

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on
Friday, 21st July, 2017

PRESENT

Chairman:

p Councillor Roger Huxstep

Vice-Chairman:

p Councillor David Keast

p Councillor Martin Boiles
p Councillor Ann Briggs
a Councillor Adam Carew
p Councillor Fran Carpenter
p Councillor Charles Choudhary
a Councillor Tonia Craig
p Councillor Alan Dowden

a Councillor Steve Forster
p Councillor Jane Frankum
p Councillor David Harrison
p Councillor Marge Harvey
p Councillor Pal Hayre
p Councillor Mike Thornton
a Councillor Jan Warwick

Substitute Members:

p Councillor Neville Penman

Co-opted Members:

p Councillor Alison Finlay
p Councillor Barbara Hurst
VACANT
VACANT

In attendance at the invitation of the Chairman:

p Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health
p Councillor Patricia Stallard, Executive Member for Public Health

12. APOLOGIES FOR ABSENCE

Apologies were received from Cllrs Steve Forster and Jan Warwick. Cllr Neville Penman, as the Conservative standing deputy, was in attendance in their absence.

13. 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.

14. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 20 June 2017 were confirmed as a correct record.

There were two matters arising from the Minutes:

- Minute 3: The Chairman had circulated the response from the Executive Member, and would leave the local County Councillors to take forward the suggestion to work with the Kings Worthy Parish Council.
- Minute 9: The Care Quality Commission report has not yet been published for the Trust; once available, this would be distributed to the Committee.

15. **DEPUTATIONS**

No deputations were received at this meeting.

16. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman did not make any announcements.

17. **HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN**

The Sustainability and Transformation Plan (STP) Director of Transformation and Delivery attended for this item alongside officer leads for the work streams covering estates, workforce and new models of care/the GP forward view (see Item 6 in the Minute Book). The Director of Adults' Health and Care and the Director of Public Health also joined the meeting for this item, in order to speak to work streams they were leading or contributing to.

The Director of Transformation and Delivery noted that she was newly in post and responsible for overseeing the 11 programmes taking place under the STP heading, which covered the geographical areas of Hampshire, Isle of Wight, Portsmouth and Southampton. The STP itself was incredibly broad and wide-ranging in its delivery, and therefore there was a significant amount of information in the update. The HASC would wish to consider how it could break down this information in future, but the aim of today's session would be to drill down in to the areas of estates, workforce and primary care.

Currently the STP was on course to deliver a surplus, but this was not guaranteed; to this end, significant work was being undertaken to understand the financial risks, with mitigation plans put in place where needed. This also included checking the commissioner and provider alignment, ensuring that there was a system-wide approach to cost reduction, and no risk of cost shunting from

one part of the NHS to another, or from health to social care. The efficiencies and savings that successful implementation of the STP might realise would see benefits for both providers and commissioners, with, for example, better sharing of back office functions fundamental to savings being achieved. Another key area where savings could be achieved just through better partnership working was procurement, and using the purchasing power of large organisations working together.

Southern Health NHS Foundation Trust had recently taken the decision as part of their clinical strategy to cease the provision of community physical health services, which would require a transition of these services to a new provider. Southern Health had requested that this take place by April 2019, when contracts were due to end, and would from this time be a specialist mental health and learning disabilities provider. A transition board had been set up to this end, with Hampshire CCG Partnership leading this work. The key aim of this work would be to ensure that services remained safe and of a high quality whilst a new provider was procured.

Overviews were provided of core delivery and enabling programme activity. Further to the paper circulated, Members heard:

- That it was important that the STP remained linked into national work in order to exploit resources available and learn from best practice in other areas.
- That work was being accelerated around out of hospital care, and ensuring that primary care was sustainable. The STP aimed to enable best practice to be shared and built on faster through local delivery systems. This would be achieved by setting a consistent framework for delivery, acknowledging that local teams best understand their population and how services can be organised to best meet their needs. This also included targeted work on those at high risk of requiring intense support from health and social care, and planning for their needs in an integrated way, preventing the need for urgent care services and repeat admissions.
- One of the benefits of the new models of care programme was the ability for these to be locally determined and accessible, but also tasked with empowering people to take responsibility for looking after their own health. To this end, success had been found by using the skills and experience of the voluntary sector and community assets, e.g. through the care navigator role in GP surgeries, who would be better able to signpost patients on to support services, providing a greater holistic care model than just the GP.
- On the estates enabling programme, regular meetings were taking place between Directors of Estates in provider organisations, NHS Property Services and commissioners in order to push forward on efficiency of the estate (i.e. making better use of buildings) or to identify estate for new models of care (i.e. urgent care centre locations). This programme would focus on proactivity, and creating space in the right places.
- The estates work stream worked to the ethos of 'one public estate', with work specifically being undertaken with district and borough councils to get the best use out of community assets.
- One of the key deliverables for the estates enabling programme had been the creation of a centrally-held database, which listed all of the 657 buildings used by health and social care, with locations, use and condition

all now recorded. This had made finding buildings for new services and hubs easier, and had removed some of the silo-working mentality from the previous approach to estates.

- It was felt that the workforce enabling programme was one of the key priorities across the geography, as the entire STP was dependent on having the right staff, in the right place, at the right time.
- Currently approximately 87,000 staff were employed across the STP geography, with approximately 44,000 working in health, and 43,000 in social care.
- Staff turnover was approximately 5% above the national average for these sectors in the STP geography. In domiciliary care, this turnover was as high as 40% annually. Of the workforce leavers in the NHS, approximately 24% were moving to another provider in the same geography, with the annual cost of recruiting to a vacant position being between £6,000 to £9,000. In February 2017, approximately 2000 of these leavers would have moved between provider organisations, costing the system on average £1.5m in recruitment and transactional costs.
- Therefore retention was a major challenge for the STP to consider and find solutions to; reviewing how organisations offer attraction and retention rates, the range of pay scales, incentive schemes, and development programmes for staff. Standardising some of this practice, and tackling the variance of pay across the geography would be one of the likely outcomes.
- There were five key work programmes within the workforce strand; attracting and retaining staff; temporary staffing; statutory and mandatory training; policies and procedures; and talent management and leadership. Many of the organisations across the geography had best practice approaches to these topics and part of the STP's role would be to identify those that could be shared and benefitted from by all. Collaboration would be key to the workforce issue; currently all providers tended to act as sovereign entities but benefits would be realised if the approach to staffing was tackled together.
- A large volume of work was ongoing relating to prevention, with Hampshire, Isle of Wight, Portsmouth and Southampton seeing work take place around being second wave implementers for diabetes education, training and conversations, leading work around digital solutions for lifestyle services, and reviewing approaches to falls prevention, obesity and alcohol. The prevention at scale delivery programme would also act as an enabler for other areas, ensuring that prevention is fully embedded in health and social care services, delivering improvements now to realise savings further upstream.
- The Director of Adults' Health and Care had been specifically involved in the urgent and emergency care work stream, where much of the focus related to people remaining in hospital for longer than necessary, and not being enabled to live with support at home as quickly as they needed it to remain independent for as long as possible.
- Nationally approximately 9% of beds in acute settings were being used by those who were medically fit but waiting for a care package or further onward NHS care, either through adult social care, NHS providers or privately, and the Government's challenge was to reduce this to 3.5% by September. A significant amount of work was being undertaken nationally and locally to realise this.

- The Integrated Better Care funding, of which £2bn had been announced for social care, was short term money that would drop off in three years' time. Hampshire had been allocated £37m of this spread across three years, which would be targeted in the following areas:
 - Supporting social care around demographics and complexity of need, noting the ageing population and cost of providing serviced to people with co-morbidities.
 - Reducing pressure on the NHS by supporting more rapid discharge.
 - Supporting provision in the private market, given the national experience of providers handing contracts back or failing.

Councillor Mike Thornton arrived at this point in the meeting.

In response to questions, Members heard:

- That there were many important areas of health, social care and wellbeing that aren't covered in the STP; the core programmes in this document were those where significant change could be achieved by partnership working. Services for people with autism were primarily commissioned by CCGs.
- That significant savings could be made by reviewing back office functions and joint procurement activity. National reviews, such as the Carter review, had highlighted how provider organisations can do more to be efficient. In addition, working in partnership would achieve greater economies of scale, both through commissioned services and the buying of supplies.
- The transition board overseeing the move of Southern Health's community physical health services would also be considering how services could be delivered differently, contracting for different and better quality outcomes.
- One of the major challenges for the STP would be how to make the GP workforce sustainable. Retention of GPs was a significant issue, both through pressures relating to workload and vacancy management, and with the workforce generally being older and more likely to retire in the next five years. Part of the solution might be creating sustainable roles, which would see GPs working in a portfolio way with particular specialisms, and new roles being developed to reduce the workload impact on doctors.
- That a key focus of the core work streams was supporting people to stay well for as long as possible, so that the finite resource that is available can be targeted towards those with life-limiting and complex conditions. Better use can also be made of technology, which is a key underpinning work stream, to support people at home.
- Following the Government's ambition to reduce delayed transfers of care from 9% to 3.5% nationally, the Director of Adults' Health and Care expected to meet this target, but did not have full confidence that this would be achieved by 1 September. However, measures were in place and trajectories agreed with each local system to reach the targets by April 2018.
- Part of the role of the STP Director of Transformation and Delivery was to ensure that each work stream had tangible dates and outcomes attached to them, including outlining the key tasks that would need to be

completed. A group met on a monthly basis to understand progress and where there were risks to delivery.

The Chairman noted that the STP was a complex and detailed document, and suggested that in order to ensure timely and regular scrutiny of this and the Frimley STP, the Committee may wish to consider convening a working group for this purpose. Members were agreeable, and the Chairman suggested that those with an interest in this subject matter correspond with the scrutiny officer, in order to register their interest in its membership.

RESOLVED

That the STP core programme update is noted.

That Terms of Reference for an STP working group be brought to the next meeting for consideration.

18. **ADULTS' HEALTH AND CARE: TRANSFORMATION TO 2019**

The Director and Deputy Director of Adults' Health and Care attended before the Committee in order to present the Transformation to 2019 report, as well as an accompanying presentation (see Item 7 in the Minute Book).

Members noted that briefings on Transformation to 2019 were starting to begin, which would see an additional £140m in savings from the County Council's budget being identified over the next two years. Of this, £56m would need to be achieved by Adults' Health and Care.

The report and presentation aimed to provide the Committee with details around the previous transformation programmes, as well as an overview of the potential work streams in the future. Paul Archer, the Deputy Director, had previously led a number of cost reduction programmes across the Council in his other role as Director of Transformation and Governance, and would bring this experience to Adults' Health and Care.

Although the transformation programmes often focused on cost-saving, many of the changes since 2010 have seen investments in technology in order to work as digitally as possible, enabling frontline workers to spend the largest proportion of their time helping people. Further efficiencies would not result solely in cost reduction through contracts, but would focus more on innovation, reducing specifications where this was not helpful to providing sustainable services, and improving joint working.

The outline budget for Transformation to 2019 would be heard in September, which would outline the major themes of this work:

- Prevention and demand management
- Older People and Physical Disabilities – assisting to live (more) independently
- Learning Disabilities and Mental Health – assisting to live (more) independently
- Working differently

Similar to the discussions held during the STP item, the Department were aware that changes made should not shunt costs from one organisation to another, and that service users needed to be at the heart of changes proposed. Additionally, it would be important to remain alive to ensuring that changing ways of working would not result in service users presenting with greater challenges in future because prevention has not central to services.

The £37m being allocated over a three-year period would be monitored by the Health and Wellbeing Board and the Department of Health, and the aim of this funding was primarily investing to save.

In response to questions, Members heard:

- The 'Balancing the Budget' public consultation began at the start of July and would run towards the end of August. The decision-making cycle would work to a February Full Council budget meeting.
- That funding for disabled facilities grants are paid to upper tier authorities and routed to District and Borough Councils, a sum of approximately £10m a year. Decisions on such grants should be collaborative, as the County Council has the social care responsibility and is often therefore required to make recommendations to the District or Borough Council for their funding approval.
- The County were aware that each District and Borough Council in Hampshire also have their own efficiencies to make and corporate priorities, but the question should still be asked on how all public sector bodies can work better together. Adults' Health and Care had very good working relationships with local authorities across the geography and already worked well collaboratively. A lot of the challenges were replicated at both tiers of local authority, and all worked for the same population. The topic of social inclusion was a key area where all Councils would need to work well together.
- Hampshire offered a range of carer support services, some formal and some informal. Not all carers identify themselves, but given that the value of informal care nationally is estimated to be over £150bn a year, it was imperative that support and respite was made available to those carers who require it. Part of the Council's role in this would be in creating supportive communities, and it also had a duty to provide caring support to people who are eligible to receive this.
- The Director of Public Health was leading work in the Council on how to reduce demand for Adult Services, ensuring a holistic approach to prevention. There were opportunities to make better use of the assets and resources that the Council already has.
- The £37m previously noted was short term money, and this will have been exhausted by the time the £56m of savings would come out of the budget, as a recurrent saving. The aim would be to pump prime some of these efficiencies, by investing to save in the short-term.
- The vast majority of people do leave hospital in a timely manner. The majority of those whose discharge is delayed have complex needs, need a specific care package, or require time to make a decision about where they should receive future care. The Department takes regular snapshots of performance, and routinely less than 80 people in Hampshire are delayed for a social care reason.

- In terms of the domiciliary and nursing care at home market, consideration was being given as to how staff are given the time they need to enable service users to look after themselves independently e.g. assisting an individual to get dressed on their own, rather than dressing them. Care should always be of a good standard, but the wider issue remained that capacity in the care market was shrinking, so thought had to be given as to how to use finite capacity in the best way possible, e.g. through better use of technology (such as medicine reminders) and reducing social isolation.

It was outlined that the recommendations in the paper requested that the Committee note the challenges facing the Department in terms of this further round of transformation activities, and requested Members' help in forming a working group, which would provide appropriate checks and balances to the social inclusion work stream of the programme. Members were agreeable to this suggestion.

RESOLVED:

That the Committee:

- a) Noted the £140m Tt2019 programme challenge, headline timetable and within this noted the Adults' Health and Care target of £56m.
- b) Noted the T19 approach being adopted by the Department and some of the key highlights emanating from the early opportunity assessment work described in section three of the report.
- c) Acknowledged the engagement challenge across a range of important stakeholders as set out in section four of the report.
- d) Agreed to the establishment of a HASC Member working group to specifically provide oversight and scrutiny to a forthcoming review of Social Inclusion services. That Terms of Reference are provided to the September meeting of HASC for consideration and agreement..

19. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 8 in the Minute Book).

RESOLVED:

That the Committee's work programme be approved, subject to any recommendations made at the meeting.