Agenda Item 1

Minutes of a meeting of the Health Overview and Scrutiny Committee held at County Hall, Glenfield on Wednesday, 4 March 2020.

PRESENT

Dr. R. K. A. Feltham CC (in the Chair)

Mr. T. Barkley CC	Dr. S. Hill CC
Mr. I. E. G. Bentley CC	Mr. J. Morgan CC
Mr. D. C. Bill MBE CC	Mrs B. Seaton CC
Mrs. A. J. Hack CC	Mrs. M. Wright CC

In attendance
Mr. L. Breckon CC, Cabinet Lead Member for Health and Wellbeing.
Micheal Smith, Manager, Healthwatch Leicester and Leicestershire.
Jane Green, Contract Manager – Dentistry and Optometry, NHS England and NHS Improvement – Midlands (minute 60 refers).
Tom Bailey, Senior Primary Care Contracts Manager, NHS England and NHS Improvement – Midlands (minute 60 refers).
Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (minutes 61 and 62 refer).
Spencer Gay, Chief Finance Officer, West Leicestershire CCG (minute 62 refers).

53. Minutes of the previous meeting.

The minutes of the meeting held on 15 January 2020 were taken as read, confirmed and signed.

54. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

55. Questions asked by members.

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

56. Urgent items.

There were no urgent items for consideration.

57. 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.

No declarations were made.

58. Declarations of the Party Whip.

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

59. Presentation of Petitions under Standing Order 35.

The Chief Executive reported that no petitions had been received under Standing Order 36.

60. Dental Commissioning.

The Committee considered a report of NHS England and NHS Improvement – Midlands which provided an overview of NHS dental services commissioned in Leicester, Leicestershire and Rutland, and updated on the challenges and commissioning intentions to improve NHS dental services and oral health of the local population. A copy of the report, marked 'Agenda Item 8', is filed with these minutes.

The Committee welcomed Jane Green, Contract Manager – Dentistry and Optometry, and Tom Bailey, Senior Primary Care Contracts Manager both from NHS England and NHS Improvement – Midlands to the meeting for this item.

Arising from discussions the following points were noted:

(i) Nationally, 50% of the population accessed NHS dentistry services, though the percentage varied for individual localities. Prevention work was a priority for NHS England and work was taking place to engage with those people that did not visit the dentist unless they had a specific problem. The Starting Well pilot had taken place in Leicester City due to its poor record on oral health but the pilot had not covered the rest of Leicestershire whereas the Healthy Teeth, Happy Smiles programme covered the county as well and had been supported by the Council's Public Health Department, as had work on providing fluoride varnish for children.

(ii) There were areas of Leicestershire which did not have good access to dentist services, and it was not uncommon that NHS practices would close in some localities and be replaced with private dentist practices leaving no NHS provision. The levels of access to dental services across Leicestershire could change throughout the year depending on capacity. Conversations were taking place with Healthwatch and the Leicestershire County Council Public Health Department to ascertain what measures could be taken to tackle the problem but ultimately it was down to contractors and providers where services were located. NHS England agreed that after the meeting members would be provided with details of the distribution of NHS dental contracts across the County.

(iii) Concerns were raised that many patients were not aware that since April 2006 they were no longer registered to a dental practice and were only attached to a dental practice when they were in an active course of treatment. Patients might not be aware that if they could not get an appointment at their nearest practice they could go to other practices to receive services. This issue was explained on the NHS website but it was acknowledged by NHS England that more needed to be done to publicise the situation.

(iv) There were orthodontic providers available in Leicestershire and pathways to those providers were accessible from primary care. However, there was a national recruitment problem and there could be very long waits for patients to access these services. Work was taking place with University Hospitals of Leicester NHS Trust (UHL) to address the issue and UHL was due to produce a business case for reopening the waiting list for orthodontic treatment.

(v) Concern was raised that it was not always clear to patients what they were being charged for when they received treatment at a dental practice. Reassurance was given that patients could apply under the low income scheme and get treatment at a reduced rate.

(vi) NHS England were holding conversations regarding where dental services fitted into Integrated Care Systems with the hope that they could become a more integral part of the system.

(vii) Ensuring that military personnel had access to dental treatment was part of NHS England's national remit.

RESOLVED:

(a) That the overview of the NHS dental services commissioned in Leicester, Leicestershire and Rutland, and the update on the challenges and commissioning intentions to improve NHS dental services be noted;

(b) That NHS England and NHS Improvement – Midlands be requested to give consideration to how they can better inform the public that patients are no longer registered to a dental practice and are only attached to a dental practice when they are in an active course of treatment.

61. Single Strategic Commissioner for Leicester, Leicestershire and Rutland.

The Committee considered a report of Leicester, Leicestershire and Rutland Clinical Commissioning Groups which provided an update on the options for forming a single strategic commissioner for Leicester, Leicestershire and Rutland. A copy of the report, marked 'Agenda Item 9', is filed with these minutes.

The Committee welcomed Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups to the meeting for this item.

Arising from discussions the following points were noted:

(i) The Integrated Care System for Leicester, Leicestershire and Rutland (LLR) would be based around three levels of activation; System, Place and Neighbourhood. The three CCGs were not able to operate at System level therefore they were not fit for purpose, and instead there needed to be a single strategic Commissioner with a mandate to commission services for the whole of LLR. The Place level was equivalent to the area covered by upper tier local authorities and the work at that level would involve more joined up working regarding the wider determinants of health. Whilst there was potential for the footprint covered by local authorities to change as a result of local government reorganisation, it was still felt by the CCGs that the three levels of activation were appropriate. Organisational change was not the aim of the proposals though it would be a consequence.

(ii) A secondary benefit of moving to a Single Strategic Commissioner was that money could be saved by eradicating the duplication of Governance Boards and other work streams.

(iii) Health services in LLR worked on an internal market system which meant that all secondary care services were automatically funded whether they were needed or not, whereas there was more flexibility regarding the funding for primary care services. It was preferable that there was more flexibility regarding the funding for secondary care services so that decisions could be made regarding which of those services were required and therefore it was hoped to move to a planned economy mechanism.

(iv) Some Patient Care Networks (PCNs) were not contiguous with county boundaries and some areas were covered by more than one PCN which was not efficient. However, the CCGs had limited control over GP Practices and whilst they could incentivise GP Practices to take particular actions and had advised them to organise themselves around places where people live, they could not force them to do so. The current configuration of PCNs reflected relations between practices. Where there was more than one PCN in an area, the CCGs would support them to work together to ensure coherence.

(v) Some health services were provided by external organisations and it was not intended to move away from this model entirely as the independent and voluntary sector performed well in certain areas and added value above that which could be provided by the NHS.

RESOLVED:

(a) That the update on the options for forming a single strategic commissioner for Leicester, Leicestershire and Rutland be welcomed;

(b) That the option to form one new Clinical Commissioning Group for Leicester, Leicestershire and Rutland be supported.

62. 2019/20 Quality, Innovation, Productivity and Prevention Programme Update.

The Committee considered a report of West Leicestershire CCG and East Leicestershire and Rutland CCG which provided an update on the 2019/20 Quality, Innovation, Productivity and Prevention (QIPP) programme for West Leicestershire CCG and East Leicestershire and Rutland CCG.

The Committee welcomed Spencer Gay, Chief Finance Officer, West Leicestershire CCG to the meeting for this item along with Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups.

Arising from discussions the following points were noted:

(i) The QIPP programme was not only intended to produce savings but improve quality and efficiency as well. Monitoring the financial situation gave a sense of whether processes were working efficiently and where improvements needed to be made.

(ii) The QIPP targets set for 2019-20 had been very challenging and cost pressures had grown during the year which placed additional pressure on the Clinical Commissioning Groups'(CCGs) finances. It was intended that the savings target for 2020-21 would be more realistic.

(iii) The deficit for WLCCG and ELRCCG was not significantly different to that faced by CCGs in other parts of the country although the system as a whole, including providers, was more of an outlier. The CCG's gap would be mitigated by delivery of £28m from the financial recovery plan. Negotiations would be taking place between the CCGs and NHS England/Improvement regarding the budget for 2020-21 but it was not expected that the budget would be cut.

(iv) In order to improve the CCGs' financial position partnership working would need to take place and conversations needed to be had between CCGs and providers to ensure that the best value for money was obtained. Restructuring the CCGs by having a Single Strategic Commissioner would lead to better joint working between CCG colleagues and other partners. Governance systems would be strengthened and there would be better oversight.

RESOLVED:

That the update on the 2019/20 Quality, Innovation, Productivity and Prevention programme for West Leicestershire CCG and East Leicestershire CCG be noted with concern.

63. Leicestershire Suicide Prevention Strategy and Action Plan 2020.

The Committee considered a report of the Director of Public Health which asked for feedback on the draft Suicide Prevention Action Plan for Leicestershire 2020-2023. A copy of the report, marked 'Agenda Item 11', is filed with these minutes.

Arising from discussions the following points were noted:

(i) The services provided by the Samaritans were a core part of the Suicide Prevention Action Plan and the Start a Conversation website signposted people to the Samaritans phone number.

(ii) Whilst mental health problems were common, suicide was comparatively rare, and it could be difficult to identify genuine risks. There were differences between males and females with regards to the suicide methods most used. Women were more likely to self-harm but they tended to use less violent methods of committing suicide than men. Suicide attempts by drug overdose were less likely to be fatal whereas hanging was more common.

(iii) Concerns were raised that patients with long term physical disabilities were liable to suffer from mental health problems and there was insufficient mental health support for these people. It was noted that the Improving Access to Psychological Therapies (IAPT) service was being re-procured, with greater resource directed at supporting those with long term conditions. The Director of Public Health agreed to ensure that the interface between mental and physical health was being addressed and report back to the Committee at a later date.

(iv) In response to a suggestion from a member the Director of Public Health agreed to consider whether support could be provided to students at Loughborough College in relation to mental health and suicide, though he stated that it was not possible to engage with every institution in Leicestershire.

(v) The Cabinet Lead Member emphasised that once a suicide had taken place a large number of people that knew the deceased would be affected and the suicide bereavement support service that became operational in October 2019 had proved that it had the capacity to meet demand and would benefit from further publicity.

RESOLVED:

(a) That the draft Suicide Prevention Action Plan for Leicestershire 2020-2023 be supported;

(b) That the comments now made be submitted to the Cabinet for consideration at its meeting on 22 May 2020.

64. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 3 June 2020 at 2:00pm.

2.00 - 3.55 pm
04 March 2020

CHAIRMAN