

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, 24 November.

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
p Councillor Chris Carter

Councillors:

p Ann Briggs	p Tony Hooke
p Graham Burgess	p David Keast
p Rita Burgess	p Martin Lyon
p Charles Choudhary	p Fiona Mather
a Ferris Cowper	p Andy Moore
p Alan Dowden	p George Ringrow
p Jacqui England	p Frank Rust
p David Harrison	p Bruce Tennent
a Marge Harvey	p Martin Tod

Substitute Members:

n/a

Co-opted Members:

Councillors:
a Tonia Craig
p Alison Finlay
p Yvonne Weeks
p Dennis Wright

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

87. **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 recording for broadcasting purposes.

88. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Ferris Cowper and Marge Harvey, and co-opted Member Councillor Tonia Craig.

89. **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 Frank Rust declared a Personal interest in Item 7 as he is a Member of the Wessex Clinical Senate.

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.

90. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 17 September 2015 were confirmed as a correct record, subject to one amendment, and signed by the Chairman.

There were not any matters arising in relation to the minutes.

91. **DEPUTATIONS**

No deputations were received.

92. **CHAIRMAN'S ANNOUNCEMENTS**

Vascular Services

The Chairman had met in October with NHS England, together with the Chairs of the Portsmouth and Southampton Health Scrutiny Committees, in order to discuss the vascular society report prior to its circulation to Members and the press. It was agreed that proposals would be drafted by NHS England for discussion in January 2016, and a full debate would be held at that time.

Invitation letter sent to NHS England.

Care Quality Commission report on Hampshire Hospitals
NHS Foundation Trust

The Trust's report had been published and circulated to Members, but was too late for inclusion in the November agenda. The Trust received a 'good' rating overall. The Committee would review the report and its outcomes in January 2016.

Report
scheduled in
work
programme for
January 2016.

Director of Public Health

Dr Ruth Milton would be leaving her post to take up a new national position with Public Health England at the end of November. The Chairman gave his thanks to Dr Milton for providing support and expertise to the Committee, a sentiment echoed by the Committee. Dr Sallie Bacon would be taking up the Director post in the interim.

New Member on the Committee

The Chairman welcomed Councillor Ferris Cowper, who replaced Councillor Steve Rippon-Swaine, in absentia. He thanks Councillor Rippon-Swaine for his time spent contributing to the work of the Committee.

New Interim Director of Adult Services

The Chairman asked the Executive Member for Adult Services to introduce the new interim Director for Adult Services, Graham Allen, to the Committee.

93. **HCC ADULT SERVICES: OUTCOME OF THE
CONSULTATION ON THE PROPOSED CLOSURE OF
JOHN DARLING MALL**

The Interim Director of Adult Services and representatives attended before the Committee in order to present a report on the consultation outcomes and proposed way forward for John Darling Mall, the proposals from which were due to be considered by the Executive Member for Adult Social Care (see report, Item 6 in the Minute Book).

The Chairman reminded those present that the Committee would be pre-scrutinising the Executive Member for Adult Social Care's decision on the outcomes of the consultation and the recommendations on the future of John Darling Mall in Eastleigh. The Committee would not be the final decision maker – the decision on the proposals would be taken by the Executive Member Councillor Liz Fairhurst at her decision day on 25 November.

An overview was provided of the report and the salient points for Members to consider, including the main findings

of the consultation. To date, 39 individuals had used the respite service in 2015, and six tenants were living in five of the flats available. Should a decision be made to close John Darling Mall, there would not be a requirement for the tenants to move on until alternative provision was found. The outcomes of the Equalities Impact Assessments were noted, and the impact of the proposals, if agreed, would be monitored. The officers present were confident that there were appropriate alternative options for respite in Hampshire that could be tailored to fit the needs of those currently using John Darling Mall.

Should a decision be taken to close John Darling Mall, it was proposed that the site be used to build 'extra care' homes in line with the Council's strategy 'Project Extra Care'. The staff that currently supported the respite service at John Darling Mall who had not taken voluntary redundancy would be offered positions at other units, including respite services if requested, in a location as local as possible.

Members queried whether communications had been sent to Councillors to notify them of the consultation, and invite them to visit John Darling Mall. Some Members expressed their discomfort at being asked to support the closure of the Unit they had not seen. Subsequent to the meeting, the Chairman provided details to the Committee of the communications sent to all County Councillors notifying them of the consultation, and how to take part. Additionally, all Members were offered the opportunity by request to visit John Darling Mall.

The Chairman and Vice Chairman shared with the Committee their recent visit to the facilities at John Darling Mall, and their agreement with the report that the building was in need of substantial refurbishment. The Vice Chairman set out his support of the recommendations, on the basis of the need to modernise Hampshire's respite offer.

In response to questions, Members heard:

- There were services users who had used the respite service at John Darling Mall who had both physical and learning disabilities, which highlighted that respite could not always be offered discrete groups of people based on one type of disability, as often people's needs were multiple and complex.
- That there are a range of respite facility buildings, which are flexible in their design to enable separate services to be offered from the same space if required. Therefore if a physical disability respite group was requested, this could be catered for.
- Additionally, some service users with a physical

Confirmation of emails sent circulated to the Committee.

disability had not experienced sharing respite facilities with those with a learning disability, and therefore may prejudice the environment of the respite service as potentially be chaotic or unsocial. The respite service would endeavour to meet the requirements of all service users. The Hexagon Centre in Eastleigh highlighted that integration can take place successfully.

- The registered manager of each unit would be responsible for ensuring the compatibility of services and their users, and for reviewing any issues raised.
- Some planning had been undertaken with service users to explore whether alternative options for respite could be considered in advance of any decision. Understandably, some service users had not taken up the offer to discuss alternatives until a final decision on John Darling Mall had been made.
- From the consultation, it was clear that most respondents would prefer to continue to access a physical building-based option. Some interest was also shown in independent sector options.
- One to one meetings were offered with all service users, their carers and families as part of the consultation, and these took place in a home setting if preferred. Independent advocacy was available and the vulnerability of service users was taken into consideration when approaching them for their views.
- Eastleigh Borough Councillors were also approached as part of the consultation.
- That there would be a revenue cost saving of £370,000 per annum in closing John Darling Mall and providing respite care at alternative locations in Hampshire. Based on the desk-top exercise that has been carried out by Hampshire County Council's Property Services department, significant investment would be required to modernise John Darling Mall.
- The cost of refurbishing the current unit would be substantive, including mechanical and electrical works and the replacement of the heating system, and works required to the roof and insulation systems.
- The number of 'extra care' units that would be placed on the site should the decision be made to progress this had yet to be determined.
- 'Project extra care' was a significant part of the overall strategy for those with learning disabilities and/or physical disabilities in the County, enabling people to live independent lives with their own front door, whilst ensuring access to care and support 24/7.

The Chairman agreed to enter into debate at this point, where members set out their views on the proposed

decision to close John Darling Mall.

During debate, Members discussed their views on the 'Outcome of the Consultation on the Proposed Closure of John Darling Mall' item, both in terms of the Department's approach to the consultation, its outcomes, and the need to take into account service user views, and the strategies relating to respite care and the extra care in the County, referring to the report and verbal presentation from officers.

Views were heard in relation to recent news stories in the press, access to public transport, the modernisation of the respite service, and the need to ensure that service user stories are monitored and evaluated.

Discussions were also held on the need to ensure that business planning had taken place to enable the Executive Member to make a fully informed decision on the future of John Darling Mall. Further to this, some discussion was held amongst Members on the cost of refurbishment and construction of the current building/a new facility, and whether the Executive Member would be considering this as part of their Decision Day.

Some Members noted that Adult Services had previously demonstrated their ability to manage service change in a way that led to greater independence and choice for service users, and their confidence that this would be the case should a decision be made to close John Darling Mall.

The Chairman moved to proceed to recommendations.

A recorded vote was requested and agreed by a quorum of Members present. A vote took place on the recommendation as set out below:

'That the Committee commends the recommendations (as outlined in section 14) in the attached report to the Executive Member for Adult Social Care.'

For: Cllr Briggs, Cllr Graham Burgess, Cllr Rita Burgess, Cllr Carter, Cllr Choudhary, Cllr Huxstep, Cllr Keast, Cllr Mather, Cllr Ringrow, Cllr Rust.

Against: Cllr Hooke, Cllr Lyon, Cllr Moore,

Abstained: Cllr Dowden, Cllr Harrison, Cllr Tennent, Cllr Tod

(Councillor England was not present for the vote.)

RESOLVED

That:

Monitoring update added to the work programme.

1. The Health and Adult Social Care Committee considers and commends the recommendations (as outlined in section 14) of the report to the Executive Member for Adult Social Care.
2. Should the decision be taken to close John Darling Mall, a monitoring update is provided in March 2016.

94. **HEALTH: PROPOSALS TO DEVELOP OR VARY SERVICES**

North and West Hampshire Clinical Commissioning Groups and Hampshire Hospitals NHS Foundation Trust: the future of health and care services in north and mid Hampshire

The Accountable Officers of North Hampshire Clinical Commissioning Group and West Hampshire Clinical Commissioning Group provided a presentation and spoke to the report on the future of health and social care services in north and mid Hampshire (see Item 7 in the Minute Book). The Chief Executive and Divisional Medical Director of Hampshire Hospitals NHS Foundation Trust were also present and responded to questions from the Committee.

A presentation was led by North Hampshire Clinical Commissioning Group. This detailed a 'ned models of care programme' had been established with the aim of a whole system review of health and social care for north and mid Hampshire, with the aim of any required public consultation taking place no later than January 2017.

The proposal to seek a whole services review before proceeding to a consultation had been reached in late September/early October by the two Clinical Commissioning Group Governing Bodies, following review through the Commissioners' Steering Group. The key issues were summarised in a report which was approved by the Steering Group on in August, and shared with Hampshire Hospitals NHS Foundation Trust.

The report found that four key areas would need to be addressed before further steps could be taken toward public consultation. These were:

- Clinical: concerns about patient flow, patient hand-offs and staffing coverage which would need to be considered as part of the model of care.
- Public engagement: evidence was not available which showed that patients and the public were engaged at the option development or short listing stages leading the Hampshire Hospital's preferred model.
- Option development and shortlisting: these had not seen the pursuit of opportunities for joint working with other providers, notably University Hospital

Southampton NHS Foundation Trust.

- Financial: the analysis of commissioner and provider assumptions about Hampshire Hospital's income levels over the next five years had indicated a current financial gap, which would be estimated to increase over time, even if a Critical Treatment Hospital was built. It was expected that the gap in five years would be circa £60m per annum.

A new 'whole system new models of care' Programme Board had been formed and had met to agree a terms of reference. A second meeting of this Programme Board would take place at the end of November 2015.

Commissioners had listened to concerns raised regarding the ongoing sustainability of critical care services provided by Hampshire Hospitals, and there was a possibility for the critical services element of the workstream to be accelerated, or 'parallel run', to see if this element of the programme could be taken to public consultation prior to the January 2017 date.

Some discussion was held on Hampshire Hospital's preferred model for the development of a new Critical Treatment Hospital and the work that had been undertaken by the Trust and Commissioners on this option, including details that would need to be included in any consultation, transport links, and working with blue-light partners and other acute hospitals.

In response to questions, Members heard:

- Hampshire Hospitals were fully committed to the wider programme of the clinical services review, which would encompass other issues raised requiring solutions by commissioners.
- The Trust noted their concerns that a lengthy period of time had passed between the previous Health Overview and Scrutiny Committee determining that the Trust and Commissioner's proposals were a substantial change in service, and the report in August 2015 which set out the Commissioner's view that a wider clinical services review, prior to any public consultation on the previous options under consideration, was the appropriate next step to take.
- An inspection report had recently been published by the Care Quality Commission (CQC) on Hampshire Hospitals NHS Foundation Trust, Within this, concerns had been raised by the CQC regarding the future safety of some of the services provided by Trust, which included the sustainability of staffing arrangements in emergency medicine, medical and older people's care, surgery and children's and young people's services. Commissioners would be considering the report and its

outcomes.

- The Trust were very focused on keeping services and patients safe, and would do all in their power to ensure this would be the case for as long as possible, but the issue of whether current solutions were sustainable needed to be raised. There would need to be difficult decisions in the future on how services could be organised to maintain patient safety. Commissioners had recognised this in their deliberations and the second recommendation in the Governing Body papers covered this point.
- There had been an increasing cost relating to the current staffing arrangements to fill vacancies at Hampshire Hospitals. This had had a significant impact on the Trust's budget and deficit position.
- The Trust's desire was to go out to public consultation in January 2016 as further work to move forward with its preferred option could not progress until this had been undertaken.
- The Commissioner's view was that the issues raised in the report to the Governing Bodies in September / October 2015 needed to be addressed before commissioners could proceed to public consultation.
- Hampshire Hospitals outlined the process they would follow to borrow the funds required to build a new Critical Treatment Hospital should this be an option consulted upon. Any build would not be a Private Finance Initiative. It was heard that borrowing this funding would be led by Hampshire Hospitals as a Foundation Trust. However, the Clinical Commissioning Groups raised concerns regarding decreasing NHS budgets and commissioning spend in future years, and the national move towards reducing acute activity in favour of integrated community provision. All of these would potentially create concerns regarding the ongoing financial sustainability of the Trust's preferred model of care, and the affordability of the Trust's acute services as outlined in the financial planning assumptions that the Trust had shared with Commissioners.
- The Trust's view was that consulting in January 2017 would make the potential option to build a new critical treatment centre unviable and unaffordable, mainly as a result of inflation in the construction industry.
- The Clinical Commissioning Group's view was that there were a number of options for critical treatment services available and all should be further explored.
- The clinical services review would aim to join up health and social care thinking on how to best integrate services in North and Mid Hampshire, rather than just critical care services. Integrated care would need to be a substantial part of any emerging model, in line with the NHS' Five Year Forward View.
- Any green light to build any significant new development

Letter sent to

would see a substantial period of time pass between decision and any new building being fully operational. The Commissioner's view was that this time should be used to work with the Trust and other stakeholders on what the best option would be for the populations of both North and Mid Hampshire.

- An assurance by the Governing Bodies of both Clinical Commissioning Groups had been given that all services should be maintained safely in the interim, in partnership with providers.

Councillor Graham Burgess left the meeting at this point in proceedings.

RESOLVED

That:

1. The Chairman write to North and West Hampshire Clinical Commissioning Groups, NHS England (Wessex), and Hampshire Hospitals NHS Foundation Trust, in order to clarify the way forward, request evidence setting out staffing and financial sustainability concerns, and how it is intended that these will be mitigated against whilst the clinical services review is ongoing.
2. The Committee adds the whole system review of health and social care services in north and mid Hampshire to the work programme.
3. The Committee requests a further update on the review once options have been developed, prior to public consultation.
4. The Committee are given the opportunity to contribute to plans for engagement with the local population.

Councillors Alison Finlay, Tony Hooke, Andy Moore and Dennis Wright left the meeting at this point in proceedings.

95. **HEALTH: INQUIRIES RECEIVED AND ACTION TAKEN**

West Hampshire Clinical Commissioning Group and Southern Health NHS Foundation Trust: Mental Health rehabilitation – permanent closure of Eastrop House

Representatives from West Hampshire Clinical Commissioning Group and Southern Health NHS Foundation Trust presented a report providing additional information requested on the proposed closure of Eastrop House (see Item 8 in the Minute Book).

the organisations listed on the issues raised.

Work programme updated.

RAISE report to be shared with the Committee, once available.

The presenters provided a quick overview of the wider review of the mental health rehabilitation service, and the information provided and additionally requested at the Committee meeting in July 2015.

Members heard that changes to the community pathway for mental health had meant that Eastrop would no longer be required as a rehabilitation unit. Some work had been undertaken to find alternative health uses for the building, but these had not been progressed for the reasons outlined in the report.

The work being undertaken with RAISE was an important steps in determining the service that best met the needs of mental health rehabilitation users, their carers and families, and the staff supporting them. A small number of people had been engaged so far, the early outcomes from which could be found in the report. The report could be shared with the Committee, once available.

Councillor Dowden and Ringrow left at this point in proceedings.

In response to questions, Members heard:

- The running costs saved from temporarily closing the mental health rehabilitation service from Eastrop House had already been reinvested back into the mental health service. If the building were sold, 50% of the capital receipts received above the 'book value' of the asset would need to be returned to the Treasury, and the other half could be invested as the building owner determined.

RESOLVED

That:

1. The decision to permanently close Eastrop House is noted.
2. The outcomes of the review into mental health rehabilitation services undertaken by RAISE are reported back to the Committee once available.

The Chairman agreed to take Item 9 out of the order on the Agenda.

96. **PUBLIC HEALTH: SERVICES FOR CHILDREN 0-5 YEARS**

The Interim Director of Public Health attended before the Committee in order to present a report on services for children aged 0-5, proposals from which were due to be

considered by the Executive Member for Health and Public Health (see report, Item 9 in the Minute Book).

An overview was provided of the report and the salient points for Members to consider.

In response to questions, Members heard:

- That oral health promotion is a specialised service commissioned by NHS England, but health visitors do include the topic within their discussions with parents and guardians.
- There are a set of key performance indicators for the providers of this service, Southern Health NHS Foundation Trust, and these would be provided to the Committee in any future update on the plans to re-procure the service.
- The service is aimed at children aged 0-5 as this is how the service programme is titled nationally, but services do extend to antenatal too.
- Health visiting is a universal service so the expectation is that the provider reaches all family types with children aged 0-5. The provider has access to a list of all children of an age where health visiting is appropriate.
- The education system was a key joint partner for the provider and school readiness was a key outcome of the service. School Nursing services are also commissioned by Public Health, and therefore the outcomes from both service could be dovetailed to ensure full coverage of children's needs.
- Health visitors were linked to each GP surgery in Hampshire.
- Southern Health had improved the provision of the health visiting service in terms of timeliness of interventions, and number of children reached. This had been aided by the recruitment of a full complement of staff to the service during the lifetime of the contract.
- Regular performance meetings were held between the commissioner and provider of the service to ensure key outcomes were being met.
- Public Health would be reviewing the service in its entirety and going out to tender for a whole service re-procurement in 2016, with a view to begin contracts in April 2017, should a decision be taken by the Executive Member to extend the current contract by one year.

RESOLVED

That the Health and Adult Social Care Committee considers and commends the recommendations (as outlined in section 9) of the report to the Executive Member for Health and Public Health.

The Chairman agreed to return to the order of the Agenda.

97. **HEALTH: INQUIRIES RECEIVED AND ACTION TAKEN**

Hampshire System Resilience Groups: System Resilience over the Winter Period

The Committee received a report from representatives of Hampshire County Council's Adult Services department, and the System Resilience Groups covering Frimley (North East Hampshire), South East Hampshire and South West Hampshire regarding the upcoming winter period, and general report on the successes and challenges of each area (see Item 8 in the Minute Book).

System resilience was a complex system, with four groups operating in the County around the four major providers of acute care (Frimley Health NHS Foundation Trust, Hampshire Hospitals NHS Foundation Trust, Portsmouth Hospitals Trust and University Hospital Southampton NHS Foundation Trust). There were seven hospital sites regularly accessed by Hampshire residents, three of which were outside the County Boundary (Bournemouth and Poole, Salisbury and Frimley). All of these sites and Trusts were working closely with commissioners and other providers, building on the learning from winter 2014. The report contained within the papers set out each group's review of their local system.

There was an overarching Urgent Care Improvement Network group, recently established by NHS England, to provide senior oversight of local plans.

All of the reports touched upon the issue of delayed transfers of care. In discussion it was noted that the proportion of social care packages purchased by Hampshire County Council on behalf of the individual is equivalent to around 40% of the total. Other reasons for delays including privately purchased care, and those with ongoing healthcare and NHS packages were noted. An increasing trend had been seen in the number of Hampshire Adult Services delayed transfers of care, an issue exacerbated by the continuing challenging social care market in the County. Further work had been undertaken to resolve issues in attracting, recruiting and retaining suitable candidates for care careers. Even though the recruitment campaign supported by Hampshire County Council had seen some benefit, more was required to resolve the capacity gap. An update briefing on this area would be provided to Committee members.

Although the number of frail people being admitted to hospital had not increased overall, the number of complex

Updated briefing on 'change lives' to be shared with Committee.

Attendance to a future meeting of the Committee requested from the Ambulance Trusts and Commissioner.

discharges had. The report was illustrative of the reasons for delays with each hospital having its own unique circumstances.

A general overview of each system resilience group was provided by the representative present. Salient points were highlighted to Members from the reports published.

The issue of ambulance performance was raised by the South West Hampshire system resilience group, and the impact this was having on the wider system. The Committee agreed that a report on this should be requested from the relevant Ambulance Services and the lead commissioner of this service.

In response to questions, Members heard:

- A great deal of planning had been undertaken by all of the groups to ensure that services could be as prepared as possible for seasonal pressures. Some areas were unpredictable though, such as the outbreak of norovirus and success of the flu vaccination.
- Some funding had been allocated from NHS commissioners at the beginning of the financial year to assist with system resilience planning.
- More work was taking place in regard to community provision of beds. It was noted that there were 136 community and step down beds in the South Eastern part of the County which were part of the solution to patient flow issues in hospitals.
- There was a dedicated system transfer group Chaired by the Chief Executive of Solent NHS Trust in the South East.
- Work to target students for careers in care had been undertaken as part of the recruitment drive led by Hampshire County Council, in partnership with key organisations including the University of Winchester. One of the benefits of the career pathways offered was the integration of an educational element into the programme. It was noted that trainee nurses are being placed into care homes as part of their course.
- Apprenticeships had also been offered by the County Council in the reablement services.

Work programme updated.

RESOLVED

That:

1. An interim written briefing is provided in January 2016, and a full update after the winter season, on systems resilience.
2. An item is requested from South Central Ambulance Service NHS Foundation Trust and South East Coast

Ambulance Service on patient outcomes in Hampshire and steps being taken with Commissioners to meet expected levels.

3. The topic of delayed transfers of care is added to the work programme, and an update included as part of the next system resilience item.

98. **PUBLIC HEALTH: SPECIALISED SEXUAL HEALTH SERVICES**

A representative of the Interim Director of Public Health attended before the Committee in order to present on proposals for the future commissioning of specialised sexual health services (see presentation, Item 10 in the Minute Book).

It was heard that the presentation focused on the future commissioning of 'Level Three' specialist community sexual health services, which include the provision of comprehensive, confidential, and open-access health services for:

- Contraception.
- Sexually-Transmitted Infection testing & treatment.
- Chlamydia screening programme for 15-24 year olds.
- Psychosexual counselling.
- Specialist outreach services for young people.
- Sexual Health Promotion and HIV prevention services.

The current main provider of these services was Solent NHS Trust, who were awarded the contract in 2011. This was due to expire at the end of March 2017. Public Health were therefore seeking to lead an extensive piece of work to re-procure this contract for delivery from April 2017, and had established a commissioning group and transformation programme to evaluate ways to continue to meet evolving needs and optimise outcomes within a reducing financial envelope..

Cllr England joined the meeting at this point in proceedings.

In response to questions, Members heard:

- A soft market testing questionnaire had been issued to potential interested providers seeking their views on, amongst others, opportunities for greater collaboration and innovation in relation to service models, delivery and development, and any potential barriers to the cost-effective delivery of the services to be contracted.
- That benchmarking of the service and its outcomes was led locally by Hampshire County Council's Public Health team, supported by regional and national information from Public Health England.
- A questionnaire and focus group had been held with key

target groups, including young people, about their preferences in accessing sexual health services. It was found that some chose to access sexual health services away from their home location, in order to preserve anonymity.

- The provision of home-sampling kits and online access to services is being piloted as part of the transformation programme.
- The providers of level three the sexual health services are expected to target 'hard to reach' groups as part of their outreach work, and Public Health through their research and analysis monitor population groups and their needs. Prevention work was heavily targeted at 'hard to reach' groups.
- The level three service no longer undertake mass chlamydia screening events in colleges and universities, as it was not found to be effective in detecting high rates of chlamydia.
- High risk attendees to level three clinics were highlighted and referred to sexual health promotion practitioners for 1-2-1 behaviour change interventions if felt necessary.

Work programme to be updated.

The Chairman thanked the presenter for an informative presentation, which the Committee noted.

99. **WORK PROGRAMME**

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

It was agreed that the monitoring of the decision on the future of John Darling Mall be added to the work programme.

A suggestion was made to add the NHS and Public Health outcome frameworks for the coming year to the health and social care member briefing session work programme.

A request for information was made to West Hampshire Clinical Commissioning Group on any impact to the local population following the closure of the Bitterne Walk-In Centre, Southampton, and the alternative primary and secondary care services located in Hampshire.

RESOLVED:

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

Chairman, 9 February 2016