Health and Adult Scrutiny Committee 15.11.23.

Report by Michael Hanley

1. Minutes of previous meeting:

Michael Hanley (MH, L): Pointed that his comments about the absence of North Cumbria and North East Integrated Care Board was not mentioned. The chair, Janet Battye (JB, LD), agreed to make the correction.

2. Dental Provision in Westmorland and Furness (South Lakes and Barrow areas):

Lancs and South Cumbria Rep (Rep): There are 202 dental practices in Lancashire and South Cumbria. Tooth decay (caries) is the most common reason for hospital admissions in children aged between 6 and 10 years. Those from deprived communities are 3.5 times more likely to be admitted for dental care than those from wealthy areas. Fluoride prevents tooth decay by making the enamel more resistant to the action of acids. Getting fluoride on teeth and reducing the intake of sugary foods/drinks remains the best way to reduce caries.

Dentists deliver annual dental care for a fixed annual contract. Each contract pays a different amount, some £25 per patient, others £70-80. So different dentists earn different amounts of money for the same work. A year's worth of care is called a Unit of Dental Activity (UDA). Unlike GP services, premises and IT are not supported by the NHS. Also unlike General Practice, the dentist can charge NHS patients. The more complex the treatment, the higher the cost. Higher treatment-need patients need more appointments and more resources which can be in excess to what the practice is paid (by the NHS). Nowadays, patients are presenting with greater need. If the dentist doesn't meet the UDA targets, the money is clawed back.

Some dentists decide to stop providing NHS services and hand their contract back (often due to disillusion with the NHS dental contract). Prior to 2006, dentists were paid by an item of service model. This led to what was called the "great dental drill and fill racket". This was one of the reasons that the UDA system was brought in in 2006. Oral healthcare is linked to deprivation. Patients with poorer oral health usually need more appointments.

At the beginning of the Covid pandemic, dentists were fully closed for 4 months. This had an adverse effect on oral health. There is still a massive backlog.

The plan is to use objective measures to help prioritise which areas in LSC are in most need for dental access and oral health support.

Recently several dental practices have closed: Grange-over-Sands, Dalton and Barrow. There is a plan to develop new pathways: Urgent care within 24 hours for dental pain, patients without a dentist.

H Chaffey: There are no dentist in Cumbria who are on the new NHS dental contract. My dentist is in Grange and they are not taking on any new NHS patients, they are only taking on private patients. A lot of the local residents cant afford to go privately.
Rep: Yes, that is true. We only get funding for 60% of the population.
W. Clark (WC, LD): My sister is a dentist. I have the same concerns as HC. Is there anyway out of this?

Rep: There has been some increased access in some areas.
V Hughes (VH, LD): If the 2006 contract is not fit for purpose, why are we still using it? We need to lobby government.
MH: Pointed out that only about 1300 dentists qualify in the UK every year (2017 statistic). This is far too few than is needed. There is a similar situation in General Practice. A few years ago, there was a cap of 6000, for all doctors coming out of UK universities. The current need is about 14,000 doctors per annum. The universities have increased the output to 9000 doctors per annum. We have an even greater shortage of dentists. The UK has relied on attracting medical professionals from other countries for at least the last 70 years.
Rep: We encourage all our dental practices to become training practices. We might be able to keep some of them in this area when they qualify.
MH: Yes, when I worked as a GP, I was a GP trainer with the hope of keeping some of the qualified GPs in Cumbria, but if not enough doctors are being produced per annum, that is the real problem.
JB: We should report back to the cabinet on this matter.
H Hodgson (HH, LD): We need more emergency care in this area.
Rep: I will take that back.

3. Healthwatch

Kate Rees (KR, Healthwatch): We obtain the views of people about their needs and experience of local health and social services. We then make these views known to those involved in commissioning and scrutiny of care services. We also write reports and make recommendations, provide information for the public, help with complaints and advise Healthwatch England and the Care Quality Commission.
Lindsay Graham (LG, Healthwatch): Healthwatch Westmorland and Furness is a brand new organisation. We launched in mid October. We went across Cumbria asking people what its like living with a disability. We discussed various projects, surveyed people's views on health and social care. Mostly, people liked where they were living. There was a lack of provision for young people. People were asked about accessing various services: GP, dentist etc. Between April and September, 1390 people were interviewed in areas including Barrow, Penrith, Kendal and Alston. The focus was on the "seldom heard": people with disabilities, long term conditions, unpaid carers.
The top three issues were GP appointments, dental appointments and mental health care. What we learned now will go into the work plan for the next year.
KR: Discussed Workplan 23-24, care support, accessibility of local services, improving the safeguarding process and improving the autism diagnosis pathway (mainly adult diagnosis).
WC (who is severely disabled): Discussed the problem of accessibility for the disabled from his own experience.
LG: We are looking at an unpaid carer charter.
VH: Discussed an adult she knows who was recently diagnosed with autism, who cannot get Disability Living Allowance.
LG: A SENCo can help (Special Educational Needs Coordinator).
HC: When a person contacts you with a problem, I presume you send them on to a professional organisation.
LG: Yes.
MH: Described the help that Healthwatch had given to the EMT1s on the Alston Ambulance in their negotiations with North West Ambulance Service and thanked Healthwatch. Healthwatch has been chairing the meetings.
KR: Yes, we are aware the Alston Ambulance and will continue to support it. We plan to do a

survey of the people who have used the service.
JB: We need to be kept up to date and get information from you regularly.

4. Public Health Priorities

Katrina Stephens (Director of Public Health in WAF area, KS): Public health priorities were set out in the Health and Social Care Act, 2012: 0-5 year old child health, NHS Health Checks, Sexual Health Services. We have to offer 5 Health Visitor visits for children under 5. There is also the school nursing services and Drug and Alcohol Services. We receive a ring-fenced grant: almost £8 million for the WAF area. This is the 7th smallest grant in the country at £35.40 per head per annum (average is £68.10). We will be receiving a large tranche to improve the Drug and Alcohol Service. We commission other organisations to deliver these services. Most of these organisations are based in Cumbria. A lot of these contracts are reaching the end of their terms. We have a Health and Wellbeing Team. Its been there since 2016 and is targeted at areas of higher need. We also have a team working on infection control: managing outbreaks of infectious disease: measles, scabies and group A streptococcus. We need to coordinate with the new Local Plan and national strategies in Drug and Alcohol and Smoking.
MH: Discussed the big reduction in spending on Public Health over the last 13 years. Referred to a Lancet (medical journal) article in June 22. This showed that over the last 10 years there has been a steeper drop in life expectancy in the UK than 22 other high income countries and the inequalities were greatest in deprived areas. There has been an average reduction in spending on Public Health of 32% in the most deprived area. The areas of most need have had the biggest cuts. The ringfenced budgets are 18% below EU average. There has been a 24% reduction overall in spending on Public Health since 2016, which amounts to £1 billion less. Why is this area so low in Public Health spending at £35 per head per annum and could we challenge this with the government?
KF: We are beginning to get more money for Public Health and we are looking at approaching the government to get fairer funding for this area. I think the low amount was partly due to the fact that rurality wasn't taken into account.
HC: Asked about encouraging healthy diets.
KS: Discussed the power of the food industry. Healthy eating will vary greatly between different communities. We need to keep giving key messages.
P. Bell (PB, LD): In the past when we were a county council we lobbied hard to get our grant increased.
HH: Would Healthwatch help us to identify areas of need?
LG: Yes, we could provide extra evidence.
JB: Our Locality Board tomorrow is looking at the spend on local food banks. Asked about Social Prescribing.
KS: The Health and Wellbeing Advisers don't do Social Prescribing but something similar. Its more about coaching and changing behaviour. We have met Active Cumbria recently.

5. Development of Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

KS: We have had the creation of ICBs and other changes. In this area we have two ICBs (Integrated Care Boards). Discussed the impact of inequality. The JSNA is a process rather than a document. Things will change over time. "Joint" means its a partnership with the Local Authority, the ICB, Healthwatch and others. We will look at national and local statistics. The Task and Finish Group (TFG) is meeting monthly. There will be a five stage development of JLHWS. By July 24 a delivery plan will be produced with finalisation of strategy. In November 23 there will be

a survey with two questions:
1. What keeps you healthy and well?
2. What do you need to improve your health?

Areas of focus: life expectancy trends and obesity. Obesity in Barrow is significantly higher than the area average.
HC: Discussed encouraging people to self diagnose: smoking, eating healthily etc.
MH: Asked who were the WAFC people on the TFG, were they officers? (as opposed to councillors).
KS: I don't know offhand, yes, they are officers.
JB: Asked KS to come back in March.

6. Forward Plan

David Stephens (Strategic Policy and Scrutiny Advisor): Discussed the absence of any representation from the North Cumbria and North East ICB in the last few meetings of this committee. They want to flesh out a report and plan to come to the next meeting in January.