Leicester
City Council

MINUTES OF THE MEETING OF THE
LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE

Held: MONDAY, 27 JUNE 2022 at 5.30pm at City Hall as a hybrid meeting enabling remote participation via Zoom

P R E S E N T :
Councillor Pantling – Chair
Councillor Morgan – Vice Chair
Councillor Aldred
Councillor Khan
Councillor O'Donnell
Councillor Pandya
Councillor Westley
Councillor Bannister (substitute)
Councillor Hills
Councillor King
Councillor Newton
Councillor Waller

In Attendance
Asst City Mayor for Health – Councillor Dempster
David Sissling – Chair ICS/ICB
Andy Williams CEO ICS
Richard Morris ICS/ICB
Harsha Kotecha – Healthwatch
Dr Janet Underwood – Healthwatch
Rose Lynch – Primary Care Dental Services
Jasmine Murphy – Primary Care Dental Services
Adam Morby – NHS England
Steven Claydon – NHS England
Rob Howard – Public Health (LCC)
Kelly Evans – Public Health (Leics)
Julie Hoggs – Chief Nurse UHL
Elaine Broughton – Head Midwifery UHL
Richard Mitchell – CEO UHL
Caroline Trevithick – CCG LLR
Kay Darby – CCG LLR

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1. CHAIRS ANNOUNCEMENTS AND APOLOGIES FOR ABSENCE

The Chair welcomed those present and led introductions.

Apologies for absence were received and accepted from Councillor Harrison, Councillor Ghattoraya, Councillor Ainsley and Councillor Charlesworth.

Noted that Councillor Bannister was present as a substitute for Councillor Harrison.

2. DECLARATIONS OF INTEREST

Members were asked to declare any pecuniary or other interests they may have in the business on the agenda.

Councillor Newton declared that her daughter was employed in the NHS as a nurse.

Councillor Bannister declared that his wife was employed by University Hospitals Leicester.

Councillor Hills declared an interest in the Dental Services item as he worked as a dentist.

Councillor Waller declared that she had an interest in the Dental Services item as she would be referring to her own dental practitioners.

Each gave assurance that they retained an open mind for the purpose of discussion and were not therefore required to withdraw from the meeting.

3. MINUTES OF PREVIOUS MEETING 28 MARCH 2022

RESOLVED:

That the minutes of the meeting held on 28th March 2022 be confirmed as an accurate record.

4. PROGRESS AGAINST ACTIONS OF PREVIOUS MEETINGS (NOT ELSEWHERE ON THE AGENDA)

No actions outstanding.

5. COMMITTEE MEMBERSHIP 2022-23

RESOLVED:

That the membership of the LLR Joint Health Scrutiny Committee for 2022-23 be noted.

6. TERMS OF REFERENCE

RESOLVED:

That the Terms of Reference and working arrangements for the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee be noted.

7. DATES OF MEETINGS 2022-23

Dates of meetings for 2022-23 noted as follows:

- Monday 27th June 2022 at 5.30pm
- Wednesday 16th November 2022 at 12 noon
- Wednesday 12th April 2023 at 5.30pm

8. PETITIONS

The Monitoring Officer reported that no petitions had been received.

9. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

10. DENTAL SERVICES UPDATE / NHS ENGLAND/IMPROVEMENT

Members received a report containing an update on NHS Dental services commissioned in Leicester, Leicestershire and Rutland and an update on the impact of Covid 19 upon those services.

Rose Lynch, Commissioning Manager, Primary Care Dental Services presented an update on dental service coverage across Leicester, Leicestershire, and Rutland, referring to the challenges arising from deprivation issues, areas of deprivation with a comparison of deprivation levels, the location and volume of dental services across the area as well as the recovery of services following the impact of Covid 19 and ongoing steps to improve.

Members were reminded that there were challenges in accessing dental services prior to the Covid 19 pandemic and that Leicester City was rated 11th highest for deprivation issues.

During the presentation reference was made to the NHS contracts in primary and community dental care as well as the dental services offered, including out of hours service and secondary care.

Adam Morby, Regional Chief Dentist NHS England highlighted issues around oral health and dental decay in young people; this included a comparison of tooth decay rates for 5 year old children and discussion about the effectiveness of water fluoridation as a safe public health measure to reduce dental decay.

Members were asked to support the Health & Social Care Bill and the fluoridation of water across the area to help improve dental decay levels.

Members noted there were currently no water fluoridation schemes across

Leicester, Leicestershire, and Rutland and were concerned about the committee being asked to lobby fluoridation of water without being presented with all the facts and evidence. Members noted that dental decay was not just related to fluoridation of water and other aspects needed addressing. Members commented that dental decay leads to more serious disease that will put other pressures on NHS Services.

Adam Morby responded that fluoridation reduced decay by 63% in areas where there was decay. It was also reiterated that there was close work with other partners to educate people, encourage brushing regimes, promote healthy eating and low sugar diets and to promote oral health.

Members commented that it was increasingly difficult to access an NHS dentist or affordable dental services and queried the lack of detail within the report, such as levels of people entitled to free dental services who were currently not receiving it and what more was being done to encourage dentists to take more NHS patients. Concerns were expressed that not enough information was given about what was being done to secure dental services for those in areas who were unable to access services particularly across challenging rural areas.

Members were advised that dental practices were independent businesses who made their own decisions about how much NHS provision they gave. Most NHS dentists had a mix of NHS and private patients and that percentage varied. General dentistry was provided through an annual contract and the Golden Hello was a scheme for dentists that provided £15k to target and encourage dentists to particular areas for a period of 5 years.

In terms of those on low income affording dental services it was noted there was a patient low income scheme that helped towards dentistry costs. The HC1 form allowed exemption for those on low income not just benefits. It was acknowledged this was not well publicised and more work was being done around messaging and promoting schemes for the public and patients including marketing access to dental services.

As far as the recovery of dental services to pre pandemic levels for access and treatment it was noted that dental practices had effectively stopped in March 2020 but had re-opened in June 2020 following stringent guidelines, but increasing their provision month by month. Dental practices were still struggling to get to full capacity due to infection prevention measures in place. During the pandemic, procurement had also been paused but was now resuming and would help to get better access to dental services across the area. Members were advised that recovery of services post pandemic would improve.

Members remained troubled by aspects of the report and presentation and felt there were contradictions to what was being said, for instance they were told the Golden Hello was to target new dentists to areas of deprivation then told it was to target rural areas. It had been suggested there were areas of deprivation, but that Rutland was not deprived, however there were areas of deprivation there too, where people couldn’t afford basic dental treatment, and this involved people being entitled to free dental care and not being able to

access it.

Members reflected further on the effects of deprivation, the economic diversity of the whole of Leicester, Leicestershire and Rutland and the health inequalities that were presenting and how that impacted on dental health. It was stated that in rural areas the cost of housing was very significant, and people were presenting as homeless because housing benefit did not cover the cost of rent in those areas. 70% of homeless families in Rutland had an adult in employment so it was a much wider issue than just people on income support or universal credit. It was felt that these issues and real people were not being considered. It was also stated that people from wards in the City were presenting at GP appointments and even hospitals with dental issues as they could not see a dentist and immediate measures were needed to make the situation better.

The report was criticised for referring to dental practices handing back their licences, yet it omitted that a very large practice in Rutland was no longer an NHS provider and therefore people in Oakham could not get access to routine dental checks as other practices would not take on NHS patients; also, for suggesting that none of the practices in Rutland had taken up NHS initiatives when there was no NHS dental care in Rutland.

It was noted that Healthwatch had contacted every dentist in Rutland, and none were doing any emergency or check-up appointments. Harsha Kotecha from Healthwatch agreed to send the information gathered in relation to accessing dentistry to share with members outside this meeting.

Members discussed issues with NHS contracts in primary and community dental care, referring to their first-hand experience of how the contracts were operating and the dire state that dentistry was in because of the poor contracts. Members noted the situation had worsened since the NHS had changed the contracts and it was suggested that NHS leaders needed to value the work being done by dentists and improve the contracts to increase availability of an NHS provision of dental services.

Responding to the concerns raised it was accepted there were clear challenges to dentistry; and advised that since the pandemic dental services had been provided a safe threshold in terms of their contractual expectations. As far as incentives to new dental provision, expressions of interest were sought across the whole East Midlands region with incentivised uplifts for the provision of week end access. Regarding Rutland there were plans to intersperse dental services provision within the area and NHS England was working with colleagues in public health to understand where most need was. Members were told that NHS England did recognise the urgency there.

Rob Howard, Consultant in Public Health referred to initiatives around the promotion of oral health and gave assurance that all stakeholders attending the area Health and Wellbeing Board were engaged in tackling the issues of health inequalities and dental decay. Members were advised that the city public health team had just produced an Oral Needs Health Assessment and both counties

(Leicestershire and Rutland) were in process of completing theirs. There was an action plan in place which had led to some improvements. The Oral Needs Health Assessments would be used to review and redevelop the action plan. The Public Health team advised they would be willing to share that in terms of the partnership work being done to improve and address health inequalities and oral health.

Members were informed that the Oral Health Needs Assessment was important in terms of next steps as it was a systematic assessment of the needs of the population. Assurances were given that public health officers would be working closely with county colleagues in terms of what needed to be done as a result of those assessments.

In terms of communications and partnership working it was emphasised that partnership working was taking place, and all stakeholders were engaged in relation to promotion and improved publicising of initiatives and the help available such as the low income scheme, not just to those in receipt of benefits but also those in hardship or on low incomes.

Regarding joint and integrated working Members noted there was now an opportunity to talk about dentistry as it would form part of the delivery of NHS care through the Integrated Care System. Steven Claydon, NHS England agreed to liaise and meet with Andy Williams CEO Integrated Care System, Rose Lynch and Jasmine Murphy outside of this meeting to start a discussion around working together to address dentistry issues raised across LLR and to discuss the transition of commissioning.

Drawing the discussion to a close the Chair noted the depth of feeling on this topic and the concerns and issues raised by the committee. The Chair agreed with the view that the dental practice contracts needed revisions by the NHS to help improve accessing provision.

Given the strength of feeling about the issues raised during discussion of this item it was proposed, seconded and upon being put to the vote agreed that it was appropriate to write to the Secretary of State regarding those concerns and to seek assurances that steps were being taken to address those issues.

The Chair asked that a further report updating on the provision of dental services across Leicester, Leicestershire and Rutland be brought to the committee in 12 months.

18.47 Councillor O'Donnell and Councillor Pandya left the meeting.
Meeting remains quorate.

AGREED:

1. That the contents of the report and presentation be noted,

2. That Steven Claydon, NHS England shall liaise and meet with Andy Williams CEO Integrated Care System, Rose Lynch, and Jasmine Murphy to explore working together to address the dentistry issues

raised across LLR and to discuss the transition of commissioning,

3. That the Secretary of State be written to regarding the concerns raised during this meeting and to seek assurances that steps are being taken to address those issues,

4. That a further report updating on the provision of dental services across Leicester, Leicestershire and Rutland be brought to the committee in 12 months.

11. UPDATE ON UHL FINANCES AND ACCOUNTS FOR 19-20

Members received an update on the UHL Finances and Accounts for the financial period 2019 to 2020 following the UHL process in approving the 2019-20 accounts at their separate Board meetings recently.

It was confirmed that the 19/20 accounts had been approved and this reflected a significant amount of work done over last 2 years, that process was now completed, and everyone involved was thanked. Members noted that the accounts were now formally adopted by the Trust Board and papers were available to see on the Trust website.

Members also noted that the Trust were keen to finalise the 20-21 accounts and that UHL continued to be in recovery support programme and were keen to show they were spending public money effectively.

Richard Mitchell, Chief Executive UHL advised that in relation to being in special measures it was hoped to provide the appropriate evidence to satisfy those measures and be out by November 22 or shortly thereafter.

The Chair indicated that as this was public money it was important there was proper scrutiny and the committee required assurance that lessons had been learnt. The Chair asked that both sets of the accounts referred to be brought to scrutiny in November 2022 to fully appreciate what had been done.

AGREED:

That the UHL financial accounts for the financial years 2019-21 and 2021-22 be brought for scrutiny at the November meeting of this committee.

12. LEICESTER LEICESTERSHIRE AND RUTLAND INTEGRATED CARE SYSTEMS UPDATE

Members received a report updating on the Leicester Leicestershire and Rutland Integrated Care System (ICS) and its Transition Programme.

Andy Williams CEO introduced the report and gave an overview of the background to the establishment of the LLR ICS Transition Programme, system preparedness, committee appointments to the Integrated Care Board (ICB), the Executive Management structure and governance arrangements for

the ICB and ICS.

Members were reminded that the new Health and Care Act 2022 had received Royal Assent in April 2022 and the new Integrated Care Board (ICB) would be created from 1 July 2022 and will assume responsibilities for delivery of NHS care.

Andy Williams clarified the acronyms Integrated Care System (ICS); Integrated Care Board (ICB) and Integrated Care Partnership (ICP) all as set out in the Act.

Members noted that progress towards establishing the ICB was going well, and the 3 CCG's would meet on 28th June 2022, the formal AGM had been brought forward to present accounts in public domain and then those CCGs would be closed down.

In terms of the ICB membership it was noted that David Sissling, Chair of ICB had exercised the remit to widen board where possible to give better representation.

Members commented that the information set out in the report was complex and confusing and should be further considered to show who was making decisions.

Andy Williams clarified that the role of ICB was to facilitate NHS working together. Decisions around the NHS and the way it responds to national government guidance would be predominantly through the ICB. The ICB was the statutory body of ICS with discretion to do ICP too. The ICP would be an equal partnership and nominations for membership of that had been requested.

Strong concerns were raised about the accessibility of documents which for some were impenetrable. The public were unaware of who was responsible for what in terms of communications and the ICS needed to better understand what the receiver was going to receive. Online solutions were not always helpful, and it was suggested that having straight forward documentation that people could refer to would be helpful.

David Sissling, Chair of ICB commented that the material produced was required to show governance and constitutional arrangements, and one of the ICS first tasks will be to ensure accessibility.

Andy Williams confirmed that they would be working on making documents accessible and had received that feedback from others too.

In relation to the Health and Wellbeing partnership referred to at page 64 of the report it was advised that there was currently a small core membership to ensure they could orchestrate the wider membership described otherwise it would be too unwieldy at outset. The small core group would meet to initiate matters, and this would involve partnership with the 3 Health and Wellbeing Boards so there would be broader engagement. As far as where Healthwatch

sits, Healthwatch were engaged automatically by the Health & Wellbeing Boards. It was confirmed that Healthwatch would be represented on the Integrated Care Board (ICB)

There was concern that the patient and public voice was missing and it was confirmed that the intention was to facilitate that through the reach of the Health & Wellbeing partnership.

Regarding location it was informed that the ICB was a small organisation and would be situated in the former CCG office at County Hall, Glenfield. It was noted a lot of work had been carried out on decentralising and having officers work alongside partners and other NHS organisations.

The Chair thanked officers for the update and responding to the committees questions.

AGREED:

That the report be noted and a progress update brought to the March 2023 meeting of the committee.

13. COVID 19 VACCINATION PROGRAMME UPDATE

Members received a presentation update on the ongoing situation with Covid 19 vaccination programme and plans for Autumn/Winter.

Caroline Trevithick and Kay Darby of Leicester Leicestershire and Rutland CCG's presented the update on the Covid 19 vaccination programme.

In relation to the completion of the spring booster campaign:

- Boosters had been available since March 2022 and all eligible cohorts had been invited to take up vaccination by end June 2022,
- A downsized summer plan had been put in place to continue vaccination until end August 2022 to allow for preparation of an integrated Autumn/Winter campaign.
- It was recognised vaccination rates had dropped and campaigns for other vaccines had been affected.
- Catch up campaigns for other vaccines were being organised and local commissioners had been asked to consider how these could be supported throughout the summer.

Regarding the Integrated Autumn/Winter campaign:

- Currently 65+ and at risk cohorts would be invited.
- Flu planning guidance had been in place from April 2022.
- Contingency planning was taking place for rapid deployment in the event of any surge. Surge plans were aimed at limiting the effect on primary care providers.

Members discussed the update which included the following points:

As far as the future vaccination and immunisation strategy was concerned

health partners were building on the successes of the Covid-19 programme in partnership with public health colleagues.

As for uptake of the vaccine, 5-11 year olds were still increasing as a new cohort but uptake had been slower. The Spring campaign had an uptake of 4.1% and would continue to focus on groups through summer where needed.

Concerns were raised that drop in centres were not easily accessible for elderly or those who can't travel, and that the vaccine was not available at all GP surgeries.

Regarding availability at GP surgeries, it was noted the vaccine was available at some GP surgeries and as primary care was returning to business as usual there was a wider network becoming available for vaccinations as well as the community pharmacy network. Gaps in provision would continue to be targeted with pop up or proactive events such as at the Horse Fayre, Carnival and Pride.

In relation to the flu vaccine, booking teams and GP surgeries should contact those eligible for vaccines. There was still some work to do on logistics of administering the flu and covid vaccines together as not all GP surgeries were administering the covid vaccine. There was no obligation for people to have both or at the same time and people could elect which one they have or not.

Efficacy of the vaccine was queried, and concern raised that if it lasted only 6 months those receiving boosters at beginning of year would have waning immunity and having to wait until Autumn was a risk that might lead to a surge. Members noted that the clinical effectiveness and booster programmes were subject to national guidance which guided there being a minimum gap between vaccination of 91 days.

Members noted that from Autumn a planned national standard would be put in place for a minimum requirement for geographical coverage over a 10 mile radius. Members were concerned that such a standard alongside the vaccine not being available in all GP surgeries could amount to a long difficult journey for the elderly or most vulnerable, especially in rural areas where public transport could not always be relied upon.

Kay Darby explained that whilst the vaccine was available in some surgeries the GPs had a choice to opt out of delivery so there was no guarantee it would be at everyone's GP surgery. There also remained the issue of proper storage for the vaccines which had to be kept at a certain low temperature. It was advised the number of GPs and pharmacies providing the vaccine would be increasing. As for geographical coverage although the 10 mile radius was a national standard in the city the radius was not likely to be more than 1 mile wide. Members suggested that local areas should determine the radius and for health partners to note the issues facing rural communities in terms of access and lack of public transport.

The Chair commented that the vaccination programme was a big undertaking

and appreciated the strong feelings of the committee on the subject and suggested that more work be done with public health colleagues to ensure vaccines were made available where needed.

The Chair requested more detailed information on how the vaccination programme would be delivered and how the messages around that would be made clearer for the public.

AGREED:

1. That the contents of the report be noted,

2. That more detailed information on how the vaccination programme shall be delivered and how the messages around that would be made clearer for the public to be provided outside of this meeting for Members.

14. MATERNITY SERVICES REPORT

The Committee received a report updating on maternal healthcare and services across Leicester, Leicestershire and Rutland and details of how the LLR Local Maternity and Neonatal System (LMNS) had addressed the immediate and essential actions in relation to the Interim Ockenden Report published in December 2020 (Part 1).

Julie Hogg Chief Nurse, Leicester Hospitals, introduced the report, briefly referring to the background that led to this point and gave an overview of the findings from the report and the immediate actions required following the independent review.

Elaine Broughton, Head of Midwifery at UHL highlighted the 7 immediate and essential actions to improve care and safety in maternity services as set out in the report namely: Enhanced Safety; Listening to Women; Staff Training and working together; Managing Complex Pregnancy; Risk assessment through pregnancy; Monitoring foetal wellbeing and Informed Consent. There were all considered to be important and pertinent to the services UHL provided.

It was noted that maternity services across LLR had met a number of the actions prior to the interim Ockenden report and had embedded and introduced further actions. Regular monitoring of the actions introduced was taking place through audit and spot checks and a maternity services self-assessment had been completed against the final plan whilst the final Ockenden report was awaited.

Members expressed some concern at the number of Trusts where maternity services were not what they should be.

Working across 2 sites continued to be challenging however as both were very large covering Leicester, Leicestershire and Rutland and provided acute services too. Both sites were well covered at the moment, but UHL was aware of the risk of coming under pressure.

Members noted that in terms of addressing challenges such as midwife shortages a lot of work had been done around recruitment and working on retention of midwives. This was a national issue which NHS England had provided money to address the situation going forward and Leicester was in a better position as a university hospital in that it was able to provide qualified midwives.

There was the option for qualified nurses to go on to undertake midwifery training, but some people were put off having to pay additional 2 years university fees, the Health Education funding being made available would support Band 5 pay and the fees during that training period so that was being promoted. There were 7 nurses re-training in the current cohort and more coming forward.
UHL were also going out to international midwives and provided a robust programme to support them which also helped with addressing culture too.

Members noted that nationally there was a lot being done to train, recruit and attract people into the midwifery service. Unfortunately, it was often the case when a report such as Ockenden published that some people left.

UHL were investing time and resource into developing their own midwives, providing support for health and wellbeing and improving culture. The effects were being felt positively and improvements could be seen.

Members welcomed the report and especially the steps taken to undergo more risk assessments throughout pregnancies and recognition of the lessons to be learnt. Members were also pleased to see that steps were being taken to address health and wellbeing of staff and commented that good training for anyone coming into the field was essential.

AGREED:

1. That the contents of the report be noted,
2. That a further update on progress be brought to a future meeting.

15. MEMBERS QUESTIONS ON MATTERS NOT COVERED ELSEWHERE ON THE AGENDA

The Chair indicated that no members questions had been received in advance.

16. WORK PROGRAMME

The contents of the work programme were noted.

Members expressed concerns that there were high numbers of complaints being sent to councillors from their local constituents who were still unable to obtain appointments to see GP's face to face and the perception that GP surgeries were hiding behind Covid. Members suggested the system was broken and wanted to know what was being done to address this issue. It was

noted that a review undertaken with the public across Rutland also showed there was a lot of disquiet about access to GP services.

David Sissling Chair ICS observed that accessing GP appointments and services was a priority issue and one of the first that the newly established ICB would be giving attention to, however an evidence based approach was essential. The scale of the issue was acknowledged, and it was indicated that the ICB would be willing to provide updates and timeframes for improvements once it had opportunity to consider those issues.

The Chair and Vice Chair noted that this issue was already being taken up by prospective individual scrutiny committees for the City, County and Rutland and it would be better to leave it there so that each committee could focus from their own local authority perspective rather than add to the joint committees work programme which was already heavy.

The Vice Chair requested that additional meetings to those already scheduled be avoided as it was difficult to secure Member attendance. The Chair acknowledged that request and was keen to avoid undue pressure on Members who all had other commitments.

It was suggested that future consideration be given to the number of meetings held over the year and whether the Terms of Reference held sufficient flexibility to call an extra meeting for an urgent item.

17. ANY OTHER URGENT BUSINESS

None notified.

There being no further business the meeting closed at 20.19 hours.