AT A MEETING of the Health and Adult Social Care Select Committee of HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Wednesday, 17th January, 2018

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
p Councillor David Keast

a Councillor Martin Boiles
p Councillor Ann Briggs
p Councillor Adam Carew
p Councillor Fran Carpenter
p Councillor Charles Choudhary
a Councillor Tonia Craig
a 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
p Councillor Jan Warwick

Substitute Members:
p Councillor Neville Penman

Co-opted Members:
p Councillor Tina Campbell
a Councillor Trevor Cartwright
p Councillor Barbara Hurst
a Councillor Alison Finlay

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

40. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Martin Boiles and Steve Forster. Councillor Neville Penman, as the Conservative standing deputy, was in attendance in their place.

Apologies were also received from Councillor Alan Dowden and Co-opted Members Councillors Trevor Cartwright and Alison Finlay.

41. 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.

42. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 21 November 2017 were confirmed as a correct record, subject to the addition of Cllr Frankum's apologies, and signed by the Chairman.

43. DEPUTATIONS

The Committee did not receive any deputations.

44. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made three announcements:

Joint Health Overview and Scrutiny Committee (JHOSC) Dorset Clinical Services Review

Cllrs Keast and Harrison attended a meeting of the JHOSC on 12 December, where updates were heard from Dorset Clinical Commissioning Group (CCG), the affected Hospitals, Ambulance Trust and Local Authority on the progress of work undertaken on the CCG's now agreed option to centralise urgent care at Bournemouth Hospital, and planned care at Poole Hospital.

The Dorset HOSC had made an outline decision to refer the review to the Secretary of State, and had put a recommendation before the JHOSC to support this referral (as all local authorities making up the JHOSC had not delegated their powers to refer to the Secretary of State for Health). At the end of discussion on the issues, the JHOSC voted not to support the referral. Since this time, the Dorset HOSC had decided not to progress a referral to the Secretary of State.

Further work was ongoing, specifically with the ambulance service serving the Dorset population, and a further meeting of the JHOSC would be held in due course.

Cllrs Harrison and Keast noted that this was a positive development for Hampshire residents.

Day Opportunities Consultation and Workshop

The HASC held a successful workshop on 7 December with officers from Adults' Health and Care to understand proposals relating to day opportunities, and to

work in groups to provide feedback and ask questions. The outcomes of this session were compiled into a response from the HASC to the consultation, which had been circulated in its final form to Members.

The HASC were due to consider the final outcomes of the consultation at a pre-decision scrutiny item on 27 February, in advance of the Executive Member meeting on 13 March.

Working Groups update

The two working groups of the HASC, on social inclusion and sustainability and transformation partnerships, had both met and would report to the Committee in due course.

45. **PROPOSALS TO VARY SERVICES**

NHS NORTH HAMPSHIRE CLINICAL COMMISSIONING GROUP AND NHS WEST HAMPSHIRE CLINICAL COMMISSIONING GROUP: TRANSFORMING CARE SERVICES IN NORTH AND MID HAMPSHIRE

The Chief Executive Officers from Hampshire CCG Partnership (representing North Hampshire CCG) and West Hampshire CCG presented a report on Transforming Care in North and Mid Hampshire (see report, Item 6 in the Minute Book). Also in attendance was the Chief Executive of Hampshire Hospitals NHS Foundation Trust, the Programme Director for Transforming Care Services, and the Clinical Chair of North Hampshire CCG, in order to answer questions from the Committee.

Members heard that the CCGs and Trust had been working closely together, as well as with other acute hospital trusts and social care, in order to arrive at the proposals considered on 30 November. The papers considered at the joint meeting in public of the two CCGs highlighted the significant work that had been ongoing, including progress made by the clinical reference groups and stakeholder groups. The proposals had benefited from input from both University Hospital Southampton NHS Foundation Trust and Frimley Health NHS Foundation Trust as the two acute services potentially impacted by any change to how Hampshire Hospitals are organised, as well as that from clinicians and GPs, and representatives from both Winchester and Basingstoke Councils.

Through joint working, a shared vision for health and social care had been developed, which focused on both in and out of hospital care. This vision would meet best practice and enable access to specialist care for the sickest and most dependent patients. It also aimed to tackle the challenge of a changing population demographic in Hampshire, with data showing that there was an increase of people in Hampshire who are ageing and suffering from long-term chronic conditions.

The CCGs and their partners recognised that there had been a lot of changes since 2012, not least the current financial situation which was much more challenging for the NHS. Since this time, there had also been the publication of the national NHS strategies on the ‘Five Year Forward View’ and ‘General Practice Forward View’, which had impacted significantly on how service

changes are delivered. These developments in NHS policy had also introduced the need for hospitals to provide specialist care 24 hours a day, seven days a week. Greater working between the NHS and social care through the Better Care Fund was also an important development, with much more impetus on working in partnership to provide joined up care.

For the reasons above, the CCGs had felt it appropriate to revisit the approach taken to reviewing services in North and Mid Hampshire, although it was appreciated that it had been a long journey to reach this point. In reaching the most recent set of proposals, the CCGs had felt it important to engage with external partners to develop what the future of all services, including primary care and community services might look like, rather than a sole focus on acute services, and through this, a new hospital building. A piece of public engagement work had been undertaken, asking the local population whether they understood centralisation and the impact this had on access to services. The outcomes had been that generally the public do understand and support centralisation, as long as services remain accessible, accepting that this approach provides safer care in the long term. The only caveat to this finding was for maternity services, where the public were more hesitant about supporting centralisation.

At a meeting held in public on 30 November the two CCG Boards had concluded that building a new Critical Treatment Hospital was not the preferred option for the future of services in North and Mid Hampshire, with the approach agreed to instead centralise services within the three Hampshire Hospitals sites already in existence. To this end, the CCGs would continue working in partnership with the Trust to bring this model to fruition, which was felt by all parties (should the model be the right one) to meet the needs of the changing Hampshire population.

Since the decision was taken to concentrate on the centralisation model, the CCGs and Trust had been undertaking work with partners to assess the current estate. There had also been a stocktake of community services to understand what is working and what isn't, keeping a core focus on out-of-hospital services that reduce pressure on the Trust. Once this work had been completed, partners would be determining which services could most appropriately be moved. It was expected that any new model would need the support of Capital Programme funding, in order to improve the estate and make it fit for purpose, and there was expected to be a bidding process to apply for any such monies. A further report was due to be heard by the CCGs in March 2018, which would detail the progress made against these elements of the programme.

An overview was provided by the Clinical Chair of North Hampshire CCG of the model envisaged for North and Mid Hampshire, helping to keep people well for as long as possible, to provide joined-up care that individuals feel in charge of, to be responsive, and to have access to the right people at the right time. It was hoped that the outcomes of the 'transforming care services' work would be a more holistic model of health and social care for the population, based around multi-disciplinary teams in the community, with individuals only accessing hospital care when it was appropriate and unavoidable.

In response to questions, Members heard:

- That an assessment of the current Hampshire Hospitals estate needed to be undertaken before further decisions could be taken on centralisation, as partners needed to understand the state of the building stock and footprint for potential expansion.
- Once a decision had been taken by the CCGs, the Chief Executive of the Trust had discussed the proposals with her senior clinical leaders, in order to understand any concerns around sustainability or the safety of services. In the short-term, there were not concerns about services continuing. For those services that would have been centralised in the Critical Treatment Hospital, the Trust were reviewing with its external partner the benefits and consequences of centralising these, and this work was still ongoing. It was hoped that this work would report in March.
- That the Trust's key concerns at this time were finance and workforce, which were both under pressure. The message received from clinicians, which had been validated by data, was to question the affordability of providing the services that are duplicated across the hospital sites. This was complicated by centralisation not always resulting in savings, as patient activity might remain the same.
- All the partners were signed up to the model described, as hospitals needed to see a decrease in activity and a shift towards out-of-hospital care as the norm. The Trust would be involved in providing services that assisted individuals to stay well outside of hospital.
- Once the model was implemented, work would need to take place to engage the public that hospital isn't always the best place to be. The NHS needed to break away from the reliance on the hospital as the centre of care, and instead build investment into community services. The CCGs and Trust believed that if the model of primary and community care envisaged could be achieved, then bed numbers in the Trust could potentially decrease, rather than increase.
- That a senior stakeholder group had contributed throughout the programme, which included membership from the ambulance service and other acute trusts with an interest in what the final model would look like. The Trust worked closely with other hospital trusts in Hampshire and held regular conversations with University Hospitals Southampton NHS Foundation Trust and Frimley Health NHS Foundation Trust.
- The questions posed in the engagement exercise referred to in the report were determined with assistance from a public and patient engagement group, with these focused on general thoughts around centralisation, rather than specifics. The CCGs and Trust had undertaken extensive engagement over the previous six years and have found this helpful for informing proposals. The CCGs were content to share the findings from the most recent engagement exercise with Members, and would provide details of that undertaken in East Hampshire with the relevant member.
- The way primary care services, particularly the general practice model, operate was changing and the partnership model was under threat as a result of a retiring workforce, but with new GPs coming into the system, it was an opportunity to work in a new model. What was emerging were new contracting opportunities and a multi-disciplinary team model, which was exciting. The CCGs were aware that new GPs want the flexibility to work in a portfolio way, rather than the traditional tie-in partnership contracts.

- Some areas of Hampshire already have GPs working for community providers or hospitals, whereas in others the partnership model continued to thrive. The future model of primary care was one that would be discussed at the next health member briefing session on 7 February.

RESOLVED

That Members:

1. **Note the proposals on 'transforming care services in North and Mid Hampshire'.**

2. **Invite partners involved in the programme to return to the May 2018 meeting of the Committee, in order that further progress can be reported, specifically on the centralisation and out-of-hospital care models.**

46. **ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR PUBLIC HEALTH 2018/19**

The Director of Adults' Health and Care, the Director of Public Health and a representative of the Director of Corporate Resources attended before the Committee in order to present the revenue budget for Public Health for 2018/19 (see report and presentation, Item 7 in the Minute Book).

The presentation considered by the Committee covered Items 7 to 9 on the agenda.

The presentation outlined the overall County Council financial position. The local government grant settlement announced in 2016 provided provisional figures for authorities for 2016/17 and the following three financial years, including 2018/19, to aid financial planning, and the settlement for 2018/19 was mostly unchanged compared to the forecast position. Since this time, however, a two year pay offer had been made for local government workers of 2% per annum, and changes to the National Living Wage will affect the lower pay grades. This pay award was not previously factored into the County Councils Medium Term Financial Strategy, (MTFS), and therefore consideration would need to be given as to how to meet this ongoing cost pressure.

There will be a significant draw from the Grant Equalisation Reserve in 2018/19 in order to support the budget whilst savings are required as part of Transformation to 2019. In a change from previous years, the Government has changed the Council Tax referendum cap, enabling a potential increase of 2.99% without consultation, plus up to 3% for social care (6% over a three year period allowed). This development would be discussed by Cabinet in February.

A fair funding review had been announced by Government, which would see a consultation on how local government would be financed in future. This review promised to implement any changes by 2020/21. Also announced was a green paper on funding adult social care, although this would not result in any new funding in this area for 2018/19.

An overview of the Council's reserves strategy and financial position was provided, which set out that of the £524.2m held, approximately £79.4m, or 15.1% of the reserves, were truly 'available' to support one-off spending, although most of this was already allocated.

For Public Health, the key challenges would be managing the ongoing planned reductions to the ring-fenced public health grant, whilst maintaining the mandated services required by statute. It would be important to continue the prevention and intervention work around healthy lifestyles, including tackling childhood and adult obesity, smoking, and physical activity, in addition to the other priority areas listed.

In considering the wider County Council budget, Members heard:

- That the assumption of a 1% pay increase for local government workers was appropriate as this has been the agreement for the previous few years. The announcement of a 2% offer would result in a £5m pay-gap which would need to be met by the County Council's budget.

In considering the more detailed Public Health revenue budget, and in response to questions, Members heard:

- Any underspend on public health activities are held by the team locally to offset the cost of services in future years. These savings were not added to the wider Council reserves, as they remained part of the ring-fenced public health budget.
- It was sometimes difficult to measure the impact preventative public health services had, as quantifying the number of avoided surgeries for example could not be estimated accurately. However, all public health strategies are based on evidence-based outcomes, and the data showed the positive impact that such services had on individual lives, i.e. that the take up of health checks had reduced the number of strokes nationally by 1,600. All services are monitored carefully to ensure that the outcomes are in line with expectation and make a positive difference.
- The public health team has undertaken a prioritisation exercise to review where the grant is being apportioned according to need in the County. Those services that are demand-led will always take the majority of the resource, as these were clinical services delivering to individuals, but the exercise found that there should be a greater focus of spend around mental health issue prevention, which is reflected in this budget.
- That the wider Department has worked with partners in the previous year to create wellbeing services, which has utilised public health expertise, but didn't involve public health spend. Therefore, not all of the benefit of the public health department was through allocating money to services, but also using the expertise of the team and planning for services through partnership working.

RESOLVED

That the Health and Adult Social Care Select Committee support the recommendation being proposed to the Executive Member for Public Health in section 1 of the report.

47. **ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR ADULT SOCIAL**

CARE 2018/19

The Director of Adults' Health and Care and a representative of the Director of Corporate Resources attended before the Committee in order to present the revenue budget for Adult Services for 2018/19 (see report and presentation, Item 8 in the Minute Book).

Members received an update on progress against the 'Transformation to 2019' proposals. As previously reviewed in September 2017, the savings for the County Council were £140m, and agreed in November 2017. Departments would be using cost of change funds to help achieve the full savings, and where this wasn't fully possible, funding from the grant equalisation reserve.

Members heard details on the proposed 2018/19 revenue budget for Adult Social Care, as well as the key departmental challenges and issues. For 2018/19, it was expected that the increasing cost of care associated with growth in demand could be met within the £10m allocated per annum for this purpose. The revenue budget included an allocation of £19.9m in a centrally held pot, which contained savings that had been achieved early, and the integrated better care fund budget which had not yet been allocated.

As there were no questions on this item, the Chairman moved to debate, where it was heard that although one member had a high level of confidence in the officers, they would not be voting for the budget as they did not agree with the approach to apportioning savings across all Departments.

RESOLVED

That the Health and Adult Social Care Select Committee support the recommendation being proposed to the Executive Member for Adult Social Care and Health in section 1 of the report.

48. **ADULTS' HEALTH AND CARE: CAPITAL PROGRAMME FOR ADULT SOCIAL CARE 2018/19 - 2020/21**

The Director of Adults' Health and Care and a representative of the Director of Corporate Resources attended before the Committee in order to present the capital programme for Adult Social Care for 2018/19 – 2020/21 (see report and presentation, Item 9 in the Minute Book).

Members heard details on the proposed 2018/19 capital programme budget for Adult Social Care, which included £481k for maintaining current operational buildings, and approximately £10.7m for the Disabled Facilities Grant. Any underspend on the Extra Care programme would also be rolled forward into 2018/19.

In considering the more detailed Adult Social Care capital programme, and in response to questions, Members heard:

- That the Disabled Facilities Grant was an annual payment received by the County Council, but passported on to the District and Borough Councils for supporting adaptations to homes, such as handrails and accessible

washrooms. The County Council's role was to make sure the planned spend by the Districts and Boroughs is appropriate before the funding is released.

- The Grant is allocated to each District and Borough Council centrally based on a funding formula; the County Council did not play any part in determining which authority received which settlement.

RESOLVED

That the Health and Adult Social Care Select Committee support the recommendation being proposed to the Executive Member for Adult Social Care and Health in section 1 of the report.

49. **HASC: ARRANGEMENTS FOR ASSESSING SUBSTANTIAL CHANGE IN NHS PROVISION - UPDATE**

The Director of Transformation and Governance's representatives presented the updated Framework for Assessing Substantial Change (see report, Item 10 in the Minute Book).

RESOLVED

That the framework is agreed.

50. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 11 in the Minute Book).

It was agreed that a briefing on the strength-based approach in Adults' Health and Care should be heard at a future health member development session.

RESOLVED:

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

Chairman, 27 February 2018