

Minutes

EXTERNAL SERVICES SELECT COMMITTEE



20 July 2021

HILLINGDON
LONDON

Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge

Committee Members Present:

Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Simon Arnold, Darran Davies, Heena Makwana, Peter Money (Opposition Lead) and June Nelson

Also Present:

Richard Ellis, Joint Lead Borough Director, Hillingdon Clinical Commissioning Group (HCCG)

Carol McLoughlin, CYP Dental Steering Group Chairman, NWL CCG

Caroline Morison, Managing Director, Hillingdon Health and Care Partners

Shikha Sharma, Consultant in Public Health, Public Health - London Borough of Hillingdon

Other Members Present:

Councillor Nicola Brightman

LBH Officers Present:

Nikki O'Halloran (Democratic Services Manager)

11.	APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS <i>(Agenda Item 1)</i> There were no apologies for absence.
12.	DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING <i>(Agenda Item 2)</i> There were no declarations of interest in items coming before this meeting.
13.	EXCLUSION OF PRESS AND PUBLIC <i>(Agenda Item 3)</i> RESOLVED: That all items of business be considered in public.
14.	MINUTES OF THE PREVIOUS MEETING - 16 JUNE 2021 <i>(Agenda Item 4)</i> RESOLVED: That the minutes of the meeting held on 16 June 2021 be agreed as a correct record.
15.	CHILDREN'S DENTAL SERVICES <i>(Agenda Item 5)</i> The Chairman welcomed those present to the meeting. <u>Children & Young People Dental Steering Group (CYPDSG)</u> Ms Carol McLoughlin, Chairman of the CYPDSG, advised that the Group had been set up in 2019 with three aims:

1. To roll out the supervised brushing programme in ten schools that had been identified in areas of deprivation where there had also been high levels of dental caries (tooth decay) in children. This had been funded by NHS England but had stalled at the start of the pandemic. However, the oral health promoter had continued to work with schools during this period to encourage schools' participation once the initiative restarted. As a result, eight schools would be implementing the scheme in September 2021;
2. That the Brushing for Life programme be delivered by health visitors and in Early Years Centres and Children's Centres. This initiative had seen the distribution of toothbrush packs to those children who didn't have toothbrushes (either because their parents could not afford them or because they did not see it as a priority). If parents were not seeing tooth brushing as a priority, it was suggested that this might be an indicator that they were also neglecting other areas such as the intake of milk and fruit/vegetables. The Children's Centres had worked with parents on weaning and giving out messages; and
3. To improve access to dental services / practices as part of the supervised brushing initiative. It was noted that supervised brushing after meals was already undertaken in some nurseries on their own initiative and Members queried whether this could be encouraged in all nurseries. Although Ms McLoughlin advised that this would come down to funding, it was argued that this could be part of the service that was being paid for by parents.

The CYPDSG had brought together a range of partners to achieve these aims which had included a GP and links to Primary Care Networks (PCNs).

Hillingdon Health and Care Partners (HHCP)

Ms Caroline Morison, Managing Director of HHCP, advised that HHCP's interest in this issue was in relation to the prevention of ill health / disease and the integration of services. She recognised that the good work that had been undertaken before the pandemic needed to be maximised and that this would be helped by the improvements that had been seen in working relationships, particularly in relation to children and young people's (CYP) services.

Members were advised that integrated working in Hillingdon had initially focussed on older people's services. As programmes had developed, it had become increasingly important to extend this to children and young people's services. To this end, more tangible discussions were being undertaken to include dental services in developments to make every contact count. The CYP Transformation Board had also been looking at the messages that needed to be distributed through schools when the new academic year started in September 2021.

Staying Well had been a pan-London pilot that had been funded by NHS England. In Hillingdon, three dental practices had signed up to the pilot and had been involved with schools that had been geographically close to them. This involvement had been focussed engagement and had included families being invited to visit the practices and check-ups being undertaken whilst there.

Ms Shikha Sharma, Consultant in Public Health at the Council, advised that dentists were usually very busy so dealing with schools as well would be a mammoth undertaking within existing resources. However, many of them recognised that, if they did not go upstream with preventative / early action in some areas, they could be dealing with much more serious issues at a later date.

In 2015, a project had been undertaken with five dental practices in the Borough to

address the fact that Hillingdon had one of the worst rates of dental caries in children in England. Although this did not use any of the participating practices' UDAs, money had been provided by NHSE from unused UDAs.

North West London Clinical Commissioning Group (NWL CCG)

Mr Richard Ellis, Joint Borough Lead Director Hillingdon at NWL CCG, advised that the health responsibility for children's dentistry had been spread across numerous agencies so consideration needed to be given to how this could become more integrated. NWL CCG's interest in the issue was in relation to prevention but also in relation to surgery. Mr Ellis noted that there had recently been a push on the waiting lists for children's surgery. Hillingdon Hospital had had an intensive paediatric surgery week this week as there were currently 99 children on the inpatient surgery waiting list. Being able to tap into expertise elsewhere in London was also helpful in ensuring that local children had access to top quality services.

The Chairman noted that there appeared to be four levels of activity which affected children's oral health, which could be illustrated in a triangle. *Healthy living* (effective brushing, diet, etc) would be situated at the wide base of the triangle, and was seen as the foundation of good oral health. Above that were *dentists* who provided ongoing care and advice to patients. Then came *active interventions* such as fluoride varnishing and supervised brushing and at the top of the triangle sat *emergency interventions* such as surgery. Interventions aimed at the lower end of this triangle would prevent the need for the potentially more traumatic and costly interventions at the top of the triangle. Ms Sharma noted that approximately one third of children in the Borough would fall into the top half of the triangle.

It was queried whether expectant parents were routinely provided with information about the free dental services that were available to expectant mothers (up until the baby turned one year old) and the children or about the importance of taking up this offer. As such, it was suggested that action be taken to include this sort of information in the red book that was provided to new parents. A mother and baby app was also available in NWL to new mothers which provided information targeted at early years.

Concern was expressed about the stories of residents being unable to get an appointment with a dentist for their children (or themselves). As dentists had a public health responsibility, it was suggested that an initiative be introduced whereby dentists committed to never turning away a child of primary school age. To support this, it was suggested that any units of dental activity (UDAs) which were unused locally be redistributed for use on other dental health interventions in the Borough such as this initiative or fluoride varnishing rather than returning to NHS England and being absorbed in general budgets.

It was recognised that dental contracts needed to be updated as they did not currently work particularly well. If UDAs were not used, they were lost from the provision of dental services in the Borough. As such, it was suggested that NHSE be asked to carry any unused UDAs in the Borough into the subsequent financial year and that this funding then be used to support other oral health related interventions. Mr Ellis noted that the distribution of UDAs used to be broken down into two or three batch releases so that their use could be reviewed during the year. It was agreed that Mr Ellis and Ms McLoughlin would liaise with NHSE to progress this suggestion. They would also establish whether consideration could be given by NHSE to specifying a split in the UDAs allocated towards adults and children's treatment to enable monitoring to be undertaken.

Rather than targeting schools in the areas where the highest level of dental caries existed, it was queried whether this could be refined further so that only those children in these schools who actually needed intervention were treated (as there would likely be a large number who did not need any additional support).

It was noted that often, seemingly small rewards would entice participation in initiatives and improve public health outcomes. As such, it was suggested that low cost incentives be introduced that might help residents on limited budgets. Ms McLoughlin advised that the oral health promoter had been sending out tooth brushing packs in the Borough and had run a number of competitions to engage with parents and their children. Recently there had been a competition to draw a picture of a healthy family meal with a glow in the dark toothbrush as the prize. It was suggested that the pink disclosing tablets could also be distributed to help identify the effectiveness of a child's brushing habits.

A character called Aggie the Alien had been created to help children in the Borough to identify with specific issues. Aggie had been incorporated into a video that had been produced by two trainee GPs in 2020 that was now available. Ms Morrison noted that having messages from GPs and dentists was powerful but that consideration also needed to be given to the messages conveyed within communities and targeting these more proactively.

Members noted that the mechanisms to convey information were already in place for other health interventions, so messages about dental health just needed to be dropped into these tracks. Ms Morison advised that all of the different agencies wanted to set residents up for a healthy life and that the most effective approaches for information and messaging needed to be identified as a single approach would not suffice for such a huge issue.

Ms Morison advised that the most comprehensive single source of simple information on dental services / health would be found on the NHS Choices website.

Whatever interventions were undertaken in relation to children's oral health, it would be important to monitor their effectiveness and to establish a focussed and sustained approach which covered the wider population. The child population in Hillingdon increased by approximately 4,000 each year. As such, standalone interventions would not be useful in the long term as there were always new parents and children that needed to be brought up to speed on how best to care for their teeth.

From the discussion that had taken place so far, a number of areas for possible recommendations had arisen:

1. That sugar tax funding be used for dental health as well as obesity/physical health;
2. That information and brushing kits be provided for maternity patients in the "red book" / on maternity the ward;
3. That an agreement be reached that no dentist turned away any child of primary school age or less;
4. That any unused UDAs in the Borough be collected back in and carried forward to the next year and redistributed towards local dental action programmes / initiatives such as fluoride varnishing in schools;
5. That additional training be available to health professionals such as health visitors, school nurses, etc, to help them promote good oral health;
6. That action be taken now to introduce water fluoridation across London;
7. That the Families, Health and Wellbeing Select Committee receive annual

- updates from Public Health on the performance of the community dental service in Hillingdon;
8. That supervised brushing be introduced in all nurseries (as well as Children's Centres) in Hillingdon; and
 9. That the Health and Wellbeing Board oversee a comprehensive communication and education plan and monitor the effectiveness of interventions.

Members agreed that the monitoring aspect of any recommendations would be very important. Mr Ellis advised that acting more collaboratively would be beneficial. To this end, discussions had recently been undertaken regarding the opportunity to promote one initiative whilst advising residents about another (for example, encouraging the take up of cervical smear tests whilst being advised about Covid vaccinations). Pregnant women would be targeted in the autumn to encourage them to get their flu vaccination and consideration would be given to working with key groups to include information about the dental services that were available to pregnant women and their children and emphasising that these services were free.

RESOLVED: That:

1. **Mr Ellis and Ms McLoughlin liaise with NHSE to discuss the possibility of diverting unused UDAs in the Borough to alternative children's dental health initiatives locally; and**
2. **the discussion be noted.**

16. DEVELOPMENTS IN ADULT PHLEBOTOMY PROVISION IN HILLINGDON (Agenda Item 6)

Mr Richard Ellis, Joint Borough Lead Director Hillingdon at North West London Clinical Commissioning Group (NWL CCG), advised that phlebotomy was the taking of blood samples for testing and was a basic part of healthcare. Each week, approximately 3,000-4,000 blood samples were drawn in Hillingdon. Traditionally, this service had been based at Hillingdon Hospital and Mount Vernon Hospital but the pandemic had highlighted issues with the service in relation to cramped conditions, long waits and PPE, and the safety of the service had come under scrutiny.

Covid had highlighted opportunities to change the service delivery to better suit patients. As such, NWL CCG had looked to move to a practice based service which would be in line with how most of the rest of NWL offered the service. This had been rolled out across Hillingdon between August 2020 and January 2021 and every practice in the Borough was now offering a phlebotomy service. Mount Vernon Hospital was still providing specialist appointments.

Now that the changes to service delivery had been implemented, the impact and effectiveness needed to be monitored (for example, waiting times for an appointment, volume of patients being seen at each practice, sufficient capacity for the age and condition of patients, etc). It was agreed that the Committee receive an update on these issues at its meeting on 7 October 2021 with a pre and post Covid comparison of figures.

Patients had immediately welcomed the changes that had been made. However, it was recognised that there were some challenges with regard to some patients preferring a walk in service and high levels of demand for appointments in some areas. Concern was expressed that some surgeries were only offering phlebotomy appointments before midday to enable samples to be collected for testing and results made available the same day. Mr Ellis advised that some practices were doing

morning only appointments but that others were offering appointments in the afternoon and early evening. This was all part of the current learning and conversations would need to be had with the practices so that the right level of resources could be put in place. It was suggested that patients should be able to get a phlebotomy appointment in another surgery in the Borough if there was no capacity in their local practice.

NWL CCG was looking at the best way to resource the new service delivery. This was likely to mean the transfer some of the phlebotomy funding from The Hillingdon Hospitals NHS Foundation Trust (THH) to primary care. This would also mean that costings would need to be established for the collection of samples from 45 GP practices rather than a single point of contact. Consideration would also need to be given to the need for urgency on some tests.

Members were assured that the staff that drew blood at the GP surgeries were trained phlebotomists. Some had previously worked at Hillingdon Hospital.

It was suggested that consideration be given to including phlebotomy as a community service. For example, the service would be combined with things like vitamin B12 injections, blood pressure checks and routine observations to provide a more joined up service to patients. This would have the added benefit of treating the patients in a more familiar, comfortable and relaxing environment and therefore provide a better result (possibly making it easier to find a vein and leave less bruising on the entry site). Mr Ellis noted that there was already a service like this provided for housebound patients and those in care homes and consideration would need to be given to extending it further.

RESOLVED: That:

1. **Mr Ellis provide an update on the impact and effectiveness of the phlebotomy service changes to the meeting on 7 October 2021; and**
2. **the discussion be noted.**

17. WORK PROGRAMME (Agenda Item 7)

Consideration was given to the Committee's Work Programme. It had been agreed that an update on the effectiveness of the phlebotomy service changes be considered at the meeting on 7 October 2021.

It was noted that Members would be considering crime and disorder in their next meeting on 15 September 2021. In addition to the regular Safer Hillingdon Partnership performance report, they would be looking at the coverage and effectiveness of OWL and Neighbourhood Watch in the Borough. Members asked that a less senior officer from the Safer Neighbourhoods Team be invited to attend the meeting to provide a practical perspective. It was agreed that the issue of police community engagement with schools also be included as part of the discussion at this meeting.

Members requested that a brief update on the Hillingdon Hospital redevelopment be provided at the meeting on 15 September 2021. It was noted that this would be in addition to the meeting that had been scheduled for 27 January 2022 which would look at the redevelopment project.

The draft final report for the Children's Dental Services review would be circulated to Members outside of the meetings and would then be included on the agenda for agreement on 15 September 2021.

	RESOLVED: That the Work Programme, as amended, be agreed.
	The meeting, which commenced at 6.30 pm, closed at 7.50 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

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