

# Public Document Pack



## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Tuesday, 10th November, 2020 at 10.00 am
<b>Place</b>	Virtual Teams Meeting - Microsoft Teams
<b>Enquiries to</b>	members.services@hants.gov.uk

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

## FILMING AND BROADCAST NOTIFICATION

This meeting is being held remotely and will be recorded and broadcast live via 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

To confirm the minutes of the previous meeting

### 4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

**5. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

**6. PROPOSALS TO VARY SERVICES (Pages 5 - 48)**

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 which NHS colleagues will attend:

- a) Hampshire Together: Modernising our Hospitals and Health Services – Hampshire Hospitals NHS Foundation Trust and Commissioners
- b) Building Better Emergency Care Programme – Portsmouth Hospitals University NHS Trust and Commissioners

**7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 49 - 62)**

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.

- NHS 111 First Programme
- Estates Update from Southern Health NHS Foundation Trust

**8. PUBLIC HEALTH COVID 19 UPDATE**

To receive a presentation from the Director of Public Health, providing an update on any developments in the Covid-19 public health response in Hampshire since the last meeting on 22 October.

**9. ADULT SOCIAL CARE COVID 19 UPDATE**

To receive a presentation from the Director of Adults Health and Care, providing an update on any developments in the Covid-19 adult social care response in Hampshire since the last meeting on 22 October.

**10. NHS COVID 19 UPDATE** (Pages 63 - 80)

To receive an update from the NHS commissioners in Hampshire, providing an update on any developments in the Covid-19 NHS response in Hampshire since the last meeting on 22 October.

Including updates from the following Trusts:

- University Hospital Southampton NHS Foundation Trust
- Southern Health NHS Foundation Trust
- Portsmouth Hospitals University NHS Trust
- Solent NHS Trust

**11. WORK PROGRAMME** (Pages 81 - 94)

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 observe the public sessions of the meeting via the webcast.**

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	10 November 2020
<b>Report Title:</b>	Proposals to Develop or Vary Services
<b>Report From:</b>	Director of Transformation & Governance

**Contact name:** Members Services

**Tel:** 0370 779 0507      **Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

### 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) Hampshire Together: Modernising our Hospitals and Health Services (Hampshire Hospitals NHS Foundation Trust and commissioners)
  - b) Building Better Emergency Care Programme (Portsmouth Hospitals University Trust and commissioners)

### Recommendations

2. Summary of recommendations (the recommendations for each topic are also given under the relevant section below):
3. *Hampshire Together: Modernising our Hospitals and Health Services (Hampshire Hospitals NHS Foundation Trust and commissioners)*

That the Committee:

- a) Consider whether the proposals constitute a substantial change to health services.
- b) Request that either the HASC or the Joint Scrutiny Committee if established, have the opportunity to comment on the plans for public consultation on the proposals.

- c) Note that if a Joint Scrutiny Committee is established, the proposals will primarily be scrutinised by that Committee, and updates on progress be reported to the HASC by the Joint Committee Members.
4. *Building Better Emergency Care Programme – Portsmouth Hospitals University Trust*

That the Committee:

- a) Note the update.
- b) Request a further update in Summer 2021.

## Summary

- 5. 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 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
  - b. *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.
  - c. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
- 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 Information**

### **9. Hampshire Together: Modernising Our Hospitals and Health Services**

#### *Context*

10. Hampshire Together is a programme that involves all NHS and social care services across north and mid Hampshire (Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas). It is being led by Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups and West Hampshire Clinical Commissioning Group, in partnership with Hampshire Hospitals NHS Foundation Trust. The Trust presented to the Committee in July 2020 regarding their intention to use funding under the government Health Infrastructure Plan to re-organise their hospital services.
11. Since the last update further engagement and options development has taken place. The Trust have provided a report with accompanying appendices (attached). The HASC needs to decide whether it considers the proposals a substantial variation in health services. The Trust have engaged with neighbouring Local Authorities whose populations may use the Trust's services or may otherwise be impacted by any changes.
12. Southampton City Council have taken the view that the proposals constitute a substantial variation, therefore if Hampshire County Council also determined the proposals substantial there would be a requirement to form a Joint Scrutiny Committee to consider the proposals. A terms of reference for such a Joint Committee is being drafted to be shared with the HASC. Should a Joint Committee be required, full County Council will need to agree the delegation of health scrutiny powers to the Joint Committee and appoint Members to it.

#### *Recommendations*

13. That the Committee:
  - a) Consider whether the proposals constitute a substantial change to health services.
  - b) Request that either the HASC or the Joint Scrutiny Committee if established, have the opportunity to comment on the plans for public consultation on the proposals.

- c) Note that if a Joint Scrutiny Committee is established, the proposals will primarily be scrutinised by that Committee, and updates on progress be reported to the HASC by the Joint Committee Members.

### **Items for Monitoring**

#### **14. Building Better Emergency Care Programme – Portsmouth Hospitals University Trust**

##### *Context*

- 15. In July 2020 Portsmouth Hospitals University Trust informed the HASC of their plans to use NHS England capital funding allocation to improve the accommodation of the Emergency Department at the Queen Alexandra Hospital. An update was requested for November 2020 and has been provided (see attached).

##### *Recommendations*

- 16. That the Committee:
  - a) Note the update.
  - b) Request a further update in Summer 2021.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

**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.

## **Hampshire Together: Modernising Our Hospitals and Health Services**

### **Update Briefing for Hampshire County Council Health and Adult Social Care Overview and Scrutiny Committee**

**10 November 2020**

**Report Authors:** Ruth Colburn-Jackson (Managing Director, North and Mid Hampshire – Hampshire and Isle of Wight Partnership of CCGs, West Hampshire CCG), Alex Whitfield (Chief Executive – Hampshire Hospitals NHS Foundation Trust)

#### **Summary**

This report provides an overview of the *Hampshire Together: Modernising our Hospitals and Health Services* programme and the progress we are making as we prepare a business case and proposals for consultation in early 2021.

In addition to this report, a brief presentation will be provided for members of the committee as part of the meeting.

#### **Background**

Hampshire Together is a programme that involves all NHS and social care services across north and mid Hampshire (Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas). It is being led by Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups and West Hampshire Clinical Commissioning Group, in partnership with Hampshire Hospitals NHS Foundation Trust. It involves all organisations providing health and social care across the Alton, Andover, Basingstoke, Eastleigh and Winchester area working together to develop a health, wellbeing and care service so that everyone in north and mid Hampshire can access high-quality, timely and sustainable health care as close to home as possible.

The programme is looking at the best way to organise services to meet the population's changing health needs and to adapt the way some services are delivered so they can continue to meet best practice and clinical quality guidelines, and are sustainable for the long-term. To meet these challenges the local NHS has been exploring the possibility of centralising some of the most specialist hospital services for the sickest people on one site, rather than spread across two main sites (Basingstoke and Winchester) as they currently are. Consolidating the most specialist services in one place would mean a better use of senior clinicians, who are currently spread too thinly across hospital sites. It would also mean clinical teams treat more patients with particular conditions and illnesses, helping to better maintain their specialist expertise.

The programme also includes the potential for the construction of a brand new hospital as part of the Government's Health Infrastructure Plan. Hampshire Hospitals was last year named as one of the trusts chosen to receive capital funding as part of this Department of Health and Social Care's plan, which is designed to support 40 hospital building projects across the country between 2025 and 2030.

### **Public Engagement**

Initial public engagement activity was held between 1 June and 7 August 2020, based on a listening document (see Appendix 1) that set out the challenges facing our health and care system, the opportunities provided by the Hampshire Together programme and the decisions that will need to be taken in order to maintain safe, high quality, sustainable services for the long-term.

Feedback received during engagement was independently analysed and a summary, including a breakdown of the key themes identified, can be found at Appendix 2.

### **Options Development**

A process of options development began in late August 2020. Doctors, nurses and other clinicians from north and mid Hampshire held a series of conversations and virtual workshops to look at how health and care services could be designed for the future. More than 100 people, including current patients with experience of using hospital services, clinicians from across the health and care system, and representatives of various groups from the community took part. They initially developed eight options, or clinical models, for the way services could be provided in the future.

The eight options (see Appendix 3) were then considered by doctors, nurses, and other clinicians and evaluated against pre-agreed criteria to decide whether they should be discounted or taken forward and investigated further. Two options were discounted during this process. One because it involved continuing to run services as they are currently set up (named Option A), and another because it involved moving all services to a new hospital, with no facilities elsewhere (Option H).

Further work is now being undertaken to review and evaluate each option in detail, while also considering additional configurations for future services. Options will be assessed with regards to clinical quality, patient experience and outcomes as well as the impact on staffing levels, the amount each option would cost and affordability, accessibility and deliverability, to inform the development of a shortlist.

### **Clinical options currently being explored**

Five of the six options currently being explored involve the construction of a new acute centralised hospital. Four of the six options involve the development of a main local hospital and all options have some health care services provided elsewhere, working together as a network to serve the people of north and mid Hampshire.

The six options currently being explored are:

- Option B – Investment would be made to sustain hospital services at the Basingstoke and Winchester sites for the long-term. Services including emergency care, consultant-led maternity care and intensive care would be centralised at one of the hospitals. Centralisation will help to ensure delivery of the clinical quality standards required for these services, so they can continue to be provided in north and mid Hampshire.
- Option C – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a new outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. A centre for surgery planned in advance would be provided from a main local hospital, which would also benefit from additional investment. Outpatient consultations and a range of other hospital services would be provided at additional locations across north and mid Hampshire.
- Option D – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a centre for surgery planned in advance and a new outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. Outpatient consultations and a range of other hospital services would be provided at additional locations across north and mid Hampshire, with some additional investment.
- Option E – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a centre for surgery planned in advance and a new outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. An outpatient centre, offering the same services described above, would also be provided from a main local hospital, which would also benefit from additional investment. In addition, outpatient consultations and a range of other hospital services would be provided at additional locations across north and mid Hampshire.
- Option F – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a new outpatient centre, which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit. A centre for surgery planned in advance and an outpatient centre offering the same services described above would be provided from a main local hospital, which would also benefit from additional investment. In addition, outpatient consultations and a range of other hospital services would be provided at additional locations across north and mid Hampshire.
- Option G – Emergency care, consultant-led maternity care and intensive care would be centralised in a new acute centralised hospital, as would a centre for surgery planned in advance. An outpatient centre which would enable patients to undergo scans, have tests carried out and have an appointment with their consultant in the same visit would be provided from a main local hospital, which would also benefit from additional investment. In addition, outpatient consultations and a range of other hospital services would be provided at additional satellite locations across north and mid Hampshire.

The main local hospital would contain, as a minimum, an urgent treatment centre, step down inpatient care for patients requiring services such as physiotherapy, midwife-led maternity care, and diagnostic tests such as MRI scans and blood tests.

### **Shortlisted locations**

After a comprehensive search for sites across Alton, Andover, Basingstoke, Eastleigh, Winchester and the surrounding areas was carried out, two locations have been identified as potential sites for a proposed new acute centralised hospital.

The first is located between Basingstoke and Winchester, near to junction seven of the M3, with the other being based on the current site of Basingstoke and North Hampshire Hospital. If an acute centralised hospital was to be built at either of these locations, significant investment would also be made at Royal Hampshire County Hospital with a view to it becoming a main local hospital.

The locations for an acute centralised hospital were identified following an extensive site selection study, which was carried out across the entire Hampshire Hospitals catchment area to identify suitable parcels of land. Pieces of land that were large enough to house a hospital and health campus were then ranked according to how they performed against a total of 36 weighted criteria before negotiations began to assess their availability, price and the current owners' willingness to sell.

### **Next steps**

An options development group, including clinicians and patients is currently meeting on a weekly basis to discuss the clinical options. Through a clear process of evaluation against a set of agreed criteria and a further options development workshop, we will finalise which options should be carried through for inclusion in a Pre-Consultation Business Case (PCBC).

The PCBC will go through Stage Two assurance with our regulator, NHS England / Improvement, towards the end of the year (date tbc), before being finalised and published. Public consultation is currently planned for early 2021. A consultation plan will be shared with the committee for comment at a later date.

### **Impact of the proposals**

As an indicator of the possible impact on the public and health services that Hampshire County Council is responsible for, patient flow data is detailed in Appendix 4 (flow of patients from north and mid Hampshire to acute providers over the last three years) and Appendix 5 (patients who have accessed Hampshire Hospitals services over the last three years by local authority area).

In addition to Hampshire County Council, we have also contacted the chairs of the health overview and scrutiny committees at Southampton City Council, West Berkshire Council, Portsmouth City Council, Isle of Wight Council, Wiltshire Council and Surrey County Council to offer a briefing and request that they consider being part of a joint committee. Southampton City Council's panel will be recommending that they are part of a joint committee to their full council later this month and Surrey County Council would like to attend as standing observers. All of the other authorities have turned down the opportunity to be involved at this stage.

## Recommendations

The committee is asked to (i) note the report, (ii) consider and decide whether the proposed changes constitute a substantial change/variation in service and (iii) if so, recommend to full council that Hampshire County Council takes part in a Joint Overview and Scrutiny Committee with neighbouring local authorities to consider and be consulted formally on the proposed changes.

## Appendices

1. Hampshire Together: Modernising our Hospitals and Health Services Listening Document
2. Engagement Report Summary
3. Clinical Options Chart
4. Flow of patients from north and mid Hampshire to acute providers 2017-2020
5. Patients who have accessed Hampshire Hospitals services by local authority area 2017-2020

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# Hampshire Together: Modernising our Hospitals and Health Services

Listening document

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# FOREWORD

The NHS constitution starts with the words:

“The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need when care and compassion matter most.”

To deliver on this promise we need to provide our staff with the tools and support they need.

We have been given an amazing opportunity to enhance our local NHS services, for decades to come. We are part of the government’s new programme to replace hospital buildings across the country. Our ambition is to use this opportunity to support the NHS purpose, to improve the health and wellbeing of the population of north and mid Hampshire, now and in the future.

It is no secret that some of our buildings – while much loved – are now approaching the end of their usable lives. This programme will enable us to build a new hospital – complementing existing services and allowing us to embrace new ideas and innovations; all with our patients at the heart of our thinking.

**But our ambition is to go even further.**

This project will include our whole local NHS – from GPs to mental health services, community care to acute hospital provision; as well as our colleagues in social care and the wider voluntary sector. As such, we are working together as one, with the aim of delivering fully joined-up care; from hospital to home and everything in between.

Taking advantage of this opportunity will require both significant change and some hard choices - and we want your views on the best way forward. We are also aware that the lessons learned from the COVID-19 outbreak will need to be incorporated into any plans we develop.

In this paper and [on our website](#) we aim to present as much information and data as we can so that you can see exactly what is informing our current thought processes and how you can best help us reach better, more informed decisions.

It is important to note that at this stage no decisions have been taken and no options generated. This is a real chance for you to have your say from the very start. Just as critically, this is just the start of our conversation with you; a conversation we expect to last for more than a year and grow as we develop our proposals and consult the public appropriately.

Thank you for taking the time to read this and we really look forward to your feedback.

Kind Regards,

*Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust*

*Maggie MacIsaac, Chief Executive, Hampshire and Isle of Wight Integrated Care System; Southampton City, West Hampshire and Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups*

*Ruth Colburn-Jackson, Managing Director - North and Mid Hampshire Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups*

# OUR CLINICAL VISION

We want to improve the health and wellbeing of all our population, throughout their life journey, from before conception to after death. This project, combined with our experiences of rapid change and service development during the COVID-19 pandemic, have helped us realise that we have a unique opportunity to adapt to ensure that we are able to meet the needs of our population - both now and for future generations.

## Our vision is for our health and social care services to provide outstanding care for all our people within north and mid Hampshire:



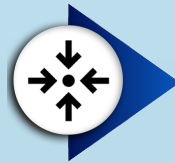
All health and social care services will work together to deliver the best care for our people



People will be empowered to self-manage wherever they can, with the information and support required to do so; including access to diagnostic tests and specialist advice when needed



People will have easy, timely access to the help and support they need



Where necessary, services will be centralised to ensure the best possible care and outcomes



Services will be designed to meet their requirements



We will be able to live within the money allocated to our area; reducing duplication and inefficiency



Services will be sustainable, efficient and high quality; with a focus on delivering the best clinical outcomes possible



We will ensure our healthcare facilities are accessible, fit for purpose and improve a sense of wellbeing for those using them and working there



Where practical, care will be provided in people's homes or as close to them as possible



Our services will attract the best staff, being renowned for high quality, innovation, research and training support



We will ensure that our people have continuity between their primary care and community teams; supported by quick access to specialists when this is required. Our specialists and primary care teams will work closer together to improve the care we can provide, often with linked specialist and GP networks.

We will use digital advances in communication so that consultations within the primary care setting or with specialist services will only require travel when absolutely necessary. We will maximise the use of innovation and technology to bring care as close to home as possible, reduce repetition and duplication and proactively manage people's care. This will allow many of our services to be available seven days a week.

When people need care in a hospital setting, we will ensure this is delivered in state of the art buildings, designed for modern health care, with facilities to diagnose and treat their condition rapidly. These facilities will have the option to adapt to changing

pressures and that protect people from infections. Working together, we will ensure that when our people no longer need acute hospital care, they can leave hospital and receive on-going care at or near to their homes, straight away. Only people who need to be cared for in a hospital will be there.

With your help and guidance, we know we can design these services and buildings to deliver the outstanding care you and your families deserve now and in the future.

*Dr Lara Alloway, Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust*

*Dr Nicola Decker, Clinical Chair - North Hampshire, Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups*

# THE CHALLENGES

The NHS is ever-changing – and so are the challenges it faces! At present there are four main issues which need to be tackled by this project:

## Clinical sustainability

It is critical that our clinical services not only deliver outstanding patient care but that they are sustainable. This means that we need to be sure we can provide them consistently and predictably so that people know they can trust and rely on them. It also means that services are able to evolve to take advantage of new technology or adapt to a new challenge.

However, to achieve this some very difficult decisions will need to be made about what services we provide and where.

**For instance:** Hampshire Hospitals often struggles to fully staff two relatively small Emergency Departments at both Royal Hampshire County Hospital (RHCH) and Basingstoke and North Hampshire Hospital (BNHH). It also has issues delivering maternity and paediatric care across multiple sites and risks losing neo-natal services altogether unless the service is placed on a more long-term sustainable footing.



**How can this project ensure that these services are delivered reliably and efficiently?**



## Our changing population

Our population is growing in two ways. Estimates show that the population served by Hampshire Hospitals NHS Foundation Trust could increase by 9.6% over the next decade and by 23% between 2018 and 2050.

But our population is also aging rapidly. The predicted growth in the over 75s in Hampshire between 2017 and 2024 is 35%. And it is well documented that older people require more healthcare. For example, an 85-year-old man requires, on average, seven times more NHS care than a man in his late 30s. This trend is particularly noticeable in Basingstoke as the town expanded rapidly in the 1960s and 1970s and the young families who moved there, then, are now reaching older age.

## Financial resilience

It is obvious from every public survey and the outpouring of appreciation during the COVID-19 crisis that the NHS is one of the most valued, if not the most valued, aspects of British society. However, the way we currently deliver care and treatment costs more every year and will continue to do so as we try to keep up with technological advances, population growth and the fact that medical advances and lifestyle changes mean that more of us will live much longer than our grandparents had expected to. This final point is clearly something to celebrate, but it does mean that there are a larger number of frail, elderly people requiring our help than our health system was designed for.

**For instance:** The local health system struggled financially in 2019/20, with Hampshire Hospitals in particular ending the year in a



**How can the financial position be addressed so we can continue to deliver the care that is rightly expected?**

## The condition of the buildings operated by Hampshire Hospitals

All of the trust's hospitals require a significant amount of urgent maintenance. The current estimate of the cost to make the improvements needed to bring the buildings up to the standard required to support services as they are delivered at the moment is £73 million; more than three times the national average.

Moreover, it would require more than £700m in maintenance spend to keep the buildings functioning over the course of the next 30 years.

This is simply unaffordable.

The trust is committed to both reducing its carbon footprint and expanding its use of digital technology. Unfortunately the age, condition and design of the current buildings often stops such projects in their tracks or means they deliver less than was intended.

Finally, it is vital that all the different strands of care – community services, mental health, primary care etc – are able to be as joined up as possible. The current estate is a barrier to this becoming a reality due to its design, condition and structure.

**For instance:** The inherent inflexibility of the estate has been exposed during the COVID-19 crisis. The trust has struggled to increase the number of beds available for patients and the ability to adapt wards and areas to treat different kinds of patients has been limited.

**Much of this is driven by the fact that the area has changed significantly in recent years – and is set to do so again in the coming decades; with new housing roughly equivalent to a city the size of Salisbury planned in the Basingstoke area alone!**



# THE FACTS AND FIGURES



Estimated increase of population served by Hampshire Hospitals NHS Foundation Trust over the next decade

£73  
MILLION



X3 THE NATIONAL AVERAGE

The estimate of the cost to make the improvements needed to bring the buildings up to the standard

1,600

People took part in our initial online survey



The initial survey told us that the following results were top priorities for the public who took part:



Capacity to care for more patients



Access to a wide range of health services



Transport





# WHAT IS HAMPSHIRE TOGETHER: MODERNISING OUR HOSPITALS AND HEALTH SERVICES?

Hampshire Together is part of the government's plan to modernise NHS hospitals and will deliver a new hospital to serve the people of north and mid Hampshire – and the whole local NHS is determined to make the most of this opportunity. The location and clinical make-up of this future hospital have not yet been decided – and your views on both would be very welcome!

**Thankfully, we are not starting from scratch.**



## Direct services



The health and care system across north and mid Hampshire has – in conjunction with other key partners – been working towards an ambition for the next five years and beyond to support patients, their families and their carers to access **the right care, in the right place, at the right time in order to keep them healthy.** A new hospital supports this ambition, though it is far from the only component.

Currently, Hampshire Hospitals operates (primarily) from three sites: Basingstoke and North Hampshire Hospital, Royal Hampshire County Hospital, in Winchester, and Andover War Memorial Hospital.

In recent years Hampshire Hospitals has undertaken a number of public engagement

exercises on potential changes to clinical models and infrastructure for the delivery of acute health services in north and mid-Hampshire. This included the development of a full business case for a Critical Treatment Hospital in 2016 and an associated pre-consultation research exercise conducted in May 2017.

**We are building on all of the previous work – but this is a new project.**



**After viewing the wheel of potential services, are there any health services you think are missing?**

# THE OPPORTUNITIES

This presents a phenomenal opportunity for the people of north and mid Hampshire. The opportunities can be described in three ways:

## An economic opportunity for the population

A building programme like this provides jobs and attracts further investment to our area.

In addition, the new build will attract more high quality healthcare staff to come and work in the area.

Our aspiration is to make the new build a centre of excellence for training the next generation, and for research and innovation. This will attract innovators and entrepreneurs, especially in the medical technology sector, in line with the Local Enterprise Partnership's strategy.



## State of the art buildings, technology and equipment

The investment in new buildings is an opportunity to bring the latest in healthcare design and thinking to our people.

Hospital design has progressed significantly in the last 50 years, and new buildings bring in all the benefits of natural light, ergonomic designs and a healing environment.

This combined with digital advances will ensure that our local people receive outstanding care.



## An opportunity to join up health and care for our people

This is a fantastic opportunity to join up the health and care system in our area, which we have been striving to do for a number of years.

A project of this magnitude gives us a real opportunity to bring mental and physical healthcare closer together; ensure that we connect GPs and hospital doctors using digital technology; and incorporate the voluntary and social care sectors into our design principles from the beginning.



**This is much more than just a hospital – it is an investment in the people of north and mid Hampshire.**

# MAKING CHOICES:

## WHAT NEEDS TO BE DECIDED AND ON WHAT BASIS?

To get the most out of this project, some very hard choices will need to be made, from where to locate a potential new hospital to what services are delivered and from where.

Given the scale of the project, it will benefit the entire community, though the impact it has on individuals will of course vary depending on a

number of factors, for instance how frequently a person requires care.

We want you to tell us what you think about the problems being faced by our health system and to consider how we might go about solving them.

**When doing this, it's important that you bear the following factors in mind. Please note that there may be other factors that are important to you, but we have put this list together as a guide for your feedback:**



### CLINICAL NEEDS

The communities served by the NHS in Hampshire are diverse, large and a mix of rural and urban. Any solution proposed must be firmly rooted in the needs of the population.

As such, as well as our clinical vision set out on pages four and five of this document, it is important to take account of the Hampshire Hospitals clinical strategy, the clinical strategies of the Hampshire & Isle of Wight Partnership of CCGs and West Hampshire CCG, the plans of the Hampshire and Isle of Wight Sustainability Transformation Partnership, the priorities of the Hampshire Health and Wellbeing Board and the North and Mid Hampshire Integrated Care Partnership objectives.



### PATIENT EXPERIENCE

Patient experience – how a person feels about the way they receive care – is recognised as a significant factor in the outcome of the care itself.

Factors which impact this include timely appointments, ease of travel, the environment (light, design, green spaces etc) and good communication between everyone involved.



### LESSONS OF COVID-19

It would be impossible to undertake any project like this without keeping in mind the hard won lessons of the COVID-19 outbreak.

Lessons such as how the centralising of key services meant they were more resilient and could adapt to rapidly changing needs or the critical importance of single person rooms.

Equally, the need for advanced laboratory space at a local level has been firmly underlined and adopting new technology early shown to be essential.



**What services are needed and when? And with this in mind, where should they be provided from?** Page 28



## FLEXIBILITY

The NHS is ever changing – as is society – and so future hospitals must be flexible and able to adapt to radically different ways of working and technology.

Equally, they must be able to reflect changing demands; such as a greater emphasis on mental health services.



## STAFF EXPERIENCE

Very much linked to patient experience is the equally important issue of staff experience.

Factors such as on-site changing areas, a pleasant working environment and ease of access (transport etc) play a significant role in boosting staff morale and aid in both recruitment and retention.

A rise in positive staff experience will also lead to expanded take up of new roles and opportunities such as becoming a physician or nursing associate.



## SUSTAINABILITY

It is important that the programme promotes sustainability in three ways. Firstly, it is to aid the development of healthy, thriving and equal communities; supporting public health initiatives.

Secondly, it should be environmentally sustainable, not just in terms of construction but operationally; including factors like transport.

Finally, it must be financially sustainable – delivering value for money.



## ACCESSIBILITY

Ensuring that services are accessible to all who need them is a priority. This means that services must be within reasonable reach of people who rely on them. This includes distance, travel, opening hours, appointment systems and other factors that allow people to make use of the services when they need them.



## RESPONSES TO DATE

Earlier in the year we launched an initial survey to determine what your priorities for healthcare were. This information is already being used to help shape our thinking – a report on it can be found online at [www.hampshiretogether.nhs.uk](http://www.hampshiretogether.nhs.uk)



## EQUALITY

One of the NHS's founding principles is that it is essential for any change be consistent with the provision of a personal, fair and diverse health and care system; a system in which everyone counts equally and is treated with respect, compassion and dignity.

Equally, it is very important that care is adapted as far as possible to meet patients personal needs and circumstances.



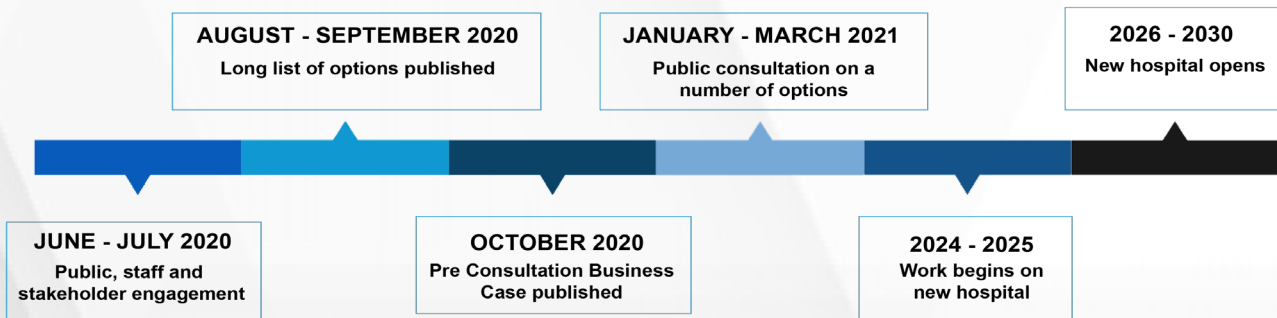
## DELIVERABLE

Any scheme must be deliverable – to time and to budget – be practical to implement and be both safe and clinically sustainable.



# NEXT STEPS - THE JOURNEY FROM HERE

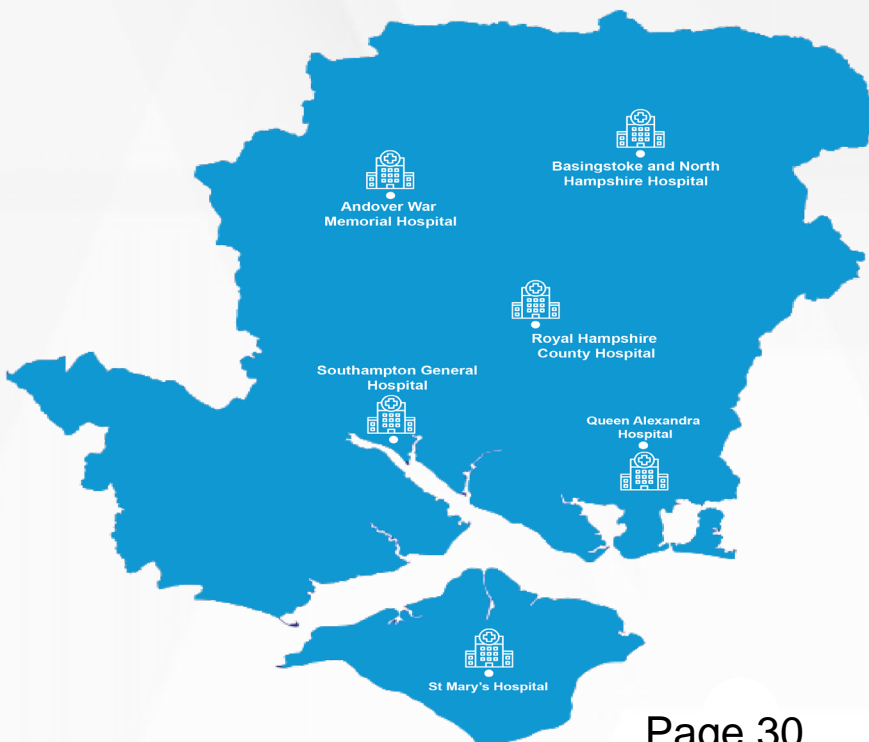
## POTENTIAL TIMELINE



Over the course of the summer we will be engaging with the public, our staff and stakeholders to gather views on everything included here and more. This feedback will then be fed into the decision-making process where it will directly affect our thinking.

From that point we aim to be able to release a summary of our findings before Christmas, with formal public consultation on a number of options following in 2021. This will include a preferred way forward which we think is the best of them. After this process has been concluded and fully assessed we will announce our decision as soon as possible.

## MAP OF HOSPITALS IN HAMPSHIRE



Do you have any suggestions for sites where a new hospital could be built?

# BETTER TOGETHER: WE NEED YOUR HELP

While it is right that we will be seeking views, ideas and evidence from clinicians, staff and management from across the Hampshire and Isle of Wight NHS system, it is also important that we do the same for the public we serve. We will be collaborating – working with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.

Over the coming months we will have lots of ways for you to get involved and opportunities for you to give your views. The easiest way to stay up to date is to follow us on Twitter @HampshireMOHHS and sign up for our regular update bulletins by visiting [www.hampshiretogether.nhs.uk](http://www.hampshiretogether.nhs.uk).

Our dedicated programme website, [www.hampshiretogether.nhs.uk](http://www.hampshiretogether.nhs.uk) has all of the most up-to-date information documents and further reading. It will also host links to surveys and event registration when they become available.

Alternatively you can write to us at:



**FREEPOST**  
**Hampshire Together**



# GET IN TOUCH

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[www.hampshiretogether.nhs.uk](http://www.hampshiretogether.nhs.uk)



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# Summary of listening exercise independent analysis report

Prepared for MoHHS Options Development Group and Steering Group

## Introduction

This paper summarises a draft version of a report prepared by ASV, a research and analysis company, on the recent listening phase activity of the Hampshire Together Modernising our Hospital and Health Services (MoHHS) programme.

The ASV report is still in development, and a final version is expected shortly. The purpose of this paper is to give the MoHHS Options Development Group and the Programme Steering Group an overview of the listening phase activity and the key themes that have emerged. This is so they can start to take on board the public and stakeholder feedback emerging from the listening exercise as they continue to deliberate and work on the design of proposals and options for change.

It is important to note that the draft report currently contains very little analysis on what proportion of participants from the listening phase events expressed a particular view, which makes it difficult to judge the strength of feeling around the key themes identified. That said, the themes that emerge in the report are, in our experience, fairly common when discussing proposed changes to health services with staff, stakeholders, patients, carers, and local communities.

## Overview of the listening phase methodology

The listening phase ran from June 2020 through to the first week in August 2020. The MoHHS team engaged with local people, staff, and stakeholders. The exercise was designed as an opportunity for all to provide their opinions on a very broad discussion of the challenges, opportunities and the choices faced by the healthcare system in Hampshire.

Because of the Covid-19 pandemic, the listening phase events had to use a range of no-contact methods of engagement. These included:

- contact forms available on the Hampshire Together website and in hard copy for postal return
- virtual deliberative events and focus groups with the public, staff, and stakeholders
- direct contact with stakeholders (email, letter, phone calls).

In total **1,718** people or organisations participated during the listening period. A summary of the numbers participating is set out in the table below.

Response method	Number of responses/participants
Contact forms (Hampshire Together website and hard copy)	539
Virtual deliberative events and focus groups with the public, staff, and stakeholders.	1,137
Direct contact with stakeholders (email, letter, phone calls).	42
<b>Total responses</b>	<b>1,718</b>

The full current draft ASV report provides a detailed breakdown of the responses by demographic characteristics.

Responders to the contact form, and the stakeholders contacted directly, were asked to respond to the following questions:

- What are your views on the challenges faced by the local health system?
- What are your views on the opportunities that Hampshire Together offers for the area?
- What are your views on how we should go about meeting the challenges and making the most of the opportunities?
- Is there anything else you would like to tell us in relation to the programme?

The virtual deliberative events were also structured around these questions.

### **Key themes emerging from the listening phase**

The draft report from ASV presents the key themes from each of the three types of engagement activities separately, however, as all the activities generated very similar themes they are presented together in this paper. It is important to note that the deliberative events, unsurprisingly, generated comments on a wider range of issues than the more structured forms and contact with stakeholders, although these can still be categorised within the broad themes.

A summary of the key themes is set out below.

#### *Population challenges – including an ageing and growing population and health inequalities*

Responders from all the activities acknowledged the challenges for health and care of the growing and changing population across north and mid Hampshire, and that these population changes mean health services need to change to provide different types of care. The most commonly raised issues included:

- As well as considering the increase in older people and general growth in the population, the NHS needs to factor in the growing number of young families and students (both of these particularly in Winchester) in the design of new services
- The importance of public health and prevention services in the context of population growth and an ageing population
- The need to do more to reduce health inequalities and to ensure any service changes take inequalities and deprivation into account.

#### *The need for integration across health (including mental health), public health and prevention, social care, third and voluntary sector services*

This theme came across very strongly from all the listening phase activities, with a clear acknowledgement of the need for better join up not only between health, social care and voluntary or third sector organisations, but also between different parts of the NHS in Hampshire (and neighbouring systems). Key points included:

- A clear recognition of the value of integration and the benefits it will bring for staff and patients
- Some scepticism that integration is achievable and criticism of current disjointed services

- The need for better integration of mental health services, and a need for more resources and improvements in mental health services
- The need for better, and more joined up social care. Respondents commented on how the social care system is under-resourced (which can have an impact on the NHS) and is confusing to navigate.

#### *Support for more local and community care, including enhanced services in community hospitals*

Linked to the integration theme, comments about improving both local (out of hospital) care and community services – including community hospital provision – came across strongly in the feedback. Some of the most common points include d:

- An understanding of how increasing and improving services provided by local/primary care and community care could offer better patient experience and reduce the pressure on acute hospitals
- An openness to services traditionally provided in hospital being provided more locally ( there was some mention of the role Covid-19 has played in making this more acceptable)
- A clear recognition of the important role that community services play and a desire for more services to be provided in community hospitals, closer to where people live
- Those living in Andover and Alton are concerned for the future of their community hospitals and want these services to be protected and enhanced
- The need for greater inpatient community hospital provision. This was described a few times as providing places for people to ‘convalesce’.

#### *A desire to make the most of this opportunity to improve care and services (and some scepticism)*

Although there were specific concerns raised, many participants saw the MoHHS programme as a positive opportunity. Key points from the feedback included:

- There are many positive opportunities ranging from ‘starting from scratch’ with service design, improving patient pathways and designing services that truly meet patients’ needs rather than organisational needs, through to specific opportunities such as better access to diagnostics, reduced waiting times and better working environments for staff leading to improved morale etc.
- A new build offers the opportunity to deliver care and services in line with modern standards
- Any new buildings should make the most of opportunities presented by new technology to improve patient care and experience, and the sharing of information, as well as using green technology to reduce the environmental impact of a new hospital
- The Covid-19 pandemic has demonstrated that the NHS can work in new and innovative ways, and that patients can access services in different ways. This positive attitude should be retained by the NHS, along with any changes that have been successful (e.g. video consultations etc)
- There was some scepticism about whether the changes can be delivered, with some participants referencing previous programmes of work that have not come to fruition and

some being unconvinced that the NHS can achieve the right culture of integration and joined up working.

### *General support for a new hospital in Basingstoke...*

Unsurprisingly, participants from Basingstoke were very supportive of a potential new hospital in the area:

- There was acknowledgement that a new hospital would have better facilities, in line with modern standards
- Some people mentioned the centralisation of services, but this does not come across very strongly in the feedback. Where it is mentioned, it is not necessarily seen as positive (see Winchester summary feedback below)
- There were some concerns about accessing a potential new site on public transport, but also there were some responses in support of a central location for a new hospital in the area and some people specifically mentioned J7 of the M3 as a good location.

### *...But also strong support for retaining services in Winchester*

There was very clear concern from Winchester residents about the potential loss of services, in particular A&E and maternity, from Winchester, with many comments asking for services to remain in the city, including:

- Concerns about traveling to Basingstoke, especially in an emergency, but also concerns about the cost and complexity of journeys by car and public transport for patients and visitors
- The growth of the population in Winchester needs to be taken into account, particularly of families with young children. This is seen as a reason to maintain A&E and maternity services at the hospital there
- Access to the hospital by public transport is perceived as better in Winchester (although others commented that it is not as accessible as Basingstoke).

### *Concerns and suggestions about travel and access*

Concerns about travel and access to services, both existing and future, came across strongly in the feedback. Key points included:

- People are concerned about public transport links to a potential new site in Basingstoke and there is a clear call for any new build to be accessible by reliable, affordable public transport
- Car parking issues are mentioned frequently, with people worried about the availability and cost of parking
- As mentioned above, people are worried about traveling to Basingstoke from Winchester should services move
- The need to ensure people from more deprived populations, and those with additional needs or disabilities, are able to access services easily
- The importance of having green and ethical transport to hospital sites.

### *Concerns and suggestions about staffing*

Respondents clearly recognised that there are current challenges with staffing across the two acute hospital sites, with lots of comments about there not being enough staff, and staff being overworked. Specific themes in the feedback included:

- There will still need to be the same number of staff as (it was perceived) services will have to be retained on two sites
- A new hospital will not necessarily attract new staff to the area, and some staff could be put off by moving to a new site
- Improving the working environment and offering better on-site facilities (for example staff gym, childcare, free parking etc) would attract people to work in the area
- Improving the working environment would improve staff morale .

### *Comments about specific services, including mental health, cancer, maternity and paediatric care*

There were some general comments about specific services in the full report. In particular participants commented on:

- The desire to see a dedicated cancer centre in the area – some people mentioned this has previously been considered but not come to fruition
- The need to improve mental health care services in the community in general, in particular finding an alternative to A&E for people in crisis
- In addition to a desire to retain maternity services in Winchester, people spoke of a need to improve maternity provision in communities so pregnant women do not have to travel to hospital for routine care
- Some participants called for a separate paediatric hospital and/or a dedicated paediatric A&E.

### *An acknowledgement of estate challenges*

While most of the feedback focused on issues around the way services are organised and delivered, participants did generally recognise that the current estate in both Winchester and Basingstoke is not able to meet the needs of the local population, nor enable the NHS to deliver care in line with modern standards.

### *Ask for ongoing engagement and collaborative working*

There was a clear ask in the feedback for ongoing engagement and collaborative working with local people, patients, staff, and stakeholders as the plans develop:

- Some participants were positive about the engagement so far and want to ensure lines of communication remain open
- Some others referred to the listening phase as the consultation, and felt the engagement was not sufficient and it was not sensible to be 'consulting' during the pandemic.

## **Conclusion**

As referenced in the introduction to this summary paper, the current draft ASV report does not give a sense of the strength of feeling on the themes identified, beyond the number of comments on a specific topic included in the report. However, the themes that do emerge are, in our experience, commonly heard in change programmes of this nature. Acknowledgement of the challenges faced by the NHS are weighed understandably against concerns about what changes could mean for individuals and their families.

It is evident, however, that there is a clear willingness and desire from local people, staff, and stakeholders to be involved in the MoHHS programme as it develops.

*This summary report has been commissioned from and authored by Hood & Woolf to act as an 'executive summary' for MoHHS programme colleagues. It has been drawn from information in the much longer draft ASV report which pulls together feedback from a range of engagement exercises with local people in north and mid Hampshire during the summer of 2020.*

**25 September 2020**




















Option	Retain all current hospital sites 	Essential backlog maintenance 	Essential backlog maintenance and additional investment in hospital sites 	Reconfiguration of at risk services 	Centralised services delivered in acute centralised hospital 	Range of services delivered in local hospitals 	Planned surgery centre at acute centralised hospital 	Planned surgery centre at main local hospital 	Complex outpatient centre at acute centralised hospital 	Complex outpatient centre at main local hospital 	Outpatient consultations delivered at local hospitals 
<b>A</b> Business as usual 	+	+									
<b>B</b> Essential Service Reconfiguration 	+		+	+							
<b>C</b> Configuration 1 Acute Centralised Hospital and Local Hospital 			+	+	+	+		+	+		+
<b>D</b> Configuration 2 Acute Centralised Hospital and Local Hospital 			+	+	+	+	+		+		+
<b>E</b> Configuration 3 Acute Centralised Hospital and Local Hospital 			+	+	+	+	+		+	+	+
<b>F</b> Configuration 4 Acute Centralised Hospital and Local Hospital 			+	+	+	+		+	+	+	+
<b>G</b> Configuration 5 Acute Centralised Hospital and Local Hospital 			+	+	+	+	+			+	+
<b>H</b> All services in a new location 				+	+		+		+		

Chart key  Option discounted  Option carried forward

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## Hospital Activity for North and Mid-Hampshire Patients from 2017/18 to 2019/20

Data source: CSU SUS Self-service tool

Patients included: North and Mid-Hampshire (as defined by the 33 practices in the area - all of North Hampshire CCG and the practices in the WINCAR and Andover locality of West Hampshire CCG).

Maternity admissions have been defined by Admissions Methods 31 and 32.

Prepared by Jon Rumsey (jon.rumsey@nhs.net)

### All Inpatient Activity

Provider	2017/2018	2018/2019	2019/2020	Total	2017/2018	2018/2019	2019/2020	Total
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	92,023	95,953	99,344	287,320	82.6%	82.0%	82.1%	82.2%
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	5,275	5,848	5,834	16,957	4.7%	5.0%	4.8%	4.9%
PORTSMOUTH HOSPITALS NHS TRUST	2,689	3,102	3,283	9,074	2.4%	2.6%	2.7%	2.6%
FRIMLEY HEALTH NHS FOUNDATION TRUST	2,128	2,333	2,425	6,886	1.9%	2.0%	2.0%	2.0%
SALISBURY NHS FOUNDATION TRUST	1,210	1,203	1,237	3,650	1.1%	1.0%	1.0%	1.0%
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	564	600	591	1,755	0.5%	0.5%	0.5%	0.5%
ROYAL BERKSHIRE NHS FOUNDATION TRUST	336	396	598	1,330	0.3%	0.3%	0.5%	0.4%
SOUTHAMPTON NHS TREATMENT CENTRE	137	180	188	505	0.1%	0.2%	0.2%	0.1%
ST MARY'S NHS TREATMENT CENTRE	86	80	65	231	0.1%	0.1%	0.1%	0.1%
ISLE OF WIGHT NHS TRUST	19	12	9	40	0.0%	0.0%	0.0%	0.0%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	2	3	1	6	0.0%	0.0%	0.0%	0.0%
Other Providers	6,939	7,347	7,471	21,757	6.2%	6.3%	6.2%	6.2%
<b>Total</b>	<b>111,408</b>	<b>117,057</b>	<b>121,046</b>	<b>349,511</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### All Outpatient Activity

Provider	2017/2018	2018/2019	2019/2020	Total	2017/2018	2018/2019	2019/2020	Total
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	462,977	470,277	464,142	1,397,396	70.7%	70.4%	68.5%	69.9%
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	31,166	32,345	38,468	101,979	4.8%	4.8%	5.7%	5.1%
FRIMLEY HEALTH NHS FOUNDATION TRUST	19,304	21,769	23,453	64,526	2.9%	3.3%	3.5%	3.2%
PORTSMOUTH HOSPITALS NHS TRUST	18,216	17,016	17,283	52,515	2.8%	2.5%	2.6%	2.6%
SALISBURY NHS FOUNDATION TRUST	5,238	5,600	5,712	16,550	0.8%	0.8%	0.8%	0.8%
ROYAL BERKSHIRE NHS FOUNDATION TRUST	2,184	2,535	2,283	7,002	0.3%	0.4%	0.3%	0.4%
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	2,164	2,192	2,363	6,719	0.3%	0.3%	0.3%	0.3%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	744	720	801	2,265	0.1%	0.1%	0.1%	0.1%
SOUTHAMPTON NHS TREATMENT CENTRE	339	591	752	1,682	0.1%	0.1%	0.1%	0.1%
ST MARY'S NHS TREATMENT CENTRE	178	156	160	494	0.0%	0.0%	0.0%	0.0%
ISLE OF WIGHT NHS TRUST	22	22	20	64	0.0%	0.0%	0.0%	0.0%
Other Providers	112,246	114,943	122,142	349,331	17.1%	17.2%	18.0%	17.5%
<b>Total</b>	<b>654,778</b>	<b>668,166</b>	<b>677,579</b>	<b>2,000,523</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### All A&E Activity

Provider	2017/2018	2018/2019	2019/2020	Total	2017/2018	2018/2019	2019/2020	Total
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	94,308	95,761	101,350	291,419	80.2%	79.1%	80.5%	79.9%
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	5,539	6,098	5,903	17,540	4.7%	5.0%	4.7%	4.8%
PORTSMOUTH HOSPITALS NHS TRUST	3,136	3,202	3,415	9,753	2.7%	2.6%	2.7%	2.7%
FRIMLEY HEALTH NHS FOUNDATION TRUST	2,578	2,895	3,012	8,485	2.2%	2.4%	2.4%	2.3%
SOUTHAMPTON NHS TREATMENT CENTRE	1,584	1,689	1,798	5,071	1.3%	1.4%	1.4%	1.4%
SALISBURY NHS FOUNDATION TRUST	1,082	1,164	1,254	3,500	0.9%	1.0%	1.0%	1.0%
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	664	783	738	2,185	0.6%	0.6%	0.6%	0.6%
ROYAL BERKSHIRE NHS FOUNDATION TRUST	568	672	651	1,891	0.5%	0.6%	0.5%	0.5%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	683	747	57	1,487	0.6%	0.6%	0.0%	0.4%
ST MARY'S NHS TREATMENT CENTRE	382	349	424	1,155	0.3%	0.3%	0.3%	0.3%
ISLE OF WIGHT NHS TRUST	107	114	88	309	0.1%	0.1%	0.1%	0.1%
Other Providers	6,984	7,625	7,141	21,750	5.9%	6.3%	5.7%	6.0%
<b>Total</b>	<b>117,615</b>	<b>121,099</b>	<b>125,831</b>	<b>364,545</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Inpatient Activity (Maternity Only)

Provider	2017/2018	2018/2019	2019/2020	Total	2017/2018	2018/2019	2019/2020	Total
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	4,799	4,747	4,657	14,203	88.0%	87.2%	87.5%	87.6%
FRIMLEY HEALTH NHS FOUNDATION TRUST	220	218	206	644	4.0%	4.0%	3.9%	4.0%
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	132	151	159	442	2.4%	2.8%	3.0%	2.7%
PORTSMOUTH HOSPITALS NHS TRUST	115	106	118	339	2.1%	1.9%	2.2%	2.1%
SALISBURY NHS FOUNDATION TRUST	57	78	52	187	1.0%	1.4%	1.0%	1.2%
ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	48	51	39	138	0.9%	0.9%	0.7%	0.9%
ROYAL BERKSHIRE NHS FOUNDATION TRUST	22	35	29	86	0.4%	0.6%	0.5%	0.5%
BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0.0%	0.0%	0.0%	0.0%
ISLE OF WIGHT NHS TRUST	0	0	0	0	0.0%	0.0%	0.0%	0.0%
SOUTHAMPTON NHS TREATMENT CENTRE	0	0	0	0	0.0%	0.0%	0.0%	0.0%
ST MARY'S NHS TREATMENT CENTRE	0	0	0	0	0.0%	0.0%	0.0%	0.0%
Other Providers	61	59	60	180	1.1%	1.1%	1.1%	1.1%
<b>Total</b>	<b>5,454</b>	<b>5,445</b>	<b>5,320</b>	<b>16,219</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Any numbers in the maternity table lower than 6 have been replaced with a zero

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## HHFT Hospital Activity by Local Authority from 2017/18 to 2019/20

Data source: HHFT Data Warehouse

Patients included: All activity at HHFT. There is currently an issue in that no Portsmouth patient LSOAs have been identified, so Portsmouth CCG activity has been used for Portsmouth.

The maternity activity is based on CCG activity counts.

Prepared by Jon Rumsey (jon.rumsey@nhs.net) and Zoe Cameron (zoe.Cameron@hhft.nhs.uk)

### All Inpatient Activity

County or Unitary Authority	2017/2018	2018/2019	2019/2020	Total	2017/2018	2018/2019	2019/2020	Total
Hampshire	112,485	117,843	120,313	350,641	92.0%	91.7%	90.8%	91.5%
West Berkshire	4,435	4,961	5,451	14,847	3.6%	3.9%	4.1%	3.9%
Wiltshire	371	355	348	1,074	0.3%	0.3%	0.3%	0.3%
Southampton	442	463	493	1,398	0.4%	0.4%	0.4%	0.4%
Surrey	149	153	196	498	0.1%	0.1%	0.1%	0.1%
Isle of Wight	38	37	31	106	0.0%	0.0%	0.0%	0.0%
Portsmouth	70	65	80	215	0.1%	0.1%	0.1%	0.1%
Other or Unknown	4,337	4,634	5,538	14,509	3.5%	3.6%	4.2%	3.8%
<b>Total</b>	<b>122,327</b>	<b>128,511</b>	<b>132,450</b>	<b>383,288</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### All Outpatient Activity

County or Unitary Authority	2017/2018	2018/2019	2019/2020	Total	2017/2018	2018/2019	2019/2020	Total
Hampshire	565,927	577,580	566,736	1,710,243	94.4%	93.9%	93.1%	93.8%
West Berkshire	12,325	14,114	15,018	41,457	2.1%	2.3%	2.5%	2.3%
Wiltshire	2,649	2,580	2,485	7,714	0.4%	0.4%	0.4%	0.4%
Southampton	1,789	1,931	1,963	5,683	0.3%	0.3%	0.3%	0.3%
Surrey	863	823	836	2,522	0.1%	0.1%	0.1%	0.1%
Isle of Wight	106	126	139	371	0.0%	0.0%	0.0%	0.0%
Portsmouth	344	354	355	1,053	0.1%	0.1%	0.1%	0.1%
Other or Unknown	15,755	17,900	20,892	54,547	2.6%	2.9%	3.4%	3.0%
<b>Total</b>	<b>599,758</b>	<b>615,408</b>	<b>608,424</b>	<b>1,823,590</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### All A&E Activity

County or Unitary Authority	2017/2018	2018/2019	2019/2020	Total	2017/2018	2018/2019	2019/2020	Total
Hampshire	110,904	112,831	118,957	342,692	88.8%	88.4%	87.8%	88.3%
West Berkshire	4,309	4,650	5,241	14,200	3.4%	3.6%	3.9%	3.7%
Wiltshire	858	760	767	2,385	0.7%	0.6%	0.6%	0.6%
Southampton	721	852	794	2,367	0.6%	0.7%	0.6%	0.6%
Surrey	232	248	284	764	0.2%	0.2%	0.2%	0.2%
Isle of Wight	49	50	37	136	0.0%	0.0%	0.0%	0.0%
Portsmouth	169	197	228	594	0.1%	0.2%	0.2%	0.2%
Other or Unknown	7,703	7,988	9,162	24,853	6.2%	6.3%	6.8%	6.4%
<b>Total</b>	<b>124,945</b>	<b>127,576</b>	<b>135,470</b>	<b>387,991</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

### Maternity Admissions Activity

County or Unitary Authority	2017/2018	2018/2019	2019/2020	Total	2017/2018	2018/2019	2019/2020	Total
Hampshire	5,788	5,648	5,444	16,880	88.7%	89.7%	89.9%	89.4%
West Berkshire	503	520	452	1,475	7.7%	8.3%	7.5%	7.8%
Wiltshire	38	30	38	106	0.6%	0.5%	0.6%	0.6%
Southampton	61	41	39	141	0.9%	0.7%	0.6%	0.7%
Surrey	0	0	0	0	0.0%	0.0%	0.0%	0.0%
Isle of Wight	0	0	0	0	0.0%	0.0%	0.0%	0.0%
Portsmouth	0	0	0	0	0.0%	0.0%	0.0%	0.0%
Other or Unknown	135	56	82	273	2.1%	0.9%	1.4%	1.4%
<b>Total</b>	<b>6,525</b>	<b>6,295</b>	<b>6,055</b>	<b>18,875</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Any numbers in the maternity table lower than 6 have been replaced with a zero

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**Hampshire Health and Adult Social Care Committee  
Portsmouth Hospitals University NHS Trust update  
10 November 2020**

**Building Better Emergency Care Programme**

**1. Background**

Our five-year Trust strategy, *Working Together*, sets out our ambitious vision: “*working together to drive excellence in care for our patients and communities.*” Launched in July 2018, the strategy responds to national, local and organisational priorities, identifying the key areas we are focusing on to improve and build on the high-quality services we already provide.

The need for emergency care pathways to be transformed, working in partnership with local health and care organisations, is identified as a key deliverable in our Trust strategy. Building Better Emergency Care programme (BBEC) has been developed to deliver this transformation, working in collaboration to design a sustainable clinical model to deliver safe, effective, efficient, timely and patient centred emergency care and the associated clinical, workforce and estates changes that are required.

The programme is working across the organisation and with health and care partners to tackle some of the longstanding challenges that have contributed to delays for patients attending our Emergency Department (ED) over a number of years. Our ED is more than 40 years old and the constrained size and layout of the department has limited our ability to make improvements to the way care is delivered and implement best practice. The physical condition does not provide a good enough experience for patients, visitors or staff.

In recognition of these challenges, the Trust was awarded a £58.3m capital investment for new emergency care facilities at QAH in December 2018, subject to standard business case approvals, providing an opportunity to transform the way we deliver emergency care with modern, fit for purpose accommodation.

**2. Developing a new model of care**

We know that simply providing a new facility will not enable the Trust and the Portsmouth and South East Hampshire system to make the improvements needed for patients in our communities. This capital investment provides an opportunity to redesign how unscheduled and emergency care is provided:

- working with our partners, clinicians are designing a sustainable new clinical model that will support the timely assessment and care of all patients requiring emergency care, minimising handovers, duplication and delays
- the new ED is being designed to deliver this new model of care, providing modern facilities and capacity to meet national standards standards and promoting a positive experience for our patients and staff, while being flexible for the future.
- reconfiguring urgent and emergency care facilities at QAH will maximise productivity and efficiency of the urgent and emergency care pathway, streamlining the flow of patients through ED and beyond.

- meanwhile we are making continuous improvements day-to-day to help ensure that patients receive the right care, in the right place, at the right time.
- we continue to work closely with our health and care partners to make sure people have appropriate alternatives to ED and that the right care is available when people no longer need hospital care.

The clinical model is being redesigned against a set of core principles that provide the framework for all decision making on pathways, processes, workforce, digital and estates options:

- 7-day specialty model
- 7-day access to diagnostics and reporting
- 24-hour, 7-day access to assessment and initiation of treatment by a senior decision maker
- All patients will be managed on a same day emergency or outpatient pathway unless/until requirement for admission to hospital
- Pathways will maximise first place admission under an appropriate specialist, minimising handoffs and handovers of care unless clinically justified
- Emergency workflows separately planned and resourced to allow sustainable delivery of emergency and elective activity

The programme will deliver safer, more timely care, greater efficiency and an improved experience for patients, visitors and staff.

### **3. Approval of Strategic Outline Case**

We have recently shared positive news with committee members that the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, has now approved the Strategic Outline Case for the Building Better Emergency Care programme, which is the first step in the approvals process.

### **4. Appointment of Preferred Supply Chain Partner**

The Trust has followed the national framework for selecting a contractor and is pleased to have now appointed Integrated Health Partners (IHP) following confirmation from the Department of Health and Social Care. IHP, a partnership between Vinci Construction UK and Sir Robert McAlpine, will work with us through the detailed design and building stage of the programme. The team is highly experienced in delivering complex schemes across the NHS, including Emergency Departments, and we are delighted to be working with IHP.

### **5. Identification of site**

The Trust has undertaken detailed option appraisals to identify the most appropriate location in the QA site to design and build the new facility. A range of criteria have been considered to inform the outcome:

- sufficient space to accommodate the physical requirements to deliver the clinical model
- adjacencies and travel distances to other essential services within the hospital
- phasing & timing – whether multiple decants and moves will be required to create space for a new facility prolonging the timetable

- disruption to essential clinical services during construction
- implications for amendments to site infrastructure (eg provision or re-routing of utilities) and subsequent budget available to spend on clinical accommodation
- budget implications (for example if underground services need to be re-routed).

The East Car Park, which provides parking for staff, has been identified as the preferred location to be taken forward, subject to planning approvals. All patient car parking impacted by this development will be replaced on the hospital site, and a traffic solution will be included as part of the design.

## **6. Timeline**

Timelines and processes continue to be subject to NHS England and NHS Improvement and HM Treasury approvals processes. The Trust is planning towards submitting the Outline Business Case in early 2021 and is involving patients, communities, staff and stakeholders to help shape our plans. Timings are subject to approvals timescales and the potential impact of the ongoing COVID-19 pandemic, however it is currently estimated that the new facilities will open to patients in 2024.

## **7. Making improvements every day**

We continue to work closely with our health and care partners in Portsmouth and South East Hampshire to make improvements every day to ensure that right care is available to patients once they have received all of the acute care they need, and that patients can get the right care in the right place, at the right time.

The Trust, South Central Ambulance Service NHS Foundation Trust (SCAS), Primary Care Alliances, out-of-hours-providers and local Clinical Commissioning Groups (CCGs) continue to work in partnership to provide an additional, more convenient way for patients to access urgent care at Queen Alexandra Hospital via the 111 First pilot initiative.

Under the initiative, if a patient in Portsmouth and South East Hampshire needs urgent care but it is not a life-threatening emergency, they are encouraged to contact 111 first. An advisor will direct the patient to the right service for their needs, such as your GP, local pharmacy, urgent treatment centre or minor injuries unit. Calling 111 first helps patients to access the right care in the right place at the right time and helps us keep patients and their loved ones safe by maintaining social distancing. Patients who call 111 and are assessed as needing urgent care may be offered a booked slot to attend the Emergency Department where appropriate.

No patient will be turned away from our Emergency Department and anyone who is experiencing a medical emergency should still attend or call 999.

## **8. Patient and public engagement**

The capital investment will enhance the current provision of services, rather than changing their nature or location. We will carry out engagement in the coming months to inform the clinical model and the design principles that will underpin the new facilities. In later stages there will be wide-ranging engagement activities to inform the detailed design and we are committed to continuing to engage with patients, the public, staff, committee members, partners and our communities

## **9. Wider improvements to the Trust estate**

We continue to work to maintain and improve our buildings facilities and the environment for the benefit of patients, visitors and staff in-line with our Trust strategy, ensuring that we deliver flexibility for the future.

As part of this we are planning to increase the number of acute beds available on the QA site for patients to provide additional resilience to our bed base, resulting in:

- reduced bed occupancy
- continued improvements to waiting times for patients
- reduced pressure on emergency services, consistent with the urgent care improvement plan for Portsmouth and South East Hampshire
- accommodation outside of peak demand to support backlog maintenance works by our Private Finance Initiative (PFI) partner

Subject to relevant approvals, the scheme aims to provide an additional 72 beds at QA supported by £10m of the £48m funding from the Department of Health and Social Care, secured as part of the Isle of Wight NHS Trust's Acute Services Review Strategic Outline Case. This is key to increasing resilience as part of our existing partnership with the Isle of Wight NHS Trust (IWT).

We are developing a package of measures to help alleviate traffic congestion, manage demand for parking and promote sustainable travel. A number of proposals are being considered to expand or re-provide parking spaces to ensure availability for those who need it most. We also continue to work closely with Portsmouth City Council and the University of Portsmouth on sustainability initiatives to tackle challenges around climate change

We are also making improvements to enhance the physical environment across the site to increase biodiversity and improve the experience of our patients, visitors and staff. Works have recently started to develop two of the hospital's outdoor spaces for the benefit of patients, visitors and individuals and teams across the organisation. The projects are funded by the Portsmouth Hospitals Charity Board and support our vision for the estate to deliver an environment that supports the best possible standards of care and experience for our patients.

## **10. Further updates**

We will ensure that committee members are regularly updated and The Trust would be pleased to provide further updates as required.

**ENDS**



## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	10 November 2020
<b>Report Title:</b>	Issues Relating to the Planning, Provision and/or Operation of Health Services
<b>Report From:</b>	Director of Transformation and Governance

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto: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. NHS 111 First Programme
  - b. Estates Update from Southern Health NHS Foundation Trust

### Recommendations

5. Summary of recommendations: (the recommendations for each topic are also given under the relevant section in the table below)
6. *NHS 111 First Programme*

That Members:

- a. Note the briefing on the NHS 111 First programme.
- b. Request an update on the impact of the approach in Spring 2021.

7. *Estates Update from Southern Health NHS Foundation Trust*

That Members:

- a. Note the briefing provided on Southern Health NHS Trust's estates developments.

**Table 1**

<b>Topic</b>	<b>Relevant Bodies</b>	<b>Action Taken</b>	<b>Comment</b>
NHS 111 First Programme	Hampshire and Isle of Wight partnership of CCGs	This is the first time the committee have been briefed on this initiative	This is the local implementation of a national initiative, linked to managing demand for urgent care, and establishing an appointment system at Emergency Departments to manage numbers and therefore the risk of virus transmission (see attached briefing)
<p><b>Recommendations:</b></p> <p>That Members:</p> <ol style="list-style-type: none"> <li>a. Note the briefing on the NHS 111 First programme.</li> <li>b. Request an update on the impact of the approach in Spring 2021.</li> </ol>			
<b>Topic</b>	<b>Relevant Bodies</b>	<b>Action Taken</b>	<b>Comment</b>
Estates Update from Southern Health NHS Foundation Trust	Southern Health NHS Foundation Trust	The HASC maintains an overview of planned service developments	Southern Health intends to increase it's in house inpatient bed capacity (see attached briefing).
<p><b>Recommendations:</b></p> <p>That Members:</p> <ol style="list-style-type: none"> <li>a. Note the briefing provided on Southern Health NHS Trust's estates developments.</li> </ol>			



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

**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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<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	10 <sup>th</sup> November 2020
<b>Report Title:</b>	NHS 111 First programme update
<b>Report From:</b>	Sam Chapman Urgent & Emergency Care Associate Programme Director David Barker Head of Communications and Engagement

## NHS 111 First programme implementation in Hampshire/Isle of Wight

### 1 Introduction

The purpose of this paper is to update committee members on the implementation of the NHS 111 First programme across Hampshire and the Isle of Wight.

This is a national initiative from the NHS, essentially offering an enhanced 111 approach, supported by a local clinical assessment service. Its aim is to ensure that people who require NHS care urgently, but who do not have a life-threatening condition, are directed to the most appropriate service for their need once they have been triaged and assessed, and that this happens quickly and easily for them.

In addition those patients who, following assessment, still require to be seen at an emergency department, can be offered a timed slot to attend, offering what is intended to be a more convenient service for the individual. It also enables hospitals and other providers to better manage demand for emergency care services, and reduce the risk of infection more effectively with fewer people in waiting areas.

NHS organisations, including commissioners plus acute, ambulance and primary care providers, are working together to deliver this enhancement to the NHS 111 service in a coordinated way within the four local integrated care partnership (ICP) areas – Portsmouth and south east Hampshire, North and mid Hampshire, Southampton and south west Hampshire and the Isle of Wight.

The initiative is part of a national requirement, with an ambition that all systems will have implemented a minimum specification of the clinical model by December 2020, as set out at the NHS England and NHS Improvement Board Meeting in Common held on 28 July 2020.

This was, subsequently endorsed by a directive within the Third Phase of the NHS Response to COVID-19 letter from Simon Stevens (NHS England, 31<sup>st</sup> July 2020).

In practice, this specification requires NHS111 services to increase the proportion of people whose needs are assessed by clinicians on the telephone and, then, for local ICPs to ensure that people can be offered the most appropriate care in response to their individual needs. This may range from telephone advice on self-care, a next-day appointment booked to see a GP or an urgent timeslot arranged to attend the Emergency Department (ED).

Committee members may recall that the Portsmouth and south east Hampshire ICP has been a national early implementer of this approach. Here, Portsmouth Hospitals University NHS Trust (PHU) has been working with South Central Ambulance Service NHS Foundation Trust (SCAS), the local CCGs and primary care to deliver a 'pilot' of the service since the end of June 2020.

Although it is early days in terms of evaluation of the Portsmouth service, it has so far had a positive impact on reducing walk-in attendance to ED and is also attracting some positive feedback from patients who have used the new approach.

We anticipate all four ICP areas will have completed the necessary assurance processes, and have introduced the scheme, by December with the learning from the Portsmouth experience providing valuable learning insight for organisations both locally and nationally.

North and Mid Hampshire has already completed the assurance process and commenced patients being booked into the two hospitals (Basingstoke and Winchester) from Monday 26<sup>th</sup> October. Additionally the same process is in place for patients to access the Andover Minor Injury Service which commenced at the start of October.

Meanwhile, the Isle of Wight ICP area has also been given the go ahead to proceed and the service on the Island will be commencing in early November. Southampton, in line with its original proposal, is planning to have the service implemented in the last week of November.

All three of the ICP areas following on will be undertaking a 'soft launch' initially, which enables them to ensure that the service is fully operational and working without concerns, before commencing wider communications, and promotion, with the public. This was also the case with the Portsmouth scheme.

## **2 Background**

The NHS 111 First scheme aims to encourage members of the public to contact NHS 111, either online or by phone, as the primary means to access urgent health care, using a more prominent public facing message – 'NHS 111 First'.

The COVID-19 pandemic has had a profound effect upon the delivery of NHS services, including the way that people choose to access healthcare. Lockdown measures in the spring to control the spread of COVID-19 saw, at the time, a sharp reduction in attendance at ED of up to 60% (although this reduction was not sustained), together with a large increase in the inbound call volumes to the NHS 111 Service.

Alongside this there were rapid developments to operational delivery within the NHS in order to ensure patients who are COVID-19 positive receive the treatment they need and at the



same time protect those who are most at risk. More recently the approach to restoration and recovery of services, particularly in elective care, has highlighted the importance of the NHS being able to effectively manage its elective and non-elective demand efficiently, at a local level and, in fact, nationwide.

This has led to the recognition that changes to the way the public accesses services must be maintained, during the second wave of the pandemic and beyond, to reduce the risks of nosocomial (hospital acquired) infection within health settings, and ensure that healthcare service demand is more proactively and effectively managed.

By developing the current NHS 111 service to offer patients a different approach to the way they seek out and receive urgent healthcare, we are able to:

- promote NHS 111 (both online and via existing telephony) as the first point of contact for people experiencing a non-life-threatening health issue;
- encourage a move away from (but not exclusion of) going to a physical location as the first choice to access healthcare when it is needed urgently;
- embrace remote assessment and the technology which supports it;
- prevent nosocomial infection by minimising the opportunity for patients to congregate together in ED waiting rooms;
- ensure patients get a clear direction of what they need to do and where they need to go in order to resolve their issue;
- protect those most at risk by giving them an enhanced service.

In short, there are some fairly fundamental benefits here to the requirement to keep people who need urgent care, and those who treat them, safe – preventing the spread of infection which could be brought about by having too many people grouped together at any one time.

Alongside this can be placed the potential benefits in terms of time and demand management in being able to direct a number of people initially towards a clinical assessment service that can discuss with each individual the most appropriate service for their needs, thereby identifying the potential to significantly reduce the number of people who self-present at an emergency department.

### **3 How the service works**

The NHS 111 First national programme is being introduced to improve outcomes and patient experience in healthcare settings during COVID-19 and to provide a long-term model of access to urgent and emergency care services.

Patients access urgent and emergency care in a number of ways and the plan is that these revised procedures will support people to get the right care in the right place, whilst continuing to manage risk and governance processes to ensure they reach appropriate and safe outcomes.

A significant proportion of emergency department attendances are self-presenting, walk-in patients, and the majority occur during the day and early evening, with the obvious implications this has for managing social distancing in waiting rooms.

New approaches and processes have been developed as part of the NHS111 First initiative including an electronic direct booking system, and a clinical assessment service to support the interface with the emergency department in each of the four Hampshire and Isle of Wight ICP areas. There is scope within the scheme to tailor the approach to suit the specific needs of each ICP area, for example in terms of how the clinical assessment service (CAS) is provided.

The new service encourages patients who think they might need to go to an emergency department to contact NHS 111 first instead of walking in unannounced.

The service, in conjunction with local telephone clinical assessment services, will assess their needs and can, where appropriate, book them a timed slot for attendance at an emergency department. However in many cases they will be able to book or direct them to a more appropriate local service, which could be a same day emergency appointment in primary care, an urgent treatment centre or minor injuries unit, follow-up at their GP practice or pharmacy.

Expanding the NHS 111 First offer to provide low complexity urgent care without the need for an ED attendance ensures those who need care can receive it in the right setting more quickly. It also means that capacity can be released within emergency departments to enable them to deal with those who most need their specialist services. In implementing this programme across Hampshire and the Isle of Wight it is important to stress that people who need emergency care should still call 999, as has always been the case.

But, by asking people to contact NHS 111 first and advising them where and when to go, we can more safely manage waiting areas, reducing the potential for crowding and thus significantly lowering the risk of COVID-19 transmission. Being able to provide patients who need emergency department care with a specific timeslot to attend is a positive expansion to the service we already offer and will help to keep people safe and well

This initiative helps us to keep our patients safe with social distancing in our Emergency Department, while supporting patients to access the right care, the first time, in a more convenient way. The ED remains open at all times and anyone experiencing a medical emergency should still attend the department or call 999.

#### **4 The experience in Portsmouth and south east Hampshire**

Portsmouth was one of a handful of national 'early implementers or adopters' of the new service that have led the way in piloting the service.

The Portsmouth service differs slightly from that being implemented elsewhere across the country as it also delivers a second component – the option to direct ED walk-in attendees, where clinically appropriate and only if it is not a life-threatening emergency, to contact NHS 111 directly from an online terminal or phone located within the hospital's emergency department. This additional element of the service helps to manage patient flow in the department but also provides the opportunity for patients to be directed to a more appropriate service for their needs, where they may be seen more quickly.

Working with primary care and CCG partners, Portsmouth Hospitals University NHS Trust and South Central Ambulance Services NHS Foundation Trust, has seen more than 1,400 patients attend a booked time slot at the ED at Queen Alexandra Hospital since the start of July. Encouragingly there is a noticeable trend that points to a small reduction in 'walk-in' patients attending the Emergency Department.

The support of the telephone clinical assessment service, for the Portsmouth and south east Hampshire area run by local GPs, has been instrumental in providing timely triage for patients. The GPs have full access to the patients' health records and for all patients who have an urgent care need, a GP will contact them within 30 minutes to discuss their need in more detail and provide appropriate clinical support relevant to the condition.

This may result in self-management advice over the telephone or via video link, signposting to alternative services such as pharmacies, minor injuries units or urgent treatment centres, booking an appointment within their own GP surgery, arranging for urgent access within the hospital without having to go via ED or booking an ED appointment/ ambulance dispatch for those that need it.

## **5 Implementing the service across Southampton, Hampshire and the Isle of Wight**

Between now and December the NHS 111 First programme will be rolled out in the other three ICP areas. At this stage, this will not include the additional component in the Portsmouth scheme (direct access to 111 from phone/terminals within the ED) but will include the ability for patients to have a timed arrival slot in their local emergency department or to be directed to an alternative, more appropriate, source of help more quickly.

Regional and national assurance processes are in place to ensure that plans being developed locally are robust, resilient and demonstrate all necessary requirements for patient safety. There is scope within each area to deliver an operating model that meets the particular needs of each local health and care system, in relation to the current availability, and set up, of urgent care services and in terms of how the clinical assessment service is operated and delivered locally.

Following on from Portsmouth, the service in North and Mid Hampshire began operating on Monday 26<sup>th</sup> October, and the Isle of Wight service will be introduced in the first week in November. Both services will run with a 'soft launch' initially to ensure all aspects of the provision work effectively, ahead of a public communications campaign.

A similar approach will be adopted for Southampton where the service will be in place at the end of November.

## **6 Communications and engagement approaches**

The Portsmouth and south east Hampshire pilot was supported by a substantial communications campaign which was run with support from NHS England. A multi-channel approach was used to ensure that information could be shared using a range of approaches, including social media, a leaflet drop to households and work with the media as well,

including a positive feature on BBC South Today. The help of partner organisations has been much appreciated in sharing information through their channels as well.

From December a national campaign promoting 111 First will be implemented and we will be supporting this throughout Hampshire and the Isle of Wight to ensure that, wherever possible, a consistent and coordinated approach is maintained to communicating key messages to public audiences.

Clearly the new 111 First approach will be an integral part of the NHS' plans to manage winter demand this year so each system has also developed a local 111 First communications plan, intended to supplement the national campaign but delivering solutions that fit with the particular requirements of each local system.

These plans, though, have been developed in a coordinated way to ensure that they can both accommodate and fit with the national approach, and link effectively together to ensure a common purpose across the Hampshire and Isle of Wight area is in place as well.

We will also be using our local approaches to gather insight data into people's experiences of using the enhanced NHS 111 service, so that we can continue to ascertain what improvements might need to be considered, based on the feedback we receive from members of the public.

## **7 Recommendation**

The Committee is asked to note this update report.

DB/SC October 2020

## **Briefing Note: Improving our therapeutic care environments and mental health bed capacity**

**October 2020**

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One of the key strategic priorities for Southern Health is to ensure that everyone we serve, that needs a mental health bed, has access to one, and patients are cared for in the best environment possible.

Over recent months we have been working to reduce the number of out of area placements. These are when people receive care in beds that are not directly provided by the Trust, sub-contracted with another organisation or beyond the borders of Hampshire. These can be far from home which we recognise can be difficult for patients. We have been working hard to reduce the number of patients receiving care out of area, making significant progress over the last few months.

Alongside this we have identified that the environments on Poppy and Rose wards based at Gosport War Memorial Hospital (GWMH) needed improving.

As a result we are now planning a major investment to open additional beds within our own services and improve the wards at GWMH. The aim is to ensure all patients who need access to a mental health bed can get one within our NHS hospitals, and these beds provide the best therapeutic environment possible.

This paper describes three initial projects across Hampshire to help us meet this aim:

- Opening a Psychiatric Intensive Care Unit (PICU) for female patients at Antelope House, our psychiatric hospital in Southampton.
- Opening a new acute mental health ward at Parklands Hospital in Basingstoke
- Improving the environment in Older Peoples Mental Health Wards at Gosport War Memorial Hospital.

### **Psychiatric Intensive Care Unit**

This project will enable us to provide female only PICU beds within Hampshire by providing a ward with 10 beds at Antelope House. There are a number of clear benefits including:

- Contributing to our aim of supporting all local patients within Hampshire
- Delivering equity of treatment for male and female PICU patients
- Complementing and supporting other wards in Antelope House and in our other acute inpatient sites across Hampshire

There are challenges, most notably in recruiting sufficient staff to run the ward, and carrying out the necessary building work to create a suitable environment for this type of care - which will involve significant capital investment.

We are proposing to make use of space in the unit vacated earlier in the year by the Crisis Lounge, which has now become a community-based crisis service called the Lighthouse (based in Shirley).

We will be engaging with patients, carers, staff and other stakeholders throughout this process to ensure their views are heard and taken into consideration in this development.

Our aim is to open the new unit, most likely in a phased approach as staffing levels allow, during 2021.

#### **Acute Mental Health Ward**

We are looking to provide 18 acute mental health beds at Parklands Hospital in Basingstoke.

The new ward will be located on the top floor of Parklands Hospital, which is currently used as a base for teams to do admin work. These teams will be relocated appropriately. All clinical services currently on the ground floor will remain unchanged.

We are working with our service user group to help us shape the design of the new ward. They will also be helping us design a new staffing model to ensure we can recruit the correct mix of staff groups to provide the best care possible.

We hope the building work will begin in December 2020 with a target of opening the ward in mid-2021.

#### **Gosport War Memorial Hospital**

Having secured funds we are undertaking significant improvement works at Gosport War Memorial Hospital to our Poppy and Rose wards. These wards support people with organic (Poppy Ward) mental health needs and functional mental health needs (Rose Ward).

Poppy and Rose wards are currently both arranged in a dormitory style with 16 beds on each ward. The work undertaken will remove the dormitory style format and replace it with individual ensuite rooms. This will afford patients greater privacy and provide a more therapeutic environment. It will also mean the wards meet the longstanding aim of the NHS to eliminate dormitory style wards in mental health settings.

The work is expected to take up to 26 weeks in total with the work running consecutively. Poppy Ward, which cares for those with organic mental health needs (e.g. dementia) will go first. The work to change the ward is estimated to take 16 weeks. During this time patients currently on the ward will be supported in the Trust's other organic mental health wards. Following the completion of Poppy Ward, patients will return and work will begin immediately on Rose Ward. Rose Ward supports those with functional mental health needs (e.g. depression). The timescale for this work is expected to be around 10 weeks. Again, patients will be supported in our other wards during this time, or if possible, they will be supported in the community.

As part of this work we will lose two beds from each ward to provide ensuite rooms with greater privacy and dignity for the patient as well as more flexibility with regards to the needs of a patient and patient mix, allowing us to be more responsive to local needs and care for more patients who might otherwise have had to go elsewhere for treatment.

#### **Any questions?**

Please get in touch should you wish to discuss further, or if you would like to be more closely involved in developing these plans.

Grant Macdonald, Chief Operating Office

**ENDS**



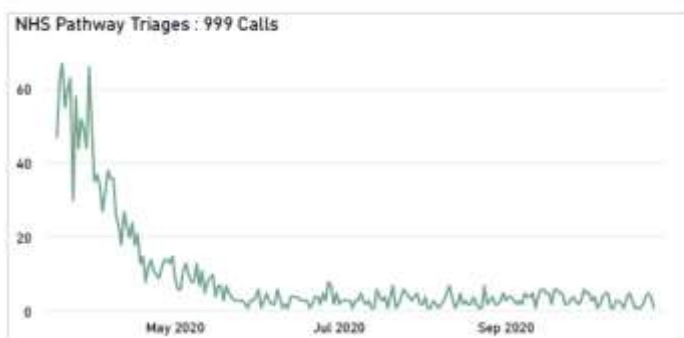
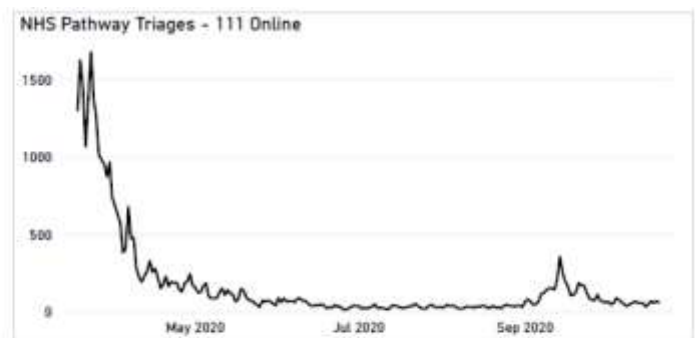
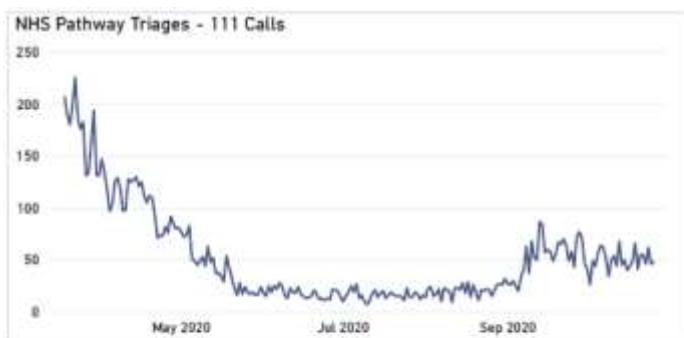
## HIOW NHS Response to Covid-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels November 2020

### 1. Introduction

Following the briefing provided in October 2020, this paper provides an update on the impact to date of the pandemic; the Hampshire and Isle of Wight progress of the Third Phase of the NHS Response to Covid-19; NHS England and NHS Improvement Commissioned Services; and work to seek the views of key stakeholders and local people.

### 2. Impact of Covid-19 on Hampshire and the Isle of Wight

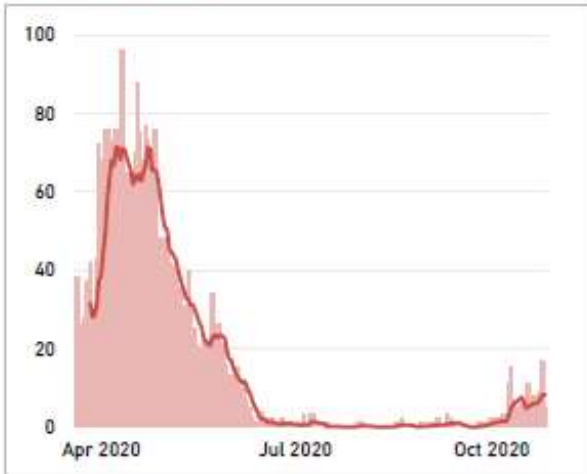
The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential Covid-19 symptoms.



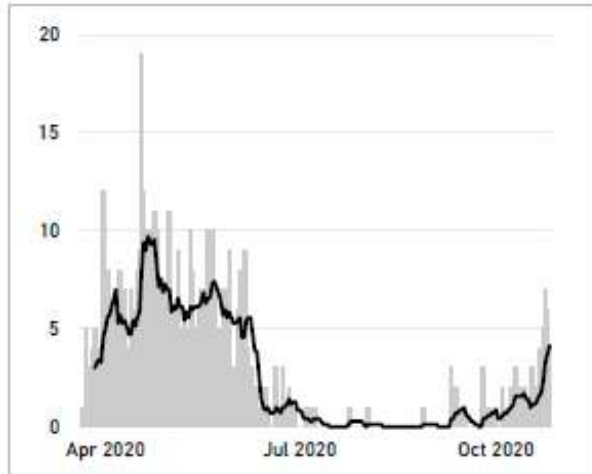
Data published on potential COVID-19 symptoms reported through NHS Pathways and 111 online Dashboard shows the total number of NHS Pathways triages through 111 and 999, and online assessments in 111 online which have received a potential COVID-19 final disposition. This data is based on potential COVID-19 symptoms reported by members of the public to NHS Pathways through NHS 111 or 999 and 111 online, and is not based on the outcomes of tests for coronavirus. This is not a count of people.

The following graphs show the number of inpatients diagnosed with Covid-19, the number admitted with Covid-19, the number admitted with suspected Covid-19 and the number of patients with Covid-19 discharged.

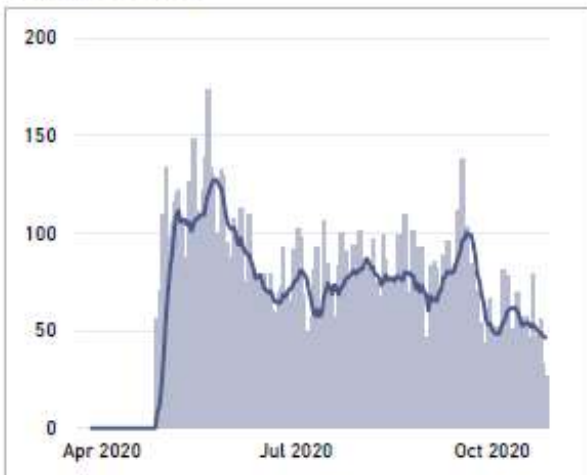
Inpatients Diagnosed with Covid-19  
Full Time Series



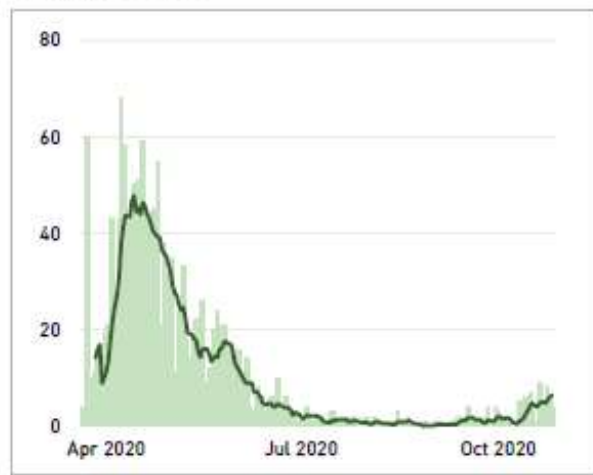
Patients Admitted with Covid-19  
Full Time Series



Patients Admitted with Suspected Covid-19  
Full Time Series



Covid-19 Discharges  
Full Time Series



The following graph shows the HIOW staff sickness rate including the sickness rate related to Covid-19.





We continue to support our staff on the impact on them from responding to the pandemic. This support is provided in a number of ways with mental health and wellbeing programmes and bespoke support is in place for all staff groups.

### **3. HIOW NHS progress of the Third Phase of the NHS Response to Covid-19**

The Third Phase of NHS Response to Covid-19 guidance, issued in July 2020, sets out the following three priorities for the rest of 2020/21:

- A. Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally
- C. Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Our progress to date on these includes:

- We have seen notable improvement in August, September and October with weekly activity volumes delivered are rising each week for most activity types
- The number of patients waiting over 52 weeks and total waiting list size levels have stabilised
- HIOW missed its 52 week target very narrowly, but weekly activity shows that achievement in October is probable, unless we are significantly impacted by a Covid-19 growth
- The number of patients waiting over 40 weeks has stabilised and recently reduced
- Cancer standards are being delivered and recovery trajectories for activity are within 5% of target. Cancer capacity has been fully restored
- Inpatient elective episodes have reached higher than planned levels and are delivering 95% of historic levels
- Inpatient elective, MRI and CT are all exceeding planned levels and national targets
- Primary care activity has also reached its planned recovery levels, at 88% of historic values in August, and higher forecast in September. Face to face activity has risen to 53%
- Two week wait referrals are now at 90% of previous levels and rising
- 100% of Care Quality Commission (CQC) registered care homes now aligned to a single GP practice as required by the national Direct Enhanced Service (DES)
- Flu immunisation programme rate is exceeding planned rates.

There are two areas of key concern against elective plans – endoscopy and outpatient department activity. These both remain under planned activity levels and we are focussing in increasing these.

### **4. NHS England and NHS Improvement commissioned services**

NHS England and NHS Improvement South East commission a number of local services. Key updates on these are:

- Pharmacy services – Remain open with some operating to different hours to ensure they are able to catch up with requests and clean

- Dentistry services – All dental practices providing NHS services are now able to provide face-to-face care. Practices are providing different types of treatment though they are minimising treatment involving Aerosol Generating Procedures (AGPs). All practices continue to offer a telephone triage service for both their regular patients and other members of the public. During this they can provide advice, prescribe medication to relieve pain or treat infections and can make a clinical decision if they feel that the patient needs to be referred to one of the urgent care hubs if they are unable to carry out the necessary treatment at their own practice.
- Optometry services – High street optometry practices continue to provide face-to-face routine patient appointments. However, infection control and social distancing measures mean that the number of patients who can be sight tested during testing sessions is reduced.

## **5. Seeking the views of local communities**

It is key that we seek the views of our stakeholders, partners and local communities as we develop our restoration and recovery plans both within local systems but also across HIOW. To support this we are continuing to:

- Work with our Local Resilience Forum partners to track engagement work being undertaken by partners and other agencies to develop a bank of insight
- Work with the local authority Health Protection Boards
- Analyse the themes from the results of a survey undertaken with the HIOW NHS Citizens Panel and the health questions in local authority citizens surveys which we will then engage on in more detail pan HIOW
- Develop further work to explore people's experience of being on our elective waiting list during the pandemic to understand how we can support them
- Plan how we work closely with Healthwatch to understand the views of our seldom heard communities
- Work with our local Primary Care Networks to support them to engage with local communities on the evolution of their services.

## **6. Recommendation**

The Committee is asked to note this update briefing.

<b>Committee:</b>	Health and Adult Social Services (Overview and Scrutiny) Committee
<b>Meeting date:</b>	10 <sup>th</sup> November 2020
<b>Title:</b>	Update from University Hospitals Southampton NHS Foundation Trust (UHS) on COVID-19
<b>Report From:</b>	Duncan Linning-Karp, Director of Operations

## 1. Purpose

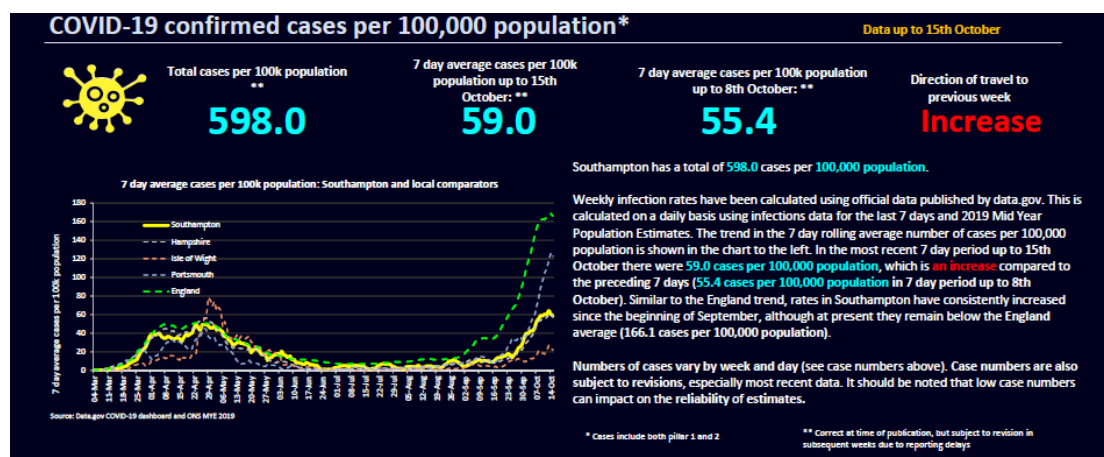
1.1 To provide an update to HASC on COVID-19 and the response of UHS.

1.2 To provide an update on the recovery of elective activity in line with the Phase 3 letter.

## 2. Current State

2.1 Since the last update to HASC, cases of COVID-19 both locally and nationally have been rising. While cases in the South East have been less prevalent than across the North, locally the R has increased to between 1.3 and 1.5.

2.2 In Southampton the prevalence per 100,000 of the population has also risen significantly:



Source: [https://data.southampton.gov.uk/images/covid-19-southampton-infographic-20-october-2020\\_tcm71-432863.pdf](https://data.southampton.gov.uk/images/covid-19-southampton-infographic-20-october-2020_tcm71-432863.pdf)

2.3 At the time of writing (29/10) UHS has 50 COVID-19 positive inpatients; the number is expected to continue to rise.

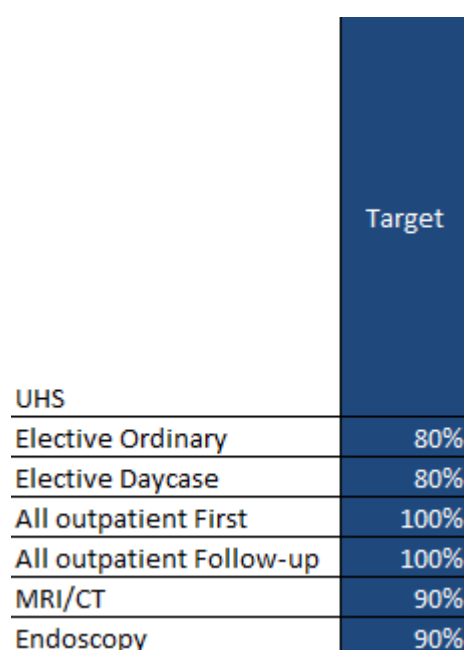
2.4 UHS has also seen a significant outbreak of COVID-19 on one of its wards, with some likely nosocomial infection.

2.5 UHS is currently running a full elective programme. However, there is clearly a risk to this going forwards if cases continue to rise. This could either be because of a need for more beds for COVID-19 patients, the need to move staff to support additional ICU beds or a rise in absenteeism either through illness or self-isolating. Or, likely, a combination of the three.

### 3. Elective Recovery

3.1 As well as dealing with an increase in COVID-19, UHS has been focused on elective recovery in line with the Phase 3 letter.

3.2 The national targets for September (the last full month reported) were:



UHS	Target
Elective Ordinary	80%
Elective Daycase	80%
All outpatient First	100%
All outpatient Follow-up	100%
MRI/CT	90%
Endoscopy	90%

3.3 However, it should be noted that UHS had responded forecasting achievement of the targets later than requested; elective and outpatients in January 2021, CTG / MRI in November and Endoscopy in December. This was based on additional operating capacity and beds coming on line in December and the need to scale up off-site solutions for outpatients, particularly ophthalmology.

3.4 In September UHS **met** the targets for elective and CT/MRI. UHS was short of the target for endoscopy and outpatients, although ahead of the position we had predicted:

	Target	19/20 Actual	20/21 Forecast	% Comparator forecast vs 19/20 Activity Actual
UHS				
Elective Ordinary	80%	1,478	1,187	80.31%
Elective Daycase	80%	5,488	4,508	82.14%
All outpatient First	100%	15,848	14,377	90.72%
All outpatient Follow-up	100%	40,848	37,057	90.72%
MRI/CT	90%	6,045	5,904	97.67%
Endoscopy	90%	674	582	86.35%

3.5 Further work is taking place to ensure the maximum use of both capacity at UHS and also in the Independent Sector.

3.6 However, it acknowledged that there is a risk to elective activity, particularly on the UHS site, as COVID-19 increases.

### Conclusion

4.1 UHS has robust plans in place both to ensure continued recovery of elective activity and prepare for a second wave of COVID-19 infections.

4.2 However, there is of course a risk that depending on the peak of the second wave elective there will be an impact on elective activity.

4.3 With the system plans have been developed to support the continuation of elective activity for as long as possible. However, the number of patients who are medically fit for discharge remains high, placing significant pressure on UHS.

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20 10 2020

Media and Communications Team

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## Briefing note:

# Southern Health's response to coronavirus epidemic: update 5

### Introduction

This paper is the fifth in a series of updates and follows the first written briefing on 27 March 2020 (which also provided some background on the coronavirus), the second one on 6 April 2020, third on 29 April 2020 and fourth on 15 June 2020

Copies of these past papers can be provided upon request to provide the detail of all those services which were either temporarily ceased, reduced in frequency or offered in an adapted way (i.e. digitally/virtually).

This paper describes what Southern Health has done since July to ensure the best possible services are delivered and what has been done to protect patients, service users, our staff and the public.

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### Overview of Service Changes

Our staff and services have fundamentally transformed the way in which we work. We saw a phenomenal effort by our teams to work differently and collaborate with partners across the health and care system. The focus has been to provide the safest, most effective care possible during the pandemic, for those with Covid - 19 as well as those with other health needs.

Some examples to illustrate these efforts include:

- We recruited an additional 580 staff (about 10% of our workforce) including students and 278 substantive recruits.
- Around 400 colleagues redeployed into different settings - this includes trainers redeploying into clinical practice, staff transferring to acute hospitals, and corporate support staff moving to help with the distribution of supplies to our hospitals.
- We made a significant number of additional beds available at our community hospitals. These plans mean we are able to quickly react to any future increase in cases too. We also supported acute hospitals to ensure there were beds available for people on discharge.
- We facilitated a major shift towards supporting patients using video and telephone, where this was clinically appropriate. This enabled us to minimise the risk of infection whilst continuing to provide vital care. Our teams have carried out over 32,000 video appointments since March. The Lighthouse, a safe haven for people with a mental health crisis in Southampton, used text messaging and telephone to support patients, with over 600 contacts.
- We implemented risk assessment tool to help keep our staff safe. It accounts for major risk factors including age, gender and ethnicity. Overall 94% of staff at risk have completed the risk assessment, including over 99% of all staff from Black, Asian, and minority ethnic heritage, as well as 97% of staff aged over 50.

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### OUR VALUES



- The Trust developed an online Wellbeing Hub for staff enduring the stresses of working in the pandemic. More than 3,300 staff have access the site for resources, guidance and links to additional support. We also set up a dedicated 'Listening Ear' coaching service which has been used by over 100 staff with overwhelmingly positive feedback.
  - As the largest local provider of mental health services in the county, we also developed a psychological support offer to partner organisations, this included access to our wellbeing hub and fast track access to psychological therapies.
  - The procurement team were successful in ensuring our staff had access to the right equipment and protection. This work continues. For example:
    - Aprons, gloves and masks have been issued to staff and patients in line with the changing guidance so that we now issue approximately 10,000 masks per day.
    - In March/April, 4,500 sets of uniform were supplied to staff not typically in uniform.
    - 217 beds/mattresses were purchased to support our surge capacity with another 705 associated items of related furniture.
    - In the first 4 months the Trust gave 91,000 items of PPE to other organisations including masks to Stoke Mandeville, and gloves to the ambulance service. We also received 9,000 items when we needed such assistance.
  - During this period when more than 1,300 staff had to self-isolate at differing times, more than 500 staff took periods of sickness with either confirmed or suspected Covid-19 and more than 120 staff were shielding.
- 

### Community services

- Community services have been returning to near normal levels of activity.
- Staff have contacted patients who are clinically vulnerable and those whose non Covid care may have been delayed.
- Efforts have been to address the backlog of childhood immunisations through specific catch-up initiatives and additional capacity.
- Enhanced support for care homes, and a programme of structured medication reviews.
- Community health teams have resumed home visiting care for all those vulnerable/shielding patients.
- The Government has made additional funding available to support timely and appropriate discharge from hospital inpatient care. Hospitals, community health and social care partners have worked to embed the **discharge to assess** processes. New or extended health and care support has been funded for a period of up to six weeks, following discharge from hospital. During this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, must now take place. The fund can also be used to provide short term urgent care support for those who would otherwise have been admitted to hospital.

### Mental Health services

- There has been additional investment in mental health services and funding is being directed towards core Long Term Plan (LTP) priorities, which is helping strengthen the response to the Covid pressures.
- Significant investment in our IAPT service, italk, is enabling us to recruit more practitioners and expand services, ensuring more people can get access to the support they need in response to the rise in mental health demand. During this first wave of Covid all IAPT consultations have been virtual.
- The **24/7 crisis helplines** for all ages that were established locally during the pandemic should be retained.
- We should maintain the growth in the number of **children and young people accessing care**.



- We will proactively review all patients **on community mental health teams' caseloads** and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community.
- Ensure that **local access to services is clearly advertised**.
- Additional funding to help **eliminate mental health dormitory wards**. The improvements include:
  - Gosport War Memorial Hospital – Poppy Ward and Rose Ward
  - Parklands Hospital in Basingstoke
  - Antelope House in Southampton – Abbey Ward. Whilst not related to the elimination of dormitories, this project will enable us to provide female only PICU beds within Hampshire by providing 10 female PICU beds at Antelope House.

### Learning disability and/or autism services

- Continue to **reduce the number of children, young people and adults within a specialist inpatient setting** by providing better alternatives and by ensuring that Care (Education) and Treatment Reviews always take place both prior to and following inpatient admission.
- Complete all **outstanding Learning Disability Mortality Reviews (LeDeR)** by December 2020.
- GP practices are trying to ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged.

### Winter preparations

- Delivering an expanded seasonal flu vaccination programme – it is vital all staff receive their flu vaccination to stop it spreading to vulnerable patients, colleagues and family.
- Expanding 111 services to treat people with low-complex urgent care
- Continue to work with local authorities to ensure those that are medically fit, are discharged home as soon as it is safe for them. This is part of previously discussed work
- Ensuring that everyone with a Learning Disability is identified on the GP Practice registers and that they have their annual health checks, and access to screening and flu vaccinations is proactively arranged.

### Lessons learned

- Health and wellbeing of staff needs to continue as a priority
- COVID-19 has further exposed some of the health and wider inequalities in our society. The virus itself has had a disproportionate impact on different groups within the population, including those living in most deprived neighbourhoods, people from Black, Asian and minority ethnic communities, older people, those who are obese and who have other long-term health conditions and those in certain occupations. It is essential that recovery is planned in a way that inclusively supports those in greatest need.

### Current Position

Southern Health NHS Foundation Trust, along with NHS and local authority partners, have worked well together in managing the impact of the first wave of the Covid pandemic. Over the past week, or so, efforts have been made to return all services to as near normal activity as has been possible. It is now clear that we are well into a second wave of the Covid pandemic and we will, with our partners, be building on what we learned in the first phase. We will utilise the additional capacity that we have built in to the system and are

doing our collective best to ensure that everyone is kept safe from Covid, whilst at the same time trying to protect and sustain all non Covid services.

We continue to work closely in partnership with our CCG and local authority colleagues to agree and implement future changes.

**Any questions?**

If you have any questions, please contact Heather Mitchell (Southern Health's Executive Director for Strategy, Infrastructure and Transformation) via email: [heather.mitchell@southernhealth.nhs.uk](mailto:heather.mitchell@southernhealth.nhs.uk).

*Ends*

**Hampshire Health and Adult Social Care Committee  
Portsmouth Hospitals University NHS Trust update  
10 November 2020**

**Trust response to COVID-19**

**1. Introduction**

This paper provides an update on our response to the COVID-19 pandemic, which remains a priority for the organisation, including progress against national requirements for the third phase of the response to the pandemic

As of 29 October 2020, local prevalence of COVID-19 is continuing to increase in Portsmouth and is currently above the national average. However, the rate of cases locally remains lower than other parts of the country which are under the tightest local COVID alert level restrictions. The Portsmouth area is currently classified at medium alert - the lowest local COVID alert level - and restrictions locally remain unchanged.

We continue to follow all national guidance related to COVID-19 as we closely monitor and respond to emerging evidence about the virus, prevalence and impact. Regular Gold Command meetings are ongoing and we have stepped up our Silver Command meetings in light of the increase in prevalence locally. We are ready to step up our command structure further in response to any escalation of the situation locally.

We continue to work closely with our partners across Hampshire and the Isle of Wight to respond to the COVID-19 pandemic.

**2. Third phase progress**

On 31 July 2020, Sir Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Officer, set out NHS priorities for the third phase of the response to COVID-19, as follows:

- A. Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the “window of opportunity” between now and winter
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally
- C. Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention

Our current progress against each of these three priorities is as follows:

**A. Accelerating the return to near-normal levels of non-COVID health services**

We have prioritised the delivery of urgent and care work throughout the COVID-19 pandemic, and all of our services are fully operational. The safety of our patients remains an absolute priority. We continue to clinically review all of our patients and prioritise patient safety for those who are clinically urgent with a secondary consideration of the length of time that a patient has waited.

We continue to utilise independent sector capacity, maintaining high levels of advice and guidance to support GPs and in support of our outpatient service delivery. We are continuing virtual outpatient clinics where appropriate and are making good progress.

## **B. Preparation for winter demand pressures**

We are building on a number of changes made in response to the COVID-19 pandemic for the benefit of patients. This includes working with our partners across the local health and care system to ensure that patients are supported to access the right care in the right place at the first time, potentially reducing the length of time it takes for patient to receive care they need. This in turns helps us to maintain social distancing, reducing the risk of COVID-19 transmission.

During the pandemic we continue to support patients to access the most appropriate service for their needs, including signposting patients to a local Minor Injuries Unit or Urgent Treatment Centre where appropriate. Mental health pathways developed support patients to access appropriate care without needing to visit the Emergency Department at Queen Alexandra Hospital (QA) first and the continuation and further development of our Same Day Emergency Care pathways also support patients to access the right service the first time.

Working with our health and care partners we continue to make good progress on the 111 First pilot initiative which provides an additional, more convenient way for patients in Portsmouth and South East Hampshire (PSEH) to access urgent care.

Patients in PSEH are encouraged to call 111 first before attending the Emergency Department at QA if they need medical help but it is not a life-threatening emergency. An advisor will direct them to the most appropriate service for their needs, such as their GP, a local pharmacy, urgent treatment centre or minor injuries unit, or can book the patient a time slot to attend ED if appropriate.

The national policy and operating model for hospital discharge, which was updated in August, builds on much of the good practice developed during the COVID-19 response to avoid delays for patients who are medically fit for discharge. We are working with our health and social care partners to embed the requirements and these changes form a core part of our readiness for winter.

We continue to work to discharge as many patients home as possible when they , have received all of the acute care they need. For those who require some form of ongoing care, we continue to work closely with our health and care partners to jointly provide temporary “step down” accommodation for patients discharged from QA following treatment for COVID-19 who are well enough to leave hospital but not yet well enough to return home. This accommodation is provided at units at Harry Sotnick House in Portsmouth and the Clarence Unit at Woodcot Lodge in Gosport. Patients discharged to these facilities are initially cared for in isolation for a 14-day period to minimise the risk of the spread of any infection. They are supported by a dedicated team of nurses, physiotherapists, occupational therapists, social workers and skilled care staff who work with them to plan their rehabilitation, recovery and onward care. This forms a key part of the ongoing safe discharge model and we are working in partnership to continue to provide these services.

We are working continuously to ensure our services remain fully accessible to all. We recently held a deaf awareness learning event as a result of patient feedback to enhance understanding among individuals and teams of the potential needs of patients who are deaf or hard of hearing to support improvements to patient experience. In response to the work initiated by the High Intensity User Group we have also introduced Standard Operating Procedures for patients with specific, complex mental health needs to enhance the care we provide to these patients.

We continue to enhance the support available to patients with learning disabilities who are admitted to QA, including helping to ensure that patients can be discharged in a more timely way having received all of the acute care they need and ensuring their specific needs are recorded in a “hospital passport”. We remain vigilant to safeguarding issues and continue to make referrals to appropriate services as required, ensuring that we support with skilled staff in our clinical areas.

We comply with all national guidance related to visiting and keep this under constant review, recognising that there is a changing picture of COVID-19 prevalence locally, and will make any further changes as required.

Meanwhile our Family Liaison Officers (FLO) service introduced as part of the first phase of our COVID-19 response to enable patients to stay in touch with loved ones has proved so successful that a FLO team has now become a valued part of our workforce. The team continues to build on this initiative for the benefit of patients, their relatives and carers, supporting everything from virtual weddings to anniversaries, video calls and text speak, which enables those with impaired speech and/or hearing to connect with loved ones.

### **Flu vaccination programme**

Our flu vaccination programme is progressing well and as of 29 October more than 66% of individuals working across the organisation have been vaccinated against the virus to help protect our patients, loved ones and themselves and ensure that we are as resilient as possible this winter. We continue to encourage all colleagues to ensure that they are vaccinated as soon as possible and are providing regular opportunities for colleagues to have the flu jab in their ward or department or at one of our regular clinics as part of our flu campaign.

### **C. Action on inequalities**

The health and wellbeing of every individual working across the organisation remains a priority. We have dedicated support in place for teams, including structured debriefs where appropriate. We provide a wide range of support covering emotional, physical, social and financial wellbeing, and have increased the support available to all staff further during the COVID-19 pandemic. A detailed Staff Support Pack is available to all staff, which includes information about the psychological and wellbeing support available to staff 24 hours a day, seven days a week.

Our Staff Support Line and Manager Support Line continue to be open daily to provide advice, guidance and access to professional occupational health support and welfare services. This ensures that we can co-ordinate and monitor actions introduced to support colleagues, helping us to enhance the resilience of our workforce. We have extended both our staff and manager support lines to run until at least March 2021.

We have built on the work we undertook in-line with national guidance to carry out risk assessment for groups of staff who are at higher risk due to pregnancy, age or underlying health conditions. Our colleagues from ethnic minority have been supported to complete a work health assessment with their manager with any issues acted on, and this has also been introduced as part of the new starter process.

The national NHS People Plan has been finalised and we continue to work closely with our partners across Hampshire and the Isle of Wight to identify and act on system-wide opportunities in support of our response to the pandemic.

**ENDS**

## **Solent NHS Trust Covid 19 Update (end Oct 2020)**

The impact of Covid-19 locally and nationally has been genuinely unprecedented. However, as an organisation, we have always taken a planning approach to planning for the worst. Last year the Trust achieved full compliance against the NHS England EPRR assurance framework which meant that we were in a strong position to adapt or use existing plans throughout the response and on to the recovery phase. Clearly, no plan ever really covers all the bases, but our processes, conceptual approach and ability to implement and adapt plans has served us well.

The internal 'Gold command' has retained a strong command and control structure enabling internal staff to escalate issues and then receive information and direction.

Services have used their business continuity plans effectively particularly in the early days when they needed to identify which services could be stopped and which if any could be scaled down or made available in a different way.

Despite the huge challenges and the often very dynamic nature of the crises, Solent NHS trust's EPRR framework and arrangements have held up well during this incident. There will, of course, be lessons learnt, and we will continue to seek to improve and review our plans during the recovery phase.

As in line with other healthcare organisations, we are aware that staff welfare is paramount, and we will continue to offer support and information for staff together with online recreational activities and updates from occupational health.

It is recognised that staff have endured a prolonged period of working differently such as working from home and adapting to the constantly changing work environments and guidance. This is being addressed with a continual focus on the wellbeing of staff with advice, workshops and therapies. We have also very proactively encouraged our people to ensure that they take a break and some leave to look after their resilience and wellbeing.

As part of the reset and recovery agenda, all services participated in a focused forum which was open for other services to attend where not only future service plans were discussed but also opportunities for learning from the events. Research was also conducted with staff at an individual level evaluating their experiences. The findings will be shared with the trust as part of the ongoing learning.

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
<b>Date of meeting:</b>	10 November 2020
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Director of Transformation and Governance

**Contact name:** Members Services

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#### **Purpose of Report**

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

#### **Recommendation**

2. That Members consider and approve the work programme.

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

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
<p><b>Proposals to Vary Health Services in Hampshire</b> - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.  <b>(SC)</b> = Agreed to be a substantial change by the HASC.</p>									
<b>Andover Hospital Minor Injuries Unit</b>	Temporary variation of opening hours due to staff absence and vacancies.	Living Well  Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Last update Sept 2020 (invite West CCG to joint present with HHFT). Next update due Spring 2021			<b>x</b>		
<b>North and Mid Hampshire Clinical Services Review (SC)</b>	Management of change and emerging pattern of services across sites.	Starting Well  Living Well  Ageing Well  Healthier Communities	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.	If any changes proposed, HASC to receive an update.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
<b>Spinal Surgery Service</b>	Move of spinal surgery from PHT to UHS (from single clinician to team).	Living Well Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Last Update March 2020 (UHS). Next update deferred due to pandemic.	<b>X</b>				
<b>Chase Community Hospital (Whitehill &amp; Bordon Health and Wellbeing Hub Update)</b>	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change, further update Nov 2018 meeting. Latest update March 2020. Further update timing tbc					
<b>Mental Health Crisis Teams</b>	Proposed changes to the Mental Health Crisis Teams.	Living Well Ageing Well Healthier Communities	Solent NHS and Southern Health for PSEH	Presented July 2019. Informed Nov 2019 of 9-12 month project delay. Update when work is resumed. (checked Oct 2020 no update)					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
<b>Integrated Primary Care Access Service</b>	Providing extended access to GP services via GP offices and hubs.	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019, last update Sept 2020. Next update due Spring 2021			x		
<b>Orthopaedic Trauma Modernization Pilot</b>	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019, last update Sept 2020. Next update due Spring 2021 tbc			x		
<b>Out of Area Beds and Divisional Bed Management System</b>	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019, last update Sept 2020. Next update Jan 2021		X (w)			
<b>Modernising our Hospitals and Health Infrastructure Programme</b>	To receive information about a new hospital being built as part of a long term, national rolling	Starting Well Living Well Ageing Well	HH FT and Hampshire CCGs	Presented July 2020. Next update due Nov 2020. Possible need for joint committee with neighbour	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
	five-year programme of investment in health infrastructure.	Healthier Communities Dying Well		authorities					
<b>Building Better Emergency Care Programme</b>	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire CCGs	Presented in July 2020 following informational briefings. Next update due Nov 2020	x				
<b>Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.</b>									
<b>Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire</b>	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary.  Updates on hold during pandemic (unless priority due to new report or poor outcome)					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
				<p>PHT last report received Jan 2020, update March 2020.</p> <p>SHFT – latest full report and update March 2020.</p> <p>HHFT latest report April 2020 received Sept 2020.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p> <p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p>					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
<b>Sustainability and Transformation Plans: One for Hampshire &amp; IOW, Other for Frimley</b>	Subject to ongoing scrutiny the strategic plans covering the Hampshire area.	Starting Well Living Well Ageing Well Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I) Timing of next update tbc					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
<b>Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</b>									
<b>Budget</b>	To consider the revenue and capital programme budgets for the Adults' Health and Care department.	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) Transformation savings pre-scrutiny alternate years at Sept meeting. T21 at Sept 2019 and written response to concerns/queries.		x			
<b>Integrated Intermediate Care</b>	To consider the proposals relating to IIC prior to decision by the Executive Member.	Living Well Ageing Well	HCC AHC	Initial briefing on IIC Oct 2019, with pre-scrutiny of EM Decision due later (tbc)		x			
<b>Working Groups</b>									
<b>Sustainability and Transformation Partnership Working Group</b>	To form a working group reviewing the STPs for Hampshire.	Starting Well Living Well Ageing Well Healthier Communities	STP leads  All NHS organisations	Set up in 2017, met in 2018 and 2019. Report back to HASC Oct 19.	<b>Will meet as needed going forwards.</b>				



Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
<b>Update/Overview Items and Performance Monitoring</b>									
<b>Adult Safeguarding</b>	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 Oct 2020. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)					
<b>Public Health Updates</b>	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Substance misuse transformation update heard May 2018.  0-19 Nursing Procurement pre scrutiny Jan 2019.  Hampshire Suicide audit and prevention strategy provided July 2019.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
<b>Health and Wellbeing Board</b>	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	Joint Health and Wellbeing Strategy refresh agreed by Board March 2019. Update on Strategy received in May 2019. Business plan update expected, timing tbc. Potentially Jan or March 2021.		X?			
<b>Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans</b>	To receive an overview on the three different aspects in relation to COVID-19.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HCC Public Health	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
<b>Adults' Health and Care Response and Recovery</b>	To receive an overview of the systems that have been put in place by Hampshire organizations, partners and voluntary sector.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC, Borough and District Councils, Hampshire Council for Voluntary Service Network, and voluntary sector	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	
<b>Hampshire and Isle of Wight Covid-19 NHS System Approach Overview</b>	To receive a report setting out the Hampshire and Isle of Wight Local Resilience Forum response	Starting Well Living Well Ageing Well Healthier Communities Dying Well	Hampshire and Isle of Wight Integrated Care System Southampton City, West Hampshire and Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups	First received July 2020. Updates to be received at each meeting until further notice. Temp closure New Forest birth centre notification Oct 2020 requested update Jan 2021.	x	X inc birth centre update	x	x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	10 Nov 2020	11 Jan 2021	1 Mar 2021	June 2021 tbc	Sept 2021 tbc
<b>Care Home Support Offer and Update</b>	To receive an overview of the care home and care sector position and an update on the Care Home Support Plan.	Living Well Ageing Well Healthier Communities Dying Well	HCC Adults' Health and Care	First received July 2020. Updates to be received at each meeting until further notice	x	x	x	x	
<b>NHS 111</b>	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	Hampshire CCGs	Item on NHS 111 Nov 2020 on link with Emergency Departments. performance item tbc	x				

\* Work program to be prioritized and updated accordingly to note items that can be written updates only.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

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

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

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

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

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