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NOTICE OF MEETING

Meeting	Cabinet
Date and Time	Monday, 16th April, 2018 at 10.30 am
Place	Wellington Room, EII Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

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. TRANSFORMATION TO 2019: REPORT NO. 3 (Pages 11 - 24)

To consider a report of the Chief Executive regarding the Transformation to 2019 programme.

7. ADULTS, HEALTH AND CARE - VISION & STRATEGY (Pages 25 - 62)

To consider a report of the Director of Adults' Health and Care regarding the new Adults' Health and Care Department Vision, focusing on maximising people's independence and their quality of life.

8. DEVELOPING A STRATEGIC PARTNERSHIP FOR PUBLIC HEALTH BETWEEN HAMPSHIRE COUNTY COUNCIL AND THE ISLE OF WIGHT COUNCIL (Pages 63 - 70)

To consider a report of the Director of Public Health and Director of Adults' Health and Care regarding the development of a strategic partnership between the County Council and the Isle of Wight Council

9. SUPPORTING CHILDREN'S SERVICES IN BUCKINGHAMSHIRE (Pages 71 - 78)

To consider a report of the Chief Executive regarding support for Children's Services in Buckinghamshire.

10. CONSTITUTIONAL MATTERS (Pages 79 - 82)

To consider a report of the Chief Executive regarding proposed updates to the County Council's Constitution.

ABOUT THIS AGENDA:

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

ABOUT THIS MEETING:

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

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

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Agenda Item 3

AT A MEETING of the Cabinet of HAMPSHIRE COUNTY COUNCIL held at the Castle, Winchester on Monday, 5th February, 2018

Chairman:

* Councillor Roy Perry

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|----------------------------|--------------------------------|
| * Councillor Keith Mans | * Councillor Andrew Joy |
| * Councillor Peter Edgar | * Councillor Mel Kendal |
| * Councillor Liz Fairhurst | * Councillor Stephen Reid |
| * Councillor Andrew Gibson | * Councillor Patricia Stallard |
| * Councillor Rob Humby | |

Also present with the agreement of the Chairman: Councillors Bennison, Bolton, Carter, Glen, Grajewski, House, Huxstep, Latham, McNair-Scott, Mitchell, Philpott and Porter,

38. APOLOGIES FOR ABSENCE

All Members of Cabinet were present.

Apologies were received from Councillor Heron who has a standing invitation to the meeting from the Chairman.

39. DECLARATIONS OF INTEREST

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

With regard to the Revenue Budget and Precept (Minute 43 refers), Cabinet was reminded that a dispensation was in place allowing members of the Council to speak on matters concerning the precept.

40. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting on 11 December 2017 were reviewed and agreed.

41. DEPUTATIONS

No requests to make a deputation had been received.

It was noted that with the agreement of the Chairman, Councillor Keith House would speak on the Revenue Budget and Precept item.

42. CHAIRMAN'S ANNOUNCEMENTS

The Chairman announced that he had recently attended the funeral of former Councillor Rita Burgess. He also paid tribute to former Councillors Adrian Evans and Peter Rodgers who had sadly passed away, noting for all three the extent of service to their communities.

With reference to recent meetings regarding devolution, it was noted that any reorganisation could only happen with the full support of the County Council. With this in mind, the Chairman announced his intention to put a motion to the next meeting of Council seeking support for a whole of Hampshire combined Authority.

It was confirmed that the possibility of sharing service provision with Christchurch Borough Council had proven to be unviable. The difficult financial position of Northamptonshire County Council was raised and highlighted as symptomatic of the problems facing upper-tier authorities. The recent resignation of the Leader of Haringey Council was noted.

43. REVENUE BUDGET & PRECEPT 2018/19

Cabinet considered the report of the Director of Corporate Resources regarding the revenue budget and precept 2018/19.

In introducing the report, the Chairman confirmed his reluctance to see increases in Council Tax and highlighted the requirement for the Council to set a balanced budget. It was noted that if the proposed increases to the precept were agreed, this would still leave Council Tax lower than had it increased at the rate of inflation since 2010.

The technical detail of the report was presented by the Director of Corporate Resources, who set out the challenges faced by all departments to maintain service provision within budget requirements. With this in mind, she explained the resources allocated to Children's Services to support service delivery. Other areas of the report were highlighted, including regarding treasury management, T19 savings proposals and the 2017/18 third quarter monitoring position. The recommendations to Cabinet relating to each respective section of the report were drawn to Members' attention.

With the agreement of the Chairman, Councillor House addressed the Cabinet: Councillor House welcomed the news that government grants had been awarded to Hampshire projects, but felt that the overall budgetary direction was of managing decline. He intimated that if the current precept increases were to be agreed, this would amount to a 22 percent increase in Council Tax in four years. The consistency of the policy regarding bus passes, the household waste recycling centres and community transport was challenged, as were the strategies to meet need in the areas of children looked after and Adult Social Care. Councillor House suggested that if the cause of a 22 percent increase in

Council Tax lay with government, the Hampshire MPs should be doing more to achieve a fairer outcome for the County.

Cabinet discussed the report, taking the comments from Councillor House into consideration. It was confirmed that the proposed budget was responding to pressures caused by the changing needs of society and not to manage decline. It was clarified that the decisions made at previous Cabinet meetings were to explore ways to protect services and therefore the extra council tax flexibility and new savings that had been identified to help withdraw savings in areas such as community transport, household waste and bus passes were welcomed. Members noted the success of the Council's investment strategy, to achieve a high yield at relatively low risk, recognising the benefit of a cautious and long term approach.

The additional money arising from the social care precept was welcomed and it was noted that over two years this amounted to £30 million, which served to secure service provision and enable a comprehensive transformation programme. The importance of being able to meet demand in Children's Services through the use of contingencies was recognised as a means to keep children safe, whilst a longer term strategy of working with families to reduce demand on the service could take effect.

The Chairman thanked everyone who had contributed to the preparation of the budget report, in particular on the focus on the priorities of forward planning, of providing high quality services and of low taxation.

The recommendations in the report were proposed and agreed. The decision record is attached.

44. **CAPITAL PROGRAMME 2018/19 TO 2020/21**

Cabinet considered the report of the Director of Corporate Resources regarding the Capital Programme 2018/19 to 2020/21.

The report and recommendations were introduced and welcomed by Members. The consequential benefits of a successful capital programme were highlighted, such as the £30 million revenue saving resulting from investment in the energy programme. The scale of the capital programme was acknowledged. It was recognised that this was possible as a result of prudent financial management in the past and anticipated that continued prudence would enable for ongoing investment.

A number of specific projects were welcomed, including flood prevention in Buckskin, highway schemes and the school building programme. It was recognised that in many cases, investment by the County Council had been key to obtaining further grant support for specific initiatives and success by officers in this was congratulated.

The recommendations in the report were proposed and agreed. The decision record is attached.

45. **COMMISSION OF INQUIRY**

Cabinet considered a report of the Director of Economy, Transport and Environment regarding proposals for a commission of inquiry for Hampshire.

The report was welcomed and the importance of looking forward was agreed in particular to ensure continued prosperity and the protection of the environment in the County.

The recommendations in the report were proposed and agreed. The decision record is attached.

46. **ATTAINMENT OF CHILDREN AND YOUNG PEOPLE IN HAMPSHIRE SCHOOLS**

Cabinet considered a report of the Director of Children's Services regarding educational attainment.

In introducing the report, the high level of success achieved by Hampshire pupils was highlighted, especially those completing their primary education. The distinction was drawn between the new and previous methods for school assessment as was the difference between "progress 8" and "achievement 8". It was explained that results significantly above the national and comparator authorities average were achieved in early years and primary and high performance continued to be seen at GCSE. However high scores on the progress 8 measure of improvement was more difficult due to a consistently high starting point for pupils in the secondary system.

The report was welcomed and the emphasis on continuous improvement was noted. The success of further education was also acknowledged and it was felt that the selective structure of the VI Form colleges in Hampshire made a positive contribution in this area.

The recommendations in the report were proposed and agreed. The decision record is attached.

47. **STRATEGIC PARTNERSHIP FOR HAMPSHIRE COUNTY COUNCIL TO DELIVER CHILDREN'S SERVICES FOR THE ISLE OF WIGHT COUNCIL**

Cabinet considered a report of the Director of Children's Services seeking approval for the renewal of the strategic partnership between Hampshire County Council and the Isle of Wight Council for the delivery of Children's Services on the Isle of Wight.

It was explained that this report was a mirror of one that had been considered and the continuation of the partnership had been supported by the Isle of Wight Council.

The positive relationship with the Isle of Wight and the successful impact of Hampshire County Council, both in improving performance and financially was noted. Members agreed that it was an example of partnership working that had achieved solid results to the benefit of both Councils.

The recommendations in the report were proposed and agreed. The decision record is attached.

Chairman,

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	16 April 2018
Title:	Transformation to 2019: Report No. 3
Report From:	Chief Executive

Contact name: John Coughlan

Tel: 01962 846400

Email: john.coughlan@hants.gov.uk

1. Recommendations

1.1 It is recommended that Cabinet:

- a) Notes the changes to the programme content approved by Full Council at its February meeting in relation to the removal of £5.3m of universal savings proposals covering School Crossing Patrols, Community Transport, Bus Subsidies and Household Waste and Recycling Centres – section 2.
- b) Notes, as a consequence of the above, the adjusted £140m Tt2019 programme breakdown and the individual Department targets - section 3 and Appendix 1;
- c) Notes the latest Tt2019 programme risk assessment, including the early securing of £34m of savings - section 5.
- d) Notes that 7 service specific Tt2019 public consultations are planned to take place before the end of 2018 with 4 of these set to happen in the second half of this year - section 5.
- e) Notes the progress and strong contributions being made by the three enabling projects to the programme; Digital, Productivity and Procurement – section 6.
- f) Approves a sum of £500,000 from central contingencies to provide additional support service capacity as required by the programme and to delegate approval for drawing down this funding to the Chief Executive in consultation with the Director of Corporate Resources and the Executive Member for Policy and Resources – section 7.
- g) Notes that programme progress will continue to be monitored closely and that regular updates will be provided to Cabinet throughout 2018 and beyond – section 8.

- h) Agrees to continue to lobby Government in respect of new charging powers aimed specifically at raising income that will be used to protect important universal services into the future e.g. Household Waste Recycling Centres, or to enable other specific savings proposals not to be implemented or for their impact to be mitigated.

2. Executive Summary

- 2.1 This is the third dedicated Transformation to 2019 (Tt2019) report to Cabinet setting out the latest programme position. In November 2017 Full Council approved a set of savings proposals put forward to enable a predicted budget gap of £140m by April 2019 to be closed against a current overall cash limited budget provision (excluding schools) of approaching £767m.
- 2.2 Full Council approval of the savings proposals and the budget envelope for 2019 followed a summer public consultation exercise that provided an opportunity for residents and stakeholders to express their views on how best the County Council should go about the challenge of balancing a forecast £140m future budget gap. Further to the public consultation process and informed by it, Departments took their specific savings proposals to Select Committee meetings and Executive Member Decision Days in September, and in October, Cabinet approved a Medium Term Financial Strategy and Transformation to 2019 Savings Proposals report which included the outcome of the public consultation exercise.
- 2.3 The October Cabinet report referenced clearly the challenges associated with the Tt2019 programme and made clear that delivery would extend beyond two years but that this would be supported financially by cost of change reserves held by Departments with the exception of Children's Services. The report confirmed that due to the scale of the overall challenge and the increased risk to the timely delivery of the savings, CMT would be carrying out a peer review over the early autumn of the higher risk elements of the programme and would advise accordingly on any changes to the financial support requirements for Tt2019.
- 2.4 The peer review exercise was duly completed and as reported in December 2017, it was estimated that further one-off cash flow support would be required to enable the safe delivery of the Adults element of the programme. This brought the overall Tt2019 cash flow requirement to £40m to support the savings programmes in Adults and Children's which, subject to the careful management of some key risks, are forecast to take four years to deliver. The continued strong financial performance in Adults, including delivery in full of its legacy Tt2017 savings ahead of schedule, provide increasing confidence that some of the estimated £40m will not be called upon in the coming years. That said, the on-going challenges in Children's and the relatively early stage of the Tt2019 programme mean it would be unwise to forecast a lower overall call on the estimated cash-flow requirement for the programme at this point in time. Delivery in the other Departments is set to be contained to two years or, where it will stretch

beyond, the individual Departments will manage the later savings achievement through their own cost of change reserves.

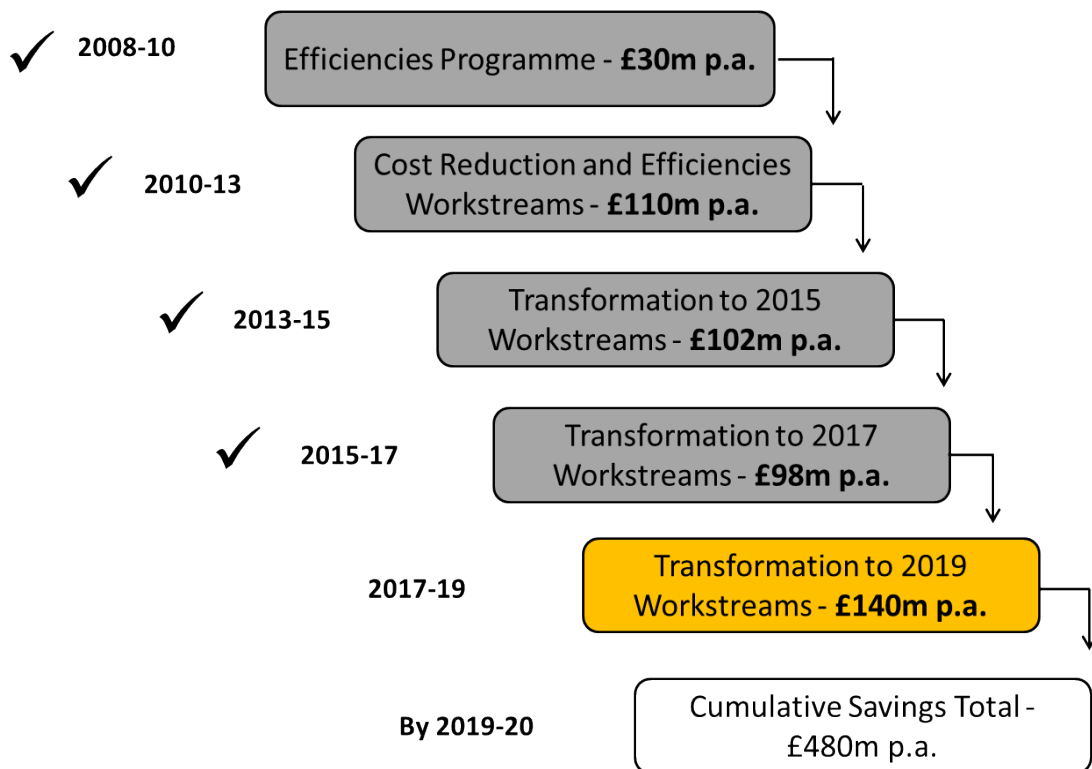
- 2.5 In December 2017 Cabinet were updated on work requested of officers to continue to explore all viable options to revise or refine the October proposals with particular regard to service continuity in areas such as school crossing patrols, community transport, bus subsidies and household waste and recycling centres. These savings options accounted for some £5.3m of the overall programme proposals. The culmination of this work and the development of £2.1m of alternative savings proposals combined with Government allowing local authorities to increase Council Tax by a further 1% (valued at £5.7m of which £3.2m is being used to allow the universal service savings to be withdrawn in full) were reported to Cabinet in early February and paved the way for Full Council to approve changes to the Tt2019 programme at their meeting later in the same month.
- 2.6 The programme focus is now very much orientated to implementation and delivery. Where appropriate, this will include further service specific public consultations where proposals and options for service change will be debated with service users and key stakeholders. Presently, it is envisaged that up to 4 service-specific consultations could be progressed between now and the end of 2018 in addition to those already completed or still live. Early implementation progress has been positive with some £35m of the £140m target secured by the end of February. This includes the full achievement of the £23m of investment and borrowing savings (and a small element of additional council tax income) alongside some early delivery across the different Department programmes.
- 2.7 Resources for the programme are in place and are focused on any number of the more significant programmes of work. This includes deployment of the in-house Transformation team to support Adults and Children's projects as well as specialist I.T input to drive forward the business critical Digital 2 work, which, as previously reported, is a key enabler for Tt2019. Strong progress is also being made with other important enabling projects including 'Enabling Productivity' and 'Strategic Procurement'. These important contributors to Tt2019 are covered in more detail later in this report.
- 2.8 Whilst Departmental resources to support the programme are in place, there are variable impacts on central support services depending on the timing of the different programmes. As part of previous Transformation Programmes, central funding has been provided to help fund additional short term resources as required. This report therefore seeks approval for an allocation of £500,000 that can be drawn down by the Chief Executive in consultation with the Director of Corporate Resources and the Executive Member for Policy and Resources to meet demand pressures as they arise.
- 2.9 In line with previous major cost reduction exercises, Tt2019 progress is being closely monitored and is subject to monthly review by CMT. This ensures that issues, concerns and risks are dynamically responded to and dealt with and also means that benefits realisation and the timely delivery of

savings is consistently in focus, which for this programme, given its later cash flow support demands, is ever more important. Further, it is almost certain that there will be further service demand pressures, particularly in the Social Care Departments into the next decade. This puts an added premium on Tt2019 being delivered in full, and in the most timely manner to put the Council in the best position possible at the commencement of any successor programme.

3. Financial Context

- 3.1 Cabinet has previously noted that each successive programme of 'transformation' in itself is harder than the previous one as the scope for early and easier removal of spending lessens each time. To this end, Tt2019 is set to test the Council like no other programme has to this point.
- 3.2 Throughout the period since 2010 the Council's financial performance has been very strong. This has been evidenced in each and every annual performance report and independently by the external auditor through the annual best value judgement on the Council's financial resilience. The achievement of Tt2017 including the recently confirmed delivery of the Adults programme that was reported to Cabinet in February, mean that some £340m has been removed from budgets since 2010 across the consecutive cost reduction programmes. The achievement of early savings, the careful use of one-off monies and additional recurring provisions to support Social Care demand and complexity have allowed for some targeted re-investment back into services over the same period. This has helped Departments to manage their resources, provide further for one off investment to support the on-going transformation challenge and at the same time maintain and even improve service outcomes and performance.
- 3.3 Whilst performance has been sustained to date, the cumulative impact of numerous savings programmes together with sustained pressure on all Departments, but in particular social care spending, show a different picture beginning to emerge. As we look forward Children's Services are unlikely to remain within their cash limited expenditure position without central financial support and both Children's and Adults are set to exhaust their cost of change reserves in the next two to three years.
- 3.4 The MTFs presented to Cabinet in October 2017 provided the latest overall financial position to 2019/20. The MTFs confirmed that further to the full delivery of Transformation to 2017, the County Council will still be required to achieve an additional £140m of recurring savings by April 2019 from a cash limited overall budget (excluding schools) of some £767m, even after allowing for planned Council Tax rises. The Tt2019 programme will mean a cumulative £480m of cost reduction for the County Council over the past decade per Figure 1 over the page.

Figure 1. Cost Reduction Exercises including the Tt2019 Programme Requirement



4. Tt2019 – Targets and Timeframe

- 4.1 Cabinet approved the overall programme target of £140m and the breakdown of the programme, including Department targets when considering the medium term financial strategy report of the Director of Corporate Resources in June 2016.
- 4.2 It was agreed that £120m of the overall programme should be met by Departments, equating to a further cash limit reduction of some 19% against an overall Department budget provision approaching £767m. The cumulative Tt2019 challenge for the Departments being one third again, the size of what was asked of them for Tt2017. Per the approval of Full Council to remove savings proposals in respect of universal services, the £120m reduction has subsequently been reduced to £117m.
- 4.3 The remaining £23m will be secured from increased investment and council tax income and reduced borrowing costs. In the main this will result from a revision to the accounting practice in respect of the minimum revenue provisions (MRP) for depreciation, but this will also cover management of debt and reserves and also includes part of the extra 1% increase for Council Tax in 2018/19. Positively, these savings have been delivered in full this financial year providing a very solid start to the programme overall. The programme breakdown and individual Department targets, updated to take

account of the recent changes approved by Full Council are shown in Appendix 1.

- 4.4 At their June 2016 meeting, Cabinet also approved the headline programme timetable including an earlier budget setting process that commenced in early Autumn 2017. This has allowed the maximum possible time to plan, work on and implement the range of service changes required to enable the programme to be delivered. As outlined in paragraph 2.4, it is predicted that the entire programme will take up to four years for it to be delivered safely and with minimum disruption and impact to service users and communities.

5. Tt2019 Programme Overview and Early Progress

- 5.1 Departments continue to work hard to ensure that their various projects and overall programmes are robustly planned and resourced in order to provide the right conditions for the continued transformation of services and realisation of savings. This work has included a full risk assessment for each project that builds on what has been done previously but has been added to in order to appropriately reflect the greater scale and complexity of the Tt2019 programme.
- 5.2 Further, CMT completed in early November (paragraph 2.4) a peer review of the higher risk projects and scrutinised the savings delivery profiles for each Department so that the corporate cash flow requirements for the programme overall could be updated and planned for. The latest programme (risk apportionment) position is summarised in the table below and briefly described in the following paragraphs.

Blue	£ 35m
Green	£ 28m
Amber	£ 39m
Red	£ 38m
Total	£140m

- 5.3 Unsurprisingly for this (still) early stage of what is a very challenging programme, a significant proportion (55%) of the overall savings to be achieved sits in the Amber and Red classifications. Given the complexity of any number of the savings areas, the reported position is not an unexpected one. Just under £63m of the cumulative Red and Amber totals relate to Adults and Children's. This equates to nearly three quarters (73%) of their combined programmes. Proportionately, the challenges for ETE, despite the recently approved programme changes, remain almost as challenging with some £11m classified as Amber or Red against an adjusted overall savings requirement of £16m. This represents 69% of the total ETE programme.
- 5.4 The risks for each of the aforementioned Departments are well rehearsed but numerous. The two Social Care Departments continue to experience growth in demand. Transforming these key front line services is notoriously difficult and requires extra time for the changes to be safely implemented without significant disruption to service users and their families. For Adults the demand challenges is in different forms including higher numbers of

younger adults with complex care needs, an increasing amount of people experiencing mental health problems and an aging population that is set to result in a large increase in the 85 year plus population over the next 5 years where frailty and multiple long term conditions are most prevalent. The 85-89 age group is set to rise by 14% or 4,100 people with a bigger rise expected at age 90 and above equating to 4,600 people (a 26% increase). An added dimension of complexity, impacting on social isolation levels and a service delivery perspective, is the sheer scale and rurality of a County such as Hampshire which is the third largest in the Country and has an urban/rural split in the order 20:80. Alongside the demand and service challenges, the Department spent most of February and March preparing for and then being reviewed by CQC as part of a whole system inspection focussed on hospital discharge performance.

- 5.5 For Children's, corporate financial support has already been factored in, both in-year and continuing into 2018/19 to accommodate existing cost pressures in terms of Home to School Transport and Children Looked After. However further work is currently being undertaken to better understand the current rate of increase in Children Looked After and the higher unit costs being experienced in 2017/18. The overall rate of increase in CLA numbers is running at 8% per annum compared to the 5% allowed for in the budget, but worryingly many of these placements are at the more expensive end of provision and price increase over 2016/17 levels are over 15% in some areas. It is inevitable that additional corporate support in future years will be needed and this will be addressed in the update of the MTFS in the summer. For Home to School Transport, an eight week public consultation exercise finished in March around proposed service changes, the results of which are currently being reviewed. Containing and then reducing demand and thus cost in these two key areas will be especially difficult and whilst work programmes have been robustly planned a number of risks will need to be relentlessly managed. These include attracting and maintaining higher number of Social Workers with an overall resource increase of 120 being targeted over the next 2-3 years. Nationally, there is growing recognition that Children's Services are facing financial difficulties that now go beyond the very challenging environment in which Adult Services have been and are operating in. Safely removing £30m from the service, even over an extended four year programme period is going to be especially difficult.
- 5.6 Alongside demand challenges, the Department will also need to manage or work with partners through a range of other key risks including Continuing Health Care funding with the NHS, the increasing budget challenges being faced by Schools', the transition to a new I.T Care Management system and Ofsted inspections in the New Year that will cover both Hampshire and the Isle of Wight. For Children with Disabilities, any final changes to service provision are subject to a planned 2018 service specific public consultation, Member scrutiny and an Executive Member decision.
- 5.7 For ETE, the recent Tt2019 programme changes approved by Cabinet and Full Council in February have seen the removal of some £5.3m of savings proposals relating to universal services including school crossing patrols,

community transport, bus subsidies and household waste recycling centres. After allowing for some substitute proposals, the Department is now working to a revised programme target of £15.8m and within this has some £11m currently classified as Amber or Red. Proposed changes to Street Lighting operations and to some specific bus subsidy areas are set to be consulted on over the second half of this year. Proposed waste related savings will require capital investment, operational changes and improved levels of recyclables via the collection authority arrangements for the financial benefits to be secured.

- 5.8 The risks and issues associated with CCBS and Corporate Services are less significant from a direct service perspective although there are a range of challenges to overcome and work through including timing. Introducing greater levels of self-service, implementing further digital technology initiatives and reducing (and at the same time modernising) the corporate office estate will all combine to improve the Council's overall efficiency and reduce its business operating costs. The different projects themselves will not be straightforward to deliver, especially at a time when so much other service change is also happening. Positively, the on-boarding of three London Boroughs to the high performing shared service arrangements that the Council has successfully implemented and built upon over the past 5 years has begun, with the signing of legal agreements in early January. This expansion, which is in line with a deliberate strategy to grow the shared services platform in a carefully managed way, will bring further resilience to our shared Corporate Services arrangements with partners and welcome recurring income to the Council.
- 5.9 Pleasingly, the Blue and Green classifications already account for a healthy £63m, or 45% of the overall programme requirement. The £35m that is Blue (secured) includes the full £23m of the investment and borrowing component being secured with the remainder covering the early delivery of some smaller projects in each of the different Departments. The Green £28m figure includes the inclusion of the previously announced £18.9m additional 'Better Care Fund' to support Adult Social Care from the beginning of 2019/2020. Over the coming months, progress will continue to be closely monitored alongside further preparation for planned 2018 service specific consultations. This work includes a completed cumulative impact assessment that has considered the savings proposals from a geographical and protected characteristics perspective based on the detail of the changes that is known to date. The exercise will be repeated again later in the year by which time there will be improved clarity regarding certain of the proposals. In total, 7 separate Tt2019 service specific consultations have been planned with two completed (Older Persons Day Services and Home to School Transport), one in train (Short Breaks Activities for Children with Disabilities) and a further four due to happen in the second half of this year including; Street Lighting, Bus Subsidies, Social Inclusion Grants/Contracts and Learning Disabilities Respite Care Services. The 7 service specific consultations account for savings proposals of just over £9m of the overall £140m programme value.

6. Tt2019 Enabling Projects

- 6.1 Key to the success of previous cost reduction programmes, and Tt2019 will be no different, is the contribution that is made from cross cutting enabling projects. The Council's achievements in terms of introducing and exploiting Digital technology is well trailed and the previous Tt2017 programme significantly benefited from the multi-layered, multi-faceted Digital programme that ran alongside it and has resulted in the Council, its staff and residents working from and accessing modern business platforms.
- 6.2 Three cross-cutting enabling projects are, and will continue to make a telling contribution to the success of Tt2019. These include a successor (and bigger) Digital programme of work known as Digital 2, an 'Enabling Productivity' project which is focused on creating the optimum conditions for all staff, managers and front line, to improve individual productivity levels and lastly a Council wide Strategic Procurement programme of work that is set to enable Departments to maintain and/or improve service outcomes whilst reducing the overall external spend which currently exceeds £600m.
- 6.3 As the Tt2019 programme develops, Cabinet and Council Members will be updated on the progress and achievements of the individual work programmes in these different areas. All three have the propensity to significantly contribute to the successful delivery of Tt2019 and together will ensure the Council's modernisation agenda towards high class, efficient back office functions and high quality, customer-orientated front line services continues successfully and at pace.
- 6.4 In the past quarter, strong progress has been made within the Digital 2 programme in terms of Robotics Processing Automation (RPA). All Departments have been engaged in looking at business processes that can benefit in whole, or in part, from RPA and a number of different projects are set to be taken forward that will deliver greater efficiency and a reduced staffing requirement for some of the Council's more repetitive administrative tasks. In the Enabling Productivity programme, purchase orders have been signed for the deployment of just under 6,000 mobile devices that will be rolled-out to staff during 2018. An early device deployment to Social workers and associated staff in Children's Services has already delivered a number of business benefits and improved outcomes and user experiences for clients. The learnings from this deployment are being captured and will be used to inform other roll-outs to front line staff in other parts of the Council. In both of the above examples, a slicker, more commercial approach to procurement has been an important enabler in the progress that has been made.

7 Programme Resources

- 7.1 The County Council has successfully implemented a savings strategy that seeks to make savings early and then use the spare resources that are generated to fund the next phases of transformation activity. Departmental cost of change reserves have been built up over time and are used to both

implement savings and fund any slippage in the programme where there are recognised delays in implementing savings proposals.

- 7.2 In previous Transformation Programmes an assessment has also been made about the potential impact of the Programme on the demand for central support services such as Property, Procurement, HR and Communications and Marketing. However, it is often more difficult to assess this impact across the whole programme and to easily identify when pinch points might occur and when additional resources need to be built in.
- 7.3 In line with previous Programmes therefore, this report requests that a sum of £500,000 be earmarked from central contingencies to provide extra short term capacity within central support services as and when demand pressures arise that cannot be managed within existing resources. In order to provide maximum flexibility and speed of access, it is also recommended that delegated authority be given to the Chief Executive in consultation with the Director of Corporate Resources and the Executive Member for Policy and Resources to draw down this funding as required.

8 Conclusion

- 8.1 Despite impressively strong and consistent financial performance over many years, further to last year's finance settlement for Local Government, the County Council is facing a forecast budget gap of some £140m by 2019/20 that requires closing. This is after safely removing £340m of savings over the past seven years and within that, delivering in full on the latest Tt2017 programme.
- 8.2 Following a public consultation exercise that sought views from the public and key stakeholders on a range of different options for closing the budget gap, Full Council approved a full set of savings proposals in November 2017 further to Select Committees and Executive Members consideration in September and a consolidated report to Cabinet in October.
- 8.3 Notwithstanding the decisions made, the savings proposals, as developed, did contain a number of specific challenging service changes particularly in terms of universal services covering School Crossing Patrols, Community Transport, Bus Subsidies and Household Waste Recycling Centres. To this end, at their October meeting, Cabinet requested officers to continue to explore all viable options to revise or refine these proposals wherever possible.
- 8.4 In December 2017 Cabinet were updated on this work, the culmination of which has subsequently resulted in the development of £2.1m of alternative savings proposals. Taken together with Government allowing local authorities to increase Council Tax by a further 1% (valued at £5.7m of which £3.2m is being used to withdraw savings) February Cabinet agreed to recommend to Full Council the removal of £5.3m of universal savings in respect of the service areas referred to in paragraph 8.3, recommending

also that Full Council agree to raise Council Tax in 2018/19 by the extra 1%. Full Council duly approved the Cabinet recommendations at their February meeting.

- 8.5 Alongside the formal budget setting stages, Departments have been working hard to ensure robust plans are in place for each of their Tt2019 projects and that the right capacity and capability is aligned to the different transformation activity so that the associated savings can be delivered in a timely manner. This work has included a detailed risk assessment exercise and a review of the savings profile by project (and overall) to ensure that the corporate cash flow support requirements to support later delivery are clear and able to be planned for. As reported previously, the estimated cash-flow support requirement for the programme is £40m.
- 8.6 The continued strong financial performance in Adults, including delivery in full of its legacy Tt2017 savings ahead of schedule, provide increasing confidence that some of the estimated £40m will not be called upon in the coming years. That said, the on-going challenges in Children's and the relatively early stage of the Tt2019 programme mean it would be unwise to forecast a lower overall call on the estimated cash-flow requirement at this point in time.
- 8.7 Tt2019 progress is being closely monitored and is subject to monthly review by CMT. This ensures that issues, concerns and risks are dynamically responded to and dealt with and also means that benefits realisation and the timely delivery of savings is consistently in focus, which for this programme, given its cash-flow support demands, is ever more important. Further, it is almost certain that there will be further service demand pressures, particularly in the Social Care Departments into the next decade. This puts an added premium on Tt2019 being delivered in full and in the most timely manner to put the Council in the best position possible at the commencement of any successor programme.
- 8.8 Early programme progress has been encouraging with £35m of savings already secured to the end of January. £23m of this figure relates to the full achievement of investment and borrowing savings, together with an element of increased council tax income. The remainder flows from some early delivery in each of the different Departments. Pleasingly, the three Tt2019 enabling programmes; Digital 2, Enabling Productivity and Strategic Procurement are all progressing well and the contributions from these will continue to evolve and be more influential as the programme develops. CMT are monitoring the programme on a monthly basis and progress reports will be presented regularly to Cabinet throughout 2018 and beyond.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	No
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	No
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	No
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Transformation to 2019 – Report No. 1	27 October 2014
Medium Term Financial Strategy Update and Transformation to 2019 Proposals	16 October 2017
Budget Setting and Provisional Cash Limits 2018/19	11 December 2017
Transformation to 2019 – Report No 2	11 December 2017
Revenue Budget and Precepts 2018/19	5 February 2018
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

IMPACT ASSESSMENTS:

1. Equality Duty

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2. Equalities Impact Assessment:

It is to be expected that each theme/workstream will have an impact on staff and communities. To ensure that the Council meets its statutory equality duties, each theme/workstream will be asked to consider potential differential impacts on people and communities. Detailed Equality Impact Assessments will be carried out on the implementation plans as appropriate.

2. Impact on Crime and Disorder:

2.1.

3. Climate Change:

3.1. How does what is being proposed impact on our carbon footprint / energy consumption?

- a) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts

T19 – Latest Programme Financial Targets Updated to Reflect Changes Recently Approved (Feb 2018) By Cabinet and Full Council

Table 1 - Programme Financial Targets

Department	£m's
Adults	55.9
Children's	30.1
ETE	15.8
CCBS	6.3
Corporate Services	7.9
P&R Other	0.8
Programme Sub Total	116.8
Investment and Borrowing	23.2
T19 Overall Programme Total	140.0

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	16 April 2018
Title:	Adults, Health and Care – Vision & Strategy
Report From:	Director of Adults' Health and Care

Contact name: Paul Archer

Tel: 01962 846124

Email: Paul.archer@hants.gov.uk

1. Recommendations

1.1 It is recommended that Cabinet:

- Note and endorse the updated Adults' Health and Care Vision which is focused on maximising independence and people living long, healthy and happier lives.
- Acknowledge and support an accompanying five year Strategy which focuses on prevention, independent living and facilitating or directly enabling accommodation solutions, building upon the existing corporate strategy.
- Supports those elements of this wider strategy, summarised in Section 5 and 6 of this report, which capitalise on Hampshire County Council's unique sustained capacity, in finances and personnel, to build on the direct provision of high quality care, especially in support of patients leaving hospital.
- Endorse the target achievements that the Strategy is aiming to deliver on, noting the dependencies and required contributions from other parts of the County Council.
- Note the development and importance of other related documents that together form a suite of significant departmental publications that will guide and influence our future actions and activities to support our population, work with partners and provide guidance to our providers e.g. service specific Market Position Statements.

2. Executive Summary

- 2.1 This report affirms an Adults' Health and Care Department Vision that is focused on maximising people's independence and their quality of life. The Vision is underpinned by a five year Strategy and four Market Position Statements (MPS's) covering key service areas. A business plan for 2018/19 has also been developed to help ensure that strong and immediate progress towards the Vision is made. This business plan links absolutely to our

Transformation to 2019 programme, but also to the longer term ambitions identified within our strategy.

- 2.2 The challenging operating context including increasing service demand, system pressures, workforce availability and the continuing pressures on public finances is clearly acknowledged and has influenced the content and narrative across the documents. The work, which builds upon a strengths-based method of operating (adopted successfully over the past two to three years) incorporates a stronger than ever focus on prevention and demand management activities and points to a future where state-funding for services are increasingly only able to be directed to the most vulnerable adults in society.
- 2.3 The Vision, Strategy and the Market Position Statements have all been published on the Adults' Health and Care webpages. The Vision and 5 Year Strategy has been developed over the second half of last year with input from senior managers, a staff reference group and key stakeholders. Adults', Health and Care two Portfolio holders have recently approved the documents.
- 2.4 The MPS's are intended to help the Social Care market to better understand our ambitions and direction of travel in specific service areas such as help to live at home, residential and nursing care, learning disabilities and autism, and mental health. They give providers clearer certainty over a medium term period and also allow us to make commitments to our providers which demonstrate the County Council's desire for maintaining and further developing mutually strong two-way relationships. The MPS's were produced with input from providers in the different service areas and the NHS.

3. Context

- 3.1 The main responsibilities of Adult Social Care are set out in three pieces of legislation; the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005. As the overarching piece of legislation, the Care Act 2014 extended existing and laid down new responsibilities including:
 - promoting well-being
 - protecting (safeguarding) adults at risk of abuse or neglect
 - preventing the need for care and support
 - promoting integration of care and support with health services
 - providing information and advice
 - promoting diversity and quality in providing services
- 3.2 The strategic context that Adults' Health and Care is currently operating in is well trailed. In looking forward, especially over the next 3-5 years (and arguably longer) it is expected that the different challenges faced by the Department are likely to increase. Against this backdrop and the responsibilities laid down within the Care Act 2014, setting a clear direction

for staff, for partners and providers and for existing and potential future service users and their families/friends has become increasingly important especially if future advice, help and support services are to sustainably meet higher quality thresholds.

- 3.3 In terms of our operating environment, demand for advice, help and support continues to increase, partly driven by an ageing population and partly because of the increasing number of children and younger adults with highly complex needs that are surviving into old(er) age. In the next 5 years the number of people aged 85-89 is set to rise by 14% (4,076) with an even higher 26% (4,604) increase in those aged 90 and above.
- 3.4 We know that the pressures on public finances are set to continue into the next decade, so we will have less money in real terms to pay for Adult Social Care. This is after allowing for delivering in full on the current £56m T19 challenge. More recently we have benefitted from one-off Government funding sources e.g. the Improved Better Care Fund, which we are investing alongside available capital funding, to reduce future annual revenue cost exposure.
- 3.5 Higher regulation (with an appropriate emphasis on quality) and the continued tough economic climate is impacting on the viability of the provider market. The County Council relies heavily on the independent sector across all care groups and commissions annually some £250m of paid for care services. In the final quarter of 2017 a number of residential and nursing care businesses in Hampshire closed culminating in the loss of c300 beds to the system as a whole. In these regards, the strategy to widen the influence of our own in-house service operation looks a sound one both as a means of better containing costs but also to ensure suitable provision exists in specific Hampshire locations.
- 3.6 Whilst price is clearly an issue for providers, they, like us, are also struggling to recruit and retain a skilled workforce in the face of competition from other parts of the economy and from general availability of labour – the latter, partly a consequence of BREXIT and also the wider impacts of a generally buoyant economy. It is estimated that the workforce in Hampshire, approximately 35,500 social care workers, is made up of approximately 3,000 (8%) European nationals and 4,300 (12%) Non European Economic Area nationals. It is estimated that the overall workforce needs to increase by as much as (an unrealistic) 20% over the next five years due to the increase in the number of older people, higher demand for mental health services and increasing numbers of younger adults with learning and physical disabilities. The success of our preventative work and our transformation programme will be key in minimising any increased call on workforce levels, approaching those identified above, into the future.
- 3.7 Our key public sector partners, particularly NHS providers and Clinical Commissioning Groups (CCGs) are also facing their own operating pressures and although this is positively bringing different parts of the system closer together e.g. around Delayed Transfers of Care (DToc), the extent of the challenges being faced is an obvious cause for concern. Targeted integration work is set to be taken forward as a means of reducing

duplication, overlap, unnecessary management structures and cost whilst maintaining service outcomes. The findings of the recent Care Quality Commission (CQC) system review will be prioritised and factored into this work.

- 3.8 The pressure on partners also extends to the Voluntary and Community Sector who are feeling the squeeze on their own finances as sources of income from the NHS and local authorities continue to reduce in overall terms.
- 3.9 The Vision and Strategy we have developed responds to all that is set out above and sets out our approach to managing demand, to maximising independence and to providing support to the most vulnerable. As we implement the Strategy over the next five years we will do so collaboratively and in consultation with those who use our services, carers, voluntary and community groups, partners and providers. We will also work closely with other parts of the County Council as there are some key dependencies and contributions required to enable the different ambitions to be realised, including new and/or improved I.T capability, better joint commissioning with Children's and Public Health and the specialist involvement of property services as we look to modernise and expand our direct service estate.

4. The Vision

- 4.1 Our Vision is for Hampshire residents to **live long, healthy and happier lives** with the **maximum degree of independence as possible**. The Vision will be achieved by 'encouraging people to stay well', by 'supporting people to help themselves' and by 'carefully working with people when they need the County Council's help.
- 4.2 The Vision builds on the strengths-based work already started throughout the past 2-3 years as Adults' Health and Care's strategic response to T17. It places a strong emphasis on prevention (people staying well) and pushes further and harder at our strengths-based work by pointing people, partners, providers and our staff to play to people's strengths in the expectation that greater, no, or low cost contributions will come from family, friends and local communities. This is a key mechanism by which greater independence, community cohesion and resilience can be affected at lower cost to the public purse.
- 4.3 The Vision directly responds to the County Council's responsibility to promote well-being, to prevent the need for care and support and to provide information and advice (ahead of providing paid for services)
- 4.4 Every piece of credible evidence points to people wanting to feel free of state intervention, wanting to remain in their own homes for as long as is practically possible and to staying socially connected (networked). In almost all cases this results in people living happier and more independent lives. Happiness is clearly difficult to measure in absolute terms but we know how important it is and we know that there is a direct correlation between isolation, health regression and then high cost institutionalisation.

4.5 With an ever ageing population and worrying increases in mental health issues and social isolation cases, we must work harder and earlier at **improving and maintaining (good) health and independence** if we are to stretch our reducing financial resources over a greater number of people who will require our help and support into the future. Our Vision and Strategy is predicated on us delivering against this challenging but realisable ambition.

5. How we will achieve our Vision

5.1 We aim to deliver on the Vision by focussing our efforts, time and resources into three key areas as follows.

5.2 **Prevention** (incorporating Demand Management): preventing and/or reducing demand for formal social care services. This will include helping people to remain fit and well, or to maintain their current abilities for longer by making more informed choices.

5.3 Our work in this area will be multi-faceted but mainly concentrated around the effective delivery of our 'Towards a Healthier Hampshire (Public Health strategy), a step change in the role and use of our on-line information and advice platform 'Connect to Support' and a more business orientated approach to our Call Centre (Contact Assessment Resolution Team, CART) operation which will culminate in reduced numbers of enquiries and future successful resolution rates at or around 75%. Strong progress in these areas together with a renewed focus on supporting Carer's and further increases in the use of private pay assistive (care) technology will all combine to reduce the overall demand levels for paid for care.

5.4 **Independent Living at Home:** supporting people with emerging care needs to live independently in their own homes for as long as they can. This is at the heart of our carefully developed Vision for Hampshire residents and will result in people generally living happier and as independently as possible in familiar surroundings, staying connected to family, friends and neighbours.

5.5 We will maximise independent living at home in many ways including by working with front line staff to encourage those eligible for social care support to choose to take control and organise their own social care through a 'Direct Payment'. This will help to reduce the need for the County Council to directly buy services on behalf of clients. Staff will also be given targets for increasing the role assistive (care) technology can play to reduce paid for care levels and improve levels of independence. We have an existing strong service delivery base for the use of technology with more than 8,500 people benefitting from telecare solutions as part of their care (with some 5,000+ only receiving telecare support) and over the coming period we will be pushing to increase this number significantly further, where it meets needs appropriately as part of a coherent approach to peoples care.

5.6 In the past few months we have begun work with the NHS, CCG's and Southern Health to develop and implement (in 2019) a single intermediate care function for older people that will deliver significantly improved outcomes including reduced hospital admissions. We are also prioritising

work with the NHS on developing a joint commissioning approach for learning disability and mental health services and later this year we will implement a new Help to Live at Home service which will enable 4,000 – 5,000 people to continue to live safely and comfortably in their own homes after benefiting from an initial reablement intervention that will help people regain confidence, ability and ultimately independence.

- 5.7 **Accommodation:** helping to maintain the independence of people with the greatest needs including commissioning accommodation and directly providing in-house services in order to maintain or increase the independence of people with the greatest needs. The County Council has a long tradition of facilitating community based accommodation based services (reducing institutionalised care levels) and for directly operating our own estate of residential and nursing homes and the forward strategy looks to build on and widen our involvement in different forms of accommodation. A greater involvement of specialist support from the County Council's Property Services is key in the delivery of the strategy, as is our continuing development of relationships with district / borough council partners in the development of supported housing schemes, such as extra-care provision, alongside other housing related support services.
- 5.8 Our ambitions for the next five years could result in an overall capital programme approaching £300m in value. This combines existing capital allocations for older persons and younger adults extra care (c£70m) and a possible future programme of investment that could include contributions from the NHS as we jointly look to integrate services and to improve system performance for example in relation to hospital discharges. Crucially any new investment (which will be subject to a full business case for each individual project) will result in improved services, but also a reduced on-going annual revenue cost. In an era of continued austerity the importance of this element of the future strategy cannot be overstated.
- 5.9 The overall programme of work is set to include more supportive living as we further reduce residential placements for learning disability and autism clients. We will also invest in a small number of short term facilities. In the past year we have jointly developed with the NHS, a short stay (reablement) facility within an acute hospital setting aimed at improving discharge performance and supporting people to return towards independence. The focus has been very much on helping people to regain or further develop their function and confidence so they can live in their own homes or in the community with support if needed. We have plans to develop this concept further at other NHS hospital sites and we intend to develop our own short stay hubs in community settings enabling hospital admissions to be avoided and people in, or on the edge of crisis, to be supported and then able to return home and live as independently as possible. This work is only made possible through the unique combination of assets at the County Council's disposal. These include: the Council's carefully stewarded reserves which have been managed prudently through challenging times but now provide financial opportunities; the physical assets across the County at the Council's disposal; and the expertise and capacity in our Property Service

which enable the organisation to respond with confidence and at pace when opportunities arise.

6. What this will mean – Where we will be in five years time

- 6.1 Our Strategy document clearly articulates where we expect to be in five years time for each of the main areas of focus e.g. prevention, independent living at home and accommodation. These expected achievements and outcomes are listed together and shown in the Appendix to this report.
- 6.2 In keeping with a high performing authority that continues to be responsible for securing quality service outcomes for Hampshire residents, the Adults' Health and Care Vision and Strategy is rightly aspirational and strong in ambition. That said, it has been carefully constructed, all main stakeholders have contributed to the final documents and there is a quiet confidence that it is realisable whilst stretching in its ambition.
- 6.3 Achievement will include our on-line information and advice platform being routinely accessed by in excess of 10,000 people per month and reducing demand on our Contact Centre (CART) that is able to resolve directly some 75% of the enquiries it receives. Assistive technology (telecare) will be increasingly more common place in peoples homes including via private pay for those on the edge of or not eligible for paid for Social Care. An integrated intermediate care service will have been implemented reducing unnecessary hospital admissions and system cost. Improved jointly commissioned services will be operating across Learning Disabilities and Mental Health.
- 6.4 Accommodation services will be modernised. The County Council's role in direct provision will be greater than it is now and people will benefit from a more targeted form of reablement services and able to stay in short term facilities designed to avoid hospital admissions and improve discharge performance both resulting in improved levels of independence. More supported living units will be delivered as we continue to reduce the numbers of learning disability clients living in traditional residential care settings.
- 6.5 As explained in paragraph 5.9 (above) the County Council has retained unusual capacity in its ability to manage new building developments. That capacity is enriched by our retained capacity in the direct provision of care services. The long standing corporate strategy that has over time deliberately avoided the rush to decommission direct care services, which has been the trend in many local authorities, is now paying dividends as Hampshire is well positioned, financially and with its expert in-house personnel, to grow direct provision at a time when the external market is struggling to keep pace with demand.
- 6.6 The documents attached to this report include a public facing Vision Statement and a two sided statement for our staff which clearly set out what the Vision means in reality and how we will work to achieve it. In simple terms, the Vision and Strategy is a continuance and bringing together of work already underway; departmentally and corporately. That said, its achievement will require strong leadership, a coherent understanding of

what it means by staff at all levels and a focused approach adopted at the front line so that, for example, the use of direct payments, the role of assistive technology and the consistent application of the strengths-based approach are all prioritised and able to be evidenced.

- 6.7 Recognising the important role our numerous providers play in terms of delivering high quality Adult Social Care services, our Market Position Statements aim to provide clarity about how we will modernise and develop services. They also contain a number of 'promises' that we recognise we must deliver on if we are to robustly forge more meaningful and productive two way relationships in what we know is a testing period. We have made strong progress in the past year, especially in terms of engagement and as a result we will be introducing a new Home Care payment process and we will work more closely together in learning and development for operational staff.
- 6.8 To further assist managers and staff at all levels throughout Adults' Health and Care, a new business plan framework has been developed. This, combined with an evolving performance management system, which allows individual teams to view their local performance through a range of different reports, will allow progress to be monitored and measured regularly and for timely action to be taken or issues escalated should priority work areas not be on track. This will allow for departmental, service, team and individual performance to have a clear 'golden thread' and will be supportive of our Valuing Performance framework for all staff. DMT have set strategic performance expectations for 2018/19 and will oversee progress against the Vision and Strategy at least quarterly this year.

7. Consultation and Equalities

- 7.1. Any service specific proposed changes resulting from execution of this strategy and any associated equality impact assessments will be taken forward in the appropriate manner. Further public consultations are planned for 2018 in relation to savings included in the Department's T19 proposals. At this stage, no other public consultations are envisaged.

8. Conclusion

- 8.1 The strategic context and operating climate for Adults' Health and Care is especially challenging, mainly as a result of increasing service demand and continuing austerity. A range of other factors are also prevalent and these are impacting across the whole Social Care system. The premium on transforming the way we work in order to maintain and/or improve service outcomes at reduced cost is absolutely paramount and requires everyone from partners, providers, staff and clients to be working to a coherent and consistent script.
- 8.2 The development of an Adults' Health and Care Vision that at its heart promotes well-being, resilience and independence, together with a five year Strategic Plan that is rightly aspirational and ambitious, but constructed in a manner that makes it realisable, is the opportunity this suite of publications seeks to communicate.

- 8.3 Taken together with four service based Market Position Statements, a Vision statement specifically developed for staff so that there is clarity at all levels as to what the Vision means and will entail, and a new Business Plan that will ensure our main service targets are clear, prioritised and monitored, the different documents provide an overarching framework for the Department to perform against into the future.
- 8.4 Achievement of the Strategy outcomes listed in prevention, living independently and accommodation sections of the Strategy will rely on a number of external and internal (including cross Council) contributions and will be hard won but will culminate in the biggest and most successful transformation of Adult Social Care ever undertaken. This will result in vastly improved outcomes and greater personal independence for generations to come.

Prevention:

- ✓ more people will be keeping fit and well in the community, reducing the demand for health and social care services
- ✓ information and advice via Connect to Support will be routinely accessed to enable people to make informed choices about their care and support
- ✓ the Council's contact centre will directly resolve 75% of a reducing number of client enquiries for help and support
- ✓ private pay assistive technology solutions will be routinely requested and provided
- ✓ community support offerings will be increasingly known about (partly through Connect to Support), better trusted and more widely used
- ✓ social Isolation will be reduced. Carers will be better supported

Independent living at Home:

- ✓ more service users will be using Direct Payments as a means of taking control and organising their own social care
- ✓ a system-wide single intermediate care function will have been in operation for at least three years. Hospital admissions for older persons and service costs will be reduced
- ✓ an integrated learning disability and mental health service will be in place, resulting in improved earlier intervention, less client crisis and reduced Hospital admissions
- ✓ we will have Help to Live at Home service arrangements that are geared to maximising independence. Average care hours per week will be lower than they are at present
- ✓ more than 12,000 service users will be benefitting from the very latest assistive technology solutions to enable them to remain at home and live independently
- ✓ our wellbeing centres, our work with communities and our My Life My Way programme will all combine to further improve the independence of people with mental health and learning disability needs

Accommodation:

- ✓ unplanned hospital admissions will be reduced as more people will benefit from reablement type services in new community facilities developed by the Council
- ✓ system discharge performance will be improved with access to reablement services available at acute settings as a result of joint Council/NHS investment
- ✓ the Council will have developed its own dementia hubs for those with medium to high end dementia, complementing and adding to specialist market provision
- ✓ in response to the expected significant increases in the 85 year and over population, we will have developed facilities for frail elderly clients with multiple conditions
- ✓ there will be more supported living accommodation for learning disability and physical disability clients and accommodation solutions to improve independence amongst those suffering from mental health conditions will have been implemented
- ✓ we will have increased the level of older person extra care units facilitated or delivered by the Council to 1,500, doubling the number of units currently
- ✓ our remaining residential and nursing homes will have been updated, modernised and improved. They will benefit from the latest technology

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

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

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

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Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic 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 which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

High level Equalities Impact Assessments have been undertaken on parts of the three key areas; prevention, living independently at home and accommodation. Any service specific proposed changes resulting from execution of this strategy and any associated equality impact assessments will be taken forward in the appropriate manner.

2. Impact on Crime and Disorder:

2.1. No impact has been identified

3. Climate Change:

a) How does what is being proposed impact on our carbon footprint / energy consumption?

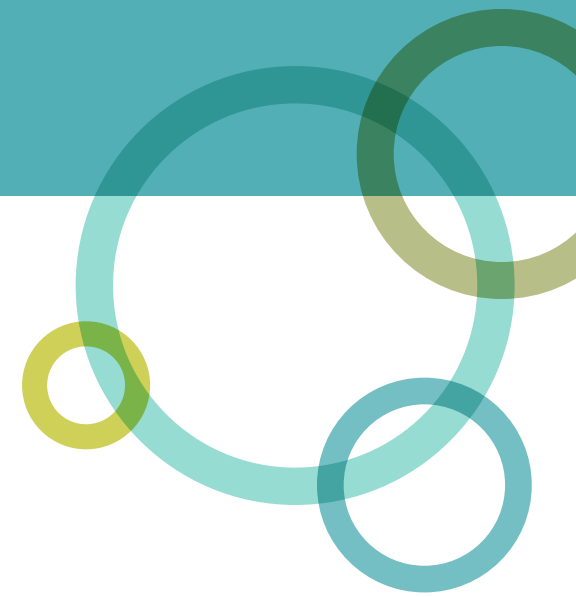
No impact has been identified

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact has been identified

Adults' Health and Care vision

Adults' Health and Care encourages and enables you, your family and community to stay well and live independently. Where you need support, we will help you to identify the best solutions. If you have needs but are not able to arrange your own care, the support we agree with you will help you to live the best life you can with the help you have around you. By doing this, our limited resources can be used to help the growing number of people who need our direct support and reduce inequalities.



Working together we will:

encourage and enable you to stay well

- Page 37
- We encourage you to do as much as you can with support from your family, friends and community networks
 - We work with other organisations to ensure you can access advice, find out about local support and other services to help you look after yourself in your community
 - Making local places, healthy and safe places

support you to help yourself

- When you need more help, we provide information and advice about where you can find help
- Where you have specific care needs we will help you to find support that increases your ability to manage these

carefully work with you when you need help

- When you are vulnerable and in need of direct support, we will ensure you have access to social care services that meet your needs and are affordable for the County Council
- If you are referred to Adults', Health and Care, we ensure you are assessed, and should you need support, that you receive services to enable you to live as independently as you can

How we work

- We will provide you with good quality information and advice to enable you to make informed choices about your care and support
- We communicate clearly and consistently
- We work together with service users, carers, service providers, the NHS, voluntary groups, and local communities to develop effective social care services
- We ask for feedback, experiences and stories to help us to improve what we do

What the **vision** means for our staff

Our vision builds on, and develops the transformational work already started. Every member of staff whether in a frontline or support role, is personally and professionally accountable for delivering the Vision for Adult Social Care in Hampshire. Managers in particular, are accountable for ensuring they and their staff deliver the Vision in the ways set out below.



How we work to deliver the vision

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Person Centred

- We will treat people with compassion aiming for the best outcomes within the available means
- We use the strengths based approach in all our dealings with the public to support them to safely look after themselves
- We will be clear and consistent in our communications with the public

Resilience

- We will support you to be creative and innovative and to work differently
- We will ensure staff have the required tools and skills to do the job
- We will support each other, helping to maintain our own wellbeing and that of the teams within which we work

Accountability

- We will follow departmental policies and procedures in all that we do
- We will offer constructive challenge to help improve the way we do things
- We will use positive risk taking to support people to take control of their lives

Working Together

- We work in partnership with service users, carers, service providers, the NHS, voluntary groups and the wider population to deliver effective health and social care outcomes
- We strive to make Public Health everybody's business

Our approach will be underpinned by strict adherence to professional standards, safeguarding requirements and statutory responsibilities

Adults' Health and Care Strategy

Our vision for health and care -
a five year journey



Adults' Health and Care Strategy

Our five year journey towards a
new vision for health and care



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An introduction from Graham Allen, Director of Adults' Health and Care

It is well known that as a society we are living longer and, as a result, an increasing number of people have complex needs and require the support of the health and social care system.



This includes increasing numbers of young people with learning and physical disabilities who are moving from Children's to Adult Services and often need high levels of support. This is all happening at a time of continued reductions in public funding that is anticipated to continue into the next decade.

We will continue modernising and looking for new and different ways of using our (reducing) resources in the most appropriate way to support the most vulnerable, whilst ensuring that at all times, we continue to provide safe services and meet our statutory responsibilities. This means:

- supporting more people to make healthy choices about the lives they lead
- investing in new ways for people to find information and advice, as well as care and support
- exploring new accommodation models that support people to live as independently as possible within their local communities
- ensuring we are making the very best use of new technology in every aspect of our work, from delivering services, to working more efficiently, to making it easier for people to deal with us
- recognising that happiness and reduced social isolation play a key role in maintaining people's independence and supporting their mental health and wellbeing
- working collaboratively with partners including the NHS, independent providers, the voluntary and community sector, other stakeholders and importantly with the people that need our advice, help and support, in all that we do
- establishing Hampshire County Council as an 'enabler' - an organisation that supports communities to work together to look after those who live there

- striving to create the right employment conditions to enable both ourselves and those we work with to attract and retain the very best employee workforce.

Our Vision, put simply, is to help people to live long, healthy and happy lives, with the maximum possible independence.

The measure of our success will be if we are able to deliver more person-centred care and support, keep people safe, help people to have reasonable choice and control, make sure that there are enough care and support services available, work better in partnership and do all of this within the (reducing) financial resources available to us.

Our strategy builds on work we have successfully implemented since the introduction of the Care Act 2014, including our broader responsibilities to promote the wellbeing of adults living in Hampshire and to prevent the need for care and support. In this regard our Public Health Team bring great expertise and experience and more information on our Public Health priorities can be found in a separate document [Towards a healthier Hampshire](#).

The following pages primarily focus on how we intend to deliver our Adult Social Care obligations and responsibilities, working in a strength based way, focusing on what people can do rather than what they cannot.

I commend this strategy to you and welcome your support in our work to achieve its objectives.

Portfolio Holders' Foreword

Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health

As the elected Portfolio Holder for Adult Social Care in Hampshire, **I am committed to ensuring that Hampshire residents live long, healthy and happy lives with the maximum possible independence.** Our plans for achieving this are set out in this document.

Adult Social Care has always sought to support and improve the lives of vulnerable younger adults and older people in Hampshire. In these times of financial constraint, an ever aging population and growing demand for support, we must continue towards a system of health, care and ways of working that emphasises 'wellness' and the maintenance of independence.

We will increasingly **focus on what people are able to do for themselves** and support individuals, families and communities to take the initiative. We also recognise that **some people will continue to need direct help and support** from the County Council and here too, we will place greater emphasis on maintaining or improving independence.

As we transform the way we work, maximise the role that technology plays and invest further in modernising our services, I am delighted to welcome our colleagues from Public Health into our new Adults' Health and Care Department. Their knowledge, skills and networks provide a perfect complement to ours and together we will help to improve people's health and wellness so that our scarce resources can be targeted to those most in need of our help.

I hope you find the following pages informative. I look forward to our Strategy turning into reality over the coming weeks, months and years for the benefit of all.



Councillor Patricia Stallard, Executive Member for Public Health

As the elected Portfolio Holder for Public Health, **I am committed to enabling healthy, happy and resilient communities now and for future generations in Hampshire.** Our Public Health Strategy and aims are set out in detail in a separate document – Towards a healthier Hampshire.

We welcome the opportunity to work more closely with Adult Social Care colleagues to help to positively contribute to the significant challenges we all face in terms of unsustainable rising long-term service demand and decreasing resources.

The merging of our two services will enable the County Council to continue to achieve the best for all its citizens, ensuring that the most vulnerable have all the opportunities and support they need to maintain their current abilities and live as

independently as they can. At the same time we will encourage others to lead healthier lifestyles, or simply to stay well for longer, rather than waiting until they become ill, in order to reduce future service demands.

I look forward to the next five years confident that together, we will continue to adapt and change the way Adult Social Care and Public Health services are delivered to ensure our most vulnerable citizens get the support they need and that year on year, we see an improvement in the overall health and wellbeing for all.



Context for the Vision and Five Year Plan

Our obligations and responsibilities

Adult Social Care is there to support people who need help with daily living so they can live as independently as possible in the place of their choice (usually at home), within the resources available. The care and support that Adult Social Care arranges or provides, is based on a needs assessment of adults who are supported using public money or pay for their own services.

Keeping people safe is a critically important part of our obligations and we take this very seriously, as evidenced in our [Care Governance Strategy](#).

The main responsibilities of Adult Social Care are set out in three main pieces of legislation: the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005. As the overarching piece of legislation, the Care Act 2014 lays down new responsibilities and extends existing responsibilities including:

- promoting wellbeing
- protecting (safeguarding) adults at risk of abuse or neglect
- preventing the need for care and support
- promoting integration of care and support with health services
- providing information and advice
- promoting diversity and quality in providing services

Our operating environment

The environment in which we are operating has never been more dynamic or challenging. That said, the opportunities to modernise services, to innovate, to benefit from the latest advances in technology and to work closer with providers and partners **to achieve greater outcomes with less resources** is exciting and continues to provide optimism for the future.

Despite an unprecedented period of austerity, a relentless strategic programme of transformational and innovative change has improved efficiency and ensured services have been modernised and improved. **Just some of our achievements over the past few years include:**

- every young adult with a learning disability and/or autism who can benefit, is now living with greater independence in the community rather than in an institution
- over 8,500 people, young and old, have the benefit of care technology, which they tell us has increased their independence, safety and security
- our multi million pound investment in Extra Care housing is enabling 850 people to live where they have the balance of privacy and the support they want
- securing good or outstanding Care Quality Commission (CQC) ratings for our directly run reablement service and for 20 of our in-house homes that provide residential, nursing and respite services to older people and younger adults with complex support needs
- jointly developing a short stay reablement service with the NHS at an Acute hospital setting in the north of Hampshire, which is helping to ensure clients return home as independent and as resilient as possible.

Our operating environment (continued)

Whilst the challenges we face in the coming years must not be underestimated, the County Council has the plan, the expertise and the resolve to continue to re-shape and improve the social care offer in Hampshire. The strategy that we have developed demonstrates this. It also relies upon us understanding and proactively responding to the different elements of our operating environment as summarised below.

1 – We have less money available to pay for Social Care

There have been some recent high profile one-off increases in Government funding. These include the ability to increase Council Tax, the Social Care Support Grant and additional funding provided as part of the Improved Better Care Fund, designed to support the social care market and help more people to be discharged quickly, but safely from hospital.

Whilst welcome, **this additional investment is more than offset by year-on-year reductions to the County Council's social care budget**, meaning we must continue to make difficult choices about what we fund, ensuring our services are increasingly focused on those with the greatest needs and least ability to pay.

Adult Social Care cumulative net budget reduction since 2015



2 – The number of people in need of help and support is increasing

Our older person's population continues to grow with an estimated 14% increase in the 85-89 year old age range expected in the next five years and an even higher 26% increase in those aged 90 and above.

Whilst this is a cause for celebration in many ways, inevitably **longer lives mean more people succumb to illness and lose the ability to care for themselves**. In addition, there is an increasing number of children and younger adults with highly complex needs surviving into older age. In fact, the County Council now spends as much supporting younger adults with care needs as it does on those aged over 65.

The changes the County Council is experiencing in social care are mirrored in increasing demand for local health services. The Joint Strategic Needs Analysis, which looks at the health needs of Hampshire's population, confirms that the county has an increasingly ageing population with a life expectancy above the national average.

3 – The provider landscape is challenging and unstable

Around 80% of our budget for Adult Social Care is spent on commissioned services providing direct care. We have a significant and very **diverse provider care market with whom we are working increasingly closely** in response to the operational, financial and demand challenges that we both face. In this vein, **we have recently co-produced Market Position Statements** covering Help to Live at Home, Residential and Nursing, Learning Disabilities and Autism and Mental Health services.

We have a duty of care under the Care Act 2014 to shape the local care market. We are **supporting providers to better understand supply and to meet demand** especially as more people have control over their own care and support by being self-funders, or through personal budgets.

We have also made a number of public commitments to our providers in our Market Position Statements and we will diligently work through each of these throughout and beyond the life of the five year Strategy. We are in no doubt that providers across all care groups are facing a myriad of business challenges.

The market place is especially volatile at present, best exemplified by the increasing number of residential and nursing care home closures. This has further increased our resolve to work collaboratively with our providers ensuring that we share the same expectations around quality, prompt and appropriate payment, recruitment and retention and training and development.

4 – Our (public sector) partners are facing similar challenges to us

In Hampshire, we work across a number of different health and care systems involving acute hospitals within and beyond the county boundary and five Hampshire CCG's. **Pressures on the NHS have arguably never been greater**. This extends to budgets, to workforce, to demand levels, to quality, to expectations and to systems, processes and governance.

We are jointly working to improve system performance, particularly in respect of admissions to, and discharges from hospital and this will remain a key area of focus for the NHS and the County Council.

We are committed to integrating services where it is sensible to do so and results in improved outcomes for the people we serve, and to this end, immediate priorities being pursued include intermediate care integration which will improve system effectiveness and efficiency and importantly will lead to fewer unnecessary hospital admissions. We will also be focusing our joint efforts on joint commissioning of Learning Disability services and on improving our continuing healthcare performance.

Our **relationship with the Voluntary and Community Sector is changing positively** as we look more and more to the contribution that local communities can make in terms of improving contact, networks and maintaining personal independence so that residents stay well for longer and require reduced levels of paid for social care.

5 – Maintaining and/or increasing the workforce supply has never been harder

The estimated number of Adult Social Care jobs in the Hampshire area is currently around 35,000. The requirement is predicted to need to rise by between 18% and 20% over the next five years due to the increase in the number of older people, higher demand for mental health services and increasing numbers of younger adults with learning and physical disabilities. **The County Council is very aware that growing the workforce to this level will be, based upon our assessment of the labour market conditions, practically impossible to achieve** and also financially unsustainable. We also recognise that the National Living Wage, other changes to employment law and the uncertainty surrounding BREXIT have all made workforce issues even more challenging.

As part of our strategy to maintain, and where appropriate (or necessary) add to overall workforce numbers, **the County Council will work with the market to provide strategic leadership around workforce planning and workforce development** and to support providers as employers to meet their own workforce challenges, including recruitment and retention.

Our Partnership and Care Training (PaCT) activity and work programmes will facilitate partnership working with and between care providers, training providers, NHS partners and other key stakeholders to help develop a workforce with the capacity and capability to meet the future care and support needs of the people of Hampshire. There will also be a focus on delivering training in Positive Behavioural Support and Least Restrictive Practices to providers who are meeting the needs of those with the most complex needs.

We are committed to developing our own workforce including the 1,600 employees who we directly employ across the range of our in-house services. We will also continue to **create the optimum conditions for our social worker and other front line staff to perform** including improving our business processes, equipping them with the right mobile technology and empowering them to work more flexibly as we concentrate more on service outcomes.

In conclusion, the trends of diminishing resources and increasing demand, alongside ongoing challenges for providers, partners and social care workforce recruitment and retention, have led us to reassess how we provide support to those most in need, whilst still ensuring we fulfil our responsibilities under the Care Act 2014.

This document sets out our approach to managing demand, to maximising independence and to providing support to the most vulnerable. We will develop and implement this approach in consultation with those who use our services, carers, voluntary and community groups, partners and our providers, over the next five years.

The Vision and Five Year Plan – what we want to achieve

Our Vision is for Hampshire residents to **live long, healthy and happier lives** with the **maximum possible independence**. We will do this by:

Encouraging you to stay well

- We encourage you to do as much as you can with support from your family, friends and community networks
- We work with other organisations to ensure you can access advice, find out about local support and other services to help you look after yourself in your community
- Making local places, healthy and safe places

Supporting you to help yourself

- When you need more help, we provide information and advice about where you can find help
- Where you have specific care needs, we will help you to find support that increases your ability to manage these

Carefully working with you when you need help

- When you are vulnerable and in need of direct support, we ensure you have access to social care services that meet your needs and are affordable for the County Council
- If you are referred to Adults' Health and Care, we ensure you are assessed, and should you need support, that you receive services to enable you to live as independently as you can

Our Vision will be underpinned by a number of key principles and values

These are to:

- provide good quality (and easily accessible) information and advice to enable people to **make informed choices about their own care and support**
- use **strengths-based working**, collaborating between our services and the individual, their family and community, drawing on their own skills, abilities and networks. In this way maintaining or progressing towards independence and recovery and staying socially connected
- support people to **make their own decisions safely**
- work in **positive collaboration** with our providers and partners to ensure that care of the **right type and quality** is available wherever it is needed
- spend public money wisely, achieving **best value** for every £ spent
- support a **knowledgeable and informed workforce**, helping staff develop their professional practice
- **monitor our performance** ensuring that managers, staff and the organisations we buy care from are able to deliver the best outcomes possible for service users and carers
- **engage** with service users, carers and partners to **co-produce** new approaches.

Who is it for?

Our **Vision** and **Five Year Plan** set out how we will work with those who use our services and other stakeholders to help people to live long and healthy lives with the maximum possible independence.

While this plan is for adults of all ages, the **focus is on those at most risk of ill health and developing long term conditions**. Our services will also ensure that the needs of young people with disabilities from the age of 14 onwards are taken into full consideration as they move from childhood to adulthood.



Adults 65 and over with support needs

Physical, Sensory, Memory and cognition



Adults 18 to 64 with support needs

Physical disabilities, Learning disabilities, Mental health, Autism



Young people in transition (age 14 to 25)

Physical disabilities, Learning disabilities, Mental health, Autism



Carers

Those providing personal care to relatives or friends

The following pages set out in more detail some of the initiatives and approaches we will use to appropriately help and support adults in Hampshire. Our work will be underpinned by the relevant national and local policies and protocols, for example in relation to keeping adults safe and in terms of equality. Our approach to how we commission will ensure that our reducing resources can be used to help the growing number of people who need our direct support.

How we will achieve our Vision

In this section we summarise how our Vision will be achieved – in short, by focusing our efforts, time and resources into three key areas:

Prevention (incorporating Demand Management)

Preventing and/or reducing demand for formal social care services. This will include helping people to remain fit and well, or to maintain their current abilities for longer, by making informed choices.

Our Demand Management and Prevention work will build on people's strengths, enabling them to improve their health and take more personal responsibility for looking after themselves with support from their family, friends and community network. We will encourage this by making the healthy choice the easy choice, developing accessible, inclusive and readily available information and advice services. We will also carry out targeted prevention work for certain groups of people who are most at risk of poor health to keep them well and to avoid or delay the need for social care services. We will promote the use of technology where it can play a role in helping to maintain independence. We will work with partners, in particular the NHS, GPs and the Voluntary Sector to achieve the above aims.

Independent Living at Home

Supporting people with emerging care needs to live independently in their own homes for as long as they can.

Supporting people in this way will involve providing help and advice to people who need it, but this will be balanced with an expectation that those who have the financial and/or other resources to help themselves, will do so. Our aim is to promote wellbeing and independence, reducing the need for social care services. We will enhance the opportunities for less able people to access support and will promote low cost care technology solutions to support people to remain able to live at home independently or with reduced levels of paid for care.

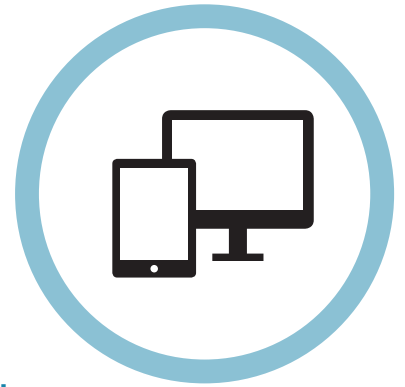
Accommodation

Maintaining the independence of people with the greatest needs.

We will take further action to **target our direct support to those who are most vulnerable** or who could most benefit from progression towards independence and recovery. We will support people by commissioning accommodation services that promote and maintain independence as far and for as long as possible, by developing more modernised settings and offering more short term (reablement) opportunities. We will utilise and expand our reablement service to reduce dependency and, wherever it is achievable, support people back to their own home or more independent accommodation to reduce paid for service levels. We will further invest in new, modern facilities playing a direct role in supporting adults with higher end dementia and the increasing number of frail older persons (85 years +) who are in poor health, often living with multiple conditions.

Everything described above will be underpinned by a way of working that builds on an individual's strengths. Strengths based working is a collaboration between our service professionals, the individual and where appropriate, their family and community, which draws on a person's own skills, abilities and networks. By using people's strengths, we maximise what they are able to achieve. The person remains happier and independent for longer, or progresses towards independence and recovery whilst staying socially connected.

Prevention (incorporating Demand Management)



The following paragraphs describe just some of the interventions the County Council is investing in to meet one of the core aims of the Care Act 2014, namely preventing the need for care and support. Success in this area will enable us to sustainably support a growing demand for social care advice, help and support against the backdrop of reducing financial resources.

The County Council's **Public Health Strategy** aims to improve health outcomes and optimise the use of resources. While many of these improvements will take time we will see short term benefits from the implementation of the strategy. For example, within a year of stopping smoking, there are significant benefits including improvement in lung function for people with chronic obstructive pulmonary disease and reduced risk of coronary heart disease. Alcohol identification and brief advice can reduce weekly drinking by up to a third. Effective identification of people at risk of falling and appropriate interventions will also have immediate benefits.

Connect to Support is a relatively new online resource that is making a significant and growing contribution to helping adults identify a wide range of support to help maintain independence without the need to approach the County Council. Some 5,000 'hits' per month are helping to reduce demand by directing residents to local support offerings often being delivered by existing community organisations or by volunteers. Pilots with GPs and a focused marketing campaign in 2018 is aiming to take usage beyond 10,000 a month.

Presently, still the most common way that people make **direct contact with Adults' Health and Care is by telephone** to our contact centre. Leaving aside hospital discharges, this is the 'front door' to social care services.

Connect to Support Hampshire

The Contact Centre receives more than 100,000 calls a year.

Trained advisors are improving resolution rates towards 70% and are increasingly directing callers to low, or no cost support solutions including recognising where care technology can help to maintain independence and social connectivity. A range of channel shift initiatives will be put in place aimed at positively resetting the balance between use of Connect to Support and the Contact Centre.

The contribution that carers make to our society is significant. It is estimated that just over 10% of our population are providing unpaid care to adult family members or others. People aged over 65 provide almost 25% of all unpaid care. With an ageing population, carer numbers will inevitably increase further.

Amazing resource for people in the community and those supporting them (professionally and personally) - very well done!
Voluntary Sector Worker

Totally satisfied with my mother's care technology. The peace of mind given to myself and my family is immeasurable.
Carer

Our Carers Strategy, co-produced with health and social care professionals, voluntary sector representatives and carers, is designed to ensure that health and care organisations work in partnership with carers to establish and coordinate easily accessible support across the county. The strategy will build on the range of services we currently commission to support carers, including carer specific information and advice services, carers contingency planning, respite care and one-off carer direct payments. We are also pioneering the use of care technology to support carers.

Further developing our relationships and ways of working at the **community** level with voluntary sector key influencers and providers is an essential part of our prevention and demand management strategic approach. We are working to identify existing community assets and stimulate

development of alternatives to paid services by working closer with communities, the voluntary sector and local Adult Social Care teams. In turn, this is helping to ensure that local resources are correctly represented on Connect to Support and that awareness and use of Connect to Support significantly increases.

Developing routes for ensuring that people, who would otherwise need social care, can more easily make the connections to receive the support that they need to stay independent will help us to prevent the need for care and support and thus reduce the demand for paid for services. Importantly, this will improve community resilience and enable people to be more independent, happier and stay locally connected.

Where we will be in five years time

- more people will be keeping fit and well in the community, reducing the demand for health and social care services
- information and advice via Connect to Support will be routinely accessed to enable people to make informed choices about their care and support
- the County Council's contact centre will directly resolve 75% of a reducing number of client enquiries for help and support
- private pay care technology solutions will be routinely requested and provided
- community support offerings will be increasingly known about (partly through Connect to Support), better trusted and more widely used
- social isolation will be reduced and carers will be better supported

Independent living at home



There is strong evidence that many people in need of social care prefer to receive it in their own home. People are generally happier living as independently as possible in familiar surroundings, staying connected to their families, friends and neighbours.

This preference is at the heart of our carefully developed vision for Hampshire residents to **live long, healthy and happier lives** with the **maximum possible independence**. We recognise that living at home offers greater autonomy and control, as well as the freedom to continue with or further develop their chosen lifestyle. Some of our work aimed at maximising independence is described below.

All those eligible for social care support will receive a personal budget. People may then choose to take control and organise their own social care through a **Direct Payment**. We will encourage people to take control of their own care and support and to use direct payments, reducing the need for the County Council to directly buy services on their behalf. We will encourage the growth in the market of **Personal Assistants (PAs)**, who are paid to help an individual with their care needs. In addition, Hampshire is part of a national programme called My Life My Way, which provides personal budgets for people with complex support needs.

We are working with system partners to develop and implement a **single intermediate care function** that will deliver much improved client outcomes and will reduce cost for the NHS, the County Council and our providers. Hospital admissions will reduce. We are determined to move to a service that is based around the individual. People will not have to tell their story endless times, they will have more of a say, they will receive more care in or near their home, they will only need to go to hospital for planned procedures or when their needs determine urgent care provided in an acute hospital is the most appropriate option. People will feel supported to successfully manage their

own conditions, make their own choices and be supported to live as independently as possible. We aim to have the single integrated service operating in 2019.

We are also prioritising work with our NHS partners on developing a **joint commissioning approach for (and possible integration of) learning disability and mental health services**.

This is set to deliver a number of system benefits and improved outcomes for people including a more cohesive and integrated pathway that will facilitate earlier intervention, prevent crisis and reduce inpatient hospital admissions. Other benefits will include single assessments, more positive behavioural support, reduced institutional care and greater uptake of personal budgets.

A new and improved **Help to Live at Home** arrangement is set to be introduced later in 2018 supplying up to 40,000 hours of support to people every week. This service will enable some 4,000 – 5,000 clients to live safely and comfortably in their own home. Help to Live at Home support will be designed around the individual, but with a

view to **increasing independence** and encouraging people to do as much as they can without help, or with the help of unpaid carers, such as family, friends and neighbours. To help with this aim, we will work hard to ensure that prior to receiving long term Help to Live at Home services, all people who can benefit from it will receive a period of intensive reablement, largely delivered by our in-house Community Response Team. This will help people to regain their independence, with paid for support gradually decreasing as the individual regains confidence and ability.

Having control over my own money to arrange the support I need, means I am able to live the life I want and enjoy things that keep me healthy and happy.

Service User

We will look to **develop a specialist high-needs/ dementia Help to Live at Home service** for people who might previously have entered residential care. They will have the benefit of living independently in their own home in the community, supported by a specialist Help to Live at Home service. This service may also be used for specialist end-of-life care.

The County Council's trailblazing care technology partnership has demonstrated the immense **value of technology in supporting and improving people's independence**. A range of devices are being deployed in and outside the home to manage risks to health, safety and wellbeing, as well as **providing reassurance to carers and loved ones for some 8,500 clients**. We will seek to maximise both the range of technology available and the number of people benefitting, making the most of the latest innovations as they emerge.

Alongside our **Wellbeing Centres**, which currently provide support to 2,000 people living with mental health needs, we will work with organisations to help improve the employment rate for people living with mental health needs by commissioning day opportunities and supported employment initiatives. We will increasingly focus on supporting healthy lifestyle choices, employment and help and advice for carers. We will also work with communities to enable them to play a greater role in supporting people with mental health needs.

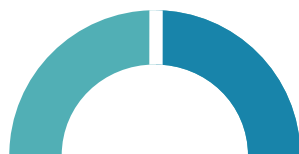
For people with learning disabilities, day opportunities will be focused on preparation for work, supported employment and integration into mainstream community activities. **The My Life My Way programme** will help prepare young adults (16 to 25) to prepare for adulthood. We will continue to shift the focus of support for people with learning disabilities away from residential care towards supported living and other community-based services.

Past



Residential Supported Living

Now



Residential Supported Living

Goal



Residential Supported Living

Where we will be in five years time

- more service users will be using Direct Payments as a means of taking control and organising their own social care
- a system-wide single intermediate care function will have been in operation for at least three years. Hospital admissions for older people and service costs will be reduced
- an integrated learning disability and mental health service will be in place, resulting in improved earlier intervention, less client crisis and reduced hospital admissions
- we will have Help to Live at Home service arrangements that are geared to maximising independence. Average care hours per week will be lower than they are at present
- more than 12,000 service users will be benefitting from the very latest care technology solutions to enable them to remain at home and live independently
- our wellbeing centres, our work with communities and our My Life My Way programme will all combine to further improve the independence of people with mental health and learning disability needs

Accommodation

Commissioning accommodation and directly providing in-house services in order to help maintain or increase independence of people with the greatest needs, are important elements of our forward Strategy.



The County Council has a long tradition of facilitating accommodation based services and for directly operating our own suite of residential and nursing homes partly to complement and add to market provision. We also benefit from greater control especially in relation to higher cost placements and geography, recognising both the size and rurality of the Hampshire administrative area.

Our ambitions for the next five years are bold but realisable. We aim to take forward a possible £300m capital programme, set to be wide ranging. It will result in some new facilities and services alongside the modernisation and updating of the remainder of our in-house stock – introducing the latest technology wherever we are able to, for the benefit of clients, their families and friends, and to assist our own front line operational staff.

Crucially, the investment will mean that the **County Council's on-going annual revenue operating costs** for the clients benefiting from the different accommodation choices, **will be reduced**. In an era of rising service demand and continued austerity, the importance of this key area of our five year strategy cannot be overstated.

In the past year we have jointly developed with the NHS, a **short-stay (reablement) facility** within an acute hospital setting aimed at improving discharge performance and supporting people to return towards independence. The focus has very much been on **helping people to regain or further develop their function and confidence so they can live in their own homes or in the community with support if needed**. We have plans to develop this concept further at other NHS hospital sites and to develop our own short stay hubs in community settings enabling hospital admissions to be avoided and people in, or on the edge of crisis, to be supported and then able to return home.

For the most vulnerable adults of all ages and abilities, long term accommodation will continue to be available either in a residential setting, or through supported living, Extra Care or other placements. The residential and nursing care placements we make will be for people with the most complex needs, but despite increasing service demand, **we do not intend to increase the overall number of people going into this long-term form of accommodation**. Wherever possible, and especially for people with autism, learning disabilities, mental health issues and physical disabilities **we will continue to move away from residential settings into other forms of supported living accommodation**.

We currently directly provide residential and nursing care services for older persons and clients with learning disabilities at 23 different homes. We intend to re-provision part of our existing stock to **develop specialist dementia hubs** for people with medium to high end dementia, recognising this is one of the fastest growing conditions for our ageing population. We also plan to focus more on the **frail elderly** given the growth predictions for those aged 85 and above. This vulnerable client group are usually affected by a range of conditions and often require significant levels of care and support as a consequence.


Extra Care Housing schemes are a fundamental and growing component of our service, enabling people with high levels of support needs to live in the community but with care support on site. It can be an option for all of the groups of people we support. It is an alternative to residential accommodation giving more independence and autonomy. Extra Care may also be used for short term or respite accommodation. We intend to develop our Extra Care provision for older and younger persons, learning disability, adults, backed

by up to £70m of investment. Extra Care housing is also being actively developed for younger adults with physical disabilities and for people with mental health needs.

Supported living is where people with complex and high levels of need live with support in a domestic setting. It is usually a long term provision but can also be used for short term or respite placements. We will develop more such places, for example by purchasing private properties to convert and transforming care homes into supported living accommodation. This will be the default provision for people with autism and learning disabilities who will be encouraged to move into supported living where they will have more independence, choice and control over their lives.

We will grow year on year the **Shared Lives** service where a person with support needs lives with a family at home and shares their life. While

many of those currently benefitting from the Shared Lives scheme are adults with learning disabilities, older people are also enjoying family placements and we want to further develop the number of placements available for people living with mental health needs.



I am very happy in my new home, it is quiet, I can cook for myself and I love my garden!

Service User

Where we will be in five years time

- unplanned hospital admissions will be reduced as more people will benefit from reablement type services in new community facilities developed by the County Council
- system discharge performance will be improved with access to reablement services available at acute settings as a result of joint County Council/NHS investment
- the County Council will have developed its own dementia hubs for those with medium to high end dementia, complementing and adding to specialist market provision
- in response to the expected significant increases in the 85 year and over population, we will have developed facilities for frail elderly clients with multiple conditions
- there will be more supported living accommodation for autism, learning disability and physical disability clients and accommodation solutions to improve independence amongst those suffering from mental health conditions will have been implemented
- we will have increased the level of older person Extra Care units facilitated or delivered by the County Council to 1,500, doubling the number of units currently
- our remaining residential and nursing homes will have been updated, modernised and improved, and will benefit from the latest technology

In Summary

This document outlines a five year Adults' Health and Care Vision for Hampshire residents to **live long, healthy and happier lives with the maximum possible independence.**

It sets out clear priorities about how we will support people to make the best possible choices about their health and care, **while ensuring that the most vulnerable in our society, whatever their age, continue to receive the care and support they need.**

We know that **we will only achieve our aims in collaboration** with service users, carers, our partners including the NHS, providers and the voluntary and community sector.

We are **very aware of our complex operating environment** including the unrelenting demand for help and support services from a more diverse, complex and ageing population alongside a challenging financial climate. Austerity is set to continue into the next decade.

Despite this, **we are confident that our Strategy is well thought through and is deliverable.** We have set out clearly our intentions and have confirmed where we expect to be in five years in terms of:

- prevention activity (incorporating Demand Management)
- helping people to live independently, and
- facilitating and/or directly delivering new and improved models of accommodation.

The achievement of this Vision is predicated on working in a **strengths based way** which will flow through everything we do - especially the conversations we have with people seeking information, advice, guidance and support.

We will focus on a person's own skills, abilities and networks (including family and friends). By using people's strengths, we maximise what they are able to achieve. **The person remains happier and independent for longer, or progresses towards independence and recovery whilst staying socially connected.**

Key to success will be our ability to continue to embrace change, to be flexible and innovative e.g. making the most of new thinking and advances in technology to improve the quality and effectiveness of the way we work and the services we provide.

Robust annual business plans will be developed so that we are able to **track progress and remain on course** to achieve everything we need to and have set out to.

Whilst our focus in this document is on the coming five years, we must not forget that people will continue to need care and support well beyond then. **We have a responsibility to future generations of vulnerable people to make the changes set out in this document** as a means of building sustainable public health and social care services into the long term.

We hope you have found this document **clear and informative.** We look forward to working with you to turn our **vision and strategy** into **reality.**

Where we will be in five years time



Prevention:

- more people will be keeping fit and well in the community, reducing the demand for health and social care services
- information and advice via Connect to Support will be routinely accessed to enable people to make informed choices about their care and support
- private pay care technology solutions will be routinely requested and provided
- the County Council's contact centre will directly resolve 75% of a reducing number of client enquiries for help and support
- community support offerings will be increasingly known about (partly through Connect to Support), better trusted and more widely used
- social isolation will be reduced and carers will be better supported.



Independent living at home:

- more service users will be using Direct Payments as a means of taking control and organising their own social care
- a system-wide single intermediate care function will have been in operation for at least three years. Hospital admissions for older people and service costs will be reduced
- an integrated learning disability and mental health service will be in place, resulting in improved earlier intervention, less client crisis and reduced Hospital admissions
- we will have Help to Live at Home service arrangements that are geared to maximising independence. Average care hours per week will be lower than they are at present
- more than 12,000 service users will be benefitting from the very latest care technology solutions to enable them to remain at home and live independently
- our wellbeing centres, our work with communities and our My Life My Way programme will all combine to further improve the independence of people with mental health and learning disability needs.



Accommodation:

- unplanned hospital admissions will be reduced as more people will benefit from reablement type services in new community facilities developed by the County Council
- system discharge performance will be improved with access to reablement services available at acute settings as a result of joint County Council/ NHS investment
- the County Council will have developed its own dementia hubs for those with medium to high end dementia, complementing and adding to specialist market provision
- our remaining residential and nursing homes will have been updated, modernised and improved. They will benefit from the latest technology
- in response to the expected significant increases in the 85 year and over population, we will have developed facilities for frail elderly clients with multiple conditions
- there will be more supported living accommodation for learning disability and physical disability clients and accommodation solutions to improve independence amongst those suffering from mental health conditions will have been implemented
- we will have increased the level of older person extra care units facilitated or delivered by the County Council to 1,500, doubling the number of units currently.

Adults' Health and Care – our business

Adult Social Care

Who we support



1,600 people are cared for in our nursing and residential homes



3,500 people receive short term reablement helping them back on their feet



7,100 carers and 3,700 veterans receive support



92,000 people are helped by organisations who receive a grant from us

We provide long term support to over 20,000 residents

■ Older people (64%)
 ■ Learning disability (14%)
 ■ Physical disability (11%)
 ■ Mental health (11%)

What we do



1 in 10 Hampshire residents receives information, advice, guidance or support



100,000+ calls are responded to



31,600 assessments are carried out



5 million hours of homecare are provided



100,500 items of support equipment are delivered



414,000 Meals on Wheels lunches are provided and 32,600 afternoon teas



£1m is given to community organisations to support local people



4,500 falls prevention classes are held



14,000 people are discharged safely from hospital



8,500 people are provided with care technology to help them live independently

Our challenges

1 in 10 of the Hampshire population is over **75**



Over the next seven years the number of residents aged 75 years and over will increase by 30%



The number of people aged 18–64 years predicted to have a moderate to serious physical disability is projected to increase by 3% over the next five years, this equates to an extra 2,100 people who may need support.



The number of people aged 18 years and over predicted to have a learning disability is projected to increase by 11% over the next five years, this equates to an extra 2,600 people who may need our support.

Public Health

In a typical year:



Improving the public's health – more than 25,000 Hampshire residents have a Health Check



Promoting healthy weight – more than 3,700 people are supported to achieve a healthy weight using Hampshire's adult weight management service



Reducing tobacco use – 5,400 people are supported to quit – nearly two thirds are successful after four weeks



Over 700 attendances by women who want to become more active at local cycling groups

200 young people are trained in secondary schools to help prevent others starting to smoke



Supporting people who experience domestic abuse – ensuring 5,550 people have been supported through our victim support services



Reducing dependency on drugs and alcohol – more than 550 people successfully complete drug and alcohol treatment programmes – over 2,800 people currently being helped



Championing innovation such as leading work to reduce the number of suicides, particularly in men, and introducing the Health Passport for Gypsies and Travellers to share health information with medical professionals



Promoting sexual health – Hampshire residents use specialist sexual health clinics for consultations, advice and testing over 34,000 times

Supporting families, children and young people



Every family with children (0-5 years old) can access Hampshire's **Health Visiting Service** – currently supporting over 70,000 children



The weight and height of nine in ten primary school children are measured by school nurses as part of the **National Child Measurement Programme** in Hampshire schools



Over 4,000 children aged 0-5 are provided with free toothpaste and supported to **brush their teeth** daily



Over 190,000 children being educated in Hampshire can get help from the **School Nursing Service**

Our challenges. Hampshire's 1.3 million population is:



Living longer in poorer health – men spend 14 years and women spend 17 years of their lives in ill health or needing high levels of support

Becoming more unequal – in deprived areas men live nearly 7 years less and women live nearly 5 years less than those in least deprived areas of Hampshire



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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	16 April 2018
Title:	Developing a Strategic Partnership for Public Health between Hampshire County Council and the Isle of Wight Council
Report From:	Director of Public Health and Director of Adults' Health and Care

Contact Name: Dr Sallie Bacon, Director of Public Health

Tel: 02380 383329

Email: Sallie.bacon@hants.gov.uk

1. Recommendations

Cabinet is asked to:

- 1.1 Endorse the actions taken up to the date of this report and approve the arrangement for Hampshire County Council to take steps in developing a strategic partnership between Hampshire County Council and Isle of Wight Council for the delivery of Public Health services on the Isle of Wight.
- 1.2 Formally approve in principle the headline terms of that agreement as outlined in section 4 of this report.
- 1.3 Formally agree the project management and governance arrangements as described in Section 7 of this report.
- 1.4 Agree to receive a further report in September 2018 in order to give consideration to a more detailed draft agreement for a longer term partnership between Hampshire County Council and Isle of Wight Council for delivery of Public Health services on the Isle of Wight.

2 Executive Summary

- 2.1 On the back of a successful partnership with Children's Services, Isle of Wight Council approached Hampshire County Council about providing assistance with Public Health responsibilities and services following the rapid departure of the Island's Director of Public Health DPH on 1 January 2018.
- 2.2 With the tacit agreement of the Leaders of both Hampshire County Council and Isle of Wight Council and the senior level support of Public Health England, an in principle agreement was reached between the Chief Executives of Hampshire County Council and Isle of Wight Council to enter into an immediate interim partnership for an initial period of 6 months for the

oversight and delivery of public health services on the Island through a shared DPH.

- 2.3 During the interim partnership further analysis will be undertaken to verify the viability of establishing a more permanent strategic partnership.
- 2.4 The Partnership arrangement will involve sharing competencies and capacity and will further strengthen ties between the two authorities.
- 2.5 The purpose of this paper is to ask Cabinet to endorse the actions taken up to the date of this report regarding the interim partnership and to seek approval for proposals towards a longer term agreement between Hampshire County Council and Isle of Wight Council for the oversight and delivery of Isle of Wight Public Health responsibilities and services by Hampshire County Council. This is an initial decision to create a formal basis for these proposals and a possible final agreement. This report does not form that final agreement but sets out the reasons for the proposal, the general and more specific terms of a possible agreement, an initial analysis of the risks involved and a consideration of the likely next steps.

3 Background

- 3.1 The Isle of Wight Council is a unitary authority with a population of about 140,000. The Council has responsibility for all local government services on the island. These responsibilities include discharging the statutory duties for Public Health that were conferred on local authorities by the Health and Social Care Act 2012. Both Hampshire and the Isle of Wight (HIOW) are part of the HIOW Sustainability and Transformation Partnership (STP) and this arrangement provides opportunities for both councils to further develop the scope of high quality Public Health services within that STP area. Public Health is acknowledged as a key driver in both improving overall wellbeing and also in reducing demand on NHS and social care services.
- 3.2 Local authorities have, since April 2013, been the local leaders for public health with responsibility for taking such steps they consider appropriate for improving the health of their population and for delivering a number of statutory and mandated functions.
- 3.3 The Health and Social Care Act makes clear that each unitary and upper tier authority must, acting jointly with the Secretary of State for Health, appoint a Director of Public Health (DPH) who is a statutory Chief Officer, to have responsibility for its public health functions.

There is provision for the role to be shared with another local authority where this makes sense.

- 3.4 The fundamental duties of a DPH are set out in law ¹ however, the role is broader than that set out in legislation: the Director of Public Health is a statutory chief officer of the authority and the principal adviser on all health

¹ http://www.fph.org.uk/uploads/DPH_Guidance_Final_v6.pdf

matters to elected members, officers and partners, with a leadership role spanning health improvement, health protection and healthcare public health.

- 3.5 Hampshire County Council has an established constructive relationship of working together with Isle of Wight Council, through its partnership of delivering Children's Services. That partnership has recently been renewed, beyond its initial five year period into an open-ended arrangement. This arrangement to provide Public Health services on the Isle of Wight will be approached in a similar vein to how Children's Services have been delivered.
- 3.6 The incumbent DPH for the Isle of Wight was seconded to Public Health England for three months from January 2018 and will leave the employment of IWC at the end of the secondment.
- 3.7 This led to a need for Isle of Wight Council to make immediate arrangements for DPH cover.
- 3.8 The Isle of Wight Council Chief Executive requested a partnership arrangement be established with Hampshire County Council to provide such cover, through a shared DPH, initially for a six month period.
- 3.9 With the agreement of the Chief Executives of Hampshire County Council and Isle of Wight Council, through an exchange of letters the shared DPH arrangement commenced on 23 January 2018.

4 Draft and Outline Terms of Agreement

- 4.1 In consultation with the Leaders of both Councils an in principle agreement was reached between the Chief Executives of Hampshire and Isle of Wight Councils to enter into a partnership for the oversight and delivery of public health services on the Island through a shared DPH.
- 4.2 The partnership is at the request of Isle of Wight Council and in light of the rapid departure of the incumbent DPH on 1 January 2018 required an immediate interim arrangement with a view to establishing a more permanent strategic partnership in the near future.
- 4.3 The arrangement has the support of Public Health England.
- 4.4 The interim arrangement commenced on 23 January 2018.
- 4.5 There are 2 distinct stages to the partnership:
 - a) First stage - Interim partnership; initially a 6 month arrangement that may be extended, as appropriate, with authority delegated to the respective Chief Executives, in consultation with the Leaders of both Councils, to enable a longer term decision to be taken.
 - b) Strategic Partnership - Long term (circa 3-5 years) provided both parties deem phase 1 to be successful.
- 4.6 The first stage will be providing interim DPH and Associate DPH cover and carrying out an in depth review of public health delivery on the Isle of Wight to inform the package needed to establish a longer term partnership, if both parties agree to this being developed.

- 4.7 The second stage is putting in place arrangements for a long term partnership.
- 4.8 The financial, legal and political accountabilities for Isle of Wight public health will remain with Isle of Wight Council. This is in line with the arrangements for the established Children's Partnership.
- 4.9 Hampshire County Council will take no direct political accountability but will readily explore political partnership opportunities over time.
- 4.10 There has to be a clear principle of at least full cost recovery, with no detriment to the Hampshire County Council public health function and performance, based on the established processes used for the Children's Partnership.
- 4.11 Monitoring of the public health indicators in Hampshire's Corporate Plan and the oversight of the Public Health Isle of Wight Council Partnership Implementation Project Board will provide assurance regarding the continued strong performance and quality of the Hampshire Public Health function.
- 4.12 Hampshire County Council are mindful that any financial charges need to be established within the affordability of the Isle of Wight Council budget and will work with the Chief Executive of Isle of Wight Council to establish a well managed and well performing Public Health service within the appropriate budgetary envelope.
- 4.13 Assurance needs to be given by Isle of Wight Council that the additional costs of the outgoing DPH in his secondment role will not be borne by, or become an impediment to the arrangement.

5 Risk assessment and management

- 5.1 The Public Health partnership will be following in the footsteps of an already established and successful Children's Services partnership with Isle of Wight Council.
- 5.2 The Partnership arrangement will involve sharing competencies and capacity, primarily at Director level but will initially involve other managerial levels. That will lead to mutual learning but must not be allowed to detract from necessary capacity within the County. Whatever the strength of Hampshire's performance and reputation in Public Health, officers and members are keenly aware that sustaining quality remains a challenge and that complacency in these services is one of the greatest risks of all. The Director of Public Health will continue to closely monitor the overall performance of Public Health services at Hampshire County Council.
- 5.3 IWC retain full political accountability for Public Health. This substantially reduces the direct risks to be carried by Hampshire County Councillors. Although not carrying direct political accountability it needs to be acknowledged that there still remain indirect implications for Hampshire members if the partnership were to face serious problems.

6 Finance

- 6.1 It is too early to determine the full financial implication of this arrangement. However, the underlying principle is that Hampshire County Council will be properly compensated for the resources that it uses. Detailed proposals for the full recovery of Hampshire County Council costs will be agreed with Isle of Wight Council.
- 6.2 There will be two strands in relation to costs during the interim phase.
- 6.3 Strand 1: Fixed Cost for DPH function. To put in place the broad agreement around financial costs for Hampshire County Council providing the day to day DPH function during the Interim period. This will include access to the Hampshire Associate DPH and other Hampshire County Council specialists in public health, as appropriate for the day to day running of public health.
- 6.4 Strand 2: Variable Cost of diagnostic work in preparation for a long term partnership. During this interim period the DPH, and where required, Hampshire County Council Associate DPH and any Public Health specialist employed by Hampshire County Council shall, with Isle of Wight Council assistance, carry out diagnostic activity to understand the current Isle of Wight Council Public Health service operation and identify any changes needed and establish the estimated costs for a long term partnership. This will include reviewing the delivery of statutory and mandated functions, review of Public Health commissioned services and staffing structure, reviewing the Public Health budget, running costs, the budget management process and establish the partnership costs and charging mechanism.

7 Governance

- 7.1 A project management approach, based on that used for establishing the Children's Partnership is being adopted and a dedicated project manager has been identified.
- 7.2 A time limited project board - Public Health Isle of Wight Council Partnership Implementation Project Board has been established which is chaired by Hampshire County Council's Chief Executive, with membership from the DPH, the Director of Adults' Health and Care and key representatives of other corporate areas and services, including Children's Services, as well as Finance, Legal and Human Resources. Isle of Wight Council will be invited to send a representative.
- 7.3 The Board will report to the Corporate Management Team for the establishment of the interim partnership arrangement and, in due course, to Cabinet once longer term options and opportunities have been identified.
- 7.4 The key lines of the project will include:
 - 7.4.1 Legal
 - 7.4.2 Finance
 - 7.4.3 HR
 - 7.4.4 Public Health Services

7.4.5 Performance Management

7.4.6 Operational logistics / support

7.4.7 Communications

7.5 The Project Board will also establish and manage a full risk register to address the issues summarised in section 4 above.

7.6 There must also be appropriate levels of political leadership to the respective decisions and approval of the two Council Leaders and the Lead Members for Public Health.

7.7 The detailed analysis of the key lines of this project will be subject to further work and analysis over the course of the coming weeks

8 Conclusion

8.1 Hampshire County Council welcomes the opportunity to establish a further partnership with Isle of Wight Council and to build on the excellent working relationships and political partnership that have been established through the Childrens Partnership arrangement with Isle of Wight Council. The approach from Isle of Wight Council to enter into such an arrangement is welcome and presents an opportunity for the council to develop an area of work not as an income generator but as an extension of the council's capacity.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

NONE

IMPACT ASSESSMENTS:

1. Equality Duty

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2 Equalities Impact Assessment:

The proposal itself will not have an impact on groups with protected characteristics. Any changes to the provision of public health services as a result of this proposal will be subject to an EIA.

2. Impact on Crime and Disorder:

- a) No impact has been identified.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?

There will be an unavoidable increase in travel, at least in the short term, for the DPH and the ADPH to the IOW from the mainland. This will be mitigated where possible by the use of communication technologies.

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

The longer term impact will be considered as part of the final arrangements for providing senior Public Health leadership on the IOW.

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	16 April 2018
Title:	Supporting Children's Services in Buckinghamshire
Report From:	Chief Executive

Contact name: John Coughlan

Tel: 01962 845252

Email: John.coughlan@hants.gov.uk

1. Recommendations

It is recommended that Cabinet:

- 1.1. Notes this report and the developing role of Hampshire County Council as an improvement partner in children's services;
- 1.2. Endorses the actions taken to date and approves the arrangement for Hampshire County Council to become the Improvement Partner with Buckinghamshire County Council, including the role of the Chief Executive as the DfE Commissioner for Buckinghamshire and the role of the Director of Children's Services (DCS) overseeing the improvement programme;
- 1.3. Notes also the continuing progress of the equivalent relationship with Torbay Borough Council.

2. Executive Summary

- 2.1. The purpose of this paper is to brief Cabinet and seek approval for a newly established formal relationship with Buckinghamshire County Council on behalf of the Department for Education. This follows a recent Ofsted judgement of Inadequate overall for that council's children's social services. The arrangement is essentially two-fold: the Chief Executive will take the role of DfE Commissioner, which has a defined set of responsibilities in such circumstances; Hampshire County Council will also act as Buckinghamshire's initial improvement partner, through the leadership of Hampshire's Director of Children's Services, to assist in the sustainable improvement of the services. The arrangement, which necessarily developed rapidly, had the prior informal approval of the Leader of the County Council pending this decision.
- 2.2. This report will also take the opportunity to update Cabinet on the progress of Hampshire's equivalent arrangement with Torbay Borough Council, again on behalf of DfE. That arrangement has now been in place for some two years

and this report will explain the progress to date as well as the planned phased exit strategy.

3. Contextual information

- 3.1 Members will be aware that Hampshire's Children's Services Department has, for some years, been taking its share of the corporate strategy to use the County Council's various service strengths to carefully enter external markets and explore opportunities to trade those services. The purpose of the general strategy is not to pretend that the County Council can trade its way out of the existing financial challenges. But there is a number of purposes to the strategy, especially as they pertain to children's services: we can generate some income above our cost base – the net income is not substantial but is useful; we can sustain a higher level of operational capacity than otherwise and this capacity strengthens our overall position, not least in the retention of high quality staff and managers; we have found such exercises, while they are extremely demanding and must be approached respectfully and with full commitment to support, an invaluable learning exercise for staff who learn valuable lessons in how to improve services which they can then bring into Hampshire as part of our own continuous improvement.'
- 3.2 Finally, perhaps especially in the high risk areas of children's services, these interventions are exceptionally positive examples of the County Council's deep commitment to genuine sector-led improvement.
- 3.3 It is now some five years since Hampshire County Council entered the strategic partnership with the Isle of Wight Council for children's services. That arrangement has proved so successful that both Cabinets have recently agreed to sustain the partnership on an indefinite and voluntary basis upon the end of the Statutory Direction that initially encompassed it. It is arguable that this arrangement is the strongest example nationally of sustained improvement of a formerly failing children's services authority.
- 3.4 In 2016, DfE approached the County Council with a view to our establishing a similar but different arrangement with Torbay Borough Council. By this stage DfE had introduced the formal role of Commissioner with a key task to test a "presumption", now built into policy by DfE, that any authority such as Torbay, which has received an inadequate judgement in two of its last three inspections, should be removed from its direct oversight of children's services, usually with a view to the establishment of a form of free-standing children's trust working to the authority. The Commissioner's initial role in such cases is to test this presumption and determine an 'alternative delivery model' where this is indeed necessary. Accordingly, the Hampshire model for such interventions was established, with the Chief Executive undertaking the role of Commissioner and also Chair of Torbay's Improvement Board, and Hampshire's DCS leading a comprehensive, but necessarily more arms-length, improvement programme. The progress of that intervention will be explained further below.

3.5 Subsequently, and as reported previously to the lead Member and Cabinet, the County Council's general role in this arena of sector-led improvement in children's services has evolved on at least two levels. In particular, the DCS has secured the Council's place as a Partner in Practice (PiP) with DfE. This role triggers specific lines of investment that enable the council to develop innovations and also to support other local authorities regionally. The Council has also joined a framework that enables us to bid for specific opportunities to support other authorities as deemed appropriate.

4 Buckinghamshire

4.3 Ofsted published its latest full inspection report into Buckinghamshire children's social services on 29 January. It included an overall judgement of Inadequate, including Inadequate for Children in Need of Help and Protection and for Leadership, Management and Governance, arguably the two most critical judgements in the framework. Better judgements were given for Buckinghamshire's services to care leavers and adoption. Crucially, this overall inadequate judgement followed an equivalent outcome to the previous full inspection in 2014. Therefore, with two inadequate overall judgements in succession, the Government's policy presumption about the future governance of the service applies.

4.4 As soon as this outcome became apparent the Chief Executive and the DCS took a view that this might be an appropriate project for Hampshire. There were three over-riding factors in this consideration.

4.5 Our work with Torbay is progressing and whatever else happens with Torbay's journey, it is inevitable that Hampshire's involvement will begin to significantly reduce during the next three months. As has been documented elsewhere, the alternative delivery model in Torbay, as determined by the Commissioner, was that Torbay should partner with Plymouth in order to bring the necessary local capacity that will secure medium and long term sustainable improvement. This partnership comes in to place on the 1 April and after that Hampshire's support will either come to a complete close or taper substantially. Therefore, bearing in mind the continued commitment to the overall strategy, there is a need to time our entry into a new arrangement. Recognising how the work with Buckinghamshire is likely to build in parallel to the reduction in Torbay, this makes the timing almost perfect.

4.6 There is a better geographical fit. Although Buckinghamshire is not exactly local, it is part of our regional network and we have found that there is an element of physical accessibility which is key to this form of intervention. The journey time to Torbay, planned and unplanned according to need, has placed added pressure upon officers involved.

4.7 There is an attraction in working in this way with a comparable, if smaller, county council. Officers have found that in every intervention they have learned a great deal that has contributed to Hampshire's own continuous improvement. That is a core principle of the approach – that Hampshire officers should approach this challenging and sensitive work with a high degree of respect and humility. Understanding the conditions and

circumstances that have led a similar county council into its current predicament should, with respect, be instructive and constructive in equal measure for both sets of officers.

- 4.8 Therefore, with the in principle support of the Leader, a bid was submitted to DfE in mid-February to lead the intervention and take up the role of Commissioner. DfE confirmed Hampshire's bid was successful at the end of February and work has already commenced.
- 4.9 In the first instance, a period of probably up to six months, that work will consist of two strands. The DCS will lead a series of diagnostic exercises in conjunction with the senior leadership in Buckinghamshire in order to develop a deeper understanding of the precise nature and scale of the improvement challenge and the improvement plan that is currently being developed within Buckinghamshire.
- 4.10 At the same time, and informed by the diagnostic work, the Commissioner will have to develop a judgement about the presumption test. That is whether there is sufficient evidence to indicate that the existing governance arrangements within the local authority, including between Leader and Lead Member, Chief Executive and Director of Children's Services, are sufficient to suggest that the local authority can achieve sustainable improvement without recourse to a more permanent intervention in the form, for example, of a children's trust for the services. On this point it is noteworthy that the Ofsted report of January 2018 makes repeated reference to the significant and positive changes in the leadership of the service which have taken place in the past twelve months, but with apparently insufficient time to impact on the recovery of services. Nevertheless, all concerned need to be clear that the governance test is an important one based on current Government policy and will need to be robust and empirical.
- 4.11 The Commissioner is required to report to the Minister on a regular basis under a Statutory Direction. Meetings have already begun and a schedule of work is being developed. This work will not be reported routinely back to Cabinet but an update will be provided at an appropriate point and the Leader and Lead Member will be briefed accordingly. It should be noted that all political accountability rests with Buckinghamshire.

5 Torbay

- 5.3 As stated, the work with Torbay commenced in early 2016 and is moving towards a conclusion, probably towards the end of this summer. Again, it has been subject to Statutory Direction and again the work has been essentially two levels – governance and performance.
- 5.4 In terms of governance, an agreed conclusion was reached in late 2016 that, for a variety of reasons, particularly the very small size of this unitary authority and some significant challenges in corporate governance, Torbay Borough Council should not retain unilateral full control of its services. So an alternative delivery model was required in line with DfE's "presumption" in such circumstances. The preferred model is a partnership with another local authority, Plymouth City Council, based on the model between Hampshire and

the Isle of Wight. That partnership, after careful preparation, goes live in April 2018.

5.5 Performance has undoubtedly substantially improved but the pace and sustainability of improvement remains problematic. That said, the range and quality of tailored support provided by Hampshire managers has been extremely well delivered and received. A further full Ofsted inspection is due in the near future. Ideally this will remove the inadequate judgement but that will depend on a number of local factors. At this point we consider that this judgement may influence the nature but not the overall timing of Hampshire's formal withdrawal in order to allow the new partnership with Plymouth to take full shape.

6 Resources and Capacity

6.3 DfE has now established a model of funding for these forms of intervention. It is not generous but ensures Hampshire can achieve full cost recovery. Subject to agreement, direct funding for specific tasks can be negotiated with the host authority. This supports Hampshire's strategic position that these forms of activity are not solely based on income generation but must be set at an appropriate level.

6.4 As stated above, another key aim is to develop Hampshire's own capacity through utilising our staff and managers in a range of interventions which inevitably challenge our staff and contribute towards local continuous improvement. That said, it must also be understood that when Ofsted next conduct a full inspection of Hampshire Children's Services they will be bound to challenge Hampshire to provide evidence to confirm that these activities do not detract from Hampshire's capacity to fulfil its duties to its own children. This issue is fully appreciated and under constant monitoring by the DCS and his team.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

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

Section 100 D - Local Government Act 1972 - background documents

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

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

1.2 Equalities Impact Assessment:

1.2.1 There is no direct impact on equalities as a result of this decision. Any potential impact on equalities arising as a result of the work described in this report will be given due consideration at that time.

2 Impact on Crime and Disorder:

None

3 Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impact on climate change has been identified relating to this decision.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Cabinet
Date:	16 April 2018
Title:	Constitutional Matters
Report From:	Chief Executive

Contact name: Barbara Beardwell

Tel: 01962 845157

Email: barbara.beardwell@hants.gov.uk

1. Recommendations

- 1.1. That Cabinet recommends to the County Council that provision in the Constitution in respect of the appointment of Substitute Members in the case of each Political Group represented on Committees and Standing Panels of the County Council to which proportionality applies be amended, so that up to two Substitute Members per Political Group be appointed in accordance with this provision.
- 1.2. That subject to the approval of the County Council delegated authority be given to the Monitoring Officer to amend the Constitution to give effect to the recommendation at paragraph 1.1 above.

2. Executive Summary

- 2.1. The purpose of this paper is to seek Cabinet's approval to the proposal set out in this report in respect of the appointment of Substitute Members to Committees and Standing Panels of the County Council to which proportionality applies.
- 2.2. In the interest of business efficiency and in order to minimise difficulties in representation by Political Groups on Committees and Panels of the County Council to which proportionality applies, it is proposed that existing provision in the Constitution in respect of the appointment of Substitute Members be extended so as to allow appointment of up to two Substitute Members per Political Group represented on such Committees and Panels.

3. Contextual Information

- 3.1. At its meeting on 23 May 2013 existing provision in the Constitution for appointment of Substitute Members to Regulatory Committee and the Buildings, Land and Procurement Panel (BLAPP) was extended to enable appointment of a Substitute Member for each Political Group on all

Committees or Panels of the County Council to which proportionality applies, to deputise for any Ordinary Member of such Political Group, where the Ordinary Member is unable to attend a Meeting of such Committee or Panel.

- 3.2. This provision has worked well, and has enabled fuller representation to be achieved in cases where from time to time Ordinary Members appointed have unavoidably been unable to attend. However, there have on occasions been incidences where more than one Ordinary Member of a Committee or Panel is unable to attend, for example in consequence of illness. In the interest of good governance, and to secure wherever possible in such cases appropriate representation from respective Political Groups, it is proposed that this position is extended where applicable to up to two Substitute Members.

4. Conclusion and Recommendations

- 4.1. Approval of the County Council is required to agree the proposal in this report and Cabinet are accordingly asked to recommend to the County Council the proposal in this report for approval at its meeting on 18 May 2018.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

This proposal does not link to the Strategic Plan but, nevertheless, requires a decision in order for the good governance of the County Council.

Section 100 D - Local Government Act 1972 - background documents

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IMPACT ASSESSMENTS:

1. Equality Duty

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- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

N/A

2. Impact on Crime and Disorder:

2.1. No impact

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption?
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

N/A