



HEALTH OVERVIEW AND SCRUTINY COMMITTEE – WEDNESDAY 14 JANUARY 2026

QUESTIONS SUBMITTED UNDER STANDING ORDER 35

The following questions are to be put to the Chairman of the Health Overview and Scrutiny Committee.

1. Question from Cllr. Helen Cliff:

Given the stakeholder's briefing dated 5th January 2026, it now appears that the six-month "temporary pause" in services at St. Mary's Birth Centre in Melton Mowbray was a rather disingenuous step towards a decision that had clearly already been taken. So, can the Chair confirm the continued support of this committee to retain birthing and postnatal services at St. Mary's Birth Centre and the desire to apply scrutiny to the ICB and UHL Trust over the decisions they have arrived at to reduce service provision across the Trust, and how they have gone about making these decisions – particularly with reference to equitable access for rural communities and maintaining choice for women?

Reply by the Chairman:

I can confirm that the Committee is aware of the public concerns regarding St Mary's Birth Centre and will scrutinise the ICB and UHL on the topic. We have been liaising with the ICB regarding which would be a suitable Committee meeting for the ICB to present a report regarding this issue and answer questions from Committee members. The date has not yet been confirmed but discussions on the date are ongoing.

At the present time, the Committee is not yet in a position to set out its views and state what it supports in relation to St Mary's Birth Centre. A more detailed understanding of the facts and options will be required before the Committee can come to a view. We will let you know at which Committee meeting the topic will be discussed. In addition, the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee is also intending to consider a report on this topic in the coming months. The next meeting of that Committee is on Monday 23 February 2026.

2. Question from Mr. P. Allnatt CC:

I am a resident of Melton, a patient at the Latham House Medical Practice (LHMP), where I attend the patient panel, and also the Leader of Melton Borough Council (MBC). Thank you for the opportunity to table a question.

LHMP, established in 1931 now has circa 36,000 registered patients, covering Melton Town and 66 parishes and villages is one of the largest group GP practises in the country. In 2022 the ICB identified our area as a “high priority in the Primary Care Estate Strategy (PCES) due to housing growth”.

County Councillor Joe Orson, my predecessor at MBC, can attest to the fact that he initiated direct working with the ICB to create a second GP practice for the town of Melton Mowbray in 2022.

In fact, MBC support health and wellbeing generally. For example, funding mental health advice to the farming community, facilitating specialist equipment for those with physical and other disabilities at our swimming pool, and movement and recreation sessions for older residents. We have provided additional car parking for LHMP to create greater capacity and safety for female clinicians; we are planning similar in Bottesford.

We are increasingly frustrated by Melton being sidelined. An ill-disguised permanent closure of St Mary’s Birthing Centre on spurious criteria, on support for dementia care, the late reopening of our hospital Gilespie ward and now the abrupt halt to progressing a second GP practice.

I strongly dispute two statements in the ICB report.

- "Published data from NHS Digital (from 2020 to August 2025) showed only a 3.19% increase in patient registrations at the current Melton practice", and
- "There is no evidence, according to local and nationally published appointment data, that Melton should be prioritised above other areas across LLR for investment in additional Primary Care service provision."

Registrations are modest because of high turnover of medical staff, a declining reputation of LHMP and residents going elsewhere, privately or less local. “Appointment data” is very soft statistically because, as many patients will confirm, it is just so difficult to get an appointment, so they visit a hospital or just give up.

During 2024 and 2025 the ICB was content to work with MBC to successfully establish the technical feasibility of a second GP practise at one of two buildings owned by MBC and only withdrew because of financial viability. Now

they choose to use partly historic data on registrations to suggest that there is now no need for a second surgery at this time.

I respectfully suggest they are not just moving the goal posts but changing the game.

I attach further analysis to demonstrate that housing growth will continue to support the ICB's policy from 2022 when Melton was considered a "high priority in the Primary Care Estate Strategy (PCES) due to housing growth".

So, my question to you today focuses on the second GP practice and through you to the ICB.

Do you agree that.

- (a) The decision by the ICB to suspend work on a second GP practice until 2027 is unsatisfactory given its "high priority" of 2022?
- (b) While increasing primary care capacity at LHMP is welcome a new second GP practice will support the established principle that patients should have an element of choice within the NHS?
- (c) The ICB is incorrect to pray in aid "uncertainty about funding from s106 agreements" because.
 - 1. Section 106 revenue is only ever a "contribution".
 - 2. Section 106 allocations obviously compete with other essential infrastructure priorities.
 - 3. Section 106 revenue is paid gradually as new homes are built and sold.
 - 4. Any new GP practise will have a gradual take up of new registrations and therefore its NHS revenue funding is gradual.

Therefore, wherever and whenever a new GP Practise is created it is for the NHS to front load the capital required.

- (d) The reasons given by the ICB, quoted above, to de-prioritise Melton are unsound?

Thank you for your consideration.

Reply by the Chairman:

I thank Cllr Allnatt for all the information he has provided.

Cllr Allnatt will be aware that later on the agenda for this meeting the Committee will be considering a report relating to GP Practices (agenda item 8). It was requested by the Committee that the report provide detailed information regarding access to GP Practices in Leicestershire and particularly the Melton area. I am disappointed that the report does not contain the depth of information that I was hoping for. Nevertheless, the Committee intends to thoroughly question the ICB regarding GP access in Melton during agenda item 8. Until that discussion has taken place with the whole Committee, I am not able to answer all of Cllr Allnatt's questions. I can however offer the following brief comments:

I agree that a new second GP practice in Melton would support the established principle that patients should have an element of choice within the NHS.

It appears from the report the ICB provided for the meeting on 14 January 2026 that there is some confusion amongst the NHS regarding how Section 106 contributions for health matters are agreed and collected. The Committee may wish to discuss this in detail during agenda item 8 and ensure all parties have clarity regarding the process.

I cannot comment on the decision by the ICB to suspend work on a second GP Practice in Melton until I understand how the ICB made that decision and what factors they took into account.

I do not have enough information to give a view on whether the decision to de-prioritise Melton was unsound.

Please be assured that I will be seeking answers to all these questions from the ICB.

Supplementary document from Cllr. Pip Allnatt - Melton

Total homes built in last 5 years from 2020/21 to 2024/25 = 1,831 (across the Borough).

Average number of people living in a UK household is 2.35, so potentially, since 2020, the population of MBC has increased by 4,302

There are approx 23,500 households, and approx 52,000 population in Melton, so this represents an 8-9% increase in both households and population since 2020.

Clearly these figures are for the whole borough, but it is interesting to compare, particularly given the increase in population compared to new registrations for LHMP (at only 3.19%).

There may be a lag but also the lower number of registrations up to now may be masking a latent demand rise which is to come. This is because more of the early growth in the local plan was projected in the rural areas recognising that these would be easier to develop than the major sustainable neighbourhoods which were dependent on the relief road. Presumably one reason for the modest increase in new registrations so far is because those in rural communities have gone to other practices. It may be worth asking for registration change data for all practices which serve Melton residents, not just Latham House.

It was always envisaged that much of the growth in the second half of the local plan period would be delivered through the north and south neighbourhoods around the town, the occupants of which will much more likely use Latham House or town centre facilities. As these start to build out, which they are now, it is likely that the pendulum will swing back and demand and registrations on Latham House will rise much more significantly over the next few years. It would be naive to assume that the current modest level of new registrations for Latham House will continue at their current levels.

From 2025/26 the total number of dwellings to be delivered before the end of the local plan period (i.e. 2036) is a further 3,445.

Against current levels this would represent a further 15% uplift in households/population by 2036, on top of the 8-9% already mentioned, and whilst this remains a borough figure, for the reasons mentioned earlier, growth is likely to be more focussed in the town, so proportionately this could mean 20-25% uplift for the town itself.

It is also worth noting that in the last 5 years we have outperformed housing delivery expectations in the Local Plan - delivering 1,831 homes against a requirement of 1,150 (representing delivery of 159%).

If delivery continues to outperform the Local plan at the current rate, then this borough-wide population growth would actually be closer to 23% and therefore town growth could be in the region of 30-40%.

We need to be planning now for these changes and the primary care requirements to support them.