

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 Monday, 18 January 2016.

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
p Councillor Chris Carter

Councillors:

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

Substitute Members:

n/a

Co-opted Members:

Councillors:
a Tonia Craig
a Alison Finlay
a Yvonne Weeks
a 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

100. **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.

101. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Andy Moore, and co-opted members Councillors Tonia Craig, Alison Finlay, Yvonne Weeks and Dennis Wright.

102. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore, Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 4 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Martin 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.

103. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 24 November 2015 were confirmed as a correct record, subject to the addition of further detail around renovation costs and business cases. A final set of minutes would be agreed at the next meeting.

There were three matters arising in relation to the minutes:

Minute 92: Vascular services

The Chairman had written to all HASC members updating the Committee on recent conversations with NHS England on the progress made with the model of care for vascular services in South Hampshire. Since this time, a further letter setting out progress has been received and circulated to all Members.

A request had been made by NHS England to defer the vascular options paper to the March Health Scrutiny meeting cycles, as although discussions with the Trusts and their clinicians were ongoing, they would not conclude before this meeting. Positive progress was reported, and this would be set out in a further briefing for Members. This included the news that Portsmouth Hospitals Trust were signed up to providing a model of care where vascular services are based in a 'hub' at University Hospital

Southampton NHS Foundation Trust, with services provided from Portsmouth Hospitals Trust as a 'spoke' unit.

The further delay was frustrating and this had been conveyed to NHS colleagues. NHS England had provided an assurance that there would be no further delay to timescales, and an options paper and details for public consultation, if required, would be received in good time for 29 March 2016 meeting.

Minute 97: Briefing on 'Change Lives'

This would be circulated to Members after the meeting.

Minute 97: Request to Ambulance Trusts

This had been submitted and it was likely this would be reviewed in June.

104. **DEPUTATIONS**

No deputations were received.

105. **CHAIRMAN'S ANNOUNCEMENTS**

Dorset Clinical Services review

The Chairman had attended the second meeting of this Joint Scrutiny Committee on 2 December, where Members received an update on the work programme of the Clinical Commissioning Group, and details of a mental health review which would be run in parallel with the consultation on the clinical services review. The salient point from the meeting was the delay in consultation to June 2016. The next meeting would take place in April 2016, and a further update would be provided after that time.

North and Mid Hampshire Services Review

Following discussions at the HASC's November meeting, all of the organisations involved in this review had been written to by the Chairman in order to clarify the current picture of sustainability, and determine next steps by the Committee. Once responses had been received from all organisations, a further update would be provided to the Committee.

106. **REVENUE BUDGET FOR PUBLIC HEALTH 2016/17**

The Interim Director of Public Health and a representative of the Director of Corporate Resources attended before the Committee in order to present the revenue budget for Public Health for 2016/17 (see report and presentation, Item 6 in the Minute Book).

The presentation outlined the overall County Council financial position, setting out the complex and significant announcements made by Government in relation to the Revenue Support Grant settlement and other budget-related matters. The overall reduction in the Revenue Support Grant for the County Council was 37.4% (£48m), against an expected figure of 15.9% (£19m) and a national average of 24.5%. Additionally, it was expected that this Grant would cease to exist from 2019/20, earlier than first forecast.

Additional monies had been announced through the Better Care Fund (BCF), which would see from 2018/19 to 2020 an additional £19m provided to Hampshire County Council for spending through BCF plans.

Changes to funding methodology and settlements would see a revised gap in 2016/17 of £81.5m, compared to the £50m originally predicted. There would be further work for the Cabinet to undertake in advance of their decision in February on the strategy to take in order to meet this deficit. All options would see use of at least £54.5m from the Grant Equalisation Reserve. Discussions were ongoing by the Cabinet as to whether increasing Council Tax (by 1.99%) and utilising the opportunity to apply a Social Care Precept (2%) would be suitable method of closing the gap. A final decision would be taken in February 2016.

An overview of the Council's reserves strategy and financial position was provided, which set out that of the £462m held, approximately £77m was truly 'available' to support one-off spending, and this was now mostly allocated to reduce the deficit.

In response to questions on the corporate financial picture, Members heard:

- That the Revenue Support Grant formula did not take into account the amount of reserves held by Councils. It did take into account population, geographic make-up, demography and density of urban areas. It now also took into account the ability for Councils to raise council tax.
- That the additional monies into the BCF from 2018/19 had not previously been forecast and the new funding distribution resulted in a lower allocation for Hampshire. This money was not 'new' money; it would come from top-slicing of local government budgets including the New Homes Bonus.

Members heard details on the revised 2015/16 budget for public health following the transfer of the budget for children 0-5, and in-year grant reductions, together with the

proposed budget for 2016/17. The public health ring-fenced grant for 2016/17 was yet to be announced, and consequentially the budget being proposed would be reliant on any final settlement. The proposed budget was based on the final 2015/16 budget, less the reductions already received and a further anticipated reduction of 2.2% (£2m). Some funds (£2.1m) were unspent from previous years, and would be used to make up the deficit from the estimated further reductions. There was a small increase in staffing due to the transfer of some staff from adult services focused on drug and alcohol services.

The budget analysis was in line with the Chartered Institute of Public Finance and Accountancy's suggested breakdown of public health spending areas.

Public Health in 2016/17 would be focusing on commissioning high quality services as mandated nationally. It would be important to ensure in the first full year of the Department commissioning 0-5 services that these dovetailed with those other services already commissioned for children and young people.

The Department would also focus on building capacity and capability following significant changes to the leadership of Public Health teams in the Council, ensuring that the Department were able commission and evaluate services effectively whilst also continuing to provide other professional services, such as specialist and public advice. Other specific interventions and initiatives, such as working closely with partners on fall prevention and addressing domestic abuse, would also be a key focus for the year ahead.

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

- The significant reduction in infection prevention and control spending arose from the decision to bring this service in-house. Further details of who provided this service before and how the efficiencies have been realised would be provided to Members.
- Traditionally the biggest cause of premature death has been attributed to the consequences of smoking. Recent times had seen the emergence of obesity and poor diet as a primary cause in premature death, and this was being reflected in changes to the budget, where monies from tobacco control had been transferred to budget lines relating to diet and exercise. However, evidence suggested that preventive and interventionist activities were instrumental in smoking cessation, and therefore it was important to ensure these services remained available to the population. Additionally, there were still high levels of smoking in

Further details on infection control spend to be provided.

areas of deprivation and in specific Black, Asian and Minority Ethnic (BAME) communities.

- It was important to continue to invest in early years' services, and Hampshire County Council commissioned a universal health visiting service, alongside school nurses, to ensure that children's health could be monitored and improved. Public Health worked closely with Children's Services.
- Funds for children's dental health were included in the dental budget line, and some additional monies would also be spent on child dental health from the miscellaneous budget.
- A key part of service specifications for Public Health services included the need for providers to aim services at those who are 'hard to reach', working to reduce inequalities and ensure equity of access to services.
- Breastfeeding support was a service commissioned by Hampshire County Council and the NHS through multiple channels, beginning with midwives at antenatal classes, through to health visiting support postnatal. Additionally, some charities and community groups also provided support to mothers, as some grants had previously been made available to these. The commissioning of breastfeeding support services was currently under review through a task and finish group of officers in Public Health, and this would report at the end of January 2016. Submissions had also been received from the public on these services. From this, a new model of care would be developed and commissioned, and this would be reported back to the Committee when timely. The budget for this service would not decrease under the 2016/17 proposals.
- Public Health had been involved in the two vanguards directly impacting the Hampshire population, and would continue to work with partners to develop new models of integration of health and social care in these geographies. The monies supporting Vanguards were 'new' and were designed to 'pump prime' new ways of working, aiming towards the vision in NHS England's five-year forward view.
- Public Health primarily commission providers to deliver services, and there is an expectation as part of contract arrangements that these organisations ensure they have the staffing resource to deliver the outcomes expected.

Update on breastfeeding support commissioning provided to Committee when timely.

Following questions, the Chairman moved to debate. No debate was heard.

RESOLVED

That the Select Committee support the recommendations being proposed to the Executive

Member for Health and Public Health as set out in section 7 (page 6) of the public health revenue budget report.

107. **REVENUE BUDGET FOR ADULT SERVICES 2016/17**
108. **CAPITAL PROGRAMME FOR ADULT SERVICES 2016-17 – 2018/19**

The Interim Director of Adult Services and a representative of the Director of Corporate Resources attended before the Committee in order to present the revenue budget for Adult Services for 2016/17 and capital programme for Adult Services for 2016/17 – 2018/19 (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 2016/17. Members heard that although there was an increase in the revenue budget from 2015/16 to 2016/17, £30m in savings would still need to be delivered from this. Additional provision would not be available in this year's budget for demographic pressures, and that changes in relation to increased numbers of people requiring services must be met from within the current finance envelope.

Approximately £95m of income would be received by the Department in 2016/17, not including Government Grants, of which £60m would be from client contributions to care, and £35m from the BCF and integration agenda.

There were four key priorities for the Adult Services Department for 2016/17, including:

- 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, but pressure had been identified in supporting young adults and those transitioning to adult services from children's.
- 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. The challenge for the Department would be to continue to assist in stabilising and building capacity into the market. Additionally, the Department would need to focus on continuing to provide Extra Care

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

places, enabling increased independence whilst also reducing demand on budgets.

- 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. System resilience was now a 24/7, 365-day issue, rather than just in times of winter pressures.
- Transformation to 2017: Adult Services had been given an extended lead-in time to make budget savings, with the £43.1m required now needing to be saved by March 2018. However, £30m of this would be delivered by March 2017.

On the Capital budget, it was heard that this continued from previous years, and focused on ensuring building improvements to facilities and buildings used as day and long term residential units, and Project Extra Care.

On the 2016/17 Revenue Budget and 2016/17 to 2018/19 Capital Programme, in response to questions, Members heard:

- That there were pilots ongoing around the County to explore new ways of centring care in the community and avoiding admission to hospital, where appropriate. Should these pilots be successful and the methodology be applicable to other services, then these may be rolled out across the Hampshire region.
- The Department planned to set Hampshire charging for a range of care services at the independent sector rate, in order to ensure parity. All care providers would be impacted by the introduction of the National Living Wage, and this had been accounted for in the proposed budget.
- Thought would be given to what markets Hampshire County Council should continue to provide in-house services for, and which should be sought from the private and independent sector.
- It was expected that some care home providers would exit the market in 2016/17 and service users would need to be supported to access alternative care. Some work had been undertaken to estimate numbers, and this could be shared with Members,
- There would be a Member Briefing on the topic of personal budgets and direct payments in February. These options enabled service users, their families and carers to make their own choices on how to control their care, and gave individuals greater independence and involvement in planning their own care. It was hoped that the take-up of personal budgets would increase in 2016/17, with figures in Hampshire currently around 12%, and some Local Authorities currently performing at

Figures to be provided on complex discharges and readmission rates

Care home reduction predictions provided.

- around 19%.
- That the Department worked closely with all of the acute trusts serving the Hampshire population, and had a good track record compared to the national average on delayed transfers of care. Improvements could always be made, but the number of individuals awaiting discharge with a social care package remained low.
- Some concern was raised that the budget indicated that £10m of capital funding allocated to Extra Care remained unspent. In response, it was heard that the Council had given a commitment to building a further 500 places, but the detail behind where the schemes will be placed was still to be determined. Funding was being held ready to be allocated to specific schemes, and it was important that these schemes were agreed and contracted in the near future, as construction cost inflation continued to increase.

RESOLVED

That:

1. The Select Committee support the recommendations being proposed to the Executive Member for Adult Social Care as set out in section 9 (page 7) of the adult services revenue budget report.
2. The Select Committee support the recommendations being proposed to the Executive Member for Adult Social Care as set out in section 9 (page 6) of the adult services capital budget report.

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

North East Hampshire and Farnborough Clinical Commissioning Group (CCG): Community Bed Review

Representatives from Hampshire County Council's Adult Services Department and Southern Health NHS Foundation Trust presented a report on the work that had taken place to date on a Community Bed Review in North East Hampshire (see Item 9 in the Minute Book).

Members heard that a formal audit on the utilisation of beds in the area had been held in order to gain a snapshot picture of the likely position locally. The next steps were set out in the paper, and would involve further work to produce an options paper and any proposals for change.

In response to questions, Members heard:

- The vanguard was ongoing in North East Hampshire and this review was part of the wider service development. From this, an 'out of hospital care'

strategy would be drawn together.

- Early lessons for improvement in terms of integrating services were being learnt from the vanguard and this would be reflected in the options paper.
- The percentages shown in the report were for illustrative purposes, for a snapshot point in time, although providing an indication of likely findings.
- The North East area of Hampshire was particularly challenged by issues relating to the recruitment and retention of care and nursing staff, as the neighbouring authorities were able to pay London-weighting pay rates, and staff were attracted to posts outside of Hampshire resultantly. Additionally, the geographic area had low unemployment rates. These issues were being factored into the 'Change Lives' career promotion work currently seen across the County.
- Primary care provision would also be an important part of the overall provision in designing the community bed model.
- The North East Hampshire area has its own system resilience group centred around the Frimley Hospital catchment. NHS England (Wessex) had recently constituted a regional system resilience group for sharing information and best practice.
- West Hampshire CCG had commissioned Deloitte to undertake work to develop a 'capacity and demand model' in the local area, and this would be shared with other partners to share learning.
- Financial sustainability would be part of the options appraisal.

RESOLVED

That:

1. The update on the Review of Community Beds Model in North East Hampshire and Farnham was noted.
2. The case for change, options appraisal, and plans for consultation be presented to the March 2016 meeting of the HASC.
3. A letter is drafted setting out the information to be included for consideration at the March 2016 HASC.

Councillor Tennent left the meeting at this point in proceedings.

Hampshire Hospitals NHS Foundation Trust: Care Quality Commission inspection report

Representatives of Hampshire Hospitals NHS Foundation Trust presented the findings of the Care Quality Commission's (CQC's) inspection of the Trust's three

Work programme to be updated.

hospitals' services (see Item 9 in the Minute Book).

Members were informed that the Trust had received a rating of 'Good' overall, with elements of outstanding in relation to end of life care and the Trust being a caring organisation. There were areas requiring improvement, specifically on improving the safety of services, and aspects of Andover Community Hospital.

The Chief Executive of the Trust was pleased that the report had provided a level of reassurance to patients and staff that they were cared for and worked for an organisation that had been recognised as being 'good'. The expectation was one of ensuring issues raised were resolved, learning shared and no culture of complacency, aiming for an 'outstanding' rating when the Care Quality Commission re-inspects in future.

There were some knotty issues raised as themes in the report which the Trust had turned to partners for help in resolving, with a Quality Summit being held to begin focussing on these areas. One of these topics included the issue of staffing sustainability, which was a topic the HASC were already reviewing through their work programme.

The report highlighted a number of 'must do' compliancy actions which the Trust had resolved. Work was now being undertaken to ensure that all three hospital sites were consistent in their approach, and had a similar ethos and culture of strong leadership, with staff understanding and following all Trust policies and procedures.

The Trust would be engaging in a peer review later in 2016 in order to test whether lessons had been learnt from the review, and would be willing to share the outcomes of this when available. The Trust's action plan had been drafted and was being discussed with the Care Quality Commission before being finalised. This would also be shared with the Committee.

Councillors Cowper and Dowden left the meeting at this point in proceedings.

In response to questions, Members heard:

- Andover Community Hospital had been rated as 'requires improvement', and it was thought that this related to a lack of strong leadership visible in some departments. Action had been taken to put in place interim leadership solutions due to staff long term absence in management positions.
- The role of clinical matron was also being rolled out across the Trust to improve standards and practices across all clinical areas.

Peer review to be shared when timely.

Data on emergency department waiting times provided.

- Patients in emergency departments are triaged and treated based on clinical need rather than whether they arrived by foot or ambulance. All ambulance conveyances should be the sickest patients, although sometimes people can't get to hospital independently and ambulances are used for this reason. Data could be provided on waiting times if helpful.
- The Trust would be focusing on reducing the number of patients with pressure sores and having avoidable falls.
- The Trust was currently running with a deficit, with a significant amount of this being spent on additional staffing (£5m). This wasn't sustainable in the long term and a workable solution needed to be found to reduce demand on junior doctors and backfilling vacant posts with over-qualified professionals.
- In relation to hospital and community-acquired infection, the Trust was performed above the national average and had a good record of minimising activities that enable the presence of bacteria.
- The Trust had piloted allowing dementia sufferer's carers to stay on the hospital site to support patients. The Alzheimer's Society had praised this move. Figures on the take up of this scheme could be provided to Members.

Figures on dementia carer stays to be provided.

The Committee agreed that they should take a monitoring and oversight role in relation to the progress of the actions, and agreed to add this to their work programme.

RESOLVED

That:

1. The outcomes of the Care Quality Commission's inspection report on Hampshire Hospitals NHS Foundation Trust are noted.
2. The action plan from the inspection report be requested.
3. Timings for future monitoring of the progress of actions recommended is agreed.

110. **WORK PROGRAMME**

The Director of Policy and Governance presented the Committee's work programme (see Item 10 in the Minute Book).

The topic of breastfeeding support was raised following discussions earlier in the meeting. It was agreed that the Committee wait for the Public Health working group to report and a model of care to be proposed before

considering this topic further.

The issue of housebuilding and the impact of increased population on commissioning plans was raised, and the Chairman agreed to consider this at his next agenda planning meeting.

RESOLVED:

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

Chairman, 9 February 2016