiencies would need to be made to stay within financial envelope before any allowance for additional available funding.	£'000 100	£'000 900	£'000 2,500	FTE
WD2	Working Differently Taking the opportunity for reviewing the service and how it is delivered on a 6 monthly cycle following implementation of T19 organisational design in 2020/21, capturing savings from posts that can be resourced differently	Staffing numbers in some service areas would reduce with associated one-off redundancy costs. These saving opportunities would be captured through an ongoing process to assess the need to fill vacant posts.	0	330	1,000	
WD3	Working Differently Cost reduction through joint appointments and joint teams with other partners.	Staffing costs to Hampshire County Council in some service areas could reduce.	0	160	500	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
WD4	Working Differently Increase contributions of self- funders / other public sector funded residents.	Increase contributions of self-funders and other publicly funded residents to 'market rates', subject to potential revision of the in-house operating model / trading arrangements.	100	300	700	
HF1	National Funding Utilisation of additional national grant funding to reduce the impact of savings that would otherwise need to be achieved.		4,171	4,171	4,171	
Page 74	 Public Health - Central Public Health Expenditure 1) Reducing Senior Management Team resource and capacity. 2) Reduction of travel, printing, training and other expenses. 	Staffing impact would be managed within existing workforce.	90	90	90	
PH2	 Public Health - Substance Misuse 1) Alcohol nurse service - withdraw funding as not a core Public Health responsibility. 2) Specialist Substance Misuse Service for adults and young people - reduce contracted value for commissioned service. 	 With 2-year contracts it is possible to de- commission the service. Contract value reduced by 12% in last three years with further reductions allowable within the contract. Further reductions would impact on the same client group with closure of services from across the county and reduction of treatment for people. 	160	410	1,232	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PH3	Public Health - Sexual Health Integrated Sexual Health Services - reduce contracted value for commissioned service.	The contract can be reduced in value. Potential restrictions would need to be introduced based on age, risk profile and clinical need, with some people needing to travel further. Priority would continue for high risk groups, though impacts of STI are likely to be experienced by the general population through the reduction of this universal service. Psychosexual counselling services would stop	137	277	958	

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Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PH4	Public Health - Domestic AbuseService and Mental Health1) Reduce contracted value forcommissioned services as not acore Public Health responsibility.2) Reduce all public health asset-based work for mental health.	 Contract value already reduced by 9%. Services would only be able to focus on high risk clients, not medium risk clients. Perpetrator services would also reduce. Reduced upstream work to improve the mental health of the population can be stopped. 	29	275	275	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
∄ Page 77	 Public Health - Healthy Lifestyles Reduce contracted value for commissioned weight management service. Options are to reduce capacity or move to a free/minimal cost online service only. Reduce contracted value for commissioned service and promote self-management to quit smoking. Service transformation will already have been undertaken through previous tender. Reduce contracted value for commissioned service for providing NHS Health Checks for high risk residents and priority groups only. 	 Reducing budgets to target deciles of greater deprivation, an ageing population and hard to reach groups. Decreased likelihood of attainment of 5% weight loss across the general population in accordance with NICE guidelines. Specific focus to target those from disadvantaged areas and the number of women who continue to smoke during pregnancy. With decreased likelihood of smoking cessation in the general population. Reduction of Health Checks service to primarily focus upon the most deprived 10% of the population. 	83	515	515	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
PH Page 78	 Public Health - 0-19 (Statutory Duty) 1) Further reduce contracted value for commissioned Public Health Nursing 0-19 service. 2) A 13% reduction in the Public Health contribution to the Family Support Service in close consultation with Children's Services. 3) Decommission Oral Health Promotion service. Stop undertaking Oral Health Surveys. 	 Represents a 7% reduction, a circa 16% reduction in total since 2015. This could be delivered at the end of T21 to allow time for the necessary work with Children's Services. This is a sensitive service which would require consultation as to what could change within offer. Will require detailed and specific service planning reductions with Children's Services. Prioritisation will be required, being mindful of impacts of further reduction to the service – will lead to a more targeted service. Stopping service would require a consultation. Currently HCC commission biannual 5-year-old survey only, this would cease. 	510	1,332	3,117	

Ref.	Service Area and Description of Proposal	Impact of Proposal	2020/21 £'000	2021/22 £'000	Full Year Impact £'000	Estimated Staffing Impact FTE
문age 79	 Public Health - Older People Falls prevention - a 13% reduction in existing budget. Work with health colleagues to try and secure additional funding as benefit of falls prevention is across both health and social care. Remove Public Health contribution to in-house care home activity coordinators. Review in- house care home activity coordinator service and look at alternative, more cost-effective ways to deliver. Remove the Public Health contribution to Adult Services 	 The budget reduction would mean that the Steady and Strong falls prevention programme cannot be expanded and developed but can be maintained at its existing capacity. Lack of activities for in house clients. If no alternative funding or model is put in place, this could negatively impact the residents of the care homes that currently interact with the activity coordinators and benefit from the activities they organise. Minimal impact as a relatively small proportion of the grant funding is from Public Health and grants are allocated on a short-term basis. 	268	615	615	
		Total	10,202	24,035	43,100	120

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Name of Transformation	n to 2021 propos	al: Moving	On			
T21 Opportunity Refere	nce:	LD 1 - N	LD 1 - Moving On			
Name of the accountable	e Officer:	Dawn B	Dawn Burton			
Email address of the ac	countable Office	r: Dawn.B	urton@hants.gov.uk			
Department: Adults' Health and Chil Care ☑	dren's Services	Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment		
Date of assessment:		13/3/2019				
Is this a detailed or an o	overview EIA?		Detailed ☑	Overview		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The Moving On project aims to transfer Adults with a Physical Disability between the age of 18 and 65 from long term high cost Residential and Nursing Care placements into a range of more independent accommodation and support.

Geographical impact:

\checkmark	All Hampshire	Fareham
	Basingstoke & Deane	Gosport
	East Hampshire	Hart
	Eastlaigh	Hovent

Eastleigh

- ort
 - Havant

- New Forest
- Rushmoor
- **Test Valley**
 - Winchester

Describe the proposed change, including how this may impact on service users or staff:

Adults between the age of 18 and 65 with a physical disability would be assessed with a view to be supported to move out of high cost long term placements into a more independent and cost-effective setting. The move could be either from a nursing home to residential care or residential care back to community living. Any move would be carefully planned with full involvement of the individual supported and their families. Alternative options include; supported living, shared Lives, Extra Care, own tenancy with a local council or private landlord. We estimate that out of the 84 clients that currently receive Residential care with a physical disability 10 are likely to be suitable for the proposed approach during the T21 timeframe at a transfer rate of 1 per quarter. The estimated saving for T21 is £212k, which is in addition to the target for T19 of £249k from 12 clients.

Who does this impact assessment cover?

 \checkmark Service users HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out? Yes νЦ No Page 81

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory con	siderations					
		Positive	Neutral	Low negative	Medium negative	High negative
Age		V				
Impact:	Supporting Young	er Adults to mov	e from Reside	onger is more favou ntial settings to mor achieve life choices	re independent	and
Mitigation:						
		Positive	Neutral	Low negative	Medium negative	High negative
Disability						
Impact: The individuals impacted by this change have a physical disability, alternative accommon be secured regardless of the disability due to the ability to provide Adaptations and assi technologies (Telecare) which are bespoke to the individual and their needs.						
Mitigation:	Ū (·			
		Positive	Neutral	Low negative	Medium negative	High negative
Sexual orienta	ntion		\checkmark			
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium	High
Race			V		negative	negative
Impact:		Pa	age 82			

Mitigation:

D. V. J. J. J. J.	11-1	Positive	Neutral	Low negative	Medium negative	High negative
Religion or be	ellet		V			
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium negative	High negative
Gender reassi	ignment		\checkmark			
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium	High
Gender			V		negative	negative
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership						
Impact: Mitigation:	Support to live at he arrangements for be in to long term place	oth partners are	given more s	tability. For example	e, if a service u	
		Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy an	d maternity		\checkmark			
Impact: Mitigation:						
Other conside	erations					
		Positive	Neutral	Low negative	Medium negative	High negative
Poverty						
Impact: Income would be maximised by ensuring the individuals moving into community-based accommodation receive all relevant benefits available to them. Opportunities to gain or regain skills for employment are more likely to arise if individuals are living in more independent accommodation and support settings.						
Mitigation:						
		Positive	Neutral	Low negative	Medium negative	High negative
Rurality			\checkmark			
Impact:		F	Page 83			

Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Name of Transformation to	d:	Least Restrictive Practice					
T21 Opportunity Reference:				LD2 Least Restrictive Practice			
Name of the accountable Officer:				Gowtridge			
Email address of the acco	:	Steve.gowtridge@hants.gov.uk					
			oorate vices	Culture, Communities and Business Services			
\checkmark							
Date of assessment:	1/4/2	2019					
Is this a detailed or an ove			Detailed	Overview ☑			

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Currently there are approximately 300 individuals with a learning disability living in a variety of settings including supported living and residential care for whom there is a risk that they may present behaviour that challenges. These individuals have high levels of support, typically this would mean 1:1 or 2:1 support at most times. We currently spend approximately £28m per year on care and support for these individuals.

Geographical impact:

- ☑ All Hampshire
- Basingstoke & Deane
- East Hampshire Eastleigh
- Fareham Gosport

Hart Havant

- New Forest Rushmoor
- **Test Valley**
 - Winchester

Describe the proposed change, including how this may impact on service users or staff:

This would be a continuation of the current Least Restrictive Practice project that started in 2018. The roll-out of Least Restrictive Practice (LRP) and Positive Behaviour Support (PBS) across Hampshire is designed to improve the quality of life and reduce the use of restrictive practices for a relatively small cohort of people with learning disabilities that display behaviour that may challenge. We anticipate delivering £2m of savings through the reduction of 2:1 and 1:1 support.

Who does this impact assessment cover?

 \square Service users

HCC staff (including partners)

Engagement and consultation

Has any pre-consultation	engagement been carried ou	ıt?
Yes	v No	

No, but planned to take place

res

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory con	siderations					
		Positive	Neutral	Low negative	Medium negative	High negative
Age			\checkmark			
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium	High
Disability					negative	negative
Impact: Mitigation:	behaviours that ouse of restrictive help support the	challenge. The LR practices for peop	P offer would ble who preser d Care vision o	eople with a learnin seek to improve the nt behaviour that ma of people living long	e quality of life a ay challenge.	and reduce the The offer would
		Positive	Neutral	Low negative	Medium	High
Sexual orienta	ation				negative	negative
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium	High
Race			V		negative	negative
Impact: Mitigation:		Pa	age 86			

Religion or belief Impact:	Positive	Neutral ☑	Low negative	Medium negative □	High negative
Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment		\checkmark			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender		$\overline{\checkmark}$			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership		\checkmark			Ĩ
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Pregnancy and maternity				negative	negative
Impact: Mitigation:					
Other considerations	Positive	Neutral	Low negative	Medium	High
Devertu				negative	negative
Poverty Impact: Mitigation:		V			
	Positive	Neutral	Low negative	Medium	High
Rurality				negative	negative
Impact: Mitigation:					

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Name of Transformation to 2021 proposal:		al: Childre	Childrens' to Adults' Transition			
T21 Opportunity Reference:		LD3 - C	childrens' to Adults' Tra	nsition		
Name of the accountable Officer:		Kerry U	Kerry Utting			
Email address of the	accountable Office	r: Kerry.U	Kerry.Utting@hants.gov.uk			
		Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment		
Date of assessment: 1		13/3/2019				
Is this a detailed or ar	n overview EIA?		Detailed ☑	Overview		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Adults' Health and Care leads on the transitioning of children and young people (CYP) moving from children's to adults social care, working with children's social work teams. Its Independent Futures Team starts work (alongside children's services) with CYP from 14 until 18, then case manage them until they are settled and handed over to an adult services team where required (max age 25). The project would work with approximately 250 CYP who turn 18 each year; the focus is on 14--18 year olds who have an eligible social care need.

Geographical impact:

$\mathbf{V}_{\mathbf{v}}$	All Hampshire	Fareham	New Forest
	Basingstoke & Deane	Gosport	Rushmoor
	East Hampshire	Hart	Test Valley
	Eastleigh	Havant	Winchester

Describe the proposed change, including how this may impact on service users or staff:

These proposals would mean that the type of care and support CYP receive may change earlier than may have been previously expected, bringing it into line with the type of support they would receive when they turn 18. This could include greater us of least restrictive practice, a more strengths-based approach and increased positive risk taking.

There would be three key elements to these proposals:

- 1. To work alongside children's services procurement and placement teams to be clear on commissioning arrangements for CYP at the time of placement and ensure least restrictive practice is embedded.
- 2. To increase the use of the south east regional cost model with providers of children's services.
- 3. To manage expectations of family members earlier in order to better manage the transition into Adults' Health and Care.

This would reflect the overall strengths-based approaches to assessment, review and support planning reassessment and review already used in Adults' Health and Care.

Who does this impact assessment cover?

☑ Service users

Has	any	pre-consultation	engagemen	t been carried out?
	Y	es	\checkmark	No

No, but planned to take
place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Age				Ī	

Impact: Children and young people moving from one statutory framework to another may require intensive work to ensure that they transition into Adults' Health and Care with the right care appropriate to their needs.

Mitigation: An assessment of need would be carried out and eligible outcomes would be met for people in line with our Care Act requirements. Case Workers will discuss potential options with the children and young people supported as part of the assessment process.

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Disability				\checkmark	

Impact: These proposals would impact upon children and young adults with learning disabilities receiving a variety of different service types. Some choices that are currently available for children and young people only and that are more expensive may no longer be available.

Mitigation: Assessed Care Act eligibility outcomes would still be met. Case Workers would discuss potential options with service users as part of the assessment process. Hampshire County Council would continue to invest in its supported employment contract to promote long term positive transformational change for individuals with social care needs. Accommodation options would be explored with the preferred option of supported living, as opposed to residential care. This would ensure that care plans are sustained of longer term as people will be less dependent on hard to source face to face care.

Sexual orientation Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative
Race Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative
Religion or belief	Positive	Neutral ☑	Low negative	Medium negative	High negative □
Mitigation: Gender reassignment	Positive	Neutral ☑	Low negative	Medium negative	High negative □
Impact: Mitigation: Gender	Positive	Neutral ☑	Low negative	Medium negative	High negative □
Impact: Mitigation:	Positive	Neutral	Low negative	Medium	High
Marriage or civil partnership Impact: Mitigation:		V		negative	negative
Pregnancy and maternity Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative □
Other considerations					

	Positive	Neutral	Low negative	Medium negative	High negative
Poverty		\checkmark			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Rurality		\checkmark			
Impact: Mitigation:					

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Name of Transformation to 2021 proposal:		al: Commu	Community Based Services			
T21 Opportunity Reference:			and PD1-4			
Name of the accountable Officer:			Stuart Outterside			
Email address of the a	r: stuart.c	outterside@hants.gov.u	k			
		Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment		
\checkmark						
Date of assessment:		13/5/2019				
Is this a detailed or an	overview EIA?		Detailed	Overview ⊠		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The current learning disability service provides support provision for circa. 3000 people who have been assessed as eligible under the Care Act 2014. The support provided includes support work, residential care, day services, Direct Payments and other forms of care and support. The current budget is £105m per year. The current physical disability service provides support provision of the same nature for circa. 1700 people. The current total budget is £22m per year. Across both services, each person who receives a service has a support plan which is reviewed annually by Social Workers and social care practitioners. The purpose of these reviews is to ensure the support plan remains adequate and any changes are made to enable progression in relation to skills, knowledge and ultimately greater independence.

Geographical impact:

☑ All Hampshire

Eastleigh

- Fareham Gosport
- Basingstoke & Deane East Hampshire
- Hart
 - Havant

- New Forest
- Rushmoor
- **Test Valley**
 - Winchester

Describe the proposed change, including how this may impact on service users or staff:

This is a continuation of the current review programme for Learning Disability and Physical Disability services. The outcomes of which would specifically look to deliver support that is most cost effective. This would include:

- The use of volunteers where appropriate
- Review of use of transport
- A greater emphasis on community support (without a cost to the council)
- Support to enter paid employment
- Support to develop self sustaining networks
- More shared support options
- Time limited support to develop skills
- Implementation of technology
- · Changing models of care e.g. increasing access to older persons services

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Who does this impact assessment cover?

☑ Service users

HCC staff (including partners)

Engagement and consultation

Has a	iny pre-consultation engag	emer	nt been carried out?
	Yes		No

☑ No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

		Positive	Neutral	Low negative	Medium negative	High negative			
Age									
Impact:	Some older people with a learning disability would move to new accommodation either Extra Care, Older Persons residential or nursing care.								
Mitigation:	appropriate advoca then detailed plann would be in line with Learning from previ	An assessment of need would be carried out with the person, their family, support network and if appropriate advocate. If it is identified that the person would benefit from Older Adults services, then detailed planning would be undertaken to ensure it would best meet their needs. All activity would be in line with the Care Act 2014, Mental Capacity Act 1983 and Human Right 1998. Learning from previous experience, we would be working with providers to identify services which would be successful for people with learning and physical disabilities.							
		Positive	Neutral	Low negative	Medium negative	High negative			
Disability									
Impact:	These proposals we disabilities receiving assessed the suppo	g a variety of diff	erent service	types. It is likely for					

Mitigation: Assessed Care Act eligibility outcomes would still be met. Case Workers would discuss potential options with individuals who use services as part of the assessment process. For people who use day care services, this may mean that they receive a different type of service, or it is provided by a different organisation. Some choices that are currently available and that are more expensive may cease to be available. For some people, day services may act as a transitional service, rather than a long-term care option. Hampshire County Council would continue to invest in its supported employment contract to promote long term positive transformational change for individuals with social care needs. People in receipt of supported living or care at home services may experience an overall reduction in the volume (hours) of support received on a 1:1 basis as their needs are addressed in different ways. This would ensure that care plans are sustainable in the longer term as people would be less dependent on hard to source face to face care

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation		\checkmark			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Race				negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High
Religion or belief		\checkmark			negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender reassignment		\checkmark			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender					
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Marriage or civil partnership				negative	negative
Impact: Mitigation:					

Pregnancy and maternity Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative
Other considerations					
Poverty	Positive	Neutral ☑	Low negative	Medium negative	High negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Rurality		V		negative	negative
Impact: Mitigation:					

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Some people who have been identified in this cohort have been reviewed as part of the Transformation to 2019 project. The savings target identified against this cohort has been modified to reflect this. Those individuals who are being reviewed would be reassessed twice over the course of 2 years in line with the Care Act requirement to regularly review support plans and to ensure a sustainable approach is taken to reducing packages of care.

Name of Transformation to 2021 prop	oosal: Reside	Residential Re-Provide Supported Living			
T21 Opportunity Reference:	LD1 an	nd PD1			
Name of the accountable Officer:	Jenny	Jenny Dixon			
Email address of the accountable Off	f icer: jenny.d	jenny.dixon@hants.gov.uk			
Department: Adults' Health and Children's Service: Care	Services	Culture, Communities and Business Services	Economy, Transport and Environment		
Date of assessment:	13/5/2019				
Is this a detailed or an overview EIA?	1	Detailed	Overview ☑		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Learning Disabilities: Supported living is where people live with support in a domestic setting in their local communities. This will often mean sharing accommodation and/or support to some extent. There are approximately 600 people with a learning disability and/or autism, funded by Hampshire County Council, living in residential care homes in Hampshire (including short-stay placements). The annual cost of Learning Disability residential care to Hampshire County Council is approximately £49m. These proposals are designed to deliver savings of £2m. These proposals are a continuation of the existing (T19) residential re-provision programme and are expected to impact on approximately 130 people. Mental Health: There are approximately 180 people in Mental Health services funded by Hampshire County Council, living in residential care homes. The Mental Health proposal is designed to save £600k (from a total budget Residential and Nursing budget of 6m) and would impact on those people who are assessed as being able to move on and live more independently. Physical Disabilities: There are approximately 172 adults with a Physical Disability funded by Hampshire County Council living in residential care homes. The Physical and Nursing Care budget of 6m).

Geographical impact:

- ☑ All Hampshire
- Basingstoke & Deane
- East Hampshire
- Eastleigh

Fareham
Gosport
Hart
Havant

New Forest
 Rushmoor
 Test Valley
 Winchester

Describe the proposed change, including how this may impact on service users or staff:

This project would involve continuing to commission new forms of accommodation and support to reduce the reliance on residential care for people with a learning disability, Physical Disability or Mental Health condition. This would involve the development of new supported living schemes, including Extra Care housing, as well as supporting providers to deregister residential care homes into supported living units. Residential care provision would continue to become increasingly focused on those people with the most complex and urgent needs. Individuals in supported living would have their own tenancy, would be able to access a wider range of benefits and would have greater access to their own resources.

Who does this impact assessment cover?Page 97

Engagement and consultation

Has any pre-consultation engagement been carried out?

No

Yes

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory cor	siderations						
		Positive	Neutral	Low negative	Medium negative	High negative	
Age					Ø		
Impact:	condition and phy accommodation v people (people 5	vsical and or a me would be encoura 5+), this could be	edical needs a ged to move i residential or		fit from a chang which is aimed	ge in d at older	
Mitigation:	needs and where on supporting Old their carers / fam	it was demonstra der People. Dedic ilies to help under modation. The fa	ated that they ated social wo rstand their ca	s would be assessed would benefit from a ork resource would l re needs and how t ndividuals who are s	accommodation be made availa hey could be m	n more focused able to them and aet by	
		Positive	Neutral	Low negative	Medium	High	
Disability					negative	negative	
Page 98							

Impact: The de-registration of residential care homes would have a positive impact on people with a learning disability, Physical Disability or Mental Health condition. It would increase the security of their tenure in the accommodation as individuals have a tenancy agreement underpinning their occupation of the accommodation. They also would have access to housing benefits. The process of deregistration includes training for staff in person centred approaches and therefore changes the approach of staff to individuals to be more empowering. When individuals become tenants they would have greater opportunities to become active citizens with a greater role and stake in their local community.

Mitigation: People would be supported to move into supported accommodation by social work staff. Independent advocacy would also continue to be offered to them to help if it is required

Sexual orientation Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative
Race	Positive	Neutral ☑	Low negative	Medium negative	High negative □
Impact: Mitigation:					
Religion or belief	Positive	Neutral ☑	Low negative	Medium negative	High negative
Impact: Mitigation:					
Gender reassignment	Positive	Neutral ☑	Low negative	Medium negative	High negative
Impact: Mitigation:					
Gender	Positive	Neutral ☑	Low negative	Medium negative	High negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership Impact: Mitigation:					
	Positive	Neutral Page 99	Low negative	Medium negative	High negative

Pregnancy an	d maternity						
Impact: Mitigation:							
Other conside	erations						
		Positive	Neutral	Low negative	Medium negative	High negative	
Poverty		\checkmark					
Impact: Mitigation:	People with a learning disability, Physical Disability or Mental Health condition living in residential care have access to very little of their own money, once a care home is deregistered individuals living in it would have access their full benefit entitlements.						
		Positive	Neutral	Low negative	Medium negative	High negative	
Rurality							
Impact: Mitigation:							
If you have only identified neutral impacts, please state why:							

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Name of Transformation	on to 2021 proposa	al: Mental	Mental Health Review & Reassess			
T21 Opportunity Refere	ence:	MH1				
Name of the accountab	ole Officer:	Jason E	Brandon			
Email address of the a	ccountable Office	r: jason.b	jason.brandon@hants.gov.uk			
		Corporate Services	Culture, Communities and Business Services			
☑ Date of assessment:	–	u 13/3/2019				
Date of assessment.			Detailed	Overview		
Is this a detailed or an overview EIA?			Detailed ☑	Overview		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Hampshire Adults' Health and Care currently fund a range of residential and nursing care and support packages for working age adults who have been assessed with eligible need under either the Care Act 2014 and/ or the Mental Health Act 1983 and who require the use of mental health services. The current social care offer is aimed at people who present with complex needs and often a variety of diagnoses which might include psychiatric and/ or psychological conditions and/or addiction. People may have lived in residential settings for many years in the community sometimes a long way from Hampshire.

Geographical impact:

\checkmark	All Hampshire	Fareham
	Basingstoke & Deane	Gosport
	East Hampshire	Hart
	Eastleigh	Havant

New Forest

- Rushmoor
- Test Valley
- Winchester

Describe the proposed change, including how this may impact on service users or staff:

There are 450 packages of care currently funded at £6,338,000. It is proposed to reduce this budget by £600,000. People would be supported using a strengths-based approach with a view to moving away from traditional models of 24hr care toward greater independent living. The current approach to commissioning care and support packages continues to require further transformation as a continuation of this established workstream.

The proposed changes and likely impacts include:

- A change in living arrangements for individuals
- Less reliance on Residential/ Nursing Care Providers
- Risk to stability of Provider Market
- Increased expectation on District/Borough Housing Depts

Who does this impact assessment cover?

☑ Service users

□ HCC staff (including partners)

Has any pre-consultation engagement been carried out?

☑ Yes

No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

This programme of work involves working alongside the population known to the department through the previous T19 agenda in view of the same outcomes The County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Age					

- Impact: There is an expectation that people would move into accommodation which would meet their needs to maximise their independence. For those people growing older, this may impact on their expectation to remain in lifelong residential care if they are deemed to be capable of residing in an alternative arrangement with an appropriate level of available care and support. This could include the concern of loneliness and isolation which in turn may trigger the deterioration in an older person's mental health and ability to self care. Similarly, those younger people with complex mental health needs who are experiencing transition into adult services would also not automatically move into 24hr care provision.
- **Mitigation:** Each person in receipt of a current package would be supported carefully and sensitively to understand how their needs are being assessed with the right to an advocate if required. Whilst recognising the issues affecting potential impact of 'change' for someone growing older and moving into adult services, the application of a strengths-based approach is fundamentally aimed at ensuring the person is heard and that their rights are respected by the social care professionals involved in this process. A range of contemporary supported accommodation options are also available including Extra Care for people which should minimise the risk of loneliness and isolation. Housing Providers are also working alongside this workstream to involve new 'well-being' support staff (I.e. Vivid Housing). Inclusion of NHS age appropriate services and involvement of advocacy will be integral.

	Positive	Neutral	Low negative		High
Disability				negative	negative ⊠
-	Page	e 102			

Impact: People using mental health services and who are often subject to s117 Mental Health Act are likely to feel challenged by the prospect of change to their care and support provision as a result of the associated disability they live with. Care and support provision in conjunction to accommodation arrangements are fundamental to the welfare and recovery of people experiencing problems with their mental health. Group living in residential care has been a traditional offer in Hampshire for many years and is often prescribed by medical staff for individuals on their in/out-patient treatment pathway. The proposal to develop mental health supported living schemes attracts the risk of 'Not in My Back Yard'ism and the negative stigmatisation towards this vulnerable group of adults.

Mitigation: Residential care arrangements will continue to remain available for those people who are deemed to require 24 hr care and support. However, it is anticipated, that this would be a smaller group of people in need of 24 hr provision after a number of examples of care reviews have led to people moving into supported living arrangements with great success despite the experienced level of disability. Some of the challenges which people have overcome have been achieved with the use of assistive technology, personal care packages, use of direct payments, personal health budgets and excellent health & social care support. Close partnership working with people, other care/ relevant agencies has demonstrated that living with a mental disability does not necessitate the experience of residential care. Careful community engagement and support from relevant local public and voluntary agencies would be essential when establishing new schemes and challenging any negative stereotypes.

	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation		\checkmark			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Race					

- Impact: There is an over representation of people in England who would identify themselves from Black Asian Minority Ethnic (BAME) background who have been or who are subject to detention in the mental health system. Many people in need of care and support packages are also subject to s117 Aftercare as a result of having been detained under the Mental Health Act 1983. The reduction of residential provision would impact on people from BAME backgrounds in respect to the prospect of being offered a change in their current arrangements which is sensitive to their cultural needs across all Hampshire communities. There is a risk from local communities of stigmatisation of developing housing support schemes leading to the negative impact on mental state and stability of residents.
- **Mitigation:** Accommodation for people in need of services as a result of their mental health is available in all local communities across Hampshire. The programme of developing Extra Care schemes is being rolled out to ensure each area provides access subject to eligible need. Community engagement is essential without involvement of specialist mental health housing officers in conjunction with local districts/ boroughs and Registered Social Landlords. People from BAME backgrounds will have access to a variety of means to take greater control of their lives including; interpreters, advocacy, direct payments, personal health budgets, assistive technology and would be supported to access local community support in respect of their individual needs and cultural requirements.

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief		\checkmark			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Gender reassignment		Page [™] 103		negative	negative

Impact: Mitigation:

Gender Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative
Marriage or civil partnership Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative □
Pregnancy and maternity Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative
Other considerations Poverty Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative □
Rurality Impact: Mitigation:	Positive	Neutral ☑	Low negative	Medium negative	High negative

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Name of Transformation to 2021 proposal:			Older Adults Transformation				
T21 Opportunity Reference:			OA1-6				
Name of the accountable Officer:			lan Cross				
Email address of the a	ccountable Office	r: ian.cros	ss@hants.gov.uk				
		Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment			
\square							
Date of assessment: 18		18/4/2019					
Is this a detailed or an		Detailed	Overview ☑				

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Hampshire County Council has a statutory duty to meet the eligible care needs of an individual. Support is provided to older adults with the aim of maximising a person's independence whilst ensuring their care needs are met through Strength Based approach. This support is delivered through a variety of care services including the provision of domiciliary care, residential and nursing care, short term beds and respite care.

Geographical impact:

V	All Hampshire	Fareham
	Basingstoke & Deane	Gosport
	East Hampshire	Hart
	Eastleigh	Havant

New Forest
Rushmoor
Test Valley
Winchester

Describe the proposed change, including how this may impact on service users or staff:

The Older Adults Transformation programme aims to reduce the overall spend on the Older Adults operating budget by £9.3m from an existing budget of £108.1m by 2023/24. This would be achieved through the development of alternative models of care and new services which would decrease the requirement for spending on traditional domiciliary care and prevent admission to longer term residential and nursing care, see additional information for more detail. The aim would be to increase a person's independence and ensuring that the care provided truly reflects the individual's needs.

Who does this impact assessment cover?

☑ Service users

	atoff	(in aludia a	n o rtn o rol	
псс	Stall	(including	partners)

Engagement and consultation

Yes

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the

results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Statutory considerations

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory con	51061 at 10115					
		Positive	Neutral	Low negative	Medium negative	High negative
Age					\checkmark	
Impact: Mitigation:	Health and Care to compared to previous have had an epison need with the inter Some older adults funding their care Some new service	hrough the increations individuals would be of ill-health montion of preventing may need to revision of cases (as detailed in	ased use of un ho received c hay receive alt hg their need e riew their resic are by Adults' 1 the additional	d receive less comm iversal and other vo are. Some older ad ernative services to escalating to long te dential care setting a Health and Care. information section over levels of service	oluntary sector ults, particularl meet the imm rm residential as they transfe below) would	services when y those who ediate care care services. r from self- deliver benefits
Disability		Positive	Neutral	Low negative ☑	Medium negative	High negative
Impact: Mitigation:	Some service use services from Adu			entered residential o	care may not re	eceive such
		Positive	Neutral	Low negative	Medium negative	High negative
Sexual orienta	tion		V			
Impact: Mitigation:						

_	Positive	Neutral	Low negative	Medium negative	High negative
Race					
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief		V			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Gender reassignment				negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Gender		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Marriage or civil partnership				negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Pregnancy and maternity				negative	negative
Impact: Mitigation:					
Other considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Poverty		V			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Rurality	V	Page ¹ 07		negative	negative

Impact: Implementation of new framework for domiciliary care could have a positive impact on increased availability of service in "hard to reach" areas.

Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

T21 Older Adults Transformation programme aims to increase the independence of individuals, provide alternatives to long term residential care and deliver savings against current spending on Older Adults services by;

- Supporting individuals to meet their care needs and maintain independence in the community without the need for paid for services from Older Adults
- Meeting an individual's care needs using a strength based approach, greater use of local community and voluntary organisations, better use of technology and Personal Assistants to reduce the demand for domiciliary care.
- Reducing the need for long term residential care by providing suitable alternatives, both short term and long term.
- Increasing the availability of Extra Care Housing where individual continue to own or rent their own home.
- Expanding the Shared Lives offering for Older Adults which provides care for individuals in the home of a paid carer. - Increasing the use of technology enabled care including working with the Argenti partnership to develop and implement the use of Cobots to support lifting and handling of individuals reducing the need for double handed care.

· · ·			Strategic Review of HCC Care Services Provision.			
T21 Opportunity Reference:			IH1 - IH4 Strategic Review of HCC Care Services Provision.			
Name of the accountable Officer:			ren Ashto	on		
Email address of the accountable Officer:			karen.ashton@hants.gov.uk			
		Corpora Service	es (Culture, Communities and Business Services	Economy, Transport and	
			Ľ		Environment	
Date of assessment: 15/		15/5/20	15/5/2019			
Is this a detailed or an	overview EIA?		Det	ailed □	Overview ☑	

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Hampshire County Council Adults' Health and Care have sixteen council owned residential and nursing care units with 962 places, predominantly for older people, spread across Hampshire, the service is called HCC Care. The service employs 1300 Full Time Equivalent staff (2018/19) across nursing, care, catering and other ancillary roles. Services are rated by the Care Quality Commission as "Good". Occupancy varies across the different locations between 85 -93%. The current total service budget is 41.7 million.

Geographical impact:

V	All Hampshire	Fareham
	Basingstoke & Deane	Gosport
	East Hampshire	Hart
	Eastleigh	Havant

- New Forest
- Rushmoor
- **Test Vallev**
 - Winchester

Describe the proposed change, including how this may impact on service users or staff:

To achieve the required cost reduction target of £1.65m by 2021 there is a need to undertake a whole service strategic review of HCC Care provision to: Identify future options for the service in terms of estate i.e. broadly remain as is or increase / decrease in terms of the quantum of care provided across Hampshire. Define and implement a sustainable workforce strategy. The outcome of the review would ensure HCC Care provision is aligned with the Adults' Health and Care Market Position in areas where both short and long-term beds are required. Depending on the outcome of the analysis there may be a mix of home closures (subject to a careful de-commissioning programme), reprovision or an increase in bed capacity numbers through an expansion in areas where there is forecast unmet demand. In addition this work would lead to revisions to deployment, delegation and supervision of staff and the programme also assumes building on existing technology enhancement with additional technological functionality to achieve interoperability, thereby enabling advanced performance scorecards for management monitoring and reports. These actions could result in staffing efficiency, whilst maintaining safe levels of care that meet regulator expectations, delivering services within budget and reducing pressure on departmental resources.



Who does this impact assessment cover?

 $\mathbf{\Lambda}$ Service users

HCC staff (including partners)

Engagement and consultation

Has	any	pre-consultation	engagemer	nt been	carried out?
	Y	es		No	

Yes $\mathbf{\nabla}$ No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal - however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

staff changes.

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

Statutory considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Age					<u> </u>

Any change would impact upon predominantly older people as potential future users of these Impact: services. From research it is known that moving older people may be detrimental to their wellbeing. Any changes in the location of care that might occur through this process would be cognisant of the risks and mitigate such impacts as it has been proven that these can be minimised, and if managed properly that there is no significant risk posed to them by moving (Ref: An Evaluation of the Modernisation of Older People's Services in Birmingham – final report. 2011. University of Birmingham's Health Services Management Centre). Contained within the report are a series of recommendations which Hampshire County Council would adhere to. The buoyant local labour market in Hampshire means recruitment is challenging. The competition in the hard to recruit groups, e.g. catering and care staff, from higher private sector organisations including the service, entertainment and retail industries which can provide more attractive packages than Hampshire County Council terms and conditions. In making any changes there would be a need to ensure that there are enough resources to maintain safe, effective care for residents and staff. It would be essential that during any process change, plans must demonstrate safe levels of personalised care to the regulator, the Care Quality Commission (CQC). The impact of any proposed changes would not adversely affect any specific protected groups. Staff would be supported to ensure that they are supported to use the technology effectively and that where necessary reasonable adjustments are put in place. Assuming the review goes ahead we would ensure the approach to any consultation that would be **Mitigation:** in line with best practice including employing independent advocacy services to ensure that the residents and their families were able to influence their personal circumstances and participate in the consultation to the best of their ability. Fair and transparent HR processes would apply to any

		Positive	Neutral	Low negative	Medium	High			
Disability					negative ☑	negative			
Impact: Mitigation:	may also be people Detailed dependent	Any change may affect residents who are either physically frail or have physical disabilities. There may also be people who have Dementia. Detailed dependency assessments for individuals affected would be carried out. Effective person- centred transition plans and support for residents and families would be put into place for each of he residents.							
		Positive	Neutral	Low negative	Medium negative	High negative			
Sexual orienta	ation		\checkmark						
Impact: Mitigation:									
		Positive	Neutral	Low negative	Medium	High			
Race			\checkmark		negative	negative			
Impact: Mitigation:									
		Positive	Neutral	Low negative	Medium negative	High negative			
Religion or be	lief		\checkmark						
Impact: Mitigation:									
		Positive	Neutral	Low negative	Medium negative	High negative			
Gender reassi	ignment		\checkmark						
Impact: Mitigation:									
		Positive	Neutral	Low negative	Medium negative	High negative			
Gender				$\overline{\checkmark}$					
Impact: Mitigation:	We acknowledge th because on averag accommodation.								
Marriage or ci	vil partnership	Positive	Neutral	Low negative	Medium negative ☑	High negative			
Impact: There would be a requirement to ensure that the outcomes do not impact upon the ability of the residents in these homes to maintain their relationships with their spouses, partners, wider family members, friends or other social connections. Page 111									

Mitigation: Person centred transition plans would be put into place for each of the residents. The families of the residents would be fully involved where it is appropriate. Friendship groups within the homes would be identified so that they can be considered should people want to move together. Fair and transparent HR processes would be followed

Pregnancy and maternity	Positive	Neutral ☑	Low negative	Medium negative	High negative
Impact: Mitigation:					
Other considerations					
	Positive	Neutral	Low negative	Medium	High
Poverty				negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Rurality		\checkmark			
Impact:					

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

In order to minimise any risks associated with moving older people, Hampshire County Council would follow best practice in terms of supporting residents through use of advocacy services, effective communication, dedicated care management resource and robust person-centred planning. Depending on the outcome of the analysis, proposed changes may have an impact on staff. Once the analysis is known a separate EIA will be carried out to examine the impact of staff as appropriate.

Name of Transformation to 2021 proposal:			Working Differently			
T21 Opportunity Reference:			WD4 Working Differen	tly		
Name of the accountable Officer:			l Burton			
Email address of the a	r: Michae	Michael.Burton@hants.gov.uk				
Department: Adults' Health and Children's Services Care		Corporate Services	Culture, Communities and Business Services			
	L L					
Date of assessment:		8/4/2019				
Is this a detailed or an	overview EIA?		Detailed	Overview ☑		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The Working Differently programme focus on the way our staffing budget can be reduced. It looks for efficiencies through the use of new technologies and new ways of working across Adults' Health and Care. Savings would be made through a reduction in the workforce, workforce related costs and travel costs of the department, alongside a potential increase in income. Changes to ways of working to meet the delivery of outcomes to our population and the attendant operational demands will be required to mitigate the reduction in staff numbers.

Geographical impact:

J	All Hampshire	Fareham
	Basingstoke & Deane	Gosport
	East Hampshire	Hart
	Eastleigh	Havant

- New Forest
- Rushmoor **Test Valley**
- - Winchester

Describe the proposed change, including how this may impact on service users or staff:

As a consequence of future proposals, it is envisaged that there could be an overall reduction of the Adults' Health and Care workforce and/or an increase in workload to secure new income. The exact posts and teams potentially affected would not be known until significant further work is undertaken. Working Differently would involve changing how the department is organised and the way it works. The programme would simplify or stop tasks that are currently undertaken, wherever this is possible. New technology would be introduced and investment would be made to create the necessary changes.

Who does this impact assessment cover?

Service users

HCC staff (including partners) $\mathbf{\nabla}$

Engagement and consultation

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

Staff engagement will be required to understand possible approaches to achieve the required savings target. The County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory cor	siderations					
		Positive	Neutral	Low negative	Medium	High
Age					negative ☑	negative
Impact:	The demographic n work would be requ for example in our o been carried out.	ired to identify v	who falls withi	n the affected staff	group and whe	re they work,
Mitigation:	Project team would continue to review and update the Equality Impact Assessment (EIA) as and when it determines which staff members may be affected. Strategies used for previous restructures, including redundancy offers, managed recruitment and redeployment where possible would be used as necessary. Any future trade union consultation would be designed to ensure that all staff, taking into account their protected characteristic, are equally consulted on the proposals to come.					
		Positive	Neutral	Low negative	Medium negative	High negative
Disability						
Impact: Mitigation:	Relative to the Ham of disabled staff tha The Working Differed determines which s redundancy offers, necessary. However support and increas would be designed equally consulted o	an the County Co ently project tea staff members m managed recrui er, given the focu se employment to ensure that a on the proposals	ouncil overall m would conti ay be affected timent and rec us of the depa for people wit ill staff, taking	inue to review and u ed. Strategies used f deployment where p artment action would h disabilities. Any fu	update the EIA for previous respossible would d continue to be uture trade unio	as and when it structures be used as e taken to on consultation

		Positive	Neutral	Low negative	Medium	High
Sexual orienta	ation		\checkmark		negative	negative
Impact: Mitigation:						
_		Positive	Neutral	Low negative	Medium negative	High negative
Race					х 🗖	
Impact: Mitigation:	The affected group has a higher percentage of BME staff than the County Council overall Project team would continue to review and update the EIA as and when it determines which staff members may be affected. Strategies used for previous restructures redundancy offers, manager recruitment and redeployment where possible would be used as necessary. However, given the focus of our service provision we will continue to support and increase employment for Black Asian and Minority Ethnic staff that reflect the communities in which we operate. Any future trade union consultation would be designed to ensure that all staff, taking into account their protected characteristic, are equally consulted on the proposals to come.					
		Positive	Neutral	Low negative	Medium negative	High negative
Religion or be	lief		\checkmark			
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium negative	High negative
Gender reassi	ignment		\checkmark			
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium	High
Gender					negative x 🖵	negative
Impact: Mitigation:	of female staff than the County Council overall.					
		Positive	Neutral	Low negative	Medium	High
Marriage or civil partnership			\checkmark		negative	negative
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium	High
Pregnancy an	d maternity		Page ₂ 115		negative	negative

Impact: Mitigation:

Other considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Poverty		$\mathbf{\overline{\mathbf{A}}}$			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Rurality					
Impact: Mitigation:					

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

If agreed, proposals would have a significant impact on staff due to reduced staff numbers over time, potential changes to the skill and capabilities mix, increases in workload, changes to the day to day work that people undertake and a move towards a more flexible workforce. Further development of productivity, more efficient processes, smarter working and exploitation of modern technology would all play their part in this. Specific operational teams and headquarters functions may become less flexible to respond to nonstandard requests. Given that the overall staff numbers could reduce there may be an impact on service users too. At this stage of the programme it is not yet known what service areas or client groups could be affected. As the detail is emerging more in depth EIAs would be carried out to identify the impact not only of staff but also on service delivery.

Name of Transformation to 2021 proposal:			Substance Misuse Service			
T21 Opportunity Reference:						
Name of the accountable Officer:			Cahill			
Email address of the ac	countable Office	r: ileana.	cahill@hants.gov.uk			
Department: Adults' Health and Children's Services Care		Corporate Services	Culture, Communities and Business Services			
$\mathbf{\nabla}$						
Date of assessment:		4/4/2019				
Is this a detailed or an c	overview EIA?		Detailed	Overview ☑		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

There are two services in Hampshire that reduce drug and alcohol related harm. The Substance Misuse Service (2020/21 £8,000,000) provides drug and alcohol treatment to adults and young people. Currently 3,500 adults and 300 young people access treatment annually for their drug /alcohol use. The service also works with pharmacies across Hampshire to deliver a needle exchange scheme and support those requiring medication for their opiate addiction. Alcohol Nurse Services (£230,000) are provided in conjunction with acute trusts to identify adult patients in hospitals who are consuming alcohol at hazardous levels and referring onto community substance misuse services.

Geographical impact:

- ☑ All Hampshire
- Fareham
- Basingstoke & Deane
- East Hampshire
- Eastleigh

- Gosport
- HartHava
 - Havant

- New Forest
- Rushmoor
- Test Valley
- □ Winchester

Describe the proposed change, including how this may impact on service users or staff:

There has already been an agreed budget reduction for the substance misuse treatment service of \pounds 900,000 in 2020/21. It is proposed to make a further reduction of \pounds 1.2 million this could be achieved by making the following changes:

- Staff reductions for both the community substance misuse service and alcohol nurse service
- Reduction in available physical treatment hubs across Hampshire and capacity to deliver satellite services and outreach.
- Reduction in opening times of services.
- Reduction in key worker and group-work sessions
- Reduction in the Carers Service (support that is available for families and children where one or both of parents are alcohol / drug dependant)
- Increase in waiting times for alcohol and drug treatment.
- Eligibility criteria (related to severity of dependence) introduced to access services (i.e. increasing / high risk drinkers excluded)
- Less specialist clinics delivered within treatment hubs such as Wellbeing Clinics which includes Blood Bourne Virus testing (Hepatitis B & C and HIV), vaccination (Hepatitis B) and referral onto treatment.
- Reduced access to specialist inpatient drug / alcohol detoxification
- Reduced number of pharmacies providing needle exchange, health screening and opiate substitution therapy.

Who does this impact assessment cover?

☑ Service users

□ HCC staff (including partners)

Engagement and consultation

Has any pre-consulta	ation engagement been carried out?		
Yes	D No	\checkmark	No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations					
	Positive	Neutral	Low negative	Medium	High
Age				negative	negative ⊠
	Page	e 118			

Young people (up to 25 years): Particular groups of young people are identified as more Impact: vulnerable to substance misuse include those with mental health issues; young offenders; young people in care; homeless young people; excluded pupils or frequent non-attenders; sexually exploited. Of the young people currently supported by the service, the majority have wider vulnerabilities and support needs. (e.g. 83% report a mental health concern, 22% child in need/child protection plan in place, 21% involved in anti-social behaviour/criminal activity, 11% domestic abuse) with 89% reporting early onset of substance misuse. The reduction in investment would result in services for young people up to 25 years being less accessible and visible. Access to short-term (6 weekly) targeted services for vulnerable young people to prevent escalation of misuse of drugs / alcohol would need to be restricted. Currently, 17% of adult service users are living with their children (under 18 years). The reduction in investment would potentially result in an increase in harms and a reduction in support (from the substance misuse service) to children and families who have alcohol / drug dependant parent. Adult population 30-49 years: Approximately 50% of adults accessing substance misuse services in Hampshire are aged between 30 – 49 years. 66% of those people in treatment for their opiate addiction are between the ages of 30 and 49 years. This cohort require intensive care and support (including medical treatment) to enable recovery. A reduction of access to treatment amongst these age groups could result in a decrease in the numbers of people accessing substance misuse treatment and a likely increase in the unmet need across Hampshire. This age group also have the highest number (nearly two thirds) of all drug related deaths across Hampshire. Accessing substance misuse treatment services is a protective factor in preventing drug related deaths and reducing access to these services for this cohort of people could result in an increased number of deaths. Alcohol related admissions have been steadily increasing over the past 10 years and in 2017/18 there were nearly 25,000 adult Hampshire residents who were admitted to hospital because of a health condition that was attributed to alcohol. Few services supporting alcohol clients are likely to contribute towards an increase in alcohol admissions to hospitals. Mitigation: Key organisations working with young people and families provided with training and development to increase capability of front-line workforce to be able to support a lower level substance misuse need within a family or young person. Prioritise opening times to meet client's needs. Seek to work with partners to secure free use of outreach venues where possible. System wide process and pathway review with the ability to prioritise and reorganise, within the resource allocation. Positive Neutral Low negative Medium High negative negative Disability \checkmark Mental Health: People with drug and/or alcohol dependencies often have complex needs and Impact:

Mitigation:
 Mitigation:

pathways.

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Sexual orientation					

Impact: Whilst there are relatively low numbers of the Lesbian, Gay, Bisexual and Transgender (LGBT) population currently accessing the substance misuse service (88% of service users identified themselves as heterosexual), evidence suggests that this group face a higher risk of substance misuse. Funding reductions may impact on specific activities aimed at this client group.
 Mitigation: We would seek to work with relevant LGBT organisations to increase capacity of front-line staff to support lower level substance misuse needs.

Race						\checkmark	
Impact: Mitigation:	Whilst most people (93%) within the Hampshire substance misuse treatment system are White British, this does vary geographically. Currently outreach into Black and Minority Ethnic (BME) communities and the location of physical hubs in areas with higher proportions of the Hampshire BME population has resulted in greater proportion of ethnic minorities to engage in treatment. For example, in Aldershot 11.9% of service users are from BME communities. A reduction in capacity and services could affect the ability to engage with BME communities. Prioritise to keep open hubs where there is a higher representation from BME communities. Continue to require service providers to undertake an annual Health Equity Audit and produce a service improvement plan showing how access to services could be improved.						
		Positive	Neutral	Low negative	Medium	High	
Religion or be	lief		\checkmark		negative	negative	
Impact: Mitigation:							
		Positive	Neutral	Low negative	Medium negative	High negative	
Gender reassi	gnment						
Impact: Mitigation:	There is no data ava national research su						
		Positive	Neutral	Low negative	Medium negative	High negative	
Gender							
Impact: Mitigation:	treatment for drug and alcohol misuse in Hampshire are male. Less women (33%) currently access substance misuse services than men. A reduced service could impact on the number of women accessing support. At present the substance misuse service offers women only groups which are particularly important as some would have experienced domestic abuse. Funding reductions may impact on specific activities to engage women, particularly those with domestic abuse and substance misuse.						
		Positive	Neutral	Low negative	Medium negative	High negative	
Marriage or ci	vil partnership		\checkmark				
Impact: Mitigation:							
		Positive	Neutral	Low negative	Medium	High	
Pregnancy and	d maternity				negative	negative ⊠	
Impact:	There are health ris Currently, 10 pregna may result in a redu Ensure effective pa	ant mothers acc Iced availability	essed the ser of service to p	vice in 2018/19. Th pregnant mothers.	e impact of rec	luced funding	

Mitigation: Ensure effective pathways and care coordination between substance misuse treatment and maternity services and children's services are robust to ensure adequate care.

Other considerations									
		Positive	Neutral	Low negative	Medium	High			
Poverty					negative	negative ☑			
Impact: Mitigation:	Deprived communities are associated with the problematic use of drugs such as heroin and crack cocaine. Although problematic use of these drugs is not exclusively related to deprivation it is much more common among those living in poverty. The impact of harmful and dependent drinking is greatest in deprived communities. There would be a reduction in access to substance misuse services for those living in poverty. National statistics show that there are higher numbers of drug related deaths in areas of deprivation. Both Gosport and Havant have higher than average deaths. Health outcomes such as rates of alcohol related conditions, alcohol related mortality and alcohol related hospital admissions for those living in local authority areas where there are high levels of deprivation in Hampshire is likely to increase. Prioritise resources to ensure that substance misuse services are visible and accessible in areas where there are high levels of deprivation.								
		Positive	Neutral	Low negative	Medium	High			
Rurality					negative	negative ☑			
Impact: Mitigation:	The current substant the main towns) and decrease the availar Develop proposal for service users partic support.	d several satellite ability of satellite or digital / virtual	e services in services and support when	more rural areas. A outreach in more ru e appropriate, altho	reduced budge ural communitie bugh this would	t would s. not suit all			

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Is this a detailed or an	overview EIA?		Detailed	Overview ☑		
Date of assessment:		17/4/2019				
$\mathbf{\nabla}$						
Department: Adults' Health and Ch Care	ildren's Services	Corporate Services	Culture, Communities and Business Services	1		
Email address of the a	ccountable Office	Robert.	Carroll@hants.gov.uk			
Name of the accountable Officer:		Robert	Robert Carroll			
T21 Opportunity Reference:		PH3 Se	PH3 Sexual Health			
Name of Transformation to 2021 proposal:			Sexual Health			

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The Council is mandated to secure the provision of comprehensive open access sexual health services. We meet these responsibilities through a Level 3 Integrated Sexual Health Service, providing contraception, Sexually Transmitted Infection (STI), sexual health promotion and psychosexual counselling services across 16 geographical locations plus outreach and online services. The 2019/20 budget for this service is £6,850,391. The service sees approximately 30,000 residents per year. The Council also commissions a Long Acting Reversible Contraception (LARC) service, delivered within General Practice (2019/20 budget is £1,450,000) and an Emergency Hormonal Contraception (EHC) service delivered within Community Pharmacies (2019/20 budget is £183k).

Geographical impact:

Eastleigh

- ☑ All Hampshire
- Fareham
- Basingstoke & Deane East Hampshire

- New Forest

Describe the proposed change, including how this may impact on service users or staff:

The Sexual Health T21 saving requirement is £958k. Total spend on sexual health services has already reduced by 18.6% since April 2013. A further reduction could potentially result in the following changes:

- Closure of a hub and a number of spoke clinics
- Reduced availability of clinics/appointments •
- Longer travel times to clinics •
- Reduction in staff required to deliver clinics
- Reduction in outreach and specialist clinics for vulnerable groups •
- Increased demand on general practices •
- Potential restriction of services based on age, risk profile and clinical need •
- Increase in unintended pregnancies, unintended maternities and abortions •
- Potential increase in Sexual Transmitted Infections (STI) and STI related complications

Who does this impact assessment cover? Page 122

Service users

HCC staff (including partners)

Rushmoor Test Valley Winchester

- Gosport
- Hart
 - Havant

Has any pre-consultation engagement been carried out?

Yes

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

No

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Age					_ _

Impact: Young people aged 15-24 are one of the population groups who are most at risk of unintended pregnancy, sexually transmitted infections (STIs) and sexual exploitation. 60% of all STIs are in young people aged 15-24 and babies born to mothers under 20 years have a 24% higher rate of stillbirth, a 56% higher rate of infant mortality and a 30% higher rate of low birth weight. Children born to teenage mothers also have a 63% higher risk of living in poverty. Mothers under 20 years have a 30% higher risk of poor mental health 2 years after giving birth. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on young people, who are also less likely to use their GP for contraception and less likely to have access to private transport.

Mitigation: We would ensure that young people (under 25) remain a priority for commissioned services and seek to ensure that all young people can access a sexual health clinic within 30 minutes travel by public transport. Where this is not possible we would seek to commission outreach and/or satellite services. We would support the development and delivery of Relationship & Sex Education in schools and encourage young people to use their GP for contraception services. We would continue to encourage low-risk asymptomatic residents to use online STI services appropriately which would release capacity for higher-risk residents, including young people, to be seen in face 2 face clinics.

	Positive	Neutral	Low negative	Medium	High
Disability				negative ☑	negative

Page 123

Impact: There is limited evidence to suggest that people with disabilities are more at risk of poor sexual health outcomes however a reduction in the availability of sexual health clinics is likely to have a negative impact on people with disabilities, particularly if they limited access to accessible transport. The Level 3 Integrated Sexual Health Service currently provides a practitioner-referral specialist clinic for people with learning disabilities in each hub, recognising that people with learning disabilities often require more support and longer appointments to manage and improve their sexual health. There is a risk that these clinics may need to be discontinued.

Mitigation: We would work to ensure the continued delivery of these specialist clinics within the reduced funding available. We are also developing an electronic sex & relationships learning package to support front-line practitioners to provide more sex & relationships support to adults with care and support needs.

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Sexual orientation					\checkmark

- **Impact:** Gay, Bisexual men and men who have sex with men (MSM) are another key population group at high risk of poor sexual health, particularly in relation to HIV and other STIs, and they are a priority group for the Level 3 Integrated Sexual Health Service. The number of STI diagnoses in MSM has risen sharply in England over the past decade. A reduction in access to sexual health clinics is likely to have a high negative potential impact on the sexual health of men who have sex with men. Lesbians, Bisexual women and women who have sex with women are generally at low risk of unintended pregnancy and STIs but many women who have sex with women also have a history of sex with men.
- **Mitigation:** We would ensure that men who have sex with men remain a priority for commissioned level 3 sexual health services and seek to ensure that all MSM can access a sexual health clinic within 30 minutes travel by public transport. We would ensure that MSM who are asymptomatic of disease also continue to have access to free condoms and regular STI home-sampling.

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Race					

- Impact: People from Black, Asian and Minority Ethnic background (BAME) are also a population group at high risk of poor sexual health, particularly men and women of Black and mixed Black ethnicity, who are at increased risk of unintended pregnancy, bacterial STIs and HIV. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on people from BAME groups who currently underutilise sexual health services and who are also less likely to have access to private transport.
- **Mitigation:** We would ensure that people from Black BAME groups remain a priority for commissioned level 3 sexual health services and seek to ensure access to a sexual health clinic for all residents within 30 minutes travel by public transport. We would also ensure that people from BAME groups continue to have access to free condoms and regular STI home-sampling.

	Positive	Neutral	Low negative	Medium negative	High negative
Religion or belief		$\overline{\checkmark}$			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Gender reassignment				negative	negative ☑

Impact: There is limited data on the sexual health of people who have had or are undergoing gender reassignment but there is evidence that Trans women are likely to be at increased risk of HIV and STIs (similar to men who have sex with men). Transgender people are at increased risk of social and economic exclusion and exclusion in healthcare and they are at increased risk of low self-esteem, suicide, discrimination, hate-crime and violence. Trans people also have an increased likelihood of involvement in commercial sex work, which also increases their risk of poor sexual health. A reduction in sexual health clinic access and capacity is likely to have a high negative impact on transgender people (particularly trans women). The level 3 Sexual Health Service currently provides a specialist sexual health clinic for people involved in sex work and there is a risk that this specialist clinic would need to be discontinued.

Mitigation: We would ensure that transgender people remain a priority for commissioned level 3 sexual health services and seek to ensure access to a sexual health clinic for all residents within 30 minutes travel by public transport. We would also ensure that transgender people continue to have access to free condoms and regular STI home-sampling.

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Gender					\checkmark

- Impact: The majority of women will require contraception services to avoid unintended pregnancy and it is estimated that most women will require contraception for at least 30 years. Most methods of contraception have been developed for use by women (pills, implants, coils, injections etc) and it is women that primarily face the emotional, physical, social and economic costs of unintended pregnancy. Female anatomy also puts women at an increased risk of STIs and women are less likely to experience and to recognise STI symptoms, which increases their risk of long-term complications of undiagnosed and untreated STIs, including pelvic inflammatory disease, ectopic pregnancy and infertility. A reduction in access to sexual health clinics is likely to have a high negative impact on the sexual and reproductive health of women.
- **Mitigation:** To mitigate this impact we intend to maintain the Council's current spend and provision of Long Acting Reversible Contraceptive (LARC) Services and Emergency Hormonal Contraception (EHC) services. To ensure sufficient access and capacity we plan to maintain the Public Health Open Framework model of commissioning these services, ensuring that any qualified provider is able to apply for a contract to provide these services. We would support the effective delivery of statutory relationship and sex education in schools and continue to encourage women to access their GP for contraception provision. We would also work with Clinical Commissioning Groups to ensure that abortion services are also able to provide women with their preferred method of contraception and we would work with maternity and public health 0-19 services to ensure that both women are supported to access post-natal contraception. We would continue to ensure that both women and men who are asymptomatic of disease have access to STI home-sampling services and access to a level 3 sexual health service within 30 minutes by public transport, if they have STI symptoms.

	Positive	Neutral	Low negative	Medium	High
Marriage or civil partnership		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity				⊡	

Impact: Unintended pregnancy is frequently the result of poor knowledge, access, choice and provision of contraception, including the most effective LARC methods of contraception. Unplanned pregnancies can end in abortion, miscarriage or maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children. Restricting access to contraceptive provision can therefore be counterproductive and ultimately increase costs. The highest numbers of unplanned pregnancies occur in the 20-34 year age group. Women are offered antenatal screening for a number of STIs (HIV, Syphilis and Hepatises B) during pregnancy as these infections can be passed to babies during pregnancy and at delivery. The harmful effects of STIs in babies may include stillbirth, low birth weight, brain damage, blindness and deafness. Antenatal screening during pregnancy is commissioned by the NHS and is therefore not within the scope of this proposed change

Mitigation: We intend to mitigate the risk of unintended pregnancy by maintaining the Council's current spend and provision of Long Acting Reversible Contraceptive (LARC) Services and Emergency Hormonal Contraception (EHC) services. We would support the effective delivery of statutory relationship and sex education in schools and continue to encourage women to access their GP for contraception provision. We would also work with Clinical Commissions Groups to ensure that abortion services are also able to provide women with their preferred method of contraception and we would work with maternity and public health 0-19 services to ensure that women are supported to access post-natal contraception. We would also ensure that both women and men have continued access to asymptomatic STI home-sampling services and access to a level 3 sexual health service within 30 minutes by public transport.

Other	considerations	

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Poverty				\checkmark	

- Impact: There is evidence of a strong positive correlation between socio-economic deprivation and poor sexual health, including unintended pregnancy, teenage pregnancy and rates of new STIs. The relationship between deprivation and sexual health is complex and is likely to be influenced by a range of factors, including the provision of and access to sexual health services, as well as education, health awareness, health-care seeking behaviour and sexual behaviour. A reduction in access to sexual health clinics is likely to have a potential negative impact on the sexual health of people living in our more deprived areas.
- **Mitigation:** We would reduce this risk by ensuring that services are located and promoted in areas of greatest need and/or deprivation, ensuring that all residents are able to access a level 3 sexual health clinic within 30 minutes by public transport. Where this is not possible we would seek to commission outreach and/or satellite services and/or promote the availability of online services. We also intend to maintain the Council's current spend and provision of Long Acting Reversible Contraceptive (LARC) Services and Emergency Hormonal Contraception (EHC) services and we would seek to ensure that there is sufficient access and capacity within the most deprived areas of the County, ensuring that any qualified provider is able to apply for a contract to provide these services.

	Positive	Neutral	Low negative	Medium	High
Rurality			\checkmark	negative	negative

Impact: The current Level 3 integrated Sexual Health Service has a good foot-print across Hampshire with 16 clinical sites (in all major towns) and several outreach clinics in more rural areas. A reduced budget would decrease the availability of satellite services and outreach in more rural communities.

Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider. Page 126 Include any other brief information which you feel is pertinent to this assessment here: (optional)

Name of Transformation to 2021 proposal:			Domestic Abuse Victim and Perpetrator Services			
T21 Opportunity Reference:			PH4 Domestic Abuse Victim and Perpetrator Services			
Name of the accounta	Jude Ru	uddock-Atcherley				
Email address of the a	accountable Office	r: Jude.Ru	Jude.Ruddock-Atcherley@hants.gov.uk			
Department: Adults' Health and Children's Services Care		Corporate Services	Culture, Communities and Business Services			
Date of assessment:		9/4/2019				
Is this a detailed or ar	overview EIA?		Detailed	Overview ☑		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The services provide specialist support for victims and perpetrators of domestic abuse and their families, providing a variety of functions, including:

- Domestic Abuse Front Door: first point of contact/information/advice/assessment/triage for victims/ children/ •
- perpetrators and professionals.
- Early intervention/prevention
- Support/interventions for victims and perpetrators
- Support for children/young people & adults at risk
- Links between the perpetrator and victim services: ensuring that all members in a family are appropriately • supported.

During 2016/17 over 4,500 adults/children supported by victim services, with 259 referrals to perpetrator services (160 accessed interventions, 36 completed). 96% of victims were female and 98% perpetrators male, with the majority identifying as heterosexual.

Geographical impact:

- ☑ All Hampshire
- Basingstoke & Deane
- East Hampshire
- Eastleigh
- Fareham
- Gosport Hart
- Havant

- New Forest
- Rushmoor
- **Test Valley**
- Winchester

Describe the proposed change, including how this may impact on service users or staff:

Reduced by 9% already a further reduction of 13% reduction would potentially have the following impact on the services:

- Staff reduction for both the community and accommodation-based services
- Reduction in physical bases for the delivery of support, community outreach, and group work interventions
- Reduction in opening times of services Reduction in key worker and group-work sessions
- Reduction in specialist services for children and young people affected by domestic abuse
- Reduction in prevention and early intervention services, including training to professionals
- Increased waiting times for support services
- Reduction of availability of crisis accommodation
- Increasing thresholds of risk relating to eligibility for services
- • Reduction in the variety of specialist or tailored/personalised needs led interventions.

Who does this impact assessment cover?

☑ Service users

□ HCC staff (including partners)

Engagement and consultation

Has a	ny pre-consultation engagem	ent been carried out?		
	Yes 🛛	No	\checkmark	No, but planned to take

No, but planned to tak place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Age				Ľ۵	ي ک

Impact: Children and young people (CYP) support services would be reduced, less accessible and less visible, and with increased waiting times. Pathways of referrals (e.g. schools/children's social care) may need to be restricted. 40,000 CYP in Hampshire were estimated to be affected by domestic abuse in 2017-18. Flexible opening times are important for those adults of working age in order to access services outside of working hours. Older people (aged 59 and above) are also particularly vulnerable to domestic abuse and have often been the age category for Domestic Homicide Review cases in the county. Victims of domestic homicides (seen at Domestic Homicide Reviews, or DHRs) are most commonly found to be in the 'medium' risk category and often not well known to services. Reductions in funding make it increasingly challenging to access these groups of people, make services accessible and provide the adequate levels of support. There is a specific need for perpetrator interventions in the 18-24 year old age category, which would be affected with a reduction in funding.

Mitigation: Key organisations working with young people and older people provided with training and development to increase capability of front-line workforce to be able to support a lower level domestic abuse need. Prioritise opening times to meet clients' needs. Children's and Adults' Health and Care departments would work together to carry out a system wide process and pathway review with the ability to prioritise and reorganise, within the resource allocation.

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Disability					\checkmark

- Impact: Domestic Abuse services were accessed by around 700 people in 2017/18 with some form of selfreported disability. For those who specified what type of disability they had (583 people), the majority were people with a mental health issue (85%, 490 people). Disability relating to physical health was identified by 12% (71 people), and learning disabilities by 2% (14 people). A small number of people reported hearing or visual impairment. Reduced service funding could impact time available to work with clients around their mental health needs and working arrangements with mental health services, or clients requiring more intense interventions due to their individual needs. Reduction in accommodation-based services could see further restrictions in already scarce resources of adapted crisis accommodation.
- **Mitigation:** Clear joint working protocol developed which describes referral, assessment and intervention pathways. Further work and links with the national network of refuges to identify access to suitable accommodation around the county, particularly with neighbouring authorities.

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Sexual orientation				\checkmark	

Impact: Whilst there are relatively low numbers of the Lesbian, Gay, Bisexual and Trans (LGBT) population currently accessing the Domestic Abuse victim service (1.7%), evidence suggests that this group faces a higher risk of experiencing domestic abuse. Our data shows that men, and people in same-sex relationships, appear to be least likely present to victim services, and even less likely to present to perpetrator services.

Mitigation: Work with relevant LGBT organisations to increase awareness of services and capacity of frontline staff to support lower level domestic abuse needs and to understand referral pathways to both victim and perpetrator services.

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Race					\checkmark

- Impact: In Hampshire 3.8% of the population is of Asian origin and 1% of Black origin, the largest ethnic group accessing the Domestic Abuse victim services was White British (67%) followed by British (4%). Asian/Asian British represented 2% and Black/Black British 1%. For perpetrator services, 2016/17 data show that of those referring to the service, 4.7% we Asian/Asian British and 3.3% were Black/African/Caribbean/Black British. There is some outreach into Black and Minority Ethnic (BME) communities and identified areas of need. Reduction in capacity and services could affect the ability to engage with BME communities.
- **Mitigation:** Prioritise to keep outreach and awareness raising of services in areas where there is higher representation from BME communities. Continue to undertake annual Health Equity Audits and service improvement plans. Page 130

		Positive	Neutral	Low negative	Medium negative	High
Religion or be	lief		\checkmark			negative
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium negative	High negative
Gender reassi	ignment				Image: Second se	
Impact: Mitigation:	Nobody who identifing recorded as having make it increasingly gender reassignme Consider this in the	accessed Dome difficult to resonant.	estic Abuse se urce targeted	ervices in 2017/18. work to reach out t	Reduction in fu o people who h	Inding would ave undergone
		Positive	Neutral	Low negative	Medium	High
Gender					negative	negative ☑
Impact: Mitigation:	The Domestic Abuse services aim to support both men and women who are victims and perpetrators of domestic abuse, but very few male victims access these services. Victim services work predominantly with women, and perpetrator services mostly with men. Reduced services could impact on the number of people accessing support from both angles. Many group work environments won't work with mixed genders and therefore specialist male/female groups would reduce in frequency (or altogether). Prioritise gender specific groups wherever possible. Consider male victims in the development of the Safe Spaces transformational element of the new contract.					
Marriago or ci	vil partnership	Positive	Neutral ☑	Low negative	Medium negative	High negative
Impact: Mitigation:		Desitive			Madium	Llink
		Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy an	d maternity					\checkmark
Impact: Mitigation:	Pregnancy is a risk access for women a Work with the Mate routine care and de	at a time of need rnity services to	l. ensure they a	-	-	
Other conside	erations	Positive	Neutral	Low negative	Medium	High
Poverty					negative	negative

Impact:	Whilst domestic abuse occurs across the board, irrespective of economic status, there are distinct links between employment status and risk of experiencing abuse. In addition, there are strong
	links between domestic abuse and alcohol/drug use, which in turn are strongly linked with levels of
	deprivation. Reduced funding could impact through reductions in service provision (both domestic
	abuse services and substance misuse services), access to services, intensity of interventions and
	increased thresholds around eligibility.

Mitigation: Ensure clear referral pathways between services and prioritise affected groups.

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Rurality					

- Impact: The current Domestic Abuse victim services have a good footprint across Hampshire with refuges and outreach teams in all districts/boroughs. The perpetrator service is less well resourced and therefore offers interventions in Basingstoke, Southampton, Havant and the New Forest. A reduced budget would decrease the availability of both accommodation-based services, the outreach teams which work out of their office space and there would be further to travel for both staff and service users to access services. Reduced funding for the perpetrator service may result in the closure of groups in areas altogether, cutting off large numbers of the Hampshire population from accessing services.
- **Mitigation:** Build this in to the Safe Spaces transformational work in Years 1&2 of the new contract. Develop proposals for digital / virtual support where appropriate, although this would not suit all service users, particularly those accessing group work or more complex/higher level support.

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

For every perpetrator there is a victim and we know that a large proportion of both victims and perpetrators are 'repeats'. Unless perpetrator behaviour is addressed, victimisation will continue. The current victim and perpetrator services are required to work closely together to ensure, as far as possible, a coordinated approach aimed at reducing the risks of re-victimisation and reoffending. Reduced funding would likely result in a decrease in availability of services, in particular a decrease in attendance at perpetrator interventions, which is already low.

Vulnerable Groups - Vulnerable adults and children at risk:

- Domestic abuse is often not experienced as a single issue. It frequently exists alongside other problems, in complex family or relationship situations many of which could in fact overshadow the presence of domestic abuse, making it all the more important to identify to domestic abuse and subsequently work with all members of the family.
- The service specification includes requirements for providers to demonstrate understanding of Hampshire safeguarding policies and procedures and work closely with adult and children's social care to identify, support and prioritise vulnerable adults and children.
- Nationally, around half of women within the criminal justice system (as perpetrators of crime) have been affected by domestic violence. While this is of course not a linear cause-and-effect relationship, this statistic can be seen as illustrative of the often complex and multiple needs that may be experienced by women
- The results of stakeholder engagement activity highlighted a lack of awareness of domestic abuse services and how to refer.
- The service specification requires providers of commissioned domestic abuse service and probation to develop a joint working protocol to strengthen awareness and referral rates.
- Victims of domestic homicides (seen at Domestic Homicide Reviews, or DHRs) are most commonly found to be in the 'medium' risk category and often not well known to services.

Reductions in funding would make it increasingly challenging to access these groups of people, make services accessible and provide the adequate levels of support.

Name of Transformation to 2021 proposal:			Weight Management Service Budget Reduction			
T21 Opportunity Reference:			PH5 Weight Management Service Budget Reduction			
Name of the accountable Officer:			Carmichael			
Email address of the acc	: Darren.	Darren.carmichael@hants.gov.uk				
Department: Adults' Health and Children's Services Care		Corporate Services	Culture, Communities and Business Services			
$\overline{\checkmark}$						
Date of assessment:	8/4/2019					
Is this a detailed or an ov		Detailed	Overview ☑			

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

WW, formerly Weight Watchers, are commissioned to deliver weight management support to Hampshire residents (or those registered with a Hampshire GP) with a Body Mass Index (BMI) 30+ or 28+ if from a Black and Asian Minority Ethnic (BAME) background who carry greater health risks at a lower BMI threshold, or with comorbidity. In contract Year 2 (ending Sept 2018) there were 6974 enrolments into the service by eligible Hampshire residents. The service is accessible by health professional referral or self-referral. A twelve week programme of weight management support is available at coaching sessions or remotely (app based).

The service is available to:

- 16-17 year olds referred by GP •
- Adults (BMI 30+ or 28+ if from a BME background) •
- Pregnant women

Geographical impact:

- ☑ All Hampshire
 - Basingstoke & Deane
- Fareham Gosport
- East Hampshire
- Eastleigh

- Hart
- Havant

- New Forest
- Rushmoor
- **Test Valley**
 - Winchester

Describe the proposed change, including how this may impact on service users or staff:

The service would operate in 2019/20 on its existing budget value of £415,000p/a. It is proposed this will operate on a reduced budget in 2020/21 of up to 13% reduction. There would be no service model alteration. However, there would be a reduction in access for the eligible population (those with BMI 30+ or 28+ for BME residents) this may mean less people will be able to lose weight. A review of the service would occur six months after the application of the reduced 2020/21 budget so that issues and mitigations (if any) can be identified.

Who does this impact assessment cover?

 $\mathbf{\Lambda}$ Service users

Has any pre-consultation engagement been carried out?

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations						
	Positive	Neutral	Low negative	Medium	High	
Age		\square		negative	negative	
Impact: Mitigation:						
	Positive	Neutral	Low negative	Medium	High	
Disability				negative	negative	
Impact: People with Seriou Mitigation:	People with Serious mental illness are likely to have increased weight					
	Positive	Neutral	Low negative	Medium	High	
Sexual orientation				negative	negative	
Impact: Mitigation:	Pag	e 134				

_		Positive	Neutral	Low negative	Medium negative	High negative
Race				\checkmark		
Impact:				service capacity is r ence due to their lov		
Mitigation:	, , , , ,					
		Positive	Neutral	Low negative	Medium	High
Religion or be	lief		\checkmark		negative	negative
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium	High
Gender reassi	gnment		\checkmark		negative	negative
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium	High
Gender			\checkmark		negative	negative
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium negative	High negative
Marriage or ci	vil partnership		\checkmark			
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium	High
Pregnancy an	d maternity				negative ☑	negative
Impact:		ight they could h	nave less acce	able would impact o ess to a service. Pre		
Mitigation:		h the Local Mate	ernity System	to ensure that wom	en would be of	fered advice by
Other conside	erations	Docitivo	Noutral		Modium	Lliah
		Positive	Neutral	Low negative	Medium negative	High negative
Poverty						

People who are from more deprived areas are more likely to have an unhealthy weight with a restriction in access they are more likely to be affected $\begin{array}{c} Page \ 135 \end{array}$ Impact:

Mitigation:

	Positive	Neutral	Low negative		High
Rurality		\checkmark		negative	negative

Impact: Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Name of Transformation to 2021 proposal:			Healthy Lifestyles – Stop Smoking			
T21 Opportunity Reference:			PH5 - Healthy Lifestyles – Stop Smoking			
Name of the accountable Officer:			Fatima Ndanusa			
Email address of the a	accountable Office	r: Fati	Fatima.ndanusa@hants.gov.uk			
		Corpora Service		ies and Transport and		
Date of assessment:	8/4/2019)				
Is this a detailed or an overview EIA?			Detailed	Overview ☑		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The current specialist stop smoking service is available to all smokers in Hampshire. It targets groups at high risk of tobacco-related harm; routine and manual workers, pregnant smokers, people with a serious mental illness and people with smoking related long-term conditions. The service is designed to ensure greater service provision in geographic areas with the highest number of smokers with service availability in locations and venues which target priority groups. By specifically targeting and tailoring towards identified priority groups and areas of high smoking prevalence/numbers, the service will contribute to a reduction in health inequalities.

Geographical impact:

- ☑ All Hampshire
- Basingstoke & Deane
- East Hampshire
- □ Eastleigh
- GosportHart

Fareham

Havant

- New Forest
- Rushmoor
- Test Valley
- Winchester

Describe the proposed change, including how this may impact on service users or staff:

The current budget is capped at £2.2m per annum. Budget spend is affected by service uptake / activity and therefore could be under the maximum annual budget. The proposed change is a reduction in the maximum available annual budget from 2020/21 by 13% this would impact on service availability and accessibility restricting access for some people.

Who does this impact assessment cover?

☑ Service users

HCC	staff	(including	partners)
100	Stan	linciaanig	partitions

Engagement and consultation

Yes

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory con	siderations						
		Positive	Neutral	Low negative	Medium	High	
Age					negative	negative	
Impact: Mitigation:							
		Positive	Neutral	Low negative	Medium negative	High	
Disability				$\overline{\checkmark}$		negative	
Impact: Mitigation:	People with serious mental illness are a priority group for the service. A potential reduction in service capacity could impact on when and where clients from this group access local stop smoking interventions. The service would continue to target this group to reduce smoking rates in people with serious						
	mental health illness	».					
		Positive	Neutral	Low negative	Medium negative	High negative	
Sexual orienta	ition		\checkmark				
Impact: Mitigation:							
		Positive	Neutral	Low negative	Medium	High	
Race		Dage	e 138		negative	negative	

Impact: Mitigation:							
		Positive	Neutral	Low negative	Medium	High	
Religion or be	lief				negative	negative	
Impact: Mitigation:							
		Positive	Neutral	Low negative	Medium negative	High negative	
Gender reassi	gnment		\checkmark				
Impact: Mitigation:							
		Positive	Neutral	Low negative	Medium	High	
Gender			\checkmark		negative	negative	
Impact: Mitigation:							
		Positive	Neutral	Low negative	Medium	High	
Marriage or ci	vil partnership		\checkmark		negative	negative	
Impact: Mitigation:							
		Positive	Neutral	Low negative	Medium	High	
Pregnancy and	d maternity			\checkmark	negative	negative	
Impact: Mitigation:	capacity could impact on when and where clients from this group access local stop smoking interventions.						
Other conside	erations	Positive	Neutral	Low negative	Medium	High	
Poverty					negative	negative	
Impact:	Communities considered to be more deprived have greater levels of poverty and smokers from these areas are a priority group for the service. A potential reduction in service capacity could impact on when and where clients from these areas access local stop smoking interventions.						
Mitigation:			nom mese alt	100 000000 100ai Sil			
		Positive	Neutral	Low negative	Medium negative	High negative	
Rurality		L F	⊠ Page 139)			

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

The smoking cessation service is currently out to tender; a new service will commence on 1/10/2019. The service model is activity based, therefore a budget reduction could result in reduced capacity and a lower number of smoking quits achieved annually. However, the impact of a budget reduction is unknown as yet. As such the service would be reviewed at 6 months and 12 months to check for any patterns that might unduly disadvantage the prioritised sub-groups. This would be considered as part of the equality impact assessment process.

It is important to note that there is an opportunity for the service provider to receive additional incentivisation payments if 60% of 4-week quitters are from priority groups. This Key Performance Indicator aims to reduce health inequalities. Smokers from these groups would benefit most from stopping smoking. This arrangement would be in place for the new service starting in October 2019. This aims to ensure continued focus on delivering quits from priority groups even with a reduced budget in 2020/21.

People considered deprived are also already a target group for the smoking cessation service. Incentive payments are already attached to delivering smoking quits from this population subgroup; this is because higher smoking quits from this sub-group would contribute to a reduction in health inequalities. Similarly, the service focuses on pregnant women as one of the priority groups. This is important due to the evidence around the negative health impacts to the infant from maternal smoking in pregnancy and thereafter and the link to health inequalities.

Is this a detailed or an overview EIA?				Detailed	Overview ☑	
Date of assessment:		8/4/	2019			
Department: Adults' Health and Children's Services Care			porate rvices	Culture, Communities and Business Services		
Email address of the accountable Officer:			Fatima.Ndanusa@hants.gov.uk			
Name of the accountable Officer:			Fatima Ndanusa			
T21 Opportunity Reference:			PH5 He	althy Lifestyles – NHS	Health Checks	
Name of Transformation to 2021 proposal:			Healthy Lifestyles – NHS Health Checks			

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The NHS Health Check service is a mandated programme for adults aged 40-74 that aims to help prevent cardiovascular disease. Health Checks are delivered at GP Practices across Hampshire. Health Checks are offered at five yearly intervals to patients who aren't diagnosed with specific pre-existing health conditions. A universal invite approach would be offered with an incentivised element to increase uptake by patients considered to be at a higher risk. Higher risk patients are those that; are obese, are current smokers, reside in more deprived communities, have a family history of coronary heart disease, are people of non-white British ethnicity.

Geographical impact:

\checkmark	All	Hampshire

- Basingstoke & Deane
 - East Hampshire
- Eastleigh
- Gosport Hart

Fareham

Havant

- New Forest
- Rushmoor
- **Test Valley**
- Winchester

Describe the proposed change, including how this may impact on service users or staff:

The current annual budget is £1.2m. The proposal is to reduce the total budget in 2020/21 by up to 13%. The Health Checks programme is activity based; a budget reduction would result in a reduced number of Health Checks delivered. A reduction is unlikely to affect the national target to invite 100% of the eligible population, however, it would impact on capacity to deliver Health Checks effectively and an identification of heart disease. This could be balanced because Health Checks is a five-year rolling programme.

Who does this impact assessment cover?

 \square Service users

	atoff	(in aludia a	no rtno no)
HUU	stan	(including	partners)

Engagement and consultation

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations									
		Positive	Neutral	Low negative	Medium	High			
Age					negative	negative			
Impact: Mitigation:	NHS Health Checks is a service for eligible patients aged 40-74. A potential reduction in capacity could mean that patients may have to wait longer than would be expected to actually receive their Health Checks or restrict to high risk groups. This could mean that existing conditions may be diagnosed and treated later, and also that lifestyle advice would be offered / taken up later reducing impact of healthy behaviours. The NHS Health Checks targeted service model should enable a continued focus on at-risk groups, ensuring that overall effectiveness of the service is maintained and contributes to reducing health inequalities in Hampshire.								
		Positive	Neutral	Low negative	Medium negative	High negative			
Disability Impact:			V						
Mitigation:									
		Positive	Neutral	Low negative	Medium negative	High negative			
Sexual orientation			\checkmark						
Impact: Mitigation:									

		Positive	Neutral	Low negative	Medium	High		
Race					negative	negative		
Impact: Mitigation:	Patients from ethnic minority groups are a priority for take up of NHS Health Checks. A potential reduction in capacity could mean these patients may miss out on a check or have to wait longer than would be expected to actually receive their Health Check. This could mean that existing conditions may be diagnosed and treated later, and also that lifestyle advice could be offered / taken up later. The NHS Health Check targeted service model should enable a continued focus on at-risk groups, ensuring that overall effectiveness of the HCs service is maintained and contributes to reducing health inequalities in Hampshire.							
		Positive	Neutral	Low negative	Medium	High		
Religion or be	lief		\checkmark		negative	negative		
Impact: Mitigation:								
		Positive	Neutral	Low negative	Medium	High		
Gender reassi	gnment				negative	negative		
Impact: Mitigation:								
		Positive	Neutral	Low negative	Medium negative	High negative		
Gender			\checkmark					
Impact: Mitigation:								
		Positive	Neutral	Low negative	Medium	High		
Marriage or ci	vil partnership		\checkmark		negative	negative		
Impact: Mitigation:								
		Positive	Neutral	Low negative	Medium negative	High negative		
Pregnancy and	d maternity		\checkmark					
Impact: Mitigation:								
Other conside	erations	Decitive	Mentel	Leure es C		1 Park		
		Positive	Neutral	Low negative	Medium negative	High negative		
Poverty								

Patients residing in more deprived communities are a priority for take up of NHS Health Checks. A Impact: potential reduction in capacity could mean these patients may have to wait longer than would be expected to receive their Health Check. This could mean that existing conditions may be diagnosed and treated later, and that lifestyle advice could also be offered / taken up later. The NHS Health Check targeted service model should enable a continued focus on at-risk groups, **Mitigation:** ensuring that overall effectiveness of the service is maintained and contributes to reducing health inequalities in Hampshire. Positive Neutral Low negative Medium High negative negative Rurality $\mathbf{\nabla}$

Impact: Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

The NHS Health Check targeted service model should enable a continued focus on at-risk groups, ensuring that overall effectiveness of the service is maintained and contributes to reducing health inequalities in Hampshire. This is supported by GP practices receiving higher payments for delivering Health Checks to at-risk population groups. However, potential reduced capacity for delivery of Health Checks could impact on the ability to provide Health Checks in a timely manner. The focus is to increase uptake by patients in the at-risk groups; living the most deprived communities, obese (BMI 30+), current smokers, immediate family history of coronary heart disease, from non-white British ethnicities. Patients from these groups may not benefit from timely appropriate clinical and lifestyle interventions. The new targeted element of the Health Checks provision came into effect from April 2019, as such no service patterns for this model have been established yet. The service could be reviewed at 6 months and 12 months to check for any patterns that might unduly disadvantage the prioritised sub-groups.

Name of Transformation to 2027	Public He	Public Health Nursing			
T21 Opportunity Reference:	PH 6 Put	olic Health Nursing			
Name of the accountable Office	Jo Lockh	Jo Lockhart			
Email address of the accountab	ole Officer:	jo.lockhart@hants.gov.uk			
Department: Adults' Health and Children's Services Care		orporate ervices	Culture, Communities and Business Services	Economy, Transport and Environment	
Date of assessment:	17,	/4/2019			
Is this a detailed or an overview	/ EIA?	D	etailed	Overview ☑	

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Public Health nursing (health visiting and school nursing) is a universal service for children, young people and their families from pre-birth to 19 years of age (25 years for children with special education needs and disabilities SEND or leaving care at 18 years). Health visiting delivers the Healthy Child Programme; 5 mandated contacts from antenatal to the child's 5th birthday (approximately 14,500 births per year). School nursing delivers the mandated national child measurement programme then offers support until they turn 19 or 25 years respectively. In 2017, there were 312,876 children and young people aged 0-19 years.

Geographical impact:

- ☑All Hampshire□Fareham□Basingstoke & Deane□Gosport
- East Hampshire
 - hire 🛛 I
 - Eastleigh

- Hart
- Havant

- New Forest
- Rushmoor
- Test Valley
- Winchester

Describe the proposed change, including how this may impact on service users or staff:

Public Health nursing budget is £19.3 million. Reduced by 5.3% for T19; T21 could incur a further reduction of 13% and could to have the following impacts:

- Staff reductions; reduced capacity to deliver core offer
- Reduced face to face accessibility; move towards digital access
- Increase waiting times to access a Public Health nurse
- Review of risk assessment processes resulting in reduction of families eligible for higher level support (universal plus and partnership plus)
- No community offer
- Vulnerable young parents would need to access the universal partnership plus health visiting offer instead of the Family Nurse Partnership
- No vision screening of children in Reception
- Significant reduction in school nursing offer (move to digital only)

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☑ Service users

□ HCC staff (including partners)

Engagement and consultation

Has any pre-consultation engagement been carried out?

No

Yes

No, but planned to take place

negative

negative

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory con	nsiderations					
		Positive	Neutral	Low negative	Medium negative	High negative
Age						Ø
Impact: Mitigation:	young people with instead of more fac be disadvantaged a home and therefore pregnant or have y of early support ava such as domestic v minimised. This co term deliveries and early attachment at Robust risk assess staff to underpin th partners (such as s impact could be mi	a disability) year the to face care p as a reduced wo e may miss safe oung children m ailable for transi- tiolence, emotion uld increase the birth complicati nd bonding. ment approache ese. Raise awar afeguarding) to tigated and wha	rs would expe lanning appro- orkforce would guarding nee- lay receive a r tion to parenth nal health issu number of "u fons. There wo es with core tr reness of the r consider whe t pathways ne	hildren and young per rience a very limited baches. Babies and have reduced capa ds. Women of child reduced service offer hood. Identification a ues, substance misu n-healthy pregnancion build be less support aining, policies and reduced service offer re else these needs and reviewing. Clear to ensure realistic est	d offer through d children unde acity to see fam d bearing age v er. This could and support for use, smoking a ies" increasing t around breast protocols for a er and work with s could be iden r communicatio	digital interface ir 1 year could hilies in the who are affect the level vulnerabilities re likely to be the risk of pre- feeding and Il members of h all system tified, how
		PositivPag	ge ^{Newtral}	Low negative	Medium	High

Disability						\checkmark		
Impact:	Reduced identification of Special Educational Needs (SEN) in young children resulting in later identification and intervention with potential impact on their development and attainment. Inability to comply with the National Institute Clinical Excellence Guidance (NG72) "Developmental follow- up of children and young people born preterm". Reduced support for children and young people with SEN around transition (between schools etc). Reduced integration opportunities with the impact being more complexities for families trying to navigate services, poorer outcomes for children etc. Increased prevalence of mental ill health due to reduced early identification and intervention (antenatal, postnatal and in children and young people).							
Mitigation:	Work with Children' delay to reduce mis wide approach to S	s Services to up sed opportunitie	skill Early Ye s for early ide	ars settings in ident entification and inter	ification of devention. Devel			
		Positive	Neutral	Low negative	Medium negative	High negative		
Sexual orienta	ation			\checkmark				
Impact: Mitigation:	Reduced face to fac may compromise th and practitioner							
		Positive	Neutral	Low negative	Medium negative	High negative		
Race					Image: Second se	Ĩ		
Impact: Mitigation:	Reduced accessibility of the service could disproportionately impact on families where English is not their first language as the offer becomes more focussed on digital rather than face to face with interpreters. Reduced capacity to undertake assessment to identify need and provide tailored care to ensure people from ethnic minority groups can access services where required. Ensure digital offer is available in different languages. Raise awareness in the service that support should be priorities for families where English is not their first language.							
		Positive	Neutral	Low negative	Medium negative	High negative		
Religion or be	lief							
Impact: Mitigation:								
		Positive	Neutral	Low negative	Medium negative	High negative		
Gender reassi	gnment			\checkmark				
Impact:	Reduced face to fac may compromise th and practitioner.							
Mitigation:								
		Positive	Neutral	Low negative	Medium negative	High negative		
Gender								
Impact:								

Mitigation: Improved digital offer encouraging paternal involvement with on-line resources, e.g. DadPad (an app designed to support fathers) and greater accessibility of appointments through video-conferencing.

	Positive	Neutral	Low negative	Medium negative	High negative
Marriage or civil partnership		\checkmark			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Pregnancy and maternity				negative	negative ☑

Impact: There are about 14,500 births per year in Hampshire and these women and babies could receive a reduced service offer leaving them at a greater level of vulnerability to poor mental health, poor attachment, low breastfeeding, unidentified domestic abuse or substance misuse, higher rates of low birth weight (due to smoking in pregnancy for example). Safeguarding risk could increase due to reduced opportunity to assess risk thoroughly and intervene early. As identified through the 1001 Critical Days, a Parliamentary Health Select Committee report, this would increase the burden on services throughout the child's life course with less opportunity for early intervention. There are therefore likely to be additional costs arising over time elsewhere in the system.
 Mitigation:

Other consid	erations							
		Positive	Neutral	Low negative	Medium negative	High negative		
Poverty								
Impact: Mitigation:	Families with children face higher levels of poverty than other demographic groups, 31,310 children are living in low income families in Hampshire. Policy experts expect the number of children in poverty to increase over time. There would no longer be capacity to search for health needs to improve outcomes for these children therefore eliminating prevention and early help. These families may not have the resources necessary to be able to access the digital offer. Provide lighter touch support for universal families who appear to be thriving e.g. keep face-to-face reviews at 1 and 2 years for vulnerable families. Encourage universal families to self serve more using digital support. Focus professional health visitor and school nurse time on the most vulnerable families, working closely with colleagues in other sectors such as social workers.							
		Positive	Neutral	Low negative	Medium negative	High negative		
Rurality								
Impact:	Greater centralisation of services to reach a higher number of families would result in those in more rural communities becoming more isolated, they may not have the same choice in how they are able to access the service as digital is the only option for them. Isolation is a risk factor for post-natal depression, placing them in greater need.							
Mitigation:	routes and servic	es are mapped ar	nd prioritised a	ure centralised servi against local need.	It may be poss			

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digital offer to link isolated families living in close geographical proximity.

If you have only identified neutral impacts, please state why:

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Safe sleep, ICON messages developed on the back of serious incidents. Impact on how information is received, interpreted and how it influences parenting practices is dependent upon the skill of the practitioner in delivering the message and their relationship in making it meaningful and relevant. "Think Family" Reduced capacity to contribute to the multi- professional forums such as Early Help Hub, CIN and CPP. The impact would be that health would not be represented.

Name of Transform	nation to 2021 p	Family Support Service and Early Help				
T21 Opportunity Reference:			PH6			
Name of the accountable Officer:			Jo Lockhart and Vicky	Jo Lockhart and Vicky Richardson		
Email address of th	ne accountable	jo.lockhart@hants.gov.	uk			
Department: Adults' Health and Care ☑•	Children's Services	Corpora Services		Economy, Transport and Environment		
Date of assessment: 5/8/		/2019				
Is this a detailed or	r an overview E	IA?	Detailed u•	Overview ⊠∙		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Early help is delivered through the Family Support Service (FSS), a multi-disciplinary, locality-based service, focused on children, young people and families where there is a need for support, but where families do not reach the threshold for statutory social care intervention. The FSS coordinates preventative support for identified families, provides support to partner agencies supporting families, offers groups and courses for families, offers sessions for single issues within a family and supports schools to manage attendance issues. Between April and June 2019, 3,412 children were receiving support at Level 3, multi-agency involvement to address multiple family needs.

Geographical impact:

⊡·All Hampshire	Fareham
Basingstoke & Deane	□•Gosport
East Hampshire	□ •Hart
□ •Eastleigh	□·Havant

New Forest
 Rushmoor
 Test Valley
 Winchester

Page Break

Describe the proposed change, including how this may impact on service users or staff:

The Public Health budget for the Family Support Service and Early Help is £2.821 million. A reduction of 13% would reduce the budget to £2.456 million and could have the following impact on the service:

- Reduced access to one to one support.
- Increase in waiting times for access to support.
- • Reduction in the variety of support interventions available to children and families.

Who does this impact assessment cover?

Page 150 ·HCC staff (including partners)

Engagement and consultation

The County Council's Serving Hampshire Balancing the Budget consultation (2019-2021) will seek residents' and stakeholders' views on strategic options for funding the Authority's budget gap. Where applicable, detailed proposals for making savings will be subject to further, more detailed 'stage two' consultation before any decisions on service specific changes are made.

Has any pre-consultation engagement been carried out?

Ø •No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform.

Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Statutory considerations

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

•••••••••••••••••••••••••••••••••••••••								
	Positive	Neutral	Low negative	Medium	High			
Age				negative	negative ☑			
Impact:	The Early Help Offer supports children and young people (CYP) from 0-19 (25 if they have learning development needs or disabilities). As of 31 July 2019: 449 CYP aged 0-4, 990 CYP aged 5-11 and 853 CYP aged 12-19 were using the service. Vulnerable young parents, children and young people aged 0-19 years and their families may experience a more limited offer and experience poorer outcomes due to the lack of capacity for early intervention. Reduced capacity to work one to one with families could potentially lead to greater numbers experiencing higher needs as fewer would be supported at the early stages.							
Mitigation:	, ,	•	rvice users, we would prity interventions in k					

offer that continues the highest priority interventions in key geographical areas, in line with usage and outcome data, within the budget constraints.

	Positive	Neutral	Low	Medium	High
			negative	negative	negative
Disability					

Impact: As of 31 July 2019, 55 children with Education, Health Care Plans (EHCPs) were receiving

- Early Help intervention in Hampshire. Impact: Potential for reduced:
 - Early identification of special educational needs (SEN) resulting in
 adverse impact on development and attainment.
 - adverse impact on development and attainment.
 support for CYP with SEN around transition (betw
 - support for CYP with SEN around transition (between schools etc).
 - identification of parents with additional needs.
 - integration opportunities resulting in poorer outcomes for children
 - identification of and intervention for mental ill health (CYP and their adult parent/ carers).

Families where children have EHCPs would be able to access support such as short break activities, minimising the impact of any potential reduction.

Mitigation:

		Positive	Neutral	Low	Medium	High		
Sexual orier	ntation		\checkmark	negative	negative	negative		
Impact:								
Mitigation:								
		Positive	Neutral	Low negative	Medium negative	High negative		
Race								
Impact:	Reduced accessibility of the service could disproportionately impact on families where English is not their first language as the offer becomes less focused on face to face intervention with interpreters. Reduced capacity to undertake holistic assessment to identify need and provide tailored care to ensure people from ethnic minority groups can access services where required.							
Mitigation:	Ensure all communications and marketing (including any digital offer) are available in different languages.							
		Positive	Neutral	Low negative	Medium negative	High negative		
Religion or I	belief		$\overline{\checkmark}$					
Impact: Mitigation:								
		Positive	Neutral	Low negative	Medium negative	High negative		
Gender reas	signment		\checkmark					
Impact: Mitigation:								
		Positive	Neutral		Mediu	3		
Gender			Page 15	52 negativ ☑	ve negati	ve negative		

Impact: As of 31 July 2019, there were 1,044 female children accessing Early Help support and 1,239 male children therefore reductions to this service could impact more on male CYP. However, as primary care givers, mothers tend to be the primary contact with the service and there could be at risk of a disproportionate impact on adult women.

Mitigation:

By consulting with partners and service users, we would seek to maintain the interventions most in demand in each local area, within the budget constraints.

	Positive	Neutral	Low	Medium	High
Marriage or civil partnership		V	negative	negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity				₩	

Impact: A number of families accessing the Family Support Service Early Help offer will have multiple children. Some will have babies and others will be pregnant. These families and babies could receive a reduced service offer leaving them at a greater level of vulnerability to poor mental health, poor attachment, unidentified domestic abuse or substance misuse, higher rates of low birth weight (due to smoking in pregnancy for example). Safeguarding risk could increase due to reduced opportunity to assess risk thoroughly and intervene early.

Mitigation: Ensure effective links with wider partner services such as maternity and Public Health nursing to help ensure these women and babies are supported effectively.

Other considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Poverty					_ M

- **Impact:** Families with children face higher levels of poverty than other demographic groups and in 2016, 27,510 CYP under 20 were living in low income families in Hampshire. Families with low income and other vulnerabilities are at greater risk of needing level 2 or 3 support. There would no longer be capacity to offer the same level of support to these families which could subsequently lead to an increase in inequality in Hampshire.
- **Mitigation:** We would consult with partners and service users, we would seek to maintain an Early Help offer that continues the highest priority interventions in key geographical areas, in line with usage and outcome data, within the budget constraints.

	Positive	Neutral	Low	Medium	High
			negative	negative	negative
Rurality					\checkmark

Impact: Potential longer travel times to access interventions, which may result in more rural communities becoming isolated and unable to access the support they need at the right time. This may result in a greater level of need through escalation over time due to a lack of early intervention.

Mitigation: We would consult with partners and service users, we would seek to maintain an Early Help offer that continues the highest priority interventions in key geographical areas, in line with usage and outcome data, within the budget constraints. activities, in key geographical areas, in line with activity usage data within the budget constraints. We would ask partners to ensure that they give consideration to families from surrounding areas in their service delivery. We would also look to facilitate discussions between partners operating in rural areas to explore innovative approaches to delivery, the sharing of resources and closer joint working to reduce costs.

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Name of Transformation to 2021 proposal:			Oral Health Improvement			
T21 Opportunity Reference:		PH6	PH6 Oral Health Improvement			
Name of the accountable Officer:		Rob	ert Carroll			
Email address of the accountable Officer:			ert.carroll@hant	ts.gov.uk		
		Corporat Services	s Commu	ture, nities and s Services		
Date of assessment:		18/4/201	9			
Is this a detailed or an overview EIA?			Detailed		Overview ☑	

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Hampshire County Council commissions Solent NHS trust to provide Oral Health Improvement Services. Current services include: supervised toothbrushing programme and oral health improvement award scheme in 142 targeted Early Year's Settings (5500 children per year); provision of free toothbrushes & toothpaste packs for distribution by Health Visitors to c.1600 disadvantaged families per year; and monthly oral health promotion training for Hampshire County Council staff working in care homes. The service also provides fieldwork services for the statutory dental epidemiology survey of oral health in 5-year olds (2750 children from a minimum of 20 schools in each district council area every 2 years).

Geographical impact:

- ☑ All Hampshire
- Fareham
- Basingstoke & Deane East Hampshire

 - Eastleigh
- Gosport Hart
- Havant

New Forest

- Rushmoor
- **Test Valley**
- Winchester

Describe the proposed change, including how this may impact on service users or staff:

T21 proposal to decommission Oral Health Improvement Services when the current contract expires on the 31st of July 2020, generating annual saving of £180k. Likely changes would be:

- Reduction in the number of children participating in supervised toothbrushing programme
- Cessation of Early Year's Oral Health Improvement Award Scheme •
- Non-participation in the statutory national Public Health England Dental Epidemiology Survey of oral health in 5-year olds.
- Cessation of face to face oral health promotion training and resources for Hampshire County Council Care • Home Staff
- Reduction in the oral health of young children and in older people in care homes

Who does this impact assessment cover?

☑ Service users

HCC staff (including partners)

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Has any pre-consultation engagement been carried out?

Yes

🛛 🗆 No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Age					

Poor oral health impacts Children's and families' health and wellbeing and is a marker of wider Impact: health and social care issues, including poor nutrition, obesity and neglect. The service currently provides a supervised toothbrushing programme and oral health improvement award scheme to prevent and reduce dental decay in pre-school children. The programme reaches approximately 5500 under 5s attending 142 targeted early years settings across Hampshire. Settings are targeted based on their index of multiple deprivation and local dental decay data. Settings are provided with free toothbrushes, toothpaste and resources for 12 months with an expectation that they will work towards the oral health improvement award and become self-funding after 12 months. Good oral health is an essential component of active ageing. Social participation, communication and diet are all impacted when oral health is impaired. The service provides monthly oral health promotion training for Hampshire County Council care staff working with vulnerable adults and older people in Hampshire Care Homes. The expiration of this contract could mean that the provision of free toothbrushes, toothpaste and the award scheme in Early Year settings could stop and settings would need to self-fund if they wish to continue to deliver supervised toothbrushing as part of their core day. The provision of free toothbrushes and toothpaste to disadvantaged families by Health Visitors may also stop as may the face to face delivery of oral health promotion training to Hampshire County Council care home staff. The expiration of the contract could also mean that the Council would no longer be participating in the national dental epidemiology survey programme which is a statutory requirement.

Mitigation: Participating Early Years settings would be encouraged to continue to provide daily supervised toothbrushing after the service stops using their own funds or by seeking funding from other sources, including fundraising. We would work with the new Hampshire Public Health Nursing Service to raise awareness of oral health with parents and young children as part of the new service offer. We would signpost Hampshire County Council staff working in care homes to websites which provide free oral health promotion electronic learning.

		Positive	Neutral	Low negative	Medium	High			
Disability			\checkmark		negative	negative			
Impact: Mitigation:									
		Positive	Neutral	Low negative	Medium negative	High negative			
Sexual orienta	ation								
Impact: Mitigation:									
		Positive	Neutral	Low negative	Medium negative	High negative			
Race				\checkmark					
Impact: Mitigation:	groups are more lik risk-taking behavior BAME groups have around oral hygiene minority children ar	Oral health varies within different Black, Asian Minority Ethnic (BAME) groups. In general, BAME groups are more likely to have poorer oral health than the overall population, often linked with high risk-taking behaviours such as chewing tobacco and low socio-economic status, however some BAME groups have better oral health than the general population, often linked to cultural habits around oral hygiene and less intake of dietary sugar. In terms of use of dental services, ethnic minority children are more likely to visit a dentist in response to a dental problem, rather than as part of a routine check-up.							
		Positive	Neutral	Low negative	Medium negative	High negative			
Religion or be	lief		\checkmark						
Impact: Mitigation:									
		Positive	Neutral	Low negative	Medium negative	High negative			
Gender reassi	ignment		\checkmark						
Impact: Mitigation:									
		Positive	Neutral	Low negative	Medium negative	High negative			
Gender			\checkmark						
Impact: Mitigation:									

		Positive	Neutral	Low negative	Medium negative	High negative
Marriage or ci	vil partnership		\checkmark			
Impact: Mitigation:						
		Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and	d maternity		\checkmark			
Impact: Mitigation:						
Other conside	erations					
		Positive	Neutral	Low negative	Medium negative	High negative
Poverty					ঁত	Ľ۵
Impact:	There is an associa					decay. Areas
Mitigation:	with higher levels of We would raise awa Hampshire Public H resources are prom	areness of the lin lealth Nursing Se	iks between i ervice and se	poor oral health and ek to ensure that or	d deprivation wit	
		Positive	Neutral	Low negative	Medium negative	High negative
Rurality			\checkmark			
Impact: Mitigation:						

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Local authorities have specific dental public health functions and are statutorily required to:

- provide or commission oral health promotion programmes to improve the health of the local population, to the
 extent that they consider appropriate in their areas
- provide or commission oral health surveys in order to facilitate: the assessment and monitoring of oral health needs, planning and evaluation of oral health promotion programmes, planning and evaluation of the arrangements for the provision of dental services, and reporting and monitoring of the effects of any local water fluoridation schemes.
- local authorities are also required to participate in any oral health survey conducted or commissioned by the secretary of state

The expiration of the contract would also mean that Hampshire County Council could no longer be participating in the national dental epidemiology survey programme which is a statutory requirement. This survey is specific in that it is carried out in a specified way by dentists. We are one of the few areas locally to continue with the survey and there are other sources of data that give information about oral health.

Name of Transformation to 2021 proposal:			Public Health – older people			
T21 Opportunity Refer	ence:	PH7 Pu	ublic Health – older peo	ple		
Name of the accounta	Helen (Helen Cruickshank				
Email address of the a	ccountable Office	r: Helen.(Cruickshank@hants.go	v.uk		
Department: Adults' Health and Children's Services Care		Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment		
\mathbf{V}						
Date of assessment:		9/4/2019				
Is this a detailed or an	overview EIA?		Detailed	Overview ☑		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

Steady and Strong is an evidence-based falls prevention programme coordinated by Hampshire County Council Public Health team which funds infrastructure, specialist training and Continuous Professional Development (CPD) for the programme (allocated budget £45K). Steady and Strong has 100 classes across Hampshire, run by self-employed instructors, with over 1000 participants at any one time.

A recent evaluation showed:

- Most participants were women, 73%.
- The average age of participants was 79.9 years
- Just under half of participants reported a long-term condition, 42%.

Around 79,000 people over 65 years fall in Hampshire each year and falls/reduced mobility is the most common condition in people contacting Adults' Health and Care.

Geographical impact:

☑ All Hampshire

Eastleigh

- Fareham
- □ Basingstoke & Deane □ Gosport
- East Hampshire
- Hart
- Havant

- New Forest
- Rushmoor
- Test Valley
- Winchester

Describe the proposed change, including how this may impact on service users or staff:

The proposed change is a 13% budget reduction. Work is underway within the existing budget to develop the Steady and Strong programme in accordance with the falls needs assessment and partnership strategy. This investment would ensure the programme is expanded to provide good coverage across the county, focussing on areas of greatest need. The proposed change for T21 is that the programme should be maintained, rather than further investment in expansion. There would be sufficient remaining budget to train new instructors where necessary and support their Continued Professional Development to maintain capacity. The proposed budget reduction would not result in classes stopping.

Who does this impact assessment cover?

☑ Service users

HCC staff (including partners)

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Has any pre-consultation engagement been carried out?

□ Yes

⊠ No

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations					
	Positive	Neutral	Low negative	Medium	High
Age				negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
	_	_	_	negative	negative
Disability		\checkmark			
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Sexual orientation					
Impact: Mitigation:					
	_				

	Positive	Neutral	Low negative	Medium negative	High negative
Race		$\overline{\checkmark}$		۳	Ľ
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High
Religion or belief		\checkmark			negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Gender reassignment		V		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Gender		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Marriage or civil partnership		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Pregnancy and maternity		V		negative	negative
Impact: Mitigation:					
Other considerations					
	Positive	Neutral	Low negative	Medium negative	High negative
Poverty		\blacksquare		٦	Ŭ
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Rurality	Pag	e 1672			

Impact: Mitigation:

If you have only identified neutral impacts, please state why:

The Steady and Strong Programme is one part of the partnership falls prevention strategy which was developed in 2018 to agree a consistent approach to falls prevention between organisations in Hampshire. As part of this strategy, there is a commitment to increase strength and balance provision (an evidence based approach to preventing falls) in addition to the Steady and Strong programme. For example, working with leisure providers to increase the strength and balance content of their exercise offer. This would mean that even if the Steady and Strong programme is maintained at current levels, there could be wider opportunities to access strength and balance for people in Hampshire.

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

Name of Transformation to 2021 proposal:			In house activity coordinators			
T21 Opportunity Refe	PH7 In	house activity coordina	ators			
Name of the accountable Officer:			Cruickshank/Jane Selva	age		
Email address of the a	accountable Office	r: Helen.c	ruickshank@hants.gov	/.uk		
Department: Adults' Health and Children's Services Care		Corporate Services	Culture, Communities and Business Services	Economy, Transport and Environment		
Date of assessment:		2/5/2019				
Is this a detailed or ar	overview EIA?		Detailed	Overview ⊠		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

In 2018, there were 28.4 Whole Time Equivalent (WTE) activity coordinators in post across the in-house older people's care homes (around 41 staff members). They conduct a variety of activities with residents, either group based or one to one. Activity Coordinators arrange outings into the community, engage with local companies who contribute gifts to the residents such as fresh fruit. Activity coordinators also play a role in promoting good hydration and nutrition, falls and balance exercise. They support residents with meaningful conversations and occupation to improve wellbeing. The Public Health grant contributes £440k towards the cost of the posts providing these interventions. Strategic and operational management is within HCC Care services.

Geographical impact:

- ☑ All Hampshire Fareham Basingstoke & Deane Gosport East Hampshire Hart
- Eastleigh

- - Havant

New Forest Rushmoor **Test Valley** Winchester

Describe the proposed change, including how this may impact on service users or staff:

The proposed T21 change is that the Public Health grant would no longer contribute to fund the activity coordinators. Further work needs to be done to understand the impact, in terms of the number and demographics of people who are in contact with the activity coordinators and the range of activities and uptake. This would inform an options appraisal for future activity provision. If no alternative funding or model is put in place, this could negatively impact the residents of the care homes that currently interact with the activity coordinators and benefit from the activities they organise. It would also compromise the Care Quality Commission registration of each unit as activities coordination is a key element of personalised care.

Who does this impact assessment cover?

 $\mathbf{\nabla}$ Service users

HCC staff (including partners)

Engagement and consultation

No, but planned to take place

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory cor	siderations							
-		Positive	Neutral	Low negative	Medium	High		
Age					negative ☑	negative		
Impact: Mitigation:	changes would im a risk of older peo meaningful activiti wellbeing as well A review would be how many people stage is necessary older people and activity coordinato is made that activity	pact on this population of the population of the population of the provident of the provident of the population of the provision of the provision should be provided by provision should be provided by provision should be provided by pr	ulation. If the c opportunities egatively impa n of the units r ssess what is r and the wide he extent to w re developme vailable throug Ild continue, m	ich provide care for coordinator provision to participate in soc ct on their physical making the service of currently provided be or outcomes that the thich the current mo nts and mitigation. I gh the Public Health hitigating options wo the voluntary and c	n is removed e sial engagemer and mental hea unsafe. by the activity of ey are contribut del meets the f a funding cor grant and a st buld be explore	ntirely, there is at and alth and coordinators, ting to. This needs of the ntribution for the rategic decision ed including:		
		Positive	Neutral	Low negative	Medium negative	High negative		
Disability								
Impact: Mitigation:	The in-house services provide care for an older population, and a significant proportion of the people affected will have physical disabilities, frailty and long term conditions including dementia, diabetes, respiratory and cardiac problems that impair their mobility and wellbeing. As part of the review of the current activity coordinator provision, the needs of people with disabilities would be taken into account and used to inform the development of any future model.							
		Positive	Neutral	Low negative	Medium	High		

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negative

negative

Sexual orientation					
Impact: Mitigation:					
Race	Positive	Neutral ☑	Low negative	Medium negative	High negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Religion or belief		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Gender reassignment		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Gender			\checkmark		
Impact: There is a higher pair impacts would disp			in residential and n	ursing care the	refore any
	Positive	Neutral	Low negative	Medium	High
Marriage or civil partnership				negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity		\checkmark			
Impact: Mitigation:					
Other considerations	Positive	Neutral	Low negative	Medium	High
Poverty	Pag			negative	negative

Impact: Mitigation:

	Positive	Neutral	Low negative	Medium	High
				negative	negative
Rurality		\checkmark			

Impact: Mitigation:

If you have only identified neutral impacts, please state why:

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

This is a proposal that needs to be scoped as part of T21, including what the needs are around activity provision and what alternative models can be developed which would mitigate the impacts. Therefore this is an early overview with more detailed proposals to be worked up. This EIA is written to assess the impact on service users, but the impacts on staff would also need to be considered if the current roles do not continue.

Name of Transformatio		Public Health contribution to Adults' Health and Care Grants					
T21 Opportunity Refere	ence:	PH	7				
Name of the accountable Officer:			Martha Fowler-Dixon				
Email address of the ad	countable Office	r: ma	rtha.fowle	r-dixon@hants.go	v.uk		
Department: Adults' Health and Chi Care	Idren's Services	Corpora Service	es C	Culture, communities and usiness Services	Economy, Transport and Environment		
Date of assessment:		2/5/201	9				
Is this a detailed or an	overview EIA?		Deta	iled J	Overview ☑		

Description of service / policy and the proposed change

Describe the current service or policy, giving a brief description of the current services in scope and the user demographic:

The Demand Management and Prevention (DM+P) programme is a key element of the Adults' Health and Care Business Plan, aiming to reduce the number of people who need funded social care and the amount of care that they need. As such, its success is key to the achievement of other budget reductions. Currently £260,000 is allocated for short term grants to groups and organisations who can deliver activities that support the aims of the DM+P programme. All grants are given on an understanding that work should be self sustaining.

Geographical impact:

J	All Hampshire	Fareham	
	Basingstoke & Deane	Gosport	
	East Hampshire	Hart	
	Eastleigh	Havant	

- Test Valley
- □ Winchester

Describe the proposed change, including how this may impact on service users or staff:

The proposal is for a reduction of £260,000 funding from the Demand Management and Prevention grant programme in April 2021 - this proportion of funding has not been allocated during 2017/18 and 2018/19 as necessary funding has been available through the existing small grants funding. This proposed reduction would reduce the ongoing available grant budget by 16% from a total budget of £1.2m. This revised grant budget which would address the impact in the various areas so an informed decision can be made about accommodating required spending support within the reduced overall budget for the programme would be drawn up.

Who does this impact assessment cover?

☑ Service users

□ HCC staff (including partners)

Engagement and consultation

Describe the consultation or engagement you have performed or are intending to perform. Describe who was engaged or consulted. What was the outcome of the activity and how have the results influenced what you are doing? If no consultation or engagement is planned, please explain why.

No specific consultation has been carried out on this proposal – however, the County Council ran a major public consultation exercise over the Summer 2019 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation will be presented to the County Council's Cabinet in October 2019. When decisions are made to pursue the options, further specific consultation will be carried out with stakeholders on the detailed options where required.

Consideration of impacts

Indicate whether the proposed change is expected to have a positive, neutral or negative (Low, Medium or High) impact on people who share the following characteristics.

For any characteristics with a positive, low negative, medium negative, or high negative impact, please describe this impact in the box provided.

For any characteristics with a medium negative, or high negative impact, please describe any mitigations in the box provided.

Statutory considerations					
	Positive	Neutral	Low negative	Medium	High
Age				negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Disability		$\overline{\checkmark}$		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Sexual orientation		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral Page 169	Low negative	Medium negative	High negative

Race					
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Religion or belief		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Gender reassignment		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Gender		\checkmark		negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium	High
Marriage or civil partnership				negative	negative
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Pregnancy and maternity		\checkmark			
Impact: Mitigation:					
Other considerations	D			.	
	Positive	Neutral	Low negative	Medium negative	High negative
Poverty					
Impact: Mitigation:					
	Positive	Neutral	Low negative	Medium negative	High negative
Rurality					
Impact:	Pag	e 170			

Mitigation:

If you have only identified neutral impacts, please state why:

During the financial years 2017/18 and 2018/19 the £260,000 fund have not been allocated so there are no organisations or groups that would lose out as no funds have been allocated. The proposal is to reduce the overall grants budget of £1.2m by 16% to a level which the department has safely been able to operate within in the last two financial years.

Additional information

Click here for guidance on any other factors to consider.

Include any other brief information which you feel is pertinent to this assessment here: (optional)

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Agenda Item 9

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)							
Date of meeting:	16 September 2019							
Report Title:	Work Programme							
Report From:	Director of Transformation and Governance							
Contact name: Members Services								
Tel: (01962) 84501	8 Email: <u>members.services@hants.gov.uk</u>							

Purpose of Report

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

Recommendation

2. That Members consider and approve the work programme.

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

	Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019
	provided to people li 'substantial' change	iving in the area of th	e Committee, an		ls from the NHS or provi ly monitor such variation					
Page 174	Andover Hospital Minor Injuries Unit	Temporary variation of opening hours due to staff absence and vacancies	Living Well Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Update last heard April 2019 Next update to be considered Nov 2019, inc UTC developments (invite West CCG to joint present with HHFT).	X				
	Dorset Clinical Services review (SC)	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.	Starting Well Living Well Ageing Well Healthier Communities	Dorset CCG / West Hampshire CCG	Last Joint HOSC meeting on 17 December 2017. The Committee was decommissioned following Local Government Reorganisation on 1 April 2019 so no further meetings were arranged.	Will be r	emoved fr	om Work I forwards.	Programm	e going

	Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019
Pa	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 Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.	If any ch	anges pro	posed, HA update.	SC to rece	eive an
Page 175	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. Update received April 2019. Further update requested when transfer complete- expected Fall 2019.					
	Spinal Surgery Service	Move of spinal surgery from PHT to UHS (from single clinician to team)	Living Well Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Update on engagement received Sept 2018. Implementation update May 2019.	x				

	Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019
Page 1	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 Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change, further update Nov 2018 meeting. Latest update Feb 2019 Health hub developments written update provided September 2019.					x
76	Mental Health Crisis Teams	Proposed changes to the Mental Health Crisis Teams	Living Well Ageing Well Healthier Communities	Solent NHS and Southern Health for PSEH	Presented July 2019				x	
	Integrated Primary Care Access Service	Providing extended access to GP services via GP offices and hubs	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019				x	
	Temporary Closure OPMH Ward	Southern Health NHS FT – reported in Oct temporary closure to admissions to	Living Well Ageing Well Healthier	Southern Health NHS FT	Last Update received at Jan 2019 meeting. Beaulieu temp closed for up to 6			X (Written Update)		

	Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019
		Poppy and Beaulieu wards.	Communities		months. Update on reopening provided May 2019. Requested further written update Nov. 2019.					
	Planned Changes to Learning Disability Service	A new base for staff due to enduring logistical challenges.	Living Well Healthier Communities	WH CCG	Received May 2019			x (Written Update)		
Page 17	Beggarwood Surgery Closure	Alternate plan to closing, continuing to provide GP services with NHUC provider.	Living Well Ageing Well Healthier Communities	NH CCG NHUC	Presenting September 2019	x				
77	Orthopaedic Trauma Modernization Pilot	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presenting September 2019	x				
	Out of Area Beds and Divisional Bed Management System	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presenting September 2019	x				

Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019
	he planning, provis planned, provided or			services – to receive in nittee.	formation oi	n issues th	at may im _l	pact upon	how
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, update heard April 2019. Requested paper update July 2019 and attendance Nov 2019. Focused Inspection of ED update provided May 2019. CQC Update provided July 2019. SHFT – latest full report received Nov 18. Update received April 2019, and further update with paper received July 2019.				x	

	Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019
Page 179					heard in May 2019. Solent – latest full report received April 2019, requested update on minor improvement areas for Nov 2019 (could be paper only) Frimley Health NHS FT inspection report published 13 March 2019 and update provided July 2019. UHS FT being inspected Spring 2019. Update provided July 2019.			x (Written Update)		x x
	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	Latest update received in April 2019 on 6-month milestones. Next update due July 2019 on 12-month milestones (including CCG rep to jointly present) Adults requested to		x			

	Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019
					move update from July to October 2019.					
Page 180	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 Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and last report to HASC April 2019. Next meeting scheduled for September 2019.		X			
-	Assessments of Children in Schools and Change in Provider		Starting Well Healthier Communities	CAMHS					x	

	Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019			
Page 181	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 (next due Jan 2020) Transformation savings pre-scrutiny alternate years at Sept meeting. T21 due Sept 2019.	X							
	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. Pre scrutinised at additional Feb 2019 HASC prior to Feb EM decision. Call In meeting 14 March 2019 recommended EM re-consider. EM re-considered 29 March and confirmed to undertake further work prior to decision in Nov. April 2019 Working			x					

	Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019	
					Group agreed, to meet to consider options and feed back to Nov 2019 meeting.						
Page	Integrated Intermediate Care	To consider the proposals relating to IIC prior to decision by the Executive Member	Living Well Ageing Well	HCC AHC	To receive initial briefing on IIC May 2019, with pre- scrutiny of EM Decision due later in the year (tbc)		x				
182											
-	Orchard Close Working Group	To form a working group reviewing the STPs for Hampshire	Starting Well Living Well Ageing Well Healthier Communities	STP leads All NHS organisations	April 2019 Working Group ToR agreed, first meeting in June 2019 and feed back to Nov 2019 meeting.			Ongoing			
	Update/overview items and performance monitoring										
	Adult Safeguarding	Regular performance monitoring of adult	Living Well Healthier	Hampshire County Council Adult	For an annual update to come before the Committee.			x			

	Торіс	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Sep 2019	8 Oct 2019	11 Nov 2019	15 Jan 2019	4 Mar 2019
Page 183		safeguarding in Hampshire	Communities	Services	Last update Nov 2018, next due Oct 2019					
	Public Health Updates	To undertake pre- decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Substance misuse transformation update heard May 2018. 0-19 Nursing Procurement pre scrutiny Jan 2019 Hampshire Suicide audit and prevention strategy provided July 2019					
	Health and Wellbeing Board	To scrutinise the work of the Board	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	Joint Health and Wellbeing Strategy refresh agreed by Board March 2019. Update on Strategy received in May 2019. Business plan update also expected in 2019.					

Other Requests Not Yet Scheduled: Gosport Independent Review- Overview of response of system partners tbc NHS 10 Year Plan – overview of what this sets out and how this is being taken forward locally tbc

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.)

<u>Document</u>	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 disproportionally low.

2. Equalities Impact Assessment:

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