## **Minutes**

## OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES

MINUTES OF THE OVERVIEW & SCRUTINY COMMITTEE FOR PUBLIC HEALTH SERVICES HELD ON FRIDAY 7 SEPTEMBER 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.15 PM.

#### **MEMBERS PRESENT**

### **Buckinghamshire County Council**

Mr M Appleyard (In the Chair)
Mrs P Wilkinson MBE, Mrs M Aston, Mrs P Bacon, Mrs A Davies and Mr R Woollard

#### **District Councils**

Sir J Horsbrugh-Porter Chiltern District Council
Mrs W Mallen Wycombe District Council
Mr D Rowlands Aylesbury Vale District Council
Mrs M Royston South Bucks District Council

#### **Officers**

Mrs C Gray, Senior Democratic Services Officer Mrs A Macpherson, Policy Officer (Public Health)

## Others in Attendance

Ms M Campbell, Primary Care Manager Commissioning, Buckinghamshire Primary Care Trust

Mr C Hayton, Chief Executive Officer, Heatherwood and Wexham Park Hospitals NHS Trust Mr A Rodden, Programme Manager, Heatherwood and Wexham Park Hospitals NHS Trust Ms Y Taylor, Director of Child and Adolescent Mental Health Services, Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust

Ms S White, Dental Public Health Consultant, Buckinghamshire Primary Care Trust Ms C Blakeway-Phillips, Head of Partnership Development, Buckinghamshire Primary Care Trust

### 1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies for absence had been received from Hedley Cadd.

#### 2 DECLARATIONS OF INTEREST

There were no declarations of interest for this Meeting.

## 3 MINUTES

The Minutes of the Meeting held on 6 July 2007 were agreed as a correct record.

#### 4 NHS DENTISTRY PROVISION IN BUCKINGHAMSHIRE

Sandra White, Dental Public Health Consultant gave a presentation on the public health

perspective of assessing dental health needs, improving oral health and reducing inequalities. Michelle Campbell, PCT Primary Care Manager gave a presentation on the current status regarding accessibility to local dentistry services, details of the new contract and how the NHS is communicating change and information to the public. A copy of their presentations were attached to the agenda.

During discussion the following points were raised:-

#### Child Oral Health

 A study of 5 year old children showed that there was an increasing trend in active decay, particularly in deprived communities. If an x-ray was taken and no action was taken, although decay was present on the x-ray, this could potentially be a litigation issue.

#### **General Information**

- Oral cancer could be identified by looking under the tongue.
- Hygienists could do a scale and polish, therapists could do fillings and simple extracts
  and dentists undertook more complex treatments. NHS Dentists could not say there
  was a clinical need for a scale and polish and send them privately to a hygienist.
- Further information to be supplied to Members once investigated, on the reasons why there is a high % of children who had sepsis in Aylesbury.
- Preventative work was undertaken where possible to promote oral health, particularly
  through health visitors and schools. There was a Smile Award to encourage children
  to have healthy snacks. Additional resources would be beneficial for learning
  disability patients and for elderly patients, particularly in identifying oral cancer. Larger
  dental practices were particularly encouraged to promote oral health and where
  possible this was being written into the contract.
- People were keeping their teeth longer which meant more complex treatment at a later stage.

#### Communication

There were patient information leaflets to inform them of their rights. It was important
for the PCT to be informed of any complaints for monitoring purposes. Any feedback
on improving leaflets/information was welcomed, particularly for those patients who
had English as a second language.

#### Inspection/Performance Monitoring

- Peer Reviews were only effective if reviewed by dentists who operated good practice.
   Some neighbouring dentists could be operating under similar standards.
- Dental Reference Officers, based in Eastbourne, conducted examinations nationally every 3 years. They would look at patients attending the dentist and then examine their records.
- There was also a Dental Practice Advisor who also undertook inspections e.g instrument hygiene, child protection, Hepatitis B checks, sieves to catch amalgam. These inspections were completed every 3 years and were on a rolling programme.
- There was a national protocol to undertake a census of 5 year old children. This was a small sample of children. Bucks PCT undertook to look at every 5 year old.
- Concern was expressed about access to dental services for people who lived in deprived areas.
- There was no legislation to allow private dentists to be inspected. The PCT can only communicate with private dentists and send them information. Denplan practices were asked to fill in a self assessment form. The practice would have to be inspected if there was one NHS patient.

#### Finance

• Members expressed concern regarding the low level of charging and the quality of treatment that could be provided at that price. It was noted that whilst adults paid

£15.90 for 1 UDA, the dentist would receive £21.00. Patients with special needs required additional time to look at a number of issues such as diet/brushing teeth/oral cancer, where this payment was inadequate and this had been raised with the Chief Dental Officer.

- Funding for dentistry was ring fenced over 3 years. There was concern expressed what happened after the 3 year period, particularly bearing in mind that there were no national targets for dental services. It was noted that once a contract had been signed with a dentist there would have to be a very severe incident to terminate the contract. The contract was in the dentist's favour.
- Costs were uplifted each year nationally.
- In response to a question regarding future housing development it was noted that there would not be any additional funding to cover the additional demand. Members were informed that there was a particular problem for services in Aylesbury Vale. Money was only made available for services if a service stopped elsewhere e.g if one dentist left in High Wycombe, the funding would be returned to the PCT. An oral needs assessment would be made and the money would be re-invested in high priority areas such as Aylesbury Vale, Chesham, South Bucks or Thame/Chinnor.
- It was difficult to obtain any additional funding for dentistry bearing in mind the PCT had a deficit, there were no national targets and dentistry would be competing with a range of other services such as child oncology.
- Banding had been introduced to make the cost of the service more transparent to the
  patient, so they knew what to expect. Previously there were approximately 400 items
  of service e.g there were huge variations in the price of a filling.
- The banding system gave no encouragement to the patient to visit the dentist on a regular basis.
- Members asked for information on the ratio of private/public sector dentists in each area, including the numbers of NHS/private dentists. Sandra White agreed to provide this information to the Committee.

Michelle Campbell and Sandra White were thanked for their informative presentation. A letter would be sent to the PCT with any additional questions the Committee may have on dentistry issues.

#### 5 HEATHERWOOD AND WEXHAM PARK PROPOSALS

Colin Hayton, Chief Executive Officer and Antony Rodden, Programme Manager attended the Meeting to report on the current status of the 'Right Care, Right Place' Programme for the redevelopment of the Heatherwood and Wexham Park Hospitals NHS Trust site.

During discussion the following points were noted:-

- Heatherwood and Wexham Park Hospitals NHS Trust had two successful years.
  They had been awared an 'Excellent score' for the quality of services by the Health
  Care Commission for 2005-6 one of only eleven acute Trusts in the Country to be
  awared Excellent.
- They had become a Foundation Trust from 1 June 2007.
- They were currently looking ahead for the next 20/30 years to provide the right accommodation for the health services of the future. An outline case had been approved by Ministers in 2005 and more detailed planning was now in progress.
- Future plans were being discussed with Berkshire and Buckinghamshire and were being developed in line with the Our Health Our Care Our Say proposals. The future role of hospitals needed to be considered in line with PCT proposals to promote services in the community.
- The Berkshire East PCT Commissioning Strategy had been published in Spring this vear.
- The realistic options for redevelopment were now being reviewed with the intention that any substantial changes in services would be the subject of public consultation

- from December 2007 to March 2008.
- The Overview and Scrutiny Committees in Buckinghamshire and Berkshire would need to work together to consider the consultation document.
- There was an urgent need to improve the facilities for patients particularly on the Heatherwood site.
- Changes at the A&E Department and Maternity Unit in High Wycombe could mean a rise in patients attending Heatherwood and Wexham Park Hospitals.
- A Member asked for information on which specialities were provided on which sites, including capacity. The Trust agreed to respond with this information.
- A Member commented on the good transport links to the Wexham Park hospital site.

Colin Hayton and Antony Rodden were thanked for attending the Meeting and were invited back to the Committee in December, to consider the consultation document. Further work would be undertaken on joint scrutiny arrangements with East Berkshire Overview and Scrutiny Committee regarding this issue.

# 6 REVIEW INTO THE MANAGEMENT OF EATING DISORDERS FOR 11-16 YEAR OLD CHILDREN IN BUCKINGHAMSHIRE

In February 2007 a Task Group from this Committee published a review into the management of Eating Disorders for 11 to 16 year old children. The recommendations from the report were accepted and a Partnership Working Group was established to drive forward the key recommendations. Yvonne Taylor – Director of Child and Adolescent Mental Health Services for Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust attended the Meeting to update Members on the progress achieved to date on the Action Plan.

During discussion the following points were noted:-

- A Countywide multi-agency workshop had been held to develop a common understanding of eating disorders and to determine gaps in provision.
- Discussions had been held with the Bucks Youth Cabinet who had suggested adding Eating Disorders to the PHSE syllabus.
- Guidelines were being developed for all those working in an educational environment for the early identification of the illness and also a GP pack for referrals. These were expected to be launched in November 2007 and Members of the Sub-Group of the Committee would be invited.
- Young people often did not want to talk to their parents so it was important to offer opportunities for young people to talk about their illness in a confidential environment eg in school.
- There were concerns about websites that encouraged eating disorders.
- It was important that there were other methods of referral not just through GP surgeries e.g voluntary organisations.
- Yvonne Taylor would talk to the Committee in the near future about developments within tier 3 Specialist CAMHS Services.

The Working Group would report back to the Committee in March 2008 to update them on progress. A letter would be sent to the Chairman, Chris Petford to ensure that she would be able to attend, with representation across all agencies to present a full report. The Chairman thanked Yvonne Taylor for attending the Meeting.

## 7 PATIENT AND PUBLIC INVOLVEMENT FORUMS (PPIF)

The Forum Support Officer would update the Committee at the next Meeting on key patient issues arising from the Forum's current work programmes.

#### 8 COMMITTEE UPDATE

There was nothing further to report.

## 9 DATE AND TIME OF FUTURE MEETINGS

The dates and times of future meetings were noted including moving venues around the District Councils. The next meeting would be held on 5 October 2007 at 10am.

CHAIRMAN