

**NOTICE OF MEETING**

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Friday, 21st July, 2017 10.00 am
<b>Place</b>	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
<b>Enquires to</b>	<a href="mailto:members.services@hants.gov.uk">members.services@hants.gov.uk</a>

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 received.

**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 the circumstances described in 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 Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 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 3 - 12)**

To confirm the minutes of the previous meeting

**4. DEPUTATIONS**

Approx.  
Timings

	To receive any deputations notified under Standing Order 12.	
<b>5.</b>	<b>CHAIRMAN'S ANNOUNCEMENTS</b>	
	To receive any announcements the Chairman may wish to make.	
<b>6.</b>	<b>HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN</b> (Pages 13 - 20)	1 hour
	To consider progress made against the core programme areas of the Sustainability and Transformation Plan for Hampshire and the Isle of Wight	
<b>7.</b>	<b>ADULTS' HEALTH AND CARE: TRANSFORMATION TO 2019</b> (Pages 21 - 28)	1 hour
	To receive an overview of the next steps for Adults' Health and Care in the Transformation to 2019 programme.	
<b>8.</b>	<b>WORK PROGRAMME</b> (Pages 29 - 40)	5 minutes
	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](mailto: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.

# 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 Tuesday,  
20th June, 2017

## **PRESENT**

Chairman:

p Councillor Roger Huxstep

Vice-Chairman:

a Councillor David Keast

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

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

### **Substitute Members:**

p Councillor Neville Penman

### **Co-opted Members:**

p Councillor Barbara Hurst  
p Councillor Alison Finlay  
VACANT  
VACANT

### **In attendance at the invitation of the Chairman:**

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

## **1. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor David Keast. The Conservative standing deputy, Councillor Neville Penman, attended in his place. Apologies were also received from Councillor Tonia Craig.

As the Vice Chairman was absent, Councillor Marge Harvey would be assisting the Chairman for the duration of the meeting.

## **2. 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 Personal Interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 4 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.

Councillor Martin Boiles declared a general Personal Interest, as he is the Chairman of the Andover Patient Committee.

Councillor Steve Forster declared a general Personal Interest, as he is a Governor at Surrey and Borders Partnership NHS Foundation Trust.

Councillor Mike Thornton declared a general Personal Interest, as he occasionally works for a private care provider, 'Home Instead Senior Care', although this company does not currently have a relationship with Hampshire County Council.

Councillor Jan Warwick declared a Personal Interest in Item 9, as she is a specialist consultant advisor for the Care Quality Commission, although this role does not cover Hampshire providers of services.

### 3. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 15 March 2017 were confirmed as a correct record.

There was one matter arising from the Minutes:

- Minute 187: The Chairman had written to the Executive Member for Environment and Transport at the end of March, and had followed up a response from his Department. The outcomes of this would be shared with Members once received. The additional information requested had been submitted to the CCG and this information would also be shared once available.

### 4. **DEPUTATIONS**

The Committee did not receive any deputations.

### 5. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

#### New Administration

The Chairman welcomed new and returning Members, and gave thanks to those who had sat on the HASC during the previous administration for their contribution to the work programme of the Committee.

The Chairman offered a special welcome to Councillor Barbara Hurst, the new HIOWLA co-opted member representing the north of Hampshire. It was noted

that Councillor Dennis Wright had resigned his HIOWLA co-opted member position on the Committee, to whom the Chairman noted his gratitude for his contribution to the work programme. The Chairman also highlighted that Councillor Tonia Craig, previously a HIOWLA representative, was now a Hampshire County Council representative on the Committee. This resulted in there being two co-opted member vacancies on the Committee, which would be requested (in line with proportionality) from HIOWLA.

### Briefings and Updates

Updates would be shared with Members after the meeting on:

- Andover Minor Injuries unit (*Hampshire Hospitals NHS Foundation Trust*)
- Transforming Care Partnership (*lead: West Hampshire CCG*)

## **6. INTRODUCTION TO SCRUTINY**

A presentation was heard from officers in Legal and Governance which set out to the Committee the role and purpose of scrutiny, including the powers of health scrutiny, the terms of reference for the Health and Adult Social Care Select Committee, and how Members could best engage in the overview and scrutiny process (see presentation, Item 6 in the Minute Book).

In response to questions on how to raise local issues or queries relating to Adult Social Care and Public Health, it was heard that the Director of Adults' Health and Care, Graham Allen, and the Director of Public Health, Dr Sallie Bacon, were happy to be contacted directly on these. All queries relating to health scrutiny, or where Members were not sure how to direct their issues, should be raised with the Scrutiny Officer or through Democratic and Member Services.

## **7. INTRODUCTION TO ADULTS' HEALTH AND CARE**

A presentation was heard from the Director of Adults' Health and Care, together with the Director of Public Health, which provided a baseline of information for Members in relation to the Department and the variety of services it offers, as well as the challenges faced (see presentation, Item 7 in the Minute Book).

The Committee heard that Members would be welcome to request any further information they felt they needed in relation to their divisional areas, and conversely to raise with the Department any issues that they receive to enable the Department to respond to them.

The Chairman thanked the Directors for an informative and educational presentation.

## **8. INTRODUCTION TO THE NHS LANDSCAPE IN HAMPSHIRE**

A presentation was heard from the Chief Executive of Hampshire CCG Partnership and Chief Officer of West Hampshire CCG, which provided an overview for Members of the NHS commissioning landscape in Hampshire, as well as the key challenges facing the NHS which were likely to feature on the

Committee's work programme over the next four year period (see presentation, Item 8 in the Minute Book).

Members noted that previously there were five CCGs in Hampshire, but from April 2017 four of these had formed the Hampshire CCG Partnership (Fareham and Gosport, North Hampshire, North East Hampshire and Farnham, and South East Hampshire CCG), with West Hampshire CCG unaffected by these changes. This furthered the CCG's continued approach to working in partnership, and enabled more efficient working with partners such as local authorities. Those CCGs forming the Partnership would continue to work as local geographies and would maintain their own Board arrangements, but on wider issues would work collaboratively as one CCG. Between all CCGs in Hampshire, the approximate spend was £1.8bn, with all NHS services (except highly specialised acute services) commissioned by CCGs on behalf of the population of the County.

An overview was provided of the Hampshire and Isle of Wight Sustainability and Transformation Plan (STP), which was an ambitious plan to reform services across the two Counties, Portsmouth and Southampton (overlapping with the Frimley STP in the North East of the County), and to meet the challenges facing those contributing to the health of the population. A number of significant issues faced the NHS locally, and those specifically relating to urgent and emergency care, the future of primary care, and staffing sustainability were discussed in detail.

The four health systems in Hampshire were outlined to the Committee: Frimley, North and Mid Hampshire, Portsmouth and South East Hampshire, and Southampton and South West Hampshire. The work ongoing in each of these areas, including the specific issues faced by each system, were highlighted. A number of these issues, and the challenges outlined for the future, already featured on the HASC's work programme, and the CCGs looked forward to a challenging and supportive working relationship with the Committee going forward.

In response to questions, Members heard:

- That the proposals on the future of services in North and Mid Hampshire were likely to be ready for scrutiny by the Committee in September, once the detail of out-of-hospital services had been configured.
- That the main driver for the CCGs working together as a Partnership was to meet the challenges faced by the NHS as a larger being, bringing together talented individuals across organisations to work collaboratively. The financial picture was different for each CCG – some ended the last financial year with a surplus, others a deficit – so money was not the main driver for the change.
- The challenge of accessing GPs was a problem in some localities, and there was a wider issue of how primary care should be delivered in future. Firstly, primary care needed to be more accessible and delivered when needed to stop individuals accessing care from other routes which may be inappropriate (i.e. attending at urgent care facilities), and secondly, the types of role practised in primary care needed to adapt to suit need (as not all patients requesting to see a GP need to).
- One of the key STP work streams was 'New Models of Care', and this in part focused on how primary care could be organised differently, such as

through integrated out-of-hospital hubs. This would be a huge programme of change, and would require innovation and new ways of thinking to implement across Hampshire. It would also need a programme of engagement to help the public to understand where to go, and to have confidence in accessing it.

- Some of the innovations already being practised across Hampshire include a programme in Yateley where paramedics are employed as part of primary care services to carry out home visits and see patients in need of care who aren't able to get to the GP.
- The CCGs were cognisant of housebuilding programmes in Hampshire and the need to develop health infrastructure to support these new communities. New developments of the size of the proposed new town of Wellborne would also enable innovation to be applied, such as the development of integrated care.

The Chairman thanked the Chief Executive and Chief Officer for their attendance and contribution towards the induction of the new Committee, and for an informative and thought-provoking presentation. Members agreed that a future briefing on the future of primary care in Hampshire would be helpful to the Committee, and agreed to request this from the CCGs.

*Councillor Briggs left the meeting.*

## **9. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES**

The Interim Chief Executive and representatives from Southern Health NHS Foundation Trust presented a report providing an update on the progress made against actions recommended by Mazars and the Care Quality Commission (CQC) (see report, Item 9 in the Minute Book).

An overview of the history to these issues was provided by the Interim Chief Executive for the benefit of the new HASC Members, with the reasons for the Mazars report and subsequent CQC inspections provided. The Trust had been subject to a significant amount of public scrutiny since this time, including through regulators, commissioners, the media and the HASC, but feedback has shown that the Trust were improving and were in a much more positive position than the one reported at the time of the Mazars publication. The Trust were continuing to implement a number of recommendations and actions from regulators, as well as those from internally commissioner reports, such as how Southern Health involve service user families in the investigation of the death of their loved ones.

The Trust had received a further CQC inspection in March 2017, following up previous reviews of adult mental health services, and additionally reviewing physical health services which hadn't been inspected since 2014. There was still a lot of progress to be made, but it was felt that the latest inspection by the CQC would highlight that the direction of travel was a positive one. From the draft report, the Trust were satisfied that the issues likely to be recommended for action by the CQC were those reported by the Trust at the beginning of the inspection. It was hoped that the main headlines from the report would be that the culture within the Trust is different, with a more visible senior leadership,

greater staff engagement, and positive feedback from service users. It was expected that the report would be published within the next few weeks.

The Trust continued to meet with commissioners monthly to scrutinise in detail actions outstanding, in conjunction with NHS Improvement. A strong group of families also continued to work closely with the Trust to aid its journey of improvement, with feedback from these being embedded into the quality improvement programme.

A new Chair had been recruited to the Trust, who had a wealth of experience in mental health, and had previously been a Director of Nursing. Currently recruitment was ongoing for a permanent Chief Executive, as well as a number of Non-Executive Directors, with positions likely to be offered in July. Further recruitment would take place to secure a permanent Medical Director and Director of HR to complete the Board.

In response to questions, Members heard:

- That the 95% target for all deaths receiving an initial review within 48 hours was one set by the Trust, and was more ambitious than those for other providers. This related to anyone in contact with Southern Health prior to their death, expected or unexpected, and was approximately 50 per month.
- Of the three months in the previous six where this target was missed, the review had usually taken place within a day of the target, with the underlying cause tending to be resilience during bank holidays (as these still formed part of the 48-hour window). The Trust tracked the timescales for all initial reviews, and were able to understand when these were missed, how much they were missed by and what the cause of the delay was. Historically, these review targets would be regularly missed, and missed by a long period of time
- The implementation of the strategic direction of the Trust would be monitored by the Steering Group set up for this purpose. Commissioners had signed up to the principles contained within it, and the next stage was to turn the strategy into an implementation plan, for agreement by the Board. The Trust would need to give thought to how service users and staff would be engaged in this work, as well as ensuring clinical leadership had a strong voice in the plans.
- Plans were in place to continue to work with 'outstanding' mental health trusts across England, learning from their quality improvement methodology, and how they staff mental health services to respond to crisis, especially overnight.
- Public engagement and education were important factors in the improvement of the Trust, building confidence in those accessing services and sharing messages about how best to access care when it is needed. Patient feedback was assisting with this, and the Trust was using usual communication methods to try and get the journey of improvement into the public domain. The HASC continuing to actively monitor implementation of the CQC and Mazars actions was a part of this.

The Chairman highlighted that specific issues or concerns relating to a Member's constituency should be raised through the scrutiny officer or with the Trust in the first instance, in order to protect confidentiality.



The Chairman thanked the Trust for their attendance and welcomed the continued positive direction of improvement. In discussion, a plea was made to the Trust by one Member that when referring to services aimed at people with Learning Disabilities and those with Autism, that they not always be referred to together, as those with Autism might not have a Learning Disability, and vice versa, which the Trust took on board.

## RESOLVED

That Members:

- a. Note the update from the Trust.
- b. Request the outcomes of the most recent Care Quality Commission report on the Trust, once available.
- c. Request a further consideration of progress made against the recommendations of the Care Quality Commission and Mazars report at the November 2017 meeting. That this include detail on work ongoing with partners, both to improve processes and to share information between providers.

## 10. PROPOSALS TO VARY SERVICES

Representatives of NHS Guildford and Waverley CCG, together with colleagues from Hampshire CCG Partnership, provided an overview of the report and presentation on the future of West Surrey Stroke services (see report, Item 10 in the Minute Book).

Members heard that a consultation had been carried out earlier in the year, with some initial findings available, which raised some concerns relating to ambulance times, early supported discharge, and stroke rehabilitation in Hampshire. A summary of stroke services, the proposals, and how these were reached were summarised from the papers, as well as the impact that this would have on a small population principally in South East Hampshire who would usually be conveyed to Royal Surrey County Hospital to receive stroke care.

It was heard that nationally there was a 40% vacancy rate for stroke consultants, which made it difficult for major hospitals to provide seven days a week hyperacute stroke medicine and care. Staff rota sustainability had been one of the drivers for the current stroke pathways in West Surrey being reviewed, presenting an opportunity to design proposals which would see the service specification for stroke care in Surrey being met.

It was explained that it would have been preferable for the 'status quo' of current stroke services to have remained over the period of the consultation and proposals being considered, but with one of the two consultants providing stroke care in Royal Surrey County Hospital resigning to take up a new position in London, it was mutually agreed by the provider and commissioners that the stroke unit would temporarily close due to unsustainable staffing levels, with those suspected to be suffering a stroke instead being conveyed to Frimley Park

Hospital or St Peter's Hospital depending upon where in Guildford, Waverley or South East Hampshire the stroke occurred..

Commissioners had been working to engage the public and service users, and had held a number of sessions with focus groups. In addition, commissioners had collaborated with the stroke association and HealthWatch on the proposals. The NHS Transformation Unit (a not-for-profit NHS organisation independent of all parties affected by the plans under consultation) were working to analyse the outcomes of the consultation, which would be considered at the 'Committees in Common' meeting on 4 July. This meeting would also take decisions on the future model of care, taking on board feedback from the consultation.

The issues with South East Coast Ambulance (SECAMB) NHS Foundation Trust were well known to commissioners and had been raised through the consultation. An improvement plan was in place to assist the Trust to meet performance targets. Both Ambulance providers, SECAMB and South Central Ambulance (SCAS) NHS Foundation Trust, had been involved in the development of the proposals, and would be working with commissioners to finalise pathways and handover arrangements should the proposals be agreed. SCAS had advised commissioners that once the proposals were more firmly developed, it could convey patients in line with proposals in a safe and timely manner.

In response to questions, Members heard:

- In terms of the impact of the proposals on the Hampshire population, of the 344 recorded strokes in the South Eastern Hampshire area in 2015/16, approximately 30 to 40 of these patients would have previously been conveyed to Royal Surrey County Hospital. Of those living in the North Hampshire and North East Hampshire and Farnham areas, approximately one person per area would be impacted.
- That all providers of stroke care in West Surrey are supportive of the proposals, and the proposals have clinical leadership support.
- That ambulance travel time analysis, reported by SCAS, had shown that it would take approximately an additional four minutes from the area of Whitehill and Bordon to reach Frimley Park Hospital, as opposed to the previous journey to Royal Surrey County Hospital. Currently, the average time for call to treatment was one hour 20 minutes, so an additional four minute conveyance would still be within the two hour target time, and outcomes would be better should services be centralised at Frimley due to the availability of seven-day care.
- A full 12 week consultation had been held and this had included the areas of Hampshire affected. A public event was held in Liphook, and details of the consultation and events were sent to all GP surgeries and Parish Councils affected, but feedback that an event should have been held in Whitehill and Bordon would be taken on board for future engagement. All Members of the HASC in the previous administration were notified of the consultation and were welcome to engage directly with the CCG.
- Further work would be undertaken with the two Ambulance Trusts to continue to improve response times, although it was expected that improved handover once a patient has been conveyed to the hyperacute stroke unit would see ambulance times reduce, and there would be direct

handover to stroke teams. In addition, it was emphasised that SCAS had some of the best conveyance times in the country.

- That improved outcomes for stroke patients are at the core of the proposals, with clinical evidence supporting the notion that centralising stroke care, and increasing the number of cases clinicians treat per year, leads to decreased rates of disability and mortality.
- Prevention of stroke was also an important stream of the stroke review in West Surrey, and work was ongoing through the Hampshire and Isle of Wight STP to better target prevention at those at risk of having a stroke through primary care services.

In discussion, it was agreed by the Committee that although the proposals constituted a likely substantial change in service for the 32 to 42 patients per year who would have previously been conveyed to Royal Surrey County Hospital, the four tests of service change had been met and the proposals would result in an improved model of care for those suspected of having a stroke in North East Hampshire. Therefore the Committee were content to support the proposals at this stage in the process, with the exception of Councillor Adam Carew, who abstained from voting on the recommendations.

RESOLVED

That Members:

- a. Support the proposals for stroke services in West Surrey.
- b. Request an update on this service in September 2017. That this update includes information on the work undertaken to date with Hampshire's two Ambulance providers to ensure that the proposals can be fully supported, as well as the full outcomes of the public consultation and the actions the CCG will take to meet feedback from this exercise.

*Councillor Mike Thornton left the meeting.*

## 11. **WORK PROGRAMME**

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

The following topics were suggested by Members as potential areas for scrutiny, with an agreement that they be followed up by email to the Chairman, with an overview of why the topic should be reviewed:

- GP services and the future of primary care
- Autism and the personal independence payment
- Social housing
- Chase hospital

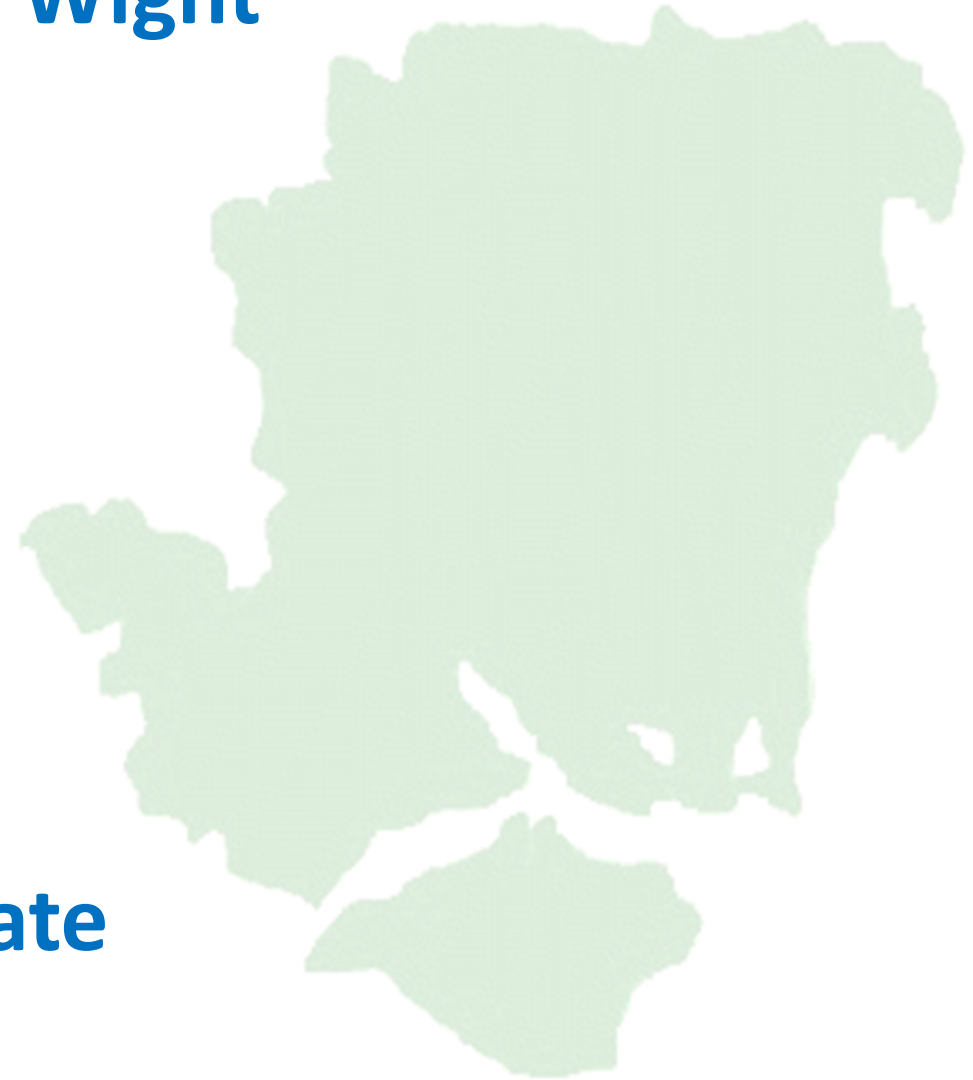
RESOLVED:

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

---

Chairman, 21 July 2017

# Hampshire and Isle of Wight Sustainability and Transformation Partnership



Page 13

## Core programme update June 2017

Agenda Item 6



# Our delivery programmes

This document provides an update on the delivery programmes of the Hampshire and Isle of Wight Sustainability and Transformation Partnership. Following the publication of NHS England's Five Year Forward View Next Steps the core programmes have been amended to reflect both national and local priorities. There are now seven core programmes focused on transforming the way both physical and mental health and care are delivered. These programmes are supported by a further four enabling programmes to create the infrastructure, environment and capabilities to deliver successfully.

Core Programme	Summary
1. Prevention at scale	To improve healthy life expectancy and reduce dependency on health and care services through a radical upgrade in prevention, early intervention and self care: a sustained focus on delivering prevention at scale in HIOW.
2. New Care Models	To improve the health, wellbeing and independence of HIOW population through the accelerated introduction of New Models of Care and ensure the sustainability of General Practice within a model of wider integrated health and care. This will be delivered through the Vanguard programmes and local health system New Care Models delivery arrangements.
3. Urgent and Emergency Care	To create a sustainable, high quality and affordable configuration of urgent and emergency services for the population of HIOW and the out-of-hospital services to support that configuration, ensuring that no patient stays longer in an acute or community bed based care than their clinical condition and care programme demands. Focus will include reducing the rate of delayed transfers of care by improving discharge planning and patient flow, and by investing in capacity to care for patients in more appropriate and cost effective settings.
4. Solent Acute Alliance	To deliver the highest quality, safe and sustainable acute services to southern Hampshire and the Isle of Wight. To improve outcomes, reduce clinical variation and cost through collaboration between UHS, Portsmouth Hospitals, Isle of Wight Trust and Lymington Hospital. Provide equity of access, highest quality, safe services for the population.
5. Cancer	In line with national priorities, this new programme aims to improve the prevention and early detection of cancer , ensuring that patient treatment and their experience of that treatment is as good as it can be. We will also work to ensure that people are supported to live with and beyond their cancer diagnosis.
6. Mental Health Programme	To improve quality, capacity and access to MH services in HIOW. Achieved by the four HIOW Trusts providing mental health services (Southern Health, Solent NHST, Sussex Partnership FT and Isle of Wight NHST), commissioners, local authorities, third sector and people who use services, working together in an Alliance to deliver a shared model of care with standardised pathways
7. Children and maternity	A new programme for the STP to ensure the children and young people of Hampshire and the Isle of Wight have the best start in life, having the access they need to high quality physical and mental health care.

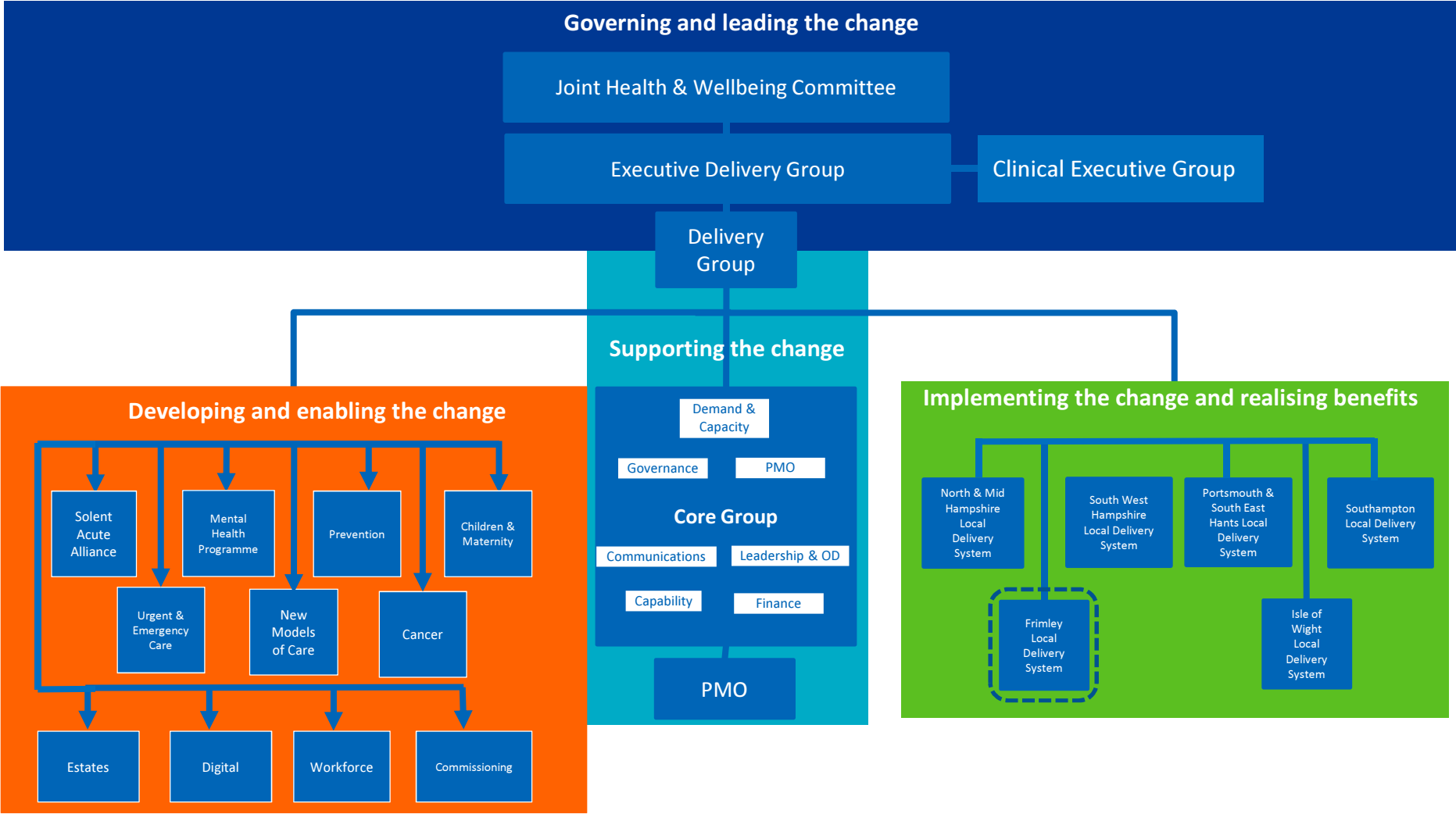
# Our enabling programmes

## Enabling Programme Summary

8. Digital To give patients control of their information and how it is used, allowing patients to manage their long term conditions safely and enable patients to access care at a time, place and way that suits them. To build a fully integrated digital health and social care record, and the infrastructure to allow staff to access it from any location.
- 
9. Estates To provide the estate infrastructure needed to deliver the new models of care and to deliver savings by rationalising the public sector estate in Hampshire and the Isle of Wight. Improved collaboration and co-ordination of Hampshire and Isle of Wight estates expertise and information will mean that we can improve our planning capability at STP and local level. We will ensure that estate that can be used flexibly and enable new ways of working, whilst reducing the demand for estate, generating efficiencies and savings through reduced running costs and the release of land for other purposes. We will also ensure that the condition and maintenance of our estate is improved, meaning that citizens can access services in fit for purpose facilities across the area.
- 
10. Commissioning The programme aims to adapt our methods, tools, resources and architecture for commissioning health and care, to reduce unnecessary duplication of commissioning work and facilitate the delivery of the STP. It will deliver plans to generate cost reductions in expenditure on continuing health care and prescribing through working at scale.
- 
11. Workforce To ensure we have the right people, skills and capabilities to support the transformed health and care system by working as one HIOW to manage staffing, development, recruitment and retention. The programme aims to develop health and care roles that attract local people, to strengthen community based workforce, reduce the use of temporary and agency workers and increase the time our staff spend making the best use of their skills/experience.

# STP governance structure

Page 16





# Our core delivery programme activity

Core Programme	Progress to date	Objectives for the next six months
1. Prevention at scale	<ul style="list-style-type: none"> <li>• Diabetes Prevention Programme now active with additional national funding obtained – 119 people referred in first month in West and North Hants, Fareham and Gosport areas.</li> <li>• ‘Stop before the op’ now actively promoted in all acute trusts.</li> <li>• 200 health trainers trained to deliver healthy conversations training under the ‘Make Every Contact Count’ (MECC) scheme.</li> <li>• To date, 3675 members of staff have undertaken online MECC training.</li> </ul>	<ul style="list-style-type: none"> <li>• Diabetes prevention courses to start mid July.</li> <li>• Diabetes Prevention Programme to roll out in Southampton and Portsmouth.</li> <li>• Work with digital work stream to understand options for using technology in support of healthy lifestyles.</li> <li>• Work to increase take up of ‘Stop before the op’.</li> </ul>
2. New Care Models	<ul style="list-style-type: none"> <li>• Progress continues with vanguard schemes, Better Local Care, operating throughout the majority of Hampshire and Happy Healthy at Home in North East Hampshire and Farnham.</li> <li>• Each local area has completed a new care models self assessment to enable a Hampshire and Isle of Wight plan to be developed.</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of self-assessments to identify key priorities and areas of best practice.</li> <li>• Develop a Hampshire and Isle of Wight out of hospital operating model. This model will ensure a consistent approach across the area whilst allowing local flexibility.</li> <li>• Establish a detailed understanding of resource requirements.</li> </ul>
3. Urgent and Emergency Care	<ul style="list-style-type: none"> <li>• Investing circa £3m capital to support GP streaming in three emergency departments: £855k in Portsmouth, £1m in Southampton, £969k at Hampshire Hospitals</li> <li>• Agreement of a delivery plan including eight key priority areas</li> <li>• Reductions seen in the number of delayed discharges from hospital but still more work to be done</li> <li>• North Hampshire CCG, West Hampshire CCG and Hampshire Hospitals NHS Foundation Trust working together on a programme to help decide the shape of health care - hospital-based, community-based and that provided by local GPs - for north and mid Hampshire for the years to come. The ‘Transforming care services in North and Mid Hampshire’ programme has reviewed a variety of options for the configuration of services in the area and developed an engagement plan to discuss these options with the public.</li> </ul>	<ul style="list-style-type: none"> <li>• Transforming care services in north and mid-Hampshire will finish pre-engagement including 1100 face to face interviews at the end of July. All public feedback will be analysed to help inform a preferred option. Once this analysis is completed a full public consultation will take place in early 2018.</li> <li>• Development of an enhanced NHS 111 service model including assessment by a clinician and direct booking for out of hours appointments.</li> <li>• Focus will remain on reducing delayed discharges from hospital, with significant reductions expected by the end of 2017.</li> <li>• Work continues on involving the public in the design of GP extended hours access.</li> </ul>

4. Solent Acute Alliance	<ul style="list-style-type: none"> <li>Contributed to the Acute Services Review, identifying options to provide safe and sustainable services on the Isle of Wight</li> <li>Moved Hampshire and Isle of Wight vascular services to University Hospital Southampton from April 2017</li> <li>Back office services reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Designing a Wessex Renal service using a 'Hub and Spoke' model</li> <li>Designing spinal surgical services across Alliance partners, supported by commissioners</li> <li>Priorities for back office collaboration and efficiencies to be identified</li> <li>Prioritising further opportunities to achieve benefits in quality, cost and sustainability</li> </ul>
5. Cancer	<ul style="list-style-type: none"> <li>Invested £148k additional funding into non-recurrent MRI scan capacity to improve cancer 62 day wait performance.</li> <li>Undertaken promotional work to raise awareness of skin cancer in men who work outdoors.</li> </ul>	<ul style="list-style-type: none"> <li>Continued focus on improving achievement of the 62 waiting time standard.</li> <li>Improving rehabilitation and recovery services with the help of additional funding.</li> <li>Support the development of a live clinical trials database for the area.</li> </ul>
6. Mental Health Programme	<ul style="list-style-type: none"> <li>Secured £456k non-recurrent revenue for University Hospital Southampton to provide 24hr psychiatric liaison services</li> <li>Provided immediate resilience and improvement support for Isle of Wight mental health services</li> <li>Commenced process of establishing a specialised mental health and learning disability service for Hampshire and Southampton</li> <li>Engaged service users on the design of crisis care pathway</li> </ul>	<ul style="list-style-type: none"> <li>Working with 'Building Health Partnerships' to develop plans to work with community and voluntary sector to embed coproduction into Hampshire and Isle of Wight mental health crisis service design.</li> <li>Undertake a review of acute, community and psychiatric intensive care services across the area.</li> </ul>
7. Children and maternity	<ul style="list-style-type: none"> <li>Scope of programme agreed including identification of key priorities : improving care for children with ADHD/ Autism, paediatric urgent and emergency care, Tier3/4 CAMHS, paediatric acute bed review</li> <li>Staff now in place to lead each work stream</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder engagement to help shape plans for Autism and ADHD work stream</li> <li>Detailed analysis of current urgent and emergency activity</li> <li>Develop specific targets and performance indicators for each work stream</li> </ul>

# Our enabling programme activity

Enabling Programme	Progress to date	Objectives for the next six months
8. Digital	<ul style="list-style-type: none"> <li>Developed a blueprint for the future of technology in Hampshire and Isle of Wight.</li> <li>Estates and Technology Transformation funding obtained to expand Hampshire Health Record and to install Wifi in all health buildings with implementation underway.</li> <li>E-consult, the online GP triage service, has been piloted throughout the area resulting in a reduction in demand for GP appointments in pilot sites.</li> </ul>	<ul style="list-style-type: none"> <li>Launch enhanced version of Hampshire Health Record.</li> <li>Investigate options for additional funding to support the implementation of technology blueprint</li> <li>Work with urgent and emergency care team to investigate technology opportunities</li> <li>Develop a plan for the future of E-consult</li> </ul>
9. Estates	<ul style="list-style-type: none"> <li>Review of all Hampshire and Isle of Wight estate completed.</li> <li>Database established with estate categorised by condition and planning intentions.</li> </ul>	<ul style="list-style-type: none"> <li>Work with digital and workforce programmes to capitalise on flexible working opportunities.</li> <li>Work with new models of care programme to assess options for integrated out of hospital hubs.</li> <li>Support urgent and emergency care programme to investigate options for urgent treatment centres.</li> </ul>
10. Commissioning	<ul style="list-style-type: none"> <li>Three priority areas agreed for commissioning transformation: mental health, continuing healthcare and prescribing.</li> <li>Plans developed to reduce variation in prescribing practices.</li> </ul>	<ul style="list-style-type: none"> <li>Develop plans for the transformation of mental health commissioning.</li> <li>Identify opportunities for further commissioning efficiency.</li> <li>Implementation of prescribing plans.</li> </ul>
11. Workforce	<ul style="list-style-type: none"> <li>Hampshire and Isle of Wight workforce assessment completed</li> <li>Retention identified as a major issue in Hampshire and Isle of Wight.</li> <li>Workforce summit taken place to develop proposals to address current workforce challenges</li> <li>Targets established for a reduction in temporary staffing costs</li> </ul>	<ul style="list-style-type: none"> <li>Agree priority areas and develop overarching implementation plan.</li> <li>Produce organisational development plans to support retention of staff.</li> </ul>

This page is intentionally left blank

## HAMPSHIRE COUNTY COUNCIL

### Scrutiny Report

<b>Decision Maker:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee
<b>Date:</b>	21 July 2017
<b>Title:</b>	Transformation to 2019
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Paul Archer

**Tel:** 01962 846124

**Email:** [paul.archer@hants.gov.uk](mailto:paul.archer@hants.gov.uk)

#### 1. Executive Summary

- 1.1 In June this year, Cabinet received a first dedicated report relating to the Council's latest transformation/cost reduction programme, Transformation to 2019. The report confirmed the £140m programme target and the individual Department targets. It also outlined the headline programme timetable, summary progress from the early opportunity assessment work completed by Departments over the previous 6 months and provided an update regarding the approach to a stage one public consultation exercise.
- 1.2 The Cabinet report followed detailed budget and Transformation to 2019 (T19) briefings to each of the political groups delivered by the Chief Executive and Director of Corporate Resources. Further to the Cabinet meeting, the balancing the budget public consultation 'Serving Hampshire' was launched on 3 July and this is scheduled to run until 21 August this year. The Cabinet report is available from the following link:  
<http://democracy.hants.gov.uk/documents/s3424/2017-06-19%20Transformation%20to%202019.pdf>
- 1.3 The Adults' Health and Care T19 target is £56m. This latest savings programme (the fourth since 2010) will run alongside the final year of Transformation to 2017 (T17) delivery for the Department with some £13m of recurring savings expected to be secured this financial year in relation to that programme. Progress in this regard over the first quarter of 2017/18 has been good and confidence remains high that T17 will be delivered in full and on time.
- 1.4 Over the past six months, opportunity assessment work in respect of T19 has been progressed by the Department. The early work is summarised later in this report and is featured in the balancing the budget public consultation exercise. At the conclusion of this summer's consultation exercise, a final set of detailed savings proposals will be prepared and

presented to Select Committees and Executive Members for consideration and agreement in September. At the same time, Cabinet will be updated on the outcome of the public consultation and will be asked to approve the consolidated budget savings position for the Council ahead of Full Council considering the full set of proposals at a special budget setting meeting in November.

## **2. Financial Context**

- 2.1 T19 represents the fourth major cost reduction exercise that the County Council has embarked upon since 2010. During the past seven or so years, a cumulative £340m of recurring financial savings have been removed from the overall Council budget. Increasingly, the challenges of sustained austerity have become harder and there is no doubt that T19 represents the largest and most complex programme ever attempted by the Authority.
- 2.2 Throughout the austerity period the County Council's operational and financial performance has been very strong. Departments have continued to manage their resources, provide further for one-off investment to support the on-going transformation challenge and at the same time maintain and even improve service outcomes and performance.
- 2.3 Whilst this performance has been sustained to date, the cumulative impact of numerous savings programmes together with sustained pressure on all departments but in particular social care spending, show a different picture beginning to emerge. As we look to 2017/18 and immediately beyond, both Adults' Health and Care and Children's Services are unlikely to remain within their cash limited expenditure positions in, or by the end of these years with cost of change reserves for these Departments set to be exhausted.
- 2.4 For Adults' Health and Care, the Department has contributed strongly to each of the cost reduction exercises and is firmly on track to meet in full, its £43m savings obligations in respect of T17. Financial and service delivery performance in 2016/17 exceeded mid year forecasts and the recent announcement by Government in the March 2017 budget to provide additional funds to support Adult Social Care over the period to 2019/20 provides further welcome, albeit, short term relief.
- 2.5 The underlying financial position for the Department however remains challenging in the extreme. Demand continues to increase. This includes both numbers of vulnerable/frail older people, particularly those aged 85 or above set to rise markedly over the coming 3-5 years, alongside sustained increases in the numbers and cost of children with disabilities and complex needs transitioning to adulthood. Further, other factors such as regulation and the national living wage to name but two are impacting in terms of increasing inflationary pressures.
- 2.6 Inevitably, T19 will involve complex transformational, policy and service change across the range of Adult services at the same time over the next few years alongside the requirement to deliver the final year of the T17 programme, an unrelenting business as usual agenda and a somewhat

uncertain national picture. Extensive public engagement and co-design of services will need to feature strongly and we will need to build on the work started in the past year to 18 months in terms of appropriately resetting public expectations of what residents should expect from the Department in the future, including changes to expectations of the way in which people's needs are met.

### **3. The T19 Adults' Health and Care Approach – Early Opportunity Assessment Work**

- 3.1 Alongside continuing to support vulnerable young adults and older persons, and delivering savings to contribute to T17, the Department has spent time over the past 6 or so months assessing opportunities for how it can build on service transformations taken under T17 and target further savings of some £56m (c19% of the £302m cash limit) for T19. Not surprisingly, this has been a very challenging exercise and has necessitated every aspect of Department business to be looked at. Given that around £250m of current annual spend is directly attributable to commissioned activity providing a range of services to up to 15,000 people at any one time.
- 3.2 The T19 challenge has been broken down into four main areas comprising Prevention/Demand Management, Older People, Learning Disabilities and Mental Health and lastly 'Working Differently' mainly aimed the Departments entire top to bottom workforce. A brief summary of the work to date and early thinking is included in the following paragraphs. The content below will be built upon at the Select Committee meeting in a presentation to be delivered by the Director and Deputy Director of Adults' Health and Care.
- 3.3 T19 will require the Department to be much more effective in terms of prevention and demand management work. Containing and then reducing demand for services will be key to living within a reducing budget envelope. Within this area of focus will be initiatives to help potential service users and their families and friends to do more for themselves wherever and whenever possible, partly assisted by improved access to better advice and information including how technology can play an important role in maintaining and/or increasing independence. Undoubtedly there will be a range of things that the Department will look to take forward in this area with partners, providers, community groups and volunteers all aimed at enabling residents to live healthier and more independent of social care paid for support, for longer.
- 3.4 Living (more) independently will be the main emphasis as the Department looks to further transform its services for older people. There will be a focus on intermediate care; on re-ablement and on more short term stays to improve the health and wellbeing of residents so that increasing numbers can remain in their own homes. This approach will aim to see lower or reduced needs following a short-term intervention, enabling, wherever possible, people to return home with appropriately sized care packages as opposed to being transferred to residential and nursing care provision at current levels of demand. Greater use of technology and focused

investment in short term provision and in extra care will be important enablers as will new and improved relationships with care providers alongside more flexible and modern commissioning and procurement approaches.

- 3.5 The living (more) independently theme will be continued in the Learning Disabilities and Mental Health work areas as we look to continue the successful journey started ahead of T17 to move increasingly away from institutional, long-term care settings and move instead to support people into more flexible, more modern ways of living that provide much greater independence for service users with learning disabilities, physical disabilities and/or mental health needs. This will include more supported living, creating more opportunities for employment including supported employment and enabling people to do more for themselves, including developing opportunities for people to find a greater level of support from within their local communities.
- 3.6 The fourth area of focus for the Department links directly to the entire workforce and how from top to bottom across the department each and every member of staff can be enabled to work 'differently' e.g. more productively, more efficiently and more effectively. This will enable the Department to operate, over time, with fewer staff but in a manner that is least disruptive to service users. A range of opportunities exist within this strand of the overall programme the most obvious of which is how we look to optimise the use of technology in our every day working from work scheduling and assessment work for social workers, to flexible working involving less travel and fewer offices for everyone. This work area will also consider end-to-end business processes so that unnecessary cost can be driven out without any noticeable impact for residents.

#### **4. T19 – Some Considerations**

- 4.1 The early opportunity assessment work has clearly enabled a number of work strands to be contemplated and considered ahead some significant planning and implementation work to follow over the next few years to 2020 and arguably beyond. None of what has been described in section 3 is straightforward or easy to deliver on because it would have happened by now if it was.
- 4.2 We also know that progress and success will require a very thoughtful and careful engagement approach across a myriad of different but important stakeholders. Some of these have already been referred to above. Additionally, there is a significant work programme ahead which will require a huge focus on how we work with people who use services and a determination that we will have positive engagement to develop co-produced solutions with a broad range of representative groups. Early action to prepare for this has commenced and will be subject to much time and energy in the months to come. There is also much ongoing work with the NHS at both Acute Hospital, community provider and Clinical Commissioning Group (CCG) level as we look to take forward integration opportunities



where they can add most value and to look to improve and simplify existing joint working partly to take out cost and importantly to improve the service user experience. There will continue to be external scrutiny on discharge performance and how the County Council uses the Better Care Fund to protect and enhance social care provision across Hampshire.

- 4.3 The culture change challenges for our own staff and for Council staff more widely, remain significant. Continuing to build on the strengths based approach adopted at the beginning of T17 and improving its focus and its results will be fundamentally important. Creating the right conditions for staff at all levels to perform consistently effectively across all staff groups and all teams will continue to challenge leaders and senior managers grappling with higher levels of service demand and reducing numbers. Operating effectively will require all front line staff to engage with service users, with families and with community groups/volunteers in increasingly business like ways. The resetting of expectations has to run through everything we do.
- 4.4 Technology has been mentioned in numerous places within this report and is another key enabler to a successful future. There are clear opportunities to build upon the very successful assistive technology arrangement that the Council has enjoyed with Argenti over the past handful of years and with the present contractual arrangements due to conclude in the summer of 2018, work to do in terms of what might follow. As described earlier, Technology is going to be increasingly important in terms of the Prevention agenda and the ability of the Council and the desire of the public in relation to maximising private pay opportunities is largely untested territory.
- 4.5 Partners, particularly local authority partners e.g. local District Council's are also affected in proportionate ways by austerity and also share many of the same aims of the County Council in terms of the provision of important public services to vulnerable residents. In the recent past for example, the County council worked very closely with District councils when considering how best to change Supporting People services and with all aspects of the Department's commissioned spend needing to be reviewed it is intended that dialogue with District partners is taken forward after the summer and the end of the balancing the budget public consultation exercise on how best we can work together on potential future service changes across different work areas.
- 4.6 Specifically in the context of spending previously badged to supporting people services, the current contracts for Social Inclusion services come to an end in April 2019 and thus early work should commence in the autumn on the options for future service provision in this area. Previously a Health and Adult Social Care Select Committee (HASC) Member working group was established to provide oversight and scrutiny to the changes in services that were introduced in 2015 and it is recommended that similar type arrangements should be put into place for T19 so that this important service area benefits from appropriate Member input from the outset of options appraisal work and any public/stakeholder consultation that could follow. It is envisaged that the Member working group could be active from October

and that Terms of Reference and more detail regarding the work ahead could be considered at the next meeting of HASC in September.

## **5. Conclusion**

- 5.1 Further to last year's finance settlement for Local Government, the County Council is facing a forecast budget gap of some £140m by 2019/20 that requires closing. This is after safely removing close on £340m of savings over the past seven years, including being on course to fully deliver the latest T17 programme.
- 5.2 Cabinet recently (June this year) approved a first report dedicated to T19 and subsequent to that, a balancing the budget public consultation exercise was launched on 3 July. The consultation is due to close on 21 August after which select Committees and Executive Members will be asked to consider a headline set of budget saving proposals at meetings scheduled in September.
- 5.3 The Adults' Health and Care share of the £140m T19 savings requirement is £56m. Early opportunity assessment work has left no stone unturned and has resulted in a programme approach being developed covering four key work strands with Prevention/Demand Management extremely important to the successful achievement of what is undoubtedly a very testing and challenging target for the Department.
- 5.4 A range of factors will all need to come together if the £56m savings figure is to be realised. This will include a relentless and carefully thought through approach to how the Council resets public expectations, especially in terms of the way in which people's needs are met. Effective engagement with a range of partners will also be important as will timely and robust Member involvement and scrutiny of specific savings proposals that will come forward at various points in time over the coming few years.

## **6. Recommendations**

- 6.1 It is recommended that HASC:
  - a) Note the £140m Tt2019 programme challenge, headline timetable and within this note the Adults' Health and Care target of £56m.
  - b) Note the T19 approach being adopted by the Department and some of the key highlights emanating from the early opportunity assessment work described in section 3.
  - c) Acknowledge the engagement challenge across a range of important stakeholders as set out in section 4.
  - d) Agrees to the establishment of a HASC Member working group to specifically provide oversight and scrutiny to a forthcoming review of Social Inclusion services. Terms of Reference and further detail to be provided to the September meeting of HASC.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	No
Corporate Improvement plan link number (if appropriate):	
<b>Maximising well-being:</b>	No
Corporate Improvement plan link number (if appropriate):	
<b>Enhancing our quality of place:</b>	No
Corporate Improvement plan link number (if appropriate):	

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u> Transformation to 2019: Report No. 1	<u>Reference</u>	<u>Date</u> 19 June 2017
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u>		<u>Date</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	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

This is an update, impact assessments will be undertaken when particular decisions are due to be taken.

### **2. Impact on Crime and Disorder:**

2.1. This is an update, no impact has been identified.

### **3. Climate Change:**

3.1. How does what is being proposed impact on our carbon footprint / energy consumption?

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is an update, no impact has been identified.

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
<b>Date of meeting:</b>	21 July 2017
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Director of Transformation and Governance

**Contact:** 01962 847336 / [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### 1. Purpose of Report

1.1 To consider the Committee's forthcoming work programme.

#### **RECOMMENDED**

**That Members consider and approve the work programme.**

**WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE: 2017/18**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	21 July 2017	21 September 2017	21 November 2017
<p align="center"><b>Proposals to Vary Health Services in Hampshire</b> - 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.</p>							
<b>Andover Hospital Minor Injuries Unit</b>	Temporary variation of opening hours due to staff absence and vacancies	Living Well Healthier Communities	Hampshire Hospitals NHS FT	Updates on temporary variation last heard in June 2017 (via electronic briefing)  Update: once temporary hours have been lifted			
<b>Antelope House PICU</b>	Urgent temporary closure of 10 beds due to concerns on safe staffing	Living Well	Southern Health NHS FT	Item heard July 16.  Item on reopening heard March 17. Update on staffing to be received in 6 months' time.		Update to be considered  <b>(E)</b>	
<b>Dorset Clinical Services review</b>	Dorset CCG are leading a Clinical	Starting Well	Dorset CCG / West	First Joint HOSC meeting held July	Verbal update to be received once next		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	21 July 2017	21 September 2017	21 November 2017
(SC)	Services review across the County which is likely to impact on the population of Hampshire crossing the border to access services.	Living Well Ageing Well Healthier Communities	Hampshire CCG	2015, CCG delayed consultation until 2016.  Last meeting Feb 17 to discuss consultation response.	meeting has been held.  (M)		
North and Mid Hampshire clinical services review  (SC)	Management of change and emerging pattern of services across sites	Starting Well Living Well Ageing Well Healthier Communities	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Latest update indicated whole system review to report in Jan 17 as part of STP.  Status: to next appear once options are available.		To be considered  (M)	
Move of the Kite Unit	Move of neuropsychiatric inpatient unit from St James Hospital, Portsmouth, to	Living Well Ageing Well	Solent NHS Trust	Considered March 2017 and support provided by Committee.  Agreed to monitor			TBC  (M)

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	21 July 2017	21 September 2017	21 November 2017
	Western Community, Southampton			three months after move of service.			
<b>West Surrey Stroke Services</b>	Review of stroke services	Living Well Ageing Well	NE and SE Hampshire CCGs	To be considered once the consultation has closed  Heard at June 2017 mtg, where Committee supported proposals		Progress prior to implementation to be heard  <b>(M)</b>	
<b>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.</b>							
<b>Care Quality Commission inspections of NHS Trusts serving the population of Hampshire</b>	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.	<b>PHT item deferred</b>	PHT update on progress  <b>(M)</b>	Southern Health  <b>(M)</b>
<b>Mazars report reviewing deaths of people with a</b>	Review and recommendations made to Southern	n/a	NHS England Southern	Issue heard and reviewed extensively at 9 February			To be rolled into



Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	21 July 2017	21 September 2017	21 November 2017
<b>learning disability or mental health problem in contact with Southern Health April 2011 to March 2015</b>	Health, commissioners and national bodies on reviews of deaths in care of the Trust		Health NHS FT West Hants CCG CQC/Monitor	meeting. Agreed to monitor and review again in six months' time  June 2017 update  Chairman agreed to monitor in interim, next update due November 2017 (to consider CQC report)			consideration of CQC report  <b>(M)</b>
<b>Sustainability and Transformation Plans: one for Hampshire &amp; IOW, other for Frimley</b>	To subject to ongoing scrutiny the strategic plans covering the Hampshire area	Starting Well Living Well Ageing Well Healthier Communities	STPs	H&IOW considered Jan 17, Frimley March 17  H&IOW: next considered July Frimley: next considered Sept	H&IOW STP  <b>(M)</b>		Frimley  <b>(M)</b>
<b>Transforming Care Partnership</b>	To consider the implementation of the TCP locally	Living Well	SHIP 8 CCGs	Considered Plan and proposals for Cypress ward Jan 17, to receive quarterly information updates		Quarterly update to be received  <b>(E)</b>	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	21 July 2017	21 September 2017	21 November 2017
<b>Overview / Pre-Decision Scrutiny</b> – <i>to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</i>							
<b>Budget</b>	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  Transformation to 2019 proposals to be considered (TBC)			
<b>Scrutiny Review</b> - <i>to scrutinise priority areas agreed by the Committee.</i>							
<b>STP scrutiny</b>	To form a working group reviewing the STPs for Hampshire	Starting Well Living Well Ageing Well Healthier Communities	STP leads  All NHS organisations	TBC			
<b>Real-time Scrutiny</b> - <i>to scrutinise light-touch items agreed by the Committee, through working groups or items at formal meetings.</i>							
<b>Adult</b>	Regular						

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	21 July 2017	21 September 2017	21 November 2017
<b>Safeguarding</b>	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.			Update due <b>(M)</b>
<b>Ambulance performance</b>	To review ambulance performance following referral of issues from system resilience groups.	Living well	South Central Ambulance Service South East Coast Ambulance Service	Item heard at June meeting, agreed to hold annual updates and receive quarterly data. Next update Summer 2017	Performance update <b>(E)</b>		
<b>Public Health</b>	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	Breastfeeding model of delivery considered March 2016. 0-5 services to be reviewed when timely – to include child dental health Items for consideration to be agreed as part of 2017/18 work			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	21 July 2017	21 September 2017	21 November 2017
				programme			

**Key**

- (E) Written update to be received electronically by the HASC.
- (M) Verbal / written update to be heard at a formal meeting of the HASC.
- (SC) Agreed to be a substantial change by the HASC.

**CORPORATE OR LEGAL INFORMATION:**

**Links to the Corporate Strategy**

<b><i>Hampshire safer and more secure for all:</i></b>	yes
Corporate Improvement plan link number (if appropriate):	
<b><i>Maximising well-being:</i></b>	yes
Corporate Improvement plan link number (if appropriate):	
<b><i>Enhancing our quality of place:</i></b>	yes
Corporate Improvement plan link number (if appropriate):	

**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

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. 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 under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. **Equalities Impact Assessment:** This is a document monitoring the work programme of the HASC and therefore it does not therefore make any proposals which will impact on groups with protected characteristics.

### **2. Impact on Crime and Disorder:**

2.1 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.

### **3. Climate Change:**

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

## Hampshire County Council: Health and Adult Social Care Select (Overview and Scrutiny) Committee

### Glossary of Commonly used abbreviations / acronyms across Health and Social Care

Please note this is not exhaustive and is revised on a regular basis.

<b>AAA</b>	Abdominal Aortic Aneurysm
<b>A&amp;E</b>	Accident and Emergency or Emergency Department (ED)
<b>AMH</b>	Adult Mental Health
<b>AOT</b>	Assertive Outreach Team
<b>AWMH</b>	Andover War Memorial Hospital
<b>AS</b>	Adult Services
<b>BCF</b>	Better Care Fund
<b>BNHH</b>	Basingstoke and North Hampshire Hospital (part of HHFT)
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CCG</b>	Clinical Commissioning Group
<b>CHC</b>	Continuing Healthcare
<b>CPN</b>	Community Psychiatric Nurse
<b>CQC</b>	Care Quality Commission
<b>CX</b>	Chief Executive
<b>DGH</b>	District General Hospital
<b>DH</b>	Department of Health
<b>DTC</b>	Delayed Transfer of Care
<b>ED</b>	Emergency Department / A&E
<b>ENP</b>	Emergency Nurse Practitioner
<b>F&amp;G</b>	Fareham and Gosport
<b>FHFT</b>	Frimley Health NHS Foundation Trust
<b>FT</b>	Foundation Trust
<b>GP</b>	General Practitioner
<b>G&amp;W</b>	Guildford and Waverley
<b>HASC</b>	Health and Adult Social Care (Select Committee)
<b>HCC</b>	Hampshire County Council
<b>HES</b>	Hospital Episode Statistics
<b>HHFT</b>	Hampshire Hospitals NHS Foundation Trust
<b>HOSC</b>	Health Overview and Scrutiny Committee
<b>HWB</b>	Health & Wellbeing Board
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>ICU</b>	Intensive Care Unit
<b>ICT</b>	Integrated Care Team
<b>IRP</b>	Independent Reconfiguration Panel
<b>JHWS</b>	Joint Health and Wellbeing Strategy
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>Local HW</b>	Local HealthWatch
<b>MHA</b>	Mental Health Act
<b>MIU</b>	Minor Injuries Unit
<b>NED</b>	Non-executive Director
<b>NEH&amp;F</b>	North East Hampshire and Farnham
<b>NHS</b>	National Health Service
<b>NHSE</b>	NHS England

<b>NHSI</b>	NHS Improvement
<b>NHSP</b>	NHS Property Services
<b>NICE</b>	National Institute for Clinical Excellence
<b>NSF</b>	National Service Framework
<b>OAT</b>	Out of Area Treatment
<b>OBC</b>	Outline Business Case
<b>OBD</b>	Occupied Bed Days
<b>OOH</b>	Out of Hours
<b>OP</b>	Out-patients
<b>OPMH</b>	Older People's Mental Health (services)
<b>PFI</b>	Private Finance Initiative
<b>PHT</b>	Portsmouth Hospitals Trust
<b>QAH</b>	Queen Alexandra Hospital, Cosham
<b>RHCH</b>	Royal Hampshire County Hospital (part of HHFT)
<b>RTT</b>	Referral to Treatment Time (performance indicator)
<b>S&amp;BP FT</b>	Surrey and Borders Partnership NHS Foundation Trust
<b>SCAS</b>	South Central Ambulance NHS Foundation Trust (Service)
<b>SECAMB</b>	South East Coast Ambulance NHS Foundation Trust
<b>SEH</b>	South Eastern Hampshire
<b>SEN</b>	Special Educational Need
<b>SGH</b>	Southampton General Hospital
<b>SHIP</b>	Southampton, Hampshire, Isle of Wight and Portsmouth
<b>STP</b>	Sustainability and Transformation Plan
<b>UHS FT</b>	University Hospital Southampton NHS Foundation Trust
<b>WCH</b>	Western Community Hospital
<b>WiC</b>	Walk in Centre