

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 24 March 2015 at 9.30 am at the Conference Room A - Civic Offices

### Present

Councillor David Horne (Chair)  
Councillor Steve Hastings  
Councillor Lynne Stagg  
Councillor Dorothy Denston, East Hampshire District Council  
Councillor Peter Edgar, Gosport Borough Council

### Also in Attendance

Hampshire & Isle of Wight Local Dentists Committee  
Keith Percival, Hon, Secretary

NHS England  
Nikki Osborne, Head of Public Health

Portsmouth City Council  
Dr Janet Maxwell, Director of Public Health  
Mark Paine, Senior Project Manager (Dementia Lead)  
Kerry Pearson, Senior Programme Managers, (OPMH lead)

Southern Health  
Angela O'Brien, Locality General Manager

#### 1. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillor Gwen Blackett, Councillor Mike Read and Councillor David Keast.

#### 2. Declarations of Members' Interests (AI 2)

Councillor Peter Edgar declared a personal interest as he is on the council of governors at Portsmouth Hospitals' NHS Trust.

#### 3. Minutes of the Previous Meeting (AI 3)

**RESOLVED** that the minutes of the meeting held on 3 February 2015 be confirmed as a correct record.

#### 4. Local Dentists Committee - update (AI 4)

Dr Janet Maxwell, Director of Public Health and Keith Percival, Honorary Secretary introduced their reports. In response to questions from the panel they clarified the following points:

- With regard to the figures in paragraph 2.3 it was clarified that it was 25% of the total of 12 year olds who had untreated decay.
- A dentist did not visit all schools routinely. Public Health were focussing on targeting pre-school children, making sure they are registered with a dental practitioner and that parents are able to educate their children on how to brush their teeth. The team are working with schools to provide dietary advice, targeting those in the more deprived areas of the city.
- The 'Brush Up' fluoride varnish programme targets children in year R.
- The issue of fewer NHS dentists may have had a knock effect on the low figures of adults who had attended the dentist in the last 12 months. Mr Percival was not convinced that there were fewer dentists providing NHS dental services and added that there were 28 NHS dental contacts in Portsmouth with a value of just over £9 million. Money from underperforming dentists was clawed back. Due to the 2006 regulations however dental practitioners cannot exceed their contracted value by more than 2% and take on more patients even if they have workforce and appointment capacity, which was a flaw with the 2006 contract. The Local Dental Committee does not commission dental services and this is the responsibility of NHS England.
- The current system is not flexible and Mr Percival advised that under the forthcoming contract reform process he would like to see equitable activity flexing between practices to allow patients to attend a different practice to capitalise on the funding available in the city areas and beyond.
- Dental health is the responsibility of the top tier authority so in a two tier system it is the county's responsibility.
- If a patient is suffering from severe dental problem (out of hours) for example if this was affecting the patients breathing or it could life threatening they should telephone the 111 service who would advise the patient to attend A&E. There should be no reason why A&E should not treat the infection and provide medication with possible hospitalisation. There are also emergency dentists throughout the area and the 111 staff can advise on the nearest practice.
- Councillors felt that Portsmouth dental academy was an excellent facility and a great resource for the city. The dental students and staff provide thorough work and are very patient.
- Before the fluoride varnish can be applied, teeth need to be clean and ideally healthy. The issue with the fluoride varnish outreach programme has been obtaining consent from parents, with the average consent rate for all schools at 80% which is lower than for tooth brushing. This relates to the adverse publicity surrounding water fluoridation; however in areas such as Birmingham the results of

fluoridated drinking water had proved to be excellent.

- The Wessex Area Team has robust National Performers List structures in place and once dentists who have qualified abroad are established in the UK they are treated in the same way as British dentists. Dentists in the EU are not required to complete vocational training but must participate in a training needs assessment (review) considered by a Dental Practice Advisor and a NHS England performance panel. Other overseas dentists complete their ORE qualification to register with the GDC and go through Foundation Training by Equivalence which results in a portfolio of evidence composed over a 12 month period which is competency and quality assessed and similarly a number awarded.
- A survey of 5 year olds was due in 2014 however there had been a delay on this due to obtaining consents from parents. It will now be carried out in 2015.
- The supervised tooth brushing programme was targeted and is a rolling programme across schools depending on resources.
- With regard to the dental survey contract with Solent that will expire in 2016, Dr Maxwell advised that although Solent are the current local provider other providers will be considered.
- Councillors felt that it there were several organisations involved in dental health which was confusing and asked whether there was a diagram. Dr Maxwell said she would look to create a diagram although pointed out that it is in the process of change. It was the role of the Health and Wellbeing Board to co-ordinate the health strategy across the system.

Councillor Read had submitted some questions by email as he was unable to attend the meeting. Mr Percival provided answers to these:

- Community dental services provide some parallel treatments to the dental academy but have remits to provide paedodontic and special care services. Approximately 27% of contracts are provided by corporate bodies but other dental practices may be owned by any number of dentists or other individuals e.g. a dental care professional may own a dental practice but may not hold the contract. These figures should be accessed from NHS England's Wessex office.
- Individual Funding Requests (IFRs) are based on exceptionality and referrers must complete the appropriate IFR form to satisfy the clinical and non-clinical criteria that are specific to the case. The form with supporting evidence is presented to the Wessex Area Team for consideration. If successful the NHS will fund the specialist treatment from a dentist on the GDC's Specialist List for the targeted treatment discipline e.g. implants. Referrals to secondary care go via the appropriate referral form through Central Referral Centres (oral surgery

and orthodontics) or more rarely by a letter generated by the practitioner.

- Complaints to the GDC are increasing because there is a reduction in the process of local resolution of the complaint by the practices as listed in the NHS complaint process which is robust and the details are displayed in dental practices providing NHS dental services. The GDC has been found to be a poor regulator of dentists and many complaints could be dealt with at a local level to the satisfaction of patients and dentists. The GMC rejects around 50% of complaints whereas the GDC rejects less than 10%. There are robust NHS England processes in place to investigate complaints under the contract and under the National Performers List Regulations.
- The LDN has core members from general dental practice and special care services (Solent NHSFT).
- The Question Time Event on 16 June 2015 is open to all dentists and their teams at no cost and sponsored through the LDC and local BDA. However, this event is particularly targeted at young dentists (under 40 years) many of whom are not part of the LDC or BDA and are at risk of becoming isolated and vulnerable as their career pathway may be unclear.

#### ACTIONS

That the Director of Public Health provides a diagram showing is responsible for the various areas of dental commissioning and oral health in Portsmouth.

**RESOLVED that the Hampshire & Isle of Wight Local Dentists Committee report & update on oral health and dental commissioning reports be noted.**

#### **5. Director of Public Health - update (AI 5)**

Dr Maxwell gave a presentation to the panel on the work of the public health team, which would be published on the council's website shortly after the meeting.

Dr Maxwell clarified the following points:

- The national prevalence of smoking is reducing nationally however in Portsmouth this is slower. There are less young people taking up smoking, however up to 40% of young girls who are pregnant are still smoking in some of the city's most deprived wards.
- Drug use, in particular Cannabis use, continues to be a big issue in the city. Dr Maxwell advised she is working with the smoking and wellbeing teams on schemes to raise awareness of the effects of using this drug. The same applies to legal highs and e-cigarettes and Dr Maxwell felt that young people needed to be made aware of the

harmful effects of these to change their mind-set.

- With regard to making the population less reliant on cars, councillors pointed out that buses are often not used due to the cost or limited services particularly during the evening or weekends, she said that it might be possible to bring in more buses. In addition some cities are using car clubs where a small car is available in communities which can be hired out, similar to the bicycle hire scheme. Other cities have found success with this and it was important that Portsmouth was not left behind. Strong cross party agreement was needed to find a sensible way forward to improve transport in the city and reduced car usage.
- Currently it has been agreed to distribute £1.47 million to invest in the wider determinants from the PH grant in 2015/16. Public Health England is providing the Council's public health team with figures.
- Plain packaging for cigarettes should help reduce the number of young people taking up smoking. More work is now needed in terms of food and alcohol packaging. The traffic light system on packets was good and helps people identify how much salt, fat, sugar is in their food but further work is also needed to promote healthy fruit and vegetables rather than processed foods that have high sugar contents. Portsmouth is leading the way with removing high alcohol content drinks from shops but stronger legislation is needed to support the public health campaigns.
- The council is in partnership with a number of groups to promote healthy eating and growing your own produce.
- In addition to excessive alcohol consumption, causing liver problems people who are overweight can be at risk from non-alcoholic liver disease. The mind-set of people needs to change so that they change from the high sugar content foods to healthier alternatives.

**RESOLVED that the update from the Director of Public Health report be noted.**

## **6. Cervical Screening update from NHS England (AI 6)**

Nikki Osborne, Head of Public Health, presented her report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The new service would start at the beginning of May and women will experience no difference in service.
- There had been a lot of work done nationally to promote cervical screening and also breast screening. There is a perception by many women that it is difficult to make the time and attend the appointment and it is the younger women where there has been the biggest

reduction in attendance.

- A lot of work with GP practices to make sure the right messages are given to women and working with the Public Health team to get screening programmes up and running.
- The age range of women that are screened is 25-64. Science does not support screening of women who are younger than 25 as the results show more false positives as their bodies are still developing.
- The HPV vaccination programme for young girls was introduced to stop girls developing cervical cancer. The first cohort was vaccinated in 2007 and they will be due to be screened in another 7-8 years. There were some objections initially from parents about their child receiving this vaccination but take-up is now at 90%.
- The details of cervical screening patients are held by the primary care agency using the Open Exeter database. They will notify patients when they reach the age of 25 that they are due to be screened and will send a reminder letter every three years to advise that an appointment is needed, however depending on the results the patient may be required to attend more frequently than this.

**RESOLVED that the report from NHS England be noted and the proposal supported.**

#### **7. Southern Health - update (AI 7)**

Angela O'Brien, Locality General Manager presented his report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The community hospitals where Southern Health have provided increased support through social care included Gosport War Memorial Hospital and Petersfield Community Hospital locally and Chase Community Hospital in Bordon.
- Action plans have been agreed and a rolling program of peer reviews is taking place following the CQC inspection. Southern Health was required to agree deadlines for implementing improvements with the CQC.

**RESOLVED that the Southern Health update report be noted.**

#### **8. Dementia update (AI 8)**

Mark Paine, Senior Project Manager (Dementia Lead) and Kerry Pearson, Senior Programme Manager, (OPMH lead) presented the report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The dementia team are looking at pathway once a patient has been diagnosed with dementia. Once a patient is diagnosed they are referred to a dementia adviser. It may be that at that time they do not require any support/assistance but the advisor will make contact on a regular basis and it is up to the patient or carer whether they engage and take the offer of help. It is important to know that they are there when they feel they need advice.
- The dementia team support dementia patients with their quality of life and help to improve their wellbeing. There are many activities that people can participate in such as the memory café which helps to stimulate people with dementia and provide support for them and their carers.
- In addition to the specialist elements, there are things that everybody can do to become more dementia friendly. Highbury College recently approached the team to work towards becoming a dementia friendly college and officers put them in touch with the Alzheimer's Society. Southsea Fire Station has also become dementia friendly and all staff have been trained on how to deal with people with dementia.
- There are currently 2,500 dementia friends in the city who have received training and 102 dementia champions who can train the dementia friends.
- The 'This is me' document is for people who are receiving professional care for dementia. It contains practical information that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.
- With regard to the recommendations arising from the dementia pathway review, additional funding for pilots has been agreed. It is proposed that the money will be used to procure new service. Final figures are currently unavailable need to make sure final elements in play.
- Dr Maxwell added that dementia is largely preventable and further recognition that this trend can be stopped and money needs to be shifted into prevention focusing on the main risk factors of tobacco use, alcohol, physical activity and poor diet.
- The Dementia Action Group has a representative from the Learning and Development Team at the Council and are looking at whether the Council could become dementia friendly. The PHE campaign on dementia and the internal communications team are promoting this and there have been advertisements in the Chamber of Commerce magazine and Flagship to filter the message into different parts of the community.

- Solent offer mental health screening and there was also an opportunity to include this in the health checks available to the older population.
- Mr Paine said he was awaiting a response from the Alzheimer's Society on how it is determined whether a city is classified as a dementia friendly city.

**RESOLVED that the Dementia update report be noted.**

**9. Healthy Weight Strategy and challenges around obesity report (AI 9)**

Dr Janet Maxwell, Director of Public Health, presented the report that had been circulated with the agenda and in response to questions from the panel clarified the following points:

- Obesity is measured using the Body Mass Index (BMI). A healthy BMI is between 19 and 25. Waist circumference for women should be below 31.5 inches and below 37 inches for men, to reduce the risk of developing health problems. The NHS Choices website provides a useful guide where you can enter your age, weight and height and it provides you with your BMI.
- Physical activity needs to be built into daily lives. A lot of work is being done but this needs to be embedded more strongly. The Public Health Team are working with the Sports Council to provide more sport activities in schools. Ben Ainslie Racing was keen to raise aspirations with encouraging young people to try sailing.

Councillor Horne advised that King Richard School had removed all fizzy drink vending machines from the school and replaced them with water dispensers and this had made a huge difference to children's behaviour. The panel felt that the figures included in table 3.2 were shocking and felt that a future meeting could perhaps focus more on this issue, in particular looking at what physical activities are being provided at after school clubs at the city's schools.

**RESOLVED that the obesity and healthy weight strategy report be noted.**

The meeting ended at 12.20 pm.

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Councillor David Horne  
Chair