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NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 8th October, 2019 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

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

FILMING AND BROADCAST NOTIFICATION

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

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to 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 - 20)

To confirm the minutes of the previous meeting.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

5. CHAIRMAN'S ANNOUNCEMENTS

To receive any announcements the Chairman may wish to make.

6. PROPOSALS TO VARY SERVICES

To consider the report of the Director of Transformation and Governance on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee.

None to consider.

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

To consider a report of the Director of Transformation and Governance 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.

None to consider.

8. INTEGRATED INTERMEDIATE CARE UPDATE (Pages 21 - 28)

To receive an update on the latest position on the proposed integration of Hampshire County Council and Southern Health NHS Foundation Trust Intermediate Care services.

9. CQC LOCAL SYSTEM REVIEW OF HAMPSHIRE (Pages 29 - 36)

To receive a final update on the Care Quality Commission (CQC) Local System Review action plan following the local system review which took place in early 2018.

10. HIOW LONG TERM PLAN (HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP) (Pages 37 - 60)

To receive a report from the Hampshire and Isle of Wight (HIOW) Sustainability and Transformation Partnership (STP) Task and Finish Working Group and an update from the HIOW STP on the process and progress in developing an NHS Long Term Strategic Delivery Plan for Hampshire and the Isle of Wight.

11. WORK PROGRAMME (Pages 61 - 74)

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 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 Monday,
16th September, 2019

Chairman:

* Councillor Roger Huxstep

* Councillor David Keast	Councillor Pal Hayre
* Councillor Martin Boiles	* Councillor Neville Penman
* Councillor Ann Briggs	Councillor Mike Thornton
* Councillor Adam Carew	* Councillor Rhydian Vaughan MBE
* Councillor Fran Carpenter	Councillor Jan Warwick
Councillor Tonia Craig	* Councillor Graham Burgess
Councillor Alan Dowden	* Councillor Lance Quantrill
* Councillor Jane Frankum	* Councillor Dominic Hiscock
* Councillor David Harrison	* Councillor Martin Tod
* Councillor Marge Harvey	Councillor Michael Westbrook

*Present

Co-opted members

Councillor Trevor Cartwright MBE, Councillor Alison Finlay and Councillor Diane Andrews

Also present with the agreement of the Chairman: Councillors
GuestInattendanceShortList

150. APOLOGIES FOR ABSENCE

Apologies were received from Cllrs Jan Warwick, Pal Hayre, Mike Thornton and Alan Dowden. Deputies Graham Burgess, Lance Quantrill, Martin Tod, Dominick Hiscock were present.

The Chairman welcomed new co-opted member, Cllr Diane Andrews.

151. 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.

Cllr Tod declared a personal, non-prejudicial interest for all NHS-related items and all Public Health related items, as the Chief Executive of the Men's Health Forum - which receives funding from the Department of Health & Social Care, NHS England & NHS Improvement and Public Health England and is a health research and campaign charity.

Cllr Burgess declared a personal, non-prejudicial interest as Deputy Leader at Gosport Borough Council for Item 8.

152. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 9th July 2019 were confirmed as a correct record and signed by the Chairman. It was noted that due to matters arising from minutes, subsequent changes had taken place in dates of items returning to HASC.

153. DEPUTATIONS

The Committee did not receive any deputations.

154. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements and briefing:

A. Young Persons' Mental Health

Cllr Tonia Craig recently shared her concern about young people unable to access mental health services and not meeting the criteria for care if they have not had a crisis event. Long wait times further exacerbate the mental health of at-risk young people and loved-ones struggle to help. The Children and Young People Select Committee is expecting a CAHMS update in November, the HASC will receive one in January, and these concerns have been shared with Executive Lead Member for Children and Young People, Cllr Stallard.

B. CQC Local System Review

Please note that the CQC Local System Review for Hampshire has been moved from the September HASC to the October meeting.

Briefings updates on the following items were circulated via email prior to the meeting:

A. Southern Health Update on Organisational Restructure

B. Southern Health's New 17-bedded CAMHS Unit at Tatchbury Mount in Calmore

Dr Nick Broughton, Chief Executive from Southern Health was present to answer any questions about the two written updates. There were no questions from members.

155. PROPOSALS TO VARY SERVICES

Items for Monitoring

a) Out-of-Area Beds and Divisional Bed Management System (Southern Health)

Representatives from Southern Health provided an overview of one of their most significant organizational challenges - managing out of area beds. Managing demand of inpatient services within capacity has led to moving patients out of county and into private care.

Having a variety of inpatient facilities and in keeping with the reorganization, there are 4 divisions that are managed together. More local ownership and a new approach has led to fewer patients in out-of-area beds, and more capacity is being created to address demand.

A crisis lounge will assist with demand and relocation of facilities to allow more accessibility to patients, including a new OPMH ward. This will be a complicated series of moves but will allow for refurbishment and accommodating needs in a dementia-friendly environment. While currently in the early stages of proposals and commissioning beds, eventually purchasing additional beds will no longer be necessary.

In response to questions, Members heard:

- Longer stays in Hampshire versus the national average are due to several reasons, including the limited range of community services available here. There is a need to expand the variety of alternatives to inpatient admissions and the long-term plan highlights need to invest more in community mental health services and crisis management. Longer stays have higher financial costs and are detrimental to patients but in the short-term people must be accommodated should they need inpatient care. Progress continues to be made in this area.
- Challenges with foreseeing volume of beds and past closures have led to purchasing beds to accommodate needs in the meantime. With new leadership, there are now alternatives to admission, stepdown admissions, and a comprehensive plan for additional inpatient capacity. Renting facilities as an alternative has significant challenges in staffing nurses and specialists.
- While prior planning is preferable to crisis management, new leadership must face current organizational challenges and work with commissioners to increase investment in mental health services with comprehensive crisis and inpatient care. Colleagues in primary care can ensure that there are mental health workers to better support patients moving towards and model of care that focuses on prevention and wellbeing.
- Planned work in Tatchbury is continuing and will provide mental health support for children. Other much needed units for disadvantaged residents will be completed in the next financial year.
- Long serving members of HASC have seen new models of care put into effect with removal of beds which are now being added back in for adequate capacity. Scrutiny must challenge these assertions and are only worthwhile if lessons are learned. The impact on distressed carers

and families, as well as challenges for community teams with inadequate resources and insufficient accommodation are closely monitored and not being underestimated. Funding is provided to allow for family contact and bonds to remain. In-house care is always the preferred option and length of stay in external beds are limited as much as possible.

- While the cost of internal beds is approximately 50% that of private beds, the current contract is necessary to cover needs until accommodation can be provided in-house in Hampshire. This is a short-term temporary solution and these beds will eventually be vacated and no longer necessary.
- In terms of monitoring care and sharing records for continuity of care, there have been challenges with not all providers using the same EMRs. Care coordinators work to ensure that copies of paper records are taken from the private hospitals upon discharge and updated in the system.
- Private sector resources and forecasting are very different from the NHS model and are more adept and agile in terms of creating capacity and developing needs addressing through services with more funding available for projects.
- The divisional bed model may leave some patients in out of area care and there may be some loss of the ability to deploy patients. These concerns are being managed through close scrutiny and daily review and analysis of data (including number of admissions, discharges, etc.) to ensure spare capacity at all times as best practice. Significant improvements have been made with this model and 85% capacity is ideal to cope with unforeseen needs in demand and each division must have some local authority and ownership to attain this. In time, with an increase in the number of beds and alternative services to inpatient care will allow for sufficient capacity.
- Prevention remains vital and collaboration with Public Health at the Hampshire County Council allowed for further resources to promote mental health wellbeing and prevent mental ill health in children and young people.
- Support is critical for patients with psychiatric issues disadvantaged families must be supported to allow them to visit their loved ones. Effort is made to shorten the length of stay in out-of-area beds while travel costs are paid for and patients are often repatriated closer to families.
- Rough timescales for proposals to be implemented are as follows - the crisis lounge to be moved by Christmas to the Southampton location, the Abbey Ward will be more complicated and take several months, likely next year and also linked to Stephano Olivieri Unit as their relocations are interconnected.

RESOLVED:

That the Committee:

- Noted the update and current challenges as well as any recorded issues addressed and/or resolved
- Noted that the proposed changes are in the interest of the service users affected
- Requested an update for January 2020 to report back on changes implemented

b) Spinal Surgery Service Implementation Update (University Hospital Southampton)

A representative from University Hospital Southampton provided an update on the work in progress with spinal service from when the paper was first submitted two years ago. In order to take on this service in its entirety from Portsmouth, other services were moved to be able to absorb this service fully in-house. Only those needing surgery proceed to Southampton and it has been a successful pathway.

In response to questions, Members heard:

- Vascular services had previously moved from Portsmouth to Southampton following a request from The Royal College. The spinal service relocation request came directly from Portsmouth. Currently, the STP is looking into these transfers and some work will have to move to Portsmouth to accommodate these changes. Diagnostics have been left in Winchester and physiotherapy also remains local and patients travel to Southampton only to see a surgeon.
- Recruiting spinal surgeons has been a challenge and ongoing effort. In a year's time, the hospital expects to have on staff experienced surgeons to cope with the waiting list to lessen wait times for surgery.
- The current wait times for orthopaedic surgery is between 18 weeks to a year and in addition to having adequate operating theatres, staffing remains one of the biggest challenges. The multi-disciplinary surgery team is key and a new set of hiring routes and a robust workforce plan is in place to address staffing vacancies.

RESOLVED:

That the Committee:

- Noted the update on the implemented service transfer and any recorded issues addressed and/or resolved
- Requested a further update in March 2020 with regards to staffing and wait times

c) Beggarwood and Rooksdown Surgeries Update (NHS North Hampshire CCG)

Representatives from the CCG and North Hampshire Urgent Care provided an update about approximately 13.5 thousand patients were affected across 2 sites,

when Cedar Medical's contract came to an end. Concerns were escalated by patients and the CQC due to deteriorating outcomes with commissioners intervening and contract withdrawn.

On 9 September, new providers started at Beggarwood and while there were issues, doors were opened and services continued to be provided. Similarly, Rooksdown was taken on by another GP practice and absorbed as another branch. Beggarwood was taken on by North Hampshire Urgent Care for 2 years and the practice continues to be supported by the CCG.

In consultation with the Beggarwood staff and patient participation group and listening to the needs of the population, the immediate concern is to stabilize the practice and ensure it is running safely, before considering what else can be implemented to support the patients. All changes in service will be proceed in conjunction with the PPG. The local Member is supportive of this course of action.

In response to questions, Members heard:

- Whilst they had some very stressful weeks, the support staff have remained and been greatly involved in the development of the practice. Two locums have also stayed on and the first full time GP is permanently on staff with a second GP to be hired and positive responses to nurse practitioner advertisements.
- Population expansion and local community needs will feed directly into determining services provided from a list of preferences. The diverse community with 90% working patients will determine the contracting of local services and mechanisms to commission what is needed, rather than a traditional GP model. Bringing in services from the hospital and technology such as virtual teleconferencing etc. will be considered once the practice has been stabilized to ultimately be an exemplary, outstanding GP practice.

RESOLVED:

That the Committee:

Noted the update and current challenges as well as any recorded issues addressed and/or resolved

- Requested a further written update for January 2020

d) Orthopaedic Trauma Modernization Pilot (NHS Hampshire Hospitals Foundation Trust)

Representatives from the Hampshire Hospitals Foundation Trust and the West Hampshire CCG provided an overview of the Orthopaedic Trauma Modernization Project. Wait times for orthopaedic surgery has been an issue without a straightforward solution. There is significant evidence that immediate surgery is crucial for emergency situations and this can be done rapidly in Basingstoke while all planned work would be at the Winchester site. This would

allow for smoother winter operations and preventing cancellations at short term notice for patients with better urgent and planned care. While some engagement has taken place, more would be valuable and feedback during the pilot will be useful and relevant.

In order to provide the highest quality and consistency of care and no wait times for surgery, there must be dedicated lists to improve outcomes and centralized multi-disciplinary teams to help patients reduce the length of stay and regain their health. The managing trauma in Basingstoke recommendation came from Professor Tim Briggs, National Clinical Director for Improvements, to address mortality rates above the national average. The aim is good results and safer, timely care with lower mortality rates and less complications. Approximately 93 percent of patients will be unaffected by these changes and 3-4 people per day would benefit from them.

The elective arthroplasty centre would be for knee and hip operations and developed in stages to become a centre of excellence. Winter operation cancellations on short notice that occur due to people falling or simply being unwell and taking up beds would be reduced. With trauma housed elsewhere, patients suffering significant impact and distress from living with a disability or pain can be protected from long wait times and 17 additional rehab beds would also be put into place. While patients and families would have to travel to other sites, consultation has reinforced that better care is key and transport volunteers will be helping mitigate travel for carers and families. Stroke and cardiac services have had similar changes and they have been well-received and effective.

Some staff are anxious about the proposed changes and that they may cause personal and professional challenges. Staff and patients, as well as acute providers, will continue to be supported. In the future, elective arthroplasty services can be used by Southampton and Portsmouth for larger capacity. Exploring this proposed service change would result in earlier operations with experienced specialist teams based on recommended change and other successful models which will help prevent cancellations and reduce wait times. Less severe trauma or minor operations will see no change and they will continue to receive services same as before.

National teams work closely with acute hospitals and for effective care, these recommendations must match needs not only for current patients but engagement and learning must be tested with wider populations. Understanding future needs - what works, what creates an impact is key. Commissioners, providers, patients, and future patients should all be part of this discussion to ensure it is centralized and future proof. Better patient care, shared skill sets, and a range of professionals on-hand is the direction of travel for the NHS in the broadest sense. Resources have to be invested where they will go the furthest and have the most benefits. Protected characteristics, disadvantaged people, and hard to reach groups will not be overlooked. The engagement programme will be broad, deep, and detailed to understand the true impact and results will be reported back. Stakeholders such as the ambulance service will also be engaged to ensure they can manage the new data, impact, and capacity.

In response to concerns noted on an anonymous letter that was received,
Members heard:

- No resignations citing patient safety had been received but there has been a doctor preferring to move to a different service rather than location, and similar cases with some nurses. Two staff members did leave due to geographical changes.
- Effective discharge plans and liaising with other departments and social care have been put into place with no issues to note.
- The public have been engaged in a number of conversations over the last 7 years, but there is a gap and more consultation to be completed. Piloting in winter with parallel public engagement is key with responses based on experiencing the new arrangement. Further work needs to be done and there is a joint HHFT/CCG engagement manager.
- There are financial and staffing implications by nature, but this would be the investment for a long-term solution for better care, re-hab, and therapy in the right place. Higher volume of operations will cost more but one 7-day team will eventually be more cost effective than duplicate teams.

In response to questions, Members heard:

- Portsmouth had been omitted from the map as a level 2 trauma centre, but that was an oversight.
- Patient safety, specialist input and way patients are looked after operations will all be key with a system where there is adequate staffing to run 7 days a week, as has been done in other areas. While Winchester is bottom of the list for length of stay, the care is good, there is room to improve.
- In 6 other national projects, there were anxieties prior to implementation, but positive feedback regarding improvement in service after. Change does cost money and there will be new infrastructure, but better service with reduced length of stay and will not cost more in the long term.
- In the reconfiguration of services, other implemented centralized models and lessons learned had been considered that match Hampshire's geography and needs. The target is to cancel no operations. The closest example from a clinical perspective is about 18 months ahead and will offer solid learning.
- The coming winter will be busier due to a hectic summer in the emergency department with surgeries having even been cancelled even in the summer creating longer waiting lists. With a long waiting list, people can have 3-4 last minute cancellations and these individuals must be prioritized.
- Huge work is being taken on for sustainable changes to lower mortality. The trust must wait a year in arrears for national comparison and believe the care is better, but infrastructure must be changed to sustain progress. This is the absolute basis of why this change is being made with additional benefits. Hospital acquired infection mortality is low for Hampshire.

- Cancellations are primarily due to bed issues, rather than staff issues and while multiple cancellations are challenging and patients struggle with pain, they do wait for their operations rather than do them privately. Cancelled patients are put on a different list to be brought back in within the month.
- While there has been a 13% cut in falls prevention and it is key, the majority of the stress is people living longer but frailer. People are encouraged to be mobile but that can lead to falls. There are more fractured hips in Basingstoke than Winchester and these numbers need to be considered.
- Data about falls prevention continues to be collected from patients and they are referred to classes, if they have not attended.
- The Public Health Budget does not quite match the complex long-term needs and required investment in prevention. Understanding the financial implications and bolstering planned and unplanned services is critical. For people with multiple health concerns, better, effective joined-up care plans need to be provided.
- The orthopaedic multi-disciplinary team have had informal and formal discussions and staff relocations were brought up in July. Leadership is working to address concerns hospital wide and accommodate staff as much as possible. Personal implications of the move are causing anxiety and those directly affected have been engaged.
- Hospital teams manage flow and planned discharge carefully with the hospital and ambulances to ensure people are receiving the best care in the right venue

Members noted that:

- This is an exciting prospect and if it has similar success to the centralization for stroke and cardiac care, it will make a significant difference in outcomes and waiting lists. Accommodating accidents week-round is also critical and robust staffing must be in place for effective care.
- Volunteer drivers and charitable organizations can also assist with travel.

RESOLVED:

That the Committee:

- Noted the update and current challenges as well as any recorded issues addressed and/or resolved
- Noted the proposed change is in the interest of the service users affected
- Requested a further update for March 2020 including an engagement update for staff and a comparison to the Cambridge implementation within the report

The Chairman called for a 10-minute recess.

e) Andover Hospital Minor Injuries Unit Update (NHS Hampshire Hospitals Foundation Trust)

A representative from the Hampshire Hospitals Foundation Trust provided a brief update on reduced hours implemented in June 2018 due to low occupancy. An ambitious training programme has now been put into place and have attracted new trainees- currently there are 6 vacancies, expected to go down to 2. Collaboration and crossover training was undertaken with SCAS colleagues.

There has been close monitoring of the effects and impact of closing early. On occasion, the centre has closed earlier and people have been turned away 5 due to closing at 6. Last year, a request was made to come up with a new model of care for meeting standards for urgent treatment centre. A resources and finances proposal to meet expectations will be put together in October. Minor injuries are continuing as per usual but may include illness care in the future.

In response to questions, Members heard:

- Currently, patients are assessed only for minor injuries and the new service will have longer hours and people can then be seen for illnesses. Hours will change to accommodate more homes and patients. Current impediments include safely meeting needs within the budget provided current staff are trained to look after injuries, not illnesses.

RESOLVED:

That the Committee:

- Note the progress update and current challenges as well as any recorded issues addressed and/or resolved
- Request a further update for January 2020

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

None to consider.

157. ADULTS' HEALTH AND CARE - TRANSFORMATION TO 2021

The Director of Adults' Health and Care, alongside the Interim Director of Public Health, spoke to the report and presentation, which set out the departmental transformation to 2021 savings proposals and public consultation feedback (see Item 8 in the Minute Book).

Members heard an overview of the key findings of the balancing the budget consultation held by the County Council in summer 2019, and noted that all of departments in the Council had been asked to proportionately contribute a further 13% saving of their budget as part of the next 'Transformation to 2021' (Tt2021) programme. For Adults' Health and Care, this resulted in an overall requirement of £43.1m (Adult Social Care £36.3m and Public Health £6.8m). With the proposed savings, this would bring the cumulative total to £242.4m by the end of 2022. It was also identified that not only were savings being achieved, but also that Hampshire County Council continues to invest in adult social care service provision. It was noted that Tt2019 was significantly more

challenging than previous programmes and Tt2021 will be even more difficult with extended delivery and overlapping programmes with increasing risk and complexity.

There has been greater than anticipated demographic and service level challenges for an aging population and support needs increasing in terms of their complexity and impact on people's lives. £41m has been delivered of the challenge and 15m yet to deliver into this year and next. The delivery of Tt2019 will be happening in parallel to Tt2021 savings. There is continued uncertainty beyond 2020-21 and pressure of quality and safety, workforce fit to deliver, and dual challenges due to increase in demand, complexity, and inflated costs of providing services.

The key issues for the County Council have largely neutral implications and any additional funding for Adults Health and Care will offset the recently emerging pressure.

These five principles are the foundation for the departmental approach to Tt2021:

- Prevention: Strengthen the prevention strategy to reduce and/or contain demand. Includes: improved working with Carer's and Voluntary and Community Sector (VCS), improved information and advice Connect to Support Hampshire (CtSH) and greater and wider use of Technology
- Independence: Increase the number of clients living independently and reduce the cost of care
- Productivity: Improve efficiency and productivity of the department's operations
- External spend: Increase outcomes and service efficiency from commissioned services
Income generation: Increase departmental income through traded services including technology enabled care

Within these principles were five main blocks, which centred on:

- Younger Adults services including learning disabilities, physical disabilities, mental health and children's to adults' transition
- Older Adults services for people aged 65 and over
- In-house care provision
- Working differently
- National grant funding – resource to support provision

All of these were underpinned by the theme of demand management and prevention.

Cllr Burgess left for another meeting at 12:38pm.

For Public Health, a range of significant savings proposals across commissioned spend, will include mandated and non-mandated service areas such as:

- Substance Misuse
- Smoking Cessation
- Health Checks
- 0-19 Services

Increased focus will be on directing available funding to the most vulnerable and highest risk groups where it will have the greatest impact with a continued reduction of central expenses including restrictions on travel and training costs and all subject to the confirmed ending of the existing 'ring-fence'. The risks outlined may change subject to case law and new precedents and any reductions or perceived reductions managed through messaging to maintaining outcomes.

The report contained Equality Impact Assessments for each saving proposal work programme, and some areas will require further consultation. Risks have been diligently reviewed, areas of mitigation identified, and further monitoring of impacts will continue.

The public consultation across Hampshire received just over 5400 responses but had a lower number of consultation responses than last time. Further specific consultations will take place before any changes are implemented for the following--

- Learning disabilities and mental health integration with the NHS
- Older adults
- Alternatives to residential care (TBC)
- In-house service provision
- Public Health reductions to commissioned spend

These will be subject to detailed Stage 2 consultations and will be back to both HASC and Decision Days and key messages include:

- Strengths based approach
- Increased independence
- Housing
- Voluntary community sector
- Capital investment
- Co-production groups (critical friends and as grit to drive changes)
- Re-setting public expectations

In response to questions, Members heard:

- Partner organizations were consulted, and responses received from CCGs, Healthwatch, NHS, voluntary sector, etc. and the impact on their services. Analysis of consultations were based on the quality of responses and free text comments continue to be analysed and will move forwards to Cabinet and Full Council.
- Resetting public expectations will be challenging but must be prioritized. Those at highest risk are prioritized but joined up working remains a challenge. Voluntary sector partners are engaged to better impact those who need it most.
- Pressure on voluntary sector organizations must be eased with support as they are able to provide support at lower costs. Hampshire 2020

programme will be a collaboration between HCC, NHS, partners in the voluntary and community sector.

- Population health and social prescribing are releasing resources that can be used to ensure the right resources being used for prevention rather than intervention. The Lead and Chair of the STP are consistently challenging the NHS for a proactive approach to prevention rather than intervention.
- Connector Support HCC services have been commended for their success.
- CCG investment into demand management has an impact for balance and stability for a holistic approach for enriched lives rather than through pathways. Continuity of care is a priority and organizational resilience is key.
- Proposals will be coming forward from CCBS for shared offices, cost savings, income generation, and greater integration.
- Supported employment will continue with younger people to enter them into paid employment with the council, partners, and other large employers in Hampshire and provide supported accommodation to allow for more independence. Using a “commercial” approach to identifying opportunities that will allow people to grow with meaningful work for pay.
- Across the council, all conversations with voluntary sector are much more coordinated with line of sight before and are now more effective and choreographed. Annualized grants and direction of service allows organizations to approach as a sector with outcomes that can be delivered.
- Engagement takes place with all parish and town councils, but parish and community magazines were suggested as a cost-effective solution for reaching out to small volunteer organizations.
- There are individual grant giving opportunities for councillors to provide grants close to their personal community and local places. The council works with broad brush strokes, but micro organizations are just as important.
- The department will continue to push the envelope on these changes with increasingly more limits and challenges during an already difficult period. The quantum of transformational change e.g. accommodation models, spending capital for savings, will be extending beyond the period and overlap with the next one. Tt2021 will extend beyond 2021 financial year, pushing out the achievement of savings at least 3 years to safely deliver, if not 4.

Members noted:

- Explicit health focus for all HCC endeavours and departments would contribute to health and wellbeing and mainstream it within the organization. The Executive Member for Public Health reiterated that collaboration on health and wellbeing was continuing with departments and directors.
- An opportunity to closely review the budget details and fully understand implications and outcomes, as well as statutory responsibilities would be

useful to Members prior to making recommendations. Without forensic detail, it can be difficult to establish confidence in the specific proposals.

Cllr Finlay left at 1:29pm.

- The officers' hard work in providing services and doing more with less, but the best way forwards possible is to consider sustainability. While a balanced budget is vital, there is a responsibility to consider consequences and implications of cuts and failure to deliver services to the people of Hampshire (both financial and non-financial). There is an ongoing duty to scrutinize and monitor these proposals.

Cllr Cartwright left at 1:44pm

- This is the Officers' best work and responses to particular challenges but there are time-critical decisions and more work remains and further consultations necessary for significant changes. The department maintains an excellent track record of success.

The Chairman noted the possibility that Cabinet may make changes to the T21 proposals submitted by each Department, although the level of savings would need to be the same.

The Chairman moved to the recommendation as set out in the paper--

That the Committee:

- Support the recommendations being proposed to the Executive Member for Adult Social Care and Health and Executive Member for Public Health in section 2 of the report.

A vote was taken on the proposed recommendation --

For: 8

Against: 5

Abstained: 0

The Chairman invited members to further review and highlight any concerns or questions to be followed up with the director and department and addressed at a future members' workshop.

RESOLVED:

- Support the recommendations being proposed to the Executive Member for Adult Social Care and Health and Executive Member for Public Health in section 2 of the report.

158. **WORK PROGRAMME**

A suggestion was made regarding a joint scrutiny committee and would be followed up by email.

RESOLVED:

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

Chairman,

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	8 October 2019
Title:	Integrated Intermediate Care
Report From:	Director of Adults' Health and Care

Contact name: Debbie Butler

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Purpose of this Report

1. The purpose of this report is to provide the Health and Adult Social Care Select Committee with an update on the latest position on the proposed integration of Hampshire County Council and Southern Health NHS Foundation Trust Intermediate Care services.

Recommendation(s)

2. For the Health and Adult Social Care Select Committee to:
 - a. note and support the project approach and developments as set out in this report
 - b. to receive a further update in March 2020 prior to an anticipated Executive Member decision to approve creation of the service (subject to consultation)

Executive Summary

3. The Integrated Intermediate Care (IIC) Service for Hampshire would place the people we support at the heart of everything we do. Key objectives would be to:
 - Support people to live independently and remain in their own homes for as long as possible
 - Provide the best possible support for individuals to recover after a fall, an acute illness or an operation
 - Ensure individuals are admitted into an acute setting only when necessary, and to leave hospital as soon as they are medically fit to do so
 - Provide a clear and effective route which promotes recovery and independence

4. Following the Health and Adult Social Care Select Committee's endorsement of the proposal for Hampshire County Council and Southern Health NHS Foundation Trust to develop a jointly led and integrated health and care urgent response, rehabilitation and reablement service for the whole of Hampshire, work has continued at pace. Key developments are as follows:
 - a. Development of governance structures, future organisational legal structures and regulatory requirements
 - b. Demand and capacity modelling at County and Integrated Care Partnership (ICP) levels
 - c. Development of a business case setting out the financial and economic case for the new Service
 - d. Work with Commissioners to support winter planning and help form commissioning intentions for 2020 onwards
 - e. Organisational design, including new service structure, service capacities and roles
 - f. Service design, through a series of forerunners to test elements of the new service, including: Local Access Points, workforce alignment (Care and Occupational Therapy), acute hospital in reach and acute hospital admission avoidance models
 - g. Enabling services and infrastructure development, including IT solutions, (short and long term), estates and accommodation and finance
 - h. Communications and engagement, including development and implementation of a communications plan and activity with staff and the public

Governance

5. The proposed governance structures for the IIC have been considered. Key recommendations include:
 - a. The Integrated Commissioning Board would provide governance for the strategic direction of the integrated service model and address major issues to support integrated delivery
 - b. Hampshire County Council and Southern Health NHS Foundation Trust would be part of an IIC Partnership Board with responsibility for the operation of the service (currently operating in shadow form)
 - c. The IIC service would continue to report into its parent organisations through respective management and governance structures
 - d. To ensure the Service meets local requirements, the governance structure would maintain relationships between regional commissioners and IIC regional service delivery
 - e. The Better Care Fund could be used to account for any joint funding requirements

6. The future organisational model is required to fulfil the following requirements:
 - a. Support a joint and equal partnership between Hampshire County Council and Southern Health NHS Foundation Trust
 - b. Support meaningful integration, including shared ways of working, service delivery and a unified workforce
 - c. Support a jointly appointed and managed service leadership
 - d. Enable staff, irrespective of their establishment organisation, to work under the management and direction of managers from either organisation
 - e. Enable staff to remain within their current organisations, retaining current terms and conditions
 - f. Enable flexibility in working with other related services and organisations
 - g. Allow pooling of budgets, if that is determined to be necessary
7. It is the current view that a Section 75 agreement between Hampshire County Council and Southern Health NHS Foundation Trust is required and further legal advice is currently being sought. If it is confirmed that a Section 75 agreement is necessary, a formal joint consultation will need to be undertaken prior to entering into any agreement.
8. Options for a legal structure for the future service have been reviewed and assessed. An Alliance structure has been identified which may provide a framework through which wider system partners can align intermediate care activities outside of the core service offer.

Demand and capacity

9. Work has taken place to develop three scenarios that describe the potential demand on the future Integrated Intermediate Care service. The scenarios take account of population growth, the Newton Europe assumptions based upon the analysis of flow and demand undertaken in the Spring of 2018, the effect of in-reach in acute hospitals and implementation of the hospital admission prevention model.
10. The scenarios have been tested and undergone further refinement with Southern Health NHS Foundation Trust, Hampshire County Council and Commissioners. The most likely scenario has been identified, which projects a 9% increase in demand for the IIC Service during 2020-21, with a further 4% additional increase in demand in 2021-22, before then levelling out to match population growth thereafter.
11. Workforce information has been overlaid against the demand scenarios to provide a view on future staff requirements and costs. In addition, a number of productivity measures have been developed to provide a more accurate assessment of the future investment requirements to meet future demand at County and ICP level.

Outline Business Case

12. Work has commenced on developing the IIC Business Case, for discussion with stakeholder and governance groups during October. The business case is structured on the HM Treasury 'five case' model, adapted using best practice business cases from both Hampshire County Council and Southern Health NHS Foundation Trust. The five sections are:
 - a. Strategic Case: High-level strategic case for change for the new service
 - b. Economic Case: Options for delivering the change, and the cost-benefit of delivering the preferred option vs the 'do nothing' scenario
 - c. Financial Case: Documenting the costs of the new service across Hampshire and by region, including the 'investment' cost for a workforce which has the capacity to support additional demand being pulled into the service
 - d. Commercial Case: Defines how Integrated Intermediate Care will be commissioned for Hampshire and details the proposed delivery structure for the new service
 - e. Management Case: Defines current project management arrangements and plan for delivering the business change and longer-term transformation of the new IIC Service

13. The economic case will clearly lay out the benefits of a combined IIC Service, and potential benefits for the wider health and care system in Hampshire. This will support funding discussions between Hampshire County Council and Clinical Commissioning Groups.

14. Work is nearing completion on the financial case, with detailed work being finalised on service elements including final numbers of staff who will work in the Service, signing off any local variations, agreeing capital investment and confirming the costs of the new features of the service. It is projected that any investment would be offset by benefits to the wider health and care system.

Organisation design

15. Work was undertaken during Summer 2019 to develop a new organisation design which would enable Hampshire County Council and Southern Health NHS Foundation Trust teams to deliver intermediate care together. The organisational design was required to deliver the following key capabilities:
 - Urgent/Community Crisis Response
 - Local access point providing assessment and in-reach
 - Enhanced services from home to promote independence
 - Bed-based alternative to hospital-based care

16. The organisation design needed to allow for improved utilisation of staff, matching demand to supply in a more fluid and actively managed way, maximising shared competencies and governance as well as capacity. It should facilitate collaborative working for Hampshire County Council and Southern Health NHS Foundation Trust staff across Hampshire. Four organisation design options were developed and evaluated, and a preferred

model has been recommended. The preferred design is a hybrid of a number of other designs and maximises benefits.

17. Having identified a preferred design, work is currently taking place on the key changes required in terms of people, process and technology and to develop operating models for each ICP.

Enablers

18. It is proposed that from April 2020 Local Access Points (LAPs) would be established to facilitate referrals to the service. It is proposed that there would be one LAP per system, although due to the size of the north and mid area, two LAPs would be required initially. Accommodation would need to meet the following requirements:

- Be located within localities close to populations and with good transport links to minimise staff travel time and cost and maximise contact time and support the two-hour urgent community response requirement
- The location and physical environment should support the integration of two organisational workforces and engender the future culture
- Be of sufficient size and flexibility to accommodate the workforce as forecast by the future demand modelling

19. To make best use of existing estate across both organisations, options have been considered and appraised. It has been determined that only Hampshire County Council has estate of a suitable size and condition to fulfil the requirements of a proposed IIC LAP. It has been concluded that existing Adults' Health and Care Reablement Hubs in Fareham Reach, Totton, and Dame Mary Fagan House, Basingstoke are appropriate locations and could accommodate an expansion of the IIC service. Two proposals are being considered for Winchester: Capital House and a preferred option, Monarch Way.

20. In order to ensure that Information Technology solutions are in place for the launch of the new service in April 2020, task and finish groups have been formed to ensure connectivity and future working solutions are developed based on an agreed list of IT requirements. IT colleagues in Hampshire County Council and Southern Health NHS Foundation Trust have reviewed the agreed IT requirements and potential solutions and costings are being developed for inclusion in the business case.

Communications and engagement

21. The IIC Project recognises the importance of ensuring that all those who have an interest in IIC or are affected by its outcomes are suitably informed, involved and engaged and are properly supported in taking actions or decisions where required. A two-way engagement approach has been implemented to provide staff with the opportunity to provide feedback and shape the proposed service:

- Quarterly 'Response to Change' survey to understand staff readiness, concerns and questions
 - IIC mailbox for queries from staff
 - Active change network with staff representatives from each site and forerunner
 - Question and Answer sessions with senior IIC leads and Change Champions
 - Engagement sessions with staff delivered by service leaders, with opportunity to feedback
 - Dedicated space for IIC on the Hampshire Together website with latest updates, including Frequently Asked Questions and a joint video message from Director of Adults' Health and Care, Hampshire County Council and Care and Chief Executive, Southern Health NHS Foundation Trust
 - Regular good news stories
22. Engagement activities are set to be continued in the future and ramped up and down as required. There will be regular and transparent communications around key milestones and a large-scale IIC Staff Events is planned for the end of November 2019, with a further event planned in mid-Q1 2020.
23. A public engagement exercise ran from 20 August to 9 September to seek views on the plans for joining up Hampshire Intermediate Care services. Respondents were asked for views on any areas of focus they would like to highlight for the intermediate care service and any views for consideration as the services are developed. Public feedback is being collated and a report setting out next steps is being written. If it is decided that a Section 75 Agreement is required, formal joint consultation with such stakeholders as the organisations consider will be impacted will need to be undertaken in advance of entering into such an agreement.

Consultation and Equalities

24. Staff engagement will continue throughout the process and formal consultation will take place if necessary, although this has yet to be determined.
25. An Equality Impact Assessment will be undertaken at the next stage of decision making and subsequent implementation.

Conclusion

26. There is strong health and care system support for the proposed integration and enhancement of the new Intermediate Care service as set out in this paper. It is understood by the whole system that intermediate care is a key enabler in ensuring effective system flow, whilst improving the outcomes for people in Hampshire.
27. The Committee is asked to note and support the work being undertaken and to receive a further update in the New Year as we seek the creation of a single integrated Intermediate Care service for the residents of Hampshire.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents	
<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:

Staff engagement and consultation will take throughout the process and formal consultation will take place if necessary, although this has yet to be determined.

An Equality Impact Assessment will be undertaken at the next stage of decision making and subsequent implementation.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	8 October 2019
Title:	CQC Local System Review – Hampshire Local Authority Area
Report From:	Graham Allen, Director of Adults' Health and Care

Contact name: Graham Allen

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Purpose of this Report

1. The purpose of this report is to provide a final update on the Care Quality Commission (CQC) Local System Review action plan following the local system review which took place in early 2018.

Recommendation

That the Health and Adult Social Care Select Committee:

2. notes this final report on the Care Quality Commission's Local System Review and its Action Plan that was jointly developed by Hampshire's health and care system leaders to respond to the Review's findings.

Executive Summary

3. CQC published its [findings](#) on 21 June 2018, following a summit with health and care system leaders, partners and other stakeholders on 20 June 2018.
4. The Hampshire Health and Care System was required to produce an Action Plan to address the findings of the Review by 20 July 2018. This process was led by the Director of Adults' Health and Care, liaising with system leaders in the NHS to ensure that all actions were jointly agreed, with leads assigned and clear arrangements in place to monitor progress. The Action Plan was signed off by the Chairman of the Hampshire Health and Wellbeing Board and progress on implementing the Action Plan has been overseen by the Health and Wellbeing Board.
5. Significant progress has been made over the course of the last year. Most actions had a three- or six-month delivery timeframe, and progress has been formally reported to both the Hampshire Health and Wellbeing Board and the Health and Adult Social Care Select Committee.

6. To provide evidence for this final report, colleagues from a range of agencies who had been collaborating on the Action Plan met for a workshop on 2 July 2019. The workshop reflected back on the year's progress, and a summary of key achievements and latest developments is provided in this report. This update report aims to conclude the CQC local system review process.
7. Future related work will be taken forward through organisations' own operating plans and transformation programmes, and through mechanisms such as the Improvement and Transformation Board and the Health and Wellbeing Board's Business Plan.

Contextual information

8. In 2017, the Care Quality Commission (CQC) was asked by the Secretaries of State for Health and Social Care and Communities and Local Government to undertake a programme of targeted reviews in 20 local systems. The purpose of the reviews was to look at how well people move through the health and social care system in a particular area, with a focus on the needs of people over 65. CQC looked at the interfaces between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.
9. Hampshire was selected as one of the 20 areas for review. CQC undertook Hampshire's Local System Review between February and March 2018 with an intensive fieldwork visit taking place between 12 and 16 March 2018.

Performance

10. The CQC Review process did not result in a performance rating for the local area reviewed. The report identified many areas of strength across Hampshire's health and social care organisations. Strengths that were identified included:
 - a consistent and shared purpose, vision and strategy across all organisations in support of people;
 - strong performance in a range of outcome measures across health and social care responsibilities;
 - a strong understanding of the health and social care needs of Hampshire's population;
 - good examples of inter-agency work at a strategic and operational level;
 - services and the experiences of residents are high in a number of indicators, when benchmarked against other comparable health and care systems nationally;
 - a commitment to providing opportunities for people receiving services and their representatives and carers to influence service development; and
 - an advanced use of digital tools to provide support to people and to enable staff in different organisations to share information, reducing unnecessary duplication.

11. Recommendations for improvements included:

- streamlining the hospital discharge processes across Hampshire to support people to leave hospital as quickly as possible once they are deemed medically fit to do so;
- improving the recruitment and retention of key groups of staff such as those who deliver home care;
- exploiting opportunities to pool funding and join up services more consistently; and
- improving strategic oversight, specifically through the HWB determining and agreeing its work programme, including how to make the system more coordinated and streamlined, and forming stronger, more coordinated links with the STPs.

Progress has been made on all areas identified for development by CQC and key updates are summarised below.

Strategic Vision, Leadership and Governance

12. The Health and Wellbeing Board has now published its new [Strategy for the Health and Wellbeing of Hampshire 2019–2024](#) and is due to approve its business plan, based on the priorities in the strategy, at its meeting in October 2019. Governance and reporting over the last year have been significantly enhanced by the creation of the Integrated Commissioning Board and the Improvement and Transformation Board. At the 2 July workshop, system leaders reflected that relationships have greatly improved and organisations' approach to working together has significantly shifted, particularly in the last nine months. The joint NHS/Hampshire County Council appointment of a Director of Transformation – Patient Flow and Onward Care has provided strong leadership to deliver improvements in Hampshire's position on delayed transfers of care. Other joint (Southern Health/Hampshire County Council) management appointments are planned to lead the delivery of the new proposed Integrated Intermediate Care service in Hampshire.
13. There is still further work to do to reduce unwarranted variation between different parts of the system and to cross-fertilise good practice. However, the revised governance arrangements in place now will stand the system in good stead to work on this. The developing population health management approach and the intelligent use of data will also assist with this agenda.

Communication and Engagement

14. Efforts to improve communication and engagement across the Hampshire are continuing, with Connect to Support Hampshire playing a major part in ensuring residents and staff have an enhanced understanding of the care system and people can be signposted effectively to appropriate support and community resources. The County Council is investing significantly in the

Connect to Support Hampshire programme, which will link in with new Primary Care Networks and social prescribing activity.

15. The introduction by the Hampshire Sustainability and Transformation Partnership (STP) of a HIOW Citizens Panel (HIOW Voices), which aims to recruit 2,500 residents to share their views on a range of health and care topics, is also underway.
16. The ambition of greater co-production with service users is also reflected as a priority in the new Health and Wellbeing Strategy for development over the coming year.

Access and transfers of care

17. The last year has seen significant and concerted effort to reduce Delayed Transfers of Care (DTC) across Hampshire. Encouragingly, the DTC performance for social care has improved by 45% over the past year and positively there has been a significant improvement in Continuing Healthcare assessments, so that now 91% are being completed outside the Acute setting.
18. In Reach reablement forerunner projects (testing new ways of working ahead of the planned introduction of Integrated Intermediate Care in 2020) are up and running and already showing success in supporting the safe and rapid discharge from hospital to home. Increased use is being made of voluntary sector services, for example, the Red Cross to support hospital discharge. Returns and restarts of care packages are now working in a more efficient and effective way to improve rapid discharge direct from hospital wards. Finally, there is more focus on preventative work to reduce admissions, including a social worker working in South Central Ambulance Service (SCAS) and Frailty Intervention Teams (FIT) operating at the front door.
19. There is, inevitably, more to do across the system going forward. Emergency Department performance in Hampshire's main hospitals is significantly challenged. Significant improvement activity is underway across some of Hampshire's local care partnerships and for individual organisations to move from a CQC 'requires improvement' rating. This is a whole system and partnership challenge. There remain some resistant flow issues that need ongoing attention, such as the numbers of patients medically fit for discharge at Queen Alexandra Hospital, and health and domiciliary care delays. Work also continues to effectively manage the flow of patients into intermediate/reablement care following discharge. It is important to ensure continued improvement in patient flow is stabilised and further improved upon before the Winter period.
20. Adults' Health and Care is continuing to support the ongoing transformation of work with hospitals through increasing its leadership capacity and remodelling social care teams in hospital systems. This work is being led by a new fixed-term post of Head of Service for Hospital Transformation who started in July 2019.

Partnerships

21. Building on the recommendations of the CQC Review, Southern Health NHS Foundation Trust (SHFT) and Hampshire County Council (HCC) have also been working closely together since Spring 2018 to develop a redesigned, jointly led and integrated health and social care crisis response, rehabilitation and reablement service for the whole of Hampshire. It is proposed that the new Integrated Intermediate Care service will be in place in 2020, subject to formal agreement later in this year by both organisations. The Hampshire Together brand has been adopted for this work and is in use across the organisations involved.

Workforce planning

22. Further to the CQC Review recommendation to develop a comprehensive workforce strategy in conjunction with the independent sector, a *Care Workforce Strategy 2019–2024* was presented and approved by Health and Care system commissioners and system leaders at the Integrated Commissioning Board and the Improvement and Transformation Board in July. The Chair of the Workforce Strategy Group, Samir Patel (Chair of the Hampshire Care Association - HCA) is due to provide the Improvement and Transformation Board with a progress update at their November meeting. The Strategy will also be discussed at the Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW STP) Local Workforce Action Board in October to ensure alignment with all other parts of the wider health and care system.

Finance

23. Financial pressures on the system continue, through a variety of factors: reduced financial allocations, increasing demand and inflationary pressures. Whilst the Spending Round announcements on 4 September 2019 are welcome, they are for one year only and address existing pressures within the social care system, with no longer-term sustainable plan for the wider health and care economy yet being available.

Consultation and Equalities

24. As an integral element of the Local System Review, CQC Reviewers met with groups of service users, carers, and patients, as well as a number of voluntary and community sector partners.
25. The intention is to continue to involve people who use services, carers and wider stakeholders through the various workstreams that were already in train or were introduced as a result of the CQC review.

Conclusions

26. The CQC Local System Review was an intensive process and thanks are due to the efforts of partners across the Hampshire health and care system for their contributions both during the Review process in 2018 and in supporting delivery of the CQC Action Plan over the past year. As outlined in this report, the Hampshire system has made good progress over the last year, with further ambitious plans for integration and personalised, strengths-based care. The environment in which all partners work remains challenging, but the system has strengthened governance in place to oversee ongoing continuous improvement.

27. That the Committee note the formal closure of the Local System Review action plan subject to agreement and approval of the Health and Wellbeing Board. As detailed in this report actions have either been complete or part of the wider transformation and improvement work taking place which will continue to be progressed in line with achieving the outcomes the Health and Wellbeing Board wishes to see achieved.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Direct links to specific legislation or Government Directives	
<u>Title</u> The Review was carried out under Section 48 of the Health and Social Care Act 2008.	<u>Date</u> July 2008

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

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2. Equalities Impact Assessment:

There are no equalities impacts linked to this progress report.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	8 October 2019
Title:	HIOW Long Term Sustainability and Transformation Plan
Report From:	Sustainability and Transformation Task and Finish Working Group

Contact name: Sumaiya Hassan

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Purpose of this Report

1. The purpose of this report is to update the Health and Adult Social Care Committee (HASC) on the progress of considerations, and make recommendations for endorsement by the HASC, for forwarding to the STP leads and partner organisations.

Recommendations

As a result of their deliberations, the Task & Finish Group arrived at the recommendations below:

That the HASC:

2. Note the priority areas identified by the HIOW Long Term Plan and the new service model which is currently in development.
3. Continue to monitor the progress of the HIOW Long Term Plan as necessary either via updates from the Working Group or by inviting the STP teams to present directly to the HASC.

Executive Summary

4. The Task and Finish Group's purpose is to monitor the progress and provide appropriate scrutiny of the core programmes of the two STPs covering the Hampshire geography:

- The Task & Finish group was cross party and comprised the following members: Cllr Fran Carpenter, Cllr Alison Finlay, Cllr Roger Huxstep (Chair), Cllr Pal Hayre, and Cllr Mike Thornton.
- The Task & Finish Group has held two recent meetings in September and October 2019, received a presentation on the HIOW Long Term Plan, and has arrived at recommendations to propose to the Select Committee.
- By 2024 the financial allocation to the NHS in Hampshire and Isle of Wight will have grown by £0.5 billion compared with 2019 funds must be deployed in order to maximise the benefits for the local population.
- Workforce remains the largest risk to all health and social care services. Improving the leadership culture and tackling the workforce capacity issue (including recruitment and retention and collaborative bank) to deliver 21st Century Care by offering fulfilling flexible careers and increasing time to care with a new workforce operating model.
- Final submission of the HIOW Long Term Plan to the national team will take place on 15 November 2019.

Contextual Information

5. The HIOW Long Term Plan priority areas include ageing well, cancer, cardiovascular disease, learning disability and autism, mental health, primary care, respiratory, stroke, starting well (maternity and paediatric), urgent and emergency care, and elective care with commitment to the following objectives:
 - To be clear about the vision, mission and major priorities of HIOW STP;
 - To determine the priorities for the delivery of the LTP;
 - To work together over the next five years to deliver the LTP, improving outcomes for people in Hampshire and the Isle of Wight;
 - To develop local outcome measures to track improvement;
 - To develop a plan that delivers improved outcomes for local people and supports long term sustainability;
6. The new service model is based on:
 - High quality, proactive integrated care (removing the historic divide between primary and community care)
 - Networked care delivery
 - Improved access with capacity in the right place at the right time
 - Prevention programmes at scale and embedded in care pathways, targeted on reducing health inequalities
7. This work is supported by:
 - Continuous quality and outcomes improvement
 - A high quality, supported workforce
 - Digital and data enabled services

- Appropriate investment/finances
- The journey to ICS (Integrated Care System)

Performance

8. The Hampshire and the Isle of Wight LTSDP is a cross-organisational plan requiring the input and approval of all statutory health and care partners working within the Sustainability and Transformation Partnership. Proposals are currently being developed to agree the final approval process.

Consultation and Equalities

9. Engagement activities will be undertaken across HIOW to describe the draft plans and seek feedback from the population, workforce and other key stakeholders to give people the opportunity to identify missed opportunities, unidentified risks, challenges, and questions about key aspects of the plan. This feedback will be used to inform the final draft and engagement will continue beyond the date of formal submission. Three key areas that required further exploration were identified - prevention, personalised care and the use of technology.

Conclusions

10. The central role of the STP is to support local place-based plans to achieve the changes that that can only be achieved by working in partnership.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No
OR	
This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:	

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> Sustainability and Transformation Partnership Update	<u>Date</u> 2 April 2019
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

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

There are no equalities impacts linked to this progress report.

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DEVELOPING THE HAMPSHIRE AND ISLE OF WIGHT NHS LONG TERM STRATEGIC DELIVERY PLAN

1. INTRODUCTION

1.1. This paper has been drafted to update the Hampshire HASC STP Working Group on the process and progress in developing an NHS Long Term Strategic Delivery Plan for Hampshire and the Isle of Wight. The requirement to develop a Hampshire and Isle of Wight response to the NHS Long Term Plan was set out in the NHS Long Term Plan Implementation Framework [LTPIF] published in June 2019. The LTPIF set out the approach Sustainability and Transformation Partnerships (STPs) / Integrated Care Systems (ICSs) are asked to take to create their five-year strategic plans by November 2019 covering the period 2019/20 to 2023/24. These plans need to be based on realistic workforce assumptions and deliver all the commitments within the Long Term Plan.

2. DELIVERY MILESTONES

2.1. Each STP / ICS is required to submit a Long Term Strategic Delivery Plan [LTSDP] by 15 November 2019. The South East Regional Office of NHS England and Improvement has issued supplementary guidance confirming the following interim milestones:

- submission of draft plans to SE Region – 27th September 2019
- submission of final plans to SE Region for moderation – 1st November 2019
- submission of final plans to national team – 15th November 2019

2.2. Aggregation of all STP / ICS Plans will then take place in November and early December 2019.

3. NATIONAL EXPECTATIONS OF SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS

3.1. The NHS Long Term Plan is the national strategy for the local NHS over the coming five years. The responsibility for the local health and care system is to plan for the delivery of 496 commitments contained within the Long Term Plan. We do not have discretion over whether to implement these commitments. We do have some discretion as to the prioritisation and phasing of a limited number of these commitments to reflect the needs of local communities. For the majority of commitments, however, the timing of delivery is either prescribed or linked to the availability of investment resource.

3.2. The NHS Oversight Framework 2019/20 published in September 2019 sets out the 65 metrics all systems will be measured against, falling into the categories set out in the Long Term Plan Implementation Framework.

3.3. NHSE/I have also recently confirmed their expectations of STP / ICS LTSDPs:

LTP commitments	<ul style="list-style-type: none"> • Defines how all the commitments in the LTP will be met, with a specific focus on the delivery of foundational commitments? (see chapters 2 and 3 of the Implementation Framework)
Activity and performance	<ul style="list-style-type: none"> • Reflects realistic assumptions for patient activity that enable delivery of national access standards under the NHS Constitution and the clinical review of NHS access standards once published?
Workforce	<ul style="list-style-type: none"> • Reflects realistic assumptions for workforce planning based on the interim NHS People Plan, including the steps to improve recruitment and retention?
Financial balance	<ul style="list-style-type: none"> • Is financially balanced based on the assumptions and financial allocations in the Implementation Framework (see Annex A and B) and with appropriate 'stretch' to take up the efficiency and productivity opportunities?
Robustness and realism	<ul style="list-style-type: none"> • Is robust and realistic, demonstrating that plans can be delivered, with internal consistency between each element of the plan and a clear link to operational plans by the use of the strategic planning tool and sign-up by each organisation?
System-wide working	<ul style="list-style-type: none"> • Reflects system-wide working, delivering for patients across the whole system of care with strong engagement from all of the system partners? All plans must be clinically-led, locally owned and developed with local authorities. There should be demonstrable alignment of partners' contributions throughout the plans.

The LTSDP is not a legally or contractually enforceable plan. Inevitably the plan will change and adapt over the course of the five years. There is, however, an expectation that partner organisations sign up to the Plan and that its content will strongly shape Operational Plans for 2020/21.

4. HAMPSHIRE AND ISLE OF WIGHT AMBITION AND DELIVERY ARRANGEMENTS

4.1. In June 2019 the Hampshire and Isle of Wight STP Executive Delivery Group (drawing Chief Executive representation from all partner organisations) reviewed the NHS LTPIF and agreed the following actions:

- establish a Long Term Strategic Delivery Plan [LTSDP] Steering Board, chaired by Paula Head (CEO of University Hospitals NHS Foundation Trust) to lead the the development of the LTSDP;
- commitment to the following objectives:
 - To be clear about the vision, mission and major priorities of HIOW STP;
 - To determine the priorities for the delivery of the LTP;
 - To work together over the next five years to deliver the LTP, improving outcomes for people in Hampshire and the Isle of Wight;
 - To develop local outcome measures to track improvement;
 - To develop a plan that delivers improved outcomes for local people and supports long term sustainability;

Hampshire and Isle of Wight Long Term Plan Development Structure

4.2. The HIOW LTSDP Steering Group was established in June 2019 with the following membership:

- Chief Executive, University Hospital Southampton NHS Foundation Trust
- Chief Executive, Partnership of Hampshire and Isle of Wight CCGs, Southampton CCG, West Hampshire CCG
- Asst. Director Adult Social Care, Hampshire County Council)

- Clinical Transformation Director, HIOW STP
- Clinical Transformation lead, HIOW STP
- STP Director of Transformation and Delivery
- Managing Director, Southampton City CCG and STP Finance Lead

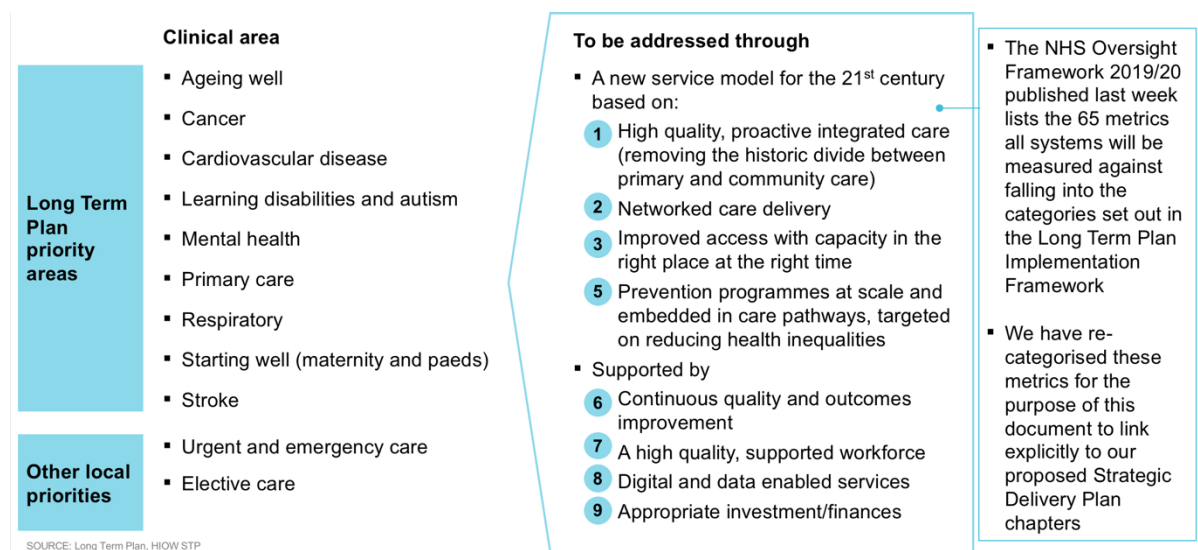
5. PROGRESS TO DATE

5.1. The following work has been completed to date:

- Developed a comprehensive case for change and Hampshire and Isle of Wight joint strategic needs assessment;
- Developed a strong understanding of the views and needs of the Hampshire and Isle of Wight population.
- Co-produced a vision, mission and values statement with partners, clinical leaders and the wider system, including Healthwatch;
- Tested and refined the case for change with clinicians, third sector partners, elected representatives – 4 July 2019;
- Reviewed current progress against the 496 commitments in the LTP and assessed the distance to delivery;
- Developed a finance, activity and workforce model;
- Developed baseline of current STP performance against LTP metrics;
- Agreed in principle the structure of the HIOW LTSDP response;
- Agreed the leadership arrangements and responsibilities for the LTSDP;
- Tested proposed priorities and confirmed key decisions that still require resolution.

Proposed Structure of the Hampshire and Isle of Wight Long Term Strategic Delivery Plan

5.2. The EDG have supported the following structure for the LTSDP:



6. ENGAGEMENT AND INVOLVEMENT

- 6.1. Following the publication of the Long Term Plan, health and care partners have continued to work with the people we serve and our partners to decide what the plan means for the care we deliver. Since the publication of our sustainability and transformation plan in 2016, system partners have engaged with over 10,000 members of their communities, staff and stakeholders to understand their views on key topics. This engagement has given us a strong understanding of local issues, attitudes, and concerns and our approach, in developing our response to the LTP, has been to build upon, rather than duplicate, this extensive work.
- 6.2. It is essential that the views and experiences of local people are at the heart of our plans, driving forward the changes needed to improve local services. We believe in on-going conversations and making sure that the needs of local people are central to what we do. We have therefore undertaken a detailed review of the public and patient engagement activity undertaken over recent years to inform the thinking and development of our response to the NHS LTP, as well as to show where we may need to fill any engagement gaps. The review has also identified areas of focus for ongoing engagement activity over the coming months to make sure we have a good spread of views and insights across our priority work stream areas.
- 6.3. As a result of this exercise, we identified three key areas that required further exploration; prevention, personalised care and the use of technology. The four Healthwatch across HIOW worked together to support us to gain additional insight into these topics. They sought the views of around 750 local people, information which has enabled us to further develop plans on these topics.
- 6.4. The development of our LTSDP has also involved a wide range of key partners including scrutiny committees, the chairs of Health and Wellbeing Boards, voluntary sector organisations and all partner organisations, as well as the key reference groups instrumental in developing the plan including clinicians, chairs, workforce leads, chief executives, the LMC, directors of finance and strategy leads.
- 6.5. During the month of October we will undertake a number of engagement activities across HIOW to describe our draft plans and to seek feedback from our population, workforce and other key stakeholders. Our engagement activity will be used to:
 - describe our draft plans
 - give people the opportunity to identify any missed opportunities or unidentified risks or challenges
 - pose questions about key aspects of the plan.

This feedback will be used to inform our final draft prior to submission in November.

- 6.6. Naturally, our engagement will be ongoing beyond the date of formal submission, as we continue to further develop and implement our transformation plans.

7. GOVERNANCE AND DECISION MAKING

- 7.1. The Hampshire and the Isle of Wight LTSDP is a cross-organisational plan requiring the input and approval of all statutory health and care partners working within the Sustainability and Transformation Partnership. In recognition of the very tight timescales associated with the development of the Plan, it is not practicable for each partner to formally receive and approve

a final draft of the Plan between the point of final development (late October 2019) and submission on 15 November 2019.

7.2. Consequently, proposals are currently being developed to agree the final approval process.

8. NEXT STEPS TIMELINES

- 25th September 2019: Executive Delivery Group focus session on first draft LTSDP;
- 25th September: Clinical Executive Group focus session on first draft LTSDP;
- 27th September 2019: Submission of first draft LTSDP to SE Region for review;
- 1-15th October 2019: four public engagement events across Hampshire and Isle of Wight;
- 15th October 2019: Whole system summit (to be confirmed) reviewing draft LTSDP;
- 22nd October 2019: final review of the draft plan for approval
- 1st November 2019: submission of second draft LTSDP to SE Region
- 6th November 2019: Executive Delivery Group to include final review of draft LTSDP and feedback from regional moderation of submission;
- 15th November 2019: Final submission of plan to national team.

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Hampshire and Isle of Wight Long Term Strategic Delivery Plan

Introduction

- In January 2019 NHSE/I published their Long Term Plan for the NHS.
- Sustainability and Transformation Partnerships have been asked to develop their response to the 496 commitments made in the plan.
- We have discretion over the timing of some of the commitments.
- For the rest, targets and timescales are mandated
- We have split the commitments into nine themes and assigned clinical and executive leads for each.
- We have built upon existing engagement work to understand the views of our population and are currently undertaking additional engagement to test the themes of the plan with local people.
- The final version of the plan will be submitted mid Nov.



Themes of our plan

Clinical area

- Ageing well
- Cancer
- Cardiovascular disease
- Learning disabilities and autism
- Mental health
- Primary care
- Respiratory
- Stroke
- Starting well (maternity and paediatrics)
- Urgent and emergency care
- Elective care

Long Term Plan priority areas

Other local priorities

To be addressed through

A **new service model** for the 21st century based on:

- 1 High quality, proactive integrated care (removing the historic divide between primary and community care)
- 2 Networked care delivery
- 3 Improved access with capacity in the right place at the right time
- 4 Prevention programmes at scale and embedded in care pathways, targeted on reducing health inequalities

Supported by

- 5 Continuous quality and outcomes improvement
- 6 A high quality, supported workforce
- 7 Digital and data enabled services
- 8 Appropriate investment/finances
- 9 Our journey to ICS

A new service model - integrated care

Why is it important?

- Integrated care is essential to ensure that patients are treated in the right place at the right time, and in the most efficient way possible, having healthy independent lives
- The programmes support the development of seamless services that wherever possible aim to prevent admission to hospital
- The programmes are underpinned by a Population Health Management approach that aims to ensure that interventions made are effective and reach the right people
- Our Big Health Conversation saw 64% of the 2000 people asked say that the NHS must change and wanted a focus on community-based care

Our focus:

- Building a clear vision for community care
- Describing and rolling out a new integrated population health focussed care model
- Build a new workforce model including mental health specialists, pharmacists, physiotherapists
- Modernising the primary and community estate
- Investing in a digital programme to improve access to care and access to comprehensive patient records

A new service model - networked care

Why is it important?

- No provider organisation will be able to meet constitutional standards for access at present levels of demand and capacity – this situation could improve by establishing operational delivery networks.
- Local specialist services would benefit from more robust network engagement to become and remain comparable to national peers
- When thinking about hospital care, people told us that having the right level of expertise within the surgical team was the most important, followed closely by having access to a specialist team that operates a 24/7 rota. (Southern Hampshire Review of Vascular Services, 2016)

Our focus:

Supporting current networks and alliances whilst establishing networking as business as usual. Particular specialties of focus:

- Stroke
- Pathology
- Mental health – in particular out of area placements.
- Care for the population of the Isle of Wight
- Cancer

A new service model - access

Why is it important?

- Current performance indicates a mismatch of demand and capacity – this work is required to ensure the right capacity, in the right place, at the right time to meet demand and deliver operational, quality and financial outcomes
- Resources (financial, people, estate, equipment) are not limitless and should be deployed in the most efficient way to reduce unwarranted variation
- Mismatches in demand and capacity in one part of the system can have unintended consequences in others
- Local people tell us improving access should be one of our biggest priorities.

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Our focus:

- Using data to identify opportunities to improve productivity
- Simplifying outpatients
- Mental health out of area placements
- Diagnostics
- Urgent access to primary care
- Ensuring people with learning disabilities have equity of access to care

A new service model - prevention

Why is it important?

- The ageing demographic in Hampshire and the Isle of Wight, with increasing frailty and multimorbidity, is a significant driver of health and social care needs.
- People living in deprived circumstances experience poorer health and, on average, die earlier than people in the more affluent areas.
- We need a radical approach to preventing ill health across the life course to manage future demand.

Our focus:

- Smoking and alcohol
- Reducing mortality for people with mental illness
- Behaviour change training for staff
- Diabetes prevention
- Prevention of cardio vascular disease
- Recognition of the importance of the wider determinants of health
- Increasing screening and immunisations
- Using data and intelligence to inform decision making



Quality and outcome improvements

Why is it important?

- To reduce unwarranted variation
- We are below national average on a number of specialties
- We must ensure the use of research and innovation to provide the best possible care

Our focus:

- Maternity, in particular a reduction in still births, maternal mortality and perinatal mental health
- Children and young people
- Learning disabilities and autism – with a particular focus on improving their physical health
- Reducing the number of people experiencing stroke, dementia and heart attacks
- Improvement against our diabetes targets
- Respiratory – improving access to care and better quality management of condition
- Delivering increasing levels of research and innovation



Workforce

Why is it important?

- Availability of workforce is the largest risk to all health and social care services.
- We are not attracting sufficient numbers of new staff. In Hampshire and the Isle of Wight, we are forecasting a decrease in our supply pipelines of 10.4% to 2024.
- Too many of our staff are leaving. We have a turnover rate of 14.2% against an England average of 9.1%.

Our focus:

- Making Hampshire and the Isle of Wight a great place to work
- Improving our leadership culture
- Tackling our workforce capacity issue – including recruitment and retention and collaborative bank
- Delivering 21st Century Care – including offering fulfilling flexible careers, increasing time to care, an new approach mental health workforce
- Delivering a new workforce operating model



Digital

Why is it important?

- Technology can help people take control of their health
- Better access to shared digital records helps us improve services and quality of care.
- Technology can help reduce inefficiencies and focus resources more appropriately.
- Rich and comprehensive data can help us plan and target services better and improve performance.
- Access to real-time data and intelligence can enable instant quality improvements
- People have told us that they want quick and easy access to clear information to help them make decisions about their health and care. (Healthwatch, 2019)

Our focus:

- Integrated health and care records
- Information governance
- Improving the digital maturity of our providers
- Intelligence and analytics
- Digital access and empowerment
- Public and clinical engagement



Moving to an Integrated Care System

Why is it important?

- It is fully recognised that an increasingly integrated system that delivers shared leadership and action is a key component of any plan that seeks to improve outcomes, reduce variation, deliver greater efficiencies and support financial sustainability.
- An ICS will enable local organisations to redesign care and improve population health. It is a pragmatic and practical way of delivering the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care

Our focus:

- Leadership, relationships, capability
- Vision and strategy
- Operational delivery
- Financial management
- Care delivery



Finances

Why is it important?

- By 2024 the financial allocation to the NHS in Hampshire and the Isle of Wight will have grown by £0.5 billion p.a. compared with 2019.
- We must understand how best to deploy this money in order to maximise the benefits for our local population.

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Our focus:

- Work to agree the focus of this additional investment is ongoing and updates will be brought to partners as soon as they are available.



HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	8 October 2019
Report Title:	Work Programme
Report From:	Director of Transformation and Governance

Contact name: Members Services

Tel: (01962) 845018

Email: 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	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD
<p>Proposals to Vary Health Services in Hampshire - 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. (SC) = Agreed to be a substantial change by the HASC.</p>									
<p>Andover Hospital Minor Injuries Unit</p>	<p>Temporary variation of opening hours due to staff absence and vacancies</p>	<p>Living Well Healthier Communities</p>	<p>Hampshire Hospitals NHS FT and West CCG</p>	<p>Update last heard April 2019, then September 2019 Next update Jan 2020, inc UTC developments (invite West CCG to joint present with HHFT).</p>			<p>x</p>		
<p>North and Mid Hampshire Clinical Services Review (SC)</p>	<p>Management of change and emerging pattern of services across sites</p>	<p>Starting Well Living Well Ageing Well Healthier Communities</p>	<p>HHFT / West Hants CCG / North Hants CCG / NHS England</p>	<p>Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.</p>	<p>If any changes proposed, HASC to receive an update.</p>				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD
Move of Patients to Eastleigh & Romsey Community Mental Health Team	Patients in Eastleigh southern parishes historically under Southampton East Team moving to Eastleigh and Romsey team	Living Well Ageing Well	Southern Health	Briefing note presented at Sept 18 meeting. Supported as not SC. Update received April 2019. Further update requested when transfer complete-expected Fall 2019.					
Spinal Surgery Service	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. Update on engagement received Sept 2018. Implementation update May 2019 and Sep 2019.				x	
Chase Community Hospital (Whitehill & Bordon Health and Wellbeing Hub Update)	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, further update Nov 2018 meeting. Latest update Feb 2019 Health hub developments written update provided Sep 2019.				x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD
Mental Health Crisis Teams	Proposed changes to the Mental Health Crisis Teams	Living Well Ageing Well Healthier Communities	Solent NHS and Southern Health for PSEH	Presented July 2019			x		
Integrated Primary Care Access Service	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			x		
Temporary Closure OPMH Ward	Southern Health NHS FT – reported in Oct temporary closure to admissions to Poppy and Beaulieu wards.	Living Well Ageing Well Healthier Communities	Southern Health NHS FT	Last Update received at Jan 2019 meeting. Beaulieu temp closed for up to 6 months. Update on reopening provided May 2019. Requested further written update Nov. 2019.		x (Written Update)			
Planned Changes to Learning Disability Service	A new base for staff due to enduring logistical challenges.	Living Well Healthier Communities	WH CCG	Received May 2019		x (Written Update)			
Beggarwood Surgery Closure	Alternate plan to closing, continuing to provide GP	Living Well Ageing Well	NH CCG NHUC	Presenting September 2019			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD
	services with NHUC provider.	Healthier Communities							
Orthopaedic Trauma Modernization Pilot	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				x	
Out of Area Beds and Divisional Bed Management System	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			x		
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.									
Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire	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	To await notification on inspection and contribute as necessary. PHT last report received Sept 2018, update heard April 2019. Requested paper update July				x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD	
				<p>2019 and attendance Nov 2019. Focused Inspection of ED update provided May 2019. CQC Update provided July 2019.</p> <p>SHFT – latest full report received Nov 18. Update received April 2019, and further update with paper received July 2019.</p> <p>HHFT last update heard in May 2019.</p> <p>Solent – latest full report received April 2019, requested update on minor improvement areas for Nov 2019 (could be paper only)</p> <p>Frimley Health NHS FT inspection report published 13 March 2019 and update</p>						

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD
				provided July 2019. UHS FT being inspected Spring 2019. Update provided July 2019.				x	
CQC Local System Review of Hampshire	To monitor the response of the system to the findings of the CQC local system review, published June 2018.	Ageing Well Healthier Communities	AHC at HCC	Latest update received in April 2019 on 6-month milestones. Next update due July 2019 on 12-month milestones (including CCG rep to jointly present) Adults requested to move update from July to October 2019.	x				
Sustainability and Transformation Plans: One for Hampshire & IOW, Other for Frimley	To 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	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD
				detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and last report to HASC April 2019. Next meeting scheduled for September 2019.					
Assessments of Children in Schools and Change in Provider		Starting Well Healthier Communities	CAMHS				x		
Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme									
Budget	To consider the revenue and capital programme budgets for the Adults' Health and Care dept	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 (next due Jan 2020) Transformation savings pre-scrutiny alternate years at Sept meeting. T21 at Sept 2019.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD
Orchard Close	To consider proposals to close Orchard Close Respite Service, Hayling Island	Living Well Ageing Well	HCC Adults' Health and Care	Workshop held 4 Dec 2018. Pre scrutinised at additional Feb 2019 HASC prior to Feb EM decision. Call In meeting 14 March 2019 recommended EM re-consider. EM re-considered 29 March and confirmed to undertake further work prior to decision in Nov. April 2019 Working Group agreed, to meet to consider options and feed back to Nov 2019 meeting.		x			
Integrated Intermediate Care	To consider the proposals relating to IIC prior to decision by the Executive Member	Living Well Ageing Well	HCC AHC	To receive initial briefing on IIC May 2019, with pre-scrutiny of EM Decision due later in the year (tbc)	x				
Working Groups									

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD
Orchard Close Working Group	To form a working group reviewing the STPs for Hampshire	Starting Well Living Well Ageing Well Healthier Communities	STP leads All NHS organisations	April 2019 Working Group ToR agreed, first meeting in June 2019 and feed back to Nov 2019 meeting.	Ongoing until 11 November				
Update/overview items and performance monitoring									
Adult Safeguarding	Regular performance monitoring of 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 2018, next moved to Nov 2019		x			
Public Health Updates	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	Substance misuse transformation update heard May 2018. 0-19 Nursing Procurement pre scrutiny Jan 2019 Hampshire Suicide audit and prevention					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	8 Oct 2019	11 Nov 2019	15 Jan 2020	4 Mar 2020	TBD
				strategy provided July 2019					
Health and Wellbeing Board	To scrutinise the work of the Board	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	Joint Health and Wellbeing Strategy refresh agreed by Board March 2019. Update on Strategy received in May 2019. Business plan update also expected in 2019.			x		

Other Requests Not Yet Scheduled:

Gosport Independent Review- Overview of response of system partners tbc

NHS 10 Year Plan – overview of what this sets out and how this is being taken forward locally tbc

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

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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