AT A MEETING of the Health and Adult Social Care Select Committee of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Wednesday, 15th January, 2020

Chairman:
* Councillor Roger Huxstep

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

*Present

Co-opted members
Councillor Alison Finlay and Cllr Dr Rosemary Reynolds

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

178. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Jane Frankum and Adam Carew.

Apologies were also received co-opted members, Councillors Diane Andrews and Trevor Cartwright.

179. **DECLARATIONS OF INTEREST**

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

There were no declarations of interest.

180. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 18 November 2019 were confirmed as a correct record and signed by the Chairman.

181. **DEPUTATIONS**

The Committee did not receive any deputations.

182. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

A. Mental Health Crisis Teams across Solent NHS and Southern Health for PSEH (Portsmouth & South East Hampshire) Update

Over the last 6 months, the Solent crisis team has faced significant staffing pressures and identified service improvement activities needing attention. After careful consideration and in consultation with Portsmouth CCG, they have decided to pause involvement in the PSEH Crisis Team development for the next 9 to 12 months and concentrate on resolving local challenges.

This will mean the relocation of the overnight crisis staff back to the Orchards but will not result in any loss of crisis capacity for the city, as it is simply reverting to the original service delivery arrangements. The decision was not taken lightly, and the hope is to re-start in a much stronger position in the future to explore the opportunities for joint working across PSEH.

B. Prescription Shortage Update

The Chairman thanked Cllr Thornton for raising this matter and Cllr Grajewski for investigating further. The production of medicines is complex and highly regulated, and materials and processes must meet rigorous safety and quality standards. In such a global supply chain, problems can arise for various reasons including manufacturing issues, access to raw ingredients, batch failures and regulatory intervention.

Occasionally sudden changes in prescribing practice, particularly if implemented across several regions or nationally, can cause supply problems. Companies will have forecasted production based on expected demand several months in advance and would be unlikely to have significant reserves of products if not alerted well in advance.

All of this means that some supply problems with medicines will always exist and require national management as well as local collaboration across the DHSC (Department of Health and Social Care), the NHS (National Health Service) and by prescribers across the health service to help mitigate the risk affecting patients. In order to support the UK's exit from the EU and the sustainability of the supply chain for medicines, NHSE (NHS England) and NHSI (NHS Institute for Innovation and Improvement) have seconded seven senior pharmacists into Interim Regional Pharmacist roles (one for each of the seven regions).

183. **PROPOSALS TO VARY SERVICES**

Items for Monitoring

a. Integrated Primary Care Access Service Update

Representatives from the Southern Hampshire Primary Care Alliance and Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups provided an update on Integrated Primary Care Access Service. The hub offers GP (General Practitioner) out of office service and is part of a national pilot for evening and weekend appointments, routine and urgent, when GP surgeries are closed. Members heard:

Seven months of running services has highlighted stresses and operational delivery issues, as set out in the paper. Public engagement has shown how people use the service and the ease of access to full medical records. However, the services moving from place to place have been complicated for bookings and 111 responders, in an already confusing landscape.

Geographical challenges, inadequate GP recruitment, and service challenges if GPs are absent have been significant hurdles leading to system pressures and challenges, reliability of service provision, and missed appointments. Winter pressures are building up and changes are being considered to increase capacity to meet demand.

In response to questions, Members heard:

While there have been accessibility and transportation issues, the provision of transportation and video consultations (especially for mental health appointments) are being considered as a long-term solution. Manual recording of where people are coming from have been used to assess needs and challenges. The current provision allows for home visits when patients are unable to come in (scheduling may vary depending on pressures) and one such visit has taken place in the last month.

Traditional GP practices are not commissioned to provide mandated out of hours services. While 92 doctors have been signed up and are part of the rota capacity, they may also have other commitments and barriers to working. There has been a shift from locum to the contract model to meet provisions, and consideration of employment model changes and necessary consultations. There is also a missed opportunity for doctors who are wanting to shift how they work to a portfolio way.

Out of hours practice names and changes, varying locations and times can continue to cause confusion, distance challenges, appointment cancellations, difficulty filling GP shifts, etc. which can result in more 111 calls and emergency hospital visits. The fundamental aim is to consolidate services and meet needs as best possible within current geographical restraints.

With GP availability and recruitment challenges, traditional models are not sustainable in the short or long term, but having consolidated practices are the way forwards to allow clinics to continue to run. For indemnity purposes and

transformation change, a doctor has to be on the premises for prescription checks, limiting the authority of advanced nurse practitioners and paramedics.

Communication strategies are also in place to provide support and education on self-care, services available at chemists, home remedies, when to ring 111 or A&E (Accidents and Emergency) etc. to better care for oneself. In addition to ongoing campaigns in communities, school training for new generations are helping with both self-care and mental health concerns. Attitudes are shifting and there is a growing trend for timely visits with all practitioners, not just doctors.

Funding is available through the national mandate but balancing operational and staffing challenges alongside public expectations is critical for the service to flourish. Consistent direction from 111 and A&E providing up to date information about hub locations and appointment availability is key. Managing the first contact better and providing appropriate triage and advice, can be a workforce challenge and capacity issue.

The Hampshire geography can be more restrictive than city geography. Tracking traveling assessments and missed appointments at surgeries can be used for making improvements and implementing new technologies to avoid unnecessary or missed appointments.

A new service in Hampshire, e-Consult, will provide online consultation and more data will be available as time goes on. Every GP surgery have or will have this service on their website to be accessed via a GP specific link.

RESOLVED:

That the Committee-

a. Noted the update and current challenges as well as any recorded issues addressed and/or resolved
b. Requested a further update in July 2020.

Cllr Fairhurst arrived at this time.

b. Andover Hospital Minor Injuries Unit Update

Representatives from Hampshire Hospitals Foundation Trust provided an update on the outcome of the co-production work undertaken to develop a viable service model for the delivery of an Urgent Treatment Centre (UTC) in Andover, including key milestones to re-design urgent care services to provide a high quality, consistent service offer to the Andover population, which delivers improved patient experience. Members heard:

The goal remains simplifying services for patient access in the community to avoid a confusing landscape offering fragmented services. The 5 GP practices forming the primary care network are coordinated, well sustained, and operating effectively. Currently, all services will continue exactly as they are, extending contracts and considering medium-term offers.

Procurement design and complexities will be addressed with a cohesive plan and core benefits and parking, and accessibility and geography are ideal for use. The Andover Health Centre is being re-provisioned and redesigned for business care approval and will be co-located with the MIU with out of hours extended options. An NHS exemption as urgent treatment centre will be filed while operating business as usual. A detailed programme of engagement will determine service design to be fit for purpose based on local flavour and EIAs (Equality Impact Assessments).

In response to questions, Members heard:

Appropriate directing will should always be provided by 111, the first point of contact, to either the UTC or A&E due to limitations in clinical skill set and patient safety issues.

Implementing training for staff depends largely on their function and broader responsibilities. It is fundamental to have staff who feel qualified and have access to specific training packages as needed.

Partner organisations include agencies that are part of the NHS family, but also external institutions based on credible bids from tendering practices.

There will be a name change and a formal note of not being a UTC (under national specification) and by April 2021 a new local service offer will be in place.

Local stakeholders and patients, as well as staff, must understand the changes and be consulted. Engagement will take place sequentially to keep stakeholders fully informed and with formal engagement to follow. A communication and engagement plan will be pivotal in meeting the challenges in keeping staff, patients, and the community informed.

Members commended the diligent operation of the Andover Health Centre.

RESOLVED:

That the Committee-

a. Noted the update and current challenges as well as any recorded issues addressed and/or resolved
b. Requested a further update in September 2020.

c. Out of Area Beds and Divisional Bed Management System

Representatives of Southern Health Foundation Trust provided an update on recent developments. Members heard that Out of Area patients placed outside Hampshire have been decreasing and currently the number is 31.

In response to questions, Members heard:

There remains a dependence on Out of Area beds (currently there is a 17-bed block contract) at significant cost, but it has proved to be better for care and a preferable alternative to purchasing beds piecemeal from various providers. Private bed provisions will no longer be purchased by the end of the financial year.

Population growth and demand for services, especially mental health services, remain a challenge but inpatient care is a last resort. Investing in community services and alternative outpatient care is complex but critical, in addition to increasing bed capacity.

This is a positive direction for patients and loved ones, but cost, growing provisions, and accurate forecasts remain a challenge in service provision.

RESOLVED:

That the Committee-

a. Noted the update and current challenges as well as any recorded issues addressed and/or resolved
b. Noted that the proposed change is in the interest of the service users affected
c. Request a written update for March 2020 including details on current fiscal arrangements for Out of Area Beds

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

a. CQC Inspection Update from Southern Health Foundation Trust

Representatives of Southern Health Foundation Trust provided an update on their upcoming CQC inspection report. Members heard that there was a delay in publication due to internal CQC issues and it is now expected later in January. The action plan notes that most actions are complete, and the remaining items will be rolled over into the new plan based on the latest report.

In response to questions, Members heard:

The CQC criteria for safety include reporting, investigating, physical environment safety, staff training, robust processes for medicine management (temperatures and dates), etc. among others. Members expressed their concern about patient safety, but also that of the staff. The Trust anticipates receiving and sharing a positive report very soon.

RESOLVED:

That the Committee-

a. Noted the approach and actions of the Trust to respond to the findings and address areas of concerns.

b. Requested an update in March 2020.

b. CQC Inspection Update from Hampshire Hospitals Foundation Trust

This item was taken out of order at the Chairman's discretion.

Representatives of Hampshire Hospitals Foundation Trust provided an update on their detailed action plan since their last CQC inspection report based on September 2018 visits. Members heard:

Issues and notices (Section 29a, 31) were served, requiring must do actions. Systematic progress was made on 229 items, some partial and with continued monitoring of progress. Notice 31 regarding emergency care was lifted 3 weeks ago. Further work continues and weekly reports are reviewed regularly. Building improvements have been morale boosting for staff.

Better training and awareness for staff has helped in providing care in the right setting for individuals with mental illness, learning disabilities, and autism. Investing in mental health teams and having a Mental Health Act manager alongside a Learning Disability Liaison nurse has been a positive development. Equipment maintenance and timeliness issues have been addressed almost completely.

Governance improvements have been made with regards to complaints, mixed sex accommodation, and accessible information standard. Well-led improvements have included new changes to the board make-up, sub-committees, the architecture of governance in responding to CQC recommendations and managing risk and risk registers. Staffing remains the most significant risk currently addressed with agency support and overseas hires.

Culture findings are taken seriously while implementing and modelling values with a current appraisal rating higher than ever before. Appointing cultural change ambassadors and utilising expertise from external companies have been key to designing and implementing solutions and upgrades from the bottom up.

At the moment, there is an incredible pressure and demand and the CQC is currently looking at 3 core services – surgery, medicine, urgent and emergency care. Basingstoke and Winchester have CQC visits today and Andover will follow for comprehensive observations with an inspection report expected in April.

Self-assessment reviews note areas that require further work. The CQC will see a hospital under pressure with unprecedented demand and increases in usage and challenges whilst providing safe care.

In response to questions, Members heard:

Agency nurses are meeting expectations as they are provided with an induction and work regularly with teams.

CQC priorities align with those of the Trust but trying to address competing priorities such as finance, operations, quality, and increased pressures on staff remain a challenge. There are many pressures that need to be addressed and can add strain to the financial envelope.

Approximately 50 formal complaints are received each month, as well as informal ones which are generally resolved within a day. There has been increased responses, a focus on face to face meetings (not just written follow ups) and links made to lessons learned. Key themes and work streams are in place to continue to address concerns.

Previously, the assurances were not as robust as they could be. The Trust perhaps hadn't been sighted? on certain areas and performance, demand, activity pressures which would have had knock on effects. There is debate about accuracy in the judgment of self-assessments which are not always straightforward. The Trust would be pleased to see alignment between self-assessments and CQC observations.

Indicators suggest that best practices are being followed, and cultural changes are taking place with staff at all levels encouraged to share feedback via several channels which are reviewed regularly.

RESOLVED:

That the Committee-

a. Noted the approach and actions of the Trust to respond to the findings and address areas of concerns.

b. Requested an update in May 2020

185. **ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR PUBLIC HEALTH 2020/21**

The Director of Adults' Health and Care and the Director of Public Health provided a joint presentation on revenue and capital budgets including the breakdown for Social Care and Public Health. Members heard:

In the last ten years Central Government funding for Local Authorities has reduced by a significantly greater amount (70% plus) when compared to funding for other Government departments over the same time period. This has been the primary cause for the level of transformation reductions required by the County Council.

The County Council have continued with the mechanism for delivering savings previously used whereby savings are delivered in 2-year cycles with alternate year loss of funding being met from the Budget Bridging Reserve (formerly the Grant Equalisation Reserve). The impact of Tt2021 proposals approved in November 2019 were factored into the presented 2020/21 budget.

While reserves may appear as a significant amount, allocations have already been committed with only a minimum reserve amount within guidelines remaining.

Transformation to 2021 programme targets and proposals have been approved and must be delivered alongside delivery of the residual savings required through Tt2019. The concurrent running of two programmes will be a challenge to the department and this is evident through the expected timeline of delivery for

Tt2021 with significant saving scheduled to be achieved after 2021/22. It is forecast that this planned delay in savings can be covered from departmental cost of change and centrally held contingency funds.

Members congratulated officers and the department as the challenges have continued to build.

The Director of Public Health shared departmental challenges and the increased demand for services. Members heard:

Most Public Health services are commissioned out to NHS and other partners. Life expectancy is rising but healthy life expectancy is not increasing. Preventative effort and intervention are the focus with services that help people with smoking, sexual health, healthy weight, etc.

The Public Health strategy has been signed off by Cabinet. There is a need to ensure services that are delivered are clinically safe. There are national, international, and local health protection issues to manager include influenza outbreaks, sexually transmitted infections. Furthermore, the public health remit includes a system wide role of prevention leadership working alongside the NHS. There is a new strategic partnership with Isle of Wight (IOW) to maintaining outcomes without detriment to Hampshire and managing Hampshire staff and resource pressures.

More information will be available by April in terms of the ring-fenced grant but currently leaves no clarity in planning budgets, with uncertainty and assumptions around spending Public Health reserves. Savings are being delivered for lesser reliance on reserves than there have been in the past. Delivery of new responsibilities will be challenging with reduced funding.

In response to questions, Members heard:

Hampshire faces particularly challenges tackling health inequalities linked to poor health outcomes.

Public Health responsibilities include health visitor check including universal and more intense interventions for families who need it the most.

Oral health in children is good in the county and new ways of working will include training nursery workers, supervised toothbrushing, etc. to support good oral health.

Obesity will need a system approach and healthy weight continues to be a priority alongside smoking cessation, good nutrition, and empower communities for better mental health. Work with the planning authorities is a key way to support the work being done to address obesity.

Public Health mandated functions are wide and varied, including comprehensive sexual health checks, mother and baby checks – following and pre-birth, oversight of outbreaks of disease, population health management with the NHS, National Childhood measurement program, NHS Health checks drug and alcohol services, etc.

Members noted that prevention remains key to effective health services.

RESOLVED:

That the Health and Adult Social Care Select Committee consider the detailed budget proposals and -

a. Supported the recommendations being proposed to the Executive Member for Public Health.
b. Agreed any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member when making their decision.

186. **ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR ADULT SOCIAL CARE 2020/21**

The Director of Adults' Health and Care provided an overview of current and expected financial challenges. Members heard:

Nationally, social care inflation is close to 8% with pressures on the cost of buying services which far outstrip general inflation across the wider economy. Above inflation increases to cost of delivering care and staffing lead to financial challenges in cost of provision of care, market conditions and growing number of people with a range of more complex support needs. Inflationary pressures, growing needs, more population and funding challenges to social care remain. Building upon current assumptions that have been successful in the past is a first step, but longer-term financial situations are needed.

Social care staffing challenges across Hampshire are regulated by the CQC for quality of care with 35,000 people supporting those with social care needs in the sector both via the NHS and self-funded. This is refreshed by 30% each year and managing turnover and the recruitment churn adds to constant inflationary pressure. Cost, staffing, quality are the three major sector wide challenges to delivering care in the right way.

Work is ongoing with partner organisations to promote social engagement and prevent isolation. Social workers being available alongside 111 call responders help avoid at least 50 acute hospital bed admissions each month and cost to the overall system. Frail and elderly people need more care with acute admissions as they can decompensate and lose self-mobilisation.

The revised budget for 2019/20 is not dissimilar to the proposed budget for 2020/21. This is primarily due to the revised budget containing all the departmental cost of change expenditure. The equivalent expenditure will be added to the 2020/21 in April budget when then requirement is fully developed.

Currently a breakeven outturn position is expected for 2019/20 but this is on the basis that all departmental cost of change, (£30m) is consumed.

In response to questions, Members heard:

Overall the most important take away is the provision of care, i.e. buying or providing care. In terms of managing priorities against costs, it is a complicated process due to the many issues bound up together. Several different research-

based figures are available in terms of the financial cost of social care under different models.

In Hampshire, 60% of people pay for their own care and 40% paid for by the Hampshire County Council and the NHS. While it is difficult to pin down exact numbers and the Care Act (2014) has changed some requirements and eligibility, a free social care system would be significantly more expensive than current arrangements.

With limited reserves and cash flow, savings are ever challenging. All upper tier authorities with social care responsibilities are managing their risk and currently, Hampshire County Council has 3 years of safe and secure provision of services, but beyond that window it is difficult to predict without foreseeing changes in funding. As a high functioning council in adult social care, engagement and conversations are in place for new approaches to working.

Hampshire innovates and uses both hands-on and technology enabled care to improve the quality of daily living and independence. Testing new technologies and co-bots' pilots will assist carers with less stress and strain on the workforce. Moving and handling musculoskeletal injuries can cause degraded capacity. Safer working conditions retain the workforce better and attract new people. There is continual demand which increases year on year, leading to social care pressures in providing ongoing support.

The forecast for savings from using new technologies and co-bots is difficult to determine, but the initial goal is to reduce the cost of double handed care which would allow one carer, rather than two, to safely mobilise individuals. The budget for domiciliary care is growing with increasing challenges as people are getting bigger and heavier. A significant reduction in double handed care allows for the release of funds for other spend or a reduction in the financial envelope. Co-bots would be another useful tool in a complex process.

Nurses are now leading organisations and are key to their success. Recruitment and retaining of qualified nurses are ongoing challenges in the wider sector but have been reversed for the time being with financial rewards, training and support, and quality working environments.

While there have been some challenges over recent months with the CQC, overall provisions are very good, and ratings have improved year on year. The State of Care Report shows Hampshire at 88% and above the national average of 84%.

RESOLVED:

That the Health and Adult Social Care Select Committee consider the detailed budget proposals and -

a. Supported the recommendations being proposed to the Executive Member for Public Health.
b. Agreed any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member when making their decision.

187. **ADULTS' HEALTH AND CARE: CAPITAL PROGRAMME FOR ADULT SOCIAL CARE 2020/21 - 2022/23**

The Director of Adults' Health and Care reviewed the capital programme which would carry forward funding from schemes in prior years and included locally sourced funding as well as government allocation.

Members commended officers for navigating a difficult financial situation with ever growing complexities and challenges.

RESOLVED:

That the Health and Adult Social Care Select Committee consider the detailed budget proposals and –

a. Supported the recommendations being proposed to the Executive Member for Adult Social Care and Health.
b. Agreed any feedback or comments relating to the Select Committee's recommendations for consideration by the Executive Member of Adult Social Care and Health when making their decision.

188. **SOCIAL INCLUSION UPDATE**

The Director of Adults' Health and Care provided an update on Social Inclusion following the £2.4 million investment made in December 2018 in partnership with district and borough councils which have the statutory responsibility for these services. Members heard:

The service provides supported housing and community aid for those who are homeless or at risk of becoming homeless. The goal is to support people with the most complex needs and minimise the impact of funding challenges while ensuring that services dovetail with the work being done under the Homelessness Reduction Act.

A collaborative approach helps clarify the pathway and support development for meeting the social care needs of this client group. Targeted community support with a strength-based approach is available for those not being able to engage with traditional or mainstream services. Implementing changes over the 8-month transition period was invaluable in developing local service models with districts jointly funding services for providing comprehensive services and avoiding duplication.

In addition to housing needs and new initiatives to reduce rough sleeping, fast tracking processes are prioritised for adult social care assessments and providing telecare and occupational therapy services. Service provision is not without challenges, but impact on services and outcomes continues to be monitored. Current contracts in place have option to extend and are waiting for confirmation of funding.

In response to questions, Members heard:

Avoiding a revolving door situation for individuals with mental illness concerns, remains a challenge as this demographic can be a complicated group with complex issues. Developing initial relationships with support providers are key.

The street outreach model is joined up and linked with social care, but challenges exist in terms of hospital admissions with district and hospitals and there is more to be done to develop local social inclusion partnerships.

In the past, not having a permanent address has limited options for benefits, information, healthcare access, etc. but currently most benefits are managed online, which has its own set of challenges. Online services can be accessed in hubs and libraries and service providers have worked to be flexible and overcome challenges.

The HASC Task and Finish Working Group had worked in the past to achieve nearly all the savings required.

While there are geographical challenges and a high volume of people, they do have to access local services based on local connection rules. All districts involved are collaborating effectively, though they may have different approaches. Parish council support and local solutions would be useful next steps.

The concentration of beds in Winchester is due to existing legacy services jointly funded by Winchester City Council, and it can be difficult and expensive to locate new provisions. Development of new provisions would be considered in other areas.

Members viewed progress as success story with good outcomes, enthusiasm, collaboration and support at the district level and commend the whole Hampshire approach embraced.

RESOLVED:

The Health and Adult Social Care Select Committee noted the contents of this report.

189. **WORK PROGRAMME**

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

RESOLVED:

The Committee considered and approved the work programme, subject to any amendments agreed at this meeting.

The meeting closed at 1:37 pm.

Chairman,