



# Buckinghamshire County Council

## Select Committee

Health and Adult Social Care

**Date:** Tuesday 2 February 2016

**Time:** 10.00 am

**Venue:** Mezzanine Room 2, County Hall, Aylesbury

### AGENDA

#### 9.45 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow the members time to discuss lines of questioning, areas for discussion and what needs to be achieved during the meeting.

#### 10.00 am Formal Meeting Begins

Agenda Item	Time	Page No
1 <b>APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP</b>		
2 <b>DECLARATIONS OF INTEREST</b> To disclose any Personal or Disclosable Pecuniary Interests		
3 <b>MINUTES</b> Minutes of the meeting held on 24 <sup>th</sup> November 2015 to be confirmed as a correct record		7 - 18
4 <b>PUBLIC QUESTIONS</b> This is an opportunity for members of the public to put a question or raise an issue of concern, related to health. Where possible, the relevant organisation to which the question/issue is directed will be present to give a verbal response. The member of public will be invited to speak for up to four minutes on their issue. A maximum of 30 minutes is set aside for the Public Questions slot in total (including responses and any Committee discussion). This may be extended with the Chairman's discretion.		



South Bucks  
District Council



For full guidance on Public Questions, including how to register a request to speak during this slot, please follow this link:

<http://www.buckscc.gov.uk/about-your-council/scrutiny/getting-involved/>

**5 CHAIRMAN'S UPDATE**

**10:05am 19 - 20**

This will include an update regarding the application to open a Community Pharmacy in Waddesdon, consultation on the Bedfordshire and Milton Keynes Health review and changes in provider at the Mandeville Practice.

In response to a public question raised at the 24<sup>th</sup> November meeting, Leaders of all District Councils were contacted regarding priority housing provision for healthcare workers. A sample letter is attached.

**6 COMMITTEE UPDATE**

An opportunity to update the Committee on relevant information and report on any meetings of external organisations attended since the last meeting of the Committee. This is particularly pertinent to members who act in a liaison capacity with NHS Boards and for District Representatives.

**7 ORAL HEALTH AND ORAL HEALTH PROMOTION**

**10:10am 21 - 26**

For Members to receive an overview of the Oral Health of Buckinghamshire residents, and an outline the Buckinghamshire Oral Health Improvement Strategy and the Oral Health Promotion service.

**Contributors:**

**Sarah Mills, Public Health Principal, Buckinghamshire County Council**

**Lucie Daleki, Oral Health Improvement Manager (MK and Bucks), Central and North West London NHS Foundation Trust (CNWL)**

**8 THE COMMISSIONING OF NHS DENTISTRY IN BUCKINGHAMSHIRE AND AN OVERVIEW OF DENTISTRY PROVISION** **10:40am 27 - 40**

Members will receive:

- i.) An overview of NHS provision in Buckinghamshire
- ii.) An overview quality of NHS dentistry provision and types of dental work NHS funding excludes.
- iii.) An overview of contractual performance in Bucks.
- iv.) A dentists perspective on the provision of dentistry in Buckinghamshire

**Contributors:**

**Hugh O'Keefe - Contract Manager – Dental, NHS England South (South Central)**

**Nilesh Patel – Chair of Bucks Local Dental Committee**

**9 A USERS PERSPECTIVE ON THE ACCESSIBILITY OF NHS DENTISTRY** **11:10am**

Healthwatch Bucks to present findings from a review of access to dental services and an overview of feedback received from residents on dentistry.

**Contributors:**

**Shade Adoh – Healthwatch Bucks**

**Phil Thiselton - Head of Research – Healthwatch Bucks**

**10 WORK PROGRAMME** **11:40am 41 - 44**  
For Members to note the work programme

**11 DATE AND TIME OF NEXT MEETING** **11:50am**  
The next meeting will take place on Tuesday 22<sup>nd</sup> March 2016, at 10.00am in Mezzanine Room 2. There will be a pre-meeting for Committee Members at 9.30am.

**Purpose of the committee**

The role of the Health and Adult Social Care Select Committee is to hold decision-makers to account for improving outcomes and services for Buckinghamshire.

It shall have the power to scrutinise all issues in relation to Health and Adult Social Care. This will include, but not exclusively, responsibility for scrutinising issues in relation to:

- Public health and wellbeing
- NHS services
- Health and social care commissioning
- GPs and medical centres
- Dental Practices
- Health and social care performance
- Private health services
- Family wellbeing
- Adult social services
- Older people
- Adult safeguarding
- Physical and sensory services
- Learning disabilities
- Drugs and Alcohol Action Team (DAAT services)

*\* In accordance with the BCC Constitution, this Committee shall act as the designated Committee responsible for the scrutiny of health matters holding external health partners to account.*

## **Webcasting notice**

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*For further information please contact: Julia Woodman on 01296 382062 , email: [jhwoodman@buckscc.gov.uk](mailto:jhwoodman@buckscc.gov.uk)*

## **Members**

Ms A Macpherson (C)	Mr N Brown
Mr R Reed (VC)	Mr B Roberts
Mr B Adams	Julia Wassell
Mrs M Aston	Vacancy
Mrs P Birchley	Vacancy
Ms J Blake	

## **Co-opted Members**

Ms S Adoh, Local HealthWatch  
Mr A Green, Wycombe District Council  
Ms S Jenkins  
Mr N Shepherd, Chiltern District Council  
Dr W Matthews, South Bucks District Council

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# Buckinghamshire County Council Select Committee Health and Adult Social Care

## Minutes *HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE*

Minutes from the meeting held on Tuesday 24 November 2015, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.00 am and concluding at 12.10 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>  
The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: [democracy@buckscc.gov.uk](mailto:democracy@buckscc.gov.uk))

### MEMBERS PRESENT

#### Buckinghamshire County Council

Ms A Macpherson (In the Chair)  
Mr R Reed, Mr B Adams, Mrs M Aston, Mrs P Birchley, Ms J Blake, Mr B Roberts and Julia Wassell

#### District Councils

Ms S Adoh	Local HealthWatch
Mr A Green	Wycombe District Council
Mr N Shepherd	Chiltern District Council
Dr W Matthews	South Bucks District Council

#### Others in Attendance

Ms J Woodman, Committee and Governance Adviser  
Mr N Dardis, Chief Executive, Buckinghamshire Healthcare Trust  
Dr A Gamell, Chief Clinical Officer, Chiltern Clinical Commissioning Group  
Ms L Patten, Chief Officer, Aylesbury Vale Clinical Commissioning Group  
Ms L Perkin, Programme Director for Integrated Care  
Mr N MacDonald, Chief Operating Officer, Buckinghamshire Healthcare trust  
Ms C Morrice, Chief Nurse and Director of Patient Care Standards, Buckinghamshire Healthcare NHS Trust  
Dr T Kenny, Medical Director, Buckinghamshire Healthcare NHS Trust  
Dr Jane O'Grady – Director of Public Health, Buckinghamshire County Council

### 1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr Brown and Mr Hunter-Watts.



## **2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **3 MINUTES OF THE MEETING HELD ON 20TH OCTOBER 2015**

The minutes of the meeting on 20<sup>th</sup> October 2015 were confirmed as an accurate record.

## **4 PUBLIC QUESTIONS**

The Chairman read out Mr Bill Russell's questions and the response received from Lesley Perkins (Programme Director for Integrated Care) in regard to the Better Care Fund:

Q1. Better Care Fund: How does the Friends and Family Test for patients in the acute hospital relate to the patient experience of those receiving services (funded by the BCF) designed to keep them out of hospital? We need a proper measure of the patient experience not the FFT.

Response from Lesley Perkin 'Mr Russell is quite right that the existing, national metrics on patient experience are not relevant if we want to understand the experience of an integrated journey. This was discussed at the last Health and Wellbeing Board and all members agreed that it would be good to develop a local metric that aims to improve this situation. This wouldn't just be the patient experience of individual services funded by the BCF but rather a joined up measure across the pathway. I'm afraid I don't have details of how this will be done at this stage but as a first step intelligence is being gathered from other parts of the country who have already made some progress on this complicated topic.'

The Chairman added that there was an item on the BCF on the agenda and that Lesley Perkin may wish to elaborate further as part of her presentation.

Q2. 'GP services: What can the Council do to help recruit Doctors and Nurses to work in Bucks GP surgeries where there is a crisis happening now? Can you help with cheap housing for young Doctors & nurses, e.g. better facilities to improve working conditions?'

The Chairman stated that she had been advised that this was outside the scope of this Committee. It was a District Council issue around housing. The CCGs had also been asked to comment about recruitment for doctors and nurses.

The Vice Chairman agreed and added that this was a timely question as District Councils were due to consult on their Local Plans. Suggested that HASC write to the Leaders of all four District Councils in Buckinghamshire and ask that key worker housing is included in the Local Plan.

HASC debated the issue further and the following points were raised:

- Employers have a responsibility to provide suitable housing and this used to happen in the NHS.
- The Housing Act is quite specific on the employees they have to provide housing for and Government advises on what constitutes a key worker.
- HASC should write to NHS England regarding the expansion housing of provision and the need for more GP surgeries as some GPs are presently at full capacity. NHS England need to make better links to allow for S106 monies to be utilised for healthcare development.



#### **Actions:**

- **HASC write to the Leaders of all four District Councils in Buckinghamshire and ask that significant consideration is given to key worker housing**
- **HASC write to NHS England to highlight the need for the provision of primary healthcare infrastructure investment linked to housing expansion programmes across Buckinghamshire.**

**Action: Committee & Governance Adviser**

## **5 CHAIRMAN'S UPDATE**

The Chairman highlighted the following:

- The Committee's concern regarding NHS dentistry funding and future funding – Members have been circulated with a brief report regarding this. There is no evidence of under-provision but are issues of accessibility. However where there is under performance money in a dental practice is clawed back at a regional level by NHS England and this is not necessarily re-invested in Buckinghamshire. NHS England would like more accurate information around housing expansion so they can plan for more NHS Dentistry provision and ensure investment is targeted in the right areas.

#### **Actions:**

- **To add NHS Dentistry to HASC work programme discussion on 8<sup>th</sup> December. Specifically looking at:**
  - **Community Dentistry Service provision for elderly and vulnerable people.**
  - **Quality of NHS dentistry provision**
  - **Provision of dentistry in hospital settings and the pressures faced.**
  - **Provision of NHS Dentistry in the south of the county**
- Milton Keynes Hospital and its future – The Chairman stated she would be attending a scrutiny meeting in Bedfordshire regarding the Healthcare Review and will update the Committee on this.

## **6 COMMITTEE UPDATE**

- Mrs Aston updated the Committee on the progression of the Learning Disability Inquiry in her role as chair of the inquiry group.
- Mr Shepherd met with the Chair of Chiltern CCG Board to discuss performance data and how this can best presented to HASC and this will be included in the work programmes discussions on 8<sup>th</sup> December.
- Julia Wassell attended a seminar by 'Healthy Minds'

## **7 BUCKINGHAMSHIRE HEALTHCARE NHS TRUST IMPROVEMENT PLAN AND UPDATE ON WYCOMBE HOSPITAL**

Neil Dardis (Chief Executive) Carolyn Morrice (Chief Nurse), Dr Tina Kenny (Medical Director) and Neil MacDonald (Chief Operating Officer) updated the Committee on the Buckinghamshire Healthcare Trust Improvement planning process post the Care Quality Commission's Inspection. SEE PAPERS AND WEBCAST FOR FULL DETAIL

During the discussion the following areas were covered:

- An update on the CQC Inspection report findings from March 2015 on Community Services and the unannounced inspection covering urgent care and end of life services.
- Buckinghamshire Healthcare Trust (BHT) were rated as good for caring overall and had made significant improvements from the year before in urgent care services. Community end of life services were rated as good.
- Improvement work and planning has looked to address culture and leadership issues particularly in Children's Community Services and challenges regarding recruitment and retention of staff.
- The Public Health Team are conducting Needs Assessments around 0-5 and 5-19 Services, finding out what the need is and how it differs across the county. Have launched a survey to capture views of Reception, Year 6 and Year 9 children to inform the strategic approach to Healthy Schools.
- BHT has incorporated the inspection findings into their overall improvement plan. The overall improvement strategy priorities are: reducing mortality, improving the patient experience and reducing harm. BHT has seen significant reductions in harm from falls, incidents and has an A rated stroke service.
- The CCGs outlined the integrated prevention work to reduce hospital admissions and further work needed with social care around speeding up discharges for those who are medically stable.

#### Wycombe Hospital

- BHT continues to invest in services at the site and is in the process of developing clinical strategies. BHT is keen to engage HASC and the community but have no definitive plans at this point in time. Probably looking at spring next year for any strategic plans.

#### Other Issues raised by Members and discussed:

- The use of agency staff to maintain safe services.
- The quality of discharge papers and ensuring coordinated IT systems and care pathways across partners and geographical areas.
- Winter pressures, learning from the year before and how this will be managed this year.
- Patient experiences and learning from the challenges people face with multiple complex needs.
- Understand how BHT working with Children's Services and Public Health to drive improvements in Children's Community Health.
- Likely cuts to public health funding and implications.
- Contingency plans if a junior doctors strike goes ahead, communication to the public and impact on budgets.

#### Action

**To have RAG rating on the Improvement Report and for HASC to be sent an exception report**

**Action: BHT**

## **8 BETTER CARE FUND**

Lesley Perkin provided members with an update on the Better Care Fund (BCF) key projects, performance outcomes and risk management. SEE WEBCAST AND PAPERS FOR FULL DETAIL.

During discussion the following areas were discussed:

- BCF is a national mandate and involves integration of existing funds.
- Buckinghamshire BCF is a combined budget of £28.8 million and this is the minimum amount under the terms of the programme. The maximum was £100 million.
- Identification of services in Bucks covered under the BCF.
- National metrics attached to the BCF are not just impacted on by BCF services. Bucks BCF is not hitting targets on non-elective admissions and re-ablement targets although internal monitoring shows the re-ablement areas are improving.
- BRAVO is an example of the positive work around integration.
- Integration work being taken forward is locality working led by GPs working with partners across health and social care at a ground level.
- BCF will continue into next year and details will be outlined in the comprehensive spending review.
- The need to ensure providers are working in an integrated way in addition to commissioners.
- Systems resilience work operationally includes contact line for care homes to contact GP. Strategically there is a county –wide Care Home Strategy programme working with providers looking at different ways of ways.
- There is a need for Health and Social Care to work with closer Care Homes and a further consideration of applying conditions on providers.

In response to questions from Members the following issues were also discussed:  
The Integration of Community Health Teams and likelihood of this happening.

- The Picture of what's happening with Care Homes and how commissioners manage this.
- The Need for new models of Care Homes.
- Clarification on why the risk register provided has no actions listed.

## **Actions**

- **HASC add Care Home market and new models of provision to 8<sup>th</sup> December work programme discussions.**

**Action: Committee & Governance Adviser**

- **CCGs and Adult Social Care to report back to HASC on the BCF risk register and the inclusion of actions against red and amber residual risk.**

**Action: CCGs and Adult Social Care**

## **9 CANCER SCREENING**

HASC took collective decision to have this item deferred and to have a simpler, clearly laid out paper submitted by the CCGs in the New Year.

Annet Gamell briefly updated the Committee on the following:

- There seems to be an issue with an issue with recording
- Cancer survival rates and mortality rates shows the local CCGs are above or are at least in-line with national averages
- The Cancer Outcome survey data to be rolled out nationally and CCGs are looking at 70% recording.

## **Action**

- **CCGs to compile Cancer Screening paper which covers cancer diagnosis, flows through the system to treatment.**

#### **10 GP INQUIRY 12 MONTH UPDATE**

Members noted the update report provided. The RAG status report is attached

#### **11 WORK PROGRAMME**

The work programme was noted.

There was a reminder to members that there is a work programme workshop on 8<sup>th</sup> December.

#### **12 DATE AND TIME OF NEXT MEETING**

The next full webcast committee meeting will be on 2<sup>nd</sup> February 2016 at 10am.


**CHAIRMAN**


## HASC GP Services Inquiry – 12 month progress on Recommendations



**Select Committee Inquiry Report Completion Date:** 25<sup>th</sup> November 2014


**Date of this update:** 24<sup>th</sup> November 2015

**Lead Officer responsible for this response:** Debra Elliot (NHS England for Recs 1,3,4,7), Richard Corbett (Healthwatch Bucks for Recs 5), Annet Gamell & Lou Patten (Aylesbury Vale & Chiltern CCGs for Rec 2 & 6)


Accepted Recommendations	Original Response and Actions	Progress Update	Committee Assessment of Progress (RAG status)
<p>1: NHS England should publish a national benchmark indicator of general practice funding per capita, facilitating comparisons with the funding received in different CCG areas. This benchmark should then be published as a routine at least annually in future.</p>	<p>I think we go some way to meeting this request for action though our publishing NHS payments to general practice 2013-14 through the Health and Social Care Information Centre. This was published just last week.</p> <p>This is a list of investment into each and every general practice, broken down to reflect payments from NHS England against a range of national enhanced services as well as core.</p> <p>This does not correlate directly with GP take home pay, - because for GP partners this is obviously dependant on the net profits arising from these payments having taken away running costs. The majority of these in primary care (as in NHS generally) being staffing costs.</p> <p>Whilst it is common to look towards some sort of benchmark, - it proves very difficult to be able to rank payments to practices in any logical form. – As you know, core funding to general practice is based on a weighted formula, - Currently, - practices do not receive equal levels of pay based on their weighted list size. – It is to address this inequality that the DH imposed a contractual change to withdraw MPIG over 7 years. Likewise, we have decided that PMS practices should be funded at the same level for the same work as GMS practices, and have agreed a transition of between 4-7 years to be determined locally.</p> <p>One could argue that the pace of change is too slow, however, we are aware that for a significant minority of practices this change in funding can be significant, alongside this, the Carr-Hill formulae is being revised, therefore we</p>	<p>N/A</p>	

	<p>cannot make assumptions about the eventual distance from target until the new weighting formulae which reflects better patient need, is agreed with the profession.</p> <p>Our position therefore is that whilst we are committed to more open and transparent information being available to the public in terms of investment into primary care, we need to be cautious about turning this into a benchmarking exercise as this fails to recognise the complexities in primary care funding and the inability to compare like with like.'</p>		
<p>2. A GP Demand Management Action Plan should be agreed by the CCGs and NHS England Area Team as part of the Primary Care Strategy to facilitate a coordinated and shared approach to reducing avoidable appointments and demands on GP services, as well as promoting greater self-care. This should be delivered either by the local CCGs or as an early co-commissioning project undertaken with the NHS England Area Team.</p>	<p>In order for the CCG's to deliver their vision for primary care as outlined in our strategy (currently in draft) a number of goals have been identified. Although a 'GP Demand Management Action Plan' is not referred to specifically, two of these goals will deliver what they believe the HASC require from this recommendation, which is to systematically reduce demand on primary care through actions such as increasing self-care or alternative signposting for patients. The goals from our draft strategy that this particularly relates to are:</p> <ol style="list-style-type: none"> <li>1) Enable people to take personal responsibility for their own health and wellbeing, and for those that they care for, with access to validated, localised and readily available educational resources</li> <li>2) Improved and appropriate access for all to high quality, responsive primary care that makes out-of-hospital care the default</li> </ol> <p>As a 5 year strategy, the document does not include details of how they will achieve this but in the next steps section the CCG commits to specific deliverables in year one. Of relevance are</p> <ul style="list-style-type: none"> <li>• to have a whole system programme to increase self-management</li> <li>• Implementation of a system-wide care planning approach</li> </ul> <p>Should they feel that this work will benefit from collective effort with NHS England this would be an opportunity to take forward through co-commissioning to maximise impact. (Louise Patten, AV CCG).</p> <p>We accept in full this recommendation, but can only accept responsibility for those parts that are within CCG control in terms of demand management ( Louise Patten AV CCG).</p>		 <p>Implementation date April 2016</p>

	<p>From March 2015 -(Debra Elliot, NHS England Area Team). 'As you acknowledge, within General Practice the issues of demand management, "appropriate utilisation", signposting to other primary, community and social care services is very complex. The Primary Care strategies led by the CCGs, in conjunction with NHS England, are currently in production. Your suggestion to expand the range of 'other demands' is helpful. The CCGs will be able to indicate how they might be incorporated, where practical, into the strategies. However we wish to sound a 'word of caution'. The development of the strategies is critical work and we would not support any actions that might lead to delays. The CCG may be able to advise if further detail on this recommendation can be provided without leading to delay.'</p>		
<p>3. The NHS England Area Team, in liaison with local CCGs and the Local Medical Committee, should clarify roles, responsibilities and contacts for NHS engagement on land use planning matters, and how information will be shared between themselves and with local practices. The Area Team should review whether they have the processes and data in place to secure developer contributions for general practice investment</p>	<p>'We agree that our response was not completely comprehensive on the complex issues of health requirements in relation to spatial planning. The lack of detail is perhaps indicative of the complexity of planning across a range of Health &amp; Social Care commissioners whilst encouraging innovative solutions from the market. Currently there is no single guidance document for this area. Co-commissioning should certainly assist in the joining together of NHS commissioners. Joint commissioning committees between CCGs and NHS England will require robust health &amp; social care strategies looking to the 5 year forward view. In conjunction with the CCGs we are looking to strengthen and regularise our working arrangements with the Planning Authorities. The use of the Community Infrastructure Levy (CIL) is indeed an important mechanism in areas of change and growth. The NHS would want to utilise this where ever possible.'</p>		 Implementation date April 2016
<p>4. Following the publication of the Primary Care Strategy, the NHS England Area Team should agree with the local CCGs a plan for how the necessary investment in primary care premises will be encouraged, supported and delivered over the next five years.</p>	<p>NHS England funding will deliver on the promise of a new deal for primary care, as highlighted in the NHS Five Year Forward View. It is the first tranche of the recently announced £1billion investment to improve premises, help practices to harness technology and give practices the space to offer more appointments and improved care for the frail elderly – essential in supporting the reduction of hospital admissions. GPs across the country are being invited to submit bids to improve their premises, either through making improvements</p>		 Implementation date April 2016





	<p>to existing buildings or the creation of new ones. In the first year it is anticipated that the money will predominantly accelerate schemes which are in the pipeline, bringing benefits to patients more quickly. GPs are being invited to bid for the investment funding. They will need to set out how practices will give them the capacity to do more; provide value for money; improvements in access and services for the frail and elderly.</p> <p>This new funding, alongside our incremental premises programme, will accelerate investment in increasing infrastructure, accelerate better use of technology and in the short term, will be used to address immediate capacity and access issues, as well as lay the foundations for more integrated care to be delivered in community settings.</p>		
<p>5. Healthwatch Bucks in liaison with the CCGs should lead on the identification of less developed PPGs and the formulation of a support package for them which should be publicised on the Healthwatch Bucks website</p>		<p>Healthwatch Bucks has undertaken two projects looking at Patient Participation Groups as a result of the HASC recommendation. The first project benchmarked the number and size of PPGs across the County. The second project asked Practice Managers about their views of PPGs and how useful they were proving to be for the practice.</p> <p>Both projects showed that there is a very mixed picture across the County. From very effective large patient groups to a number of practices that have nothing. There was also a mixed view of how useful they were to the practices, while acknowledgement was made of how useful they could be.</p> <p>We have now started a project in the Chiltern PPG area to support the development of PPG groups. This will involve setting up three groups and providing a variety of support to 14 other practices. We will also provide generic support to all practices in the area and look to</p>	



		share this support and learning to practices in the Aylesbury Vale area. This project started in October 2015 and will run for the next two years.	
6. The Primary Care Strategy should outline what the future of GP service delivery in Buckinghamshire should look like in five years' time, and how individual GP practices will be supported to deliver this	The Buckinghamshire wide primary care strategy is currently in draft form. Before it is finalised at the end of March there will be further consultation and feedback from stakeholders which will be completed through the Let's Talk Health website and with all those that fed into the original consultation. The strategy will include our vision for primary care, one of the goals of which is to support providers of primary care. In your letter a lead contact was requested for each recommendation.	Primary Care Strategy submitted to 24 <sup>th</sup> HASC for comment and published by CCG's April 2015.	
7. NHS England acknowledge our concerns over the imbalance in local GP service capacity and demands, and commit to additional funding for CCGs undertaking co-commissioning of GP services with the Area Teams so this additional CCG activity is adequately resourced	<p>I think we can highlight here the statement in the 5 year forward view that challenges the next government to recognise the significant investment required in the NHS if we are to continue to meet the growing demand from patients.</p> <p>The view however is that this is not just pressure in primary care, it is pressure across the system. The 5 YFV describes a need to move away from seeing primary and secondary care as separate entities, - undoubtedly, more investment is needed in both areas. But to invest across the system so that we could continue to meet the growing needs of the patient within the current model of health care is not possible within the current and likely future economic climate. – we cannot seek to grow the secondary care and specialist services bed base and primary care and community infrastructure, - to meet the needs of the aging population.</p> <p>Instead, we need to move towards new integrated models of care, - and these are being tested out through plans to launch 'vanguard sites' – local communities where investment is being focused to challenge and old ways of working and redesign care.</p> <p>It would be worth going back to the local counsellors to highlight that whilst the intention is to test out</p> <ul style="list-style-type: none"> <li>• Multi-professional community providers</li> <li>• Primary and acute care systems</li> <li>• New models pf care around community hospitals</li> </ul>		

	<ul style="list-style-type: none"> <li>New care pathways for patients in nursing / residential homes</li> </ul> <p>The NHS cannot do this alone, - with increasing numbers of patients needing to be cared for with their LTCs, - not cured by the NHS, - local authorities need to recognise the integral part they need to play in providing support and care for patients in the community</p> <p>NHS England is working with CCGs to develop opportunities for them to take the lead locally as NHS commissioners, - co-commissioning will unlock many of the barriers to commissioning integrated care and CCGs can invest from secondary to primary care. To do this though, CCGs need to be confident that GPs and the wider primary care teams, can develop the capacity to care for more patients with complex needs in the community. – and to do this, - we are going to need to work with local authorities to support this shift in care.'</p>		
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### RAG Status Guidance

	<i>Recommendation implemented to the satisfaction of the committee.</i>		<i>Committee have concerns the recommendation may not be fully delivered to its satisfaction</i>
	<i>Recommendation on track to be completed to the satisfaction of the committee.</i>		<i>Committee consider the recommendation to have not been delivered/implemented</i>

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6<sup>th</sup> January 2016

Cllr Neil Blake  
Aylesbury Vale District Council  
The Gateway, Gatehouse Rd,  
Aylesbury  
Bucks  
HP19 8FF

Dear Neil,

**Buckinghamshire Health and Adult Social Care Select Committee – Public questions regarding key worker housing for doctors and nurses.**

The Buckinghamshire Health and Adult Social Care Select Committee, at their meeting on 24th November, received the following question from a member of the public:

‘What can the Council do to help recruit Doctors and Nurses to work in Buckinghamshire GP surgeries where there is a crisis happening now? Can you help with cheap housing for young Doctors and Nurses?’

As Chairman I advised the Committee that housing was a District Council issue. The Committee agreed but added that it would be timely to raise the question with District Councils as they were about to consult on Local Plans. It was agreed that the Committee would write to the Leaders of all four Buckinghamshire District Councils and ask that significant consideration is given to key worker housing.

I’m aware that Aylesbury Vale District Council already include health workers as a priority group as part of the shared ownership policy. Are there any further plans the Council is considering to enable health workers to access affordable housing in Aylesbury? In addition is work being undertaken with health partners to understand current needs and constraints in accessing housing?

King regards



Angela Macpherson, County Councillor  
Chairman, Health and Adult Social Care Select Committee

INVESTOR IN PEOPLE







## Buckinghamshire County Council Select Committee

Health and Adult Social Care Select Committee

### Report to the Health and Adult Social Care Select Committee

<b>Title:</b>	Oral Health and Oral Health Promotion
<b>Committee date:</b>	Tuesday 2 February 2016
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<b>Cabinet Member sign-off:</b>	Martin Phillips, Cabinet Member for Community Engagement and Public Health

#### Purpose of Agenda Item

The purpose of this item is to provide an overview of the Oral Health of Buckinghamshire residents, and to outline the Buckinghamshire Oral Health Improvement Strategy and the Oral Health Promotion service

#### Summary

Oral health plays an important part in general health. Having a healthy mouth helps us enjoy a variety of foods and good oral health promotes wellbeing by enabling us to speak, communicate and so participate in society. A healthy mouth helps our children learn, thrive and develop. Our ability to have a healthy mouth is disturbed by oral diseases, including tooth decay, gum disease and oral cancers. Oral diseases are largely preventable but are still among the most commonly found chronic diseases. The impact of oral diseases has a wider effect resulting in chronic pain, loss of sleep and as a result lower productivity in the workplace and absence from school.

Over the years the pattern of oral diseases has changed from a problem experienced by the majority to a problem that is concentrated in smaller groups. People with the greatest oral health need are usually already vulnerable or disadvantaged in some other way. The organisations with greatest responsibility for meeting oral health needs are NHS England (who commission dental services), local authorities (who have responsibility for oral health



promotion and are statutorily required to participate in the national dental epidemiology survey) and Public Health England (who provide specialist dental and oral health public health advice).

The table below summarises the key statistics for oral health.

Children (Bucks level)	Adults (national level*)
1 in 4 (23% have decay experience)	About 29% have 2-3 teeth with decay experience
Most decay is untreated	6% have gum disease
Those with decay experience have 3-4 teeth affected, on average	Oral cancers – about 10 per 100,000. High mortality. Incidence rates rising rapidly.

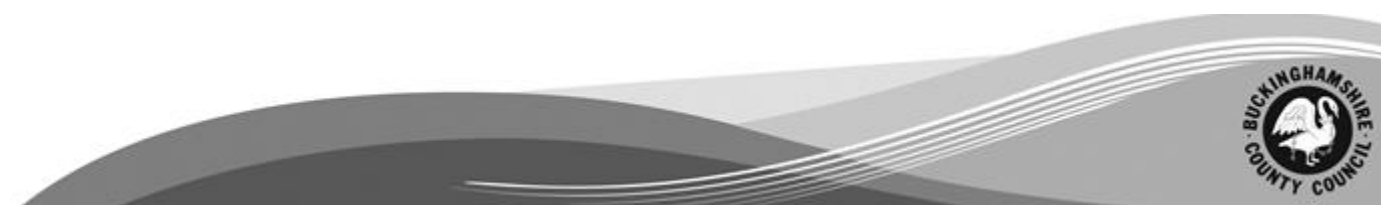
\*local data is not available for adults

A number of the risk factors for poor oral health are the same as other general risk factors for poor health (for example smoking, alcohol consumption and high sugar intake). Therefore the current County Public Health work programme on these risk factors already supports good oral health and further work to ensure effective integration of oral health promotion messages can be undertaken. However a specialist oral health promotion service is required to deliver work with settings and provide training to front line staff that can promote mouth care and oral health promotion for those at greatest risk of poor oral health.

### Oral Health Needs Assessment – Thames Valley

Public Health England completed an Oral Health Needs Assessment for Thames Valley in 2014. It provided the following recommendations for local authorities:

1. Ensure oral health is a priority by:
  - Including it in the health and wellbeing strategy
  - Developing an oral health strategy in line with *Local authorities improving oral health: commissioning better oral health for children and young people*
2. Make healthier choices easier choices by:
  - Tackling sugar consumption through a multi-stranded approach to improve oral health alongside overweight and obesity
  - Ensuring public service environments and workplaces support good oral health
3. Integrate oral health within universal action, to include:
  - Health and wellbeing policies
  - Health improvement programmes tackling common risk factors, e.g. sugar reduction, alcohol misuse, tobacco and sexual health



- Services for all children, young people and adults at high risk of poor oral health, e.g. care homes include an oral health assessment within the standard medical assessment
  - Training for staff working with children and vulnerable adult, e.g. care home staff
  - Community engagement – finding out what matters to target groups around oral health
4. Commission oral health promotion programmes, in line with *Local authorities improving oral health: commissioning better oral health for children and young people*, targeted at high risk groups, to include:
    - Young children
    - Vulnerable adults
    - People living in areas of socio-economic deprivation, e.g. Slough, Reading
  5. Work in partnership with NHS England to involve dental teams in generic health promotion
  6. Continue to undertake epidemiological surveys as part of the National Dental Epidemiology Programme to allow monitoring of dental disease in line with the Public Health Outcomes Framework
  7. Health and social services should have up to date information on local NHS dental services and should facilitate access to dental care

## **Buckinghamshire Oral Health Improvement Strategy 2015-2020**

The Buckinghamshire Oral Health Improvement Strategy 2015 – 2020 was developed by the BCC Public Health team and a Dental Public Health Consultant from Public Health England in partnership with a wide range of partners including CCGs, Secondary Care, BCC Social Care, BCC Communities and District Councils.

Oral health is improved through action to improve the circumstances in which people live and work and through reducing risk factors like smoking and poor diet. The strategy is based on the principles of addressing key points in the life course as well as providing universal support alongside targeted actions for those who are at higher risk (proportional universalism).

While the causes of oral diseases are well understood, tackling them is complex. This means that oral diseases cannot be addressed by a single intervention. A multi-stranded and multi-agency strategy is needed to improve oral health by tackling the causes of diseases at multiple levels. Like the pieces of a jigsaw a number of interventions together will have an impact.



A wide number of partners can contribute to improving the oral health of the population by integrating action on oral diseases into the strategies that tackle the root causes of oral diseases and by targeting the most vulnerable groups. Maximising these opportunities requires a focus on the following priorities:

- Enabling people to choose healthy, sugar free foods and drinks: making environments healthier and making healthy choices easier
- Enabling people to change their behaviour around lifestyle factors like alcohol misuse and tobacco use
- Enabling people to keep their mouths clean while strengthening their teeth (e.g. brushing twice a day with fluoride toothpaste)
- Identifying where provision or promotion of services does not match the needs of specific population groups, and put that right where we can (e.g. improving access to dental care for older people)

The strategic aims of the Buckinghamshire Oral Health Improvement Strategy are:

<b>1. A healthy mouth from birth</b>	Good oral health in childhood especially the early years
<b>2. A healthy lifestyle for a healthy mouth</b>	Improve oral health alongside general health in adults
<b>3. Promoting good oral health in high risk groups</b>	Good oral health for vulnerable adults

### Oral Health Promotion Service

The Oral Health Promotion Service is delivered by Bucks Priority Dental Service, and supports the delivery of some elements of the strategy. The current service provides a range of evidence-based interventions to improve oral health and reduce oral health inequalities in Buckinghamshire. The broad aims of the service are:

- To support the development of health promoting environments for children and vulnerable adults with a focus on oral health
- To train the children's and vulnerable adult's workforce to deliver consistent, evidence based oral health promotion messages and activities
- To provide an oral health promoting accreditation scheme for target early years and vulnerable and older peoples settings

Overall outcomes so far:

- 91 early years settings hold accreditations
- 94% of children's centres hold accreditations





- 30 residential settings hold accreditations
- 3 special schools hold accreditations

In the first 6 months of 2015/16, 917 staff received training on oral health promotion messages and activities.

**Other Public Health services/strategies that contribute towards oral health improvement include:**

- Buckinghamshire Healthy Eating Strategy 2015 – 2020
- Substance Misuse Strategy – published in 2016
- Smoking cessation service – supported 1702 residents to quit smoking in 2014/15
- Adult weight management service – supported 411 residents to eat healthier foods and lose at least 5% of their weight in 2014/15
- Children's weight management service – supported 53 families in 14/15
- Eat Out Eat Well programme – supporting 103 food businesses in Bucks to provide healthier options to residents
- Eat Better Start Better programme – supporting early years settings to deliver healthy eating messages to families
- Alcohol Misuse services – in 14/15 supported 613 residents for alcohol and 296 residents for alcohol and non opiate.



# Buckinghamshire Health and Social Care Select Committee meeting 2<sup>nd</sup> February 2016

NHS Dental Services in Buckinghamshire



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1. NHS Dental Services
2. NHS Dental Services in Buckinghamshire
3. Access to services
4. Key challenges

# 1. NHS Dental Services (1)

## 1. Primary Care

### 1.1 Mandatory services:

- Band 1 (£18.80) – Examination; X-Ray; Scale and polish; Fluoride varnish; Fissure sealant
- Band 2 (£51.30) – Fillings; Root canal treatments; Extractions
- Band 3 (£222.50) – Crowns and bridges; Dentures; treatment requiring laboratory work

In (Routine and urgent) and Out of Hours (urgent)



# 1. NHS Dental Services (2)

## 1.2 Additional services:

- Orthodontics
- Sedation
- Domiciliary

## 1.3 Provided by:

- High Street (General Dental) Practitioners;  
Orthodontic practices; Community Dental Services;  
link with NHS 111 for urgent access

National Health Service (GDS/PDS) Regulations 2005

# 1. NHS Dental Services (3)

## 2. Secondary care (hospital):

- Oral and Maxillofacial Surgery
- Oral Medicine
- Paediatric Maxillofacial Surgery
- Restorative Dentistry
- Orthodontics



## 2. NHS Dental services in Bucks (1)

### 1. Hospital

- London Hospitals
- Oxford University Hospitals NHS Foundation Trust:  
Maxillofacial Surgery
- Bucks Healthcare NHS Foundation Trust:
  - Oral Surgery
  - Orthodontics
  - Restorative Dentistry



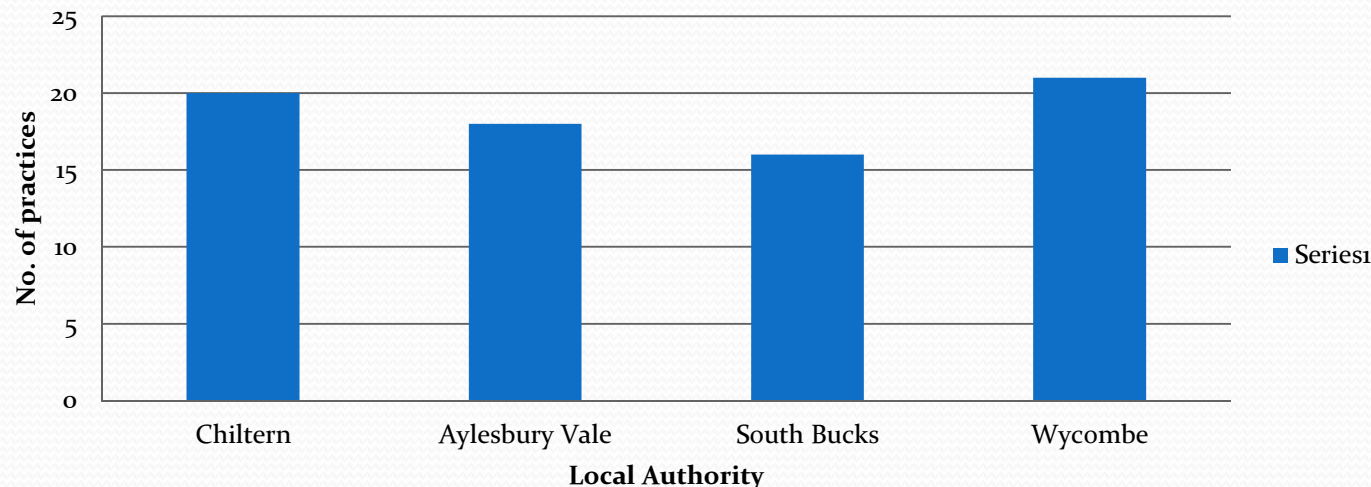
## 2. NHS Dental Services in Bucks (2)

### 2. Primary Care:

#### 2.1 Community Dental Services (Central and North-West London NHS Foundation Trust)

#### 2.2 High Street Dentists: 75 practices

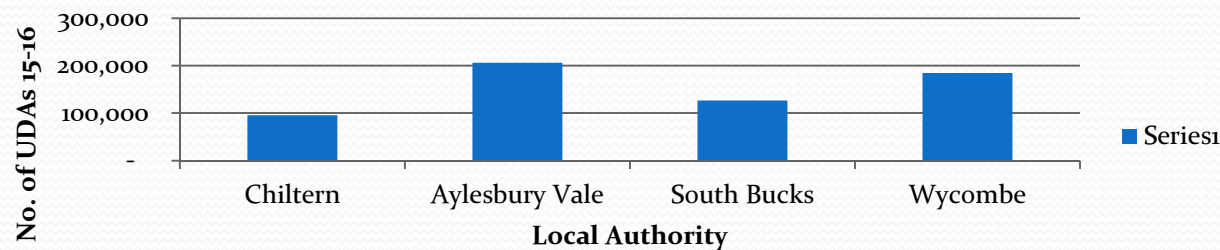
Number of dental practices



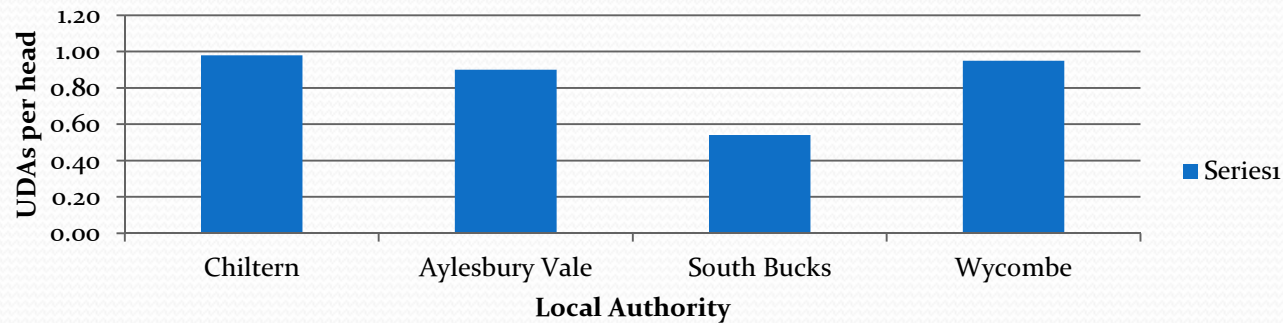
## 2. NHS Dental Services in Bucks (3)

- Units of Dental Activity commissioned: 612,261

**Units of Dental Activity commissioned**



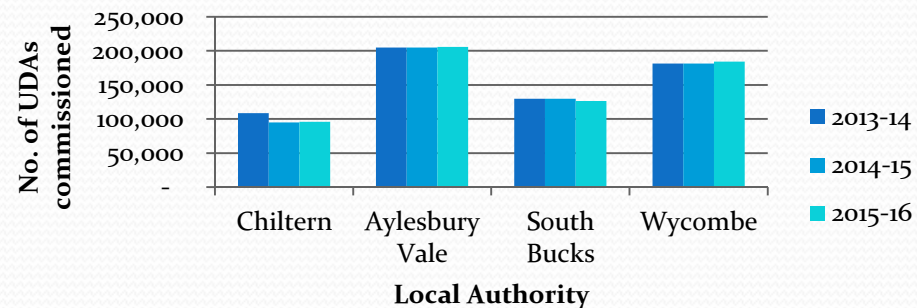
**UDAs per head**



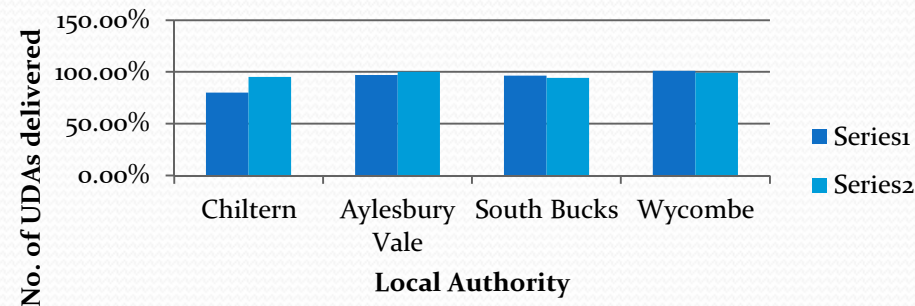
# NHS Dental Services in Bucks (4)

- UDAs commissioned 2013 – 16

UDAs commissioned 2013 - 16



UDAs delivered 2013 - 16

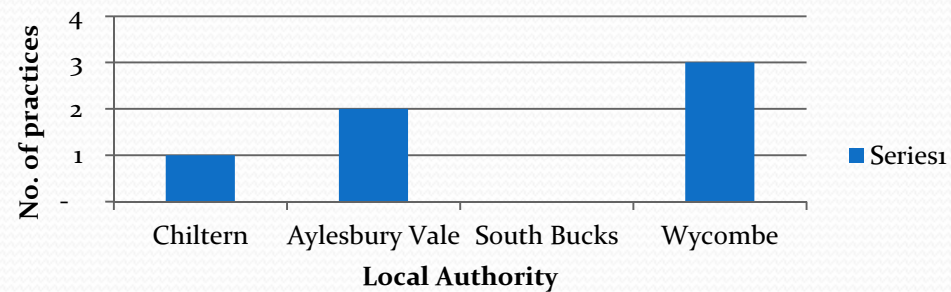




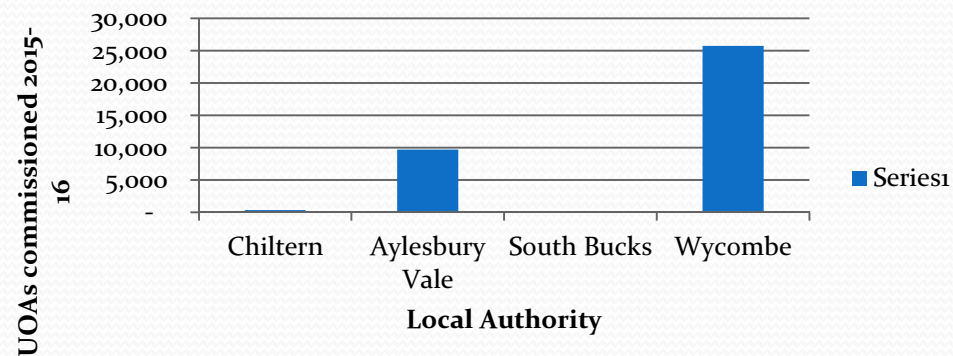
# NHS Dental Services in Bucks (5)

## 2.3 Orthodontics

**Number of Orthodontic practices**

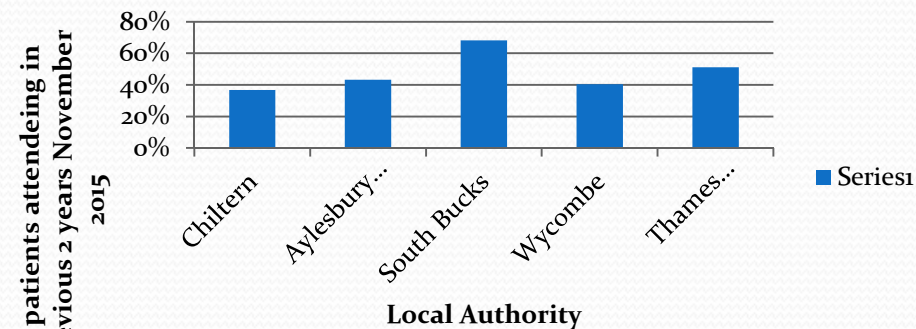


**Units of Orthodontic Activity**

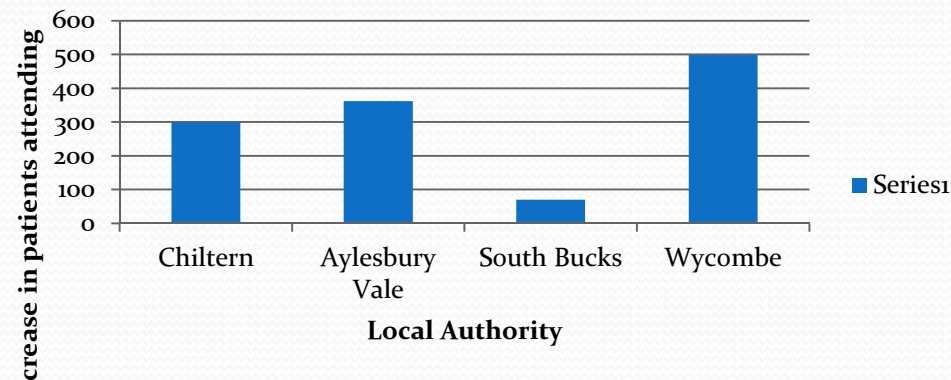


### 3. Access to services (1)

- No. of patients attending in previous 2 years:  
**Access**



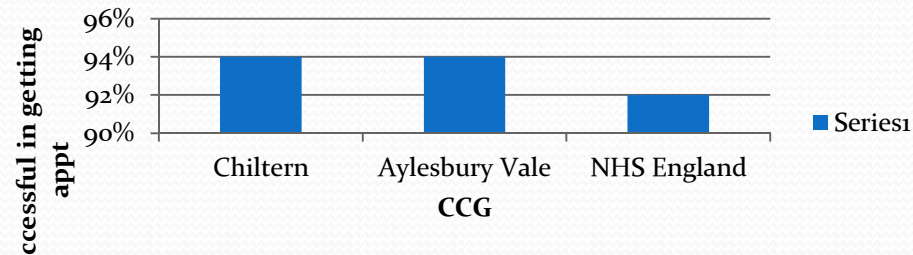
#### Growth in access August to November 2015



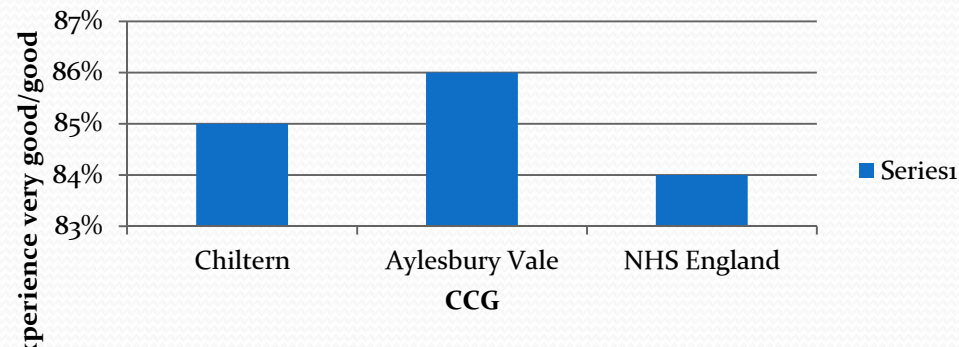
### 3. Access to services (2)

- GP survey January 2016:

**GP survey January 2016 - Success  
in getting an appointment**



**GP survey January 2016 - overall  
experience (very good/good)**







## 4. Key challenges (1)

1. Thames Valley part of NHS South Central (popn. 2m)
2. Population growth/new housing: impact on primary and secondary care services
3. Gaps in provision
4. Financial pressures across NHS
5. Optimising use of NHS resources – minimise ‘clawback’
6. Maintaining continuing improvements in patient access and satisfaction
7. Patient expectations about treatment options
8. More consistent offer to patients to help understand how to access (e.g. NHS 111 and out of hours)
9. Support for patients to develop either develop on-going relationship or attend on urgent basis only
10. Clinical developments and standards (e.g. Restorative services and cancer care)



## 4. Key challenges (2)

### 10. Engagement:

10.1 Overall strategic direction (Local Dental Network)

10.2 Clinical pathway redesign (NHS England  
Commissioning guides/Managed Clinical Networks)

10.3 Wider stakeholder engagement in strategy and  
clinical pathway design

10.4 Achieving 'fit' between strategic clinical design, 'fit  
for purpose' contracts and money



Date	Topic	Description and purpose	Contact Officer	Attendees
<b>Health &amp; Adult Social Care Select Committee</b>				
2 Feb 2016	The Commissioning of NHS Dentistry in Buckinghamshire and an overview of dentistry provision	What is available and an overview of provision both NHS and private The quality of NHS dentistry provision and types of dental work NHS funding excludes. An overview of contractual performance in Bucks. Provision of community dentistry and access by the elderly and vulnerable Ensuring commissioners can access up to date information regarding changes in the local population particularly linked to new housing developments	Julia Woodman, Committee and Governance Adviser	Buckinghamshire Healthcare Trust Dental Contract Manager, NHS England (Thames Valley) British Dental Association Local Dental Committee representative BCC - Public Health Principal (Oral Health) Consultant In Dental Public Health (Thames Valley)
2 Feb 2016	Oral Health and Oral Health Promotion	An overview of oral health in Bucks – how do we compare with our statistical neighbours, what and where are the issues?  Oral Health promotion programmes in Bucks and links with early years, schools, dentists	Sarah Mills, Public Health Principal	Sarah Mills, Public Health Principal, BCC Lucie Daleki, Oral Health Improvement Manager, Central and North West London NHS Foundation Trust
2 Feb 2016	A users perspective on the accessibility of NHS Dentistry	Bucks Healthwatch to present findings from a review of access to dental services and an overview of feedback from residents	Julia Woodman, Committee and Governance Adviser	Shade Adoh - Bucks Healthwatch

Date	Topic	Description and purpose	Contact Officer	Attendees
2 Feb 2016	Work Programme		Julia Woodman, Committee and Governance Adviser	
22 Mar 2016	Recruitment and retention of social care and health workforce	<p>Areas of focus</p> <ul style="list-style-type: none"> <li>• Understanding of recruitment issues in adult and children's social care – vacancy and turnover rates</li> <li>• Are there effective workforce development strategies in place?</li> <li>• Succession planning and developing roles and skill base to meet current and emerging market needs</li> <li>• Developing hybrid practitioners to work across health and social care</li> <li>• Strategies for promoting a healthier workforce and building resilience</li> <li>• What can we learn from local Hospital Trusts work on recruitment and retention of nursing staff?</li> </ul>	Julia Woodman, Committee and Governance Adviser	Buckinghamshire Healthcare Trust    Frimley Health NHS Foundation Trust    CHASC HR Lead    BCC – Strategic Director CHASC
22 Mar 2016	15 minute Care Visits Inquiry – 6 month follow-up		Julia Woodman, Committee and Governance Adviser	
22 Mar 2016	Learning Disabilities Inquiry Report		Julia Woodman, Committee and Governance Adviser	

Date	Topic	Description and purpose	Contact Officer	Attendees
10 May 2016	The Care Market	<p>Areas of focus</p> <ul style="list-style-type: none"> <li>• Understanding the continuum of care in terms of need, tiers of provision and types of tenure.</li> <li>• Demand and capacity in the market place.</li> <li>• Ideas for income generation – retirement housing project.</li> <li>• Utilising assistive technology</li> </ul>	Julia Woodman, Committee and Governance Adviser	CCGs Adult Social Care Bucks Service User and Care Organisation
21 Jun 2016	Systems resilience	<ul style="list-style-type: none"> <li>• Lessons learnt from winter pressure in 2015/16 and how this should inform plans for 2016/17</li> <li>• Understanding the system challenges and building on successful initiatives</li> <li>• Modelling and predicting future demand at pressure points in the system</li> <li>• SCAS and response times - how is the service performing in Bucks? – understanding the issues and impact.</li> <li>• Communicating and increasing awareness of preventative services and targeting this to those at risk of admission to acute care</li> <li>• The Better Care Fund – update and impact of national funding locally, report back on the BCF risk register and the inclusion of action against red and amber residual risk.</li> <li>• An update on the Strategic Transformation Plan and funding</li> </ul>	Julia Woodman, Committee and Governance Adviser	CCGs Public Health Adult Social Care SCAS Buckingha mshire Healthcare Trust

Date	Topic	Description and purpose	Contact Officer	Attendees
6 Sep 2016	Maternity Services	<p>Areas of focus</p> <ul style="list-style-type: none"> <li>• Overview Maternity services in Bucks against national and local performance targets</li> <li>• Understanding how choice is managed and met</li> <li>• How services are meeting current demand and modelling to meet future demand</li> <li>• ante natal &amp; post-natal support services</li> </ul>	Julia Woodman, Committee and Governance Adviser	BHT / Frimley -Midwifery Services inc. Community Midwifery, CCG's Public Health - Health Visitors / Family Nurse Partnership
18 Oct 2016	Locality working and new models of primary care	<p>Areas of focus</p> <ul style="list-style-type: none"> <li>• The Locality working model in Bucks – what will it look like and how will it be shaped by local population needs?</li> <li>• Consider new models of primary care that are under development e.g. the Mandeville Practice</li> <li>• Further responses to HASC's GP Inquiry</li> <li>• What can we learn from the integrated primary and acute care systems vanguard sites?</li> <li>• Understanding programmes to increase self-management building on the Stay Well-Live Well model (this model brings Public Health programmes and Psychological Wellbeing services together) – what is happening, impact and areas for further development?</li> </ul>	Julia Woodman, Committee and Governance Adviser	CCGs GP leads and representatives GP Patient groups Public Health An Integrated primary and acute care systems -vanguard site (there are currently 29 new model vanguard areas)