



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 2 February 2016, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.00 am and concluding at 12.00 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)

MEMBERS PRESENT

Buckinghamshire County Council

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

District Councils

Ms S Adoh	Local HealthWatch
Mr A Green	Wycombe District Council
Ms S Jenkins	Aylesbury Vale District Council
Mr J Wertheim	Chiltern District Council

Others in Attendance

Ms J Woodman, Committee and Governance Adviser
Ms S Mills, Public Health Principal
Mr H O'Keeffe, Contract Manager - Dental, NHS England South (South Central
Ms L Daleki, Oral Health Improvement Manager, Central and North west London NHS Foundation Trust
Mr N Patel, Chair of Bucks Local Dental Committee, Local Dental Committee
Mr P Thiselton, Head of Reserarch, Healthwatch

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mrs Matthews, Mr Shepherd (Mr Wertheim is substituting), Mr Brown, Mrs Blake and Mrs Aston.

2 DECLARATIONS OF INTEREST

There were no declarations of interest



South Bucks
District Council



3 MINUTES

The minutes of the meeting on 24th November 2015 were confirmed as an accurate record.

Julia Wassell highlighted under Item 7 - BHT Improvement Plan and Wycombe Hospital it stated the Trust was looking to have strategic plans for Wycombe Hospital finalised by March 2016.

Action

Buckinghamshire Hospital Trust to submit the strategic plans for Wycombe Hospital to the 22nd March meeting of HASC. (Committee and Governance Advisor to action)

4 PUBLIC QUESTIONS

Julia Wassell raised two public questions that she had received:

- 1.) When was the Lynton Practice closing?
- 2.) Members of the public had reported that Harlow House was due to close and a smaller facility for mental health services was due to open where the Central West Community Mental Health Team is based in Gordon Road, Wycombe. Members of the public feared there would be a loss of service and requested the Trust clarify this.

Actions

- **HASC to seek clarity around the proposed dates for closing the Lynton Practice. (Committee and Governance Advisor to action)**
- **HASC to seek clarity and consultation proposals regarding any closure of Harlow House. (Committee and Governance Advisor to action)**

5 CHAIRMAN'S UPDATE

The Chairman highlighted:

The Public Account for Adult Social Care –Members were encouraged to read the document. It was noted that Cllrs Noel Brown and Margaret Aston sit on the working group.

Waddeston Pharmacy – The Chairman was approached about a pharmacy licence application for High Street Waddesdon in Buckinghamshire. This was not considered to be an area that required pharmacy provision in the Pharmaceutical Needs Assessment (last updated April 2015) and signed off by the Health and Wellbeing Board. There is further concern that this might destabilise primary care provision in the area. The Chairman submitted concerns to NHS England. (South Central) NHS England is in the process of accessing the application and this will include a site visit and consideration of representations from interested parties and patient choice. HASC need to keep an eye on this in terms of changes to pharmaceutical provision.

The Lynton Practice – Consultation is taking place as the practice is deemed not fit for purpose. A letter was circulated to stakeholders in December, with a proposal that they will move to a smaller site within Wycombe Hospital. Public meetings were organised for late January and early February: 3rd Feb 6.30 -8.30pm at Hannover House, 4th Feb 10.-12.30 and February 11th at 6.30-8.30pm at Rights Medical Centre

The Mandeville Practice – This will have a new interim provider from April 2016, once the existing GP Partnership has dissolved. NHS England are stating there will be now significant change, with 'many' of the existing staff transferring over. Once the interim provider is in

place NHS England and the AV CCG will commence a project during 2016 'to determine the future scope of services and potential opportunities for integration and innovation to improve access to services and health outcomes for patients.' It has stated 'Public and patient involvement in this process will be critical and the feedback will be used to shape the commissioning of future services and it will be helpful to share this with the HASC.' Recent telephone conferences have not identified what plans are proposed nor volume of staff who are transferring. A year is a short amount of time for planning, any integration and implementation. HASC will need to keep an eye on what is happening.

The Bedfordshire and Milton Keynes Healthcare Review - From the initial stages of the Review two options for the provision of acute care in Milton Keynes and Bedford had been formulated, with one hospital becoming an Integrated Care Centre, with the other remaining a Major Emergency Centre. However, as the Review progressed, the Bedfordshire Clinical Commissioning Group, Bedford Hospital and Bedford GPs came forward with a third option for an Integrated Acute and Community Services (IACS) model, which would provide streamlined urgent care across primary, community and acute care provision. A consultation timetable has now been issued. It has been agreed that a monthly newsletter will be issued to councillors to update them and that the Healthcare Review team provides details of the population data being used to formulate proposals in the public consultation documents once they are produced. A list of local contacts has been provided to the CCG's after concerns were raised about the lack of consultation in North Buckinghamshire.

The letter to leaders of District Council re affordable housing for healthcare workers

So far HASC has received one response from the Leader of South Bucks, Cllr Ralph Bagge: 'The housing needs of key workers and private sector employers have been documented by the Local Economic Partnership. In supporting the delivery of key worker housing the Council has worked in partnership with its Registered Social Landlord partners and with organisations within the NHS to deliver key worker schemes for health care staff including doctors and nurses. SBDC and Catalyst Homes Ltd jointly provide an equity loan scheme which is open to employees of Wexham park hospital and to healthcare workers working or living in the district able to demonstrate a residential connection for 1 year. As a major landowner the NHS has also brought forward sites to deliver key worker housing which have been supported through the Council policies. NHS key worker accommodation managed by L&Q has been provided at Wexham Park which although outside the district was supported by the Council. It is understood that this scheme has suffered from a number of voids which may have potential for use by health care staff across Bucks. Similar schemes have also had a number of voids and a Bucks wide approach to addressing the need for key worker housing may be opportune'

Once all the responses are received HASC will be able to see where it can recommend a Buck wide approach that might address areas such as the voids situation.

A new District Member was welcomed to the Committee, Cllr Sandra Jenkins from Aylesbury Vale District Council.

6 COMMITTEE UPDATE

There were no updates from the Committee

7 ORAL HEALTH AND ORAL HEALTH PROMOTION

Sarah Mills (Public Health Principal- Buckinghamshire County Council) and Lucie Daleki, (Oral Health Improvement Specialist – Milton Keynes and Buckinghamshire) presented an overview of oral health and health promotion in Buckinghamshire.

During discussion the following issues were covered:

- 1:4 of 5 year olds in Bucks have 3 / 4 decayed teeth.
- 29% of adults have 2-3 teeth with decay experience
- Bucks compares well with the England average, but less so with its Thames Valley neighbours.
- There are wide disparities with poorer socio-economic outcomes linked with poor oral health
- Poor oral health is preventable but is still amongst the most common chronic disease
- There are multiple social, economic, environmental and stress related barriers to good oral health.
- Key documents regarding oral health in Bucks are: Thames Valley Oral Health Needs Assessment (2014), Buckinghamshire Health and Wellbeing Strategy (2013 – 2016) and Buckinghamshire Oral Health Improvement Strategy (2015 – 2020). The key is also to integrate with linked strategies.
- The Oral Health Promotion Service works with early years settings and older, more vulnerable adults. The service runs an oral health accreditation scheme for early years and vulnerable & older people settings. The majority of Children's Centres are accredited.
- The 'eat better, start better' programme provides training to early years settings to offer healthier choices.
- The 'eat out, eat well' awards reward businesses for offering healthy options

In response to questions from Members the following areas were highlighted:

- There are large national campaigns around the dangers of high sugar levels such as recent change 4 life campaign.
- HASC would find it useful to have an overview of what has been achieved to date against the oral health strategy actions.
- Surveys are undertaken as part of a national epidemiological survey process and a sample of 5 year olds' teeth are surveyed every four years. The Oral Health Promotion Service is for the first time rolling out an older peoples survey to assess oral health needs of people aged over 65 years.
- Getting to parents regarding oral is key and the 'smile' award is aimed at training early years professionals, such as those working Children's Centres.
- Members stated that Children's Centres are vital and any budgetary cuts will impact negatively on early years oral health promotion programmes.
- School nursing staff are trained by the Oral Health Promotion Service to include oral health promotion within schools.
- There are a number of national campaigns currently regarding sugar content awareness, including a recommendation that the Government considers a sugar tax.

8 THE COMMISSIONING OF NHS DENTISTRY IN BUCKINGHAMSHIRE AND AN OVERVIEW OF DENTISTRY PROVISION

Hugh O'Keeffe the Dental Contract Manager at NHS England South and Nilesh Patel, Chair of Bucks Local Dental Committee updated the committee on NHS dental commissioning and provision.

During the discussions the following areas were covered:

NHS England

- NHS England is responsible for commissioning all NHS dental services. Bucks comes

- within the Thames Valley region
- 10% of all 111 calls are dental.
- Oxford University Hospitals NHS Foundation Trust are the providers for Maxillofacial Surgery.
- Bucks Healthcare NHS Foundation Trust provides, (mainly at Stoke Mandeville Hospital) Oral Surgery, Orthodontics and Restorative Dentistry and is clinically linked to the Oxford University Hospital.
- Community Dental Services are provided by Central and North-West London NHS Foundation Trust
- Currently there are 75 NHS Dental Practices in Buckinghamshire, of this 30 practices only provide NHS dentistry for children and exempt patients. 95% of dental activity is delivered through the 45 practices delivering NHS dentistry to all.
- Dentistry is a banded treatment system, which attract different charges. There are exemptions such as for children and people receiving benefits.
- All NHS practices are measured in units of dental activity relating to the bandings. Practices are expected to deliver 92% of their activity targets set in their contracts. The level of activity commissioned in the Chiltern area has fallen due to some practices being unable to deliver their contracted activity. (In Chiltern dental practices there is a higher rate of delivery below the targets. This money is recovered by NHS England.)
- In 2009 there was a big push to invest in NHS dentistry. In Bucks there was a problem with investment going in not being utilised. South Bucks has the highest level of access in Thames Valley and Chiltern the lowest.
- Some of the key challenges are: population growth/new housing: impact on primary and secondary care services, financial pressures across NHS.

From a LDC perspective:

- Buckinghamshire had a lower dental commissioned budget in 14/15, than Oxfordshire and Buckinghamshire. £14.6 million in Bucks, compared to £24 million in Oxon and £28.7 million in Berks. The outcome is lower units of dental activity in Buckinghamshire.
- Bucks has a spend of £28.81 annually per head of population, compared to Oxon at £36.65 and Berks at £33.23. Bucks has 79% of the spend per person of Oxon and 87% of the spend of Berks.
- Bucks has on average only 1,2 units of activity per person commissioned a lot lower than Oxon and Berks. NHS Commissioners need to look at this.
- There was an issue with the way in which the 2008 Needs Assessment was conducted and this informed the 2009 spread of practices.
- Most of Bucks underspend is getting re-distributed outside of Bucks.
- There are two Prisons in Grendon and one in Aylesbury who now have new national dental provider which was appointed by a larger healthcare organisation. Dentistry only formed 1% of the questions. Not enough care is taken of providing dentistry for inmates. Previously the service was provided by local dental services who provided support for the inmates as they left the prisons

In response to questions from Members the following areas were discussed:

- Getting an appointment with a NHS dentist is still challenging. Dentists may be struggling to cope with growth of population their areas.
- Dentists feel constrained by a lack of funding and see dentistry as a personal service.
- The way the budget is apportioned in Bucks needs re-looking at as Bucks may not be getting a fair proportion.
- Historically Bucks have had the lowest levels of delivery. Issues of whether the resource is going to the right place is something Commissioners need to look at.

- LDC felt Bucks has a serious issue of over provision in some areas matched with severe under-provision in other areas. Money being taken out of Bucks for dentistry is just exacerbating the inequality where there is under provision. The needs of the region need to be re-assessed.

Actions

The Chairman write to NHS England to:

- Seek an explanation for the different levels of funding Bucks receives compared to its neighbours and work ongoing to assess access disparities across the region.
- Ask about any plans to re-dress the funding anomalies identified by the LDC in Bucks.
- Highlight the need for commissioners to have links with local planning authorities so they are aware of growth and provide links to Local Plan Development
- Highlight to Commissioners the need to create greater awareness in communities of where NHS dental practices are.

9 A USERS PERSPECTIVE ON THE ACCESSIBILITY OF NHS DENTISTRY

Shade Adoh – Healthwatch Buck and Phil Thiselton Head of Research at Healthwatch Bucks updated the Committee regarding the review of access to dental services and feedback received from residents on dentistry.

During the discussion the following areas were covered:

- Discrepancies over the number of NHS dental practices in Bucks. 25 of the NHS choice dentists stated they did not offer NHS appointments and were private practices.
- Healthwatch research highlighted that NHS places were available but may not have been at the places people preferred. There was a lack of NHS practices in Beaconsfield, Chalfont and Gerard's Cross.
- Broader feedback is that quality of treatment is good, but not so good over appointments and waiting times.
- Issues of some practices not sending in their patient satisfaction surveys. Good practice but practices are not obliged to conduct surveys.

Actions

- The Chair to include the discrepancies in the number of NHS dental practices in Bucks in the letter to NHS England.

10 WORK PROGRAMME

The work Programme was noted.

11 DATE AND TIME OF NEXT MEETING

The next full webcast committee meeting will be on 22nd March 2016 at 10am.

CHAIRMAN

ORAL HEALTH IN BUCKINGHAMSHIRE

2nd February 2016

Sarah Mills
Public Health Principal



Oral health in Buckinghamshire

- 1 in 4 5yr olds have 3-4 decayed teeth in Bucks
- About 29% of adults have 2-3 teeth with decay experience
- Bucks compares well to England but only if we look at averages
- Some people have no disease, others have a substantial amount
- Those who have it, have more of it, and it is more severe

Those who have oral diseases are usually:

Socioeconomically deprived

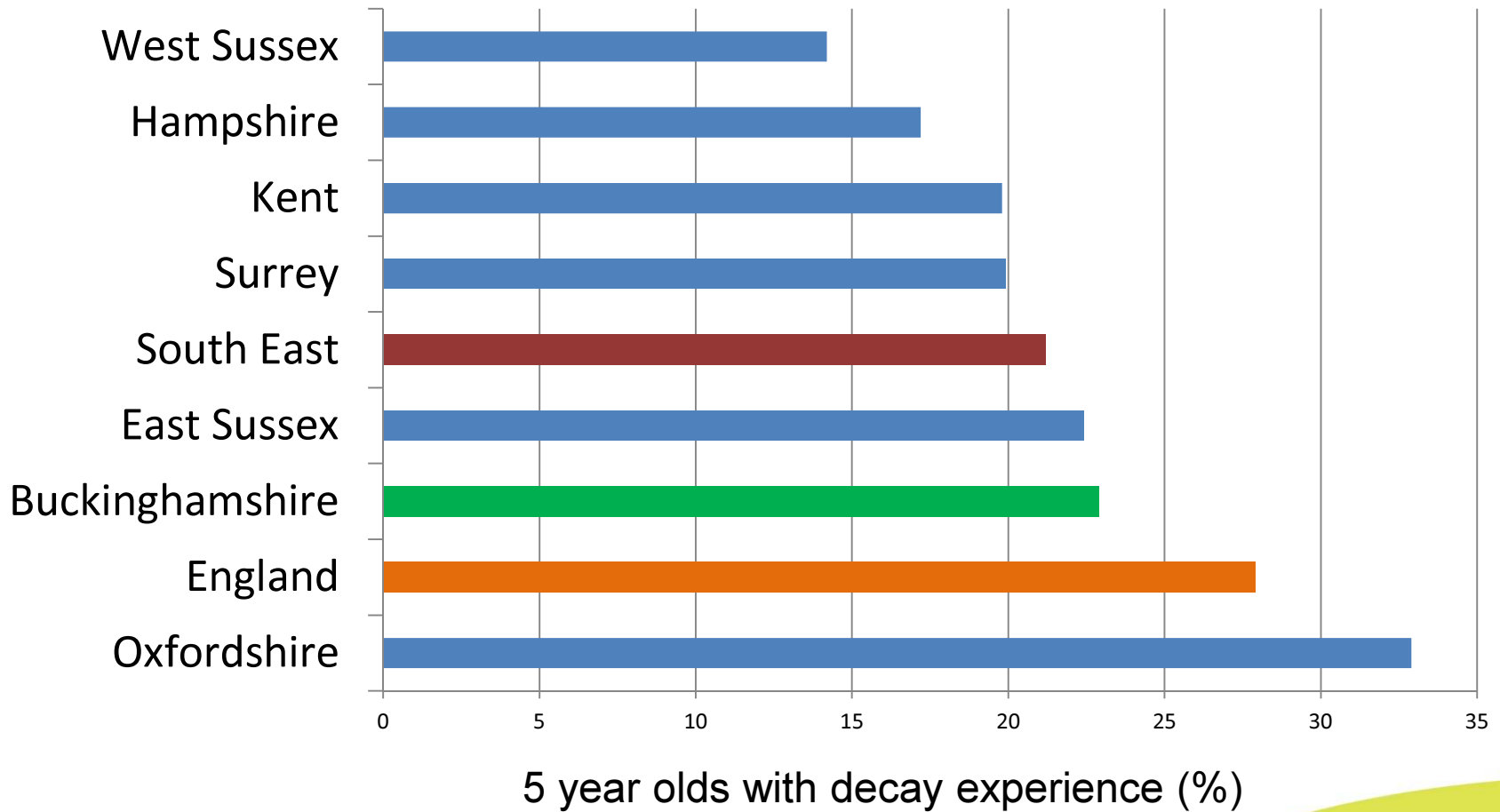
Vulnerable adults

Vulnerable and young children

Oral diseases are largely preventable but are still among the most commonly found chronic diseases



Percentage of 5 year olds with decay experience



6



Multiple barriers to a healthy mouth

Barrier	Example
Social and cultural factors	<ul style="list-style-type: none">• Sweet foods as treats• Chewing tobacco and smoking in BME groups• Binge drinking in young adults• Infrequent tooth brushing• Perception that tooth decay is inevitable
Environmental factors	<ul style="list-style-type: none">• Unhealthy foods more readily available• Sugar hidden in many foods• Advertising to children• Carers have little time for oral hygiene
Economic factors	<ul style="list-style-type: none">• Sweet, unhealthy foods are often cheap• Avoid dental visits due to cost
Stress	<ul style="list-style-type: none">• Poor diet• Less time for oral hygiene/dental visits• Smoking



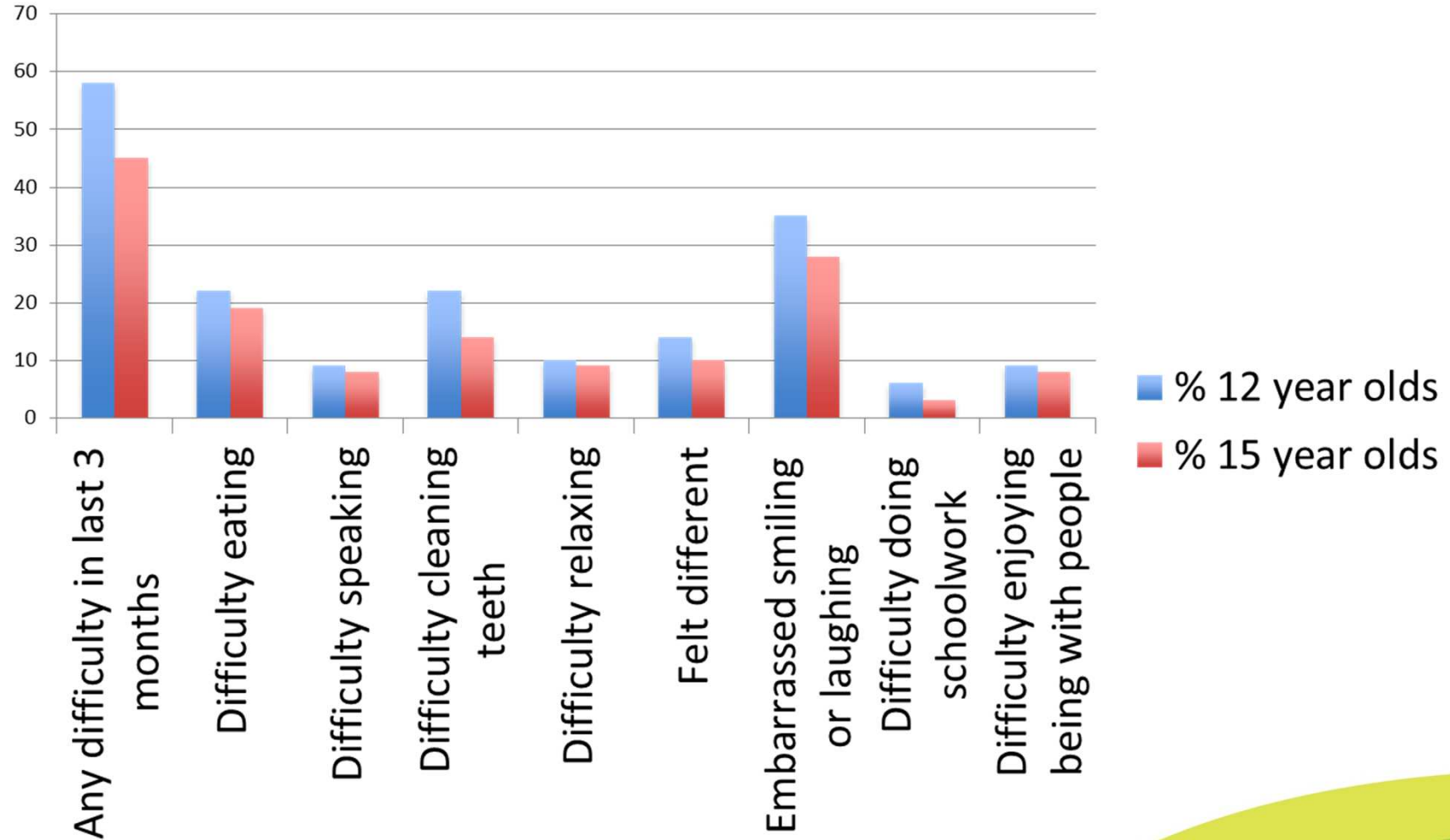
Buckinghamshire County Council

“If I had a chance, I would have stopped the bottle earlier. I would have stopped her eating sweets. . . better diet. Because of the family pressure, I didn’t have much time for my children”

“Tooth decay is inevitable and just part of life”

“I give them treats when they do something really good; you know, life is life and they need treats. I give them a little bit [of] sugar to make them happy”

Percentage of children experiencing difficulties in their daily lives because of problems in their mouths



(Children's dental health survey 2013)



Key Documents

- Thames Valley Oral Health Needs Assessment (2014)
- Buckinghamshire Health and Wellbeing Strategy (2013 – 2016)
- Buckinghamshire Oral Health Improvement Strategy (2015 – 2020)



Thames Valley Oral Health Needs Assessment - Recommendations

- Include oral health in Health & Wellbeing strategy
- Developing an oral health strategy
- Making healthier choices easier choices
- Integrate oral health within universal action
 - Policies
 - Health improvement programmes
 - Training staff working with children & vulnerable adults
 - Services for those at high risk



Thames Valley Oral Health Needs Assessment - Recommendations

- Commissioning oral health promotion programmes
 - Young children
 - Vulnerable adults
 - Areas of socio economic deprivation
- Working in partnership with NHS England to involve dental teams in generic health promotion
- Continue to undertake epidemiology surveys
- Health and social services should have up to date information on local NHS dental services and facilitate access.



Bucks Health & Wellbeing Strategy

Oral Health Improvement supports the following aims of the strategy:

- Every child has the best start in life
- Everyone takes greater responsibility for their own health and wellbeing and that of others
- Adding years to life and life to years



Oral Health Improvement Strategy

- A wide number of partners will be contributing to the delivery of the strategy to tackle the root causes of oral diseases
- Delivery reported to Healthy Communities Partnership – subgroup of Health & Wellbeing Board

Aims:

- A healthy mouth from birth
- A healthy lifestyle for a healthy mouth
- Promoting good oral health in high risk groups



Oral Health Promotion Service

- Support the development of health promoting environments for children and vulnerable adults with a focus on oral health
- Train children's and vulnerable adults workforce to deliver consistent, evidence based messages and activities
- Provide an oral health accreditation scheme for target early years and vulnerable & older people settings



Any Questions?





Buckinghamshire Health and Adult Social Care Select Committee

- NHS Dental Services in Buckinghamshire**

Dr Nilesh Patel
Chair, Buckinghamshire LDC

2 February 2016

Minute Item 9



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- Units of Dentistry commissioned 14-15
- Commissioning per head of population
- Other issues

NHS Dental Services in Buckinghamshire

- Dental Budget commissioned 14-15
 - Buckinghamshire £14.6 million
 - Oxfordshire £24 million
 - Berkshire £28.7 million

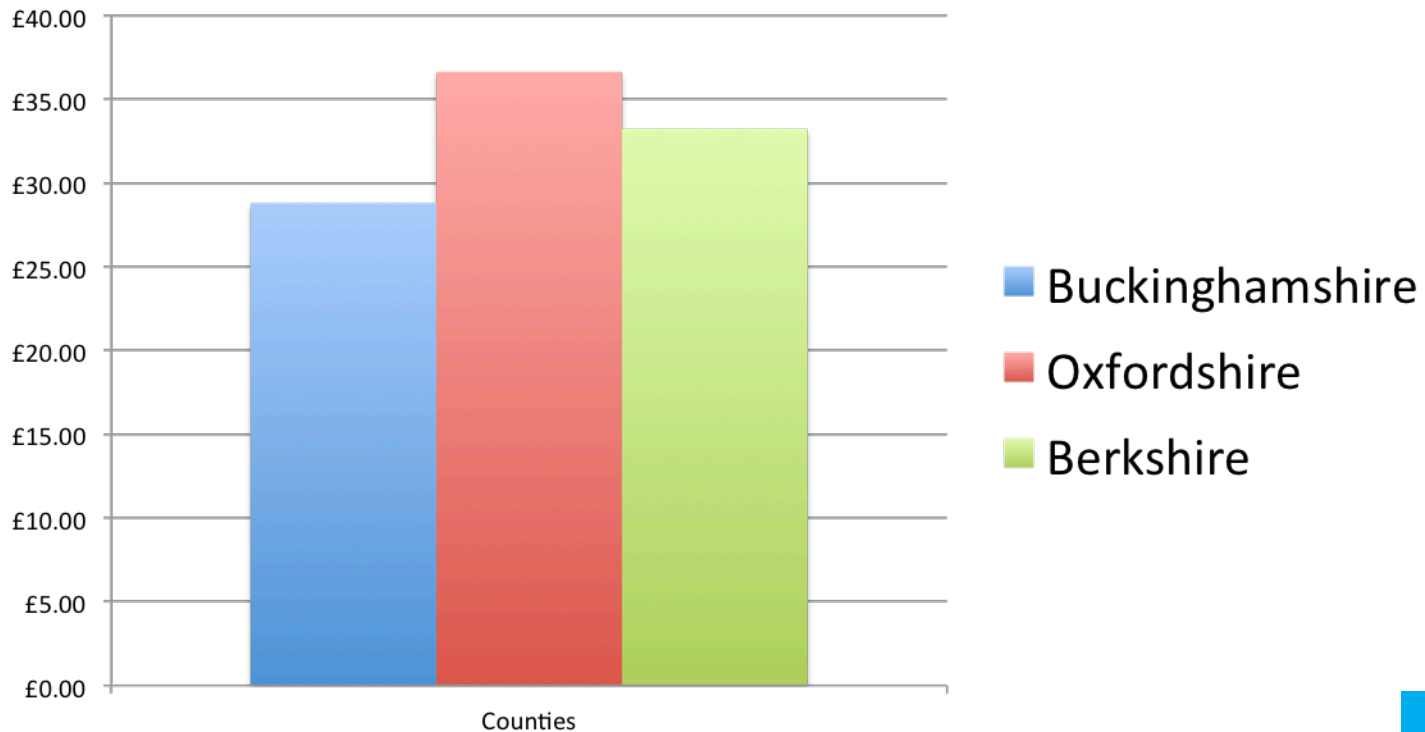
NHS Dental Services in Buckinghamshire

- Units of Dentistry commissioned 14-15
 - Buckinghamshire 624 092 units
 - Oxfordshire 1 011 928 units
 - Berkshire 1 165 353 units

NHS Dental Services in Buckinghamshire

- High Street Dentistry commissioned 14-15 per head of population
 - Buckinghamshire £28.81
 - Oxfordshire £36.65
 - Berkshire £33.23
- Bucks has 79% spend of Oxon and 87% spend of Berks

NHS Dental Services in Buckinghamshire

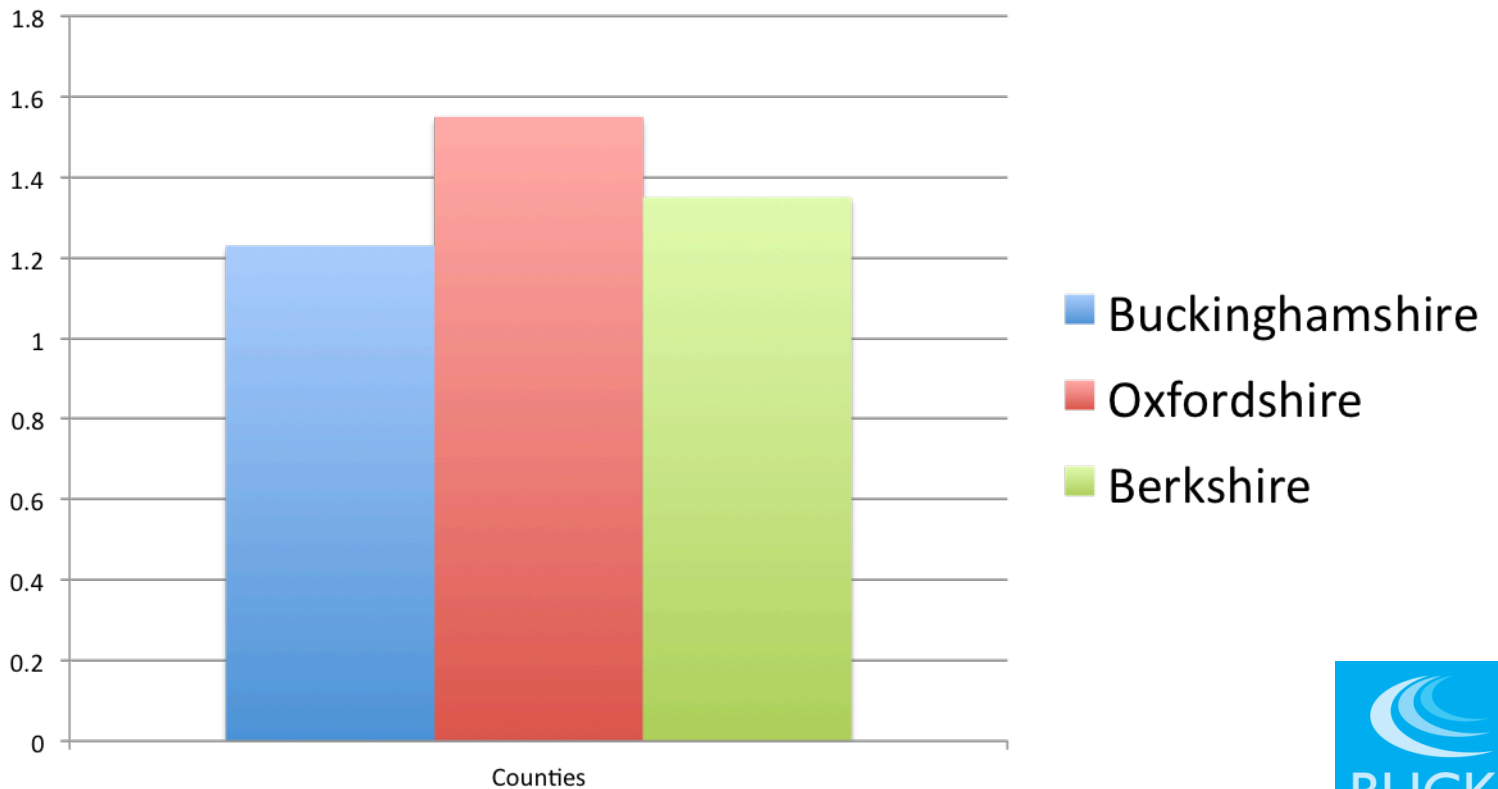


NHS Dental Services in Buckinghamshire

- Units of Dentistry commissioned 14-15 per head of population
 - Buckinghamshire 1.23 Units
 - Oxfordshire 1.55 Units
 - Berkshire 1.35 Units

NHS Dental Services in Buckinghamshire

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NHS Dental Services in Buckinghamshire

- Other issues
 - Decreasing spend on Bucks
 - No longer growth in percentage of population seen
 - Recent monies distributed
 - Most money taken back from Bucks
 - Most money given to Berkshire

NHS Dental Services in Buckinghamshire

- Other issues
 - Recent prison procurement (Grendon Underwood and Aylesbury)
 - Tendered to large healthcare organisation
 - Dentistry counted for 1% of marks
 - Vulnerable group of society disadvantaged

NHS Dental Services in Buckinghamshire

Thank you

