

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 12 June 2023

Present: Jeremy Pert (Chair)

Attendance	
Charlotte Atkins	Jill Hood
Philip Atkins, OBE	Thomas Jay
Richard Cox (Vice-Chair (Overview))	John Jones
Ann Edgeller (Vice-Chair (Scrutiny))	Leona Leung
Keith Flunder	Bernard Peters
Phil Hewitt	Janice Silvester-Hall
Monica Holton	Ian Wilkes
	Paula Stanton

Also in attendance: Paul Northcott

Apologies: Chris Bain, Val Chapman, Kath Perry, MBE and David Williams

Part One

1. Declarations of Interest

Councillor Ann Edgeller declared an interest as Staffordshire County Councils appointed Partner Governor at the Midlands Partnership Foundation Trust (MPFT).

Councillor Bernard Peters declared an interest as Staffordshire County Councils Local Authority appointed Governor at University Hospital Derby and Burton (UHDB).

Councillor Charlotte Atkins declared as interest as the Vice president of the British Fluoridation Society.

2. Minutes of the last meeting held on 20 March 2023

Resolved – That the minutes of the meeting held on 20 March 2023 be confirmed and signed by the Chairman.

3. Primary Care Dental Overview

Chris Bird, Chief Transformation Officer for the Stoke-on-Trent and Staffordshire Integrated Care Board presented the report to the Committee and informed that Dental Commissioning was delegated to Integrated Care Boards from 1 April 2023.

The Committee were informed that a two-phase approach would be adopted to firstly understand, in depth, the legacy inherited from NHS England relating to operational performance and then use those findings to inform future planning and improvement for 2024/25. Challenges to access to NHS dental care was shared with the Committee and national issues such as workforce and contract challenges were highlighted.

It was reported that there were 168 dental practices in Staffordshire most of which were clustered in towns. There was evidence of health inequalities as those who lived in more deprived areas were attending dentistry less. It was also reported that access issues were generating demand in other areas such as A&E. Staffordshire was above the national average for dentistry related A&E visits.

The Committee noted the following comments and responses to questions:

- The levels of dentistry access was recovering to pre-pandemic levels. It was reported that by January 2024 levels of access would be the same as at pre pandemic levels.
- In Staffordshire 13% of NHS dentists were operating at full capacity. There was a need to explore the reasons why some dentists who were not operating at capacity were not able to take on more patients. In some cases, it may be due to contracts.
- The ICB, as part of its review into dentistry, will map dental practices in Staffordshire.
- There were signs that the oral health of children in Staffordshire was worse than the national average. There were local actions which the ICB could take to address this. The UHNM had a programme to reach out to local schools.
- Where dentists do not deliver as many units of dental activity as their contract allows, the funding for unused capacity may be transferred to other dental practices. In this event, a nearby dentist would be requested if they were able to take the additional work on. The location of the other dental practices and transport would be considered.
- There were dentistry workforce issues nationally. There was a national constraint on the number of dental practices available.
- Corporate dental contracts and emergency dentistry cover will be in the improvement plan later this year. It was noted that Staffordshire and Stoke-on-Trent have an above average level of

emergency dental care.

- The Committee would receive a briefing on Delivery of orthodontists in Staffordshire.
- The nearest dentistry school was in Birmingham. A preliminary discussion between the ICB, Local MPs and Keele University had taken place with a view to having a dentistry school at Keele University. The Committee endorsed this and agreed to write to the ICB and Keele university to support a dental school at Keele University.
- The Committee agreed to look at the dental strategy later on in the year.

Resolved – That (a) the report be received as an update on the current dental position relating to access in Staffordshire and Stoke on Trent

(b) the Committee receive a briefing on the delivery of orthodontics in Staffordshire

(c) the Committee write to the ICB and Keele university to support a dental school at Keele University.

(d) the Dental Strategy included in the 2023/24 work programme.

4. Primary Care Access

Dr Paddy Hannigan, Partner Member - Primary Care presented Primary Care Access to the Committee. The Committee were advised that there were 142 GP practices in Staffordshire and Stoke-on-Trent and that these were currently offering more appointments than before the pandemic. It was reported that 47% of appointments were booked for the same day and 74% of appointments were face to face appointments however Staffordshire and Stoke-on-Trent had the lowest number of appointments per 10,000 patients in the West Midlands region.

The Committee were advised that the national GP patient survey showed that the patient experience in getting GP appointments was poor, however were more satisfied with the service when they had received an appointment.

It was reported that the number of qualified GPs per 100k patients had fallen from 47 to 44 from December 2017 to December 2021. The national response was to employ Additional Role Reimbursement Scheme staff (ARRS) which comprise 16% of the GP workforce. The Committee were informed that the demand for appointments had increased however a London South Bank University study informed that around 40% of GP appointments were seen as inappropriate and could

have been dealt with elsewhere.

The national delivery plan for recovering access to General Practice aimed for improve patient experience through:

- Better digital telephony (cloud-based telephony)
- Simpler online requests (online consultation)
- Faster navigation, assessment, and response
- Better use the wider GP workforce – ARRS roles
- Improve retention of current staff.

The Committee noted the following comments and responses to questions:

- The ICB has a close involvement with the planning process at District and Boroughs. The current model was to improve the standard of the current GP surgeries and quality of the services rather than create new General Practices.
- There was extended access available in Staffordshire which provide GP appointments in evenings and weekends.
- Staffordshire and Stoke-on-Trent are one of the highest providers of the Community Pharmacy Consultation Service and work to maximise its use was ongoing. Prescriptions may not be available from time to time for a number of reasons and most medicines were prescribed generally rather than by brand. Pharmacists were able to change prescriptions.
- There was a need to change the language and culture from being “I need to book a GP appointment” to “how can I best have my problem resolved”.
- Workforce issues was discussed. There had been a reduction in the number of people who had chosen a medical practice. The ICB was focused on a wide range of programmes to recruit and retain staff.
- Signposting of patients would become more digital, however the current system talking to a person would remain in place for those without access to digital. Signposting would become standardised. It was reported that the digital services would be complementary, rather than replace the existing system.
- The Committee commented on the variability of services at GPs offered to residents and sought reassurances that there would be a standardised offer to patients.

- The Committee discussed that timelines should be included in the papers and requested this be brought back to the Committee.

Resolved – That (a) the Committee received the presentation and update in regard to general practice access and the comments from Committee be fed back to the Chief Transformation Officer at the ICB.

(b) the General Practice Access be scheduled in the Work programme for November 2023.

5. Primary Care Estate

Andy Hadley, Head of Primary Care Estates and Digital Transformation presented the Staffordshire and Stoke-on-Trent ICB Primary Care General Practice Estates to the Committee. He explained that there were 142 General Practices with a total of 190 buildings in Staffordshire and Stoke-on-Trent with a diverse ownership/ lease arrangements. The Committee noted the following of the General Practice Estate:

- 40% of our GP estates were owned by the GP.
- 30% of our estate was built pre-1984, with 22 sites built pre 1948.
- Facing increasing pressure from additional workforce and housing developments
- Voids Space project to make the best use of the estate.
- Recurrent investment into estate through capital 66%/34% funding split

It was reported that there was increased partnership working to re-align estate and make the best use of the estate.

The next steps highlighted that the Primary Care Network estate aim was to ensure that the estate was fully utilised as much as possible and plans were created for where under-utilisation had been identified and where feasible, teams could be re-located into existing estate rather than creating new estate spaces at an additional cost.

The Committee noted the following comments and responses to questions:

- Related to housing developments:
 - There was an established mechanism by which the ICB assess the impact on public services within an area relating to a new development. Officers highlighted that the ICB was willing to engage with District and Borough Councils.

- The ICB would be led by data and patient flows with new development sites, nearby GP leads were consulted.
 - Key trigger points with Local Authorities had been established in any scheme of 10 units and above. £3.2million has been secured from section 106 agreements with a circa £8.2million requested.
 - The Committee requested a briefing note on the model for assessing sites.
- There was due process for closing a General Practice.
 - By the end of 2023/24 there would be a draft ICS Infrastructure Strategy which would help to address the number of GP owned surgeries.
 - The Committee queried if the estates were fit for purpose. In response, the Committee were advised that there were some premises which were not meeting the required standard, however, were safe. There were a number of older sites. GP estates require significant investment over the medium term.
 - The Committee endorsed a 10-year GP estates plan and the creative thinking to improve the estate provision.

Resolved – That (a) the update on General Practice estates across Staffordshire and Stoke-on-Trent be received.

(b) the Committee receive a briefing note on the model for assessing new development sites.

6. District and Borough Scrutiny Activity

The Committee received the District and Borough Health Scrutiny activity update report.

The Chairman highlighted that Tamworth had done a lot of work on Developing Healthier Communities and encouraged the other District and Boroughs to take up this work with Public Health.

Resolved – That the District and Borough Health Scrutiny Activity report be received and noted.

7. Work Programme 2023-24

The Committee noted that the Midlands Partnership Foundation Trust on gaining University Hospital status and request that MPFT be congratulated by the Committee.

The Committee received the Work Programme for 2023/24 and noted that Dentistry and GP access be added for November 2023.

The Committee noted the need to update the membership of the Women's Health Strategy and the Integrated Care Hub.

Councillor Holton volunteered to join the Women's Health Strategy Working Group.

Resolved – That (a) the Work Programme be noted.

(b) Dentistry and GP access be added to the Work Programme in November.

(c) the Committee congratulate Midlands Partnership Foundation Trust on gaining University Hospital status.

(d) the membership of the Women's Health Strategy Working Group be updated outside of the meeting and be reported back at the next meeting.

(e) the membership of the Integrated Care Hubs Working Group be updated outside of the meeting and be reported back at the next meeting.

Chair