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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	19 October 2021
Title:	Public Health T21 Working Group Outcomes Report
Report From:	Public Health T21 Working Group

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Purpose of this Report

1. The purpose of this report is to inform the Health and Adult Social Care Select Committee the outcomes of the Public Health T21 HASC Working Group which contributed to the consideration of the proposals included in the public consultation to deliver budget savings.

Recommendation(s)

That the Working Group recommend to the Health and Adult Social Care Select Committee (HASC) the following:

- That the **substance misuse** proposal to close the Winchester hub proceeds on the understanding that work to secure an alternative model of provision in Winchester is developed to allow clients continuous and uninterrupted access to a service in the city.
- That the **stop smoking** proposal to end some face-to-face provision in some parts of Hampshire proceeds on the understanding that more pharmacies and vape shops are recruited to support residents wishing to quit smoking. This must be focused especially in Alton, Bordon, Petersfield and Ringwood where residents would have to make longer journeys to access a face-to-face service.
- The proposals that have been developed for **sexual health** would have a significant impact on Hampshire residents and therefore the Working Group recommends that the removal of the HIV and syphilis self-sampling service operated by SH:24 is the only element that should be agreed. The HASC Working Group does not support the other proposals as described and believes that alternative models need to be developed that support improved sexual health for all residents.

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- The proposals that have been developed for the **Public Health nursing service** would present significant risks to the children and young people and families of Hampshire. The HASC Working Group does not support the proposals as described and believes that an alternative model needs to be developed that would continue to support children and young people and families to thrive in Hampshire.
- Establish appropriate monitoring of all services to ensure any adverse impact of changes that are implemented are promptly identified and addressed.

Executive Summary

2. The Public Health T21 Consultation ran from 14 June to 9 August 2021 and outlined proposals that could enable Hampshire Public Health Service to re-focus its ring-fenced public health budget to support the Councils saving programme and deliver savings in the following four service areas:
 - Substance misuse treatment
 - Stop smoking (known as Smokefree Hampshire)
 - Sexual and reproductive health
 - 0-19 Public Health Nursing (including health visiting and school nursing)
3. The Working Group also sought to understand the potential impacts of the proposed options and invited other suggestions on how savings could be made, to help inform its final approach. The total budget being consulted on was £3.049m. If proposals were agreed this would contribute to the overall Public Health T21 savings target of £6.8m.
4. The Working Group met five times to consider the current service provision, the potential impacts of the proposals on residents and implications for Hampshire County Council.
5. After careful consideration of the above the HASC Working group supports some elements of the proposals for substance misuse services, stop smoking services and online HIV and syphilis testing services.
6. The group also recommends that the remainder of the proposals should not be agreed in full due to the adverse impact on the health and wellbeing of residents, particularly children, young people and on vulnerable population groups.

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7. The public consultation summary report was not available to the Working Group prior to the conclusion of their work.

Contextual information

8. To support the HASC in making recommendations to the Executive Member for Adult's Services and Public Health in respect of the T21 Public Health savings proposals, it was agreed at its meeting on 28 June to establish a Working Group.
9. The proposals were the subject of an 8-week public consultation which ran from 14 June until the 9 August. The working group coincided with this time period.
10. The Working Group was cross party and consisted of the following elected members:
 - Cllr Ann Briggs (chair)
 - Cllr Rod Cooper
 - Cllr Tonia Craig
 - Cllr Debbie Curnow-Ford
 - Cllr Neville Penman
 - Cllr Andy Tree
 - Cllr Jacky Tustain
11. The Working Group met 5 times (7 July, 12 July, 19 July, 27 July and 30 July) to review the savings proposals for substance misuse, stop smoking, sexual health and public health nursing.
12. The first meeting provided an overview of the ring-fenced nature of the public health grant and a brief summary of each of the four services affected by the proposals. Each subsequent meeting was used to focus on one service theme.
13. Each session comprised a presentation by officers of previous transformation work, the savings proposal included in the consultation and those options rejected at an earlier stage, risks and proposed mitigation followed by an opportunity for councillor questions.
14. Each theme is presented below with a summary of geographic considerations for all themes in paragraph 26 and 27.

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Substance Misuse

15. Summary of Proposals Discussed by the Group

The Working Group heard it is proposed that the Winchester treatment hub would close permanently in order to save £120,000. To mitigate the impact of this proposal, treatment and support would be provided in a different way by developing a hybrid model. This would involve:

- Partnership arrangements with existing services to offer satellite clinics e.g homeless day centre; local GPs
- Outreach
- Group work at local community venues
- Digital offer

16. Summary of Feedback from the Group

The group expressed concern about:

- The increased pressure on the alternative hub in Eastleigh
- The potential for people to drop out of services as a result of needing to travel or have an appointment to allow access

It was confirmed that if the proposal is approved, the service provider would meet each individual to talk through their options and that each person who contacted the service would continue to be allocated a key worker. The provider is actively working on alternative ways of delivering this service with another partner.

Additional Suggestions made by the Group

Members of the Working Group were keen to be assured that robust monitoring of impact would be in place so commissioners and providers can respond with any appropriate mitigation as required.

Smoking

17. Summary of Proposals Discussed by the Group

The Working Group also heard it is proposed to save £150,000 by reducing from 33 to 18 the number of hired community venues from which a face-to-face service is delivered. To mitigate the impact of this proposal the service provider would provide the service by:

- Phone and video call
- Mobile clinic deployed to areas of highest need
- 78 pharmacies, GP practices and vape shops via a service level agreement

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A further £168,000 would be saved by reducing the level of unsupported prescribing provided by GPs, for which there is no evidence base or national guidance.

Residents have been broadly positive about the switch to a digital approach necessitated by COVID-19 restrictions, as it has allowed for more flexible appointment times. For the hardest to reach clients, such as pregnant women, feedback has been positive, as they have found it easier to fit telephone calls around busy lives including looking after a young family.

18. Summary of the Feedback from the Group

The Working Group expressed concern about the following:

- The nearest alternative face to face service and the number of clients currently using the community provision.
- The mechanism by which GPs would be discouraged not to offer unsupported prescribing. It was confirmed that alerts would be placed on GPs online system
- The impact of the merger of CCGs in North East Hampshire on the proposals for Hampshire residents. It was confirmed that all Hampshire practices including within the Frimley ICS footprint would be made aware of these proposals.

19. Additional Suggestions made by the Group

The Working Group also suggested:

- Charging for some services such as NRT. In line with the NHS constitution clinical services must be free at point of contact. This may also be a barrier to people on low incomes.
- Ending funding for prescriptions made by GPs, but this risks alienating an important partner in the system. GPs would be encouraged to refer to Smokefree Hampshire to ensure the greatest chance of a successful quit.
- Encouraging more pharmacies to offer support as outlined in the consultation information pack.
- Members of the Working Group were keen to be assured that robust monitoring of impact would be in place so commissioners and providers can respond with any appropriate mitigation as required.

Sexual Health

20. Summary of Proposals Discussed by the Group

The proposals affecting sexual health services were presented to the group

Firstly, to save £184,000 by reducing or stopping parts of the service that are not a statutory duty to provide, including:

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- Reducing sexual health promotion and HIV prevention services;
- Stopping counselling for people experiencing psychosexual problems;
- Stopping the provision of free sexual health training for non-specialist sexual health staff.

Secondly, to save £249,000 by closing 5 of the smaller clinics:

- Alton
- Hythe
- New Milton
- Ringwood
- Romsey

These clinics are open for fewer hours and do not provide the full range of sexual health services. The number of people to be displaced by these proposed closures is estimated to be 1697.

Thirdly, to save £80,000 by restricting access to free emergency hormonal contraception. It is proposed that this service is only provided free of charge to people aged 24 years and under at community pharmacies. It is estimated that 3,000 women would be affected by this proposed change.

Finally, to save £8,000 by removing the HIV syphilis self-sampling service provided by SH:24.

21. Summary of Feedback from the Group

Of particular concern to the Working Group were the following:

- The impact of these proposals on the wider system, other departments and agencies. By closing clinics and limiting access to some services such as emergency hormonal contraception and free condoms there would be increased demand in other parts of the system including the specialist level 3 service and primary care. This could also lead to poorer sexual health outcomes.
- Proposed clinic closures disproportionately affect residents living in the New Forest District Council area where access to alternative face to face services may be more difficult for young adults who may need to rely on, and pay for, public transport. Although online and by post services are available, these proposed closures could place increased pressure on GPs to provide an alternative service, lead to increased costs if residents choose to access services out of county and potentially lead to poorer sexual health outcomes for residents in this area.
- The proposed reduction in the level of sexual health promotion and HIV prevention would lead to a reduced focus on early intervention and prevention. In the longer term this may lead to increased demand for sexual health services such as treatment and testing for sexually transmitted infections and HIV or emergency hormonal contraception.

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- The reduction in contraceptive service could negatively impact women especially those aged over 25 who would need to pay or travel to a clinic or GP to access free emergency hormonal contraception.
- The reduction in access to free condoms could negatively impact most people over 25 who would need to pay for condoms.

22. Additional Suggestions made by the Group

Members of the Working Group were keen to be assured that robust monitoring of impact would be in place so commissioners and providers can respond with any appropriate mitigation as required.

Public Health Nursing

23. Summary of Proposals Discussed by the Group

The Working Group was presented detail about the proposal to reduce the 0-19 Public Health Nursing Service budget by £2.09 million per year by:

- reducing the number of staff posts available to support families by approximately 47 (12.5% of the current workforce); and
- only providing school nurse support to children and young people over the age of 11 years through the digital offer.

The rationale for proposals was explained:

- 85% budget is staffing so the level of saving cannot be achieved without reducing the workforce
- Digital offer developing to provide a wider reach
- Enable the largest number of children, young people and families to access information, advice and support themselves enabling the workforce to focus on those with greatest need
- The priority is to protect pregnancy and the first years of life to promote the best start in life and recognise that babies and young children reliant on parents and carers. There would be a greater level of risk in reducing this support.

24. Summary of Feedback from the Group

Of particular concern to the working group was:

- Families would be signposted to services that have already been reduced such as Hampshire Libraries for internet access
- The digital offer is not accessible for some families
- The proposed new model places the responsibility on families to be proactive which may not be appropriate for all
- Reducing this service may lead to worsening in the health and wider developmental outcomes of children in the future and provide a cost burden in future years. For instance, if vulnerable families are missed there may be bigger issues to resolve later at increased cost

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- Reducing the involvement of the service in safeguarding meetings could result in serious concerns being missed or identified at a later stage.

25. Additional Suggestions made by the Group

Further work needs to be completed to identify transformation opportunities which improve outcomes for children and young people and their families.

Members of the Working Group were keen to be assured that robust monitoring of impact would be in place so commissioners and providers can respond with any appropriate mitigation as required.

26. Concerns common to more than one theme

For each of the areas of proposed savings the Working Group expressed concern about:

Digital exclusion – proposing to substitute face to face service delivery does not take account of those residents who do not have access to digital technology or that the Hampshire Library Service has closed some libraries meaning that internet access may not be easily available locally.

Impact on the wider system - closing Hampshire Public Health face to face services and signposting residents to other providers such as GPs or schools or other service providers.

27. Cumulative impact of proposals to close clinics or sessions across Hampshire would mean that some geographic areas and residents would be disproportionately affected.

- **Sexual health:** residents seeking access to face-to-face services in the New Forest or Alton area would need to use on-line, by post services or travel further. Face to face services would be available as follows:
 - Alton – the nearest alternative clinic would be 8.3miles away in Bordon;
 - Hythe – the nearest clinic would be 12 miles away in Southampton;
 - New Milton – the nearest clinic would be 21 miles away in Southampton. However, some service users may prefer to use a Bournemouth service which may be closer;
 - Ringwood – the nearest clinic would be 17 miles away on Totton. However, some service users may prefer to access a Bournemouth service which may be closer;
 - Romsey – the nearest clinic would be between 7 and 11 miles away in Eastleigh, Winchester or Southampton. Young people would be able to access the Romsey young person’s clinic.

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- **Stop smoking:** residents seeking access to face-to-face services across the County would need to use on-line or travel to alternative provision at pharmacies or vape shops. This would be a particular issue in:
 - Alton - there would be no specialist face-to-face support within 20 miles, though there are pharmacies in Odiham (9.3 miles away) and Basingstoke (13 miles away);
 - Bordon - there would be no specialist face-to-face support within 20 miles, though there are pharmacies in Liphook (4.8 miles away) and Odiham (13 miles away);
 - Petersfield - where residents would need to travel between 13 and 15 miles to access specialise face-to-face support or 10 miles to a pharmacy in Liphook;
 - Ringwood - where residents would need to travel between 12 and 17 miles to access specialist face-to-face support or 6 miles to a pharmacy in Fordingbridge;
 - For all other proposed closures residents would need travel 10 miles or fewer to access specialist face-to-face support.
- **Substance misuse:** residents seeking to access face-to-face support would be able to do so by making an appointment at the new hybrid service offer in Winchester or by accessing the larger clinic in Eastleigh.
- **Public Health nursing:** All residents regardless of post code would be affected by these proposals.

28. Finance

The proposals included in the consultation would contribute £3.049m to the overall Public Health T21 savings target of £6.8m. If these proposals are not acceptable The Council would need to develop alternative proposals to deliver the required savings. Any savings made would need to be in line with the conditions of the ring-fenced Public Health grant and deliver public health outcomes.

29. Consultation and Equalities

This report sets out feedback from the HASC Working Group and therefore has no impact or proposed impact on groups with protected characteristics.

30. Conclusions

The HASC Working Group puts forward the above recommendations for the HASC to consider making to the Executive Member for Adult's Services and Public Health.

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
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>	<u>Date</u>
December 2018 Executive Member Decision Paper November 2019 Executive Member Decision Paper	
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Health and Social Care Act 2012 (legislation.gov.uk)	<u>2012</u>

Section 100 D - Local Government Act 1972 - background documents

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

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

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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 report sets out feedback from the HASC Working Group and therefore has no impact or proposed impact on groups with protected characteristics