

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 6 September 2022 at 1.00 p.m. at County Hall, Morpeth.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

Bowman, L.	Hunter, I.
Dodd, R.R.	Nisbet, K.
Hill, G.	

HEALTH AND WELLBEING BOARD MEMBERS

Blair, A.	Simpson, L.
Ezhilchelvan, P.	Watson, J.
Sanderson, H.G.H.	

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Bradley, N.	Director of Adult Social Services
Brown, J.	Public Health Consultant
Fletcher, P.	NHS England
Marynissen, K.	Public Health Trainee
Nugent, D.	Healthwatch Northumberland
O'Neill, G.	Deputy Director of Public Health
Robson, T.	NHS England
Taylor, S.	NHS England
Todd, A.	Democratic Services Officer

1 Member of the press was also in attendance.

20. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors E. Chicken, C. Hardy, C. Humphrey and R. Wilczek.

21. MINUTES

Ch.'s Initials.....

RESOLVED that the minutes of the meetings of the Health & Wellbeing Overview & Scrutiny Committee held on 5 July 2022, as circulated, be confirmed as a true record and signed by the Chair.

22. FORWARD PLAN

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

23. HEALTH AND WELLBEING BOARD

RESOLVED that the minutes of the Health & Wellbeing Board held on 14 July 2022 be noted.

24. PROVISION OF DENTAL SERVICES IN NORTHUMBERLAND

Members received a presentation from P. Fletcher, S. Taylor and T. Robson from NHS England which updated the committee on the level of NHS dentist provision in Northumberland and sought assurance on the arrangements for dental access in Berwick. (A copy of the powerpoint slides have been filed with the signed minutes).

The presentation covered the following issues:

- Confirmation that there was no 'formal' registration in NHS dentistry. Patients could contact any NHS dental practice to access care.
- Dental contracts and provision were activity and demand led with the expectation that practices delivered and managed their available commissioned activity to best meet the needs of patients.
- The contract regulations set out the contract currency which was measured in units of dental activity (UDAs) that were attributable to a 'banded' course of treatment prescribed under the regulations.
- NHS England did not commission private dental services. Also, the NHS dental regulations did not prohibit the provision of private dentistry by NHS dental practices. Where this was the case practices had separate appointment books and clinical capacity assigned.
- In 2019-20 (pre-Covid) 90% of the total commissioned capacity in Northumberland was met. However, the COVID- 19 pandemic and requirement to follow strict infection prevention control guidance had significantly impacted on access to dental care over the last 2 years with demand for dental care remaining high across all NHS dental practices.
- Patients' needs were now far more urgent following the pandemic and appointment times were taking longer per patient.
- NHS England also commissioned: urgent dental care services, Community dental, Specialist orthodontic service and Domiciliary care services.

- There were 39 NHS dental contracts in Northumberland however Corbridge Dental Practice and Castlegate Dental Practice (Berwick) were both ending their NHS contracts.
- It was hoped that neighbouring practices to Corbridge would take on their NHS contract. However, finding a solution to maintaining NHS dental access in Berwick was proving much more difficult.
- The dental sector was suffering nationally from a recruitment and retainment crisis, particularly for NHS dentists. Providers and performers were choosing to retire early or move to private dentistry as well as not working as many hours.
- In July 2022, NHS England published a package of initial reforms to the NHS dental contract. These included prioritising care for patients with high needs by increasing the remuneration practices receive for more complex treatments and greater flexibility in how dental funding can be used by enable practices who can deliver more to do so and to release funding locked into practices who are unable to deliver the commissioned activity so that it can be moved to those who can deliver. The process of engagement on these proposals had commenced.
- Local Measures/actions included:
 - Offering incentives for all NHS dental practices to prioritise patients not seen in the practice within the previous (24 months) adults and 12 months (children) who require urgent dental care.
 - Invested in additional clinical triage capacity within the out of hours integrated NHS 111 North East and North Cumbria Dental Clinical Assessment Service.
 - Increased investment into the new Dental Out of Hours Service contract (from 01 Oct 2021).
 - Additional funding made available in 2021- 22 to practices who were able to offer additional clinical capacity above their contracted levels.
 - Working with practices to maximise their clinical treatment capacity.
 - Engaging with dental providers within the areas where contracts have been handed back to see if they were able to take on additional NHS capacity on either short-term or long term basis.
 - Exploring with Northumbria Healthcare NHS Trust whether they were able to offer any short term support whilst all options are explored for a longer term-solution in Berwick.

Members were reassured that all NHS dental practices were now able to safely provide a full range of treatments but demand for care remained extremely high with dental practices having to balance addressing the backlog of care with managing new patient demand. Practices were prioritising patients with the greatest clinical need, i.e. those requiring urgent dental care, delayed treatments and vulnerable/high risk groups such as children. However, high treatment needs of patients and workforce recruitment and retention issues had resulted in a delay in practices being able to meet the demand for more routine and non-urgent care. Work to explore all opportunities to increase the clinical capacity available and improve access for patients was continuing.

Members were advised of the particular issues in Berwick and the actions taken place to try and secure NHS dental access including:

- There had been engagement with NHS Borders to understand opportunities for Berwick patients to access services as an interim measure until a long-term solution could be secured. However, so far, the practices contacted over the border were not able to help. There was a new NHS practice opening in Kelso which many Berwick residents had requested to join.
- Formal market engagement was underway to inform procurement of a long-term sustainable contract in Berwick.
- The two private practices in Berwick had confirmed that they were not in a position to help.
- Officers would yet again be going out to seek expressions of interest from all NHS practices across Northumberland who may have the capacity and capability to deliver additional access on a sessional basis to assist with the current demand.
- Continue to work with current practices to explore how to support them to maximise their clinical treatment capacity and make contracts sustainable in the long-term.
- Continue to work with local dental networks/committees and local Health Education England colleagues to explore opportunities to improve workforce recruitment and retention and to identify further measures to improve access for patients.
- Conversations had taken place with Northumbria Healthcare to see if they had capacity at Berwick Hospital but unfortunately the dental suite was not operational yet.
- Confirmation that replacing NHS dentist capacity in Berwick would continue to be a top priority.

Members of the Health and Wellbeing Board had been invited to attend for this item and made the following comments:

- They welcomed the update on dentist provision in Northumberland.
- The capacity problems in Northumberland were discussed.
- A concern whether the reforms and measures being put in place could change or improve dentist capacity especially in the more rural parts of the county.
- A suggestion that a further update be provided in 6 months' time to examine progress made including an update on the dental system reform.

Scrutiny Members comments and responses included:

- Confirmation that there had been additional funding made available and work was ongoing to maximise the clinical treatment capacity of practices.
- The units of dental activity were to be increased to help practices, but this would not increase the cost of treatment for patients.
- The need to frequently update members of the public of changes to access and how to find NHS dentists.
- Confirmation that a range of measures would continue to be put in place to try to improve the situation in Berwick including more capacity for critical access and enticing more dentists to the area.

- Recognition that there was a need to resolve the current issue in Berwick but in the meantime, it was advised that those in urgent need of a dentist should:
 1. Call any NHS practice and explain fully what the problem was.
 2. A triage system would be in operation at practices to identify those with urgent need to access a dentist. If it was deemed urgent and they had capacity arrangements would be made.
 3. If an NHS practice was not able to arrange an appointment, then patients had the option to call NHS 111, again a triage system would be in place.

RESOLVED that:

- (a) the presentation and information detailed be noted, and
- (b) an update on the provision of NHS dental services be provided in six months' time.

25. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES

Northumberland Inequalities Plan 2022 - 2032

Members received the draft Northumberland Inequalities Plan 2022-32 and considered the proposals for system development and enablers, focused areas of action and short, medium and long-term indicators of progress. (A copy of the report and powerpoint slides have been enclosed with the signed minutes).

The report was to be considered by the Health and Wellbeing Board on 8 September 2022.

Gill O'Neill, Interim Deputy Director of Public Health, gave a presentation and raised the following key points:

- The journey towards the development of the plan, including the Inequalities Summit in March 2022 and the 12 locality events during June-July 2022.
- The Inequalities Summit and discussions which took place facilitated by Prof. Chris Bentley and the keynote speaker Cormac Russell. Delegates from across the system sharing examples of best practice.
- Key messages and priorities from the Summit, including:
 - Improve our data and insights sharing
 - Upscale community centred approaches as our core delivery model
 - Align our organisations and resources (not just about funding.)
 - Look at everything through an inequalities lens
- Three questions from Cormac Russell asking what communities do best, what help do they require and what do communities need outside agencies do for them?
- Twelve Locality Conversations including understanding inequalities to be: inclusion groups, socio-economic factors, geographical areas as well as protected characteristics

- Over 400 stakeholders were involved covering many areas including parish councils, fire & rescue, general practice, housing, VCSE, faith sector and volunteers.
- Information had been collated and analysed to inform the plan and the next steps. Each locality would have a newsletter. A webinar of the event was created as a knowledge resource. There was overwhelmingly positive feedback although it was noted that it would be building on existing good practice.
- Northumberland Community Centred Approach to closing the inequalities gap would be based around five principles
 - Looking at everything through an inequalities lens.
 - Voice of residents and better data sharing.
 - Communities strengths were considered first.
 - Enhancing our services to ensure equity in access to opportunity.
 - Maximising our civic statutory level responsibilities
- Detailed lists of challenges, key statistics, approach, actions, inputs, outputs & outcomes 2022-32 and indicators to measure success were provided.
- All partners were requested to take the plan into their own organisations and refresh their internal plans to incorporate the five themes of a three-year action plan.
- Actively participate in the overview and scrutiny process on an annual basis to demonstrate progress against the inequalities plan.

Members welcomed the report and a number of comments were made, including:-

- The cost of living crisis was of great concern. There were areas of wide spread poverty and there needed to be action taken now to help residents.
- The cost of living was widening inequalities and increasing mental health issues.
- It was noted that a cross party members group was being convened to provide support and challenge to the inequalities plan and specifically, the poverty and hardship component of it.
- The need for community groups to work together and not in silos for the benefit of residents.
- The impact Covid had on widening inequalities.
- It was important that everyone was committed to the Inequalities Plan.
- There would be different starting points for communities as they all had differing needs. Neighborhood communities would be built on over the next few years.
- In the past there had been too many short term objectives to make a difference. However, it was hoped this new system wide approach could help address issues and signpost funding to where it was needed.

RESOLVED that the recommendations detailed within the report to be considered by the Health and Wellbeing Board at its meeting on 8 September 2022 be supported.

26. REPORT OF THE INTERIM EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND COMMUNITY SERVICES

Proposals for the allocation of the Public Health ring-fenced grant reserve to reduce health inequalities

This Cabinet report described the process undertaken to agree proposals for additional investment in public health interventions from the ring-fenced public health grant to reduce health inequalities; and to make recommendations. It was noted that comments made by this Committee would be reported to Cabinet when the item was considered at their meeting on 13 September 2022. (A copy of the report has been filed with the signed minutes).

J. Brown, Public Health Consultant presented the report which described a prioritisation exercise undertaken for allocation of part of the public health reserve that had accumulated from underspend. Criteria were developed and weighted to score bids that were sought from within the public health team and from other teams across the council. Criteria with the highest weighting were: 'aim to reduce inequalities' (20%); and 'local need', 'evidence of impact/ effectiveness', and 'prevention' (each 15%). A higher score was given if the goal was primary prevention (preventing illness or maintaining health), in line with public health principles.

It was reported that a total of 13 projects costing £2,543,000 were provisionally approved by the senior team assessing and scoring bids, pending Cabinet approval. These ranged from £1,500 to £1 million in individual cost. Four proposals of relatively low value individually (£23,000 in total) were approved as business as usual. Supported bids with the highest cost were for: poverty (£1 million); a selective licensing scheme for privately rented homes (£710,000); NHS Health Checks programme redesign (£300,000); Children and Young People's Emotional & Mental Health Support (£210,000); and the evaluation of integration of services for children, young people and families in Northumberland (£150,000).

Members made a number of comments including:

- Selective licensing of rental properties to help address the impact of poor-quality housing, management, and anti-social behaviour associated with tenants was welcomed.
- One-off funding to support a major redesign of the NHS Health Check programme to enable direct delivery by health trainers (and potentially other staff) in community settings outside of General Practice could help target those most at risk of premature mortality and reduce socioeconomic inequalities in uptake.
- The contribution of £1 million from the Public Health reserve to support the implementation of the NCC Poverty Action Plan (part of the system-wide Inequalities Plan) over 18 months was welcomed.
- The need to ensure there was evidence based decision making when allocating funding to ensure openness and transparency with the public.
- The benefits of alternative and complementary treatments.

- The importance of good leadership to deliver programmes to increase capacity and to use creativity to improve health and wellbeing and reduce inequalities.
- Healthwatch was reassured funding for children's and young people's emotional health support had been included as this had been raised as an area of focus during their work talking to communities.

RESOLVED to recommended that Cabinet:

- (a) Approve the allocation of funding from the Public Health reserve as proposed in this report.
- (b) Delegate to the Director of Public Health the precise expenditure of the funding set aside to address issues around poverty.

27. HEALTHWATCH NORTHUMBERLAND ANNUAL REPORT 2021-22

Members received the Healthwatch Annual Report 2021-22 and a presentation from Derry Nugent, Project Co-ordinator of Healthwatch. (A copy of the report and presentation slides have been filed with the signed minutes).

The presentation highlighted the issues discussed within the Annual Report, including:

- All Local Authorities were required to have a Healthwatch function and Northumberland County Council.
- Although the focus was always Northumberland, Healthwatch would also work with friends and partnership outside the county.
- The focus of Healthwatch's work had been 'championing what matters to you', with you being someone who lived and worked in Northumberland. Healthwatch actively listened to patients and service users, checked what they had said, and then reported onwards.
- It was necessary for services to take a step back and look at the bigger picture. Healthwatch had been able to bring the public's experiences to services and trying to create empathy by providing a deeper understanding than by using data alone.
- Change took time and this was one of the biggest challenges for Healthwatch. It hoped to be able to influence the decision makers partnerships and other bodies.
- Healthwatch would always pass on the information and feedback it received.
- In the last year Healthwatch had looked at a number of areas including end of life, impact of Covid on health inequalities, dental services, the new Integrated Care System, primary care and people being cared for at home.
- A list of outcomes of each project were listed.
- Forthcoming work included:-
 - Reports were due to be published in autumn 2022 on family experiences to autism and mental health services and experiences of people with sight loss.
 - There would be no annual survey but instead Healthwatch would do more focus group work aimed at hearing from people who were 'less often heard'.

- Discussion of new ways of delivering social care and outpatient services.
- The Annual General Meeting would be held on 19 October 2022 at Northumberland College with all invited to attend. Keynote speakers would be R. Mitcheson and N. Bradley.
- Healthwatch was once again able to get into communities, hold talks and reach out to more people now that there was no Covid restrictions in place.

Members welcomed the informative report and presentation.

RESOLVED that Healthwatch Northumberland Annual Report for 2021-22 be received.

28. REPORT OF THE SCRUTINY OFFICER

Health and Wellbeing OSC Work Programme

The Committee reviewed its work programme for the 2022/23 council year. (A copy of the work programme has been filed with the signed minutes).

A request was made for an update on progress made regarding the new Berwick Hospital. It was agreed to ask the Trust to provide a timetable for completion to members of the committee.

RESOLVED that the work programme be noted.

29. DATE OF NEXT MEETING

RESOLVED that the next meeting has been scheduled for Tuesday, 4 October 2022 at 1:00 p.m.

CHAIR _____

DATE _____