

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker	Cabinet
Date:	29 September 2020
Title:	Adults' Health and Care – Year 2 Strategy Progress
Report From:	Director of Adults' Health and Care

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Purpose of this Report

1. The purpose of this report is to provide Cabinet with an update on the continued progress made by Adults' Health and Care over 2019/20 (the 2nd year) in relation to the Departmental Vision and 5 Year Strategy that was approved by Cabinet in April 2018.

Recommendations

2. That Cabinet:
 - a) Note and endorse the continued good progress made by Adults' Health and Care in the past year (year 2) against the Vision and 5 Year Strategy that was approved by Cabinet in April 2018.
 - b) Acknowledge the key achievement examples referenced in section 2019/20 progress (paragraphs 24-35) of the report.
 - c) Note the key work that is planned for 2020/21 (see section "the year ahead paragraphs 36-42), which, understandably is being heavily influenced by the on-going Covid-19 response and recovery.
 - d) Note that updated Covid-19 proofed Market Position Statements will be finalised and published in the second half of 2020/21.

Executive Summary

3. This report headlines the continued progress made by Adults' Health and Care over 2019/20 (the 2nd year) in relation to the Departmental Vision and 5 Year Strategy (aimed at maximising people's independence) that was approved by Cabinet in April 2018. A set of co-produced outward facing Market Position Statements (MPS's) were also finalised and published to complement the Vision and Strategy work. A robust and comprehensive 2019/20 business plan was worked to last year and regularly reviewed and reported on throughout the year to help ensure that the strong progress

towards the Vision and Strategy aims achieved in year 1, was built upon and taken further.

4. The challenging operating context including increasing service demand, complexity, system pressures, workforce availability and the continued squeeze on public finances was acknowledged and influenced the content and narrative across the different documents referenced above. That said, the approved Strategy was strong in ambition and included a number of 'where we will be in 5 years-time' statements to support what we expect to achieve. In the same vein, the MPS's contained clear and transparent commitments to the different provider groups covering Home Care, Residential and Nursing, Learning Disability and Mental Health services that combined, account for some £270m of annual commissioned spend within an overall Adult Social Care budget of just over £330m.
5. Undoubtedly, **Covid-19 is a game-changer**. The immediate future remains uncertain and in a service context, the Department is still partly in response mode and is party to on-going temporary or changing service delivery and financial arrangements with the NHS. There will be opportunities and threats arising from Covid-19 and these will clearly impact on Departmental performance, including its financial resilience and ability to secure remaining T19 and T21 savings across 2020/21 and beyond. The evolution of the department Strategy will also inevitably be affected, and future consideration will be given as to the impact of Covid-19 on the departmental vision, strategy, and Market Position Statements. However, within the context of post-Covid-19 working, as best we can predict, the existing pillars of the departmental strategy (as set out in paragraph 23) appear robust and appropriate in terms of what individuals and families wish to continue to see being developed.
6. The Strategy built upon the strengths-based direction of travel that had been adopted since 2015 to increase independence and help to increase efficiency and reduce cost. It also incorporated a stronger than ever focus on prevention and demand, recognising that over the medium-term, paid for services would increasingly only be able to be directed to the most vulnerable adults in society. The third and final key pillar of the strategy focused on bed-based and home-based Accommodation including Extra Care and Supported Living. Targeted investment in both areas helps to maintain and/or improve quality of provision and importantly reduces exposure to future revenue pressures.
7. Positively, the Department was able to build on the successes of 2018/19 and in the main made further good progress across most of the key business areas in the last year. Cabinet (and CMT) have been regularly apprised of the on-going improvements made in terms of Delayed Transfers of Care (DToC) and system working with the NHS/CCGs and with numerous other service performance highlights there remains a sense, some 2 years into the 5-year journey, that the Vision and Strategy aims remain sound and should, in the main, continue to be driven at.
8. Despite all that is good, there is no doubt that the challenges faced by the service are growing. Service demand both from hospital settings and from the community proved difficult to stem in 2019/20 and this resulted in the Council

agreeing to additional levels of on-going financial support as part of the outcome of the Government's Spending Round in September 2019. The Department has worked hard since this time to better contain service demand levels, especially in the Care at Home arena and did make progress up to the point of Covid-19 and lockdown.

9. So, whilst confidence remains that the strategic direction for the Department is the right one, DMT will take time in the period to the end of the year (assuming no second Covid-19 wave) to ensure that priority work areas receive maximum attention and during this period will work with service providers to review the MPS's and update these where necessary to ensure that focus is absolutely where it needs to be as we head into 2021.

Context

10. The main responsibilities of Adult Social Care are set out in three pieces of legislation; the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005. We currently have amendments to the existing legal frameworks, through the enactment of temporary Coronavirus legislation. However, as the overarching piece of legislation, the Care Act 2014 continues to extend the core foundational elements of both existing as well as laying down new responsibilities including:
 - promoting well-being
 - protecting (safeguarding) adults at risk of abuse or neglect
 - preventing the need for care and support
 - promoting integration of care and support with health services
 - providing information and advice
 - promoting diversity and quality in providing services.
11. The strategic context that Adults' Health and Care is currently operating in is very well trailed. In looking forward (pre Covid-19), especially the first half of this decade but arguably longer, it was expected that the different challenges faced by the Department would only increase. Covid-19 makes this more certain especially given the economic challenges that face a Government who have a comprehensive spending review to deliver and the small matter of presiding over the future of Adult Social Care.
12. Pre Covid-19, the Strategy, Vision, MPS's and annual Business Plans did provide clarity of purpose and enabled a clear direction for staff, for partners and providers and for existing and potential future service users and their families/friends to be set. It is recognised that in the light of Covid-19 there will need to be a review and a possible re-set in some areas.
13. In terms of the operating environment, demand for advice, help and support continues to increase, partly driven by an ageing population and partly because of the increasing number of children and younger adults with highly complex needs that are surviving into old age. Across the Strategy period, the number of people aged 85-89 remains on course to rise by 14% with an even higher (31%) increase in those aged 90 and above.

14. We know that the squeeze on public finances is set to continue through this decade and is almost certain to be worse than anticipated due to the economic effects of Covid-19. So, unless the Government does find a way to put Adult Social Care on a sustainable financial footing, we will continue to have less money in real terms to pay for Adult Social Care. Over the past year the Department has been double-running T19 and T21 and whilst progress has been made in 2019/20, significant savings across both programmes still remain to be delivered but now over a longer period due to the disruption of Covid-19. Further, whilst the Department has received additional on-going financial support to help mitigate excess demand levels in the past year, there is also a requirement to financially recover part of the ground that was lost by reducing the levels of paid for care, especially Home Care and Residential/Nursing Care. The long-term financial position remains especially uncertain. In the immediate term things will become clearer (although not necessarily better) upon the outcome of the comprehensive spending review. It remains unlikely that the CSR, in the current circumstances, will include the long-term solution for the funding of Adult Social Care and there also remains uncertainty regarding the extent to which the costs of hospital discharges will continue to be funded by the NHS – the temporary arrangements recently allow for the first six weeks to be funded by the NHS, but at this point in time only to the end of 2020/21.
15. Higher regulation (emphasis on quality) and the continued tough economic climate continue to impact on the viability of the provider market and this is especially true in the Residential and Nursing sector that saw occupancy levels fall from circa 90% and above to as low as 70% in the early months of the Covid-19 crisis. The County Council relies heavily on the independent sector across all care groups and commissions **some £120m (out of an overall £270m)** of paid for care services from the Residential and Nursing sector. In 2019/20 we saw the continued closure of some Care Home businesses adding to losses in the previous two years of a net 500 beds across the sector. There will be an undoubted further market re-set as part of 'recovery' from Covid-19 and one consequence of market consolidation alongside more stringent working conditions could be higher prices. Additionally, whilst overall there will continue to be sufficient bed-based capacity in Hampshire, the risks faced by the sector in terms of occupancy is likely to lead to further home closures – forecasting which homes may close, residential or nursing, and the impact upon the wider sector is impossible to currently predict. The strategy to widen the influence of our own in-house service operation continues to look a sound one both as a means of better containing costs but also to ensure suitable provision exists in specific Hampshire locations.
16. Whilst price is clearly an issue for providers, they, like us, have also been struggling to recruit and retain a skilled workforce in the face of competition from other parts of the economy and from general availability of labour – the latter, partly a consequence of the BREXIT outcome. Pre Covid-19 estimates that the overall workforce needed to increase by as much as 20% over the Strategy period due to the increase in the number of older people, higher demand for mental health services and increasing numbers of younger adults

with learning and physical disabilities will need to be reviewed and revised but clearly even a requirement to grow at, or around 10% is neither affordable or achievable. It therefore continues to place a premium on the success of our preventative work, our service transformation and modernisation work and on innovation and productivity particularly around the use of technology.

17. Our key public sector partners, particularly the NHS and Clinical Commissioning Groups (CCGs) are also facing their own operating pressures and although this has helped to positively bring different parts of the system closer together e.g. around DToC, the extent of the challenges being faced in the wake of Covid-19 is a cause for concern. Targeted integration work will continue to be taken forward as a means of reducing duplication, overlap, management structures and cost whilst maintaining service outcomes. Progress with the integration agenda is generally positive, albeit with much work still to be done with the CCGs to secure beneficial outcomes. Given the extremely challenging financial position for ourselves and our partners, as we look forward, the work will require a greater focus on those areas that can truly deliver tangible financial benefits.
18. Realising our Strategy ambitions in the light of the extremely challenging operating context we find ourselves in is clearly going to be an uphill struggle. There are though, numerous reasons to remain optimistic and two particular chinks of light are worthy of mention. These include our ground-breaking, innovative work in the technology field, including pioneering work with Cobots which offers so much for service users and the care workforce. We have also developed much improved and closer links with the Voluntary Sector and with volunteers which we will work hard to harness and maintain. This offers a means to slowing and/or reducing demand for paid for services through increased levels of meaningful local contact and support from the heart of communities across Hampshire.

The Vision and 5 Year Strategy – A Reminder

19. Our Vision is for Hampshire residents to live long, healthy and happier lives with the **maximum possible independence**. The Vision is being achieved by 'encouraging people to stay well', by supporting people to help themselves and by carefully working with people when they need the County Council's help.
20. The Vision is predicated on the well-established strengths-based practice. It places a strong emphasis on prevention (people staying well) and pushes further and harder at our strengths-based work by pointing people, partners, providers and our staff to play to people's strengths in the expectation that greater or low-cost contributions will come from family, friends and local communities including volunteers.
21. The Vision directly responds to the County Council's responsibility to promote well-being, to prevent the need for care and support and to provide information and advice (ahead of providing paid for services). Every piece of credible evidence points to people wanting to be free of state intervention, wanting to remain in their own homes for as long as is practically possible and to staying socially connected (networked). In almost all cases this results in

people living happier and more independent lives. Happiness is clearly difficult to measure but we know how important it is and we know that there is a direct correlation between isolation, health regression and then high cost institutionalisation.

22. With an ever-ageing population and worrying increases in mental health issues and social isolation cases, we are working harder and earlier at improving and maintaining (good) health and independence. We are benefitting in this regard from having the Public Health function now firmly embedded in the wider work of the Department. Success is key in our ability to stretch our reducing financial resources over a greater number of people who will require our help and support in the future. Our Vision and Strategy is based on us delivering against this challenging but realisable ambition.
23. Delivery of the Vision means focussing our efforts, time and resources into three key areas as follows. These include:

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

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

Accommodation: helping to maintain or increase the independence of people with the greatest needs including commissioning accommodation and directly providing in-house services. The County Council has a long tradition of facilitating community-based accommodation-based services e.g. Older Adults Extra Care, Younger Adults Supported Living (reducing institutionalised care levels) and for directly operating our own suite of residential and nursing homes and the Strategy was developed to build on and widen our involvement in different forms of accommodation.

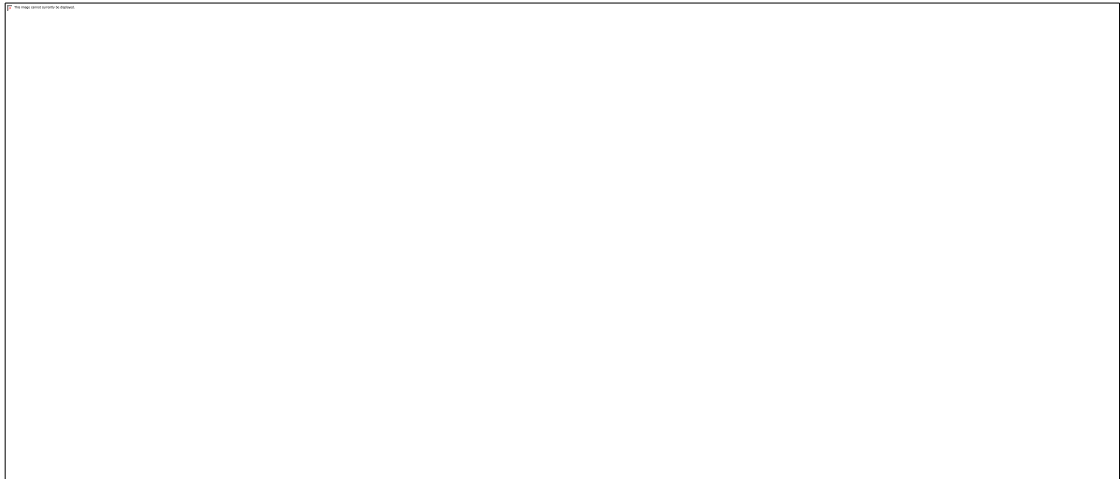
2019/20 Progress

24. As outlined earlier and building on the achievements of the previous year, further good progress has been made across 2019/20 in each of the above areas. Accepting the significant and on-going impact of Covid-19, we can take comfort that we went into lockdown in a healthy position service wise and this has enabled us to respond robustly to the challenges and to be as well placed as we can to 'recover'. There will undoubtedly be a knock-on for the timely delivery of our stated Strategy ambitions and MPS commitments but the journey we are on very much remains the right one. The following paragraphs outline some of the more key performance highlights for the past year serving to demonstrate the scale and breadth of the Department's work covering a myriad of different work areas.
25. The demand management agenda encompasses many strands of work. One is the web-based Connect to Support Hampshire site that has been

developed for professionals and new/existing service users to better connect them to forms of low cost or free support or information/advice that can keep people more independent for longer and thus away from paid for services. Over the past year regular use of the site has further increased with 272,100 user sessions recorded (25% more than the target). We have also continued to attract more GPs to use the site as an alternative to prescribing medicine. We have worked hard in the last year to strengthen the correlation between awareness, site use and reductions in contacts to the Contact, Assessment and Referral Team (CART) Service in Fareham. The latter remains key to the Demand Management efforts and has had a successful year including managing the integration into the service of the former HantsDirect resource.

26. On-going **DToC performance** has been regularly reported to CMT during 2019/20. Positively, this has seen the Department sustain the improvements that were achieved in the previous year albeit challenges remain in the hospital systems with demand and admission levels continuing to rise. The graph below shows the general downward trend but also demonstrates the up and down nature of performance. The data shows worsening absolute performance in September/October for the past two years – a consequence of the end of summer bank holiday demand and the systems then gearing up for the known winter challenges from the beginning of November. In each of the past two years DToC performance has actually improved during the winter period. Importantly, year by year, less patients are staying unnecessarily in a hospital setting and this is one means of reducing onward care demand, especially long-term care levels. Since mid-March 2020 the need to ensure acute capacity was in place in advance of an expected surge in acute-Covid-19 admissions has seen the numbers of people awaiting transfer from hospital settings reduce significantly. Essentially, each acute system and moreover the wider system to support out of hospital care has attempted to re-set in the face of the challenge being faced / feared¹. That said urgent care demand has slowly but sustainably begun to increase over the last 6 months.

¹ Note - since February 2020 recording of Delayed Transfers of Care have been suspended by the NHS, however, bed delays of any kind have been a fraction of those since measures undertaken in response to Covid-19 have been enacted.

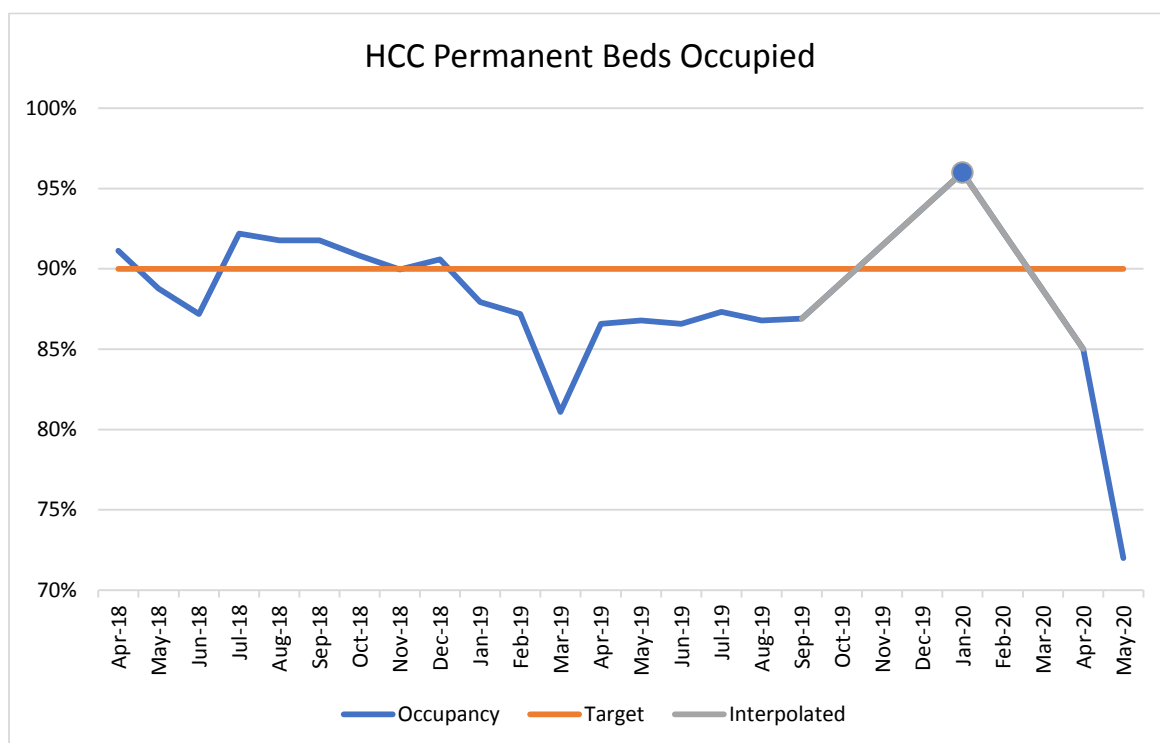


27. However, the rapid discharging of patients from acute hospital settings has been built upon a range of factors; improving patient flow results from any number of contributions, and foundations to create acute hospital capacity had foundations laid in many areas of work and transformation – though many have been years in the development and were enacted within days of the size and severity of the predicted Covid-19 impacts coming into clear sight in mid-March 202. These include, but are not limited to, the adequacy of **Care at Home** provision, which continues to serve us well following the very successful transformation work the previous year, the quality and productivity of the Department's **Reablement** function which supported more clients within existing resources last year than ever before mainly as a consequence of reducing average length of stay to nearer 21 days from some 28 days at the beginning of the year (see below). Further, the performance of our **Hospital Social Work** teams has also improved linked to the re-purposing of budget provision to support additional investment in senior management positions. These and other factors were all brought to the fore.



28. In the Younger Adults service area a notable achievement in the past year has been the **establishment of a dedicated Physical Disabilities function** following the transfer of the service from what was Older Persons and Physical Disabilities (OPPD). This change is designed to ensure that people with Physical Disabilities receive better and more focused help and support and also means that overall workloads across the Department's main two service disciplines is now better balanced. Preparations are well advanced for a new (co-produced) Market Position Statement to be finalised and published further signalling the intent to better serve a relatively small but fundamentally important service user group.
29. HCC Care has enjoyed another very successful year. The service managed to maintain **good or outstanding ratings for all of its Older Adults residential and nursing care homes** and achieved occupancy levels between 90% and 95% for the six month period directly leading up to Covid-19 lockdown towards the end of March this year (see graph below). However, as shown in the chart occupancy through excess deaths and a lack of placements have fallen significantly since January 2020. We are transforming a range of our care home establishment into short-term step-down facilities, both to enable rapid transfers from hospital settings and to

enable a period of post-hospital quarantine to avoid transmission of Covid-19 into care home settings (where Covid-safe quarantine may not be available). The re-purposing of such facilities are being funded through NHS funding made available by Government in response to the Coronavirus pandemic. The end of the year saw the planned (successful) hand back of **Harry Sotnick House** to Portsmouth City Council following a two year period in which we had secured a 'Good' CQC rating for a home that was rated as inadequate at the point that we had temporarily took over the responsibility for running it.



30. Staying with HCC Care, the **cost of running the service reduced in 2019/20** enabling a previously concerning budget gap to be significantly reduced and on course to be closed completely in 2020/21 and a strategic review of the service was also commissioned and completed. The review outcomes, which will be reported to CMT and to Cabinet when 'recovery' from Covid-19 is more secure, concluded that that the service future should be built around three main domains: complex care, dementia care and transitional (short-term) care. Plans are being developed to clarify how elements of the existing service can be appropriately re-purposed including any necessary capital investment in order that the 10-15 year plus strategic direction can be successfully executed. Importantly, the strategy remains the right way forward even in the light of Covid-19 and arguably there are now stronger reasons to deliver on it, especially in the transitional care arena.
31. Improved independence and managing demand (reducing the levels of paid for services) is a key feature of our continued focus on how **technology** can play an even bigger role for people requiring help and support. As reported previously the County Council, working in partnership with PA/Argenti, is leading the way in the field of **Technology Enabled Care (TEC)** and has in

excess of 5,000 service users benefitting solely from TEC as opposed to the more traditional and the significantly more costly, paid-for services. The first year of the new (up to 10 year) contract with Argenti has been a real success with the cost efficiency target exceeded by £1m, strong foundations laid for a sizeable and increasing contribution to be derived from the 'Private Pay' market and a positive start to cobot user trials which is ground breaking work in a European Adult Social Care type environment. The cobot work has the potential to benefit service users, carers and front-line staff in terms of moving and handling and in the latter cases is already delivering tangible albeit early welcome results.

32. Another arena in which the County Council's leadership credentials are well recognised is **Public Health** and over the past year we have successfully formalised and extended our leadership role with the **Isle of Wight**. This reflects well on the efforts of the team to stabilise the Island operation and to deliver successfully in terms of transforming the service. In a Hampshire context the above serves to enhance the overall resilience of the service and this has been invaluable given the truly significant challenge that Covid-19 has meant for the service.
33. Key enablers for the above (and a much wider array of impressive performance achievements) aside from the continued disciplined approach to Business Planning including focused and transparent quarterly DMT/SMT reviews, has been the different **but consistently strong contributions of staff across the Department, especially, but not limited to front-line operational staff**. The foundations for this are many and varied but include the additional focused support for the Practice Network for operational managers and staff enabling it to further develop and to oversee positive changes in operational leadership and social work practice. In the former case, the restructure of the operational community teams has resulted in a leaner senior management approach, a consolidation of teams and a change in skill mix. The changes, that are being introduced this year and next are also allowing T19 staffing savings to be secured.
34. Clearly not everything has gone well across the year and by the very nature of the overall service area there have been challenges to manage. Despite our improved DTOC performance, **our interaction and working with the Acute Hospitals still has room for improvement**, and in particular, needs to be simpler and thus more stable. Additionally, integration work with the NHS, be it in Integrated Intermediate Care, Learning Disabilities or Mental Health has further progressed, but more slowly and in some different ways than was anticipated at the beginning of 2019/20 - in light of Covid-19 it will be difficult to regain momentum in the current year for some of the integration opportunities previously identified, whilst for others Covid-19 has provided an operational transformational opportunity that has allowed us to rapidly change elements of operational practice, rather than require a more traditional slow, iterative series of step-changes.
35. Last but by no means least, **the Department had an especially challenging year financially**. Operationally demand for services, especially in the first half of the financial year (and on the back of higher growth during

the previous few months of 2018/19) was not able to be contained resulting in additional Council resources being agreed following the outcome of the Government's Spending Round in September 2019. Additionally, whilst progress was made with both the legacy (planned overrun) of T19 and the first full year of T21, savings achievements were behind forecast as at March 2020 and with Covid-19 impacting on most aspects of the transformation programmes it will be some time before the financial situation will be back under absolute control. Whilst accepting that these difficulties extend beyond Adults and have been continuously trailed in MTFS reports this year, the underlying financial challenges for the Department are immense and will require on-going close and robust management.

The Year Ahead – 2020/21

36. In any typical year, this report would have been debated early in the new financial year and the following paragraphs would have mainly built on a lot of what has already been described. Covid-19 has dramatically changed things, coming as it did ahead of the start of the current year and requiring a response that in any number of service areas is still on-going and/or is morphing, albeit slowly into stabilisation and recovery.
37. The Department is head long into transitioning from the major shielding programme that has seen a colossal, multi-organisational effort involving the County Council, District Councils, the NHS, other public sector partners through the Local Resilience Forum and the Voluntary Sector as well as an army of volunteers organising and in a number of cases providing personalised support for tens of thousands of the most vulnerable Hampshire residents, many of whom have not left their homes since lockdown at the end of March. Although the shielding programme officially ended at the end of July there are any number of work strands still being pursued including, but certainly not limited to the review and re-instatement of paused care and work with volunteers to try to maintain significant levels of community input so that vulnerability and isolation does not manifest itself into paid for service demand. Work to recover day services will also help in this regard.
38. Market resilience has been a critically important focus for the Department since the outset of Covid-19 as providers have faced additional costs and seen operations (and thus income) reduce, sometimes significantly so e.g. the Residential and Nursing market which saw occupancy levels (combining private and public clients) reduce to around 70% from an average of c90% pre Covid-19. The County Council has been quick to support the different care sectors both with our own resources and in terms of distribution of the Government Infection Control grant but it is clear that vulnerabilities remain and that there will be an inevitable market reset. A strategic Care Home support plan has been developed with the NHS, CQC, the Hampshire Care Association (HCA) and Healthwatch and executing this plan which covers a number of work strands including training, use of technology, information management and communication and engagement, will be a key focus over the remainder of 20/21 and beyond. Positively care home occupancy overall across Hampshire is showing signs of recovery, standing at 80%+ in early

September. However, the sector is not yet resilient to the same degree it was pre-Covid-19 and will remain fragile for some time to come.

39. Building on the focused work with (all) Hampshire Care Homes, all upper tier authorities have been given Outbreak Planning and Control responsibilities from Government as the move to managing Covid-19 from central control to local control evolves and intensifies. The new responsibilities led by the Director of Public Health within Governance arrangements that have been developed and agreed with the Leader and the Chief Executive. This includes managing Covid-19 outbreaks at the local level. The Outbreak Planning and Control responsibilities rightly extend beyond Adult Social Care service areas e.g. into Schools and other at high risk settings. The new responsibilities mean that the County Council is obliged to decide on and enforce any actions lockdowns that may be required to manage the pandemic in Hampshire. It is acknowledged that the Adults' Health and Care Departmental strategy is bound to be affected by the Outbreak Control Plan specifically and Covid-19 more generally. Note that further detail regarding the Outbreak Control Plan is included in the Covid-19 update report also being presented at this Cabinet meeting.
40. Another an important work area for the Department, in collaboration with the NHS, is Hospital Discharges. Despite successful efforts in the early response to Covid-19 to achieve same day discharges in order to free capacity in the Acute hospitals, service demand has been gradually returning to more normal levels and with winter just around the corner and further Covid-19 waves very much a distinct possibility this will remain a major challenge for all concerned. Undoubtedly one of the key enablers for the improved system discharge performance was the decision by Government for the NHS to fund all discharges and whilst this has now transitioned to the NHS funding just the first six weeks of a discharge, the funding arrangements are still favourable from a County Council perspective and offer the opportunity for a more focused and more efficient Discharge to Assess (D2A) model to operate throughout autumn and winter.
41. Whether or not the funding arrangements return to what they were pre Covid-19 remains to be seen (it is expected that they will) but if D2A is a success over the coming months it will pose an interesting question for the local NHS who will be keen not to see the benefits of improved flow and improved patient outcomes being lost. There is a lot to play for in this space, not least because HCC Care are set to play an integral role in the execution of the D2A model and from a staff efficiency perspective for both front line Social Workers and the County Council's Brokerage function. Interestingly, securing integration benefits in the 2 to 3 service areas where ambitions remain strong will provide part of the means to sustainably fund the D2A model going forward. Perhaps the desire not to forego the latter might provide the impetus for a more focused pursuit of the former?
42. Adding to the above, there will be any number of other key work areas that the Department will need to continue to drive at. Just some of these include re-building momentum with our T19 and T21 transformation (savings) programmes, re-establishing (getting back on track with) our Older Adults

Extra Care and Younger Adults Supportive Living in-flight construction projects. We also know that it remains essential that we continue through various means to better manage demand/care volumes and that applying Strengths-Based practice, maximising TEC opportunities and working harder to divert people away from paid for care are ever more important for our staff and are absolutely not optional. All of the above (and more) have been captured in a refreshed 20/21 Business Plan that has been developed and agreed and is helping to guide us through the remainder of what will go down as the most challenging business year, perhaps ever. Given the complexity of the work programme the Business Plan necessarily has a stronger emphasis this year on performance metrics and on our recording, monitoring and reporting of risk.

Conclusion

43. The Adults' Health and Care Department has largely enjoyed another strong year across a range of service areas during 2019/20 with continued good progress made towards the 5-year Strategy ambitions and our MPS commitments. Given the increasingly and wide-ranging challenging environment in which the service operates, the performance over the past year is especially positive.
44. The premium on transforming the way we work in order to maintain and/or improve service outcomes at reduced cost was, pre Covid-19, already high. It required everyone from partners, providers, staff and clients to be working to a coherent and consistent script. The Cabinet approved Adults' Health and Care Vision, that at its heart promotes well-being, happiness and independence, together with the 5-year Strategic Plan that is rightly aspirational and ambitious but constructed in a manner that makes it realisable, is that script.
45. The disciplined approach to Business Planning provided the foundations for the Department to again succeed over the past year. Staff contributions have been significant in all areas of our business and increasingly the contribution from other parts of the County Council has been excellent (in many different ways) and is acknowledged across DMT and the Department generally as a key success factor.
46. As we look forward, it absolutely goes without saying that Covid-19 will have a profound effect on the service. The response to the unprecedented public health crisis has been immense and inspiring. Attention now is rightly, but carefully being orientated to 'recovery', but the immediate future remains very uncertain. The Strategy ambitions and direction of travel remain the right course for the Department to be on and undoubtedly there will be opportunities that need to be seized e.g. in maintaining significant volunteer input or in terms of establishing more efficient and sustainably lower cost discharge arrangements with the NHS. Demand for help and support will return to pre-Covid-19 levels and a major challenge going forward will be to better contain it as the main means to stay financially resilient. We must hope that the CSR outcome later this year does not add to the significant financial challenges already being faced.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Adults' Health and Care- Vision and Strategy	<u>Date</u> 16 April 2018
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited 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.

1.2 Equalities Impact Assessment:

This is an update report and any service specific proposed changes resulting from execution of this strategy and any associated equality impact assessments will be taken forward in the appropriate manner.