

# Bristol City Council

## Minutes of the Health Scrutiny Committee

20 March 2023 at 4.00 pm



### **Health Scrutiny Committee members:**

Cllr Graham Morris (Chair), Cllr Jos Clark (Vice-Chair), Cllr Lorraine Francis, Cllr Tom Hathway  
Cllr Brenda Massey, Cllr Tim Wye

Also in attendance:

### **Cabinet members:**

Cllr Helen Holland, Cabinet member for Adult Social Care & Integrated Care System

### **Bristol City Council officers:**

Hugh Evans, Executive Director: People  
Christina Gray, Director: Public Health & Communities  
Carol Slater, Head of Service - Public Health  
Jo Williams, Consultant: Healthy Children & Families  
Grace Davies, Principal Public Health Specialist  
Beth Loveless, Public Health Registrar  
Ian Hird, Scrutiny Advisor

### **Healthwatch Bristol:**

Vicky Marriott, Chief Officer (Bristol, North Somerset, South Gloucestershire)

### **Bristol, North Somerset & South Gloucestershire Integrated Care Board (BNSSG ICB):**

David Jarrett, Director of Primary and Integrated Care  
Colin Bradbury, Director of Strategy, Partnerships and Population

### **NHS England South West:**

Melanie Smoker, Senior Dental Programme Manager  
Dr Lou Farbus, Head of Stakeholder Engagement

### **University of Bristol Dental School:**

Barry Main, Head of School, University of Bristol Dental School  
James Tubman, Senior School Manager, University of Bristol Dental School



### 33 Welcome, Introductions, and Safety Information

The Chair welcomed all attendees to the meeting and explained the emergency evacuation procedure.

### 34 Apologies for Absence and Substitutions

It was noted that Christina Gray, Director: Public Health & Communities had sent advance apologies regarding her late arrival at this meeting.

### 35 Declarations of Interest

The Chair advised that he was a trustee of South Bristol Sports Centre. Cllr Francis advised that she was employed as a social worker in mental health services.

### 36 Minutes of Previous Meeting

The Committee **RESOLVED:**

That the minutes of the meeting of the Health Scrutiny Committee held on 5 December 2022 be confirmed as a correct record.

### 37 Chair's Business

With reference to the public forum items submitted to the meeting, the Chair drew members' attention to the issues raised in relation to Sirona Care and Health's autism assessment service for Bristol, North Somerset and South Gloucestershire as a result of a change to the way they manage their waiting lists, which had changed from 1 March. He was disappointed that the Council had not received any advance information and had not been consulted about this change in criteria (note: see also the minute below relating to the scrutiny work programme).

### 38 Public Forum

#### Public statements:

It was noted that the following public statements had been received in advance of the meeting:

1. Jen Smith - topic: Change in autism assessment criteria (Sirona Care and Health)
2. Fiona Castle - topic: Change in autism assessment criteria (Sirona Care and Health)



Fiona Castle was in attendance at the meeting and presented her statement to the committee.

3. Jaime Breitnauer - topic: Change in autism assessment criteria (Sirona Care and Health)

#### **Public questions:**

It was noted that the following public questions had been received (written replies had been circulated and published in advance of the meeting):

Q1. Jen Smith - topic: Change in autism assessment criteria (Sirona Care and Health)

Q2. Anna Houghton - topic: Change in autism assessment criteria (Sirona Care and Health)

Q3. Sandra Thomas - topic: Change in autism assessment criteria (Sirona Care and Health)

Q4. Helen Sloan - topic: Change in autism assessment criteria (Sirona Care and Health)

### **39 Update - Dental access for children and adults in Bristol**

The Committee received and discussed a report providing an overview and update on dental access for adults and children in Bristol.

Summary of main points raised:

1. The report was presented by Melanie Smoker, Senior Dental Programme Manager for NHS England South West and Dr Lou Farbus, Head of Stakeholder Engagement for NHS England South West.

Key points highlighted in the presentation of the report included:

- a. Over recent years, there had been a steady fall in the number of patients in Bristol able to access an NHS dentist. The percentage of adults seeing an NHS dentist in Bristol had decreased from 43.5% to 37.3% in the last 12 months (data available from June 2021 to June 2022). This was a drop of 6.2% although the access rate for the adult population of Bristol (37.3%) was in line with the access rate for England as a whole (37.4%). The number of children who had seen a dentist in Bristol in the last 12 months (from June 2021 to June 2022) had though increased from 36.3% to 52%. This was an increase of 15.7% and was higher than the access rate for England which was 46.9%.
- b. A key area of current work was an 18 month stabilisation programme for NHS dentistry; throughout the pandemic, there had been a focus on urgent dental care and demand for this had continued to increase. There were a number of people with dental issues meaning they must repeatedly access urgent care, or who did not meet the access criteria, but were still in dental pain. The stabilisation pathway was being taken forward as the solution to this issue.
- c. The key issue affecting access to NHS dentistry on a national basis was workforce related. In Bristol, a shortage of dentists in Bristol impacted on the ability of practices to deliver their contracts.
- d. NHS England was engaged in a number of activities to increase access to primary NHS dental services, including:
  - Running a South West recruitment day supported by the British Dental Association



and dental providers to try and attract practitioners to move into the region.

- Working with dental providers to ensure existing contracts were delivering to their maximum potential.
- Reviewing under and over performance of dental contracts on a regular basis and addressing with those contractors with the most variance what they were doing to address under-performance.
- Developing plans to commission dental services in areas where there was inequality in access.

e. As documented in the report, under the South West Dental Reform Programme (established in 2020), a series of specific actions were being taken forward to improve access to dental services, develop workforce initiatives to improve recruitment and retention of the dental workforce and improve the oral health of the population.

2. In response to points raised by Cllr Hathway, it was noted that on a national basis, changes were being made to the commissioning of dental work to secure increased Unit of Dental Activity rates from practices. New reforms to the dental contract also meant that NHS dentists would be paid more for treating more complex cases.

In terms of workforce planning and recruitment, it was also important to improve capacity by training up and maximising the use of dental therapists and hygienists; dental therapists could also accept patients for certain NHS treatments, e.g. providing fillings and preventative care, which would free up dentists' time to deal with more complex and urgent cases.

3. It was noted that a number of initiatives were being taken to try to increase the rate of retention of dentists in the region who were trained in the south west.

4. It was noted that NHS England had no jurisdiction over private dental practices.

5. In response to a question from Cllr Clark, it was noted that dental access for young children was considered to be important as a public health initiative as this could help lay the foundation for good oral health, e.g. providing guidance for parents on healthy foods for mouth and gums, and instilling the importance of good oral hygiene from a young age.

6. Whilst noting that it was not an issue within the control of NHS England, Cllr Francis expressed a general concern about the impact for the NHS resulting from dentists leaving the service for private practice.

7. It was noted that from 1 April 2023, the BNSSG ICB would be taking over the delegated responsibility for the commissioning of dental services. David Jarrett advised that a key focus of the commissioning approach moving forwards would be to improve access to NHS dental services as part of the strategy and commitment to tackle health inequalities in the city, linking in and potentially integrating this work with the locality partnership approach. In discussion, it was agreed that it would be appropriate for a progress update to be submitted to the committee in a year's time.



At the conclusion, of the discussion, the Chair thanked Melanie Smoker, Lou Farbus and David Jarrett for attending for this item.

The Committee **RESOLVED:**

- To note the report and the above update and information.

#### **40 Update - University of Bristol new Dental School**

The Committee received and discussed a presentation from Barry Main, Head of School, University of Bristol Dental School and James Tubman, Senior School Manager, University of Bristol Dental School.

Summary of main points raised:

1. The key areas covered by the presentation were:

a. The University of Bristol was funded to train dentists and dental hygienists/therapists.

University Hospitals Bristol and Weston NHS Foundation Trust received funding to provide clinical placements.

b. The Bristol Dental School was moving this year to a 'state-of-the-art' clinical facility at Trinity Quay, adjacent to Temple Quarter.

c. As part of the move, the opportunity was being taken to promote primary dental care and to enhance community engagement, widening participation and outreach, and to take research into the community. This aligned with the University of Bristol's wider vision and strategy and sought to recognise the needs of communities.

d. An example of the approach to community engagement was a recent care home pilot launched in February 2023. This had involved 76 dental students working across 10 care homes in delivering oral health training to care home staff. Initial feedback on the pilot from care home staff had been very encouraging. Engagement work had also taken place with the Wellspring Settlement and Bristol Somali Women's Group.

e. The new dental school presented the opportunity to enhance wider employment and training opportunities; this included a range of opportunities through a dental nurse learning programme, aiming to upskill dental nurses in partnership with local practices.

2. The Chair particularly welcomed the community engagement and wider training opportunities that were being taken forward by the dental school.

3. In terms of retention of dental school students once their training had been completed, it was noted that currently approx. 45% of the school's newly qualified dentists were retained in the south-west



region. One option being looked at to encourage retention was the offer of a year's supervised practice where this was feasible.

4. In line with the University of Bristol's wider learning/community strategy, efforts were ongoing to increase the local intake of dental students and widen participation; in the last year, just over 20% of the dental school's intake of students had come through one of the university's widening participation programmes. Most students would undertake foundation training to prepare for work in a dental practice.

5. In terms of actual dental care that would be provided through the new dental hospital, patient recruitment pathways were being finalised. Student dentists would be supervised closely as they carried out treatments and patients needed to be aware that certain dental procedures would take longer to carry out than via the standard dental care route. The training facilities would include an urgent care clinic; there would also be an opportunity for patients to self-refer for assessment and there would not be any geographical limit in terms of accepting patients who were willing to travel.

6. Further to the care home oral health training pilot, the dental school was keen to further develop opportunities for community oral health outreach and engagement.

At the conclusion, of the discussion, the Chair thanked Barry Main and James Tubman for attending for this item.

The Committee **RESOLVED:**

- To note the above update and information.

#### **41 Update - Development of Integrated Care System Strategy**

The Committee received and discussed a report providing an update on the development of a system-wide integrated care strategy for Bristol, North Somerset and South Gloucestershire

Summary of main points raised:

1. The report was presented by Colin Bradbury, Director of Strategy, Partnerships and Population, BNSSG ICB.

Key points highlighted in the presentation of the report included:

a. This report included a summary of the framework setting out the key principles and the overall approach that all partners had signed up to in terms of the development of a BNSSG-wide integrated care strategy; a first draft of the strategy itself, setting out the structure and proposed contents, would be produced by the end of March, with a first full edition to be drafted by the end of June.



b. The strategy was intended to be a 'whole system' iterative document, that would be regularly refreshed; it would be essential that the strategy was owned by all partners.

c. Through the strategy, the aim was to prioritise a small number of key issues to focus on, using the whole system's resources to deliver outcomes, with a starting assumption that the locality partnerships would be the key delivery vehicle for this work. Taking into account work on the development of the strategy, both in terms of public/stakeholder engagement and quantitative analysis of the health and care needs of the BNSSG population, a shortlist had been developed. This would support a prioritisation process that was currently being finalised. A draft shortlist of priorities was listed in Appendix 3, although it was important to note that some of these priorities overlapped in practice.

2. It was suggested that it would be useful to include more emphasis through the strategy on health service workforce challenges. It would be important to address these challenges through the strategy, including staff retention.

3. In terms of the draft priorities set out in Appendix 3, it was noted that there was potential to 'cluster' some related/overlapping priority areas in terms of taking forward key actions – for example, there were links between the priorities around preventing type 2 diabetes/ coronary heart disease and promoting healthy weight, including the encouragement of participation in sport.

4. Cllr Holland stressed the importance of partner organisations reflecting the key principles underpinning the integrated care strategy within their own strategies, for example the commitment to tackling health inequalities. In taking forward the strategy, it would also be important to avoid duplication and to integrate actions to complement and dovetail in with activity that was already being progressed by partners.

The Committee **RESOLVED:**

- To note the above update and information.

At the conclusion, of the discussion, the Chair thanked Colin Bradbury for attending for this item.

The Committee **RESOLVED:**

- To note the report and the above update and information.

## **42 Update - Supporting children's healthy weight - a whole systems approach**

The Committee received and discussed a report providing an update on the 'whole systems' approach to healthy weight and supporting healthy weight environments becoming the norm across all Bristol's communities and settings.

Summary of main points raised:





1. The report was presented by Jo Williams, Consultant: Healthy Children & Families and Grace Davies, Principal Public Health Specialist.

Key points/issues highlighted in the presentation of the report included:

a. An update on interventions for preventing obesity in children, including the BeeZee bodies in Bristol initiative.

b. An update on school nurse and multi-agency training.

c. Plans for tier-2 healthy weight services 2023-25, including behavioural health weight support programmes.

d. An update on the One City Food Equality Strategy launched in June 2022, and on the action plan which was in development.

2. In response to questions, officers outlined further detail of the actions being taken and planned on improving diet, recognising that this was a city issue which the Council was tackling with partners. Certain issues though, such as controlling the amount of salt and saturated fats in food purchased from supermarkets, were macro-issues requiring national intervention.

3. It was noted that there were significant long-term issues to address in terms of health inequalities. 65% of adults living in the 10% most deprived areas in the city had excess weight, significantly above the city average of 46%; this compared to 38% of adults living in the 10% least deprived areas. The BeeZee programme (healthy weight services and insight work) had been targeted on the south Bristol, inner central/east Bristol and Southmead areas of the city.

At the conclusion, of the discussion, the Chair thanked Jo Williams and Grace Davies for attending for this item.

The Committee **RESOLVED:**

- To note the report and the above update and information.

### 43 Work Programme

The Committee noted the latest work programme update.

There was a discussion about whether the committee should seek to investigate the issue raised during the public forum about the impact of the change in autism assessment criteria made recently by Sirona Care and Health. It was noted that this issue had also been raised at the Health and Wellbeing Board and that local authority lead members serving on the BNSSG Integrated Care Partnership were also calling for a meeting to discuss this matter further. Health Scrutiny members would be kept informed of the position.





At the conclusion of the meeting, the Chair thanked all attendees for their participation at this meeting.

Meeting ended at 6.35 pm

**CHAIR** \_\_\_\_\_

