

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 21 November 2018

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Mrs Bowyer, Vice Chair.

Councillors Corvid, Hendy, James, Laing, Loveridge, Dr Mahony and Parker-Delaz-Ajete.

Also in attendance: Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care), Nathan Findlay (Chief Operating Officer for Peninsula Dental Social Enterprise), Rob Nelder (Public Health Consultant, Plymouth City Council), Elaine Knight (Dental Clinical Lead, Livewell SW), Amanda Fisk (Director at NHS England), Tessa Fielding (Dental Contracts Manager at NHS England), Graham Adlard (Local Dental Network Chair), Monica Raynor (Dental Nurse, Out of Hours Service and Dental Helpline), Carole Burgoyne MBE (Strategic Director for People), Craig McArdle (Director for Integrated Commissioning), Kevin Baber (Chief Operating Officer, University Hospital Plymouth Trust); David McAuley (Deputy Director of Operations, Livewell SW), Gill Martin (Professional Lead, Livewell SW) and Amelia Boulter (Democratic Advisor).

The meeting started at 2.00 pm and finished at 4.30 pm.

Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

40. **Declarations of Interest**

Councillor Laing declared a personal interest she is employed by the Multi Academy Trust which Scott College is a part of.

41. **Minutes**

Agreed the minutes of the meeting 25 October 2018.

42. **Chair's Urgent Business**

There were no items of Chair's Urgent Business.

43. **Dental Access**

Nathan Findlay (Chief Operating Officer for Peninsula Dental Social Enterprise), Rob Nelder (Public Health Consultant, Plymouth City Council), Elaine Knight (Dental Clinical Lead, Livewell SW), Amanda Fisk (Director at NHS England), Tessa Fielding (Dental Contracts Manager at NHS England), Graham Adlard (Local Dental Network

Chair) and Monica Raynor (Dental Nurse, Out of Hours Service and Dental Helpline) were present for this item. It was highlighted that -

- (a) NHS England has the responsibility for commissioning dental services across the entire pathway which includes high-street dentists, urgent, community and hospital services;
- (b) new contracts introduced for general dental practitioner by Government in 2006 had impacted the way NHS dentistry was now made available;
- (c) high-street dentists set themselves up as a business enterprise and then offer their services back to the NHS. High-street dentists are a business unit and constantly balancing how to stay afloat;
- (d) they were focusing on how to integrate the dental pathways across primary and secondary care models and the clinical lead advisory group ensures the maximum amount of dentistry for patients;
- (e) there were currently 2,500 children and 10,000 adults waiting to be seen by an NHS Dentist. This figure was monitored on a monthly basis.

In response to questions raised, it was reported that -

- (f) if you can find your way to the dentist you will receive treatment. They target efforts around commissioning to meet health needs but cannot means test people for treatment;
- (g) there was a shortage of dentists across Plymouth in every area;
- (h) they were undertaking a piece of work between PCC and the NHS to review the waiting list and to look at where in the city residents live to ensure services are targeted appropriately;
- (i) that one of the strands within the Child Poverty Action looks at oral health and as a result a document has been produced on how to access dental services in Plymouth. This was available to access on the Plymouth Online Directory (POD);
- (j) the Dental Access Centre had seen an increase in demand and on average receive between 75 to 80 calls per day. They will see around 22 people a day in the clinic as commissioned by the NHS leaving around 60 people a day unable to have their pain dealt with;
- (k) they were looking at how they can prioritise a families y because they have children and an important issue for them to look at;

- (l) that over 700 children have their teeth extracted under general anaesthetic and nearly of all of those cases were preventable. A number of projects were in place to address this such as supervised tooth brushing scheme, life education mobile classroom and dental champion training;
- (m) discussions were taking place to create a new practice in the city centre to relieve the pressure within the system;
- (n) the school dentist was no longer a national requirement but this service was retained for the special schools;
- (o) retention was a major problem and recruitment from abroad was getting more difficult in terms of visas. Rural areas were finding it more difficult to recruit.

The Committee agreed -

1. To explore whether Plymouth City Council can support recruitment campaigns to attract Dentists to the area.
2. That all Councillors attend training to become Dental Champions.
3. To be updated on progress of the potential set-up of a new practice in the city centre to ease pressure within the system.
4. To explore and discuss with Health Education England the potential for the Peninsula Dental School to increase the number of students.
5. That a link to the Plymouth on Line Directory is sent to Committee Members.

44. **CQC - Local System Review Action Plan and Update**

Carole Burgoyne MBE (Strategic Director for People), Craig McArdle (Director for Integrated Commissioning), Kevin Baber (Chief Operating Officer, University Hospital Plymouth Trust) and Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care) were present for this item and referred to the report within the agenda.

In response to questions raised, it was reported that -

- (a) they were not aware of what was paid to domiciliary care workers in Devon but generally they were paid more because of travel time. They had increased the visit time from 15 minutes to 30 minutes and recently made the decision to take the Enablement Services back in-house;
- (b) they think the CQC will challenge them on their performance data. They were fairly confident with the plan and have put in

extra measures to address the issues to get them back on track with ED. They may be challenges around primary care but the CQC recognise that this was a long term plan;

- (c) the Crisis Café has limited opening hours and initially small number going through the unit. They were currently reviewing this service with Colebrook and were looking to scale this service up in terms of patient flow.

The Committee noted the current progress on the CQC Local System Review Action Plan and to receive a further update in March 2019.

45. **Workforce Development Strategy Plan**

Councillor Ian Tuffin (Cabinet Member for Health and Adult Social Care), David McAuley (Deputy Director of Operations, Livewell SW), Gill Martin (Professional Lead, Livewell SW), Carole Burgoyne MBE (Strategic Director for People) and Craig McArdle (Director for Integrated Commissioning) were present for this item and referred to the report included in the agenda.

In response to questions raised, it was reported that -

- (a) they do not put an apprentice into a temporary role and at Livewell SW always look to keep apprentices once they have completed their apprenticeship;
- (b) the career pathway over time would break down the stereotypes around the current stigma and gender around the caring profession. The Proud to Care Network was undertaking good work in promoting and advocating caring as a career;
- (c) through the Future Workforce Team they have good links with PLUSS and mutually beneficial for them to work together to get people into great employment opportunities;
- (d) agency spend on Doctors was £4.7m, to address this they have a dedicated team working closely with medical directors to look at how to address this national shortage as well as looking at ways to attract people to this part of the world;
- (e) staff wellbeing was really important and have undertaken work to ensure they were offering good wellbeing to employees.

The Committee agreed to -

1. Note the progress in developing the workforce plan for Plymouth and support the content and approach described within the plan.
2. Further update in March 2019.

3. Receive an update on STP and ICS at the January meeting.
4. Encourage Councillors on this Committee to become Proud to Care Ambassadors.

46. **Integrated Commissioning Scorecard**

The Chair advised that this item together with the integrated finance monitoring report had been included on the agenda for information. As no issues had been identified for consideration prior to the meeting, no Cabinet Members or officers had been invited to attend.

47. **Integrated Finance Monitoring Report**

The Chair advised that this item together with the integrated commissioning scorecard report had been included on the agenda for information. As no issues had been identified for consideration prior to the meeting, no Cabinet Members or officers had been invited to attend.

48. **Work Programme**

The Committee noted the work programme.

49. **Tracking Resolutions**

The Committee noted the tracking resolutions.