

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 13 September 2022.

PRESENT: Councillors D Jones (Chair), D Davison, D Rooney and J Thompson (Substitute for A Hellaoui)

ALSO IN ATTENDANCE: T Dawson (Senior Project Manager) ({my} Dentist), M Morrison (Clinical Manager) ({my} Dentist), E White (Area Development Manager) ({my} Dentist) and S Wilde (Director of Region - North & Scotland) ({my} Dentist)

OFFICERS: C Breheny

APOLOGIES FOR ABSENCE: Councillors A Hellaoui, T Mawston, P Storey and M Storey

21/10 **WELCOME**

Members observed one minute's silence as a mark of respect following the recent death of Queen Elizabeth II.

21/2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

21/3 **MINUTES - HEALTH SCRUTINY PANEL - 19 JULY 2022**

The minutes of the Health Scrutiny Panel held on 19 July 2022 were yet to be finalised. It was agreed that the minutes be deferred for consideration at the next meeting of the panel.

AGREED that the minutes of 19 July 2022 be deferred.

21/4 **{MY} DENTIST - PROPOSED CLEVELAND RETAIL PARK SCHEME - CONSULTATION**

A number of representatives from {my} dentist were in attendance to discuss a proposal to merge three of its current dental practices in Middlesbrough to create a new practice on Cleveland Retail Park. The Chair welcomed the representatives and invited them to give their presentation.

The Clinical Director thanked the panel for the invite and explained that as part of the process they had to undertake with NHS England engagement activities with local stakeholders including MP's, patients and the local Overview & Scrutiny Committee formed an important part. Reference was made to a similar project that had recently been undertaken in Killingworth, North Tyneside and it was advised that {my} dentist was currently in the process of completing eleven similar projects.

The panel heard that the reason for the proposed changes had been well publicised in the media. There was a growing crisis in access to NHS dentistry and 3000 dentists (13%) had left the profession since 2020. Dental practices were struggling to fill vacancies and half of NHS dentists had reduced their NHS commitment since the pandemic. In addition, in a survey with the British Dental Association 75 per cent of dentists said they were likely to reduce their NHS commitment over the next 12 months, with 45 per cent planning to go fully private. In addition it was advised that UK dentistry was heavily reliant on overseas dentists, which was under particular pressure.

In response to these challenges it was advised that {my} dentist was investing heavily in dental practices to improve recruitment. By 2025, more than £70 million would be invested to ensure the best facilities and equipment could be offered to patients and clinicians. It was noted that more than 80 per cent of {my} dentist clinicians had stated

that their practice environment made the biggest difference to their working life. Projects completed to date had resulted in improved recruitment and retention following investment, longer practice opening hours and more patients supported.

Reference was made to a recent example in Killingworth in North Tyneside. It was explained that £1.1m had been invested to relocate a practice into a large, secure shopping centre with better accessibility (all surgeries at ground level) and improved transport links and parking. As a result total surgery capacity increased by 85 per cent – from 7 chairs to 13 chairs. Within the first 12 months, 5 new clinicians and 6 new nurses were recruited to the practice. A total of 400 new clinical hours per week had been recruited to enabling {my} dentist to extend opening hours by 26 hours per week (including offering evening and weekend appointments).

In terms of the proposals for the project in Middlesbrough it was advised that:-

- £1.5m would be invested to relocate three local practices into one at Cleveland Retail Park.
- £2.2 committed in ongoing lease costs, an increase of £70 per annum.
- £40k in payable rates per annum, an increase of £16k (circa £250 over 15 years)
- Total surgery capacity would increase with 12 surgeries available immediately, with further options to expand to 14 in the future, subject to successful recruitment.
- The practice would benefit from a dedicated staff room, greater security, free parking and investment in new digital technology.
- Opening hours would be 25 per cent larger than the current practices (50 hours per week, compared to the current average of 40/25 hours)
- Opportunities would be available to expand services in future, subject to support from local commissioners – this could include offering prevention, oral surgery, as well as alignment with Teesside University.

The proposed location for the new practice on Cleveland Retail Park was shown to the panel, as well as a series of images showing the proposed look and feel of the new site.

Following the presentation Members were afforded the opportunity to ask questions and the following queries were raised:-

- In response to a query regarding whether the existing patients from all three practices would need to re-register with {my} dentist it was advised that all patients would remain with their existing clinician.
- In terms of accessibility via public transport it was queried as to whether careful consideration had been given to how people would access the new practice at Cleveland Retail Park. It was acknowledged that when undertaking a premises search town centre locations had been considered. However, there were pro's and con's to both. With the Cleveland Retail Park location free parking was available and there also were other travel options available. The proximity of the new location was within the specified guidelines, less than 3 miles from the current sites, and {my} dentist was working within those parameters.
- In terms of the attractiveness of a dental practice from a clinician's perspective it was emphasised that young dentists were very keen on working as part of a larger team of dentists, with access to mentors and other professionals on site. University fees were expensive and students had funded these themselves therefore on graduating they were keen to work in an environment that met their needs.
- In response to a query regarding when the Cleveland Retail Practice would be likely open, should {my} dentist receive the necessary approval from NHS England, it was noted that April / May 2023 was the envisaged timeframe.
- As to the ability of the practice to take on more NHS patients it was explained that it would usually take a period of time but the practice would be able to take on more NHS patients in the future if the proposals were approved.
- In terms of the feedback received from patients in response to the proposals it

was acknowledged that the issue of bus routes had been raised. In fact initially there had been some misconceptions that the proposed new practice would be located at Teesside Park. However, once it had been clarified that the practice would move to Cleveland Retail Park and that patients would be able to remain with their current dentist patients had been put at ease.

The Democratic Services Officer advised that as part of the formal engagement exercise a response needed to be provided to NHS England's Commissioners in respect of the Panel's thoughts around the proposals. Members advised that there were impressed with the offer being put forward by {my} dentist and were supportive of the proposals.

The Chair thanked the {my} dentist representatives for their presentation and wished them every success in developing the new practice.

AGREED that a letter supporting the proposals by {my} dentist to merge three of its current dental practices in Middlesbrough to create a new practice on Cleveland Retail Park be submitted to NHS England's Commissioners by 16 September 2022.

21/5 **INTEGRATED AND URGENT CARE IN MIDDLESBROUGH AND REDCAR AND CLEVELAND**

The Democratic Services Officer advised that unfortunately owing to the death of Queen Elizabeth II the NHS had stood down all formal engagement activities at present. The item would therefore need to be deferred and considered by Members at the panel's next meeting.

AGREED that the item be deferred for consideration until the October meeting of the panel.

21/6 **DEPARTMENT OF HEALTH & SOCIAL CARE GUIDANCE - HEALTH OVERVIEW AND SCRUTINY COMMITTEE PRINCIPLES**

The Democratic Services Officer advised that in advance of the publication of statutory guidance on the Secretary of State's new powers in relation to health service reconfigurations, the Department of Health & Social Care (DHSC) had published a document entitled 'Health overview and scrutiny committee principles', published on 29 July 2022.

The document set out the expectations of the DHSC, the Local Government Association (LGA) and the Centre for Governance and Scrutiny (CfGS) on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements would work together in the future to ensure that the new statutory system-level bodies were locally accountable to their communities.

The guidance detailed 5 principles, which set out best practice ways of working between HOSCs, ICBs, ICPs and other local system partners to ensure the benefits of scrutiny were realised. It was advised that these principles should form the basis of ongoing discussions between the aforementioned partners about how they would work together in the future.

The 5 principles were:

- outcome focused
- balanced
- inclusive
- collaborative
- evidence informed

The guidance emphasised that Health scrutiny had a strategic role in taking an overview of how well integration of health, public health and social care was working and in making recommendations on how it could be improved locally.

In addition the role of Joint HOSCs was particularly important in assessing strategic issues that covered 2 or more local authority areas, and would become even more important under the new arrangements, as ICB areas spanned more than one local authority area in most cases. In particular, JHOSCs would have a strategic role to play in scrutinising the delivery and outcomes against the joint 5 year-year forward plan and the integrated care strategy.

In terms of next steps Members were reminded that the Health and Care Act 2022 introduced a power for the Secretary of State to call in and take decision on or connected to reconfiguration proposals at any stage in the proposal's process. To support this intervention power, the local authority referral power, which was set out in regulations, would be amended to reflect the new process. The DHSC would also issue statutory guidance on the new powers outlining how the Secretary of State proposed to exercise their functions, including the new Secretary of State call in power. It was noted that the new statutory guidance would also include information for NHS commissioning bodies, NHS trusts and NHS foundation trusts about how they should be exercising their functions under the new reconfigurations process.

It was advised that exact timelines in respect of the publication of new statutory guidelines was yet to be determined; however, any changes to the reconfiguration process introduced through the Health and Care Act 2022 would not be implemented immediately. It was therefore anticipated that the local authority's power of referral would remain in place until July 2023.

Members of the Panel expressed the view that it was disappointed that despite the efforts of numerous national bodies to retain the local authority referral power for HOSC's the introduction of the Health and Social Care Act 2022 meant this power would no longer be in place. It was acknowledged that the Local Government Association (LGA) and Centre for Governance and Scrutiny (CfGS) continued to press for the introduction of process by which a local authority could proactively request that the Secretary of State use her call-in power to examine reconfiguration proposals.

NOTED

21/7

NEXT STEPS IN INCREASING CAPACITY AND OPERATIONAL RESILIENCE IN URGENT AND EMERGENCY CARE AHEAD OF WINTER - NHS ENGLAND

The Democratic Services Officer advised that on 12 August 2022 NHS England had identified six key metrics it would use to monitor the performance of every integrated care system this winter.

The six main new key targets for integrated care systems were:

- 111 call abandonment;
- Mean 999 call answering times;
- Category 2 ambulance response times;
- Average hours lost to ambulance handover delays per day;
- Adult general and acute type 1 bed occupancy (adjusted for void beds); and
- Percentage of beds occupied by patients who no longer meet the criteria to reside

The 2022-203 winter letter also included a broad range of measures to boost capacity across the system through a mix of new hospital beds, increased non-acute capacity and virtual wards and a boost in urgent and emergency call handlers.

The panel noted that the pressures on NHS services this winter would be compounded by the fact that it would be the first winter where the system was likely to see combined pressures from covid and flu.

The Democratic Services advised that as was normal practice it was anticipated that South Tees Hospitals NHS Foundation Trust (STNHSFT) would be attending the Panel's December meeting to provide its six monthly performance update and discuss winter pressures. An invite would also be extended to the North East Ambulance Service (NEAS) to enable the panel to discuss in more detail the pressures on urgent and emergency care locally.

NOTED

21/8

CHAIR'S OSB UPDATE

The Chair advised the Panel that the OSB was due to meet on 21 September 2022 and the Board would consider and discuss the following:

- The Executive Forward Work Programme;
- The Mayor's annual update to the Board;
- The Chief Executive's monthly update;
- The Q1 Corporate Performance Outturn and Q1 Financial Outturn report;
- The Scrutiny Chair's updates.

NOTED