

## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Monday, 18th November, 2019 at 10.00 am
<b>Place</b>	Ashburton Hall - HCC
<b>Enquiries to</b>	members.services@hants.gov.uk

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

## FILMING AND BROADCAST NOTIFICATION

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

## AGENDA

### 1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

### 2. DECLARATIONS OF INTEREST

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

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

To confirm the minutes of the previous meeting.

**4. DEPUTATIONS**

To receive any deputations notified under Standing Order 12.

**5. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

**6. ORCHARD CLOSE TASK AND FINISH WORKING GROUP REPORT**  
(Pages 15 - 82)

To consider a report from the Orchard Close Task and Finish Working Group on all wider options regarding the future of the Orchard Close Respite Service.

**7. ADULT SAFEGUARDING ANNUAL REPORT** (Pages 83 - 94)

To consider an annual update on adult safeguarding.

**8. WORK PROGRAMME** (Pages 95 - 108)

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

**ABOUT THIS AGENDA:**

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

**ABOUT THIS MEETING:**

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

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

# Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday,  
8th October, 2019

Chairman:

\* Councillor Roger Huxstep

- |                             |                                |
|-----------------------------|--------------------------------|
| * Councillor David Keast    | * Councillor Pal Hayre         |
| Councillor Martin Boiles    | * Councillor Neville Penman    |
| * Councillor Ann Briggs     | * Councillor Mike Thornton     |
| Councillor Adam Carew       | Councillor Rhydian Vaughan MBE |
| Councillor Fran Carpenter   | Councillor Jan Warwick         |
| Councillor Tonia Craig      | * Councillor Graham Burgess    |
| * Councillor Alan Dowden    | * Councillor Lance Quantrill   |
| * Councillor Jane Frankum   | Councillor Dominic Hiscock     |
| * Councillor David Harrison | Councillor Martin Tod          |
| Councillor Marge Harvey     | Councillor Michael Westbrook   |

\*Present

## **Co-opted members**

Councillor Diane Andrews

Also present at the invitation of the Chairman: Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health, and Councillor Judith Grajewski, Executive Member for Public Health

## **159. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Fran Carpenter, Martin Boiles, Jan Warwick, Rhydian Vaughan, Marge Harvey, and Adam Carew. Councillors Lance Quantrill and Graham Burgess attended as Conservative Deputies.

Apologies were also received from co-opted members, Councillors Trevor Cartwright and Alison Finlay.

## **160. DECLARATIONS OF INTEREST**

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

No declarations were made.

**161. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 16 September 2019 were confirmed as a correct record and signed by the Chairman.

There was one matter arising in relation to the Minutes:

The addition of the presence of Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health, and Councillor Judith Grajewski, Executive Member for Public Health at the invitation of the Chairman.

**162. DEPUTATIONS**

The Committee did not receive any deputations.

**163. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made one announcement:

The Chairman noted that feedback had been received from Councillors Thornton and Frankum regarding the Adults' Social Care and Health Tt2021 programme per the request noted on Page 18. The Chairman's overall feedback was that he did not wish to affect savings in a way that would eventually generate greater cost down the line. He thanked the Director of Adults' Health and Care for responding timely and specifically to all concerns and feedback shared by Members.

**164. PROPOSALS TO VARY SERVICES**

There were no proposals to consider.

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

There were no issues to consider.

**166. INTEGRATED INTERMEDIATE CARE UPDATE**

The Director of Adults' Health and Care alongside representatives from the NHS and Southern Health Foundation Trust provided a progress update on Integrated Intermediate Care, last presented in May 2019.

*Cllr Thornton joined the meeting at 10:09.*

The Chairman reviewed the concept of Integrated Intermediate Care (IIC) and Members then heard:

- Joint provision of services is intended to avoid unnecessary admission to acute hospitals and to allow independent living at home as soon as possible.
- Support is offered free of charge for a time limited period (6 weeks), though generally shorter with step down into a community or care home setting.
- Rehabilitation, reablement, and recovery are the key elements.
- Hampshire County Council (HCC) and Southern Health Foundation Trust (SHFT) are progressing towards proposals for a single integrated service.
- Commissioning along NHS lines is critical but complex due to lack of consistency in shared information and technology across providers.
- This is a positive direction and consultations will follow in due course.
- Arrangements covering all aspects and system functions will be choreographed between HCC and NHS with a possible Section 75 and Local Care Partnerships.

*Cllr Hayre joined the meeting at 10:14.*

- Modelling in terms of whole population and creating an appropriate footprint with acute hospitals requires detailed work and a business plan for ideal outcomes.
- Commissioning and provider perspectives are both critical to success.
- With the challenges of Tt2021, ensuring services are joined transparently in terms of finances, expectations, and service delivery details is key.
- Winter planning is now the focus to match additional service demand across the county and ensuring appropriate services and capacity are available for upcoming needs with greater efficiency and productivity.
- Service structure planning will reduce areas of duplication with a thoughtful and sensitive approach that dovetails together.
- HCC and SHFT operational and clinical regimes are different but the integrated service needs to be complimentary, robust, and capable.
- Consultation with staff will commence at the turn of the calendar year.
- New ways of working together are tested in forerunner projects countywide with local access points and an aim for patients to leave acute settings as early as possible as the longer they are there, the more they decompensate.
- To better their chances for recovery and independent living, acute hospital avoidance is key for those who would receive better care at home.
- Recent collaboration with South Central Ambulance Service (SCAS) has resulted in over 580 people avoiding acute hospitals and easing the pressures on acute, community, and social care providers, with ideal outcomes and benefits.
- Communication and engagement with all stakeholders are critical to find new ways of working ground up to meet population needs.
- The detailed business case is the current focus. There will be consultations in January with legal services, staff, providers, etc., to be brought back to the HASC in March, and the Executive Member for Social Care and Health, before the service going live in April 2020.

*Cllr Fairhurst joined the meeting at 10:21am.*

In response to questions, Members heard:

- Collaboration, agreements, and aligned plans with CCGs, STPs, and all partners are critical to develop service and function proposals based on CQC Local System Review (next item on the agenda) and insights from Newton Europe.
- Conditions need to be created to work seamlessly to overcome issues and effects of external forces, and make compromises (hosting, configuration, etc.)
- This is an opportunity to bring together Hampshire care system and Southern Health with a singular goal across both provider organizations.
- 700 staff members will be engaged, for a sense of the scale, size, and reach.
- Lack of and access to GPs are a community issue that lead to more hospital visits, but there are layers of complexity for both service users and providers.
- Primary Care Networks (PCNs), IIC, and GPs will be strongly linked and supported alongside a range of health care workers to provide the right care in the right setting and monitor complex patients to provide the best care.
- The system is increasingly more difficult and complex for people to navigate and this is an opportunity to address challenges and make collective improvements to simplify and delay services for easy, effective, and timely access.
- With this shift, more NHS funding and resources will need to flow from acute to community organizations.
- People will need to better understand options available to them and vulnerable service users with technology challenges or language barriers must be helped.
- The goal is to provide (previously separate and difficult to access) joined up services with a single access point with savings from scale and less duplication.
- Collaboration with 111, PCNs, voluntary sector, and SCAS will allow all enquiries to use Connect to Support Hampshire's directory of available services.
- Face to face opportunities for advice will remain for those who may need them.
- The business case will be a joint one with a pooled budget and clear service specifications in fine details from a commissioners' perspective and detailed operational service and delivery structure proposals from a providers' view.
- This is an invest to save opportunity looking at 5-year demand capacity.
- There is a cost to delivery and existing contracts, but also a saving opportunity from acute bed avoidance and the impact on long term care packages with more individuals better managed in the right care setting.

- Staffing and workforce issues remain at the forefront of all disciplines, but this collaboration will avoid duplication and release staff for other purposes.
- The proposed development will be clear on the financial envelope, quality from complementary skill sets of organizations (clinical, service delivery, social care, etc.) but the area of greatest concern consistently remains around work force and competing against acute hospital staff recruitment.
- Training and staff development in a holistic and individual approach with new projects and innovation will attract staff and allow them to upskill and access new career pathways with additional qualifications and retain them to avoid turnover.
- Assumptions with regards to growth in people living longer have been considered and will be monitored and managed.
- The immediate challenge is moving a large body of currently acute setting patients to manage them in better care settings and thus stabilize the numbers.

Members noted that they were impressed with the hard work, direction, clear plan for future, joint up working, safeguarding, and avoiding duplication. The Chairman congratulated the collaboration and looked forward to receiving the finance details in March 2020.

#### RESOLVED

That the Committee:

- a. Noted and supported the project approach and developments as set out in this report.
- b. Will receive a further update in March 2020 prior to an anticipated Executive Member decision to approve creation of the service (subject to consultation).

*The Vice-Chairman left the meeting at 10:57.*

#### 167. **CQC LOCAL SYSTEM REVIEW OF HAMPSHIRE**

The Director of Adults' Health and Care alongside a representative from the Hampshire and Isle of Wight Partnership of CCGs provided a closure report following the local system review in March 2018.

Members heard:

- The system review identified strengths and continued development areas for an action plan with key elements to implement within a 12-month period.
- IIC (the previous item) was a key action and will be traveling forward alongside other issues being addressed.
- The action plan was signed off by the Health and Wellbeing Board (HWB) and submitted. A similar report to the one presented here will be going to the Board.

- A response was submitted to the CQC and DHSC, but there has not been continued interest in the outcomes.
- Hampshire was one of 20 areas selected to undertake such a review, based predominantly on the over 65 population and their experiences and pathways.
- Areas of strengths and improvements, as well as positive developments were based on data submitted alongside a week-long field work on the ground.
- The Health and Wellbeing Strategy and Business Plan, local mechanisms, transformation group, and integrated commission board will drive oversight and improvement for shared investments, funding, and pooled resources.
- The Hampshire Together initiative, workforce planning developments, system improvements with regulated care workforce, building on strengths, and setting the conditions to make the work of provider partners possible, is key.
- There is a limited 1-year view into the funding and confirmation of assumptions already made, and the degree of assurance and funding flow is very pertinent.
- The action plan is closed but progress continues with bigger pieces of work.

In response to questions, Members heard:

- The HWB oversees the progress on key actions with time scales for delivery.
- A huge campaign has been undertaken to get the word about Connect to Support Hampshire out there with advertising and the support of partners - district and borough councils, libraries, Fire and Rescue, 111, etc.
- People may be using the services but not recognize it as Connect to Support.
- Finance-wise, a 3-year spending round is typical and would be useful.
- The NHS has a 5-year funding solution subject to meeting performance and other standards.
- Prudent assumptions have proved true but is challenging and difficult to look forward beyond March 2021 whilst waiting for green and white papers.
- CQC have responsibilities across regulated services for health and social care.
- Inspections are being undertaken but in terms of skill and expertise, there are local team provisions providing a window into service quality and provisions.
- Adding CQC intelligence and insight to the County's own, allows it to remain above the national average and much has been done but there is more to do.
- Carer feedback (formal and informal) are part of the CQC response and has been used to develop a joint carer strategy.



- Informal carers are a vital resource and they contribute over £60 billion pounds compared to the £20 billion spent on social care.
- The CQC review was initiated due to delay transfer care performance but proved to be a catalyst in fast-tracking and focusing on actions that needed to be done.
- Currently, an intense amount of work is taking place with all sectors in terms of winter planning as increasing attendance can overwhelm the system's capacity.
- Additional capacity options, alongside IIC forerunner projects, and PCN collaborations with well-planned effort, investment, and resources will be key to a sustainable model for a long-term solution.
- Workforce pay is above National Trade Body recommendations, but significantly less than the private sector thus causing employment market challenges.
- No continuing program has been announced but remains to be seen.
- There is a new Chief Inspector for Social Care at the CQC and this needs to be a feature going forwards.
- Learning from system reviews are a catalyst for positive change and collaboration between organizations and more work will continue in the future.

Members were pleased to see the strengths and effort in addressing improvements and they commended the department and partners on the positive progress being made.

#### RESOLVED

That the Committee:

- a. Noted this final report on the Care Quality Commission's Local System Review and its Action Plan that was jointly developed by Hampshire's health and care system leaders to respond to the Review's findings.
- b. Will endorse in writing the outcome and achievements from the action plan to share with the CQC and DHSC.

*The Chairman called for an 8-minute recess until 12:45pm*

#### 168. **HIOW LONG TERM PLAN (HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP)**

Representatives from the Hampshire and Isle of Wight (HIOW) Sustainability and Transformation Partnership (STP) provided an update on the process and progress in developing an NHS Long Term Strategic Delivery Plan for Hampshire and the Isle of Wight, alongside a report from the HIOW STP Task and Finish Working Group.

Members heard:

- Based on the NHS long term plan blueprint for 10 years, a collaborative plan for implementation of expectations are to be submitted 15 November.

- The current work entails a response for 496 commitments laid out, refining strategy to planned implementation with the greatest value for citizens.
- While there is some discretion over timing, each item requires implementation.
- Existing engagement work and building on the work of HWBs to meet population needs with a proactive integrated care program in the community and collaboration of social care colleagues.
- Treating patients seamlessly in the right place at the right time while fostering a culture and behaviour change where the patient can easily access multiple services, accounting for cultural, technology, and competency challenges.
- Population health management, critical NHS changes and better using capital, digital, workforce resources for networked care and implementation of the direction of travel with a new model of health and care.
- Working together across providers (addressing workforce and specialization challenges) for 24-7 services to balance capacity and anticipated demand.
- Promoting learning from each other and implementing safe, sustainable changes by building relationships and collaboration with larger, effective providers.
- Lack of access can cause a period of fragmentation of health.
- Capacity insights are largely unknown but must be understood to mobilize a more rapid response.
- A live capacity and demand model would help manage mismatches and address them with agile responses.
- Digitalizing outpatient activity would save time and transportation costs.
- Coordinated visits would allow for multiple concerns to be addressed in one go.
- Transforming access is a massive issue and focus, including managing mental health out of area beds and collaboration across all services to use bed stock.
- Focus on prevention and managing an aging demographic – live well, age well, live with, rather than suffer with, and a radical approach to prevent ill health.
- STP learning through prevention agenda, considering existing data, shared information, and especially public health collaboration for prevention of pregnant women smoking, new-born care, addressing adverse physical events, care in the right setting, promoting exercise, living well, child reporting, etc.
- Half a billion pounds marked for transformation over the next 5 years but the STP must deliver and spend to improve experiences and focused improvements.
- Workforce remains the most significant challenge for health and care partners.

- Better leadership and a strong recruitment position will help establish Hampshire and the Isle of Wight as an attractive place to work and key to working well.
- A bank to allow staff to move seamlessly across positions with dynamic solutions and improved technology at all levels (artificial intelligence, electronic medical records, etc.) will drive efficiency and productivity.
- Well placed digital solutions, cost suppression and thoughtful deployment are profoundly important for scaling and porting for better decisions and outcomes.
- Moving from a competitive environment to an improved, shared service by scaling by leveraging advantages with the largest employers and groups.

In response to questions, Members heard:

- A project management plan with resources, timescales, milestones, and investment trajectories are critical for inclusion in the final submission.
- A 2-year timeline is manageable but past that, trajectories will need revisiting.
- A realistic finance and workforce plan for the 496 required goals alongside targets and metrics for health and care will be included.
- All documentation will be shared on the websites of all statutory organizations.
- Organizational and governance structure for implementation will also be shared.
- Current draft plans include 200 pages of appendices but not yet a coherent plan.
- Forensic and thorough feedback received will guide the final development of the plan and it will be submitted to the HASC for consideration.
- By April 2021 the HIOW STP will need to evolve into an Integrated Care System with delegated responsibility from NHS Health and Social Care and feedback from NHS England and NHS Improvements.
- Being a large county with many partners, CCG legacies, and local authority footprints, strong commitments must be made in November to work together.
- A report with a traffic light system against each of the items and the current status will be compiled and shared by the partnership board overseeing the implementation of the long-term plan including actions, risks, and progress.
- The STP will engage with health partners, acute trusts, HCC, voluntary sector, and NHS to focus on a seamless prevention plan.
- The collaboration will mirror the work of the HWB and be part of a wider plan alongside district and borough partners for the work to move forwards.
- The Executive Member for Public Health's commitment to lead on prevention and identifying the critical path to deploy resources for the best outcomes.

- A collective commitment is central to prevention programs being at the heart of all that is done and the core philosophy of providers (community or specialist).
- Clinical Directors of the PCNs have statutory responsibility to provide better local care and effective use of health and social care assets and capital.
- Executive responsibility for direction lies with Maggie MacIsaac - the senior officer with supportive officers being accountable to the partnership board.
- This will be the largest transformation of health and care and PCNs are vital investments to overcome the historical model of fragmented leadership.
- An example of a positive STP outcome is that children's care hubs have had the largest reduction in antibiotics prescribed in the country.
- Consistent use of prevention and monitoring technology in surgeries and primary care is critical to equity in care.
- Improvements to the model of care and facilitated collaboration on quality improvement with all partners will achieve results across various footprints.
- Technology and digital updates will allow the improvement of care at the point of service, but usage maintenance is equally vital through the use of behavioural science for better, consistent habits for health management.
- The Joint Strategic Needs Assessment (JSNA) has been broadened to include Hampshire and Isle of Wight for best use of shared resources for a radical and flexible approach for prevention of ill health and manage future demand systematically with the NHS.
- The HCC commitment for participating in the STP process and the NHS long term plan with 496 items and 65 performance metrics – clinical outcomes and indicators with 500 thousand of the funds linked to NHS delivered services.
- The long-term plan seeks to put into place the right things to do and social prescribing, but it is important to consider what is already being done.
- Elements include only new PCN activity, but not necessarily existing services and infrastructure and local implementation or delivery.
- The HCC is keen to see STP/ICS deliver what is needed for the Hampshire population and engaging as a partner, rather than a stakeholder.
- Social care alongside prevention are critical to health outcomes and goals.

## RESOLVED

That the Committee:

- a. Noted the priority areas identified by the HLOW Long Term Plan and the new service model which is currently in development.

- b. Will continue to monitor the progress of the HLOW Long Term Plan as necessary either via updates from the Working Group or by inviting the STP teams to present directly to the HASC.
- c. Requests the release of the 15 November paper submission to the HASC for review.

169. **WORK PROGRAMME**

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

RESOLVED:

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

*The meeting closed at 12:52.*

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Chairman,

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	18 November 2019
<b>Title:</b>	Orchard Close Working Group Outcomes Report
<b>Report From:</b>	Orchard Close Task and Finish Working Group

**Contact name:** Sumaiya Hassan

**Tel:** 01962 845018

**Email:** sumaiya.hassan@hants.gov.uk

### Purpose of this Report

1. The purpose of this report is for the Orchard Close Task and Finish Working Group (TAFG) to contribute to the consideration of all wider options regarding the future of the Orchard Close Respite Service.

### Recommendations

#### Recommendation A

That the Task and Finish Group recommend to the Health and Adult Social Care Select Committee (HASC) that it endorses the following recommendations:

That the Executive Member for Adult Social Care and Health:

- i. Acknowledges and thanks staff at Orchard Close, Healthwatch, Carers Together, Hampshire Advocacy and Orchard Close carers and service users for their contributions to the engagement process and to the Healthwatch engagement report (see attached).
- ii. Confirms there are no proposals relating to the closure of the respite service at Orchard Close within the Transformation to 2021 plans considered by Full Council on 7 November 2019 and that the County Council will continue to run a respite service at Orchard Close.
- iii. Gives permission to go out to consultation on the proposals contained in this report including the reduction in the number of respite beds offered at Orchard Close Respite Service from a total of 13 to 10 beds.

- iv. Notes that the proposals for other Hampshire County Council Learning Disabilities respite services to increase their income from other public bodies will be included in the consultation as set out in this report.
- v. Notes that Officers will continue to support carers to explore further the possibility of a Friends of Orchard Close group.
- vi. Notes that an advisory group for the Orchard Close Charitable Trust will be formed following a request by the Leader of the County Council. Any proposals in relation to the Orchard Close Charitable Trust will be subject to agreement by the Executive Member of Policy and Resources.

### Recommendation B

The Task and Finish Group have noted the significant financial implications on the Adults' Health and Care department budget as a result of continuing to run a respite service at Orchard Close and recommend that the HASC also note this impact – an estimated £332,000 deficit. This is a minimum level of financial deficit provided that proposals around bed reduction at Orchard Close and attracting income from other public bodies goes ahead following consultation.

### **Contextual Information and Timeline**

2. The HASC pre-scrutinised the proposal to close Orchard Close respite service at its meeting on 11 February 2019. The HASC made a recommendation to the Executive Member for Adult Social Care and Health that did not support closure. The Executive Member taking this recommendation into account, made the following decision at her Decision Day on 27 February:

'That the Executive Member for Adult Social Care and Health requests that further work is undertaken prior to any decision being made, as to all possible wider options and that further reports will be submitted not before autumn 2019 to the relevant Executive Member/s for consideration.'

A quorum of HASC members requested that the decision be called-in. As a result of this request, a call-in HASC meeting was held on 14 March 2019 at which the HASC agreed to request that the Executive Member re-consider her decision. The Executive Member consequently reviewed her decision at a Decision Day on 29 March 2019 and took the following decision:

'That the Executive Member for Adult Social Care and Health confirms the decision made on 27 February 2019 to request that further work is undertaken prior to any decision being made, as to all possible wider options



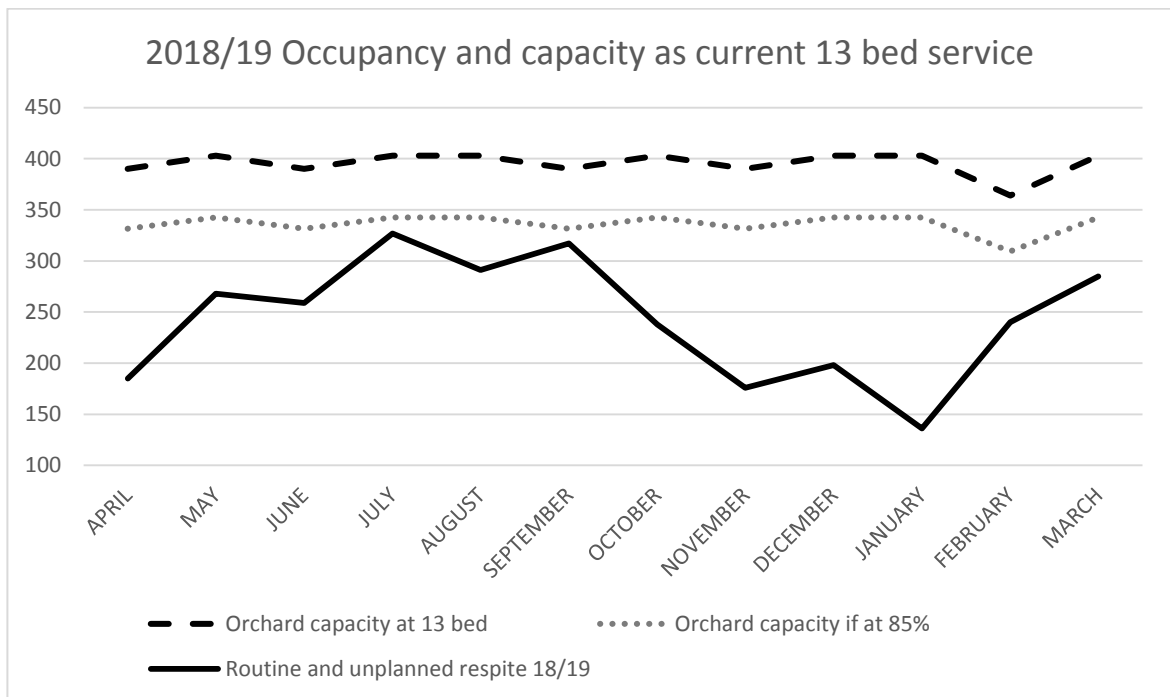
and that further reports will be submitted not before autumn 2019 to the relevant Executive Member/s for consideration.'

At this Decision Day the Executive Member indicated that it is planned to take a decision regarding the future of Orchard Close following further work, at a later decision day and service users will be able to make bookings to use Orchard Close up to 30 September 2020. Beyond that will be subject to the outcomes of the further work due to be undertaken.

3. At the call-in meeting, members of the HASC expressed interest in forming a Working Group to feed into the consideration of wider options. This proposal was agreed and the TAFG was established.
4. The TAFG was cross party and consisted of the following members:
  - Councillor Roger Huxstep (Chair)
  - Councillor Ann Briggs
  - Councillor Mike Thornton
  - Councillor Jane Frankum
  - Councillor Marge Harvey (later Councillor Jan Warwick)
  - Councillor Fran Carpenter
5. The TAFG met four times throughout 2019 (31 May, 10 July, 10 September, and 4 November). The TAFG considered feedback from 9 engagement sessions with stakeholders, presented by an independent Healthwatch representative and officers, as well as feedback from staff and the running costs and usage of Orchard Close Respite Service.
6. The options explored (alternative to closing Orchard Close) broadly consisted of the following:
  - Hampshire County Council could continue to run a respite service at Orchard Close
  - The independent sector could run a respite service at Orchard Close
  - A carer and/or service user-led entity could run a service at Orchard Close

#### **Orchard Close – Analysis of Data and Consultation**

7. As part of their detailed analysis of the occupancy figures, TAFG members heard that respite demand for 2018/19 varied by month, ranging from 136 bed nights used in January 2019 to approximately 320 bed nights in July and September 2018. The service is at its busiest during the summer months (July-September), however the overall annual usage was 2,920 bed nights out of 4,745 which is 62% of capacity.



9. Regardless of demand some costs remain static - predominantly the management team and core staffing (23 staff are permanently employed at Orchard Close). This results in a higher cost per night when the service is not occupied at an 'optimum level'. A number of the rooms are not suitable for people with more complex needs. Overall running costs for Orchard Close was discussed, as well as the possibility of selling spare capacity to other authorities.
  
10. The department figures showed complexity of needs increasing but not the numbers of people requiring traditional bed-based respite. Discussion took place regarding complexity, needs, and eligibility, and the potential increase of people with complex needs although volume according to Adults' Health and Care data and public health analysis was likely to remain static or even slightly reduce. Alternative choices were available and were being chosen for some respite, based on meeting needs in a strengths-based way, included personalised care packages, supported holidays and day service provisions.
  
11. As part of discussions surrounding any external service providers, the TAFG agreed it imperative that the providers:
  - Meet the needs of the specification
  - Align with Hampshire County Council strategic values (e.g. person-centred)
  - Offer value for money
  - Be sustainable
  - Be credible

- Be inclusive and collaborative
  - Be innovative and forward thinking
  - Be flexible and responsive
  - Demonstrate experience and understanding of sector, clients, demography, geography etc
12. TAFG heard that engagement exercises were undertaken, prioritising the importance of capturing the views of service users, carers, and other stakeholders, focusing on the following:
- Quality of support
  - Sustainability of service
  - Equity of service
  - Affordability
13. The TAFG heard that in addition to the previous consultation undertaken, updated questions both specific and open ended were asked of the service users and carers in order to guide research planning. The TAFG agreed that communication was a key aspect of the engagement plan.
14. Throughout the process, the TAFG also sought feedback from officers and the independent Healthwatch representative and both final reports are included as follows to help to inform their deliberations:
- Annex A – Officers’ Report for the Executive Member for Adult Social Care and Health
    - Appendix 1 (to Annex A) – Independent Healthwatch Feedback

### **Role of the Charitable Trust**

15. The Respite Service operates from the Orchard Close building which is owned by a charity and the County Council is the sole trustee of the Charity. The purpose of the Charity is to assist in providing care by promoting and organising annual holidays for those meeting certain criteria.

### **Building Condition and Improvement Considerations**

16. The TAFG heard that the current arrangement is that Adults' Health and Care provide ongoing maintenance to the building and if it were proposed that an incoming provider become responsible for the building (in whole or in part), the cost of this would need to be reliably calculated and covered within the Service Specification and the ongoing contract price. Failure to properly account for building maintenance costs could mean the contract becomes financially unsustainable. As this is a buildings-based provision, the practicalities around using this estate would need to be considered in collaboration with the Charitable Trust who own the building.

## Budget Overview

17. It was confirmed to the TAFG that the original £617,000 savings would not be met through the options being considered by the group and that this level of savings would still need to be achieved from the Adults' Health and Care Department budget to meet the savings targets.
18. As part of their work, the TAFG members also considered the financial implications as part of their analysis. In particular, they focused upon developing:
  - A detailed understanding of how the Learning Disabilities (LD) budget is spent
  - An understanding of how personal budgets are calculated
  - An understanding of the other transformation strategies being employed to meet budget savings targets
  - Knowledge of the impact of moving Orchard Close savings to other projects
19. Following a dedicated session exploring the budgetary implications, members received:
  - An overview of how the Care Act assessment and support planning process works in practice, including providing details of the way in which a personal budget is calculated based on needs. The cost of provision at Orchard Close was higher than the usual personal budget which might be allocated to more able people accessing respite. This would be assessed according to need on an individual basis.
  - A breakdown of Adults' Health and Care budget including the fact that learning disabilities make up 32% of the care spend and a breakdown of the savings targets by department identifying that learning disability savings are making up just under 19% of the Adults' Health and Care T19 savings making it unlikely that savings could be made from other areas of Adults' Health and Care budgets.
  - An overview of the 8 savings programmes being operated in Learning Disability services to meet both T19 and T21 savings targets.
  - An analysis of the impact of not closing Orchard Close including the option of reducing beds and attracting income at other Hampshire County Council respite units in order to partially fill the savings gap.
  - The TAFG heard how an estimated remaining savings of £332,000 is on a scale equivalent to:
    - ◇ 353 hours per week at £18 per hour - 900 people receive some form of support work, all would have had reductions already and/or will be subject to other strategies

Or

  - ◇ 115 fewer days of day service per week

## Conclusions

20. The TAFG are strongly supportive of the fact that there has been an independent voice for carers and people with learning disabilities throughout this work. The TAFG thanks the voluntary sector, carers and people with learning disabilities who participated in the extensive review and evidence hearing sessions.
21. The TAFG felt that the Healthwatch report was clear that service users appreciate the staff and enjoy the special seaside location and activities at Orchard Close and carers rely on it. The message from within this report was that Hampshire County Council should continue to run Orchard Close and support a Friends of Orchard Close group.
22. The TAFG noted that it will not be possible to save the full £617,000 originally identified through the closure of Orchard Close on alternative areas within learning disability services.
23. The TAFG were aware that unused beds within Hampshire County Council respite units could be sold to other Local Authorities, and if implemented, should be monitored carefully over years to ensure that there is sufficient capacity for Hampshire service users.
24. The TAFG support proposals to consult on opportunities for partial savings where possible, but they were clear that they should have minimal impact on service users' and carers' experiences.

**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:	Yes
People in Hampshire enjoy being part of strong, inclusive communities:	Yes
<b>OR</b>	
This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:	

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> Executive Member for Adult Social Care and Health Decision Day Call-In Meeting, Health and Adult Social Care Select Committee Health and Adult Social Care Select Committee	<u>Date</u> 27 February 2019 14 March 2019 11 February 2019
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

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

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

This report sets out feedback from the TAFG and therefore has no impact or proposed impact on groups with protected characteristics.

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## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	3 December 2019
<b>Title:</b>	The Future of Orchard Close Respite Service - consideration of all wider options
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Jessica Hutchinson

**Tel:** 01962 847966

**Email:** Jessica.hutchinson@hants.gov.uk

#### Purpose of this report

1. The purpose of this report is to present the further work that has been undertaken on the wider options since the 27 February 2019 and provide recommendations for the future of Orchard Close, Hayling Island respite service.

#### Recommendations

2. That the Executive Member for Adult Social Care and Health:
  - a) Acknowledges and thanks staff at Orchard Close, Healthwatch, Carers Together, Hampshire Advocacy and Orchard Close carers and service users for their contributions to the engagement process and the Healthwatch engagement report (see Appendix 1).
  - b) Confirms there are no proposals relating to the closure of the Respite Service at Orchard Close within the Transformation to 2021 plans considered by Full Council on 7 November 2019 and that the County Council will continue to run a respite service at Orchard Close.
  - c) Gives permission to go out to consultation on the proposals contained in this report including the reduction in the number of respite beds offered at Orchard Close respite service from a total of 13 to 10 beds.
  - d) Notes that the proposals for other Hampshire County Council Learning Disabilities respite services to increase their income from other public bodies will be included in the consultation as set out in this report.
  - e) Notes that Officers will continue to support carers to explore further the possibility of a Friends of Orchard Close group.
  - f) Notes that an advisory group for the Orchard Close Charitable Trust will be formed following a request by the Leader of the County Council. Any proposals in relation to the Orchard Close Charitable Trust will be subject to agreement by the Executive Member for Policy and Resources.

## Executive Summary

3. In autumn 2018, a public consultation was undertaken on the future of Orchard Close respite service for people with learning disabilities. This was in the context of the financial climate in which the County Council is operating and the associated need to make savings, across all Departments, including learning disability services within adult social care.
4. Since 2010/11 there has been an ongoing significant net reduction in the level of grant funding that central Government has provided to councils with further reductions confirmed for 2019/20. To mitigate this reduction in national funding, all councils, including the County Council, have been required to make unprecedented levels of savings.
5. The County Council is still required to make savings of £140million annually from the financial year 2019/20 to balance the budget, which translates to a net reduction in spend across service budgets of 19%. For the Adults' Health and Care Department this has meant a reduction of £55.9million, in addition to the £84million that the Department has had to save since 2013. The Department has planned for the Learning Disabilities service to contribute £11.4million.
6. Other factors leading to Orchard Close being identified for potential closure, included:
  - The lack of suitability of the building at Orchard Close to meet the needs of people with more complex needs and the number of unused beds there at certain times of the year
  - The requirement to ensure services are modern, viable, sustainable and person-centred
  - That there was sufficient capacity in the County Council's other respite services and alternatives to meet need whilst still providing the same amount of respite for carers;
  - That people with more complex needs would receive respite in Hampshire County Council purpose built modern services
  - That more able people would have a wide choice of person-centred respite alternatives that promote independence
7. A consultation was held from 28 September until 21 December 2018. Following this consultation, a recommendation was put forward to close the respite service at Orchard Close. This was presented to the Health and Adult Social Care Select Committee (HASC) on 11 February. However, at the 11 February HASC, this recommendation was not supported, and the Committee asked that the Executive Member look to other ways to make the savings.
8. Following the outcome of the 11 February Committee, a revised report was presented to the Executive Member for Adult Social Care and Health on 27 February recommending that further work be undertaken prior to any decision being made, as to all possible wider options and that further reports

would be submitted not before Autumn 2019 to the relevant Executive Member for consideration.

9. This recommendation was approved. However, following this meeting, a Call in was requested and the meeting to consider the request for a Call in was held on 14 March. At this meeting the Committee agreed to refer the original decision (27 February) back to the Executive Member for reconsideration.
10. A further report was subsequently presented at the 29 March Executive Member Decision Day when the Executive Member confirmed the decision made on 27 February.
11. The HASC requested that a Member Task and Finish Group be established. In addition, officers established the Voluntary Sector, Carer and Officer Working Group (Voluntary Sector Group) to maximise engagement as wider options were explored. A piece of wider engagement also took place coordinated by Healthwatch (Appendix 1).
12. The conclusion of the groups and the key finding from engagement was that they wished Hampshire County Council to continue to run the service at Orchard Close in preference to another provider (see paragraph 35)
13. The County Council have responded to this feedback by recommending that Hampshire County Council should continue to run the service. However, the County Council need to consider affordability given the continued financial challenges and need to ensure equity of service across learning disability services and the wider Adults' Health and Care Department.
14. Therefore, additional proposals have been put forward including a consultation on a reduction in beds from 13 to 10 at Orchard Close, as well as a proposal to attract income from other public bodies at other Hampshire County Council respite units. These proposals aim to mitigate the saving gap from retaining Orchard Close and improve equity across services.
15. The proposed consultation would commence in December 2019 after the general election with an Executive Member decision in March 2020.
16. It is estimated a combination of the proposed reduction in beds at Orchard Close and the attraction of income from other public bodies could save a total of £284,932, leaving an additional £332,068 to be found from services for people with learning disability. This is a pressure in addition to current established savings targets.

#### **Orchard Close and other Hampshire County Council Care respite – service details**

17. Orchard Close respite service is a residential respite service on Hayling Island, for adults with learning disabilities. It is registered with Care Quality Commission to provide respite for up to 13 service users at any one time.
18. Hampshire County Council respite services are for people living at home with family carers and no one lives at Orchard Close respite service permanently.

19. At Orchard Close, in 2018/19 134 people with learning disabilities received a range of respite nights a year according to assessment of eligible need for them and their carers’.
20. The respite service operates from the Orchard Close building which is owned by a charity and the County Council is the sole trustee of the Charity.
21. The Charity is a separate legal entity distinct from the respite service. Decisions in respect of the Charity are made in the best interest of the Charity.
22. Orchard Close respite service is one of 4 Hampshire County Council learning disabilities residential respite services – the other 3 all being registered for 8 beds and are Newcroft (in Locks Heath) Hindson House (nr Basingstoke) and Jacobs Lodge (nr Totton). There is an additional learning disabilities Hampshire County Council residential service called West Street (in Havant) which is an emergency short stay service. Details of these services are found in Appendix 2.

#### **Member Scrutiny Task and Finish Group (TAFG)**

23. The Member TAFG consisted of 5 members of the County Council’s HASC and was attended by County Council officers as well as the Healthwatch manager. The TAFG was chaired by the chair of the HASC. The Group met 5 times between April and November 2019.
24. The Group was established to provide oversight, scrutiny and comment to progress with the review of alternatives to closure of Orchard Close. As stated in the terms of reference for this Group, “it is not possible for HASC to recommend a course of action which fetters the professional discretion of Officers to perform their professional roles, or which fetters the discretion of the County Council to take action in future”.
25. Members of the TAFG attended the Voluntary Sector Working Group to observe and report back to the wider TAFG. The Healthwatch Manager attended the TAFG to report back on progress in the Voluntary Sector Group.

#### **The Voluntary Sector, Carer and Officer Working Group (Voluntary Sector Working Group) and service user and carer engagement**

26. The Voluntary Sector, Carer and Officer Working Group (Voluntary Sector Group) membership included independent representatives from Carers Together, service users represented by Speakeasy Advocacy and carers who were members of the ‘Save Orchard Close’ campaign. The Group was chaired by an independent organisation (Healthwatch Hampshire) and attended by officers from Hampshire County Council Departments with representation from staff at Orchard Close. The Group was used as a forum to openly discuss the alternatives available other than closure and to establish a stakeholder engagement strategy. This Group met 7 times between June and October.

27. Alternatives considered were divided into three main areas:
- Hampshire County Council continuing to provide a service at Orchard Close
  - Commissioning another organisation to run a respite service at Orchard Close.
  - Potential for parent carers and / or service users to run the respite service.
- The option of closing Orchard Close had already been considered and consulted on in Autumn 2018 so was not part of the work of the group.
28. The Voluntary Sector Group considered the three areas applying agreed principles of affordability, quality, equitability and sustainability.
29. The Voluntary Sector Group devised the service user, staff and carer engagement. The engagement, and the resulting report, was coordinated and delivered by Healthwatch Hampshire. Speakeasy Advocacy led work on engagement with service users and Carers Together led work on engagement with carers. The full findings can be found in the Healthwatch Hampshire Orchard Close Engagement report (Appendix 1).
30. Speakeasy Advocacy captured the views of 51 people who use Orchard Close respite service and the service user representatives from the learning disability partnership board. In summary, feedback was that stays at Orchard Close respite service provided people with valuable opportunities to “..[make] friends” (Healthwatch engagement report, page 6, Appendix 1) for some Orchard Close “is the only place I see them”. Participants reported that they “really enjoy[ed] the activities” with some saying that they would like more and “different activities offered” (Healthwatch engagement report, page 9, Appendix 1). People enjoyed the “great relationships with staff” (Healthwatch engagement report, page 7, Appendix 1), the location and the food which was described as “great” (Healthwatch engagement report, page 8, Appendix 1).
31. Carers Together captured the views of 71 parents and carers. In summary they felt safe leaving their relative at Orchard Close respite service and really trusted the service. Carers particularly appreciated the “continuity of staff” (Healthwatch engagement report, page 16, Appendix 1). Others said that respite there was “vital....as we care for her 24/7” (Healthwatch engagement report, page 18, Appendix 1) and was a key support in their caring role.
32. Healthwatch captured the views of 12 staff using a survey. In summary they were proud of the personalised approach to care that they provided at Orchard Close respite service (Healthwatch engagement report, page 29, Appendix 1).
33. The Voluntary Sector Group considered the option of commissioning another organisation to run a respite service at Orchard Close. The most important theme common across service users, carers and staff within the Healthwatch Hampshire Orchard Close Engagement report is the view that Hampshire County Council should continue to provide the service at Orchard Close, as opposed to another organisation and that the service should remain open.

34. All members of the Group felt that procurement of the respite service at Orchard Close from another provider would not necessarily deliver any identified benefits, although it was recognised that this may have provided some modest cost reduction.
35. The Group considered carefully the idea of a parent/carer led entity taking on the running of the respite service at Orchard Close. Officers facilitated meetings with organisations who had taken this approach. Although parent carers suggested that they would consider this, it would only be a contingency option, should Hampshire County Council not run the service and would not be a first choice. A number of parent carers highlighted the fact that their own caring responsibilities meant that taking on more responsibilities would be challenging with one respondent commenting “parent carers need support not more work” (Healthwatch engagement report, page 27, Appendix 1). A service user commented “I don’t think family would work, because they wouldn’t get a break because they’d be organising too much and worrying about it.” (Healthwatch engagement report, page 13, Appendix 1).

### **Hampshire County Council response to feedback**

36. Officers have carefully considered feedback from the Members Group, the Voluntary Sector Group and the Healthwatch engagement report. The primary theme of the feedback was that Hampshire County Council continue to provide the service at Orchard Close.
37. Officers understand the importance of respite at Orchard Close for service users who remain at home with family carers. The County Council have co-produced a carers strategy and have carers actively involved in Local Implementation Groups and the Learning Disability Partnership Board.
38. The County Council provide significant funding for carers in addition to provision at Orchard Close. The overwhelming majority of people who attend Orchard Close, also receive other services from the County Council. The County Council spends approximately £3million on Hampshire County Council learning disability bed-based respite other than Orchard Close, £1million on learning disability commissioned bed-based respite and £15million in learning disability day opportunities per year with 1620 days per week provided.
39. Originally the County Council estimated that the proposal for the closure of Orchard Close respite service would have resulted in a recurrent budget saving of £0.6million. During the consultation tentative further work suggested a potential saving just under this amount (£570,000). A recurrent saving amount of £617,000 was allocated to the potential closure.
40. It is important to consider affordability of the decision to retain Orchard Close, given that £617,000 of recurring savings will need to be found from elsewhere within learning disability services. Hampshire County Council have therefore explored additional changes to the service that would make Hampshire County Council retaining the service there more affordable.

### **Income generation at Orchard Close**

41. Feedback within the Healthwatch engagement report and from the Voluntary Sector Group has included attracting alternative income in order to improve the affordability of the service. Some ideas have been explored and have had to be discounted for example, in response to the suggestion that Direct Payments could be used to purchase extra nights at Orchard Close. As stated in the Care Act statutory Guidance, “as a general rule, direct payments should not be used to pay for local authority – provided services from the ‘home’ local authority”.
42. Another respondent suggested that “some carers are willing to pay more toward their respite care” (Healthwatch engagement report, page 19, Appendix 1). It is not possible to introduce inequitable charging arrangements where those who attend Orchard Close pay more. Under the Care Act 2014, a local authority has the power to charge for most care services. Where a local authority has decided to charge, then the amount paid by each individual is determined by a financial assessment in line with legislation.
43. An alternative suggestion was “for carers to be able to buy extra days if there is room available” (Healthwatch engagement report, page 19, Appendix 1). This is not within the core business of the Hampshire County Council respite service which is there to meet eligible needs for respite. It is also unlikely that the 3 bedrooms under discussion could be consistently full to justify the cost of the provision.
44. People throughout the engagement made suggestions about “allow[ing] people from outside the county to use Orchard Close” (Healthwatch engagement report, page 33, Appendix 1).
45. Initial enquiries have shown that interest from other public bodies has been in respite services for those who have challenging needs and/ or additional physical disabilities in addition to their learning disability. There are just 4 accessible rooms at Orchard Close of which 2 have ceiling track hoists and none have ensuite facilities. These rooms are in regular use by Hampshire residents, and are therefore not available to be used by other authorities.
46. Service users at Orchard Close said that one of things they valued was the “quiet, calm situation for someone with autism ..” (Healthwatch engagement Report, page 17, Appendix 1). Meeting a higher level of need at Orchard Close is likely to result in the service being busier and less calm. Hampshire’s modern and purpose built services are better placed to meet this need, and have sufficient capacity.

### **Income generation in other Hampshire County Council respite services**

47. In the previous report analysis of the 3 other Hampshire County Council respite services showed that there was under occupancy across Newcroft, Hindson House and Jacobs Lodge. Changes at West Street (the County Council’s emergency respite unit in Havant), means that 4 additional bedrooms will be used for emergencies; taking total available emergency beds to 15 and increasing the capacity of planned respite beds. The table

below shows the level of capacity for 17/18 and 18/19 (assuming 85% occupancy);

<b>Respite Home</b>	2017-18 Actual Occupancy (bed nights)	2017-18 Spare bed nights available (85% occupancy)**	2018-19 Actual occupancy (bed nights)	2018-19 Spare bed nights available (85% occupancy)**
Croft House and Newcroft House	2,002	480	2,002*	480
Hindson House	1,631	851	1727	755
Jacobs Lodge	1,842	640	1,465	1,017
<b>TOTAL</b>	<b>5,475</b>	<b>1,971</b>	<b>5,194</b>	<b>2,252</b>

\*Actual occupancy 18/19 at Newcroft House was 1403. However, last year's figure substituted as the unit was closed for some months whilst relocated

\*\*85% is the lower end of the ideal capacity for these services which is between 85% and 90%.

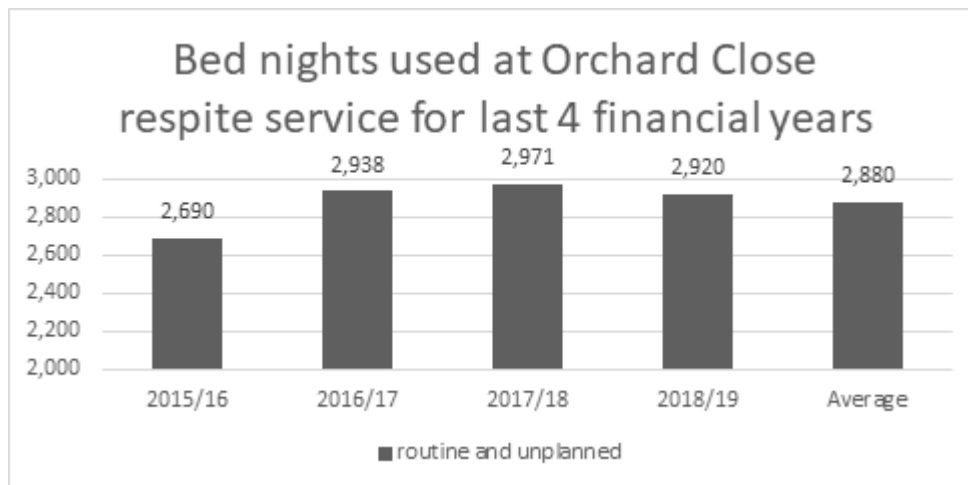
48. Members in the Task and Finish Group suggested that some of the spare capacity in Jacobs Lodge, Hindson House and Newcroft may be more successful in attracting income from a wider pool of local authorities and or the NHS. Initial exploratory enquiries with some of these public bodies have shown potential.
49. It is therefore proposed that Hampshire County Council consult upon marketing some of the additional capacity to other public bodies. The target would be that we could attract income for 466 bed nights per year (the equivalent of approximately block booking 1.5 beds per annum at 85% capacity). This could attract an income of approximately £125,820 per annum, based on a nightly fee per bed of £270 per night.
50. A public consultation would run from December 2019 with an Executive Member decision day in March 2020. The proposal to consult upon using 466 bed nights per annum out of the current spare capacity (equivalent to 1.5 beds) is intentionally cautious to have minimal impact on Hampshire respite users.
51. In addition, as described in the last report, demographic data on people with learning disabilities, collected by Adults' Health and Care, shows that the number of people in Hampshire who will require respite in the coming years is likely to remain static or slightly reduce. However, the various factors



influencing demand for respite are complex and hard to predict precisely beyond the next few years. Should the marketing of beds go ahead, Hampshire County Council would wish to monitor and adjust the use of beds by other public bodies dependent upon this demand.

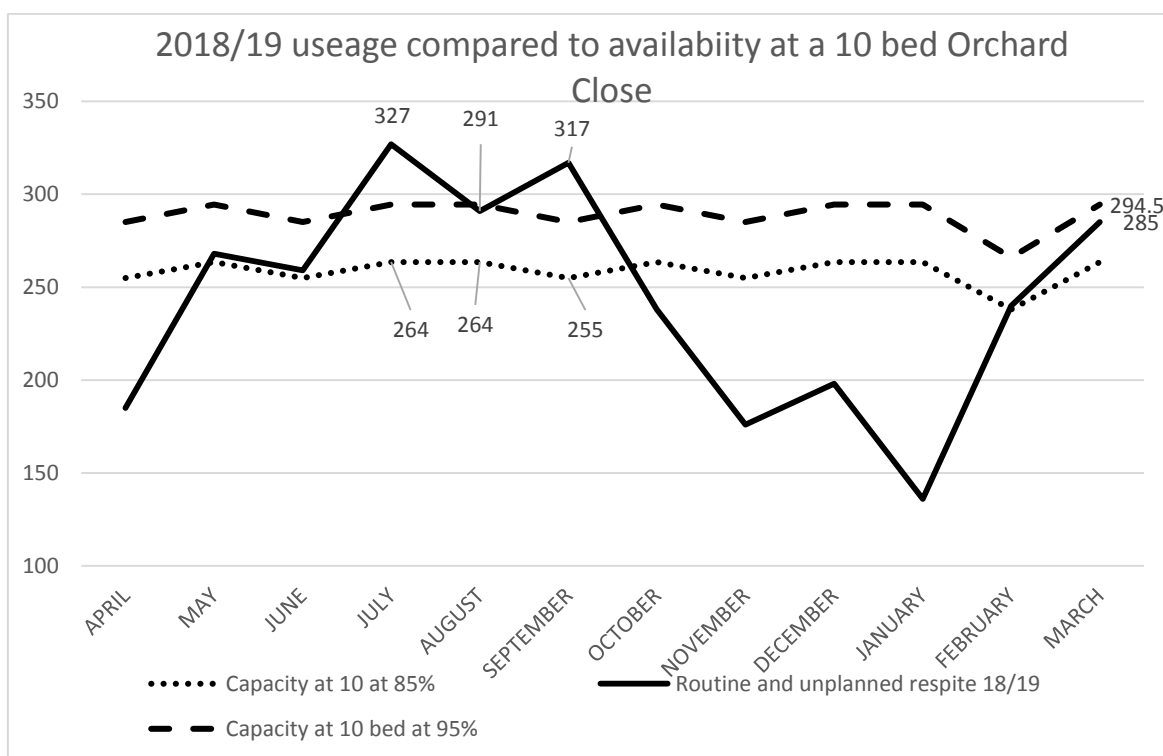
### Occupancy and potential reduction in beds at Orchard Close

52. The continuation of a Hampshire County Council service at Orchard Close, would result in a shortfall of savings against the original amount of £617,000. This could be partially offset should the income generation in other units go ahead, but there would continue to be an estimated shortfall of £491,180 per annum which would disproportionately increase the savings pressure in other areas. It is therefore necessary to consider other alternative options to achieve further efficiencies beyond income generation.
53. One of the options explored for further savings has been a reduction in the number of beds, and therefore the staffing costs at Orchard Close. This is because the previous report highlighted that there are significant levels of under occupancy in Orchard Close during the year. The number of nights available at Orchard Close currently is 4,033 bed nights with the service running at 85%.
54. The below chart shows how many nights were used in each year since 2015/16. On average there are 2,880 bed nights used leaving 1,153 bed nights available per year.



55. Consideration was given to reducing the service at Orchard Close to 9 beds (a reduction of 4 beds). Running at 85% capacity would have resulted in 2,792 bed nights being available per year. However, after concerns expressed by carers in the working group and further consideration by officers, it is proposed that permission be given to consult on reducing the number of beds from 13 to 10 beds. This reduction would enable a reduction in staffing blueprint, equivalent to a further saving of £158,572.

56. Reducing beds from 13 to 10 beds would leave 3,102 bed nights available with a target of 85% occupancy, which is more than sufficient to meet the needs of all those currently using Orchard Close over a year.
57. The chart below demonstrates that currently Orchard Close is busier in certain months than in others. At current usage patterns there are 4 months when Orchard close would not be able to meet demand if it was running at 85% capacity which are July, August, September and March. If Orchard Close became a 10-bed service, then there would be a need for a slight decrease in use during these months and an increase in other months.



58. To support equitable access, should the decision be made to reduce beds, changes to booking respite in busy months might be required. The consultation on the proposals relating to Orchard Close becoming a 10-bed unit would need to ask respondents to consider the impact of alternative booking methods and allocations over the summer months and whether it would be possible to make the quieter months more popular.
59. For example, to promote usage outside of the summer, some carers at the Orchard Close Voluntary Group have suggested developing theme weeks, especially in the quieter months which would make these times of years more attractive. In addition, Orchard Close could also deliver “friendship weeks” in line with service user’s comments about being able to “see friends and make new friends” (Healthwatch engagement report, page 8, Appendix 1). Some carers at the Orchard Close Voluntary Group also suggested encouraging people to take regular respite which not only has a beneficial

impact to them as carers but would also reduce the risk of people using the last of their allocation in March, the end of the financial year.

60. Respondents in the Healthwatch engagement report have asked for “more flexibility around booking..”(Healthwatch engagement report, page 18, Appendix 1). There were other requests around more flexibility around “drop off times,” and “overnight, or two nights stays” (Healthwatch engagement report, page 18, Appendix 1). Whilst It is acknowledged that the proposed reduction in beds could decrease some flexibility in busy months, these suggestions could be given further consideration and included in the consultation.
61. Depending upon the outcome of the consultation and decision by Executive Member in March 2020, implementation of a bed reduction would be introduced no earlier than the 1 October 2020.

### **Public consultation**

62. It is proposed to carry out an eight-week consultation that would start after the general election and conclude in February 2020. This is judged to be an appropriate period for consultation given the number of people that may be affected by the proposals. It will also allow other stakeholders, service providers and other interested parties to participate.
63. It is proposed to carry out an online consultation via the County Council’s website [www.hants.gov.uk](http://www.hants.gov.uk). Paper copies of the proposals, in the form of a consultation document and response forms would be made available on request; these would include an easy-read version.
64. The consultation would be publicised on the Hampshire County Council website.  
<https://www.hants.gov.uk/aboutthecouncil/haveyoursay/consultations>
65. Three drop-in sessions will be provided across Hampshire. Details of the proposals, including how to take part in the consultation would be sent to the users of Orchard Close respite service and their parent carers, MPs, County Councillors and District and Borough Councillors. Local Members would be offered the opportunity to have written and personal briefings on the proposed plans.

### **Equalities impact assessment- service user and carer**

66. The proposal to reduce bed numbers at Orchard Close from 13 to 10 at Orchard Close and the selling of 466 bed nights to other authorities would not affect the overall amount of respite received by any individual. Because Orchard Close, Jacobs Lodge, Hindson House and Newcroft House are respite services for people primarily with a learning disability, acknowledging some may also have other conditions such as a physical disability or autism, these proposals would impact upon people with a disability. These proposals could mean that the distribution of respite for individuals may need to change (with the highest impact at Orchard Close) to ensure that everyone could access their service during the more popular summer period

and the booking of weekends in isolation would be reduced (with the highest impact at Orchard Close).

67. The recommendation to consult on marketing 466 bed nights out of the current spare capacity (equivalent to approximately 1.5 beds per annum at 85% capacity) only equates to approximately 25% of the total available capacity. This low estimation of potential bed nights would minimise the impact to Hampshire residents and their carers.
68. The potential implementation date of 1 October 2020 would also allow for proper planning and transition further mitigating risks.
69. The full equalities impact assessment can be found on pages 18-21.

### **Staffing Implications**

70. The proposals only impact staff at Orchard Close where there are currently 23 (17.2 full-time equivalent) members of staff working at Orchard Close.
71. Changing Orchard Close from a 13 to a 10 beds service would require a 3.1 FTE reduction in Residential Service Officers, 2 FTE reduction in Senior Residential Service Officers, 0.3 FTE in Domestic Assistant staff and 0.2 FTE in Administration staff.
72. Should the proposal go ahead following the consultation, there would be a small reduction in staff blueprint at Orchard Close. It is envisaged that there would be alternative employment in other HCC Care (internal care home provision) services available for all staff and given the number of HCC Care services in the South East there would be local options available.
73. A staff consultation would be held that will conclude in February 2020 with Executive Member decision in March 2020. There would be HR drop ins and staff meetings during the consultation.

### **Equalities Impact Assessment- staff**

74. A separate staff Equalities Impact Assessment has been carried out focussing on the staff who currently work at Orchard Close respite service. A formal staff consultation would also run alongside the public consultation.
75. The key impacts would be around gender (medium) and age (medium). It was been identified that over 85% of the staff who work at Orchard Close are women, however there is a clear gender bias towards women being employed in such services across Adults' Health and Care. The key activity in terms of mitigating will be to ensure that all staff affected have as much opportunity as possible to be actively involved in the staff consultation, in order that they are as informed as possible about their future career options. Additionally, if the decision is taken to reduce the beds at Orchard Close, there would be time to transition to alternative employment.
76. An age profile analysis of the staff working in Orchard Close has been undertaken. The profile revealed that over 50% of the staff are aged 50 or above. All staff affected will have as much opportunity as possible to be actively involved in the staff consultation, in order that they are as informed as possible about their future career options.

77. A full staff equalities impact assessment can be found on pages 21-23.

## **Financial Implications**

### **Impact of Income from other public bodies**

78. If Hampshire County Council took forward the proposal to market some of the additional capacity to other authorities, the target would be that we would attract income for 466 bed nights per year or the equivalent of block booking 1.5 beds at 85% capacity. This could attract an income of £125,820 per annum, based on a nightly fee of £270 per night.

### **Impact of potential reduction in beds at Orchard Close**

79. The proposed reduction from 13 to 10 beds would enable a reduction in staffing blueprint, saving a further £158,572 with staff moving to existing vacancies within existing Hampshire County Council services.

### **Financial impact of retaining Orchard Close**

80. It was estimated the original proposals for the closure of Orchard Close respite service would have resulted in a recurring budget saving of £617,000 saving. This forecast saving has been accounted for in learning disability revenue budgets for 2019/20 and for all subsequent years.

81. The proposals in this report to keep Orchard Close respite service open and run by HCC Care will result in a significantly lower savings total than initially anticipated. The forecast savings make a total recurring saving of £284,392. This would leave a shortfall in the original forecast of £332,068 per annum.

82. The £332,000 additional savings would be required alongside existing transformation to 2019 and Transformation to 2021 programmes. The combined requirements of these two programmes have been to make efficiencies of £21.6million against a learning disability revenue budget of circa £110million.

83. In total £5.548million of the £21.6million have already been achieved, just over a quarter of what is required by the end of Transformation to 2021.

84. The County Council mitigates the impact of savings on people with learning disabilities through use of innovative new models of care and preventative strategies to reduce and delay need. For example, the development of Younger Adults Extra Care accommodation and access to older person's accommodation where appropriate, increased use of technology, increased access to employment and specialist work to reduce challenging behaviour. Unfortunately, the scope for these more innovative programmes has already been maximised and there is no scope to add to these. It is therefore not possible to find the additional £332,000 through these means.

85. To give an indication of the scale of additional savings of £332,000 is equivalent to a further reduction of 353 hours per week of domiciliary care at £18 per hour or 115 fewer days of day service per week at an average of £55.15 per day.

86. It is important to note that the learning disability population is relatively static, and the scope to reduce services decreases over successive transformation programmes, as new people entering our services are limited. It is therefore likely that these levels of saving will be hard to achieve and may lead to an increased financial pressure in Adults' Health and Care in future years.

### **Building improvements and the Charitable Trust**

87. As part of the Healthwatch engagement on Orchard Close, service users and carers were asked about any improvements that could be made. Feedback provided suggested a theme around the building: Whilst people enjoyed the location and grounds, several service users mentioned updating the decoration or facilities, such as "installing a lift, better Wi-Fi, a PlayStation and more pictures upstairs" (Healthwatch engagement report, page 9, Appendix 1).
88. Staff said, "the Wi-Fi is non-existent at best - although apparently its being updated shortly...A lift maybe, to make upstairs more accessible to all. A lick of paint" (Healthwatch engagement report, page 31, Appendix 1). Another staff member said, "adaptions to the building to make supporting service users with disabilities a bit easier e.g. widen downstairs corridor, add hoist facilities in other downstairs bedrooms Room 1 and 5.. the walls, doors, need to be painted, renew toilets, bathrooms, bedrooms. General refreshment will be great" (Healthwatch engagement report, page 31, Appendix 1).
89. There were mixed views from carers about the importance of accessibility with some saying "maybe put in a lift or stairlift" with other views such as "If wheelchair users are the problem don't offer Orchard Close, use one of the other respite centres" (Healthwatch engagement report, page 19, Appendix 1).
90. As already explained, no participants in the Healthwatch engagement report wanted carers/parents/family/staff to run Orchard Close. However, carers and family members did say that they would like to become more involved in the decision-making processes. Some members of the Voluntary Sector Group discussed forming a Friends of group in order to fundraise. Some carers suggested that "it would be beneficial if parent carers or family members had the opportunity to act as "extra trustees" or be involved in a Parent Carer Forum" (Healthwatch engagement report, page 19, Appendix 1).

### **Hampshire County Council response to feedback - building**

91. Officers have carefully considered feedback from the Members Group, the Voluntary Sector Group and the Healthwatch engagement report on the theme of the building.
92. The County Council will continue to make minor building improvements to maintain the building at Orchard Close as they have done up until now. The wi-fi system was upgraded after the engagement exercise, as part of a planned programme of work across HCC Care. As result of feedback about

the décor at Orchard Close, Hampshire County Council will review the current decoration and provide a refresh where this is required.

93. The County Council will work with interested family members to explore carers setting up a “Friend of Orchard Close” group, should the carers and service users wish to do so. Similar fundraising groups exist for a number of Hampshire County Council care homes. This could provide opportunities to raise funds to further improve the quality of experience and environment at Orchard Close, although would be up to the group themselves to decide what they would like to fund-raise towards.
94. With regard to consideration of more major adaptations - it is important to note that the Orchard Close building is owned by a charity and the County Council is the sole trustee of the Charity. The Charity is a separate legal entity distinct from the respite service. Decisions in respect of the Charity are made in the best interests of the Charity.
95. It would be for the County Council as sole trustee of the Charitable Trust to make any decision in respect of the land and building in consultation if required with the Charity Commission. In response to feedback around the land and building, as well as the request for carers to have greater involvement in the Charitable Trust, the Leader, has asked that an advisory group is established for the Trust.
96. It is proposed that a report be presented to the Executive Member for Policy and Resources at a future Decision Day to this effect.

## **Conclusions**

97. The County Council have worked in partnership with the voluntary sector, carers, services users, staff at Orchard Close and HCC Care to explore all wider options. The conclusion of the Groups and the key finding from engagement are that the County Council should continue to run the service at Orchard Close.
98. The County Council have responded to this feedback by recommending that Hampshire County Council should continue to run the service in preference to another provider.
99. In response to feedback around the land and building, as well as the request for carers to have greater involvement in the Trust, the Leader has requested that the County Council form an advisory group on behalf of the Charitable Trust.
100. Additional proposals have been put forward including a consultation on a reduction in beds from 13 to 10 at Orchard Close, as well as a proposal to attract income from other public bodies at other Hampshire County Council respite units.
101. The proposed consultation would run until February 2020 with an Executive Member decision in March 2020.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> Findings from the Consultation and recommendations on respite services at Orchard Close, Hayling Island Recommendation to reconsider the decision of 27 February 2019	<u>Date</u> 27 February 2019 29 March 2019
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u> <a href="#">Care Act</a>	<u>Date</u> 2018

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



## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

#### **Equalities impact assessment- service user and carer**

##### **Description of Service / Policy**

Orchard Close respite service is a residential respite service on Hayling Island, for adults with learning disabilities. The service is run by Hampshire County Council. It is registered with Care Quality Commission to provide respite for up to 13 service users at any one time. At Orchard Close, in 2018/19 134 people with learning disabilities received a range of respite nights a year according to assessment of eligible need for them and their carers.

Jacobs Lodge, Hindson House and Newcroft House are also run by Hampshire County Council and each are registered with Care Quality Commission to provide

respite for up to 8 service users at any one time. Between these three services, in 2018/19 they provided respite for 184 service users with learning disabilities each of whom received a range of respite nights a year according to assessment of eligible need for them and their carers. The County Council's respite services are only for people living at home with family carers and no one lives at Orchard Close respite service permanently.

**Geographical impact\*** All Hampshire

### **Description of proposed change**

To open a public consultation on proposals to reduce the number of respite beds at Orchard Close respite service from thirteen to ten and sell to other authorities a total of 466 bed spaces per year across Jacobs Lodge, Hindson House and Newcroft House. Under these proposals, all respite services could still meet current levels of respite received by those people currently using them. A reduction in bed numbers at Orchard Close from thirteen to ten would mean that the distribution of respite for individuals may need to change for some people to ensure everyone could have some access to the service during the more popular summer period. The selling of beds at the other respite units will not have a significant impact in terms of how respite is distributed. The proposals to reduce beds at Orchard Close and the selling of beds to other public bodies will not affect the overall amount of respite received by any individual.

### **Engagement and consultation**

Has engagement or consultation been carried out?

Planned

It is proposed to carry out an 8-week consultation for service users, family members and other stakeholders concluding in February 2020. This has been judged to be a realistic and proportionate timeframe to allow for consideration of, and response to, the proposals. This follows a previous consultation on proposals to close Orchard Close, which were not taken forward, and subsequent intensive engagement with service users and other stakeholders. Advocacy services would be made available to support service users to participate in the consultation if required.

### **Impacts of the proposed change**

This impact assessment covers service users and their parent carers.

### **Statutory considerations**

Age – Medium

Impact – Although all these services are open to adults of all ages, approximately 40% of the people who use Orchard Close are under 30 and at Jacobs Lodge, Hindson House and Newcroft House approximately 45% of the people who used them are under 30.

From looking at the age profile of the people that use Orchard Close, Jacobs Lodge, Hindson House and Newcroft House we know that a significant number of their parent carers are older and therefore are likely to be impacted by any changes to the respite that their cared-for person receives.

## **Mitigation**

Everyone who currently accesses Orchard Close, Jacobs Lodge, Hindson House and Newcroft House would still be able to do so. During the consultation we would seek views as to the sort of additional activities that people would like to see offered at Orchard Close, including some that may be more age-appropriate. We are also seeking views on the proposal to sell 466 bed nights to other authorities.

Disability – High

**Impact** HCC respite provision at Orchard Close, Jacobs Lodge, Hindson House and Newcroft House are primarily for people with a learning disability, although some may also have other disabilities such as autism or a physical disability. These proposals could mean that the distribution of respite for individuals may need to change (with the highest impact at Orchard Close) to ensure that everyone could access their service during the more popular summer period. It is also likely that the booking of weekends in isolation will be reduced (with the highest impact at Orchard Close). Regarding the selling of beds at Jacobs Lodge, Hindson House and Newcroft House as this is only 6.3% of available capacity (if these services were run at 85% occupancy) revisions to booking distribution may need to be considered but impact is deemed as minimal.

Mitigation - During the consultation period, it is proposed that the County Council explores options as to how to ensure equitable access to the respite service at Orchard Close during peak times.

It should also be noted that the proposal to sell 466 bed nights out of the current spare capacity (equivalent to approximately 1.5 beds per annum at 85% capacity) is intentionally cautious to have minimal impact on Hampshire County Council respite users. Ongoing, and in future years, Hampshire County Council will be able to monitor and adjust the use of beds by other public bodies dependent upon demand to further reduce potential impact.

Sexual Orientation Neutral

Race - Neutral

Religion and Belief - Neutral

Gender Reassignment - Neutral

Gender - Neutral

Marriage and civil partnership – Neutral

Pregnancy and Maternity – Neutral

## **Other policy considerations**

Poverty – Neutral

Rurality - Neutral

### **Additional Information**

A decision on these proposals will be taken in March 2020 by the Executive Member for Adult Social Care and Health. If the decision is taken to reduce the number of beds at Orchard Close and agreement to sell 466 bed nights then it is proposed this would not happen until after September 2020 (although some limited trial of other authorities using respite beds at Jacobs Lodge, Hindson House and Newcroft House may take place before March 2020 to test viability and the market).

### **Equalities Impact Assessment- staff**

#### **Description of Service / Policy**

Orchard Close respite service is a residential respite service on Hayling Island, for adults with learning disabilities. The service is run by Hampshire County Council. It is registered with Care Quality Commission to provide respite for up to 13 service users at any one time. At Orchard Close, in 2018/19 134 people with learning disabilities received a range of respite nights a year according to assessment of eligible need for them and their carers.

Jacobs Lodge, Hindson House and Newcroft House are also run by Hampshire County Council and each are registered with Care Quality Commission to provide respite for up to 8 service users at any one time. Between these three services, in 2018/19 they provided respite for 184 service users with learning disabilities each of whom received a range of respite nights a year according to assessment of eligible need for them and their carers. The County Council's respite services are only for people living at home with family carers and no one lives at Orchard Close respite service permanently.

**Geographical impact\*** All Hampshire

#### **Description of proposed change**

To open a public consultation on proposals to reduce the number of respite beds at Orchard Close respite service from thirteen to ten and sell to other authorities a total of 466 bed spaces per year across Jacobs Lodge, Hindson House and Newcroft House. Under these proposals, all respite services could still meet current levels of respite received by those people currently using them. A reduction in bed numbers at Orchard Close from thirteen to ten would mean that the distribution of respite for individuals may need to change for some people to ensure everyone could have some access to the service during the more popular summer period. The selling of beds at Jacobs Lodge, Hindson House and Newcroft House will not have a significant impact in terms of how respite is distributed. The proposals to reduce beds at Orchard Close and the selling of beds to other public bodies will not affect the overall amount of respite received by any individual.

## **Engagement and consultation**

Has engagement or consultation been carried out?

Planned

The proposals will only impact staff working at Orchard Close so a 6 week formal HR consultation process on the proposals alongside the public consultation is planned for these staff members. Sensitive and timely support would be available for these staff during this period. Managers and designated HR support would ensure staff are given every opportunity to ask questions and offer feedback throughout the process. Given the small reduction in staff numbers required at Orchard Close, staff here would have the option of redeployment in local services.

## **Impacts of the proposed change**

This impact assessment covers Staff working at Orchard Close

### **Statutory considerations**

Age – Medium

*Impact* – over 50% of the staff at Orchard Close are aged 50 or above.

*Mitigation* - An age profile analysis of the staff working in Orchard Close has been undertaken. The profile revealed that over 50% of the staff here are aged 50 or above. All staff affected will have as much opportunity as possible to be actively involved in the staff consultation, in order that they are as informed as possible about their future career options.

Disability – Neutral

Sexual Orientation Neutral

Race - Neutral

Religion and Belief - Neutral

Gender Reassignment - Neutral

Gender – Medium

*Impact* – Over 85% of the staff who work at Orchard Close are women.

*Mitigation* - It was been identified that over 85% of the staff who work at Orchard Close are women, however there is a clear gender bias towards women being employed in such services across Adults' Health and Care. The key activity in terms of mitigating will be to ensure that all staff affected have as much opportunity as possible to be actively involved in the staff consultation, in order that they are as informed as possible about their future career options.

Marriage and civil partnership – Neutral

Pregnancy and Maternity - Neutral

**Other policy considerations**

Poverty – Neutral

Rurality - Neutral

**Additional Information**

A decision on these proposals will be taken in March 2020 by the Executive Member for Adult Social Care and Health. If the decision is taken to reduce the number of beds at Orchard Close and agreement to sell 466 bed nights then it is proposed this would not happen until after September 2020 (although some limited trial of other authorities using respite beds at Jacobs Lodge, Hindson House and Newcroft House may take place before March 2020 to test viability and the market).

## **Appendix 2 – Information on Hampshire County Council Respite and Crisis Care (an extract from 11 February 2019 HASC Report)**

The County Council operates three other respite units, in addition to Orchard Close, as well as a service focused on providing emergency/crisis care and emergency respite. The other units are Hindson House, Newcroft House, Jacob's Lodge and West Street, which is the emergency / crisis service. With the exception of Jacob's Lodge, these were all part of a capital improvement programme partly funded from the capital receipts from disposal of outdated learning disability accommodation agreed in 2011. These units provide modern yet homely environments which are able to accommodate people with wide range of needs, including complex needs. Both Hindson House and the Newcroft House were designed with input from people with learning disabilities. All of the County Council units offer a full range of activities to guests, including access to local community facilities, day trips and skills development. Staff receive the same training as staff at Orchard Close with intensive core and induction training supplemented with additional specialist training as required.

**Hindson House** - Hindson House is a purpose built 8-bedded unit in Winklebury, Basingstoke, providing respite and short breaks for adults with learning and physical disabilities. Communal facilities at Hindson House include a lounge, sensory room, dining room, kitchen, toilet/bathroom/shower room and a toilet /changing room. The guest rooms are linked via tracking to the 'Jack n Jill' style en-suite bathrooms. This is where two bedrooms are separated by an en-suite bathroom which they share, but which has lockable doors. All the bathrooms are adapted for use to meet a range of needs. Hindson House also has several landscaped garden areas for guests to enjoy. Hindson House was last inspected by the Care Quality Commission on 10 May 2018. It was rated good in all categories.

**Jacob's Lodge** - Jacobs Lodge is a purpose built 8-bedded unit in Totton, providing Respite and Short Breaks for adults with learning and physical disabilities. Communal facilities at Jacobs Lodge include a number of shared lounges and sitting areas as well as a sensory room. There are high specification bath and toilet facilities, which can accommodate people who are wheelchair users. Jacobs Lodge also has a spacious garden and external summer house. Jacobs Lodge was last inspected on 7 September 2017. It was rated good in all categories with the exception of one, where improvement is required. An improvement plan is in place.

**Newcroft House (formerly Southern respite)** - This is a new respite service at Locks Heath which replaces Croft House, a former respite unit based in Fareham. It has been developed on the same model as Hindson House, although lessons learnt from Hindson House have been factored into its design. It is a purpose built eight-bed unit, providing respite and short breaks for adults with learning and physical disabilities. Communal facilities include a lounge, sensory room, dining room, kitchen, toilet / bathroom / shower room and a toilet / changing room. The guest rooms are linked via tracking to the 'Jack n Jill' style en-suite bathrooms. All the bathrooms are adapted for use to meet a range of needs. The respite service is located next to the County Council's learning disability day service at

Locks Heath, where facilities can be made use of at weekends and in the evenings. People can also access a small community centre and shopping centre. Croft House, where this service was previously based, was inspected by the Care Quality Commission on 8th November 2016 and was rated good in all categories.

**Hampshire County Council crisis service - West Street Havant** West Street is a unique 14 bed service conveniently located within two minutes walking distance of Havant town centre, meaning people using the service can access the town's facilities. West Street provides emergency, crisis and assessment accommodation to adults with a learning disability, who may be in crisis or have experienced a breakdown in their long-term placement. The crisis service can currently accommodate up to ten individuals in two settings. It currently has a five bed house and five self-contained flats where individuals can live on their own, receiving the support they require. It was inspected by the Care Quality Commission in March 2017 and was rated overall outstanding with outstanding ratings for effective, caring and responsive.





# Orchard Close Engagement

October 2019



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# Introduction

Orchard Close is a residential respite service, run by Hampshire County Council, on Hayling Island for adults with learning disabilities.

In autumn 2018 a public consultation was undertaken by Hampshire County Council on the future of Orchard Close respite service. Following this consultation, a recommendation was put forward to close the respite service at Orchard Close. The primary reason why Hampshire County Council Adults' Health and Care were recommending closure were that they have enough capacity in their existing services to close orchard close and still meet the demands of all of those in Hampshire who require a bed-based respite service. This has been made possible following significant investment in its other respite services as well reduced demand. It was also noted that the building on Orchard Close does not meet the need well for those with complex needs

However, at the Hampshire County Council's Adult Social Care Select Committee this recommendation was not supported, and the Committee asked that the Executive Member look to other ways to make the savings. Healthwatch Hampshire were approached by Hampshire County Council's Adults' Health and Care to independently plan, deliver and summarise feedback from service users, parents/carers and staff using Orchard Close. The following report highlights key findings presented throughout the engagement activity and will inform a final decision relating to Orchard Close.



# Service User Engagement

Speakeasy Advocacy were commissioned by Hampshire County Council to deliver the service user part of this engagement. Speakeasy Advocacy are an independent, community-based organisation that provide advocacy services in Hampshire.

Through informal sessions Speakeasy captured the views and experiences of 51 service users and have provided a methodology for the engagement.

## Methodology

Questions were developed by the Voluntary Sector/Carer/Service User/ Officer Working Group using examples from similar engagement exercises that Speakeasy Advocacy and Carers Together had completed. The same questions were used for service users and carers, using positive language throughout.

## Service User Engagement Sessions

Sessions were held at Orchard Close to avoid it becoming a theoretical exercise for service users, and so staff that know them well can support them to give feedback. Views were recorded anonymously, and everyone was given a copy of their completed questions in a sealed envelope. Two advocates were allocated to every session.

The engagement took a person-centred approach, with sessions differing to meet individual service user needs. To meet these needs the sessions involved;

- Advocates working with individuals on their own or in small groups
- Advocates being available in the entrance area or in the lounges or dining room to meet people
- Orchard Close staff supporting people who have limited communication with pictures or sharing views on their behalf

Views were recorded in 'real time' using people's exact words or participants sharing thoughts then agreeing on the words that would be recorded.

Who we spoke to:

**51 service users took part in ten sessions at Orchard Close. The participants have a combination of learning disabilities, autism, and mental or physical health issues**

**Speakeasy also involved the Learning Disability Partnership Board service users representatives for feedback on the engagement questions**



### Mental Capacity Act and Consent

Speakeasy considered whether people had capacity to decide to take part in these sessions, following the Mental Capacity Act guidance on **assuming people do have capacity** unless advocates could see service users had difficulties understanding, weighing up, communicating or retaining the information.

Consent was broken into two separate issues:

- I agree to give my views about Orchard Close
- I agree my views can be used in a report for the Hampshire County Councillors to help them make decisions about what happens to Orchard Close.

Guidance was sought from Orchard Close staff, and if the service user lacked capacity, staff were consulted on making a best interest decision for the service user to take part in the engagement session.

### Findings

#### What is important to service users about Orchard Close?

Service users spoke about what was important to them, and this highlighted three key areas; they enjoyed activities and trips out, they valued friendships and socialising, and they liked the staff, with whom they had good relationships.

Many service users also said that they liked the house and garden, the meals on offer and the seaside location.

#### Activities and trips

Activities and trips was mentioned by nearly all the service users when asked what was important to them about Orchard Close. They spoke about the variety of activities they enjoyed during their stay and said they got to choose what activities they took part in.

**“I do archery, go bowling, have a disco, go to the car boot sale, nice cafes”**

**“Arts and crafts in the dining room. Trips like bowling, seeing the Lion King at the cinema, walks by the sea, car boot sales, Sealife Centre. Go out a lot when I'm here.”**

**“I really enjoy the activities like walking to the village. Going to the Portsmouth ships and dockyard. Going to the pub, going walking on Butser Hill, shopping.”**

**“They take me all over the place, depends on what people want to do.”**



## Orchard Close Engagement

It is evident that service users enjoy these activities as they provide opportunities for them to socialise and spend time with their friends. Several service users also expressed that being able to do these activities with friends and peers (rather than family or carers) was a unique part of their experience at Orchard Close. Service users also said:

**“I can go to the cinema here with my friends but at home it’s with carers”**  
**“I like going on trips with my friends.”**  
**“Meet my friends here and I like going out with them”**

### Socialising and friendships

Service users value the friendships they have made at Orchard Close. Many focused on established friendships, highlighting that they book their time at Orchard Close to coincide with their friends, so they can spend time with them, as it’s the only time they saw them.

**“Love coming here - come a few times a year. Like having my friends around me - this is the only place I see them.”**

**“My friend is here - I see him here not at home. I like seeing him here. See people when I’m here not at home - that’s a good thing”**

**“It’s good to be here with my boyfriend.”**

**“I’ve made friends here and enjoy having BBQ’s in the garden.”**

**“Like mixing with people - making friends and joining in activities”**

**“The people who stay here are very nice. I get on with everybody. We have a good laugh”**

A Non-verbal Service User pointed to photos of their friends on the Orchard Close photo tree and was very happy when one of them arrived.

Service users also said they liked having the opportunity not only to see old friends, but to also make new ones.



### Positive relationships with staff

Service users felt their relationships with staff were important. They said that staff at Orchard Close are friendly, caring and understand their needs. The importance of staff continuity was a recurring theme highlighted by service users during this engagement.

**“Like the staff a lot - no problems with them, they make me laugh and I joke with them. I talk to them.”**

**“Staff - happy in their care”**  
**“Staff listen to me”**

**“I get to talk to the staff. The staff are nice, and they help me enjoy myself.”**

**“The polite helpful members of staff”**

**“Staff are friendly, they help me with what I want... Staff are amazing.”**

**“I can talk to staff about my mum and when I feel sad.”**

**“Great relationship with staff”**

**“I go with staff to activities and they support me. I love the staff and they support me to take stuff to my bedroom.”**

### The Seafront location

Service users said they liked the seaside location and some of the activities mentioned are situated on the seafront; such as the funfair and the arcade.

## Orchard Close Engagement

**“I like to look at the sea and boats and I like the train on the seafront.”**

**“I like going to the seafront in the minibus and they help me look at the boats”**

**“I love Orchard Close being by the sea, I like to walk by the sea and take photos.”**

### The House and gardens

The building and the gardens were mentioned positively by many service users. Some said it was a homely environment, that they liked their bedrooms and facilities, such as the sensory room.

Having access to a garden was also spoken about as a positive aspect of their stay at Orchard Close. Service users said they liked stroking the rabbits and having BBQs in the garden.

**“It’s like a family home...it’s like being at home”, “I like the garden and the rabbits.”**

**“It’s like a second home...see friends and make new friends...I feel like I’m going to have a good time every time I come. Doing shows and discos most important...”**

**“Picked up picture of sensory room twice...looked for picture of Beryl the Bunny smiling and pointing.”**

**“I really like having BBQs...I can go to the massage room. I like to come out into the garden and play games.”**

**“The bedrooms are nice; we watch TV together.”**

### Meals

Commenting on the food was a popular response when asked about what was important at Orchard Close. All service users who mentioned the food were very complimentary about the meals provided.

**“I’m Gluten Free - they get me gluten free food - they are clever!”**

**“The foods nice, they let you choose”**

**“The meals are great. I like it when we have Chinese”**





**What could be done differently?**

The most popular answer from service users was that no changes needed to be made.



**“I’m happy the way it is, nothing needs changing”**

**“I like it as it is. The food is delicious”**

**“No, it’s fun here”**



Some service users mentioned having an interest in doing a specific activity or more activities.

**“Want to go to the zoo. Don’t want to change anything else”**

**“I would like to see different activities and trips being offered. They don’t do enough trips. I like to go out. There’s nothing to do here and I get bored.”**

Others asked for a slight alteration to their routine to allow them to do more activities



**“Leave it exactly as it is. Be more involved in the program whatever day you arrive on”**

**“We don’t go out in the mornings as the staff are busy.”**



Several mentioned updating the decoration or facilities, such as; installing a lift, better Wi-Fi, a PlayStation and more pictures upstairs. Two service users said changes to the garden but did not specify what changes they would like to see.

**“Building could do with a bit more colour - more pictures. Umbrella in the garden, more cushions. New stereo.”**  
**“Wi-Fi isn’t fast enough”, “Have a PlayStation”**  
**“More cupboards in the bedrooms with stronger key. More repair work - cracks everywhere.”**

Some service users left this question unanswered and others said that they did not know.



## **What difference has Orchard Close made to you?**

Lots of service users focused on their enjoyment of the activities on offer, being with friends and socialising. In addition, an important theme emerged around independence and confidence building, with many service users taking pride in the level of responsibility they have for themselves while at Orchard Close. Some spoke about their stay as being like a “holiday”, while others said that it enabled their parents to have a break or go on holiday.

### **Activities and trips with friends**

Service users focused on seeing friends and doing activities that they enjoyed, with some saying they only did these activities while at Orchard Close.

**“I like going to laser quest - I don't do it at home I do it here”**

**“Only do shows when at Orchard Close”**

**“I go to different places that I wouldn't see at home.”**

**“[Name redacted] is my special friend - I see him here. This is my holiday - my mum can't walk far. I like coming here. I came here for my birthday treat - I like seeing the same people”**

### **Independence, confidence and learning new skills**

Many service users spoke about their time at Orchard Close as an opportunity to learn new skills, take on a level of responsibility and show independence. Staff said that some service users had been very anxious when they started attending, but over time had grown in confidence and settled in well.

**“I've become a lot more confident in myself since coming here as the staff are helpful. I feel uncomfortable meeting new people because of my anxiety, but I can meet people safely here. No one gets treated differently here and I like that.”**

**“Coming here has given me more confidence. I meet new people - This is where I come for my holiday.”**

**“Staff - happy in their care”**

**“Staff listen to me”**



## Orchard Close Engagement

**“Learnt how to wash my hair here with staff.”**

**“I have some responsibility and I get on with the staff. I am grown up now”**

**“I get to go out on the bus on my own to old Portsmouth. I have made friends.”**

**“I’ve been on a diet since I’ve been here, being healthier. I know a bit more about sign language.”**

One staff member commented: “She was very quiet when she first came and wouldn’t leave a staff members side. She is now more confident and will do her own thing and socialise.”

### A Holiday

A recurring response from service users, when talking about their time at Orchard Close, was that they considered it their holiday.



**“It’s a beautiful place at Orchard Close to come for a holiday”**

**“You get a holiday out of it as well”**

**“It’s a holiday for carers and a holiday for me”**



### A break for carers and service users

Many service users said their stay at Orchard Close gave their families a break from their caring responsibilities. In some cases, service users also said it gave them a break from their routine as well.

**“Mum has a break when I am here. She knows where I am. I am happy to make new friends here. It is excellent to see old friends here too”**

**“Orchard Close is a place I can have a break and rest from my routine”**

**“Gives my family a break and me a break from my family.”**

**“I’m giving my family a break by coming here because they provide all my care and support. I don’t really want to be here; I would rather be at home. It is okay here, but not home.”**



### What would you want from Orchard Close in the future?

Service users found this question more difficult to answer, with some leaving this question as they did not know how to answer it. However, of those who did answer this question, the two key phrases used were that they wanted to ‘keep coming’ and for it to ‘stay the same’.

**“Stay as it is - nothing to change. I don’t want the staff to leave, if they left, I would be really upset”**

**“Stay the same”, “I want to keep on coming here”**

**“Keep it open. I love all the staff here - Keep them going. I’d like to keep it going”**

Some service users did identify ways that the service could respond to their needs in the future, these were primarily centred on wanting to try a certain activity or do more activities. However, some service users did mention installing a lift and changes to the bathroom areas.

**“A lift upstairs would help, then I could have a view.”**

**“A lift to get upstairs. Wet room”**

**“Bars on wall - especially in bathroom upstairs”**

### How would you feel about another provider running Orchard Close, possibly including parents/family carers?

This question was challenging for service users with many leaving this question unanswered or saying that they did not know.

#### Staffing

The most important issue for service users when asked about other providers delivering the service, was that the staff stay the same. Service users showed concern about staff losing their jobs and spoke about the positive relationships they had with staff members.

**“I want the staff to carry on, I don’t want them out of a job”**

**“The staff are my friends and they know me really well.”**

**“[Staff Name] must stay! All the staff to stay.”**



## Orchard Close Engagement

### Other providers running the service

Some service users said that they would not mind if another provider delivered the service, but many clarified they would only be happy with this option if staff remained the same.

**"I am fine about other people running Orchard Close. Thumbs up to different organisations or parents/ carers."**

**"If the staff are the same, I'm okay about change."**

**"So long as it stays open I don't mind who runs it - but I would like the staff to stay the same."**

**"All right, I suppose - I'd like them to keep the staff and keep the rabbits too."**

Several service users showed concern about families and carers taking on the running of the service, they were worried about the extra pressure it would place on them and about their level of expertise.

**"I don't want this place to close down - Think Hampshire County Council have done a good job running this place. Family carers would need training in looking after people, being on time, medication and they would need to have the skills"**

**"I don't think family would work, because they wouldn't get a break because they'd be organising too much and worrying about it."**

### Concern about change more generally

As well as concerns about changes in staffing, some service users said they found change challenging, whether this be new places, new people or changes in their routine.

**"I don't like anything new - want the same staff - don't want change in my routine"**

**"Nervous about change"**



**Do you have any other comments you would like to add about carers breaks and carers support?**

When answering this question service users focused on two themes; firstly, that they would like to keep coming to Orchard Close and secondly, that they wanted their carers to be able to have a break.

**“Mum needs a break because she works hard”**

**“Dad needs a break. I need a break. Dad gets jobs done and I have fun.”**

**“It gives my parents a break and my mum knows [that] I’m safe here, and I can talk to staff. Staff are here for me.”**

**“I like it here - I don’t want to leave here - I want to keep coming back”**

**“I want Orchard Close to stay open forever. Without this place I would be lost.”**

**“Coming to Orchard Close gives my mum and dad a break ‘they need it’...”**



# Parents, Carers and Families Engagement

Carers Together were commissioned by Hampshire County Council to deliver the parent/ carer and family part of this engagement. Carers Together is a carer led organisation, which provides support to carers across Hampshire, Portsmouth and Southampton.

## Methodology

Questions were developed by the Voluntary Sector/Carer/Service User/ Officer Working Group using examples from similar engagement exercises that Speakeasy Advocacy and Carers Together had completed. The same questions were used for service users and carers, using positive language throughout.

## Parent, carer and family member engagement activity

Carers Together reached out to parents, carers and family members who use Orchard Close. Information was made available by letter, on the Carers Together website, Facebook page and via existing networks.

The engagement activity took part over nine sessions which were attended by 39 people in total, these events were held on different days (including a Saturday), in different areas and at different times.

One-to-one interviews, in person or via telephone call, were also available and a questionnaire was sent to carers of relatives who use Orchard Close.

**71 parents, carers and relatives of those who use Orchard Close gave feedback in the activity.**

## Ethical considerations

The briefing for session facilitators reflected the sensitivity of the process and the perceived anxieties of participants. It was felt important to clarify the impartiality of the process and the importance of taking part. Assurances were given that the process was to listen and record. This was reflected in the briefing for facilitators.



### Briefing for session facilitators

We must ensure the people coming to the engagement sessions understand that we are here to listen and record - not to influence or instruct. The options currently for consideration are included in the questions. We will record responses to the questions and other options, or issues raised by participants.

Information shared with participants at the beginning of each session included:

- Carers Together is an Independent organisation run by carers, with carers, for carers. All our trustees are carers or former carers
- We are not here to tell you what to say but to listen to you
- We are using the questions that were sent out to you, only as a guide for the conversations
- You are free to say whatever you wish to say including any concerns you wish to raise
- We will record everything you would like us to record
- All your answers will be anonymous, when we send them in for the report
- It is important that you do say what you think, want or need to make sure it goes into the report
- We are not here to judge in anyway, we are only here to record what you say and then send it in to be included in a report
- It is your opportunity to influence what goes into the report
- The engagement process is to look at the options for Orchard Close going forward. to vote on the options on the table. During the last three sessions, the options increased to include a 'Friends of Orchard Close'.

### Findings

#### What is most important to you about Orchard Close?

Parent/carer/family members said that what they most valued about using Orchard Close for respite was that was 'safe' and 'trusted'. They were able to "switch off" during their respite, as they knew that their loved-one was being cared for by knowledgeable and experienced staff, at a centre that was well run.

**"We know our son is SAFE and enjoying his stay. This allows us to enjoy our respite", "Continuity of staff, who are lovely"**

**"As a family, everything. We know when our child is at Orchard Close she is happy plus we know she is safe with the caring and experienced staff"**

**"Very welcoming staff and continuity of staff. Staff are fantastic. Run very well as it is. Friendly and homely"**





## Orchard Close Engagement

Many participants commented on the positive experience that their family member had while staying at Orchard Close, saying this “gave them peace of mind” while they took a break. They said it was a “homely environment” which gave service users the opportunity to meet up with friends and participate in the activities on offer.

**“Most important thing is the home from home atmosphere and the dedication of the staff. It has an almost family feel...”**

**“Our daughter loves staying there and looks forward to going. She enjoys being with the staff who are always so caring and enjoys meeting up with old friends.”**

**“So much to do funfair, friends, going out to different places, going to the pub, arcades. Staff make it like a holiday for the service users, as staff give service users a choice”**

**“Safety of my child, homely environment, experienced, caring staff who understand and know my child's needs. Unique, quiet, calm situation for someone with autism - suits my child's needs perfectly.”**

Carers and family members also spoke about the facilities on offer at the centre.



**“Respite homes in some other places don't have the same type of respite...Lovely sensory room and gardens...Orchard Close is like a hotel it is not institutionalised”**



**“My son always has room 14 they have put a double bed in it for him. Very accommodating he even has the room with a garden view”**

Some participants pointed out that their family member had been attending Orchard Close for a long time, in some cases many years. They said that it had taken time for them to settle, which is why familiarity with their environment was important.



## Orchard Close Engagement

**“Many of the staff have been there a long time and my son knows them very well. It is not too far from where we live so is in familiar surroundings for him and it feels very comfortable leaving my son there”**

**“[Name redacted] has taken many years to settle at Orchard Close, only just happy to stay a week, we finally feel happy to leave her there. The break is vital to us as we care for her 24/7 and it gives us precious time together”**

**“Having respite for myself as a fulltime carer to my daughter. My daughter looks forward to going and has been going for 30 years”**

**“Orchard Close has for many years (50) been the only respite my husband and I have had over the years, it has given excellent service and we have had peace of mind to know that our daughter is safe and well cared for with staff she loves and trusts.”**

### What could be better or done differently at Orchard Close, if anything?

The most frequent response to the question of what could be done differently at Orchard Close was that no changes needed to be made.

**“Nothing could be done differently we are very happy with the service.”**

**“We do not believe that it could be better or done differently than what is being done now.”**

**“Nothing, Orchard Close is definitely the perfect place for us”**

Some participants said more flexibility around the duration of stay and collection/ drop off times would be useful for them.

**“More flexible booking system, more flexible arrival/departure times”**

**“The ability to have an overnight stay or a 2 night stay rather than a minimum of a 3-night stay. Some more flexibility with check in and check out times. i.e. being able to check them in during the mornings e.g between 10am and 12 and able to collect them during the afternoon between 2.30pm and 4.30pm”**

**“More flexibility around booking. More flexibility around drop off and pick up. More info back to home about what he has been up to whilst there.”**

**“We wish we could have more, and all 4 weeks there... he gets about 2 - then 2 where they have space, we accept this as we love it so much.”**



## Orchard Close Engagement

Wheelchair accessibility was also mentioned as a problem at Orchard Close and recent upgrades to the facilities had not addressed this issue. Some felt a lift or stair lift would be a beneficial modification to the premises. Others said not all respite centres needed to offer facilities suitable for people using wheelchairs.



**“Maybe put in a lift or a stair lift”, “Sometimes it has problems due to people in wheelchairs”**



**“Adaptions - didn’t make it accessible, did not future proof it at last upgrade. Make changes to suit service users. Changes to Service Users 2001 - 2003 not suitable for wheelchair users. Not every building is accessible for everyone”**

**“If wheelchair users are the problem don't offer Orchard Close, use one of the other respite centres”**

A few responses suggested asking people to contribute financially towards the cost of their respite, for example buying extra days or selling unused occupancy.

**“Some carers are happy to contribute towards the cost of respite care.”**

**“Be able to pay for extra days if there is room available. Allow others to pay if rooms are available so extra income”**

Participants said that they would like more information about how the service was run and how they could be involved. They suggested it would be beneficial if parent carers/family members had the opportunity to act as “extra trustees” or be involved in a Parent Carer Forum to assist with the governance of the service. They also highlighted that service users should be asked their views on ways to develop the service.

**“Need parents/carers on Charitable Trust. A parent/carers forum to engage in future.”**

**“Parent carer and family carer as extra trustees. Used to get newsletter and would like that to come back”**



**“Parents could have a little more say in some things at Orchard Close. To send out questionnaires to parents, to see if anything could be done differently and for the service users. Would like some feedback.”**





**The service users maybe need a say in what happens at Orchard Close.”**

### What difference has Orchard Close made to you?

Every parent carer/family member who took part in this engagement felt that respite at Orchard Close had made a big difference to them and the person they cared for. They said that it gave them the opportunity to have a break from the pressures of their caring responsibilities, to have a holiday, go to appointments, do tasks at home, spend time with their partners and other family members, whilst knowing the person they cared for was safe and happy.

**“I can have a break knowing our young people are safe. Catch up with the decorating at home. Just have a rest with no stress”**

**“Gives me a chance to focus on other family members/siblings. Allows us to relax have family holidays without worrying - knowing they are in a safe environment... Gives us time to catch up on things around the home. Recharges your batteries for when they come home.”**

**“I can have a break and know that I won’t get a phone call to bring them home early and can go away for the first time ever.”**

**“A great deal of difference, I can trust he is being looked after in good faith and do not worry about him at all. As my son is 55 years old it is getting harder, as I am now a widow and have all the responsibility of looking after him.”**

**Being able to go on holiday abroad with my husband, knowing my daughter is being well cared for while we are in another country. “**

**“We know he will have a wonderful time going out and enjoying himself in the community and that he is safe and much valued. We can therefore relax and enjoy the limited time we have to be a normal couple doing what other people take so much for granted!”**

Having access to good quality respite was essential for emotional well-being and parent carer/family members questioned whether they would be able to continue with their caring responsibilities without the respite they received.

**“We could not survive without it. We would undoubtedly be in crisis and in all likelihood unable to continue caring full time”**

**“I could not survive without Orchard Close. We all need respite - the impact of this on parent/carers mental health and wellbeing. We struggled to get a place at Orchard Close. When we were given nights, we went to Orchard Close”**



## Orchard Close Engagement

**“It enables us to look after our son at home. Without it we couldn’t do it. He would have to move to supported living or residential care with associated stress and worry for us and our son, and huge financial implications for HCC”**

**“I honestly don’t know what I would do without it, there is literally nowhere else like it. My 21 year old son, absolutely loves going there especially because it is like being home with his friends. This means I can leave him and even go on holiday myself without worrying how he is.”**

### What would you want from Orchard Close or other respite in the future?

Participants were unanimous in saying that they wanted Orchard Close to be kept open and to offer the same level of service.

**“The same "Gold star" and unique service it provides. Trained staff, good food, good location for Hayling Island Seafront and other attractions on the island and further afield, providing opportunities for my brother to go out and socialise with others and interact with them and the staff.”**

**“We are very happy with Orchard Close and just want it to stay open in the future without the threat of closure all the time “**

**“Secure, safe respite - same carers - no reduction in nights, local to us. With peers in an area he knows - trips out - able to be social- not be mucked about or worried that it will be closed anyway a year down the line.”**

**“We would want exactly what Orchard Close provides and had provided in the past.”**

Some participants said in the future Orchard Close should be more accessible to carers by expanding the types of services it offered. Their suggestions included, introducing day services, allowing the purchase of extra days and opening the service to Shared Lives users and carers from a wider geographical area.

**“Look at day services.  
Saturday clubs”**

**“May be open it up to group homes again, contribute towards the cost for extra respite.”**



## Orchard Close Engagement

**“Block booking - to sell to other authorities remaining amount for Hampshire”**

**“Change of language from ‘holiday home’ to ‘Parent Carer respite’ to be used. To raise extra funds, offer extra nights to carers for a contribution”**



**“To be able to pay for extra days if needed and availability. Open up to more Family Carers, extend across to include Portsmouth and Southampton. Open it up to carers of Shared Lives (some continually live with them came for 3 weeks has been with me for 16 years)”**



**“Better use of Trust Deed - says covers all of Hampshire, Portsmouth and Southampton”**

**“We have gone over to Direct Payments, thinking of my daughters future, but it would be lovely knowing that my daughter could still use Orchard Close and pay from the direct payments, so myself and my husband could still go away for 7 days”**

**“Direct Payments could be used to pay costs towards Orchard Close. Carers willing to pay towards the cost of extra care when needed”**

Several participants also spoke about ways of generating income by carers contributing additional payments towards the cost of using Orchard Close.

**“Allow people to contribute towards the cost. Take Shared Lives. If not, all rooms are booked out put a notice up on the website so people can have the space, but charge for it”**

**“The majority of parent carers would happily contribute towards the cost or pay for extra respite”**

**“I don’t understand why no charge is made for Orchard Close. Future viability - users to contribute towards running costs”**

In one of the group sessions participants focused on adding to the facilities and activities on offer at Orchard Close. They said that they would like to see a “swimming pool... a gardening club... life skill lessons... TVs with DVD players in every room” and “better WIFI”.



**How do you feel about the different options being explored as an alternative to closure?**

**HCC Adult's Health and Care continue to run a service at Orchard Close in its current format**

The preferred option for all participants was that HCC Adults Health and Care continue to run the service in its current format, with all those who stated a preference choosing this option.

They said that;

**“Orchard Close needs to be run by professionals. It needs continuity of staff. This is best achieved through HCC.”**

**“HCC to continue to run would be best and provide continuity for current Service Users.”**

**“My son feels safe and happy at Orchard Close. The staff understand him, he trusts them and so do I... This is the only option that we want, we are happy with how it is run, why change it? Orchard Close to be run by HCC and continue to be the jewel in HCC's crown”**

One response said:

**“We would be happy if Orchard Close continued to be run in its current format, as it works. We would also be happy if Orchard Close was run by a charitable trust. But do not want it to be run by a private company.”**

**Somebody else runs a service at Orchard Close e.g. private or voluntary organisation**

No-one said that another organisation delivering the service was their preferred option. Many felt strongly that a private provider or voluntary organisation would impact on the quality of the service.

**“A private organisation/business would be “in it for the money” and would always be looking to make a profit for the business at the expense of the vulnerable. I feel a voluntary organisation would not have the expertise or knowledge to run such a place, with its challenges of Service Users etc.”**

**“If any private company were to run Orchard Close it would be for the benefit of profit, which no doubt would result in job losses and incurred costs.”**

**“No, as private people would place profit first”**

**“Private would only be in it to make money, the care might not be as good, may be a high turnover of staff”**

### **Carers/parents/family/staff have control over the running of Orchard Close through a charitable trust or community interest company**

When discussing Orchard Close being run by carers/parents, many said that they did not have the time or expertise to make this option effective. Some highlighted that they already have fulltime caring responsibilities, employment, and in some cases, felt their age and health issues would make such a commitment impractical. Others were concerned that they lacked the expertise to operate the service effectively. As one respondent explained we are *“not able to do a lot due to age - both myself and my family have enough to do...This option doesn't give carers the respite!!”*

**“Very dubious about this. Few have the necessary skills or knowledge of the legal implications involved”**

**“Becoming a “trustee” would be too onerous for us - we are both in our 70s”**

**“Being a carer severely restricts the amount of time available to do other things. This is why respite is so important to us! We are balancing work and caring and do not have the time.”**

**“Parent Carers don't have time to do this. Not sure how this would work. Parent Carers need support not more work”**

Although no participants said they would *prefer* carers/parents/family/staff to run Orchard Close as a charitable trust or CIC, this engagement does show that carers/family members would like to become more involved in the decision-making processes. A recurring comment was that they would like more representation and say in how the service is run. Their suggestions included; having carer representatives on the charitable trust and a Parent Carer Forum that gives service users and their carers the opportunity to help shape the service.





## Orchard Close Engagement

**“If Orchard close continues as HCC led, it needs carers on the charitable trust and needs some sort of forum of parent carers to represent our views”**

**“Some parent carers involvement would be good, but carers don’t have capacity to do it by ourselves”**

**“Can carers assist through trust or CIC rather than run it in its entirety? HCC should still support this... Carers should already be on the current charitable trust rather than just HCC. Current set up lacks integrity”**

**“Carers may have a role in terms of governance but would not have the time or expertise to run the organisation.”**

**“It should not be given to a private company to run under any circumstance - carers/parents could be more involved using the charitable trust as support and should be involved in that way.”**

### **How do you feel about becoming involved in assisting any model that includes carers/parents/family/staff through a charitable trust/entity?**

When asked how they would feel about becoming involved in assisting this model, many participants said that for the reasons set out above, they did not have the capacity to become involved.

**“Would not like to be involved as could have far reaching legal repercussions if things went wrong.”**

**“Because I have a long-term illness, I’m unable to physically be involved but I’m willing to assist in any other way.”**

**“Being a carer severely restricts the amount of time available to do other things. This is why respite is so important to us.”**

**“We are both too old to even consider this option”**

However, participants who attended the group sessions said they “would be interested in looking at this option”, with some individuals indicating in written responses that they would be interested in becoming more involved to keep it open.

## Orchard Close Engagement

**“I would be happy to be part of a community interest company if it would keep Orchard Close open. Parent carers should be on the board of trustees. It would add extra stress to some people, some parent carers are older themselves and would struggle to do this”.**

**“I already feel bogged down, but we would do this to save it. A community interest company would be better.”**

**“I would definitely want to become involved if this was an option other than Orchard Close still being run by HCC. Having spoken to someone who went to visit a similar facility which is run this way and has become a success.”**

Several said they needed more information about what this option would look like to make their decision.

**“With the relevant information I would give it due consideration”**

**“Yes, would be willing to explore that, but we would need a lot more detail to start considering this. We would prefer HCC to continue funding though and have a model that is co-produced”**

**Do you have any other comment you would like to add about carers breaks and carers support?**

### **The importance of being able to get good quality respite.**

**“These breaks are essential and so is carers support. It is an extremely stressful life, caring for someone, so knowing there is trustworthy help by professional empathetic people is a must. Sometimes it’s difficult to get the strength to carry on!!”**

**“Respite saved me from suicide, sadly only received respite when having a breakdown. Need the break at the end of every 4 months to recuperate from 24-hour caring”**

**“As we get older, we need more respite because sometimes we find it a real struggle and just want some of the weight lifted off our shoulders, and the responsibility for a short while. Going for respite at Orchard Close is ideal. Please keep it open for us and all the other carers who use it. We need this support.”**



### A lack of support for carers

A recurring issue was parent carers felt they did not have enough support and were not listened to regarding their support needs.

**“As carers we don’t feel we get supported, why do we have to fight for everything”**

**“Severe lack of carers support. Already on our knees - we need supporting not constantly fighting - please support us.”**

**“We feel we are not being listened too”**

### Cost savings in respite care could lead to rising costs in the longer term if families are unable to cope

Participants said that cuts in respite services could cause families to be unable to continue being carers, leading to service users having to move into fulltime residential care.

**“We as parents/carers have to fight for everything that our adults need and most of what they need we shouldn’t have to constantly battle for. All we need is some support for us to be able to care for our adults at home with the help of respite. The alternative would end up costing HCC the millions we save them every year with them not being in full time residential care.”**

**“Despite the need for councils to balance their books and make cutbacks if they continue to do so e.g closing Orchard Close then this means carers have even less support. This inevitably means in a lot of cases a crisis occurs when carers can't cope because of a lack of respite and those they are looking after end up being placed in residential care or some other care. There needs to be more support and availability for respite for carers to sustain looking after people with learning disabilities who live with family/parents.”**



# Orchard Close Staff Engagement

Healthwatch Hampshire were asked by the Voluntary Sector/Carer/Service User/Officer Working Group to consult Orchard Close staff for this engagement.

## Methodology

Healthwatch Hampshire adapted the questions set by the working group in order to capture the views and experiences of Orchard Close staff. The questions in the survey focused on what they were most proud of about the service, their perception of its impact on service users and carers/family members and their preferred option for future delivery. It also asked staff to consider possible improvements to the service and avenues for income generation.

The survey was delivered via an online portal ([www.smartsurvey.com](http://www.smartsurvey.com)) which allowed staff to comment anonymously, with the results being sent directly to Healthwatch staff. Healthwatch also offered to send out written surveys to any staff members who would prefer to complete it in paper format. Healthwatch received responses from 12 staff members in total.

## Findings

### What aspects of the service at Orchard Close are you most proud of?

Staff identified many aspects of the service which they felt proud of; these included, helping service users grow in confidence, delivering personalised care, providing an exciting holiday, building trusting relationships with service users and giving carers “peace of mind” while they had a break.

### Helping service users grow in confidence

Staff said that they were proud that the care they provided at Orchard Close helped service users grow in confidence, socialise and learn new skills. This was echoed in responses received by service users, many of whom said that their time at Orchard Close had helped them be more independent.

**“I walk into Orchard Close and instantly feel proud of everything we do, it’s hard to separate but I think our proudest moments are when a new service user joins us and how it can sometimes change their life, as in they come out of their shell and gain confidence and become able to approach us, to socialise with other service users and even make long term friends.”**

## Orchard Close Engagement

**“I’m proud of the fact that most of the service users we have staying at Orchard Close absolutely adore coming here, they look forward to it and are so pleased when they walk through the door. I’m proud of the fact the service users feel safe, happy and looked after whilst staying at Orchard Close. It’s also lovely to know that they get the opportunity to try new things, have different experiences and make new friends.”**

### Personalised care

Staff said one of the service’s strengths was that it offered a personalised approach to care. They said by focusing on the needs and choices of service users and their families, they were able to ensure that service users got the most out of their time away, and carers felt secure that their loved ones were well cared for.

**“Service users come here to have a holiday. Everyone is treated as individuals and their break is tailored to what they want from their holiday.”**

**“I am incredibly proud of the team and the way they are able to adapt their approach to any individual who uses the service.”**

**“With regards to special requests, bookings, activities etc, if there is any possibility something can be done - then Orchard Close will leave no stone unturned to try and get it done for our service users”**

**“100% person centred orientated”**

### Activities, Location and Community Links

Staff said service users enjoyed trips and activities with their friends. They also felt that the seaside location, the house, grounds and the links with+ the local community meant that Orchard Close offered something unique.

**“Beautiful, large garden, suitable for people with autism, perfect location, very near the beach”**

**“The totally unique environment with amazing grounds, orchards and space for our most challenging service users to be able to explore in a very safe environment. The fact that WE CARE”**

**“We make excellent use of the local Hayling beach train which runs along the beach front and it is a weekly activity. The local vendors are very welcoming, and the local community is often supporting us.”**



### **Trusting and supportive relationships with service users**

Staff were proud that they had built strong trusting relationships with service users, in some cases over many years.

**“The staff team care, it's not just a job, and have built up a strong rapport of mutual trust and respect!”**

**“The longevity of the staff team ensures we have a very clear insight into our service users’ needs and requirements and how to give them the best stay possible.”**

**“Some of the staff team have been working there a number of years and are very familiar with our guys, whilst also enjoying meeting new users and introducing them to our service. This is a process that can take several years of building up routines and trust among our guys e.g. it is wonderful to see how a service user with high support needs would scream for hours in the car park and refuse to get out of the car several years ago, will now run into the building chatting to all the staff by name and relaxing immediately into his routine.”**

### **“Peace of mind” for carers so they can take a break**

Staff felt proud that parents, carers and family members trusted them to look after their loved ones. They said that this enabled them to take a break without worrying.

**“We provide a safe happy environment where parents/carers feel confident about leaving their loved ones and are able to re-charge their batteries...”**

**“Parents/carers feel totally at ease to leave the country and go on their own breaks without a backwards glance as they’re so confident in Orchard Close staff team to look after them”**



**What could be done, if anything, to make Orchard Close better for service users and parent carers?**

**More allocation**

Staff said they felt that carers/parents/family would like the opportunity to use the service more.

**“I’m not sure parents/carers want anything, except maybe more allocation.”**

**“Service users/parent carers have the opportunity to pay for additional nights of respite”**

**Updating some of the facilities**

Staff spoke about upgrading the building and facilities, to make Orchard Close more accessible, improve service user privacy, and facilitate the use of technology.

**“The building could do with being updated - the Wi-Fi is non-existent at best - extremely challenging for service users who rely very much on that technology - although apparently its being updated shortly.”**

**“A lift maybe, to make upstairs more accessible to all. A lick of paint.”**

**“Some adaptations to the building to make supporting service users with disabilities a bit easier e.g. widen downstairs corridor, add hoist facilities in other downstairs bedrooms Room 1 and 5”**

**“Interior of building needs to be upgraded, for example; the walls, doors, need to be painted, renew toilets, bathrooms, bedrooms. General refreshment will be great”**

**Other comments**

**“Save money have set shut times i.e. Christmas do not open for one service user - waste of money. Have better in-house recruitment and deal with issues in house faster”**

**“For the service users, to be given more choice whilst here.”**

**“Give us more staff”**



**What do you feel is most important to service users and carers about Orchard Close?**

**Service Users**

Staff identified that service users most valued socialising, taking part in activities and staying in a safe, familiar environment with staff they trusted.

**“Meeting up with friends they've known, in some cases, for 30+ years. Going out on trips. Seeing their friends”**

**“That they are with their friends and do fun things together. That they arrange their breaks to come with their friends. Its relaxed and fun for them. Freedom from family i.e. stay up late, go out for meals and do more things in the evening and afternoons. It's fun here, and the fact they're with a group of their peers.”**

**“The `holiday` feel to Orchard Close has always appealed to families and service users. Many service users say Orchard Close is their holiday. The activities are very important to service users and families.”**

**Carers**

Staff identified that for carers/family members the most important feature of their respite at Orchard Close was that they could take a break, knowing that their loved one was well looked after and happy. Staff felt that trust and safety were key concerns, which echoes the responses received from parent carers/family members.

**“The care, and peace of mind... The well-trained staff - in all aspects of care. A safe and beautiful quiet setting”**

**“Parents and carers know that their family member will be safe, treated with respect and will have a lovely holiday while staying at Orchard Close. They trust the staff and management of Orchard Close.”**

**“I think the familiarity of the staff team is important to both service users and their families. I think knowing your son/daughter is being supported by people who know them well instils trust in parents/carers. This is also important to service users when supporting them with personal care, mealtimes and activities”**





### **Given the options presented by Hampshire County Council (HCC), which could include:**

- HCC Adults' Health and Care continues to run a service at Orchard Close in its current format.
- Somebody else runs a service at Orchard Close e.g. a private or voluntary organisation.
- Carers/Parents/family/staff have control over the running of Orchard Close through a charitable trust or Community Interest Company.

### **What do you want to see in the future for service provision at Orchard Close?**

All staff who stated a preference, said they would like the service to remain being run by HCC Health and Care.

**“HCC to continue to run the service - HCC is accountable to a much more rigorous standard than most private companies and that is what our service users need and expect.”**

**“HCC to carry on running it but to accept service users who pay privately as we use to do, removing these in the first place has seem to trigger a loss of incoming finance.”**

### **Do you have any ideas or suggestions on efficiencies and possible income generation at Orchard Close?**

Staff felt that income could be generated by making unused occupancy available to carers from other geographical areas, by allowing self-funding and permitting the purchase of extra nights.

**“HCC could sell some beds outside of Hampshire which is what used to happen in the past. Dates could be offered to service users from other counties when occupancy isn't so high.”**

**“To take people from outside of county and direct payments as we used to take them... they would add finances to the service and fill the empty beds during quieter months”**

**“Allow for people out of county to pay for nights of respite. Allow for shared lives, residential to pay for nights of respite... advertise Orchard Close across the UK to anyone with a learning disability and allow them to pay for respite at Orchard Close”**



# Summary of findings

**The over whelming response from service users, parents, carers and families and ultimately the option most favoured is for Hampshire County Council to continue to run the service at Orchard Close.**

Service users said they enjoyed their time at Orchard Close as they took part in activities and trips, they were able to socialise with friends and had positive relationships with staff who understood and responded to their needs. Service users also commented that they liked the house and gardens, the meals on offer and the seaside location. A significant theme in the feedback was continuity and consistency of the Orchard Close staff team. Service Users felt this was a key factor in the future service delivery.

Parent, carers and family members valued the respite they received through Orchard Close. It provided them with a trusted and safe place, giving them peace of mind while they took a break knowing that their loved ones were happy and well-looked after. The preferred option throughout the feedback was that Hampshire County Council continue to run the service, with concerns around any external provider giving the same quality of service currently received.

Parents, carers and family members were mixed in their responses to being more involved in the running of Orchard Close, with a significant amount concerned that any level of responsibility would not be possible due to caring commitments, their current professional and personal commitments and age being highlighted.

Where respondents were interested, further work needs to be investigated to ensure that any commitments are clearly defined and sustainable. Some suggested they would like to be more involved in decision-making processes, these could include having carer representatives on a charitable trust and a forum that gives service users and their carers the opportunity to help shape the service.

Parents, carers and family members highlighted that having good quality, regular respite was important for their wellbeing, which enabled them to continue their caring responsibilities. There was a consensus throughout the engagement activity that Hampshire County Council needs to communicate more effectively with parents, carers and family members and by listening to them, can be more responsive to their support needs.

## Acknowledgements

Healthwatch Hampshire would like to thank all the service users, parent carers, family members and staff who took the time to participate in this engagement activity.

With additional thanks to:

Carers Together

Hampshire County Council Adults' Health and Care Department

Speakeasy Advocacy

And all members of the Orchard Close Voluntary Sector, Carer, Service User & Officer Group

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	18 November 2019
<b>Title:</b>	Adult Safeguarding
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Jo Lappin, Head of Governance & Assurance, Adults' Health and Care

**Tel:** 01962 847696

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#### Purpose of this Report

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

#### Recommendations

2. That the Health and Adult Social Care Select Committee receives this annual update report related to adult safeguarding and notes it will be received by Cabinet on 9 December 2019.
3. That the Health and Adult Social Care Select Committee note the positive progress with regards to safeguarding adults in Hampshire and the commitment of a wide range of Adult Services officers in achieving this level of performance.
4. That the Health and Adult Social Care Select Committee note the developments and risks in relation to the remit of our local authority statutory duty to safeguard and keep vulnerable adults safe from abuse and/or neglect.
5. That the Health and Adult Social Care Select Committee note the contribution of the Hampshire Safeguarding Adults Board in leading the development of policy across the four local authority areas of Hampshire, Portsmouth, Southampton and the Isle of Wight.
6. That the Health and Adult Social Care Select Committee receive a further update on adult safeguarding in 12 months' time.

#### Executive Summary

7. Adult safeguarding is a core duty of every local authority and the term is used to describe all activity undertaken to prevent the abuse and neglect of

adults with care and support needs, as well as the response to abuse or neglect when it does occur. It therefore covers a spectrum of responses by a range of partners from prevention of abuse and/ or neglect through to criminal prosecution.

8. This report provides an overview of developments and actions undertaken by Adults' Health and Care and a range of partners in protecting the wellbeing of vulnerable adults in Hampshire.
9. Notable issues include the lead role of Hampshire Safeguarding Adults Board (HSAB) in respect of the policy update across Hampshire, Southampton, Portsmouth and Isle of Wight and the planning and preparation that will now be required to ensure readiness for legislation change in respect of people who lack mental capacity to consent to their care needs being met. The Deprivation of Liberty Safeguards (brought into effect through an amendment to the Mental Capacity Act 2005) will be replaced by Liberty Protection Safeguards in October 2020.

### **Contextual information**

10. There are several pieces of legislation covering adult safeguarding with the main statutory responsibilities for local authorities, Police and the NHS covered by the Care Act 2014 and subsequent statutory guidance.
11. Associated legislation includes the Counter Terrorism and Security Act 2015 and the Crime and Disorder Act 1998 which concern the areas of PREVENT and our community safety responsibilities.
12. Adults' Health and Care leads on PREVENT and community safety on behalf of the wider Council and these areas are overseen by the Director of Adults' Health and Care alongside the adult safeguarding responsibilities.
13. Resources have recently been refocused to ensure dedicated leadership and the necessary expertise is applied to these specialist areas, distinct from the adult safeguarding responsibilities.
14. Although previously covered in this generic annual report these areas are now covered in separate reports due to the high level of risk and the specialist nature of the areas involved.

### **Hampshire Safeguarding Adults Board (HSAB)**

15. The Hampshire Safeguarding Adults Board continues to be a well-established successful strategic Board whose membership includes all multi-agency partners. The Independent Chair role is currently being recruited to following the previous post holder stepping down.
16. The policy framework for adult safeguarding is shared between the four local authority areas in Hampshire and the Isle of Wight. The Hampshire Safeguarding Adults Board continues to lead the policy development work

on behalf of Southampton, Portsmouth and Isle of Wight. The current policy, guidance and toolkits are in the process of being refreshed which will be completed by the end of this year. All 4 Local Safeguarding Adults Boards (4LSABs) are taking a role in this as part of a substantial refresh/update programme. Once completed and ratified by the 4 Boards this will continue to be the overarching safeguarding policy that applies to all partners within the pan Hampshire area and will continue to enable partner organisations such as the Police, Hampshire Fire and Rescue Service and NHS Trusts who work across local authority areas to benefit from a consistent approach.

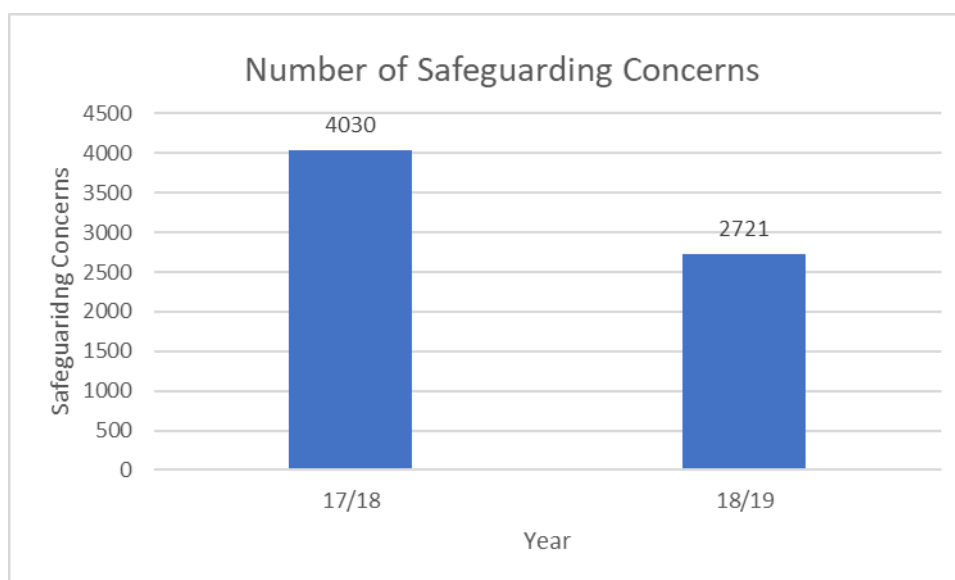
17. The 4LSABs continue to work together in order to coordinate as far as practicable the work of adult safeguarding. There are now a number of 4LSAB work groups pan Hampshire addressing areas of common interest with regards to adult safeguarding. These groups are multi-agency and have allowed increased opportunities for the sharing of resource, reduced duplication as well as joint working. This coordinated approach has resulted in:
  - Co-ordinated policy and guidance development. 4LSAB policy and processes have been designed to explain simply and clearly how agencies and individuals should work together to protect people at risk. The target audience for this Policy is therefore, professionals and front-line workers and volunteers.
  - Ensuring local safeguarding arrangements are effective and deliver the outcomes that people want.
  - Improved workforce development and a coordinated approach to training.
  
18. The HSAB has also been working in collaboration with the 4 local Safeguarding Children Partnerships (4LSCPs) and the 4LSABs in Hampshire, Isle of Wight, Portsmouth and Southampton on the jointly developed Family Approach Protocol. The protocol was commissioned in response to findings from a range of reviews across the partnership which highlight the need for professionals to work effectively together to achieve better outcomes for adults, children and their families across all areas. This protocol outlines a set of principles including a commitment to joint training, awareness raising within the collective workforce, development of joint policies and guidance, awareness of the Mental Capacity Act 2015 and shared Learning into Practice activities. The information in this toolkit is free to access and available to all practitioners from any agency / organisation. The HSAB promotes the 'Think Family' theme across respective Board activities. The protocol was formally launched at the joint 'Think Family' conference held in January 2019, which was followed up with 5 awareness sessions, provided within Hampshire by the HSAB and the HSCP which attracted 151 attendees.
  
19. Under the Care Act 2014, local safeguarding adults' boards have a statutory duty to carry out a Safeguarding Adults Review (SAR) when an adult with care and support in its area dies and where it is suspected that the death was as a result of abuse or neglect. In these circumstances if there is a

concern about how the HSAB, its members or organisations worked together to safeguard the adult a SAR is undertaken. The purpose of the SAR is to establish whether there are any lessons to be learnt from the circumstances of a particular case and the way in which local professionals and agencies worked together to safeguard the adult at risk. The SAR brings together and analyses findings from investigations carried out by individual agencies involved in the case, in order to make recommendations for improving future practice where this is necessary.

20. In January 2019 the HSAB commissioned a SAR to review the circumstances of Ms D's case. The purpose of the review was to draw out specific thematic and organisational learning related to the care and treatment of a young woman with mental health issues. As part of the SAR process, a multi-agency reflective workshop was held with the practitioners and operational managers involved in Ms D's care and support. This event focussed on Ms D's support and included transition from Children's to Adults' Health & Care, enabling reflection and shared learning in order to identify opportunities for improved working within and between agencies in the future.
21. In July 2019 the HSAB commissioned a further SAR into the circumstances of the death of Ms E who died in hospital following a poor end of life experience in the months prior to her death. Interviews have taken place as well as a reflective workshop in Oct 19. Both reviews have been undertaken with the full involvement of the families involved.
22. The HSAB also provides a fully funded training programme that can be accessed by all partner agencies, including faith groups and the voluntary sector. The training provided is very popular and well attended and includes the following topics:
  - Self-Neglect
  - Making Safeguarding Personal
  - Managing Risk.
  - Adult Safeguarding Awareness
  - Safeguarding enquiries
  - Financial Abuse
  - Family Approach Protocol
23. The HSAB is in the process of producing the annual report for 2018/19 outlining the progress achieved against the priorities published in the strategic plan. These priorities focus on the themes of awareness and engagement; prevention and early intervention; workforce development; quality assurance; learning and review and service user involvement including Making Safeguarding Personal. The annual report highlights the key themes the Board will be focusing on over the coming year under the strategic priorities described above as well as a continued focus on joint working and coordination.

## Activity

24. Over the last few years Adults' Health and Care have continued to make improvements to the capture and reporting of safeguarding information. As a result of these changes it is not possible to directly compare activity between years.
25. The vast majority of safeguarding concerns are now directed to the Adult Multi-Agency Safeguarding Hub (MASH) where staff review them in relation to the action required, consider multi-agency information sharing and proportionality. This enables the services to ensure that concerns that require a different response, for example a review of the care arrangements, are dealt with by the social work teams and not through safeguarding arrangements.
26. The nature of concerns reported to Adults' Health and Care are often on a continuum of poor quality care through to extremely serious abuse. Information gathering is required before a decision can be reached to establish if abuse or neglect has taken place.
27. MASH screen all safeguarding concerns for cases which are not allocated to a community team or keyworker and advise on appropriate action.
28. An overview of recent annual referral numbers is shown below:



29. As can be seen in the figure above there were significantly fewer adult safeguarding concerns recorded in 2018/19 compared to the previous year. This reflects a variety of factors including the changes to the way in which providers are monitored on the quality of their provision, the more pro-active approach being undertaken in safeguarding adults and the work to support partner agencies with regard to determining a safeguarding concern. Of those concerns subsequently received a higher proportion became formal

safeguarding enquiries, with 36% (972) converting to S42 in 18/19 compared to 31% (1,266) in 2017/18.

### **Recent Achievements**

30. The Client Affairs Service (CAS) operates to manage the property and financial affairs for people who lack the mental capacity to do this for themselves. People supported by the team have no family willing or deemed suitable to do this on their behalf. The CAS works with people who are subject to appointeeship and deputyship. An appointee is responsible for managing a person's benefits if the person has a low level of financial assets and is in receipt of benefits with no other sources of income.
31. If a person's financial affairs are more complicated (for example, if they have additional sources of income, investments or significant savings) then deputyship is used to manage all financial affairs including savings, pensions, all sources of income and assets such as property and valuables.
32. This is a growing area for the County Council as the contract to provide the service for Southampton City Council has been extended to include all their deputyship, not just the higher value cases. This 'sold' service is developing further due to recent agreements with Guernsey and an agreement with the Clinical Commissioning Groups (CCGs).
33. The Service Manager for the DoLS and Client Affairs service is currently Chair of the National Association of Public Authority Deputies (APAD). In the capacity of this role she has been leading on a national training development to accredit the Client Affairs Case Officer Role using the Open College Network.
34. The Training plan is being rolled out nationally following the successful piloting in Hampshire. This accredited training will be rolled out across England and Wales to standardise the expected standard to operate corporate deputyship services within local authorities.

### **Key Priorities**

35. One of the key priorities is to manage the demand as effectively as possible and address the opportunity for closer joint working system wide. This includes further developing responses between Children's Services and Adults' Health and Care regarding common areas, such as through the 'Think Family' approach.
36. In the light of the new operating model within Adults' Health and Care and the subsequent restructure of Hantsdirect the interface with the Contact, Assessment and Resolution Team (CART) allows the MASH to offer an enhanced service to keep hold of cases for longer so that they are able to resolve more and therefore send less through to the community teams.



37. Work is continuing to support the continued improvement of the quality of Hampshire Police and South-Central Ambulance Service alerts and positive progress has been made, working alongside Southampton, Portsmouth and Isle of Wight local authorities. The current reporting process (PPN1) has improved the quality of referrals from partner agencies. The PPN1 form is due to be replaced with a national PPN2 form which will place greater emphasis on consent of the subject and offers greater opportunity to improve referral quality.
38. As mentioned earlier in this report there is an increased focus on prevention and early intervention. A key aim in this regard has been to integrate safeguarding and the prevention and intervention agenda across the continuum from the procurement of services through to delivery.
39. Work streams include:
- The further development of how we manage concerns and support quality in the residential, nursing and domiciliary care market. This work in turn impacts the quality of care and support people receive. There is positive strategic work with the NHS across Hampshire and IOW and a recently published draft quality strategy. This approach now allows for strategic oversight and early warning, intervention and support for providers who are commissioned by the NHS and the Council to provide care and support in regulated settings including people's homes and in residential and nursing services.
  - As a preventative approach and in line with the new domiciliary care framework additional quality checks for new providers before they are given business or added to the system is now in place. This aims to ensure that a baseline of information is known about a service before the department commissions packages of care. From the launch of the framework to July 2019 the Quality Team undertook work with 81 different domiciliary care providers.
  - Closer working with the social care regulator, the Care Quality Commission (CQC) and NHS colleagues to share information and agree consistent approaches to address poor quality care. The intention is to focus this approach to ensure that we have a robust approach to the management of quality in the sector to ensure we have pro-active embedded quality monitoring structures rather than just a quality improvement approach, largely based on a reactive risk based approach. This work recently includes piloting an approach working closely with the Home Office with regard to the management of risks related to illegal working.
40. The local authority responsibility in respect of Modern Day Slavery/Human Trafficking derives from section 52 of the Modern Slavery Act 2015. The local authority is known as a 'first responder' and has a role in respect of the initial intervention and signposting. Adults' Health and Care have worked

alongside the Police, Borders Agency, Salvation Army and the Medaille Trust to develop operational guidance which is now in place, with all referrals being managed via the MASH. There was a partner event on 18 October being hosted in Portsmouth to raise awareness of this responsibility.

41. Victims of trafficking may not identify themselves as victims. They may appear extremely closed, distrusting and reluctant to communicate. Traffickers and exploiters often develop complex strategies to keep their victims dependent on them, making it especially difficult for victims to escape or disclose details, even if protection and support are offered. Modern Slavery training has therefore been the focus of recent safeguarding update training for the social work workforce to ensure a greater awareness of how to identify victims and the required response. For this reason the scale of the crime is unknown.

## **Risk Issues**

### **Deprivation of Liberty Safeguards (DoLS)/Liberty Protection Safeguards**

42. The Local Authority acts as the 'supervisory body' under the Mental Capacity Act 2005 for Deprivation of Liberty Safeguards (DoLS). DoLS is the legal framework applied when someone has care and support needs which mean their liberty is deprived in order to keep them safe. Care homes and hospitals ('managing authority') must make an application to the local authority if they believe someone in their care, who lacks mental capacity, is deprived of their liberty as a result of care arrangements in place. These arrangements are necessary to ensure that no-one is deprived of their liberty without independent scrutiny.
43. As has been reported previously, as a result of a Supreme Court judgement in 2014 the number of people eligible for DoLS was extended considerably.
44. The available budget in the DoLS service has been increased as a result, removing the financial risk and the service is continually revising ways of working to further increase productivity.
45. In expectation of the Liberty Protection Safeguards mentioned earlier, the service is now developing an implementation plan and taking the lead across Hampshire and Isle of Wight in this regard, particularly with NHS partners.

### **Deprivation of Liberty (DoL)**

46. For people living in community settings requiring complex support packages there should also be due consideration as to whether the care and support arrangements amount to a deprivation of liberty. In these circumstances' applications are made to the Court of Protection. The greatest area of risk is our learning disability services and considerable delays are being experienced with applications referred to the Court of Protection.

## **Making Safeguarding Personal**

47. All practice should evidence a Making Safeguarding Personal approach to ensure the wishes and views of individuals are reflected in all decisions. System changes have been developed to enable recording of decision making but a recent internal audit has identified this to be an area for development. HSAB has Making Safeguarding Personal as one of its strategic priorities and this area is under Board scrutiny, as well as the application of the Mental Capacity Act 2005. However, the emphasis will be placed upon readiness for the Liberty Protection Safeguards, rather than on practice and guidance which will require change.
48. The internal safeguarding review and subsequent audit has further identified opportunities to develop the service in respect of improving consistency, clarifying process and procedure and to take a more strategic approach to safeguarding across the whole department.

## **Gosport War Memorial Inquiry**

49. The Gosport War Memorial Hospital Inquiry Report was an in-depth analysis of the Gosport Independent Panel's findings. The report revealed that at Gosport War Memorial Hospital the lives of a large number of patients were shortened by the prescribing and administering of "dangerous doses" of a hazardous combination of medication not clinically indicated or justified.
50. As a result, HSAB has maintained a scrutiny role to oversee the response to the Inquiry Report which has been co-ordinated by an Oversight and Assurance Board which includes membership of Adults' Health and Care. This Board is a time limited Board and HSAB will be seeking confirmation that future governance is in place to ensure lessons are being implemented across the relevant agencies concerned.
51. We await the outcome of ongoing work by Essex and Kent Constabularies into historic issues at Gosport War Memorial Hospital.

## **Finance**

52. Adult safeguarding is core work for our front door services and for every team. It is therefore embedded in all service provision as a core duty of the department and as a result it is not possible to provide a total cost for carrying out safeguarding work within the Department.
52. In line with a national formula the HSAB budget is made up of agency contributions as follows - Adult Services 63%, Clinical Commissioning Groups 26% and the Police 11%.
53. The total HSAB budget in 2019/20 breaks down as follows:
  - Local authority - £86,782.56
  - Clinical Commissioning Group - £35,815.18
  - Police - £15,152.26

54. The DoLS budget has been increased to £1.3million in order to support the demands being made upon the service. The department will continue to successfully operate within this budget. However, it is important to underline that we are continuing to use a risk-based approach to manage this area of activity, despite the increases in the budget made available the size of the demand in this area is being actively managed, rather than reduced.

### **Future Direction**

55. The focus of the work over the coming months will be to:

- Ensure the approach of Making Safeguarding Personal continues to improve
- Deliver the Hampshire Safeguarding Adult Board Business Plan
- Continue to work with the NHS and CQC regarding quality improvement
- Refresh the 4LSAB Multi-agency Policy, Guidance and Toolkit.
- Prepare for the introduction of Liberty Protection Safeguards.

### **Conclusion**

56. The approach to adult safeguarding in Hampshire continues to be well understood and co-ordinated via strong partnership arrangements across the 4 local authority areas and with all partners.

57. Within Adults' Health and Care the work is overseen by a senior officer reporting directly to the Director to ensure the Director of Adult Social Services responsibilities are met.

58. Once the Independent Chair role is recruited to this will provide the opportunity to further develop the collaborative arrangements across the partnership and it is hoped will result in a strengthened executive arrangement across Hampshire and Isle of Wight.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

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

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

The multi-agency policy, guidance and toolkit has its own equality impact assessment. The local authority approach to safeguarding is applicable across all communities. This is an annual report, so no individual Equalities Impact Assessment has been undertaken.

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
<b>Date of meeting:</b>	18 November 2019
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Director of Transformation and Governance

**Contact name:** Members Services

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#### **Purpose of Report**

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

#### **Recommendation**

2. That Members consider and approve the work programme.

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

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD	
<p><b>Proposals to Vary Health Services in Hampshire</b> - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.  <b>(SC)</b> = Agreed to be a substantial change by the HASC.</p>										
Page 96	<b>Andover Hospital Minor Injuries Unit</b>	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, then September 2019  Next update Jan 2020, inc UTC developments (invite West CCG to joint present with HHFT).		x			
	<b>North and Mid Hampshire Clinical Services Review (SC)</b>	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 changes proposed, HASC to receive an update.				



Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD
<b>Move of Patients to Eastleigh &amp; Romsey Community Mental Health Team</b>	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.	<b>x</b>  (Written Update)				
<b>Spinal Surgery Service</b>	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 (PHT) and Sep 2019 (UHS).			<b>x</b>		
<b>Chase Community Hospital (Whitehill &amp; Bordon Health and Wellbeing Hub Update)</b>	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 Sep 2019.			<b>x</b>		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD
<b>Mental Health Crisis Teams</b>	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			
<b>Integrated Primary Care Access Service</b>	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			
<b>Temporary Closure OPMH Ward</b>	Southern Health NHS FT – reported in Oct temporary closure to admissions to Poppy and Beaulieu wards.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Last Update received at Jan 2019 meeting. Beaulieu temp closed for up to 6 months. Update on reopening provided May 2019. Requested further written update Nov. 2019.	x (Written Update)				
<b>Planned Changes to Learning Disability Service</b>	A new base for staff due to enduring logistical challenges.	Living Well Healthier Communities	WH CCG	Received May 2019	x (Written Update)				
<b>Beggarwood Surgery Closure</b>	Alternate plan to closing, continuing to provide GP	Living Well Ageing Well	NH CCG NHUC	Presented September 2019		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD
	services with NHUC provider.	Healthier Communities							
<b>Orthopaedic Trauma Modernization Pilot</b>	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019			x		
<b>Out of Area Beds and Divisional Bed Management System</b>	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019		x			
<b>Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.</b>									
<b>Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire</b>	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		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD
				<p>2019 and attendance Nov 2019. Focused Inspection of ED update provided May 2019. CQC Update provided July 2019.</p> <p>SHFT – latest full report received Nov 18. Update received April 2019, and further update with paper received July 2019.</p> <p>HHFT last update heard in May 2019.</p> <p>Solent – latest full report received April 2019, requested update on minor improvement areas for Nov 2019 (could be paper only)</p> <p>Frimley Health NHS FT inspection report published 13 March 2019 and update</p>		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD
				provided July 2019.  UHS FT being inspected Spring 2019. Update provided July 2019.			x		
<b>CQC Local System Review of Hampshire</b>	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 move update - presented October 2019.					
<b>Sustainability and Transformation Plans: One for Hampshire &amp; IOW, Other for Frimley</b>	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	x  (Final Papers Submission)				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD
				detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19.					
<b>Assessments of Children in Schools and Change in Provider</b>		Starting Well  Healthier Communities	CAMHS			x			
<b>Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</b>									
<b>Budget</b>	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 at Sept 2019 and written response to concerns/queries.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD
<b>Orchard Close</b>	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 Group agreed, to meet to consider options and feed back to Nov 2019 meeting.	x				
<b>Integrated Intermediate Care</b>	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), last update Oct 2019					
<b>Working Groups</b>									

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD
<b>Orchard Close Working Group</b>	To form a working group to consider all wider options regarding the future of Orchard Close.	Living Well Healthier Communities	Hampshire County Council Adult Services and Charitable Trust	April 2019 Working Group ToR agreed, first meeting in June 2019 and feed back to Nov 2019 meeting.	<b>Ongoing until 11 November.</b>				
<b>Sustainability and Transformation Partnership Working Group</b>	To form a working group reviewing the STPs for Hampshire	Starting Well Living Well Ageing Well Healthier Communities	STP leads All NHS organisations	Set up in 2017, met in 2018 and 2019. Report back to HASC Oct 19.	<b>Will meet as needed going forwards.</b>				
<b>Update/Overview Items and Performance Monitoring</b>									
<b>Adult Safeguarding</b>	Regular performance monitoring of adult safeguarding in Hampshire	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Nov 2018, next moved to Nov 2019.	<b>x</b>				



Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	18 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	TBD
<b>Public Health Updates</b>	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					
<b>Health and Wellbeing Board</b>	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.			x		

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Section 100 D - Local Government Act 1972 - background documents**

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

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

### **2. Equalities Impact Assessment:**

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

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