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PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 31 OCTOBER 2023

Present: Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Piers Brown, Robin Cook, Nick Ireland, Paul Kimber, Louie O'Leary, Jon Orrell and Belinda Ridout

Also present: Cllr Cherry Brooks, Cllr Byron Quayle and Cllr David Taylor

Officers present (for all or part of the meeting):

Vivienne Broadhurst (Executive Director - People Adults), George Dare (Senior Democratic Services Officer), Paul Dempsey (Corporate Director - Care & Protection), Julia Ingram (Corporate Director for Adult Social Care Operations), Theresa Leavy (Executive Director of People - Children), David Bonner (Service Manager for Business Intelligence and Performance), Joshua Kennedy (Apprentice Democratic Services Officer), Karen Maher (Service Manager - S117 Hub), Mark Tyson (Commissioning Consultant), Robert Payne (Deputy Director – Strategic Commissioning, NHS Dorset), and Matthew Baker (NHS Dorset)

Officers present remotely (for all or part of the meeting):

Tessa Fielding (Programme Manager, South West Dentistry) and Sian Walker McAllister (Independent Chair, Safeguarding Adults Board)

23. **Apologies**

No apologies for absence were received.

24. **Declarations of Interest**

Cllr Ireland declared that he was a governor of Dorset HealthCare.

25. **Minutes**

Decision

The minutes of the meeting held on 11 September 2023 were confirmed and signed.

26. **Public Participation**

There was no public participation.

27. **Councillor Questions**

There were no questions from councillors.

28. **Urgent Items**

There were no urgent items.

29. **Dorset and BCP Safeguarding Adults Board Annual Report**

The Independent Chair of the Dorset and BCP Safeguarding Adults Board introduced the annual report and gave a presentation to the committee, which is attached to these minutes. The presentation outlines the board's statutory duties and the data for Dorset Council's safeguarding activity. The board's strategic plan was summarised, and the board's key achievements were highlighted.

Members asked questions of the Independent Chair; the following points were raised:

- Safeguarding concerns could be reported through a website.
- Data enables the board to strategize and plan to ensure that they are working in the right place with the right people.
- Self-neglect was not just an issue caused by housing; it was often a result of trauma. It was important that homeless people have their care and support needs met.
- There was not a statutory duty for the Board to provide training, however the board could receive training for something significant.
- Adult social care teams manage safeguarding concerns. The demand and the best way to manage the demand was being examined.

The Committee noted the report.

30. **Update on Dental Services and Commissioning**

The Deputy Director for Strategic Commissioning, NHS Dorset, introduced the written report and delivered a presentation, which is attached to these minutes. The presentation covered the following areas: an outline of the Integrated Care System; oral health inequalities; dental access and high street dentistry; the Dental Reform Strategy; how dentistry is commissioned; current risks and challenges for NHS dentistry; what dental reform would bring for children and young people; the dental stabilisation programme.

Committee members made comments on the report and presentation and asked questions of the officers. The following areas were discussed:

- In relation to creating a Dorset contract for dentists to attract them to the county, it would take a lot of time and effort to get to a good outcome, however population health contracts could start to be offered within the next year.

- Dentists would be included within the potential development of proposals for a dental school.
- There needs to be a balance between NHS and private dental appointments.
- There were no statistics about who needed dental treatment and cannot afford it. There were also unknowns about who was and was not accessing dentistry.
- Dentistry received funding for 50% of the area's population rather than 50% of the need.
- A helpline placed emergency patients into commissioned emergency care slots. In some cases, it would be clinically appropriate to visit A&E instead.
- There were benefits of NHS Dorset commissioning dentistry, however not in terms of access to high street dentistry.
- Targets for the next 12 months included looking at underperformance in deprived areas and options to commission in these areas.
- Dentists have guidance on how often patients should return for check-ups, based upon the patient's clinical need.

The Chairman thanked NHS representatives for attending.

31. **Scrutiny Performance Review**

The Service Manager for Business Intelligence and Performance highlighted the performance indicators that were identified by the committee. The performance indicators were:

- The net number of households in B&B for the month.
- The number of care leavers in B&B accommodation.
- The percentage of new children in care receiving their IHA within 20 days.
- The number of special educational needs (SEND) tribunals against the authority.
- The number of staff non-reportable accidents, particularly related to violence.

Officers responded to the indicators raised and made the following points:

- The number of households in B&Bs were improving and there was strong performance, however there was more to do because of high demand.
- The rise in the percentage of new children in care receiving an IHA within 20 days was due to an increase in the number of unaccompanied asylum-seeking children.
- There was an issue with timings of children's medical appointments because it was important that they were not taken out of school.
- SEND tribunals happen when the local authority recommends a school place, but parents would like an alternative.
- The care of children with complex needs may result in accidents that include violence. It may not have had a violent intention.

32. **Committee's Work Programme and Cabinet's Forward Plan**

Members noted the committee's work programme and the Cabinet forward plan.

33. **Exempt Business**

There was no exempt business.

Duration of meeting: 10.00 am - 12.54 pm

Chairman

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Dorset and Bournemouth, Christchurch & Poole Safeguarding Adults Boards (DBCP SABs) Annual Report 2022-23

Dorset Council People and Health Scrutiny Committee
Tuesday 31st October 2023

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Siân Walker-McAllister
Independent DBCP SAB Chair





The Board has 3 key statutory duties as defined by the Care Act 2014 – Local Authorities are the lead partner in adult safeguarding and have the responsibility to host the Safeguarding Adult Board

Develop and publish a strategic plan setting out how we will meet our objectives and how our members and partner agencies will contribute.

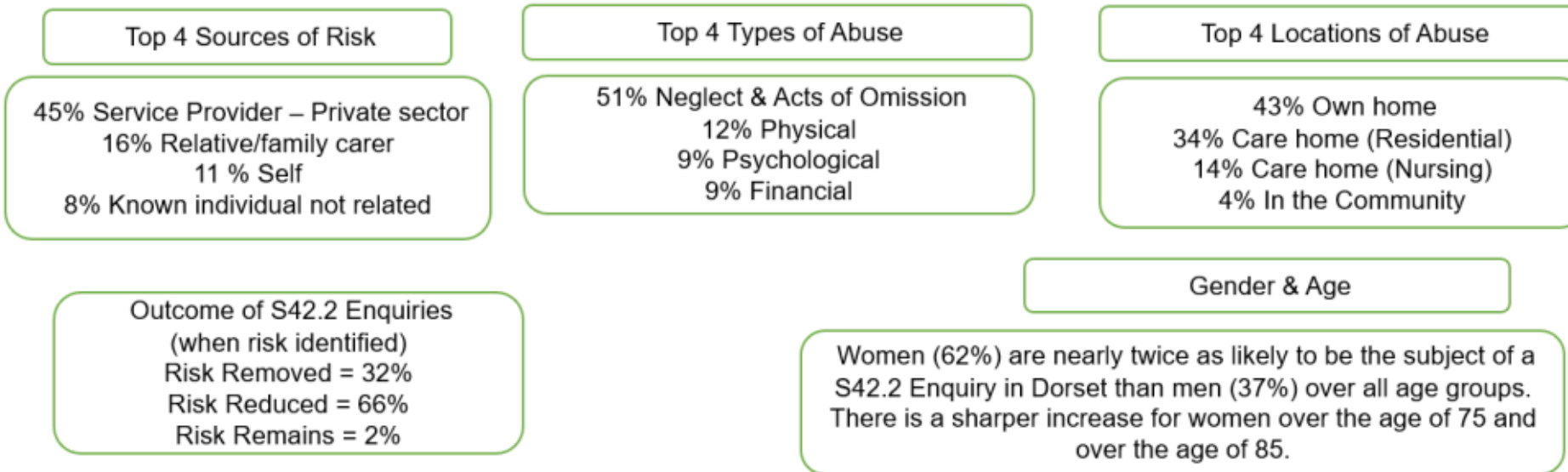
Publish an annual report detailing what we have done and how effective we have been.

Undertake a Safeguarding Adults Review (SAR) when someone has died, or experienced significant harm and it appears agencies have not worked effectively together.

Dorset Council - Safeguarding Activity & Performance Information 2022/23



Breakdown of S42.2 Enquiries



Safeguarding Adult Reviews
During 2022/23 the Dorset Safeguarding Adults Board has been conducting two Safeguarding Adults Reviews (SAR). Neither of these SAR's are currently ready for publication but it is anticipated that one will be published in autumn 2023. A multi-agency action plan will be prepared, and key learning resources developed.

*Volumes of concerns and enquiries as published in the Safeguarding Adults Collection by NHS Digital [Safeguarding Adults, England, 2022-23 - NHS Digital](#)

The Dorset and BCP Safeguarding Adults Boards Strategic Plan 2021-2023

<p>Work closely with the Pan-Dorset Safeguarding Children's Partnership and both Community Safety Partnerships to ensure that young people in transition from Children's service intervention are recognised when safeguarding concerns are considered by adult services; and there is good information-sharing between services.</p>		<p>Involve people and communities in the work of the Board to ensure we listen to their voices and enable them to contribute to the design and delivery of our strategic aims and planning processes.</p>	
<p>Better understand the significant impact and pressures on commissioning services within health and social care.</p>	<p>Work within the new Integrated Care System/ Integrated Care Board in the context of safeguarding assurance framework</p>		<p>Ensure there is good preventative multi-agency working using a contextual safeguarding approach to support individuals who are homeless.</p>
<p>Continued assurance of the application of learning from SAR's (Safeguarding Adult Reviews) and where appropriate DHR's (Domestic Homicide Reviews) and CSPR's (Child Safeguarding Practice Reviews) where each relate to safeguarding adults.</p>		<p>Enhancing understanding and recognition of domestic abuse and coercive and controlling behaviour and its impact on people with care and support needs.</p>	
<p>Develop assurance on the delivery of proposed Liberty Protection Safeguards.</p>	<p>Preventative safeguarding work will continue to be developed with all our partners</p>		<p>Seek assurance that 'Making Safeguarding Personal' (MSP) is understood and the principles are consistently applied.</p>
<p>Improve assurance on delivery of safe practice in private mental health hospitals</p>		<p>Continue to embed 'Think Family' into practice</p>	



Strategic Plan

SAB Achievements during 2022-23



These are highlighted on Page 8 of the Report:

Continued development with partners of preventative work in safeguarding

- Work with the Community Engagement (CEG) subgroup to involve a wider range of people to share information as to how to stay safe. This includes further work with people and groups representing the voice of the 'un-heard' person.
- Work with people from Higher & Further Education establishments to ensure that students and those working in the sector are aware of safeguarding practices and have good links with the wider safeguarding sector.
- Commenced engagement with the wider registered social housing provider sector and faith groups
- Published two '7 Minute Learning' papers on 'Understanding Homelessness and 'Exercising Professional Curiosity'.
- Work alongside the Dorset Healthcare Forum for professionals working with people with complex behaviours.
- Delivered learning at 'Safeguarding Adults Week' with keynote speakers.
- Developed an Information Pack for Board Members.
- Attended the Pan-Dorset Safeguarding Childrens Partnership (PDSCP) Executive Development event where priorities were shared with the PDSCP and our 2 Community Safety Partnerships
- Delivered a reflective development event with an external facilitator for Board Members which enabled us to reflect on how we evidenced delivery of assurance about adult safeguarding and facilitated discussion on how the Boards can improve on our preventative work, including by analysis of data and by strategic planning.



Strategic Plan

SAB Achievements during 2022-23



These are highlighted on Page 8 of the Report:

Continuing to seek assurance on safeguarding practice across system partners

- SAR 'Aziza' was published with an Action plan for all agencies.
- Delivered the DBCPSAB Training Strategy
- Reviewed the Boards' business arrangements to ensure effective delivery of our safeguarding strategy.
- Commenced work on aligning Dorset/ BCP data with NHS DiiS information
- Updated our Safeguarding Adults Policy & Protocols.
- Commenced delivery of improved board member engagement, ensure a renewed energy and commitment to providing assurance on safeguarding after the pandemic. We meet in person as well as hold virtual meetings.

Assurance on delivery of 'Making Safeguarding Personal'

- QA subgroup oversaw an audit of Making Safeguarding Personal (MSP) resulting in actions for agencies to provide evidence that MSP is embedded in practice – with ongoing monitoring and review planned in-year '23/24.
- Agreed that delivering MSP will be strengthened through training and development.
- Focussed on MSP at the Boards' Development Event to ensure both challenge and assurance about how it is delivered.



Key messages for Members of People & Health Scrutiny Committee



- As Independent Chair I hold all partners to account for delivering effective safeguarding strategies and services – the info above focusses on Dorset Council, but the Board holds partners to account for ‘joining it all together’
- Work across the partnership continuously improves and in particular to ensure we share data and information and understand all the challenges
- The Board has enabled a focus on joining up across the system - examples of how this is working include working with housing partners; being better informed about how the ICS holds healthcare providers to account; considering safeguarding issues with Prisons and how the Police and partners work together to ensure delivery of ‘Right Person, Right Time’
- Much of this is work currently in train this year.
- Important to note that the Board is strategically engaged with other statutory partnerships – the Community Safety Partnership (CSP) & Pan-Dorset Children’s Safeguarding Partnership (PDCSP). This is effective to ensure non-duplication and most appropriate forms of intervention with statutory reviews.



Questions





Dorset Dental Commissioning

Rob Payne - ICB

Matt Baker – ICB

Tess Fielding – South West Collaborative
Commissioning Hub

Matthew Jerreat – LDN Chair SW

Our integrated care system



About us

NHS Dorset Integrated Care Board was established on 01 July 2022. We have a legal responsibility to plan and make sure you have the health and care services you need. You can see what we mean by health and care services below.



Pharmacies

- Experts in medicine who help with minor health concerns
- Provide medicines either prescribed by a doctor or those you can buy yourself



Dentists

- Your main point of contact for mouth, teeth and gum health
- Some services are provided on the NHS and some on a private basis



Opticians

- Your main point of contact for your eyes
- Provides eye tests, fits glasses and contact lenses



NHS 111

- General health information and advice
- Help with an urgent need that is not life threatening
- Major or minor injuries
- Appointment bookings for urgent care
- Out of hours GP practice services



GP practices

- Your local GP practice is the main point of contact for general healthcare needs.
- Practices employ a range of people including nurses, physiotherapists as well as doctors
- They help with ongoing health issues, illness that doesn't improve with self-treatment and any worries you have about your health

4 Purposes of an Integrated Care System



Improve outcomes in population health and healthcare



Tackle inequalities in outcomes, experience and access

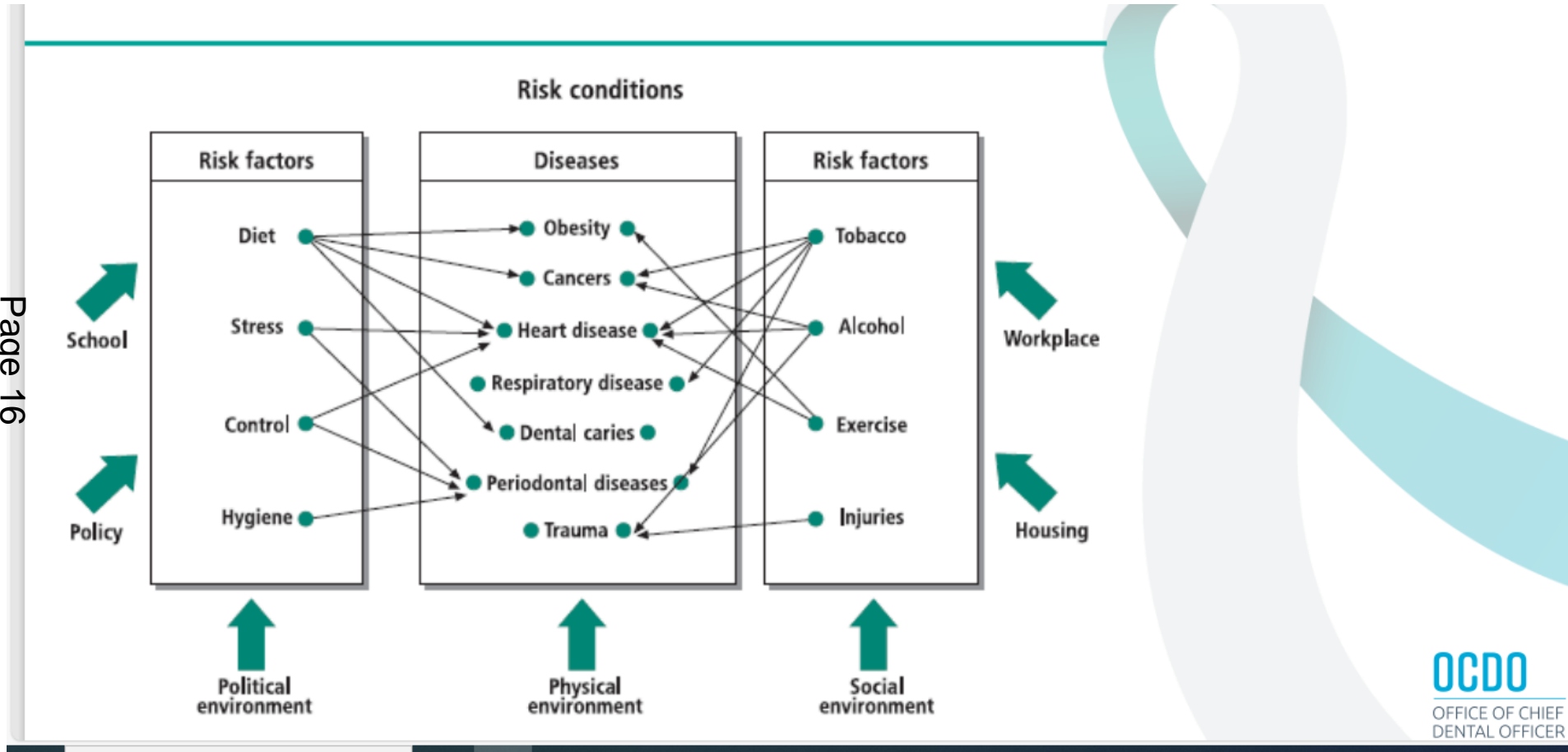


Enhance productivity and value for money



Help the NHS support broader social and economic development

Chief Dental Officer 16 May 2023 – Oral health inequality



REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE



CORE20
The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA
Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people

3



EPILEPSY
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH
Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Dental access and Oral health

- High priority for Dorset
- High risk – ‘high street services sustainability’ ; population health and wellbeing; securing services to meet local need; impact on those in greatest need
- Opportunity for SW ICB and Dorset ICS collaboration
- 3 Key areas of Focus which form part of a Dental reform strategy:
 - Oral health
 - Dental workforce
 - Dental access




Making Dorset the healthiest place to live – 5 pillars

Our plan has five areas of focus — our five outcomes are:

 We will **improve** the lives of **100,000** people impacted by poor **mental health**.

 We will prevent **55,000 children** from becoming **overweight** by 2040.

 We will **reduce the gap** in healthy life expectancy from 19 years to **15 years** by 2043.

 We will **increase** the percentage of older people living well and **independently** in Dorset.

 We will add **100,000 healthy life years** to the people of Dorset by 2033.

Dental services are provided in three settings:

Primary care – including orthodontics

Secondary care

Community services – incorporating special care

Primary care (high street dentistry)

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Independent businesses, operating under contracts

Many also offer private dentistry

All contract-holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract.

Domiciliary treatment

Commissioned using Units of Dental Activity (UDAs)

Courses of Treatment

Band	Treatment covered	Number of UDAs
1	Covers: diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.	1
2	Covers: everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3 / 5 or 7 (Criterion based)
3	Covers: everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	Covers: emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

Setting the Scene on Performance

- There are 121 contracts in Dorset delivering primary care access units of dental activity (UDA)

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21/22 total UDA commissioned 1,242,684 – value £38,089,675

- 22/23 total UDAs commissioned 1,224,386 – value £39,358,321

- As at end of September Dorset high street contracts estimate to complete 66% of UDA target by year end March 2024
- As at end of September Dorset orthodontic contracts estimate to complete 101% of UOA target by year end March 2024

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Year	UDAs Contracted	UDAs Delivered	% Delivered
2017/2018	1,244,427	1,140,754	91.7%
2018/2019	1,215,943	1,138,277	93.6%
2019/2020	1,307,535	1,084,476	82.9%
2020/2021	1,252,932	324,114	25.9%
2021/2022	1,244,708	738,024	59.3%
2022/2023	1,259,151	836,851	66.5%

Setting the Scene - Access

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Access Rates (%)	30 June 2021		31 Dec 2021		30 June 2022	
	Adult	Child	Adult	Child	Adult	Child
Devon	41.7	34.9	35.9	43.9	36.5	43.9
BNSSG	44.4	36.1	38.1	46.2	38.6	49.2
Cornwall & IoS	39.7	31.2	33.5	40.9	34.4	42.9
Gloucestershire	33.2	34.8	28.6	43.9	29.2	45.8
Dorset	42.0	33.5	35.4	42.4	36.6	45.8
BSW	37.5	36.1	32.8	43.9	33.6	46.6
Somerset	43.5	33.1	37.2	42.9	38.1	45.2

Adults
 South West average – 35.5%
 England average – 36.9%

Children
 South West average – 45.8%
 England average – 46.2%

Dorset
 Adults – Just above SW and just below England

Children – Same as SW and just below England

*Adults - % who have seen a dentist in the previous 24 months
 ^Children - % who have seen a dentist in the previous 12 months

Access in percentage of population

Percentage of population measured in adults seen in the last 24 months and children in the last 12 months (data June 2023)

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Adult population	Child population	Adult %	Child %
599,780	137,561	41%	53%

Risks and Challenges

- Workforce challenges in primary, secondary and community
- Post covid recovery
- Increase in dental need due to patients not having access to primary care
- Sustainability of dental practice business model

To note:

- A quarter of contracts brought back **100%** of their low risk patients within one year
- Half of contracts brought back at least **92%** of their low risk patients within one year
- Three quarters of contracts brought back at least **77%** of their low risk patients within one year

- Contract funded 100% albeit allocation is less due to Patient Charge Revenue (PCR) (practices receive 100%)
- Previous years underperformance is the following years clawback
- End of year activity known in July – predicted clawback known before but not exact
- Use as non recurrent funding (recurrently)
- Commission / Commit longer term is risk based
- Changes in commissioning (more children) will impact on finances (fall in PCR)
- UDA value is historical

Dental Reform context

- The South West Dental Reform Programme was set up in late 2020 to bring together NHSE commissioners with key stakeholders with responsibility for oral health in the region
- Aim is to inform our strategy for the future of NHS dental services that will contribute to the overall improvement of oral health for people living in the South West
- Oral Health Needs Assessment completed in February 2021, which highlighted three key areas to prioritise: **Access, Workforce and Oral Health**
- A Development and Sustainability 12 month plan to recover NHS Dental services to pre-pandemic levels established Autumn 2022

Although the Programme is all age, we currently have a focus on under 18s and have a number of strands connected to this:

- Starting Well Core – in specification now for new MDS contracts, where practices commit to working with families and communities to promote oral health, focussing on 0-2 years
- First Dental Steps – pilot in progress and approval to expand across the SW with Health Visitors providing toothbrushing packs and referring vulnerable children to community dental services
- Supervised Toothbrushing – pilot in progress and approval to expand across the SW for 4 and 5 year olds – recent contract award due to mobilise early September 2023
- Child Focused Dental Practices – 7 across the SW, as part of a national pilot, to take referrals for children from other practices
- Welfare Checks (GA) – working with secondary care to do welfare checks on under 18s waiting for a general anaesthetic to ensure they get the best care possible

Stabilisation

One of the really exciting pieces of work currently underway is the stabilisation programme:

- Throughout the pandemic there was a focus on urgent dental care and demand for this has increased (and continues to increase)
- There are a number of people who have dental issues which mean they have to repeatedly access urgent care, or who don't meet the access criteria, but are still in dental pain – and the stabilisation pathway is our solution to this
- Stabilisation would provide dental care which would stabilise their oral health and mean reduced pain and reduced likelihood of going in and out of the urgent care system, or of accessing other support (i.e. via ED or the GP)
- This more permanent solution is better for patient outcomes and improving access to NHS Dental care

Dorset Plan 2023-2025

Oral health

Epidemiology studies

Oral Health promotion -supervised toothbrushing

Child Friendly Dental Practice

Dental Workforce

Appointment of Dorset Dental Practice Advisor

Salaried Dental Practitioners

Dental Fellows – Population health

Dental Access

Paediatric access -children with complex dental needs

High street Dental access

Urgent care

Stabilisation pathway

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