

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday,
8th October, 2019

Chairman:

* Councillor Roger Huxstep

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| * 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 Diane Andrews

Also present at the invitation of the Chairman: Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health, and Councillor Judith Grajewski, Executive Member for Public Health

159. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Fran Carpenter, Martin Boiles, Jan Warwick, Rhydian Vaughan, Marge Harvey, and Adam Carew. Councillors Lance Quantrill and Graham Burgess attended as Conservative Deputies.

Apologies were also received from co-opted members, Councillors Trevor Cartwright and Alison Finlay.

160. DECLARATIONS OF INTEREST

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

No declarations were made.

161. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 16 September 2019 were confirmed as a correct record and signed by the Chairman.

There was one matter arising in relation to the Minutes:

The addition of the presence of Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health, and Councillor Judith Grajewski, Executive Member for Public Health at the invitation of the Chairman.

162. DEPUTATIONS

The Committee did not receive any deputations.

163. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made one announcement:

The Chairman noted that feedback had been received from Councillors Thornton and Frankum regarding the Adults' Social Care and Health Tt2021 programme per the request noted on Page 18. The Chairman's overall feedback was that he did not wish to affect savings in a way that would eventually generate greater cost down the line. He thanked the Director of Adults' Health and Care for responding timely and specifically to all concerns and feedback shared by Members.

164. PROPOSALS TO VARY SERVICES

There were no proposals to consider.

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

There were no issues to consider.

166. INTEGRATED INTERMEDIATE CARE UPDATE

The Director of Adults' Health and Care alongside representatives from the NHS and Southern Health Foundation Trust provided a progress update on Integrated Intermediate Care, last presented in May 2019.

Cllr Thornton joined the meeting at 10:09.

The Chairman reviewed the concept of Integrated Intermediate Care (IIC) and Members then heard:

- Joint provision of services is intended to avoid unnecessary admission to acute hospitals and to allow independent living at home as soon as possible.
- Support is offered free of charge for a time limited period (6 weeks), though generally shorter with step down into a community or care home setting.
- Rehabilitation, reablement, and recovery are the key elements.
- Hampshire County Council (HCC) and Southern Health Foundation Trust (SHFT) are progressing towards proposals for a single integrated service.
- Commissioning along NHS lines is critical but complex due to lack of consistency in shared information and technology across providers.
- This is a positive direction and consultations will follow in due course.
- Arrangements covering all aspects and system functions will be choreographed between HCC and NHS with a possible Section 75 and Local Care Partnerships.

Cllr Hayre joined the meeting at 10:14.

- Modelling in terms of whole population and creating an appropriate footprint with acute hospitals requires detailed work and a business plan for ideal outcomes.
- Commissioning and provider perspectives are both critical to success.
- With the challenges of Tt2021, ensuring services are joined transparently in terms of finances, expectations, and service delivery details is key.
- Winter planning is now the focus to match additional service demand across the county and ensuring appropriate services and capacity are available for upcoming needs with greater efficiency and productivity.
- Service structure planning will reduce areas of duplication with a thoughtful and sensitive approach that dovetails together.
- HCC and SHFT operational and clinical regimes are different but the integrated service needs to be complimentary, robust, and capable.
- Consultation with staff will commence at the turn of the calendar year.
- New ways of working together are tested in forerunner projects countywide with local access points and an aim for patients to leave acute settings at an earlier stage as the longer they are there, the more they decompensate.
- To better their chances for recovery and independent living, acute hospital avoidance is key for those who would receive better care at home.
- Recent collaboration with South Central Ambulance Service (SCAS) has resulted in over 580 people avoiding acute hospitals and easing the pressures on acute, community, and social care providers, with ideal outcomes and benefits.
- Communication and engagement with all stakeholders are critical to find new ways of working ground up to meet population needs.
- The detailed business case is the current focus. There will be consultations in January with legal services, staff, providers, etc., to be brought back to the HASC in March, and the Executive Member for Social Care and Health, before the service going live in April 2020.

Cllr Fairhurst joined the meeting at 10:21am.

In response to questions, Members heard:

- Collaboration, agreements, and aligned plans with CCGs, STPs, and all partners are critical to develop service and function proposals based on CQC Local System Review (next item on the agenda) and insights from Newton Europe.
- Conditions need to be created to work seamlessly to overcome issues and effects of external forces, and make compromises (hosting, configuration, etc.)
- This is an opportunity to bring together Hampshire care system and Southern Health with a singular goal across both provider organizations.
- 700 staff members will be engaged, for a sense of the scale, size, and reach.
- Lack of and access to GPs are a community issue that lead to more hospital visits, but there are layers of complexity for both service users and providers.
- Primary Care Networks (PCNs), IIC, and GPs will be strongly linked and supported alongside a range of health care workers to provide the right care in the right setting and monitor complex patients to provide the best care.
- The system is increasingly more difficult and complex for people to navigate and this is an opportunity to address challenges and make collective improvements to simplify and delay services for easy, effective, and timely access.
- With this shift, more NHS funding and resources will need to flow from acute to community organizations.
- People will need to better understand options available to them and vulnerable service users with technology challenges or language barriers must be helped.
- The goal is to provide (previously separate and difficult to access) joined up services with a single access point with savings from scale and less duplication.
- Collaboration with 111, PCNs, voluntary sector, and SCAS will allow all enquiries to use Connect to Support Hampshire's directory of available services.
- Face to face opportunities for advice will remain for those who may need them.
- The business case will be a joint one with a pooled budget and clear service specifications in fine details from a commissioners' perspective and detailed operational service and delivery structure proposals from a providers' view.
- This is an invest to save opportunity looking at 5-year demand capacity.
- There is a cost to delivery and existing contracts, but also a saving opportunity from acute bed avoidance and the impact on long term care packages with more individuals better managed in the right care setting.

- Staffing and workforce issues remain at the forefront of all disciplines, but this collaboration will avoid duplication and release staff for other purposes.
- The proposed development will be clear on the financial envelope, quality from complementary skill sets of organizations (clinical, service delivery, social care, etc.) but the area of greatest concern consistently remains around work force and competing against acute hospital staff recruitment.
- Training and staff development in a holistic and individual approach with new projects and innovation will attract staff and allow them to upskill and access new career pathways with additional qualifications and retain them to avoid turnover.
- Assumptions with regards to growth in people living longer have been considered and will be monitored and managed.
- The immediate challenge is moving a large body of currently acute setting patients to manage them in better care settings and thus stabilize the numbers.

Members noted that they were impressed with the hard work, direction, clear plan for future, joint up working, safeguarding, and avoiding duplication. The Chairman congratulated the collaboration and looked forward to receiving the finance details in March 2020.

RESOLVED

That the Committee:

- a. Noted and supported the project approach and developments as set out in this report.
- b. Will receive a further update in March 2020 prior to an anticipated Executive Member decision to approve creation of the service (subject to consultation).

The Vice-Chairman left the meeting at 10:57.

167. **CQC LOCAL SYSTEM REVIEW OF HAMPSHIRE**

The Director of Adults' Health and Care alongside a representative from the Hampshire and Isle of Wight Partnership of CCGs provided a closure report following the local system review in March 2018.

Members heard:

- The system review identified strengths and continued development areas for an action plan with key elements to implement within a 12-month period.
- IIC (the previous item) was a key action and will be traveling forward alongside other issues being addressed.
- The action plan was signed off by the Health and Wellbeing Board (HWB) and submitted. A similar report to the one presented here will be going to the Board.

- A response was submitted to the CQC and DHSC, but there has not been continued interest in the outcomes.
- Hampshire was one of 20 areas selected to undertake such a review, based predominantly on the over 65 population and their experiences and pathways.
- Areas of strengths and improvements, as well as positive developments were based on data submitted alongside a week-long field work on the ground.
- The Health and Wellbeing Strategy and Business Plan, local mechanisms, transformation group, and integrated commission board will drive oversight and improvement for shared investments, funding, and pooled resources.
- The Hampshire Together initiative, workforce planning developments, system improvements with regulated care workforce, building on strengths, and setting the conditions to make the work of provider partners possible, is key.
- There is a limited 1-year view into the funding and confirmation of assumptions already made, and the degree of assurance and funding flow is very pertinent.
- The action plan is closed but progress continues with bigger pieces of work.

In response to questions, Members heard:

- The HWB oversees the progress on key actions with time scales for delivery.
- A huge campaign has been undertaken to get the word about Connect to Support Hampshire out there with advertising and the support of partners - district and borough councils, libraries, Fire and Rescue, 111, etc.
- People may be using the services but not recognize it as Connect to Support.
- Finance-wise, a 3-year spending round is typical and would be useful.
- The NHS has a 5-year funding solution subject to meeting performance and other standards.
- Prudent assumptions have proved true but is challenging and difficult to look forward beyond March 2021 whilst waiting for green and white papers.
- CQC have responsibilities across regulated services for health and social care.
- Inspections are being undertaken but in terms of skill and expertise, there are local team provisions providing a window into service quality and provisions.
- Adding CQC intelligence and insight to the County's own, allows it to remain above the national average and much has been done but there is more to do.
- Carer feedback (formal and informal) are part of the CQC response and has been used to develop a joint carer strategy.

- Informal carers are a vital resource and they contribute over £60 billion pounds compared to the £20 billion spent on social care.
- The CQC review was initiated due to delay transfer care performance but proved to be a catalyst in fast-tracking and focusing on actions that needed to be done.
- Currently, an intense amount of work is taking place with all sectors in terms of winter planning as increasing attendance can overwhelm the system's capacity.
- Additional capacity options, alongside IIC forerunner projects, and PCN collaborations with well-planned effort, investment, and resources will be key to a sustainable model for a long-term solution.
- Workforce pay is above National Trade Body recommendations, but significantly less than the private sector thus causing employment market challenges.
- No continuing program has been announced but remains to be seen.
- There is a new Chief Inspector for Social Care at the CQC and this needs to be a feature going forwards.
- Learning from system reviews are a catalyst for positive change and collaboration between organizations and more work will continue in the future.

Members were pleased to see the strengths and effort in addressing improvements and they commended the department and partners on the positive progress being made.

RESOLVED

That the Committee:

- a. Noted 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.
- b. Will endorse in writing the outcome and achievements from the action plan to share with the CQC and DHSC.

The Chairman called for an 8-minute recess until 12:45pm

168. **HIOW LONG TERM PLAN (HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP)**

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

Members heard:

- Based on the NHS long term plan blueprint for 10 years, a collaborative plan for implementation of expectations are to be submitted 15 November.

- The current work entails a response for 496 commitments laid out, refining strategy to planned implementation with the greatest value for citizens.
- While there is some discretion over timing, each item requires implementation.
- Existing engagement work and building on the work of HWBs to meet population needs with a proactive integrated care program in the community and collaboration of social care colleagues.
- Treating patients seamlessly in the right place at the right time while fostering a culture and behaviour change where the patient can easily access multiple services, accounting for cultural, technology, and competency challenges.
- Population health management, critical NHS changes and better using capital, digital, workforce resources for networked care and implementation of the direction of travel with a new model of health and care.
- Working together across providers (addressing workforce and specialization challenges) for 24-7 services to balance capacity and anticipated demand.
- Promoting learning from each other and implementing safe, sustainable changes by building relationships and collaboration with larger, effective providers.
- Lack of access can cause a period of fragmentation of health.
- Capacity insights are largely unknown but must be understood to mobilize a more rapid response.
- A live capacity and demand model would help manage mismatches and address them with agile responses.
- Digitalizing outpatient activity would save time and transportation costs.
- Coordinated visits would allow for multiple concerns to be addressed in one go.
- Transforming access is a massive issue and focus, including managing mental health out of area beds and collaboration across all services to use bed stock.
- Focus on prevention and managing an aging demographic – live well, age well, live with, rather than suffer with, and a radical approach to prevent ill health.
- STP learning through prevention agenda, considering existing data, shared information, and especially public health collaboration for prevention of pregnant women smoking, new-born care, addressing adverse physical events, care in the right setting, promoting exercise, living well, child reporting, etc.
- Half a billion pounds marked for transformation over the next 5 years but the STP must deliver and spend to improve experiences and focused improvements.
- Workforce remains the most significant challenge for health and care partners.

- Better leadership and a strong recruitment position will help establish Hampshire and the Isle of Wight as an attractive place to work and key to working well.
- A bank to allow staff to move seamlessly across positions with dynamic solutions and improved technology at all levels (artificial intelligence, electronic medical records, etc.) will drive efficiency and productivity.
- Well placed digital solutions, cost suppression and thoughtful deployment are profoundly important for scaling and porting for better decisions and outcomes.
- Moving from a competitive environment to an improved, shared service by scaling by leveraging advantages with the largest employers and groups.

In response to questions, Members heard:

- A project management plan with resources, timescales, milestones, and investment trajectories are critical for inclusion in the final submission.
- A 2-year timeline is manageable but past that, trajectories will need revisiting.
- A realistic finance and workforce plan for the 496 required goals alongside targets and metrics for health and care will be included.
- All documentation will be shared on the websites of all statutory organizations.
- Organizational and governance structure for implementation will also be shared.
- Current draft plans include 200 pages of appendices but not yet a coherent plan.
- Forensic and thorough feedback received will guide the final development of the plan and it will be submitted to the HASC for consideration.
- By April 2021 the HIOW STP will need to evolve into an Integrated Care System with delegated responsibility from NHS Health and Social Care and feedback from NHS England and NHS Improvements.
- Being a large county with many partners, CCG legacies, and local authority footprints, strong commitments must be made in November to work together.
- A report with a traffic light system against each of the items and the current status will be compiled and shared by the partnership board overseeing the implementation of the long-term plan including actions, risks, and progress.
- The STP will engage with health partners, acute trusts, HCC, voluntary sector, and NHS to focus on a seamless prevention plan.
- The collaboration will mirror the work of the HWB and be part of a wider plan alongside district and borough partners for the work to move forwards.
- The Executive Member for Public Health's commitment to lead on prevention and identifying the critical path to deploy resources for the best outcomes.

- A collective commitment is central to prevention programs being at the heart of all that is done and the core philosophy of providers (community or specialist).
- Clinical Directors of the PCNs have statutory responsibility to provide better local care and effective use of health and social care assets and capital.
- Executive responsibility for direction lies with Maggie MacIsaac - the senior officer with supportive officers being accountable to the partnership board.
- This will be the largest transformation of health and care and PCNs are vital investments to overcome the historical model of fragmented leadership.
- An example of a positive STP outcome is that children's care hubs have had the largest reduction in antibiotics prescribed in the country.
- Consistent use of prevention and monitoring technology in surgeries and primary care is critical to equity in care.
- Improvements to the model of care and facilitated collaboration on quality improvement with all partners will achieve results across various footprints.
- Technology and digital updates will allow the improvement of care at the point of service, but usage maintenance is equally vital through the use of behavioural science for better, consistent habits for health management.
- The Joint Strategic Needs Assessment (JSNA) has been broadened to include Hampshire and Isle of Wight for best use of shared resources for a radical and flexible approach for prevention of ill health and manage future demand systematically with the NHS.
- The HCC commitment for participating in the STP process and the NHS long term plan with 496 items and 65 performance metrics – clinical outcomes and indicators with 500 thousand of the funds linked to NHS delivered services.
- The long-term plan seeks to put into place the right things to do and social prescribing, but it is important to consider what is already being done.
- Elements include only new PCN activity, but not necessarily existing services and infrastructure and local implementation or delivery.
- The HCC is keen to see STP/ICS deliver what is needed for the Hampshire population and engaging as a partner, rather than a stakeholder.
- Social care alongside prevention are critical to health outcomes and goals.

RESOLVED

That the Committee:

- a. Noted the priority areas identified by the HLOW Long Term Plan and the new service model which is currently in development.

- b. Will continue to monitor the progress of the HLOW Long Term Plan as necessary either via updates from the Working Group or by inviting the STP teams to present directly to the HASC.
- c. Requests the release of the 15 November paper submission to the HASC for review.

169. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme.

RESOLVED:

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

The meeting closed at 12:52.

Chairman,