

Agenda Item 5

SHEFFIELD CITY COUNCIL

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

Meeting held 25 March 2024

PRESENT: Councillors- Ruth Milsom (Chair, Sheffield City Council) Jeff Ennis (Barnsley Metropolitan Borough Council) and Glynis Smith (Doncaster Metropolitan Borough Council).

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence had been received from Councillors Jean Wharmby (Derbyshire County Council), Jonathan Wheeler (Nottinghamshire County Council) and Taiba Yasseem (Rotherham Metropolitan Borough Council).

2. EXCLUSION OF PUBLIC AND PRESS

2.1 There were no items of business identified where the public and press may be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the previous meeting of the Committee held on 7th December 2023 were agreed as a correct record.

5. PUBLIC QUESTIONS

5.1 There were no public questions.

6. CHANGE TO TERMS OF REFERENCE.

6.1 A verbal update was given by Laurie Brennan (Head of Policy and Partnerships, Sheffield City Council) who referred Members to "Health Scrutiny and the New Reconfiguration Arrangements: a Further Guide for Scrutiny Practitioners", published by the Centre for Governance and Scrutiny (CFGs). He advised that the changes were summarised on the second page of the guide and had come

into effect on 31st January 2024. The main change was regarding reconfigurations of local health services; local health overview and scrutiny committees (HOSCs) would no longer be able to formally refer matters to the Secretary of State. Instead, the Secretary of State had been given a broad power to intervene in local services, and scrutiny committees would have the right to be consulted on this. This meant there would need to be a shift to collaborative working between the Integrated Care Board (ICB), the Council and other partners. It was suggested, in the guidance, that a Memorandum of Understanding be developed between partners to build their working relationship.

6.2 Members expressed disappointment that HOSCs were being stripped of their power of referral to the Secretary of State but recognised the importance of developing a Memorandum of Understanding around collaborative working with partners. It was also suggested that regular briefing sessions could be scheduled with the ICB.

6.3 **RESOLVED:** That the Committee: -

- (a) Notes the update; and
- (b) Will add the development of a Memorandum of Understanding to develop collaborative ways of working with partners, to the 2024/25 committee work programme.

7. **START WITH PEOPLE STRATEGY REFRESH UPDATE (ICB CITIZEN INVOLVEMENT STRATEGY).**

7.1 The report, which provided an update to the Committee on the refresh of the NHS South Yorkshire Citizen Involvement Strategy, was delivered by Katy Davison, Deputy Director of Involvement, NHS South Yorkshire. A presentation was given which would be published on the Council's website.

7.2 Katy Davison gave the following additional information in response to questions from Members:

- Regarding whether the consultation exercise had been value for money, there had been points raised and suggestions made by citizens which would be implemented, but it had been concluded that one-off exercises were not the best way to engage with citizens, and a switch would be taking place to an ongoing dialogue which would enable the ICB to be more aware of citizen's views and therefore provide better value for money.
- To help citizens with learning difficulties be involved in the consultation, the ICB had worked with "Speak Up" on an easy read version. Speak Up had consulted their own members and contacts.
- It was recognised that greater efforts should be made to involve elected Members in consultations. The report had been sent to Scrutiny Members, but a response had only been received from Barnsley Metropolitan Borough Council.

- It was hoped that the planned 30% cut to ICB operating budgets would not prevent external groups being paid to engage their service users in consultations (e.g. Autism groups, MENCAP and Gateway), as it was recognised that this was a valuable way of engaging with citizens who might otherwise not respond.
- A directory of useful organisations was being put together who could assist with consultations.
- A measurement framework to monitor outcomes and performance was being discussed and would be shared with the Committee in due course.

7.3 Members discussed the previous consultation “What Matters to You” which had taken place in 2022 and had had approximately 500 responses. It was suggested that this represented 0.036% of the population of the region, which was too low a response to provide reliable data, and that the ICB needed to aim higher. Katy Davison advised that the proposed “ongoing dialogue” would assist with this, and that it would also reduce the need for consultation questions to be repeated. Additionally, The ICB was working to develop a “Community of Practice” to avoid duplication.

7.4 **RESOLVED:-** That the Committee:-

- (a) Notes the stakeholder and citizen involvement approach to the refresh of the South Yorkshire Citizen Involvement Strategy and
- (b) Notes the proposed structure and development of the refreshed strategy.

8. DENTISTRY IN SOUTH YORKSHIRE.

8.1 The report, which provided an update on ongoing work across South Yorkshire in dentistry, was presented by Debbie Stovin (Dental Programme Lead, NHS South Yorkshire), Anthony Fitzgerald (Executive Place Director-Doncaster, NHS South Yorkshire) and Dr Sarah Robertson (Consultant in Dental Public Health). A presentation was delivered which would be published on the Council’s website.

8.2 Dr Sarah Robertson provided an update on oral health in South Yorkshire. She advised that a 2022 survey of the state of the teeth of five-year-old children had shown that across South Yorkshire there had been reductions in tooth decay since the previous survey, and this reflected the ongoing oral health improvement programme across South Yorkshire. However the figures for South Yorkshire were still higher than both Yorkshire and the Humber as a whole, and England.

8.3 Dr Robertson explained that there were pockets of South Yorkshire where the figures were worse than overall, namely in areas of deprivation and in communities of non-white ethnic backgrounds, amongst looked after children, those with poor health, people with learning difficulties, gypsy Roma and traveller communities, asylum seekers and refugees.

- 8.4 Dr Robertson explained that there were 3 main interventions which could stop tooth decay: reduction of sugary foods and drinks, increasing exposure to fluoride, and visiting the dentist (including for fluoride varnishing). Water fluoridation (not currently present in South Yorkshire) was supported as it would reduce tooth decay and extractions and reduce dental inequalities, whilst being cost effective and having a low carbon footprint. A public consultation on extending water fluoridation in the North East had recently commenced, the results of which would be influential in whether other regions followed suit. Dr Robertson encouraged interested parties to respond to this.
- 8.5 Councillor Jeff Ennis left the meeting at 17.33. The Chair confirmed that this meant that the Committee was no longer quorate however the discussion could continue, and any proposed decisions would be referred to a subsequent meeting for approval.

Notes of the Informal Proceedings of the Meeting

- 8.6 Members asked what they could do to encourage the introduction of water fluoridation in South Yorkshire and were advised that they should respond to the public consultation for the North East. They could also lobby the Secretary of State.
- 8.7 A discussion took place regarding the national plan for dental recovery and whether it was adequate. Members expressed concern regarding the amount of people who could not access dental care and noted that any action which was targeted at increasing access for a particular group, would inevitably increase risk amongst other groups. Lack of access to dentists, reducing screening for mouth and throat cancer was also a concern.
- 8.8 Anthony Fitzgerald stated that it was recognised by the ICB that access to dental care was not good enough, and that improvement would take a significant amount of time, however they were being transparent about this. It was necessary to create optimism about solutions in order to assist with recruitment and make NHS work attractive for dentists.
- 8.9 Debbie Stovin advised that the existing digital platform did not enable Dental Practices to be able to state the length of their waiting list, but she had asked to be part of a working group which was due to look at this. She added that people who did not have an NHS dentist but who experienced dental issues were prioritised by degree of pain, and one session could be provided to address the issue causing the pain.
- 8.10 Members asked for clarification on the new “patient premium”, particularly regarding what constituted a new patient, and how it would be ensured that the system did not encourage queue jumping. Debbie Stovin advised that this was an extra payment which would be provided to dentists when they saw a patient who had not physically seen a dentist in the last 2 years, and it would include

patients on the dentist's own waiting list. The scheme would be audited and monitored nationally.

- 8.11 Members asked what action had been taken to encourage recruitment of dentists from overseas. Debbie Stovin advised that this was currently in development. It was a complex matter, as overseas dentists required additional training and certification to be able to practice in the UK.
- 8.12 Members requested clarification of what the reasons were for the underspend in the ICB dental budget. Debbie Stovin confirmed that it related to the claw back from practices which had not delivered 100% of their contract, i.e. it was due to underperformance. The aim was to keep this money within dental services rather than it being re-allocated within the ICB.
- 8.13 Members thanked panellists for attending and advised that it was likely that they would be asked to attend the Committee in the next municipal year to provide a further update.

9. WORK PROGRAMME.

- 9.1 A request was made for the Oncology update to be brought forward to the next meeting of the Committee.

10. DATE OF NEXT MEETING

- 10.1 It was noted that the next meeting of the Committee will be at a date and time to be confirmed.

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