OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 20 April 2023 commencing at 10.00 am and finishing at 1.30 pm

Present:

Voting Members:	Councillor Jane Hanna OBE – in the Chair Councillor Nigel Champken-Woods Councillor Imade Edosomwan Councillor Damian Haywood Councillor Nick Leverton Councillor Dan Levy District Councillor Sandy Dallimore District Councillor Elizabeth Poskitt District Councillor David Turner Councillor Alison Rooke (In place of Councillor Dr Nathan Ley)
Co-opted Members:	Barbara Shaw Jean Bradlow
Other Members in Attendance:	Councillor Mark Lygo Councillor Jenny Hannaby
By Invitation:	Veronica Barry, Healthwatch Oxfordshire Hugh O'Keeffe, Senior Commissioning Manager Dental, NHS England NHS Improvement – South East Dr David Chapman, System Clinical Lead for Pharmacy, Optometry, and Dental Services Dan Leveson, Director of Place Buckinghamshire, Oxfordshire and Berkshire West ICB
Officers:	Ansaf Azhar, Director of Public Health Marco Dias, Scrutiny Officer Tom Hudson, Scrutiny Manager

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

87/22 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Cllr Ley tendered apologies with Cllr Rooke substituting.

The Committee agreed that Councillor Barrow could join the meeting remotely, noting however that he would be unable to vote.

88/22 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE
(Agenda No. 2)

None

89/22 MINUTES
(Agenda No. 3)

The Committee agreed to amend the minutes to accurately represent previous discussions relating to the consultation and engagement of the Wantage Substantial Change. It was also agreed to include a recognition of the significant work of the Committee, together with Health Partners, regarding the opening of temporarily closed services.

The Committee requested an update on matters arising, specifically on the action that:
a letter be sent on behalf of the Committee to the Integrated Care Board seeking clarity and assurance on the situation in respect of new registrations at the 3 Didcot GP Practices.

The report in relation to the Oxfordshire Age Related Hearing Loss Contract was delayed due to pressures within the Health service and would be shared with the Committee when it became available in a couple of months' time.

90/22 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

It was **AGREED** that Cllr Hannaby, who wished to speak in regards to Wantage Hospital, be able to do so prior to the relevant item (Chair's Update).

91/22 OXFORDSHIRE SMOKE-FREE STRATEGY UPDATE
(Agenda No. 5)

Ansaf Azhar, Director of Public Health at Oxfordshire County Council presented an update-report on the Oxfordshire Smoke Free Strategy.

The Committee welcomed and noted the report and asked that consideration was given in future to minimum font size and the format of tables to ensure that reports are accessible to all.

In response to questions, the following was noted:

Smoking prevalence among manual workers is increasing, which is concerning. There is more that can be done to target inequalities and reduce smoking prevalence among groups where it is currently higher than average, and work is currently being done with Housing Associations to reduce smoking prevalence. There is also a significant strand of work in terms of intervening at the point where people come into contact with the Healthcare System, focusing specifically on three groups: in-patients, mental health patients, and maternity.

Anecdotally vaping among teenagers is very significant and increasing, and it was also noted that teenagers mention it as one of their top mental health concerns. The Committee heard that it is important to note that smoking is 95% safer than smoking, but there are concerns that vaping is being taken up by people who never smoked before.

Trading Standards is doing a lot of significant work tackling unregulated products and the sale of vaping products to minors in Oxfordshire.

The Committee agreed that it would be helpful to have more up to date data on smoking and vaping prevalence within Oxfordshire.

While it is encouraging to see smoking rates decreasing, the Committee noted that vaping prevalence is on the increase and there is a need to understand the relative harms of each habit compared to each other and to not smoking or vaping.

The Committee **AGREED** the following recommendations:

Recommendation 1: That Public Health share updated data on smoking and vaping prevalence in Oxfordshire with the Committee as soon as it is available.

Recommendation 2: That Public Health provide the Committee with a summary of the relative harms of vaping and smoking compared to each other, and compared with not smoking or vaping.

Recommendation 3: That Public Health work with the ICB to improve the accuracy and quality of data on smoking and vaping prevalence, available in Oxfordshire.

92/22 OXFORDSHIRE HEALTHWATCH UPDATE

(Agenda No. 6)

Veronica Barry presented the Healthwatch update report and updated the Committee on a recent mystery shopper exercise carried out by Healthwatch volunteers which called 76 dental practices in Oxfordshire and found that only 4 practices were accepting new NHS patients, despite many showing as accepting new NHS patients on the NHS website.

In response to questions, the following was noted:
The Healthwatch mystery shopper exercise highlighted the difficulty in accessing dentistry services in Oxfordshire and found that this was an issue across the county.

The Committee considered that the county's growing population could exacerbate the issue without appropriate planning and noted that the key difficulty appears to be a shortage of dentists and other healthcare workers, including doctors which also affects access to GP services, which is an issue that has been recognised for some time but is difficult to solve.

The Committee considered that individuals and families who were shielding during the pandemic were likely to have been dropped from the lists of dental practices and questioned whether this was something that had been recognised at a national level.

The report was **NOTED**.

93/22 DENTISTRY PROVISION WITHIN OXFORDSHIRE

(Agenda No. 7)

The Chair welcomed Hugh O'Keeffe, Senior Commissioning Manager Dental, NHS England NHS Improvement – South East, and Dr David Chapman, System Clinical Lead for Pharmacy, Optometry, and Dental Services, to the Committee. The Committee noted apologies from Sue Whiting and Nilesh Patel.

The Chair expressed the Committee's appreciation to Mr O'Keeffe for the detailed report with significant amounts of Oxfordshire data and analysis which had been submitted to the Committee and also noted the Committee had received the NHS Confederation Report on Dentistry, including Integrated Care Boards (ICBs).

The Chair explained that the Committee would begin by focusing on national questions before turning to more local questions. The Committee recognised, as set out in the NHS Confederation Report, that there were no quick fixes to the national problems regarding NHS Dentistry provision but wanted to explore what could be achieved, in both the short- and long-term, and what could be communicated to the public and to particular stakeholders.

In response to questions, the Committee noted the following:

- There was consensus that adding fluoride to water in Oxfordshire, as it was in many other areas of the country, would be beneficial as an effective intervention to prevent poor dental outcomes. Whilst using fluoride toothpaste had benefits, it inevitably had less of an impact than adding fluoride to the water supply.
- The Health and Social Care Bill permitted the Secretary of State to consult with local stakeholders and residents about introducing such a supply to the network. There was recognition that there was likely to be some opposition, in a similar way to there being opposition to immunisations and vaccinations, but that a consultation would be an opportunity for different views to be expressed and for the Secretary of State to make a reasoned decision.
- That the NHS Dentistry contract dated from 2006 and had changed very little in that time. Minor changes to the contract had achieved little in terms of increasing access to services or in improving the recruitment and retention rate. The ICB did not have responsibility for the contract but was able to

introduce flexible commissioning which it sought to introduce in Oxfordshire and which it hoped would combat health inequalities particularly amongst migrants and other vulnerable groups.

- There had been attempts to review the contract since 2010 and pilots and prototypes sought to improve oral health protection and there had been attempts to design a contract which focused on working in partnership with patients. The current contract worked on a basis of incentivising pre-agreed planned levels of activity known as Units of Dental Activity (UDAs) and the prototypes sought to mix quality, capitation, and activity. These pilots and prototypes ceased in March 2022. It was hoped that any new contract would recognise the importance of an outcome based approach.
- There was a national concern relating to access (more time being spent with individual patients had led to fewer patients being able to be seen) and reductions in patient charge revenue (fewer patients being seen led to less money being received). The Committee noted that approximately 30% of the NHS dental budget was based on an assumed level of patient charge collection based on historic data that was not necessarily reflective of contemporary circumstances.
- The contract was a national contract rather than a local one but there was some flexibility within it which enabled flexible commissioning. This was understood to enable considerable improvement to the system locally but was dependent on expressions of interest received.
- It took approximately six months for new dental trainees to be placed on the NHS Dental Register whereas they could register for private practice immediately. This was partly due to the requirements for ensuring that overseas qualifications are comparable to the NHS requirements. A request to speed that up significantly had been made at a national level and there was a recognition that the process was overly bureaucratic and cumbersome. There was a recognition that a delay to beginning work for the NHS could lead to some trainees not returning to the NHS at all.
- That there can be a significant disparity between NHS charges and those made by private dentists. Whilst some private dentists do have DenPlan arrangements to make private care more affordable, there was nonetheless a problem when substantial treatment was needed. There was a recognition that there needed to be sufficient treatment available on the NHS so that all those who needed it could access it. This was a national issue compounded by the results of the COVID-19 pandemic.
- There were specialist pathways into community dental services for patients with anxiety and that service also worked with those with other mental health issues and could make referrals.
- Prior to COVID-19, slightly over 55% of Oxfordshire residents had attended a dentist in the previous two years which was higher than the national average. The figure was currently 43%. Historically, Oxfordshire had seen the highest access to dental care across the Thames Valley with Oxford City and Cherwell District having the highest rates along with Reading, at 60%. The current position was lower than that but access was lower across the country.
- The dire effects of COVID-19 on children's oral health and dental hygiene in particular was set out as a major concern. The number of dentists in Oxfordshire returning their NHS contracts was the highest across

Buckinghamshire, Oxfordshire, and Berkshire West and was higher than the national average. Oxfordshire was an expensive place to live and there were similar challenges recruiting nurses and teachers. Costs of running practices increased each year and that was compounded by the difficulties of recruitment. The UDA rate was based on a reference year of activity in the early 2000s.

- There could be localised nuance in plans for Oxfordshire itself but working across BOB was more likely to see positive results, given that dentistry was a service commissioned at scale.
- The Committee was keen that the underspends in the system should be reinvested in Oxfordshire and sought clarity about how that could be done. The Committee was reminded that dentists were individual contractors and that it was up to individuals as to whether to accept the offer made to practices. It was confirmed that funding remains with the ICB when it is clawed back and that traditionally only a small amount had been requested back by Oxfordshire practices.
- The information provided on Find My Dentist page on the NHS website was dependent on practices inputting their information. Whilst practices were required to ensure up to date information was entered on a regular basis, the Committee questioned what was being done to ensure they did so.
- There had been significant backlogs in treatment which had seen significant investment and community-based alternatives to hospitals had been a crucial part of this. Given the importance of prevention, questions had been raised as to whether therapists could be used for prevention work and that this was to be tested during the flexible commissioning approach. The flexible commissioning scheme was being designed to remodel how contracting for the service was done. There had also been significant amounts of training for healthcare professionals and for SEND staff. Simularly, over 400 professionals working with adults, including mental health nurses and adult learning disability specialists, were trained to provide advice and support. It was important to look holistically and to recognise that what was good for oral health was good for all health.
- The Committee explored the idea of a baseline dataset and how far the ICB was from having something that could be monitored so that improvements could be tracked more readily. Oxfordshire County Council was commended for continuing to undertake a childhood survey of oral health, in contrast to some other local authorities. It was emphasised that this provided key data which was of use. It was noted that ICB staff were moving away from being NHS England employees and would be transferred to the ICB in an hosted model and there would be discussions about operating models going forwards. There were significant resourcing implications going forward but it was agreed that good and useful data was key.
- The Committee was reminded that the Health and Social Care Select Committee was conducting an inquiry into NHS dentistry.

The Committee discussed making recommendations over writing to the Secretary of State regarding fluoridation, the use of Oxfordshire underspends, and ensuring the fullest data were made use of. It was **AGREED** that the Scrutiny Manager would draft wording around these recommendations to bring back to the Committee for full agreement at its following meeting.

94/22 CHAIR'S UPDATE

(Agenda No. 8)

Cllr Hannaby addressed the Committee in relation to Wantage Hospital, specifically the activity of Wantage Town Council and its Health Sub-Committee. A formal consultation on the temporary closure of beds at Wantage Hospital remained outstanding, almost seven years after the closure. The Town Council had taken legal advice around this and it had been informed that as Oxford Health had not declined to undertake a consultation there was little basis for the Town Council to make any form of challenge. Cllr Hannaby also reported that she had sought clarity over what would happen to community hospital beds across the county if the model of providing care at home more extensively were to be pursued but had not received a satisfactory reply. The Town Council's views were that an independently-facilitated workshop would need to take place, and to take place quickly in light of the impending changes to HOSC's powers of referral to the Secretary of State. An extraordinary meeting of the Town Council's sub-group would be taking place to identify its suggestions for services (not primary care) at the hospital. Cllr Hannaby thanked the HOSC for its support in trying to find a shared solution.

In addition to her written report, the Chair reported that a new permanent Scrutiny Officer has been appointed to support the Committee. It was also brought to the attention of the Committee that, following an article around the BOB ICB's Chair being on extended leave and an interim CEO being in place, the Chair had sought reassurance that these issues were not proving a barrier to closer working between the County Council and the BOB ICB. She was reassured that the relationship was growing and strengthening, particularly at a Place level. Nevertheless, the Chair stated her intention and had the support of the Committee, to raise this issue with other BOB HOSC members for reassurance that at the BOB level relationships were not being hampered by the churn of staff at the top of the BOB ICB.

The Committee also formalised arrangements for the appointment of co-optees and agreed that there would be an interview on 11 May, before the extraordinary meeting, with the Chair, Cllr Dallimore, and Tom Hudson meeting candidates. It was noted that substantial work had been undertaken with diverse groups and that the issue of light remuneration had been raised. Remuneration for co-optees was an issue that would require pan-Council engagement rather than simply this Committee.

95/22 RESPONSES TO SCRUTINY RECOMMENDATIONS

(Agenda No. 9)

Cllr Lygo, Cabinet Member for Public Health and Equalities, attended the Committee to follow-up his written response to the Committee's recommendation made at its meeting on 24 November 2022 concerning Primary Care but no further questions were asked. The Committee did concur with the response, referencing its intention in the forthcoming year to undertake work on alternative roles to look at provision which was flexible between organisations and sectors.

96/22 ACTIONS AND RECOMMENDATIONS TRACKER

(Agenda No. 10)

Tom Hudson, Scrutiny Manager, led on presenting the update report on previous actions and recommendations. Many of the items in the report had been discussed throughout the meeting, but two issues were brought to the Committee's attention.

Firstly, the delay to completing the Committee's work planning. It was recommended to the Committee that in light of the arrival of a new Scrutiny Officer and the likelihood of better outcomes if that officer were to be responsible for running the work programming for their future Committee, it would be better if the Committee agreed to delay the development of the full-year work programme until the new officer was in post.

Secondly, the letter to be written to the Secretary of State concerning access to primary care. This had not been sent to date, but it was requested of the Committee that the draft be sent to Dan Leveson and Ansaf Azhar prior to going out to check for tonal issues.

The Committee **AGREED**

1) That it would delay the formation of its full-year work programme until the new Scrutiny Officer was in post
2) That the letter to the Secretary of State should be sent to Dan Leveson and Ansaf Azhar for comment prior to being submitted.

97/22 COMMITTEE WORK PROGRAMME

(Agenda No. 11)

The Scrutiny Manager drew out to the Committee key issues on the work programme:

- As previously referenced, the work programme was partial and would be completed upon the arrival of the new Scrutiny Officer.
- A Committee decision was also needed to hold the proposed extraordinary meeting on 11 May 2023. The Committee **AGREED** to hold an extraordinary meeting on 11 May 2023.
- Owing to the tightness of the timescales and the lack of confirmation, there was the possibility that the scheduled item on 11 May on End of Life Care would not come forward and would be delayed to the 08 June meeting. The Committee **NOTED** this.
- The Committee expressed interest in the new Place Partnership Board as presented to the Health and Wellbeing Board, and asked that this come to a future meeting. It was agreed that a link to a webinar in which Dan Leveson explained the Place Partnership Boards to a Healthwatch group be distributed to the Committee.
- It was requested that concerning the End of Life item, that the closure of Sue Ryder be addressed as an issue. Likewise, how the new contract would be working in partnership with other End of Life services would be valued by the Committee.

- Mental Health, specifically ways of drawing producing better partnership working was put forward as a future suggestion for the work programme but it was suggested that this would likely form a major part of the Committee's consideration of the Health and Wellbeing Strategy in September.
- The Committee's wish to progress with the Covid recovery work was also highlighted, but it was recognised that there was value in waiting for the new Scrutiny Officer to come forward for that.

..... in the Chair

Date of signing .....