

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	8 March 2022
<b>Title:</b>	Issues Relating to the Planning, Provision and/or Operation of Health Services
<b>Report From:</b>	Chief Executive

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### Purpose of this Report

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
4. Issues covered in this report:
  - a) Stage 2 Independent Investigation Report – Southern Health NHS Foundation Trust: Update on Action Plan
  - b) Care Quality Commission Inspection Report – Southern Health NHS Foundation Trust (published February 2022)
  - c) Primary Care Update
  - d) Urgent Treatment Centre model
  - e) Dental Services Update

### Recommendations

- a) Stage 2 Independent Investigation Report – Southern Health NHS Foundation Trust: Update on Action Plan
5. The Committee welcomes the actions the Trust has taken to date in response to the recommendations made in the Independent Investigation Report.

6. The Committee request that the Trust attend the HASC meeting on 27 September 2022 alongside commissioners, to provide an update on evidence that the changes made have improved the experience of patients and their families.
  - b) Care Quality Commission Inspection Report – Southern Health NHS Foundation Trust (published February 2022)
7. The Committee note the latest CQC report on Southern Health.
8. The Committee request the Trust provide their response to a future meeting, outlining how it is planned to respond to the areas of improvement identified by regulators.
  - c) Primary Care Update
9. The Committee note the update on Primary Care.
10. The Committee request a further update in 2023, focusing on an assessment of primary care demand trends post pandemic and the workforce issues associated with meeting that demand.
  - d) Urgent Treatment Centre model
11. The Committee note the briefing on the UTC model.
  - e) Dental Services
12. *To be confirmed following late receipt of update*

## Executive Summary

**Table 1**

Topic	Relevant Bodies	Action Taken	Comment
a) Stage 2 Independent Investigation Report: Action Plan update  (concerning the tragic deaths of five people who were in the care of Southern Health in the period 2011-	Southern Health NHS Foundation Trust and the HS&IOW CCG	The Trust presented their Action Plan setting out their response to the Independent Report recommendations at the January 2022 meeting <a href="#">(Appendix 2 Southern Health Stage 2 Pascoe</a>	Attached is an update from Southern Health NHS FT at Appendix 1.

Topic	Relevant Bodies	Action Taken	Comment
2015, and the Trust's response to the families of those who died)		<p><a href="#">Report Action Plan.pdf</a> (<a href="https://hants.gov.uk">hants.gov.uk</a>).</p> <p>At that meeting the Committee requested they provide an update to this meeting, as some actions were due to be completed by the end of February 2022.</p>	
b) Care Quality Commission Inspection Report – Southern Health NHS Foundation Trust	CQC and SH NHS FT	The Trust sent a letter to stakeholders regarding the inspection report (see Appendix 2) and the full report is attached (see Appendix 3). The Trust have been invited to comment on the findings at this meeting, although their formal response is not yet finalised.	CQC undertook an inspection of Southern Health's mental health services in October 2021 and published their report in February 2022. The overall rating for the Trust has gone down from 'Good' to 'Requires Improvement'.
c) Primary Care Update	HS&IOW CCG	The HASC received an item on this at the November 2021 meeting ( <a href="#">Appendix 1 primary care update.pdf</a> ( <a href="https://hants.gov.uk">hants.gov.uk</a> )) and requested a further update for this meeting.	<p>An update provided by commissioners is attached at Appendix 4.</p> <p>At the last meeting members remained concerned that there was high demand for GP services that was not being adequately met face to face.</p>

Topic	Relevant Bodies	Action Taken	Comment
d) Urgent Treatment Centre model	HS&IOW CCG	The Chairman of HASC requested a briefing on the UTC model for the committee, following a visit to Petersfield UTC in November 2021.	A briefing outlining the Urgent Treatment Centre Model has been provided at Appendix 5.
e) Dental Services Update	NHS England	The HASC received an item on this at the November 2021 meeting ( <a href="#">Appendix 2 Dental Services update.pdf</a> ( <a href="http://hants.gov.uk">hants.gov.uk</a> ) and requested a further update for this meeting.	An update has been provided (see Appendix 6)  At the last meeting members remained concerned that the capacity in NHS dental care was not sufficient to meet the demand.

## Scrutiny Powers

11. The Health and Adult Social Care Select Committee has the remit within the Hampshire County Council Constitution for 'Scrutiny of the provision and operation of health services in Hampshire'. Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant health service providers to account. The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.
12. The Committee has a role to 'review and scrutinise any matter relating to the planning, provision and operation of the health service in Hampshire'. Health scrutiny functions are not there to deal with individual complaints, but they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends. Health scrutiny can request information from relevant NHS bodies and relevant health service providers, and may seek information from additional sources for example local Healthwatch.
13. The Committee has the power 'to make reports and recommendations to relevant NHS bodies and to relevant health service providers on any matter that it has reviewed or scrutinised'. To be most effective, recommendations should be evidence based, constructive, and have a clear link to improving the delivery and development of health services. The Committee should avoid duplicating activity undertaken elsewhere in the health system e.g. the work of regulators.

## **Finance**

14. Financial implications will be covered within the briefings provided by the NHS appended to this report, where relevant.

## **Performance**

15. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

## **Consultation and Equalities**

16. Details of any consultation and equalities considerations will be covered within the briefings provided by the NHS appended to this report where relevant.

## **Climate Change Impact Assessment**

17. Consideration should be given to any climate change impacts where relevant.

## **Conclusions**

18. Regarding the Independent Investigation Report on Southern Health NHS Foundation Trust: as a major provider of mental health services in Hampshire, the Committee has an interest in receiving assurance that the improvements identified by the independent investigation are delivered.
19. Regarding the Care Quality Commission Report on Southern Health NHS Foundation Trust: the Committee will be disappointed that the overall rating for the Trust has declined and will wish to monitor the Trusts plans to improve on the areas identified by regulators as requiring improvement.
20. Regarding Primary Care, the Committee will welcome that there has been a 6% increase in general practice appointments in 2021 compared to 2019. However, Members may wish to monitor in future whether there remains further unmet demand, due to the knock on effect of services being suspended at times during the pandemic, and the sustainability of the GP workforce to meet demand in future.
21. Regarding the Urgent Treatment Centre model, the briefing provides a summary of the role of this element of urgent care.
22. Regarding Dental Services, the Committee will want to be assured that efforts continue to increase capacity in NHS dentistry to meet demand and ensure patients are directed appropriately based on their level of need.



## REQUIRED CORPORATE AND LEGAL INFORMATION:

### Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	no

### Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Issues Relating to the Planning, Provision and/or Operation of Health Services <a href="#">report</a>	18 January 2022
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

### Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

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

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

### **2. Equalities Impact Assessment:**

This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.