

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 19 January 2022.

PRESENT

Mr. J. Morgan CC (in the Chair)

Mr. S. L. Bray CC

Mr. K. Ghattoraya CC

Mr. D. J. Grimley CC

Mrs. A. J. Hack CC

Mr. P. King CC

Mr. C. A. Smith CC

In attendance

Mrs. L. Richardson CC – Cabinet Lead Member for Health.

Cllr. Bob Waterton, Braunstone Town Council, (minute 48 refers).

Mr. T. J. Richardson CC (minute 49 refers).

Mrs. H. Fryer CC (minute 49 refers).

Kate Allardyce, Senior Performance Manager, Leicestershire CCGs (minute 51 refers).

Hannah Hutchinson, Assistant Director of Performance Improvement, Leicester City CCG (minute 51 refers).

42. Minutes of the previous meeting.

The minutes of the meeting held on 10 November 2021 were taken as read, confirmed and signed.

43. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

44. Questions asked by members.

The Chief Executive reported that two questions had been received under Standing Order 7(3) and 7(5).

**1. Question by Mr Stuart Bray CC:**

It has come to my attention that some dental practices are removing patients from their list when those patients have not attended the practice for some time without informing the patient that they have been removed. Please can you confirm whether this is official policy across all dental practices, the reasoning for not informing patients that they have been removed, and how many patients in Leicestershire have been affected by this policy.

**Reply by the Chairman:**

I have sought answers to your questions from NHS England who are responsible for the provision of dental services in Leicestershire. They have provided me with the following response:

Dental practice registration was abolished with the introduction of the new contract in 2006, however most practices continue to hold practice lists and recall their regular cohort of patients.

People with open courses of treatment are practice patients during the duration of their treatment, however once complete; apart from repairs and replacements, the practice has no ongoing responsibility. People often associate themselves with dental practices. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GP practices and patients are theoretically free to attend any dental practice that will accept them. As a result it is not a contractual requirement for NHS dental practices to notify patients, or NHS England and Improvement, that a patient or patients has/have been 'removed', however it would be courtesy to notify patients of this.

Patients wishing to find an NHS dentist can visit the NHS website ([www.nhs.uk](http://www.nhs.uk)). It is the responsibility of each individual dental practice to ensure that their entry is kept up-to-date, however as this is not a contractual requirement many practices neglect to do so. Recognising the effect of this to patients (particularly in light of the pandemic) when they are seeking to source NHS dentistry, NHSE/I is presently working on redesigning the NHS website and has emphasised the need for providers to keep their entries up to date by way of formal letters to all practices from both the Office of the Chief Dental Officer for England, the Local Dental Network Chair, Public Health England and has been supported by a ministerial letter from Jo Churchill MP.

## **2. Question by Mr Stuart Bray CC:**

I am also aware that many dental practices in Leicestershire are not accepting new NHS patients and only private appointments are available. How many dental practices in Leicestershire are taking on new NHS patients and how widespread are these practices across Leicestershire? Please can you break these figures down into localities.

### **Reply by the Chairman:**

NHS England have provided me with the following response:

Prior to the pandemic, NHS England and NHS Improvement (NHSE/I) Midlands East conducted a monthly Dental Access Survey to establish which practices are currently taking on new NHS patients.

Following the impact of the COVID-19 pandemic, NHS dental practices are working at a much lower capacity as they are following infection prevention control guidance, as per the national guidelines set by Public Health England, to ensure the safety of both our clinical colleagues and patients. Measures are in place to mitigate increased risk of infection, in line with the guidance from Public Health England. As a result, patients may experience a delay in accessing routine NHS appointments.

Due to the restricted capacity, there is still limited availability of routine care and the focus remains on urgent care and access to treatment for vulnerable patients, rather than providing routine check-ups. This has resulted in a significant decrease in access for both adults and particularly children. This can mean that even patients who (before the pandemic) would regularly attend a dental practice, are currently only able to be seen in practice if they meet the criteria for safely accessing an urgent face to face appointment.

The impact of the above restrictions upon practices and the need to prioritise urgent cases and vulnerable groups dictates that practice capacity can fluctuate on a daily basis. This renders the ability to provide a list of practices currently able to provide appointments for 'new' NHS patients extremely difficult. We advise patients to engage with dental providers (as per the Accessing Dental Care section in the report to the Joint HOSC in November 2021:

<https://cabinet.leicester.gov.uk/documents/s126151/NHSEI%20-%20Update%20on%20Dental%20Services%20in%20Leicestershire%20V2.pdf>), as this remains the optimum means of accessing dental care at this time.

To support the recovery and restoration of dental services, NHSE/I has commissioned additional initiatives across the Midlands to attempt to mitigate the detrimental impact upon dental access and the limitations upon providers in delivering maximum numbers of appointments which can be located within the paper submitted to the November 2021 Joint HOSC.

45. Urgent items.

There were no urgent items for consideration.

46. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mrs. A. J. Hack CC declared an Other Registerable Interest in agenda item 8: Draft Joint Health and Wellbeing Strategy 2022-2032 as she was employed by Advance Housing & Support. This item did not directly relate to or affect the financial or other wellbeing of that body to an extent this prevented Mrs. Hack CC from participating in the meeting.

Mr. P. King CC declared an Other Registerable Interest in agenda item 8: Draft Joint Health and Wellbeing Strategy 2022-2032 as he was a member of The Carers Centre (Leicestershire and Rutland). He also declared a Non-Registerable interest in agenda item 8 as his wife worked for the Stroke Association. The item did not directly relate to or affect the financial or other wellbeing of those bodies to an extent this prevented Mr. King CC from participating in the meeting.

47. Declarations of the Party Whip.

There were no declarations of the party whip in accordance with Overview and Scrutiny Procedure Rule 16.

48. Presentation of Petitions under Standing Order 35.

The Committee considered a petition which had been received under Standing Order 35 and been submitted by Mrs. A. J. Hack CC along with Cllr. Bob Waterton from Braunstone Town Council.

The terms of the petition were:

“We, the undersigned, are opposed to the Forest House Medical Centre’s proposal to close its Park Drive surgery. This proposed closure will severely disadvantage many of its patients. These proposals are causing worry and distress in the community.

We, therefore, call on the local East Leicestershire Clinical Commissioning Group in consultation with the Local Primary Care Network, and the Leicestershire County Council Health Scrutiny Board to reconsider the proposal and work to achieve a satisfactory solution for patients.”

At the time of submission to the Committee the Petition had 1,284 signatures.

In presenting the petition Mrs. A. J. Hack CC and Cllr. Waterton stated that in their view the consultation process in relation to relocating the surgery from Park Drive to New Lubbethorpe had been inadequate and poorly communicated. They also submitted that the proposals would negatively affect a large number of residents because of a lack of transport links to the New Lubbethorpe area and they asked that the decision to relocate the surgery and close the site at Park Drive be reconsidered.

RESOLVED:

- (a) That it be noted that the matters raised by the Petition are not under the direct control of Leicestershire County Council as GP Practices come under the remit of Clinical Commissioning Groups (CCGs) and this particular GP Practice is within the area that East Leicestershire and Rutland CCG have responsibility for.
- (b) That East Leicestershire and Rutland CCG be written to by the Committee Chairman drawing the Petition to their attention and requesting representatives from the CCG take part in the next Committee meeting on 2 March 2022 to address the concerns in relation to Forest House Medical Centre.

49. Draft Leicestershire Joint Health and Wellbeing Strategy 2022-2032.

The Committee considered a joint report of the Director of Public Health and the Executive Director, Strategy and Planning, Leicester, Leicestershire and Rutland CCGs which presented the draft Joint Health and Wellbeing Strategy 2022-2032 for comment. A copy of the report, marked ‘Agenda Item 8’, is filed with these minutes.

The Committee welcomed to the meeting for this item the Chairman of the Adults and Communities Overview and Scrutiny Committee Mr. T. J. Richardson CC and the Chairman of the Children and Families Overview and Scrutiny Committee Mrs. H. Fryer CC.

Arising from discussions the following points were noted:

- (i) The JHWBS was a high level strategy and the development plan would sit alongside it and focus on more of the detail.
- (ii) The Strategy demonstrated the many challenges facing the residents of Leicestershire with regards to health and members believed that this disparity compared with other areas needed to be better reflected in the funding received by Leicestershire County Council.
- (iii) In response to a query regarding health inequalities it was clarified that the Health and Wellbeing Board had signed up to the Leicester, Leicestershire and Rutland Health Inequalities Framework and a sub-group of the Board would focus on the wider determinants of health such as housing and homelessness. Access to good and affordable housing was a priority under the 'Building strong foundations' section of the Strategy at section 4.1.1.
- (iv) Concerns were raised that in the more rural areas of the County there were less health facilities and different parts of Leicestershire had different demographics which needed taking into account. In response reassurance was given that Community Health and Wellbeing Plans would address the needs of each neighbourhood area, and health equity audits would take place for example in relation to access to services such as health checks.
- (v) Concerns were raised that although the County Council had a responsibility to support children with learning disabilities up to the age of 25 and there were people in the 18-25 age group that needed some support, the Strategy tended to focus on children in the younger age groups. In response the Director of Public Health agreed to give this issue further consideration and liaise with colleagues in the Children and Families and Adults and Communities Departments.
- (vi) Concern was raised that figure 2 in the Strategy was difficult to read and understand. It was also suggested that healthy life expectancy could be included as an Indicator in figure 3.
- (vii) Section 3 of the Strategy included some measures of success and Members were of the view that the Strategy needed to be strengthened with regards to what success would look like. In response this point was acknowledged by the Director of Public Health but it was explained that if a large amount of data was included in the actual Strategy it would need updating very regularly. However, a separate performance dashboard was being created which would be considered at Health and Wellbeing Board meetings. One of the measures in the Strategy was 'High uptake of covid vaccination in 12-17 year olds' and members suggested that this particular measure would be more appropriately placed in section 7.3 of the report which was entitled 'Impact of Covid'. In response to a concern raised that there was no target in the Strategy for helping people with disabilities into employment it was acknowledged that this issue was relevant to the Strategy but explained that this was an area for the Adults and Communities Overview and Scrutiny Committee to consider. The Committee suggested aligning the Health Overview and Scrutiny Committee dashboard with one developed from reviewing performance against the Strategy to provide an overview of implementation progress.

RESOLVED:

- (a) That the contents of the report and the draft Joint Health and Wellbeing Strategy 2022-2032 be noted;
- (b) That officers be requested to take consideration of the comments now made by the Committee;
- (c) That the circulation of the survey regarding the draft Joint Health and Wellbeing Strategy 2022-2032 to partners, residents and communities be supported.

50. Medium Term Financial Strategy 2022/23 - 2025/26

The Committee considered a joint report of the Director of Public Health and the Director of Corporate Resources which provided information on the proposed 2022/23 to 2025/26 Medium Term Financial Strategy (MTFS) as it related to the Public Health Department. A copy of the report marked 'Agenda Item '9' is filed with these minutes.

The Chairman welcomed Mrs. L. Richardson CC, Cabinet Lead Member for Health, to the meeting for this item.

In introducing the report the Director informed the Committee that the 2022/23 Public Health Grant allocation had not yet been announced which was of concern and the date of the announcement was not known. Although the Chancellor had indicated in his Autumn 2021 statement that there would be a real terms increase for the 2022/23 Public Health Grant, the department's budget had been based on an assumption that the Public Health Grant would remain the same as the previous year.

The Cabinet Lead Member highlighted that a lot of recommissioning with external providers had been carried out in order to produce savings. However, investing in prevention schemes resulted in savings in the long term for Public Health and the NHS therefore it was counter-productive to cut core services. The implementation of Integrated Care Systems would result in more partnership working between the NHS, Local Authorities and other stakeholders and it was hoped this would result in more sharing of funding as well.

Arising from discussion, the following points were noted:-

- (i) No growth bids were expected for 2022/23 though there were expected to be some cost pressures for example the increase in NHS salaries. Concerns were raised by members that the MTFS did not take into account increased pressures such as population growth and in response some reassurance was given that when commissioning external providers increases in cost pressures such as population growth were built into the contract and forward modelling.
- (ii) Increased pressures arising from the Covid-19 pandemic were being funded from the Contain Outbreak Management funding of £3.0m, not the main Public Health budget.
- (iii) In response to concerns raised as to how the Joint Health and Wellbeing Strategy would be delivered if there was no growth in the Public Health budget, it was explained that only part of the Strategy was about Public Health service delivery and much of it was about policy making and wider measures that could be taken across the County to improve the health of the population.

- (iv) In response to a request from a member for more outputs to be included in the MTFS report so members could understand what was being achieved as a result of the Public Health budget, the Director of Public Health confirmed that the department did monitor outputs through departmental management meetings and this information would be publicised as part of the forthcoming Public Health Strategy. The Health and Wellbeing Board also had a role to play in monitoring whether sufficient funding was being invested in prevention strategies in Leicestershire.

RESOLVED:

- (a) That the report and information now provided be noted;
- (b) That the comments now made be forwarded to the Scrutiny Commission for consideration at its meeting on 31 January 2022.

51. Health Performance Update.

The Committee considered a joint report of the Chief Executive and the CCG Performance Service which provided an update on public health and health system performance in Leicestershire and Rutland based on the available data at the end of December 2021. A copy of the report, marked 'Agenda Item 10', is filed with these minutes.

The Committee welcomed to the meeting for this item Kate Allardyce, Senior Performance Manager, Leicestershire CCGs and Hannah Hutchinson, Assistant Director of Performance Improvement, Leicester City CCG.

Arising from discussions the following points were noted

- (i) A query was raised as to why there was such a difference in performance between West Leicestershire CCG and East Leicestershire and Rutland CCG for some metrics. For example for the metric '% percentage of patients receiving first definitive treatment following referral from an NHS Cancer Screening Service within 62 days' East Leicestershire and Rutland CCG was at 38% and West Leicestershire CCG was at 65%. In response it was explained that there were very small numbers of patients going through the screening programme and therefore any variations could have a large affect on the overall figures. More detail on this data was submitted to the Integrated Care System Board and that detail would be provided to members after the meeting.
- (ii) Concerns were raised regarding the large number of patients awaiting non-urgent elective procedures, particularly those with muscular skeletal problems. It was noted that the longer patients waited the more their condition could deteriorate resulting in more serious treatment ultimately being required. Members requested a breakdown by specialty of those patients awaiting elective procedures and it was agreed that this information would be provided after the meeting. Some reassurance was given that a mobile vanguard operating theatre was being introduced in LLR which was already staffed and would become operational in January 2022 which would help reduce the backlogs. A further mobile theatre was being opened later in the year.
- (iii) The amount of Never Events occurring at UHL had risen since the covid-19 pandemic had begun and concerns were raised that the pandemic had caused

systemic errors to take place. In response it was explained that UHL and the CCGs were undertaking work on this issue to ascertain what learning could be taken from these incidents and the findings would be reported to the Committee in due course.

- (iv) The timescales for the Public Health metrics varied and some metrics covered the covid-19 pandemic whereas others had yet to show the impact of the pandemic due to the time periods they covered. Public Health data took a long time to be published after it was collected but this was improving.

RESOLVED:

That the performance summary and issues identified be noted.

52. Commentary against Quality Accounts.

The Committee considered a report of the Chief Executive which asked the Committee to review the procedure in place for the task of commenting on the Quality Accounts for the provider health trusts, specifically the University Hospitals of Leicester NHS Trust (UHL), Leicestershire Partnership NHS Trust (LPT) and East Midlands Ambulance Service NHS Trust (EMAS). A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

RESOLVED:

That the Committee continues to delegate the role of commenting on the Quality Accounts of health provider organisations to the Chief Executive after consultation with the Chairman and Spokesmen.

53. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 2 March 2022 at 2pm.

2.00 - 2.55 pm  
19 January 2022

CHAIRMAN