

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday,
23rd November, 2021

Chairman:

* Councillor Bill Withers Lt Col (Retd)

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| * Councillor Ann Briggs | * Councillor Neville Penman |
| * Councillor Nick Adams-King | * Councillor Lance Quantrill |
| * Councillor Pamela Bryant | * Councillor Kim Taylor |
| * Councillor Rod Cooper | * Councillor Andy Tree |
| a Councillor Tonia Craig | * Councillor Tim Groves |
| * Councillor Debbie Curnow-Ford | |
| * Councillor Alan Dowden | |
| * Councillor David Harrison | |
| * Councillor Adam Jackman | |
| * Councillor Lesley Meenaghan | |
| * Councillor Sarah Pankhurst | |

*Present

Co-opted members

- *Councillor Diane Andrews
- *Councillor Karen Hamilton

34. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Tonia Craig. Councillor Tim Groves, as the Liberal Democrat standing deputy, was in attendance in their place.

Apologies were also received from co-opted members Councillor Julie Butler and Councillor Cynthia Garton.

35. 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 5 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 Adams-King made a declaration of a personal interest in relation to Item 7 that his partner was a consultant working for the NHS and that he knew one of the presenters.

Councillor Pankhurst made a declaration of a pecuniary interest in relation to Item 8 that she worked for NHS 111 and withdrew from the meeting room for the duration of the item on NHS 111.

36. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 19 October 2021 were confirmed as a correct record and signed by the Chairman.

37. **DEPUTATIONS**

The Committee did not receive any deputations.

38. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made three announcements:

Membership of SP23 Working Group:

The Chairman confirmed that following agreement at the last meeting to establish this working group, membership of the group had been established as follows:

Cllr Neville Penman – Chairman
Cllr Nick Adams-King – Vice Chairman
Cllr Ann Briggs
Cllr Lesley Meenaghan
Cllr Sarah Pankhurst
Cllr David Harrison
Cllr Kim Taylor
Cllr Andy Tree

Future Meeting Dates

The Chairman confirmed the recently announced dates of meetings for this committee in 2022/23:

5 July 2022
27 September 2022
29 November 2022
24 January 2023
14 March 2023
23 May 2023

Statement regarding Southern Health Item at last meeting

At the Committee's last meeting on 19 October, item 6 on that agenda was the Stage 2 Independent Investigation Report on Southern Health NHS Foundation Trust. Members heard from 3 deputations in relation to this topic. It was agreed that Southern Health would bring a further report on their action plan to the meeting in January.

Members asked for guidance on the remit of the HASC particularly to assist newer Members of the Committee. A presentation providing an introduction to

health scrutiny was delivered to committee members on 25 June 2021. The slides from this had been sent to Members appointed to the committee since then to provide this information. The Chairman would also be asking officers to arrange a further briefing shortly before the January meeting. The Department of Health publication 'Guidance to support Local Authorities and their partners to deliver effective health scrutiny' had also been sent to all Committee Members for information.

The role of the Hampshire County Councillor appointed to the Southern Health Council of Governors was also raised. The Chairman had looked into this and confirmed that the Executive Member for Adult Services and Public Health appoints members to a number of Health Trust governor positions. The Council of Governors can hold the Trust's non-executive directors individually and collectively to account for the performance of the Board of Directors. This provided accountability separate to the role of the HASC. It was not the remit of the individuals appointed to report directly to select committees.

Following the last meeting, the request from members that NHS Improvement be asked to attend the next meeting had been discussed with the Monitoring Officer. While a request to attend could be made, the subject matter for any scrutiny would need to be specifically clarified. The HASC was not an investigating body and its purpose was not to duplicate the work of other organisations. It was therefore not considered within the remit of the HASC to scrutinise the Terms of Reference of the Pascoe Investigation as previously determined by NHSI. Members would also appreciate that the investigation had now completed stage 1 and 2. The HASC was not in a position to review the investigation.

Work by the Committee was focused in areas where it can make a material difference. It was within the remit of HASC to scrutinise and ask questions on the action plan when it was presented to the meeting in January. Members would be in a position to review what actions had already been taken and the plans for any future implementation in respect of the 39 recommendations of the Pascoe Stage 2 Investigation. Members would also be able to monitor implementation of actions, to provide assurance that the Trust had learned from previous incidents and taken steps to avoid similar situations being repeated. The Chairman reminded members that it was not within the remit of the HASC to investigate individual cases.

39. **COVID UPDATE**

The Committee received a joint report from the Director of Adults' Health and Care, Director of Public Health and Chief Executive of the Hampshire Southampton and Isle of Wight Clinical Commissioning Group, on the ongoing response to the pandemic in Hampshire (see Item 6 in the Minute Book).

Members heard that some people that were double vaccinated were still getting infected by covid however less were being hospitalised. The winter was anticipated to be difficult for the NHS as there was likely to remain demand from covid patients and high demand from non covid causes. It was currently modelled that the impact of the pandemic would dissipate by around June 2022,

however the NHS would take longer to recover due to the backlog and pre pandemic capacity issues.

Following questions members heard:

- It was important to promote take up of the covid booster vaccine and the flu jab
- The risk of being hospitalised with covid was much higher for the unvaccinated, although some in hospital had been vaccinated. Due to the large number of people infected who had been vaccinated, proportionally the number ending up in hospital was much smaller than the proportion from the unvaccinated infected population.
- 97% of care home staff had been vaccinated. It was now a requirement for care home staff to be vaccinated. 22 individuals remained unvaccinated at the time of this coming into force and the process to terminate their employment would be initiated if they couldn't be re-deployed
- There was concern about the workforce challenges in social care. It was noted this was a national issue, and work was being done in Hampshire to address this including a 'call to care' recruitment campaign and the County Council recruiting to an emergency bank of staff who could be deployed where gaps emerged

RESOLVED:

The Health and Adult Social Care Select Committee note the update.

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

Dental Services

The Committee considered a report from NHS England & Improvement on access to dental services in Hampshire (see Item 7 Appendix 2 in the Minute Book).

Members heard that dentists had closed during the first covid lockdown so there was a backlog, and once they re-opened the infection control measures in place meant that dentists were operating at reduced capacity. Due to the need to allow time between appointments to clean, dental services were operating at 65% of commissioned capacity. Priority was being given to emergency dental care and those treatments deemed clinically necessary. There was also a workforce pressure in terms of the number of dentists which had started before the pandemic.

A needs assessment of oral health had recently been undertaken to help identify the areas of highest need. This was due to be published in the new year and additional services would be commissioned based on the assessment of need.

In response to questions, Members heard:

- Additional funding had been offered to dentists to encourage the provision of additional appointments e.g. out of hours, however not all practices were able to take this up
- Dentists are independent providers and can chose to undertake paid work
- Pre-pandemic many practices encouraged 6 monthly check ups, however the guidance from the National Institute of Clinical Excellence suggests every 2 years is sufficient in many cases
- It was acknowledged that Rushmoor had been omitted from the table breaking down Units of Dental Activity by Local Authority and this would be rectified in future updates
- If individuals were seeking an appointment, they should keep trying different practices to find one with availability

Members were concerned that feedback from residents indicated people having difficulty getting appointments. Members were concerned that these capacity issues were increasing inequality as it may be possible to access private dentistry easier than NHS dentistry. Members were concerned that the lack of availability of dental care during this time would build up demand for more complex and expensive treatments in future. Members were interested in whether the number of dentists accepting NHS patients had changed in recent years.

Given Members concerns on this issue, the Chairman agreed to give consideration to what more the Committee could do in preparation for this topic returning to the Committee.

RESOLVED:

The Committee notes the impact of the pandemic on availability of dental care. The Committee request an update from commissioners in March 2022 on progress with increasing capacity in dental services.

Primary Care Update

The Committee considered a report from the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group regarding Primary Care (see Item 7 Appendix 1 in the Minute Book). It was acknowledged that access to GPs was an issue at the moment.

Members heard that:

- Digital methods of contacting a GP suited some people
- It was also now possible to see a range of clinicians not just a doctor, as appropriate to the condition
- It takes 7 to 10 years to train as a General Practitioner (GP) and it was unlikely that there would be as many GPs per head of population in future as there had been in the past
- The ratio was around 2000 to 3000 patients per GP at present
- The Hampshire area was receiving around £7.7 million from the Winter Access Fund, which would be used to pay for additional GP appointments over the winter period

- From January 2022 it would become possible to access your medical records digitally
- e-consult should be available out of hours for those whose jobs mean calling in hours is difficult
- Practices were working together in Primary Care Networks (PCNs) which aimed to build resilience and be a way to share good practice between practices

Members expressed concerns that the triage in place may ultimately be inefficient if people need a face to face appointment following on from a telephone appointment. A Member from Basingstoke highlighted that she was aware of a practice that only offered e-consult in working hours. A Member also gave an anecdote of a practice suggesting that patients try NHS 111. It was agreed that a point of contact at the CCG be provided to Members for raising concerns about local practices that couldn't be resolved locally.

RESOLVED:

The Committee note the update on Primary Care and welcome the GP Winter Access Fund, and request a further update in March 2022.

41. **PROPOSALS TO VARY SERVICES**

NHS 111 and Integrated Urgent Care: South Central Ambulance Service NHS Foundation Trust

The Committee received a presentation from representatives of South Central Ambulance Service NHS Foundation Trust and Hampshire, Southampton and Isle of Wight Clinical Commissioning Group providing an update on performance of the NHS 111 service in Hampshire and developments towards further Integrated Urgent Care (see Item 8 in the Minute Book).

Members heard that NHS 111 was continuing to see high demand and commissioners were now funding the service based on modelling of this level continuing. Hampshire was performing well on a number of NHS 111 performance measures compared to other regions.

In response to questions, Members heard:

- While residents in Rushmoor were covered by the South East Coast Ambulance Service, the NHS 111 Service commissioned by the Hampshire Southampton & Isle of Wight Clinical Commissioning Group covered Rushmoor
- Care Management Plans were in place for individuals identified as regular users of ambulance services. Consideration was being given to creating mental health care capacity that could be deployed with ambulances to assist those with mental health needs
- Around 5% of calls went unanswered on average, though this went up to 20% at the busiest times
- There had been a 30% increase in 'in hours' demand which could be influenced by issues with accessing GP surgeries. It was possible for NHS 111 advisers to book people a GP appointment

RESOLVED:

That the Committee note the update and welcome the moves to develop and integrate urgent care services. The Committee request a further update in six months time on the local implementation of Integrated Urgent Care and a Clinical Assessment Service.

42. **ANNUAL SAFEGUARDING REPORT - ADULTS' HEALTH AND CARE 2020-21**

The Committee considered a report of the Director of Adults' Health and Care providing an annual update on the local authority statutory duty to safeguard vulnerable adults (see Item 9 in the Minute Book).

RESOLVED:

The Health and Adult Social Care Select Committee:

1. Notes the positive progress and strong performance of the Department to keep adults at risk safe from abuse and/or neglect, whilst acknowledging ongoing risks to fulfilling statutory safeguarding duties.
2. Notes the commitment of a wide range of Adults' Health and Care staff, and wider partner agencies, to delivering robust safeguarding arrangements in Hampshire.
3. Notes the contribution of the Hampshire Safeguarding Adults Board (HSAB) to safeguarding strategy, assurance and the development of policy across the four local authority areas of Hampshire, Portsmouth, Southampton and the Isle of Wight.
4. Receive a further update on adult safeguarding in 12 months' time.

43. **WORK PROGRAMME**

The Chief Executive's representative presented the Committee's work programme (see Item 10 in the Minute Book).

RESOLVED:

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

Chairman,