

## **Adult Social Care and Health Select Committee**

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 13th February, 2018.

**Present:** Cllr Lisa Grainge (Chairman), Cllr Lauriane Povey (Vice-Chairman), Cllr Evaline Cunningham, Cllr Lynn Hall, Cllr Kevin Faulks, Cllr Sylvia Walmsley, Cllr Barry Woodhouse

**Officers:** Ann Workman, Sarah Bowman-Abouna, Carol Malham (AH); Peter Mennear, Annette Sotheby (DCE)

**Also in attendance:** Cllr Jim Beall (Cabinet Member), Cllr Ann McCoy, Trish Goss, Pauline Fletcher (NHS)

**Apologies:** Cllr John Gardner

### **ASH 84/17**

#### **Evacuation Procedure**

The evacuation procedure was noted.

### **ASH 85/17**

#### **Declarations of Interest**

Cllrs Woodhouse, Hall and Povey declared a personal non-prejudicial interest in Agenda Item 5, Queensway Dental Practice.

### **ASH 86/17**

#### **Minutes of 10th October, 14th November and 12th December 2017**

Consideration was given to the draft minutes of the meetings held on 10th October, 14th November and 12th December 2018.

AGREED that the minutes be approved as a correct record and signed by the Chair.

### **ASH 87/17**

#### **Queensway Dental Practice**

Following the decision that Billingham Queensway Dental Practice will cease to treat NHS patients at the end of March 2018, Members received an update from NHS England on their role in the commissioning of dental services and the steps taken, together with Public Health, to mitigate the impact on local residents, key points as follows:-

- Queensway is the largest practice in Billingham and has seen 11,500 NHS patients in the last 2 years.
- Patients already undertaking treatment before end-March will be able to complete their dental work.
- Specialist dental services will not be affected.
- Patients will have access to in-hours and out-of-hours urgent care.
- Patients had been informed of the change by letter in January, and provided with a list of 16 alternative NHS dentists within a 10 mile radius.
- Prior to the notice to cease treatment of NHS patients, Queensway requested a significant increase in their UDA (unit of dental activity). The average was £26 in Stockton). Following discussion, this proposal was not accepted as their UDA rate was already above that of other practices in the area and would leave NHS England open to challenge from other providers both locally and nationally. Queensway were given the opportunity to discuss other possible options but did

not proceed.

- Neighbouring practices were asked to take on extra patients, but closed their books once they reached capacity, although some have said that this may change in the future as it is difficult to ascertain what dental work is required until patients are seen. Work ongoing with Healthwatch to signpost patients to available capacity in other practices.
- 15 practices still have capacity, 9 of which are in Stockton and all within a 10-mile radius of Billingham.
- Patients advised to contact NHS practices when their next routine dental appointment was due.
- Formal expressions of interest are being sought from practices including Middlesbrough and Hartlepool to maintain a service from 1st March until long-term provision is in place. This may take around 9 months due to the procurement process. Members will be updated when further information is available.
- NHS 111 service will signpost to nearest available services.
- Patients with learning disabilities, looked after children, the housebound, the elderly in care homes and vulnerable patients can be referred to the Tees Community Dental Service. This service is also available for referrals from GPs, hospitals and other services.
- Public Health recognise the importance of access to oral health services and their effect on health and wellbeing.

Members comments and questions could be summarised as follows:-

- Could NHS England have been more flexible on price and how services could be retained in the interim period before procurement of new permanent services?
- More dental practices are becoming private, therefore would patients become settled in a new place and have to move again? Members noted that further practices could take the same step, however NHS aim to support practices to retain NHS dental access.
- Was there any data available on the number of private practices? It was noted that no details were available.
- Are dentists paid different rates? When a dentist sets up a practice, have they paid for premises themselves or are they provided by NHS? It was noted that rates do vary across country which is due to rates set up under the current 2006 contract. Variation occurs when new practices have been commissioned after that date. Queensway own their own premises and some practices rent space within health centres owned by NHS Property Services. Any new provider would have to source their own premises.
- Billingham Central has a large number of elderly and vulnerable people with lack of mobility and who find change disruptive and traumatic, therefore the distance to alternative practices was concerning.
- How confident was NHS England that those people will be able to access new practices? Members noted that housebound elderly patients would have access to Community Dental Service and a domiciliary service also, but not all patients would have this.
- A lot of work has been carried out encouraging oral health and reducing tooth decay in schools. It was concerning that children may not be taken to the dentist if located further afield.
- Oral health problems will increase in the less advantaged, as private health care is expensive. Some Queensway patients may never go back to a dentist.

Funds have been found in the past for GP practices, why not dental practices? Nine months for re-procurement is too long and action must be taken to maintain the service until something is in place. It was noted that a National Contract Reform Programme is looking at how dental contract will be commissioned in future.

- Will there now be increased pressure on hospital dental services for specialist treatment? Patients have been referred to Queensway for such treatment in the past. There is a clear referral pathway to conscious sedation service for nervous patients. It was reported that there are no plans for Queensway to change their minor oral surgery procedures and there are other practices who provide sedation. Crowns, bridges and extractions should be within the competency of general dental providers and should not need referral to a specialist practice.

- Would patients be advised to wait until their due appointment date before visiting a dentist? It was reported that NHS Choices and the Directory of Services (supporting NHS 111) will be kept up to date, practices have also been asked to advise patients and contact details were provided in the patient letter. Members requested that advice be resent on when to re-register with a new practice to avoid confusion (i.e. at the time of their next due appointment).

- Are there any other known practices intending to cease treatment of NHS patients? Members noted that there were none known in the borough.

- Priority should be given to communicating with vulnerable patients so they have clear information available.

- Do NHS trained dentists have any commitment to remain with the NHS on completion training for a certain period of time? Members were surprised that no such commitment was required, suggesting that dentists could then set up their own private practice once trained.

- Were patients being coerced into private dentistry and getting into debt, and were there any figures available? It was reported that some people may sign up for private or dental plan initially, however better communication should keep that to a minimum.

- Do Queensway provide dental health care in care homes? Members noted that no such domiciliary care was commissioned from Queensway. A review was currently being undertaken led by two dental Public Health consultants.

- Were there any interim measures that could help, especially for vulnerable patients?

- Did Queensway give a reason for their decision to no longer treat NHS patients? If other practices who are paid less are making their business work, why can't Queensway? In response it was noted that dental practices are set up in different ways with variable rates, overheads and staffing costs, and individual Business Plans were given as reasons as to why NHS work could not be taken on.

- Members noted that a whole system review of special dental care was due to be undertaken by NHS England, with Public Health linking in.

Queensway were invited to the meeting but declined due to prior commitments. However, they invited the Committee to attend a visit of the Practice in the near future.

AGREED:

1) That the Committee visit the Queensway practice

2) That a request be made to NHS England to contact patients again with advice on registering with new dentists

- 3) That information on the access criteria to the Tees Community Dental service be shared with the Council
- 4) That the information be noted.

**ASH  
88/17**      **Overview of Adult and Health Services**

Members were presented with an overview of Adult and Health Services. The key issues of the service were highlighted together with emerging issues as follows:-

- The new Adult Social Care strategy is that people can get the right level and type of personalised support at the right time in order to help, prevent reduce or delay the need for ongoing support and maximise their independence.
- Focus on prevention and early intervention – a new Assistant Director will be recruited later in the month.
- Work with individuals, their families and carers
- Continue to work closely with the NHS
- Ensure effective use of our workforce and that of providers
- Work in partnership internally and externally with public, private and voluntary community sectors

Public Health and Adults and Health are working closely together addressing loneliness, poor health and wellbeing, lifestyle issues, also working closely with NHS.

There was continuing pressure on the public health grant and the service would be focussing on funding initiatives were there was a robust evidence base.

Environmental Health was focussing on preventing food hygiene breaches.

Members expressed continuous concern around the provision of services with the overall funding reductions (£52m over the last 5 years, with a further reduction of 20m in 2019/2020).

AGREED – that the overview report be noted.

**ASH  
89/17**      **Respite and Short Breaks Review - Update**

Members considered an update on the review of NHS-commissioned respite and short breaks services in the Tees area.

The Respite and Short Breaks Joint Committee had met on 5th February and an update was provided at the meeting. Members had discussed the final decision of the CCGs in relation to progressing with Option 2.

Cllr Grainge, as chair of the Joint Committee, would be writing to its constituent councils in order to seek their position and whether they were minded to make a referral to the Secretary of State if outstanding concerns could not be addressed, and if so, to outline what their outstanding concerns were. This would inform whether the statutory joint committee would need to meet again and its role. Prior to any referral being made, the Regulations stated that in cases of disagreement between the health scrutiny body and the views of the CCG, both must take 'reasonably practicable' steps to reach agreement, within

a reasonable time period.

Members recognised the dedication of the carers and families of service users, and were very mindful of the impact this process will be having on them.

Members expressed a range of opinions in relation to the future of the service. It was noted that the service could in future offer more choice for younger clients who wanted different types of care, and that further delay would be of detriment to the families. It was also noted that the finances allocated by the CCG would need to cover the development of new options and so would potentially be stretched to cover both existing and new service models. Under the proposed re-assessment process, each client would receive services according to their need which could be more or less than their current provision.

The Cabinet Member highlighted that the Council's initial response to the proposals – in support of Option 2 if a decision had to be made - had been in line with the wishes of the majority of Stockton-based respondents to the consultation, and that although the Council would prefer no change, he pledged to ensure the Council worked to support affected families.

The Director of Adults and Health provided assurances that Stockton Council's Adult Services would be working closely with NHS staff on the transition for affected clients and their families and carers, would be able to provide support to individuals receiving respite care and also in receipt of Council services, and closely monitor the transition to the new service model. A comprehensive update on the services provided to Stockton residents would be able to be provided in future. The Committee was also assured that the proposed assessment process would be much clearer. On the basis of discussion at the meeting, the Council was not minded to make a referral to the Secretary of State on this matter.

Members wished to ensure any future changes were monitored closely by health scrutiny.

AGREED – that the report be noted.

**ASH  
90/17**      **Regional Health Scrutiny Update**

At the January meeting of the Tees Valley Joint Health Scrutiny Committee, an update was considered on the condition of Roseberry Park Hospital following ongoing issues with the PFI contract, and an update on the recommissioning of IAPT services. The Regional Committee are due to meet this week to discuss the Ambulance Service, Community Pharmacies, NHS England Update and Neonatal Services

Agreed – that the information be noted.

**ASH  
91/17**      **Work Programme**

AGREED - that the Work Programme be noted.

**ASH  
92/17**      **Chairman's Update**

The Chair had nothing further to report.