

## **HEALTH AND WELLBEING BOARD**

### **Minutes of the Meeting held**

Thursday, 8th February, 2024, 2.30 pm

Councillor Paul May	Bath and North East Somerset Council
Paul Harris	Curo
Laura Ambler	Integrated Care Board
Councillor Alison Born	Bath and North East Somerset Council
Will Godfrey	Bath and North East Somerset Council
Nicola Hazle	Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)
Kate Morton	Bath Mind
Jon Nash	Avon and Somerset Police
Sue Poole	Healthwatch BANES
Stephen Quinton	Avon Fire & Rescue Service
Rebecca Reynolds	Bath and North East Somerset Council
David Trethewey	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Suzanne Westhead	Bath and North East Somerset Council
<b>Observer</b>	
Councillor Robin Moss	Bath and North East Somerset Council

#### **46 WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

47 **EMERGENCY EVACUATION PROCEDURE**

The Democratic Services Officer drew attention to the emergency evacuation procedure.

48 **APOLOGIES FOR ABSENCE**

Apologies had been received from:

Sophie Broadfield – Bath and North East Somerset Council (David Trethewey in attendance as substitute)

Cara Charles Barks – Royal United Hospital

Jayne Davis – Bath College

Sara Gallagher – Bath Spa University

Julia Griffith – B&NES Enhanced Medical Services (BEMS)

Scott Hill – Avon and Somerset Police (Jon Nash in attendance as substitute)

Mary Kearney Knowles)

Alice Ludgate – University of Bath

49 **DECLARATIONS OF INTEREST**

Cllr Paul May reported that he was a non-executive Director of Sirona Health and Care which operated in Bristol, South Gloucestershire and North Somerset and if a conflict of interest arose at any future meeting, he would declare and withdraw from discussions.

David Trethewey declared an interest in item 9 “Better Care Fund update”.

50 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

51 **PUBLIC QUESTIONS, STATEMENTS AND PETITIONS**

There were no items from the public.

52 **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the meeting of 4 December 2023 be approved as a correct record and signed by the Chair.

53 **PARENT CARERS' EXPERIENCE OF EMOTIONALLY BASED SCHOOL AVOIDANCE - REPORT FROM HEALTHWATCH**

Sue Poole (Healthwatch) and Rachel Hale/Helen Yates (Directors of Bath and North East Somerset Parent/Carer Forum) gave a presentation on their joint report on parent/carers' experience of emotionally based school avoidance, a copy of which was circulated with the agenda pack.

Board Members raised the following comments:

1. In response to concerns raised about accessing consistent support from GPs, there were alternatives to a clinical response, such as support from the Youth Forum and the Community Wellbeing Hub. Although the Community Wellbeing Hub was aimed currently at ages 16+ it was looking to expand to support younger people.  
It was noted that GPs may not be the best point of contact and a needs led approach was preferable, but parent/carers were often directed to GPs by schools.  
Representatives of the Parent/Carer Forum stated that although there was support available around the child, there was no support for parent/carers/siblings and extended family many of whom were struggling with mental health issues.
2. In relation to joined up working, it was also noted that from an ICB perspective, there was BSW Children and Young People Programme Board and a Learning Disabilities and Autism Programme. The Chair also suggested that this issue be brought to the attention of the B&NES Schools Standards Board.
3. It was recognised that there was an increase in emotionally based school avoidance, and it was important that school nurses/public health nurses were trained on EBSA to enable them to support students.

Nicola Hazle, Kate Morton, Becky Reynolds and Val Scrase offered to support Healthwatch and the Parent/Carers Forum develop the recommendations set out in the report. It was also suggested that Mary Kearney Knowles be involved as Director of Children's Services and Education.

**The Board RESOLVED to:**

1. **Note and raise awareness of the report.**
2. **Support Healthwatch/Parent/Carers Forum with developing the recommendations set out in the report.**

**54 BETTER CARE FUND UPDATE**

Laura Amber introduced the item which sought the Board's approval for the Better Care Fund Quarter 3 return.

In response to questioning, she confirmed that the fund was on track to deliver its targets this year.

**The Board RESOLVED to ratify the Quarter 3 return.**

**55 PRIMARY DENTAL SERVICES IN BATH AND NORTH EAST SOMERSET**

Victoria Stanley (Programme Lead: Pharmacy, Optometry and Dentistry ICB) gave a presentation on primary dental services in Bath and North East Somerset including an update on the new Government National Dental Recovery Plan which had been published on 7 February and covered funding arrangements, encouraging dental clinicians to work for the NHS, providing additional resources for oral health improvement and setting out the steps to make accessing dental care easier and faster (updated presentation attached as an appendix to these minutes).

The following comments were raised by Board Members:

1. It was noted that dentists were independent businesses and had no obligation to hold lists of patients. Patients were not registered with a dentist in the same way they were with a GP and dentists could meet contractual obligations by recalling patients more frequently than required.
2. It was noted that recruitment and retention was a challenge and there was a need to consider working with the nearby workforce providers for B&NES.
3. In relation to the priority of prevention, it was important to consider how to bring dental colleagues in to work alongside other health care providers.
4. It was noted that the challenges facing dental provision was a national issue and the situation in B&NES was better than a lot of other areas including Swindon and Wiltshire.

**The Board RESOLVED to note the presentation and note that further information would be available later in the year.**

## 56 **HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN**

The Board noted that:

1. This was the first meeting to receive the biannual exception reporting by designated reporting leads. The reports were signed off by sponsors who were HWB members.
2. The exception reporting was one of the new ways of monitoring the implementation of the JHWS.
3. Reporting leads also reviewed and summarised the health and wellbeing priority indicator set annually, and the summaries were included at the end of the exception reports.

The Board raised the following comments:

1. The exception reports were welcomed as an assurance that the priorities of the JHWS were being implemented.
2. The Development Sessions were also an opportunity to look at the implementation of priority themes in more detail.
3. The Council had recently adopted an Economic Strategy and there would be opportunities for connectivity with the JHWS. This would be discussed in detail at a future Development Session.
4. In relation to Priority 1, it was noted that some of the actions were dependent on Government however, it was important not to lose sight of the impact on families/parents on not meeting objectives and also the higher demands for children's services.

**The Board RESOLVED to note the exception reports.**

## 57 **PLAN TO PREVENT AND REDUCE SERIOUS VIOLENCE IN BATH AND NORTH EAST SOMERSET 2024-2025**

Joshua Khan (Public Health Registrar) introduced the report and drew attention to the four priorities:

1. Prevention and early intervention
2. Response and support
3. Community engagement and ongoing assessment of need
4. Alignment and collaboration within and across organisations

He confirmed that while there had been a national increase in serious violent incidents, these were relatively low in Bath and North East Somerset when compared with other areas, but there was a perception that there was a high level of incidents especially in relation to knife crime and anti-social behaviour.

Board Members raised the following comments:

1. The community events were welcomed to help address residents' concerns around serious violence incidents.
2. As well as the work by B&NES Council, Parish and Town Councils were also picking up work around community safety.
3. As one of the risk factors for serious violence was exclusion from school, it would be useful to link this work with the Schools Standards Board.
4. It was noted that there was collaborative work between different local authorities and police authorities in relation to perpetrators coming in to B&NES from outside the area.

**The Board RESOLVED to**

- (1) Note the key priorities set out in the Plan to Prevent and Reduce Serious Violence in B&NES 2024-2025.**
- (2) Note the governance structure of ongoing local serious violence work.**
- (3) Support the development of an implementation plan that will set out how to operationalise the determined priorities.**

#### **KEY MESSAGES FROM THE MEETING**

1. There was broad support for the Parent Carer Forum EBSA report recommendations and commitment for these to be shared with the CYP team, Community Wellbeing Hub and public health, and health visitors to be taken forward.
2. All Board members to raise awareness of/influence the EBSA report through existing networks and teams.
3. The Better Care Fund is on track to deliver its targets this year. Particular progress has been made in B&NES with hospital discharges with far fewer patients being unable to leave our hospital compared with last year. Joint working has achieved a steady position of below 20 in the RUH for B&NES, (a reduction from average of 60 last Winter). The system position remains under pressure across BSW ICB overall.
4. The Government's recent announcement about changes to the dentistry regime in the UK is still being worked through, and while some B&NES statistics are better than Swindon and Wiltshire, there are clearly significant problems in B&NES in terms of workforce, capacity, access and residents getting check-ups – we expect to hear more on this later in the year.
5. The first half-yearly update on the implementation plan was very well received, and consideration will be given on how it can be shared even more widely.
6. Serious violence and knife crime is lower in B&NES than neighbouring areas, but the perception of violence is relatively high, in turn fuelling violent behaviour; the HWB strategy and implementation plan will address many

of the causes of crime. The VRP report will be shared more widely, and an implementation plan developed in partnership with the BCSSP.

The meeting ended at 4.30 pm

Chair .....

Date Confirmed and Signed .....

**Prepared by Democratic Services**

# Primary Dental Services in Bath and North East Somerset

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Victoria Stanley, Programme Lead Community Pharmacy, Optometry  
and Dentistry



# Dental recovery plan

- Plan published to reform and recover NHS dentistry and set out the steps to make accessing dental care easier and faster. Exact details of how this will affect dentistry in BSW are in development
  - £200m of new funding has been made available to improve access to NHS dental care for those that need it most, especially people living in underserved parts of the country
  - Up to 2.5 million additional appointments nationally including up to 1.5 million additional treatments in NHS dentistry.
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- Dentists will be given a new payment to treat patients who have not seen an NHS dentist in two years or more.
- We will support parents and families to improve the oral healthcare of children, reducing the number of children having to go into hospital to remove their decaying teeth – a procedure which is largely avoidable.
  - More dentists will be incentivised to work in areas that historically have struggled to recruit and retain staff.





# Plan to recover and reform NHS Dentistry



Bath and North East Somerset,  
Swindon and Wiltshire  
Integrated Care Board

- New patient payment for each patient, varies depending on treatment
- New public health campaign to raise awareness
- New dental van service for the most rural and communities
- Raise the minimum UDA value to £28
- 'Golden hello' payments to support practices in areas where recruitment is particularly challenging
- Firmer ringfence on NHS dentistry budgets for 2024 to 2025
- Start for life services - to improve prevention for our youngest children
- Dental teams will visit state primary schools in under-served areas
- Simpler to start new water fluoridation schemes



# Plan to recover and reform NHS Dentistry Workforce

- Publish new workforce data
- Build a pipeline of new dentists by expanding dental undergraduate training places
- Launch a consultation on introducing a ‘tie-in’ for graduate dentists
- Increase the number of dental therapists and other dental care professionals
- Confirmation that dental therapists and dental hygienists can open and close NHS courses of treatment
- Remove barriers to enable practices to fully utilise the skill mix of their teams
- Make it easier for NHS practices to recruit overseas dentists
- Provide a new route for overseas-qualified dentists whose qualifications are not currently automatically recognised by GDC



# Primary Dental Contracts

- 3 types of contract
  - Includes various mandatory & additional services
  - Activity – units of dental activity (UDA's) OR units of orthodontic activity (UOA's)

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## What are mandatory services?

- All proper and necessary dental care and treatment
- Including examination and diagnosis
- Preventive care and treatment
- Periodontal conservative or surgical treatment
- Provision of appliances (dentures, bridges, crowns)
- Urgent treatment and referral where appropriate
- Referral onwards as necessary

Category	Number of Contracts
Total	116
UDA Only	101
UOA Only	10
UDA and UOA	5
Total number of contracted UOA's	64,785
Total number of contracted UDA's	1,157,262

Other	Number of Contracts
Special Care Dental Services (CDS)	1
Secondary Care Dental Services	3

### Regional Initiatives

Programme	Number of Contracts	Sessions/Patients (Per week)	Change since last month
Stabilisation pilot	4	13 Sessions	-1 contract, -3 sessions
Urgent Care pilot	4	86 Patients	Nil

# South West Oral Health Needs Assessment

A South West OHNA in 2021 highlighted the importance in exploring the needs of at risk groups and highlighted 4 key priorities:

- 1. Issues in the access to NHS dentistry but with particular variability between more affluent and deprived areas
- 2. A need to support dental care services for older people, due to a projected increase in the older adult age groups
- 3. A need to support the recruitment and retention of dentists providing NHS Services
- 4. Evidence that there is difficulty being experienced by dentists in meeting their contractual targets and therefore a risk for future service provision because of the commercial viability of certain contracts.

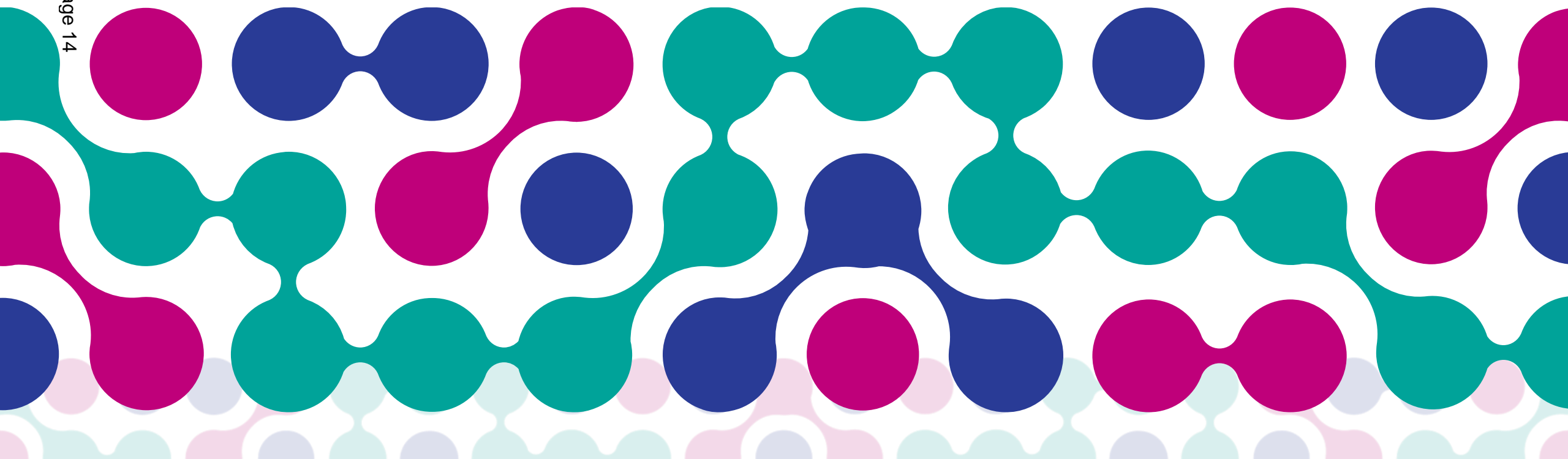


# Background to Dentistry

- **Dental** practices are **independent businesses**, often providing a combination of NHS and private dentistry.
  - **Patients** are **not registered** with a dentist in the **same way** they are **with a GP**
  - **Individuals** can **access** services at a dental practice located **in any area** if the practice is accepting new patients
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- For those with a **dental emergency**, triage arrangements are in place via **NHS 111**
  - **Access to NHS dental** services has **historically been challenging**, with **demand exceeding the capacity** available mainly due to **insufficient workforce** and the capacity of practices to take on new patients.
  - **Work** is underway at a **national** level to identify **solutions** to the **recruitment** and retention pressures in NHS dental services, and to understand and address the constraints of the current national NHS dental contract mechanisms



# What are our priorities?



# Overview of Priorities

- Working with dental providers to **ensure existing contracts** are **delivering** to their **maximum potential**.
- Regularly **review performance** and support under-performing practices to deliver on their **contracted activity**
- **Procure new contracts** in areas where there is **insufficient dental access** appreciating workforce challenges and gaining appropriate assurance.
- **Commissioning additional NHS work** from dental practices that have **capacity**.
- Working closely with local dental networks, dental practices, public health, and the dental school to **develop referral pathways** and **identify initiatives** to increase dental capacity in the community.
- We work with **Local Authority Public Health** teams who lead on **Oral Health Promotion and Improvement** including health promotion for both children and adults.



# Key areas of focus:

- How can we improve Patient Experience across BSW?
- How do we all communicate and engage with the public to address patient perception and behaviour?
- How can we best address the access gap and tackle inequalities?
- How do we support our workforce resilience and recruitment?
- How does this align to our ambitions in our Primary and Community Care Delivery Plan and delivery of Fuller recommendations?





# We urgently need to refocus and prioritise plans for Dental Reform:

## Access:

Increase access, evidence-based programme weighted to the vulnerable or in greatest need.

- Urgent care pathway review
- Dental helplines review
- Stabilisation pilot pathway

## Workforce:

Working with strategic partners to build training and dental role opportunities, and a clinical workforce strategy.

- Workforce website
- Clinical workforce survey
- Dental school engagement
- Workforce action plan
- Work experience network
- Overseas dentists
- Dental training hub

## Oral health improvement:

Improve oral health of those with health inequalities, targeting those who are vulnerable or live in areas of greatest need in each system.

- Supervised toothbrushing
- Mini mouthcare matters
- LAC access model
- Patient charter (recalls)
- Older adult T&F group

### Outcome Measures

#### Access

- To increase the percentage of adults accessing an NHS primary care dentist in the previous 24 months by 5% across the region by June 2023
- To reduce the difference in the percentage of adults accessing an NHS primary care dentist in the previous 24 months between ICS areas by June 2023 (i.e. for the lowest ranked area to reach equivalent of the current highest rank area)
- To increase the percentage of children accessing an NHS primary care dentist in the previous 12 months by 8% across the region by June 2023
- To reduce the difference in the percentage of children accessing an NHS primary care dentist in the previous 12 months between ICS areas (i.e. for the lowest ranked area to reach equivalent of the current highest rank area)
- To reduce waiting times for orthodontic appointments over 12 months
- To reduce the number of 78 weeks waits for dental care in secondary care to zero by April 2023
- To increase access among inclusion health groups such as those experiencing homelessness, asylum seekers, those with learning disabilities, those in care homes and those in contact with the justice system by 2%
- For 100% of Looked After Children to receive a dental check every 12 months, within the next 12 months
- To increase patient understanding and expectations
- To maintain or increase the number of UDAs in the region/by ICS over 12 months

#### Workforce

- To recruit a sufficient number of training practices (dental educational supervisors) to provide clinical placements for the total number of funded Dental Foundation/Early Years training posts
- To increase the number of PLVE dentists in training to 30 in the next 12 months (an increase in 20% on current numbers)
- To increase the number of PLVE dentists that stay on to work in the SW to 30% of the total
- To reduce the number of unfilled dental posts (including dental nurses) over the next 12 months – LDC could help
- To increase the rate of satisfaction with NHS SW dental bulletins/communication over the next 12 months
- To reduce the number of NHS dentists handing back their contracts

#### Oral Health Improvement

##### Universal

- Increase in the number of children accessing NHS dental care aged 0-2 years in last 12 months
- Increase in the number of health visitors trained to be oral health champions
- Increase in the number of dental practices using upskilled dental teams to deliver paediatric dentistry
- A reduction of 2% in dental caries in under 5s

##### Targeted

- Increase in the number of Local Authorities that have developed an integrated pathway between the Healthy Child Programme and local Community Dental Services for children deemed at high risk of developing decay
- Increase in the number of nurseries or schools delivering supervised toothbrushing schemes in targeted areas (IMD 1-6)
- Increase in the percentage of children in care who have seen a dentist in the last 12 months
- A reduction in hospital-based tooth extraction for children

# Where are the risks?

- **Current dental capacity** (routine and urgent) **is insufficient to meet demand** - access and performance against contractual targets for primary dental activity is adversely impacting on patient experience and health inequalities.
- **Deteriorating child and adult oral health** due to demand on primary, secondary and community dental services
- **Recruitment and retention issues** (dentists and dental nurses) are impacting on performance. National and regional workforce challenges (dentists and dental nurses) are being addressed through national and regional recruitment and retention schemes.

**Dental access** continues to be the **top cause group for dental complaints** for the public, HSC and MPs.

- Reducing number of contracts as contractor 'hand backs' increase so our **local health economy is shrinking**
- **National negotiations to adjust contract are minimal** but we are holding significant dental underspend in a time of constrained ICB budgets.
- Current BSW UDA performance could be improved, but South West regional performance is worst in the Country
- Over half of contractors failed to achieve 2022/23 Year-end required performance
- Child friendly scheme at capacity



# Patient Experience

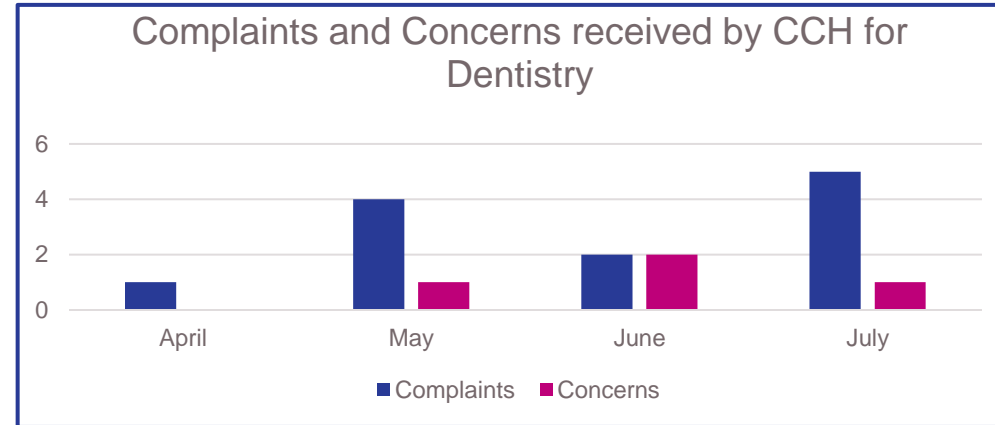
From 1<sup>st</sup> July 2023, the complaints function for POD was delegated to the ICBs.

## Key Themes for concerns:

- Access to Dentistry
- Cancelled appointments
- Staff Attitude and behaviour
- Access to prescription toothpaste

## Key Themes for Complaints

- Access to Dental services
- Standard of treatment
- Pain and complications following dental work



BSW has 2 Healthwatch (BaNES & Swindon and Wiltshire) organisations are also represented on the Dental Operational Group.

Dental access is currently one of the main concerns raised with Healthwatch – especially children.



# Key BaNES Statistics 2022/23

- 94,786 courses of treatment completed
  - 59,844 were Band 1 treatment
- 177,810 units of dental activity completed
  - 33% Band 1, 40% Band 2, 20% Band 3 and 6% urgent
- 54,202 adults (33.9% of pop.) saw an NHS dentist in the last 24 months
- 20,857 (56.9% of pop.) children saw an NHS dentist in the last 12 months



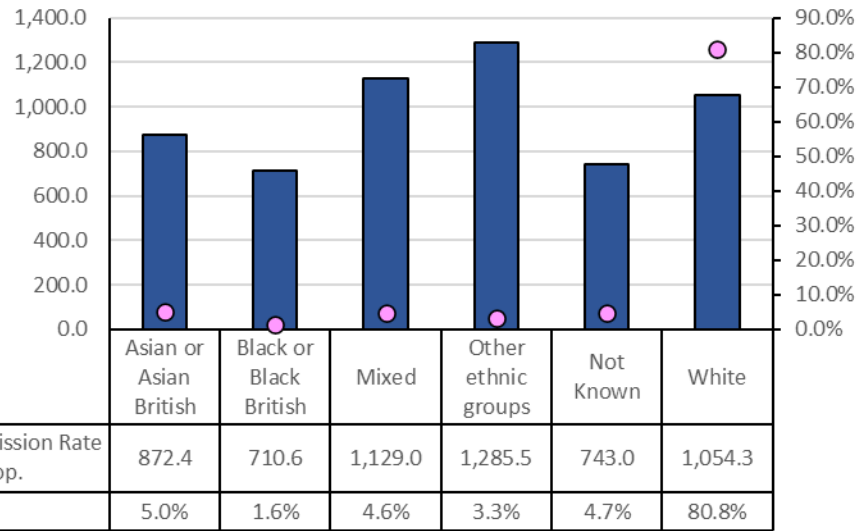
# BaNES Child Tooth Extractions



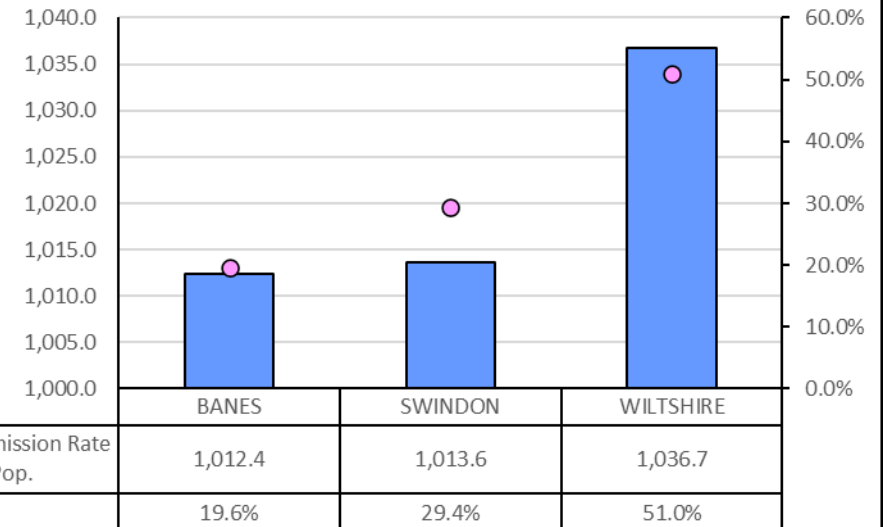
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**Tooth Extraction Admissions by Ethnic Group**



**Tooth Extraction Admissions by BSW Locality**





# BSW Local Commissioning Plans

## Dental Delivery Plan on a Page being developed:

- Focus on clinical priorities including child oral health and tooth decay, care home residents, oral health and tooth wear
- CORE20 PLUS 5 population groups including homeless, people living with serious mental illness. looked after children, children with SEND, children eligible for free school meals.....
- Contract 'MUST DO's' e.g., Tier 2 service review

## Procuring Additional UDA:

- Reviewing innovative commissioning routes using a Flexible and Rapid model

## Community Dental Services:

- Confirm plan for those services have end dated contracts
- Awaiting Procurement Regulations regarding Provider Selection Regime
- Development and Assurance process to work to the Service Specification
- Review of pathway – 111, Triage, Helpline, Urgent Care
- Impact of Community Dental Services with the need to have robust alternatives

## Orthodontic Additional Activity:

- Commissioned additional activity in 22/23
- Looking to repeat the exercise in 23/24

This strategy aims to address inequalities across the life course, to include pregnancy, children and young people, adults and into old age.

The BSW Inequalities Strategy builds a foundation for a shared understanding of health inequalities as a system, bringing together existing strategy and local data and intelligence and focusing this on the CORE20PLUS population. This approach focusses on the 'core' 20% of most deprived areas, 'PLUS' communities at higher risk of inequality, and five key clinical focus areas.

### For adults these are:

1. CVD
2. Maternity
3. Respiratory
4. Cancer
5. Mental Health

Smoking Cessation is included as a priority that cross cuts all five clinical areas for adults.

### For children and young people, these are:

1. Asthma
2. Diabetes
3. Oral health
4. Epilepsy
5. Mental Health

PLUS groups are locally defined populations experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the core 20 alone and would benefit from a tailored healthcare approach.

PLUS groups were chosen based on local data, and for BSW are outlined below.

### For adults, PLUS groups are:

- Bath and North East Somerset: Ethnic minority communities, Homeless and People living with severe mental illness (SMI).
- Swindon: Ethnic minority communities.
- Wiltshire: Routine and manual workers, Gypsy, Roma and Traveller communities and rural communities.

### For Children and Young People, the BSW PLUS groups are:

- Children with Special Educational Needs and Disability (SEND)
- Children with excessive weight and living with obesity.
- Children Looked After (CLA) and care experienced CYP.
- Early Years (with a focus on school readiness).
- Children and Young People with Adverse Childhood Experiences (ACE); with a focus on delivering trauma informed services).

# Health Inclusion Pilot

The model sought to proactively deliver dental care to:

- Those people who have **little or no access to technology** including telephones, People experiencing **homelessness**, Other health inclusion groups: **Refugees/asylum seekers; vulnerable people from overseas; adults with learning difficulties**

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Dental practice in Bathampton working in collaboration with Julian House

I didn't expect to gain trust by being seen at practice, but I have

I don't feel judged for the first time in a long while

I don't feel like I'm treated differently/or as different - as other people have made me feel.

My self-esteem has been built up – I can finally look at myself without having to look away.

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