

AT A MEETING of the HEALTH AND ADULT SOCIAL CARE SELECT (OVERVIEW AND SCRUTINY) COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 17 January 2017.

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
p Councillor Chris Carter

Councillors:

p Ann Briggs	p David Keast
p Graham Burgess	p Chris Lagdon
p Rita Burgess	p Martin Lyon
a Adam Carew	p Fiona Mather
p Charles Choudhary	p Chris Matthews
p Alan Dowden	p Floss Mitchell
p Jacqui England	p Frank Rust
p David Harrison	p Bruce Tennent
a Marge Harvey	p Martin Tod

Substitute Members:

Co-opted Members:

Councillors:
a Tonia Craig
a Alison Finlay
a Dennis Wright
VACANT

In attendance at the invitation of the Chairman:

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

169. **BROADCASTING ANNOUNCEMENT**

The Chairman announced that the press and members of the public were permitted to film and broadcast the meeting. Those remaining at the meeting were consenting to being filmed and recorded, and to the possible use of those images and recordings for broadcasting purposes.

170. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Marge Harvey. Councillor Keith Evans, as the Conservative standing deputy, was in attendance in their place. Apologies were also received from Councillor Adam Carew, and co-opted members Councillors Alison Finlay and Dennis Wright.

171. **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 Jacqui England declared a general Personal Interest, as she is the Chairman of the Lymington Hospital 'League of Friends'.

Councillor Martin Lyon declared a general Personal Interest, as his wife is an enhanced nurse practitioner employee of West Hampshire Clinical Commissioning Group.

Councillor Chris Matthews declared a general Personal Interest, as he is a Trustee of the Thorngate Almshouse Trust.

Councillor Frank Rust declared a general Personal Interest as he is a Member of the Wessex Clinical Senate, and undertook research in hospitals on behalf of the Nuffield Trust.

Councillor Martin Tod declared a general Personal Interest, as he is the Chief Executive of the Men's Health Forum, which receives funding from Public Health England and the Department of Health.

172 **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 20 October 2016 were confirmed as a correct record, subject to the apologies of Councillors Alan Dowden and Martin Tod being noted.

There were two matters arising in relation to the Minutes:

- Minute 163: The report on family experience of Southern Health following the death of a service user was circulated to Members in October.

- Minute 166: The recommendations made by the Committee on 'paying for care' were accepted by the Executive Member at their decision day on 21 October 2016. Councillor Alan Dowden spoke to this item, noting his absence at the meeting where the HASC considered 'paying for care', and his opposition to the decision taken by the Executive Member.

173. **DEPUTATIONS**

The Committee did not receive any deputations for this meeting.

174. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

Briefings and Updates

The Chairman noted that updates would be shared after the meeting with the Committee on:

- The Andover Minor Injuries Unit opening hours (Hampshire Hospitals NHS Foundation Trust).
- Progress made against the Care Quality Commission's recommendations (Hampshire Hospitals NHS Foundation Trust).
- The Kingsley Ward (Melbury Lodge) building works (Southern Health NHS Foundation Trust).
- Ambulance performance update (South Central Ambulance Service NHS Foundation Trust).

Dorset Joint HOSC Update

The Chairman had attended the most recent meeting of the Joint HOSC on the Dorset clinical services review on 27 October, where general updates were heard on the progress of the reviews. A further meeting would take place in February 2017 to consider the consultation, after which time a further update would be provided.

175. **REVENUE BUDGET FOR PUBLIC HEALTH 2017/18**

176. **REVENUE BUDGET FOR ADULT SERVICES 2017/18**

177. **CAPITAL PROGRAMME FOR ADULT SERVICES 2017-18 – 2019/20**

The Interim Director of Public Health, the Director of Adults' Health and Care and a representative of the Director of Corporate Resources attended before the Committee in order to present the Revenue Budget for Public Health for 2017/18 (see report and presentation, Item 6 in the Minute Book). The Director of Adults' Health and Care noted that this was the first set of budgets within the newly formed Department, encompassing Adult Social Care and Public

Health.

The presentation outlined the overall County Council financial position, setting out that in line with the decisions previously made as part of 'Transformation to 2017', there would be no new further savings for the 2017/18 year. The delivery of the 'Transformation to 2017' savings were all on target, subject to those areas where Cabinet had agreed a roll-over of savings to the next financial year, or a purposeful delay.

The local government grant settlement announced in 2016 provided definitive figures for 2016/17 and provisional figures for authorities for the following three financial years to aid financial planning. The settlement for 2017/18 was unchanged compared to the forecast position. The July 2016 Medium Term Financial Strategy assumed a 3.99% council tax increase for 2017/18, including 2% for social care.

A new dedicated social care grant would be available for 2017/18 of approximately £4.8m, as well as greater flexibility in the ability to raise funds specifically for Adult Social Care through increasing the precept, although this would be by a maximum of 6% over the next three years to 2019/20.

An overview of the Council's reserves strategy and financial position was provided, which set out that of the £497.3m held, approximately £100.9m, or 20.3% of the reserves, were truly 'available' to support one-off spending. An analysis of the allocation of this £100.9m was provided.

Members heard details of the 2017/18 budget for Public Health. The Public Health grant remained ring-fenced for 2017/18, and to date this had been reduced by £4.28m. By 2021, it was expected that the grant would have reduced by a further £5.24m. It was yet unknown as to whether the grant would continue to be ring-fenced in future years.

Public Health in 2017/18 would be focusing on commissioning high quality services as mandated nationally. The team would also focus on prevention, reducing the impact on reactive services in future by enabling the public to take greater responsibility for managing their health, and giving them and health professionals the tools to enable this.

In considering the more detailed information on the Public Health revenue budget, Members noted the following in response to questions:

- That the NHS were responsible for commissioning dentistry services for children. The Public Health

budget in this arena related to oral health promotion, a service which was currently out to tender. Through the 0-5 health visiting service, all new parents could be educated on the importance of good oral health, and child health monitored. Work was also ongoing with early years' providers to provide guidance on tooth brushing. Other areas of the Public Health budget also contributed towards the aim of good oral health, for example the promotion of healthy eating.

- That the services Councils are mandated to provide through Public Health were currently being reviewed by Government. It was not yet known whether the outcome would see an increase or decrease in the number and type of mandated services.
- The Public Health strategy set out the long-term vision for the service in Hampshire. It was agreed that this would be circulated to the Committee for information.
- The reduction in the smoking cessation budget had been achieved through renegotiating the contract for providing this service, and this wouldn't see any change in delivery. The new contract was based on commissioning for outcomes, and would continue to be a universal service, but with a greater focus on vulnerable groups.
- Public Health were directly involved in the Sustainability and Transformation Plan for Hampshire and the Isle of Wight, and the Interim Director of Public Health was specifically leading a work-stream on prevention. Through this, Public Health had identified several programmes which had the potential to deliver savings to the NHS through better outcomes and a reduction in accessed services, for example, the 'Stop before the Op' programme sought to improve outcomes for individuals by helping them to reduce or stop smoking before operations.

Through discussion, greater detail of the spend under each Public Health budget line was requested.

The Director of Adults' Health and Care and a representative of the Director of Corporate Resources attended before the Committee in order to present the Revenue Budget for Adult Services for 2017/18 and Capital Programme for Adult Services for 2017/18 – 2019/20 (see report and presentation, Item 7 and Item 8 in the Minute Book).

Members had previously heard the overall budgetary position for the Council, and therefore heard details of the proposed Adult Services budget for 2017/18. Members heard that there were no additional savings to be made for 2017/18, although the Department are forecast to roll over £13m of efficiencies to the 2017/18 financial year, noting

Public Health strategy to be circulated.

Public Health budget detail to be circulated.

that some projects would take longer to deliver the required savings.

The Committee had previously considered some of the key issues from the implementation of the savings for 'Transformation to 2017', and were apprised of the decisions before the Executive Member for Adult Social Care on 17 January which related to this programme.

The key priorities for the Adult Services Department for 2017/18, included:

- Demand and complexity: supporting increasing numbers of individuals requiring support, and increasing numbers with one or more complex and long-term needs. The Department had been successful at managing additional need and demand within current resources, noting that approximately £6m of the budget would be allocated to meeting these pressures.
- New Operating Model: a new staffing structure had been implemented, as well as the formalisation of the Senior Management Team within the Adults' Health and Care Department, and this would continue to evolve.
- Supply: the domiciliary care and nursing/residential home markets continue to face ongoing problems relating to staff recruitment and retention, and ensuring quality of care whilst meeting core standards expected nationally. These were all local and national issues, although Hampshire had lots of smaller independent homes, rather than larger national providers, and these issues therefore impacted to a greater extent in the County.
- National living wage: this had been built into the budget but would impact in future years.
- Hospital discharge: the number of individuals requiring a complex mix of social care services when being discharged from hospital had increased, and the numbers and pressures across the whole health and social care system continued to be a local and national issue. Data was presented suggesting that across all hospitals on 16 January 2017, 174 Hampshire individuals had been fit for discharge, and 74 of these required a package of Adult Social Care supported by Hampshire County Council.

On the Capital Programme, it was heard that the additional allocation for 2017/18 was significantly lower than previous years as the funding for Extra Care had now all been allocated. The new funding for 2017/18 focused on smaller scale improvements to operational buildings.

On the 2017/18 Revenue Budget and 2017/18 to 2019/20

Capital Programme, in response to questions, Members heard:

- That the social care levy was limited to the comprehensive spending review period, with no indication that this will continue after this time. It would be for the Council to determine how it wished to step these increases, noting the 6% total cap by 2019/20.
- Approximately £6m had been built into the 2017/18 revenue budget for increased in demand and complexity services, and in 2018/19 this was expected to increase to £8.5m.
- That the consultation on the proposal to increase the 'meals on wheels' cost-per-meal had provided three options for consultees to comment on. Letters had been sent to all the customers of Apetito, the 'meals on wheels' supplier, and 500 responses had been received. Of those, 80% noted that with the increase they would continue to use the service. Of the remaining 20%, most noted they would take fewer meals, and a small percentage said they would stop using the service. The final proposals would be to increase the cost-per-meal to £4.55, which was still significantly lower than surrounding local authorities.
- Hampshire County Council was committed to continuing to provide a 'meals on wheels' service, noting the positive impact this service has on its users, through better nutrition, social interaction and a general check on the wellbeing of the customer. However, the Council had a duty to ensure it was able to provide statutory services within a balanced budget, and providing a 'meals on wheels' service without subsidy would help to meet this challenge. Stopping the service had been considered, and research had shown that in 2015, 67% of local authorities in the South East provided or commissioned a meals on wheel service. In 2017, this figure had dropped to 17%. However, the importance of the service, particularly in ensuring service users had a good level of nutrition, had been noted in the consultation and it was proposed to continue.
- That there continues to be significant challenges in relation to workforce, with flow around the South-East Hampshire region seeing a 30% annual turnover of staff. The Committee had previously heard details of work ongoing to recruit and retain care workers, and this was continuing.
- Hampshire County Council continue to use agency care workers in order to meet sufficient staffing levels in homes, and to provide flexibility in the work force by offering cover when staff became unwell or took planned leave. Detail on the use of agency staff could be shared with the Committee.
- Work was ongoing to understand how elements of

Information on the use of Agency staff to be circulated.

care could be delivered in innovative ways, reducing the number of people that needed to be supported through a package of care. Examples of this included assistive technologies and telecare.

- That there was not enough rehabilitation and step down care in the County as an appropriate alternative to social care placements. Currently 60 beds were available in Hampshire, plus some independent provision, and by 2020 this would need to grow to approximately 240 beds, to meet the needs of the 'baby boomer' generation.
- A focus on reablement was part of the longer-term strategy for Adult Social Care, creating multi-disciplinary reablement teams who can prepare people for a return to independent life. Additionally, provision for dementia care also needed to be considered,

In relation to ongoing projects relating to the Capital Programme on Bulmer House and Cornerways, it was agreed that updates would be provided outside of the meeting.

Updates to be circulated.

Following questions, the Chairman moved to debate. No debate was heard on the Public Health revenue budget.

On the Adults' Service revenue budget, the main focus of discussion was on the decreased grant funding from Government and the resulting savings that needed to be realised locally in order to be able to provide services, with differing political viewpoints shared by the Committee. Some Members noted their views that the forecasts of spend for 2017/18 were too optimistic.

On the Adults' Services Capital Programme, some Members questioned how the challenges of the future, specifically in relation to dementia care and reablement, could be met in the current climate or reducing spend and investment.

RESOLVED

That:

- That Members support the recommendations being proposed to the Executive Member for Health and Public Health in section 9 (page 8) of the report.
- That Members support the recommendations being proposed to the Executive Member for Adult Social Care in section 10 (page 8) of the report.
- That Members support the recommendations being proposed to the Executive Member for Adult Social

Care in section 9 (page 6) of the attached report.

Councillor Chris Matthews left the meeting at this point in proceedings.

178. **SUSTAINABILITY AND TRANSFORMATION PLAN FOR HAMPSHIRE AND THE ISLE OF WIGHT**

The Programme Lead for the Hampshire and Isle of Wight Sustainability and Transformation Plan (STP) provided Members with an overview of the Plan and its delivery (see Item 9 in the Minute Book).

Members heard an overview of the history of the STP, including details of the 'Five Year Forward View' and the historical local issues impacting on health services across Hampshire and the Isle of Wight, including the two Unitary areas of Portsmouth and Southampton. The STP was in part formed by the many strategies and plans already in place across the footprint.

They key work-streams and financial gaps were highlighted to Members, noting that the Plan required significant transformation in the health service; it wouldn't be possible for the NHS meet the health needs of the population in future with traditional models of care and current service structures. The work-streams in the Plan required the NHS and partners to think differently and innovatively to meet these challenges.

At the time of the Committee, some of the work-streams were detailed and in progress, whereas others were still at a strategic level.

In response to questions, Members heard:

- That in the STP delivery plan, each of the work-streams have the proposed outcomes, methodology and investment required to be successful set out. A challenge of the programme would be removing silo working, and creating joined up approaches to funding and delivery.
- Central Government had recognised that STPs would require revenue and capital investment upfront. Currently, not all the investment lines had been clarified, although they were expected to be released incrementally. There was a significant risk of the funds for innovation and transformation not being received, and therefore it will be important to prioritise those programmes who can deliver the most benefit.
- The financial picture set out in the STP was correct as of October 2016. Since this time, the demand on the local NHS had been exceptionally challenging in terms of increased non-elective activity. Resultantly,

reported deficits had increased and the financial challenge locally was more pressing.

- There was a further estimated £60m gap in funding outlined in the STP which was currently unmet. There were high levels of risk attached to the delivery of the work-streams, as well as to the innovation funding which would drive changes in the system. The strategic NHS partners responsible for delivering the STP would need to be agile in their response to challenges to ensure that delivery outcomes remained achievable. Consideration would need to be given to partners funding work-streams if central funding was not forthcoming, noting that this was work that was necessary and important.
- To date the STP had not been a strong brand with the public, given its strategic nature and the size of the footprint it covers. Although the plans and strategies it had pulled together had been informed by public engagement and consultation, the STP itself was not a document that had been through these processes. It was the view of the Programme Lead that the public and key stakeholders should be engaged as part of the implementation and development of the ten key work-streams. The STP Lead would be working with the Health and Wellbeing Boards across the footprint to shape what this will look like. An engagement strategy was being developed to this aim, which would be shared with the Committee.
- The STP is a significant transformational plan and therefore it was expected that some of the emerging models from it would be determined as 'substantial changes of service', in line with health scrutiny legislation. These would still be subject to the same processes and required public engagement. In terms of the specific work-streams:
 - The review of the future of acute services across North and Mid Hampshire would result in options for consultation which were due to come before the Committee.
 - The Solent Acute Alliance would need careful thought about how to frame service change so that this isn't seen as being a negative outcome; that the important factor is better outcomes and safer services, rather than where a service is physically located.
- That part of the radical change in thinking for health in Hampshire and IOW would also need to come from the public, both in terms of better managing their own health, and through thinking differently about how they wish to access health services.
- That the work-stream on the Solent Hospital Alliance had been built through consensus currently, with Portsmouth, Southampton, Lymington and Isle of

STP
engagement
plan to be
shared with the
HASC

Wight hospitals holding dialogue on sustainability of services. Hampshire Hospitals at this stage were keen to focus on the acute model of care for North and Mid Hampshire, and therefore although they had been part of the conversations on the Alliance, it was fundamental that they direct efforts on their own model of care. It was hoped that in future a greater Alliance could be explored.

- That the proposal noted in the STP would be to release 300 hospital beds that would otherwise be occupied across the footprint, rather than to take these out of the system. This would be achieved by caring for individuals in a different way, or reducing the use of private or out-of-area beds.
- That the NHS needed to be better at using the vast amount of data held about people's health, enabling the NHS to predict who are likely to require significant intervention and support in future, and targeting these individuals with screening and prevention programmes, where possible.
- That STP footprints were working cross-border on areas of joint interest.

The Chairman noted the significant interest of the Committee in this item, and the possibility after the election of the HASC taking forward a specific working group on the STP. Members specifically noted the high levels of risk attached to the delivery of the STP, and requested that this item be considered regularly on the work programme.

RESOLVED

That the Committee:

- Add the ongoing scrutiny of the Hampshire and IOW STP to the work programme.
- Receive a further update on progress against the 10 work streams in six months' time,
- Request the Hampshire and IOW STP engagement plan.

Councillors Ann Briggs and Alan Dowden left the meeting at this point in proceedings.

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

Portsmouth Hospitals NHS Trust: Care Quality Commission Re-Inspection Enforcement Notice – Urgent Care – Update

The Chief Executive and representatives of Portsmouth Hospitals NHS Trust, together with the Chief Delivery Officer from South Eastern Hampshire and Fareham and Gosport Clinical Commissioning Groups (CCGs), spoke to

the update on progress made against the actions arising from the Care Quality Commission's (CQC's) re-inspection report of the Trust's urgent and emergency care services (see Item 10 in the Minute Book).

The Chief Executive noted the discussions held and robust scrutiny of the CQC's inspection of Portsmouth Hospitals Trust's Urgent and Emergency Services when the Committee last considered this topic in June 2016. Members were reminded of the outcome of 'inadequate', and the conditions placed on the Trust's registration in order to make the required improvements. The Trust was pleased to report that, as a result of a further unannounced inspection in September 2016, these conditions had now been lifted. It was the view of the Trust that these conditions be kept in place locally, as they were important factors in ensuring continued improvement in Urgent and Emergency services.

An urgent care improvement programme and plan had been implemented locally between the Trust, partners and NHS Improvement, and the Chief Executive noted that this had been successful to date and remained the appropriate plan for taking forward sustainable improvements.

The Chief Executive noted that there were still intense issues and pressures on the services and Trust, with more progress to be made locally. There had been marked improvements in local relationships, especially between the Trust and the Ambulance Service, both Board to Board and on the frontline.

From the CCG's perspectives, previously the relationships between the providers and commissioners had not always been cohesive, and it was the role of the Chief Delivery Officer to bring together partners and improve ways of working. South Eastern Hampshire CCG held the lead commissioner role with South Central Ambulance Service NHS Foundation Trust and through this had noted the significant improvements made to this relationship. Commissioners were supportive of the removal of the CQC's conditions on the Trust.

In response to questions, Members heard:

- There had been a reduction in the performance of the four-hour referral to treatment time noted in the CQC's letter, and this was likely due to increased demand and acuity of patients. Currently length of stay had increased in the Trust which had impacted on the rest of the hospital. The overall performance of the Urgent and Emergency service still fell short of the national average, though comparable to similar Trusts locally and nationally.

- Plans were still in place to bring about a sustainable improvement to performance. Recruitment to the Urgent Care team continued, and the clinical model was still under review, enabling it to evolve based on 'what works best'. Additionally, the discharge to assess model had taken time to embed but was now working well, and geriatrician teams remained in the acute unit to ensure that elderly patients were seen and treated appropriately, with the aim of reducing unnecessary admissions.
- A significant amount of work had been undertaken on clinical leadership in the Trust, with ten clinical leaders now working directly with the Executive Board to help define the direction of the Trust. Additionally, the clinical transformation lead remained in place as required by the CQC, and this individual had been tasked with reducing 'learned helplessness' in Urgent and Emergency Care.
- The ambulance escalation policy worked well on some days and less well on others, dependent on how consistently it was applied. The Trust was working to ensure that lead clinicians enact the policy at the same point.
- The Chief Executive was disappointed with the continuing issues with ambulance handover delays. Although the Ambulance Service had the ability to flex resources to meet demand, there was more that needed to be achieved to reduce the impact on ambulances when the Emergency Department was at peak capacity.
- That the Trust was not an outlier on the number of conveyances to hospital by ambulance, but the number of individuals admitted from such conveyances were higher comparatively. This could be due to patients having higher levels of acuity or waiting longer before calling an ambulance, or due to the risk built into the triage method used by the ambulance service. More work needed to be undertaken on this area to better understand the reasons for this statistic.
- The Accident and Emergency Department at Queen Alexandra Hospital was well-sized in comparison to other hospitals, although there were some issues with flow which the Trust was trying to address.
- There were alternatives to Accident and Emergency locally, including walk-in centres and enhanced primary care opening hours funded by winter pressure funding from commissioners. Promotion for these alternatives was led by commissioners, and formed part of the 'Choose Well' campaign.

The Chairman moved to proceed to recommendations.

RESOLVED

That Members:

1. Welcome the progress by Portsmouth Hospitals NHS Trust against the actions of the Care Quality Commission's re-inspection report on the Accident and Emergency Department.
2. Request a future update on performance in six months' time, to include:
 - details relating to patient types accessing the Emergency Department and their outcomes, and;
 - discussion on whether alternative models of care (to be identified through the STP) would reduce pressure on urgent care services in the hospital.

Councillor Keith Evans left the meeting at this point in proceedings.

Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Transforming Care Partnership: Inpatient Care for People with Learning Disabilities and/or Autism

Representatives of West Hampshire CCG and Southern Health NHS Foundation Trust spoke to the report on the Transforming Care Partnership and associated proposals (see report, Item 10 in the Minute Book).

It was heard that the Chief Officer for West Hampshire CCG was the Senior Accountable Officer for the Transforming Care Partnership across the Southampton, Hampshire, Isle of Wight and Portsmouth area. The particular focus of the Partnership was to reduce the number of inappropriate long-term inpatient stays for people with a learning disability or autism.

Approximately 8,500 individuals across the region were registered with their GP as having a learning disability or autism, and of these, approximately 5,000 were in receipt of a care service. Those not in receipt of a service were able to live an independent life with support from the NHS or social care services at the level generally required by the population.

It was proposed that a new model be explored where the focus of forensic mental health rehabilitation services was not ward-based, but instead delivered in the community with temporary support from multi-disciplinary teams. Currently the Cypress Ward in Woodhaven offered six 'beds' or places to those in receipt of rehabilitation services in an open ward environment. The location of the service was not conducive to rehabilitation in the community, given its

isolated location in Tatchbury Mount, Calmore, and the environment in which it is offered was not fit for purpose. It was proposed that there was a disinvestment in this service in order to increase resource into a community forensic rehabilitation service. Beds would always be available for those who required them.

Details of the engagement undertaken with stakeholders to date had been included in the report.

Councillor Fiona Mather left the meeting at this point in proceedings.

In response to questions, Members heard:

- That all the savings from closing the Cypress Ward would be reinvested into a community service.
- Previously, the community forensic mental health service had been very successful at attracting high calibre candidates during recruitment rounds.
- The CCG had been successful in securing the capital funding for the proposal.
- That service users will always have the appropriate support required to support them to live as independently as possible.

The Chairman moved to proceed to recommendations.

RESOLVED

That the Committee notes:

1. The closure of Cypress Ward and the re-investment of £615k in community Learning disability services
2. The new model of care approach that replaces the Cypress Ward with an integrative working provision including:
 - the Forensic Community Learning Disability Team (FCLDT)
 - the NHSE capital investment of £935K for the procurement of Registered Social Landlord (RSL) supported accommodation for PWLD on the Forensic pathway
 - a 24 hours/ 7 days a week supported living provider for the RSL supported accommodation scheme

180. **WORK PROGRAMME**

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

RESOLVED:

That the Committee's work programme be approved,

subject to any amendments agreed at this meeting.

Chairman, 15 March 2017