

# Public Document Pack



## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Tuesday, 24th May, 2022 at 10.00 am
<b>Place</b>	Ashburton Hall - HCC
<b>Enquiries to</b>	members.services@hants.gov.uk

Carolyn Williamson FCPFA  
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 and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. 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 Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

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

To confirm the minutes of the previous meeting (HASC 8 March 2022).

**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. PRE-SCRUTINY OF SP23 SAVINGS PROPOSALS (Pages 11 - 118)**

For the Select Committee to consider the findings of the Working Group on the Savings Programme to 2023 proposals relating to certain Adult Social Care Grant Schemes and funding for Social Inclusion services. To pre-scrutinise the proposals going forward to the Executive Member for Adult Services and Public Health.

**7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 119 - 136)**

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

- a) Dental Services Update
- b) Care Quality Commission Inspection Report – Southern Health NHS Foundation Trust Action Plan
- c) Care Quality Commission Inspection – Hampshire Hospitals NHS Foundation Trust Maternity Services

**8. PROPOSALS TO VARY SERVICES (Pages 137 - 160)**

To consider the report of the Chief Executive on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee.

- a) Whitehill & Bordon Health Hub update (Commissioners)
- b) Proposal to create an elective hub for Hampshire and Isle of Wight (Commissioners)
- c) Building Better Emergency Care Programme (Portsmouth Hospitals University NHS Trust)

**9. WORK PROGRAMME (Pages 161 - 176)**

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

**ABOUT THIS AGENDA:**

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

**ABOUT THIS MEETING:**

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

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

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# Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Tuesday,  
8th March, 2022

Chairman:

\* Councillor Bill Withers Lt Col (Retd)

- |                                 |                              |
|---------------------------------|------------------------------|
| * Councillor Ann Briggs         | * Councillor Neville Penman  |
| * Councillor Nick Adams-King    | * Councillor Lance Quantrill |
| * Councillor Pamela Bryant      | * Councillor Kim Taylor      |
| * Councillor Rod Cooper         | * Councillor Andy Tree       |
| * Councillor Tonia Craig        |                              |
| * Councillor Debbie Curnow-Ford |                              |
| * Councillor Alan Dowden        |                              |
| * Councillor David Harrison     |                              |
| a Councillor Adam Jackman       |                              |
| * Councillor Lesley Meenaghan   |                              |
| * Councillor Sarah Pankhurst    |                              |

\*Present

## **Co-opted members**

- \*Councillor Diane Andrews
- \*Councillor Karen Hamilton
- a Councillor Cynthia Garton
- a Councillor Julie Butler

Also present with the agreement of the Chairman: Councillor Fran Carpenter, Assistant Executive Member

## **55. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Jackman. Apologies were also received from co-opted members Councillor Butler and Councillor Garton. It was also noted that the Executive Member for Adult Services and Public Health who would usually attend to observe was unable to attend.

## **56. DECLARATIONS OF INTEREST**

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

No declarations were made.

**57. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 18 January 2022 were confirmed as a correct record and signed by the Chairman.

**58. DEPUTATIONS**

The Committee did not receive any deputations.

**59. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman invited Councillor Penman to provide an update on the Working Group considering the Savings Programme for 2023 savings for the Adults Health and Care Department. It was reported that the Working Group had met the previous week at the mid-way point of the 6-week consultation and were updated on the progress to date and the further engagement planned prior to the closure of the consultation on 21 March 2022. The Working Group was next due to meet at the end of April in advance of the consultation outcomes and proposals being presented back to the Committee in May.

**60. COVID 19 UPDATE**

The Committee received a combined report on the ongoing response to the Covid pandemic in Hampshire from the Director of Public Health, Director of Adults Health and Care and representatives of the Hampshire Southampton and Isle of Wight Clinical Commissioning Group (see Item 6 in the Minute Book).

Members heard that rates of infection were coming down steadily in all age groups and the country had now moved to a 'living with covid' phase. It was noted that the legal requirement for social care staff to be vaccinated was being revoked. It was highlighted that the health care system remained under pressure and this would continue for some time. The pandemic had resulted in a significant backlog in elective care and it would be a focus over the next two years to address the backlog.

Members asked questions and heard:

- Pressure remained in Accident and Emergency services. The target was to see 95% of patients within 4 hours and at times the percentage being achieved was around 60%. In 2020 A&E attendances went down, however data now suggested the system had returned to experiencing a 4% year on year growth in A&E attendances
- While covid may spread following the relaxation of the rules relating to isolating and testing, the majority of the population were protected by the vaccination and mortality for those in hospital with covid had reduced compared to earlier in the pandemic

RESOLVED:

1. The Health and Adult Social Care Select Committee note the update.
2. That the Health and Adult Social Care Select Committee approve that these COVID-19 updates are now stood down although the Committee may request updates in the future.

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

a) Stage 2 Independent Investigation Report – Southern Health NHS Foundation Trust: Update on Action Plan

The Chief Executive of Southern Health NHS Foundation Trust presented a report providing an update on progress with the actions the Trust was taking in response to the findings of Stage 2 of the Independent Investigation Report (see Item 7a in the Minute Book).

In response to questions, Members heard:

- Some of the actions did not have a timescale associated because they were ongoing activity
- The complaints process had been updated to focus on addressing complaints quickly

RESOLVED:

1. The Committee welcomes the actions the Trust has taken to date in response to the recommendations made in the Independent Investigation Report.
2. The Committee request that the Trust attend the HASC meeting on 27 September 2022 alongside commissioners, to provide an update on evidence that the changes made have improved the experience of patients and their families.

b) Care Quality Commission Inspection Report – Southern Health NHS Foundation Trust (published February 2022)

The Chief Executive of Southern Health NHS Foundation Trust presented a report regarding the outcome of a recent inspection of the Trust by the Care Quality Commission (see Item 7b in the Minute Book).

Members heard that the overall rating for the Trust had reduced from Good to Requires Improvement. The biggest challenge related to staffing, with staff retiring and difficulty recruiting and retaining replacements leading to pressure on staff to cover.

In response to questions, Members heard:

- Southern Health covers a broad range of both mental health and community health services across a large geography. There are other

examples of Trusts with the same mix for example in Dorset and that Trust is rated Outstanding

- There would equally be a risk of fragmentation if the services run by the Trust were split up
- The Trust would be providing a formal response to CQC with an action plan to respond to the areas the regulator identified as needing improvement

RESOLVED:

1. The Committee note the latest CQC report on Southern Health.
2. The Committee request the Trust provide their response to a future meeting, outlining how it is planned to respond to the areas of improvement identified by regulators.

#### c) Primary Care Update

A representative of the Hampshire Southampton and Isle of Wight Clinical Commissioning Group presented a report providing an update on primary care services (see Item 7c in the Minute Book).

Members heard that the primary care workforce remains a challenge. GP practices working together in Primary Care Networks (PCNs) was a developing model.

In response to questions, Members heard:

- It was a national issue that the NHS still used letters in the post rather than emails due to issues around confidentiality and security

RESOLVED:

1. The Committee note the update on Primary Care.
2. The Committee request a further update in 2023 (or earlier if possible), focusing on an assessment of primary care demand trends post pandemic and the workforce issues associated with meeting that demand/need.
3. The Committee request that NHS Commissioners work with partners in Adult Social Care and Public Health to assess the wider impacts of demand pressures in NHS frontline services.

#### d) Urgent Treatment Centre model

The Select Committee received a report regarding the Urgent Treatment Centre Model (see Item 7d in the Minute Book).

RESOLVED:

The Committee note the briefing on the UTC model.



#### e) Dental Services

The Select Committee received an update on dental services (see Item 7e in the Minute Book).

RESOLVED:

1. To note the update on dental services in Hampshire.
2. To request a further update for the May 2022 meeting and ensure a presenter is available.

### 62. **PROPOSALS TO VARY SERVICES**

#### a) Integrated Primary Care Access Service – update (Commissioners)

The Select Committee received an update from the Hampshire Southampton and Isle of Wight Clinical Commissioning Group regarding the development of the Integrated Primary Care Access Service provided by the Southern Hampshire Primary Care Alliance across Fareham Gosport and south east Hampshire (see report, Item 8a in the Minute Book).

RESOLVED:

That the Committee receive an update on extended access to primary care in Hampshire once the expectations on Primary Care Networks in this regard are clear.

#### b) Alton Community Hospital – new ward (Southern Health NHS Foundation Trust)

A representative from Southern Health NHS Foundation Trust presented a report on plans to open a new ward at Alton Community Hospital (see report, Item 8b in the Minute Book).

RESOLVED:

That the Committee welcome and support the proposal to increase capacity at Alton Community Hospital.

### 63. **WORK PROGRAMME**

The Chief Executive's representative presented the Committee's work programme (see Item 9 in the Minute Book).

It was requested that a representative from the Frimley health system be invited to meetings when relevant items are on the agenda. Councillor Cooper requested an update on the newly opened revamped Heatherwood hospital.

Councillor Tree requested an update on the Whitehill and Bordon health hub for the May meeting.

RESOLVED:

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

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Chairman,

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	24 May 2022
<b>Title:</b>	Pre-Scrutiny of SP23 Savings Proposals
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Graham Allen, Director of Adults' Health and Care

**Tel:** 03707 795574

**Email:** [graham.allen@hants.gov.uk](mailto:graham.allen@hants.gov.uk)

### Purpose of this Report

1. In October 2021 the Health and Adult Social Care Select Committee initiated a Working Group to consider the proposals being drawn up by the Adults Health and Care Department to make savings to contribute to the Savings Programme 2023 affecting front line services. The Working Group has now concluded and presents it's findings to the full Committee for consideration (see Working Group Report appended). This report should be read alongside the Draft Report to the Executive Member for Adult Services and Public Health prepared by Officers (see Executive Member Report appended).
2. The Executive Member for Adult Services and Public Health is due to consider the proposals to make these savings at her decision day at 2:00pm on 16 June 2022. The Select Committee has the opportunity to make recommendations to the Executive Member regarding these proposals, for her to take into account alongside the advice provided by Officers and the evidence provided to her.

### Recommendations

That the Select Committee:

1. Supports the recommendations made by the Working Group (at paragraph 3 a to f in the Working Group report).

Furthermore, in regards to the SP23 Savings Proposals referenced in the attached reports, that the Select Committee:

2. Supports the recommendations made by Officers to the Executive Member for Adult Services and Public Health (at paragraphs 3 to 5 of the Draft Executive Member Report).

And/Or:

3. Agrees any alternative or additional recommendations or specific points to be referred to the Executive Member for Adult Services and Public Health, with regards to the proposals set out in the attached report.

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	24 May 2022
<b>Title:</b>	SP23 Consultation HASC Working Group: Outcome's report
<b>Report From:</b>	Adult Social Care Grants and Social Inclusion Task and Finish Group

**Contact name:** Councillor Neville Penman

**Tel:** 03707 790507

**Email:** Neville.penman@hants.gov.uk

#### **Purpose of this Report**

1. The purpose of this report is to provide a summary of the work undertaken by the Health and Adult Social Care Select Committee (HASC) Working Group in relation to the SP23 consultations.
2. The Working Group can confirm that the savings recommendations will be submitted to the Executive Member for consideration and approval at her June Decision Day. The final decision report will include the key elements of HASCs deliberations of the savings proposals.

#### **Recommendation(s)**

3. The Task and Finish Group ask HASC to:
  - a) Acknowledge that a robust Working Group process, Chaired by Councillor Penman, and consisting of 7 members of HASC in total was established and worked to throughout the past 6 months.
  - b) Note that Member participation was strong, regular and consistent throughout.
  - c) Note that 5 meetings took place in total including 3 prior to the public consultation, 1 during the consultation and a final meeting in late April to discuss the outcomes of the consultation
  - d) Acknowledge that Members were kept fully informed throughout the process by officers and were given every opportunity at each of the meetings to fully debate the issues and ask relevant questions.
  - e) Note that Members were properly updated on the outcomes of the consultation exercise including being notified of the concerns raised by those who responded.
  - f) Note that following the Working Group process, the savings recommendations are going to be taken forward to the Executive Member

in June with the report to include the main points that result from the HASC debate of the draft Executive Member report.

### **Executive Summary**

4. In October 2021 the Health and Adult Social Care Select Committee initiated a Task & Finish Group to review savings proposals totalling £725,000 in relation to the future of the Adults Social Care Grant Schemes and reductions to Social Inclusion services, as part of the wider Adults' Savings Programme 2023 (SP23). The objectives of the Working Group are outlined in the HASC Working Group Terms of Reference, appendix 1.
5. This report outlines the work of the Working Group, including their final conclusions.
6. The Group has met 5 times over the last 6 months and each meeting has given Members the opportunity to question and scrutinise the approach being taken and provide input to support the development of final proposals. The Group first met on 16 November 2022 in person.
7. The Group met 3 times prior to the Public Consultation which was held for 6 weeks 7 February 2022 ending on 21 March 2022. The Working Group then met midway through the consultation (1 March), with the final Working Group being held on 25 April to consider the outcomes of the public consultation exercise.
8. After the initial meeting and very much linked to the increasing threat of Covid-19 at the time, the meetings moved to virtual for the sessions held between December and March. The Working Group were consulted after the first virtual meeting for their views on how the session had gone. They were very comfortable with the way the meeting was conducted and the format and as such agreed to continue to meet virtually during the heightened Covid period. The final Working Group held on 25 April was held face to face.
9. The Working Group meetings have enabled valuable discussions to take place. The sessions have been structured and very well organised, allowing time and opportunity for Members to ask questions, raise issues and to scrutinise the work of, and the approach taken by, officers. In turn, the officers have answered questions openly and competently and have taken away any actions as necessary, bringing updates and any requested further information to the subsequent meeting.
10. The HASC Working Group has progressed well over the 6 months period, with generally good attendance, and very open and robust Member and officer engagement and discussion throughout.
11. At the final meeting of the Working Group there were 3 Members absent for different reasons including Covid and holidays. Subsequent to that meeting the absent Members were given the opportunity to send their comments by email to best ensure that all Members of the Working Group were able to contribute at each of the different stages and particularly following the results of the public consultation exercise.

12. Regularly updates were provided to HASC during this 6 month period via Chairman's Announcements.
13. The final proposals for changes to services are outlined in section 2 of the Adult Social Care: Outcome of the Savings Programme to 2023 Public Consultation report.

### **Membership**

14. The Task and Finish Group was a cross party group and included the following Members: Cllr Neville Penman (Chair) Cllr Ann Briggs, Cllr Kim Taylor, Cllr Andy Tree, Cllr Lesley Meenaghan, Cllr Nick Adams-King and Cllr David Harrison.

### **Contextual information**

15. The Serving Hampshire - Balancing the Budget consultation, published in June 2021, proposed a number of reductions in Adults' Health and Care budgets, subject to Cabinet approval on 12 October and approval by Full County Council on 4 November 2021. Two proposals are stated as being subject to stage 2 consultations; Local and County wide grants funded by Adult Social Care to voluntary, community and partner organisations in relation to Demand Management and Prevention, and Social Inclusion Services which provide support for vulnerable people who are homeless or at risk of homelessness to maintain independent accommodation.
16. Local and county-wide grants funded by Adult Social Care to voluntary, community and partner organisations in relation to Demand Management and Prevention currently support a range of activities designed to help prevent and manage demand for Social Care services. The proposal was to cease to provide such grants representing a target saving of £365,000. If implemented, voluntary and community organisations would need to reshape their services or seek alternative funding.
17. Social Inclusion Services provide support for vulnerable people who are homeless or at risk of homelessness, to maintain independent accommodation. These services support a range of partners to achieve positive outcomes for these clients. The proposal related to a target saving of £360,000 from the budget for these services.
18. The County Council committed to working with all partners and stakeholders in planning for future service delivery.

### **Considerations of the Working Group**

19. At the initial face to face meeting on 16 November, the terms of reference and role of the Working Group were discussed and agreed. An overview of Social Inclusion services and Adult Social Care grants was shared by officers, along with the detail of the work proposed to be undertaken in advance of a consultation to ensure required due diligence is undertaken, partner engagement arrangements and the likely options for the two service areas

considered. All Working Group Member's engaged well and the approach, as set out, was supported.

20. The second meeting took place on the 8 December 2021, at which we reviewed the work undertaken by Officers. This included an update on work with partners and a service mapping exercise and gap analysis and options considered for both Social Inclusion services and Adult Social Care grants. The group also looked at the emerging proposals in more detail by reviewing the initial options developed and their potential impacts, identifying risks and associated mitigations.
21. The 3<sup>rd</sup> meeting was held 17 January and as a group we further examined the Social Inclusion options that have been put forward, the risks and mitigations and the preferred option with the associated financials. In relation to Community Grant Funding, alternative funding sources or organisations were outlined as well as current services being offered.
22. The 4<sup>th</sup> meeting was held on 1 March and provided an opportunity to present a high level update on the consultation findings at a point half way through the consultation window.
23. At the final meeting held on 25 April 2022, the Group had an opportunity to review the process undertaken to date, the actions taken during the consultation to ensure any individual who wished to comment, reasonably had the opportunity to do so. The group further discussed the findings of the consultation, how the issues raised matched the concerns and risks raised during the pre-consultation due diligence, and the proposed way forward for the proposals under consideration. High level plans for the implementation, and monitoring of the proposed changes should they be approved by the Executive Member on 16 June 2022 were also discussed.

## **Consultation and Equalities**

### Adults Social Care Grants

24. For Adult Social Care Grants, 1663 responses were received to the consultation of which:
  - a) 1565 were individual responses
  - b) 76 were organisational responses
  - c) 8 were from elected Members
  - d) 928 individual responses were from current service users
  - e) 91 individual responses were from former service users
25. 97% of responses disagreed with the November 2021 Balancing the Budget proposal to cease three grant schemes saving £320,000. 88% of responses strongly disagreed with the proposal. It was noted that while a large proportion disagreed with the decision to reduce the funding, most respondents did not challenge the principles or proposals put forward upon which those reductions could be made.



26. It was noted that the responses to the consultation did not raise any significant new issues that had not formed part of the initial due diligence work undertaken by officers. This was in relation to both the potential impacts identified and the individuals identified as likely to be most impacted, including the identification of the protected characteristics in terms of age and disability, as well as additional characteristics including poverty and rurality, as likely being most impacted.
27. It was noted that County Council Staff are already seeking to identify and share other suitable funding opportunities that can help both support organisations to continue their work to support the individuals targeted to benefit from existing funding and to utilise other funding to support these targeted individuals more directly.
28. While the impact of the proposed reductions in funding cannot be fully known until after implementation, officers offered assurance that engagement with the voluntary, community and social enterprise sector will continue to understand and help mitigate any future impact. Officers noted that work will continue with Health, including the Integrated Care Partnerships, as well as the District, Borough and City councils to both better align existing funding, streamline processes and identify potential additional sources of funding.
29. During the process it was noted by members of the working group that cessation of these grants will not impact the delivery of community transport.
30. Members agreed that the process had been thorough and that the consultation had been carried out in a robust fashion, but noted that the proposals should be considered both in the light of the County Councils statutory duties with regards to a balanced budget and ensuring care needs can be met, but also in the light of the decision taken on 4 November 2021 to reduce funding in this area.

#### Social Inclusion (Homelessness) Services

31. For Social Inclusion services, 509 responses were received to the consultation of which:
  - f) 473 were individual responses
  - g) 27 were organisational responses
  - h) 6 were from elected Members
  - i) 33 individual responses were from current service users
  - j) 16 individual responses were from former service users
32. 90% of responses disagreed with the November 2021 Balancing the Budget decision to reduce the funding by £360,000. It was noted that while a large proportion disagreed with the decision to reduce the funding, with some highlighting a preference for increasing funding; the majority of respondents did not challenge the principles or proposals put forward upon which those reductions could be made.

33. It was noted that a number of forums that were set up initially as part of the Covid response have aided joined up working. Adults' Health and Care, Housing services and Health have regular contact and meetings to identify areas of concern. Further work is taking place to look at how this can be developed at a more local level which will increase knowledge of all of the services available. Further work is required to ensure services can continue to work collaboratively in this space and continued investment in the accommodation-based services could help with ensuring those most vulnerable continue to be looked after.
34. It was noted that the responses to the consultation did not raise any significant new issues that had not formed part of the initial due diligence work undertaken by officers. The proposed model consulted on, alongside work with the aim of improving cooperation between services operating in this space, may help to mitigate the issues identified, particularly in relation to potential impacts on protected characteristics in terms of disability, as well as additional characteristics including poverty and rurality.
35. During the process, members of the Working Group were given information on the wide range of relevant community services that are commissioned by a range of partners including public health, districts, health and the County Council. These include services such as mental health wellbeing centres, drug and alcohol services, community response and outreach services. It was noted that by continuing to improve collaboration and awareness between services, a greater number of people could be successfully supported to avoid homelessness.
36. While the impact of the proposed reductions in funding cannot be fully known until after implementation, officers offered assurance that due process will be followed in respect of re-tendering and monitoring services. Officers noted that work will continue with District, Borough and City Councils to identify potential additional sources of funding.
37. Members agreed that the process had been thorough, and that the consultation had been carried out in a robust fashion but noted that proposals should be considered both in respect of the County Councils statutory duties with regards to a balanced budget and ensuring care needs can be met, but also in the light of the decision taken on 4 November 2021 to allocate savings requirements to these areas.

## **Conclusions**

38. Members considered the information they had received over the 6 months of the SP23 Consultation Task and Finish Group period.
39. Members of the Working Group acknowledged the concerns raised by the consultation with regards to the decision taken by Full Council of 4 November 2021 to allocate savings requirements to these areas.
40. Members of the Working Group acknowledged the mitigations and assurances provided by Officers regarding the two savings areas, and whilst agreeing that reducing grant and social inclusion spend is not without its issues there was an acceptance that pursuing savings in these areas is

legitimate and that Officers will be taking proposals forward to the Executive Member in June with the report to include the main points that result from the HASC debate of the draft Executive Member report.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> Medium Term Financial Strategy Update and Savings Programme to 2023 Savings Proposals <a href="#">Agenda for County Council on Thursday, 4th November, 2021, 10.20 am   About the Council   Hampshire County Council (hants.gov.uk)</a>	<u>Date</u> 4 November 2021
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

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

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

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

A full Equalities Impact Assessment has been completed for the decision-making report.

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**HEALTH AND ADULT SOCIAL CARE SELECT (OVERVIEW AND SCRUTINY)  
COMMITTEE  
TASK AND FINISH WORKING GROUP ON ADULTS' HEALTH AND CARE SP23  
SAVINGS PROGRAMME PROPOSALS**

**TERMS OF REFERENCE**

**1. Introduction**

- 1.1 The Serving Hampshire - Balancing the Budget consultation, published in June 2021, proposed a number of reductions in Adults' Health and Care budgets, subject to Cabinet approval on 12 October and approval by Full County Council on 4 November 2021. Two proposals are stated as being subject to stage 2 consultations; Local and County wide grants funded by Adult Social Care to voluntary, community and partner organisations in relation to Demand Management and Prevention, and Social Inclusion services which provide support for vulnerable people who are homeless or at risk of homelessness, to maintain independent accommodation
- 1.2 Local and county-wide grants funded by Adult Social Care to voluntary, community and partner organisations in relation to Demand Management and Prevention currently support a range of activities designed to help prevent and manage demand for Social Care services. The proposal is to cease to provide such grants representing a target saving of £365,000. If implemented, voluntary and community organisations would need to reshape their services or seek alternative funding.
- 1.3 Social Inclusion services provide support for vulnerable people who are homeless or at risk of homelessness, to maintain independent accommodation. These services support a range of partners to achieve positive outcomes for these clients. This proposal relates to a target saving of £360,000 from the budget for these services.
- 1.4 The County Council wants to work with all partners in planning for future service delivery.

**2. Role and Purpose of the Task and Finish Working Group**

- 2.1 The Task and Finish Working Group is a working group of the Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC) and is appointed in accordance with the Constitution of Hampshire County Council.
- 2.2 The Task and Finish Group's purpose is to review proposals for the future of both the Demand Management and Prevention Grants and Social Inclusion services, as part of the wider SP23 savings programme.

**3. Scope of the Task and Finish Group**

- 3.1 The HASC Select Committee considered an introduction to the Council's required savings and the specific efficiencies to be sought from Adults' Health and Care, following the results of the Serving Hampshire - Balancing the Budget consultation; at their meeting on 21 September 2021.

- 3.2 This working group is being formed to provide overview and scrutiny of the review of Demand Management and Prevention Grants and Social Inclusion services, which forms part of the Department's SP23 programme, prior to an Executive Member decision.

#### **4. Objectives**

- 4.1 To support the County Council with the approach to reviewing these grants and services alongside District and Borough Councils, together with any other organisations with a statutory responsibility or interest in this provision.
- 4.2 To review feedback from engagement and consultation with a wide range of stakeholders, including service users.
- 4.3 To consider and provide comment on impact assessments.
- 4.4 To scrutinise and review proposals for service reconfiguration developed within the financial envelope available.

#### **5. Areas out of scope**

- 5.1 The overall savings contribution from Adults Health and Care, as agreed by the Executive Member for Adult Services and Public Health on 21 September 2021. (subject to confirmation by Cabinet on 12 October and County Council on 4 November)
- 5.2 The consideration of other Adults' Health and Care services not defined as Demand Management and Prevention Grants or Social Inclusion services.

#### **6. Outcomes**

- 6.1 To provide updates to the wider HASC on the progress of considerations when appropriate.
- 6.2 To make recommendations regarding proposals to the wider HASC
- 6.3 To submit a report to the wider HASC when recommendations appear before the Committee for pre-decision scrutiny.

#### **7. Method**

- 7.1 The working group will meet with department officers to consider the evidence leading to recommendations for decisions on the future of these programmes. At each meeting, the group will provide oversight, scrutiny and comment on progress towards the stated objectives of the review.
- 7.2 Where the working group requires further information in order to pursue the concerns outlined in the scope, such information will be requested.

#### **8. Membership**

- 8.1 The working group shall be a cross party group made up of Members of the HASC, with additional membership from one of the District and Borough Co-opted Membership.



## **9. Meetings**

- 9.1 The Working Group will hold an initial meeting to understand the timeline for reviewing and making recommendations on these programmes. After this meeting, it shall meet as often as required to satisfactorily explore these topics.
- 9.2 It is anticipated that the Working Group would start meeting shortly after confirmation of the savings targets by County Council on 4 November 2021, with a view to concluding to feed into a decision by the Executive Member in June 2022.

## **10. Code of Conduct**

- 10.1 Elected Members of the Working Group shall comply with the Hampshire County Council Code of Conduct applicable to Members.

## **11. Reporting**

- 11.1 The Working Group will make an update to the HASC on the progress of considerations when appropriate. It will provide comment to the wider HASC when recommendations appear before the Committee for pre-decision scrutiny.
- 11.2 The Working Group will cease to exist once its purpose has been fulfilled.

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## HAMPSHIRE COUNTY COUNCIL

### DECISION REPORT

<b>Committee</b>	Executive Member for Adult Services and Public Health
<b>Date:</b>	16 June 2022
<b>Title:</b>	Adult Social Care: Outcome of the Savings Programme to 2023 Public Consultation
<b>Report From:</b>	Deputy Director of Adults' Health and Care

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#### **Purpose**

1. The purpose of this report is to provide the Executive Member for Adult Services and Public Health with:
  - the outcomes of the public consultation
  - recommendations that take into account work over the past 7 months, including the conclusion of the public consultation and outcomes of the Health and Adult Social Care Select Committee deliberation of the process and the savings proposals

#### **Recommendations**

2. That the Executive Member for Adult Services and Public Health:

#### For Adult Social Care Grants

3. Approves the ceasing of the following Adult Social Care Grant Schemes, thereby contributing £320,000 of savings towards (SP23) the savings programme to 2023:
  - a. the Neighbourhood Care and Support grant scheme;
  - b. the Community based Support Grant scheme; and
  - c. the Rural Connections grant scheme
4. That the Executive Member for Adult Services and Public Health notes that robust monitoring of the impact of any or all of the proposed changes will be established and enacted so that officers and providers can respond with any appropriate mitigation(s) as required.

## For Social Inclusion

5. Approves the strategy for delivering homelessness services in Hampshire as detailed in this report and the reduction in Hampshire's funding of £360,000 for homelessness services from April 2023.
6. Subject to recommendation 5 being approved, gives approval to spend up to £6.3million for a period of up to 3 years on the delivery of homelessness services as set out in this report from April 2023.
7. Delegates authority to the Director for Adults' Health and Care to finalise spend for contracts up to the amount outlined above following any decisions made by Districts and Boroughs with regards to possible contributions towards homelessness services.
8. Notes that the above proposed spend is based on anticipated District/ Borough contributions and is subject to decisions by District/ Borough Councils.
9. Gives approval to awarding grants to Basingstoke and Deane Borough Council, New Forest District Council and Winchester City Council subject to their decision-making processes, up to a maximum annual value of:
  - Basingstoke and Deane Borough Council      £376,000
  - New Forest District Council                      £36,000
  - Winchester City Council                            £24,500
10. Delegates authority to the Director for Adults' Health and Care to finalise the amount of the grants up to the value outlined above subject to agreement by the aforementioned District and Borough Councils.
11. Notes that the County Council will continue its positive relationship with District, Borough and City Councils to identify additional sources of funding to help enhance the county wide offer in line with their statutory duties in this space.
12. Notes that the County Council will continue to work with all relevant organisations and service areas including Public Health, Adults Health and Care service areas, and District and Borough Council's to ensure that wider service areas help to minimise the likelihood of people becoming homeless.

## **Executive Summary**

13. This report provides the Executive Member for Adult Services and Public Health with the outcomes of the public consultation into proposed changes to Adult Social Care Grants and the Social Inclusion (Homelessness) services commissioned by the County Council. This report also provides recommendations and seeks approval for how these proposals will be implemented. If agreed, the proposals set out in this report would result in a combined funding reduction of £680,000 per annum. This funding reduction being part of the overall SP23 requirement on Adults' Health and Care.
14. This report sets out the proposals to cease three Adults' Health and Care grant schemes which directly fund grants to voluntary, community and social

enterprise (VCSE) organisations in order to deliver identified savings of £320,000 from April 2023. It also sets out proposals for changes to the continued delivery of homelessness services which would still mean continued funding of some £2m per annum, despite delivery of identified savings amounting to £360,000 from April 2023 onwards.

15. The report outlines and gives consideration to the responses received following a 6-week public consultation earlier this year on the proposals.
16. The report also provides details of the Equality Impact Assessments (EIA) that have been produced in respect of the proposals and delivered in full consideration of the consultation responses.
17. The report highlights the potential impacts of the proposals where applicable, especially in relation to those protected characteristics that may be affected and outlines potential mitigations for these.

### **Contextual information**

18. Hampshire County Council will have to reduce its spending by at least £80 million by 31 March 2023 to deliver a balanced budget. This is due to reductions in Government funding, increasing demand for services, rising costs and inflation. With less money available and growing demand for council services, especially statutory services, tough decisions continue to need to be made about what the County Council can and cannot do in the future.
19. The County Council is required by law to deliver a balanced budget, and therefore cannot plan to spend more than is available. A combination of measures will be needed to address the budget shortfall, including increases in Council Tax and delivering savings from services. The public were consulted on the County Council's financial strategy in the Serving Hampshire – Balancing the Budget Consultation in Summer 2021, details of which can be found at:  
[www.hants.gov.uk/aboutthecouncil/haveyoursay/consultations/balancing-the-budget](http://www.hants.gov.uk/aboutthecouncil/haveyoursay/consultations/balancing-the-budget)
20. The County Council's Adults' Health and Care Department has savings targets of £40.6m by 31 March 2023. Informed by feedback from the Balancing the Budget Consultation, proposals on how these savings could be achieved were developed by the Department. These were presented to the Executive Member for Adult Services and Public Health in September 2021 and were agreed by the Cabinet in October 2021 and then by the County Council in early November 2021.

### **The Public Consultation**

21. The purpose of the public consultation was to gather views on the proposals being put forward to meet the budget reductions already agreed as part of the Balancing the Budget decisions taken by Full Council in November 2021. Permission to consult for the proposals on how to meet the budget reduction targets, was given by the Director of Adults' Health and Care in January 2022. A 6-week public consultation on the proposals was then carried out

from 7 February 2022 to 21 March 2022. This was considered an appropriate period for consultation given the cohorts and the number of people potentially impacted by the proposed changes, and taking into account other known factors such as public holidays. During this period, a range of stakeholders and partners were informed and engaged, including, but not limited to, service providers and grant funded organisations, individuals using the grant funded and Social Inclusion (Homelessness) services, Public Health, Health, and Local Authorities.

22. For each proposal the consultation sought to understand:
  - a. The extent to which residents and other stakeholders support the County Council's proposals for changes to services;
  - b. The potential impact of the proposed changes; and
  - c. Any alternative options that could achieve savings
23. An information pack and response form were published on the County Council's website and the response form was also available as an online survey. Paper copies of the information pack and response form were made available alongside easy read versions, with packs being distributed proactively via providers and in response to requests for access to the consultation in this format. Unstructured responses sent through other means such as email, letter or telephone calls were also accepted and analysed as feedback. Postal responses received after 21 March and up to 28 March were accepted and included in the consultation response, to account for any delays with the postal service.
24. The consultation was promoted through a range of channels, including but not limited to:
  - emails to local voluntary and community sector partners, District and Borough councils, MPs, NHS trusts, local carer networks, VCSE organisations, and Police and Fire service partners.
  - social media posts on Twitter and Facebook.
  - press release information for the local media; and on the County Council website
  - internal communications with staff at the County Council
25. The Health and Adult Social Care Select Committee established a Working Group to review and discuss each of the proposals and develop a series of recommendations. This working group met before, during and after the six-week public consultation period.
26. The findings of the public consultation exercise are attached at appendix C.

## **Adults Health and Care Grants**

### **Service Background**

27. As set out in the Care Act 2014, Hampshire County Council has a responsibility to prevent or delay people developing care and support needs.

The Adult Social Care grant programme is one of the ways that the County Council currently meets these responsibilities.

28. The grants budget is currently comprised of three grant schemes:
  - The Neighbourhood Care and Support grant.
  - The Community Based Support grant.
  - The Rural Connections grant.
29. Voluntary, community and social enterprise organisations which deliver services in Hampshire are able to apply for a grant to support Adults across Hampshire to continue to live independently in the community and delay, or prevent, the deterioration of their health and wellbeing. Currently, the grants are offered on a one to two-year cycle. The grants are awarded with no guarantee that the organisations currently holding the grants would be awarded them again, in subsequent cycles. Indeed, there is a stated onus receiving organisations not to rely on future awards and to look to find ways to operate sustainably beyond the grant period.
30. The grant schemes affected by this proposal all provide contributions to the funded organisations and do not cover the entire cost of the activity, with the contributions ranging from around a quarter to just over two thirds of the cost of the stated activity, depending on the grant scheme.
31. Other ways that the County Council meets the Care Act 2014 responsibilities, which are unaffected by this proposal, include:
  - Connect to Support Hampshire (the County Council's online information and advice service)
  - supporting unpaid carers;
  - supporting the Hampshire Social Prescriber Network; and
  - working with partners to increase volunteering capacity in voluntary preventative services.
  - working increasingly closely and collaboratively with the NHS, Public Health and other partners who share the same aims or responsibilities for minimising care and support needs.

#### Neighbourhood Care and Support grant scheme

32. The Neighbourhood Care and Support Grant scheme funds support and advice for neighbourhood-level organisations which focus on meeting the needs of socially isolated and/or frail adults, to help them live healthily and independently in their own homes. For 2022/23, £60,000 was awarded for this scheme.
33. In 2020, the current grant holder supported 118 community groups which, in turn, supported 25,835 individuals. This was slightly lower than usual due to Covid. In 2019, 27,444 individuals were supported.
34. Service users of these neighbourhood-level organisations are predominantly older people and include those:

- needing transport to attend health appointments (e.g. at a hospital or GP). (This is a key 'ask' for many community groups);
  - using befriending services or attending the groups' social clubs;
  - seeking transport for social reasons;
  - seeking shopping support and prescription collection (particularly during Covid); and
  - wanting assistance with DIY and other practical tasks.
35. The transport provided by the Neighbourhood Care and Support Grant, is separate to the Community Transport provision, that is funded by both the Economy Transport and Environment Department of the County Council, and the District and Borough Councils. In addition, there is also a separate volunteer driver scheme organised by the County Council to assist some adults to attend paid-for social care provision, which will remain unaffected.

#### Community Based Support grant scheme

36. The Community Based Support Grant scheme supports people aged 65 or over who are at risk of social isolation and diminished independence, by supporting them to live healthily and independently in their own homes. This is primarily achieved through organising opportunities to meet with others socially and/or take part in group physical exercise. For 2022/23, £240,000 was awarded from this scheme.
37. Between December 2020 and November 2021, the current grant holder supported 2,365 people aged 65 and over. An average of 2,119 individuals were supported each month.
38. Service users were predominantly people aged 65 and over, particularly those at risk of loneliness and reduced independence, including;
- older people with long term conditions (over 1,200);
  - older people with mental health needs (over 600);
  - older people with sensory impairment/loss (over 400);
  - older people who are unpaid carers (approximately 200).
39. Opportunities available include exercise classes, group walks, social clubs, befriending and group lunches, with transport arranged where necessary. Where additional user needs are identified, they are supported to access other services as required.

#### Rural Connections grant scheme

40. The Rural Connections grant scheme provides information and support for adults at risk of experiencing loneliness and social isolation in rural and semi-rural settings, connecting them to services, help and support needed, to enable them to live healthily and independently. For 2022/23, £20,000 was awarded from this scheme.
41. Between April 2021– December 2021, the current grant holder supported 297 people. Service users are typically older people:



- requiring support to complete benefit and concession forms, such as Attendance Allowance and Blue Badge applications;
- seeking community activities, groups and support, which promote wellbeing and reduce social isolation and loneliness;
- needing assistance with finding services, trades, help and support to remain independent, safe, well and healthy at home.

### **The Consultation Proposal**

42. The County Council is proposing to stop the funding for the three Adult Social Care grant schemes (referenced above) which support VCSE organisations:
- Neighbourhood Care and Support grant scheme;
  - Community Based Support grant scheme; and
  - Rural Connections grant scheme.
43. Stopping these grant schemes would allow the County Council to reduce its grant budget by £320,000, which would be a contribution to the savings required by the County Council's (SP23) Savings Programme to 2023.
44. If this proposal is agreed, the funding for the Adult Social Care grants in question would not be available beyond March 2023.

### **Public Consultation Response Summary**

45. For Adult Social Care Grants, 1663 responses were received to the consultation of which:
- 1565 were individual responses
  - 76 were organisational responses
  - 8 were from elected Members
  - 928 individual responses were from current service users
  - 91 individual responses were from former service users
46. Included within the consultation responses was a petition signed by 332 eligible signatories. The purpose as stated by the petitioner was, 'to keep Hampshire's Community Grants funding alive, ensuring that thousands of older people across Hampshire can still access vital services and receive the support they need. The petition objected to the proposal by Hampshire County Council to stop funding three Adult Social Care grant schemes. These responses were included in the number of respondents that disagree with the proposal.
47. 97% of respondents disagreed with the proposal to stop the funding for three Adult Social Care grant schemes, with 88% strongly disagreeing. This disagreement was across all subgroups.

## Potential Impacts and Mitigations

48. The Public Consultation responses highlighted impacts to the intended beneficiaries of the affected grant funded services. Specific impacts were felt to be increased isolation/reduced social contact, reduced quality of life, reduced mobility and reduced independence. These potential impacts were also identified in the assessment of the proposal by officers prior to the consultation.
49. There are many other services provided by the VCSE sector, that also support people in similar ways to those supported by funded services. The increased awareness and use of 'Connect to Support Hampshire' the web-based tool that lists significant numbers of services by geography, can help signpost individuals, their families and carers to other similar services, if/where required. This will enable individuals to still attend provision designed to reduce isolation and increase social contact, such as other activity classes, social groups and befriending services. Connect to Support Hampshire will also help people find the other separately funded community transport provision in their area so they can still get to where they want to go.
50. The County Council intends, where possible, to utilise funding from other sources to support likely beneficiaries who may be impacted by the proposal to cease the three grant schemes. As an example, recently the County Council has begun to support adults most in need of help with increased living costs through the Government's Household Support Fund. For Hampshire, just over £7m is available to support individuals with at least a third of the Household Support Fund (approximately £2.7m) to be spent on people of pensionable age. Due to the purposes of the grant schemes affected by the proposal it is expected that there will be a strong association between the beneficiaries of the current grant schemes and the Household Support Fund with the latter being some 9 times the combined value of the former.
51. Another impact reported in the Consultation is on the funded organisations, volunteer groups and other services, who may struggle to provide their current service offer with greater financial costs and impact on the workforce and volunteers. Prior to the consultation, officers identified the risk to VCSE organisations that the funding provided via these grants may not be secured from alternative sources and that should these organisations wish to continue their services, then they would need to consider alternative options to meet any funding shortfall, such as:
- securing alternative funding from a different grant or organisation;
  - asking service users to pay towards the service(s) they receive;
  - adjusting the service so it is less costly to provide.
52. Should the recommended proposal be approved, the County Council would continue to actively work with the current grant holders to explore ways that the services could continue to be sustained after the current grant award has ceased. One of the ways this could be done is by the County Council

signposting or applying and utilising funding from other sources and then making this available to Hampshire's VCSE organisations. A recent example of this is the 'Get Going Again' grant, where the County Council chose to use a portion of Government funding linked to Covid to grant fund activity provided by the VCSE sector to support those classified as Clinically Extremely Vulnerable, including people aged 70 and over. Through the Get Going Again fund £949,000 was distributed. This is some 3 times the value of the existing revenue funded grant schemes.

53. The County Council will continue to fund Infrastructure grants. These provide funding for the Council for Voluntary Services and Citizens Advice services in Hampshire to support the VCSE organisations working in Hampshire, e.g. with fundraising, training, support of volunteers (includes DBS checking), the operation of volunteer centres and ensuring policies are appropriate. These infrastructure grants will not be used for direct delivery of services, but may support voluntary, community and social enterprise organisations affected by the proposed stopping of the grant schemes.
54. Volunteering to support older adults will still continue and this will be supported by the CVS Network, and by the County Council. These bodies, alongside other partners including VCSE organisations, the NHS Integrated Care Systems and the University of Winchester, are also founding members of a recently formed Volunteer Research and Knowledge Hub, which will gather and share intelligence to help recruit and sustain volunteering in Hampshire.
55. Should the proposal be approved, this may increase demand on grants available from other parts of the County Council (e.g. Members' and Leaders' grants) or other funding agencies (e.g. Public Health, the NHS, District and Borough Councils and the Office of the Police and Crime Commissioner) as organisations seek alternative sources of funding. The County Council will continue to work with partner agencies to maximise, coordinate and align funding and associated processes across the voluntary, community and social enterprise sector to ensure funding is allocated where it is most needed, whilst also seeking to align and streamline the associated administration and monitoring to ensure that as much funding can be spent on delivery and not on administration.

### **Adult Social Care Grants Recommendation**

56. It is recommended that in relation to the proposal to stop the following grant schemes:
  - a. the Neighbourhood Care and Support grant scheme;
  - b. the Community based Support Grant scheme; and
  - c. the Rural Connections grant scheme
57. That the Executive Member for Adult Services and Public Health notes that robust monitoring of the impact of any change will be established and enacted so that officers and providers can respond with any appropriate mitigation as required.

## **Social Inclusion (Homelessness) Services**

### **Service Background**

58. Services supporting people who are homeless, or at risk of homelessness are commissioned and delivered across a range of stakeholders, including District, Borough and City Councils, health, charitable and voluntary organisations, and upper tier local authorities. Services currently commissioned, or funded, by the County Council sit as part of a network of services and have been developed in partnership with other statutory bodies. The responsibility for the elimination of homelessness sits with the eleven District, Borough and City Councils, while the County Council is responsible for ensuring eligible Adult Social Care needs can be met.
59. Hampshire County Council's homelessness services are funded through the County Council's Adult's Health and Care budget, with additional funding from District, Borough and City Council contributions in some areas enhancing the local service offer. The current Hampshire County Council annual budget for 2022/23 for these services is £2.4m.
60. The County Council currently funds two types of homelessness services:
- Accommodation-based support;
  - Outreach and community-based support
61. Homelessness accommodation-based services are available to single people aged 18 or over who are homeless or at risk of homelessness. Priority may be given to those who have an eligible need under the Care Act 2014. People using these services may have mental health or substance misuse issues and are referred into the service through their Local Housing Authority.
62. Accommodation-based services are delivered through a two-stage model. Stage 1 which has staff available on site 24/7 and provides more intensive support to individuals, and stage 2 promoting more independence with less intensive support.
63. The community support services are available to individuals, couples or families, regardless of tenure, who are homeless or at risk of homelessness and may have additional needs that are exacerbating or preventing them from addressing their housing situation without support.
64. Homelessness Support services help people to access their full entitlement of benefits, attend appointments for benefit assessments and resolve issues with benefit claims. They also help people budget on a low income, access debt advice and prioritise rent payments. For those recovering from homelessness, support to access training courses, voluntary work, education and employment is available. Pre-employment activities are provided to support vulnerable people who are not yet ready to engage with more mainstream employment support. These services also help to ensure those recovering from homelessness are accessing their appointments with other agencies such as accessing help with addictions through the inclusion team and attending appointments with their social work team should they have one.

65. During the financial year 2020-21 throughout Hampshire, approximately 460 people were supported in accommodation-based services and 734 through a community support or outreach service. While most services are commissioned by Hampshire County Council, services in Basingstoke and Deane are commissioned and managed by the Borough Council using a grant provided by Hampshire County Council from within the current £2.4m homelessness services budget.

### **The Consultation Proposal**

66. Hampshire County Council is proposing to continue to invest over £2m per annum in the delivery of Social Inclusion services, which would represent a reduction to the annual budget of £360,000, whilst still ensuring the strategic objectives of the County Council can be maintained.
67. In partnership with key stakeholders, the County Council developed a set of principles which aimed to take into account; service risks, the variety of other services available, and the duties of the County Council. A series of options for how these priorities could be delivered within a reduced budget were developed and assessed, and a model that was felt to best meet these principles was selected for consultation.
68. The model consulted on proposes that this is accomplished by:
- Enabling investment that prioritises the needs of the most vulnerable service users
  - Protecting and prioritising accommodation-based services
  - Balancing local need against available resources
  - Delivering a range of services, within a reduced budget, helping to ensure that Hampshire County Council budgets are utilised in a way which best meets the need of people with eligible care needs
  - Enabling any District, Borough or City Council that wishes, to still maintain the ability to be deliver services themselves by way of a grant
  - Recognising that a vast range of other specific services continue to exist District by District, commissioned by a range of partners and that closer collaboration across these services will reduce the risks presented by the proposed funding reduction
69. Accommodation based services would be prioritised, however by ensuring that community support is available in those locations where access to a stage 1 service would mean travel out of area, we are ensuring a county wide provision of service. Through this we will be protecting those services which each area considers most valuable and enabling the County Council to continue to work across the sector and with partners to ensure that service users are directed to the most appropriate alternative services for their needs. This will be achieved by improving connections, joint working, co-location and signposting between services.

70. The following table outlines the proposed breakdown of changes for consideration.

District	Current County Council Spend	Proposed services to be delivered	Proposed Remaining funding
<b>Basingstoke and Deane</b>	£428,509	Maintain Stage One and funding towards maintaining Stage Two accommodation	£376,000
<b>Eastleigh Borough Council</b>	£50,923	Funding towards maintaining Stage Two accommodation	£36,000
<b>Fareham and Gosport Borough Councils</b>	£436,651	Maintain Stage One accommodation and some outreach/ community support	£370,620
<b>Havant Borough and East Hants District Councils</b>	£285,427	Funding towards maintaining Stage Two accommodation in each area and reduced community support in each area	£202,984
<b>Hart District Council and Rushmoor Borough Council</b>	£355,285	Maintain Stage One accommodation	£334,620
<b>New Forest District Council</b>	£46,167	Reduced Community support provision	£36,000
<b>Test Valley Borough Council</b>	£374,610	Funding towards maintaining Stage One accommodation	£334,620
<b>Winchester City council</b>	£410,483	Maintain Stage One accommodation and reduce funding for Winchester Beacon	£337,211
<b>Total</b>	<b>£2,388,055</b>		<b>£2,028,055</b>

71. Please note, the numbers in the above table are based on 2021/22 values, and do not reflect any uplifts or inflationary pressures applied before April 2023. Similarly, the numbers reflected here would be subject to a tender process.

72. This proposal would refocus County Council funding away from community support, reducing these services in some areas or see it stop all together in others. Community support services are those that help people to resettle into their own accommodation following a stay in stage one or stage two accommodation. Community support may also be used as a preventative measure when someone is at risk of homelessness. It is anticipated that this

reduction/ cessation would impact on approximately 350 people, with the majority of these being in the Havant and East Hampshire District areas.

73. This proposal would also see the County Council's funding for outreach services in some areas reduced or stopped. Outreach services are those which work with individuals who are street homeless.
74. Those people who need to access support may not be able to access as much support or may not be able to access support in the same locations.

### **Public Consultation Response Summary**

75. For Social Inclusion services, 509 responses were received to the consultation of which
  - 473 were individual responses
  - 27 were organisational responses
  - 6 were from elected Members
  - 33 individual responses were from current service users
  - 16 individual responses were from former service users
76. 90% of responses disagreed with the November 2021 Balancing the Budget decision to reduce the funding by £360,000, with 75% of responses strongly disagreeing. This disagreement was across all subgroups.
77. While the majority disagreed with the decision to reduce the funding, highlighting a preference for increasing, rather than decreasing funding; the majority of respondents did not challenge the principles or proposals put forward, upon which those reductions could be made.
78. 83% of responses highlighted an impact on the protected characteristics of poverty, with a further 58% and 54% highlighting impacts on disability and age respectively.
79. Concerns were raised about the impact the changes may have if implemented. The key risks and impacts highlighted by the consultation on the proposals for how the budget reductions could be implemented were:
  - That the focus was on those most vulnerable and only on accommodation-based services. This could lead to more people falling into the vulnerable category and therefore see an increased demand for services (21%) but with decreased capacity (26%) to meet this demand. Some highlighted the fact that this could increase the risk of people falling between services.
  - 60% of respondents highlighted the need for services stating this is especially relevant when looking at the increased cost of living, impact of Covid-19 and the effects of austerity measures.
80. Of the responses received 50% expressed a concern regarding an impact on service users including:
  - Increased mental health issues
  - Increased substance misuse/ addiction
  - Increased suffering/ stress/ fear/ insecurity

- Increased violence/ crime
81. Impacts highlighted by the unstructured responses concur with those impacts outlined above.
  82. A full detailed report on the consultation responses is available in Appendix C.

### **Potential Impacts and Mitigations**

83. The continued investment of £2m per annum, focused on areas which support the most vulnerable, and those which support the County Councils statutory duties to ensure people's eligible care needs are met, will allow the County Council to continue to play a valuable role in this multi-agency area, whilst continuing to meet its budgetary responsibilities.
84. The consultation responses highlighted the impacts the changes may have on individuals with multiple needs, such as Mental Health and/or Substance Misuse problems; possibly with additional issues such as learning or physical disabilities and offending behaviour. The proposed changes to services may mean that this group find it more challenging to access and maintain accommodation.
85. The proposal is designed to prioritise Stage One and Stage Two accommodation-based support; only delivering outreach and community-based support in those areas where Stage One or Stage Two accommodation-based support is not available.
86. Although there will be individuals with complex and multiple needs accessing community support, those most vulnerable and at-risk individuals are usually resident within accommodation-based services. In addition, it is these residents who tend to have care and support needs which their accommodation-based support is helping to meet.
87. Individuals accessing community-based support are often those with a housing support need which should be met by the District and Borough Councils.
88. The model proposed is designed to:
  - Enable investment that prioritises the needs of the most vulnerable service users
  - prioritise accommodation-based services as part of a wider network of services commissioned and delivered by a range of organisations, and provide community support services in areas with reduced access to accommodation-based facilities
  - deliver a range of services, within a reduced budget and ensure Hampshire County Council budgets are utilised in a way which best meets the need of people with eligible care needs
89. During the process a range of services working in this space were identified, including, but not limited to, Mental Health and Substance Misuse services, as well as services delivered and commissioned by Health or District Housing Departments in line with their statutory duties.



90. Work is already underway to improve links and working between these services, building on arrangements built up over the pandemic, including local forums, changes to other services and co-location of service delivery. By continuing to improve joint-working arrangements, improve awareness and visibility between services, services will be able to work more effectively together to successfully support individuals to avoid homelessness.
91. An Equalities Impact Assessment (EIA) was undertaken prior to the Balancing the Budget Consultation and has been reviewed multiple times throughout the process including after the results of the balancing the budget consultation, prior to the consultation on the proposals and following the analysis of the results of the consultation on the proposals. The EIA identified a number of potential impacts on protected characteristics, specifically in relation to disability, poverty and rurality. These same impacts were identified during the public consultation on the proposals.
92. However, with Hampshire County Council playing its part in the delivery of accommodation-based services for the most vulnerable and improving coordination and joint working between services stepping into this space; the challenges identified through this consultation in terms of pressure on other parts of the system and changes in demand as well as the impacts on those protected characteristics as highlighted above, could be mitigated.
93. Hampshire County Council will continue its positive relationship with the District, Borough and City Councils in this space to identify any potential for alternative sources of funding or provision, either to run alongside these services, or to add to them as they have previously. The County Council will also continue to work with District, Borough and City Councils who wish to deliver, or commission services themselves by way of a grant. Work will also continue to closely monitor any impact these reductions may have on other County Council services.
94. In addition, Hampshire County Council will look to develop multi-agency partnerships within District and Borough localities to discuss and develop action plans for key at risk individuals helping to ensure that as appropriate Hampshire is meeting its statutory duty to assess individuals social care needs.

### **Social Inclusion (Homelessness) Recommendations**

95. Approves the strategy for delivering homelessness services in Hampshire as detailed in this report and the reduction in Hampshire's funding of £360,000 for homelessness services from April 2023.
96. Subject to the recommendation above being approved, gives approval to spend up to £6.3million for a period of up to 3 years on the delivery of homelessness services as set out in this report from April 2023.
97. Delegates authority to the Director for Adults' Health and Care to finalise spend for contracts up to the amount outlined above following any decisions made by Districts and Boroughs with regards to possible contributions towards homelessness services

98. Notes that the above proposed spend is based on anticipated District/ Borough contributions and is subject to decisions by District/ Borough Councils.
99. Gives approval to awarding grants to Basingstoke and Deane Borough Council, New Forest District Council and Winchester City Council subject to their decision-making processes, up to a maximum annual value of:
- Basingstoke and Deane Borough Council      £376,000
  - New Forest District Council                      £36,000
  - Winchester City Council                              £24,500
100. Delegates authority to the Director for Adults' Health and Care to finalise the amount of the grants up to the value outlined above subject to agreement by the aforementioned District and Borough Councils.
101. Notes that the County Council will continue its positive relationship with District, Borough and City Councils to identify additional sources of funding to help enhance the county wide offer in line with their statutory duties in this space.

#### **Finance**

102. The net savings from these proposals, that have been included in the County Council's Savings Programme to 2023 would be £680,000.
103. The savings would take effect from April 2023.

#### **Legal Implications**

104. Local authorities have a duty under the Equality Act 2010 section 149 to have due regard to the need to: eliminate discrimination, harassment and victimisation; to advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
105. Local Authorities also have a duty under the Care Act (2014) to ensure that people's eligible Adult Social Care needs can be met.

#### **Equalities Impact Assessment**

106. A full equalities Impact Assessment of these proposals has been carried out and can be found at Appendices A and B of this document.
107. In relation to the recommendation to stop the three adults' health and care schemes, if the proposal is approved, County Council staff will work to support organisations find and secure funding from other sources, while continuing to ensure that VCSE sector and partners (Health and Local Councils) are provided with insight and data (such as demographics, risk factors to social care) to ensure that support continues to be targeted to those most at risk of needing social care (this in particular includes the following characteristics and groups: Age, Disability, Poverty and Rurality).

108. In relation to the proposal to stop the three Adults' Health and Care grant schemes the four protected characteristics and groups of Age, Disability, Poverty and Rurality have the negative impact rated as medium (not high) because the services affected are not fully funded by AHC grants. These same impacts were identified during the public consultation on the proposals.
109. In summary, the EIA for the Social Inclusion (homelessness) identified a number of impacts on protected characteristics that may arise as a result of the proposals, specifically in relation to disability, as well as potential impacts on the characteristics of poverty and rurality. These same impacts were identified during the public consultation on the proposals. The impacts were classified as high.
110. However, with Hampshire County Council playing its part in the delivery of accommodation-based services for the most vulnerable and improving coordination and joint working between services stepping into this space; as well as Hampshire County Council's continued positive relationships with the District, Borough and City Councils and intention to develop multi-agency partnerships within localities to discuss and develop action plans for key at risk individuals; it is believed the challenges identified through this consultation in terms of pressure on other parts of the system and changes in demand as well as the impacts on those protected characteristics as highlighted above, could be mitigated.

### **Climate Change Impact**

111. Hampshire County Council uses two decision-making tools to assess the carbon emissions and resilience impacts of its projects and decisions. These tools provide a clear, robust, and transparent way of assessing how projects, policies and initiatives contribute towards the County Council's climate change targets of being carbon neutral and resilient to the impacts of a 2C temperature rise by 2050. This process ensures that climate change considerations are built into everything the Authority does.
112. Having reviewed the proposals against the decision-making tools, no key vulnerabilities have been identified with respect to climate change. In respect of the Adult Social Care grant recommendations, the removal of funding is not expected to have a direct impact on climate change, as the grant funding is a contribution to the running costs of funded initiatives and do not cover the total operational costs of the funded services. As part of the mitigating actions of the Adult Social Care grant recommendations, relationships will be maintained with funded organisations and if vulnerabilities in respect of climate change are identified in the future, they will be reported with appropriate mitigations sought.

### **Conclusions**

113. This report has outlined the proposal to stop three Adults' Health and Care grant schemes saving £320,000 and the proposal to continue to invest £2m per annum into Homelessness services, representing a reduction to the

County Council's funding of £360,000 from April 2023 onwards to help meet the Adult's Health and Care's SP23 savings target.

114. The report has considered the responses to the public consultation on the proposals when developing its recommendation.
115. The report has also provided details of the Equality Impact Assessment (EIA) that has been produced in respect of the proposals and reviewed in light of the consultation responses.
116. The report highlights the potential impacts where applicable of the proposal, especially in relation to those protected characteristics that may be affected and outlines potential mitigations for these.

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**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> Medium Term Financial Strategy Update and Savings Programme to 2023 Savings Proposals <a href="#">Agenda for County Council on Thursday, 4th November, 2021, 10.20 am   About the Council   Hampshire County Council (hants.gov.uk)</a>	<u>Date</u> 4 November 2021
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

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

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

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

Please see appendices A and B.

## **Appendix A – Adult Social Care Grants EIA**

**Title:** SP23 To stop the funding for three Hampshire County Council adult social care grant schemes

**Service affected:** Adult Social Care Grants

**Description of the service/policy/project/project phase:**

Adults' Health and Care (AHC) currently has an Adult Social Care Grants programme which provides grant funding each year to the Voluntary, Community and Social Enterprise sector in Hampshire to help deliver services that are targeted to adults most at risk of needing social care. Responsibility for managing this grant programme sits with the Demand Management and Prevention Change Unit (DMPCU).

**New/changed service/policy/project:**

As part of the Savings Programme 2023, the proposal is to stop three Adult Social Care Grant Schemes:

1. Neighbourhood Care and Support Grant
2. Community Based Support Grant
3. Rural Connections Grant

The above grants are funded through revenue funding and so the funding is available every year unless a decision is made to remove the budget (as per the consultation). The proposal does not relate to other grants currently awarded by DMPCU. Some of these remaining grants may have also stopped by April 2023 as they are funded from finite funding and when the budgets are fully used, the awards will stop.

**Engagement:**

In addition to the engagement work set out in EIA 195 (published in February 2022), the following consultation and engagement work has been undertaken.

When we first contacted the current grant holders re supporting engagement with service users, the initial response was that the organisations were in the best position to highlight the consultation with their service users / members. Subsequently, MHA Communities asked for support to capture the feedback of members from 4 service settings. We attended these settings and completed the online consultation with each member that wanted to participate, ensuring their views were captured as part of the consultation.

To support all service users interested in participating to access and respond to the consultation, the consultation was produced in a variety of formats:

- Standard online consultation
- Easy Read online

- Paper copies of the standard consultation
- Paper copies in Easy Read
- Paper copies in large print
- Hard copy leaflets highlighting the consultation

These were available on request to the public and batches were also sent as requested directly to the 3 current grant holders and Hampshire CVSs. Braille and audio formats were offered but none were requested.

Email and phone contact was available throughout the consultation to support engagement.

Midway through the consultation, the opportunity was highlighted again via direct communications to stakeholders, newsletters, media and social media and promotion through the library network and Home Library Service.

1,663 responses to the consultation were received, with 97% disagreeing with the proposal and 88% strongly disagreeing. However, the impacts reported, particularly in relation to Protected Characteristics were in line with those already identified in EIA 195. When reporting the impacts the proposed changes to HCC's Adult Social Care grants might have on them, of the 1,207 responses, 40% mentioned a Protected Characteristic.

When specifically asked about the impacts on Protected Characteristics, of the 1,169 responses:

- 92% referred to Age (often linked in combination with other Protected Characteristics)
- 69% referred to Disability
- 42% referred to Poverty
- 36% referred to Rurality

The next Protected Characteristic mentioned was Race at 6%.

The consultation responses on Protected Characteristics potentially impacted by this proposal match those already planned for. Therefore, the proposed mitigation actions remain as per EIA 195. We take any possible impact on a Protected Characteristic seriously and for this reason the mitigation actions previously identified will be put in place should the proposal be approved.

### **Equalities considerations- Impact Assessment**

#### **Age**

Impact on public: Negative - Medium

Impact on staff: Neutral

Rationale:

All 3 grant streams involved in this proposal support individuals with this protected characteristic because they support older adults. Over 23,000 older adults have



been directly supported by the funding in the past year. AHC has grant funded some of these services for a number of years. Older Adults are also a key client group in terms of the current Adult Social Care grant priorities. Without mitigating action, the proposed changes could affect:

- Older people at risk of loneliness and / or frailty
- Older people who would benefit from support to live safely and independently at home, engaged with the community
- Older people living in rural and semi-rural settings, who are at risk of social isolation
- Older people living in rural and semi-rural settings, who would benefit from information and advice to support them to live safely and independently at home, engaged with the community
- Older people who need transport to attend health appointments
- Older people seeking transport for social reasons
- Older people seeking shopping support and prescription collection
- Older people wanting assistance with gardening or DIY
- Older people with long term conditions
- Older people with mental health needs
- Older people with sensory impairment/loss
- Older people who are unpaid carers
- Older people requiring support to complete Attendance Allowance applications
- Older people requiring support to complete Blue Badge applications

The potential impact is rated as medium(not high) because the services affected are not fully funded by AHC grants. AHC funding accounts for approximately:

- 55% of the service funded by the Neighbourhood Care and Support Grant
- 25% of the service funded by the Community Based Support Grant 60% of the service funded by the Rural Connections Grant
- In addition, there are over 300,000 people aged 65 and over in Hampshire.[1] Therefore these services do not serve the majority of older people Hampshire, although they do contribute to the wellbeing of those that use them.

In the Public Consultation 92% of the responses highlighted the impact on Age and did not identify any further impacts beyond those detailed in EIA195.

[1] [AgeingProfile-FinalDraft-March15.pdf \(hants.gov.uk\)](#)

Mitigation:

- Continuing to fund the Infrastructure grants. These provide funding for the Council for Voluntary Services and Citizens Advice Hampshire to support the community and voluntary organisations working in Hampshire.
- Proposed to provide fundraising support to voluntary and community organisations supporting adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics)

to continue to live healthily and independently in their Hampshire communities.

- Promoting use of potential funding from other parts of the County Council e.g. members' grants and leaders' grants
- Continuing to work closely with partners, including the District and Borough Councils, the NHS and the Voluntary and Community Sector. Together we can look at funding available and services already in place that could support any users that are affected by the proposal.
- Providing free training support for voluntary and community organisation staff whose focus is working adults at risk of declining health and wellbeing (particularly organisations supporting adults with protected characteristics), e.g. online training for volunteers on how to identify any risks faced by service users and how they could be addressed, advice on how to best use a Strength Based Approach (support a person to use all the strengths and resources they already have) and guides on how to support clients who raise mental health concerns.
- Running sessions with social care teams, voluntary and community groups to increase understanding of how to access AHC support and services, how technology can support people to live safely at home and how to access IT and equipment that supports wellbeing at home.
- Signposting users to alternative provision where possible. For example, if any social groups stop, it may be possible to redirect users to an alternative social group. Where volunteer drivers are required, alternative options could include any existing CVS volunteer driver services/ HCC's volunteer drivers.
- Continuing to use our Connect to Support Hampshire website to provide information about local community services available to residents.
- Continuing to support people to successfully carry out tasks online. This will support individuals to use online support, such as Connect to Support Hampshire, to find out about local services, including social groups and group exercise opportunities.
- Continuing to work with voluntary, community and social enterprise organisations that support older people, to increase the number of volunteers in Hampshire. This can be through research, marketing and the sharing of ideas.

### **Disability**

Impact on public: Negative - Medium

Impact on staff: Neutral

Rationale:

A proportion of service users supported by all 3 grant schemes included in this proposal have this protected characteristic. The impairments faced by disabled service users vary. However, the physical and / or mental impairments have a substantial and long-term adverse effect on service users' ability to carry out normal day-to-day activities. All 3 currently funded services support users holistically and not all specifically record whether a user is disabled. We do know that last year, the Community Based Support Grant supported over:

- 1,200 older adults with long term conditions

- 600 older adults with mental health needs
- 400 older adults with sensory impairment/loss

The Rural Connections Grant supports individuals to obtain Attendance Allowance. In the past 6 months, 19 individuals were supported to claim. To be eligible, the applicant must have a long-term physical or mental illness or disability. The negative impact is rated as medium (not high) because the services affected are not fully funded by AHC grants. AHC funding accounts for approximately:

- 55% of the service funded by the Neighbourhood Care and Support Grant
- 25% of the service funded by the Community Based Support Grant
- 60% of the service funded by the Rural Connections Grant

In addition, there are approximately 88,000 people in Hampshire with a long-term health problem or disability which greatly limits their day-to-day activities [1]. Therefore, these services do not serve the majority of disabled people Hampshire, although they do contribute to the wellbeing of those that use them.

In the Public Consultation 69% of the responses highlighted the impact on Disability and did not identify any further impacts beyond those detailed in EIA195.

[1] [Living well 2016 to 2019 | Health and social care | Hampshire County Council \(hants.gov.uk\)](https://www.hants.gov.uk/living-well-2016-to-2019-health-and-social-care)

Mitigation:

These are the same as those detailed in the Mitigation/Actions section for Age.

### **Gender Reassignment**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

The three Adult Social Care Grant Schemes affected by the proposal don't specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current Adult Social Care grant programme priorities.

The Public Consultation highlighted no further impacts beyond those detailed in EIA195.

Mitigation: N/A

### **Pregnancy and Maternity**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

The three Adult Social Care Grant Schemes affected by the proposal don't specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current Adult Social Care grant programme priorities.

The Public Consultation highlighted no further impacts beyond those detailed in EIA195.

Mitigation: N/A

**Race**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

The three Adult Social Care Grant Schemes affected by the proposal don't specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current Adult Social Care grant programme priorities.

The Public Consultation highlighted no further impacts beyond those detailed in EIA195.

Mitigation: N/A

**Religion or Belief**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

The three Adult Social Care Grant Schemes affected by the proposal don't specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current Adult Social Care grant programme priorities.

The Public Consultation highlighted no further impacts beyond those detailed in EIA195.

Mitigation: N/A

**Sex**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

The three Adult Social Care Grant Schemes affected by the proposal don't specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current Adult Social Care grant programme priorities.

The Public Consultation highlighted no further impacts beyond those detailed in EIA195.

Mitigation: N/A

### **Sexual Orientation**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

The three Adult Social Care Grant Schemes affected by the proposal don't specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current Adult Social Care grant programme priorities.

The Public Consultation highlighted no further impacts beyond those detailed in EIA195.

Mitigation: N/A

### **Marriage and Civil Partnership**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

The three Adult Social Care Grant Schemes affected by the proposal don't specifically support individuals with this protected characteristic. It is also not specifically included as one of the target characteristics in terms of current Adult Social Care grant programme priorities.

The Public Consultation highlighted no further impacts beyond those detailed in EIA195.

Mitigation: N/A

### **Poverty**

Impact on public: Negative - Medium

Impact on staff: Neutral

Rationale:

The 3 grant schemes included in the proposal do not specifically support people with this protected characteristic. However, a number of adults living in poverty will be supported by the grant funded services.

In addition, those in poverty could be more affected if services close or reduce due to removal of the grant funding. Although members that cannot afford to pay don't pay for the services, at least one service does charge a small amount for services. If organisations have to stop less economically viable parts of the service, they may stop in areas of higher deprivation where service users are less able to make a contribution towards service costs.

A potential impact on those in poverty is that one grant support individuals to claim attendance allowance. Between October 2020 to September 2021, Rural Connections grant funding supported individuals to obtain annual benefits worth £229,000. Attendance Allowance is not means tested and so the benefits have not only supported those in poverty and are likely to have had some impact on reducing poverty.

Those in living in poverty could be more affected if services close or reduce due to removal of the grant revenue budget. If organisations have to stop less economically viable parts of the service, they may stop in areas of higher deprivation where service users are less able to make a contribution towards service costs.

The negative impact of the proposed change is rated as medium (not high) because the services affected are not fully funded by AHC grants. AHC funding accounts for approximately:

- 55% of the service funded by the Neighbourhood Care and Support Grant
- 25% of the service funded by the Community Based Support Grant
- 60% of the service funded by the Rural Connections Grant

In addition, the projects are not specifically targeting individuals living in poverty.

In the Public Consultation 42% of the responses highlighted the impact on Poverty and did not identify any further impacts beyond those detailed in EIA195.

Mitigation:

These are the same as those detailed in the Mitigation/Actions section for Age.

### **Rurality**

Impact on public: Negative - Medium

Impact on staff: Neutral

Rationale:

All 3 grants included in this proposal support individuals living in rural areas. The Community Information Service (which supported 188 people from April – September 2021) specifically supports older people living in rural and semi-rural areas and AHC has grant funded this service for a number of years.

The impact is rated as medium (not high) because the services affected are not fully funded by AHC grants. AHC funding accounts for approximately:

- 55% of the service funded by the Neighbourhood Care and Support Grant
- 25% of the service funded by the Community Based Support Grant
- 60% of the service funded by the Rural Connections Grant

There are close to 300,000 people living in Hampshire's rural areas [1]. Therefore, these services do not serve the majority of people living in rural Hampshire, although they do contribute to the wellbeing of those that do use them.

Those in rural Hampshire could be more affected than urban counterparts if services close or reduce due to removal of the grant budget. If organisations have to stop less economically viable parts of the service, they may stop in rural areas where service users are more dispersed and so service provision can be more expensive.

In the Public Consultation 36% of the responses highlighted the impact on Rurality and did not identify any further impacts beyond those detailed in EIA195.

[1] [Socio-economic profile of rural Hampshire 2016 \(hants.gov.uk\)](https://www.hants.gov.uk/socio-economic-profile-of-rural-hampshire-2016)

Mitigation:

These are the same as those detailed in the Mitigation/Actions section for Age.

### **Equality Statement**

Additional information:

While the consultation responses indicate a high level of disagreement with the proposal, no further impacts have been identified beyond what was identified in the initial EIA (EIA-AHC-DMPCUGRANTS-2022/01/10, published in February 2022).

**Overview Statement:** Assessment to show that due regard has been given and that there is no requirement for a full EIA:

DRAFT

## **Appendix B – Reduction in funding for Homelessness services EIA**

**Title:** SP23 reduction in funding for Social inclusion services (homelessness support services)

**Service affected:** Social inclusion services (homelessness support services)

**Description of the service/policy/project/project phase:**

Social inclusion services provide housing related support for people who are homeless or at risk of homelessness. Services support people with mental health support needs, substance misuse issues and those with a history of offending.

Housing related support is defined as help that develops or sustains an individual's capacity to live independently in accommodation. This includes support to understand and manage the rights and responsibilities of their tenancy, manage debt and budget effectively, better manage physical health, mental health and substance misuse, and access healthcare, specialist services and Education, Training and Employment (ETE) opportunities.

Hampshire County Council currently funds support services for 190 homeless people living in accommodation based (supported housing) schemes.

The Council also funds community support for people who are homeless or at risk of homelessness who have complex and multiple needs and require support to access or maintain accommodation. Approximately 200 people use community support services at any one time

**New/changed service/policy/project:**

The proposed reduction in the Adults' Health and Care budget available for these services resulting in fewer people being able to access support and an increased demand for homelessness services provided by district and borough councils.

The statutory responsibility to prevent and relieve homelessness sits with the district and borough councils, however Adults Health and Care currently commission a range of accommodation based and community support services for people who are homeless.

Whilst fewer people would be able to access the specialist services funded by Adults' Health and Care, these services would continue to be available for people who are homeless and may have eligible care and support needs as a result of mental health and/or substance misuse or other complex needs.

**Engagement:**

The County Council ran a consultation exercise over the Summer 2021 on a range of options for finding further budget savings including increasing Council Tax, using reserves and making changes to the way services are delivered, which may mean reducing or withdrawing certain services. The outcome of this consultation was presented to the County Council's Cabinet in October 2021 and



Full Council in November 2021. This included agreement to pursue the option to reduce the Social Inclusion budget by £360,000.

The respondents to this consultation were not felt to be representative of the people affected by changes to services with fewer responses from those in lower income groups or who recognise that they use Adults Health and Care services. In addition, it was not possible to identify respondents to the consultation who may be homeless or at risk of homelessness. Following publication of the initial findings from the County Council's Serving Hampshire, Balancing the Budget consultation (2021-2023) there has been extensive engagement with district and borough councils, Public Health and health partners to review the future provision of these services and explore opportunities for pooled funding arrangements in recognition that these services cut across housing, social care and health needs. Engagement has also taken place with other key stakeholders including Hampshire Constabulary. This engagement resulted in partners agreeing a preferred way forward for the reduction of the funding. This included prioritising support in accommodation-based settings, and into those services that help the most vulnerable; and delivering outreach and community-based support in those areas where accommodation-based settings may not be available.

This proposal was subject to a 6 week public consultation period from 7th February 2022 to 21st March 2022. The consultation was widely promoted through a range of communication channels including emails to stakeholders, newsletters, social media posts, and press releases. The consultation Information Pack and Response Form were made available both digitally and in hard copy in standard and Easy Read formats, with other formats available on request. Unstructured responses could be submitted via email or letter.

509 responses were received to the consultation of which

- 473 were individual responses
- 27 were organisational responses
- 6 were from elected Members
- 33 individual responses were from current service users
  
- 16 individual responses were from former service users
- 90% of responses disagree with the proposal to reduce funding with 75% of responses strongly disagreeing. This disagreement was across all subgroups.

83% of responses highlighted an impact on those facing or experiencing poverty with a further 58% and 54% highlighting impacts on the protected characteristics of disability and age respectively.

## **Equalities considerations- Impact Assessment**

### **Age**

Impact on public: Neutral

Impact on staff: Neutral

### **Rationale:**

Services support people aged between 18 and 64 and above where this is the most appropriate service to meet their needs. Data shows that a significant majority of service users (97%) are aged between 18 and 60. Whilst there are variations around the county, the data shows a fairly even spread within the 18 and 60 age bracket. The available data does not show a marked variation in age between the users of the different types of services. 54% of responses to the consultation highlighted a potential impact on people related to age.

Access to services following the proposed reduction in budget would not be prevented on the basis of age.

### **Disability**

Impact on public: Negative - High

Impact on staff: Neutral

### **Rationale:**

In an analysis of client need completed in April 2020, it was found that over 60% of clients have mental health issues and more than 80% have substance misuse issues. A significant number also have poor physical health resulting from long term substance misuse and unmet health needs due to issues accessing services.

A significant number of client's receive Employment Support Allowance (ESA) because of illness or disability.

### **Mitigations:**

There has been and will continue to be extensive engagement with district council and health partners to review the future provision of these services and explore opportunities for pooled funding arrangements in recognition that these services cut across housing, social care and health needs.

Any changes to services would ensure that provision focuses on meeting the needs of the most vulnerable clients with multiple and complex needs.

The County Council would ensure that anybody affected by the proposals that may have eligible care and support needs as defined by the Care Act 2014 can have their needs assessed by the County Council. Following assessment, they would be offered services to meet eligible needs or signposted to other community services.

People with substance misuse issues can access support through the specialist substance misuse services commissioned by the County Council. Services can offer support through outreach and in partnership with other organisations to increase the uptake of the service offer by harder to reach client groups

Where people seek homelessness prevention or relief support from district and borough councils, housing advisors can refer those with additional support needs to other County Council funded support services, including drug and alcohol services, Wellbeing Centres, and for assessment under the Care Act 2014.

Lastly, the County Council will be looking to work in partnership with the district and Borough Councils to establish local partnership groups to identify, prioritise and establish action plans for those most vulnerable within their districts.

### **Gender Reassignment**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

Access to services following the proposed reduction in budget would not be prevented on the basis of gender reassignment and available data regarding use of services does not indicate that this group will be impacted by changes in this provision.

### **Pregnancy/Maternity**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

Access to services following the proposed reduction in budget would not be prevented on the basis of pregnancy or maternity and available data regarding use of services does not indicate that this group will be impacted by changes in this provision. Equalities data from 20/21 will be used to further understand the current use of services.

### **Race**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

Access to services following the proposed reduction in budget would not be prevented on the basis of race. Equalities data from 20/21 will be used to further understand the current use of services

### **Religion/Belief**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

Access to services following the proposed reduction in budget would not be prevented on the basis of religion or belief. Equalities data from 20/21 will be used to further understand the current use of services.

## **Sex**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

All Homelessness Support services commissioned by the county council are mixed gender. However available data shows a variation in use of the different types of service. The majority of people using accommodation-based services are male whilst the majority of people using community support are female, however service providers have noticed an increase in females accessing accommodation-based support.

Whilst access to services following the proposed reduction in budget would not be prevented on the basis of age, an impact may be identified if one element of service provision is reduced more than another

## **Sexual Orientation**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

Access to services following the proposed reduction in budget would not be prevented on the basis of sexual orientation. Equalities data from 20/21 will be used to further understand the current use of services

## **Marriage/Civil Partnership**

Impact on public: Neutral

Impact on staff: Neutral

Rationale:

Access to services following the proposed reduction in budget would not be prevented on the basis of marriage/civil partnership. Equalities data from 20/21 will be used to further understand the current use of services

## **Poverty**

Impact on public: Negative - High

Impact on staff: Neutral

Rationale:

Available data shows that the majority of people using Homelessness Support services are in receipt of welfare benefits. Many clients come to the attention of services when they are facing eviction due to rent arrears.

Homelessness Support services help people to access their full entitlement of benefits, attend appointments for benefit assessments and resolve issues with benefit claims. Service providers have reported an increase in the number of people requiring this type of support following the roll out of welfare reforms and increased sanctions. Services also help people budget on a low income, access debt advice and prioritise rent payments. Whilst alternative services are available, clients with complex needs often need support to engage with more mainstream

service offers or are excluded from these services due to behaviour or substance misuse.

For those recovering from homelessness, support to access training courses, voluntary work, education and employment is available. Pre-employment activities are provided to support vulnerable people who are not yet ready to engage with more mainstream employment support.

The proposed changes would result in a reduction in the services available and may result in more people being unable to navigate the benefits system without support or being sanctioned. Subsequently, more people may become homeless as a result of non-payment of rent.

The public consultation saw poverty as the highest area of concern for impact with 83% of respondents alluding to the impact a reduction in services would have to those living in poverty.

**Mitigation:**

Any changes to services would ensure that provision focuses on meeting the needs of the most vulnerable clients with multiple and complex needs

**Rurality**

Impact on public: Negative - medium

Impact on staff: Neutral

Rationale:

Any reduction in community support may mean that people living in more rural areas could find it harder to access the support they need as most alternative services are in larger towns or cities. People who currently receive a visiting community support service may need to travel to get support from other services which they may not be able to do due to affordability or accessibility of public transport.

26% of respondents to the consultation voiced concern that the proposed reduction in services would impact on those living rurally.

**Mitigation:**

Any changes to services would ensure that provision focuses on meeting the needs of the most vulnerable clients with multiple and complex needs. These will usually be within an accommodation-based setting where they will be able to access the support they require. District and Borough authorities will be supported to establish locally based housing action groups to look at local services and support individuals to access services as appropriate.

**Additional Information**

The vulnerability of some of the people who use services may mean that they do not seek or access the help they need to prevent homelessness. This could lead to an increase in homelessness, street homelessness, and anti-social behaviour

with a subsequent increase in the number of people who require services from the District and Borough Councils.

In addition, the Governments stay on evictions during the pandemic ended in October 2021. District and Borough partners are already reporting a rise in evictions and enquiries, which may see increased demand for services meaning there is the potential for a higher number of people to be impacted by any changes to services.

However, lessons learned from changes to working practices as a result of the Covid-19 pandemic represent an opportunity for many organisations to collaborate and work more closely together. Alongside this, changes to substance misuse services now looking to co-locate within homelessness services, health clinics running from hostels and a tender for Mental Health Wellbeing hubs, present further opportunities for improved joint working

A housing and homelessness sub-group of the Hampshire safeguarding adults board has been established along with a homelessness workstream providing a key point of contact for partners involved with work on homelessness. Hampshire intends to continue to build on these strong relationships to help ensure the risks highlighted above are mitigated through appropriate and timely signposting and support to access services for individuals and continued collaboration with other services.

# Adults' Health and Care SP23 Consultation

Insight Analysis

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Produced by the Insight and Engagement Unit – April 2022

## Consultation context

- Following the Balancing the Budget Consultation in Summer 2021, Hampshire County Council's (HCC) savings programme to 2023 (SP23) was agreed. This required the Council to save at least £80 million by April 2023, of which £40.6 million is expected to come from the Adults' Health and Care (AHC) budget.
- Two AHC proposals, which together could contribute £680,000 towards the £40.6 million target, were consulted on from Monday 7 February 2022 until Monday 21 March 2022:
  - **Consultation One:** Proposal to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations (£320,000)
  - **Consultation Two:** Proposal to reduce funding for Hampshire County Council funded Homelessness Support Services (£360,000).
- Hampshire County Council sought the views of residents and stakeholders to help understand the potential impacts of the proposed options and alternative suggestions about how these savings could be made.



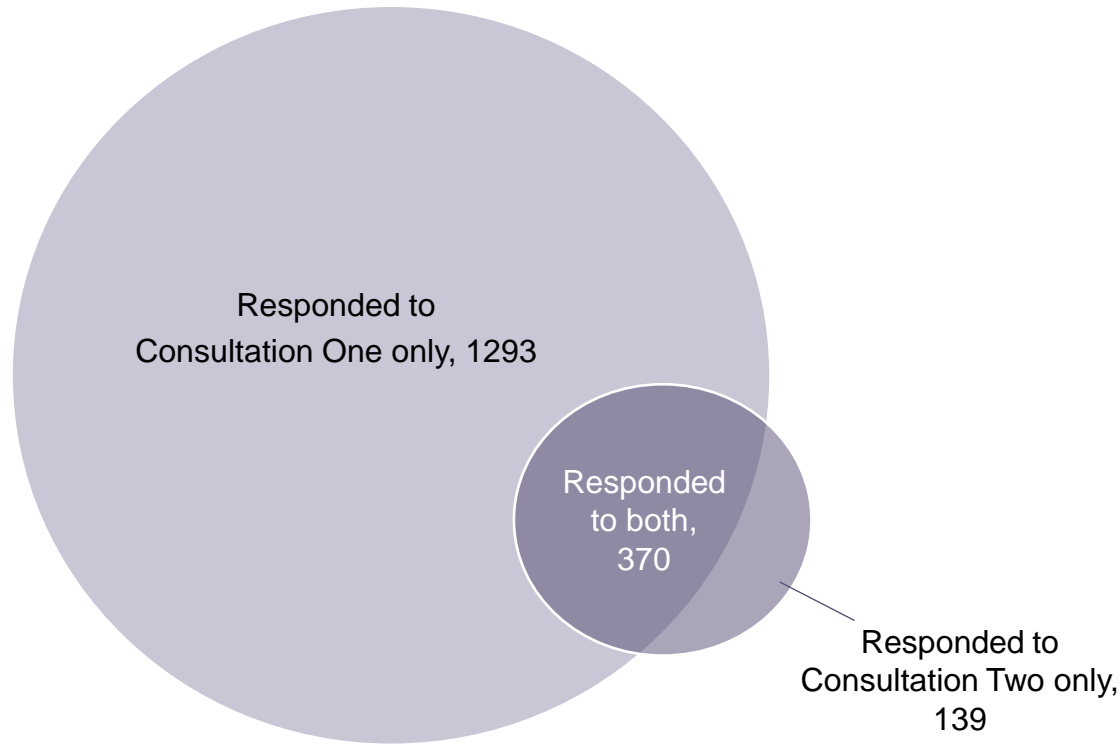
**Consultation promotion:** The consultation was widely promoted through a range of communication channels including emails to stakeholders, newsletters, social media posts, and press releases.

Promotional activity prior to / at launch	Promotional activity during consultation
<ul style="list-style-type: none"> <li>• Communicated out to: HCC Leader, Health and Adult Social Care Select Committee (HASC), Hampshire County Councillors, District and Borough Chief Execs and MPs.</li> <li>• AHC Stakeholder Newsletters</li> <li>• AHC Staff Team Brief</li> <li>• Media/Press releases</li> <li>• Social Media posts</li> <li>• Provided paper copies and leaflets to providers and on request in standard, Easy Read and large print formats</li> <li>• Offered email and phone contacts for queries and responses</li> </ul>	<ul style="list-style-type: none"> <li>• Mid consultation communications to stakeholders, newsletters, media and social media</li> <li>• Promoted through library network – leaflets and posters</li> <li>• Promoted through Home Library Service</li> <li>• Face to face engagement with providers and stakeholders for Social Inclusion services (service users and service staff) and Grant Schemes (service users of, and staff from, grant funded services at MHA – a charity care provider for older people in the UK).</li> </ul>

The consultation Information Pack and Response Form were made available both digitally and in hard copy in standard and Easy Read formats, with other formats available on request. Unstructured responses could be submitted via email or letter.

**Consultation response:** Overall, 1802 responses were received via the consultation Response Form. In addition, 79 unstructured responses were received via email, letter and one video.

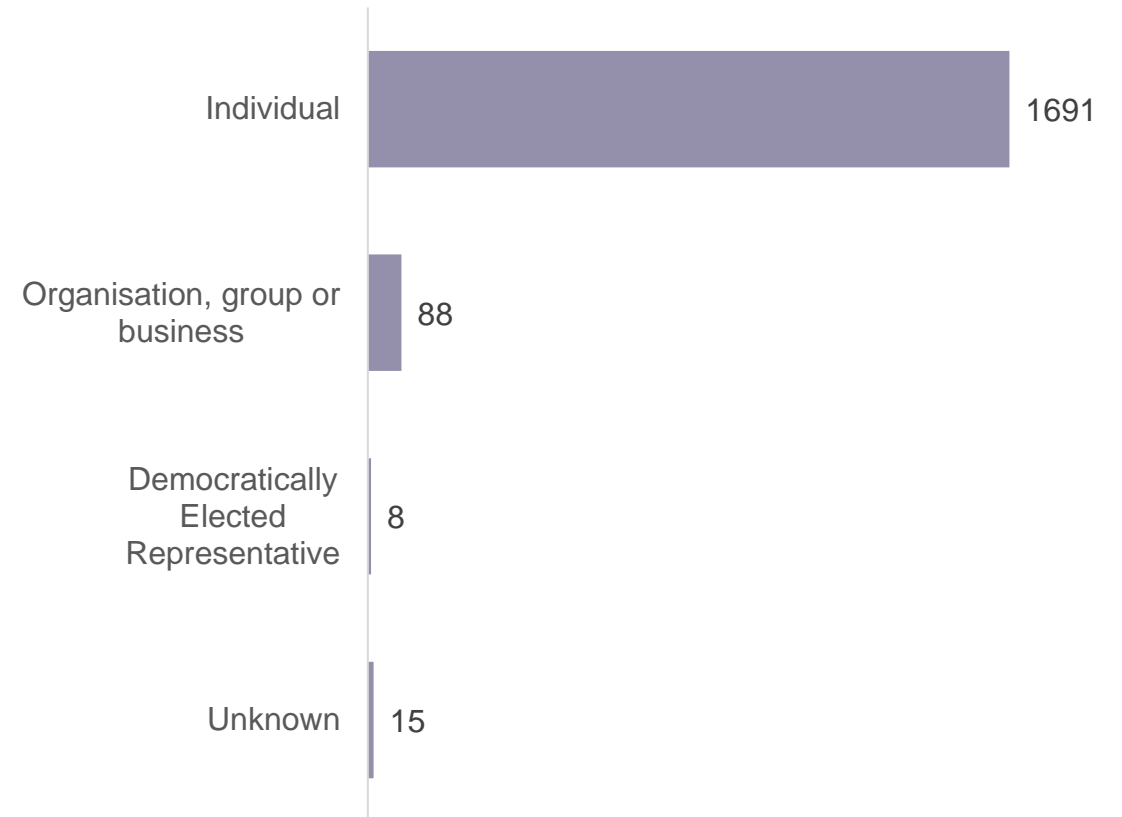
Total number of responses received via the Response Form = **1802**



**Total responses to Consultation One = 1663**

**Total responses to Consultation Two = 509**

Response type received via the Response Form



# Consultation One: Adult Social Care Grant Schemes

Key findings

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## Background to Consultation One

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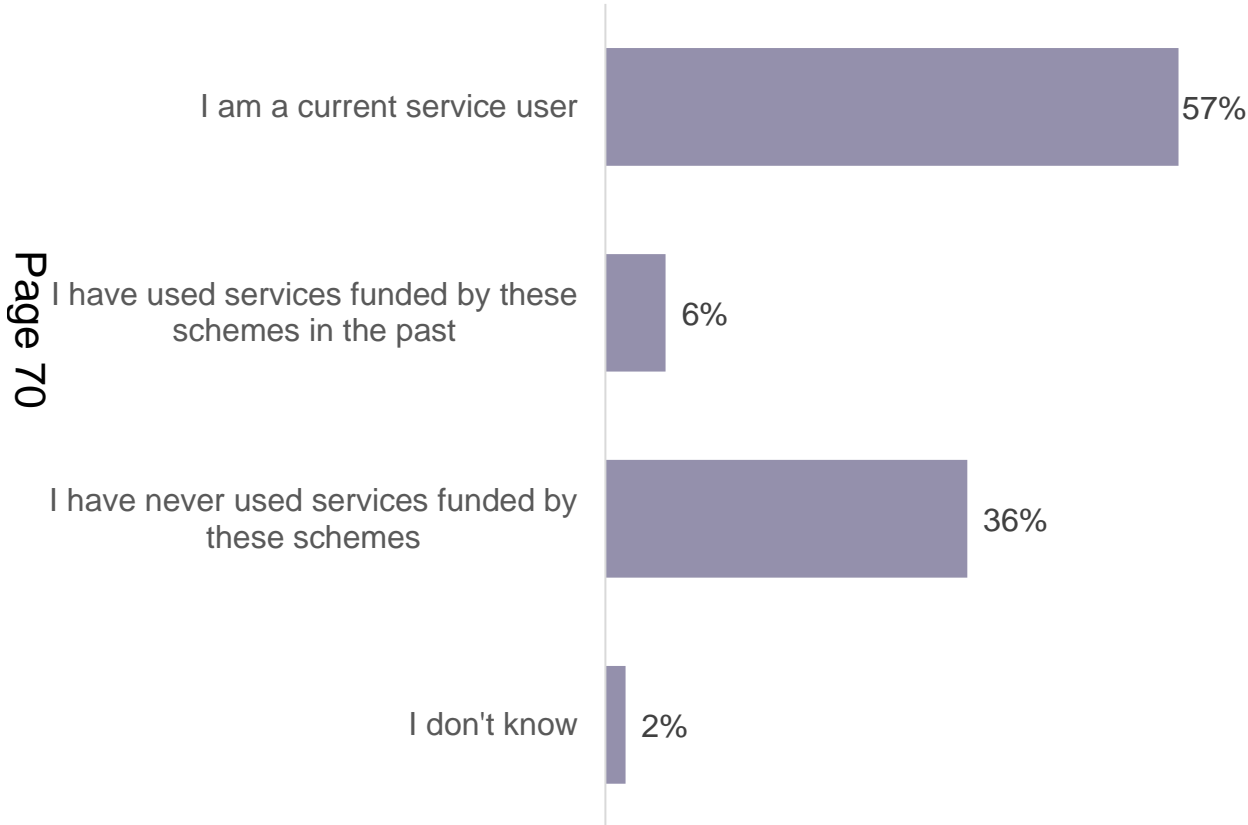
- Hampshire County Council sought residents' and stakeholders' views on a proposal to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations:
  - the Neighbourhood Care and Support grant scheme;
  - the Community Based Support grant scheme; and
  - the Rural Connections grant scheme.
- Stopping these grant schemes would allow the County Council to reduce its grant budget by £320,000, which would contribute to the savings required by the County Council's Savings Programme to 2023.
- The County Council also sought residents' and stakeholders' views on the likely impacts of the proposal and alternative suggestions as to how savings could be made.
- Overall, **1663 responses** were received to Consultation One. Of these, 1565 were from individuals, 76 from organisations, groups or businesses and 8 from democratically Elected Representatives.
- 928 respondents said they were a current service user and 91 said they had used services funded by these schemes in the past.

## Consultation One: Executive summary / headline findings

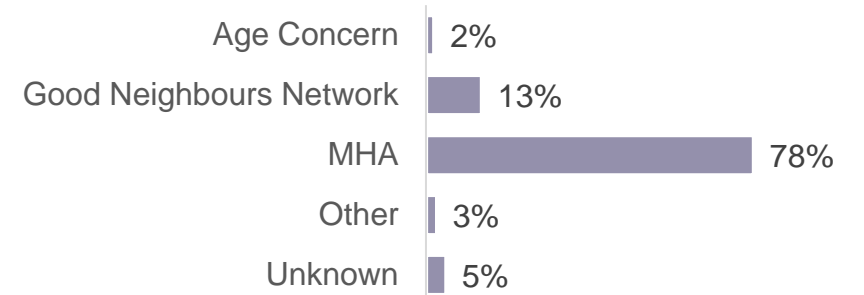
- There was a majority disagreement (**97% overall disagreement**) with the proposal to stop the funding for the three Adult Social Care grant schemes with **88% strongly disagreeing**.
- **Service users were the main group felt to be impacted by the changes**, particularly older people, those with disabilities, those with financial limitations and those living in rural areas.
- Specific impacts on services users were felt to be **increased isolation/reduced social contact, reduced quality of life, reduced independence and reduced mobility** by being unable to get to places. In particular, it was perceived that being unable to travel to appointments and pick up prescriptions, as well as removing exercise classes and social activities would lead to **reduced health outcomes**, both physical and mental.
- **Organisations, volunteer groups and other services were also felt to be impacted** by around a quarter of those responding. In particular, it was felt that organisations would struggle to carry on providing the services they currently offer, there would be greater financial costs and impacts on the workforce and volunteers. It was felt that cutting the funding would cause greater demand and higher costs elsewhere.
- **Carers and communities were also felt to be impacted by some**, due to a reduction in support and social contact that the services currently provide, particularly in rural communities. It was felt that it would impact family members - who would have less support in their caring responsibilities and therefore higher risk of unemployment, stress and financial impacts.

**Who responded:** Over half of those responding to the consultation were current service users, of whom around three quarters (78%) are using services provided by MHA, and around one in ten (13%) are using services provided by Good Neighbours Network.

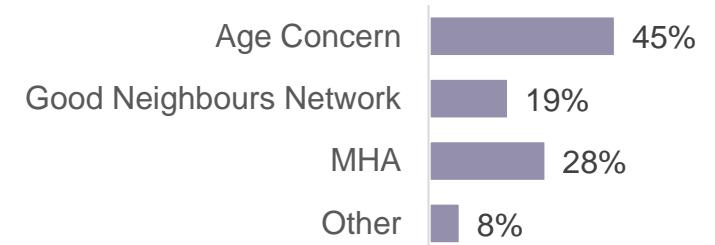
Do you currently use services funded by an Adult Social Care grant scheme?  
(Base: 1641)



Service used by current service users  
(Base: 818)

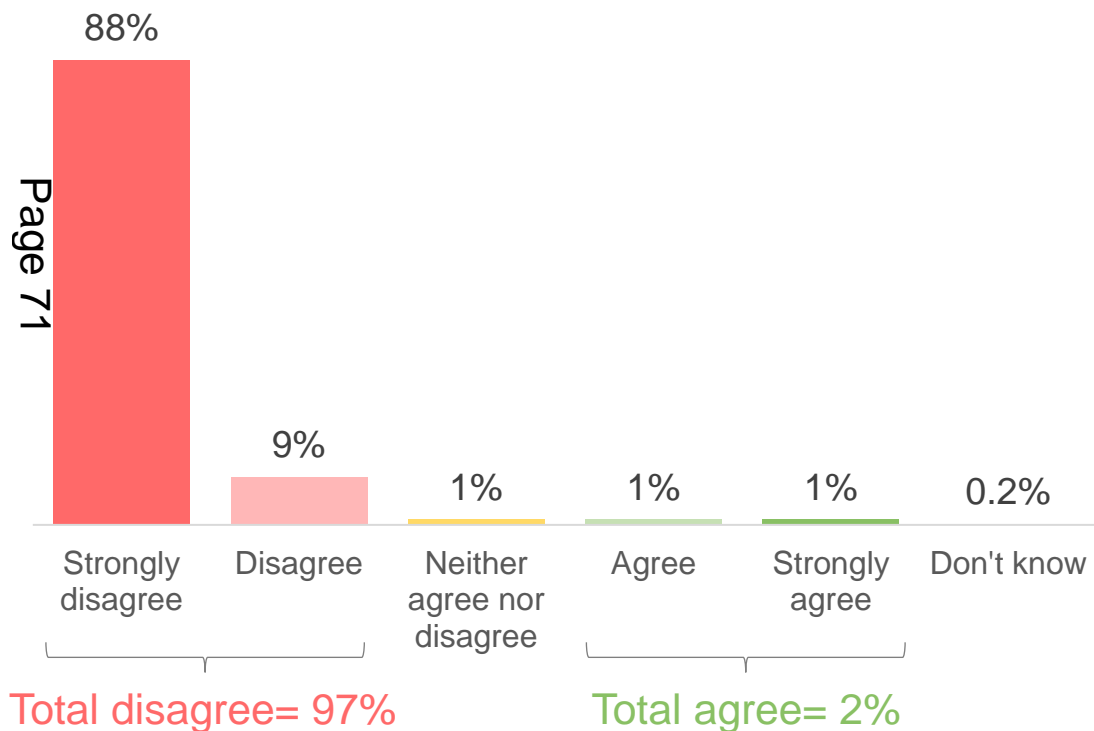


Service used by former service users  
(Base: 78)

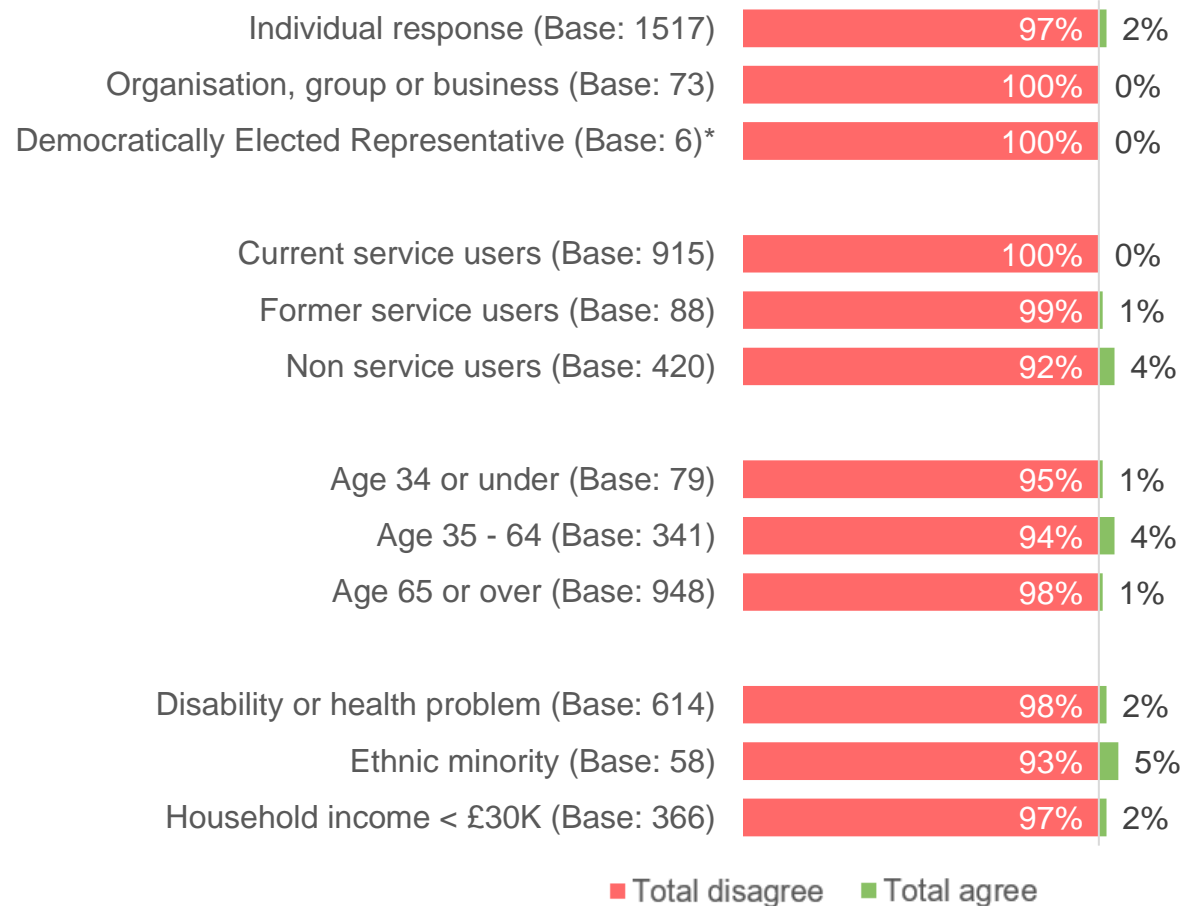


**Agreement with proposal:** Around nine in ten (88%) respondents strongly disagreed with the proposal to stop funding the three ASC grant schemes, with the overall disagreement almost universal (97%). There were high levels of disagreement across all subgroups.

Level of agreement with the proposal to stop the funding for three Adult Social Care grant schemes  
(Base: 1605)

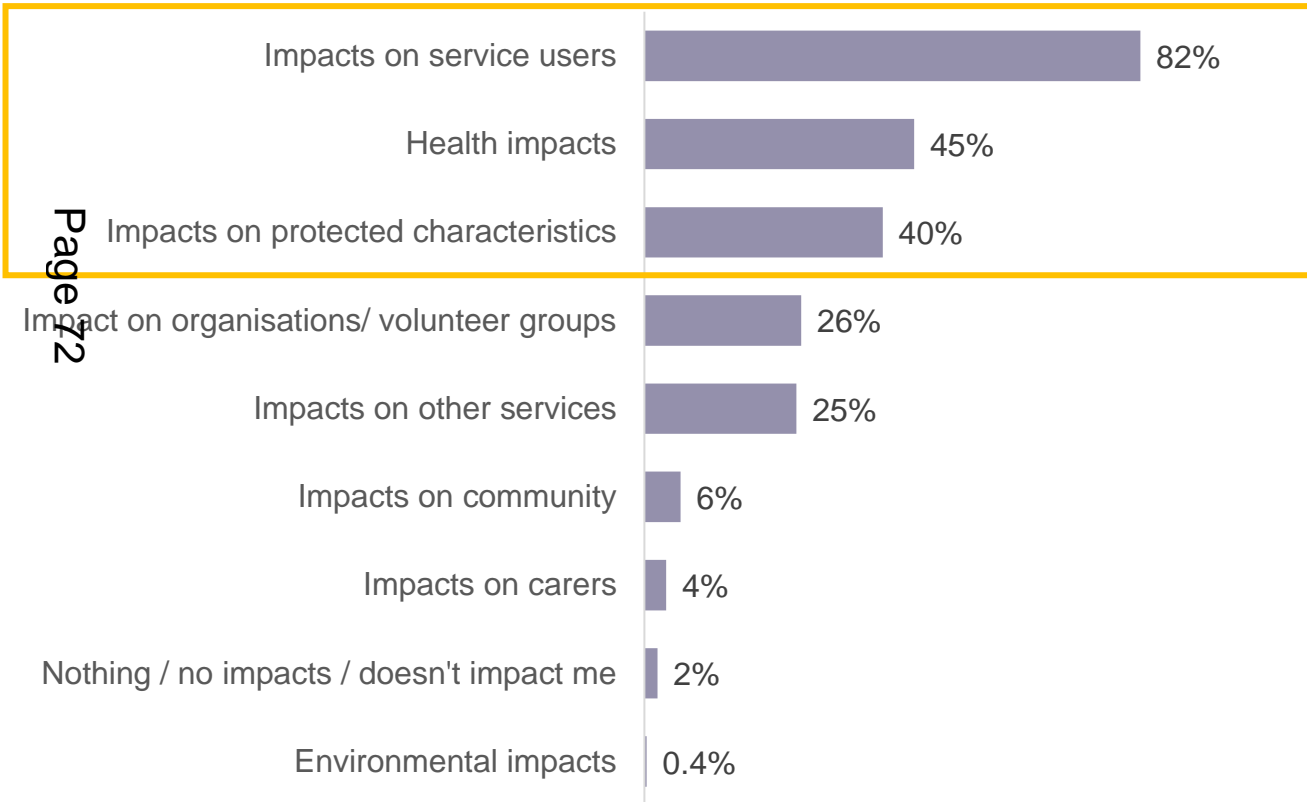


Agreement / disagreement by respondent groups:



**Impacts:** Service users were the main group thought to be impacted by the proposals. Specifically, respondents were concerned that the changes would lead to reduced social contact, quality of life, mobility and independence, along with an increased risk of reduced health outcomes for these people.

Perceived impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.  
(Base: 1207. Quantified verbatim. Multicode)



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**Impact on service users (82%)**

- Less social contact (43%)
- Reduced quality of life (25%)
- Unable to get to places / lack of transport (17%)
- Reduced independence (17%)
- Impacts on finances (11%)
- Less support to deal with bureaucracy – i.e. benefits system/social care etc. (9%)
- Increased stress (6%)
- Risks to personal safety (3%)

**Health impacts (45%)**

- Could reduce health outcomes (22%)
- Could reduce mental health outcomes (18%)
- Could reduce independence of vulnerable people (15%)
- Unable able to access appointments / pick up prescriptions (13%)

**Impacts on protected characteristics (40%)**

- Age (30%)
- Disability (11%)
- Poverty (9%)
- Rurality (6%)



## Impacts on service users (verbatim)

*It will affect many patients who are referred to the Older Persons Mental Health Team. Many of these patients are referred to us due to low mood, anxiety and require support with social inclusion. By withdrawing these schemes, you are withdrawing many people's past-times and social activity.*

*It is important that people have access to services so do not become isolated and their well being is supported. If unsupported their well being and health deteriorate and long term [they] may need more/different support*

*The removal of this grant will inevitably mean that organisations, which enable volunteers to take those with mobility issues to GP and hospital appointments, will be unable to function through lack of funding. This inevitably means that the clients will either be unable to attend their appointments or will have to be taken using an NHS funded minibus which will be a greater cost.*

*It will greatly affect my mental health and well-being*

*The lack of support to older people will lead to increase social isolation and loneliness which will create a larger financial burden.*

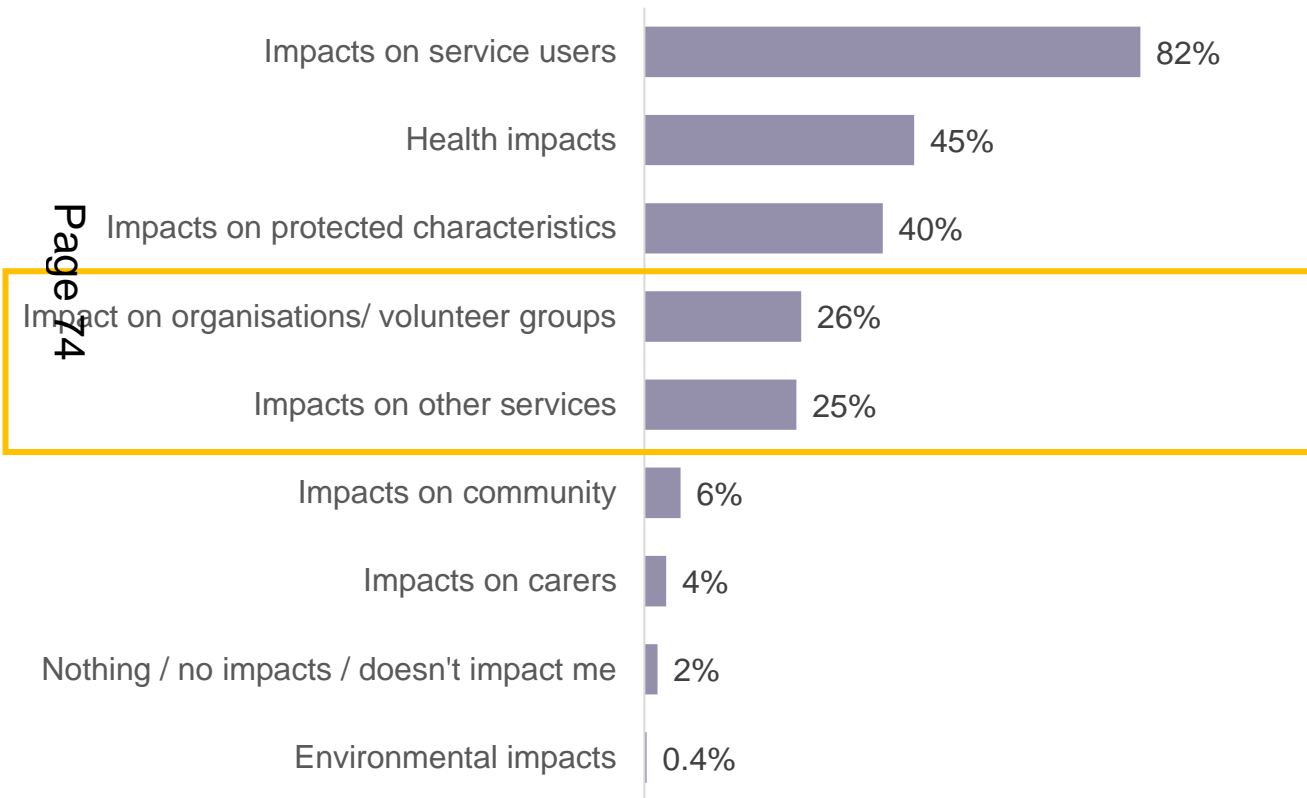
*Services to help older people live life well at home are crucial to sustain. Live at home schemes help prevent loneliness and isolation and urgently require ongoing funding.*

*Many people would feel more isolated, lonely , ignored, lost in the current fast moving world*

*This is my only means of contact with anyone. I am otherwise isolated at home with no contact. This is a vital lifeline for me and everyone else who uses it.*

**Impacts:** Other groups thought to be impacted by the proposals were the organisations/volunteer groups currently receiving the funding, as well as other services (including the Council), that could see demand increase if the current funding was stopped.

Perceived impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.  
(Base: 1207. Quantified verbatim. Multicode)



**Impacts on organisations / volunteer groups (26%)**

- Impact ability/ type of work they are able to do (19%)
- Increased financial costs (8%)
- Impact on workforce / staff / volunteers (5%)

**Impacts on other services (25%)**

- Could increase demand on other services (18%)
- Could increase demand on Council's budget elsewhere (14%)
- Closure of services that become unviable (8%)
- Could reduce expertise in the sector (2%)
- Need to fundraise or find other sources of finance (2%)

## Impacts on organisations/volunteer groups and other services (verbatim)

*Cutting the proposed funding will without question seriously impact these peoples health both mental and physical thus forcing them to turn to other agencies for the help they require, e.g. NHS, resulting in increased pressure on their services which are already at breaking point. These cuts will simply move the challenges at a time when they need to be supported more than ever.*

*It would have a domino effect and put more strain on the NHS services and health care settings.*

*Without this service I fear that only option would be referring back to already under pressure hants services which I know are not capable now to deliver what is needed.*

*I think this is a very short term view as by removing the funding it will cause issues in the residents who would benefit from this and will ending up costing more as it will become crisis funding rather than support and planning.*

*We will need to seek funding from other sources. We are a user-led organisation. Many of local disability forums or access groups have struggled and some have folded.*

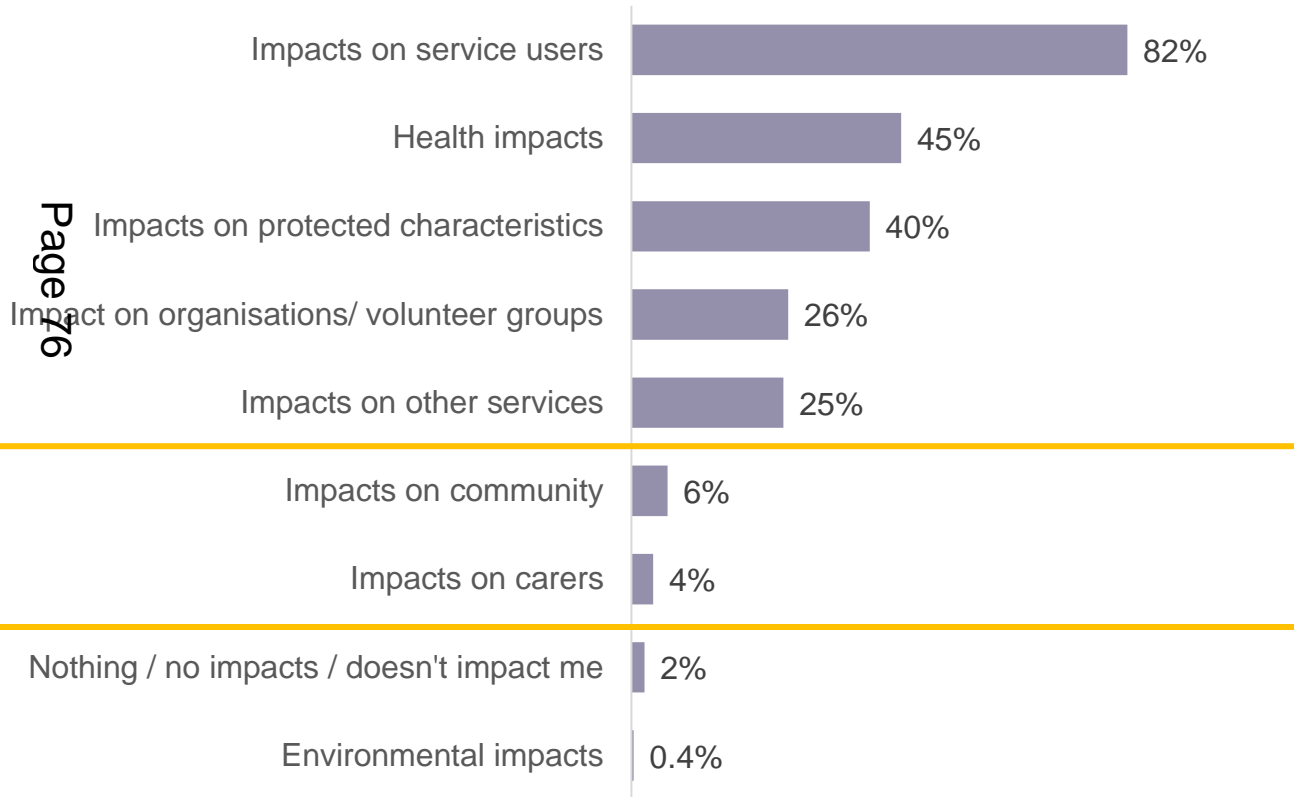
*The proposed changes would have a negative affect on the MHA Communities Members by reducing or stopping current activities which are designed to help elderly people keep in contact with other members of the community. MHA would no longer be able to deliver these services.*

*If these cuts were made the organisation would have to drastically reduce its service provisions. That would lead to the need for those needs to be provided by other, almost certainly, Local Authority services, with the associated costs, thus reducing the net gain on the proposed reduction in funding - a largely pointless exercise.*

*Ultimately this decision will cost you more in funding formal adult social care and mental health and wellbeing services. Your suggestion is short sighted*

**Impacts:** Carers and communities were also seen as likely to be impacted by some, due to a reduction in support and social contact that the grant funded services currently provide, particularly in rural communities. It was felt this could lead to increased unemployment, stress and have a financial impact for carers.

Perceived impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.  
(Base: 1207. Quantified verbatim. Multicode)



**Impacts on community (6%)**

- Impacts on rural communities (5%)
- Increase unemployment (1%)

**Impact on carers (4%)**

- Less support available (2%)
- Less social contact (1%)
- Increased stress (1%)
- Impact on finances (1%)

## Impacts on communities and carers (verbatim)

*Stopping the funding for these services will not only affect the service users, but their family and relatives as well. Also, there will be less opportunities for people to get involved. Less volunteers in the area and less paid jobs. The impact will be devastating.*

*I'm my husband's carer. It means we can get out together and socialise. I'd really miss it if I couldn't come. It gives me a break. I'll with him all the time. He's quite good but he has dementia. I don't have any other help for being a carer.*

*I would miss my weekly befriending visit and the monthly lunches I attend. This also supports my live-in carer to enable them a short break.*

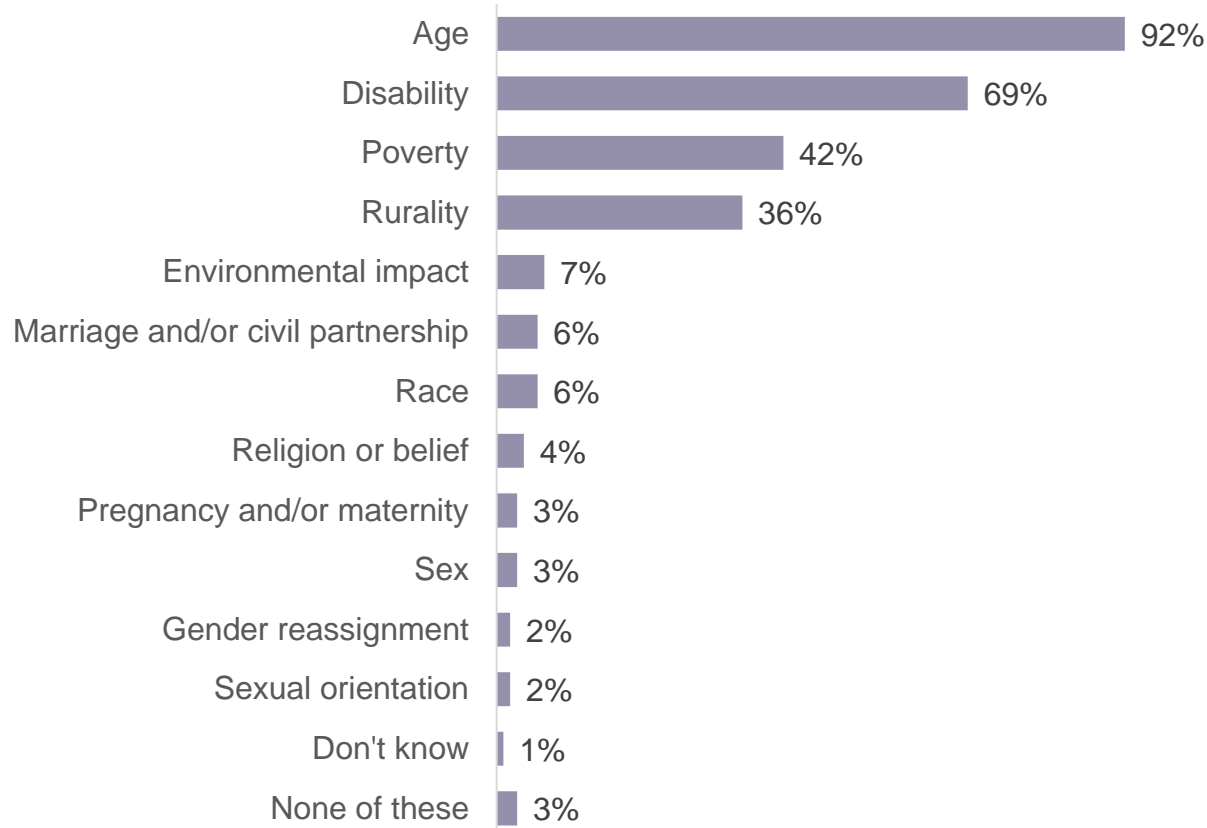
*I know how many parents who are carers to their disabled children look after their children late into their years, and then require support for their loved ones to remain in their homes with them. Taking away this option is terrible and not fair.*

*These services help the vulnerable and the carers enjoy their jobs which pay for them to live also. However If funds were cut, I think Hampshire county council would be putting the vulnerable lives at risk and putting people out of jobs.*

*The pressure to provide services and days out would fall to the family as currently MHA takes on this role.*

**Impacts (protected characteristics):** Impacts based on age were the most commonly anticipated (by 92% of those responding), followed by disability (69%). Poverty and rurality were also considered as protected characteristics that could be impacted by the proposals by over a third of those responding (42% and 36%).

Perceptions of which protected characteristics the proposed options could impact  
(Base: 1169. Multicode)



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*There are a lot of elderly and disabled people who spend most of their time on their own, as they are house bound, and look forward to a visit or phone call from a volunteer. If these services are cut it will be these unfortunate people who will suffer .*

*Removal of this funding stream will negatively impact older people living across Hampshire, there will be increased isolation, especially for those in rural areas or living with a disability.*

*Residents living in rural communities have very limited access to public transport. The majority of these residents have limited mobility or other physical impairments that would prevent them using public services. Taxi services are far too expensive for our clients.*

*Everything is becoming really expensive, a lot of older people are living in poverty and some have very challenging health issues.*

**Other comments:** A large number of respondents also took the opportunity to mention the benefits the grant funded service(s) currently provides, both to the community and benefits they've felt personally. Comments were also made about the increasing demand for the services.

**Comments about service benefits to the community (74%)**

- Support not available through other services (47%)
- Improves community cohesion (32%)
- Delivers benefits for relatively low cost (18%)
- Improves independence (8%)

**Comments about a specific benefit the service gave them / people close to them (43%)**

- Provided transport to get to appointments / shopping (9%)

**Comments about increasing demand for services (10%)**

- Caused by COVID pandemic (6%)
- Caused by economic change (3%)
- Caused by aging population (2%)
- Caused by reductions in other services (2%)

**Other comments (10%)**

- Hampshire County Council should be lobbying central government (1%)

*These grants provide a valuable service to our rural community. It is an essential service for our most vulnerable residents who need transport to medical appointments.*

*Services like this are proving to help older people have a better life - from social activities, getting out of the house, exercise, support, reducing the need for doctors and moves into care homes.*

*I have cancer and mental health issues, I cannot always get out. A friend to talk to every week helps.*

*These proposed cuts come at a time when need for Adult and Social Care support is increasing. The gaps need to be plugged. It is well recognised that the adult with learning disability population is getting older - these individuals are living longer and their care needs will increase with age.*

*As our older population grows, more people than ever before require care at home in order to remain safe & well & independent.*

*Why is HCC not lobbying Government to give more of our money back to us in the form of support services for people in need?*

*Please describe what, if any, impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.  
(Base: 1207. Quantified verbatim. Multicode)*

# MHA Communities service user responses

Summary of responses to Consultation One received via a shortened and reworded Response Form



MHA Communities found that some of their members were finding it difficult to complete the original Response Form. Therefore, they created a shortened version of the response form for their members to complete which contained just the following questions:

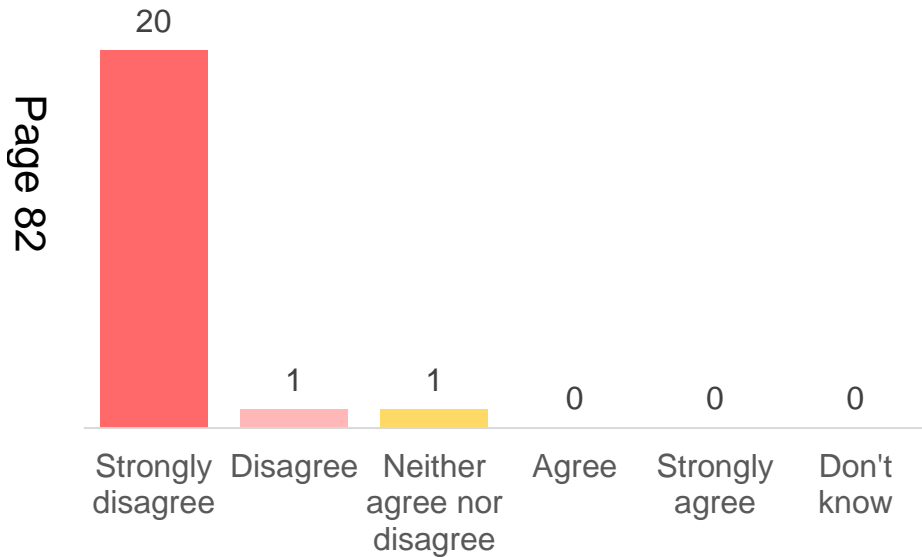
- To what extent do you agree, or disagree with the proposal to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations?
- Please describe what, if any, impacts the proposed changes to Hampshire County Council's Adult Social Care grants may have on you, people you know, or your organisation, group or business.
- If you have any further comments or alternative suggestions as to how the County Council could achieve a saving of £41 million to its Adults' Health and Care budget, then please summarise these in the box below.

The following demographic questions were also included - the first five digits of their postcode, age, gender and whether their day-to-day activities were limited because of a health problem or disability.

Due to the difference in the MHA shortened form compared to the original Response Form (i.e. omitting some of the contextual information and some of the introductory text could be perceived as being slightly leading) the summary findings of these MHA responses have been reported separately on the next page.

**Findings:** 23 responses were received in total via the MHA shortened form. Nearly all (21 out of 23) of those responding disagreed with the proposals. The perceived impacts were primarily around the changes affecting older people and reducing their social contact.

Level of agreement with the proposal to stop the funding for three Adult Social Care grant schemes  
(Base: 22)



*Due to the low base size these MHA Responses have been charted as counts rather than percentages.*

Perceived impacts the proposed changes to HCC's Adult Social Care grants may have on you, people you know, or your organisation group or business.  
(Base: 23. Quantified verbatim. Multicode)

7 mentioned that the changes would affect **older people**.

6 mentioned that it would **reduce their (only) social contact** or would mean they would be **stuck at home**.

3 mentioned potential impact of the changes on **health / wellbeing**.

3 mentioned the **activities / entertainment** that MHA provide.

3 mentioned the **hot meals** that MHA provide, 2 expressing concern that they would not get a hot meal without MHA.

2 expressed that the changes may **cause harm / be detrimental** (non specific).

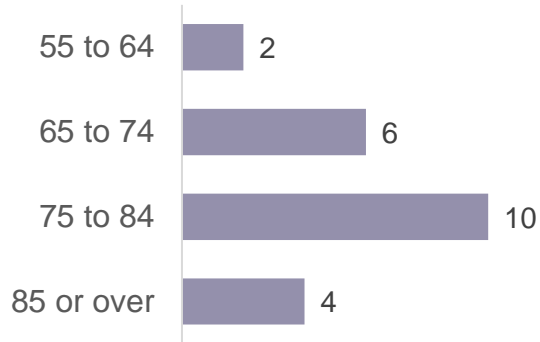
2 commented that the changes would **affect deprived / less affluent areas**.

2 commented that the changes would **affect vulnerable / lonely people**

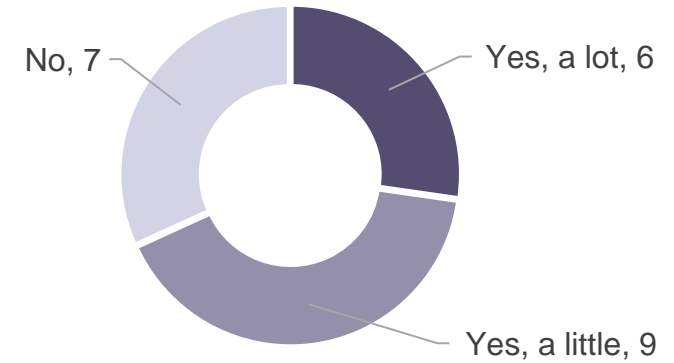
Other comments include that the changes would **cost more in the long run**, it would **affect people with disabilities** and that **other social care resources have also been cut**.

**Demographics:** All respondents were aged 55 or over (with over half aged 75+) and were predominantly female. Around two thirds reported that they had a long-term disability that limited their day to day activities. Over half of responses were from the PO12 and PO13 (Gosport / Lee-on-Solent) district.

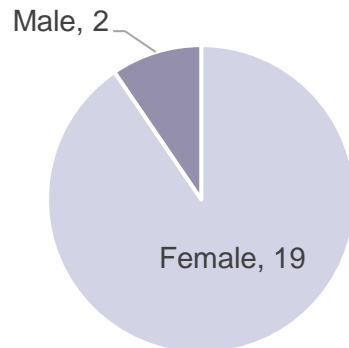
Respondent age profile  
(Base: 22)



Respondent disability profile  
(Base: 22)



Respondent gender profile  
(Base: 21)



Respondent postcode area  
(Base: 22)

Postcode district	Number of responses
PO13	8
PO12	6
SO50	3
PO16	1
RG22	1
SO23	1
SO31	1
SO53	1

*Due to the low base size these MHA Responses have been charted as counts rather than percentages.*

# Petition

Overall summary of a petition received during Consultation One

## Petition - Stop critical funding to older people's community schemes from being cut.

A petition to stop critical funding to older people's community schemes from being cut was received by Hampshire County Council on 21 March 2022.

The following petition was submitted as part of the Consultation on proposals to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations:

- Name of petition: #SaveHampshireServices - Stop critical funding to older people's community schemes from being cut
- Purpose: This petition aims to keep Hampshire's Community Grants funding alive, ensuring that thousands of older people across Hampshire can still access vital services and receive the support they need and objects to the proposal by Hampshire County Council to stop funding three Adult Social Care grant schemes.
- Petitioner: MHA Communities Hampshire, United Church, Jewry Street, Winchester, SO23 8RZ

**332 signatures** were received as part of this petition.

# Consultation Two: Homelessness Support Services

Key findings

## Background to Consultation Two

- Public sector partners across Hampshire, including the County Council, District, Borough and City Councils, Public Health services, Hampshire Constabulary, and the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group have been working together to explore new ways to tackle homelessness and make best use of wider collective resources to reshape services.
- The County Council is proposing to reduce its contribution toward the annual budget for Homelessness Support Services by £360,000. It proposes that this is accomplished by:
  - prioritising support in accommodation-based settings, and into those services that help the most vulnerable; and,
  - delivering outreach and community-based support in those areas where accommodation-based settings may not be available.
- Hampshire County Council sought residents' and stakeholders' views on these proposals, their likely impacts and alternative suggestions as to how savings could be made.
- Overall, **509 responses** were received to Consultation Two. Of these, 473 were from individuals, 27 from organisations, groups or businesses and 6 from democratically Elected Representatives.
- 35 respondents said they were a current service user and 16 said they had used services funded by these schemes in the past.

**Service design principles:** Different models for Homelessness Support Services have been considered against the following overarching service-design principles:

1. Investment should focus on prioritising meeting the needs of the **most vulnerable service users** who find it difficult to engage with more mainstream services without additional support, are most at risk of sleeping rough and have **no alternative support options**.
2. We would prioritise support service for **accommodation-based services**.
3. We would balance local need against available resources, ensuring services are **delivered within budget**.
4. The design of services should recognise the changes brought about by the Homeless Reduction Act (HRA) 2017 and align services more closely to the **statutory responsibilities of the district housing authorities** under this new legislation.
5. Support funding attached to accommodation-based services should be **used to fund support** not to fund housing management or security services.
6. **Meeting eligible-care needs and safeguarding individuals** is the statutory responsibility of Hampshire County Council and it is expected that County Council budgets are utilised in a way which **best meets the need of people with eligible care needs**; who should be prioritised within services.
7. Services that are funded by Hampshire County Council must ensure **countywide access**.
8. Any options explored could be awarded through a grant to a local housing authority or through a County Council procured contract.



## Executive summary / headline findings (Consultation Two)

- There was a majority disagreement (**90% overall disagreement**) with the proposal to reduce the funding for Homelessness Support Services with **three quarters (75%) saying that they strongly disagreed**.
- People who commented on the service design principles most commonly felt that focussing on the most vulnerable and reducing services elsewhere could cause more people to fall into the 'most vulnerable' bracket.
- Others chose to use the service principles box to comment on the main proposal, with many suggesting that **funding should not be reduced**, and that it should be increased instead. It was felt that the proposals **target people who are already vulnerable at a time where there is a high need for such services**, due in part to increases in cost of living, the impacts of the COVID-19 pandemic and the effects of austerity.

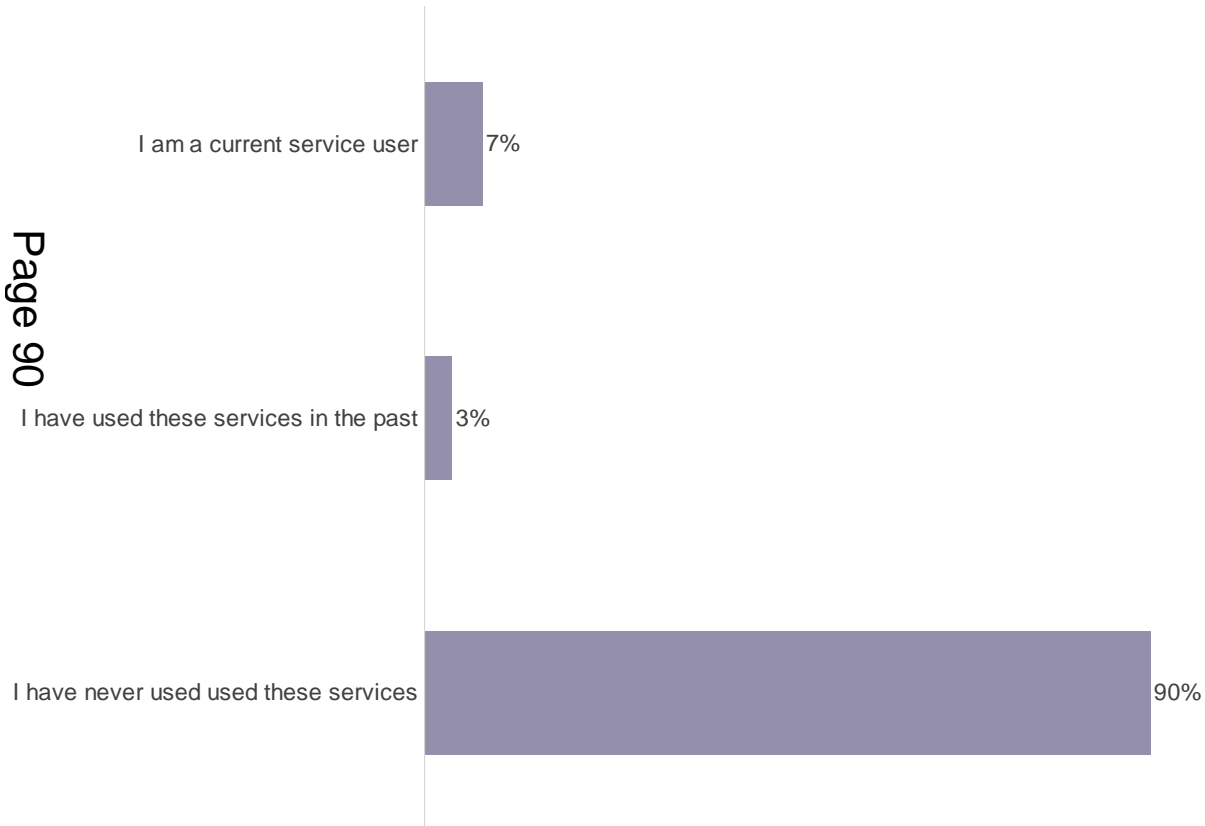
Page 89

Some respondents expressed concerns that **reducing funding would lead to further problems and increased costs** later down the line. It was mentioned that the proposals would **increase inequality further** and disadvantaged people would be **unable to access the most appropriate help**. Some also commented that **HCC should find alternative ways to save money**.

- Services and service users / vulnerable people were most frequently mentioned as those who would be most impacted by the proposals. If the proposals were implemented, respondents felt that both funded and non-funded services would need to manage increased demand with reduced capacity.
- It was felt that the proposals would put current service users and vulnerable people at greater risk of further issues – such as longer term **social, health and economic issues that are harder and more costly to fix**.
- Other comments focussed on the potential wider impacts on HCC/service budgets, equality, health and wellbeing of vulnerable people, and impacts on the community.

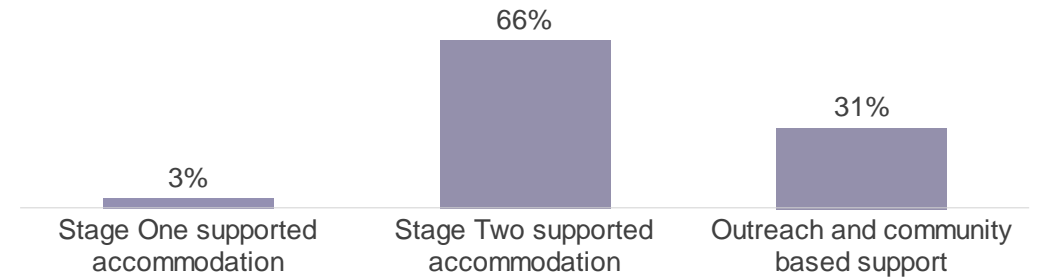
**Who responded:** The majority (90%) of those responding had never used Homelessness Support Services. Of the current users who responded, around two thirds (66%) were using Stage Two supported accommodation, and just under a third (31%) were using outreach and community based support.

Do you currently use Homelessness Support Services, or have you used these services in the past?  
(Base: 500)



Page 90

Homelessness Support Services currently being used  
(Base: 29)

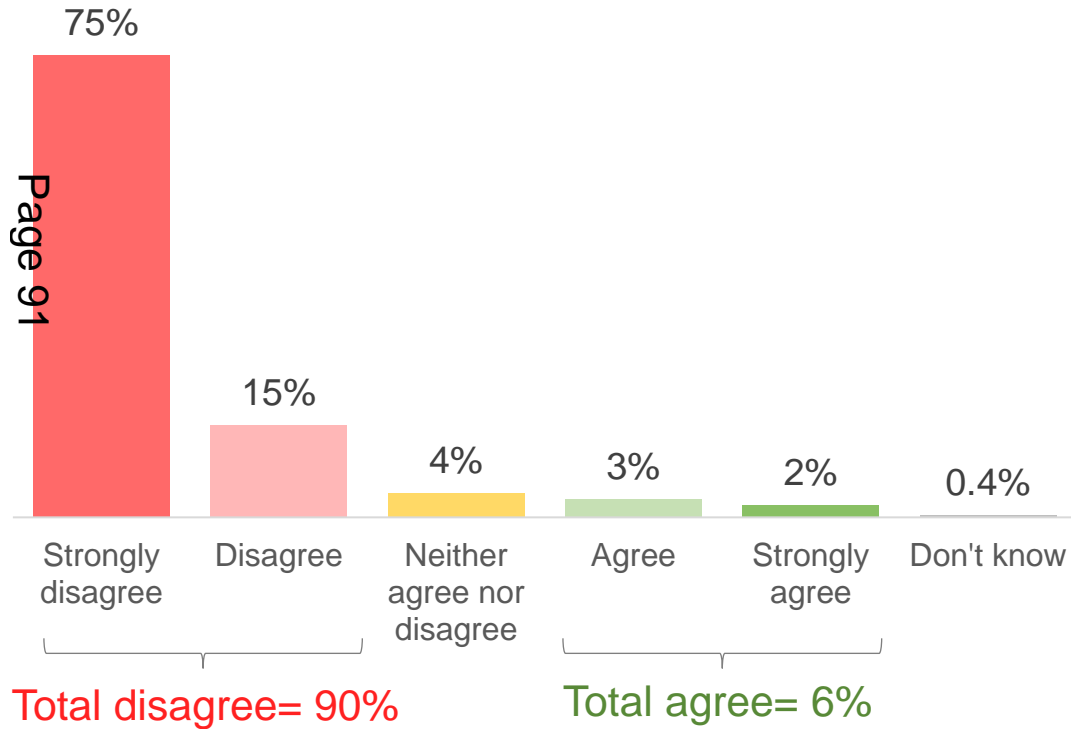


**Names and types of services used in the past:**

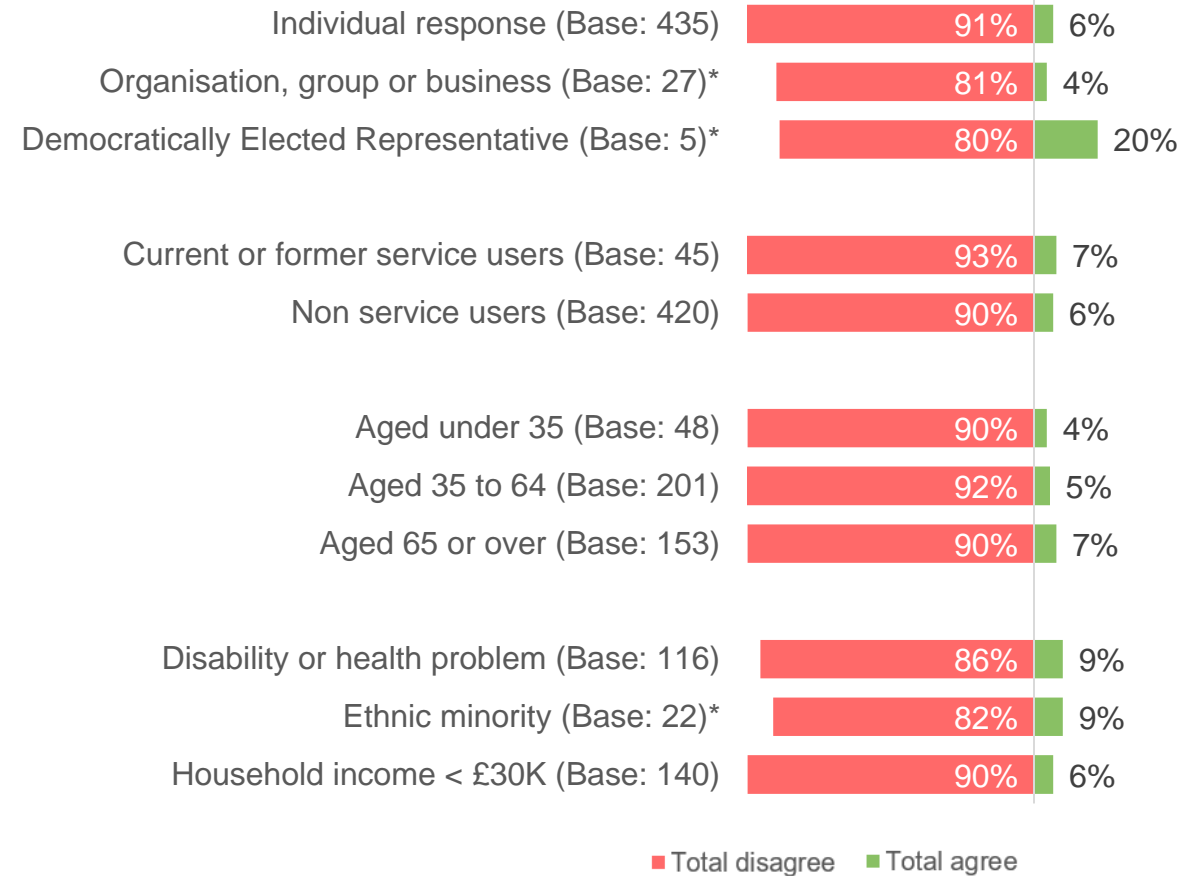
- HCC Homelessness Advice worker
- The Crossings in Hythe
- Homeless hostel - Patrick House
- Winchester Churches Night Shelter (Winchester Beacon)
- Samaritans
- Hostel
- Homeless services. Beacon & Trinity
- Outreach and community based support
- Controlled exercises / cooked meal / social activities

**Agreement with proposal:** Nine in ten respondents (90%) disagreed overall with the proposals, with three quarters (75%) of respondents strongly disagreeing. There were high levels of disagreement across all subgroups.

Level of agreement with the proposal to reduce the funding for homelessness support services  
(Base: 469)

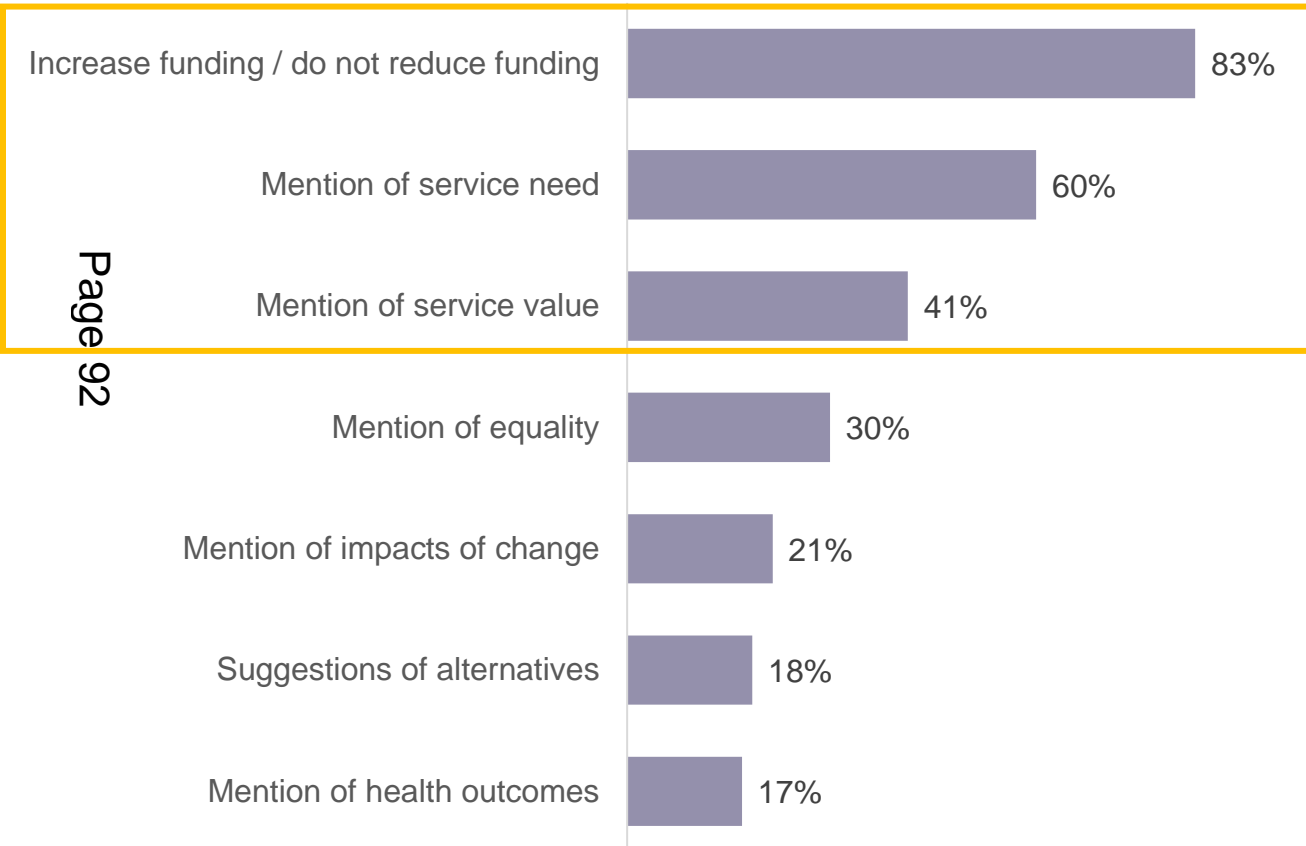


Agreement / disagreement by respondent groups:



**Comments on the service-design principles:** When asked to comment on the service-design principles, many focused on the proposals with around eight in ten (83%) suggesting that funding should be increased / not reduced as it impacts the most vulnerable people at a challenging time and would increase costs and problems later.

Comments on the service-design principles  
(Base: 202. Quantified verbatim. Multicode)



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**Increase funding / do not reduce funding (83%)**

- Not ethical to cut services of the most vulnerable people in society
- Homelessness Services need more funding not less
- Short sighted decision to cut funding / counter-productive
- Some services already over-subscribed

**Mention of service need (60%)**


Services are needed now more than ever as more people at risk of becoming homeless:

- Impacts of inflation / rise in cost of living / utilities
- Impacts of the COVID-19 pandemic – e.g. businesses going under, job losses
- Impact of cuts / austerity / benefit freezes
- Other services have also had cuts / reduced services
- More homeless people than official statistics suggest – e.g. sofa surfing / hidden homelessness
- Homelessness causes more problems (crime, mental health, drug/alcohol use, long term/generational issues, deaths/suicides) – ‘prevention is better than cure’

**Mention of service value (41%)**

- Cuts would create greater costs elsewhere
- Relatively small budgets for the size of the service
- Helps service users to become self supporting

## Comments on the service-design principles (verbatim)



*There are more and more people becoming homeless, and the number sofa surfing is very high. In our present economic climate I see more and more people using foodbanks and I can see more and more people and sadly I suspect families becoming homeless.*

*Again, the most vulnerable are the ones to suffer. Short term win but poorly supported homeless people are more likely require much greater support down the line- substance misuse/ crime/ poor health outcomes. Prevention and early intervention is better than cure surely*

*There is too much emphasis on crisis management rather than on prevention and alleviation before things get to crisis.*

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*As a result of both the pandemic and increases in the cost of living, there may well be an increase in the number of homeless people, who also include some of the most vulnerable in society. There has already been an increase in the number of foodbanks being used and It is short sighted to cut funding in this area.*

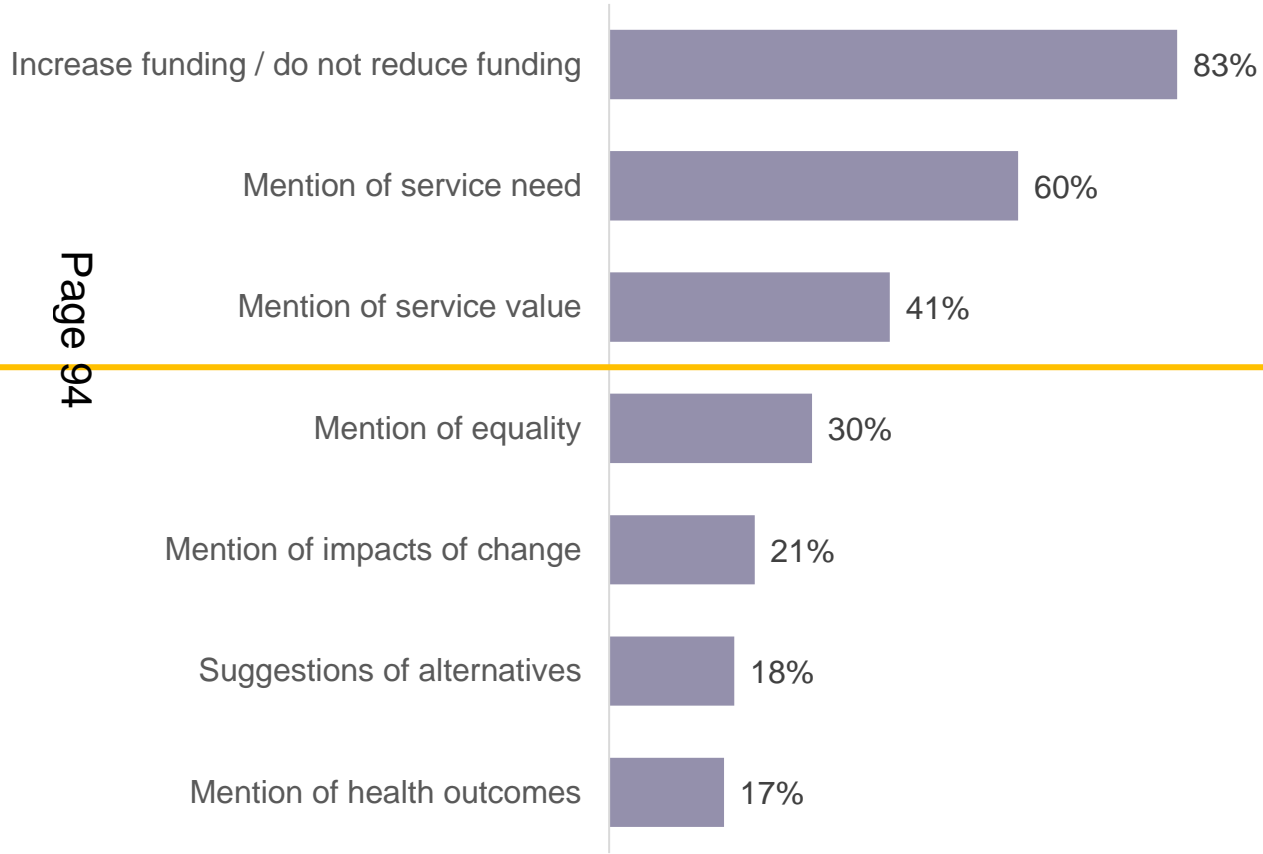
*Given the recent cost of living increases, I think that reducing or removing funding in this area is foolish. These services are going to be needed more, not less.*

*The support grant for this service is tiny compared to the £41m and is good value helping communities and saving the NHS.*



**Comments on the service-design principles:** Comments were also made about how the reductions in funding could increase inequality further and disadvantaged people would be unable to access the most appropriate help they need. Some also felt that the County Council should find alternative ways to save money.

Comments on the service-design principles  
(Base: 202. Quantified verbatim. Multicode)



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**Mention of equality (30%)**

- Reductions would increase inequality / widens the gap between advantaged and disadvantaged
- Differing levels of service per area

**Mention of impact of change (21%)**

- Some people would 'slip through the net' / won't be able to access the help they need
- 'One size fits all' would not address complex needs – e.g. accommodation services / 'institutional' settings aren't suitable for all homeless people
- Community and outreach services help prevent people becoming the most vulnerable

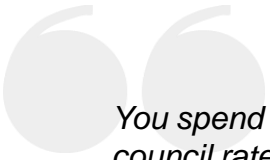
**Suggestions of alternatives (18%)**

- Reduce 'vanity projects' i.e. statues / beautification
- - Homelessness services should be seen as more essential than new / refurbishments of leisure centres, libraries, Council chambers
- Reduce salaries of Council staff
- Other services / charities should take responsibility
- HCC should find alternative ways to save money (non specific)

**Mention of health outcomes (17%)**

- Mental health outcomes
- Physical health outcomes
- Drug and alcohol issues / addiction

## Comments on the service-design principles (verbatim)



*You spend money on high paid desk jobs and keep putting up council rates each year yet cutbacks so why now think about cutbacks on funding which will hit the elderly the disabled the prices and reliance of community transport and care in the community services. And the homeless should be a priority too for shelter. The poor get poorer and rich richer.*

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*It's all very well prioritising support for accommodation-based services, but you need the resources to get those identified as vulnerable to engage to get them into accommodation services... Homeless clients need time & trust building to encourage engagement and support them into accommodation.*

*Just providing a bed is not a long term answer. A wider range of services to get people off the street more permanently need to be available providing individual services for individual needs.*

*I would prefer it if HCC did not fund statues like the one being unveiled in Winchester and supported those who are vulnerable.*

*Money cannot be taken from vulnerable members of society - they need support - more than the community needed a brand new leisure centre*

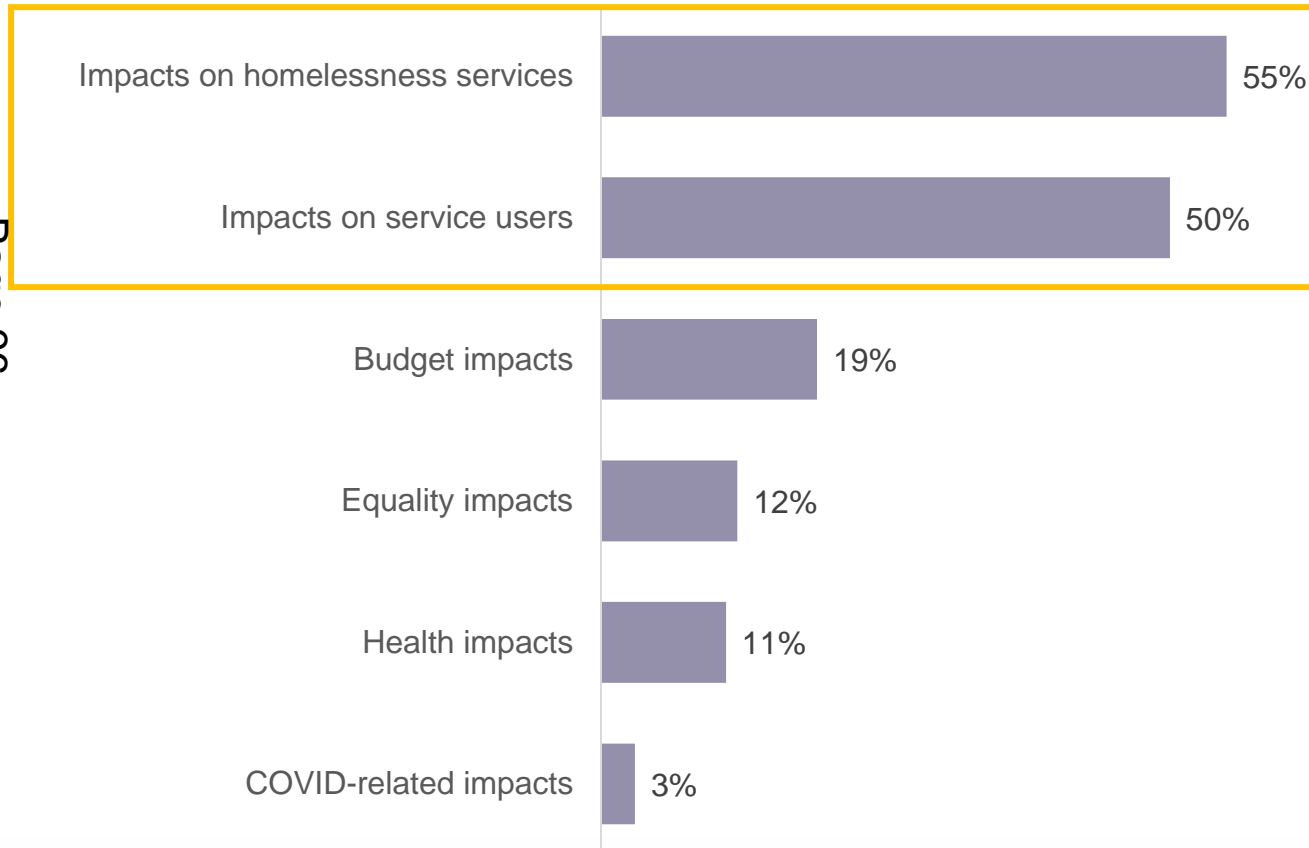
*Other countries have provided 'student type' accommodation for vulnerable/homeless people under the care of a 'team leader'; or provided individual accommodation in kitted-out containers. What about mobile home sites/caravans for homeless families? Surely that is the least we could do. Shoving families into single rooms in hotels is vastly expensive, undignified and not acceptable.*



**Impacts:** Just over half of responses mentioned impacts on services, such as reduced capacity and increased demand, both on existing support services as well as other services. A similar number expressed concerns for service users and vulnerable people, that the proposals would put them more at risk of further issues.

Perceived impacts the proposed changes to HCC's Homelessness Support Services may have on you, people you know, or your organisation, group or business  
(Base: 259. Quantified verbatim. Multicode)

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**Impact on homelessness services / other services (55%)**

- Could reduce service capacity (26%)
- Could increase demand for homelessness services (21%)
- Could increase demand for other services (10%)
- Could lead to other services needing to provide new supports (7%)
- Could lead to greater costs in the future for HCC and other district councils

**Impacts on service users / vulnerable people (50%)**

- May create a 'cliff-edge' for service users (4%)
- Increased mental health issues
- Increased substance misuse / addiction
- Increased suffering / stress / fear / insecurity
- Increased violence / crime
- Reduced options / won't know where to go to get help
- Removed a safety net for vulnerable people
- Those not currently deemed as 'most vulnerable' could end up becoming more vulnerable due to lack of early intervention



## Impacts on services and vulnerable people (verbatim)

*If these funding cuts were to go ahead it would significantly affect the range of services available for the homeless population in Hampshire.*

*People who become homeless will suffer mentally and physically requiring extra national health services.*

*If your strategy risks putting more people on the streets unsupported, then that has a direct cost for all of us, again both human and economic*

*Stopping this funding is highly likely to increase inequality and lead to increased pressure on other health and social care services increasing overall system cost*

*Reduced funding increases the likelihood of these vulnerable individuals resorting more to drugs and violent lifestyles, sleeping rough throughout the year, not receiving the medical assistance they need and not even able to eat properly.*

*It would have knock on effects and exacerbate crime, substance abuse and a decline in mental health amongst the homeless population at a time when they need our help.*

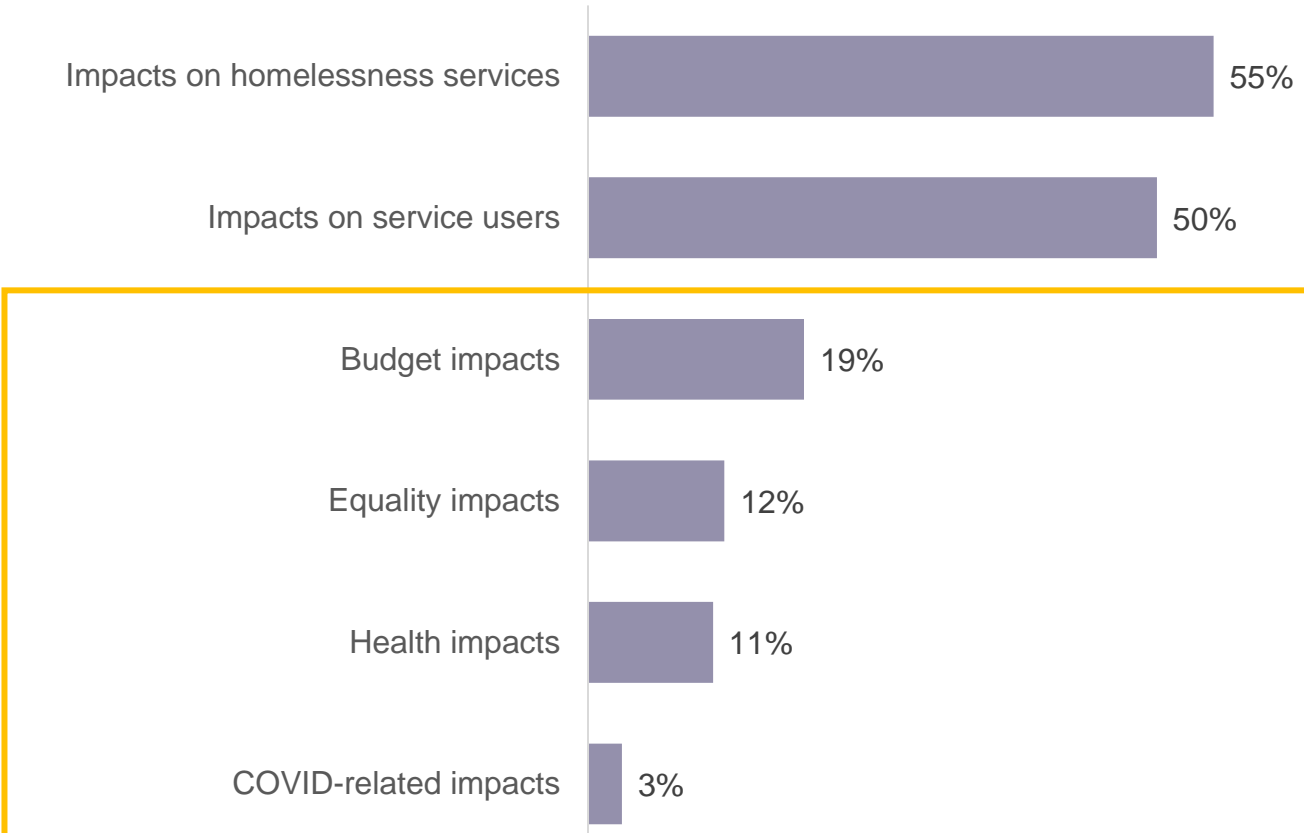
*More rough sleeping More long term homelessness More deaths and health impacts as clients end up on the streets. Lack of support to find a pathway to recovery as clients are outside of the security of an organisation that can provide help and support*

*Put a lot of people lives at risk, with no access to help, food, clothes, support worker, cold weather/hot weather, people in mental health crisis, from my own experience, people committing suicide due to frustration of asking for help and being sent away.*

**Impacts:** Other impact comments highlighted the potential for increased costs elsewhere as well wider impacts on equality, health and wellbeing of vulnerable people, and impacts on the community.

Perceived impacts the proposed changes to HCC's Homelessness Support Services may have on you, people you know, or your organisation, group or business  
(Base: 259. Quantified verbatim. Multicode)

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**Budget impacts (19%)**

- Could increase costs elsewhere – e.g. social care, police, NHS and other services (13%)

**Equality impacts (12%)**

- Those with disabilities / learning disabilities are more at risk of becoming homeless (5%)
- Could deny people their right to a home (4%)
- Those who have the least / already living in poverty / on the brink of becoming homeless are more likely to be impacted (4%)

**Health impacts (11%)**

- Could reduce mental health outcomes (7%)
- Could reduce health outcomes (4%)
- Could reduce independence of vulnerable people (3%)

**COVID-related impacts (3%)**

- COVID may increase demand (3%)

**Impacts on communities**

The proposals could lead to increased rough sleeping, begging on the streets and increased crime / anti social behaviour which could:

- be bad for local businesses
- make residents and visitors feel unsafe

## Impacts - further costs and wider impacts (verbatim)

*Stopping this funding is highly likely to increase inequality and lead to increased pressure on other health and social care services increasing overall system cost*

*The proposal to cut funding supporting the most vulnerable people in Hampshire cannot be allowed at a point where economic inequality continues to increase, following the impacts of COVID-19.*

*It is shameful that there are people sleeping rough & that there are already limited spaces & waiting lists for people to access help. Homelessness has a major impact on peoples physical & mental health & a knock on effect on employment prospects.*

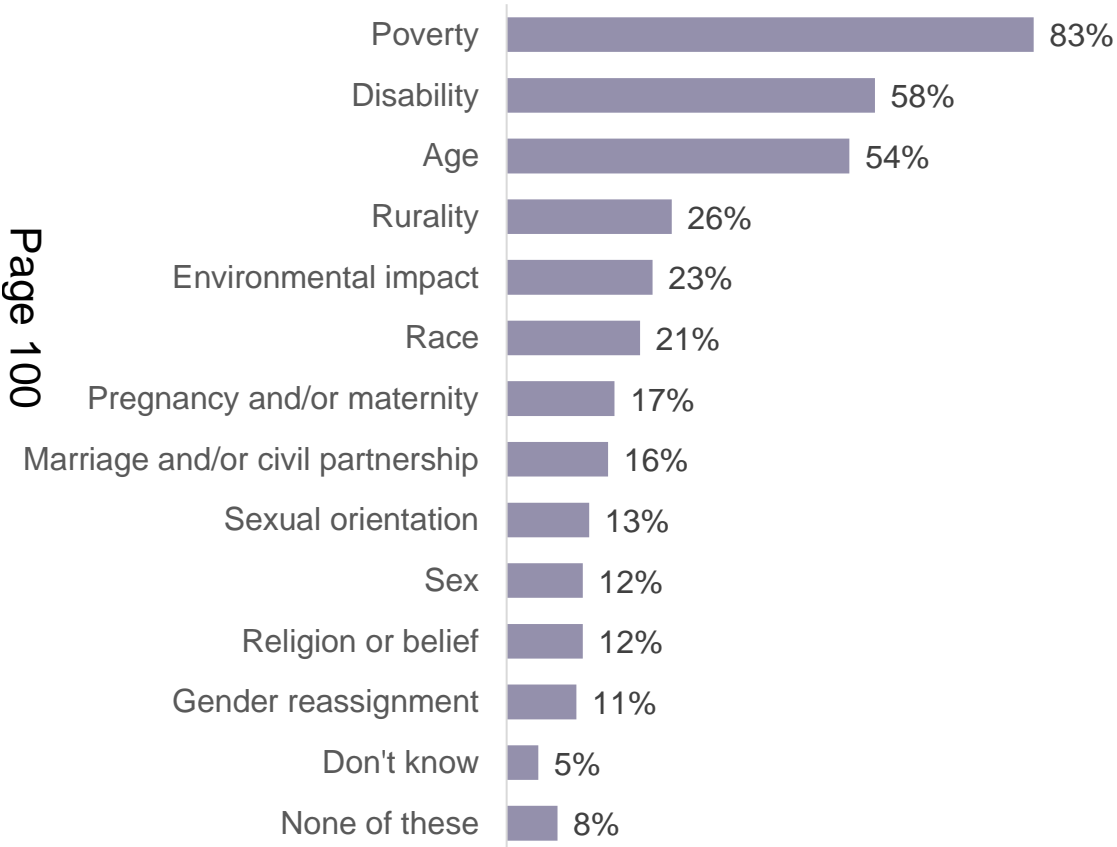
*People will no doubt find it more difficult to be housed and helped. This in turn will lead to more problems for them in the futures, if unable to help themselves and HCC will no doubt have to bear the burden from a different budget.*

*The costs 'saved' will likely result in greater economic or social costs elsewhere.*

*They could have an impact on my community. It could lead to more homeless people on the street, which is upsetting, but also detrimental to businesses in the town centre. Support to prevent homelessness not only saves people and families from the misery of the situation, but saves money in the long term.*

**Impacts:** Impacts based on those already living in poverty or at risk of poverty were most commonly anticipated (83%). Those with disabilities were also felt to be impacted by over half of those responding (58%) as they were felt to be more at risk of homelessness. Young people or the elderly were also felt to be more at risk.

Perceptions of which protected characteristics the proposed options could impact  
(Base: 298. Multicode)



*Homeless people get little enough support already. They need more to help them find alternative ways of living and, in many instances, overcome problems exacerbated by homelessness.*

*The homeless would be even more neglected*

*People who are the most vulnerable - living with disabilities or poverty that have the least are going to be adversely impacted.*

*People with learning disabilities are particularly at risk to homelessness. Research suggests that 12% of homeless people have learning disabilities.*

*I am also very concerned that young people are not offered good housing when they leave the care system at 18.*

*Homelessness appears to be growing, and many affected are young. Often the cause is relationship break-up, drug-taking, alcoholism or mental health difficulties - sometimes a combination of several of these factors.*

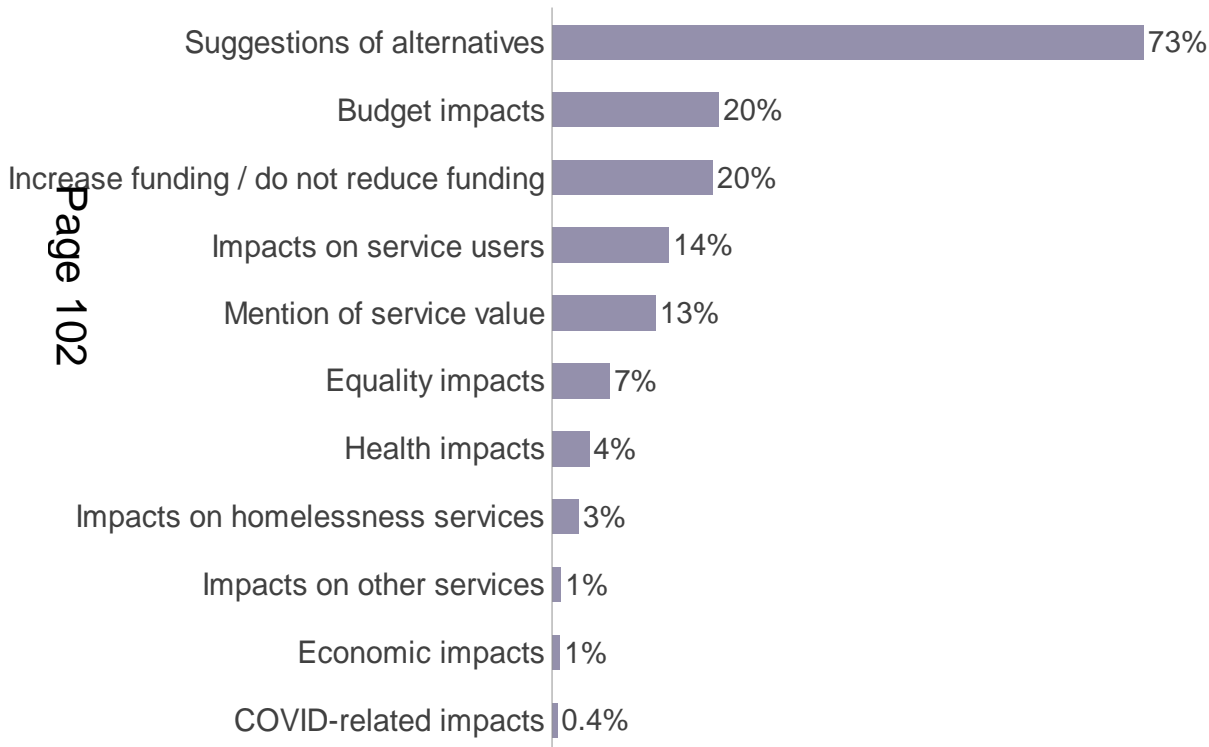
# Further comments

Regarding Consultation One and/or Consultation Two

Page 101

**Further comments:** When additional comments were provided around three quarters (73%) felt HCC should find an alternative way to save money. Others repeated the message that the funding should not be stopped/reduced and that both proposals would impact the most vulnerable in the community and cost more in the long term.

Further comments or alternative suggestions how HCC could achieve a saving of £41million to the AHC budget  
(Base: 548)



**Suggestion of alternatives (73%)**

- Support service with income from elsewhere (16%)
- Get more money from / lobby Central Government
- Raise Council Tax, business rates, tax large organisations
- Reduce salaries / benefits of Council staff (11%)
- Cut staff / management costs
- More joint working with other services – e.g. NHS, other authorities (8%)
- Reduce ‘vanity projects’ e.g. statues, beautification, etc.(7%)
- Sell Council assets – buildings, land, car parks (3%)

**Budget impacts (20%)**

- Could increase costs elsewhere – e.g. social care, health care (14%)

**Impacts on service users (14%)**

- Reduced independence (3%)
- Less social contact (3%)

**Mention of service value (13%)**

- Cuts would create greater costs elsewhere (10%)
- Relatively small budgets for the impact of the service (9%)

**Equality impacts (7%)**

- Older / elderly people are at risk of becoming isolated / more likely to be admitted to hospital / care homes, develop health issues (6%)

# Unstructured responses

Summary of unstructured responses received to Consultation One and/or Consultation Two

# Unstructured responses

79 responses were submitted via email or post, including one video, which did not make use of the Response Form. Of these:

- 5 did not make any specific reference to either Consultation covered in this exercise
- 30 made reference to the proposal to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations (Consultation One)
- 48 made reference to the proposal to reduce funding for Hampshire County Council funded Homelessness Support Services (Consultation Two)

The responses provided in relation to the specific proposals are explained on the following pages

Of the 5 responses which did not specifically refer to either of the two consultations:

- 3 suggested other ways to balance the Councils budget, including selling assets, reducing administrative staffing numbers, and generating efficiencies by working with other organisations
- 2 mentioned concerns about impacts on service users' health, with both comments also mentioning the ongoing impacts of the COVID pandemic
- 1 response mentioned that changes would impact those in poverty, and there was also a mention of the benefits of services to local communities and the potential for people's social contact to be lessened if services were reduced



# Unstructured responses to Consultation One, which proposed to stop the funding for three Adult Social Care grant schemes which support voluntary, community and social enterprise organisations

Of the 30 unstructured responses that made reference to this consultation :

23 mentioned **impacts on service users** of the proposed changes which, where expanded upon, included:

- 12 mentions of **health impacts**, with 5 mentions of physical health and 5 mentions of mental health;
- 8 mentions of **reduced social contact** for service users; and
- 3 mentions of impacts on the **family life of service users**, such as increased stress or reduced wellbeing.

18 described how the proposals could impact those with **protected or vulnerable characteristics**, with specific mention of age (15 responses), rurality (6 comments), disability (5 comments), and poverty (5 comments).

7 mentioned issues relating to **transport** if the proposals were agreed, with 9 mentions of poor public transport provision, and 8 mentions of the cost of using taxis.

4 mentioned **increasing demand** for the services impacted, with 3 mentioning the rising elderly population as a cause for this.

7 mentioned that the proposed changes would lead to **increased demand or costs for other public services**, such as the NHS and services for older people, with 2 mentions that there would be increased costs to other County Council services.

4 **suggested alternative means** to deliver the desired savings, by increasing charges for services, increasing Council Tax, by working collaboratively with other organisations to improve efficiency, and lobbying the Government for more funding.

3 mentioned that the services are **valuable to the community**.

3 mentioned that, without Council support, organisations would have to pick up **extra costs** in undertaking tasks such as DBS checks and arranging insurance.

# Unstructured responses to Consultation Two, which proposed to reduce funding for Hampshire County Council funded Homelessness Support Services

Of the 48 unstructured responses that made reference to this consultation:

38 described how the proposals could impact those with **protected or vulnerable characteristics**, with specific mention of poverty (38 comments), gender (4 comments), age (3 comments), and disability (1 comment).

44 mentioned **impacts on service users** of the proposed changes which, where expanded upon, included:

- 37 mentions of **health impacts**, with 33 mentions of mental health, 27 mentions of increased substance misuse, and 10 mentions of physical health;
- 10 mentions of reduced access to support with **budgeting** and **finding work**, with 2 mentions of the potential for some service users to become **unemployed**, and 2 mentioned increased risks of **digital exclusion**;
- 9 mentions of **safeguarding** risks for service users, with 7 mentions of a possible increase in **crime**;
- 8 mentions of reduced **social contact** for service users, 3 mentioned a loss of routine, and 3 mentioned an increased **risk of suicide** amongst service users;
- 5 mentions of impacts on the **families of service users**.

23 anticipated that the proposed changes could lead to **higher demand for services**, with 23 comments suggesting there would be **increased homelessness**.

23 mentioned that the changes would impact those already suffering as a result of the **COVID** pandemic, with 16 mentions that it could impact COVID recovery.

15 mentioned that the proposed changes would lead to **increased demand or costs for other public services**, such as the NHS and services for older people, with 15 mentions that there would be increased costs to other County Council services.

12 **suggested alternative means** to deliver the desired savings, by seeking external funding, increasing Council Tax, paying for the service with charges for other services, working collaboratively with other organisations to improve efficiency, increasing the use of volunteers to deliver services, and lobbying the Government for more funding.

3 mentioned issues relating to **transport** if the proposals were agreed, with 2 mentions of transport to access healthcare, and 1 mention of the cost of using taxis.

3 mentioned that, without Council support, organisations would have to pick up **extra costs** in undertaking tasks such as DBS checks and arranging insurance.

2 mentioned that the services are **valuable to the community** which they serve.

# Appendix

Methodology and demographics

This report summarises the main findings from the Adults' Health and Care SP23 open consultation. Notable demographic variances from the average response are also highlighted, with further information available in the supporting data pack and tables.

As this was an open consultation the respondents do not provide a representative sample of the Hampshire population. All consultation questions were optional and the analyses only take into account actual responses – where 'no response' was provided to a question, this was not included in the analysis. As such, the totals for each question generally add up to less than the total number of respondents who replied via the consultation Response Form. Typically, reported data has been rebased to exclude 'don't know' responses to facilitate demographic comparisons.

Respondents could disclose if they were responding as an individual, providing the official response of an organisation, group or business or if they were responding as a democratically Elected Representative. Given the relatively low number of organisations / democratically elected representatives that responded, the usefulness of percentages in quantifying their views is limited. However, analysis has been completed by 'respondent type', using indicative percentages for each closed question in order to help illustrate any contrast between their views and those of individuals – recognising that organisations / democratically elected representatives provide both an 'expert' view and speak on behalf of a larger audience

Unstructured responses and open-ended responses were analysed by theme, using an inductive approach. This means that the themes were developed from the responses themselves, not pre-determined based on expectations, to avoid any bias in the analysis of these responses. These macro (overarching) and micro (sub-level) themes were brought together into code frames and are included in the appendices to this report.

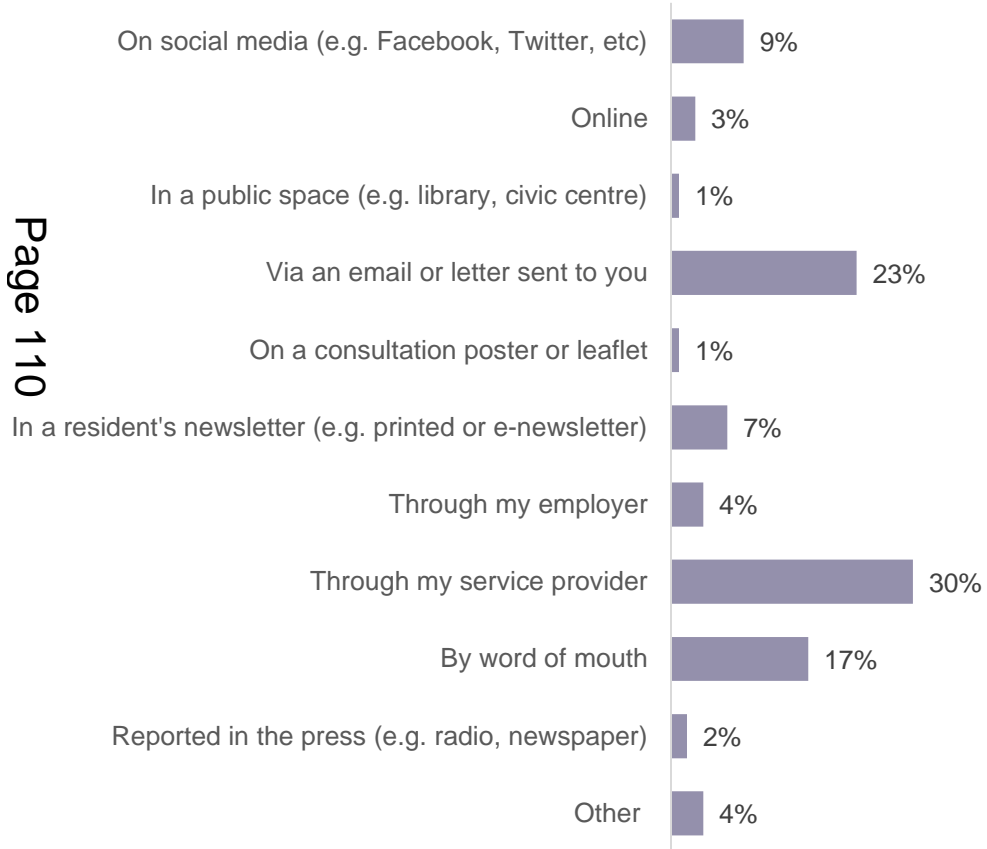
The codeframes aimed to draw out the key themes and messages from the comments covered, including any:

- specific groups to which they related;
- impacts that they mentioned;
- suggestions for alternative ways in which the County Council could make savings; and
- feedback on the consultation process.

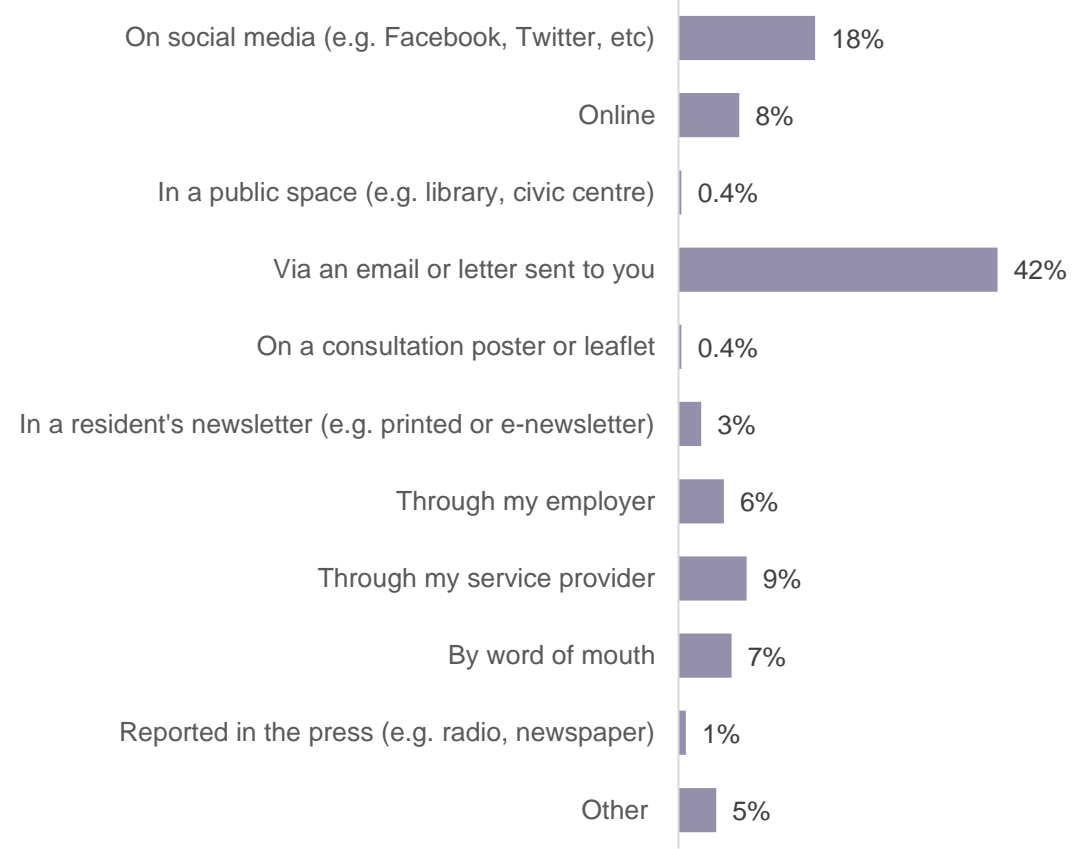
One individual worked on each codeframe to ensure a consistency of approach for each. All of the comments and unstructured responses received through the consultation were also shared directly with project leads for further review, in order to inform the development of proposals

**How respondents heard about the consultation:** Many respondents heard about the consultation/s via written or email correspondence, particularly so for those responding to Consultation Two. Promotion through service providers and word of mouth was also prominent for those responding to Consultation One.

How respondents heard about the consultation –  
Consultation One  
(Base: 1533)

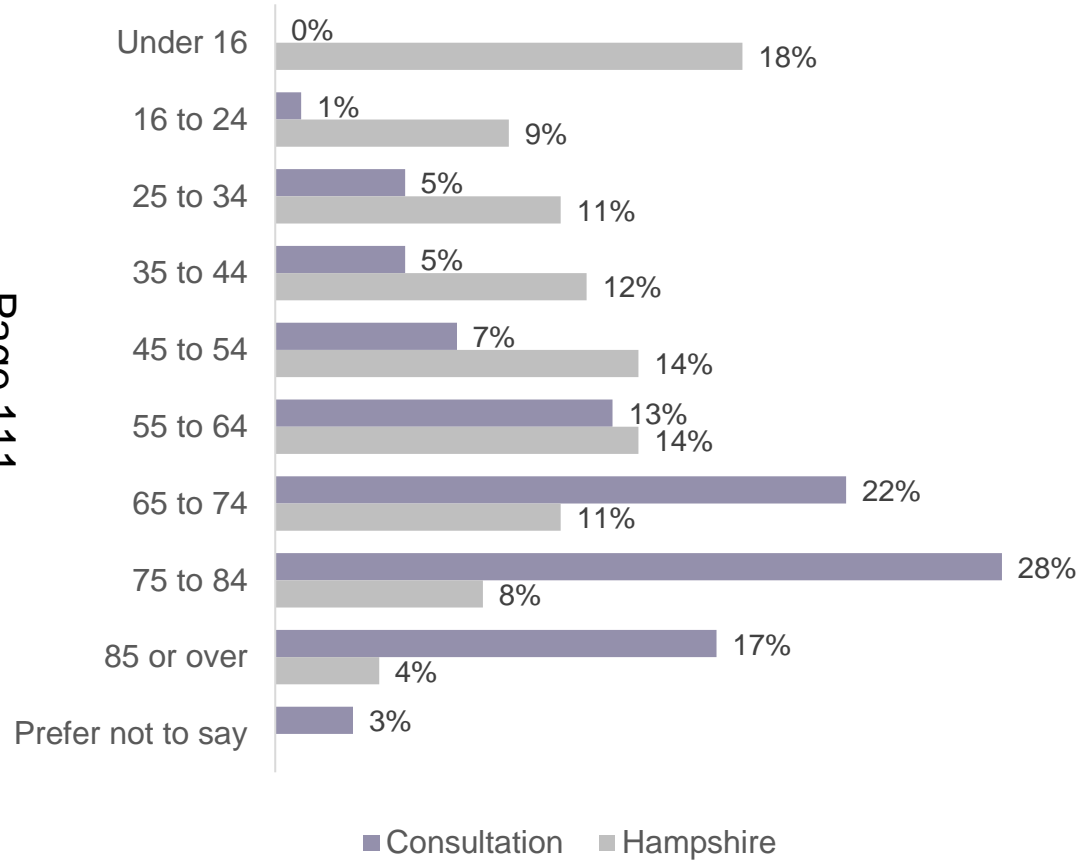


How respondents heard about the consultation –  
Consultation Two  
(Base: 496)

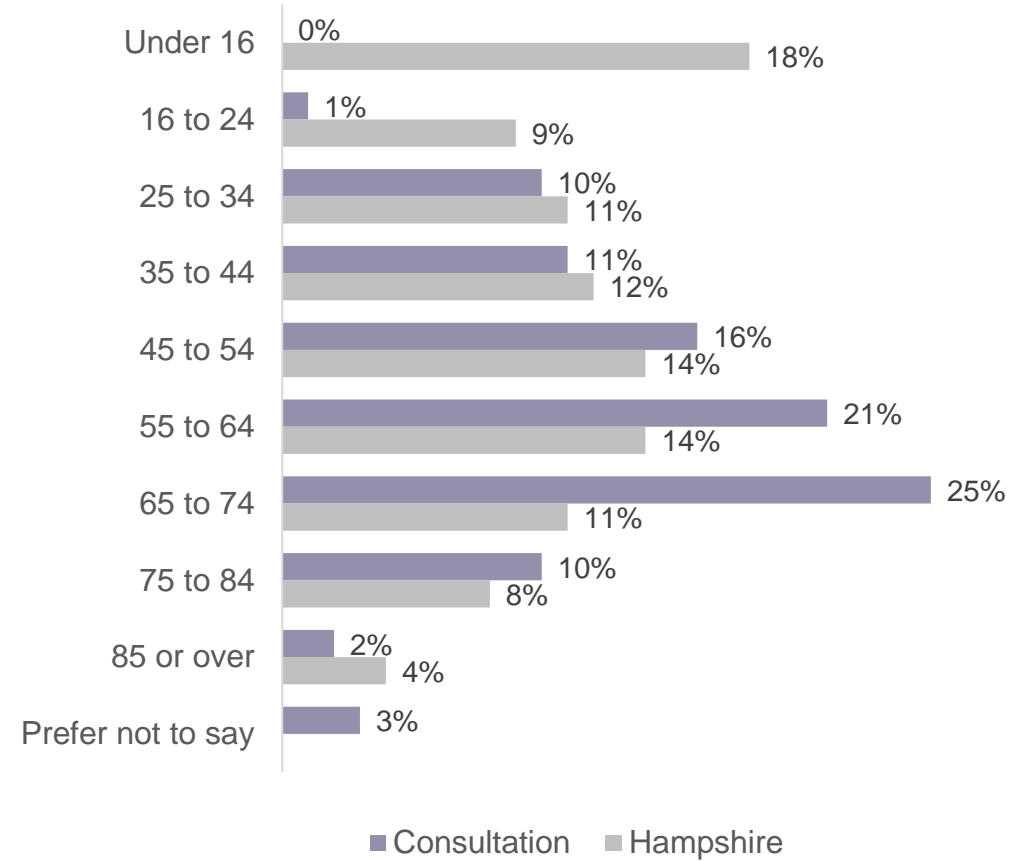


**Who responded – age:** There was a significant over-representation of those aged 65 or over in Consultation One, and those age 55 to 74 in Consultation Two, compared with the Hampshire population as a whole.

Respondent age profile – Consultation One  
(Base: 1453)

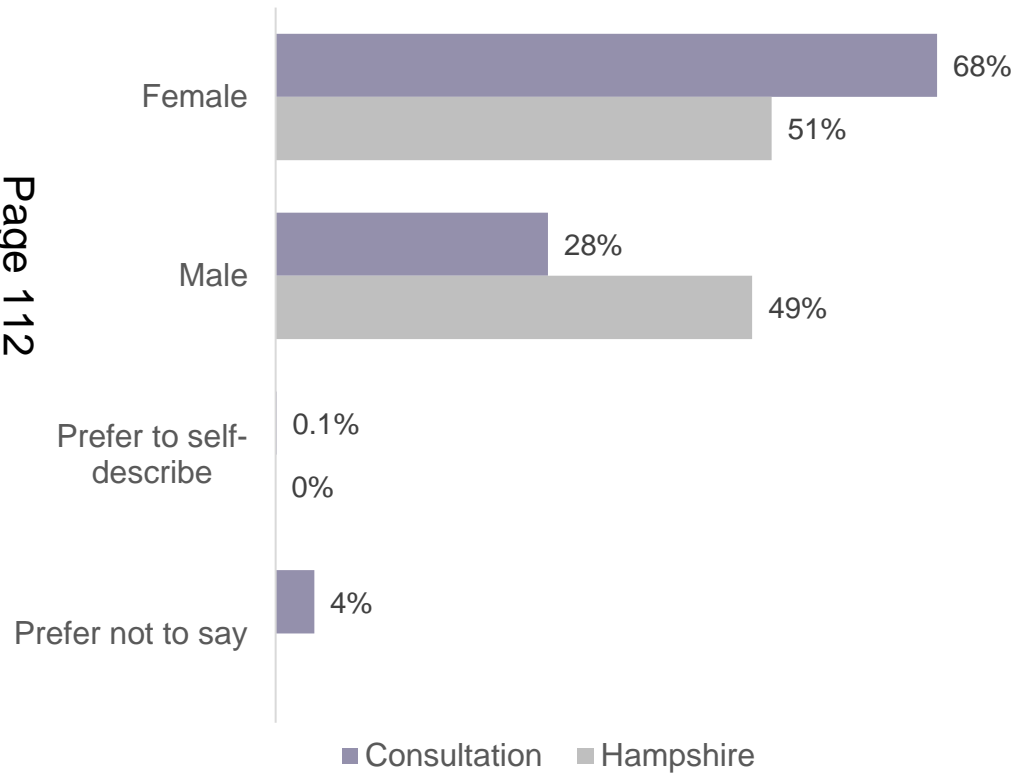


Respondent age profile – Consultation Two  
(Base: 451)

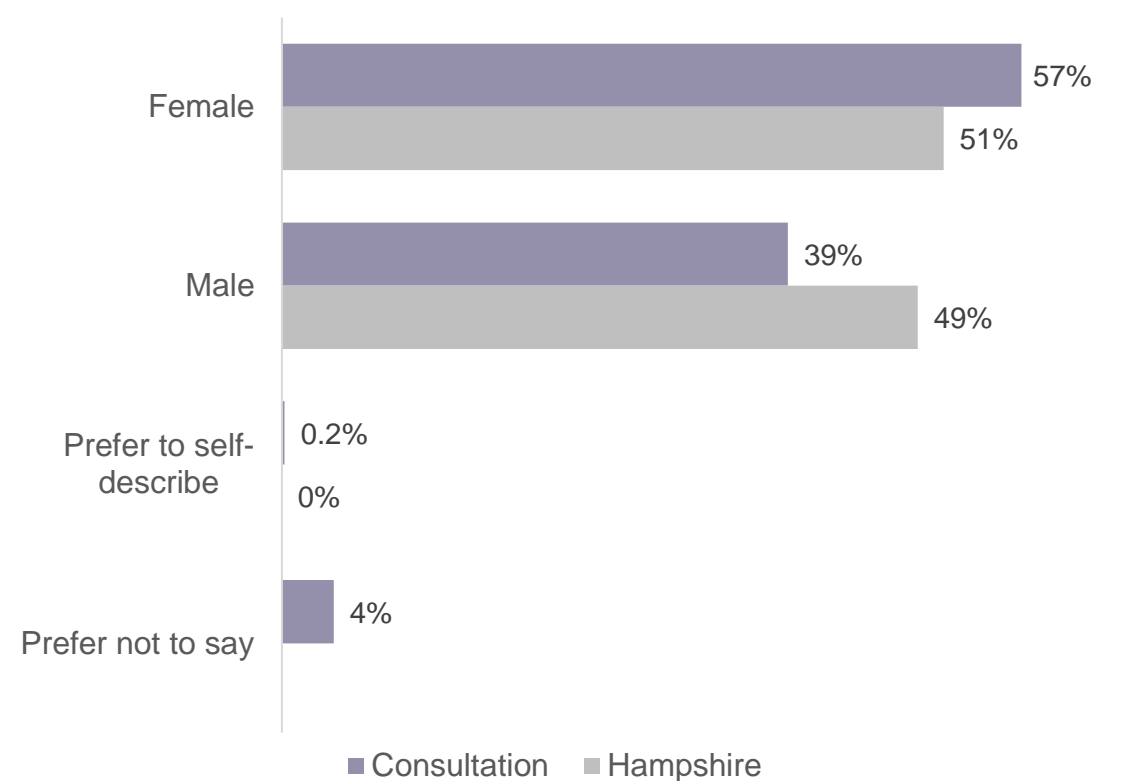


**Who responded – gender:** There was an over-representation of females amongst the respondent profile for Consultation One when compared to the Hampshire population as a whole. The gender profile for Consultation Two was more closely aligned to the Hampshire population.

Respondent gender profile – Consultation One  
(Base: 1371)



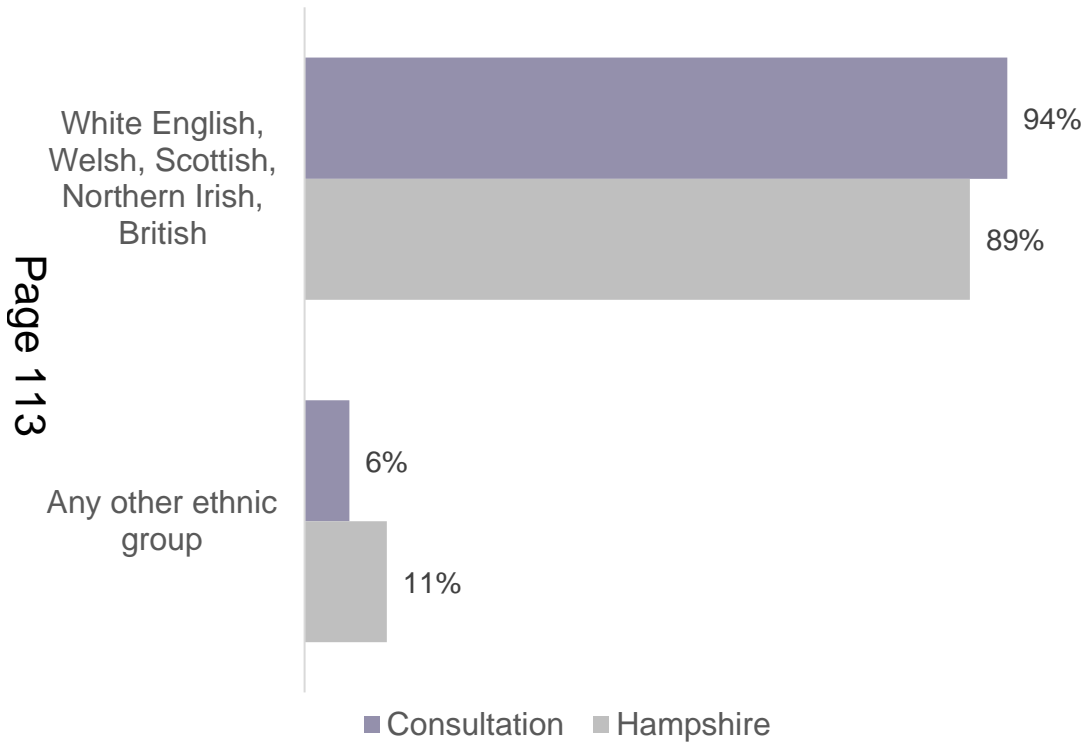
Respondent gender profile – Consultation Two  
(Base: 451)



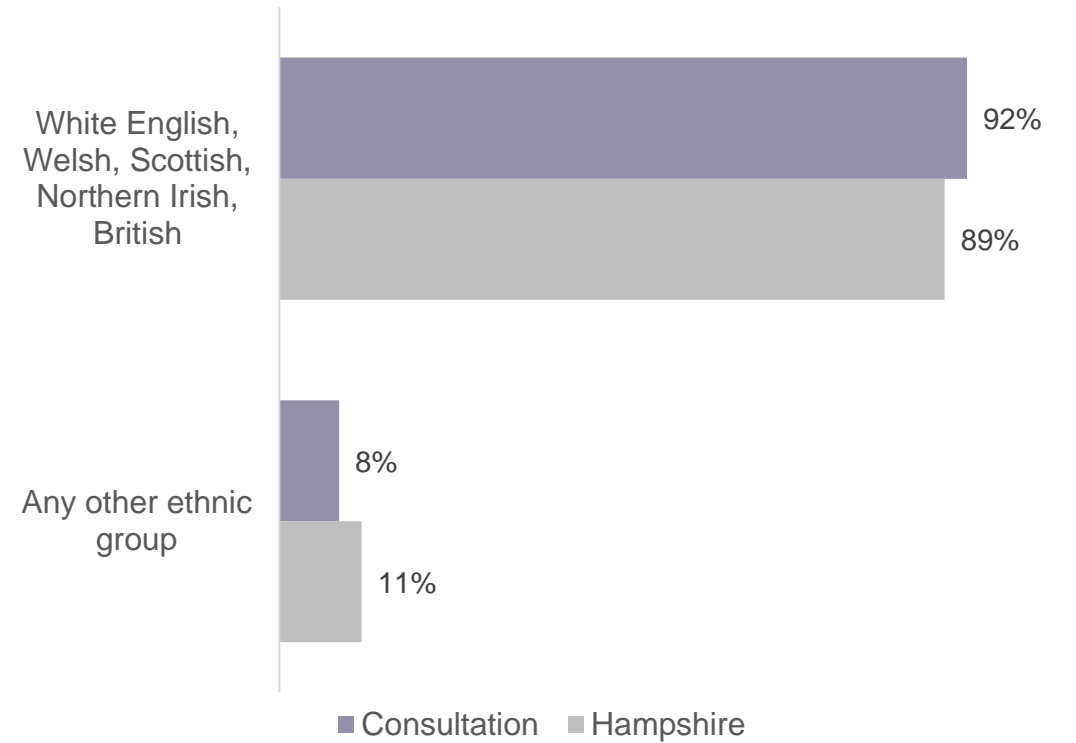


**Who responded – ethnicity:** The ethnic profile of those who responded was closely aligned to that of the Hampshire population.

Respondent ethnicity profile – Consultation One  
(Base: 984)

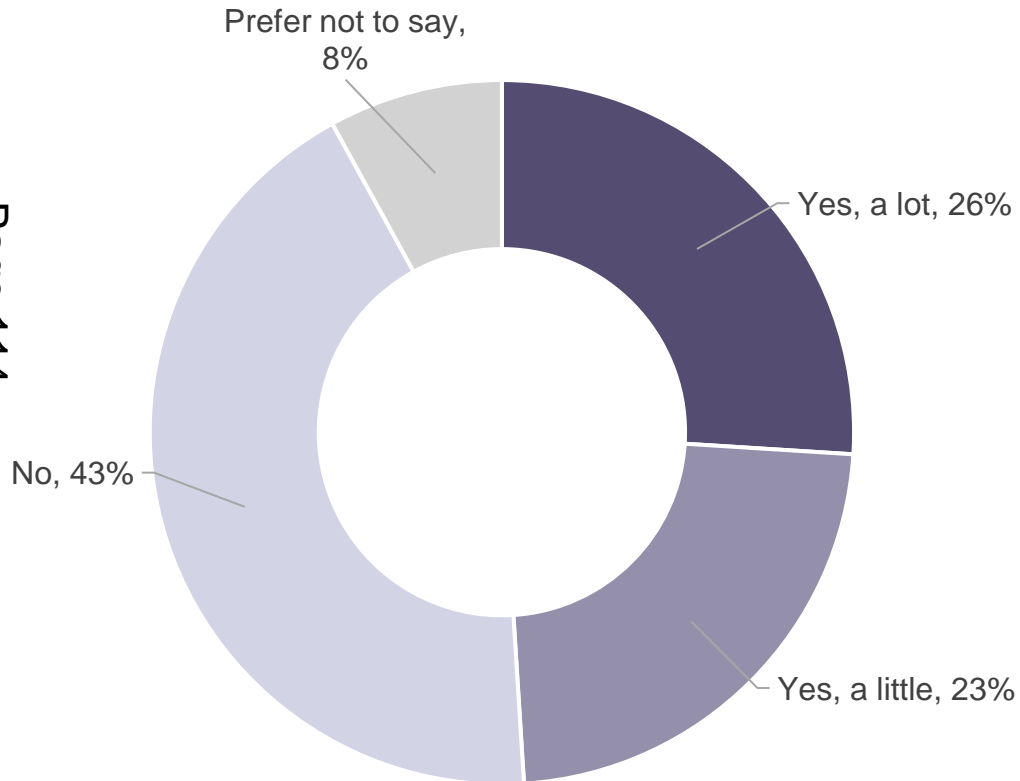


Respondent ethnicity profile – Consultation Two  
(Base: 322)

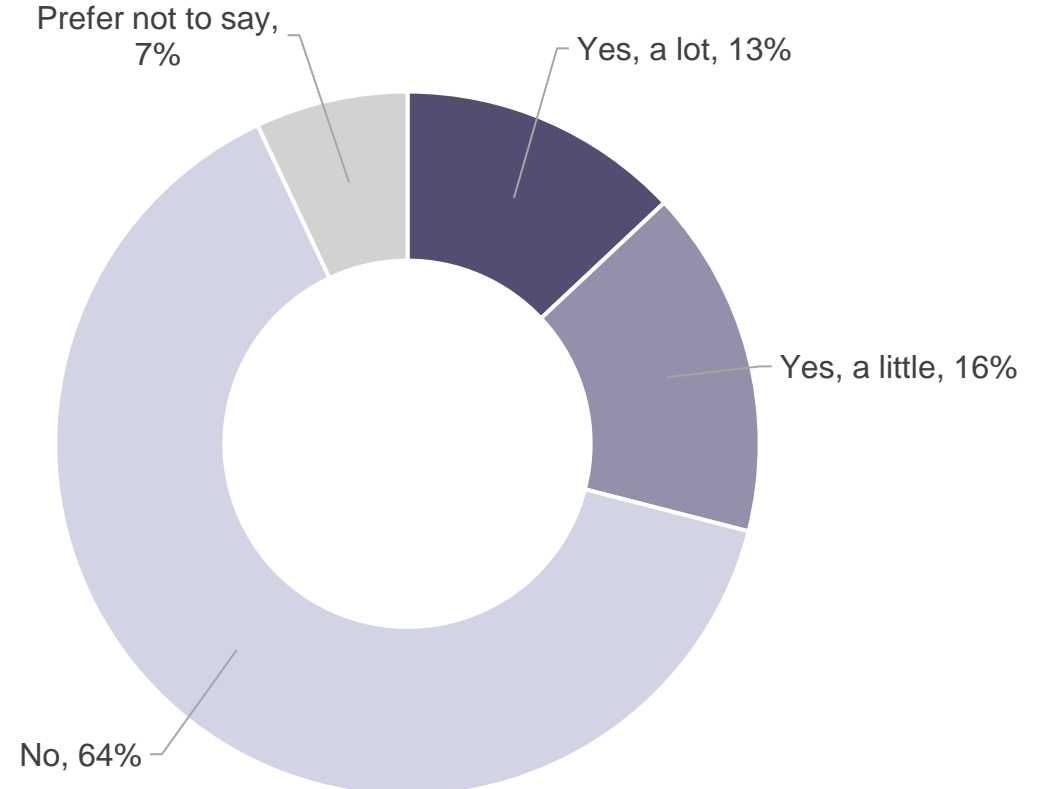


**Who responded – disability:** Nearly half (49%) of those responding to Consultation One reported that they had a long-term disability that limited their day to day activities. Just under a third (29%) of those responding to Consultation Two reported having a long-term disability.

Respondent disability profile – Consultation One  
(Base: 1277)

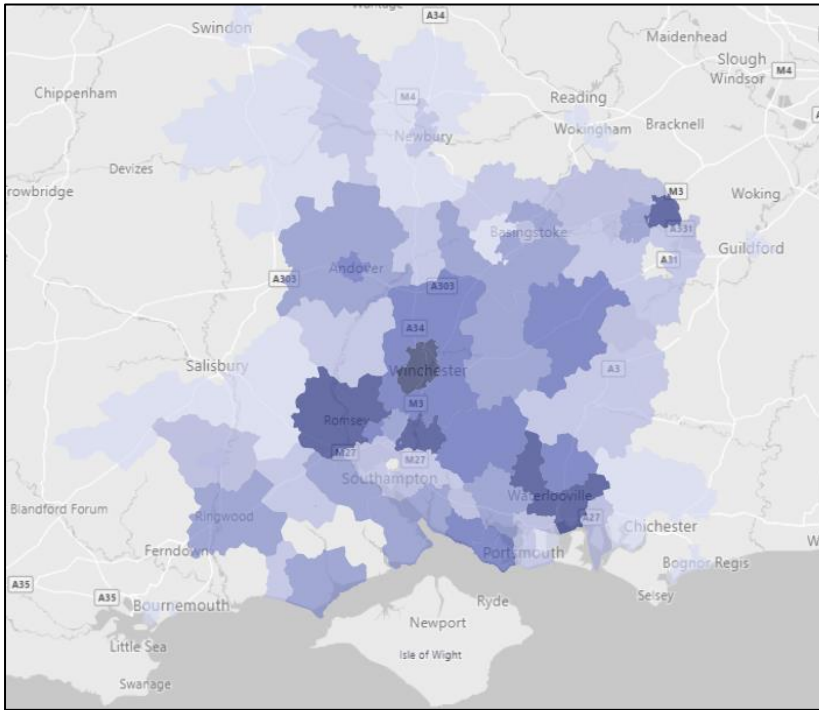


Respondent disability profile – Consultation Two  
(Base: 446)



**Who responded – location:** Both consultations heard from respondents from across the county, and some outside the County Council area.

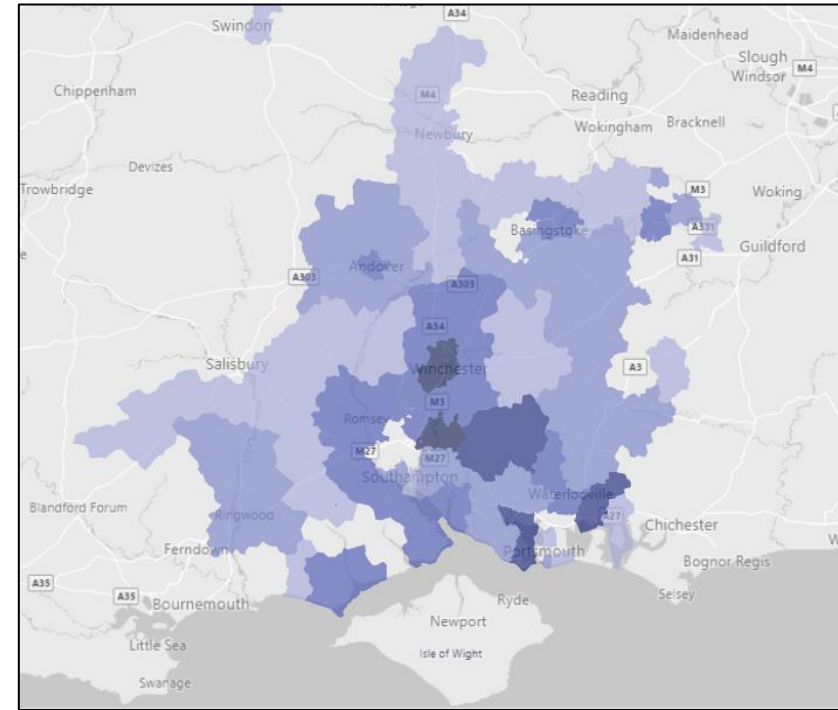
Respondent postcode area map – Consultation One  
(Base: 1282)



1 response

140 responses

Respondent postcode area map – Consultation Two  
(Base: 361)

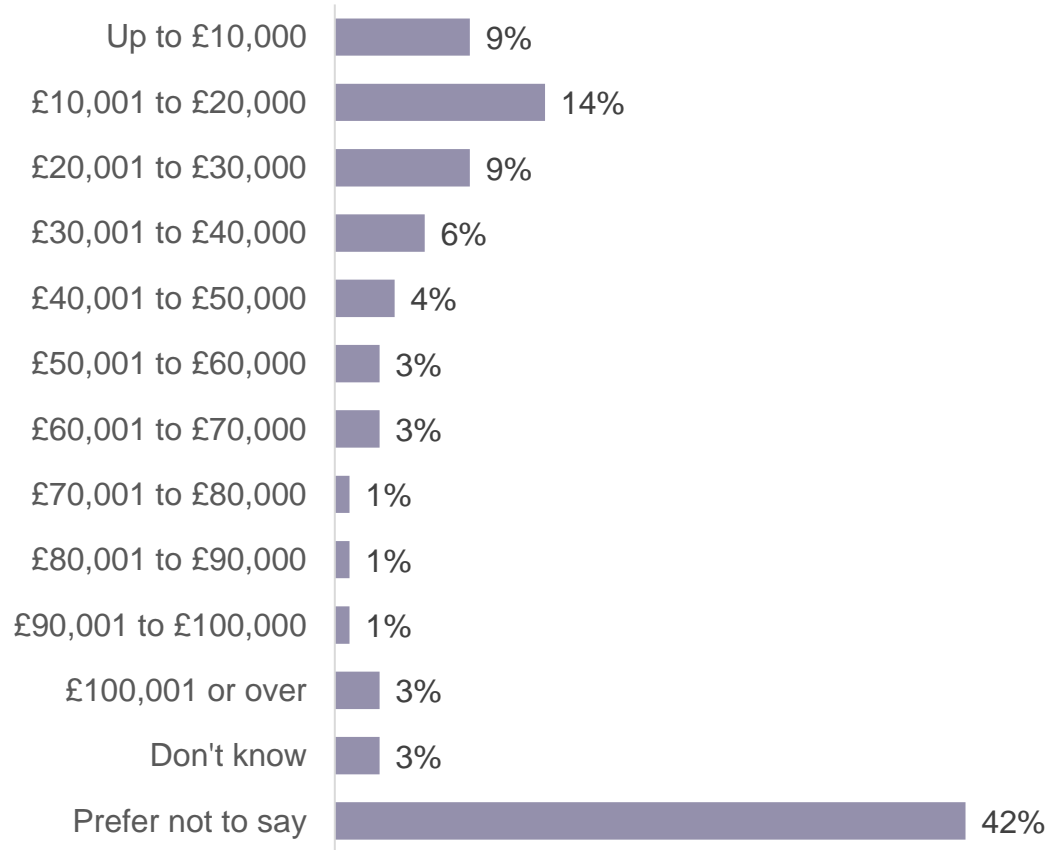


1 response

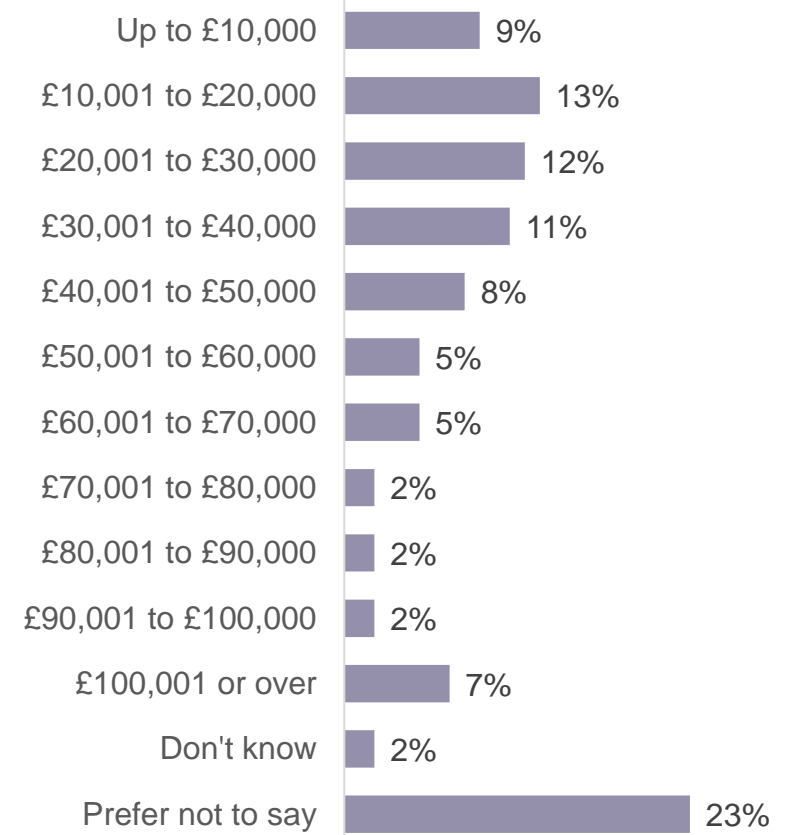
47 responses

# Who responded – household income

Respondent household income profile – Consultation One  
(Base: 1185)



Respondent household income profile – Consultation Two  
(Base: 442)



# List of responding groups, businesses, organisations and democratically Elected Representatives

## Responses were submitted from the following organisations:

- 2 Bridges Care Group
- Age Concern
- Andover Mens Shed Association
- Asian Welfare and Cultural Association (AWCA)
- Basingstoke & District Disability Forum
- Basingstoke and Deane Borough Council
- Binsted Bentley & Froyle Care Group
- Bishops Waltham Care Group
- Bishopstoke & Fair Oak Good Neighbours
- Botley Neighbour Care
- Bramshott & Liphook Voluntary Care Group
- British Red Cross
- Broughton Good Neighbours
- CCG Hampshire, Southampton and Isle of Wight
- Christians Against Poverty
- Citizens Advice Hampshire
- Community First
- Crosslink Tadley

- Disabled People's Volunteer
- Eastleigh Borough Council
- Emsworth Good Neighbours
- ESPN
- Fareham Good Neighbours
- Fawley and District Voluntary Care Group
- Fleet Communicare Voluntary Driver Scheme
- Fordingbridge Surgery
- Friday Network - Speakeasy Advocacy
- Fun Groups CiC
- Good Neighbours Network/CSR
- Good Neighbours Rowlands Castle
- Gosport Voluntary Action
- Hamble Good Neighbours
- Hampshire Leadership Forum
- Hampton Lodge Care Home
- Hand in Hand Service St Johns
- Hart District Council
- Hook Parish Council
- Hope Church

- Horndean Voluntary Care Group
- King's Somborne Parish Council
- Langstone Good Neighbours
- MHA
- MHA Communities
- NF West Labour Party
- HIS CCG Safeguarding Team (adults children and LAC)
- Petersfield Voluntary Care Group
- Ringwood Foodbank
- Rowland's Castle Good Neighbours
- Somborne Neighbourcare
- Sparkle Clean Professional LTD
- SPECTRUM Centre for Independent Living
- Swanmore Care Group and Lunch Club
- Sway Over 60's Club
- Sway Welfare Aid Group , Reg'd Charity no. 261220
- The Beacon, Winchester
- The Carroll Centre

**CONTINUED ON NEXT PAGE**

# List of responding groups, businesses, organisations and democratically Elected Representatives

## CONTINUED FROM PREVIOUS PAGE

- The Disability Union
- The YOU Trust
- Tri Locality Care Limited
- Trinity Winchester
- Two Bridges
- Two Saints
- Twyford Surgery Patient Participation Group
- Unity
- Wallop Good Neighbours
- Waterlooville Purbrook & Cowplain Good Neighbours
- Wickham Community Care
- Winchester Business Improvement District (BID)
- Winchester City Council
- Winchester Go LD
- Winchester Good Neighbours
- Winchester Street Pastors
- Woolmer Forest Timebank
- Worldham Parish Council

## Responses were submitted from the democratically Elected Representatives from the following areas:

- New Milton North, Milford & Hordle
- Aldershot North
- Horndean Downs
- Wonston and Micheldever ward at Winchester City Council
- Pennington
- St Bartholomew's
- Bishopstoke & Fair Oak (Eastleigh Area)
- Basingstoke North

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	24 May 2022
<b>Title:</b>	Issues Relating to the Planning, Provision and/or Operation of Health Services
<b>Report From:</b>	Chief Executive

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### Purpose of this Report

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
4. Issues covered in this report:
  - a) Dental Services Update
  - b) Care Quality Commission Inspection Report – Southern Health NHS Foundation Trust Action Plan
  - c) Care Quality Commission Inspection – Hampshire Hospitals NHS Foundation Trust Maternity Services

#### Recommendations

- a) Dental Services Update
5. *To be confirmed following receipt of update*
    - b) Care Quality Commission Inspection Report – Southern Health NHS Foundation Trust Action Plan
  6. The Committee welcome the progress the Trust has made in completing a number of actions in response to the CQC findings.

7. The Committee request the Trust provide an update to confirm once all the required actions have been completed.
- c) Care Quality Commission Inspection – Hampshire Hospitals NHS Foundation Trust Maternity Services
8. *To be confirmed following receipt of briefing*

**Executive Summary**

**Table 1**

Topic	Relevant Bodies	Action Taken	Comment
a) Dental Services Update	NHS England and H&IOW CCG/ICS	The HASC received an item on this at the November 2021 meeting and received a written only update at the March 2022 meeting. A further update was requested for this meeting.	<p>A written update is due to be published late as a supplementary.</p> <p>At the last meeting members remained concerned that residents were having difficulties accessing NHS dental care.</p> <p>Commissioning of dental services is due to transfer from NHS England to the ICS in future.</p>
b) Care Quality Commission Inspection Report – Southern Health NHS Foundation Trust Action Plan	CQC and SH NHS FT	The full CQC report and the Trusts initial comments on the findings were considered at the March 2022 meeting. The Committee requested the full Action Plan be provided when available.	<p>CQC undertook an inspection of Southern Health’s mental health services in October 2021 and published their report in February 2022. The overall rating for the Trust has gone down from ‘Good’ to ‘Requires Improvement’.</p> <p>The Trust have provided a briefing regarding their Action Plan to address the improvement areas identified by regulators, see appendix to this report.</p>



Topic	Relevant Bodies	Action Taken	Comment
c) Care Quality Commission – Hampshire Hospitals NHS Foundation Trust Maternity Services	HHFT and CQC	The HASC has been notified that HHFT Maternity Services were inspected by CQC in November 2021 and in late January 2022 announced that the rating for the service had dropped from good to requires improvement.	A written briefing is due to be published late as a supplementary.

### Scrutiny Powers

9. The Health and Adult Social Care Select Committee has the remit within the Hampshire County Council Constitution for ‘Scrutiny of the provision and operation of health services in Hampshire’. Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant health service providers to account. The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.
10. The Committee has a role to ‘review and scrutinise any matter relating to the planning, provision and operation of the health service in Hampshire’. Health scrutiny functions are not there to deal with individual complaints, but they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends. Health scrutiny can request information from relevant NHS bodies and relevant health service providers, and may seek information from additional sources for example local Healthwatch.
11. The Committee has the power ‘to make reports and recommendations to relevant NHS bodies and to relevant health service providers on any matter that it has reviewed or scrutinised’. To be most effective, recommendations should be evidence based, constructive, and have a clear link to improving the delivery and development of health services. The Committee should avoid duplicating activity undertaken elsewhere in the health system e.g. the work of regulators.

### Finance

12. Financial implications will be covered within the briefings provided by the NHS appended to this report, where relevant.

## **Performance**

13. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

## **Consultation and Equalities**

14. Details of any consultation and equalities considerations will be covered within the briefings provided by the NHS appended to this report where relevant.

## **Climate Change Impact Assessment**

15. Consideration should be given to any climate change impacts where relevant.

## **Conclusions**

16. Regarding Dental Services, the Committee will want to be assured that commissioners are aware of issues regarding access to NHS dentistry and have appropriate plans in place to address these concerns.
17. Regarding the Care Quality Commission Report on Southern Health NHS Foundation Trust: the Committee will wish to monitor the Trusts plans to improve on the areas identified by regulators as requiring improvement.
18. Regarding the Care Quality Commission Report on Hampshire Hospitals NHS Foundation Trust Maternity Services: the Committee will wish to monitor the plans in place to address the areas identified by regulators as requiring improvement.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

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

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

<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

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

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

## Care Quality Commission (CQC) inspection report and Trust response

### 1. Introduction

1.1 In October 2021, the Care Quality Commission (CQC) carried out an unannounced comprehensive inspection of six of the Trust’s mental health and learning disability services as part of its continual checks on the safety and quality of healthcare services:






- Acute wards for adults of working age and psychiatric intensive care units (PICUs) – Antelope House, Elmleigh, Parklands, Melbury Lodge
- Child and adolescent mental health wards – Bluebird House, Leigh House, Austen House
- Forensic secure wards – Ravenswood, Southfield
- Wards for older people with mental health problems – Gosport War Memorial, Parklands, Western
- Wards for people with a learning disability or autism - Ashford
- Mental health crisis services and health-based places of safety – Antelope House, Elmleigh, Parklands

1.2 Following this, the CQC carried out a Well-led inspection in November 2021, interviewing senior leaders within the organisation including the Chief Executive, Chair, Executive Directors and Non-Executive Directors.

1.3 In late December 2021, the Trust received the draft inspection report and were given ten days to carry out a factual accuracy review. The Trust submitted a response in January 2022 and CQC published the final report on 10 February 2022.

### 2. Report

2.1 The Trust’s overall rating was changed from ‘Good’ to ‘requires improvement’:

Overall trust quality rating	
Are services safe?	Requires Improvement 
Are services effective?	Requires Improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

2.2 The Safe domain reduced from Good to Requires improvement, Effective domain remained at requires improvement, Caring, Responsive and Well led domains remained at Good.

2.3 The CQC found evidence of progress and good practice. However, the inspectors also highlighted the challenges that teams have faced due to staffing pressures and in delivering services during the pandemic.

2.4 The CQC gave the Trust 23 actions (M1-M23) that it must take to comply with legal obligations, and a further 23 actions (S1-S23) it should take to improve services.

### Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↓ Feb 2022	Requires Improvement ↓ Feb 2022	Requires Improvement ↓ Feb 2022
Community-based mental health services of adults of working age	Good Oct 2018	Requires Improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Forensic inpatient or secure wards	Requires Improvement ↓ Feb 2022	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↓ Feb 2022
Wards for people with a learning disability or autism	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↓ Feb 2022	Good ↓ Feb 2022	Good ↔ Feb 2022	Good ↓ Feb 2022
Child and adolescent mental health wards	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022
Wards for older people with mental health problems	Inadequate ↓ Feb 2022	Good ↑ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022
Community-based mental health services for older people	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Long stay or rehabilitation mental health wards for working age adults	Good Oct 2018	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018
Mental health crisis services and health-based places of safety	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Good ↔ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022
Community mental health services for people with a learning disability or autism	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

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

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓

Month Year = Date last rating published

### 3.0 Key findings

#### 3.1 Progress & Good Practice

Overall, throughout the report, there were numerous examples of good practice and improvements seen by the CQC inspectors. Below are some key highlights:

- Staff were proud to work for the trust with lots of hope for the future. There was a strong sense of staff at all levels putting patients at the heart of everything they do and being respectful, compassionate, and kind towards patients. Staff were friendly, approachable, supportive, and highly motivated and provided care in a way that promoted patient's dignity.
- People accessing the learning disability ward were receiving safe and effective care. They were treated with dignity; risks were assessed, the environment was safe and they received kind and compassionate care.
- The engagement of younger people and employment of patients with lived experience in the development and planning of services was purposeful and innovative.
- Leadership was stable and capable and demonstrated a high level of awareness of priorities and challenges facing the trust and how these were being addressed.
- Trust was proactively working with other providers to facilitate strategic development of mental health and community health services within the Integrated Care System and actively sought feedback from patients and carers to influence and develop service delivery.
- Learning from serious incidents had been strengthened and the trust had been rewarded accreditation through the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN).
- The trust had developed good crisis pathways and had adapted these during the COVID-19 pandemic to divert people from attending Accident & Emergency (A&E).
- Staff knew about any potential ligature anchor points and there were regular ligature assessments completed on all the wards inspected. Ligature anchor points were removed, and plans put in place for any risks that could not be removed to keep people safe.
- All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. This included monitoring the temperature medications were stored at. This was a requirement of the last inspection and trust was now compliant with this.
- Staff delivered care in line with best practice and national guidance. There was evidence in patients records that staff followed latest guidance when planning care for patients.

### 3.2 Areas for Improvement – Must and Should do actions

The 46 actions the CQC have told the Trust they must or should address have been grouped into 13 themes and reviewed with our teams, service users and carers. Below is a summary of these themes and the actions the Trust will make to ensure we make the required improvements.

Note: 36 of the 46 actions have already been completed (18 of these are 'must do' actions and 17 are 'should do' actions).

One action is 'partially completed' - this is action M4 (a 'must do' action). The reason for this partial completion is a supply issue with the soft play surface, the funding was agreed and it is awaiting installation - the executive director of nursing is aware of this.

Work is ongoing to complete the remaining actions, with completion dates later this summer.

Theme	Recommendation	Action	Outcome	Completion Timeframe
<b>Workforce</b> (M1, M10, M13, M22, M23, S1, S3, S6, S7, S9, S13, S21, S22)	To ensure there are enough suitably skilled and experienced staff on every shift to keep patients safe and meet their needs.	Daily Ward leaders with the support of Matrons support decisions to move staff, redirect resources and address skill mix gaps to ensure every shift is safe and that patients' needs are met	Wards are staffed with enough suitably skilled and experienced staff to keep patients safe.	M1, M10, M22, S1, S3, S7, S21, S22 all completed
	To ensure staff are listened to when they raise concerns and that morale issues are addressed	This includes the movement of super-nummary staff including practice educators, ward leaders, matrons, and staff not on the roster like occupational therapists and psychologists	Evidence of mitigations taken against safer staffing standards is collected through daily staffing huddles	S6 due by 31/05/2022
		Future shift gaps are escalated through daily staffing huddles to support timely escalations of shifts to additional agencies. Where shifts are not safely filled patient admissions may be stopped or beds temporarily closed.		M13 and M23 by 30/06/2002
		Incident reporting identifies shifts where mitigations have been impossible or where staffing has affected patient care negatively.		S9 due by 30/06/2022
		A robust recruitment and retention programme is in place supporting gaps in nursing especially mental health nursing.		S13 due by 31/07/2022



		<p>Senior leaders are visible on wards daily to enable them to listen to staff and address any concerns.</p> <p>Latest National NHS Staff survey results, show higher than the National average on staff feeling able to raise safety concerns.</p>		
<p><b>Physical health monitoring</b></p> <p>(M5, M7, M11, M17, M18)</p>	<p>To ensure that National Early Warning Score (NEWS2) observations are completed consistently, and results are escalated appropriately.</p> <p>To ensure that physical health monitoring is carried out for patients on anti-psychotic medication and following administration of rapid tranquilisation.</p>	<p>Physical health reviews undertaken and discussed at handover and in multidisciplinary team meetings.</p> <p>Physical health checks are reviewed as part of ward quality governance processes.</p> <p>Local adult mental health ward NEWS2 audits were undertaken in April and May 2022 and snapshot audits are ongoing. The results of the audits are being considered by each unit to assess compliance and identify actions for improvement.</p> <p>A Trust-wide NEWS2 audit has been scheduled on the audit programme for June 2022.</p> <p>Local adult mental health ward rapid tranquilisation audits were completed in May 2022 and snap shot audits are ongoing. The results of these are being considered by each unit to assess compliance and identify actions for improvement.</p> <p>A Trust-wide rapid tranquilisation audit is scheduled on the audit programme for November.</p> <p>A rapid tranquilisation monitoring form is in place to ensure the monitoring of patients following tranquilisation.</p> <p>Enhanced physical health training sessions have been held as part of the work undertaken by the ward practice educators.</p>	<p>All patient observations are accurately recorded via NEWS2 and escalated as prompted</p> <p>All patients are effectively monitored following the administration of rapid tranquilisation to keep them safe.</p>	COMPLETED

		<p>Rapid tranquilisation monitoring is added to the new electronic -observations module with roll out starting in July at Ravenswood.</p> <p>A national high dose anti-psychotic medication audit was supported by the Trust and the initial report is expected by the end of May. Additionally local mental health wards have undertaken a snap shot audit in May and the results are being reviewed to review compliance and identify areas for improvement.</p>		
<p><b>Observations</b> (M6, M15)</p>	<p>To ensure that patients are observed in line with the Trust observation policy, and it is recorded correctly</p>	<p>Implementation of a new co-produced policy with ongoing involvement in the national improvement work. The policy was signed off at the Trust Clinical Effectiveness Group in March 2022. A roll- out plan and a supporting programme of work is developed. A project lead and practice educator will be employed to support the programme and roll-out plan.</p> <p>As part of the programme of work, a new electronic observations module with roll out, starting in July at Ravenswood.</p> <p>Observation requirements are discussed daily as part of the ward safety huddle and by shift leader for each shift.</p> <p>Ward leaders undertake local audits to monitor the compliance with the observation policy and feedback will be collated from carers and service users and teams on progress.</p> <p>There is an observation competency programme implemented for every staff member overseen by ward Practice Educators and Ward Leaders</p>	<p>All patients are observed in line with their individual plan of care, and this is accurately recorded.</p>	<p>COMPLETED</p>
<p><b>Admission &amp; discharge pathways</b> (M20, M21, S2)</p>	<p>To ensure there is a clear, effective admission and discharge pathway which demonstrate criteria for admission.</p>	<p>There is a pathway and criteria in place for psychiatric intensive care unit (PICU) admissions and length of stay in PICU beds is just above the lower quartile, so access is good.</p>	<p>Multi-disciplinary team discussions take place in a timely way on admission</p> <p>Staff are empowered to escalate patients for PICU</p>	<p>M20, M21, S2 all due by 30/06/2022</p>

		<p>Within older people's mental health services, an assessment is carried out within 48hrs of admission, which includes the patient and their carer, and starts the discharge planning process.</p> <p>A Quality Improvement programme is planned to address concerns raised from ward teams</p>	<p>admission following assessment</p> <p>Patients are at the forefront of admission discussions</p>	
<p><b>Mixed sex breaches</b></p> <p>(M2)</p>	<p>To ensure there are no mixed sex breaches on the wards and there is access to a female-only lounge</p>	<p>All wards are compliant with same-sex regulations, with exception of Beechwood therapy room. To maintain privacy and dignity therapists ensure male patients are fully dressed and escorted to the room and this is documented in therapy notes.</p> <p>Requests to breach this standard are approved by the Director of Nursing &amp; AHP and reported to Quality &amp; Safety Committee</p>	<p>All patients are cared for in an environment which promotes privacy and dignity.</p> <p>All female patients have access to a female-only lounge.</p>	<p>COMPLETED</p>
<p><b>Incident reporting</b></p> <p>(M3, M14)</p>	<p>To ensure that all incidents, including safeguarding incidents are reported in line with Trust policy.</p>	<p>Patient Safety Lead and Safeguarding Lead are supporting staff on reporting incidents and raising Safeguarding concerns. The Safeguarding Lead is based on wards on a regular basis to provide training and support. The Patient Safety Lead provides Ulysses incident reporting training.</p> <p>Further improvements are to be made to support the reporting of all incidents and local actions have been identified to support this. Incident reporting is discussed at local and divisional Quality and Safety meetings. Prompts have been included in the safety huddles to ask if incidents have been reported on to the Trust system. All incidents have oversight from the Quality Governance Team as well as other senior leaders in the Trust.</p> <p>A quality dashboard is in place which benchmarks teams and enables the Quality Governance Team to identify any teams where we would expect to see more incident reporting, so this can be investigated, and support provided to teams as required.</p>	<p>All incidents are reported and managed in line with Trust policy</p>	<p>ONGOING</p>

		The Trust is committed to embedding a just and learning culture where all staff feel safe to raise concerns and report incidents.		
<b>Risk assessment &amp; care planning</b>  (M8, M12, M16, S4, S10, S11, S15)	<p>To ensure patient care plans are consistent, personalised and reflect patient involvement, and that all patients are offered copies of their care plans.</p> <p>To ensure risk assessments are completed correctly, and care plans are updated following all risk events.</p>	<p>Specific incidents are discussed at daily safety huddle to ensure that risk assessments have been appropriately recorded</p> <p>Reviews of risk assessments and care planning are undertaken as part of ward processes and ongoing snapshot audits will be included to this programme of work from May onwards. A Trust-wide audit is scheduled on the audit programme for 2022.</p> <p>Patients are asked whether they feel involved in their care planning as part of the Service User-Led Audits.</p> <p>Local audits are completed weekly with oversight from Ward Leader</p>	<p>All patients have holistic and personalised care plans which reflect their involvement.</p> <p>All patients are offered a copy of their care plan</p> <p>All patients have their risk reassessed following their needs changing and the care plan updated accordingly</p>	<p>M8, M12, M16, S10, S11, S15 all completed</p> <p>S4 due by 30/06/2022</p>
<b>Environment, facilities, and equipment</b>  (M4, S12, S14, S18, S23)	<p>To ensure the outside space on Beechwood ward is safe for patients</p> <p>To ensure acoustics issues at Austen House are rectified</p> <p>To ensure food provision on forensics wards is reviewed</p> <p>To ensure clean equipment is clearly labelled</p> <p>To ensure ligature risk assessments have completion dates for actions and control measures to mitigate risks</p>	<p>Immediate remedial works have been carried out at Beechwood to clear the courtyard and make it safe for patients to use. The grounds and garden are maintained monthly from November to April and forth nightly for the rest of the year.</p> <p>Sound absorption panels were fitted in open communal foyer area which has been successful in improving acoustics.</p> <p>Food is discussed regularly with patients as part of community meetings, menus are reviewed with catering team and updated accordingly. Improved portion size and choice of menu for service users.</p> <p>Checks of clean equipment has been added to daily environmental checklist and included as part of weekly audit schedule</p> <p>Ligature risk assessments have been reviewed with estates to add the specific completion dates.</p>	<p>Beechwood garden made safe and patients are using it</p> <p>Acoustics issues at Austen have been minimised</p> <p>Food provision is improved based on feedback</p> <p>All clean equipment is appropriately labelled</p> <p>All ligature risk assessment actions have completion dates</p>	<p>S12, S14, S18, S23 all completed</p> <p>M4 partially completed (due to a supply issue with soft play surface, funding agreed and awaiting installation) – due by 30/04/2022</p>

<b>Mental Health Act / Mental Capacity Act</b>  (M9, S17)	<p>To ensure those detained under S136 are assessed in a more timely manner by a doctor and approved mental health professional (AMHP)</p> <p>To ensure all capacity assessments are reviewed to ensure they all explain why the patient lacks capacity.</p>	<p>The Trust follows good practice as detailed within the MHA Code of Practice. This is monitored across the county via the pan-Hampshire s136 group.</p> <p>Any s136 breaches are reviewed via the Trust s136 panel and discussed by the Mental Health Legislation Committee. Learning is shared via the Trust and pan-Hampshire s136 groups.</p> <p>Capacity assessment for individual raised during the inspection was reviewed and updated to include why the patient lacked capacity.</p>	<p>All people detained under s136 are assessed in accordance with MHA Code of Practice. There are no delays in assessments being carried out.</p> <p>All mental capacity assessments state why the patient lacks capacity</p>	COMPLETED
<b>Medicines management</b>  (M19, S19)	<p>To ensure that staff follow the controlled drug policies.</p> <p>To ensure there is a system in place for monitoring the company contracted to check the emergency medications in grab bags</p>	<p>Weekly controlled drugs stock checks are in place and are monitored by pharmacy team. Any issues are reported as incidents and discussed with ward.</p> <p>Trust resuscitation team will carry out random spot-check audits of emergency grab bags as part of ongoing assurance checks and our findings will be fed in to the quarterly contract meetings</p>	<p>Controlled drugs are effectively managed as per Trust policy</p> <p>There is system in place for monitoring service provided by contractor in managing emergency grab bags</p>	COMPLETED
<b>Shared learning</b>  (S5)	<p>To ensure lessons learned are shared with all staff to support improvements in provision of care.</p>	<p>This specific action relates to our crisis service and health-based places of safety.</p> <p>The crisis team runs out of two bases – Basepoint in Gosport and Leigh Park (Havant). The team hold multidisciplinary team meetings weekly, to discuss patients, and a monthly business meeting. New meetings have now been introduced:</p> <ul style="list-style-type: none"> <li>• Community pathways meeting – these occur twice a week across crisis resolution home treatment teams and community teams to discuss patient flow across these teams.</li> <li>• Whole pathway meetings three times a week – to look at patient flow across the whole mental health system</li> </ul>	<p>All crisis teams share good practice and lessons learned with each other. Good practice is shared</p>	ONGOING

		<p>All meetings include opportunities to sharing learning and improvements.</p> <p>Trust-wide learning from incidents is shared via the Trust Learning from Events meetings and in learning newsletters.</p>		
<p><b>Activities</b> (S8, S20)</p>	<p>To ensure there are high quality activities and education sessions throughout the week, including at weekends and these are displayed clearly for patients</p>	<p>Ward teams, under the supervision of ward leader and matron take responsibility of oversight of the activities programme.</p> <p>All wards have a programme of scheduled activities, developed with service users and published on notice boards. This is monitored by community meetings involving service users, which take place weekly, fortnightly or monthly depending on the setting. The activities are also reviewed by the Trust's user involvement manager on a quarterly basis.</p>	<p>All patients have access to programme of co-produced, interesting activities and education sessions</p>	<p>ONGOING</p>
<p><b>Restrictive interventions</b> (S16)</p>	<p>To ensure no local restrictions are in place regarding bedroom or cup access.</p>	<p>Daily safety huddle is used to ensure all restrictive interventions are appropriate and proportionate on a shift-by-shift and individual by individual basis</p> <p>Service users are informed on admission about keys for bedrooms. Leaflet has been produced to provide a reminder for patients.</p> <p>A programme of ongoing snapshot reviews will be included to ward governance processes May 2022 onwards.</p>	<p>Any restrictions put in place for individuals due to a safety risk assessment are reviewed on a shift-by-shift basis</p>	<p>COMPLETED</p>

## **4.0 Assurance**

4.1 At the point the Trust submitted its improvement plan to the CQC, it had already completed:

- 10 of the 23 Must do actions
- 12 of the 23 Should do actions

This figure has now risen from 22 completed actions to 36 completed actions.

4.2 All actions when completed are being monitored through local audit with assurance overseen at monthly Divisional Governance meetings. The Trust is also using a new self-assessment and accreditation process, 'Aspire' which has been co-produced with patients and is currently being piloted. Divisional and Trust Governance processes will report ongoing compliance and improvements.

4.3 The improvement plan is being monitored, and assurance of completion gained by the Quality Governance Programme Management Office (PMO) lead by the Head of Quality Assurance.

4.4 Individual actions are being monitored via divisional quality and safety meetings and evidence of completion submitted to the PMO for review.

4.5 All completed actions are signed off by the Executive Directors responsible and reported to Quality and Safety Committee.

## **5.0 Conclusion**

5.1 CQC found evidence of progress and good practice which is encouraging. However, the inspectors also highlighted the challenges that teams have faced due to staffing pressures and in delivering services during the pandemic. As a result, the overall rating for the Trust has changed from 'Good' to 'Requires Improvement.'

5.2 CQC praised our staff and heard positive feedback from patients and found strong, supportive leadership actively addressing the challenges. The CQC found that the Trust was learning from the past and continuing to move forwards as an organisation. Inspectors also recognised the innovative way that the Trust has responded to the pandemic.

5.3 The Trust is responding to the staffing pressures by continuing to prioritise the engagement, health, and wellbeing of our teams, and carrying out extensive recruitment and retention programmes.

5.4 Trust staff have already addressed a number of the issues raised by CQC within the report and have plans in place to deliver the outstanding actions over the next 6 months.

5.5 The evidence of actions, learning and improvements from this action plan will be shared at a Trust wide panel with Executive sign off. This will be aligned with ongoing quality and governance work programmes to ensure it is not seen in isolation.

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	24 May 2022
<b>Title:</b>	Proposals to Develop or Vary Services
<b>Report From:</b>	Chief Executive

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

### Purpose of this Report

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving an update on the following topics:
  - a) Whitehill & Bordon Health Hub update (Commissioners)
  - b) Proposal to create an elective hub for Hampshire and Isle of Wight (Commissioners)
  - c) Building Better Emergency Care Programme (Portsmouth Hospitals University NHS Trust)

### Recommendations

- a) Whitehill & Bordon Health Hub update (Commissioners)
2. The HASC welcome the progress towards a Whitehill & Bordon Health Hub and request a further update in November 2022.
  - b) Proposal to create an elective hub for Hampshire and Isle of Wight (Commissioners)
3. The Committee note the proposal to increase elective capacity through creating a new elective hub and request a further update in Autumn 2022 on progress with the scheme and what is being done to manage and prioritise the backlog of elective care in the meantime.
  - c) Building Better Emergency Care Programme (Portsmouth Hospitals University NHS Trust)
4. The Committee welcome the progress in the Building Better Emergency Care Programme and request a further update in September 2022 regarding:

- i) how the building works will be managed alongside maintaining business as usual at the hospital
- ii) What the Trust is doing to manage emergency care pressures in the meantime, heading in to the winter period

## **Executive Summary**

- 5. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 6. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting [Framework for Assessing Substantial Change and Variation in Health Services](#)). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the NHS Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
- 7. This Report is presented to the Committee in three parts:
  - a. *Items for information*: these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
  - b. *Items for action*: these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
  - c. *Items for monitoring*: these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
- 8. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

## Items for Monitoring

### a) Whitehill & Bordon Health Hub update (Commissioners)

#### *Context*

9. In 2018 the Committee considered proposals to change the services provided from the Chase Community Hospital and the longer term aim to create a Whitehill and Bordon Health Hub. An update on progress was last circulated to the Committee in October 2021. A further update was requested and has been received, see appendix to this report. The update indicates that progress has been made in the financial arrangements for the health hub.

#### *Recommendation*

10. The HASC welcome the progress towards a Whitehill & Bordon Health Hub and request a further update in November 2022.

## Items for Information

### b) Proposal to create an elective hub for Hampshire and Isle of Wight (Commissioners)

#### *Context*

11. The HASC has been notified that the Hampshire and Isle of Wight Clinical Commissioning Group have been giving consideration to the best way to increase elective capacity to help address the backlog that has built up over the course of the pandemic. Funding has been announced nationally to support the NHS to address the backlog. Commissioners locally are proposing to access this funding to undertake capital works to create an elective hub on the site of the Royal Hampshire County Hospital in Winchester. A briefing has been provided, see appendix to this report.

#### *Recommendation*

12. The Committee note the proposal to increase elective capacity through creating a new elective hub and request a further update in Autumn 2022 on progress with the scheme and what is being done to manage and prioritise the backlog of elective care in the meantime.

### c) Building Better Emergency Care Programme (Portsmouth Hospitals University NHS Trust)

#### *Context*

13. The Committee has heard from Portsmouth Hospitals University NHS Trust for a

number of years regarding difficulties at the Accident and Emergency Department at the Queen Alexandra Hospital in Portsmouth. While this hospital is in the Portsmouth City Council area, a number of Hampshire residents from surrounding areas use these services. In late 2018 the Trust was awarded capital funding to develop new emergency care facilities. Since then, the Trust have been developing a new model of care and working on a business case for the necessary capital works. The Committee was last updated on progress in June 2021 and at that meeting Members requested a further update in Spring 2022 when the full business case was due for submission. The Trust have provided an update, see appendix to this report. The update indicates the programme is on track for construction to commence in October 2022.

14. The Trust have also provided a briefing paper (see appendix) on how current pressures on urgent care at the Hospital are being managed, prior to the capital works taking place. This indicates that the Hospital has seen sustained pressure in recent months including a critical incident in April when no beds were available in the Emergency Department.

#### *Recommendation*

15. The Committee welcome the progress in the Building Better Emergency Care Programme and request a further update in September 2022 regarding:
  - iii) how the building works will be managed alongside maintaining business as usual at the hospital
  - iv) What the Trust is doing to manage emergency care pressures in the meantime, heading in to the winter period

#### **Finance**

16. Financial implications of any proposals will be covered within the briefings provided by the NHS appended to this report.

#### **Performance**

17. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

#### **Consultation and Equalities**

18. Details of any consultation and equalities considerations of any proposals will be covered within the briefings provided by the NHS appended to this report.

#### **Climate Change Impact Assessment**

19. Consideration should be given to any climate change impacts of proposals where relevant.

## **Conclusions**

20. The HASC will welcome progress with the Whitehill and Bordon Health Hub and may wish to continue monitoring the position. The HASC will have an interest in how the health system locally plans to address the backlog in elective care arising from the pandemic period. The HASC will be concerned by the pressures being experienced at the Hospital in Portsmouth. While the capital works are welcomed as a medium term solution, the HASC may seek reassurance regarding how the Trust and partners will manage the situation before that takes effect.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

**Other Significant Links**

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

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

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

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

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

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<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	24 <sup>th</sup> May 2022
<b>Report Title:</b>	<b>Whitehill &amp; Bordon Health Hub update</b>
<b>Report From:</b>	<b>Sara Tiller</b> Managing Director –South East Hampshire Hampshire, Southampton and Isle of Wight Clinical Commissioning Group

## 1 Purpose

- 1.1 This report provides an update to committee members on the proposal to develop a health hub in Whitehill and Bordon. Previous updates have been provided in September and February 2021 and February 2020, following a briefing paper initially provided to the committee in July 2019.
- 1.2 The health hub scheme represents a strategically important investment in the provision of health services to the northern part of the South East Hampshire area. When complete this will provide a primary and community health hub. This facility will provide a viable alternative to accommodation provided within the Chase Community Hospital and Forest Surgery, both in Whitehill and Bordon.
- 1.3 This proposed new development aligns with the CCG's strategic aim of providing a multidisciplinary primary care service from primary and community health hubs. The local community has pockets of high deprivation and poor public transport links. Therefore the new health hub will be developed in a central, easily accessible town centre location which is equally accessible for the existing town as well as residents in the new housing developments. This is important for patients as well as critical to the regeneration of the town.
- 1.4 The new building will enable the co-location of primary and community services, with expansion space for future health services. The development will relocate the Forest Surgery to the new town centre site, 0.7 miles from the existing community hospital and Forest Surgery, whilst retaining Pinehill Surgery (unaffected by the plans) in its current location close to the public library, Forest centre community pharmacy and supermarkets.
- 1.5 The health hub will be built on a new, town centre site, and form part of a residential development, providing appropriate clinical space for the proposed tenants to meet the needs of the growing local population.
- 1.6 As well as providing primary care, (general medical services), the hub will deliver accommodation for community services, provided by Southern Health Foundation Trust (SHFT) in purpose-built accommodation. In addition to this community space, the facility will provide appropriate clinical space for other providers using the Chase Community Hospital.

- 1.7 Committee members will be aware from previous updates that one of the main complexities of this programme of work was the financial sustainability of the scheme, which needed to be both affordable to the CCG and tenants and represent value in terms of use of public money.

## **2 Progress since previous update (September 2021)**

- 2.1 Significant progress has been made in developing a financial appraisal which underpins the ongoing financial arrangements for the health hub. This has resulted in a positive outcome which would not have been possible without use of s106 developer contributions (£461,000) and a grant of £560,000 from East Hampshire District Council, with support and concessions from the Defence Infrastructure Organisation and Whitehill and Bordon Regeneration Company.
- 2.2 In April 2022 approval was sought from the Hampshire Southampton and Isle of Wight CCG's Primary Care Commissioning Committee for endorsement of the overall size and cost of General Medical Services (GMS) space, which are reimbursable under the provisions of the NHS (General Medical Services premises costs) Directions 2013 (Premises Costs Directions). The committee was advised that this would lead to the relocation of the primary care services delivered by the Forest Surgery in Whitehill and Bordon (Forest Surgery is a branch site to Badgerswood and Forest).
- 2.3 The approval, as outlined, was granted subject to:
- Southern Health NHS Foundation Trust and Badgerswood and Forest surgery's GP partners taking leases for the building (the Forest Surgery branch site only)
  - All parties' further engagement in the development of the healthcare space detailed design
  - the CCG (South East Hampshire - place) receiving a GMS space application for the final floor area and reimbursable costs which should be in the order of the space and costs agreed by Primary Care Commissioning Committee.
- 2.4 This decision is an instrumental first stage in overall financial approval signalling CCG commitment to the wider development of the proposed health hub in the new town centre.
- 2.5 Further CCG approvals will be sought at the appropriate time when the following elements have been secured:
- Agreement to lease for the community space of 623m<sup>2</sup> by Southern Health NHS Foundation Trust, based on the terms agreed within the financial appraisal
  - Agreement to lease and GMS space application for 881m<sup>2</sup> from Badgerswood and Forest Surgery, based on the terms agreed within the financial appraisal
  - Relocation of other tenants and sessional users of the Chase Community Hospital,

Planning permission for the new premises in the town centre site submitted by Whitehill and Bordon Regeneration Company, the development partner for the health hub.

### **3. Next steps**

- 2.6 Whitehill and Bordon Regeneration Company (WBRC) will work with the building tenants to obtain legal agreements (leases etc). Once these have been agreed, then the practice and community providers can begin engagement with their patients and service users.
- 2.7 Local stakeholder engagement is planned to be conducted over the summer with the next public meeting hosted by Whitehill and Bordon Town Council due to be held on 21 June.
- 2.8 The CCG will expect a formal application from the practice in September. There will be an expectation that all the practice's current patients will have been contacted prior to the application being made, with any feedback relating to the practice relocation identified.
- 2.9 The planning application for the health hub will be further developed over coming months, with detailed design completed for the health hub elements. The expectation is that WBRC will be ready to submit this application for approval in October 2022.
- 2.10 We are aware that there remain some concerns about the future of Chase Community Hospital in the local community. The hospital will remain open until an alternative is available.
- 2.11 Chase Community hospital continues to provide a range of physical and mental health services delivered through a number of community providers which include therapies, baby and children's clinics, sexual health, substance misuse, counselling and screening services as well as child and adolescent, adult and older people's mental health. All of the services currently provided have been planned into the health hub.

### **3 Recommendation**

- 3.1 The committee is asked to note this update. A further update can be provided later in the programme, if required.

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## Proposal to create an elective hub for Hampshire and Isle of Wight

### Introduction

The NHS response to the COVID-19 pandemic has been exceptional. Throughout the course of the past two years our staff across Hampshire and Isle of Wight continued to perform urgent surgery and other treatments when hospitals were busy caring for the most unwell COVID patients. However, we are all too aware that one impact of the pandemic has been to increase waiting times for patients requiring non-urgent surgery and reducing these waiting times is a priority for all NHS organisations.

Nationally there has been a focus on rapidly recovering routine NHS services and in May 2021, £160million of funding was announced nationally to help tackle waiting lists and allow patients to benefit from a range of innovative initiatives.

### The proposals

Across Hampshire and Isle of Wight, NHS leaders have come together and agree that the construction of a new dedicated 'elective hub', a facility to provide more capacity and allow more operations to take place, is the best approach to addressing the backlog here. Proposals are being developed to secure funding and allow construction of the new facility to begin.

#### *What will the hub provide?*

If approved, the hub will offer a central location for adults across Hampshire and Isle of Wight who require operations for urology (kidney, bladder and urinary), Ear, Nose and Throat (ENT) and orthopaedics (such as hip and knee replacements). The hub will focus on those patients who have been waiting the longest time for their operation and are in the greatest need. Operations taking place at the hub would be in addition to surgery already taking place at our hospitals across Hampshire and Isle of Wight, and eligible patients would be offered the choice of having their operation at their local hospital or the hub.

It is proposed that the hub will provide pre-operative assessment, theatre, day case and inpatient facilities for the three selected specialties mentioned above. It would provide four operating theatres and 44 beds, staffed by a multi-disciplinary team to allow patients to access a full range of services. A new recruitment campaign focused on the hub will seek to attract staff for the facility nationally and internationally. The hub would operate six days a week (but with inpatient facilities operating over seven days) and accommodate weekends and extended weekdays to allow for additional theatre sessions.

#### *The key benefits*

**Significantly improve patient care.** The hub will reduce the time some patients have to wait for their operation and in doing so will reduce the impact waiting can have on their physical and mental wellbeing. Capacity needs to be expanded to ensure that our patients can receive the right interventions, at the right time to achieve the best outcomes.

**Strengthen clinical practice.** A single hub operating across the whole health and care system in Hampshire and Isle of Wight will draw on and feed into care pathways across all organisations. By acting as a model of best practice and evidencing the value of a standardised approach, the facility can add value to patient care that will extend beyond the hub.



**Enhance resilience across the system.** The hub will provide additional capacity and so will be able to provide resilience when our hospitals and services are under pressure (such as during the winter period).

**Deliver better value for money.** The hub will allow NHS organisations to make better use of their resources through higher levels of productivity and economies of scale. For example, it is hoped that clinicians will not have to cancel lists due to unexpected, unplanned demands.

**Strengthen integration.** NHS organisations have been working together with partners to improve services and transform how we deliver care. As we move towards the formal establishment of the Hampshire and Isle of Wight Integrated Care System from 1 July 2022, the proposed elective hub will expedite and add to the improvements already underway.

*Location*

The proposed location for the new facility is on the site of the Royal Hampshire County Hospital in Winchester. There are a number of factors that influence where the facility is located including:

- a site appropriate for additional wards and theatres
- links to existing services
- the potential to be expanded, to ensure the investment is future proofed
- can be ring-fenced, with a separate entrance.

The proposed Winchester location also provides a geographically central location for our population.

*Timeline*

NHS England are supportive of our plans in principle, and the next step is for the proposals to be formally approved following the submission of an outline business case and a full business case. We anticipate that we will know whether our plans can proceed by December 2022. A high-level timeline has been prepared (see below) which would enable construction to start at the end of 2022 and anticipating the new facility being fully operational by April 2024.



**Working with partners and our communities**

NHS organisations across Hampshire and Isle of Wight believe the proposed elective hub offers a fantastic opportunity for our patients. Over the course of the coming months we will



work with our partners, stakeholders and our communities to develop our proposals further. Key to this will be understanding how we ensure as many of our patients who are eligible to make use of the facility can do so, taking into account their feedback on issues such as travel and transport. The hub represents additional capacity for us to carry out operations for urology, ENT and orthopaedics and so whilst we don't anticipate formal public consultation, we will work with patients, partners and our communities and listen to their ideas through a co-ordinated programme of engagement. The hub also represents an opportunity to grow and develop our workforce and so working with our teams will be fundamental to its success.

**Next steps**

As highlighted above, over the course of the coming months we will be developing our proposals in more detail. This will include working with architects to design the physical space for the hub, developing the detailed business case to secure funding and finalising the recruitment strategy. This will inform the detailed proposals that will be put forward for consideration by NHS England later in 2022.

**Further information**

We will continue to keep you updated on progress. In the meantime if you have any queries or would like a conversation to discuss the proposals, or discuss how you can work with us please contact Emma McKinney, Director of Communications and Engagement via [Emma.McKinney@nhs.net](mailto:Emma.McKinney@nhs.net)

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## Health Overview and Scrutiny

### Briefing paper

<b>Title:</b> Building Better Emergency Care Programme		
<b>Author and role:</b> Melissa Way, Head of Urgent Care Improvement Kate Hardy, Consultant	<b>Contact details:</b> communications@porthosp.nhs.uk	<b>Date:</b> 3 May 2022
<b>Purpose of the paper :</b> To provide an update on the Building Better Emergency Care Programme at Portsmouth Hospitals University NHS Trust (PHU).		
<b>Brief summary:</b> PHU has received capital investment to build a new Emergency Department which will help us deliver a new model of care to our patients to provide safer, timely and effective care.  A range of engagement exercises have taken place since the beginning of the year and the Full Business Case will be submitted in May 2022.		
<b>Background:</b> Transforming our emergency care pathways in partnership with local health and care organisations remains a key priority for PHU and the HIOW health and social care system.  We are working together with our partners to design a sustainable clinical model to deliver patient-centred, safe, effective, efficient and timely emergency care and the associated clinical, workforce and estates changes that are required.  The programme is working across the organisation and with health and care partners to tackle some of the longstanding challenges that can cause delays for patients at our Emergency Department (ED).  Our ED is more than 40 years old and the constrained size and layout of the department has limited our ability to make improvements to the way care is delivered and implement best practice. The physical condition does not provide a good enough experience for patients, visitors, or staff.  In recognition of these challenges, the Trust was awarded a £58.3m capital investment for new emergency care facilities at Queen Alexandra Hospital in December 2018, subject to standard business case approvals.		
<b>Proposal:</b> New model of care: We know that simply providing a new facility will not enable the Trust to make the improvements needed for patients. The new clinical model has been designed against a set of core clinical principles that support safe high quality patient focused care within the new ED build.  The key components and benefits of the new clinical model are: <ul style="list-style-type: none"><li>• Improved patient care and safety</li></ul>		

- New model of care for Children’s Assessment Unit and Paediatric ED
- Improved access to resus
- Visibility of patients by nursing teams
- Reduction in nosocomial (hospital acquired) infections
- Remove bottlenecks in patient flow through the hospital and wider health and social care system
- Ambulance handovers within 15 minutes
- Average time patients spend in the ED department is less than four hours
- Senior Clinical decision maker review in one hour
- Reduced transfer time to Radiology
- Mental health regulations compliant

**Ongoing work:**

We continue to work closely with our health and care partners in Portsmouth and South -East Hampshire through the Maintaining Flow Programme Board to align our improvement initiatives across the system.

One of our main strategic initiatives and Trust priorities is focused on urgent care improvement. Over the few months significant work has been undertaken to ensure patients are managed through same day emergency care pathways such as ‘fit to sit’, Emergency Care Centre (ECC) and the medical village model, which co-locates the care of patients that require less than three days in the hospital.

**Engagement to date:**

We have carried out two successful public engagement events in January and February 2022, sharing the ED design and gathering feedback on the clinical model and design ideas that will underpin the new facilities.

In March we ran a series of staff engagement events to share a virtual tour of the design with staff working in the department and to gather their views and ideas. The virtual tour has also been shared with Board members, key stakeholders, and the wider public through email, local media and social media.

In April 2022 we recruited a patient representative to our programme board. This will ensure we continue to keep up to date with how patients wish to be engaged in the future.

Collaboratively we are planning wide-ranging engagement activities to keep our patients and public informed as the design and build develops and we are committed to continuing to engage with patients, the public, staff, committee members, partners and our communities.

**Timeline:**

Timelines and processes continue to be subject to NHS England and NHS Improvement and HM Treasury approvals processes.

The Trust is planning towards submitting the Full Business Case (FBC) in May 2022.

Following the submission of the FBC it is estimated the new facilities will open to patients in Winter 2024.

Enabling works will commence Aug-Sept 2022 with the construction period commencing October 2022 for a period of 24 months.

Full planning permission was approved in March 2022.

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## Health Overview and Scrutiny

### Briefing paper

<b>Title:</b> Portsmouth Hospitals University NHS Trust update		
<b>Author and role:</b> Chris Evans, Chief Operating Officer	<b>Contact details:</b> communications@porthosp.nhs.uk	<b>Date:</b> 12 May 2022
<b>Purpose of the paper :</b> To update the committee on the work being carried out by Portsmouth Hospitals University NHS Trust (PHU) to meet the demand on health services including urgent care.  The paper also updates on the work we are doing to deal with the elective care backlog caused by the Covid-19 pandemic.		
<b>Brief summary:</b> The main focus of 2022/23 for PHU will be recovery and reset after two years of the Covid pandemic, shifting from an incident style of working, back towards more business-as-usual expectations of the scale and style of delivery.  This paper talks through how we are tackling the additional pressures on our hospital sites at the moment to ensure people are cared for in a timely way.		
<b>Background:</b> During 2021 we put a number of measures in place to help improve the way patients move through our Emergency Department, so they receive high quality care in a timely way. These changes include the establishment of the Emergency Care Centre, the development of a Medical Village on D level with extended Same Day Emergency Care (SDEC) capacity and a co-located Acute Medical Unit and Short Stay patients.  During the first months of 2022 we have operated consistency at OPEL 4* level. The number of patients we are seeing in the hospital reached maximum occupancy levels of around 100% on several occasions. The number of patients accessing our urgent and emergency care services has risen with a daily average of 308 attendances up by 18 people per day from January.  During April a critical incident was declared as a result of no available beds available in our Emergency Department. The incident ran for three days until beds were available for critically ill patients requiring an unplanned admission.		
<b>Update:</b>  <b>Patient flow</b> In February 2022 we made further changes to the way we work to improve how patients safely move through the hospital: <ul style="list-style-type: none"><li>• Patients who are able to sit and wait in ED are now moved over to other clinical spaces such the ECC, SDEC or OSDEC.</li><li>• The ambulance service is now able to access SDEC services directly when bringing a patient in, if appropriate.</li></ul>		

- Wards are implementing a 'My next patient' system where they will work with ED to transfer at least one patient a day to their ward area freeing up space in the ED.
- A prescribing pharmacist is now available in the discharge lounge to allow earlier discharge.
- Ward E6 has been reopened to care for patients.
- A member of staff has been manning the front door of ED to triage patients on arrival and signposting them to alternative services such as Urgent Treatment Centres, pharmacies or the ECC.

### **Timely discharges**

Discharging patients as early as possible in the day is a main priority for staff. We are working with patients and their families/carers on their discharge plans as early as possible in their care. Discharge letters and a set of FAQs are being shared and we are actively encouraging patients to ask their health care professional about their discharge at all stages of their care.

### **Staffing**

Staff sickness due to Covid-19 has also impacted the hospital. A staffing hub has been set up to co-ordinate staffing levels across all the services to ensure the right staff with the right skills are in the right services. A national recruitment campaign was launched in April to attract more nurses to join PHU. This is a multi-media approach across social media, trade media, national events and international nurses.

### **Partnership working**

We have been working with our Portsmouth and South East Health and Social Care partners to ensure patients are cared for in the correct environment such as a community hospital bed, at home or a care home.

### **Elective (Planned) care**

We recognise that some patients are waiting longer than they, or we would like, so we are working hard to ensure those who require the most urgent treatment receive it within a suitable timeframe. Our clinicians are regularly reviewing waiting lists and reprioritising patients according to clinical need. In line with this, we have maintained service across all cancer pathways and have met eight out of the nine cancer standards.

Some of our services have been able to provide extra capacity to meet the increased level of demand we are seeing. This includes the introduction of weekend clinics. Another initiative we are introducing across additional services is patient initiated follow up (PIFU), where instead of a patient who may not require an appointment being automatically offered it, they are given the ability to request support or additional clinical input if they need it. This reduces the number of unnecessary appointments being made and not needed by the patient.

We do not have any patients waiting over 104 weeks and continue to reduce those waiting over 52 weeks.

### **Additional services**

New chemotherapy chairs are now available at Fareham Community Hospital. The ten-station unit will offer up to 375 hours of treatment time per year, and also provide care closer to people's homes. Thank you to Portsmouth Hospitals Charity who have funded various parts of the unit.

Our new pharmacy for outpatients, run by Lloyds Pharmacy, opened on the QA site. Located near the north entrance it also includes a retail outlet for patients, visitors, and colleagues. The new

facility is in response to the high demand on our previous outpatient pharmacy and we hope it will reduce the length of time patients have to wait for their prescriptions.

In October 2021, we were announced as one of the successful locations to receive funding to create additional community diagnostic services. The aim of these centres is to provide earliest diagnostic tests for people closer to home and reduce the length of time patients are waiting to receive these. Currently additional phlebotomy and endoscopy services are being provided at St Mary's Community Health Campus with more to follow in the coming months.

#### **Thanks**

We would like to thank our staff, patients, carers and partners with all their help and support over this period.

#### **Engagement:**

**System partners** - PSEH (Portsmouth and South East Hampshire) Gold continues to oversee the operational and strategic requirements for the system, supported by the current Silver and Operational weekly meetings, in response to the Urgent Care agenda.

We continue working closely with South Central Ambulance Service and other providers to identify ways we can improve the number of ambulance minutes lost at our ED.

**MPs** – MPs from across the area attended a briefing with the Executive team in April. We discussed the plans and priorities for 2022/23, pressures on our services, recovering our planned services and work on the estate.

**Public** - We have worked with the local media to encourage local communities to use the most appropriate service for them and not come to ED unless they have a life-threatening injury or illness. This has also been encouraged through social media and our website.

#### **Glossary**

**OPEL 4 – Operational Pressures Escalation Levels** – Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the local ED Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL Four for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

**ECC - Emergency Care Centre** – offers a new model of care for patients arriving at the ED with minor injuries or illnesses that require emergency intervention, but don't necessarily require admission. Following the success of this, we have increased the scope of this pathway by providing additional training for the teams involved.

**SDEC – Same Day Emergency Care** – patients who attend the hospital with certain conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward. If clinically safe, patients will go home the same day as their care is provided.

**OSDEC – Oncology Same Day Emergency Care** – for patients who are undergoing cancer treatment and need to receive urgent care.

**Acute Medical Unit** – a 63 bed unit. It provides rapid assessment, investigation and treatment for patients admitted urgently from the ED or GPs. Patients will stay for a short period of time before being sent home for community care or to another service or ward for longer term care.

**Medical village** – The co-location of the Acute Medical Unit, short stay unit and SDEC. This new clinical model focuses on moving patients who require a short stay with us out of the emergency department quicker and reducing the overall length of stay of these patients by minimising diagnostic and treatment wait times. This frees up space for those who require the most urgent and emergency centred care to be admitted quicker.



## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
<b>Date of meeting:</b>	24 May 2022
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Chief Executive

**Contact name:** Members Services

**Tel:** 0370 779 0507

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### **Purpose of Report**

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

#### **Recommendation**

2. That Members consider and approve the work programme.

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

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
<p><b>Proposals to Vary Health Services in Hampshire</b> - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.  <b>(SC)</b> = Agreed to be a substantial change by the HASC.</p>									
<b>Urology Services Reconfiguration</b>	Proposal to centralise emergency urology care to Royal Hampshire County Hospital in Winchester	Starting Well  Living Well	Hampshire Hospitals NHS FT	Proposals considered June 2021 and supported. Update requested Autumn 2021.					
<b>Andover Hospital Minor Injuries Unit</b>	Temporary variation of opening hours due to staff absence and vacancies.	Living Well  Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Last update Sept 2020 (invite commissioners to joint present with HHFT). Update spring 2021 deferred as no change to report.					
<b>Spinal Surgery Service</b>	Move of spinal surgery from PHT to UHS (from single clinician to team).	Living Well  Ageing Well	PHT, UHS and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Last Update March 2020 (UHS). Next update					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
				deferred due to pandemic.					
<b>Chase Community Hospital (Whitehill &amp; Bordon Health and Wellbeing Hub Update)</b>	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Update May 2022.	x				
<b>Integrated Primary Care Access Service</b>	Providing extended access to GP services via GP offices and hubs.	Living Well Ageing Well Healthier Communities	Southern Hampshire Primary Care Alliance	Presented July 2019, last update March 2022. Request further update July 2022 as extended access due to transfer to PCNs for Oct.		x			
<b>Orthopaedic Trauma Modernization Pilot</b>	Minor trauma still treated in Andover, Winchester and Basingstoke. An elective centre of excellence for large operations in Winchester.	Living Well Ageing Well Healthier Communities	HHFT	Presented September 2019, last update March 2021. Requested further update early 2022.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
<b>Out of Area Beds and Divisional Bed Management System</b>	Plan to tackle the Out Of Area (OOA) bed issue within the adult mental health services.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Presented September 2019, update Sept 2021. Update Jan 2021 on Abbey ward, to be notified when it opens (expected summer 2022)					
<b>Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme</b>	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire CCGs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020 and March 2021. Next meeting tbc as consultation on hold.					
<b>Building Better Emergency Care Programme</b>	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire CCGs	Presented in July 2020 following informational briefings. last update June 2021. Next update requested May 2022.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
<b>Proposal to create an Elective Hub</b>	Spring 2022 notified of plans to create an elective hub to help manage the backlog of elective appointments	Living Well Ageing Well Healthier Communities	CCG/ICS	Briefing note received May 2022 regarding plans to undertake capital works to provide additional theatre space specifically as an elective hub for the Hampshire area	x				
<b>Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.</b>									
<b>Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire</b>	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	<p>To await notification on inspection and contribute as necessary.</p> <p>Updates on hold during pandemic (unless priority due to new report or poor outcome)</p> <p>PHT last report received Jan 2020, update March 2020.</p> <p>SHFT – latest full report March 2022. Action Plan due May</p>	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
				<p>HHFT latest report April 2020 received Sept 2020. Maternity services due May 2022</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p> <p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p>	x				
<b>Independent Review of Southern Health NHS Foundation Trust</b>			Southern Health NHS FT	Stage 2 Report published in September 2021. Initial item Oct 2021, action plan at Jan			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
				2022 meeting. Latest update March 2022. CCG/ICS and Trust to update for Sept 2022.					
<b>Dental Services</b>	Concern over access to NHS dental appointments post pandemic	Starting Well Living Well	NHS England	Initial Item heard Nov 2021, written update March 2022. Further update requested for May 2022.	x				
<b>Primary Care Services</b>	Concern over access to GP appointments post pandemic	Starting Well Living Well Ageing Well Healthier Communities	HS&IOW CCG/ICS	Initial Item heard Nov 2021. Update received March 2022. Further update requested on demand and meeting the demand, timing tbc			X?		
<b>Sustainability and Transformation Plans: One for Hampshire &amp; IOW, Other for Frimley</b>	Subject to ongoing scrutiny the strategic plans covering the Hampshire area.	Starting Well Living Well Ageing Well Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group to undertake					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
				detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and report to HASC April 2019. Last report alongside WG report in Oct 19. Final papers circulated Nov 2019 (minus Appendices D and I) Timing of next update tbc					
<b>Urgent Treatment Centre Model</b>	Services offered by a UTC compared to a MIU or A&E	Living Well	CCG	Chairman and Vice Chairman visited Petersfield UTC Nov 2021, requested briefing for cttee on role and scope of UTC and moving from an MIU. Received March 2022.					



Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
<b>Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</b>									
<b>Budget</b>	To consider the revenue and capital programme budgets for the Adults' Health and Care department.	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care  (Adult Services and Public Health)	Considered annually in advance of Council in February (January) Transformation savings pre-scrutiny alternate years at Sept meeting.					x
<b>Integrated Intermediate Care</b>	To consider the proposals relating to IIC prior to decision by the Executive Member.	Living Well Ageing Well	HCC AHC	Initial briefing on IIC Oct 2019. Update tbc					
<b>Working Groups</b>									
<b>Sustainability and Transformation Partnership Working Group</b>	To form a working group reviewing the STPs for Hampshire.	Starting Well Living Well Ageing Well Healthier Communities	STP leads  All NHS organisations	Set up in 2017, met in 2018 and 2019. Report back to HASC Oct 19.	Will meet as needed going forwards.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
<b>SP23 Savings Proposals re Demand Management Grants and Social Inclusion Services</b>	Regarding services covering: substance misuse, stop smoking, sexual health, 0-19 public health nursing	Living Well Ageing Well	AHC Dept	Working Group proposal agreed Oct 2021. To feed in to pre-decision scrutiny May/June 2022.	Holding meetings starting in Nov 2021 to feed back to May 2022 HASC				
<b>Update/Overview Items and Performance Monitoring</b>									
<b>Adult Safeguarding</b>	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Last update Nov 2021. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)				x	
<b>Public Health Updates</b>	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Last item was pre-scrutiny of decision regarding SP21 savings Oct 2021 following summer 2021 consultation and working group.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
<b>Health and Wellbeing Board</b>	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	HWB annual report received June 2021.		X			
<b>Public Health Covid-19 Overview and Impact on Health and Wellbeing and Outbreak Control Plans</b>	To receive an overview on the three different aspects in relation to COVID-19.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HCC Public Health	First received July 2020. Updates to be received at each meeting until further notice. March 2022 agreed to stand down regular updates.					
<b>Adults' Health and Care Covid Response and Recovery</b>	To receive an overview of the systems that have been put in place by Hampshire organizations, partners and voluntary sector.	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC, Borough and District Councils, Hampshire Council for Voluntary Service Network, and voluntary sector	First received July 2020. Updates to be received at each meeting until further notice. March 2022 agreed to stand down regular updates.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
<b>Hampshire and Isle of Wight Covid-19 NHS System Approach Overview</b>	To receive a report setting out the Hampshire and Isle of Wight Local Resilience Forum response	Starting Well Living Well Ageing Well Healthier Communities Dying Well	Hampshire and Isle of Wight Integrated Care System Southampton City, West Hampshire and Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups	First received July 2020. Updates to be received at each meeting until further notice. To cover recovery once crisis period over. March 2022 agreed to stand down regular updates.					
<b>NHS 111</b>	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	Hampshire CCGs	Item on NHS 111 First Nov 2020 on link with Emergency Departments. Performance item March 2021. Further update Nov 2021. Requested update in 6 months.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	24 May 2022	5 July 2022	27 Sept 2022	29 Nov 2022	24 Jan 2023
<b>Development of Integrated Care Systems (ICS)</b>	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well	Hampshire CCGs	Item heard at Sept 2020 meeting regarding merger of CCGs due to take place April 2021. Last update Jan 2022. Request further update July 2022.		x			
		Ageing Well							
		Healthier Communities							
		Dying Well							

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

**Other Topic Requests for scheduling:**

June 2021 – request for update on water fluoridation powers in the Health and Care White Paper

July 2021 – request for a briefing on the ‘Carers and Working Parents Network’ (a HCC Staff Network. Requested by a member as a result of a member briefing on our workforce)

September 2021 – request for item on encouraging responsibility for health

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

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

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

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

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

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

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

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

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

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

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

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