

Health Overview and Scrutiny Committee

Wednesday, 18 September 2019, County Hall - 10.00 am

Minutes

Present:

Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford, Mr M Chalk, Ms C Edginton-White, Mr J Gallagher, Mr M Johnson and Mrs F Smith

Also attended:

Nuala Woodman, NHS England and NHS Improvement – Midlands
Howard Thompson, NHS England and NHS Improvement - Midlands
Anna Lee Hunt, Public Health England West Midlands

Rachael Leslie (Public Health Consultant),
Samantha Morris (Scrutiny Co-ordinator) and Jo Weston (Overview and Scrutiny Officer)

Available Papers

The Members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 27 June 2019 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

931 Apologies and Welcome

Apologies had been received from Mr C B Taylor and Mrs J Till.

932 Declarations of Interest and of any Party Whip

None.

933 Public Participation

None.

934 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 27 June 2019 were agreed as a correct record and signed by the Chairman.

**935 Dental Services
in
Worcestershire**

Attending for this Item were:

NHS England and NHS Improvement (Midlands) – NHSE&I

Nuala Woodman, Deputy Head of Commissioning (Dental)

Howard Thompson, Supplier Manager (Dental)

Public Health England (West Midlands) - PHE

Anna Lee Hunt, Consultant in Dental Public Health

Worcestershire County Council - WCC

Rachael Leslie, Public Health Consultant

By way of introduction, Members were reminded that NHSE&I commissioned dental services and worked with partner organisations to ensure equity of service and supply across the region, WCC had a responsibility for promoting and monitoring oral health and PHE had a responsibility to support both NHSE&I and WCC.

Officers suggested taking each of the subject areas in order, which the Committee agreed to.

Dental Access and Starting Well Initiative

Members were guided through the presentation, which had been circulated as part of the Agenda and the following key points were highlighted:

- There were 67 dental practices in Worcestershire, with 3 dental access centres (Worcester, Malvern and Evesham)
- In 2018/19 252,000 patients were seen by an NHS Dentist
- For the same period, NHSE&I commissioned 767,422 units of dental activity, with 66% of practices delivering their contracted activity within tolerance levels and 22 practices delivering in full
- There were 41,431 unused units of dental activity, from the contracted level, equivalent to 13,607 patients
- A previously closed practice in Worcester City (St Johns) had re-opened
- NHS Representatives were not aware of any pinch points in the County, but reported that they were looking at provision in Upton upon Severn at present, which could result in a spot purchase being approved
- Contracts awarded were highly regulated and did not allow for much flexibility, however, monies

could be clawed back if activity was not within tolerance levels and equally practices could 'gift' activity to ensure better coverage in a particular area

- Patients could go to any practice and there was no need to be registered. Public Health England would investigate any practices who were turning patients away
- Generally, patients looking for an NHS dentist would look on the NHS website, however the point was made that dentists have no obligation to update the website, so the information presented was unreliable. NHS England were trying to make it a contractual obligation for dentists to update information
- Reference was made to the Healthwatch Worcestershire Report 'Going to the Dentist, February 2019', which it was reported was felt to be generally positive by NHS England
- Starting Well was an oral health campaign designed to get more babies to the dentist before their first teeth came through. Training had been given to Practice Staff and there had been widespread communication to engage with families.

In the ensuing discussion, the following main points were raised:

- Generally, Members felt that access to dental services was not an issue for their residents. It was noted that some dentists were no longer taking NHS patients, but in the main, access was good
- A Member asked how the Starting Well campaign was engaging with families particularly those that were hard to reach. In response, Officers agreed that it was a challenge, but it was a good time to engage as pregnant mothers (and the following 12 months after birth) were provided with free dental care. It was noted that the campaign was having an impact, but it was a slow process
- It was clarified that if the Dentist was an NHS Dentist, they could claim for the visit despite not having undertaken any treatment and it was hoped that by engaging with the whole family it would provide better coverage
- In response to a question on how NHSE&I supported the wider region with the support available, it was stated that an organisational re-structure was in progress with the results expected shortly. They also outsourced some

research and transformational work to the NHS Business Services Authority

- A Member asked about reported discrepancy in relation to orthodontics, whereby family members had been given different advice and treatment from the same professional. It was explained that there was a strict set of criteria, based on health needs and not aesthetics which would probably account for the discrepancy. It was noted that the perceived need for 'perfect teeth' had led to an increase in activity, but that the NHS should not be required to fund any non health related activity
- In response to a question about the level of interaction with Councillors, it was reported that very rarely do Councillors contact Commissioners, but their potential role in promoting good dental hygiene provided a real opportunity to boost prevention
- Parts of Worcestershire had the water fluoridation scheme, whereby fluoride was added to the tap water to improve dental health. It had been proven that youngsters living in these scheme areas were less likely to have tooth decay compared to other regions
- A Member asked about training and development opportunities to promote Dentistry as a profession, to be informed that there was work being undertaken nationally to link with careers services and provide opportunities for school pupils to have taster days.

Community Dental Services Review

By way of presentation, the following key points were made:

- Community Dental Services (CDS) covered specialist elements of children's dentistry and special care dentistry (including domiciliary care in either a patient's own home or care home), sedation services in Worcester, Redditch and Malvern, general anaesthetics for children and/or adults in specific circumstances. In Worcestershire specifically, CDS also provided more complex treatments and oral health improvement
- Delivery of the County's CDS was by Worcestershire Health and Care NHS Trust from centres in Worcester, Kidderminster, Malvern, Evesham, Bromsgrove and Redditch and general anaesthetic cases were referred to Kidderminster

Treatment Centre

- Each year, there were approximately 4,000 appointments for children and around 2,000 appointments for special care patients. By comparison, there were around 292,993 courses of treatment delivered across the general population of Worcestershire
- A review of the CDS provision had recently taken place to ensure equity across the region and understand and enhance the provision based on Sustainability and Transformation Partnership (STP) footprint areas, in this case, Herefordshire and Worcestershire
- Communication and engagement had been taking place since March 2017 and a report of findings was published in July 2019. If further consultation was required, it would be referred to HOSC as a matter of course.

In the ensuing discussion, the following main points were made:

- It was clarified that some additional needs patients chose to be treated in general dental practices and those practices probably had additional training to be able to better help the patient, more so if the family was being seen by the same practice
- Members noted that there would be a separate consultation undertaken in respect of the provision of general anaesthetic (GA) and sedation services. It was an opportunity address a number of problems with GA eg theatre access, waiting times, staffing and governance issues. It was hoped that there would be more coverage across the region resulting in additional theatre space being constructed at the Birmingham Dental Hospital meaning wait times would be reduced
- A Member suggested that the public was often confused about what service was available and where. NHS Representatives agreed that this was a recurring theme from the engagement they had done. The Committee agreed that improved communication was required for all residents
- When asked what intelligence was available to inform the decision making process, it was suggested that there was a reliance on local data, although this was regularly updated to take account of building developments and an ageing population for example
- It was clarified that the purpose of the review was

to provide a more equitable service across the region, not to reduce venues and not to save money

- For Worcestershire, the impact of the review would see a more consistent service.

Out of Hours Dental Services

The Chairman suggested that time was running short and asked for a brief discussion. The following main points were raised:

- Out of Hours (OOH) dental services was the option available for those patients who required urgent dental care whilst their usual practice was closed. It was not to be confused with extended opening of general dental practices
- As most dental problems could be addressed in an hour or two, the number of people using out of hours services was very small
- The West Midlands contract for OOH was due to expire in March 2020 and a review was being undertaken. It was not proposed to reduce the total spend on OOH services, rather operate services from fewer sites with longer opening hours
- For Worcestershire, this could result in OOH services being delivered in Worcester and Redditch, with closure of the sites in Kidderminster and Evesham but alternative sites in Dudley, Birmingham and Herefordshire could be an option if geographically more convenient to Worcestershire residents
- Members felt that this review added to the confusion on what was available to patients and urged commissioners and providers to ensure better communication channels.

The HOSC Chairman invited the Managing Director of Healthwatch Worcestershire to the table and the following comments were made:

- It was agreed that dental services were a complex area with uncertainty about what was available
- Members were reminded of the February 2019 'Going to the Dentist' Healthwatch report which had made some recommendations
- Good dental hygiene and prevention from an early age was an area for focus
- As an organisation, Healthwatch had responded

936 Health Overview and Scrutiny Round-up

to the recent NHS consultations and surveys.

In conclusion, the Chairman thanked those present for an informative discussion, wished Commissioners well for their restructure and hoped everyone involved would provide clearer communications for patients. A two page summary with clear actions and timescales was requested and upon receipt would be circulated to the Committee. It was hoped that Members would then be able to signpost their residents more effectively.

The Chairman reported on the recent news that West Midlands Ambulance Service (WMAS) University NHS Foundation Trust had retained its Outstanding rating from the Care Quality Commission. In addition, they would take over the running of the 111 service from November 2019. Although WMAS had lost the non-emergency patient transport service contract, the Chairman reported that HOSC would be able to monitor the situation from contract commencement next year.

The Chairman had requested a briefing note from Officers on s106 funding, which would be circulated after the meeting.

The Vice Chairman reported developments in relation to Evesham Hospital, whereby Worcestershire Acute Hospitals NHS Trust was no longer undertaking minor surgery at Evesham Hospital but had expanded the County endoscopy service. It was suggested that communication with stakeholders had been poor.

937 Work Programme 2018/19

There was nothing to add at this time.

The meeting ended at 12.00 pm

Chairman