

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on Tuesday 13 December 2022.

PRESENT: Councillors D Jones (Chair), A Hellaoui, D Rooney and M Storey

ALSO IN ATTENDANCE: C Blair (Director Of Commissioning Strategy and Delivery) (TVCCG)

OFFICERS: S Bonner

APOLOGIES FOR ABSENCE: Councillors C McIntyre, A Bell, D Davison, T Mawston and P Storey

21/135 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

21/136 **MINUTES - HEALTH SCRUTINY PANEL - 11 OCTOBER 2022**

The minutes of the Health Scrutiny Panel meeting held on 11th October 2022 were submitted and approved as a correct record.

21/137 **DENTAL HEALTH AND THE IMPACT OF COVID-19 - FURTHER INFORMATION**

The Chair welcomed representatives from NHS England and Public Health and invited them to deliver their presentations.

As part of the presentation the following points were made:

- There was no formal registration required for dental patients, with Dental care based on Units of Dental Activity (UDA). Dentists were contracted to perform a certain number of UDAs per year. For example, basic treatment consisted of three UDAs (lower band) while more complex treatment would be 12 UDAs.
- While the NHS did not commission private dental services there was no prohibition on NHS dentists offering private dental care.
- Prior to the Covid Pandemic 88% of commissioned capacity in Middlesbrough was being delivered indicating that practices, at that time, were generally meeting demand.
- It was important to realise the Covid Pandemic had made a significant impact on dental care, largely due to enhanced infection control measures. Such measures had the effect of significantly extending appointment times between patients. The net result of this was significant backlogs and an increase in waiting times.
- There were 11 NHS Dental Contracts in Middlesbrough equating to over 300,000 UDAs and £8.5 million of funding commitment.
- In addition to general dental care the NHS also commissioned Community Dental Services and Domiciliary Dental Care.
- Demand for dental care across the town remained high for several reasons, including the Covid pandemic.
- As Covid-19 was a respiratory disease this placed dentists at significant risk to infection. As such robust infection control mitigations had to be put in place to continue care delivery.
- The mitigations had the effect of prolonging care with a routine 15-minute procedure taking more than an hour.
- Between April and July 2020 normal dental services were suspended and replaced with Urgent Dental Care Centres.
- By the summer of 2020 there was a gradual re-introduction of normal care, however infection control mitigations remained in place.
- While minimum expectations of contract delivery were gradually increased between 2020 and 2022 overall the dental system was in a state of recovery.
- Overall, 25% more time was spent with patients with the effect being less time with each patient.

- Another significant issue for dental services was workforce related, especially regarding recruitment and retention of qualified staff. This issue had a marked impact on dental services, especially in areas of deprivation.
- Again, the Covid Pandemic had both upstream and downstream workforce effects on dental services. Downstream, the effect was older dental practitioners taking a step back from frontline services while upstream undergraduate dental students lost two years of clinical experience, delaying how they could deliver services going forward.
- Nationally, work was underway to address workforce issues including contract reforms. Locally, initiatives were planned to Teesside as an attractive place to work.
- Contractual arrangements for dental services were legacy based, having first been introduced in 2006 on the UDA basis.
- In 2021 NHS England led on reforming contractual arrangements including the introduction of increased remuneration for more complex treatments. Other initiatives included increasing the minimum UDA value to £23, however it was noted that rates in Middlesbrough were above this.
- There was also a misconception that all patients needed to be registered at a dentist to receive care. As such, work was underway to improve communication to patients and to personalise recall appointments according to clinical need.
- Locally, there were initiatives to try and prioritise seeing patients that had not been seen in the previous 24 months.
- There was also increased investment in out of hours 111 service as well as increased funding for practices that could offer additional clinical capacity.
- It was noted that patients failing to attend appointments was a considerable concern. The impact of non-attendance at appointments was, primarily, dental practice's inability to deliver care effectively. As such practices were being encouraged to maintain short notice cancellation lists to minimise downtime.
- Members were advised that, from the perspective of dental decay prevalence, there had been an improvement in Middlesbrough in comparison to other areas.
- This had been achieved by investment in community initiatives such as targeting school children with a free toothbrushing resources offer to 34 pre schools and 33 schools in Middlesbrough. Prior to the Covid pandemic this scheme had a good take up.
- Members were also updated on the launch of a safeguarding pathway for Children in Care and children under Child Protection medicals that were not receiving regular dental care. It was noted that the pathway was due to start in January 2023.
- Overall, demand for care remained extremely high, however all practices were able to deliver a range of treatments safely.
- The impact of the Covid Pandemic, continuing workforce issues and contractual reforms were creating delays to those receiving treatment for more routine and non-urgent dental care.
- While workforce issues were acute, various initiatives were underway to try and remedy this.
- Importantly, the issues faced in Middlesbrough were present in many other areas.

A Member queried if Brexit had made an impact on practices being able to recruit overseas dentists. It was confirmed that the processes for recruiting overseas dentists had not changed in the wake of Brexit. It was also clarified that overseas dentists wanting to work in the UK had to complete the same processes as those in place before Brexit.

Members queried if there was an opportunity to use UDA funding more flexibly and if UDA funding had increased or decreased. It was confirmed that UDAs had a recurrent budget and that there had not been a reduction in UDA funding.

Members were curious about demand transparency and wondered if demand for treatment lists were being collated. As there was no requirement for patients to register at dentists for treatment, creating such lists was difficult to do. While there was no visibility of demand in this way, there was a requirement refresh the Oral Health Needs Assessment which may have contained important information on this matter.

Members queried that if no central list existed would individual practices have held such information. It was confirmed that Health Watch were undertaking work that identified which areas had the most need. There was a suggestion that dental care questions appeared on GP surveys and if this information could be utilised and fed into an oral health needs assessment.

A Member commented that a lack of visibility regarding dental health need was a real concern as there was no way to tell what need existed. The Member stated there was a real need to engage with people.

It was clarified there were lots of factors that contributed to this lack of visibility in demand. For example, some patients received private dental care and were happy to continue doing so. It was commented that reforms to the UDA contract appeared to be a retrofit. However, it was stressed that there was no single solution to changing the NHS dental contracts.

A Member commented that receiving information from Health Watch would be advantageous to the Panel's review into Dental Health.

The Chair thanked NHS and Public Health for their presentation.

ORDERED:

- 1. That Health Watch be invited to a future meeting of the Panel**
- 2. The information presented be noted**

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DRUGS AND ALCOHOL SERVICES - UPDATE

The Chair welcomed the Council's Public Health Programme Manager to the meeting and invited him to present his update regarding Foundations Practice in Middlesbrough.

As part of his update the following points were made:

- Foundations held specialist misuse contracts which for some time had been co-terminus with Primary Care.
- The specialist services included Project ADDER and the Diamorphine Assisted Treatment programme.
- There were approximately 2,000 people supported by the Foundations Practice. While this was small in comparison to other General Practices, those it supported had complex needs.
- Extensions had been made to the contracts until March 2023 and joint reviews of the service were being carried out by both the Council and ICB.
- While it had been agreed to tender the contracts on the open market, the Panel was advised that Foundations had submitted notice on all their contracts.
- It was important not to have a break in service for service users, despite any contract negotiations. As such a Single Member Executive decision agreed to extend the service, with a similar decision having been taken by the ICB.
- The contract extension meant that services, including open access for clients, would continue until 2024. A primary intention of the extension was to retain staff where possible.
- It was noted that the new contract holder would be known by September 2023 with an initial six-month mobilisation period.
- Overall, service provision was in a much stronger position.

Members were concerned about potential disruption to patients during the contract transition. However, they were reassured those patients would not experience disruption as the extensions overlapped.

A Member queried if the contract competition would be popular. It was commented its popularity was dependent on the current consultation but there was definite scope for it to be popular. It was also commented that the services offered by Foundations had helped stop increases in numbers of opiate and heroin users in the town.

The Chair queried if there had been an increase in nitric oxide, as there had been a noticeable increase in discarded cannisters in the local area. It was clarified there was no evidence of significant increase in use, however such groups do not access services like Foundations therefore there it was difficult to quantify.

The Panel requested that updates be provided on the progress of securing a new contract.

ORDERED:

- 1. That updates be provided to the panel regarding the progress of new contract arrangements for specialist mis-use contracts.**
- 2. That the information presented be noted.**

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CHAIR'S OSB UPDATE

The Chair advised the Panel that at the last meeting the Overview and Scrutiny Board the Executive Member for Regeneration and the Director of Regeneration were in attendance to provide an overview of the Regeneration portfolio.

The Executive Member provided information on areas including Transport, Investment and Planning. The Executive Member and Director of Regeneration answered questions on matters including Linthorpe Road Cycle lanes, the Mayoral Development Corporation and Planning fees.

The Board also received information on forthcoming decisions in the Forward Work Programme and heard updates from Scrutiny Panel Chairs.

NOTED

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ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

Following the Panel's opioid dependency update on the 11 October, Members queried progress against letters being sent to the Secretary of State for Health, the Chair of the Home Affairs Select Committee and the Police and Crime Commissioner respectively.

It was confirmed the Democratic Services Officers would provide an update on progress at the Panel's next meeting.

ORDERED that progress on drafting letters to the Secretary of State for Health, Chair of the Home Affairs Select Committee and Cleveland Police and Crime Commissioner be provided to the next Panel meeting.