

GLOUCESTERSHIRE HEALTH OVERVIEW & SCRUTINY COMMITTEE

The minutes of a meeting of the Gloucestershire Health Overview & Scrutiny Committee held on Tuesday 6 December 2022 at Shire Hall, Gloucester.

Present:

Cllr Andrew Gravells MBE (Chair)	Cllr Stephen Andrews
Cllr David Brown	Cllr Adrian Bamford
Cllr Linda Cohen	Cllr Helen Molyneux
Cllr David Drew (Vice-Chair)	Cllr Collette Finnegan
Cllr Tim Harman	Cllr Helen Fenton
Cllr Stephen Hirst	Cllr Jill Smith
Cllr Paul Hodgkinson	Cllr Susan Williams
Cllr Alan Preest	

1. APOLOGIES

Apologies were received from Cllr Stephan Fifield, (Gloucestershire County Council), Cllr Helen Molyneux, (Forest of Dean District Council), and from Nikki Richardson from Healthwatch Gloucestershire.

Cllr Susan Williams substituted at the meeting for Cllr Stephan Fifield, (representing Gloucestershire County Council).

2. DECLARATIONS OF INTEREST

No declarations were made at the meeting.

3. MINUTES

The minutes of the meeting held on 18 October 2022 were confirmed and agreed as an accurate record of that meeting.

4. PUBLIC QUESTIONS

No public representations were made at the meeting.

5. NHS DENTISTRY

Responding to the request for a further update to be presented to the committee in response to concerns about access to dental services in Gloucestershire and on the work to progress the delegation of dental services to the Gloucestershire Integrated Care Board in April 2023, members were reminded that at the Full Council meeting on 9 November 2022, members had considered a motion in response to concerns about the quality and cost of dentistry in Gloucestershire.

At the council meeting in November, Councillors resolved to:

Minutes subject to their acceptance as a correct record at the next meeting

- 1. Write to the new Health and Social Care Secretary and to the six Gloucestershire MPs to express the council's concern about dentistry provision in Gloucestershire;*
- 2. Call on Cabinet to ensure that council services worked with schools, care homes and the NHS to coordinate dental visits to those people in most need;*
- 3. Ask the Gloucestershire Health and Wellbeing Board and the Director of Public Health at Gloucestershire County Council to bring a report to HOSC to explain what they were doing to promote good oral hygiene, specifically in children and young people and our vulnerable residents.*

In response to the council motion, it was agreed the members of this committee, (as part of a planned update to the committee on access to dentistry), would receive a report on oral health promotional initiatives at this meeting.

Beth Smout from the Prevention, Wellbeing and Communities Hub (PWC) at Gloucestershire County Council (GCC) informed members that the County Council was statutorily responsible for improving the oral health of its local population. On this platform, there was an expectation for the Council to provide, (or commission), appropriate oral health programmes for the County and to carry out oral health surveys to assess outcomes, (oral health surveys are carried out as part of the Office for Health Improvement and Disparities (OHID) National Dental Epidemiology Programme).

The following information was noted at the meeting: -

1. Since the establishment of the dental reform programme by NHS England (SW), there had been a slight increase in the number of patients in Gloucestershire who had been able to access an NHS dentist for routine care/treatment.
2. The total number of adults seeing an NHS dentist in Gloucestershire had slightly increased from 28.6% in December 2021 to 29.2% in June 2022. However, the access rate for the adult population of Gloucestershire at 29.2% was less than the national access rate (England) at 36.9%.
3. Similarly, the number of children who had seen a dentist in Gloucestershire in the last 12 months had increased from 43.9% in December 2021 to 45.8% in June 2022. However, the proportion of children in Gloucestershire accessing a dentist overall (45.8%) was still slightly lower than the access rate for children across the whole of England (46.2%).
4. 19.5% of 5-year-old children in Gloucestershire had experienced dental decay. This was lower than the average for both the South West (20.4%) and England (23.4%). However, rates of dental decay varied across the county. 26.5% of 5-year-old children in the Forest of Dean and 24.7% of 5-year-old children in Gloucestershire were reported as having experienced dental decay, compared to 12.8% of 5-year-old children in Stroud.

5. Dental decay was strongly associated with deprivation. It was confirmed that 5-year-olds living in the 'most deprived areas' of the county were more likely to experience dental decay than those living in the 'least deprived areas'.
6. Current activities to prevent dental decay in children included distributing tooth brushing packs for children aged 9-12 months via health visiting teams.
7. Oral health advice was also being provided to young children and their families, for which discussions were taking place on delivering a countywide rollout scheme, following successful pilots at particular local authorities
8. In terms of developing oral health care training programmes for care workers, a pilot scheme was being planned for delivery throughout Gloucestershire care homes in 2023, with a wider rollout planned for later in the year/2024, depending on the success of the pilot.
9. Post-Covid, orthodontic services had returned to normal levels of activity more rapidly than high street dentistry. An additional initiative was being rolled out for non-recurrent orthodontic activity from 1 November 2022 to the 31 March 2023. This additional non-recurrent activity/funding was being used to reduce waiting times for those patients on the practice waiting list eligible and ready to receive orthodontic treatment. To date three orthodontic practices in Gloucestershire had signed up to the initiative, which equated to an additional 585 patients gaining access in 22/23.
10. Gloucestershire Health and Care NHS Foundation Trust provided/managed in-hour appointments for patients with an urgent dental need who did not have access to an NHS dentist. The service was for patients in need of relief from acute dental pain; infection; bleeding or trauma. Out of Hours patients should contact NHS 111. It was noted that, only people with a significant dental emergency, such as rapid facial swelling, uncontrolled bleeding, or facial trauma, would be expected to be treated at accident and emergency departments.
11. Gloucestershire Health and Care NHS Trust also managed out of hour appointments for the whole of Gloucestershire, with appointments at the weekends and bank holidays in clinics across the county.

A key factor impacting on accessing NHS dentist services related to workforce issues. A lack of dental practitioners in the area was significantly impacting on the ability of high street dental practices being able to meet their contracts. As NHS England did not employ dentists directly, it was difficult to assess the exact shortfall. However, based on the underperformance in UDA's, (units of dental activity, and projected capacity, it was concluded that Gloucestershire was currently experiencing a shortfall of about 31 whole-time equivalent dentists. It was confirmed that, within the NHS England SW dental transformation programme was a wide range of initiatives from which to address the workforce gap and associated access

issues. Full details of the initiatives are set out in the report presented to the committee.

Members were asked to consider the underlying causes of the difficulties the people of Gloucestershire were experiencing in accessing dental services, in line with the ongoing work being provided by the NHS England South West Dental Reform Programme Board in the attempt to address current issues and improve the oral health of the population. The committee was asked to work in partnership with the NHSE South West Dental Reform Team and to consider ways to market Gloucestershire as attractive place to work for dental and other clinical workforce members, and to encourage more young people in Gloucestershire schools and colleges to consider a career in healthcare.

During the second half of the presentation, Stephen Sylvester, Director of Specialised Commissioning at NHS England, expanded on how current workforce issues were impacting on dental services, including the issue of dentists withdrawing from NHS contracts because of unfavourable terms and conditions. It was noted that the current position reflected issues on a national level. Another limiting factor cited at the meeting was the reluctance by some dentists to take on the business requirements of running a practice.

To try to overcome some of the issues, dental students and recent graduates were being targeted to encourage retention within the area. Salaried positions were also being funded, and leadership and learning opportunities were being offered to make Gloucestershire a more competitive professional environment.

Members asked a series of in-depth questions, including questions highlighting concerns on the levels of child interaction with dental services. In response, it was suggested that schools might be considered as a potential avenue to guarantee engagement with a large proportion of children. The supervised 'teeth brushing pilot' was being put forward as a potential candidate for intervention in trying to resolve and improve the issue of child engagement with dental health. The pilot was currently being piloted in Devon, with an assessment of the success of the roll-out of the programme due to be evaluated in February/March. It was also noted that efforts relating to child dental health were focussing on more preventative measures, (such as learning modules stressing the importance of brushing teeth, in addition to minimising fear of dental practices), rather than oral examinations.

It was clarified that treatment in schools was under the remit of NHS England, and not the County Council. NHS England to consider the possibility of exploring school collaboration in forthcoming meetings with the ICB.

In response to other questions, collaboration work and efforts to work with the charity DentAid were discussed, where it was confirmed efforts were being made to boost the partnership arrangement.

Several members reiterated earlier concerns about the lack of NHS dentists, particularly in the more rural areas of Gloucestershire. It was noted that a lack of dentists taking on new NHS patients was one of the core driving forces for

requesting a report to the committee. It was confirmed that efforts to approach dentists and encourage the adoption of NHS contracts had led to one practice taking up 3000 UDAs. Members commented on how this was lower than expected and informed that the target relating to access to dental healthcare services had been set as a return to 'pre-pandemic levels', though specific numbers were currently unavailable from which to make comparisons on. Members were also informed that there was no specific target set to reduce 5-year old decay rates.

A member referred to reports that, in the UK, there had been a 55% drop in tooth extractions for under 19s in 2022, in comparison to the previous year. Unable to comment on how Gloucestershire compared with the rest of the country, NHS England said it would investigate the reports and feedback to the committee after the meeting. **Action by: NHS England**

In response to questions on whether the worst affected regions were being targeted in a tailored manner, it was clarified that, whilst some interventions were being applied in a generalised countywide manner, the Forest of Dean, (as an example of a lower performing region), would receive a higher number of toothbrush packs to distribute to the communities within the district. Supervised tooth-brushing resources would focus on areas of greater need. Further updates/details of how the county intended to use tailored approaches would be made available in the New Year.

Another concern raised at the meeting was the large number of EU medics no longer working for the NHS. One member asked how long it would take to introduce a new initiative from which to attract overseas dentists. It was reported that, whilst this was a key area of focus for NHS England, no exact timescales could be given.

Another particular concern was the state of dental hygiene, with a number of questions asked on why interventions, including supervised teeth brushing, were not being implemented at a much quicker pace. It was explained that, whilst the material demands of introducing supervised brushing were not necessarily that high, the human resource demand of employing supervision was a key factor in slowing down the programme, in addition to difficulties accessing funds from the County's Public Health Fund, which were already stretched. It was explained that, whilst many initiatives had been planned and in the process of being rolled out, it would take time for all interventions to be fully implemented. The Gloucestershire Dental Strategy Group would only commence setting long-term plans in January 2023.

In response to a request for clarification on what the Family Hubs Programme constituted, members were advised that the programme was a national model, taking a new approach to considering how to commission local services. The hub was in the process of being developed. National guidance on the Family Hubs Programme would be circulated after the meeting. **Action by – Director of Public Health**

Referring to financial issues, it was reported that the overall budget underspend was currently estimated at around £5million, but that the figure was constantly

changing. Exact predictions on expenditure anticipated by the end of the financial year were difficult to predict but it was unlikely that the entire budget/funding would be spent by March 2023. It was clarified that the full budget would be transferred from NHS England to the ICB at the point of transfer, (on 1 April 2023), rather than the full amount, less any underspend.

At the time of the meeting, the full budget figure was set at £18.7 million, though this was reported to be flexible and that the amount may change. It was confirmed that, following transfer of responsibility to the ICB, the use of national contracts would be applied. Efforts would be made to build in flexibility to allow local commissioning.

Commending examples of good work referred to at the meeting, the report was noted, with a request that a further update be made to the committee post the transfer of responsibility from NHS England to the ICB on 1 April 2023.

6. MENTAL HEALTH UPDATE

Angela Potter, (Director of Strategy & Partnerships), Karl Gluck, (Head of Integrated Commissioning: Adult Mental Health, Advocacy and Autism), and Hayley Payne, (Programme Manager: Children and Young People's Mental Health), at the Gloucestershire NHS Health and Care Foundation Trust, (GHCFT), gave a detailed presentation on the delivery of mental health services in Gloucestershire.

It was reported that, whilst the demand for mental health services had increased in recent years, most areas, until now, had been able to absorb the demand without incurring longer waiting lists or without impacting on the effectiveness of treatment. One area of service experiencing a higher level of demand than in previous years, (pre-pandemic), was the number of people suffering from eating disorders in Gloucestershire. Collaboration with the mental health charity BEAT was being explored to develop therapeutic activities from which to address the increased demand.

A member referred to an incident at the Wotton Lawn Acute Mental Health Hospital and enquired about the security arrangements at the hospital. Whilst it was not possible to enter into specific details, it was explained that Wotton Lawn Hospital was not a secure unit. Whilst the hospital included specialised areas with higher levels of security, wards were not locked. Although no information could be given on the anticipated timescales for publication of the outcome report from a recent investigation at the hospital, it was agreed that the report, when available, would be circulated to the committee. Concerns relating to staff wellbeing at Wotton Lawn Hospital were noted by the Health and Care Team, where it was confirmed staff at the hospital had been well supported following the incident.

A member sought clarification on where the Maxwell Centre was based, (where members of the public detained under Section 136 of the Mental Health Act are evaluated). It was explained that the Maxwell Centre had not moved location and was not currently manned 24/7 by default but could be manned at any time by the

crisis team, dependant on need. Dependant on the evaluation, patients were either sent to an inpatient bed or supported through crisis resolution and returned home.

Responding to questions on the influence of social media, it was acknowledged that social media was deemed a significant factor in influencing mental health. Members noted that the NHS worked closely with schools to monitor social media influences. A member asked whether interventions, including 'young minds matter' could be implemented at home rather than just at school. It was confirmed that interventions for people physically unable to attend school formed part of the Trust's work.

In response to a question on how the 'new locality model' might be applied across the Cotswolds, it was reported that the plan was to create virtual teams made up of different health care workers who could benefit from discussing patients jointly. Using a phased approach allowed this to be implemented in a tailored way across each region. The option of using buildings and schools in rural locations was being explored to help improve access to services for those located further away from the larger towns and cities.

A member asked if it would be possible to expand the work of the Police/Mental Health Worker mobile unit. It was explained that the current 4 days of operation, focusing on weekends and evenings, offered optimal usage, as it provided coverage during times of expected highest need, whilst minimising overusing Police and Mental Health resources. Although there were no plans to expand, this position would be reviewed regularly and changed, if necessary.

The issue of wait times for ADHD and ASD for diagnosis and treatment was raised. Whilst a focus of work for the department, it was difficult to get the necessary resources from which to reduce wait times. Work was being implemented to help children get support from schools whilst awaiting diagnosis, but diagnosis times were not within the departments resources to improve. It was however, reported that there were plans to pull the ASD and ADHD pathways together into a single neurodiversity pathway, and the gained efficiency from this might reduce wait times.

Bob Lloyd Smith from Gloucestershire Healthwatch added that the publication of a report on autism assessment in Gloucestershire was expected in the New Year.

The Health and Care Foundation Team was asked what was needed to resolve the problem of ADHD and ASD waiting lists. It was explained that, whilst extra investment certainly helped, the main obstacle was the issue of staffing, with a lack of both registered and unregistered staff. Addressing the workforce issue was the most meaningful solution to reducing waiting lists.

A member asked if more independently run academies would be open to taking on the mental health support provision. It was confirmed that academies were more than happy to take on the help. The only issue was that it was sometimes difficult to set up a first contact, a problem relevant to all schools, not just academies.

Bob Lloyd Smith from Gloucestershire Healthwatch commented that the area that received the most feedback on the need for improvement was from the Crisis

Service and enquired what could be done to improve this. It was reported that a review had been undertaken in 2020 and that the recommendations from the review were gradually being worked through. One key area that could be worked on was the issue of public information and developing a better understanding of what the crisis service was for.

There had been a significant increase over the last few years of people coming to the Crisis Service with short-term environmentally driven mental distress rather than chronic mental illness. The Crisis Centre did not have the capacity to support all of these cases and it had been necessary to recruit adjacent support services to support the workload of cases, whilst also making it clear to the public which services should be accessed for what reasons.

Expanding on the discussion about waiting times for ADHD diagnosis, a member raised concern about whether ADHD was considered a disability under the Equalities Act and whether children could be excluded from school whilst awaiting diagnosis. The Health and Care NHS Foundation team explained that, in their view, ADHD was considered a disability, but they were unsure if children were being excluded from school because of it. It was agreed to investigate the issue and report back to the committee at a later date. **Action: Health and Care Foundation Team**

A final question enquired whether there was co-operation between hospitals and health and care trusts outside of Gloucestershire. The question focussed on those members of the public who resided in the more rural areas of the county, with Gloucestershire hospitals located quite a distance from their homes, and hospitals located in Oxfordshire or Wiltshire more accessible. It was explained that, whilst there was co-operation with hospitals from outside the county, this was only viable if the other hospitals were the locations where Gloucestershire residents typically received their care.

Deborah Lee, Chief Executive of the Gloucestershire Hospitals Foundation Trust, was asked to report on a recent case of oesophageal cancer surgery performed at Gloucestershire Royal Hospital. It was explained that this particular case was noteworthy as the surgeons at the hospital had used a new robot technique to perform the surgery, a first of its kind in the UK. Two similar robots were located at Cheltenham General Hospital, funded from additional funding and with the support of HOSC.

Members noted the report and thanked the GHC Foundation Trust for its incredible work and commitment to improving the lives of vulnerable people across Gloucestershire who suffered from mental health issues.

7. GLOUCESTERSHIRE INTEGRATED CARE SYSTEM (GICS) PERFORMANCE REPORT

Mary Hutton, Chief Executive of the Gloucestershire Integrated Care Board (ICB), presented an update on the work of the Board. The report was taken as read.

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Invited to ask questions on the report, one member asked what support was being provided to GP surgeries when identified as needing improvement and what would happen if they failed to improve. It was confirmed that, to date, no GP had failed to improve and that the support offered to GPs was well received.

Another member referred to an absence of data in the report and was advised that benchmarking data would be provided at a later date. When asked when the data would be provided, it was explained that information would be added to the performance report each month and that the reporting of the full data should be ready to commence in March.

Chair of the Committee, Cllr Andrew Gravells, referred to the work of the GHT to support veterans and asked why this hadn't been referenced in the report. It was confirmed that a small reference to the work was included in the report.

The performance report was noted.

8. NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD (ICB) REPORT

The NHS Gloucestershire Integrated Care Board, (ICB), report was taken as read. The report included updates from Integrated Care System (ICS) Partners responsible for overseeing the day-to-day commissioning and provision of NHS services in Gloucestershire.

9. WORK PLAN

The committee work plan was noted.

CHAIRPERSON

Meeting concluded at 12.30 pm