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NOTICE OF MEETING

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| Meeting | Health and Adult Social Care Select Committee |
| Date and Time | Wednesday, 4th March, 2020 at 10.00 am |
| Place | Ashburton Hall - HCC |
| Enquiries to | members.services@hants.gov.uk |

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

FILMING AND BROADCAST NOTIFICATION

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 18)

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. OUTCOME OF THE CONSULTATION AND RECOMMENDATIONS ON PROPOSED CHANGES TO HAMPSHIRE COUNTY COUNCIL'S LEARNING DISABILITY RESPITE SERVICES (Pages 19 - 134)

For the Health and Adult Social Care Select Committee to pre-scrutinise the proposals and consider the recommendations proposed in the report.

7. PROPOSALS TO VARY SERVICES (Pages 135 - 156)

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

Items for Monitoring

- a. Orthopaedic Trauma Modernization Pilot (Hampshire Hospitals Foundation Trust)
- b. Spinal Surgery Service Implementation Update (University Hospital Southampton)

8. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 157 - 210)

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

- a. CQC Inspection Update from University Hospital Southampton Foundation Trust
- b. CQC Inspection Report from Southern Health NHS Foundation Trust
- c. CQC Inspection Report from Portsmouth Hospitals NHS Trust
- d. CQC Inspection Update from Frimley Health NHS Foundation Trust

9. ANNUAL HAMPSHIRE SAFEGUARDING ADULTS BOARD REPORT
(Pages 211 - 242)

To consider an independent annual update on Adult Safeguarding.

10. WORK PROGRAMME (Pages 243 - 254)

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

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

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

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

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Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on
Wednesday, 15th January, 2020

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 Michael White |
| 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 | |

*Present

Co-opted members

Councillor Alison Finlay and Cllr Dr Rosemary Reynolds

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.

178. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Jane Frankum and Adam Carew.

Apologies were also received co-opted members, Councillors Diane Andrews and Trevor Cartwright.

179. 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.

There were no declarations of interest.

180. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 18 November 2019 were confirmed as a correct record and signed by the Chairman.

181. **DEPUTATIONS**

The Committee did not receive any deputations.

182. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

A. Mental Health Crisis Teams across Solent NHS and Southern Health for PSEH (Portsmouth & South East Hampshire) Update

Over the last 6 months, the Solent crisis team has faced significant staffing pressures and identified service improvement activities needing attention. After careful consideration and in consultation with Portsmouth CCG, they have decided to pause involvement in the PSEH Crisis Team development for the next 9 to 12 months and concentrate on resolving local challenges.

This will mean the relocation of the overnight crisis staff back to the Orchards but will not result in any loss of crisis capacity for the city, as it is simply reverting to the original service delivery arrangements. The decision was not taken lightly, and the hope is to re-start in a much stronger position in the future to explore the opportunities for joint working across PSEH.

B. Prescription Shortage Update

The Chairman thanked Cllr Thornton for raising this matter and Cllr Grajewski for investigating further. The production of medicines is complex and highly regulated, and materials and processes must meet rigorous safety and quality standards. In such a global supply chain, problems can arise for various reasons including manufacturing issues, access to raw ingredients, batch failures and regulatory intervention.

Occasionally sudden changes in prescribing practice, particularly if implemented across several regions or nationally, can cause supply problems. Companies will have forecasted production based on expected demand several months in advance and would be unlikely to have significant reserves of products if not alerted well in advance.

All of this means that some supply problems with medicines will always exist and require national management as well as local collaboration across the DHSC (Department of Health and Social Care), the NHS (National Health Service) and by prescribers across the health service to help mitigate the risk affecting patients. In order to support the UK's exit from the EU and the sustainability of the supply chain for medicines, NHSE (NHS England) and NHSI (NHS Institute for Innovation and Improvement) have seconded seven senior pharmacists into Interim Regional Pharmacist roles (one for each of the seven regions).

183. PROPOSALS TO VARY SERVICES

Items for Monitoring

a. Integrated Primary Care Access Service Update

Representatives from the Southern Hampshire Primary Care Alliance and Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups provided an update on Integrated Primary Care Access Service. The hub offers GP (General Practitioner) out of office service and is part of a national pilot for evening and weekend appointments, routine and urgent, when GP surgeries are closed. Members heard:

Seven months of running services has highlighted stresses and operational delivery issues, as set out in the paper. Public engagement has shown how people use the service and the ease of access to full medical records. However, the services moving from place to place have been complicated for bookings and 111 responders, in an already confusing landscape.

Geographical challenges, inadequate GP recruitment, and service challenges if GPs are absent have been significant hurdles leading to system pressures and challenges, reliability of service provision, and missed appointments. Winter pressures are building up and changes are being considered to increase capacity to meet demand.

In response to questions, Members heard:

While there have been accessibility and transportation issues, the provision of transportation and video consultations (especially for mental health appointments) are being considered as a long-term solution. Manual recording of where people are coming from have been used to assess needs and challenges. The current provision allows for home visits when patients are unable to come in (scheduling may vary depending on pressures) and one such visit has taken place in the last month.

Traditional GP practices are not commissioned to provide mandated out of hours services. While 92 doctors have been signed up and are part of the rota capacity, they may also have other commitments and barriers to working. There has been a shift from locum to the contract model to meet provisions, and consideration of employment model changes and necessary consultations. There is also a missed opportunity for doctors who are wanting to shift how they work to a portfolio way.

Out of hours practice names and changes, varying locations and times can continue to cause confusion, distance challenges, appointment cancellations, difficulty filling GP shifts, etc. which can result in more 111 calls and emergency hospital visits. The fundamental aim is to consolidate services and meet needs as best possible within current geographical restraints.

With GP availability and recruitment challenges, traditional models are not sustainable in the short or long term, but having consolidated practices are the way forwards to allow clinics to continue to run. For indemnity purposes and

transformation change, a doctor has to be on the premises for prescription checks, limiting the authority of advanced nurse practitioners and paramedics.

Communication strategies are also in place to provide support and education on self-care, services available at chemists, home remedies, when to ring 111 or A&E (Accidents and Emergency) etc. to better care for oneself. In addition to ongoing campaigns in communities, school training for new generations are helping with both self-care and mental health concerns. Attitudes are shifting and there is a growing trend for timely visits with all practitioners, not just doctors.

Funding is available through the national mandate but balancing operational and staffing challenges alongside public expectations is critical for the service to flourish. Consistent direction from 111 and A&E providing up to date information about hub locations and appointment availability is key. Managing the first contact better and providing appropriate triage and advice, can be a workforce challenge and capacity issue.

The Hampshire geography can be more restrictive than city geography. Tracking traveling assessments and missed appointments at surgeries can be used for making improvements and implementing new technologies to avoid unnecessary or missed appointments.

A new service in Hampshire, e-Consult, will provide online consultation and more data will be available as time goes on. Every GP surgery have or will have this service on their website to be accessed via a GP specific link.

RESOLVED:

That the Committee-

- a. Noted the update and current challenges as well as any recorded issues addressed and/or resolved
- b. Requested a further update in July 2020.

Cllr Fairhurst arrived at this time.

b. Andover Hospital Minor Injuries Unit Update

Representatives from Hampshire Hospitals Foundation Trust provided an update on the outcome of the co-production work undertaken to develop a viable service model for the delivery of an Urgent Treatment Centre (UTC) in Andover, including key milestones to re-design urgent care services to provide a high quality, consistent service offer to the Andover population, which delivers improved patient experience. Members heard:

The goal remains simplifying services for patient access in the community to avoid a confusing landscape offering fragmented services. The 5 GP practices forming the primary care network are coordinated, well sustained, and operating effectively. Currently, all services will continue exactly as they are, extending contracts and considering medium-term offers.

Procurement design and complexities will be addressed with a cohesive plan and core benefits and parking, and accessibility and geography are ideal for use. The Andover Health Centre is being re-provisioned and redesigned for business care approval and will be co-located with the MIU with out of hours extended options. An NHS exemption as urgent treatment centre will be filed while operating business as usual. A detailed programme of engagement will determine service design to be fit for purpose based on local flavour and EIAs (Equality Impact Assessments).

In response to questions, Members heard:

Appropriate directing will should always be provided by 111, the first point of contact, to either the UTC or A&E due to limitations in clinical skill set and patient safety issues.

Implementing training for staff depends largely on their function and broader responsibilities. It is fundamental to have staff who feel qualified and have access to specific training packages as needed.

Partner organisations include agencies that are part of the NHS family, but also external institutions based on credible bids from tendering practices.

There will be a name change and a formal note of not being a UTC (under national specification) and by April 2021 a new local service offer will be in place.

Local stakeholders and patients, as well as staff, must understand the changes and be consulted. Engagement will take place sequentially to keep stakeholders fully informed and with formal engagement to follow. A communication and engagement plan will be pivotal in meeting the challenges in keeping staff, patients, and the community informed.

Members commended the diligent operation of the Andover Health Centre.

RESOLVED:

That the Committee-

- a. Noted the update and current challenges as well as any recorded issues addressed and/or resolved
- b. Requested a further update in September 2020.

c. Out of Area Beds and Divisional Bed Management System

Representatives of Southern Health Foundation Trust provided an update on recent developments. Members heard that Out of Area patients placed outside Hampshire have been decreasing and currently the number is 31.

In response to questions, Members heard:

There remains a dependence on Out of Area beds (currently there is a 17-bed block contract) at significant cost, but it has proved to be better for care and a preferable alternative to purchasing beds piecemeal from various providers. Private bed provisions will no longer be purchased by the end of the financial year.

Population growth and demand for services, especially mental health services, remain a challenge but inpatient care is a last resort. Investing in community services and alternative outpatient care is complex but critical, in addition to increasing bed capacity.

This is a positive direction for patients and loved ones, but cost, growing provisions, and accurate forecasts remain a challenge in service provision.

RESOLVED:

That the Committee-

- a. Noted the update and current challenges as well as any recorded issues addressed and/or resolved
- b. Noted that the proposed change is in the interest of the service users affected
- c. Request a written update for March 2020 including details on current fiscal arrangements for Out of Area Beds

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

a. CQC Inspection Update from Southern Health Foundation Trust

Representatives of Southern Health Foundation Trust provided an update on their upcoming CQC inspection report. Members heard that there was a delay in publication due to internal CQC issues and it is now expected later in January. The action plan notes that most actions are complete, and the remaining items will be rolled over into the new plan based on the latest report.

In response to questions, Members heard:

The CQC criteria for safety include reporting, investigating, physical environment safety, staff training, robust processes for medicine management (temperatures and dates), etc. among others. Members expressed their concern about patient safety, but also that of the staff. The Trust anticipates receiving and sharing a positive report very soon.

RESOLVED:

That the Committee-

- a. Noted the approach and actions of the Trust to respond to the findings and address areas of concerns.
- b. Requested an update in March 2020.

b. CQC Inspection Update from Hampshire Hospitals Foundation Trust

This item was taken out of order at the Chairman's discretion.

Representatives of Hampshire Hospitals Foundation Trust provided an update on their detailed action plan since their last CQC inspection report based on September 2018 visits. Members heard:

Issues and notices (Section 29a, 31) were served, requiring must do actions. Systematic progress was made on 229 items, some partial and with continued monitoring of progress. Notice 31 regarding emergency care was lifted 3 weeks ago. Further work continues and weekly reports are reviewed regularly. Building improvements have been morale boosting for staff.

Better training and awareness for staff has helped in providing care in the right setting for individuals with mental illness, learning disabilities, and autism. Investing in mental health teams and having a Mental Health Act manager alongside a Learning Disability Liaison nurse has been a positive development. Equipment maintenance and timeliness issues have been addressed almost completely.

Governance improvements have been made with regards to complaints, mixed sex accommodation, and accessible information standard. Well-led improvements have included new changes to the board make-up, sub-committees, the architecture of governance in responding to CQC recommendations and managing risk and risk registers. Staffing remains the most significant risk currently addressed with agency support and overseas hires.

Culture findings are taken seriously while implementing and modelling values with a current appraisal rating higher than ever before. Appointing cultural change ambassadors and utilising expertise from external companies have been key to designing and implementing solutions and upgrades from the bottom up.

At the moment, there is an incredible pressure and demand and the CQC is currently looking at 3 core services – surgery, medicine, urgent and emergency care. Basingstoke and Winchester have CQC visits today and Andover will follow for comprehensive observations with an inspection report expected in April.

Self-assessment reviews note areas that require further work. The CQC will see a hospital under pressure with unprecedented demand and increases in usage and challenges whilst providing safe care.

In response to questions, Members heard:

Agency nurses are meeting expectations as they are provided with an induction and work regularly with teams.

CQC priorities align with those of the Trust but trying to address competing priorities such as finance, operations, quality, and increased pressures on staff remain a challenge. There are many pressures that need to be addressed and can add strain to the financial envelope.

Approximately 50 formal complaints are received each month, as well as informal ones which are generally resolved within a day. There has been increased responses, a focus on face to face meetings (not just written follow ups) and links made to lessons learned. Key themes and work streams are in place to continue to address concerns.

Previously, the assurances were not as robust as they could be. The Trust perhaps hadn't been sighted? on certain areas and performance, demand, activity pressures which would have had knock on effects. There is debate about accuracy in the judgment of self-assessments which are not always straightforward. The Trust would be pleased to see alignment between self-assessments and CQC observations.

Indicators suggest that best practices are being followed, and cultural changes are taking place with staff at all levels encouraged to share feedback via several channels which are reviewed regularly.

RESOLVED:

That the Committee-

- a. Noted the approach and actions of the Trust to respond to the findings and address areas of concerns.
- b. Requested an update in May 2020

185. **ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR PUBLIC HEALTH 2020/21**

The Director of Adults' Health and Care and the Director of Public Health provided a joint presentation on revenue and capital budgets including the breakdown for Social Care and Public Health. Members heard:

In the last ten years Central Government funding for Local Authorities has reduced by a significantly greater amount (70% plus) when compared to funding for other Government departments over the same time period. This has been the primary cause for the level of transformation reductions required by the County Council.

The County Council have continued with the mechanism for delivering savings previously used whereby savings are delivered in 2-year cycles with alternate year loss of funding being met from the Budget Bridging Reserve (formerly the Grant Equalisation Reserve). The impact of Tt2021 proposals approved in November 2019 were factored into the presented 2020/21 budget.

While reserves may appear as a significant amount, allocations have already been committed with only a minimum reserve amount within guidelines remaining.

Transformation to 2021 programme targets and proposals have been approved and must be delivered alongside delivery of the residual savings required through Tt2019. The concurrent running of two programmes will be a challenge to the department and this is evident through the expected timeline of delivery for Tt2021 with significant saving scheduled to be achieved after 2021/22. It is

forecast that this planned delay in savings can be covered from departmental cost of change and centrally held contingency funds.

Members congratulated officers and the department as the challenges have continued to build.

The Director of Public Health shared departmental challenges and the increased demand for services. Members heard:

Most Public Health services are commissioned out to NHS and other partners. Life expectancy is rising but healthy life expectancy is not increasing. Preventative effort and intervention are the focus with services that help people with smoking, sexual health, healthy weight, etc.

The Public Health strategy has been signed off by Cabinet. There is a need to ensure services that are delivered are clinically safe. There are national, international, and local health protection issues to manage include influenza outbreaks, sexually transmitted infections. Furthermore, the public health remit includes a system wide role of prevention leadership working alongside the NHS. There is a new strategic partnership with Isle of Wight (IOW) to maintaining outcomes without detriment to Hampshire and managing Hampshire staff and resource pressures.

More information will be available by April in terms of the ring-fenced grant but currently leaves no clarity in planning budgets, with uncertainty and assumptions around spending Public Health reserves. Savings are being delivered for lesser reliance on reserves than there have been in the past. Delivery of new responsibilities will be challenging with reduced funding.

In response to questions, Members heard:

Hampshire faces particularly challenges tackling health inequalities linked to poor health outcomes.

Public Health responsibilities include health visitor check including universal and more intense interventions for families who need it the most.

Oral health in children is good in the county and new ways of working will include training nursery workers, supervised toothbrushing, etc. to support good oral health.

Obesity will need a system approach and healthy weight continues to be a priority alongside smoking cessation, good nutrition, and empower communities for better mental health. Work with the planning authorities is a key way to support the work being done to address obesity.

Public Health mandated functions are wide and varied, including comprehensive sexual health checks, mother and baby checks – following and pre-birth, oversight of outbreaks of disease, population health management with the NHS, National Childhood measurement program, NHS Health checks drug and alcohol services, etc.

Members noted that prevention remains key to effective health services.

RESOLVED:

That the Health and Adult Social Care Select Committee consider the detailed budget proposals and -

- a. Supported the recommendations being proposed to the Executive Member for Public Health.
- b. Agreed any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member when making their decision.

186. **ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR ADULT SOCIAL CARE 2020/21**

The Director of Adults' Health and Care provided an overview of current and expected financial challenges. Members heard:

Nationally, social care inflation is close to 8% with pressures on the cost of buying services which far outstrip general inflation across the wider economy. Above inflation increases to cost of delivering care and staffing lead to financial challenges in cost of provision of care, market conditions and growing number of people with a range of more complex support needs. Inflationary pressures, growing needs, more population and funding challenges to social care remain. Building upon current assumptions that have been successful in the past is a first step, but longer-term financial situations are needed.

Social care staffing challenges across Hampshire are regulated by the CQC for quality of care with 35,000 people supporting those with social care needs in the sector both via the NHS and self-funded. This is refreshed by 30% each year and managing turnover and the recruitment churn adds to constant inflationary pressure. Cost, staffing, quality are the three major sector wide challenges to delivering care in the right way.

Work is ongoing with partner organisations to promote social engagement and prevent isolation. Social workers being available alongside 111 call responders help avoid at least 50 acute hospital bed admissions each month and cost to the overall system. Frail and elderly people need more care with acute admissions as they can decompensate and lose self-mobilisation.

The revised budget for 2019/20 is not dissimilar to the proposed budget for 2020/21. This is primarily due to the revised budget containing all the departmental cost of change expenditure. The equivalent expenditure will be added to the 2020/21 in April budget when then requirement is fully developed.

Currently a breakeven outturn position is expected for 2019/20 but this is on the basis that all departmental cost of change, (£30m) is consumed.

In response to questions, Members heard:

Overall the most important take away is the provision of care, i.e. buying or providing care. In terms of managing priorities against costs, it is a complicated process due to the many issues bound up together. Several different research-based figures are available in terms of the financial cost of social care under different models.

In Hampshire, 60% of people pay for their own care and 40% paid for by the Hampshire County Council and the NHS. While it is difficult to pin down exact numbers and the Care Act (2014) has changed some requirements and eligibility, a free social care system would be significantly more expensive than current arrangements.

With limited reserves and cash flow, savings are ever challenging. All upper tier authorities with social care responsibilities are managing their risk and currently, Hampshire County Council has 3 years of safe and secure provision of services, but beyond that window it is difficult to predict without foreseeing changes in funding. As a high functioning council in adult social care, engagement and conversations are in place for new approaches to working.

Hampshire innovates and uses both hands-on and technology enabled care to improve the quality of daily living and independence. Testing new technologies and co-bots' pilots will assist carers with less stress and strain on the workforce. Moving and handling musculoskeletal injuries can cause degraded capacity. Safer working conditions retain the workforce better and attract new people. There is continual demand which increases year on year, leading to social care pressures in providing ongoing support.

The forecast for savings from using new technologies and co-bots is difficult to determine, but the initial goal is to reduce the cost of double handed care which would allow one carer, rather than two, to safely mobilise individuals. The budget for domiciliary care is growing with increasing challenges as people are getting bigger and heavier. A significant reduction in double handed care allows for the release of funds for other spend or a reduction in the financial envelope. Co-bots would be another useful tool in a complex process.

Nurses are now leading organisations and are key to their success. Recruitment and retaining of qualified nurses are ongoing challenges in the wider sector but have been reversed for the time being with financial rewards, training and support, and quality working environments.

While there have been some challenges over recent months with the CQC, overall provisions are very good, and ratings have improved year on year. The State of Care Report shows Hampshire at 88% and above the national average of 84%.

RESOLVED:

That the Health and Adult Social Care Select Committee consider the detailed budget proposals and -

- a. Supported the recommendations being proposed to the Executive Member for Public Health.
- b. Agreed any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member when making their decision.

187. **ADULTS' HEALTH AND CARE: CAPITAL PROGRAMME FOR ADULT SOCIAL CARE 2020/21 - 2022/23**

The Director of Adults' Health and Care reviewed the capital programme which would carry forward funding from schemes in prior years and included locally sourced funding as well as government allocation.

Members commended officers for navigating a difficult financial situation with ever growing complexities and challenges.

RESOLVED:

That the Health and Adult Social Care Select Committee consider the detailed budget proposals and –

- a. Supported the recommendations being proposed to the Executive Member for Adult Social Care and Health.
- b. Agreed any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member of Adult Social Care and Health when making their decision.

188. **SOCIAL INCLUSION UPDATE**

The Director of Adults' Health and Care provided an update on Social Inclusion following the £2.4 million investment made in December 2018 in partnership with district and borough councils which have the statutory responsibility for these services. Members heard:

The service provides supported housing and community aid for those who are homeless or at risk of becoming homeless. The goal is to support people with the most complex needs and minimise the impact of funding challenges while ensuring that services dovetail with the work being done under the Homelessness Reduction Act.

A collaborative approach helps clarify the pathway and support development for meeting the social care needs of this client group. Targeted community support with a strength-based approach is available for those not being able to engage with traditional or mainstream services. Implementing changes over the 8-month transition period was invaluable in developing local service models with districts jointly funding services for providing comprehensive services and avoiding duplication.

In addition to housing needs and new initiatives to reduce rough sleeping, fast tracking processes are prioritised for adult social care assessments and providing telecare and occupational therapy services. Service provision is not without challenges, but impact on services and outcomes continues to be monitored. Current contracts in place have option to extend and are waiting for confirmation of funding.

In response to questions, Members heard:

Avoiding a revolving door situation for individuals with mental illness concerns, remains a challenge as this demographic can be a complicated group with complex issues. Developing initial relationships with support providers are key.

The street outreach model is joined up and linked with social care, but challenges exist in terms of hospital admissions with district and hospitals and there is more to be done to develop local social inclusion partnerships.

In the past, not having a permanent address has limited options for benefits, information, healthcare access, etc. but currently most benefits are managed online, which has its own set of challenges. Online services can be accessed in hubs and libraries and service providers have worked to be flexible and overcome challenges.

The HASC Task and Finish Working Group had worked in the past to achieve nearly all the savings required.

While there are geographical challenges and a high volume of people, they do have to access local services based on local connection rules. All districts involved are collaborating effectively, though they may have different approaches. Parish council support and local solutions would be useful next steps.

The concentration of beds in Winchester is due to existing legacy services jointly funded by Winchester City Council, and it can be difficult and expensive to locate new provisions. Development of new provisions would be considered in other areas.

Members viewed progress as success story with good outcomes, enthusiasm, collaboration and support at the district level and commend the whole Hampshire approach embraced.

RESOLVED:

The Health and Adult Social Care Select Committee noted the contents of this report.

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

RESOLVED:

The Committee considered and approved the work programme, subject to any amendments agreed at this meeting.

The meeting closed at 1:37 pm.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

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| Decision Maker: | Health and Adult Social Care Select Committee |
| Date: | 4 March 2020 |
| Title: | Outcome of the consultation and recommendations on proposed changes to Hampshire County Council's learning disability respite services |
| Report From: | Director of Adults' Health and Care |

Contact name: Jessica Hutchinson

Tel: 01962 832170

Email: Jessica.Hutchinson@hants.gov.uk

1. Purpose of Report

- 1.1 For the Health and Adult Social Care Select Committee to pre-scrutinise the proposals within the remit of this committee (see report attached due to be considered at the decision day of the Executive Member for Adult Social Care and Health at 3:00pm on 18 March 2020).
- 1.2 For the Select Committee to consider the recommendations proposed in the report to the Executive Member for Adult Social Care and Health, and to agree and make recommendations to the Executive Member accordingly.

2. Recommendations

That the Health and Adult Social Care Select Committee:

Either:

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

Or:

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

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HAMPSHIRE COUNTY COUNCIL

Decision Report

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| Decision Maker: | Executive Member for Adult Social Care and Health |
| Date: | 18 March 2020 |
| Title: | Outcome of the consultation and recommendations on proposed changes to Hampshire County Council's learning disability respite services |
| Report From: | 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 paper is to report to the Executive Member for Adult Social Care and Health the outcomes of the consultation on the future of Orchard Close respite service and Hampshire County Council's other three learning disability respite services and to make recommendations relating to the future of all four services

Recommendations

2. That the Executive Member for Adult Social Care and Health:
 - a) Agrees to the reduction in the number of respite beds offered at Orchard Close respite service from 13 to 10.
 - b) Agrees to the proposals to generate income from Hampshire County Council's other learning disability respite services by marketing a limited amount of spare bed capacity to increase their income from other public bodies as set out in this report.
 - c) Agrees that the changes to the four respite services as set out in this report should come into effect from 1 October 2020.

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 included proposals to close the respite service at Orchard Close, which were estimated to deliver savings of approximately £617,000.
4. Following this consultation, a recommendation was put forward to close the respite service at Orchard Close. However, at the meeting of the County Council's Health and Adult Social Care Select Committee on 11 February

2019, the Committee asked that the Executive Member for Adult Social Care and Health consider other options for the future of the respite service.

5. At the Decision Day on 29 March 2019, the Executive Member for Adult Social Care and Health asked that further work be undertaken on all possible wider options, and that further reports would be submitted not before autumn 2019. Two working groups were set up:
 - Members of the County Council's Health and Social Care Committee (HASC) considered options for the respite service at Orchard Close.
 - A working group was tasked with engaging with parents, carers, service users, staff, and other interested parties. It was chaired by an independent organisation (Healthwatch Hampshire). Independent representatives from Carers Together and Speakeasy Advocacy were also invited to attend.
6. One conclusion reached by the working groups was that they wanted Hampshire County Council to continue to run the respite service at Orchard Close. This was agreed by the Executive Member for Adult Social Care and Health on 3 December 2019.
7. 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 equates to 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.
8. As a result of these savings requirements, and following the engagement set out above, the proposals to reduce the number of beds at Orchard Close from 13 to 10 and to market capacity in the County Council's other three learning disability respite services were developed. Together it was estimated that these proposals would save an estimated £285,000, leaving an additional £332,000 to be found from services for people with learning disabilities.
9. On 3 December 2019, the Executive Member for Adult Social Care and Health approved opening an eight-week public consultation on these proposals.
10. A public consultation ran from 16 December 2019 until 9 February 2020 (see sections 18-21). A total of 212 responses were received, either online or via paper copies, as well as two letter and email responses. Three public consultation events were held allowing members of the public, particularly people using these services and their parents and/or carers to meet senior officers from the County Council's learning disability service. The key findings from the consultation are explored in sections 33-51 of this report, with the full consultation findings at Appendices D (i) and D (ii).
11. Speak Easy Advocacy ran three independent workshops as part of their usual advocacy sessions, without input from the County Council, and

submitted these findings to the County Council. A summary of these findings is included as part of the consultation findings.

Overview of Hampshire County Council learning disability respite services

12. Hampshire County Council currently runs four residential respite services for people with learning disabilities. These are Hindson House in Basingstoke, Jacob's Lodge near Totton, Newcroft in Locks Heath and Orchard Close on Hayling Island. The respite services are for people who live at home with family carers and no one lives at the respite services permanently. The number of nights respite that an individual receives, is dependent upon an assessment of the eligible need of themselves and their carers for respite.
13. Orchard Close respite service is currently registered with the Care Quality Commission (CQC) to provide respite for up to 13 people at any one time. In 2018/19 a total of 134 people with learning disabilities received respite at Orchard Close.
14. 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 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
15. The other three respite services are purpose-built and are each registered with the CQC for 8 beds. Details of their occupancy levels can be found in section 30 of this report.
16. Additionally, the County Council runs a residential service called West Street (in Havant) which is an emergency short stay service. This service is registered with the CQC for 15 beds.
17. In addition to the County Council's own respite services, there is a range of other respite options available for people with learning disabilities in Hampshire. These include private sector building-based respite, the Shared Lives services or taking a direct payment which allows an individual to purchase their own respite, such as an accessible holiday.

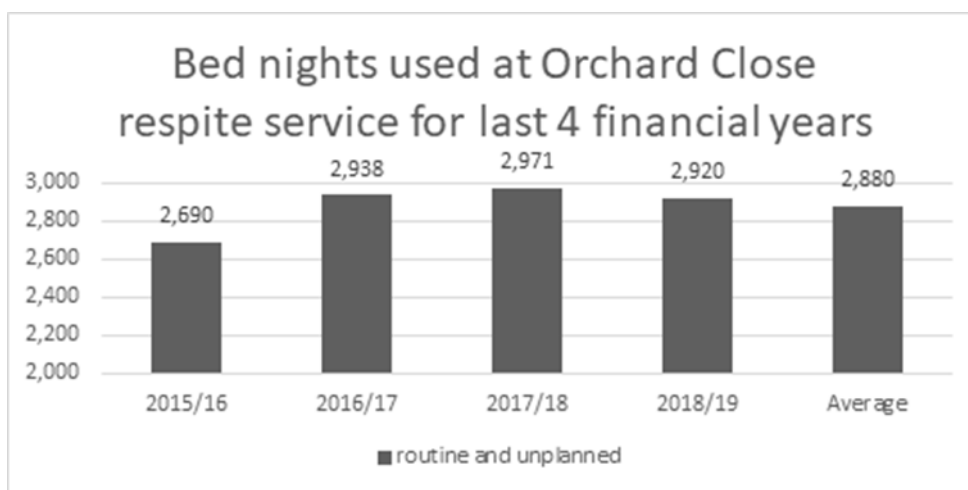
The consultation

18. The consultation sought the views of service users, parents, carers, other stakeholders and the wider general public on proposals to reduce the number of beds at Orchard Close respite service from 13 to 10 and to generate income through marketing spare capacity at the County Council's other learning disability respite services. The consultation started on 16 December 2019 and closed on 9 February 2020. Responses received until 11 February 2020 have been considered in this report.
19. A wide range of stakeholders were informed about the consultation, including users of the respite services, their parents and/or carers, staff working in the services, local politicians, local engagement forums for people with learning difficulties as well as voluntary and community organisations and groups.

20. The consultation was published online on Hampshire County Council's website, *Hantsweb*, in both easy-read and standard formats. Easy-read paper copies of the consultation document along with an easy-read response form and a pre-paid return envelope were sent to the users of the four services. Parents and/or carers of the people who use the services were sent standard copies of the consultation document and response form along with a pre-paid return envelope. Feedback to the consultation was also accepted in the form of letters and emails.
21. Three consultation events were held during the consultation period, aimed at service users and their parents and/or carers, allowing them to meet with officers from the County Council's learning disability service to discuss the proposals. The events were held in Basingstoke, Fareham and Havant. An independent advocate was available at each event to support attendees to participate in, or respond to, the consultation if required.

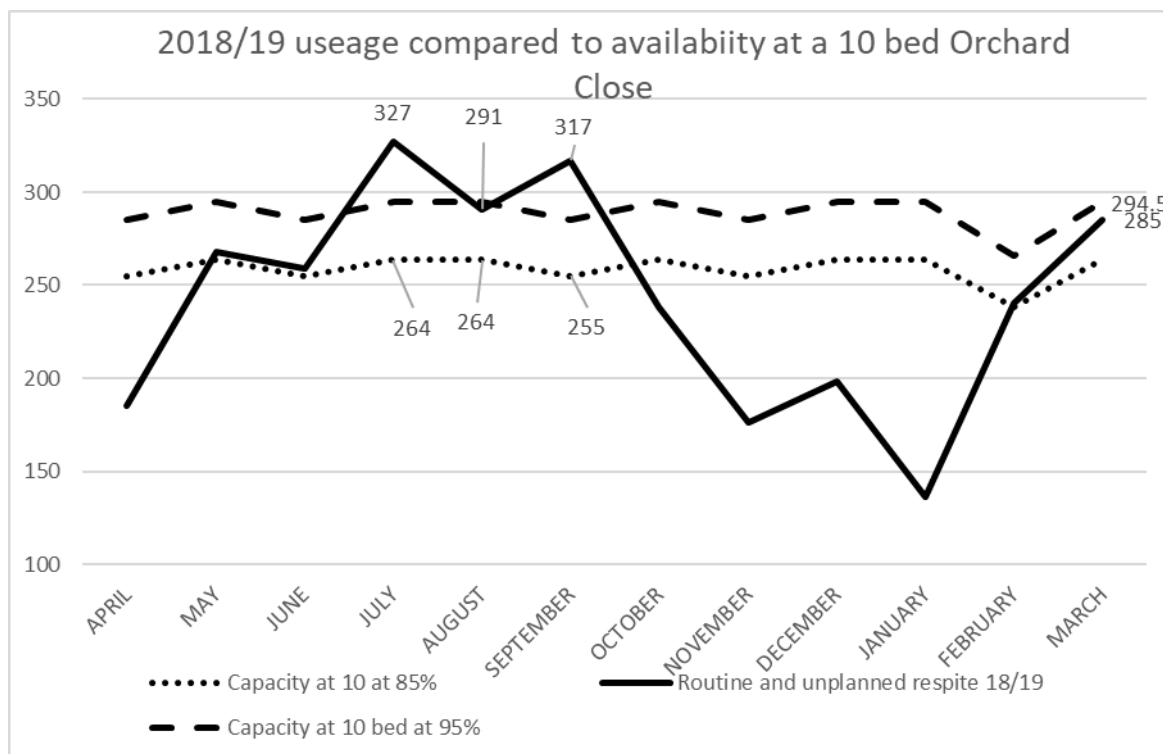
Proposal to reduce the number of beds at Orchard Close

22. One of the proposals that has been consulted on is to reduce the number of beds that are registered with CQC at Orchard Close from 13 to 10. This would enable a reduction in staffing blueprint, resulting in a saving of £159,000.
23. There are significant levels of under occupancy in Orchard Close during the year. The target occupancy for Orchard Close is 85%, which equates to 4,033 bed nights per year.
24. The chart below shows how many nights were used in each year since 2015/16. On average, between 2015/16 and 2018/19 there were 2,880 bed nights used each year leaving 1,153 bed nights available annually.



25. 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 anticipated 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

fewer people to use it during these months and an increase in usage in other months.



26. To support equitable access, should the decision be made to reduce beds, changes to booking respite in busy months might be required. The consultation also sought opinions both on how usage could be reduced during these periods as well as how the service could be made more attractive to people during the less busy months.

Income generation in other Hampshire County Council respite services

27. The second proposal that has been consulted on, is to market spare capacity at the County Council's other three respite services for people with learning disabilities. The recommendation is to market 466 bed nights per year (approximately 25% of the spare capacity). This could attract an estimated income of approximately £126,000 per annum, based on a nightly fee per bed of £270 per night. This is intentionally cautious to have minimal impact on Hampshire respite users.
28. Initial exploratory enquiries with other local authorities and the NHS have shown there is potential interest in buying bed-based respite from Hampshire County Council for people with learning disabilities requiring higher levels of support needs. These people would have their needs best met at Hindson House, Jacob's Lodge and Newcroft.
29. Because of the structural nature of the building at Orchard Close, the respite service there can only support a limited number of people with higher levels of support needs. Therefore, the marketing of beds at Orchard Close was not proposed.

30. There is under occupancy at the County Council's other three respite services; Hindson House, Jacob's Lodge and Newcroft. The table below shows the level of capacity for 2017/18 and 2018/19 (assuming 85% occupancy);

| Respite Home | 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 |
| TOTAL | 5,475 | 1,971 | 5,194 | 2,252 |

*Actual occupancy 2018/19 at Newcroft House was 1,403. However, the 2017/18 figures were used as the unit was closed for some months whilst being relocated

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

31. Changes at West Street (the County Council's emergency respite unit in Havant) in 2019 mean that four additional bedrooms are now used for emergencies, taking total available emergency beds from 11 to 15. With fewer bed nights in the other services being used for emergencies, this has effectively further increased the capacity of beds for planned respite within these services.
32. In addition, 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 monitor and adjust the use of beds by other public bodies dependent upon this demand.

Key findings of the consultation

33. In response to the overall approach of continuing to run the respite service at Orchard Close and at the same time looking at ways of reducing the running costs of the service, a clear majority of respondents (83%) were in favour.
34. The reasons respondents gave for disagreeing with the County Council reducing running costs of the service were that the current service levels should remain, and that there should not be any changes or efficiencies. Some felt that the service is highly valued and respondents did not want anything to jeopardise this and there could be a negative impact on the level of service received, such as a lack of availability or a negative impact on service quality. Some respondents that agreed with the County Council reducing the running costs of the service agreed that efficiencies need to be made, but that only 'operational' costs should be reduced, and this should not affect the level of service received.
35. In terms of the proposal to reduce the number of beds at Orchard Close from 13 to 10; 41% of people were in agreement, with 34% disagreeing and 25% with either no view either way or didn't know. Some respondents were concerned about the increased pressure that this would put on Orchard Close whilst others mentioned that the number of beds at Orchard Close shouldn't change. The view that having a reduction in beds is preferable to a complete closure of the respite service at Orchard Close was also raised.
36. A number of concerns were raised when asked about the impact of potential reductions in availability at Orchard Close over the summer period. These included one week respite not being sufficient to allow a one week family break and forcing families to take breaks in term time. These are addressed in sections 48 and 54 of this report.
37. As part of the consultation, people were asked what they thought would allow people more equitable access to Orchard Close across the year. The two most popular options were to temporarily increase occupancy levels to above 85% during the summer months and to allow groups of service users to book together, where possible, so that friends can take respite at the same time in the quieter months. Full responses can be found in Appendices D (i) and D (ii).
38. People were also asked what would make staying at Orchard Close more attractive to people outside of the main summer period. People were presented with a range of options as well as the ability to make other suggestions. The most popular choices were cooking classes, home cinema, arts and crafts, trips to exercise activities such as swimming and music and singing sessions. Respondents were also given the opportunity to suggest other ways that Orchard Close could be made more appealing outside of the peak summer period. The most common suggestions included Bowling and trips to activities such as the theatre and the cinema. Full responses can be found in Appendices D (i) and D (ii).
39. In response to the proposal to market spare capacity at the County Council's other 3 respite services, 55% of respondents were in agreement; 22% disagreed and 23% either with no view either way or didn't know. The table

below shows the responses for the users of each of the services, their carers or family members. It should be noted that only users of Jacob's Lodge, their families and carers, showed higher levels of disagreement than agreement to this proposal.

| Service | Strongly Disagree / Disagree | No View Either Way | Agree / Strongly Agree | Don't Know |
|---------------|------------------------------|--------------------|------------------------|------------|
| | % | | | |
| Hindson House | 32 | 18 | 41 | 9 |
| Jacob's Lodge | 54 | 21 | 25 | 0 |
| Newcroft | 43 | 11 | 46 | 0 |
| Orchard Close | 12 | 11 | 67 | 11 |

40. Respondents mentioned that priority should be given to Hampshire County Council service users; some were concerned about capacity issues and whether there is sufficient capacity to market. (see section 51).
41. Concerns were raised in relation to both proposals about the impact they may have on the availability of short-notice / emergency booking of respite. As set out in section 31 of this report, the County Council operates a residential service in Havant, called West Street, which offers emergency respite. This has recently been expanded from a 11 bed to a 15 bed service, alleviating much of the emergency respite pressure from the other 4 services.
42. When asked if they had alternative suggestions about how the County Council could make additional savings, people suggested that the County Council should also market spare capacity at Orchard Close. It was also suggested that the County Council should look for operational efficiencies elsewhere, including reducing staff salaries, reducing the costs of consultations or that savings should be made from other departments in place of these proposals. A number of individuals also suggested that no budget cuts be made to the service.
43. It was also suggested that charges could be introduced at Orchard Close or that the County Council should charge people for respite care. Under the Care Act 2014 a local authority has the power to charge for the majority of care services. However, where a local authority has decided to charge, which Hampshire County Council has, then the amount paid by each individual is determined by a financial assessment in line with legislation.
44. When asked what impact the proposals could have on them generally, respondents mentioned that there could be an impact on parents and carers specifically that parents and carers may not be able to cope as a result of the proposals and that the changes could impact on their mental health. Others mentioned that there could be an impact on the service user as a result of the proposals such as having less time with their friends, and that staying at

another respite service could be stressful. Full details of all suggestions can be found in Appendices D (i) and D (ii).

Common concerns raised during the consultation

45. There were a number of common concerns which have emerged during the course of the consultation. This section examines the key concerns and the County Council's response to them.
46. *The future of Orchard Close beyond the current Transformation to 2021 plans*
At the Executive Member Decision day meeting on 3 December 2019, the decision was made that there would be no further plans to close the respite service at Orchard Close as part of the current round of savings plans (Transformation to 2021). During the consultation concerns about the future of the service beyond that date (March 2022) have been raised. The County Council continually re-assesses the services that it provides and commissions to ensure that they are fit for purpose and are able to meet current and future demand, therefore no assurances about the future of the respite service can be given beyond that date.
47. *The ability of the respite service at Orchard Close to accommodate current respite users with 10 beds*
The proposal to reduce the number of beds at Orchard Close from 13 to 10 is designed to ensure that the service can continue to accommodate all of the people who currently use the service at their current levels of usage (see sections 22-26). As set out in sections 54 and 55 of this paper, it may mean that less respite could be booked during busier periods, particularly July to September with a corresponding increase in usage in other months. In order to facilitate this, changes to how respite is taken may be required. Such changes would be likely to include limiting the number of nights respite that can be booked during these busier periods.
48. *Constraints on summer usage and the impacts this would have on families, particularly those with school age children; especially the ability to book 9 nights to allow parents to take a 7-night break*
There could be impacts upon individuals, in terms of the number of nights respite that they could take during this period, however the respite services would continue to assess requests for respite and match them against availability to ensure that access would be as fair and equitable as possible. Although this may require discussions with some individuals about the timings of some stays, the aim would be to continue to maintain a personalised approach.
49. *Losing expertise amongst the staff at Orchard Close*
Although the staffing reductions that would be required to deliver the savings at Orchard Close equate to approximately five full time equivalent posts, the vacancies that currently exist at Orchard Close would mean that it would be likely that only two of the current members of staff working in the service would be significantly impacted. One would see a reduction in their current hours at Orchard Close and the other would be redeployed to fill a vacancy in another HCC Care service.

50. *The suitability of people, who are not Hampshire County Council service users, who may use Hindson House, Jacob's Lodge and Newcroft, under the proposals to market available capacity in these services*
The same rules and practices around compatibility and suitability apply that currently apply for Hampshire County Council service users in these services would apply to anyone who is placed there by another local authority or by the NHS.
51. *The impacts on current capacity and future capacity at Hindson House, Jacob's Lodge and Newcroft and current Hampshire users having priority in terms of access to these services*
The County Council is being intentionally cautious in terms of the number of bed nights it is proposing to market (25% of the annually available / unused capacity or 466 bed nights per year) in order to have minimal impact on Hampshire respite users. Additionally, there will be ongoing monitoring of the situation to ensure that there is sufficient capacity to meet the respite needs of Hampshire residents. The proposal is based upon not having any unintended impact upon Hampshire residents who need the support of these services.
52. A full copy of the consultation findings is detailed at Appendices D (i) and D (ii).

Implications of the recommendations for people who use the respite service at Orchard Close

53. If the recommendation to reduce the number of beds from 13 to 10 at Orchard Close is agreed, then the change would not happen until 1 October 2020.
54. If this recommendation is taken forward, then service users at Orchard Close would be expected to use their allocation for respite proportionately across the year to give everyone access to the service in the summer months, should they wish to. For instance, if someone has three weeks of allocated respite per year, and they currently use all of their respite in the summer months, in future, they may need to spread their allocation more evenly throughout the year. If there were any remaining capacity over the summer then this could be booked closer to the time.
55. The booking of weekends in isolation may also need to be reduced. Some people, for example, prefer to use their respite allocation mainly at weekends. A consequence of this could be that the service is unable to fill that room for the remainder of the week. To avoid this, service users may not be able to book respite solely for a weekend during the peak periods.
56. Through the respite booking system, the County Council would aim to work with individuals to ensure resources could best be matched with demand, whilst maintaining a personalised approach.
57. There are alternative services for people should they wish to access respite at a time when there may not be availability at Orchard Close. These alternatives include the County Council's other in-house respite services at

Hindson House, Jacob's Lodge and Newcroft (all of which offer 8 beds), as well as the County Council's Shared Lives service, whereby individuals or families offer long-term accommodation or short-term stays (respite) in their own homes. This takes into account the potential reduction in capacity at the respite services, should the recommendation be agreed to market spare bed capacity in the respite services.

58. Further opportunities for respite would also be available for individuals who wish to take a direct payment to purchase their own respite, in the form of accessible holidays or bed-based respite from independent providers.
59. Reducing the bed numbers at Orchard Close from 13 to 10 would not affect the overall amount of respite received by any individual.

Implications of the recommendations for people who use Jacob's Lodge, Hindson House and Newcroft respite services

60. If the recommendation to market spare capacity at Hindson House Jacob's Lodge and Newcroft respite services is agreed, then this would not happen until October 2020.
61. It is expected that there should be no difference in the level of service available to existing service users, as the recommendation is to market only approximately 25% of the spare capacity in total across all of these services.
62. Forecasts show that demand from Hampshire's service users is anticipated to remain static or reduce slightly over the coming years. Therefore, the offer to other local authorities and the NHS could be maintained. Hampshire County Council would monitor and adjust the use of beds by other public bodies dependent upon the demand from Hampshire service users.
63. Concerns were raised during the consultation regarding the suitability of people who the NHS or other local authorities may place in the Hampshire services. The same rules and practices around compatibility that currently apply to Hampshire service users in the three services would be applied to service users placed by other organisations.
64. Marketing spare bed capacity at these three respite services would not affect the overall amount of respite received by any individual.

Staffing implications

65. These recommendations only impact staff at the respite service at Orchard Close. There are currently 16 members of staff working at Orchard Close (this equates to 12.2 full-time members of staff, referred to as FTEs).
66. A staff consultation was carried out alongside the formal public consultation. This consisted of 3 staff briefings at Orchard Close with senior managers from the HCC Care (internal care provision) service as well as a representative from the County Council's human resources department. Drop-in sessions were also held over a two day period which allowed members of the staff team at Orchard Close to discuss any concerns or

issues they may have had on an individual basis with either a senior manager or someone from human resources.

67. Should the recommendation to reduce the number of beds at Orchard Close be accepted by the Executive Member for Adult Social Care and Health, there would be a small reduction in the staff blueprint at Orchard Close.
68. Changing the respite service at Orchard Close from a 13 to a 10 bed 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.
69. Should the decision be made to reduce the bed numbers to 10, the impact to staff in post would be mitigated because several of the posts are vacant. The impact to the staff currently in post would mean a reduction of hours for one member of staff and the need to redeploy another member of staff to a vacancy elsewhere in the service.

Financial implications

70. The original proposals to close the respite service at Orchard Close were designed to generate savings of £617,000. The continuation of a Hampshire County Council service at Orchard Close, would therefore result in a shortfall of savings against this original amount.
71. If the Executive Member for Adult Social Care and Health accepts the recommendations set out in this report it is estimated that they would make a total recurring annual saving of £285,000 leaving a shortfall against the original savings target of £332,000 which would need to be met from elsewhere in the department's learning disabilities budget.
72. The proposed reduction from 13 to 10 beds would enable a reduction in staffing blueprint, as outlined in sections 67 and 68, saving approximately £159,000 as a result of staff moving to existing vacancies within other existing Hampshire County Council services.
73. The proposal to market capacity in Hindson House, Jacob's Lodge and Newcroft respite services could generate income estimated at approximately £126,000 per annum. This is based on marketing 466 bed nights per year at a rate of £270 per night.

Legal implications

74. Local authorities have a duty under the Equality Act 2010 section 149 to have due regard to the need to: eliminate discrimination, harassment and victimisation; to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Equalities Impact Assessment (EIA): service users and carers

75. A separate Equalities Impact Assessment has been done for each individual proposal for service users and carers. These can be found at Appendices A and C.
76. The EIAs for both proposals indicate that they will impact on people with disabilities. This is because all four respite services are for people primarily with a learning disability, although some may also have other conditions such as a physical disability or autism.
77. The proposal relating to Orchard Close could mean that the distribution of respite for individuals may need to change to ensure that everyone could access the service during the more popular summer period and the booking of weekends in isolation may need to be reduced.
78. The recommendation to market spare capacity at Hindson House, Jacob's Lodge and Newcroft respite services 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.
79. The potential implementation date of 1 October 2020 would also allow for robust planning and transition to further mitigate any potential issues.

Equalities Impact Assessment: staff

80. A separate staff Equalities Impact Assessment has been carried out focussing on the staff who currently work at Orchard Close respite service. The full EIA can be found at Appendix B.
81. The key impacts would be around gender (medium) and age (medium). It was been identified that 14 of the 16 members of 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. 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 55 or above.
82. If the decision is taken to reduce the beds at Orchard Close, there would be time to transition to alternative employment for anyone affected. Although there would a reduction in full time positions of five posts, because of current vacancies in the service it is likely that only between 1 and 2 people are likely to be affected.

Conclusions

83. The feedback on the consultation on the future of the learning disability respite services revealed that 41% of people were in agreement with the proposals to reduce the number of beds at Orchard Close whilst 34% disagreed. With regards to the proposals to market spare capacity in the other three learning disability services, 55% of people were in agreement with the proposals whilst 22% disagreed.

84. The recommendations contained within this report would enable the County Council to continue to run a respite service at Orchard Close, whilst still achieving estimated savings of £285,000. However, they still leave a £332,000 shortfall against the original savings target of £617,000.
85. Should the decision be made to reduce the number of beds at Orchard Close, then the suggestions to ease pressures on the service during the summer period and to make the service more attractive outside of this period, would be taken into consideration.

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 |

Other Significant Links

| Links to previous Member decisions: | |
|---|------------------|
| <u>Title</u> | <u>Date</u> |
| Findings from the Consultation and recommendations on respite services at Orchard Close, Hayling Island | 27 February 2019 |
| Recommendation to reconsider the decision of 27 February 2019 | 29 March 2019 |
| The Future of Orchard Close Respite Service - consideration of all wider options | 3 December 2019 |
| Direct links to specific legislation or Government Directives | |
| <u>Title</u> | <u>Date</u> |
| <u>Care Act</u> | 2018 |

Section 100 D - Local Government Act 1972 - background documents

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

| <u>Document</u> | <u>Location</u> |
|-----------------|-----------------|
| None | |

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:

Please see Appendices A-C

Appendix A:

Proposal to reduce the number of beds at Orchard Close from 13 to 10

Equalities Impact Assessment (service users and carers)

Name of accountable officer: Stuart Outterside

Name of Assistant Director: Jess Hutchinson

Department: AH&C

Is this a detailed or overview EIA: Detailed Overview

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.

Geographical impact

All Hampshire

Describe the proposed change

It is being recommended that the number of beds registered with CQC at Orchard Close be reduced from 13 to 10.

A reduction in bed numbers at Orchard Close from 13 to 10 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.

Who does this impact assessment cover?

Service users and carers HCC staff

Has engagement or consultation been carried out?

Yes No Planned

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

A public consultation ran from 16 December 2019 until 9 February 2020. The consultation sought the views of service users, parents, carers, other stakeholders and the wider general public on proposals to reduce the number of beds at Orchard Close respite service from 13 to 10 as well as a proposal to generate income through marketing spare capacity at the County Council's other learning disability respite services.

A wide range of stakeholders were informed about the consultation, including users of the respite services, their parents and/or carers, staff working in the services, local politicians, local engagement forums for people with learning difficulties as well as voluntary and community organisations and groups.

The consultation was published online on Hampshire County Council's website, *Hantsweb*, in both easy-read and standard formats. Easy-read paper copies of the consultation document along with an easy-read response form and a pre-paid return envelope were sent to the users of the four services. Parents and/or carers of the people who use the services were sent standard copies of the consultation document and response form along with a pre-paid return envelope. Feedback to the consultation was also accepted in the form of letters and emails.

Three consultation events were held during the consultation period, aimed at service users and their parents and/or carers, allowing them to meet with officers from the County Council's learning disability service to discuss the proposals. The events were held in Basingstoke, Fareham and Havant. An independent advocate was available at each event to support attendees to participate in, or respond to, the consultation if required.

Consideration of Impacts - Statutory Considerations:

Age Impact Assessment:

Positive Neutral Low Medium High

Disability Impact Assessment:

Positive Neutral Low Medium High

Impact: Respite provision at Orchard Close is 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 to ensure that everyone could access the service during the more popular summer period. It is also likely that the booking of weekends in isolation may have to be reduced.

Mitigation: During the course of the consultation the views of individuals on the proposals were sought; these are detailed in the full consultation findings and summarised in the Executive Member report.

Through the respite booking system, the County Council would aim to work with individuals to ensure resources could best be matched with demand, whilst maintaining a personalised approach.

As part of the consultation, people were asked what they thought would allow people fairer access to Orchard Close across the year. The feedback from this which can be found in the full consultation findings, would be taken into account when looking at how the approach to booking respite could help deliver a fair and equitable approach to allocation of respite over the summer period.

People were also asked what would make staying at Orchard Close more attractive to people outside of the main summer period. This feedback, also available in full as part of the full consultation findings, would be taken into account when looking at the range of activities offered at Orchard Close.

The potential implementation date of 1 October 2020 would also allow for proper planning and transition further mitigating risks

Sexual Orientation Impact Assessment:

Positive Neutral Low Medium High

Race Impact Assessment:

Positive Neutral Low Medium High

Religion or belief Impact Assessment:

Positive Neutral Low Medium High

Gender reassignment Impact Assessment:

Positive Neutral Low Medium High

Gender Impact Assessment:

Positive Neutral Low Medium High

Marriage or Civil Partnership Impact Assessment:

Positive Neutral Low Medium High

Pregnancy and maternity Impact Assessment:

Positive Neutral Low Medium High

Other policy considerations

Poverty Impact Assessment:

Positive Neutral Low Medium High

Rurality Impact Assessment:

Positive Neutral Low Medium High

Additional information

Reducing the bed numbers at Orchard Close from 13 to 10 would not affect the overall amount of respite received by any individual.

Appendix B:

Proposal to reduce the number of beds at Orchard Close from 13 to 10

Equalities Impact Assessment (staff)

Name of accountable officer: Stuart Outterside

Name of Assistant Director: Jess Hutchinson

Department: AH&C

Is this a detailed or overview EIA: Detailed Overview

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. There are currently 16 members of staff working at Orchard Close (this equates to 12.2 full-time members of staff, referred to as FTEs).

Geographical impact:

All Hampshire

Describe the proposed change

It is being recommended that the number of beds registered with CQC at Orchard Close be reduced from 13 to 10.

Changing the respite service at Orchard Close from a 13 to a 10 bed 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.

Should the decision be made to reduce the bed numbers to 10, then it is envisaged that alternative employment would be found in other *HCC Care* services in neighbouring areas. Exploratory discussions about this have already started to take place during the consultation period.

Who does this impact assessment cover?

Service users HCC staff

Has engagement or consultation been carried out?

Yes No Planned

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

A staff consultation was carried out alongside the formal public consultation. This consisted of 3 staff briefings at Orchard Close with senior managers from the HCC Care (internal care provision) service as well as a representative from the County Council's human resources department. Drop-in sessions were also held over a two day period which allowed members of the staff team at Orchard Close to discuss any concerns or issues they may have had on an individual basis with either a senior manager or someone from human resources.

Consideration of Impacts - Statutory Considerations:

Age Impact Assessment:

Positive Neutral Low Medium High

Impact: over 50% of the staff at Orchard Close are aged 55 or above

Mitigation: It has been identified that over 50% of the staff at Orchard Close are aged 55 or above.

Although the staffing reductions that would be required to deliver the savings at Orchard Close equate to approximately five full time equivalent posts, the vacancies that currently exist at Orchard Close would mean that it would be likely that two of the current members of staff working in the service would be significantly impacted.

Should the decision be made to reduce the bed numbers to 10, the impact to staff in post would be mitigated because several of the posts are vacant. The impact to the staff currently in post would mean a reduction of hours for one member of staff and the need to redeploy another member of staff to a vacancy elsewhere in the service

All staff have had the opportunity to fully participate in both the staff and public consultations. Work is underway with each individual to agree the solution that would suit them best, should the decision be made to reduce the number of beds in the service. All remaining staff will have permanent contracts and in consultation with them we will need to agree how we cover the service demands in the usual way.

The potential implementation date of 1 October 2020 would also allow for proper planning and transition for the individuals impacted.

Disability Impact Assessment:

Positive Neutral Low Medium High

Sexual Orientation Impact Assessment:

Positive Neutral Low Medium High

Race Impact Assessment:

Positive Neutral Low Medium High

Religion or belief Impact Assessment:

Positive Neutral Low Medium High

Gender reassignment Impact Assessment:

Positive Neutral Low Medium High

Gender Impact Assessment:

Positive Neutral Low Medium High

Impact: 14 of the 16 members of staff who work at Orchard Close are women

Mitigation: It has been identified that 14 of the 16 members of the staff who work at Orchard Close are women.

Although the staffing reductions that would be required to deliver the savings at Orchard Close equate to approximately five full time equivalent posts, the vacancies that currently exist at Orchard Close would mean that it would be likely that two of the current members of staff working in the service would be significantly impacted.

Should the decision be made to reduce the bed numbers to 10, the impact to staff in post would be mitigated because several of the posts are vacant. The impact to the staff currently in post would mean a reduction of hours for one member of staff and the need to redeploy another member of staff to a vacancy elsewhere in the service

All staff have had the opportunity to fully participate in both the staff and public consultations. Work is underway with each individual to agree the solution that would suit them best, should the decision be made to reduce the number of beds in the service. All remaining staff will have permanent contracts and in consultation with them we will need to agree how we cover the service demands in the usual way.

The potential implementation date of 1 October 2020 would also allow for proper planning and transition for the individuals impacted.

Marriage or Civil Partnership Impact Assessment:

Positive Neutral Low Medium High

Pregnancy and maternity Impact Assessment:

Positive Neutral Low Medium High

Other policy considerations

Poverty Impact Assessment:

Positive Neutral Low Medium High

Rurality Impact Assessment:

Positive Neutral Low Medium High

Appendix C:

Proposal to market capacity at Hindson House, Jacob's Lodge and Newcroft respite services

Equalities Impact Assessment (service users and carers)

Name of accountable officer: Stuart Outterside

Name of Assistant Director: Jess Hutchinson

Department : AH&C

Is this a detailed or overview EIA: Detailed Overview

Description of Service/Policy:

Hindson House, Jacob's Lodge and Newcroft are respite services for people with learning disabilities, 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. There is currently under-occupancy at all 3 units.

Geographical impact

All Hampshire

Describe the proposed change

To market spare capacity at Hindson House, Jacob's Lodge and Newcroft respite services for people with learning disabilities. The recommendation is to market 466 bed nights per year or approximately 25% of the spare capacity.

Who does this impact assessment cover?

Service users and carers HCC staff

Has engagement or consultation been carried out?

Yes No Planned

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

A public consultation ran from 16 December 2019 until 9 February 2020. The consultation sought the views of service users, parents, carers, other stakeholders and the wider general public on proposals to generate income through marketing spare capacity at Hindson House, Jacob's Lodge and Newcroft learning disability respite services as well as a proposal to reduce the number of beds at Orchard Close respite service from 13 to 10.

A wide range of stakeholders were informed about the consultation, including users of the respite services, their parents and/or carers, staff working in the services, local politicians, local engagement forums for people with learning difficulties as well as voluntary and community organisations and groups.

The consultation was published online on Hampshire County Council's website, *Hantsweb*, in both easy-read and standard formats. Easy-read paper copies of the consultation document along with an easy-read response form and a pre-paid return envelope were sent to the users of the four services. Parents and/or carers of the people who use the services were sent standard copies of the consultation document and response form along with a pre-paid return envelope. Feedback to the consultation was also accepted in the form of letters and emails.

Three consultation events were held during the consultation period, aimed at service users and their parents and/or carers, allowing them to meet with officers from the County Council's learning disability service to discuss the proposals. The events were held in Basingstoke, Fareham and Havant. An independent advocate was available at each event to support attendees to participate in, or respond to, the consultation if required.

Consideration of Impacts - Statutory Considerations:

Age Impact Assessment:

Positive Neutral Low Medium High

Disability Impact Assessment:

Positive Neutral Low Medium High

Impact: Because Hindson House, Jacobs Lodge and Newcroft 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.

Mitigation: The recommendation to consult on marketing 466 bed nights out of the current spare capacity 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. Should the marketing of beds go ahead, Hampshire County Council would monitor and adjust the use of beds by other public bodies dependent upon demand from Hampshire County Council service users.

The potential implementation date of 1 October 2020 would also allow for proper planning and transition further mitigating risks

Sexual Orientation Impact Assessment:

Positive Neutral Low Medium High

Race Impact Assessment:

Positive Neutral Low Medium High

Religion or belief Impact Assessment:

Positive Neutral Low Medium High

Gender reassignment Impact Assessment:

Positive Neutral Low Medium High

Gender Impact Assessment:

Positive Neutral Low Medium High

Marriage or Civil Partnership Impact Assessment:

Positive Neutral Low Medium High

Pregnancy and maternity Impact Assessment:

Positive Neutral Low Medium High

Other policy considerations

Poverty Impact Assessment:

Positive Neutral Low Medium High

Rurality Impact Assessment:

Positive Neutral Low Medium High

Additional information

Marketing spare bed capacity at these three respite services would not affect the overall amount of respite received by any individual.

Consultation on:

- **proposed changes to the respite service at Orchard Close, Hayling Island, and**
- **generating income through marketing spare capacity at other County Council respite services**

16 December 2019 – 09 February 2020

Findings Report

February 2020

Table of contents

| | |
|--|----------|
| 1. Introduction | 3 |
| 2. Executive Summary | 4 |
| 3. Note on appendices | 5 |
| 4. Findings from the consultation | 6 |
| Respondents' views on the County Council continuing to run the respite service at Orchard Close, whilst looking at ways to reduce the running costs of the service | 6 |
| Respondents' views on the proposal to reduce the number of beds at Orchard Close from 13 to 10..... | 10 |
| Options to give respite service users fairer access to respite at Orchard Close across the year | 13 |
| Making the respite service at Orchard Close more attractive for service users outside the peak summer period..... | 17 |
| Marketing some spare capacity at the County Council's other respite services to other local authorities and the National Health Service (NHS)..... | 19 |
| Impacts of the proposals | 23 |
| Further comments and alternative suggestions | 25 |
| Feedback from Speakeasy Advocacy..... | 27 |
| Unstructured responses to the consultation | 29 |

1. Introduction

In 2019, following public consultation, Hampshire County Council decided to investigate ways to keep the respite service at Orchard Close open, whilst looking to reduce the running costs of the service. Following a further phase of engagement, the County Council ran a second public consultation between 16 December 2019 and 09 February 2020 which sought residents' and stakeholders' views on proposals to:

- reduce the number of registered beds at the respite service at Orchard Close on Hayling Island from 13 to 10, and
- generate income by marketing spare capacity within the County Council's other learning disability respite services.

The County Council also asked respondents about options to maintain a fair process for allocating spaces at Orchard Close if there were to be fewer beds available, and how the Orchard Close respite service could be made more attractive to service users in the quieter months outside the summer period.

Views were also sought on the potential impacts of the proposed changes, as well as providing further comments and suggestions for alternative options.

Respondents were invited to read an Information Pack on the proposals before completing a Response Form, that could be submitted online or by paper. 212 respondents completed the Response Form.

In addition, two respondents submitted responses via email and letter, and Speakeasy Advocacy provided feedback from engagement with adults with learning disabilities and physical disabilities at three of its regular sessions.

The County Council would like to thank all those who took part in this consultation.

Feedback received through this consultation will be considered alongside wider evidence to inform the County Council's decision on the proposed changes to the respite service. This decision will be taken by the Executive Member for Adult Social Care and Health later in 2020.

2. Executive Summary

83% of respondents agreed with the County Council's proposal to run the respite service at Orchard Close whilst looking at ways to reduce the running costs of the service (17% disagreed). This level of agreement was consistent amongst current or previous respite service users (79% agreed), carers or family members of service users (84%), and service users of Orchard Close, their families, and carers (86%).

Overall, 41% of respondents agreed with the proposal to reduce the number of respite beds at Orchard Close from 13 to 10, compared with 34% who disagreed. Of respondents with a service user connection to Orchard Close (service users, previous service users, their families and carers), 38% agreed with the proposal compared with 30% who disagreed.

The most popular option for making access to respite at Orchard Close fairer in the busiest summer months, with the support of over six in ten respondents, was implementing a temporary increase in occupancy levels during this period. In addition, more than half of respondents agreed with the idea of allowing groups of service users to book time at the respite service at Orchard Close together in quieter months.

When asked about how to make the respite service at Orchard Close more attractive during less busy periods, respondents with a service user connection to Orchard Close (service users, previous service users, their families and carers) were most likely to agree with cooking classes (80%), the introduction of a home cinema with a selection of films (76%), and shopping trips (67%).

Overall there was majority agreement (55%) with the proposal to market spare capacity at Hindson House, Jacob's Lodge, and Newcroft respite services to other local authorities and the NHS, with just over one in five (22%) disagreeing with the proposal. However, there was overall disagreement to this proposal from respondents with a service user connection to Jacob's Lodge (service users, previous service users, their families and carers), where 25% agreed compared with 54% who disagreed.

When asked to expand on their answers, users of Hindson House, Jacob's Lodge, and Newcroft respite services most frequently referred to the need to prioritise availability to Hampshire's existing respite service users, concerns about impacts on capacity at these services, and safety concerns for service users.

The impacts of the proposed changes most frequently related to parents and carers, service users, and their family lives.

When asked to provide further comments or alternative suggestions for savings, comments most frequently related to making savings to operational budgets, other opportunities to sell excess service capacity, and making savings in other services.

3. Note on appendices

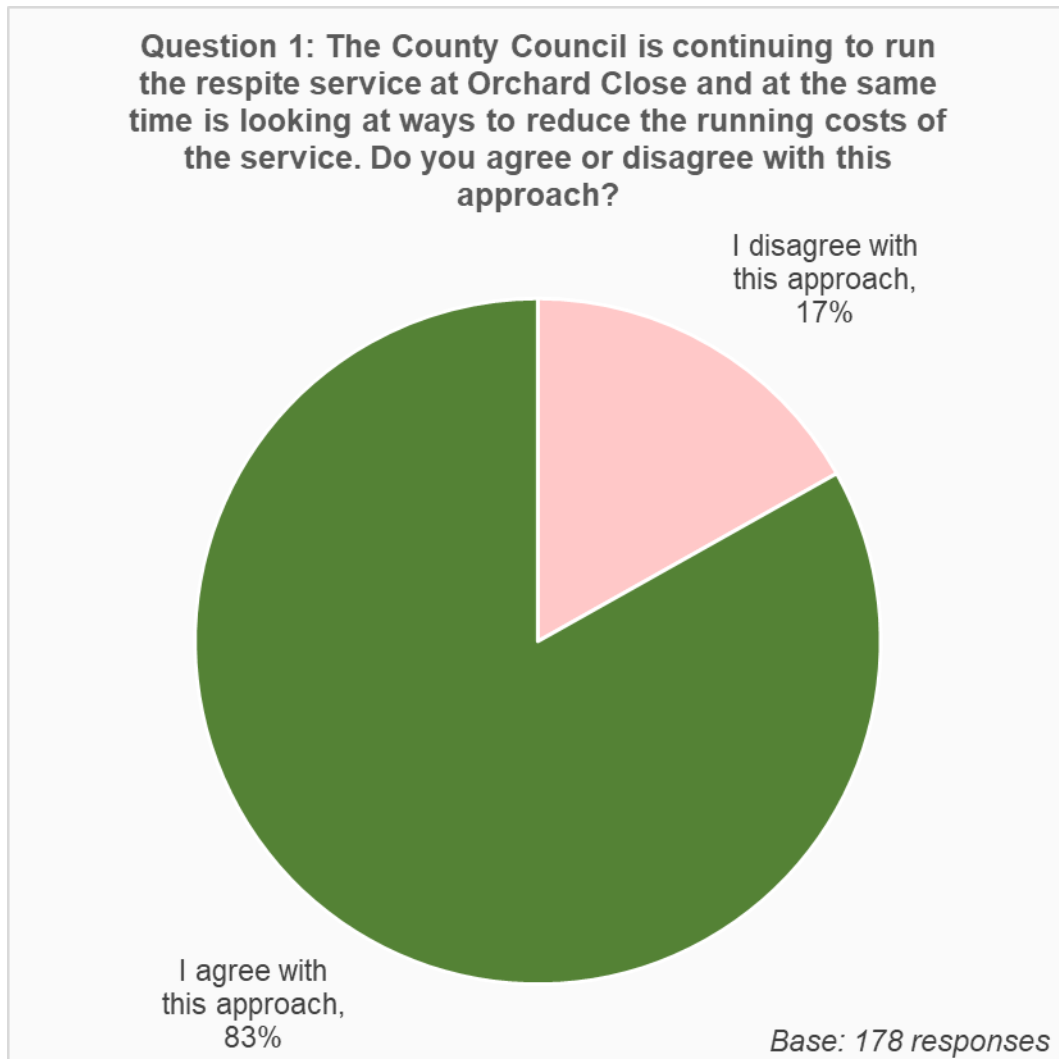
This report is supported by the *Findings Report Appendices* document, which includes the following:

- Appendix 1: Consultation context and methodology
- Appendix 2: Consultation Response Form (non-easy read version)
- Appendix 3: Organisations and groups that responded to the consultation
- Appendix 4: Profile of respondents who used the consultation Response Form
- Appendix 5: Consultation Response Form data tables
- Appendix 6: Open-ended question code frames

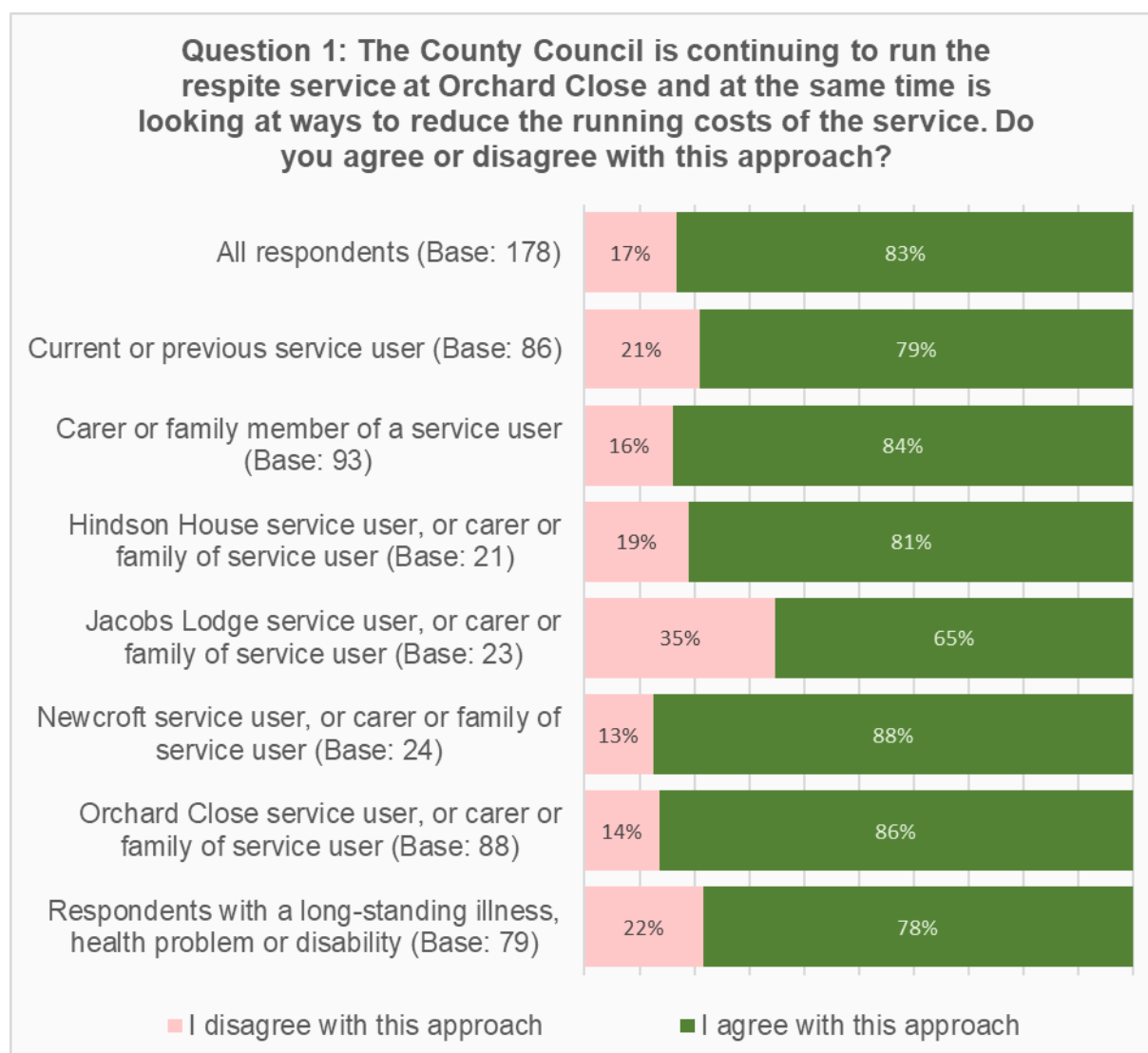
4. Findings from the consultation

Respondents' views on the County Council continuing to run the respite service at Orchard Close, whilst looking at ways to reduce the running costs of the service

Overall 83% of respondents agreed, and 17% disagreed, with the proposal to continue to run the respite service at Orchard Close, whilst looking at ways to reduce the running costs of the service.



When broken down by the type of respondent, the views were as follows:



As can be seen, the majority of all respondent types agreed with the County Council's approach.

Respondents who identified as service users, or the families or carers of service users of Jacob's Lodge, were less likely to agree with this approach, although they still agreed with the approach overall (65% agreed, 35% disagreed).

Respondents were given an opportunity to give reasons for their answer.

The most common themes from the 68 comments provided by **respondents who agreed** with the above approach were as follows:

- 24 comments related to **making efficiency savings**. Of these:
 - 16 mentioned making savings to operational (day-to-day) costs,
 - 8 mentioned that saving money helps the service to remain viable in the future,

- 7 mentioned that efficiencies are preferable to a closure of the service, and
- 3 suggested reducing the number of beds at Orchard Close.
- 23 comments described the **feelings of value that respondents place in the service**. Where these were expanded on:
 - 3 mentioned that respite services are vital, and
 - 2 mentioned that respite services should be protected.
- 12 comments referred to **potential impacts of the approach on the level of service**. Of these:
 - 7 mentioned that the level of service should not be reduced,
 - 3 mentioned the possibility of a reduction in service quality,
 - 2 mentioned that the number of nights available should not be reduced, and
 - 1 mentioned that the service should maintain flexibility for people booking respite breaks.

The most common themes from the 15 comments provided by **respondents who disagreed** were as follows:

- 9 comments mentioned that **services should not be changed or reduced**. The two more detailed comments expressed opposition to the proposal to reduce the number of beds at Orchard Close.
- 4 comments suggested that **other funding options should be considered**. Of these,
 - 1 mentioned that respite users should pay towards the cost of their respite, and
 - 1 mentioned that service users could pay for additional days of respite if they wished.
- 4 comments referred to **potential impacts of the approach on the level of service**. Of these:
 - 2 mentioned that there should not be a change or reduction in the availability of respite care, and
 - 2 mentioned that there could be a reduction in service quality.

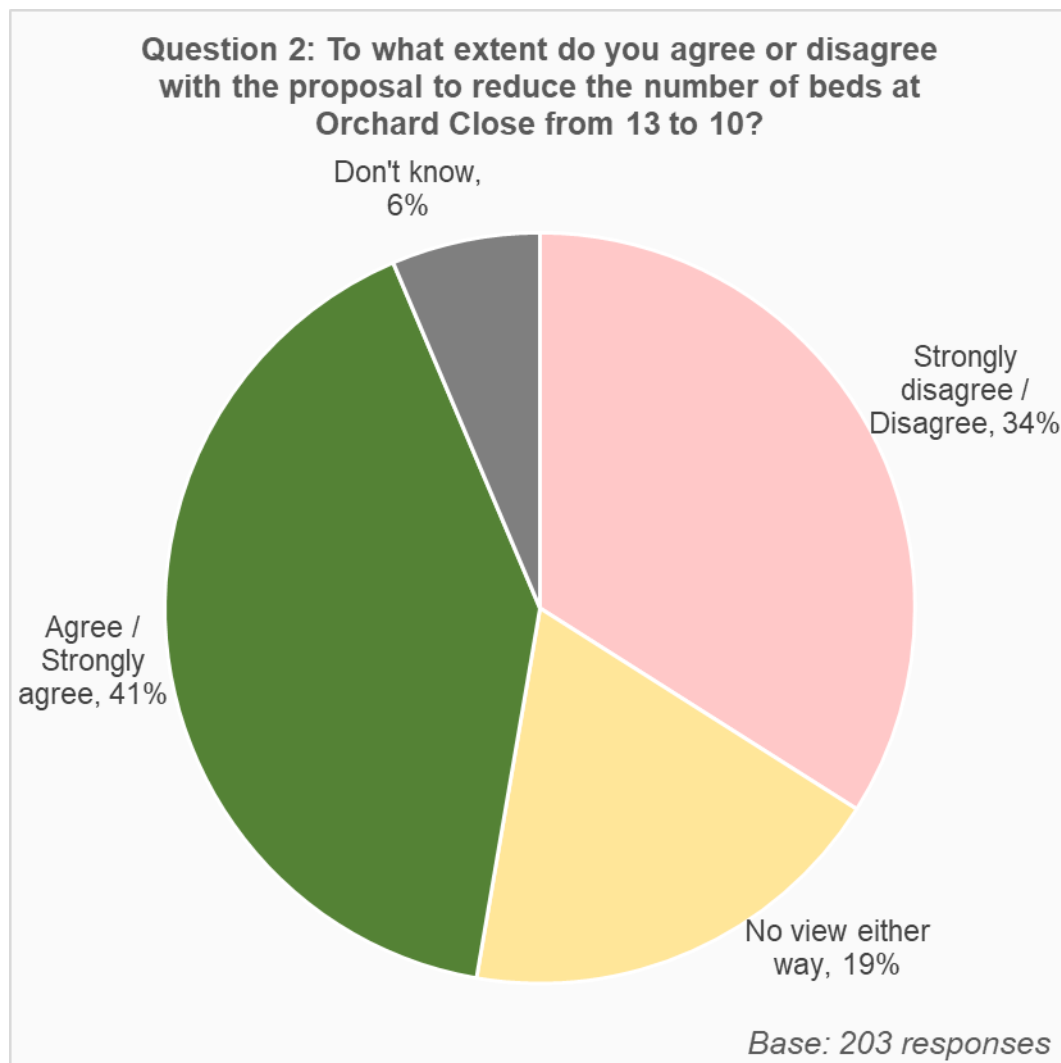
Of the 68 comments provided by respondents who are, or used to be, users of respite at Orchard Close, and their parents, carers and family members:

- 21 comments **opposed making changes or efficiencies at Orchard Close**, with:
 - 5 mentioning opposition to a reduction in the number of beds.
- 17 comments expressed **respondents' feelings of value for the service at Orchard Close**.
- 14 comments **supported efficiencies being made to the service at Orchard Close**. Of these:

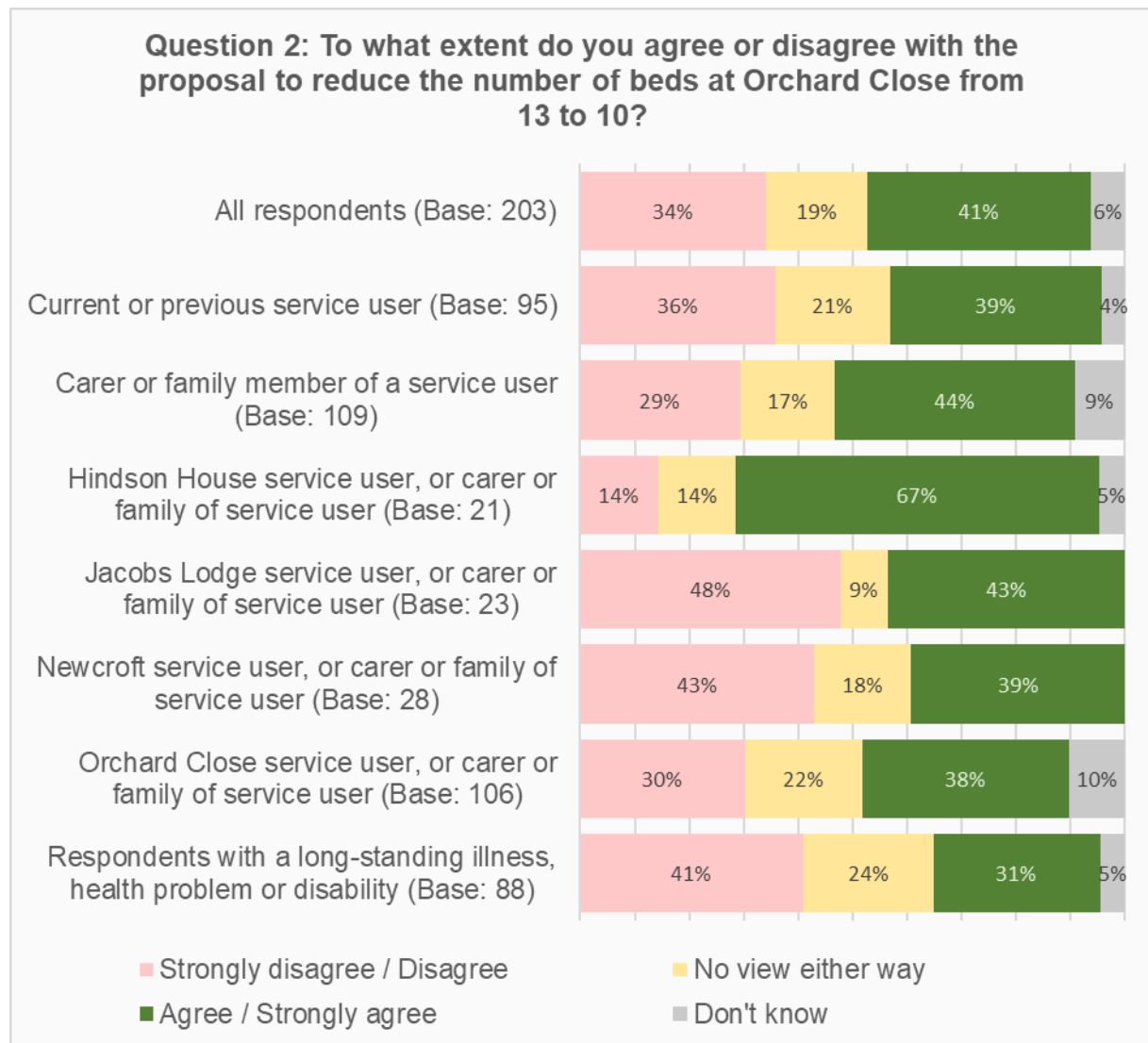
- 9 mentioned efficiencies should be made to operational (day-to-day) costs only,
- 5 mentioned that making savings was preferable to the closure of the service, and
- 4 mentioned that making savings was preferable to the closure of the service.

Respondents' views on the proposal to reduce the number of beds at Orchard Close from 13 to 10

Overall, 41% of respondents agreed with the proposal to reduce the number of beds at Orchard Close from 13 to 10, compared with 34% who disagreed.



When broken down by the type of respondent, the views were as follows:



The groups that were more likely to agree with the proposal than disagree were:

- current or previous respite service users (39% agreed, 36% disagreed);
- carers and family members of service users (44% agreed, 29% disagreed);
- Hindson House service users, or carers or families of service users (67% agreed, 14% disagreed); and Orchard Close service user, or carers or families of service users (38% agreed, 30% disagreed).

In contrast to the overall view from respondents, which showed a higher level of agreement than disagreement (41% agreed, 34% disagreed), the following groups that were more likely to disagree with the proposal than agree:

- Jacob's Lodge service users, or carers or families of service users (43% agreed, 48% disagreed);
- Newcroft service users, or carers or families of service users (39% agreed, 43% disagreed); and

- respondents with a long-standing illness, health problem or disability (31% agreed, 41% disagreed).

Respondents were given an opportunity to give reasons for their answer. 98 comments were provided::

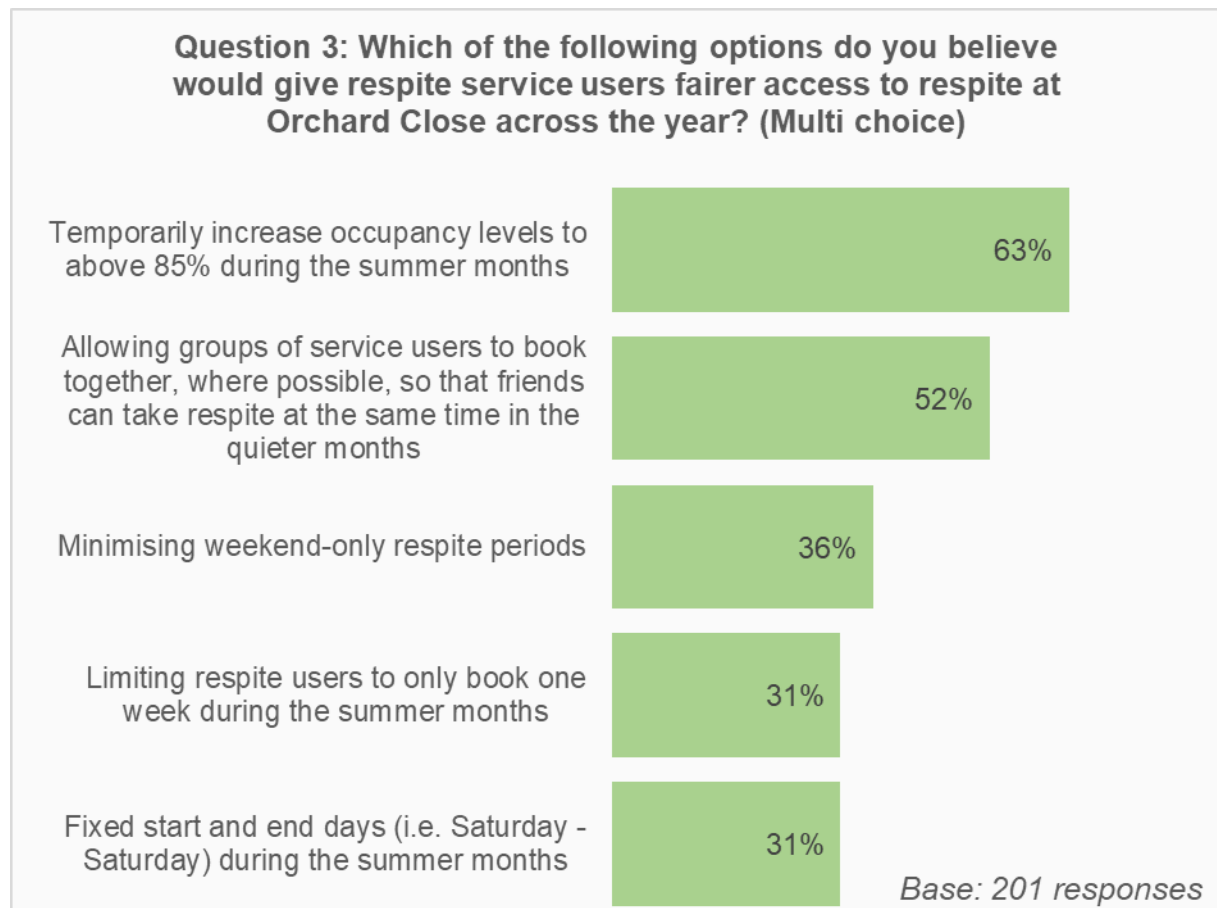
- 31 respondents **expressed concerns about the proposals**, including:
 - a possible reduction in staffing levels and, by extension, the level of service available (9 mentions);
 - that additional pressure would be placed on the service (9 mentions);
 - that there would be less capacity at Orchard Close in the summer months (7 mentions);
 - that the level of services could decrease (5 mentions); and
 - that the level of capacity would reduce overall (5 mentions).
- 28 respondents mentioned that **there should not be any savings made at Orchard close**, specifically that:
 - more beds should be available flexibly (7 mentions), and
 - there could be increasing demand on the service in the future (5 mentions);
- 24 respondents mentioned that **a reduction in the number of beds would be preferable to the service at Orchard Close closing**.

Of the 60 comments provided by respondents who are, or used to be, users of respite at Orchard Close, and their parents, carers and family members:

- 21 respondents expressed **concerns about the proposals**, including:
 - a possible reduction in staffing levels and by extension the level of service available (9 mentions);
 - that additional pressure would be placed on the service (4 mentions);
 - that there would be less capacity at Orchard Close in the summer months (4 mentions);
 - that the level of services could decrease (3 mentions); and
 - that the level of capacity would reduce overall (3 mentions).
- 17 respondents mentioned that **a reduction in the number of beds would be preferable to the service at Orchard Close closing**.
- 15 respondents mentioned that **there should not be any savings made at Orchard close**, specifically that:
 - more beds should be available (4 mentions), and
 - there could be increasing demand on the service in the future (2 mentions).

Options to give respite service users fairer access to respite at Orchard Close across the year

If the County Council decides to reduce the number of beds at Orchard Close, there would be increased pressure on capacity at Orchard Close in the summer months, when the service is busiest. In order to help maintain fair access for all service users, the consultation sought to understand how access could be managed fairly at busy times.



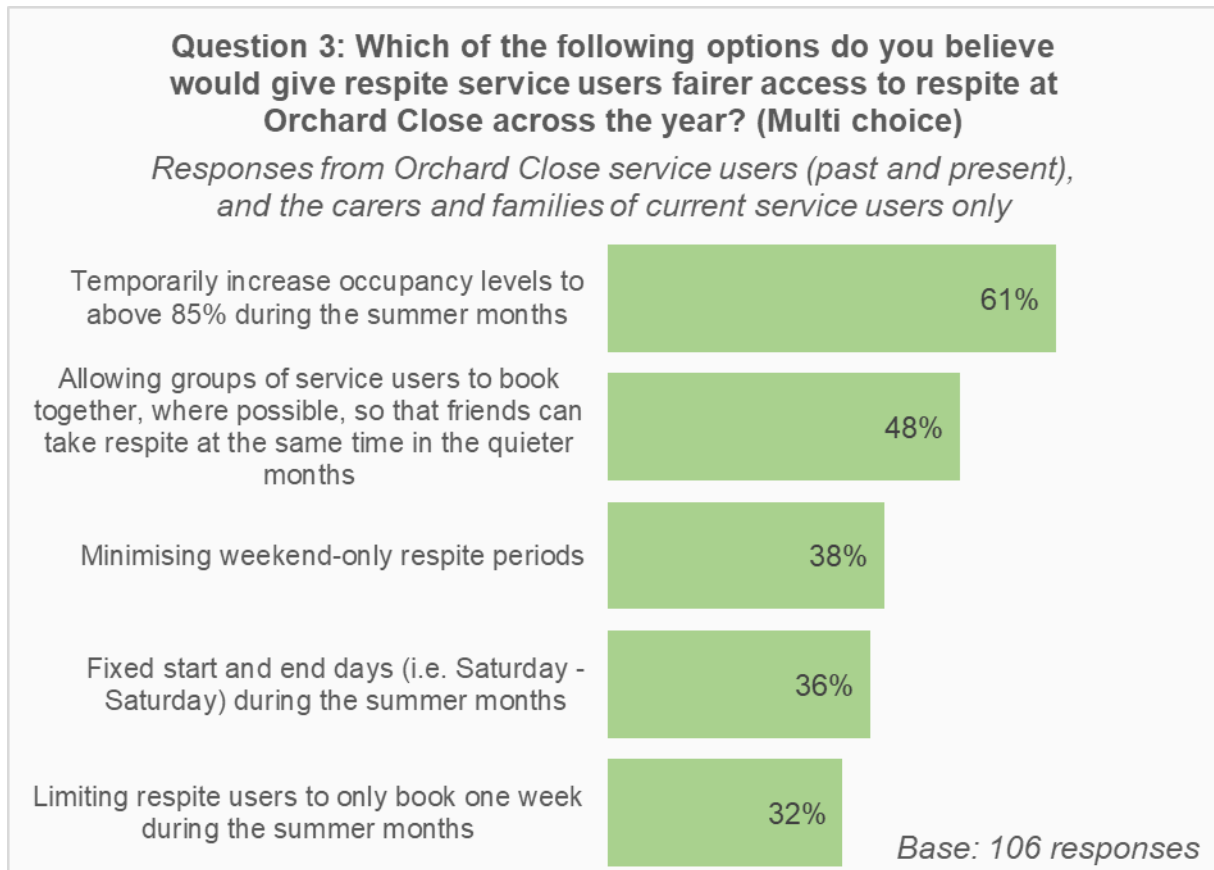
The most popular option, with the support of over six in ten respondents, was implementing a temporary increase in occupancy levels over the busier summer months, which would help to address increased demand. In addition, more than half of respondents agreed with the idea that groups of service users could book time at the respite service at Orchard Close together in quieter months.

Fewer than half of respondents agreed with each of the remaining three proposals, which all focused on ways to restrict usage to provide fairer access to all service users:

- minimising weekend-only respite periods (36%);
- limiting respite users to only book one week during the summer months (31%); and


- fixed start and end days (i.e. Saturday - Saturday) during the summer months (31%).

Respondents who are, or used to be, users of respite at Orchard Close, and their parents, carers and family members, showed similar levels of support for each of these options when compared with the overall response.




Respondents were also given the opportunity to suggest other ways to maintain fair access to all service users. The suggestions from the comments provided are shown below, with the responses from all respondents contrasted with the responses from those who are, or used to be, users of respite at Orchard Close, and their parents, carers and family members. The most frequent themes for each group are highlighted in green:

| Respondents who are, or used to be, users of respite at Orchard Close, and their parents, carers and family members (24 comments) | | |
|--|--------------------------------------|----------|
| Comments | All respondents (45 comments) | ↓ |
| Summer bookings | 11 | 5 |
| • Should have longer to book a week away – mentions of between 10 days and 2 weeks | 5 | 0 |
| • Allocate over the summer holidays to families with other children at school | 2 | 0 |

| Respondents who are, or used to be, users of respite at Orchard Close, and their parents, carers and family members (24 comments) | | |
|--|--------------------------------------|---|
| Comments | All respondents (45 comments) |  |
| • Only have summer respite | 2 | 1 |
| Flexibility | 8 | 3 |
| • There should be more flexible start times and pick up times | 2 | 1 |
| • There should be flexibility in exceptional circumstances | 1 | 0 |
| • That there should be more flexibility for weekend stays | 1 | 1 |
| • Allow for emergency bookings if available | 1 | 0 |
| Increase weekend respite over quieter months/winter | 5 | 4 |
| Encourage smaller stays during winter/autumn during the week/additional dates | 4 | 3 |
| Generate income | 3 | 1 |
| • Offer 'funded' days to help fund Orchard Close | 2 | 1 |
| Better management/organisation systems/booking forms | 3 | 0 |
| Allocate specific breaks per season per family/request that respite is spread out over seasons | 3 | 2 |
| Advertise better to increase usage | 3 | 2 |
| Do not reduce access/keep it as it is | 3 | 2 |
| Increase the amount of allocation a family can have | 2 | 0 |
| Create seasonal events to encourage more use across the year | 2 | 1 |
| Keep Orchard Close open | 1 | 0 |

As can be seen, the four most common themes were consistent across all respondents, including those respondents with a service user connection to Orchard Close.

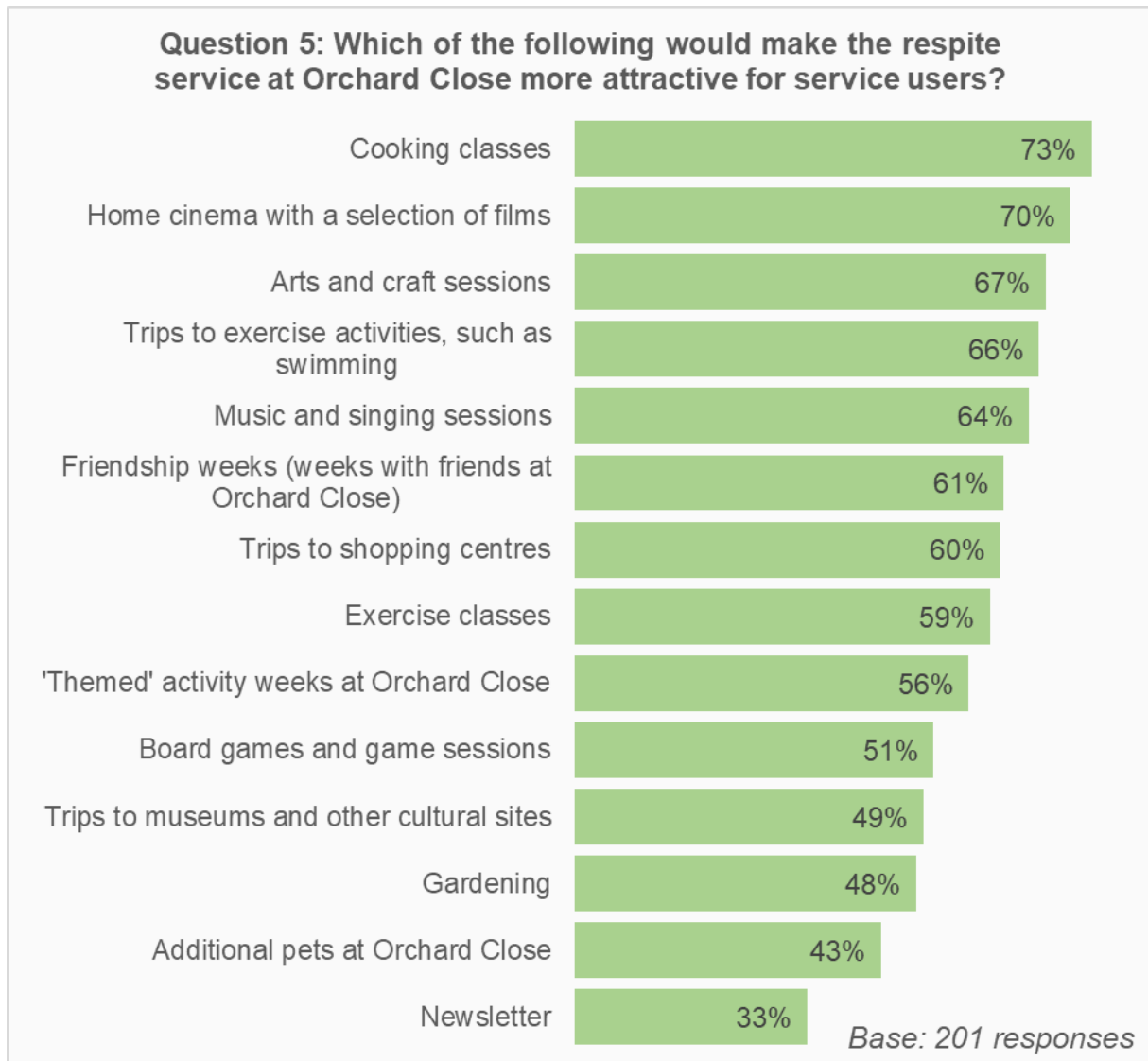
Respondents were also asked to describe the impact that a reduction in the availability of respite at Orchard Close over the summer period could have on service users and their families. The suggestions from the comments provided are shown on the next page, with the responses from all respondents contrasted with the responses from those who are, or used to be, users of respite at Orchard Close, and their parents, carers and family members. The most frequent themes for each group highlighted in green.

| Respondents who are, or used to be, users of respite at Orchard Close, and their parents, carers and family members (70 comments) | | |
|--|---------------------------------------|---|
| Comments | All respondents (113 comments) |  |
| Impact on holiday | 45 | 29 |
| • 1 week not enough | 21 | 16 |
| • Not being able to have summer holidays | 17 | 12 |
| • Issues with school holidays/other children - can only go away during that time | 12 | 0 |
| • Families who have more than one child/arranging care over school holidays | 3 | 0 |
| • Force families to take holiday during school term | 5 | 1 |
| Impact on parents/carers | 23 | 16 |
| • Parents/carers may not be able to cope if fewer beds/ | 4 | 3 |
| • Could result in travelling to other (further) respite centres | 2 | 1 |
| Availability | 14 | 8 |
| • Lack of last minute/short notice bookings | 3 | 2 |
| • Must be worked out fairly to ensure equal opportunity | 3 | 3 |
| • Emergency care may not be available | 2 | 1 |
| • Allow 1 week respite in summer at summer resort | 1 | 1 |
| Impact on service users | 13 | 8 |
| • Can only use respite over school/college holidays | 7 | 2 |
| • Miss out on seeing friends | 2 | 2 |
| Positive impact | 12 | 9 |
| • Fairer allocation | 9 | 7 |
| • If run the same month-to-month | 1 | 1 |
| Impacts on capacity | 9 | 4 |
| • Reduction could cause capacity issues | 7 | 4 |
| • Service is needed the most over summer months | 4 | 1 |
| Less flexibility | 7 | 5 |
| Longer term impacts | 6 | 4 |
| • Could result in 24hr care needed | 3 | 2 |
| • Could cost the County Council more in the long term | 2 | 1 |
| Impact on family unit | 5 | 0 |
| • Impact on mental health and wellbeing | 2 | 0 |
| • Strain on family relationships | 1 | 0 |
| • lower income families | 1 | 0 |
| Could make it difficult for those who want to use for weekends only | 3 | 2 |
| No/minimal impact | 2 | 2 |

Again, the most common themes were consistent between the two groups. However, this may largely be because a large proportion of the consultation respondents had a service user connection to Orchard Close.

Making the respite service at Orchard Close more attractive for service users outside the peak summer period

The consultation sought to understand how it could make the service at Orchard Close more attractive to service users in quieter periods. This was to help reduce capacity pressure during peak periods, and to deliver an efficient service by maintaining a consistent level of service usage during quieter months.



As can be seen, there was a majority of support for most of the options listed, with the exception of: trips to museums and other cultural sites (49%), gardening (48%), additional pets at Orchard Close (44%), and a newsletter (32%).

The three most popular options, with over two thirds support for each, were cooking classes (73%), a home cinema with a selection of films (70%), and arts and craft sessions (67%).

The views of Orchard Close service users (past and present), and the carers and families of current service users, were broadly similar to those of the total response base, with the following notable exceptions:

Stronger support than the overall response base for:

- cooking classes (7% higher, at 80%),
- trips to shopping centres (7% higher, at 67%), and
- a home cinema with a selection of films (6% higher, at 76%).

Respondents from this group were less likely than the overall response base to support friendship groups (9% lower, at 51%).

Respondents were also given the opportunity to suggest other ways that Orchard Close could be made more appealing to service users outside the peak summer period. From the 73 comments made, the most common suggestions included:

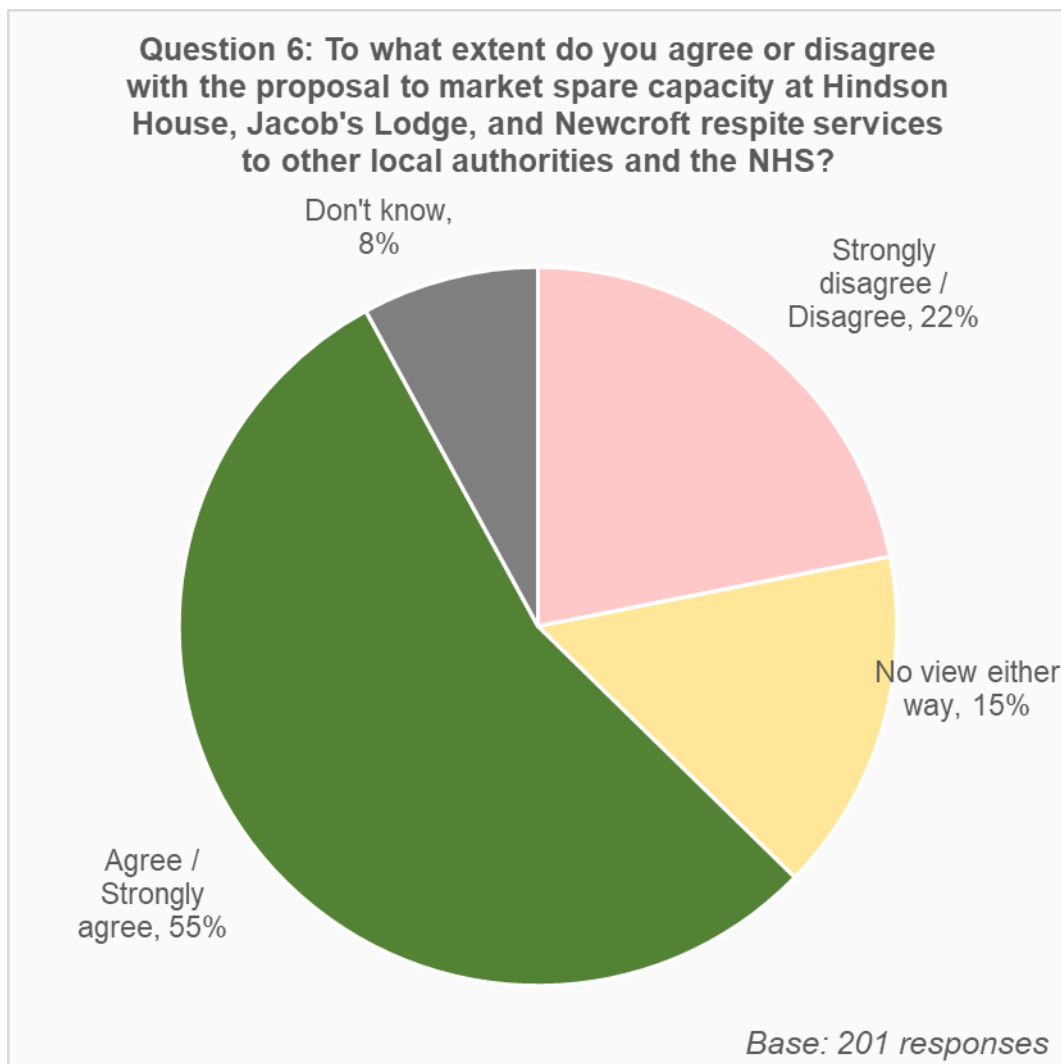
- Bowling (18 suggestions)
- Trips to the theatre (13 suggestions)
- Trips to the cinema (9 suggestions)
- Trips to seaside amusements (6 suggestions)
- Trips to amusement parks (6 suggestions)
- Train trips (6 suggestions)
- Pub trips (6 suggestions)
- Coffee shop trips (6 suggestions)

Of the 51 comments provided by respondents who are, or used to be, users of respite at Orchard Close, and their parents, carers and family members, the most common suggestions included:

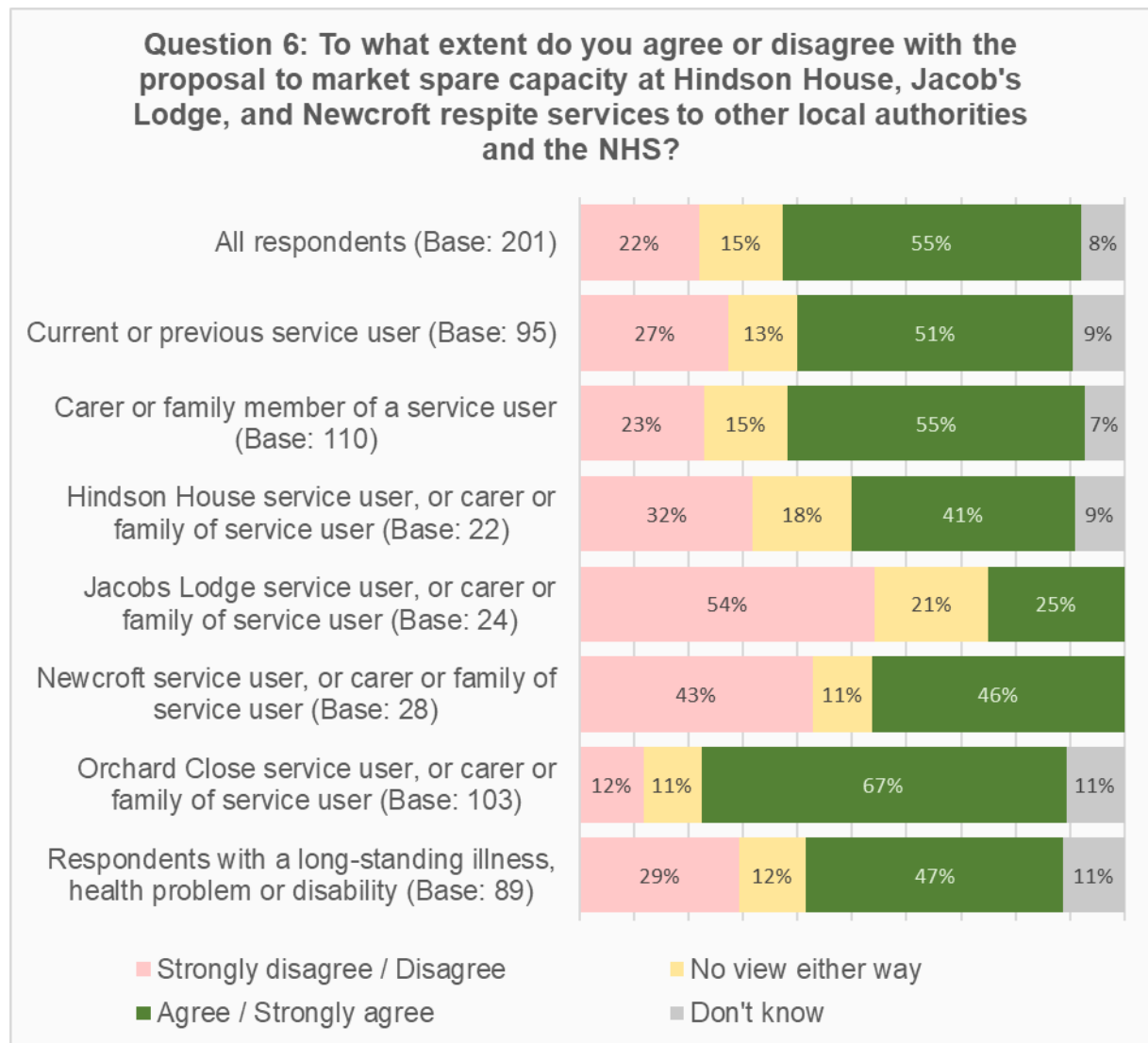
- Bowling (15 suggestions)
- Trips to the theatre (9 suggestions)
- Pub trips (5 suggestions)
- Coffee shop trips (5 suggestions)
- Trips to the cinema (5 suggestions)
- Train trips (4 suggestions)
- Trips to a zoo (4 suggestions)

Marketing some spare capacity at the County Council's other respite services to other local authorities and the National Health Service (NHS)

Overall there was majority agreement with the proposal to market some spare capacity at the County Council's other respite services to local authorities and the National Health Service (NHS), with just over one in five (22%) disagreeing.



When broken down by the type of respondent, the views were as follows:



The groups who showed higher levels of agreement than disagreement were:

- Current or previous service users (51% agreed, 27% disagreed)
- Carers or family members of service users (55% agreed, 23% disagreed)
- Respondents with a long-standing illness, health problem or disability (47% agreed, 29% disagreed)
- Orchard Close service users (past and present), and the carers and families of current service users (67% agreed, 12% disagreed)
- Hindson House service users (past and present), and the carers and families of current service users (41% agreed, 32% disagreed).

In contrast, the majority of Jacob's Lodge users (past and present), and the carers and families of current Jacob's Lodge service users disagreed with this proposal (25% agreed, 54% disagreed).

The views of Newcroft service users (past and present), and the carers and families of current Newcroft service users were more mixed, with 46% agreeing and 43% disagreeing with the proposal.

This implies greater concern amount respondents with a connection to services that could be affected by the proposal.

Respondents were given an opportunity to give reasons for their answer. 97 comments were provided, of which the most common themes are listed below:

- **Priority to access the services should be given to existing service users** (23 comments), with
 - 12 mentioning that Hampshire residents should be given priority access,
 - 8 mentioning that existing service users should be given the right to use spare bed spaces before they are offered elsewhere, and
 - 2 mentions that access should not be given to other areas' service users if it places extra pressure on staff members.
- **Concerns that there could be capacity issues under this proposal** (16 comments).
- **Agreement with the proposal on the basis that the current level of service can be maintained** (12 comments).
- **Concerns for service users** (11 comments), with
 - 5 mentions of concerns for safety if the NHS is placing patients with vulnerable adults,
 - 4 mentions of concerns about the availability of emergency respite, and
 - 1 mention that the quality of care may be impacted if there are more service users present.

Of the 41 comments provided by respondents who are, or used to be, users of respite at Hindson House, Jacob's Lodge, and Newcroft, and their parents, carers and family members, the most common suggestions were:

- **Priority access being given to existing service users** (17 comments), with
 - 7 mentions that Hampshire residents should be given priority access,
 - 6 mentions that existing service users should be given the right to use spare bed spaces before they are offered elsewhere, and
 - 2 mentions that access should not be given to other areas' service users if it places extra pressure on staff members.
- **Concerns that there could be capacity issues under this proposal** (14 comments).
- **Concerns about concerns for the service user** (9 comments), with
 - 4 mentions of concerns for safety if the NHS is placing patients with vulnerable adults,
 - 4 mentions of concerns about the availability of emergency respite, and

- 1 mention that the quality of care may be impacted if there are more service users present.
- 5 respondents mentioned that they **agree with the proposal on the basis that the current level of service be maintained.**

Impacts of the proposals

Respondents were asked *Please describe what, if any, impact the proposals in this consultation could have on you or your family, or people you know or work with.* 111 respondents provided a response to this question. The key themes from the responses were as follows:

- **Impacts on parents and carers of service users** (43 comments), with:
 - 13 mentioning that parents and carers would be unable to cope if the proposals went ahead,
 - 11 mentioning there could be an impact on parents' and carers' mental health,
 - 9 mentioning that parents and carers may be unable to take a break,
 - 6 mentioning that parents and carers may find it harder to book holidays,
 - 5 mentioning that parents and carers may lose opportunities to relax, and
 - 2 mentioning that older carers may require additional support.
- **Impacts on service users at Orchard Close** (19 comments), with:
 - 3 mentioning that they may get less time with their friends,
 - 3 mentioning that they may have fewer nights respite per year,
 - 2 mentioning that it would be stressful to stay at a different respite service,
 - 2 mentioning that the proposals could cause emotional distress,
 - 1 mentioning that service users feel comfortable at Orchard Close, and
 - 1 mentioning that longer stays help service users improve their independence.
- **Impacts on families** (13 comments), specifically that:
 - 7 mentioning that the proposed changes could harm mental health, and
 - 4 mentioning impacts on other siblings' holidays and time with parents.
- **Less availability of respite beds** (8 comments), with
 - 5 mentioning that it could become harder to access services.
- **Capacity issues at Orchard Close** (7 comments), specifically that
 - 5 mentions that the proposed changes may make it harder to access services, and
 - 1 mention that there may be fewer beds available for service users with less complex needs.
- **Impacts as a result of there being fewer staff at Orchard Close** (7 comments).
- **The value that respondents place on the service at Orchard Close** (7 comments), with:
 - 2 mentions of the friendly atmosphere, and
 - 1 mention of the opportunities for outdoor activities.

- **Impacts of marketing spare capacity at Hindson House, Jacob's Lodge, and Newcroft to other organisations** (6 comments), specifically:
 - 5 mentions that there would be less availability for respite users,
 - 4 mentions that there may be safeguarding issue,
 - 2 mentions that there may less flexibility in the service,
 - 2 mentions that there may be less access to services, and
 - 2 mentions that there may be less emergency care available.
- **Little or no impact from the changes** (6 comments).
- **The proposals are fair if they allow the respite service to continue to run** (6 comments), with:
 - 1 mention that that the proposed changes could lead to an improved service.
- **The quality of the service could suffer as a result of the proposed changes** (6 comments).
- **Risks of longer-term impacts** (6 comments), with:
 - 5 mentions that the changes may result in a greater need for full time care.
- **Concerns about the length of respite periods** (5 comments), with:
 - 4 mentions that a week is not a long enough period for respite.
- **Potential capacity issues for other services as a result of these proposed changes** (5 comments), with:
 - 1 mention that day care centres may be used more for general respite.
- **It is too early to say** if there would be any impact from the proposed changes (4 comments).
- **The proposals could reduce flexibility within the Service** (3 comments).
- **Back office elements of the service** (administration, paperwork, and staff training) could suffer as a result of the efficiencies (3 comments).
- **There could be safeguarding issues as a result of the changes** (2 comments).
- **Impacts from less respite availability in the summer** (1 comment).
- **Parents and carers need respite breaks** (1 comment).
- **Respite may not be available at short notice**, as availability may be filled a long time ahead (1 comment).

Further comments and alternative suggestions

Respondents were asked: ***If you have any further comments on the proposals in this consultation, or alternative suggestions on how the County Council could save £285,000 from its Adults' Health and Care budget, then please provide these in the box below.*** 81 respondents provided a response to this question. The key themes from the responses were as follows:

- 25 comments related to **the County Council making savings to other operational budgets**, including:
 - 15 which mentioned making savings to staff salaries and 8 which mentioned reducing the cost of consultations.
- 13 comments referred to **generating income from the sale of excess service capacity**, with
 - 6 mentions that carers could purchase additional respite beyond their allowance,
 - 3 mentions that Orchard Close should market excess capacity as well as at Hindson House, Jacob's Lodge, and Newcroft,
 - 1 mention that other services' users could purchase excess respite capacity, and
 - 1 mention that staff could be 'loaned out' to generate income.
- 11 comments related to **savings being generated in other services**, other parts of the respite service, and other departments of the County Council. Specific suggestions, with 1 mention each, related to:
 - renegotiating contracts for transporting respite service users,
 - reducing reliance of service users on transport supported by the County Council, and
 - reducing the Home to School Transport service.
- 10 comments **opposed any budget cuts being made to the service.**
- 7 comments suggested that **charges could be introduced at Orchard Close**, with:
 - 6 mentions of to service users contributing towards the care they receive.
- 4 comments suggested that **the County Council should charge service users for respite care.**
- 3 comments referred to **longer term financial impacts**, with:
 - 1 mention that emergency care costs can be reduced with more accurate needs assessments.
- 3 comments suggested that **bed numbers be reduced at Hindson House, Jacob's Lodge, and Newcroft.**
- 2 comments suggested that **Jacob's Lodge could be considered for closure** in the belief that it is underused.
- 2 comments suggested **making excess capacity available to existing service users.**

- 2 comments referred to **making savings to the upkeep of the Orchard Close building.**
- 2 comments suggested that the County Council **increase Council Tax**, and 2 comments suggested that the County Council **lobby Central Government for additional funding.**
- 1 comment suggested **reducing staff numbers.**
- 1 comment suggested **making more use of volunteers** in the Service.
- 1 comment suggested the Service could undertake **fundraising.**
- 1 comment suggested that **service user needs should be assessed more carefully.**

Feedback from Speakeasy Advocacy

Speakeasy Advocacy is a community-based organisation, independent from the County Council, that provides support to children and adults with disabilities. It operates in North Hampshire.

As part of their regular sessions, the organisation discussed the proposals in this consultation at three of their regular meetings in January and February 2020, during the consultation period. This was undertaken by Speakeasy Advocacy without any request from, or involvement with, the County Council. Speakeasy Advocacy provided findings, from 24 attendees with learning disabilities and physical disabilities at these three sessions, to the County Council.

A summary of the submissions from Speakeasy Advocacy are included below:

- In regard to the County Council continuing to run the respite service at Orchard Close, and at the same time looking at ways to reduce the running costs of the service:
 - 21 attendees (88%) agreed with this approach
 - 3 attendees (13%) disagreed with this approach
 - 3 comments regarding this approach were provided. 2 of these agreed with the approach described, on the grounds that it would allow the service to continue. 1 comment mentioned that they prefer to stay at Hindson House.
- When asked about the proposal to reduce the number of beds at Orchard Close from 13 to 10:
 - 20 attendees (83%) agreed or strongly agreed
 - 3 attendees (13%) neither agreed nor disagreed
 - 1 attendee (4%) disagreed or strongly disagreed
 - One comment was provided in relation to this proposal, indicating the respondent would be happy with this if it meant the respite service at Orchard Close remained open.
- When asked about options to give respite service users fairer access to respite at Orchard Close across the year, the ranked popularity of the options was as follows:

| Option | Number of attendees who supported this option |
|--|---|
| Limiting respite users to only book one week during the summer months | 9 (38%) |
| Temporarily increase occupancy levels to above 85% during the summer months | 6 (25%) |
| Allowing groups of service users to book together, where possible, so that friends can take respite at the same time in the quieter months | 5 (21%) |

| Option | Number of attendees who supported this option |
|--|---|
| Fixed start and end days (i.e. Saturday - Saturday) during the summer months | 3 (13%) |
| Minimising weekend-only respite periods | 1 (4%) |

- Potential impacts cited by attendees were that it may impact on family members' ability to take a holiday, and that users of the service may be disappointed if their stays in the summer were limited.
- With regard to ways that Orchard Close could be made more appealing to service users outside the peak summer period, the ranked popularity of the options was as follows:

| Option | Number of attendees who supported this option |
|--|---|
| 'Themed' activity weeks at Orchard Close | 12 (50%) |
| Newsletter | 11 (46%) |
| Additional pets at Orchard Close | 10 (42%) |
| Cooking classes | |
| Music and singing sessions | 9 (38%) |
| Home cinema with a selection of films | 6 (25%) |
| Trips to exercise activities, such as swimming | |
| Trips to museums and other cultural sites | |
| Board games and game sessions | 5 (21%) |
| Exercise classes | 4 (17%) |
| Arts and craft sessions | 3 (13%) |
| Friendship weeks (weeks with friends at Orchard Close) | |
| Gardening | 2 (8%) |
| Trips to shopping centres | 1 (4%) |

- 3 comments regarding these options were provided, mentioning that activities should be different from what service users can do day-to-day at home, that they should be creative and teach new skills, and that these opportunities should also be available at other respite services.
- When asked about the proposal to market spare capacity at Hindson House, Jacob's Lodge, and Newcroft respite services to other local authorities and the NHS:
 - 11 attendees (46%) agreed with this approach
 - 9 attendees (38%) disagreed with this approach
 - 3 attendees (13%) disagreed with this approach
 - Reasons given for these views said that the proposal would reduce the need for spending reductions elsewhere (2 mentions), that there could be a risk that there would be less capacity for Hampshire's service

users (2 mentions), and that it should only use unused capacity (1 mention).

- Further comments and suggestions for how the County Council could make savings of £285,000, included:
 - reducing purchasing (1 mention);
 - that there should be less catering at meetings (1 mention);
 - that other respite services should not have to market beds to pay for Orchard Close to remain open (1 mention);
 - that service users at Orchard Close should be more flexible in their booking (1 mention); and
 - there may be issues of people with different levels of need using respite services if they were marketed to other organisations (1 mention).

- Impacts of the proposals on respondents, their families, and people with whom they work, presented verbatim, included that there could be issues if people with different levels of need use respite services if they were marketed to other organisations (1 mention), and that there could be issues if Hampshire service users do not get priority when booking stays at respite services (1 mention).

Unstructured responses to the consultation

The County Council received two responses via letter and email, which did not make use of the Response Form. Both of these responses were from service users' parents or carers.

One of these responses was from a parent or carer of a service user at Orchard Close, who stated that they agreed with the proposal to reduce the number of beds at Orchard Close, and the proposal to market excess capacity at Hindson House, Jacob's Lodge, and Newcroft respite services. The individual also expressed concern at the County Council sending paper documents to service users during the consultation, and the waste that this generates.

The second response was from a parent or carer of a service user at Hindson House who expressed their gratitude for the service they receive at Hindson House. The respondent expressed concerns that marketing excess capacity at Hindson House could impact the availability of the service for their cared for person, particularly as they have had issues with cancellations in the past. The respondent was particularly concerned that, without proper controls on who would be using the service, there could be safeguarding issues if unvetted service users from other local authorities or NHS services were to use Hindson House.

The County Council would like to thank all those who took part in this consultation.

Feedback received through this consultation will be considered alongside wider evidence to inform the County Council's decision on the proposed changes to the respite service. This decision will be taken by the Executive Member for Adult Social Care and Health later in 2020.



Consultation on:

- **proposed changes to the respite service at Orchard Close, Hayling Island, and**
- **generating income through marketing spare capacity at other County Council respite services**

Findings Report Appendices

February 2020

Table of contents

| | |
|--|-----------|
| Appendix 1 – Consultation context and methodology | 3 |
| Context | 3 |
| Research approach..... | 3 |
| Interpreting the data | 4 |
| Publication of data..... | 6 |
| Appendix 2 – Consultation Response Form (non-easy read version) | 7 |
| Appendix 3 – Organisations and groups that responded to the consultation | 17 |
| Appendix 4 – Profile of respondents who used the consultation Response Form | 18 |
| Appendix 5 – Consultation Response Form data tables | 20 |
| Appendix 5a - Easy read Response Form data tables..... | 21 |
| Appendix 5b – Non-easy read Response Form data tables..... | 36 |
| Appendix 6 – Open-ended question code frames | 46 |
| Appendix 6a - Code frame for the question “If you would like to give reasons for your answer, please do so below:” (Following Question 1: The County Council is continuing to run the respite service at Orchard Close and at the same time is looking at ways to reduce the running costs of the service. Do you agree or disagree with this approach?) | 47 |
| Appendix 6b - Code frame for the question “If you would like to give reasons for your answer, please do so below:” (Following Question 2: To what extent do you agree or disagree with the proposal to reduce the number of beds at Orchard Close from 13 to 10?)..... | 48 |
| Appendix 6c - Code frame for the question “For 'other' please describe below:” (Following Question 3: Which of the following options do you believe would give respite service users fairer access to respite at Orchard Close across the year?)..... | 49 |
| Appendix 6d - Code frame for the question “Question 4: What impact, if any, do you think that this reduction in the availability of respite at Orchard Close over the summer period could have on service users and their families?” | 50 |
| Appendix 6e - Code frame for the question “For 'anything else', please describe these below” (Following Question 5: Which of the following would make the respite service at Orchard Close more attractive for service users?)..... | 51 |
| Appendix 6f - Code frame for the question “If you would like to give reasons for your answer, please do so below:” (Following Question 6: To what extent do you agree or disagree with the proposal to market spare capacity at Hindson House, Jacobs Lodge, and Newcroft respite services to other local authorities and the NHS?)..... | 53 |
| Appendix 6g - Code frame for the question “Question 7: If you have any further comments on the proposals in this consultation, or alternative suggestions on how the County Council could save £285,000 from its Adults’ Health and Care budget, then please provide these in the box below.” | 54 |
| Appendix 6h - Code frame for the question “Question 8: Please describe what, if any, impact the proposals in this consultation could have on you or your family, or people you know or work with.” | 55 |

Appendix 1 – Consultation context and methodology

Context

The County Council's core role is to deliver public services to the 1.35 million residents living in Hampshire (excluding Portsmouth and Southampton).

In 2017, the Adults' Health and Care Department was set a savings target of approximately £56 million per year, to be delivered by April 2019. This was to contribute to the County Council's overall anticipated budget shortfall of £140m by April 2019.

In autumn 2018, a public consultation was undertaken on the future of the Orchard Close respite service for people with learning disabilities. This included proposals to close the respite service at Orchard Close, which were estimated to deliver savings of approximately £617,000.

Following this consultation, a recommendation was put forward to close the respite service at Orchard Close. However, at the meeting of the County Council's Health and Adult Social Care Select Committee on 11 February 2019, the Committee asked that the Executive Member for Adult Social Care and Health consider other options for the future of the respite service.

At the Decision Day on 29 March 2019, the Executive Member for Adult Social Care and Health asked that further work be undertaken on all possible wider options, and that further reports would be submitted not before autumn 2019.

Following engagement with Members, Healthwatch, parents, carers, service users, staff, and other interested parties, the County Council has developed proposals to:

- reduce the number of registered beds at the respite service at Orchard Close on Hayling Island from 13 to 10; and
- generate income by marketing some spare capacity at the County Council's other respite services to other local authorities and the National Health Service (NHS).

Research approach

The County Council carried out an open consultation designed to give all Hampshire residents and wider stakeholders the opportunity to have their say about the proposed changes to the respite service in Hampshire. The general public living outside Hampshire were also able to respond.

Responses could be submitted through an online Response Form, available at <https://www.hants.gov.uk/aboutthecouncil/haveyoursay/consultations/respite-consultation> or as a paper form, which was made available on request. An easy read version was also produced. Alternative formats were also made available on request.

Unstructured responses sent through other means, such as via email or as written letters, and received by the consultation's closing date were also accepted.

Parents and/or carers of the people who use the services were sent standard copies of the consultation document and response form, and service users were sent easy read copies of these documents, along with a pre-paid return envelope. Feedback to the consultation was also accepted in the form of letters and emails.

Three consultation events were held during the consultation period, aimed at service users and their parents and/or carers, allowing them to meet with officers from the County Council's learning disability service to discuss the proposals. The events were held in Basingstoke, Fareham and Havant. An independent advocate was available at each event to support attendees to participate in, or respond to, the consultation if required.

An Information Pack was produced alongside the consultation, providing information about each of the options presented. The Information Pack was also available in easy read format.

212 members of the public and stakeholder organisations or groups completed the consultation questionnaire, which ran from Monday 16 December 2019 until Sunday 09 February 2020.

2 responses were submitted by letter and email, as opposed to using the Response Form.

Speak Easy Advocacy ran three independent workshops as part of their usual advocacy sessions, without input from the County Council, and submitted these findings to the County Council. A summary of these findings is included as part of the consultation findings.

Six responses were from organisations or groups. The list of Organisations who provided a response, and gave their Organisation's name when asked, is included as Appendix 3 of this document.

The County Council would like to thank all those who took part in this consultation.

Interpreting the data

As the consultation was an open exercise, its findings cannot be considered to be a 'sample' or representative of the Hampshire population.

The 212 responses received to the consultation questionnaire break down as follows:

- 51 via the online Response Form, of which 5 used the easy read version of the Response Form and 46 used the non-easy read Response Form; and

- 161 responses via the paper Response Form, of which 65 used the easy read version and 96 used the non-easy read Response Form.

All consultation questions were optional. The analysis only takes into account actual responses – where ‘no response’ was provided to a question, this was not included in the analysis. As such, the totals for each question add up to less than 205 (the total number of respondents who replied to the consultation questionnaire).

Recognising the total sample size of 212, percentages are shown to the nearest whole number, as greater detail could have been misleading and would not have added any value to analysis. Therefore, in some analyses rounding errors may apply (for example, if all percentages add up to 101%).

Open-ended responses were analysed by theme, using an inductive approach. This means that the themes were developed from the responses themselves, not pre-determined based on expectations, to avoid any bias in the analysis of these responses. These themes, brought together into code frames, were reviewed by the researchers throughout their analysis of the findings to ensure that they were accurate and comprehensive, and are included in the appendices to this report.

Publication of data

Data provided as part of this consultation will be treated in accordance with the General Data Protection Regulation 2016/679. Personal information will be used for analytical purposes only. The County Council will not share the information collected as part of this consultation with third parties. All individuals' responses will be kept confidential and will not be shared. Responses from groups or organisations may be published in full. The County Council will securely retain and store copies of the responses for one year after the end of the consultation process, and then delete the data.

More details on how the County Council holds personal information can be found at www.hants.gov.uk/privacy.

Appendix 2 – Consultation Response Form (non-easy read version)

Consultation on:

- proposed changes to the respite service at Orchard Close, Hayling Island, and
- generating income through marketing spare capacity at other County Council respite services



Introduction

Hampshire County Council is seeking the views of service users, the general public, and other interested stakeholders on proposals to:

- reduce the number of beds at Orchard Close on Hayling Island, and
- generate income through marketing spare capacity at other County Council respite services.

The consultation opens on Monday 16 December 2019 and closes at 11:59pm on Sunday 09 February 2020. Any responses received after the closing date will not be included in the findings report.

More information on these proposals and the consultation can be found on the web page at www.hants.gov.uk/respite-consultation. It is strongly advised that you read the information pack, which can be found on this web page, before completing this consultation.

If you have any questions about this consultation, please contact Hampshire County Council via email at AS.Consultation@hants.gov.uk, or by telephone on 01962 847267.

When you have finished providing your response with this form, please return it to the County Council in the pre-paid envelope that you may have been provided.

If you do not have a pre-paid envelope, please post your response to: **Freepost HAMPSHIRE**

Please also write **AS Consultation** on the back of the envelope. You do not need to use a stamp.

You can request this consultation document in other formats, such as easy read, Braille, audio or large print, by emailing AS.Consultation@hants.gov.uk, or by calling 01962 847267.

Your data

Privacy notice

Hampshire County Council is collecting information about you through this questionnaire in order to understand views on the proposals to reduce the number of beds at the respite service at Orchard Close, Hayling Island, and to market spare capacity at Hindson House, Jacobs Lodge, and Newcroft respite services to other local authorities and the NHS. We will use the information to understand your views and the perceived impact of the proposed changes. All data will remain within the UK, and will not be shared with third parties. We will keep your personal information securely for one year, after which it will be deleted or destroyed.

You have some legal rights in respect of the personal information we collect from you. Please see our website Data Protection page at www.hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection for further details. You can contact the County Council's Data Protection Officer at data.protection@hants.gov.uk. If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or directly to the Information Commissioner's Office at <https://ico.org.uk/concerns>.

Consultation on:
- proposed changes to the respite service at Orchard Close, Hayling Island, and
- generating income through marketing spare capacity at other County Council respite services



About this consultation

This questionnaire is divided into six sections:

Section 1 – Keeping the respite service at Orchard Close open whilst reducing running costs of the service

Section 2 – The proposed reduction of the number of beds at Orchard Close

Section 3 – Increasing usage of the respite service at Orchard Close outside peak periods

Section 4 – Marketing spare capacity at Jacobs Lodge, Hindson House and Newcroft respite services

Section 5 – Further comments

Section 6 – About You

The consultation results and analysis of the findings will be published and presented to the Executive Member for Adult Social Care and Health later in 2020, along with a final recommendation on the future of the respite service at Orchard Close.

Section 1 - Keeping the respite service at Orchard Close open whilst reducing running costs of the service

Following the consultation in 2018 on a proposal to close the respite service at Orchard Close, the County Council is continuing to run the respite service at Orchard Close and at the same time is looking at ways to reduce the running costs of the service.

Question 1: The County Council is continuing to run the respite service at Orchard Close and at the same time is looking at ways to reduce the running costs of the service. Do you agree or disagree with this approach?

Please select one option

I agree with this approach.....

I disagree with this approach.....

If you would like to give reasons for your answer, please do so below:

Consultation on:

- proposed changes to the respite service at Orchard Close, Hayling Island, and

- generating income through marketing spare capacity at other County Council respite services



Hampshire
County Council

Section 2 - The proposed reduction of the number of beds at Orchard Close

This proposal is explained in the consultation Information Pack which can be found at www.hants.gov.uk/respite-consultation.

The Information Pack explains that the County Council is proposing to reduce the number of beds at Orchard Close from 13 to 10, and to increase use of the 10 remaining beds outside the peak summer season to achieve the same overall level of usage across the year.

Question 2: To what extent do you agree or disagree with the proposal to reduce the number of beds at Orchard Close from 13 to 10?

Please select one option

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

Don't know

If you would like to give reasons for your answer, please do so below:

Consultation on:
- proposed changes to the respite service at Orchard Close, Hayling Island, and
- generating income through marketing spare capacity at other County Council respite services



Section 2 - The proposed reduction of the number of beds at Orchard Close

This proposal is explained in the consultation Information Pack which can be found at www.hants.gov.uk/respite-consultation.

The Information Pack explains that the County Council's proposal to reduce the number of beds at Orchard Close would mean that there would be increased pressure on Orchard Close in the summer months, when the service is busiest.

Question 3: Which of the following options do you believe would give respite service users fairer access to respite at Orchard Close across the year?

Please select all that apply

- Limiting respite users to only book one week during the summer months
- Fixed start and end days (i.e. Saturday - Saturday) during the summer months.....
- Minimising weekend-only respite periods
- Allowing groups of service users to book together, where possible, so that friends can take respite at the same time in the quieter months.....
- Temporarily increase occupancy levels to above 85% during the summer months.....
- Any other options not listed above.....

For 'other' please describe below:

Question 4: What impact, if any, do you think that this reduction in the availability of respite at Orchard Close over the summer period could have on service users and their families?

Consultation on:
- proposed changes to the respite service at Orchard Close, Hayling Island, and
- generating income through marketing spare capacity at other County Council respite services



Section 3 - Increasing usage of the respite service at Orchard Close outside peak periods

The County Council is looking at how to increase the usage of the respite service at Orchard Close outside the peak Summer period.

Question 5: Which of the following would make the respite service at Orchard Close more attractive for service users?

Please select all that apply

- Arts and craft sessions
- Board games and game sessions
- Cooking classes
- Exercise classes
- Friendship weeks (weeks with friends at Orchard Close)
- Gardening
- Home cinema with a selection of films
- Music and singing sessions
- Newsletter
- Additional pets at Orchard Close
- 'Themed' activity weeks at Orchard Close
- Trips to exercise activities, such as swimming
- Trips to museums and other cultural sites
- Trips to shopping centres
- Anything else not listed above

For 'anything else', please describe these below:

Consultation on:
- proposed changes to the respite service at Orchard Close, Hayling Island, and
- generating income through marketing spare capacity at other County Council respite services



Section 4 - Marketing spare capacity at Jacobs Lodge, Hindson House and Newcroft respite services

This proposal is explained in the consultation Information Pack which can be found at www.hants.gov.uk/respite-consultation.

The Information Pack explains that the County Council proposes to market spare capacity at Hindson House, Jacobs Lodge, and Newcroft respite services to other local authorities and the NHS, as a way to generate income and deliver anticipated savings to the respite service.

Question 6: To what extent do you agree or disagree with the proposal to market spare capacity at Hindson House, Jacobs Lodge, and Newcroft respite services to other local authorities and the NHS?

Please select one option

| | | | | | |
|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you would like to give reasons for your answer, please do so below:

Consultation on:

- proposed changes to the respite service at Orchard Close, Hayling Island, and

- generating income through marketing spare capacity at other County Council respite services



Hampshire
County Council

Section 5 - Further comments

Question 7: If you have any further comments on the proposals in this consultation, or alternative suggestions on how the County Council could save £285,000 from its Adults' Health and Care budget, then please provide these in the box below.

Please do not include any personal details in your response

Question 8: Please describe what, if any, impact the proposals in this consultation could have on you or your family, or people you know or work with.

Please do not include any personal details in your response

Consultation on:
- proposed changes to the respite service at Orchard Close, Hayling Island, and
- generating income through marketing spare capacity at other County Council respite services



Section 6 - About you

Hampshire County Council is committed to improving its services, eliminating unlawful discrimination, and promoting equality of opportunity for all people.

We would be grateful if you could answer the following questions so that we can analyse the results overall and by different groups of people. This will help us to understand the impacts of the consultation proposals and the views on them by different groups.

Is this a personal response, or are you responding on behalf of an organisation or group that you represent?

Please select one option

This is a personal response.....

This response is on behalf of an organisation or group that I represent.....

If this is a personal response, please now go to the next page and ignore the remainder of the questions on this page.

If this response is on behalf of an organisation or group that you represent, please answer the questions below.

Please tell us a little bit about the organisation or group that you represent

The name of the organisation or group

The address of the organisation or group

Your name

Your position in the organisation or group

Over the past 12 months, has your organisation or group worked with any of the following respite services?

Please select all that apply

Hindson House

Jacobs Lodge

Newcroft

Orchard Close

None of these

Prefer not to say

If this response is on behalf of an organisation or group that you represent, please go to last page of this response form.

Consultation on:
- proposed changes to the respite service at Orchard Close, Hayling Island, and
- generating income through marketing spare capacity at other County Council respite services



Section 6 - About you

If you have any connections with Hindson House, Jacobs Lodge, Newcroft, or Orchard Close respite services, please tell us which of the following statements best describe these?

Please select all that apply

| | Hindson House | Jacobs Lodge | Newcroft | Orchard Close |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| I have no connection to this respite service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I currently use this respite service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I previously used this respite service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am a parent or carer of somebody who uses this respite service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am a family member of somebody who uses this respite service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am a member of the local community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am a member of a local voluntary / community group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am employed at this respite service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please describe below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For 'other', please describe in the box below:

How would you describe your gender?

Please select one option

- Female Male Other Prefer not to say

For 'other', please describe in the box below:

How old are you?

Please select one option

- Under 18..... 35 to 44 65 to 74
 18 to 24 45 to 54 75 or over
 25 to 34 55 to 64 Prefer not to say

Do you have a long-standing illness, health problem or disability?

Please select one option

- Yes No Prefer not to say

Consultation on:

- proposed changes to the respite service at Orchard Close, Hayling Island, and

- generating income through marketing spare capacity at other County Council respite services



Hampshire
County Council

Section 6 - About you

Finally, to help us improve access to future consultations, please tell us where you first heard about this consultation:

Please select one option

- Online
- Consultation letter.....
- On social media (e.g. Facebook, Twitter, etc)
- Word of mouth.....
- Reported in the press (e.g. radio, newspaper)
- Other.....

For 'other', please describe in the box below:

End of questionnaire

Thank you for taking the time to complete this questionnaire.

This consultation closes at midnight on Sunday 09 February 2020. The consultation results and analysis of the findings will be published and presented to the Executive Member for Adult Social Care and Health later in 2020, along with a final recommendation on the respite service at Orchard Close.

If you have any questions about this consultation, please contact Hampshire County Council via email at AS.Consultation@hants.gov.uk, or by telephone on 01962 847267.

When you have finished providing your response with this form, please return it to the County Council in the pre-paid envelope that you may have been provided.

If you do not have a pre-paid envelope, please post your response to: **Freepost HAMPSHIRE**

Please also write **AS Consultation** on the back of the envelope. You do not need to use a stamp.

You can request this consultation document in other formats, such as easy read, Braille, audio or large print, by emailing AS.Consultation@hants.gov.uk, or by calling 01962 847267.

Appendix 3 – Organisations and groups that responded to the consultation

Where applicable, respondents were asked to provide the name of the organisation or group that they represented. Where this information was provided, it was not consistently recognisable. As a result, only those who provided a recognisable name, and contact details, for the organisation or group that they represented were included in this segment of respondents. The organisations and groups included were as follows:

- Choices - SAY group
- Dominic Care Limited
- Fareham and Gosport parent/carer group
- Havant Hub Self Advocacy Group

Appendix 4 – Profile of respondents who used the consultation Response Form

The 212 respondents using the consultation Response Form were asked about their characteristics and relationship to Orchard Close. Where provided, this information is shown below:

Type of respondent

- Organisation or group = 6
- Personal = 202
- No response provided = 4

The details of the individuals who responded to the consultation Response Form are included below:

Connection to respite services *(respondent could select more than one)*

| | Hindson House | Jacobs Lodge | Newcroft | Orchard Close |
|---|---------------|--------------|-----------|---------------|
| Indicated a connection to the Service | 22 | 26 | 28 | 114 |
| Currently or previously used for respite | 15 | 22 | 17 | 73 |
| Parent or carer of somebody who uses this service | 15 | 17 | 18 | 63 |
| Family member of somebody who uses this service | 2 | 3 | 6 | 22 |
| Member of the local community | 2 | 4 | 5 | 8 |
| Member of a local voluntary/community group | - | - | - | 2 |
| Employed at this service | - | - | - | - |
| Other | - | - | - | - |
| Prefer not to say | - | - | - | - |

Gender

- Female = 119
- Male = 68
- Other = 2
- Prefer not to say = 7
- No response provided = 6

Age

- Under 18 = 2
- 18 to 24 = 9
- 25 to 34 = 20
- 35 to 44 = 19

- 45 to 54 = 37
- 55 to 64 = 44
- 65 to 74 = 43
- 75 or over = 17
- Prefer not to say = 9
- No response provided = 2

Does the respondent have a health problem or a disability?

- No = 82
- Yes = 93
- Prefer not to say = 20
- No response provided = 7

Appendix 5 – Consultation Response Form data tables

The data tables below are presented with the following notes:

- The data tables for the users of the easy read and the non-easy read Response Forms are shown separately. This is for accuracy, as the wording of the questions in the easy read Response Form was slightly different to that in the non-easy read Response Form.
- Where base sizes are lower than ten the figures for responses are suppressed in these data tables. The responses were used in the full analysis but publishing the detailed response data for smaller groups could compromise respondents' anonymity. Where responses have been suppressed due to low sample sizes these are indicated with an asterisk (*) symbol.

Appendix 5a - Easy read Response Form data tables

| Counts Respondents | Base | Question 1: Should the Council keep Orchard Close open but reduce what we spend on it? | |
|---|------|--|----|
| | | Yes | No |
| Total | 57 | 48 | 9 |
| Are you answering these questions: | | | |
| For myself | 53 | 44 | 9 |
| For an organisation or group | 4 | * | * |
| Are you someone who goes to a respite service? | | | |
| Yes | 45 | 36 | 9 |
| No | 7 | * | * |
| Which one? | | | |
| Hindson House | 6 | * | * |
| Jacob's Lodge | 7 | * | * |
| Newcroft | 7 | * | * |
| Orchard Close | 29 | 23 | 6 |
| Are you the parent or carer of someone who goes to a respite service? | | | |
| Yes | 4 | * | * |
| No | 3 | * | * |
| Which one? | | | |
| Hindson House | 1 | * | * |
| Jacob's Lodge | 1 | * | * |
| Newcroft | - | * | * |
| Orchard Close | 2 | * | * |

| Counts Respondents | Base | Question 1: Should the Council keep Orchard Close open but reduce what we spend on it? | | |
|---|------|--|----|--|
| | | Yes | No | |
| Total | 3 | 3 | - | |
| Are you the family member of someone who goes to a respite service? | | | | |
| Yes | 1 | * | * | |
| No | 2 | * | * | |
| Which one? | | | | |
| Hindson House | - | * | * | |
| Jacob's Lodge | - | * | * | |
| Newcroft | - | * | * | |
| Orchard Close | 1 | * | * | |
| Do you live in the area close to one of the respite services? | | | | |
| Yes | 1 | * | * | |
| No | 1 | * | * | |
| Which one? | | | | |
| Hindson House | - | * | * | |
| Jacob's Lodge | - | * | * | |
| Newcroft | - | * | * | |
| Orchard Close | 1 | * | * | |
| Are you part of a community organisation that is involved in a respite service? | | | | |
| Yes | - | * | * | |
| No | 1 | * | * | |
| Which one? | | | | |
| Hindson House | - | * | * | |
| Jacob's Lodge | - | * | * | |
| Newcroft | - | * | * | |
| Orchard Close | - | * | * | |
| Do you work in a respite service? | | | | |
| Yes | - | * | * | |
| No | 1 | * | * | |

| Counts Respondents | Base | Question 1: Should the Council keep Orchard Close open but reduce what we spend on it? | |
|---|------|--|----|
| | | Yes | No |
| Total | 58 | 49 | 9 |
| Are you.... | | | |
| Female | 27 | 23 | 4 |
| Male | 25 | 20 | 5 |
| Prefer not to say | 1 | * | * |
| Other | 2 | * | * |
| How old are you? | | | |
| Under 18 | - | * | * |
| 18 - 24 | 5 | * | * |
| 25 - 34 | 15 | 12 | 3 |
| 35-44 | 9 | * | * |
| 45-54 | 9 | * | * |
| 55-64 | 11 | 9 | 2 |
| 65-74 | 6 | * | * |
| 75 or over | - | * | * |
| Perfer not to say | 3 | * | * |
| Are you disabled, or do you have a long lasting illness? | | | |
| Yes | 43 | 34 | 9 |
| No | 10 | 10 | - |
| Prefer not to say | 4 | * | * |

| Counts Respondents | Question 2: We are suggesting that we reduce the number of beds at Orchard Close from 13 to 10. Do you agree or disagree with this idea? | | | | | | |
|---|--|-------------------|----------|----------------------------|-------|----------------|------------|
| | Base | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 64 | 15 | 11 | 12 | 20 | 5 | 1 |
| Are you answering these questions: | | | | | | | |
| For myself | 60 | 13 | 10 | 12 | 19 | 5 | 1 |
| For an organisation or group | 4 | * | * | * | * | * | * |
| Are you someone who goes to a respite service? | | | | | | | |
| Yes | 51 | 12 | 9 | 11 | 13 | 5 | 1 |
| No | 8 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | 7 | * | * | * | * | * | * |
| Jacob's Lodge | 8 | * | * | * | * | * | * |
| Newcroft | 7 | * | * | * | * | * | * |
| Orchard Close | 33 | 6 | 7 | 9 | 9 | 1 | 1 |
| Are you the parent or carer of someone who goes to a respite service? | | | | | | | |
| Yes | 5 | * | * | * | * | * | * |
| No | 3 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | 1 | * | * | * | * | * | * |
| Jacob's Lodge | 1 | * | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * | * |
| Orchard Close | 3 | * | * | * | * | * | * |

| Counts Respondents | Base | Question 2: We are suggesting that we reduce the number of beds at Orchard Close from 13 to 10. Do you agree or disagree with this idea? | | | | | |
|---|------|--|----------|----------------------------|-------|----------------|------------|
| | | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 3 | 1 | - | 1 | 1 | - | - |
| Are you the family member of someone who goes to a respite service? | | | | | | | |
| Yes | 1 | * | * | * | * | * | * |
| No | 2 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | - | * | * | * | * | * | * |
| Jacob's Lodge | - | * | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * | * |
| Orchard Close | 1 | * | * | * | * | * | * |
| Do you live in the area close to one of the respite services? | | | | | | | |
| Yes | 1 | * | * | * | * | * | * |
| No | 1 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | - | * | * | * | * | * | * |
| Jacob's Lodge | - | * | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * | * |
| Orchard Close | 1 | * | * | * | * | * | * |
| Are you part of a community organisation that is involved in a respite service? | | | | | | | |
| Yes | - | * | * | * | * | * | * |
| No | 1 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | - | * | * | * | * | * | * |
| Jacob's Lodge | - | * | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * | * |
| Orchard Close | - | * | * | * | * | * | * |
| Do you work in a respite service? | | | | | | | |
| Yes | - | * | * | * | * | * | * |
| No | 1 | * | * | * | * | * | * |

| Counts Respondents | Question 2: We are suggesting that we reduce the number of beds at Orchard Close from 13 to 10. Do you agree or disagree with this idea? | | | | | | |
|---|--|-------------------|----------|----------------------------|-------|----------------|------------|
| | Base | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 65 | 15 | 11 | 13 | 20 | 5 | 1 |
| Are you.... | | | | | | | |
| Female | 31 | 3 | 9 | 6 | 8 | 5 | - |
| Male | 28 | 10 | 2 | 5 | 10 | - | 1 |
| Prefer not to say | 1 | * | * | * | * | * | * |
| Other | 2 | * | * | * | * | * | * |
| How old are you? | | | | | | | |
| Under 18 | - | * | * | * | * | * | * |
| 18 - 24 | 6 | * | * | * | * | * | * |
| 25 - 34 | 18 | 5 | 4 | 1 | 7 | 1 | - |
| 35-44 | 9 | * | * | * | * | * | * |
| 45-54 | 12 | 1 | 4 | 4 | 1 | 2 | - |
| 55-64 | 11 | 3 | - | 4 | 3 | 1 | - |
| 65-74 | 6 | * | * | * | * | * | * |
| 75 or over | - | * | * | * | * | * | * |
| Perfer not to say | 3 | * | * | * | * | * | * |
| Are you disabled, or do you have a long lasting illness? | | | | | | | |
| Yes | 50 | 13 | 8 | 12 | 12 | 4 | 1 |
| No | 10 | - | 2 | 1 | 6 | 1 | - |
| Prefer not to say | 4 | * | * | * | * | * | * |

| Counts Respondents | Base | Question 3: Which of these options do you think are good ideas? | | | | |
|---|------|---|---|---|---|---|
| | | People only being able to stay for one week in the summer | People having to start and finish their breaks on a certain day of the week during the summer | People not always being able to stay just for a weekend in the summer | Letting groups of friends stay together | Having more staff working in summer so more people can stay |
| Total | 64 | 22 | 18 | 21 | 29 | 45 |
| Are you answering these questions: | | | | | | |
| For myself | 60 | 20 | 16 | 20 | 26 | 41 |
| For an organisation or group | 4 | * | * | * | * | * |
| Are you someone who goes to a respite service? | | | | | | |
| Yes | 51 | 16 | 12 | 15 | 22 | 36 |
| No | 8 | * | * | * | * | * |
| Which one? | | | | | | |
| Hindson House | 7 | * | * | * | * | * |
| Jacob's Lodge | 8 | * | * | * | * | * |
| Newcroft | 7 | * | * | * | * | * |
| Orchard Close | 33 | 10 | 10 | 10 | 16 | 23 |
| Are you the parent or carer of someone who goes to a respite service? | | | | | | |
| Yes | 5 | * | * | * | * | * |
| No | 3 | * | * | * | * | * |
| Which one? | | | | | | |
| Hindson House | 1 | * | * | * | * | * |
| Jacob's Lodge | 1 | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * |
| Orchard Close | 3 | * | * | * | * | * |

| Counts Respondents | Base | Question 3: Which of these options do you think are good ideas? | | | | |
|---|------|---|---|---|---|---|
| | | People only being able to stay for one week in the summer | People having to start and finish their breaks on a certain day of the week during the summer | People not always being able to stay just for a weekend in the summer | Letting groups of friends stay together | Having more staff working in summer so more people can stay |
| Total | 3 | 1 | 1 | - | 2 | 1 |
| Are you the family member of someone who goes to a respite service? | | | | | | |
| Yes | 1 | * | * | * | * | * |
| No | 2 | * | * | * | * | * |
| Which one? | | | | | | |
| Hindson House | - | * | * | * | * | * |
| Jacob's Lodge | - | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * |
| Orchard Close | 1 | * | * | * | * | * |
| Do you live in the area close to one of the respite services? | | | | | | |
| Yes | 1 | * | * | * | * | * |
| No | 1 | * | * | * | * | * |
| Which one? | | | | | | |
| Hindson House | - | * | * | * | * | * |
| Jacob's Lodge | - | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * |
| Orchard Close | 1 | * | * | * | * | * |
| Are you part of a community organisation that is involved in a respite service? | | | | | | |
| Yes | - | * | * | * | * | * |
| No | 1 | * | * | * | * | * |
| Which one? | | | | | | |
| Hindson House | - | * | * | * | * | * |
| Jacob's Lodge | - | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * |
| Orchard Close | - | * | * | * | * | * |
| Do you work in a respite service? | | | | | | |
| Yes | - | * | * | * | * | * |
| No | 1 | * | * | * | * | * |

| Counts Respondents | Base | Question 3: Which of these options do you think are good ideas? | | | | |
|--|------|---|---|---|---|---|
| | | People only being able to stay for one week in the summer | People having to start and finish their breaks on a certain day of the week during the summer | People not always being able to stay just for a weekend in the summer | Letting groups of friends stay together | Having more staff working in summer so more people can stay |
| Total | 64 | 22 | 18 | 21 | 29 | 45 |
| Are you.... | | | | | | |
| Female | 31 | 11 | 11 | 10 | 15 | 19 |
| Male | 27 | 8 | 5 | 8 | 10 | 21 |
| Prefer not to say | 1 | * | * | * | * | * |
| Other | 2 | * | * | * | * | * |
| How old are you? | | | | | | |
| Under 18 | - | * | * | * | * | * |
| 18 - 24 | 6 | * | * | * | * | * |
| 25 - 34 | 18 | 5 | 4 | 5 | 7 | 13 |
| 35-44 | 10 | 3 | 1 | 3 | 4 | 6 |
| 45-54 | 10 | 5 | 6 | 4 | 5 | 6 |
| 55-64 | 11 | 3 | 3 | 2 | 3 | 9 |
| 65-74 | 6 | * | * | * | * | * |
| 75 or over | - | * | * | * | * | * |
| Perfer not to say | 3 | * | * | * | * | * |
| Are you disabled, or do you have a long lasting illness? | | | | | | |
| Yes | 50 | 17 | 12 | 18 | 23 | 35 |
| No | 9 | * | * | * | * | * |
| Prefer not to say | 4 | * | * | * | * | * |

| Counts Respondents | Question 5: Which of these ideas would help to make more people use Orchard Close in Spring, Autumn and Winter? (Tick as many as you want) | | | | | | | | | | | | | | | |
|---|--|--------------------------|-------------------------------|-----------------|------------------|---|-------------|----------------|----------------------------|----------------|----------------------------|---|--|---|---------------------------|----------------|
| | Base | Arts and crafts sessions | Board games and game sessions | Cooking classes | Exercise classes | Friendship weeks - spending a week with certain friends | Gardenin- g | Watching films | Music and singing sessions | A newsle- tter | More pets at Orchard Close | Activity weeks - a different activity each week | Trips to exercise activities - like swim- ming | Trips to museum- s, art galleries, places where you can learn about history | Trips to shopping centres | Anything else? |
| Total | 64 | 46 | 33 | 47 | 36 | 39 | 31 | 46 | 40 | 24 | 31 | 36 | 37 | 31 | 37 | 31 |
| Are you answering these questions: | | | | | | | | | | | | | | | | |
| For myself | 60 | 42 | 31 | 43 | 34 | 35 | 28 | 43 | 36 | 21 | 29 | 33 | 35 | 28 | 35 | 27 |
| For an organisation or group | 4 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Are you someone who goes to a respite service? | | | | | | | | | | | | | | | | |
| Yes | 51 | 35 | 26 | 37 | 29 | 29 | 23 | 38 | 30 | 18 | 25 | 28 | 30 | 25 | 33 | 24 |
| No | 8 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Which one? | | | | | | | | | | | | | | | | |
| Hindson House | 7 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Jacob's Lodge | 7 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Newcroft | 6 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Orchard Close | 35 | 23 | 21 | 29 | 20 | 20 | 16 | 28 | 23 | 15 | 20 | 22 | 22 | 21 | 26 | 20 |
| Are you the parent or carer of someone who goes to a respite service? | | | | | | | | | | | | | | | | |
| Yes | 5 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| No | 3 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Which one? | | | | | | | | | | | | | | | | |
| Hindson House | 1 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Jacob's Lodge | 1 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Orchard Close | 3 | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |

| Counts Respondents | [Regarding proposal to Market spare capacity at Jacobs Lodge, Hindson House and Newcroft respite services] Question 6: Do you agree or disagree with this idea? | | | | | | |
|---|---|-------------------|----------|----------------------------|-------|----------------|------------|
| | Base | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 63 | 7 | 7 | 8 | 25 | 10 | 6 |
| Are you answering these questions: | | | | | | | |
| For myself | 59 | 7 | 7 | 7 | 25 | 7 | 6 |
| For an organisation or group | 4 | * | * | * | * | * | * |
| Are you someone who goes to a respite service? | | | | | | | |
| Yes | 50 | 6 | 7 | 6 | 21 | 5 | 5 |
| No | 8 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | 7 | * | * | * | * | * | * |
| Jacob's Lodge | 8 | * | * | * | * | * | * |
| Newcroft | 7 | * | * | * | * | * | * |
| Orchard Close | 32 | 3 | 2 | 4 | 14 | 5 | 4 |
| Are you the parent or carer of someone who goes to a respite service? | | | | | | | |
| Yes | 5 | * | * | * | * | * | * |
| No | 3 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | 1 | * | * | * | * | * | * |
| Jacob's Lodge | 1 | * | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * | * |
| Orchard Close | 3 | * | * | * | * | * | * |

| Counts Respondents | [Regarding proposal to Market spare capacity at Jacobs Lodge, Hindson House and Newcroft respite services] Question 6: Do you agree or disagree with this idea? | | | | | | |
|---|---|-------------------|----------|----------------------------|-------|----------------|------------|
| | Base | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 3 | 1 | - | 1 | 1 | - | - |
| Are you the family member of someone who goes to a respite service? | | | | | | | |
| Yes | 1 | * | * | * | * | * | * |
| No | 2 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | - | * | * | * | * | * | * |
| Jacob's Lodge | - | * | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * | * |
| Orchard Close | 1 | * | * | * | * | * | * |
| Do you live in the area close to one of the respite services? | | | | | | | |
| Yes | 1 | * | * | * | * | * | * |
| No | 1 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | - | * | * | * | * | * | * |
| Jacob's Lodge | - | * | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * | * |
| Orchard Close | 1 | * | * | * | * | * | * |
| Are you part of a community organisation that is involved in a respite service? | | | | | | | |
| Yes | - | * | * | * | * | * | * |
| No | 1 | * | * | * | * | * | * |
| Which one? | | | | | | | |
| Hindson House | - | * | * | * | * | * | * |
| Jacob's Lodge | - | * | * | * | * | * | * |
| Newcroft | - | * | * | * | * | * | * |
| Orchard Close | - | * | * | * | * | * | * |
| Do you work in a respite service? | | | | | | | |
| Yes | - | * | * | * | * | * | * |
| No | 1 | * | * | * | * | * | * |

| Counts Respondents | [Regarding proposal to Market spare capacity at Jacobs Lodge, Hindson House and Newcroft respite services] Question 6: Do you agree or disagree with this idea? | | | | | | |
|---|--|-------------------|----------|----------------------------|-------|----------------|------------|
| | Base | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 63 | 7 | 7 | 8 | 25 | 10 | 6 |
| Are you.... | | | | | | | |
| Female | 30 | 2 | 5 | 4 | 14 | 3 | 2 |
| Male | 27 | 5 | 2 | 3 | 11 | 5 | 1 |
| Prefer not to say | 1 | * | * | * | * | * | * |
| Other | 2 | * | * | * | * | * | * |
| How old are you? | | | | | | | |
| Under 18 | - | * | * | * | * | * | * |
| 18 - 24 | 6 | * | * | * | * | * | * |
| 25 - 34 | 17 | 3 | 3 | 1 | 7 | 2 | 1 |
| 35-44 | 10 | 1 | 1 | 2 | 4 | 1 | 1 |
| 45-54 | 10 | 1 | - | 1 | 7 | - | 1 |
| 55-64 | 11 | 1 | 1 | 2 | 5 | 1 | 1 |
| 65-74 | 6 | * | * | * | * | * | * |
| 75 or over | - | * | * | * | * | * | * |
| Perfer not to say | 3 | * | * | * | * | * | * |
| Are you disabled, or do you have a long lasting illness? | | | | | | | |
| Yes | 49 | 6 | 6 | 6 | 19 | 6 | 6 |
| No | 9 | * | * | * | * | * | * |
| Prefer not to say | 4 | * | * | * | * | * | * |

Appendix 5b – Non-easy read Response Form data tables

| Counts Respondents | Base | Question 1: The County Council is continuing to run the respite service at Orchard Close and at the same time is looking at ways to reduce the running costs of the service. Do you agree or disagree with this approach? | |
|--|------|---|-------------------------------|
| | | I agree with this approach | I disagree with this approach |
| Total | 118 | 97 | 21 |
| Is this a personal response, or are you responding on behalf of an organisation or group that you represent? | | | |
| This is a personal response | 116 | 96 | 20 |
| This response is on behalf of an organisation or group that I represent | 2 | * | * |
| Do you have a connection with any of the following respite services? | | | |
| Hindson House | 14 | 11 | 3 |
| Jacobs Lodge | 15 | 9 | 6 |
| Newcroft | 17 | 15 | 2 |
| Orchard Close | 58 | 51 | 7 |
| None of these | 15 | 14 | 1 |
| Prefer not to say | 7 | * | * |
| If you have a connection to Hindson House, which of the following statements best describes this? | | | |
| I currently use Hindson House for respite | 6 | * | * |
| I previously used Hindson House for respite | 2 | * | * |
| I am a parent or carer of somebody who uses Hindson House for respite | 14 | 11 | 3 |
| I am a family member of somebody who uses Hindson House for respite | 2 | * | * |
| I am a member of the local community | 2 | * | * |
| I am a member of a local voluntary/community group | - | * | * |
| I am employed at Hindson House | - | * | * |
| Other | - | * | * |
| Prefer not to say | - | * | * |
| If you have a connection to Jacobs Lodge, which of the following statements best describes this? | | | |
| I currently use Jacobs Lodge for respite | 10 | 5 | 5 |
| I previously used Jacobs Lodge for respite | 3 | * | * |
| I am a parent or carer of somebody who uses Jacobs Lodge for respite | 14 | 8 | 6 |
| I am a family member of somebody who uses Jacobs Lodge for respite | 3 | * | * |
| I am a member of the local community | 4 | * | * |
| I am a member of a local voluntary/community group | - | * | * |
| I am employed at Jacobs Lodge | - | * | * |
| Other | - | * | * |
| Prefer not to say | - | * | * |

| Counts Respondents | Base | Question 1: The County Council is continuing to run the respite service at Orchard Close and at the same time is looking at ways to reduce the running costs of the service. Do you agree or disagree with this approach? | |
|---|------|---|-------------------------------|
| | | I agree with this approach | I disagree with this approach |
| Total | 115 | 95 | 20 |
| If you have a connection to Newcroft, which of the following statements best describes this? | | | |
| I currently use Newcroft for respite | 6 | * | * |
| I previously used Newcroft for respite | 1 | * | * |
| I am a parent or carer of somebody who uses Newcroft for respite | 14 | 13 | 1 |
| I am a family member of somebody who uses Newcroft for respite | 4 | * | * |
| I am a member of the local community | 4 | * | * |
| I am a member of a local voluntary/community group | - | * | * |
| I am employed at Newcroft | - | * | * |
| Other | - | * | * |
| Prefer not to say | - | * | * |
| If you have a connection to Orchard Close, which of the following statements best describes this? | | | |
| I currently use Orchard Close for respite | 20 | 17 | 3 |
| I previously used Orchard Close for respite | 15 | 13 | 2 |
| I am a parent or carer of somebody who uses Orchard Close for respite | 47 | 42 | 5 |
| I am a family member of somebody who uses Orchard Close for respite | 19 | 15 | 4 |
| I am a member of the local community | 5 | * | * |
| I am a member of a local voluntary/community group | 2 | * | * |
| I am employed at Orchard Close | - | * | * |
| Other | - | * | * |
| Prefer not to say | - | * | * |
| How would you describe your gender? | | | |
| Female | 75 | 62 | 13 |
| Male | 34 | 27 | 7 |
| Other | 2 | * | * |
| Prefer not to say | 3 | * | * |
| How old are you? | | | |
| Under 18 | 2 | * | * |
| 18 to 24 | 3 | * | * |
| 25 to 34 | 3 | * | * |
| 35 to 44 | 8 | * | * |
| 45 to 54 | 21 | 17 | 4 |
| 55 to 64 | 28 | 21 | 7 |
| 65 to 74 | 30 | 27 | 3 |
| 75 or over | 15 | 11 | 4 |
| Prefer not to say | 4 | * | * |
| Do you have a long-standing illness, health problem or disability? | | | |
| Yes | 36 | 28 | 8 |
| No | 66 | 55 | 11 |
| Prefer not to say | 9 | * | * |

| Counts Respondents | Question 2: To what extent do you agree or disagree with the proposal to reduce the number of beds at Orchard Close from 13 to 10? | | | | | | |
|--|--|-------------------|----------|----------------------------|-------|----------------|------------|
| | Base | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 136 | 23 | 20 | 25 | 47 | 10 | 11 |
| Is this a personal response, or are you responding on behalf of an organisation or group that you represent? | | | | | | | |
| This is a personal response | 134 | 23 | 20 | 25 | 46 | 9 | 11 |
| This response is on behalf of an organisation or group that I represent | 2 | * | * | * | * | * | * |
| Do you have a connection with any of the following respite services? | | | | | | | |
| Hindson House | 13 | - | 2 | 3 | 6 | 1 | 1 |
| Jacobs Lodge | 14 | 5 | 1 | 1 | 7 | - | - |
| Newcroft | 21 | 6 | 2 | 3 | 10 | - | - |
| Orchard Close | 72 | 10 | 10 | 13 | 23 | 6 | 10 |
| None of these | 15 | 3 | 2 | 4 | 5 | 1 | - |
| Prefer not to say | 9 | * | * | * | * | * | * |
| If you have a connection to Hindson House, which of the following statements best describes this? | | | | | | | |
| I currently use Hindson House for respite | 5 | * | * | * | * | * | * |
| I previously used Hindson House for respite | 2 | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Hindson House for respite | 13 | - | 2 | 3 | 6 | 1 | 1 |
| I am a family member of somebody who uses Hindson House for respite | 2 | * | * | * | * | * | * |
| I am a member of the local community | 1 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * |
| I am employed at Hindson House | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |
| If you have a connection to Jacobs Lodge, which of the following statements best describes this? | | | | | | | |
| I currently use Jacobs Lodge for respite | 9 | * | * | * | * | * | * |
| I previously used Jacobs Lodge for respite | 3 | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Jacobs Lodge for respite | 13 | 5 | 1 | 1 | 6 | - | - |
| I am a family member of somebody who uses Jacobs Lodge for respite | 2 | * | * | * | * | * | * |
| I am a member of the local community | 3 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * |
| I am employed at Jacobs Lodge | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |

| Counts Respondents | Question 2: To what extent do you agree or disagree with the proposal to reduce the number of beds at Orchard Close from 13 to 10? | | | | | | |
|---|--|-------------------|----------|----------------------------|-------|----------------|------------|
| | Base | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 133 | 23 | 20 | 25 | 45 | 9 | 11 |
| If you have a connection to Newcroft, which of the following statements best describes this? | | | | | | | |
| I currently use Newcroft for respite | 8 | * | * | * | * | * | * |
| I previously used Newcroft for respite | 2 | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Newcroft for respite | 18 | 5 | 2 | 3 | 8 | - | - |
| I am a family member of somebody who uses Newcroft for respite | 6 | * | * | * | * | * | * |
| I am a member of the local community | 5 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * |
| I am employed at Newcroft | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |
| If you have a connection to Orchard Close, which of the following statements best describes this? | | | | | | | |
| I currently use Orchard Close for respite | 23 | 2 | 5 | 5 | 5 | 3 | 3 |
| I previously used Orchard Close for respite | 15 | 1 | 2 | 4 | 6 | 1 | 1 |
| I am a parent or carer of somebody who uses Orchard Close for respite | 58 | 6 | 8 | 10 | 19 | 6 | 9 |
| I am a family member of somebody who uses Orchard Close for respite | 21 | 2 | 4 | 3 | 8 | 2 | 2 |
| I am a member of the local community | 7 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | 2 | * | * | * | * | * | * |
| I am employed at Orchard Close | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |
| How would you describe your gender? | | | | | | | |
| Female | 84 | 14 | 13 | 15 | 28 | 6 | 8 |
| Male | 39 | 6 | 6 | 8 | 14 | 3 | 2 |
| Other | 2 | * | * | * | * | * | * |
| Prefer not to say | 6 | * | * | * | * | * | * |
| How old are you? | | | | | | | |
| Under 18 | 2 | * | * | * | * | * | * |
| 18 to 24 | 3 | * | * | * | * | * | * |
| 25 to 34 | 3 | * | * | * | * | * | * |
| 35 to 44 | 9 | * | * | * | * | * | * |
| 45 to 54 | 23 | 6 | 6 | 4 | 4 | 2 | 1 |
| 55 to 64 | 33 | 7 | 3 | 2 | 13 | 2 | 6 |
| 65 to 74 | 36 | 4 | 3 | 10 | 14 | 2 | 3 |
| 75 or over | 15 | 2 | 1 | 3 | 8 | 1 | - |
| Prefer not to say | 8 | * | * | * | * | * | * |
| Do you have a long-standing illness, health problem or disability? | | | | | | | |
| Yes | 38 | 8 | 7 | 9 | 9 | 2 | 3 |
| No | 74 | 12 | 12 | 10 | 30 | 6 | 4 |
| Prefer not to say | 16 | 3 | 1 | 3 | 4 | 1 | 4 |

| Counts Respondents | Question 3: Which of the following options do you believe would give respite service users fairer access to respite at Orchard Close across the year? | | | | | | |
|--|---|---|--|---|--|---|------------------------------------|
| | Base | Limiting respite users to only book one week during the summer months | Fixed start and end days (i.e. Saturday - Saturday) during the summer months | Minimising weekend-only respite periods | Allowing groups of service users to book together, where possible, so that friends can take respite at the same time in the quieter months | Temporarily increase occupancy levels to above 85% during the summer months | Any other options not listed above |
| Total | 135 | 40 | 45 | 50 | 73 | 81 | 29 |
| Is this a personal response, or are you responding on behalf of an organisation or group that you represent? | | | | | | | |
| This is a personal response | 133 | 39 | 44 | 49 | 71 | 79 | 28 |
| This response is on behalf of an organisation or group that I represent | 2 | * | * | * | * | * | * |
| Do you have a connection with any of the following respite services? | | | | | | | |
| Hindson House | 13 | 6 | 5 | 7 | 6 | 8 | 3 |
| Jacobs Lodge | 13 | 2 | 4 | 2 | 7 | 7 | 4 |
| Newcroft | 20 | 5 | 7 | 10 | 11 | 13 | 4 |
| Orchard Close | 72 | 23 | 27 | 27 | 36 | 43 | 16 |
| None of these | 15 | 6 | 4 | 5 | 11 | 9 | 1 |
| Prefer not to say | 9 | * | * | * | * | * | * |
| If you have a connection to Hindson House, which of the following statements best describes this? | | | | | | | |
| I currently use Hindson House for respite | 5 | * | * | * | * | * | * |
| I previously used Hindson House for respite | 2 | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Hindson House for respite | 13 | 6 | 5 | 7 | 6 | 8 | 3 |
| I am a family member of somebody who uses Hindson House for respite | 2 | * | * | * | * | * | * |
| I am a member of the local community | 2 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * |
| I am employed at Hindson House | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |
| If you have a connection to Jacobs Lodge, which of the following statements best describes this? | | | | | | | |
| I currently use Jacobs Lodge for respite | 8 | * | * | * | * | * | * |
| I previously used Jacobs Lodge for respite | 2 | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Jacobs Lodge for respite | 12 | 1 | 3 | 2 | 6 | 6 | 4 |
| I am a family member of somebody who uses Jacobs Lodge for respite | 2 | * | * | * | * | * | * |
| I am a member of the local community | 2 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * |
| I am employed at Jacobs Lodge | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |

| Counts Respondents | Question 3: Which of the following options do you believe would give respite service users fairer access to respite at Orchard Close across the year? | | | | | | |
|---|---|---|--|---|--|---|------------------------------------|
| | Base | Limiting respite users to only book one week during the summer months | Fixed start and end days (i.e. Saturday - Saturday) during the summer months | Minimising weekend-only respite periods | Allowing groups of service users to book together, where possible, so that friends can take respite at the same time in the quieter months | Temporarily increase occupancy levels to above 85% during the summer months | Any other options not listed above |
| Total | 132 | 38 | 44 | 49 | 70 | 78 | 28 |
| If you have a connection to Newcroft, which of the following statements best describes this? | | | | | | | |
| I currently use Newcroft for respite | 7 | * | * | * | * | * | * |
| I previously used Newcroft for respite | 2 | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Newcroft for respite | 18 | 4 | 6 | 9 | 10 | 11 | 3 |
| I am a family member of somebody who uses Newcroft for respite | 6 | * | * | * | * | * | * |
| I am a member of the local community | 5 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * |
| I am employed at Newcroft | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |
| If you have a connection to Orchard Close, which of the following statements best describes this? | | | | | | | |
| I currently use Orchard Close for respite | 23 | 9 | 11 | 10 | 11 | 9 | 7 |
| I previously used Orchard Close for respite | 15 | 5 | 7 | 6 | 6 | 6 | 3 |
| I am a parent or carer of somebody who uses Orchard Close for respite | 58 | 18 | 24 | 24 | 27 | 32 | 13 |
| I am a family member of somebody who uses Orchard Close for respite | 21 | 7 | 11 | 11 | 13 | 11 | 4 |
| I am a member of the local community | 7 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | 2 | * | * | * | * | * | * |
| I am employed at Orchard Close | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |
| How would you describe your gender? | | | | | | | |
| Female | 81 | 28 | 25 | 31 | 43 | 48 | 13 |
| Male | 41 | 10 | 13 | 14 | 20 | 23 | 12 |
| Other | 2 | * | * | * | * | * | * |
| Prefer not to say | 6 | * | * | * | * | * | * |
| How old are you? | | | | | | | |
| Under 18 | 2 | * | * | * | * | * | * |
| 18 to 24 | 3 | * | * | * | * | * | * |
| 25 to 34 | 3 | * | * | * | * | * | * |
| 35 to 44 | 9 | * | * | * | * | * | * |
| 45 to 54 | 23 | 9 | 5 | 7 | 10 | 12 | 8 |
| 55 to 64 | 31 | 7 | 8 | 13 | 15 | 15 | 8 |
| 65 to 74 | 36 | 11 | 14 | 12 | 17 | 22 | 5 |
| 75 or over | 16 | 8 | 10 | 11 | 9 | 10 | 3 |
| Prefer not to say | 8 | * | * | * | * | * | * |
| Do you have a long-standing illness, health problem or disability? | | | | | | | |
| Yes | 41 | 12 | 13 | 13 | 20 | 21 | 11 |
| No | 70 | 21 | 23 | 28 | 39 | 40 | 12 |
| Prefer not to say | 16 | 4 | 5 | 5 | 9 | 13 | 5 |

| Counts Respondents | Question 5: Which of the following would make the respite service at Orchard Close more attractive for service users? | | | | | | | | | | |
|--|---|-------------------------|-------------------------------|-----------------|------------------|--|-----------|---------------------------------------|----------------------------|------------|----------------------------------|
| | Base | Arts and craft sessions | Board games and game sessions | Cooking classes | Exercise classes | Friendship weeks (weeks with friends at Orchard Close) | Gardening | Home cinema with a selection of films | Music and singing sessions | Newsletter | Additional pets at Orchard Close |
| Total | 135 | 88 | 69 | 99 | 81 | 81 | 66 | 94 | 89 | 42 | 56 |
| Is this a personal response, or are you responding on behalf of an organisation or group that you represent? | | | | | | | | | | | |
| This is a personal response | 133 | 86 | 68 | 97 | 79 | 79 | 65 | 92 | 87 | 40 | 55 |
| This response is on behalf of an organisation or group that I represent | 2 | * | * | * | * | * | * | * | * | * | * |
| Do you have a connection with any of the following respite services? | | | | | | | | | | | |
| Hindson House | 13 | 9 | 7 | 8 | 6 | 7 | 5 | 8 | 8 | 3 | 3 |
| Jacobs Lodge | 13 | 11 | 8 | 9 | 11 | 8 | 9 | 10 | 10 | 3 | 4 |
| Newcroft | 19 | 9 | 6 | 13 | 14 | 12 | 8 | 7 | 12 | 3 | 5 |
| Orchard Close | 73 | 46 | 36 | 55 | 39 | 37 | 32 | 55 | 46 | 26 | 33 |
| None of these | 15 | 11 | 9 | 9 | 8 | 11 | 9 | 11 | 12 | 4 | 5 |
| Prefer not to say | 9 | * | * | * | * | * | * | * | * | * | * |
| If you have a connection to Hindson House, which of the following statements best describes this? | | | | | | | | | | | |
| I currently use Hindson House for respite | 5 | * | * | * | * | * | * | * | * | * | * |
| I previously used Hindson House for respite | 2 | * | * | * | * | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Hindson House for respite | 13 | 9 | 7 | 8 | 6 | 7 | 5 | 8 | 8 | 3 | 3 |
| I am a family member of somebody who uses Hindson House for respite | 2 | * | * | * | * | * | * | * | * | * | * |
| I am a member of the local community | 1 | * | * | * | * | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * | * | * | * | * |
| I am employed at Hindson House | - | * | * | * | * | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * | * | * | * | * |
| If you have a connection to Jacobs Lodge, which of the following statements best describes this? | | | | | | | | | | | |
| I currently use Jacobs Lodge for respite | 8 | * | * | * | * | * | * | * | * | * | * |
| I previously used Jacobs Lodge for respite | 2 | * | * | * | * | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Jacobs Lodge for respite | 12 | 10 | 8 | 9 | 10 | 7 | 9 | 10 | 10 | 3 | 4 |
| I am a family member of somebody who uses Jacobs Lodge for respite | 2 | * | * | * | * | * | * | * | * | * | * |
| I am a member of the local community | 2 | * | * | * | * | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * | * | * | * | * |
| I am employed at Jacobs Lodge | - | * | * | * | * | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * | * | * | * | * |

| Counts Respondents | Question 5: Which of the following would make the respite service at Orchard Close more attractive for service users? | | | | | | | | | | | | | | |
|--|---|-------------------------|-------------------------------|-----------------|------------------|--|-----------|---------------------------------------|----------------------------|------------|----------------------------------|--|--|--|--|
| | Base | Arts and craft sessions | Board games and game sessions | Cooking classes | Exercise classes | Friendship weeks (weeks with friends at Orchard Close) | Gardening | Home cinema with a selection of films | Music and singing sessions | Newsletter | Additional pets at Orchard Close | 'Themed' activity weeks at Orchard Close | Trips to exercise activities, such as swimming | Trips to museum and other cultural sites | |
| Total | 132 | 85 | 67 | 96 | 78 | 78 | 64 | 91 | 86 | 39 | 54 | 72 | 91 | 65 | |
| If you have a connection to Newcroft, which of the following statements best describes this? | | | | | | | | | | | | | | | |
| I currently use Newcroft for respite | 6 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| I previously used Newcroft for respite | 2 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| I am a parent or carer of somebody who uses Newcroft for respite | 17 | 9 | 6 | 12 | 14 | 11 | 8 | 7 | 12 | 3 | 5 | 11 | 10 | 6 | |
| I am a family member of somebody who uses Newcroft for respite | 5 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| I am a member of the local community | 4 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| I am employed at Newcroft | - | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| Other | - | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| Prefer not to say | - | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| If you have a connection to Orchard Close, which of the following statements best describes this? | | | | | | | | | | | | | | | |
| I currently use Orchard Close for respite | 23 | 15 | 15 | 19 | 11 | 13 | 10 | 18 | 17 | 9 | 10 | 14 | 17 | 12 | |
| I previously used Orchard Close for respite | 15 | 10 | 9 | 12 | 8 | 8 | 6 | 11 | 11 | 3 | 6 | 8 | 11 | 6 | |
| I am a parent or carer of somebody who uses Orchard Close for respite | 60 | 39 | 32 | 48 | 36 | 32 | 29 | 47 | 38 | 21 | 25 | 33 | 41 | 31 | |
| I am a family member of somebody who uses Orchard Close for respite | 20 | 12 | 13 | 14 | 10 | 9 | 8 | 16 | 13 | 8 | 12 | 12 | 14 | 11 | |
| I am a member of the local community | 7 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| I am a member of a local voluntary/community group | 2 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| I am employed at Orchard Close | - | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| Other | - | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| Prefer not to say | - | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| How would you describe your gender? | | | | | | | | | | | | | | | |
| Female | 83 | 53 | 44 | 61 | 49 | 49 | 43 | 58 | 56 | 27 | 34 | 43 | 63 | 42 | |
| Male | 40 | 28 | 20 | 28 | 25 | 23 | 16 | 28 | 27 | 9 | 13 | 25 | 26 | 20 | |
| Other | 1 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| Prefer not to say | 6 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| How old are you? | | | | | | | | | | | | | | | |
| Under 18 | 2 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| 18 to 24 | 3 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| 25 to 34 | 3 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| 35 to 44 | 8 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| 45 to 54 | 23 | 13 | 9 | 17 | 9 | 12 | 8 | 16 | 13 | 6 | 8 | 8 | 14 | 10 | |
| 55 to 64 | 31 | 17 | 17 | 18 | 19 | 17 | 15 | 21 | 23 | 9 | 14 | 16 | 22 | 17 | |
| 65 to 74 | 37 | 28 | 18 | 28 | 25 | 23 | 17 | 26 | 24 | 12 | 10 | 23 | 28 | 14 | |
| 75 or over | 16 | 13 | 9 | 12 | 12 | 9 | 9 | 10 | 11 | 2 | 7 | 9 | 10 | 9 | |
| Prefer not to say | 8 | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| Do you have a long-standing illness, health problem or disability? | | | | | | | | | | | | | | | |
| Yes | 40 | 29 | 20 | 31 | 24 | 24 | 19 | 29 | 23 | 11 | 11 | 20 | 23 | 21 | |
| No | 72 | 43 | 36 | 48 | 45 | 45 | 33 | 48 | 53 | 19 | 33 | 39 | 54 | 33 | |
| Prefer not to say | 16 | 9 | 8 | 14 | 5 | 7 | 10 | 11 | 8 | 7 | 9 | 10 | 10 | 8 | |

| Counts Respondents | Question 6: To what extent do you agree or disagree with the proposal to market spare capacity at Hindson House, Jacobs Lodge, and Newcroft respite services to other local authorities and the NHS? | | | | | | |
|--|--|-------------------|----------|----------------------------|-------|----------------|------------|
| | Base | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 136 | 18 | 11 | 23 | 43 | 32 | 9 |
| Is this a personal response, or are you responding on behalf of an organisation or group that you represent? | | | | | | | |
| This is a personal response | 134 | 18 | 11 | 23 | 43 | 31 | 8 |
| This response is on behalf of an organisation or group that I represent | 2 | * | * | * | * | * | * |
| Do you have a connection with any of the following respite services? | | | | | | | |
| Hindson House | 14 | 1 | 4 | 4 | 4 | - | 1 |
| Jacobs Lodge | 15 | 6 | 3 | 3 | 3 | - | - |
| Newcroft | 21 | 6 | 2 | 3 | 10 | - | - |
| Orchard Close | 70 | 5 | 2 | 7 | 29 | 21 | 6 |
| None of these | 15 | 3 | - | 5 | 3 | 4 | - |
| Prefer not to say | 8 | * | * | * | * | * | * |
| If you have a connection to Hindson House, which of the following statements best describes this? | | | | | | | |
| I currently use Hindson House for respite | 6 | * | * | * | * | * | * |
| I previously used Hindson House for respite | 2 | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Hindson House for respite | 14 | 1 | 4 | 4 | 4 | - | 1 |
| I am a family member of somebody who uses Hindson House for respite | 2 | * | * | * | * | * | * |
| I am a member of the local community | 2 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * |
| I am employed at Hindson House | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |
| If you have a connection to Jacobs Lodge, which of the following statements best describes this? | | | | | | | |
| I currently use Jacobs Lodge for respite | 10 | 4 | 3 | 2 | 1 | - | - |
| I previously used Jacobs Lodge for respite | 3 | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Jacobs Lodge for respite | 14 | 5 | 3 | 3 | 3 | - | - |
| I am a family member of somebody who uses Jacobs Lodge for respite | 3 | * | * | * | * | * | * |
| I am a member of the local community | 3 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * |
| I am employed at Jacobs Lodge | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |

| Counts Respondents | Question 6: To what extent do you agree or disagree with the proposal to market spare capacity at Hindson House, Jacobs Lodge, and Newcroft respite services to other local authorities and the NHS? | | | | | | |
|--|--|-------------------|-----------|----------------------------|-----------|----------------|------------|
| | Base | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree | Don't know |
| Total | 133 | 18 | 11 | 23 | 42 | 31 | 8 |
| If you have a connection to Newcroft, which of the following statements best describes this? | | | | | | | |
| I currently use Newcroft for respite | 8 | * | * | * | * | * | * |
| I previously used Newcroft for respite | 2 | * | * | * | * | * | * |
| I am a parent or carer of somebody who uses Newcroft for respite | 18 | 5 | 1 | 3 | 9 | - | - |
| I am a family member of somebody who uses Newcroft for respite | 6 | * | * | * | * | * | * |
| I am a member of the local community | 5 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | - | * | * | * | * | * | * |
| I am employed at Newcroft | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |
| If you have a connection to Orchard Close, which of the following statements best describes this? | | | | | | | |
| I currently use Orchard Close for respite | 22 | 2 | 1 | 1 | 9 | 6 | 3 |
| I previously used Orchard Close for respite | 13 | 3 | 1 | - | 7 | 1 | 1 |
| I am a parent or carer of somebody who uses Orchard Close for respite | 57 | 2 | 2 | 5 | 23 | 20 | 5 |
| I am a family member of somebody who uses Orchard Close for respite | 20 | 3 | 1 | 1 | 7 | 5 | 3 |
| I am a member of the local community | 7 | * | * | * | * | * | * |
| I am a member of a local voluntary/community group | 2 | * | * | * | * | * | * |
| I am employed at Orchard Close | - | * | * | * | * | * | * |
| Other | - | * | * | * | * | * | * |
| Prefer not to say | - | * | * | * | * | * | * |
| How would you describe your gender? | | | | | | | |
| Female | 82 | 10 | 9 | 17 | 22 | 19 | 5 |
| Male | 41 | 7 | 2 | 6 | 15 | 9 | 2 |
| Other | 2 | * | * | * | * | * | * |
| Prefer not to say | 6 | * | * | * | * | * | * |
| How old are you? | | | | | | | |
| Under 18 | 2 | * | * | * | * | * | * |
| 18 to 24 | 3 | * | * | * | * | * | * |
| 25 to 34 | 3 | * | * | * | * | * | * |
| 35 to 44 | 8 | * | * | * | * | * | * |
| 45 to 54 | 24 | 1 | 1 | 7 | 9 | 5 | 1 |
| 55 to 64 | 30 | 5 | 7 | 3 | 8 | 6 | 1 |
| 65 to 74 | 37 | 5 | 1 | 5 | 16 | 9 | 1 |
| 75 or over | 17 | 3 | - | 5 | 6 | 2 | 1 |
| Prefer not to say | 8 | * | * | * | * | * | * |
| Do you have a long-standing illness, health problem or disability? | | | | | | | |
| Yes | 40 | 9 | 5 | 5 | 10 | 7 | 4 |
| No | 72 | 6 | 6 | 15 | 25 | 18 | 2 |
| Prefer not to say | 16 | 2 | - | 3 | 4 | 5 | 2 |

Appendix 6 – Open-ended question code frames

The code frames for the following open-ended questions are included in these appendices:

- If you would like to give reasons for your answer, please do so below:
(Following Question 1: The County Council is continuing to run the respite service at Orchard Close and at the same time is looking at ways to reduce the running costs of the service. Do you agree or disagree with this approach?)
- Code frame for the question “If you would like to give reasons for your answer, please do so below:” *(Following Question 2: To what extent do you agree or disagree with the proposal to reduce the number of beds at Orchard Close from 13 to 10?)*
- Code frame for the question “For 'other' please describe below:” *(Following Question 3: Which of the following options do you believe would give respite service users fairer access to respite at Orchard Close across the year?)*
- Code frame for the question “Question 4: What impact, if any, do you think that this reduction in the availability of respite at Orchard Close over the summer period could have on service users and their families?”
- Code frame for the question “For 'anything else', please describe these below” *(Following Question 5: Which of the following would make the respite service at Orchard Close more attractive for service users?)*
- Code frame for the question “If you would like to give reasons for your answer, please do so below:” *(Following Question 6: To what extent do you agree or disagree with the proposal to market spare capacity at Hindson House, Jacobs Lodge, and Newcroft respite services to other local authorities and the NHS?)*
- Code frame for the question “Question 7: If you have any further comments on the proposals in this consultation, or alternative suggestions on how the County Council could save £285,000 from its Adults’ Health and Care budget, then please provide these in the box below.”
- Code frame for the question “Question 8: Please describe what, if any, impact the proposals in this consultation could have on you or your family, or people you know or work with.”

Appendix 6a - Code frame for the question “If you would like to give reasons for your answer, please do so below:” (Following Question 1: The County Council is continuing to run the respite service at Orchard Close and at the same time is looking at ways to reduce the running costs of the service. Do you agree or disagree with this approach?)

| Comments | Count |
|---|--------------|
| Do not make any changes/efficiencies/maintain current levels | 33 |
| Do not reduce the number of beds | 6 |
| Make Efficiencies | 27 |
| Operational running costs only | 17 |
| Save money to keep service for future | 9 |
| Efficiencies over complete closure | 7 |
| Reduce the number of beds | 4 |
| Valued service | 26 |
| Needs to be ring fenced/protected | 3 |
| Respite service is vital | 3 |
| Impact on level of service | 21 |
| Availability of care should not be changed/reduced | 11 |
| Service quality decline | 8 |
| Allocation of number of nights should not be affected | 3 |
| Should not reduce flexibility of booking breaks | 1 |
| Issues with question wording | 11 |
| Keep Orchard Close open | 9 |
| Explore other funding options | 6 |
| Service users pay for extra days | 1 |
| Service users pay towards their respite break | 1 |
| Volunteers and charity donations | 1 |
| Need more information of implications of approach | 5 |
| Concerns | 4 |
| Capacity already high/need as many beds as can | 4 |
| Service users | 3 |
| Could create distress for service users if cannot use when needed | 2 |
| Longer term financial impacts | 2 |
| Full time care | 2 |
| Sell spare beds at Orchard Close | 1 |

Appendix 6b - Code frame for the question “If you would like to give reasons for your answer, please do so below:” (Following Question 2: To what extent do you agree or disagree with the proposal to reduce the number of beds at Orchard Close from 13 to 10?)

| Comments | Count |
|--|--------------|
| Concerns | 31 |
| Shortage of respite places in county already | 9 |
| Could mean less staff, impacting quality of service received | 9 |
| Less availability in summer months | 7 |
| Less availability in general | 5 |
| Level of service could decrease | 5 |
| Bed space downstairs if removed could restrict who can stays | 1 |
| Advanced booking can be difficult | 1 |
| Protect Orchard Close/funding should not change | 28 |
| More beds should be offered flexibly | 7 |
| Ensure meets future capacity needs/demand could increase in future | 5 |
| Reduction in beds is preferable to complete closure | 24 |
| Impacts on Parents/carers | 9 |
| less beds over summer limits carers ability for respite during this time | 4 |
| Need more support not less | 4 |
| mental health/wellbeing | 1 |
| Proposal could improve service | 7 |
| Fairer/more accessible access throughout the year | 3 |
| fairer access to service over summer | 2 |
| to existing beds if go ahead e.g. lift access | 2 |
| Questions | 6 |
| Could this affect staff and how many staff will there be for 10 beds? | 4 |
| Where will money saved go? | 1 |
| Could running costs increase if beds go unused outside of peak period? | 1 |
| What time of year would families be allocated? | 1 |
| Alternative suggestions | 4 |
| Use extra beds for people that need respite in local area | 2 |
| Ask service users to pay for extra days | 2 |
| Wider impacts of proposal | 4 |
| could mean use of full time care | 2 |
| could put pressure on other respite services over the summer | 1 |
| Impact on staff | 3 |
| Impacts on service users | 2 |
| Efficiencies are preferable to complete closure | 1 |
| Keep Orchard Close open | 1 |

Appendix 6c - Code frame for the question “For 'other' please describe below:” (Following Question 3: Which of the following options do you believe would give respite service users fairer access to respite at Orchard Close across the year?)

| Comments | Count |
|---|--------------|
| Summer bookings | 11 |
| Should have longer to book a week away – mentions of between 10 days and 2 weeks | 5 |
| Allocate over the summer holidays to families with other children at school | 2 |
| Only have summer respite | 2 |
| Flexibility | 8 |
| There should be more flexible start times and pick up times | 2 |
| There should be flexibility in exceptional circumstances | 1 |
| That there should be more flexibility for weekend stays | 1 |
| Allow for emergency bookings if available | 1 |
| Increase weekend respite over quieter months/winter | 5 |
| Encourage smaller stays during winter/autumn during the week/additional dates | 4 |
| Generate income | 3 |
| Offer 'funded' days to help fund Orchard Close | 2 |
| Better management/organisation systems/booking forms | 3 |
| Allocate specific breaks per season per family/request that respite is spread out over seasons | 3 |
| Advertise better to increase usage | 3 |
| Do not reduce access/keep it as it is | 3 |
| Increase the amount of allocation a family can have | 2 |
| Create seasonal events to encourage more use across the year | 2 |
| Keep Orchard Close open | 1 |

Appendix 6d - Code frame for the question “Question 4: What impact, if any, do you think that this reduction in the availability of respite at Orchard Close over the summer period could have on service users and their families?”

| Comments | Count |
|--|--------------|
| Impact on holiday | 45 |
| 1 week not enough | 21 |
| Not being able to have summer holidays | 17 |
| Issues with school holidays/other children - can only go away during that time | 12 |
| Families who have more than one child/arranging care over school holidays | 3 |
| Force families to take holiday during school term | 5 |
| Impact on parents/carers | 23 |
| Parents/carers may not be able to cope if less beds | 4 |
| Could result in travelling to other (further) respite centres | 2 |
| Availability | 14 |
| Lack of last minute/short notice bookings | 3 |
| Must be worked out fairly to ensure equal opportunity | 3 |
| Emergency care may not be available | 2 |
| Allow 1 week respite in summer as summer resort | 1 |
| Impact on service users | 13 |
| Can only use respite over school/college holidays | 7 |
| Miss out on seeing friends | 2 |
| Positive impact | 12 |
| Fairer allocation | 9 |
| If run the same month-to-month | 1 |
| Impacts on capacity | 9 |
| Reduction could cause capacity issues | 7 |
| Service is needed the most over summer months | 4 |
| Less flexibility | 7 |
| Longer term impacts | 6 |
| Could result in 24hr care needed | 3 |
| Could cost the council more in the long term | 2 |
| Impact on family unit | 5 |
| Impact on mental health and wellbeing | 2 |
| Strain on family relationships | 1 |
| lower income families | 1 |
| Could make it difficult for those who want to use for weekends only | 3 |
| No/minimal impact | 2 |

Appendix 6e - Code frame for the question “For 'anything else', please describe these below” (Following Question 5: Which of the following would make the respite service at Orchard Close more attractive for service users?)

| Suggestions | Count |
|---|--------------|
| Bowling | 18 |
| Theatre visit | 13 |
| Cinema trips | 9 |
| Coffee shop visits | 6 |
| Pub visits | 6 |
| Train trips | 6 |
| Trips to amusement parks e.g. Paultons Park | 6 |
| Trips to seaside amusements | 6 |
| Ask service user before their stay | 5 |
| Discos | 5 |
| Themed weeks | 5 |
| Horse riding | 4 |
| Zoo trips | 4 |
| Beach visit | 3 |
| Car boot sale | 3 |
| Ferry trips | 3 |
| Walking | 3 |
| Aquarium | 2 |
| Barbecues | 2 |
| Beauty Therapy sessions | 2 |
| Concert visit | 2 |
| Party themed weeks | 2 |
| Pets | 2 |
| Visits to farms | 2 |
| Adapted cycle rides | 1 |
| Aerobility | 1 |
| Animal themed places | 1 |
| Bike rides | 1 |
| Bingo | 1 |
| Climbing | 1 |
| Crazy golf | 1 |
| Cricket | 1 |
| Fete/fayres | 1 |
| Football | 1 |
| Fort Purbrook | 1 |
| Fort Widley | 1 |
| Garden centre | 1 |
| Karaoke | 1 |
| Library | 1 |

| Suggestions | Count |
|---|--------------|
| Mental Health awareness/mindfulness | 1 |
| Museums | 1 |
| Pilates/yoga sessions | 1 |
| Restaurant trips | 1 |
| "Something meaningful" | 1 |
| The Peter Ashley Activity Centre | 1 |
| Theme weeks should be allocated if not filled | 1 |
| Television | 1 |
| Under- and over-30s weeks | 1 |
| Vary the difficulty - some for complex needs, some for more abled | 1 |
| Watching sport | 1 |

Appendix 6f - Code frame for the question “If you would like to give reasons for your answer, please do so below:” (Following Question 6: To what extent do you agree or disagree with the proposal to market spare capacity at Hindson House, Jacobs Lodge, and Newcroft respite services to other local authorities and the NHS?)

| Comments | Count |
|--|--------------|
| Priority to existing users | 23 |
| Hampshire residents should get priority | 12 |
| Spare beds should be offered to service users first | 8 |
| Ensure do not put strain on staff | 2 |
| Concerned about capacity issues | 16 |
| Agree if maintain level of current service/availability | 12 |
| If only over quiet, off peak periods e.g. winter | 3 |
| Concerns for the service user | 11 |
| Safety concerns if have NHS sharing with vulnerable adults | 5 |
| Ensure there is room for emergency admissions | 4 |
| Could impact on their care if other/extra people | 1 |
| Reduce beds/make savings at Jacobs Lodge/Hindson House/Newcroft instead of Orchard Close | 8 |
| Advertise more extensively | 7 |
| Not appropriate care for learning disabled | 7 |
| Income generation could create benefit | 6 |
| Help with staffing cost | 1 |
| Alternative approach | 5 |
| Put extra rooms to service users and ask to pay | 4 |
| Manage respite services better as a whole | 1 |
| Use capacity at Orchard Close and sell this | 3 |
| Reduce number of beds/make savings at other respite homes as well | 2 |
| Orchard Close users should have priority of alternatives at Jacobs Lodge/Hindson house/Newcroft | 2 |
| Market more to ensure maximum benefit | 1 |
| Could help other people | 1 |
| Could bring in revenue | 1 |
| May not be economically viable | 1 |
| Question: Would this mean sharing space with older people? | 1 |

Appendix 6g - Code frame for the question “Question 7: If you have any further comments on the proposals in this consultation, or alternative suggestions on how the County Council could save £285,000 from its Adults’ Health and Care budget, then please provide these in the box below.”

| Comments | Count |
|---|--------------|
| HCC wide Operational savings | 25 |
| Savings Staff pay | 15 |
| Reduce cost of consultations | 8 |
| Sell Spare capacity | 13 |
| Carers could pay for additional respite | 6 |
| Spare capacity at Orchard Close should be let to NHS and La's too | 3 |
| Let to other 'vulnerable' groups | 1 |
| Offer staffed to be 'loaned out' | 1 |
| Make savings from other services/departments | 11 |
| renegotiate contracts for transporting service users | 1 |
| Encourage transport independence | 1 |
| home to school transport | 1 |
| Do not make budget cuts | 10 |
| Charges at Orchard Close | 7 |
| Service users pay towards care | 6 |
| Charge for respite care | 4 |
| Long term financial strain | 3 |
| Assess peoples needs appropriately to minimise emergency care | 1 |
| Cut beds at Hindson house/Jacobs Lodge/Newcroft | 3 |
| Ensure service users are aware of all respite units to increase capacity | 2 |
| Building running cost savings | 2 |
| Lobby central government for money | 2 |
| Increase Council Tax | 2 |
| Close Jacobs Lodge instead as underused | 2 |
| Offer spare capacity to service users | 2 |
| Use volunteers to cover potential loss in staff | 1 |
| Fundraise | 1 |
| Staffing numbers could be reduced | 1 |
| Assess service users’ needs more closely | 1 |

Appendix 6h - Code frame for the question “Question 8: Please describe what, if any, impact the proposals in this consultation could have on you or your family, or people you know or work with.”

| Comments | Count |
|--|--------------|
| Impact on parents/carers | 43 |
| Unable to cope | 13 |
| Mental health impact | 11 |
| May not be able to get break | 9 |
| Harder to book holidays | 6 |
| Miss out on time to relax | 5 |
| Older carers may need more support | 2 |
| Impact on service users at Orchard Close | 19 |
| Less time spent with friends | 3 |
| May have fewer nights per year | 3 |
| Emotional distress | 2 |
| Staying at another centre would be stressful | 2 |
| Know staff and feel comfortable at Orchard Close | 1 |
| Longer stays are more beneficial to service user independence | 1 |
| Impact on family | 13 |
| Mental health/stress impact | 7 |
| Other siblings may miss out on holiday/time with parents if don't get respite | 4 |
| Fewer beds could mean less respite time | 8 |
| Not as easy to access | 5 |
| Orchard Close is a valued service | 7 |
| Homely feel | 2 |
| Allows for activities outside, other centres could be more isolating | 1 |
| Orchard Close capacity issues | 7 |
| Not as easy to access | 5 |
| Fewer beds for more abled | 1 |
| Less staffing at Orchard Close | 7 |
| Impacts of giving spare capacity to NHS (Hindson, Newcroft, Jacobs lodge) | 6 |
| Less room for respite users | 5 |
| Safeguarding issues | 4 |
| Less flexibility | 2 |
| Less access | 2 |
| Less emergency care | 2 |
| Longer term impacts | 6 |
| 24 hour care/full time care | 5 |
| Proposals seem fair if retain service | 6 |
| Benefits to service | 1 |

| Comments | Count |
|--|--------------|
| Little/no impact | 6 |
| Concerned impact quality of service received | 6 |
| Concerned that capacity issues at other respite centres | 5 |
| Length of respite concerns | 5 |
| 7 days is not long enough | 4 |
| Do not know at this stage | 4 |
| Reduced flexibility because of proposals | 3 |
| Paper work/administration/training not undertaken | 3 |
| Safeguarding issues | 2 |
| Could mean lack of space for summer respite | 1 |
| Use day centres more for more regular respite | 1 |
| Respite break is really important to parents/carers | 1 |
| Question: Would service users be able to book respite short notice or would they be filled? | 1 |

HAMPSHIRE COUNTY COUNCIL

Report

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| Committee: | Health and Adult Social Care Select Committee |
| Date of Meeting: | 4 March 2020 |
| Report Title: | Proposals to Develop or Vary Services |
| Report From: | Director of Transformation & Governance |

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Purpose

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving updates on the following topics:
 - a. Orthopaedic Trauma Modernization Pilot (Hampshire Hospitals Foundation Trust)
 - b. Spinal Surgery Service Implementation Update (University Hospital Southampton)

Summary

2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
6. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.

7. This Report is presented to the Committee in three parts:
 - a. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
 - b. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
 - c. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
8. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

Items for Monitoring

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

9. Orthopaedic Trauma Modernization Pilot (Hampshire Hospitals Foundation Trust)

Context

6. To ensure patients in need of significant trauma care, following an accident, receive the best possible support from clinical teams to make the best possible recovery, care will be provided 24 hours a day, 7 days a week from the Basingstoke Hospital site for all Hampshire Hospital patients. Minor trauma will continue be treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations such as hip and knee replacements would be provided at the Royal Hampshire County Hospital in Winchester. An update is being provided by the Trust, following the presentation at the September 2019 meeting.

Recommendations

10. That the Committee:
 - Note the implementation update, engagement data, and current challenges as well as any recorded issues addressed and/or resolved
 - Determine if and when a further update is necessary.

11. **Spinal Surgery Service Implementation Update (University Hospital Southampton)**

Context

12. The HASC received an update at the May 2019 meeting regarding the implementation of the service transfer from Portsmouth Hospitals NHS Trust (PHT) to University Hospital Southampton NHS Foundation Trust (UHS). UHS provided an update at the September 2019 meeting, reporting on specific patient feedback or concerns, as Members previously drew attention to the difficult nature of recovery from surgery. A new update is now being provided addressing staffing and wait times.

Recommendations

13. That the Committee:
 - Note the progress update and current operational challenges as well as any recorded issues addressed and/or resolved
 - Determine if and when a further update is necessary

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

| | |
|--|--|
| Links to previous Member decisions: | |
| <u>Title</u> Proposals to Vary Services | <u>Date</u> April 2019, May 2019, July 2019, September 2019, January 2020 |
| Direct links to specific legislation or Government Directives | |
| <u>Title</u> | <u>Date</u> |

Section 100 D - Local Government Act 1972 - background documents

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

| | |
|-----------------|-----------------|
| <u>Document</u> | <u>Location</u> |
| None | |

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

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

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Report to: Health and Adult Social Care Select Committee Hampshire Hospitals Orthopaedic Transformation

1.0 Introduction

The Vision of Hampshire Hospitals NHS Foundation Trust's (HHFT) for patients in need of significant trauma care, following an accident, is that they receive the best possible support from its clinical teams, in order that they make the best possible recovery. To enable this, the Trust worked with West and North Hampshire Clinical Commissioning Groups, South Central Ambulance Service and other key stakeholder partners, to develop a new trauma and orthopaedic service model. The new model allows patients to be treated within best practice, seven days per week, by centralising the trauma service in Basingstoke.

The principle of centralising some services is already in place across HHFT for patients in need of cardiology (centralised in Basingstoke) and stroke care (centralised in Winchester). The centralisation of major trauma also enables the Trust to develop an elective centre of excellence for hip and knee replacement surgery (known as arthroplasty) in Winchester. Smaller planned operations, including day surgery, will continue in Winchester and Basingstoke. Access for minor trauma, such as a broken arm requiring plastering, will be available in Andover, Basingstoke and Winchester.

The initial testing phase commenced with the transfer of trauma to Basingstoke on the 4th December. The Firs Transition unit opened on the 4th December providing a dedicated transition unit between the trauma ward at Basingstoke and usual place of residence. In January the hip and knee elective arthroplasty procedures commenced in Winchester.

Initial data feeds are starting to come through; however, it is still too early to quantify any impact of the new trauma and orthopaedic service model. From April validated data will be available, after which review meetings will be convened with our key stakeholders, evaluating the testing pilot against the outcome measures, and collaboratively agreeing the next steps.

2.0 Drivers for change

The drivers for change for this service reconfiguration within Hampshire Hospitals and the wider care system were:

- **Consultant care**

To ensure patients are treated by the most appropriate consultant for their injury, seven days a week. By consolidating the specialist workforce in Basingstoke, it increases the Trust's ability to ensure patients have access to the best possible trauma surgery and care, every day of the week.

- **Frail/elderly population in need of care**

The local population is growing older and with age comes an increased risk from falls and fractures, a common form of trauma. Older people can become frail and less mobile following an injury and often need intensive rehabilitation to prepare them for home. It is acknowledged that the best place for this rehabilitation is not a busy hospital ward. The new service model therefore introduced a new alternative short stay transition unit for this group of patients.

- **“Getting it Right First Time” (GIRFT)**

A review of the Trust’s trauma and orthopaedics services by Professor Tim Briggs, National Director of Clinical Improvement, highlighted that the number of people who die following hip fracture in Hampshire Hospitals was above the national average. The average mortality following hip fracture at Hampshire Hospitals was approximately 10% in 2017/8, compared to a national average of 7%. A lot of work has been undertaken across the Trust improving this outcome; however, sustaining these improvements remained a key focus of the GIRFT programme and one of the main drivers for change.

3.0 Stake holder pre-engagement

The Trust and CCG’s have worked together to coordinate engagement with stakeholders, staff and the public in line with the plan presented to HASC in September 2019.

The Trust discussed the proposed service change and its engagement plans with Healthwatch Hampshire and agreed that it would target public engagement through recent, current and future patients. This was based on a judgement that members of the public with lived experience of the services would have a better understanding of the service and the practical impact the changes would have on them as patients and carers. It was deemed that engagement with the wider general public was unlikely to provide much additional insight.

The engagement plan was reviewed when the General Election was announced, to ensure engagement activity during the pre-election (purdah) period would not influence voters, directly or indirectly. This review also took account of the desire to commence the reconfiguration testing earlier than initially planned, in order to provide better care over the winter period (as agreed with HASC in September 2019). The plan was therefore updated to ensure engagement could still take place with enough time to act on the feedback before the testing phase started.

Key external stakeholders, including GPs, South Central Ambulance Service (SCAS), Southern Health Foundation Trust, Hampshire County Council and University Hospitals Southampton (UHS) were actively approached and engaged about the proposed changes through, individual contact/correspondence and updates at established meetings. This provided a range of opportunities for them to give their views and influence the service model.

Due to the targeted public engagement that had been previously agreed with Healthwatch Hampshire, it was also agreed that it would still be appropriate to undertake engagement with recent, current and future patients during the pre-election period. The Trust worked with volunteers to actively encourage and enable patients and their carers or families to give their views. It was recognised patients and carers were more likely to give honest feedback to a volunteer, as this would imply a sense of impartiality and independence which, may not have been achieved if employed staff undertook all the survey work.

Information about the proposed service change was kept up to date on the Trust’s website. Content included:

- An information sheet that highlighted the key elements that would change and how to provide feedback
- A ‘Frequently Asked Questions’ (FAQ) section
- An online comment form and email address for feedback and questions.

The comment form was replaced with a link to a more structured online survey once the testing phase had gone live.

3.1 Patients and Carer Survey

Prior to testing the new model for trauma and orthopaedics it was important to understand how the changes might impact patients, their carer's and families.

A patient and carer survey was therefore undertaken to help understand any such implications, and wherever possible, incorporate this feedback into the new service model. Surveys were completed by 114 respondents (93 patients, 20 carers/relatives and 1 voluntary organisation) during November 2019, prior to the start of the test phase. The questions are shown under annex 1.

3.1.1 Patient/Carer Key outcomes and Trust response

Overall perceived impact

54% of respondents believed the service change would have a minimal impact or no impact upon themselves, 38% a negative impact, and 8% a positive impact. For those who felt the service change would negatively impact them, the key theme was increased travel distance and time and subsequent concerns in regard to the ability of carers and families to visit.

Whilst the additional travel impacting patients and carers cannot be removed, the following actions were identified and implemented to support access to the trauma and orthopaedic services:

- Existing information leaflets were reviewed, updated and new ones designed to provide patients and carers with supporting information upon accessing Basingstoke and Winchester Hospitals (including details of public transport and hospital parking options).
- Any patients presenting to Winchester Hospital and requiring emergency surgery at Basingstoke Hospital would be transferred safely via ambulance once deemed safe to do so by the Emergency Department team.
- New patient and parent information leaflets for any patients presenting to Winchester Hospital who would require T&O trauma surgery at Basingstoke Hospital was produced.
- To ensure any follow-on appointments required, whether as an outpatient appointment, fracture clinic or therapy appointment, would remain available at both hospitals to ensure no travel implications post-surgery.

As part of the on-going engagement throughout the test phase, all patient and carer feedback will be reviewed to identify any further improvements.

The Firs Transition Unit

The unit was established to provide additional support by offering Orthogeriatrician resource, advanced nurse specialists and therapy services to enhance the patient's rehabilitation and reduce the time spent in hospital. This facility was a key element of the new configuration. Within the survey patients and carers were asked what facilities they would like to see in the new 'The Firs Transition Unit'. The key themes were the following:

- Good physiotherapists
- Up to date equipment
- A day room to include space for patients and relatives to eat together if they wish
- A kitchen area and daily living facilities to practice in
- Parking close by

- A quiet room/area for those with dementia who may struggle in a busier environment
- A hydro spa
- Shower facilities

Using the experience of the matron, a therapist by profession, a strong therapy-based-focus for all patients was created. That included good physiotherapist input, new and up-to-date equipment, a day room, quiet room, shower facilities and access to a hydrotherapy pool if needed. Additional areas to assess and support patients to carry out kitchen and daily living activities were made available.

3.2 Staff engagement

Staff engagement was vital prior to any changes; ensuring their expert knowledge shaped the plans to enable high quality care, patient outcomes and patient experience to be provided. Staff feedback was obtained via a variety of means including written feedback with a dedicated service change e-mail address set up, service department meetings/drop in sessions and through formal consultation with staff directly impacted by the change.

Feedback was received from staff across different professions including doctors, junior doctors, nurses and therapy staff, and from a variety of services including orthopaedics, paediatrics, pathology, theatres, anaesthetics, intensive care and emergency departments.

3.2.1 Staff engagement Key outcomes and Trust response

The below presents the key outcomes from staff engagement:

Operational queries

Much of the feedback received from staff related to the day to day practicalities of the proposal. In response to the feedback and in conjunction with departments new 'Standard Operating Procedures' were developed to provide operational clarity. Daily calls were established from initial commencement of the initiative, with representation from key stakeholders including medicine, surgery and SCAS. This enabled a chance to highlight any challenges experienced on that day and identify any additions or amendments required to the operating procedures. Weekly calls with UHS were arranged and adhoc calls were encouraged to ensure that expectations were managed throughout the transition.

Discharge planning

Staff were concerned that placement of Winchester patients in 'The Firs Transition Unit', after their surgery in Basingstoke, could complicate and delay their discharge from hospital. To support discharge arrangements, existing rehabilitation units remain accessible to these patients, with The Firs providing an additional rehabilitation environment for the local population. The Trust and CCG continue to work closely with Hampshire County Council and Southern Health Foundation Trust colleagues to ensure timely and appropriate discharge arrangements for all patients.

Estates

The suitability of estates was raised as a concern. As part of this transformation project, work was approved and implemented to enable The Firs to open as a dedicated transitional unit and on the Basingstoke trauma wards works to provide additional bays and side rooms is underway. The trauma ward work is still taking place; however the timing of the work was factored into the implementation plan.

Workforce

Staff feedback raised concerns that there could be increased levels of turnover, which often occurs during a significant change process. However, this concern appears to have been largely un-founded. There was one retirement and two other staff left due to relocation and taking an alternative role within HHFT. Some trauma ward staff took the opportunity to move to the new transitional ward, which was part of the new service model.

There were recruitment concerns from staff, particularly regarding the nursing and therapy staff required for the new 'The Firs Transition Unit' and orthogeriatrician cover. In practice, The Firs opened as planned with a substantive Matron and a combination of substantive, bank and agency nursing staff. Early recruitment of the Matron enabled significant input into the opening of the unit from the start of the project. This included the physical requirements of the unit, risk assessments, policies and processes and the appointment and induction of staff.

Agency staff are still covering some shifts within the trauma wards, this was anticipated through the initial stages of the programme.

In addition, an Orthogeriatrician Consultant and two orthogeriatrician nurses were successfully appointed. The new specialist nurses are new to the Trust and are taking an active leadership role in managing the care of the elderly patients on the unit and liaising effectively with external partners to help plan for patients discharge. The Trust is advertising for two additional consultants and has had to put interim arrangements in place to cover consultant sick leave.

Staff impact

Similar to the travel implications for patients, the same implications applied to some staff who, would be required to travel to a different hospital site. Travel was therefore addressed through the formal staff consultation process.

Junior doctors raised concerns that the proposal may have a negative impact upon their development, due to a reduced exposure to trauma cases when working at Winchester Hospital. The Trust worked closely with the Deanery and School of Surgery to ensure the new rotas offer balanced training opportunities, in fact it has been agreed that the opportunities are better than those previously offered to this staff group.

Throughout the formal staff consultation period, and on-going since then, the Trust has worked very closely with the BMA's industrial relations officer to respond to the concerns of their members, work through solutions and ensure that what was being proposed was 'reasonable'. This included visibility of areas of concern that were identified, co-ordinated negotiations and ensuring rotas were compliant.

Engagement

A lot of feedback from staff related to the process of engagement for the service change. The Trust acknowledges that a wider range of staff could have been engaged with in more depth and earlier in the process. This feedback therefore influenced both how the pre-engagement work evolved and the opportunities for engagement throughout the testing phase.

3.3 External stakeholders

To ensure the service proposals did not have a negative impact upon any health system partners, the Trust and CCG have approached, engaged and responded to stakeholders in a number of different forums.

3.3.1 External stakeholders Key outcomes and Trust response

The key concern highlighted by partners was the potential increase in trauma patients being conveyed to University Hospital Southampton (UHS) as a result of the new service model, and the resource impact for the South Coast Ambulance Service (SCAS) due to increased travel distances/times.

In response, and to mitigate this impact, it was agreed that only patients who are clearly identified at the scene by SCAS as requiring an emergency inpatient procedure are directly conveyed to Basingstoke Hospital. For all other patients where it is not absolutely clear, they continue to be conveyed to Winchester for full assessment. Where an emergency inpatient procedure is required following this assessment, they are stabilised at Winchester Hospital and onward conveyed to Basingstoke Hospital. This also applies to any self-presenters or fallers whilst a Winchester inpatient resulting in fractured neck of femur (hip).

For both scenarios, standard operating procedures are in place for the effective management of these patients and for the initial testing period an additional ambulance has been secured to ensure there is suitable ambulance capacity for the wider population. The Trust has also funded an additional 24/7 ambulance to support SCAS with their capacity to mitigate any impact for the ambulance service. Early indications have shown that there has been some movement of activity towards UHS and the reasons for this are being explored in more detail.

4.0 Implementation

A multi-disciplinary implementation team was established to monitor feedback and oversee the implementation of the new service model. This team comprised operational managers, senior nursing, therapy and medical staff.

In advance of the implementation, a dedicated discharge drive was arranged to focus on facilitating discharges with the multi-disciplinary teams to ensure there would be appropriate levels of bed capacity before the change was implemented. Senior clinical and non-clinical staff also visited all areas that would be directly affected to enable staff to be fully engaged in the changes and have the opportunity to ask any questions or share any concerns. Folders containing paper copies of all relevant and new procedures, contact information and information leaflets for patients were also distributed to all areas.

It was agreed to implement a transitional go-live to minimise risks and ensure there was enough capacity to support frontline staff with the implementation. The three implementation phases are outlined below.

i. Introduce changes to trauma pathway

The changes to trauma services were introduced first, on the 4 December, to enable the Trust and its partners to test the bed and staff modelling to see whether the right processes were in place to support demand.

The local health community funded an additional 24/7 ambulance to support the test phase, to ensure there was dedicated resource when required.

ii. Planned break in orthopaedic elective activity

Elective orthopaedic work, such as joint replacements, were not scheduled between 23 December 2019 and 2 January 2020 to give the doctors some time to adjust to the centralisation of trauma at Basingstoke and prepare for the elective changes at Winchester.

iii. Commence hip and knee arthroplasty at Winchester

It was agreed that all hip and knee arthroplasty would take place in Winchester from 3 January 2020. A dedicated ward was identified, and a ring-fenced policy was introduced to ensure the beds were protected and operations would not be delayed due to the seasonal pressures.

5.0 Monitoring success/ Outcome measures

The quality of the service will be monitored through a range of quantitative and qualitative measures to ensure that any unforeseen consequences are recognised and addressed at the earliest opportunity. The national 'Getting it Right First Time' team has also recommended some performance indicators that will demonstrate a range of benefits to patients that the Trust will be able to compare against its past and current performance.

| Quantitative | Qualitative |
|---|---|
| Overall incidents with a detailed review of any associated with the service changes | Complaints regarding poor care |
| Delayed discharges from critical care | Feedback to Patient Advice and Liaison Service |
| Breaches of NHS Operating Standards in the Emergency Department for trauma patients | Feedback through engagement activities and surveys for patients, public and staff |
| Time to theatre for fractured hips | Friends & Family Test |
| How long patients stay in hospital | |
| Number of planned operations that are cancelled | |
| Any patients readmitted to hospital with the same injury | |
| Delayed access to rehabilitation services | |

We will continue to monitor the staff and patient engagement and feedback the full findings after the test phase. This will include:

- Monitoring quality outcomes
- Feedback from Staff, patients and the public
- Complaints
- Systems and Processes

6.0 Next Steps

From April validated data will be available, after which review meetings will be convened with our key stakeholders, evaluating the testing pilot against the outcome measures, and collaboratively agreeing the next steps.

The Trust will continue to actively seek feedback from stakeholders, patients, carers and staff throughout the remainder of the test phase. It will also continue to monitor the quality and outcomes through implementation meetings, theatre utilisation meetings for elective activity and monthly trauma and elective meetings with the clinicians and wider trauma and orthopaedic teams.

The Trust's Chief Medical Officer, Chief Nurse and lead nurse for the surgical division have undertaken a Quality Impact Assessment which will be shared with the Trust's Quality Committee and Board. The CCG also carried out an Equality Impact Assessment as part of the pre-engagement work and this will be reviewed and updated at the end of the test phase.

The Trust and CCG will use the insight from the monitoring and feedback to review the impact and finalise the new service model with key stakeholders during Spring 2020.

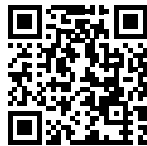
Using patient experience to monitor and improve our trauma and orthopaedics service for **emergency department patients**

We understand you or a loved one have recently had a procedure at Basingstoke and North Hampshire Hospital (BNHH) following an initial assessment at the Emergency Department (ED) Royal Hampshire County Hospital (RHCH), Winchester.

As we have centralised some of our services to provide on-site consultant cover seven days a week to help reduce waiting times and improve outcomes, we would like your feedback to help us understand what went well and what we might try and improve.

We would be very grateful if you could complete this short survey and return it in the freepost envelope or send it freepost to: **Freepost Hampshire Hospitals**. It should only take you three to five minutes to complete.

You can fill the survey in online if you prefer, **scan the QR code** to go straight to the online survey or go to: www.surveymonkey.co.uk/r/TraumaBNHH.



All feedback is anonymous unless you choose to leave your name and contact details because you would like someone to contact you about your experience.

About you and your arrival

1. Are you:

- The patient
- Answering on behalf of the patient (eg relative, friend or carer)
- Answering as a relative, friend or carer
- Other, please specify

2. How did you get to BNHH for your surgery?

- Taken direct to BNHH ED in an ambulance
- Transferred from RHCH ED to a BNHH ward by ambulance
- Transferred from RHCH ED to a BNHH ward but made our own way there
- Advised to go home from the ED at RHCH and attended BNHH following a call from the trauma triage clinic or appointment with the RHCH fracture clinic
- Transferred from RHCH ward to BNHH ward by ambulance
- Other, please specify

3. How did you arrive at the ED, RHCH

- Ambulance
- I drove myself
- I was given a lift
- Taxi
- Bus / train
- Other, please specify

Your overall experience

4. Do you feel that you got enough information about your transfer to BNHH from the ED staff?

- Yes
- No

If no, what could we do differently that would make it better?

5. Were you given an 'after your injury' information leaflet for trauma and orthopaedic patients who need surgery and/or admission to hospital?

- Yes, at ED
- Yes, at fracture clinic
- No

If yes, was it helpful?

- Yes
- No

If no, what could we include or do differently that would make it better?

Note: You can use the additional space overleaf to tell us more about your experience and if you would like someone to contact you to discuss it, please leave your name and contact details. Alternatively, you can contact the Patient Advice & Liaison Service (PALS) via telephone on 01256 486766 or via email at customercare@hft.nhs.uk

| | Very good | Good | Neither good nor poor | Poor | Very poor | Don't know | If you answered: neither good nor poor, poor or very poor, please tell us why? |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 6. How would you rate your initial assessment and treatment at RHCH? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div style="border: 1px solid black; height: 150px;"></div> |
| 7. How would you rate your transfer arrangements to BNHH? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. How would you rate the admission arrangements at BNHH? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. How would you rate the arrangements that were made for you once you left the trauma ward (for example transfer to a rehabilitation ward and/or follow up appointments for therapy services, fracture clinic or outpatients)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

10. Thinking about carers, family members and friends, how did these new ways of working impact on them:
- Positive impact
 - Acceptable impact; they understood the benefits
 - Minimal negative impact
 - Significant negative impact

If you answered: minimal or significant negative impact, please tell us why?

Additional comments

Use additional paper if required

Name (Optional)

Contact details (Optional)

To help us understand whether we are reaching all those who may use our services to ensure everyone has equal access to those services, it would be really helpful if you could answer the following questions.

1. Are you:

- Female
- Male
- Prefer not to say

2. Your age group:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 17 or under | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

3. Your ethnic background:

- | | |
|--|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Black African | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> White and Asian | |
| <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> Any other ethnic background (please specify below): | |

4. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

If yes, please tell us about your disability below:

5. Your religion or belief:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Atheism | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Other religion or belief |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Islam | |

6. You would describe your sexuality as:

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Lesbian/Gay woman |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Heterosexual/Straight | |

7. Are you a carer?

- No
- Yes, for child/children under 18 years living at home
- Yes, for a relative or person living with you
- Yes, for a relative or person living elsewhere

Using patient experience to monitor and improve our trauma and orthopaedics service for **hip** and **knee replacement** patients

We understand you or a loved one have recently had an operation, referred to clinically as ‘arthroplasty’, to reconstruct one of your joints (hip or knee) at The Royal Hampshire County Hospital (RHCH), Winchester.

As we have centralised this service to improve waiting times, length of stay and improve consultant cover seven days a week, we would like your feedback to help us understand what went well and what we might try and improve.

We would be very grateful if you could complete this short survey and return it in the freepost envelope or send it freepost to: **Freepost Hampshire Hospitals**. It should only take you three to five minutes to complete.

You can fill the survey in online if you prefer, **scan the QR code** to go straight to the online survey or go to:

www.surveymonkey.co.uk/r/TO-RHCH.



All feedback is anonymous unless you choose to leave your name and contact details because you would like someone to contact you about your experience.

1. Are you:

- The patient
- Answering on behalf of the patient (eg relative, friend or carer)
- Answering as a relative, friend or carer
- Other, please specify

2. Which do you consider to be your local hospital:

- Basingstoke and North Hampshire Hospital
- Royal Hampshire County Hospital Winchester
- Other – please specify

3. What is the start of your postcode?

4. How did you travel to RHCH for your operation?

- NHS patient transport
- Voluntary services patient transport
- I was given a lift
- Taxi
- Bus / train
- Other, please specify

5. Would you have made other travel arrangements if your operation had been at your local hospital?

- Not applicable as this was my local hospital
- No, I would have made the same arrangements
- Yes (please specify)

6. Thinking about your overall experience, how would you rate the service you received:

- Very Good
- Good
- Neither Good nor Poor
- Poor
- Very Poor
- Don't Know

7. Please tell us as concisely as possible, why you gave your rating of the experience received.

8. Thinking about carers, family members and friends, how did these new ways of working impact on them:

- Positive impact
- Acceptable impact; they understood the benefits
- Minimal negative impact
- Significant negative impact

If you answered: minimal or significant negative impact, please tell us why?

Note: You can use the additional space overleaf to tell us more about your experience and if you would like someone to contact you to discuss it, please leave your name and contact details. Alternatively, you can contact the Patient Advice & Liaison Service (PALS) via telephone on 01256 486766 or via email at customercare@hft.nhs.uk

9. Please can you tell us up to three things you feel went well and up to three things you feel we could improve.

Did well:

Could improve:

If you wish, please use the space below to tell us more about your experience. If you would like someone to call you to discuss your experience in more detail, please also leave your name, preferred contact details.

Name (Optional)

Contact details (Optional)

To help us understand whether we are reaching all those who may use our services to ensure everyone has equal access to those services, it would be really helpful if you could answer the following questions.

1. Are you:

- Female
- Male
- Prefer not to say

2. Your age group:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 17 or under | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 85+ |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> Prefer not to say |

3. Your ethnic background:

- | | |
|--|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Black African | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> Nepali | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> White and Asian | |
| <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> Any other ethnic background (please specify below): | |

4. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

If yes, please tell us about your disability below:

5. Your religion or belief:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Atheism | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Other religion or belief |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Islam | |

6. You would describe your sexuality as:

- | | |
|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Lesbian/Gay woman |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Heterosexual/ Straight | |

7. Are you a carer?

- No
- Yes, for child/children under 18 years living at home
- Yes, for a relative or person living with you
- Yes, for a relative or person living elsewhere

**University Hospital Southampton
Wessex Spinal Service**

**Update for Hampshire County Council Health & Adult Social Care Select Committee
4th March 2020**

**Author; Jacqui McAfee, Divisional Director of Operations, Trauma & Specialist Services,
UHS**

Background

This paper is to update Hampshire County Council's Health & Adult Social Care Select Committee on the Wessex Spinal Service.

Following the absorption of the Portsmouth work in 2018 (circa 230 surgical cases per annum) the University Hospital of Southampton's (UHS) spinal team have been working on the reorganisation and development of the service so that patients are treated locally where possible and by the right professional for their needs at the time. This remains a work in progress and over the past 12 months significant changes in service delivery have been put into place.

To note – The waiting list figures in this service update are a reflection of a combined waiting list for the spinal service.

Overview - Structure and staffing

The Wessex Spinal Service is a regional hub and spoke service for the delivery of spinal surgery across Southampton, Portsmouth, Hampshire, Dorset and parts of Wiltshire. The hub is located in UHS with surgical spoke services for noncomplex/ non specialist spinal surgery in Hampshire hospitals and in Salisbury Hospital. Dorset's noncomplex spinal surgery is delivered by Ramsey Newhall Hospital in Salisbury. All complex and emergency work is carried out in UHS.

The spinal service now sits as a separate business unit within UHS; previously it sat across the specialties of Trauma and Orthopaedics and Neurosurgery. It is led by a consultant spinal surgeon supported by a senior operations manager. It has its own administration team who manage spinal patients only and it benefits from dedicated speciality nurse input, 3 WTE and a spine specific therapy team.

The service is currently funded for 6 full time and 3 part time surgeons. Currently 4 full time and 3 part time are in post with the 5th full time surgeon currently working as super numery

A 6th surgeon is due to join the team at the end of March, firstly in a locum capacity with a view to substantive appointment later in the year.

All surgeon job plans have been reviewed and the addition of a colleague in March will, after a period of induction and supervised practice, give the service a level of leave cover and backfill of up to 20 additional lists per annum.

In patient terms the new colleague will deliver 450 clinic slots & 90+ surgical cases.

Pathways

Over the past 12 months UHS has worked with Southern and Solent partners to ensure that all non-urgent referrals for spinal surgery now go via community triage teams. These teams see patients locally and have rapid access to both therapy support and to pain management services and the aim is to ensure that only patients who require a surgical intervention are referred into see a surgeon at UHS. These triage teams also have access to imaging in their local hospitals.

The community teams bring cases for review to a weekly virtual triage clinic. Each case is reviewed with a surgeon and those deemed appropriate for surgical intervention are booked into face to face OP appointments. The Isle of White jointed this virtual arrangement in December 2019.

As a further backstop and to ensure a single point of access for all referrals, UHS has a second tier triage service which captures all other referrals into the service (consultant to consultant, out of area, etc.) This service is run by the spinal therapy team who review all referrals and ensure that they are following the agreed and commissioned pathway. It also ensures that any patients for onward referral to a surgeon have had appropriate test and investigations. The therapy team direct referrals as appropriate and this may be straight to surgeon for review, direct to therapy treatment or back to the GP with a recommendation for ongoing care. The aim of all triage and pre hospital work up is to ensure that all 1st consultant appointments deliver a worthwhile visit to the hospital for both the patient and the consultant

The establishment of these triage services has decreased the number of inappropriate referrals to surgeons considerably. The conversion rate from OPs to theatre lists in 2018 /19 was low at < 25 %; this has continued to increase since the last report to HASC to over 55%. Conversion rate from OP to surgery is considered to be an indication that only pts who require surgical intervention are filtering through to consultant clinics. That said it is still appropriate for a certain cohort of patients to be given consultant appointment even if there is no surgical intervention indicated at the outset.

Capacity & waiting times.

The re-direction of referrals along the most appropriate pathway for condition has allowed the service to deal with a significant increase in referrals without a commensurate deterioration in OP waiting times. The combined number of referrals waiting to be seen in OPs currently sits at 349 pts with an average wait of 11 weeks for clinic. This is expected to decrease as the community triage teams develop further and offer more pts a non-surgical first line treatment.

Access to operating theatres remains a challenge in light of competition from emergency and cancer workload across other specialities. There are currently 351 patients on the surgical waiting list with an average waiting time of 30 weeks. An additional theatre came on line in Quarter 3 19/20 and spines now benefit from 1 additional all day operating list per week. Currently this additional capacity is being used to support the emergency workload and discussion is underway with the anaesthetic and theatre team regarding access to weekend operating to support the elective service. The service continue to work with the private sector to access additional theatres for any non-complex spinal work that is suitable for transfer out from UHS

Governance

The spinal team has established its own governance arrangements which feed up into the Divisional and Trust structures. Outcome data should become more easily available as all spinal surgeons are now required to enter their patients onto the national spinal register.

The Wessex spinal network is now well established with a quarterly meeting and all of the hub organisations, including the private sector, are represented.

Summary

The spinal team have made significant progress over the past 12 months particularly around parity of access, triage & common pathways for all pts referred into the team. The surgeons are now working as a single service and the administrative and business functions have been centralised.

Access to theatres remains a challenge but this has been escalated as a priority for the service .

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HAMPSHIRE COUNTY COUNCIL

Report

| | |
|-------------------------|--|
| Committee: | Health and Adult Social Care Select Committee |
| Date of Meeting: | 4 March 2020 |
| Report Title: | Issues Relating to the Planning, Provision and/or Operation of Health Services |
| Report From: | Director of Transformation and Governance |

Contact name: Members Services

Tel: (01962) 845018

Email: members.services@hants.gov.uk

Summary and Purpose

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
4. Issues covered in this report:
 - a. CQC Inspection Update from University Hospital Southampton Foundation Trust
 - b. CQC Inspection Report from Southern Health NHS Foundation Trust
 - c. CQC Inspection Report from Portsmouth Hospitals NHS Trust
 - d. CQC Inspection Update from Frimley Health NHS Foundation Trust
5. The recommendations for each topic are also given under the relevant section in the table following, regarding each item being considered at this meeting.

| Topic | Relevant Bodies | Action Taken | Comment |
|--|---|--|--|
| Care Quality Commission (CQC) Inspection Update – University Hospital Southampton Foundation Trust | University Hospital Southampton Foundation Trust CCGs and partner organisations CQC | The most recent CQC report was published in April 2019. The Trust presented the full report and action plan in July 2019. The Trust received an overall rating of “Good”. | The HASC requested an update in March 2020 and the Trust have provided a paper on actions taken and progress made. |

Recommendations-

That Members:

- a. Note the update on actions taken by the Trust in response to the CQC inspection findings.
- b. Determine a suitable date to further consider progress made against the recommendations of the Care Quality Commission report.
- c. Make any further recommendations as appropriate.

| Topic | Relevant Bodies | Action Taken | Comment |
|--|---|--|---|
| Care Quality Commission (CQC) Inspection Report – Southern Health NHS Foundation Trust | Southern Health NHS Foundation Trust CCGs and partner organisations CQC | The HASC received and update in January 2020 but the Trust have since received a new CQC inspection report with an updated rating of “Good”. | The Trust wished to present at the March 2020 meeting, including the new CQC report and revised action plans. |

Recommendations-

That Members:

- a. Note the findings of the latest CQC inspection report for the Trust and the improved rating of “Good”.
- b. Note the approach of the Trust to respond to the findings.

- c. Determine a suitable date to further consider progress made against the recommendations of the Care Quality Commission report.
- d. Make any further recommendations as appropriate

| Topic | Relevant Bodies | Action Taken | Comment |
|--|---|---|---|
| Care Quality Commission (CQC) Inspection Report - Portsmouth Hospitals NHS Trust | Portsmouth Hospitals NHS Trust CCGs and partner organisations CQC | The HASC received updates in April and May 2018 but the Trust have since received a new CQC inspection report with an updated rating of "Good". | The Trust wished to present at the March 2020 meeting, including the new CQC report and revised action plans. |

Recommendations-

That Members:

- a. Note the findings of the latest CQC inspection report for the Trust and the improved rating of "Good".
- b. Note the approach of the Trust to respond to the findings.
- c. Determine a suitable date to further consider progress made against the recommendations of the Care Quality Commission report.
- d. Make any further recommendations as appropriate

| Topic | Relevant Bodies | Action Taken | Comment |
|---|--|--|--|
| Care Quality Commission (CQC) Inspection Update – Frimley Health NHS Foundation Trust | Frimley Health NHS Foundation Trust CCGs and partner organisations CQC | The most recent CQC report was published in March 2019. The Trust presented the full report and action plan in July 2019. The Trust received an overall rating of "Good". | The HASC requested an update in March 2020 and the Trust have provided a paper on actions taken and progress made. |

Recommendations-

That Members:

- a. Note the update on actions taken by the Trust in response to the CQC inspection findings.
- b. Determine a suitable date to further consider progress made against the recommendations of the Care Quality Commission report.
- c. Make any further recommendations as appropriate.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

| | |
|---|--|
| Links to previous Member decisions: | |
| <u>Title</u> Issues relating to the planning provision and/or operation of health services | <u>Date</u> April 2019, May 2019, July 2019, January 2020 |
| Direct links to specific legislation or Government Directives | |
| <u>Title</u> | <u>Date</u> |

Section 100 D - Local Government Act 1972 - background documents

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

| | |
|-----------------|-----------------|
| <u>Document</u> | <u>Location</u> |
| None | |

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

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

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

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

2. Equalities Impact Assessment:

This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

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**University Hospital Southampton
NHS Foundation Trust**

March 2020

**Gail Byrne Director of Nursing
Juliet Pearce Deputy Director of Nursing**

**Update on progress with action plan following
December 2018/ Jan 2019 inspection**

Well-led: Does the leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture

Core services:

Urgent and emergency care

Medical Care

Maternity services

Outpatient services

Overall rating : **Good**



Rating for acute services/acute trust

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|------------------------------|---------------------------------------|------------------------------|------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Southampton General Hospital | Good ↑ Apr 2019 | Outstanding ↑ Apr 2019 | Outstanding ↔ Apr 2019 | Requires improvement ↔ Apr 2019 | Requires improvement ↓ Apr 2019 | Requires improvement ↔ Apr 2019 |
| Princess Anne Hospital | Requires improvement Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 |
| New Forest Birthing Centre | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 |
| South Hants Hospital | Requires improvement Apr 2019 | N/A | Good Apr 2019 | Requires improvement Apr 2019 | Requires improvement Apr 2019 | Requires improvement Apr 2019 |
| Overall trust | Requires improvement ↔ Apr 2019 | Outstanding ↑ Apr 2018 | Good ↓ Apr 2019 | Requires improvement ↔ Apr 2018 | Good ↓ Apr 2019 | Good ↓ Apr 2019 |

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Southampton General Hospital

Page 166

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------------------|------------------------------|------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Urgent and emergency services | Good ↔ Apr 2019 | Outstanding ↑ Apr 2019 | Outstanding ↑ Apr 2019 | Good ↑ Apr 2019 | Good ↔ Apr 2019 | Good ↔ Apr 2019 |
| Medical care (including older people's care) | Good ↑ Apr 2019 | Good ↔ Apr 2019 | Outstanding ↑ Apr 2019 | Outstanding ↑ Apr 2019 | Requires improvement ↔ Apr 2019 | Good ↔ Apr 2019 |
| Surgery | Good Jun 2017 | Good Jun 2017 | Good Jun 2017 | Good Jun 2017 | Good Jun 2017 | Good Jun 2017 |
| Critical care | Good Jun 2017 | Good Jun 2017 | Outstanding Jun 2017 | Good Jun 2017 | Outstanding Jun 2017 | Outstanding Jun 2017 |
| Services for children and young people | Good Apr 2015 | Good Apr 2015 | Outstanding Apr 2015 | Requires improvement Apr 2015 | Good Apr 2015 | Good Apr 2015 |
| End of life care | Good Jun 2017 | Outstanding Jun 2017 | Good Jun 2017 | Good Jun 2017 | Good Jun 2017 | Good Jun 2017 |
| Outpatients | Requires improvement Apr 2019 | N/A | Good Apr 2019 | Requires improvement Apr 2019 | Requires improvement Apr 2019 | Requires improvement Apr 2019 |
| Overall* | Good ↔ Apr 2019 | Outstanding ↑ Apr 2019 | Outstanding ↔ Apr 2019 | Requires improvement ↔ Apr 2019 | Requires improvement ↓ Apr 2019 | Requires improvement ↓ Apr 2019 |

Royal South Hants Hospital, Princess Anne and New Forest Birth Centre



Ratings for Royal South Hants Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------|----------------------------------|-----------|------------------|----------------------------------|----------------------------------|----------------------------------|
| Outpatients | Requires improvement Apr 2019 | N/A | Good Apr 2019 | Requires improvement Apr 2019 | Requires improvement Apr 2019 | Requires improvement Apr 2019 |
| Overall* | Requires improvement Apr 2019 | N/A | Good Apr 2019 | Requires improvement Apr 2019 | Requires improvement Apr 2019 | Requires improvement Apr 2019 |

Ratings for Princess Anne Hospital

Page 167

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------|----------------------------------|------------------|------------------|------------------|------------------|------------------|
| Maternity | Requires improvement Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 |
| Overall* | Requires improvement Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 |

Ratings for New Forest Birthing Centre

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Maternity | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 |
| Overall* | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 | Good Apr 2019 |

Overall key findings



- Care and treatment was based on national guidance and in line with best practice
- Clinical audits were completed and changes to practice made and then revisited to ensure positive clinical outcomes were achieved.
- There was a multi-disciplinary frailty service. Their role was focussed around improving the urgent care pathway for older people and those living with frailty.
- Well developed seven-day services such as for medical care.
- Planning and consideration had been given to meeting the needs of the local population.
- The trust was actively engaged in research across a wide spectrum of clinical conditions. All services involved patients and those close to them in decisions about their care and treatment.
- Staff cared for patients and service users with compassion.
- Staff provided emotional support to patients to minimise their distress.
- In Maternity services bereaved parents were supported by specialist teams and referred to counselling services as needed

Overall key findings



- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation.
- The leadership team was cohesive, a visible presence, respected by peers and colleagues.
- The staff survey results showed trust staff engagement had remained consistently high compared to the NHS average.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The priorities of different health professions were considered and discussions at governance meetings appeared well rounded.

- **Infection prevention linked to estates and cleaning schedules**
- **Outpatient delays to follow up particularly in Ophthalmology**
- **Outpatient structure, strategy and governance**
- **Security, cleanliness and estate at PAH site**

What we have told the provider to do



Requirement notices for 3 regulations with breaches that Must improve:

Regulation 12 Safe care and treatment

Regulation 15 Environment and equipment

Regulation 17 Good governance

These related to maternity services, medical care and outpatients.

Ensure records are stored securely.

- Gap analysis completed for non -lockable cabinets & risk assessments reviewed.
- New equipment Identified and cost analysis completed
- Orders placed. First 16 trolleys to arrive in March. Remaining 47 by end of April

Page 172

Ensure the outpatient service environment is kept clean and fit for purpose. Infection control procedures are in place and adhered to.

- Increased resource to environmental monitoring team to further support clinical areas and build in formal auditing.
 - Spotlights at the RSH and PAH have been completed and actions generated from these including improved signage/visitor information regarding use of hand gel.
 - NHS Property Services are being held accountable for RSH via monthly IPT visits
 - Regular IPT visits to outpatient and maternity areas.
-

Must Do:



Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which have resulted in patient harm. (ophthalmology)

- Maximised capacity with virtual monitoring clinics
- Increased clinic capacity in community to allow transfer of low risk patient from acute eye services.
- In-sourcing to increase capacity at weekends.
- Appointment of 4th glaucoma consultant.
- Weekly monitoring by DMT of capacity and back log and monthly executive monitoring of capacity and back log.
- Executive to executive meeting with WHCCG to expedite community capacity in West Hampshire.
- Embedding Failsafe role into daily task of ophthalmology patient pathway coordinators.
- Expansion of eye specialist services at Lymington Hospital to increase capacity across all services.

Resulted in position at the end of February the glaucoma service will ~~have 0 patients delayed to follow up (from over 3000)~~

Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated.

Page 174 All Care Groups are completing a demand and capacity exercise as part of the budget setting process for 2020-21 to ensure that appropriate capacity is in place to meet outpatient demand.

On a local and immediate action level the information team have worked with the Care Groups to model trajectories showing predicated RTT performance for the rest of the year showing where mitigation plans have already been put into place.

These trajectories also model the predicted impact of longer term changes such as new outpatient pathway, and capacity. The trajectories developed to date, which will be refined as part of our planning process for 2020-21 (which will also be subject to commissioning decisions).

In relation to the physical environment all Divisional Heads of Nursing have reviewed their respective Outpatient Areas.

Care Groups are also working on alternatives for face to face Outpatients Design and are supported by our Service Improvement Team.

The Trust has also recognised the need for a full outpatients modernisation programme with a new COO appointed in December 2019 to provide overall leadership to the outpatients improvement programme including the pending appointment of a new Programme Director for Outpatients and a Matron to focus on outpatient care.

Ensure complete oversight of outpatient services across the trust sites for the management and leadership, Governance, risk and consistency of services. Ensure there is a finalised strategy for outpatient services.

- Page 175
- Currently Care Groups remain with oversight of their outpatient areas in relation to staff, skills mix, facilities, safety etc. They escalate to division as and when required. Care Group Managers and Divisional Directors of Operations have oversight for performance. Central performance oversight is provided via the central operational teams which meet weekly to discuss patient level detail with operational care groups and divisions.
 - A draft outpatient strategy has been prepared and the Trust has appointed a new COO in December 2019 to lead the overall programme. The Trust is to appoint a Programme Director for outpatient transformation and a Matron to lead on outpatient services.
 - There are KPIs for the Patient Services Centres and some for Care Groups. These are circulated periodically and others are reviewed as part of the Trust's data quality reports. The Trust also ensures all patients receive an outpatient outcome so patients that require further treatment can be rebooked. Significant progress has been made in the Trust to address outpatient delays in ophthalmology.
-

Ensure staff personal property is stored appropriately and securely when on duty.

- In ophthalmology staff lockers have now been moved to an area accessible to staff only.

Ensure patients are kept safe from harm such as by having working emergency call bells and observation of patients left in waiting areas.

- All out patient areas have observable waiting areas and escalation SOP's are being introduced.
- Temporary WIFI call bell now insitu at SGH (plaster room).
- Permanent call bell will be fitted as part of the estates work which have commenced.

The provider must ensure that the environment and equipment are kept clean and fit for purpose. Infection control procedures are in place and adhered to in order to control and minimise the risks of cross infection.

- Page 177
- New matrons employed to support quality improvement and assurance
 - Regular walkabouts and spot checks implemented with matrons and infection prevention team.
 - Birthing pools have been audited with 100% compliance of cleaning checklists and guidance displayed.
 - Programme for curtain changing clearly available.

MUST DO: Maternity



The provider must ensure emergency equipment are maintained safely and all necessary checks are completed to Safeguard patients.

- Checklists in place
- Spot checking and walkabouts established

Page 178

The provider must ensure that arrangements are in place for the safe transfer of women within the maternity unit.

- Lifts now replaced and operable to facilitate override access for emergency patients

The provider must ensure that security of the premises is managed effectively and have the appropriate level of security needed in relation to the services being delivered.

- Estates now meet regularly in collaboration with Head of Security and PAH
- Confirmation that manual lock down processes are in place
- CCTV -A proposal for improved CCTV has been submitted to CEO and CFO for approval

The provider must ensure premises are suitable for the service provided, including the layout and fit to deliver care and treatment must meet people's needs

- Phase 1 and 2 of shower room refurbishment completed, including shower rooms upgraded for Winter Pressures.
- Phase 3 of shower rooms tendered and commencing in March.
- Window replacement programme has commenced with phase 1 access scaffold completed and first windows being installed in March.
- Car park ventilation and de-steaming in progress.

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Briefing note:

Southern Health's recent CQC Report and planned actions

Overview

On 23 January 2020, the Care Quality Commission (CQC) published their comprehensive report into Southern Health NHS Foundation Trust. A summary of the key findings from the inspection, as well as the planned improvement plan to respond to the report's findings, is contained in this briefing paper.

This paper is in addition to update briefing papers about the CQC that we provided to HASC in January 2020, November 2019 and June 2019.

The 2020 CQC Report

We are pleased to confirm that the CQC rated the Trust overall as 'Good'.

The inspection took place in October 2019 and looked at the quality of four core services:

- acute wards for adults of working age and psychiatric intensive care units (PICUs)
- child and adolescent mental health wards
- wards for older people with mental health problems
- mental health crisis services and health-based places of safety.

The CQC also looked specifically at management and leadership of the Trust.

The 'Good' rating demonstrates the significant progress made at the Trust since the previous CQC report of October 2018 (when we were rated as 'requires improvement'). It reflects the quality of care provided by the staff at Southern Health and their commitment to provide the best possible services to our patients, services users and their families. The report shows that over 90% of Trust services are now rated as good or outstanding, reflecting the continued progress in improving services and care.

Comments from the CQC report include:

"Staff treated patients with compassion and kindness. The privacy and dignity of patients was respected and embedded in the work of staff. Staff understood the individual needs of patients. Patients were supported by staff to understand and manage their care, treatment or condition. Staff put patients at the centre of everything they did."

"Staff actively involved families and carers of patients in their care appropriately."

"The board had taken significant steps to improve the culture across the trust and staff felt valued. There was a real focus on doing what was best for people, both staff, patients and carers with a real commitment to the delivery of good quality patient care at every level. Staff at all levels of the trust were proud to work there and morale amongst staff was good."

OUR VALUES



Karen Bennett-Wilson, the CQC’s Head of Hospital Inspection for the South, also added: “At Southern Health, our inspectors found a really strong patient-centred culture with staff committed to keeping their people safe and encouraging them to be independent. Patients’ needs came first, and staff worked hard to deliver the best possible care with compassion and respect. Inspectors saw many areas of good practice, with care delivered by compassionate and knowledgeable staff. Several teams led by example with a continuous focus on quality improvement. The trust did face some challenges and there are still some areas of improvement required but there has been a significant improvement in the services at this trust. Staff, patients and the leadership team should be proud of the work done so far.”

CQC ratings summary table

Below is a visual demonstration of the progress made against the different CQC domains since the CQC’s 2014 report on Southern Health.

Combined CQC results 2014

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------|----------------------|----------------------|--------|----------------------|----------------------|----------------------|
| Community | Requires improvement | Requires improvement | Good | Requires improvement | Good | Requires improvement |
| Mental Health | Requires improvement | Requires improvement | Good | Good | Requires improvement | Requires improvement |
| Overall Trust | Requires improvement | Requires improvement | Good | Good | Requires improvement | Requires improvement |

Combined CQC results 2018

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------|----------------------|----------------------|--------|------------|----------------------|----------------------|
| Community | Good | Good | Good | Good | Good | Good |
| Mental Health | Requires improvement | Requires improvement | Good | Good | Requires improvement | Requires improvement |
| Overall Trust | Requires improvement | Requires improvement | Good | Good | Requires improvement | Requires improvement |

Combined CQC results 2020

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------|------|----------------------|--------|------------|----------|---------|
| Community | Good | Good | Good | Good | Good | Good |
| Mental Health | Good | Requires improvement | Good | Good | Good | Good |
| Overall Trust | Good | Requires improvement | Good | Good | Good | Good |

As well as lots of positive feedback, the latest CQC report has given us a valuable insight into the areas where we still must improve to ensure all of our services receive at least a good rating. We have been looking closely at the report and have now developed a quality improvement plan (QIP) for the coming months (see attached abridged version of our QIP 2020).

In this latest report, the CQC report has outlined:

- 8 actions the Trust 'must' take in order to comply with its legal obligations
- And 15 actions the Trust 'should' take to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in the future or to improve services.

Compare this to the significantly higher 20 'must' actions, 74 'should' actions (and 7 'requirement notices') in the previous 2018 report – all of which were completed as part of a previous QIP.

The Quality Improvement Plan

The Quality Improvement Plan has taken the CQC's 23 actions and assigned staff to lead a programme of improvements against each of these. The planned improvements are outlined in the attached document, which was submitted to the CQC just this month.

The 8 'must' do actions in the latest report are as follows:

1. ensure all patients have access to a clinical psychologist and psychological therapies
2. ensure female lounges are not used by male patients and are constantly available for females
3. ensure staff record their decision-making when carrying out mental capacity assessments and ensure staff have a sound understanding of the Mental Capacity Act 2005
4. ensure there is a patient alarm system on all older people's wards which enables patients and visitors to alert staff to their need for urgent support
5. ensure consistency in the disposal of clinical waste in line with policy on handling and disposal of healthcare waste (and ensure the carpet on Beechwood ward meets infection control standards)
6. ensure all patients in the crisis service have holistic, person-centred care and a crisis plan in their records. Records must be clear, up-to-date and recorded consistently in the electronic record
7. ensure the physical environment of the health-based places of safety are fit for purpose and meet the requirements of the Mental Health Act Code of Practice
8. ensure the Trust meets its legal obligations in the health-based places of safety.

The 15 'should' do actions in the latest report are as follows:

1. ensure patients' privacy maintained on Elmwood ward
2. ensure patients can make phone calls in private
3. ensure staff know about plans for the eradication of dormitory accommodation
4. ensure all care plans are patient centred and patients are given a copy if they want it
5. ensure staff are confident and able to assess and record capacity assessments and best interest decisions for patients who might have impaired mental capacity
6. ensure patients have access to physical health checks within the crisis service
7. ensure there is clear senior oversight of the service, particularly the health-based places of safety
8. ensure that the furniture at Hawthorns 1 and 2 is fit for purpose
9. ensure that any maintenance work is completed in a timely manner
10. ensure staff are able to observe and communicate with patients in all areas of Hawthorns 2 seclusion room whilst maintaining the dignity of patients
11. continue work to ensure female patients requiring psychiatric intensive care beds are accommodated as close to home as possible

12. ensure there are enough activities for young people throughout the week
13. ensure that all staff receive regular supervision
14. review procedures for booking carer/family visits on Hill ward to ensure they run smoothly
15. continue addressing staff morale at Bluebird (and provide support for forthcoming changes).

In order to effectively address these issues, the Trust has once again introduced a themed approach to the management of the plan with a focus on quality improvement methodologies and the outcomes we want to achieve to improve patient care and experience. The actions are grouped into seven overarching themes with identified executive/theme leads and action owners and mapped to existing reporting structures.

The seven themes are:

- Workforce
- Patient Safety
- Patient Experience
- Privacy and Dignity
- Mental Health Legislation
- Records Management
- Operational

This Trust-wide Quality Improvement Plan has executive-level ownership for each theme, and it is hoped that the themed approach will ensure staff and stakeholders better understand the improvements required and how progress is being made against each theme.

Monitoring of progress and initial validation of the evidence to record an action as 'complete-unvalidated' will take place at the relevant workstream reporting meeting. Final validation that there is sufficient evidence to record an action as complete will take place at a monthly evidence review panel chaired by the Director of Nursing.

Progress dashboards and exception reports provide an update for the action plan with a summary of completed actions and any risks to actions not being completed within the deadlines identified. Exception reports will be submitted to the Trust Executive Committee (weekly), Senior Management Committee (monthly) and to the Quality and Safety Committee, with a summary presented to Trust Board.

In Conclusion

This latest inspection is the next step towards Southern Health working to becoming an outstanding Trust. We would be very happy to update the HASC later this year on progress against our new CQC Quality Improvement Plan.

Any questions?

If you have any questions or would like further information, please contact:

- Quality Improvement Plan 2018 - Briony Cooper, Programme Lead: on 023 8087 4009 or via email: qualityPMO@southernhealth.nhs.uk
- CQC Inspections - Tracey McKenzie, Head of Quality Assurance (interim): on 023 8087 4288 or via email: qualityPMO@southernhealth.nhs.uk

Ends

Quality Improvement Plan for: CQC Inspection Recommendations - January 2020

Version: 0.1

Produced by: Briony Cooper, Programme Manager

Approved by: Paula Hull, Director of Nursing & Allied Health Professionals 17.02.20

| Must/Should actions | Core service | CQC recommendation from the Inspection Report | Cause of breach/issue raised by CQC | Theme | Trust Action Process: actions to be taken/processes to be put in place to meet the recommendation. Outcome: expected improvement for patients/carers/staff following implementation of process actions. | Evidence to show completion | Completion date |
|---------------------|--|---|--|---------------------|---|---|---|
| MUST | Wards for older people with mental health problems | The trust MUST ensure that all patients have access to a clinical psychologist and psychological therapies to meet their needs. | Patients on five of the seven wards had limited access to a clinical psychologist and psychological therapies. Two wards had recruited a psychologist for two days per week, but others had no provision and nursing staff told us that they didn't have the skills to deliver any psychological therapies. | Workforce | <p>PROCESS:</p> <ol style="list-style-type: none"> To agree revised structure chart for clinical psychology/psychological therapies staffing in OPMH across all divisions to include community/inpatient posts. This will include a plan for the remaining 3 organic wards. Meet with Clinical Director of Portsmouth and South East division to discuss establishment of 8b clinical psychologist post. Secure the required funding for these posts and recruit into them. Introduce the Comprehend Cope and Connect (CCC) psychological formulation model to include training for all staff. <p>OUTCOME:</p> <ol style="list-style-type: none"> Patients on all OPMH wards will have access to psychological therapies. All appropriate patients will have a CCC formulation – will be recorded within RIO accessible to all staff and a copy offered to patient and can be shared with carer with consent. | <p>PROCESS:</p> <ol style="list-style-type: none"> Structure chart for clinical psychology/psychological therapies Establishment of new 8b post Funding in place Staff trained in CCC model <p>OUTCOME:</p> <ol style="list-style-type: none"> Recruitment to psychology posts Audit of CCC formulation | <p>PROCESS:</p> <p>August 2020</p> <p>OUTCOME:</p> <p>December 2020</p> |
| MUST | Wards for older people with mental health problems | The trust MUST ensure female lounges are not used by male patients and are available for female patients to use throughout day. | Female patients did not always have a female-only designated area as the female-only lounges were accessed by male patients. The female only lounges were often used for other activities and meetings. We saw male patients wander into female lounges. One was a frequent user of the female lounge because he wanted to use exercise equipment in the room. | Privacy and Dignity | <p>PROCESS:</p> <p>Divisions to review their local operating procedures for female only lounges and that staff are clear about maintaining female only lounges and that these are not used as dual purpose areas.</p> <p>OUTCOME:</p> <p>There will be access to gender specific areas across all inpatient sites.</p> | <p>PROCESS:</p> <p>Divisions to confirm action complete plus provide their local operating procedures.</p> <p>OUTCOME:</p> <p>Peer review / ward accreditation visits</p> | <p>PROCESS:</p> <p>May 2020</p> <p>OUTCOME:</p> <p>July 2020</p> |

Plan

| Must/Should actions | Core service | CQC recommendation from the Inspection Report | Cause of breach/issue raised by CQC | Theme | Trust Action Process: actions to be taken/processes to be put in place to meet the recommendation. Outcome: expected improvement for patients/carers/staff following implementation of process actions. | Evidence to show completion | Completion date |
|---------------------|--|---|--|---------------------------|--|---|--|
| MUST | Wards for older people with mental health problems | The trust MUST ensure that staff record their decision-making when carrying out mental capacity assessments and ensure staff have a sound understanding of the Mental Capacity Act 2005. | Staff across the services had limited understanding about the use of Mental Capacity Act. The service did not have a procedure for monitoring the use of the Mental Capacity Act and recording of mental capacity assessments was minimal and variable within the patient records. | Mental Health Legislation | <p>PROCESS:</p> <ol style="list-style-type: none"> To appoint a Mental Health Legislation Manager for the Trust to lead on implementation of the Mental Capacity Act, including implementation of the Liberty Protection Safeguards scheme. To review the current policy, guidance, training, supervision, and recording arrangements. To roll out the new Mental Capacity Act training across divisions to provide staff with the skills and knowledge about the core responsibilities and provisions of the Mental Capacity Act. Divisions to have procedures in place to ensure training is completed, mental capacity assessments are completed and that the Mental Capacity Act is followed. <p>OUTCOME: Staff are skilled and confident in all areas of mental capacity and are able to appropriately evidence and record their practice</p> | <p>PROCESS:</p> <ol style="list-style-type: none"> Manager in post Updated policy, guidance, training, supervision and recording arrangements Training programme Numbers of staff trained/divisional procedures <p>OUTCOME: Mental Capacity Act Audit</p> | <p>PROCESS: August 2020</p> <p>OUTCOME: MCA Audit - tbc (new MH Manager to design and carry out audit)</p> |
| MUST | Wards for older people with mental health problems | The trust MUST ensure there is a patient alarm system on all older person's wards which enables patients and visitors to alert staff to their need for urgent support. | Patients on Beaulieu ward were unable to access a nurse call alarm from their bedroom areas so could not call for help from their bedrooms in an emergency. Staff told us these had been removed during refurbishment | Patient Safety | Divisional Director of Nursing confirms that all patient bedroom areas have nurse call alarms and that patients are able to call for help from their bedrooms in an emergency. | <p>PROCESS: N/A</p> <p>OUTCOME: N/A</p> | <p>PROCESS:</p> <p>OUTCOME:</p> |
| MUST | Wards for older people with mental health problems | The trust MUST ensure consistency in the disposal of clinical waste in line with their policy on handling and disposal of healthcare waste, to prevent a breach of the Hazardous Waste Regulations 2005. The trust must ensure that the carpet on Beechwood ward is suitable and meets infection control standards. | <p>Staff did not protect patients from infection control issues when disposing of clinical waste. Staff did not work in line with the trust policy on handling and disposal of healthcare waste.</p> <p>The management of infectious waste was not consistent across all wards. We saw paper bin liners in the bins that were designed for clinical waste and on some wards, it was not clear how this waste was being managed safely. The use of paper bin liners was not in line with the trust's policy.</p> <p>There was a carpet on Beechwood ward that posed an infection control risk. Staff had escalated this, but this had not been addressed.</p> | Patient Safety | <p>PROCESS:</p> <ol style="list-style-type: none"> To review and update SH NCP 47 Handling Disposal of Healthcare Waste Policy to reflect current practice. To complete compliance checks that wards comply with updated Waste Policy. To replace carpet on Beechwood ward. <p>OUTCOME: Patients are cared for in environments which meet infection control standards.</p> | <p>PROCESS:</p> <ol style="list-style-type: none"> updated policy in place compliance checks on wards replacement flooring <p>OUTCOME: Infection control and prevention team visit to wards to confirm wards meet IPC standards</p> | <p>PROCESS: September 2020</p> <p>OUTCOME: October 2020</p> |

Plan

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|---------------------|---|--|---|---------------------------|---|--|--|
| MUST | Mental health crisis services and health based places of safety | The trust MUST ensure that all patients in the crisis service have a holistic, person-centred care and crisis plan within their records. Records must be clear, up-to-date and information recorded consistently in the electronic record. | <p>Across the service records were not always clear, up-to-date and easily available to all staff providing care, with staff recording information inconsistently in different parts of the electronic record. Some paper records for patients in the health-based places of safety contained recording gaps.</p> <p>Staff working for the crisis teams still did not consistently develop and record holistic, recovery-oriented care and crisis plans informed by a comprehensive assessment and in collaboration with families and carers.</p> <p>Staff working for the mental health crisis teams worked with patients and families and carers to gather information but did not always develop individual care plans and update them when needed. Care plan recording was inconsistent, and when plans were produced they were not always personalised and holistic.</p> | Records Management | <p>PROCESS:</p> <ol style="list-style-type: none"> 1. Identify teams who require additional support to complete holistic personalised up to date care plans and ensure support and additional training is provided to those teams. 2. Review documentation in place currently and revise in collaboration with staff, patients and carers. <p>OUTCOME:</p> <p>Patients are involved in developing care plans which describe their needs and wants.</p> | <p>PROCESS:</p> <ol style="list-style-type: none"> 1. Divisions to confirm completion of action 2. Audit care plans <p>OUTCOME:</p> <p>Feedback from service users / carers</p> | <p>PROCESS:</p> <p>June 2020</p> <p>OUTCOME:</p> <p>September 2020</p> |
| MUST | Mental health crisis services and health based places of safety | The Trust MUST ensure that the physical environment of the health-based places of safety are fit for purpose and meet the requirements of the Mental Health Act Code of Practice. | The physical environment of the health-based places of safety did not fully meet the requirements of the Mental Health Act Code of Practice. For example, two of the three suites did not have a clock (this is important so that people brought into the suites know how long they have been there). There was no toilet door at the Antelope House suite and in the Elmleigh suite the toilet had no walls or door for privacy | Mental Health Legislation | <p>PROCESS:</p> <ol style="list-style-type: none"> 1. Divisions to complete compliance checks of the health-based places of safety with regard to the Mental Health Act Code of Practice. 2. Divisions to take corrective actions to address any areas of non-compliance. 3. The Trust Section 136 Suite Forum will monitor progress with this action. 4. The Trust Section 136 Suite Forum will report progress updates and escalation of issues to the relevant Trust meeting. <p>OUTCOME:</p> <p>Patients are kept safe and their privacy and dignity are respected while in the places of safety. Trust Places of Safety will be compliant with the Mental Health Act Code of Practice.</p> | <p>PROCESS:</p> <ol style="list-style-type: none"> 1. Compliance checks per division 2. Actions to address non-compliance 3. Minutes of 136 Suite Forum x 3 4. Reports <p>OUTCOME:</p> <p>Patient feedback Compliance checks</p> | <p>PROCESS:</p> <p>August 2020</p> <p>OUTCOME:</p> <p>October 2020</p> |

Page 187

Plan

| Must/Should actions | Core service | CQC recommendation from the Inspection Report | Cause of breach/issue raised by CQC | Theme | Trust Action Process: actions to be taken/processes to be put in place to meet the recommendation. Outcome: expected improvement for patients/carers/staff following implementation of process actions. | Evidence to show completion | Completion date |
|---------------------|---|---|---|---------------------------|---|---|--|
| MUST | Mental health crisis services and health based places of safety | The trust MUST ensure it meets its legal obligations in the health-based places of safety. | Leaders did not have assurance that the trust was meeting its legal obligation to ensure people did not stay in the health-based places of safety for longer than 24 hours or have an extension granted by an approved person because staff were not consistently completing the required hourly checks. There were no systems in place to ensure staff entered correct entry times, completed the hourly checks or to ensure staff would escalate appropriately so action could be taken if people had been in the health-based places of safety nearing the 24-hour period. | Mental Health Legislation | <p>PROCESS:</p> <ol style="list-style-type: none"> Divisions to review local procedures for health-based places of safety and amend where required to ensure there are systems in place to support entry of correct admission times, completion of hourly checks and escalation processes. Front-line staff to advise and design above systems and check these systems work in practice using 'plan, do, study, act (PDSA) cycle. The Trust Section 136 Suite Forum to review the Trust escalation protocol against proposals from the divisions. The Trust Section 136 Suite Forum to develop training materials and deliver training on the legal obligations and protocols to 136 suite staff. <p>OUTCOME:</p> <p>Patients do not stay in health-based places of safety for longer than 24 hours or if required have an approved extension, where breaches do occur, the Trust will ensure its protocols expedite the discharge of the patient from the PoS to an appropriate ward and that the patient will remain cared for in the least restrictive manner.</p> | <p>PROCESS:</p> <ol style="list-style-type: none"> Divisional standard operating procedures Checks that standard operating procedures are effective Minutes of 136 Suite Forum Training programme/numbers of staff trained <p>OUTCOME:</p> <p>Performance data for 136 Suites Training and Systems will be in place to support staff with complying with the Pan Hampshire Section 136 Policy and Protocol.</p> | <p>PROCESS:</p> <p>October 2020</p> <p>OUTCOME:</p> <p>December 2020</p> |
| SHOULD | Wards for older people with mental health problems | The trust SHOULD ensure that patients privacy maintained on Elmwood ward. | On Elmwood ward it could be possible to see into patients' bedrooms from a meeting room used by staff on the first floor of the building. This could compromise the privacy of patients. | Privacy and Dignity | <p>PROCESS:</p> <p>Trust has contacted CQC to request further information to clarify this recommendation as Trust is unable to replicate.</p> <p>OUTCOME:</p> | <p>PROCESS:</p> <p>OUTCOME:</p> | <p>PROCESS:</p> <p>OUTCOME:</p> |
| SHOULD | Wards for older people with mental health problems | The trust SHOULD ensure patients can make phone calls in private. | Patients could not always make a phone call in private, unless they had their own bedroom and a mobile phone. On Beechwood ward staff said patients could make a call from the staff office. | Privacy and Dignity | <p>PROCESS:</p> <p>Divisions to have local procedures in place to enable patients to make phone calls in private and test these procedures are effective.</p> <p>OUTCOME:</p> <p>Patients are able to make phone calls in private.</p> | <p>PROCESS:</p> <p>Local procedures in place. Divisions to test effectiveness of procedures</p> <p>OUTCOME:</p> <p>Feedback from service user audits</p> | <p>PROCESS:</p> <p>June 2020</p> <p>OUTCOME:</p> <p>August 2020</p> |
| SHOULD | Wards for older people with mental health problems | The trust SHOULD ensure staff know about plans for the eradication of dormitory accommodation | Some patients had to sleep in dormitories. While the trust had plans to eradicate dormitories in the future staff had little knowledge of what the plans were and when this might happen. | Privacy and Dignity | <p>PROCESS:</p> <p>To develop and implement communication strategy to ensure that staff are kept up to date with the future plans to eradicate dormitory accommodation.</p> <p>OUTCOME:</p> <p>Staff are aware of the plans to eradicate dormitory accommodation.</p> | <p>PROCESS:</p> <p>Communication updates</p> <p>OUTCOME:</p> <p>Minutes of divisional governance meetings</p> | <p>PROCESS:</p> <p>May 2020</p> <p>OUTCOME:</p> <p>July 2020</p> |

Plan

| Must/Should actions | Core service | CQC recommendation from the Inspection Report | Cause of breach/issue raised by CQC | Theme | Trust Action Process: actions to be taken/processes to be put in place to meet the recommendation. Outcome: expected improvement for patients/carers/staff following implementation of process actions. | Evidence to show completion | Completion date |
|---------------------|---|---|--|---------------------------|--|--|---|
| SHOULD | Wards for older people with mental health problems | The trust SHOULD ensure all care plans are patient centred and that patients are given a copy of their care plan should they want it. | Care records were not always person centred, up to date or regularly reviewed. Of the 22 care records that we reviewed, we found nine that were not person centred. | Records Management | PROCESS: 1. Identify teams who require additional support to complete holistic personalised up to date care plans and ensure support and additional training is provided to those teams. 2. Review documentation in place currently and revise in collaboration with staff, patients and carers. OUTCOME: Patients are involved in developing care plans which describe their needs and wants. | PROCESS: 1. Divisions to confirm completion of action 2. Revised documentation OUTCOME: Audit care plans | PROCESS: June 2020 OUTCOME: September 2020 |
| SHOULD | Mental health crisis services and health based places of safety | The trust SHOULD ensure that staff are confident and able to assess and record capacity assessments and best interest decisions for patients who might have impaired mental capacity. | Staff in the crisis teams did not always record that they had considered a patient's capacity to consent to treatment or did not record whether patients had capacity in the patient electronic records. It was therefore not clear to all looking at the records whether a patient had capacity or not to make a particular decision or when best interest decisions had been made. | Mental Health Legislation | PROCESS: See 1c - same actions OUTCOME: See 1c - same outcomes | PROCESS: OUTCOME: | PROCESS: August 2020 OUTCOME: MCA Audit - tbc (new MH Manager to design and carry out audit) |
| SHOULD | Mental health crisis services and health based places of safety | The trust SHOULD ensure that patients have access to physical health checks within the crisis service. | Staff were not consistently completing and recording physical health checks for patients in the crisis teams | Patient Safety | PROCESS: 1. Divisions to review and confirm that procedures for physical health checks are in place, with access to necessary equipment and that staff understand and follow 'non contact' physical health observations where appropriate. 2. Divisions to monitor performance that physical health checks are completed appropriately. OUTCOME: Patients have appropriate physical health checks and are safe in our care. | PROCESS: 1. Divisional procedures 2. Performance data OUTCOME: Clinical audit and/or peer review | PROCESS: June 2020 OUTCOME: September 2020 |
| SHOULD | Mental health crisis services and health based places of safety | The trust SHOULD ensure that there is clear senior oversight of the service, particularly the health-based places of safety. | Due to recent changes in the way crisis services and health-based places of safety suites were managed both managers and staff of the services unclear who the senior manager was who held responsibility for the service. | Workforce | PROCESS: 1. The Trust Section 136 Suite Forum and Divisions to review Section 136 Protocols for ambiguities or unclear instructions. 2. Ambiguities or unclear instructions in protocols to be resolved as a single standard document or divisional protocols to implement the new Trust protocol. OUTCOME: The Pan Hampshire Section 136 Escalation Protocol will be clear for each Division in terms of responsibilities and instructions for escalation. Staff will understand the lines of responsibility and oversight for the service including the health-based places of safety. | PROCESS: 1. minutes of meetings 2. Trust 136 Suite protocol/divisional protocols OUTCOME: Peer review/accreditation visits | PROCESS: June 2020 OUTCOME: August 2020 |

Page 189

Plan

| Must/Should actions | Core service | CQC recommendation from the Inspection Report | Cause of breach/issue raised by CQC | Theme | Trust Action Process: actions to be taken/processes to be put in place to meet the recommendation. Outcome: expected improvement for patients/carers/staff following implementation of process actions. | Evidence to show completion | Completion date |
|---------------------|--|---|---|----------------|--|---|---|
| SHOULD | Acute wards for adults of working age and psychiatric intensive care units | The trust SHOULD ensure that the furniture at Hawthorns 1 and 2 is fit for purpose. | Staff on Hawthorn 1 and 2 told us that the furniture was not fit for purpose as it an infection control risk. Although a capitol bid had been put to the board to replace it this had been unsuccessful as the trust had other immediate priorities that it needed to fund. | Patient Safety | PROCESS: To order new furniture for the ward which is fit for purpose and does not pose an infection control risk. OUTCOME: Patients are kept safe and have a positive experience on the ward. | PROCESS: Furniture in place OUTCOME: Infection Prevention and Control team visit to ward to confirm ward meets IPC standards | PROCESS: February 2020 OUTCOME: May 2020 |
| SHOULD | Acute wards for adults of working age and psychiatric intensive care units | The trust SHOULD ensure that any maintenance work is completed in a timely manner. | Staff said it was it was difficult to get maintenance work done in a timely manner. For example, the washing machine on Saxon ward had been broken for some time and despite reporting this it had not been fixed. | Operational | PROCESS: 1. Estates team to signpost team leads to the new tableau reports on the status of requested maintenance works, enabling them to track and monitor individual works requests. (These include works to be completed by Bellrock/Lift contract.) 2. Estates team to track performance on completion of maintenance works via tableau reports and identify and resolve outstanding works. OUTCOME: 1. Staff are able to track individual requests on tableau and understand estimated completion dates. 2. Increased oversight of maintenance works will drive timely completion. | PROCESS: 1. communication re signposting 2. Tableau reports on maintenance performance /minutes of Estates MOM x 3 OUTCOME: 1. number of staff accessing tableau reports 2. Tableau reports on maintenance performance /minutes of Estates MOM x 3 | PROCESS: May 2020 OUTCOME: July 2020 |
| SHOULD | Acute wards for adults of working age and psychiatric intensive care units | The trust SHOULD ensure that the staff are able to observe and communicate with patients in all areas of Hawthorns 2 seclusion room appropriately whilst maintaining the dignity of patients. | It was difficult for staff to observe or communicate with a patient in the seclusion room at Hawthorns 2 when they were using the toilet facilities. Staff had raised this as a potential risk issue, but this had not been addressed by the trust. Staff made every effort to manage patients safely and there had not been any incidents. | Patient Safety | PROCESS: To install an intercom system enabling staff to communicate with patient in seclusion room in Hawthorns 2 at all times. OUTCOME: Patients are kept safe and potential risks are minimised in the seclusion room in Hawthorns 2.. | PROCESS: Intercom system in place OUTCOME: Staff feedback that potential risk eliminated | PROCESS: May 2020 OUTCOME: July 2020 |
| SHOULD | Acute wards for adults of working age and psychiatric intensive care units | The trust SHOULD ensure it continues work to ensure female patients requiring psychiatric intensive care beds are accommodated as close to home as possible. | There were no female PICU beds within the trust, so staff needed to refer out of area if a bed was needed. There had been a small number of occasions when patients admitted to Elmleigh ward had needed to be secluded in the health based place of safety suite while they waited for a PICU bed. | Patient Safety | PROCESS: To address issue of no female PICU beds within Trust. OUTCOME: Female patients are cared for as close to home as possible. | PROCESS: Plan in place OUTCOME: Data on PICU beds/out of area beds | PROCESS: July 2020 OUTCOME: September 2020 |

Plan

| Must/Should actions | Core service | CQC recommendation from the Inspection Report | Cause of breach/issue raised by CQC | Theme | Trust Action <i>Process: actions to be taken/processes to be put in place to meet the recommendation.</i> <i>Outcome: expected improvement for patients/carers/staff following implementation of process actions.</i> | Evidence to show completion | Completion date |
|---------------------|--|---|---|--------------------|--|--|---|
| SHOULD | Child and adolescent mental health wards | The trust SHOULD ensure there are enough activities for young people throughout the week. | <p>Young people and staff told us young people did not have enough to do when they were not at school</p> <p>Young people and staff at Bluebird House told us there were not enough activities, especially at weekends on Stewart ward.</p> | Patient Experience | <p>PROCESS:</p> <ol style="list-style-type: none"> 1. Map what activities are available and collate feedback from young people as to why they perceive there is not much activity available out of school hours to understand the scope of the issues. 2. We will map the process for identifying needs and interests related to activities and how we support patients to choose activities. This will include using the Model of Creative Ability (MOCA). Information will then be detailed in every young person's assessment and we will understand and document their needs and wishes clearly. 3. We will develop a profile page on activities for all young people and a personal activity plan for each individual which covers all of their waking hours. 4. The Ward Managers across CAMHS will develop a consistent OpenRio template for recording shifts which will include activities offered and undertaken by each patient. The Ward Managers will also devise the MDT template so that the nursing report to MDT includes a breakdown of activity by each young person for review at the MDT meeting. The use will be reviewed after one month of implementation. <p>OUTCOME:</p> <p>Young people across CAMHS will be given every opportunity to access activities outside of school hours which are appropriate, meet their needs and that they enjoy. We will be able to evidence the activities offered and undertaken as well as the support offered to help a young person increase their activity levels.</p> | <p>PROCESS:</p> <ol style="list-style-type: none"> 1. Map of activities and feedback from young people. 2. Process map developed as to how we identify needs and interests with results detailed in every young person's assessment. 3. Evaluate that profile pages and personal activity plans in place. 4. OpenRio template for general progress notes are in place. MDT template in place. Both templates evaluated for effectiveness. <p>OUTCOME:</p> <p>Activities clearly documented as to what is available and records of activities offered and undertaken for each individual patient.</p> | <p>PROCESS:</p> <p>June 2020</p> <p>OUTCOME:</p> <p>August 2020</p> |

| Must/Should actions | Core service | CQC recommendation from the Inspection Report | Cause of breach/issue raised by CQC | Theme | Trust Action Process: actions to be taken/processes to be put in place to meet the recommendation. Outcome: expected improvement for patients/carers/staff following implementation of process actions. | Evidence to show completion | Completion date |
|---------------------|--|---|--|--------------------|---|---|---|
| SHOULD | Child and adolescent mental health wards | The trust SHOULD ensure that all staff receive regular supervision. | Some staff on Stewart ward did not always receive regular supervision and supervision was sometimes cancelled | Workforce | <p>PROCESS:</p> <ol style="list-style-type: none"> The Practice Educators and the Clinical Improvement Lead at Bluebird House will implement a session on supervision within the Band 6 development programme. The Practice Educators will roll out the dates for supervision training for the next 12 months and ensure that they are on LEaD for staff to book on to the sessions. This will include the "Having Difficult Conversations" elements of the training. We will have booked all staff onto this training over the next 12 months. We will implement the system used at Leigh House across all CAMHS services so that it is consistent for all services <ul style="list-style-type: none"> - Reflective practice - Ward Supervision - Management supervision - Peer support supervision - Safeguarding supervision - Individual Clinical supervision - Same formats for recording <ol style="list-style-type: none"> All Appraisals will be regarded as the 12th Management Supervision and will set the objective for clinical supervision being a mandatory requirement to work within the service. It will be mandated into everyone's appraisal that they will attend a minimum of 8 clinical supervision sessions per year as well as their management supervision. We will monitor supervision for all staff of all disciplines through the CAMHS Operational Meetings on a monthly basis. <p>OUTCOME: Staff will access all appropriate forms of supervision on a regular basis and it will be integral to role and work undertaken. Supervision compliance will be at a minimum of 95% by 30.11.20.</p> | <p>PROCESS:</p> <ol style="list-style-type: none"> Band 6 development programme will include supervision Dates for supervision training on LEaD Staff booked onto supervision training Leigh House system in place in all CAHMS sites Appraisal data minutes of CAHMS Operational meetings x 3 <p>OUTCOME: Supervision data</p> | <p>PROCESS: August 2020</p> <p>OUTCOME: November 2020</p> |
| SHOULD | Child and adolescent mental health wards | The trust SHOULD review its procedures for booking carers and families visits to young people on Hill ward to ensure they run smoothly. | Two carers of young people on Hill ward said their visits were shortened or cancelled and one arrived for a visit and was told it was not booked. In forensic service visits need to be booked due to security issues. | Patient Experience | <p>PROCESS:</p> <ol style="list-style-type: none"> Review the policy/ procedures for booking visits / facilitating visits on secure CAMHS wards. Develop a process for centralised booking and pilot it with involvement from Reception and Administration staff – then roll out for secure CAMHS. <p>OUTCOME: Visits to secure services will have an appropriate and monitored booking system that reduces the risk of visits being arranged inappropriately, cancelled or delayed as much as possible. Cancelled visits will be the exception with clear evidence as to why it was appropriate to cancel or change a visit.</p> | <p>PROCESS:</p> <ol style="list-style-type: none"> Updated policy/procedure Process for centralised booking system across CAMHS <p>OUTCOME: Visits are appropriately planned with the number of cancelled visits and appropriate rationale for cancellations documented</p> | <p>PROCESS: June 2020</p> <p>OUTCOME: August 2020</p> |

Plan

| Must/Should actions | Core service | CQC recommendation from the Inspection Report | Cause of breach/issue raised by CQC | Theme | Trust Action <i>Process: actions to be taken/processes to be put in place to meet the recommendation.</i> <i>Outcome: expected improvement for patients/carers/staff following implementation of process actions.</i> | Evidence to show completion | Completion date |
|---------------------|--|--|--|-----------|--|---|--|
| SHOULD | Child and adolescent mental health wards | The trust SHOULD continue to address the staff morale issues at Bluebird House and should provide support regarding forthcoming changes. | Staff morale was varied at Bluebird House and some staff said they were stressed about forthcoming moves | Workforce | <p>PROCESS:</p> <ol style="list-style-type: none"> Clinical Improvement Lead will become the project manager for the Quality Improvement (QI) project with supervision from Head of Nursing & AHPs. Head of Nursing & AHPs will review cultural survey and the staff survey results and bring this into the QI project plan. The division will make sure that the actions and the plan from the QI project is fully supported and the Head of Nursing & AHPs will take overall responsibility. Develop a communication strategy in each service/ unit – this should include a newsletter, update meeting, staff meetings. Communication box in nursing office and staff rooms. Quarterly listening groups set up for all staff facilitated by a matron from another area. A “You Said/ We Did” communication on a quarterly basis (minimum) devised at the CAMHS Operational Meeting and delivered by the Head of Nursing & AHPs. <p>OUTCOME: Staff will have various means of communicating information on a two way basis which will be managed through the CAMHS Operational Meeting which will look to evaluate the morale of staff on an ongoing basis.</p> | <p>PROCESS:</p> <ol style="list-style-type: none"> QI project plan QI project plan progress updates Communication strategies in place Communication boxes in place Listening groups 'You said, we did' quarterly communication <p>OUTCOME: Minutes of CAMHS Operational meeting x 3</p> | <p>PROCESS: May 2020</p> <p>OUTCOME: July 2020</p> |

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**Hampshire County Council Health and Adult Social Care Select Committee
March 2020**

Portsmouth Hospitals NHS Trust update

Portsmouth Hospitals NHS Trust (PHT) is providing updates to the Health and Adult Social Care Select Committee on the following issues of interest:

1. Care Quality Commission (CQC) report following its Focused inspection of the Emergency Department

The CQC has now published its reports on the comprehensive and well led inspections carried out at the Trust in October and November 2019. These inspections have now overtaken the focussed “winter pressures” visit undertaken in February 2019 as the CQC’s statement of the quality of services provided by the Trust. The Trust’s overall rating against each domain is as indicated below:

Background

- The CQC has now published its reports on the comprehensive, well led and use of resources inspections carried out at the Trust in October and November 2019. The Trust’s overall rating against each domain is as indicated below:

| Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------------------------|-----------|-----------|------------|-----------|-----------|
| Requires improvement ↔ | Good ↑ | Good ↑ | Good ↑ | Good ↑ | Good ↑ |

- The arrows in each box indicate whether a domain’s rating has stayed the same or improved. The grid set out at Appendix 1 provides a comparison against the last comprehensive inspection ratings issued in August 2018.

Core service inspections

- The Board will recall that five core service were inspected:
 - Urgent & emergency services
 - Medical care including older people’s care
 - Surgery
 - Maternity
 - Outpatients
- As a result of the CQC’s findings, the Trust’s ratings in each domain and each of the services inspected have been reviewed and in many cases revised. The full ratings grid is set out at Appendix 1, but in summary, the overall rating for each inspected service is as indicated below:

| Urgent & emergency services | Medical care and older people’s care | Surgery | Maternity | Outpatients |
|-----------------------------|--------------------------------------|-----------|---------------------------|-------------|
| Requires improvement ↔ | Good ↑ | Good ↑ | Requires improvement ↔ | Good ↔ |

- None of the services inspected deteriorated in any domain, and 13 of the 29 ratings under consideration improved. The Trust now has no ratings any worse than ‘requires improvement’, and 47 (just under 80%) of the 59 ratings on the grid are good or outstanding.
- In response to its findings that some domains in some services require improvement, the CQC has issued to the Trust a list of 17 requirements (“must-dos” - indicators of an identified breach in required regulatory standards) and 40 recommendations (“should-dos” – indicators of action required to prevent a breach). These are set out in full in the report By comparison, after the 2018

inspection, the Commission issued 54 “must-dos” and 71 “should-dos.” Nine incidents of outstanding practice were formally cited in the report. The “must-dos”, “should-dos” and outstanding practice items are distributed as follows:

| | Must-dos | Should-dos | Outstanding practice |
|---|-----------------|-------------------|-----------------------------|
| Urgent & emergency services | 12 | 6 | 0 |
| Medical care + older people’s care | 0 | 8 | 2 |
| Surgery | 1 | 6 | 2 |
| Maternity | 4 | 8 | 1 |
| Outpatients | 0 | 7 | 0 |
| Trust-wide | 0 | 5 | 4 |

7. A detailed plan to address the “must-dos” and “should-dos” has been developed, and incorporated into wider quality improvement plan, for monitoring via the monthly Quality & Performance Committee, a sub-committee of the Trust Board. The Quality & Performance Committee will report any concerns about delivery of the action plan to the public meeting of the Trust Board.
8. In support of the list of must/should dos, the Trust has been formally served with a draft notice under section 29A of the Health & Social Care Act 2012. The draft notice sets out the observed circumstances which led to the conclusion that the Trust has breached relevant regulations. The Commission’s concerns relate to:
 - i. Processes and procedures for ensuring that self-presenting patients are assessed and treated in a timely and methodical way
 - ii. Oversight and monitoring of the well-being of patients awaiting triage and treatment in the waiting area
 - iii. The frequency and duration of delays to the handover of patients from ambulances
9. Numbers i and ii were required to be addressed by 15 January 2020; number iii was required to be addressed by 15 February 2020.
10. The Trust has advised the Commission that in respect of matters i and ii, it remains committed to the consistent and comprehensive implementation of a new Standard Operating Procedure (SOP) introduced in November 2019, after the core services inspection and the associated verbal feedback. It is through thorough application of this SOP that the Trust expects to comply with the requirements of the Notice. A comprehensive programme of audit is in development to provide assurance that the SOP is being followed and addressing the Commission’s concerns effectively. The resulting assurance will be reported through Quality & Performance Committee along with the rest of the action plan.
11. With regard to concerns about delays to ambulance handovers, the Trust had already developed a detailed plan to reduce the number of 30-minute plus

delays, and is continuing to implement this plan. We are working closely with our health and care partners to improve flow across the local system. A response setting out the essentials of this plan and the impact of its delivery was submitted to the CQC in time for the due date of 15 February. The public meeting of the Trust Board continues to be kept updated via the Integrated Performance Report and the CQC action plan updates.

Use of Resources inspection

12. The Trust also underwent its first Use of Resources inspection in September 2019, as conducted by NHS Improvement. The report acknowledged improvements in governance and delivering against this year's financial plan, and a low cost per weighted activity unit, which places the Trust in the lowest cost quartile nationally. The overall rating for the use of resources is Good.
13. Areas highlighted as outstanding practice include Bedview (an in-house bespoke IT system for the management and oversight of in-patient care and flow) and the Outpatient Transformation Programme.
14. Areas identified for improvement include:
 - A need to continue to reduce agency staff spend below the NHS Improvement-imposed national ceiling
 - Acceleration of Cost improvement Plan (CIP) opportunities to improve underlying deficit
 - Pursuit of further reductions in costs associated with prescribing, waste management, medical staffing, job planning and microbiology
 - Embedding Service Line Reporting (tailored financial reporting) to drive productivity and efficiency
 - Improvements to operational performance in elective care (although it is of note that the Trust is not commissioned to achieve the constitutional standards (18 weeks) for Referral to Treatment Time (RTT)).

Well-Led inspection

15. The Well-Led inspection took place in November. The rating for Well-Led has improved from "Requires Improvement" to "Good".
16. The inspection team found that culture improved across the Trust, and that "staff felt respected, supported and valued". It was noted that the Trust's priorities and issues were understood and addressed by the Trust's leadership, and that there is a systematic approach to quality improvement. Effective governance systems were found to be in operation, and that risk identification, reporting and management improved. The inspection team also reported that engagement with patients and families was evident, and that all staff are committed to learning and improvement.

17. The CQC identified a small number of areas where improvements should be implemented:
- More pace is needed in some areas to deliver improvement
 - Risk reporting must be consistent
 - Local strategies are required in some areas
 - Better automation of information systems is needed to help teams monitor and address performance.
18. A response to the detail of these points was presented to the Trust Board in February.

ENDS

Appendix 1 – comparison of 2018 v 2019 inspection ratings

| 2018 inspection | | | | | | |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Service | Safe | Effective | Caring | Responsive | Well led | Overall |
| Urgent & Emergency | RI | RI | RI | Inadequate | RI | RI |
| Med care + Older People's care | RI | RI | RI | RI | RI | RI |
| Surgery | RI | RI | Good | Good | RI | RI |
| Critical Care | Outstanding | Outstanding | Outstanding | Outstanding | Outstanding | Outstanding |
| Maternity | RI | RI | Good | RI | RI | RI |
| Children & Young People | RI | Good | Good | Good | Good | Good |
| End of Life care | Good | Good | Good | Good | Good | Good |
| Outpatients | Good | N/A | Good | Good | RI | Good |
| Diagnostic imaging | Good | Good | Good | Good | Good | Good |

| 2019 inspection | | | | | | |
|---------------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Service | Safe | Effective | Caring | Responsive | Well led | Overall |
| Urgent & Emergency | RI | RI | RI | RI | RI | RI |
| Med care + Older People's care | RI | Good | Good | Good | Good | Good |
| Surgery | Good | Good | Good | Good | Good | Good |
| Critical Care | Outstanding | Outstanding | Outstanding | Outstanding | Outstanding | Outstanding |
| Maternity | RI | Good | Good | Good | RI | RI |
| Children & Young People | RI | Good | Good | Good | Good | Good |
| End of Life care | Good | Good | Good | Good | Good | Good |
| Outpatients | Good | N/A | Good | Good | Good | Good |
| Diagnostic imaging | Good | Good | Good | Good | Good | Good |

| | | | | | | | | | | | | | |
|---------|----|----|----|----|----|----|---------|----|------|------|------|------|------|
| Overall | RI | RI | RI | RI | RI | RI | Overall | RI | Good | Good | Good | Good | Good |
|---------|----|----|----|----|----|----|---------|----|------|------|------|------|------|

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HASC

FHFT CQC report update

4 March 2020

Hospital sites

- **Frimley Park Hospital, near Camberley**
- **Heatherwood Hospital, Ascot**
- **Wexham Park Hospital, Slough**
- **Fleet Hospital and community services**
- **Satellite sites for outpatient and other services**



November and December 2018 inspection

First ever trust-wide inspection of Frimley Health

Inspection:

November 2018:

- Surgical services
- Maternity
- Community inpatient services (Fleet Hospital)

December 2018:

- Leadership (well-led domain)
- Use of resources (management and value for money)

Ratings for Frimley Park Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------------------|--------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Urgent and emergency services | Outstanding Sept 2014 | Not rated | Good Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 |
| Medical care (including older people's care) | Good Sept 2014 | Good Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 |
| Surgery | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↓ Mar 2019 | Good ↓ Mar 2019 | Good ↓ Mar 2019 |
| Critical care | Outstanding Sept 2014 | Good Sept 2014 | Outstanding Sept 2014 | Good Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 |
| Maternity | Requires improvement ↓ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Good ↔ Mar 2019 |
| Services for children and young people | Requires improvement Sept 2014 | Good Sept 2014 | Outstanding Aug 2014 | Good Sept 2014 | Good Sept 2014 | Good Sept 2014 |
| End of life care | Good Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 |
| Outpatients | Good Sept 2014 | Not rated | Outstanding Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 | Outstanding Sept 2014 |
| Overall* | Good ↔ Mar 2019 | Good ↔ Mar 2019 | Outstanding ↔ Mar 2019 | Outstanding ↔ Mar 2019 | Outstanding ↔ Mar 2019 | Outstanding ↔ Mar 2019 |

Ratings for Wexham Park Hospital

Page 208

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------------------|------------------------|-------------------------|-------------------------|-------------------------------|-------------------------|
| Urgent and emergency services | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Outstanding Feb 2016 | Outstanding Feb 2016 | Outstanding Feb 2016 |
| Medical care (including older people's care) | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 |
| Surgery | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good ↓ Mar 2019 | Good →← Mar 2019 |
| Critical care | Good Feb 2016 | Good Feb 2016 | Outstanding Feb 2015 | Good Feb 2016 | Outstanding Feb 2016 | Outstanding Feb 2016 |
| Maternity | Requires improvement ↓ Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2018 |
| Services for children and young people | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 |
| End of life care | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 |
| Outpatients | Good Feb 2016 | Not rated | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 | Good Feb 2016 |
| Overall* | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Good →← Mar 2019 | Outstanding →← Mar 2019 | Good →← Mar 2019 |

Ratings for Heatherwood Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Surgery | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2018 | Good Mar 2018 |
| Overall* | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 |

Ratings for Community Inpatient Services

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Community health inpatient services | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 |
| Overall* | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 | Good Mar 2019 |

What FHFT Must Improve:

The CQC identified two actions that the Trust must take:

- Maternity: Improve staff to birth ratios.
- Increase compliance with mandatory training standard.

Page 210

Maternity update:

- Robust recruitment campaign in place. Vacancy rate now circa 10%
- The business case recommends the following trajectory to achieve 1:25 midwifery staffing ratio in line with national standards, and projections to recruit midwives and maternity support workers over the next four years.
 - April 2019- 2020 ratio 1:28
 - April 2020- 2021 ratio 1:27
 - April 2021- 2022 ratio 1:26
 - April 2022-2023 ratio 1:25
- 1:28 has been achieved using bank/agency staff from November 2019.
- **Mandatory training update:**
 - Trust compliance 89% (Feb 2020)

HAMPSHIRE COUNTY COUNCIL

Report

| | |
|---------------------|---|
| Committee: | Health and Adult Social Care Select Committee |
| Date: | 4 March 2020 |
| Title: | Hampshire Safeguarding Adults Board Annual Report |
| Report From: | Director of Adults' Health and Care |

Contact name: Graham Allen

Tel: 01962 847200

Email: graham.allen@hants.gov.uk

Purpose of this Report

1. The Hampshire Safeguarding Adults Board (HSAB) is a statutory, multi organisation partnership coordinated by the local authority, which oversees and leads adult safeguarding across the Hampshire County Council (HCC) area. HSAB's main objective is to gain assurance that safeguarding arrangements locally, and its partner organisations work effectively individually and together, to support and safeguard adults in its area who are at risk of abuse and neglect.
2. Under the Care Act 2014, HSAB is required to publish a strategic plan and an Annual Report. The HSAB also acts as an important source of advice and assistance, for example in helping others to improve their safeguarding arrangements.

Recommendations

3. That the Health and Adult Social Care Select Committee:
 - a. Notes the content of the annual report, and
 - b. Endorses the further work in support of the HSAB strategic plan

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Annual Report

2018/19



Contents

Hampshire Safeguarding Adults Board Annual Report

| | |
|-----------|-----------------------------------|
| 3 | Foreword |
| 4 | About us |
| 5 | Our Aims |
| 6 | Our Vision |
| 7 | Our Subgroups |
| 9 | Board Structure |
| 10 | Board Governance |
| 11 | Board Membership |
| 12 | Our Achievements |
| 19 | Learning & Development |
| 21 | Our Data |
| 25 | Our Learning |
| 29 | Contact Points |

Foreword

I am pleased to be able to introduce the Hampshire Safeguarding Adults Board's Annual Report for 2019.

Our aim as a Safeguarding Adults Board (SAB) is to provide strategic leadership to ensure that adults who are at risk of abuse or neglect are effectively safeguarded. The role of the Board is to support and challenge SAB partners and agencies in Hampshire to work collaboratively for the benefit of adults with care and support needs who may be at risk of abuse or neglect and bring about continuous improvement.

As the Director of Adults' Health & Care I hold the privileged position of overseeing our collective joint agency responsibilities for adult safeguarding.

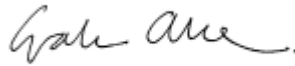
I am extremely pleased to report on significant progress against the priorities set out in our Strategic Plan 2016-21 and I would like to acknowledge the hard work and commitment shown by all our partner agencies in achieving these aims.

Our joint work with our neighbouring local SABs as well as the Hampshire Children's Partnerships

across the area has continued to increase this last year. The Family Approach Protocol is one example of where we are working more collaboratively.

This protocol was commissioned by the 4 Safeguarding Children Partnerships and the 4 SABs in response to findings from a range of reviews which highlighted the need for professionals to work effectively together to achieve better outcomes for adults, children and their families. Launched with a joint conference in January, there have been several training sessions across the area resulting in significant numbers of staff being trained.

There are many benefits to collaborating with partners and working at scale across the Hampshire and Isle of Wight geography and this will continue as a key theme for HSAB moving forward.



Graham Allen
Director of Adults' Health and Care

On behalf of
Hampshire Safeguarding Adults Board

About us

The Hampshire Safeguarding Adults Board (HSAB) is a statutory, multi-organisation partnership coordinated by the local authority, which oversees and leads adult safeguarding across the Hampshire County Council (HCC) area. HSAB's main objective is to gain assurance that safeguarding arrangements locally, and its partner organisations work effectively individually and together, to support and safeguard adults in its area who are at risk of abuse and neglect.

The HSAB also has an interest in a range of matters that contribute to the prevention of abuse and neglect including the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services.

Our purpose

HSAB's remit is to set priorities, agree objectives and to co-ordinate the strategic development of adult safeguarding across the HCC area. It is the key mechanism for agreeing how local agencies will work together effectively to safeguard and promote the safety and wellbeing of adults with care and support needs who are at and/or are in vulnerable situations.

Under the Care Act 2014, HSAB is required to publish a strategic plan and an Annual Report. The HSAB also acts as an important source of advice and assistance, for example in helping others to improve their safeguarding arrangements.

Our membership

The Board is responsible for ensuring that all organisations contribute effectively to the work of the Board.

The HSAB is made up of wide range of statutory, community and voluntary organisations which includes representatives from Hampshire County Council, Police, Clinical Commissioning Groups, NHS providers, Emergency Services, District and Borough Councils, Independent Care Providers, Housing and Advocacy Providers.

Our aims

Board aims

The HSAB aims to promote awareness and understanding of abuse and neglect among service users, carers, professionals, care providers and the wider community and works to generate community interest and engagement in safeguarding to ensure "Safeguarding is Everyone's Business".



Strategic Priorities

This Strategic Plan highlights the HSAB's strategic priorities and objectives over the next five years.



Annual business plan

This responds to the key priorities outlined in the Strategic Plan and explains the work the HSAB and its partner organisations will be undertaking to ensure these priorities are realised.



Annual report

The Safeguarding Strategy is reviewed and reported on every year via the publication of an Annual Report. This is the key mechanism by which the Safeguarding Adults Board is held to account for the work it carries out. The HSAB Annual Report is shared with the Chief Executive and Leader of the Local Authority, Police and Crime Commissioner and the Health and Wellbeing Board for the area.

Our vision

The HSAB works to promote a zero-tolerance culture of abuse and neglect of adults who are vulnerable, and its work is underpinned by the following ethos and principles:



Living a life free from harm and abuse is a fundamental human right of every person



Safeguarding adults at risk and their carers is everyone's business and responsibility

Personalised support is for everyone, but some people will need more support than others

All staff and volunteers have a key role in preventing abuse or neglect occurring and in taking prompt action when concerns arise



All organisations and local communities have a responsibility to ensure that they foster a culture which takes all concerns seriously

The person at risk is at the centre of any safeguarding process, and must stay as much in control of decision making as possible

Adults at risk and their families, carers or representatives must have access to information regarding the standards, quality and treatment they can expect to receive from any individuals (paid or unpaid), services or organisations involved in their lives

All organisations must have processes aimed at preventing abuse from occurring in the first instance and to enable support to be offered at an early stage

When abuse does take place, it must be identified early and dealt with swiftly and effectively, and in ways that are the least intrusive and most proportionate

People supporting adults with care and support needs and/or their carers must have the appropriate level of skills, knowledge and training to safeguard adults from abuse

It is vital that clear processes are in place to identify learning from serious cases so that lessons can be used to improve partnership working in order to prevent a similar event in the future

Our HSAB Subgroups

HSAB is supported in its work by a number of subgroups with each operating to terms of and reference and an agreed work plan which focuses on the delivery of HSAB strategic objectives and priorities. Short term task and finish groups may also be set up to focus on the implementation of specific objectives or projects.

HSAB Business Subgroup

The Business Subgroup sets the agenda of Board meetings and monitors the implementation of the Board's work programme ensuring this reflect HSAB business plan objectives and priorities.

HSAB Learning and Review Subgroup

The Learning and Review Subgroup has the remit of commissioning safeguarding adult reviews and other multi-agency learning review activities in cases where there have been poor outcomes for service users to ensure that lessons are learned to improve partnership working.

HSAB Health Subgroup

The Health Subgroup brings together health representatives from local Health services (CCGs and all NHS Provider Health Trusts, Primary Care, Independent Hospitals and agencies), to develop a consistent response to HSAB strategic priorities across the Health sector.

HSAB Stakeholder Subgroup

To promote awareness of safeguarding adults and to involve all key stakeholders in developing a strategy to promote the awareness of and prevention of abuse or neglect of adults at risk.

HSAB Housing Subgroup

The overarching purpose of the Housing Subgroup is to safeguard and promote the welfare of vulnerable adults and to gain assurance that safeguarding arrangements are effective across the housing sector.

Our Joint Subgroups

We run some of our subgroups jointly with the other neighbouring local Safeguarding Adults Boards where we share common priorities and objectives. These include the other local safeguarding boards (Southampton, Hampshire, IOW and Portsmouth) which are termed 4LSAB.

4LSAB Workforce Development Subgroup

The Workforce Subgroup has the remit of developing and implementing a strategy to ensure that safeguarding adults learning, and development activities equip organisations and their staff to meet the standards outlined in the local multi-agency safeguarding policy and procedures.

4LSAB Quality Assurance Subgroup

The Quality Assurance Subgroup has the remit of implementing the 4LSAB Quality Assurance Framework in order to provide a strategic overview of the quality of safeguarding work across the four-Board area using a range of tools.

4LSAB Policy Subgroup

The aim of the 4LSAB Policy Subgroup is to coordinate and ensure the effective development of multi-agency Policy, Procedure and Practice documents for the purpose of Adult Safeguarding and promoting the welfare of Adults across Southampton, Hampshire, IOW and Portsmouth.

4LSAB Quality Assurance Subgroup

The Quality Assurance Subgroup has the remit of implementing the 4LSAB Quality Assurance Framework in order to provide a strategic overview of the quality of safeguarding work across the four-Board area using a range of tools.

4LSAB – Fire Safety Development Subgroup

A partnership led by Hampshire Fire and Rescue Services, to ensure that fire safety risk management is embedded into partner working practices to reduce people being killed or seriously injured in fires.

Board structure

The structure of the Safeguarding Adults Board



Board governance

The Hampshire Safeguarding Adults Board reports to key decision-makers from the Local Authority, Hampshire Constabulary and the Local Clinical Commissioning Groups.

In addition, the Board maintains links with the following:



- Hampshire Safeguarding Childrens Board.
- Portsmouth, Southampton and the IOW Safeguarding Adults Boards.
- The National Network of Chairs of Safeguarding Adults Boards.
- The Hampshire Prevent Partnership Board.
- The Hampshire Community Safety Strategy Group.

Board membership

The Board consists of the following membership:

Chair

Support to the HSAB

Board Manager
Board Business Manager
Board Administration Team

Core Members

Hampshire County Council Adults' Health and Care
Hampshire Constabulary
Hampshire Partnership Clinical Commissioning Group

Associate Members

Community Safety Partnerships (County & District/Borough Councils)
Hampshire Fire and Rescue Service
Hampshire and Isle of Wight Community Rehabilitation Company
Hampshire County Council Children's Services
HM Prison
Winchester District and Borough Councils
Independent Care Providers (Hampshire Care Association)
NHS England (Wessex Local Area Team)
NHS Trusts (Acute, Community, Mental Health, Ambulance)
National Probation Service (South Central)
Trading Standards
South Central Ambulance Service
Chair Business Subgroup
Chair Learning and Review Subgroup
Chair Health Subgroup
Chair Quality Assurance Subgroup
Chair Stakeholder Subgroup
Chair Workforce Development Subgroup
Chair Housing Subgroup

Advisory

Advocacy organisation
Carer organisation
Care Quality Commission
Executive Member – Hampshire County Council
HealthWatch
Voluntary Sector (Community Action Hampshire)

| Priority | What we said we'd do | What we've done | Focus for 2020/21 |
|---|--|---|---|
| <p data-bbox="58 118 271 436">Wide awareness of adult abuse and neglect and its impact and engaging local communities</p> <p data-bbox="99 586 140 768">Page 224</p> | <p data-bbox="298 118 733 215">Development of a social media strategy and plan to increase visibility to a wider audience.</p> <p data-bbox="298 368 733 432">Themed campaign on tackling loneliness and social isolation.</p> <p data-bbox="298 548 754 682">Publication of a 4LSAB animated scribe awareness raising resource. Joint workshop to be held.</p> <p data-bbox="298 765 754 936">Engage the further and higher education sectors on the Board. HSAB to engage with the Community Engagement Forum for Hampshire.</p> <p data-bbox="298 1015 733 1150">Stakeholder Group to review membership and develop links with user forums including the Personalisation Expert Panel.</p> <p data-bbox="298 1229 712 1336">Develop 4LSAB multi-agency guidance on raising a safeguarding concern</p> | <p data-bbox="789 118 1338 311">A Social Media strategy has been developed. A Facebook page and YouTube channel have been created which combined with the HSAB Twitter Account should increase visibility of the HSAB to a wider audience.</p> <p data-bbox="789 351 1338 479">Resources for the campaign were produced by the Stakeholder subgroup and promulgated vis the subgroup members and social media channels.</p> <p data-bbox="789 551 1317 679">The workshop was held, and the animated Scribe has been produced. A link to this can be found at the end of the report.</p> <p data-bbox="789 779 1338 879">The Community Engagement forum for Hampshire closed before there was opportunity for HSAB to engage.</p> <p data-bbox="789 1015 1276 1150">The Stakeholder subgroup has refreshed its membership and the Chair of this group sits on the Personalisation Expert Panel.</p> <p data-bbox="789 1222 1307 1350">The 4LSAB Policy Group has been working on draft guidance for thresholds for raising a safeguarding concern for subsequent approval.</p> | <p data-bbox="1392 118 1877 254">Engagement and community participation – to hold stakeholder events and undertake a Stakeholder Survey, early 2020.</p> <p data-bbox="1392 365 1794 508">Themed campaign on homelessness and/or alcohol abuse and links to Adult Safeguarding.</p> <p data-bbox="1392 551 1877 651">Review and refresh/update of the See It Stop IT HSAB Safeguarding App.</p> <p data-bbox="1392 765 1877 936">Community Engagement will be a focus for the Stakeholder subgroup as well as recruitment of further and education sectors to the Board.</p> <p data-bbox="1392 1015 1856 1150">The review of the Stakeholder subgroup should be ongoing as well as the development of links with other user forums.</p> <p data-bbox="1392 1229 1794 1300">Cascade this Policy across all organisations.</p> |

| Priority | What we said we'd do | What we've done | Focus for 2020/21 |
|--|--|--|---|
| <p data-bbox="49 82 250 401">Prevention and early intervention – promoting well-being and safety and acting before harm occurs</p> <p data-bbox="95 654 136 836">Page 225</p> | <p data-bbox="288 82 696 187">Include loneliness and social isolation theme in the HSAB training programme.</p> <p data-bbox="288 337 752 436">Joint work with HSCB to develop use of the risk framework within children's services.</p> <p data-bbox="288 658 743 796">Joint work with health trusts to develop use of the risk framework in acute hospital settings and ambulance service.</p> <p data-bbox="288 1018 752 1189">Joint themed campaign with on the use of the MCA to safeguard against abuse and neglect. Links to be added to the HSAB Website.</p> <p data-bbox="288 1268 731 1372">Joint work with the further and higher education sector to address student mental health.</p> | <p data-bbox="770 82 1338 294">This year the HSAB has ran a campaign on loneliness and isolation to raise awareness. Both these themes have been explored at a topic day – spotlight on self-neglect attended by members of the Safeguarding Adult Lead network.</p> <p data-bbox="770 337 1328 615">The focus of this last year's joint work with the Hampshire Safeguarding Childrens partnerships has been the production of and training provision of the Family Approach protocol and tool kit. Managing risk and the 4LSAB Multi Agency Risk Management framework is included in the toolkit.</p> <p data-bbox="770 658 1348 972">The HSAB has provided Health specific 4LSAB Multi Agency Risk Management framework training sessions to Health organisations across Hampshire. As well as promoting attendance at the training workshops as part of the HSAB training programme. It has been identified that further support is required to embed the use of the risk framework.</p> <p data-bbox="770 1018 1344 1229">MCA has been added into the risk management framework training and is delivered by the Local Authority lead trainer. Additionally, this topic has been explored at a Safeguarding Adult Lead network event.</p> <p data-bbox="770 1268 1348 1408">The Family Approach protocol and toolkit took priority over this during last year. Therefore, this will need to be a focus for next year.</p> | <p data-bbox="1377 82 1862 187">Include homelessness as a theme in the HSAB training programme for this year.</p> <p data-bbox="1377 337 1856 472">Joint work with the Children's Partnership to continue to embed the Family Approach Protocol and toolkit.</p> <p data-bbox="1377 658 1835 796">Support partners to promulgate and embed the use of the Multi-agency risk management framework.</p> <p data-bbox="1377 1018 1862 1189">To consider the impact of the Liberty Protection Safeguards (LPS) and identify training and support that can be amalgamated with MCA.</p> <p data-bbox="1377 1268 1873 1372">Joint work with the further and higher education sector to address student mental health.</p> |

| Priority | What we said we'd do | What we've done | Focus for 2020/21 |
|--|---|--|--|
| <p>Well-equipped workforce across all sectors</p> | <p>Targeted training for primary care professionals.</p> <p>Development of a 4LSAB risk assessment tool & templates.</p> <p>Joint Learning into Practice events to share learning from the Thematic Review of SARs re learning disability and physical health.</p> <p>Refresh and implementation of the Hampshire MCA Toolkit.</p> <p>MCA Organisational Self Audit in November 2018.</p> <p>4LSAB guidance on raising a safeguarding concern and launch.</p> | <p>During this last year the Workforce Development subgroup has now become 4LSAB. The group is developing and is in the process identifying a training strategy which will assist in the clarification of targeted training.</p> <p>This is in development and forms part of a suite of material that has been added to and updated for the risk management framework. These include one-minute guides and additional meeting templates.</p> <p>Learning from SARs will form part of the Learning and Review subgroup. This will enable key messages to be identified and circulated across Hampshire and coordinate learning into practice events.</p> <p>The Local Authority have reviewed the MCA toolkit and it has since been promulgated and is available to partners via the HSAB website.</p> <p>Completed and highlighted concerns from organisations regarding the application and use of MCA.</p> <p>The 4LSAB Policy Group has been working on draft guidance for thresholds for raising a safeguarding concern for subsequent approval.</p> | <p>Supporting organisations with targeted training across the multiagency partnership footprint.</p> <p>Share the updated risk management tools and templates.</p> <p>The Learning and Review Subgroup to identify key learning from SARs locally and nationally to enable the LSABs to provide learning into practice events.</p> <p>To form part of the training provided as part of training provided in relation to MCA and LPS.</p> <p>Use the results of this survey to influence the LPS and MCA programme of training. Implementation of this guidance across all organisations once agreed.</p> |

| Priority | What we said we'd do | What we've done | Focus for 2020/21 |
|--|--|--|--|
| <p>Well-equipped workforce across all sectors (cont.)</p> | <p>Publication of 4LSAB multi-agency guidance on Hoarding.</p> <p>Publication of a joint LSAB/LSCB Whole Family Protocol.</p> <p>Joint work with the Serious and Organised Crime Partnership to develop a multi-agency strategy on Vulnerability and Exploitation.</p> | <p>This has been completed and formally launched in conjunction with Hampshire Fire and Rescue Fire Safety Development Group in Nov 19.</p> <p>This has been completed and training sessions provided.</p> <p>This has not been achieved and is brought forward as a focus for 2020.</p> | <p>Production and publication of a Homelessness Protocol led by the Housing Subgroup.</p> <p>Consideration of any further training to embed the protocol and toolkit.</p> <p>Joint work with the Serious and Organised Crime Partnership to develop a multi-agency strategy on Vulnerability and Exploitation.</p> |

| Priority | What we said we'd do | What we've done | Focus for 2020/21 |
|--|--|--|---|
| <p>Safeguarding services improved and shaped by the views of service users, carers and other stakeholders</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 228</p> | <p>Board Development Day on MSP in December 2018.</p> <p>4LSAB work programme on MSP.</p> <p>Pilot an independently facilitated user feedback process.</p> | <p>This session took place and tools cascaded to all Board members.</p> <p>An MSP Audit has been completed by various organisations over the 4LSAB area by the 4LSAB QA Subgroup. Supporting tools have already been distributed and has been included within HSAB training.</p> <p>There is ongoing work between the Stakeholder Subgroup and Local Authority to overcome the challenges of getting engagement from individuals who have been through the safeguarding process.</p> | <p>Board Development day on MCA – early 2020.</p> <p>Continue working across the 4LSAB area in relation to MSP and to provide MCA training sessions to the Board and also as part of the training programme.</p> <p>Pilot an independently facilitated user feedback process.</p> |
| <p>Clear, effective governance processes are in place within and across organisations</p> | <p>Establish a 4LSAB Quality Assurance work programme.</p> <p>Review and refresh the Quality Assurance Framework.</p> <p>Undertake the Organisational Self Audit in Nov 2018.</p> <p>Undertake the MCA Self Audit in Nov 2018.</p> | <p>The 4LSAB Quality Assurance work programme has been identified and work commenced with regards obtaining data. This has started with an MSP audit, SG and MCA self-Audit.</p> <p>This is in the process of being developed into a 4LSAB document.</p> <p>Completed for both with key themes from analysis identified.</p> | <p>Work to develop the 4LSAB Quality Assurance work programme.</p> <p>Review and refresh the Quality Assurance Framework.</p> <p>Carry out audits in line with the 4LSAB Quality Assurance work programme.</p> |

| Priority | What we said we'd do | What we've done | Focus for 2020/21 |
|--|--|--|---|
| <p data-bbox="99 115 302 451">Clear, effective governance processes are in place within and across organisations (cont.)</p> <p data-bbox="99 658 136 836">Page 229</p> | <p data-bbox="337 115 806 222">Develop a 4LSAB Integrated Scorecard for adult safeguarding.</p> <p data-bbox="337 265 774 329">Develop and implement a local peer review programme.</p> <p data-bbox="337 408 789 515">Develop a multi-agency themed audit programme linked to learning from serious cases.</p> <p data-bbox="337 594 758 658">Partner agencies to adopt the Hampshire MCA Toolkit.</p> <p data-bbox="337 701 799 765">Partner agencies to introduce an executive strategic lead for MCA.</p> <p data-bbox="337 808 752 915">Partner agencies to introduce MCA champions in all service delivery areas.</p> <p data-bbox="337 958 758 1065">Partner agencies to adopt the national MCA competency framework.</p> <p data-bbox="337 1108 806 1243">Health Group to set up a task and finish group to address the health-related actions in the SAR action plan.</p> | <p data-bbox="845 115 1334 222">A 4LSAB Integrated Scorecard has been completed by the 4LSAB QA subgroup.</p> <p data-bbox="845 265 1307 365">This will need to be developed in conjunction with the 4LSAB QA subgroup.</p> <p data-bbox="845 408 1307 508">This will need to be developed in conjunction with the 4LSAB QA subgroup.</p> <p data-bbox="845 586 1321 765">This has been distributed to partners following the Mr C and thematic review of LD cases. The toolkit has also been made available from the HSAB website.</p> <p data-bbox="845 808 1328 979">Assurance has been provided by most agencies as part of the MCA self-audit review, but partners are still working on improvements to compliance with the MCA.</p> <p data-bbox="845 1093 1321 1308">The Health Subgroup has escalated the MCA compliance in the Health sector to the Sustainability and Transformation Partnership (STP). A workshop is scheduled.</p> | <p data-bbox="1375 115 1819 179">Scorecard to be used for future auditing purposes.</p> <p data-bbox="1375 258 1798 365">Develop and implement a scrutiny function to include a local peer review programme.</p> <p data-bbox="1375 408 1825 508">Develop a multi-agency themed audit programme linked to learning from serious cases.</p> <p data-bbox="1375 586 1835 722">Continue to check within agencies as part of future audits and include the toolkit in any MCA training events.</p> <p data-bbox="1375 1093 1794 1200">A Board development day will be held in March 2020 on the theme of MCA assurance.</p> |

| Priority | What we said we'd do | What we've done | Focus for 2020/21 |
|---|--|---|---|
| <p>Learning from experience - mechanisms to gain learning from serious cases and promote service and practice improvement.</p> <p>Page 230</p> | <p>Partner organisational leads to review training to ensure learning from serious cases is addressed on staff training and development activities.</p> <p>Develop a memorandum of understanding to ensure effective communication and joint responses to critical events.</p> <p>Joint work with HFRS to address findings from the fire death analysis including publication of hoarding guidance.</p> <p>HSAB to gain assurance from partners about their response to the Gosport War Memorial Inquiry.</p> <p>Establish a 4LSAB Learning from Deaths Forum to enable the SAB's to gain assurance from partners about the response to critical events and inquiries. This will include Gosport WMH, Mazars, LeDeR and local SARs.</p> <p>Joint annual learning event covering lessons from local and national SARs, DHR's, LeDeR, SCRs, etc.</p> | <p>Organisational leads have been provided access to SARs along with the learning points provided.</p> <p>This has not been achieved.</p> <p>4LSAB Fire Safety Development group has now been established and as part of the work programme are developing a fire safety framework.</p> <p>HSAB has been a member of the Learning, Oversight and Assurance Board following the Gosport War Memorial inquiry.</p> <p>This time-limited group was established, and responsibility has since been handed over to the STP Quality Board to ensure system ownership.</p> <p>This has not taken place, however there will be learning from the two current HSAB SARs that will be shared at an annual learning event.</p> | <p>4LSAB WFD subgroup to check and obtain assurances from partners that these have been and continue to be embedded in training.</p> <p>Review the national patient safety guidance and how this will impact on the management of critical events.</p> <p>Continue to develop the multi-agency response to fire deaths.</p> <p>Oversight will be managed by the business as usual governance arrangements of the STP.</p> <p>Joint annual learning event covering lessons from local and national SARs, DHR's, LeDeR, SCRs, will be held in 2020.</p> |

Safeguarding Adult Lead Network

During this period, HSAB has hosted two Safeguarding Lead Network (SAL) events bringing together representatives from a wide range of community, voluntary and statutory agencies. Attended by 112 partners, these events provide local and national Safeguarding updates to support organisations to promote safe environments for adults at risk.



The Topics for this year's events were:

- Self-Neglect
- Thresholds for raising a safeguarding concern

These events were attended by 170 people and were very well received by participants.

HSAB Training Programme

This last year the HSAB has continued to run a multi-agency training programme with content of which linked to our priorities. Over the past year, training workshops have been held on:

- Self-Neglect
- Making Safeguarding Personal
- Multi-Agency Risk Management Framework
- Safeguarding awareness
- Undertaking Section 42 enquiries
- Financial Abuse
- Family Approach Protocol

The HSAB training events continue to be very popular with all multiagency partners. This training has reached over 700 attendees representing a wide cross section of agencies and sectors. A sample of the feedback provided is provided overleaf.

Joint HSAB and HSCB Conference

In January 2019, the HSAB and HSCP held a joint conference and launched the Family Approach Protocol. This was followed up with several workshops which used information from the toolkit to support professionals from both children / adult sectors across the Pan Hampshire and Isle of Wight areas to understand how issues including, Mental Health, Substance Misuse, Domestic Violence, Learning Disabilities and Neglect, affect all family members, including children (as well as unborn babies) and adults at risk as defined in the Care Act 2014. Delegates were given time to consider how the needs of children and / or adults living with hidden harm impact on the whole family, and the importance of early identification of these needs and effective communication between services is important in order to support those at risk and their families.

HSAB Training Programme – Feedback

“Such a great resource – thank you... Re- ignited my professional curiosity”

“I thoroughly enjoyed this morning...looking forward to further training I have booked to attend”

“Great presenter, thank you - can see your passion... put the individual at the heart of safeguarding”

“Very interesting - Amazed at how many different areas are affected by safeguarding!”

“Great message to bring staff for their safeguarding supervision”

“Enjoyed interactive elements... Very informative - gained knowledge about frameworks”

“Enjoyed gaining an understanding of other colleagues’ views and knowledge of safeguarding”

“Very well presented, explained well – thank you... I found all the exercises emphasised the point”

“I really appreciated having knowledgeable presenters. A varied approach to learning and occasional use of humour!”

Our data

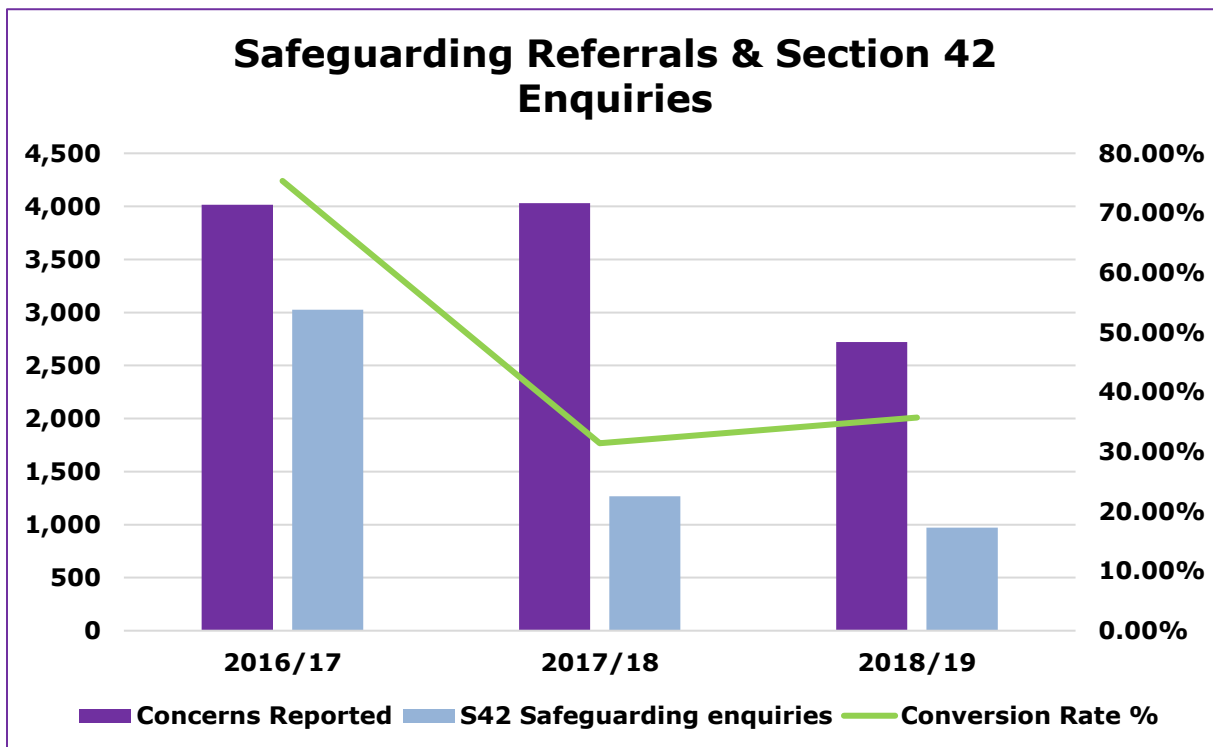
Safeguarding concerns

Hampshire County Council Adults' Health and Care are the lead agency who records all the safeguarding information on behalf of the multi-agency partnership and the Hampshire Adults Safeguarding Board. Overall there were 2,721 Safeguarding concerns in 2018/19 which is a considerable (32%) decrease, from the previous year.

Number of concerns which led to a Section 42 enquiry

Of the 2,721 concerns reported, 972 resulted in a S42 safeguarding enquiry. This represents a conversion rate of **36%** of concerns that were reported progressing to an enquiry. This figure has increased from 2017/18, when the percentage of concerns leading to enquiries was **31%**.

It is important to note that concerns that did not meet the criteria for a Section 42 enquiry may have been resolved through a more appropriate outcome. For example, an assessment of care and support needs or passing information onto another more appropriate service. Concerns may also have been closed where actions were taken to reduce the level of risk significantly.



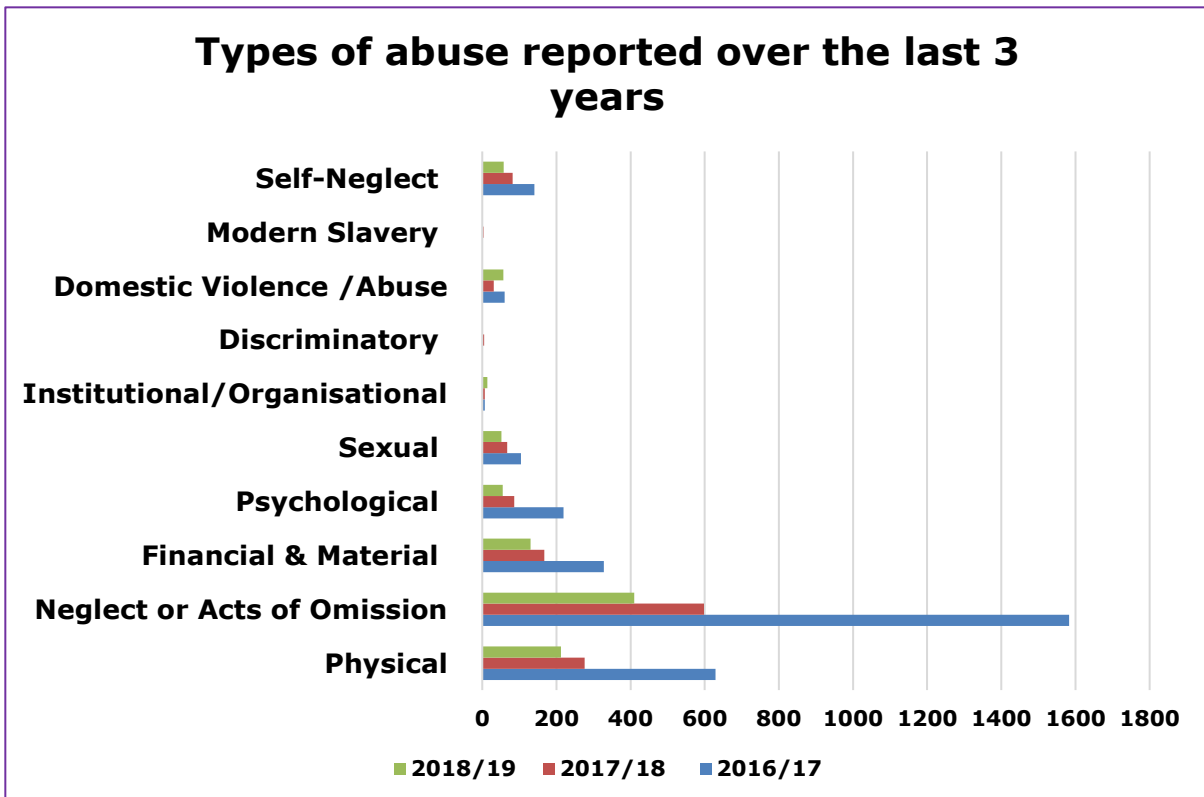
Our data

Types of abuse and needs

Of the concluded Section 42 enquiries, there were **410** case of neglect and acts of omission and **212** physical abuse enquiries. Together, these two categories represent **62%** of all concluded safeguarding enquiries and therefore, account for the majority of the concerns reported.

Neglect and acts of omission along with physical abuse have been the most common forms of abuse over the past four years. **The total figure of 991 is larger than the 972 recorded concerns, owing to the cases in which there are more than one type of abuse.*

| Types of abuse reported | 2016/17 | 2017/18 | 2018/19 |
|------------------------------|---------|---------|---------|
| Physical | 629 | 276 | 212 |
| Neglect or Acts of Omission | 1,583 | 598 | 410 |
| Financial & Material | 328 | 167 | 130 |
| Psychological | 219 | 86 | 55 |
| Sexual | 104 | 67 | 52 |
| Institutional/Organisational | 7 | 7 | 14 |
| Discriminatory | 2 | 5 | 2 |
| Domestic Violence /Abuse | 60 | 31 | 57 |
| Modern Slavery | 2 | 3 | 1 |
| Self-Neglect | 141 | 82 | 58 |
| Total* | 3,075 | 1,322 | 991 |



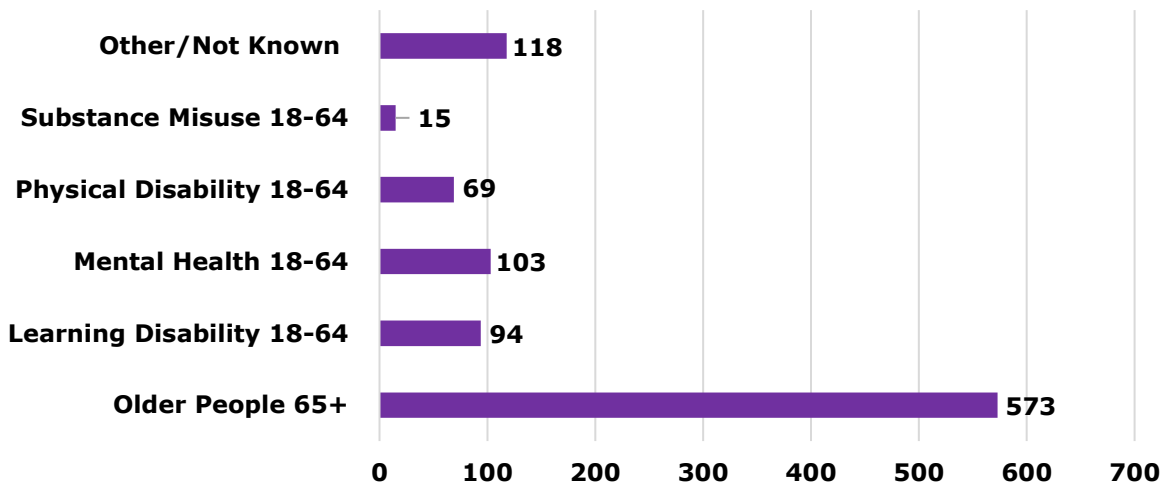
Our data

Demographics

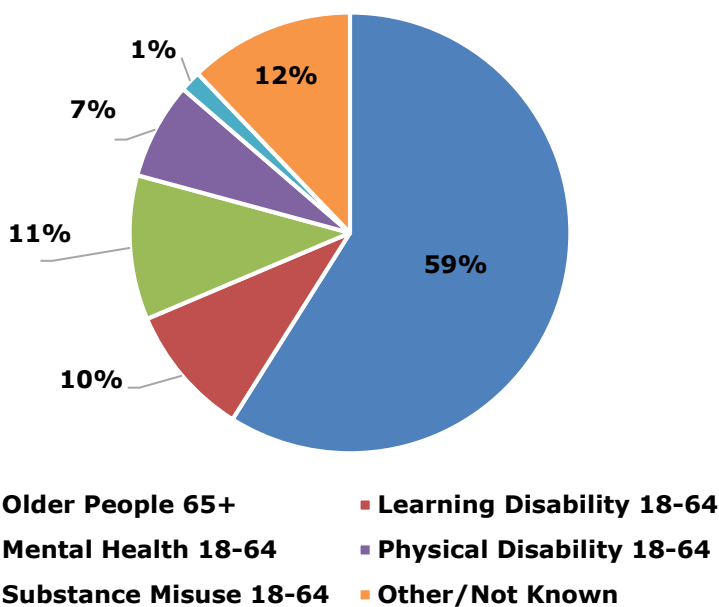
Age

Continuing the pattern of previous years, the majority of adults having a Section 42 enquiry are older adults, that is, adults over 65 years old. This group accounts for a total of **59%** of all enquiries.

Referrals by Client Group for 2018/19



Referrals by Client Group for 2018/19



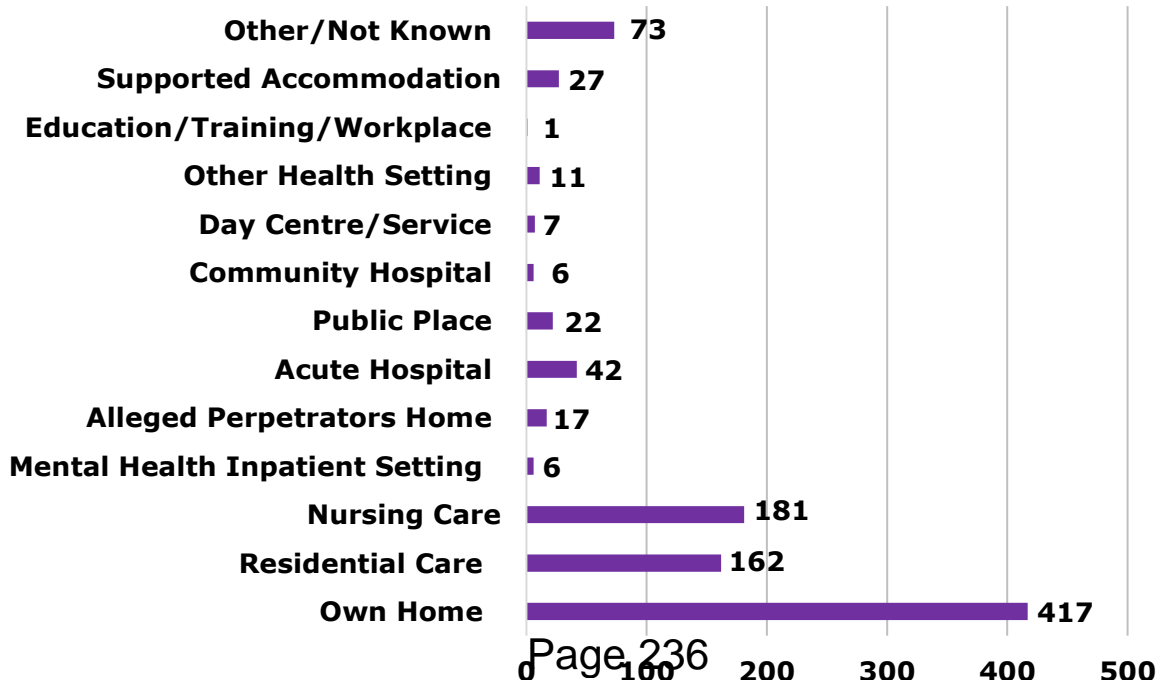
Our data

Location

Just under half of adults, that is **42.9%**, for which Section 42 enquiries were completed, lived in **their own home**. The next most prevalent area of where adults lived when experiencing risk, lived in **nursing and residential care homes**, which accounted for **35.3%** combined.

| | 2018/19 | |
|---------------------------------|---------|-------|
| | No. | % |
| Own Home | 417 | 42.9% |
| Residential Care | 162 | 16.7% |
| Nursing Care | 181 | 18.6% |
| Mental Health Inpatient Setting | 6 | 0.6% |
| Alleged Perpetrators Home | 17 | 1.7% |
| Acute Hospital | 42 | 4.3% |
| Public Place | 22 | 2.3% |
| Community Hospital | 6 | 0.6% |
| Day Centre/Service | 7 | 0.7% |
| Other Health Setting | 11 | 1.1% |
| Education/Training/Workplace | 1 | 0.1% |
| Supported Accommodation | 27 | 2.8% |
| Other/Not Known | 73 | 7.5% |
| Total | 972 | 100% |

Location of where the abuse is reported to have occurred in 2018/19



Our Learning

What did we learn?

The Safeguarding Adults Boards in Hampshire, Isle of Wight, Portsmouth and Southampton have developed a shared Quality Assurance Framework which is designed to enable respective Boards to fulfil their remit of ensuring local safeguarding arrangements are both effective and also deliver the outcomes that people want. The Quality Assurance Framework acts as the mechanism by which the LSABs will hold partner organisations to account for their safeguarding work, including activities linked to prevention and risk management.

In order for local agencies to be assured that they have foundations for effective safeguarding they need to demonstrate that they have the following things in place:

- Clear leadership and management of adult safeguarding;
- Robust systems and processes in place to deliver the 4LSAB Multi-Agency Safeguarding Adults Policy and Guidance (December 2016);
- Adult safeguarding linked into all aspects of services;
- Adult safeguarding placed at the centre of commissioning and contracts arrangements;
- Availability of appropriately trained, skilled and competent staff (consistent with local multi-agency safeguarding procedures) and
- Clear care governance processes for which the interface with local multi-agency safeguarding procedures are managed effectively.

To support partner organisations, the LSABs have developed this Organisational Safeguarding Self Audit Tool to be completed every other year. It is designed to help local organisations to evaluate the effectiveness of internal safeguarding arrangements and to identify and prioritise any areas in need of further development. This is a facilitative process to support continuous improvement and so it is not intended to publish the results of individual organisations or to use the information provided to compare organisations. Instead, areas of generic learning and thematic findings will be identified and used to inform the LSAB's strategic development of safeguarding for its area.

Our Learning

Our Priorities for 2020/21

The HSAB will continue to work together to deliver our vision to keep people safe.

“Safeguarding adults at risk and their carers is everyone’s business and responsibility”

In 2020/21 we will be placing a focus on:

- Embedding the ‘Making Safeguarding Personal’ approach across agencies, to make practices and processes person led.
- Further training and embedment of the 4LSAB Multi-Agency Risk Management Framework to support agencies with cases of risk.
- Embedding MCA across all organisations in relation to Adult Safeguarding and awareness of new legislation. (Liberty Protection Safeguards).
- Prevention and support to those who are homeless and experience abuse.

We have also published a strategic plan, outlining our vision for the Board and the outcomes we want for the people of Hampshire. This includes our Business Plan which outlines key actions and target timescales, under the following work streams:

| No. | Priority |
|-----|--|
| 1. | Wide awareness of adult abuse and neglect and its impact and engaging local communities |
| 2. | Prevention and early intervention – promoting wellbeing and safety and acting before harm occurs |
| 3. | Well-equipped workforce across all sectors |
| 4. | Safeguarding services improved and shaped by the views of service users, carers and other stakeholders |
| 5. | Clear, effective governance processes are in place within and across organisations |
| 6. | Learning from experience - mechanisms to gain learning from serious cases and promote service and practice improvement |

Our Learning

Safeguarding Adults Review (SAR)



Under the Care Act 2014, local safeguarding adults boards (LSAB) have a statutory duty to carry out a Safeguarding Adults Review (SAR) when an adult with care and support

in its area dies; and the Board knows, or suspects the death was as a result of abuse or neglect and there is concern about how the SAB, its members or organisations worked together to safeguard the adult. The SAR process is designed to establish whether there are any lessons to be learnt from the circumstances of a particular case, about 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.

The HSAB uses the following decision-making criteria when assessing all SAR referrals:

- Concerns relate to a person with needs of care and support – whether in receipt of services at the time of death or injury, or not.
 - Cause of death has been established.
 - Any safeguarding enquiry process has concluded.
 - Evidence of a causal link between the death and abuse, neglect or acts of omission.
 - The harm caused, or death is judged to have been preventable.
 - Concerns exist about the way partners worked together to safeguard the adult.
 - Concerns relate to systemic failings relating to multiple organisations.
 - There is potential to identify learning to improve the local safeguarding system, multi-agency practice and partnership working.
- The SAR will add value to any investigations or reviews already carried out and will not duplicate.

In cases of referrals from other Boards, HSAB will only conduct reviews into cases meeting the statutory SAR criteria. Where these criteria are not met, it will be for the referring LSAB to consider whether to carry out a discretionary review of their own, or not.

Our Learning

Safeguarding Adult Review Referrals

Over the past year, the HSAB has received ten referrals for a SAR. The issues raised in the referrals include concerns about:

- Hoarding, neglect and self-neglect
- Poor care
- Poor communication between agencies
- Death from fire
- Substance misuse
- Mental health
- Homelessness
- Sexual Abuse

The following action was taken:

- 2 cases were accepted as SARs
- 1 case resulted in a recommendation for a multi-agency partnership review.
- 1 case is currently under consideration.
- 1 case was referred to the Fire Safety Development Group for consideration
- for local learning.
- 1 case was recommended for a CCG led review.
- 4 cases were referred to partner agencies for local learning.

At the time of writing this report, the two SAR cases and partnership review were ongoing. These cases will be subsequently published with recommendations for these cases will be published in next year's annual report.

Contact Points

Reporting concerns about harm, abuse or neglect

If you are concerned that you, or someone you know is being harmed, neglected or exploited, you can report these concerns.

If you think the danger is immediate, phone the emergency services on 999

- Contact number for Adult Services Referrals and Enquiries:
0300 555 1386
- Contact number for Hampshire's Out of Hours Service:
0300 555 1373
- Phone Hampshire Police on 101

If you would like to access the HSAB safeguarding training programme, or would like more information on safeguarding in general, please visit: www.hampshiresab.org.uk

Electronic copies of our Annual Report are also available on the HSAB website.

If you would like to find out more about this report, or the work of the Safeguarding Adults Board, please e-mail: Strategicpartnershipteam@hants.gov.uk

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HAMPSHIRE COUNTY COUNCIL

Report

| | |
|-------------------------|--|
| Committee: | Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC) |
| Date of meeting: | 4 March 2020 |
| Report Title: | Work Programme |
| Report From: | Director of Transformation and Governance |

Contact name: Members Services

Tel: (01962) 845018

Email: members.services@hants.gov.uk

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 | 4 Mar 2020 | 12 May 2020 | 6 Jul 2020 | 14 Sep 2020 | 10 Nov 2020 |
|--|--|--|--|--|--|-------------|------------|-----------------|-------------|
| <p>Proposals to Vary Health Services in Hampshire - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service. (SC) = Agreed to be a substantial change by the HASC.</p> | | | | | | | | | |
| <p>Andover Hospital Minor Injuries Unit</p> | <p>Temporary variation of opening hours due to staff absence and vacancies</p> | <p>Living Well Healthier Communities</p> | <p>Hampshire Hospitals NHS FT and West CCG</p> | <p>Update last heard April 2019, then September 2019 Next update Jan 2020, inc UTC developments (invite West CCG to joint present with HHFT).</p> | | | | <p>x</p> | |
| <p>North and Mid Hampshire Clinical Services Review (SC)</p> | <p>Management of change and emerging pattern of services across sites</p> | <p>Starting Well Living Well Ageing Well Healthier Communities</p> | <p>HHFT / West Hants CCG / North Hants CCG / NHS England</p> | <p>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.</p> | <p>If any changes proposed, HASC to receive an update.</p> | | | | |

| Topic | Issue | Link to Health and Wellbeing Strategy | Lead Organisation | Status | 4 Mar 2020 | 12 May 2020 | 6 Jul 2020 | 14 Sep 2020 | 10 Nov 2020 |
|--|--|---|---|--|------------|-------------|------------|-------------|-------------|
| Spinal Surgery Service | Move of spinal surgery from PHT to UHS (from single clinician to team) | Living Well Ageing Well | PHT, UHS and Hampshire CCGs | Proposals considered July 2018. Determined not SC. Update on engagement received Sept 2018. Implementation update May 2019 (PHT) and Sep 2019 (UHS). | x | | | | |
| Chase Community Hospital (Whitehill & Bordon Health and Wellbeing Hub Update) | Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider | Living Well Ageing Well Healthier Communities | 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. | x | | | | |
| Mental Health Crisis Teams | Proposed changes to the Mental Health Crisis Teams | Living Well Ageing Well Healthier Communities | Solent NHS and Southern Health for PSEH | Presented July 2019. Informed Nov 2019 of 9-12 month project delay. Update when there are new developments. | | | | | |

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|--|---|---|--|---|-----------------------|-------------|------------|-------------|-------------|
| Integrated Primary Care Access Service | Providing extended access to GP services via GP offices and hubs | Living Well Ageing Well Healthier Communities | Southern Hampshire Primary Care Alliance | Presented July 2019, update expected January 2020 | | | x | | |
| Beggarwood Surgery Closure | Alternate plan to closing, continuing to provide GP services with NHUC provider. | Living Well Ageing Well Healthier Communities | NH CCG NHUC | Presented September 2019, written update January 2020 | | | | | |
| Orthopaedic Trauma Modernization Pilot | Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester. | Living Well Ageing Well Healthier Communities | HHFT | Presented September 2019, update expected March 2020 | x | | | | |
| Out of Area Beds and Divisional Bed Management System | Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services. | Living Well Ageing Well Healthier Communities | Southern Health NHS FT | Presented September 2019, update January 2020 | x (Written Update) | | | | |

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|---|---|---------------------------------------|-------------------------|---|------------|-------------|------------|-------------|-------------|
| Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee. | | | | | | | | | |
| Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire | To hear the final reports of the CQC, and any recommended actions for monitoring. | Starting Well | Care Quality Commission | To await notification on inspection and contribute as necessary. | | | | | |
| | | Living Well | | PHT last reports received Nov 2019. New full report received Jan 2020, action plan expected March 2020. | x | | | | |
| | | Ageing Well | | SHFT – latest update received Jan 2020, but new full report and action plan expected March 2020. | x | | | | |
| | | Healthier Communities | | HHFT last update heard in May 2019. New report and action plan expected in May 2020. | | x | | | |
| | | | | Solent – latest full report received April 2019, written update | | | | | |

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|--|--|---|-------------------|---|------------|-------------|------------|-------------|-------------|
| | | | | <p>on minor improvement areas in November 2019</p> <p>Frimley Health NHS FT inspection report published March 2019 and update provided July 2019. Further update expected March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update expected March 2020.</p> | x | | | | |
| Sustainability and Transformation Plans: One for Hampshire & IOW, Other for Frimley | To subject to ongoing scrutiny the strategic plans covering the Hampshire area | <p>Starting Well</p> <p>Living Well</p> <p>Ageing Well</p> <p>Healthier Communities</p> | STPs | H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through | | | | | |

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|---|--|--|---|--|------------|-------------|------------|-------------|-------------|
| | | | | this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I) | | | | | |
| Assessments of Children in Schools and Change in Provider | | Starting Well Healthier Communities | CAMHS | From discussion at September 2018 meeting. | | x | | | |
| Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme | | | | | | | | | |
| Budget | To consider the revenue and capital programme budgets for the Adults' Health and Care dept | Starting Well Living Well Ageing Well Healthier Communities | HCC Adults' Health and Care (Adult Services and Public Health) | Considered annually in advance of Council in February (January 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 | 4 Mar 2020 | 12 May 2020 | 6 Jul 2020 | 14 Sep 2020 | 10 Nov 2020 |
|-------------------------------------|---|---------------------------------------|-----------------------------|--|------------|-------------|------------|-------------|-------------|
| Orchard Close | To consider proposals to close Orchard Close Respite Service, Hayling Island | Living Well Ageing Well | HCC Adults' Health and Care | Workshop held 4 Dec 2018. Pre scrutinised at additional Feb 2019 HASC prior to Feb EM decision. Call In meeting 14 March 2019 recommended EM re-consider. EM re-considered 29 March and confirmed to undertake further work prior to decision in Nov. April 2019 Working Group agreed, to meet to consider options and fed back Nov 2019. To return in March 2020 after consultations. | x | | | | |
| Integrated Intermediate Care | To consider the proposals relating to IIC prior to decision by the Executive Member | Living Well Ageing Well | HCC AHC | To receive initial briefing on IIC May 2019, with pre-scrutiny of EM Decision due later in the year (tbc), last update Oct 2019 | | x | | | |

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|--|--|--|---|--|--|-------------|------------|-------------|-------------|
| Working Groups | | | | | | | | | |
| Sustainability and Transformation Partnership Working Group | To form a working group reviewing the STPs for Hampshire | Starting Well Living Well Ageing Well Healthier Communities | STP leads All NHS organisations | Set up in 2017, met in 2018 and 2019. Report back to HASC Oct 19. | Will meet as needed going forwards. | | | | |
| Update/Overview Items and Performance Monitoring | | | | | | | | | |
| Adult Safeguarding | Regular performance monitoring 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 2019. | | | | | |
| Public Health Updates | To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio. | Starting Well Living Well Ageing Well Healthier Communities | HCC Public Health | Substance misuse transformation update heard May 2018. 0-19 Nursing Procurement pre scrutiny Jan 2019. Hampshire Suicide audit and prevention strategy provided July 2019. | | | | | |

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|--|--|--|-------------------------------------|--|------------|-------------|------------|-------------|-------------|
| Health and Wellbeing Board | To scrutinise the work of the Board | Starting Well Living Well Ageing Well Healthier Communities | HCC AHC | Joint Health and Wellbeing Strategy refresh agreed by Board March 2019. Update on Strategy received in May 2019. Business plan update also expected in 2019. | | x | | | |
| Social Inclusion | To receive an update | Ageing Well Healthier Communities | HCC AHC | Last received at HASC in November 2018 with output report from HASC working group, before December 2018 Decision Day. Update received January 2020. | | | | | |
| Annual Hampshire Safeguarding Adults Board Report | To receive an independent Adults safeguarding report | Living Well Ageing Well Healthier Communities | Hampshire Safeguarding Adults Board | To be received March 2020 | x | | | | |

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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.