

Monmouthshire Select Committee Minutes

Meeting of Public Services Scrutiny Committee held at Council Chamber, County Hall, The Rhadyr USK on Monday, 10th February, 2025 at 10.00 am

Councillors Present

County Councillors: Steven Garratt, Meirion Howells, Penny Jones, Tony Kear, John Crook, Alistair Neill, Louise Brown, Sue Riley, Emma Bryn, Peter Strong, Rachel Buckler, Phil Murphy, Sara Burch and Angela Sandles

Officers in Attendance

Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Sharran Lloyd, LSB Development Manager

1. Apologies for absence

Apologies were received from the Chair, Councillor Armand Watts, Councillor Jill Bond, Councillor Dale Rooke and Councillor Malcolm Lane, who was being substituted by Councillor Louise Brown.

2. Declarations of Interest

Councillor Penny Jones declared a non-prejudicial interest as an independent member of the Aneurin Bevan University Health Board. Councillor Alistair Neill also declared a non-prejudicial interest as he works for NHS Wales.

3. Public Open Forum

No public present.

4. Dentistry: Q & A session with the Aneurin Bevan University Health Board

Lloyd Hambridge (ABUHB) provided an update to the committee on dentistry, focussing in particular on the following:

- Organization Overview: Lloyd introduced Health Education and Improvement Wales, emphasizing their role in developing the future workforce for the health sector.
- Dental Strategic Workforce Plan: He discussed the collaborative effort in creating the Dental Strategic Workforce Plan, involving health boards, dental professionals, and other stakeholders. This plan aligns with the government's policy direction for health and social care in Wales.
- Focus Areas: He explained the plan primarily focuses on general dental services but also highlights the wider dental workforce, including community dental services.

- Sustainable Solutions: Lloyd mentioned the aim to provide sustainable solutions for the dental workforce in Wales, making NHS terms and conditions attractive for dental practitioners and developing community networks called dental collaboratives.
- Primary Care Academy: He also mentioned the Primary Care Academy's role in developing and maintaining the workforce, including dental teams.

Lloyd subsequently answered Members' questions together with Rachel Prangle (ABUHB).

Key Questions raised by Members:

- An update on dentistry for children and those on low incomes was requested and whether the waiting times were improving.

Lloyd provided detailed statistics on the number of children seen by dental services, mentioning that 77,000 children had been seen since April 2024, with a total of 94,000 in the previous year. He also discussed the Design to Smile program, which includes tooth brushing and fluoride varnish activities in schools, focusing on deprived areas. Specific services are also provided for vulnerable groups, including children in special schools, adults with learning disabilities, and those affected by substance misuse.

- An update was sought on the countrywide health of the population.

Lloyd explained that a population needs assessment is being conducted to support service delivery, including dental services. He offered to share more detailed information and links to the relevant data.

- In view of population increase, with newly qualified dentists being mostly female, expecting that some will leave for maternity leave and return to work part-time, what specific steps are being taken to address declining workforce to ensure long-term retention and job satisfaction for dentists?

Lloyd advised that Health Education and Improvement Wales, in collaboration with health boards, dental professionals, and other stakeholders have developed the Dental Strategic Workforce Plan. The plan aims to provide sustainable solutions for the future of the dental workforce in Wales, focusing on general dental services and the wider dental workforce, including community dental services. He advised that efforts are being made to make NHS terms and conditions attractive to dental practitioners, considering the competition from private dentistry and that community networks called dental collaboratives are being developed to support practitioners. He also advised that the Primary Care Academy within Aneurin Bevan University Health Board is working to develop and maintain the dental workforce, addressing the needs of dental teams.

- In terms of the new health centre at Osbaston, are you considering putting a dental service in there?

Lloyd advised that currently, there are no plans to include a dental facility in the new medical centre due to space constraints and the existing dental provision in the area.

However, future opportunities for additional services will be considered as the development progresses.

- You referred to Monmouthshire having 9 dental now but 10 previously in minutes – have we lost a contract?

Lloyd clarified that there were originally 12 NHS General Dental Service contracts held at 11 sites. Due to contract resignations, the number of contracts is now 9, provided out of 9 sites. The services for affected patients were recommissioned with existing providers.

- With reference to the initiative to treat children on Saturdays, which would avoid taking children out of school and benefit parents, can you update us, as a local dentist has expressed frustration with having to renegotiate their contract to implement this initiative.

Lloyd mentioned that more details would be needed to address this specific contract issue, as it depended on whether additional capacity was being requested or if the provision was being moved from another part of the week.

- Has there been any liaison between the Council and ABUHB regarding the Replacement Local Development Plan, in terms of the potential increase in the number of patients due to additional housing?

Lloyd confirmed that the health board had not been approached by Monmouthshire County Council regarding the local development plan, however, the health board had provided a response to the consultation, emphasising the need to address health inequalities, the impact of the climate emergency, and the importance of Section 106 agreements for funding premises and services.

- If future housing developments are to provide 50% of affordable housing, could this suggest residents may be more vulnerable and do you foresee an increase in demand as a result of that?

Lloyd acknowledged that higher levels of deprivation typically correlate with increased demand for NHS care. He explained that the health board uses the Welsh Index of Multiple Deprivation (WIMD) to assess population health needs and plan services accordingly. They will continue to monitor the impact of the 50% affordable housing policy and ensure that services meet the total population demand. Representations will be made to Welsh Government to secure adequate funding to support the growing population and ensure the necessary workforce is available to provide these services.

- In terms of the brushing initiative, you talked about 10 out of 12 schools having accepted. Are there reasons why 2 didn't accept? What training goes on with teachers in relation to this? Given pressures on school finances, do you perceive any reduction in this initiative?

Lloyd explained that the Community Dental Service supplies all equipment and consumables for the brushing initiative, so there should be no financial burden on

schools. The high uptake is due to effective partnership with teaching staff and the provision of necessary resources. No schools have indicated that financial pressures would constrain their ability to participate in the program. The reasons for non-participation by some settings are often related to the consenting process with staff and parents.

- A member asked for an update on the impact of the closure of the dental contract at Travon Way Clinic in Monmouth, which affected 59 people.

Lloyd explained that Travon Way Clinic in Monmouth had two NHS contracts, but due to unexpected workforce challenges, they terminated the additional contract while retaining the original one. The affected patients were transferred to Seven Dental in Chepstow, and no significant concerns have been raised by these patients.

- Inquires were made about the health board's approach to succession planning for NHS dentistry, particularly in light of the closure of the Gilwern GP practice, and whether there are plans to mitigate potential retirements in the future.

Lloyd mentioned that the health board is actively working on succession planning through their primary care academy, which includes developing a heat map to identify high-risk areas based on workforce age and other factors. Despite recent contract resignations not being related to retirements, they are planning for future workforce needs and ensuring services meet the growing population demand.

- Concerns were expressed about the eastern part of the health board area feeling neglected, citing the need to travel to distant locations for COVID vaccinations. He asked for assurance that there is a focus on ensuring that the eastern part of the county is not neglected in terms of dental services.

Lloyd apologised for any perception of neglect and explained that services are matched to demand, often prioritising areas with higher levels of need and deprivation. He assured that the Neighbourhood Care Network (NCN) is actively working to provide equitable services across Monmouthshire and will look into the vaccination service distribution to ensure better accessibility.

- How do you receive feedback from the community to improve services?

Lloyd confirmed that he receives a monthly report of all engagement sessions across the health board, including high-level feedback on various NHS services. While most feedback pertains to GP surgeries and community pharmacies, dental concerns are also addressed. He mentioned that the contract reform program aims to shift from a standardized approach to a needs-based approach, ensuring that the right patients are seen at the right frequency. This change is communicated through engagement events and a broader communication strategy.

- Questions were asked about the provisions for maternity leave to ensure adequate cover in dental practices.

Lloyd confirmed that dentists have access to NHS terms and conditions for maternity leave, which is a benefit not typically available in private dentistry.

- Clarification was sought as to whether there is an industry standard, similar to the GP practice standard of one full-time GP per 2000 patients for dentistry.

Lloyd explained that while there is no nationally agreed benchmark for clinical sessions per patient population in dentistry, local benchmarks ensure that dental practices have the workforce to deliver against their contracts. Lloyd explained that the local benchmark is one clinical session for every 200 patients within a month. This means that for a practice with 2000 patients, they would expect to provide 10 clinical sessions per month. He reinforced that this is a local benchmark and not a national standard.

- Members asked how the health board would address potential gaps in funding for GP and dental services due to the priority given to 50% affordable housing in the revised local development plan.

Lloyd advised that the health board relies on Section 106 agreements for funding related to new housing developments. However, the provision of services must come from the fixed funding allocated to the health board, which is adjusted based on population size.

- Concern was expressed about the NHS principle of universal care and asked if all school children should be entitled to prevention programs, rather than just targeting low-income and deprived areas.

Lloyd stated that the Designed to Smile program is a national initiative focused on areas of greatest deprivation due to limited resources. Ideally, if more funding were available, the program could be expanded to all school children.

- Is fluoride varnish a game changer, and how long does it last before needing reapplication?

Lloyd advised fluoride varnish is applied twice a year, lasting about six months per application.

- Are we monitoring the impact of the withdrawal of Gilwern dental services on the affected individuals?

Lloyd confirmed that the impact of the withdrawal of dental services in Gilwern is being monitored, which includes tracking patient transitions to new providers and gathering community feedback through engagement sessions.

- Do we have information on the percentage of the population receiving no dental care and how it breaks down demographically? Do we have information about those receiving private dental care?

Lloyd responded that there is no current data on the percentage of the population receiving no dental care or the demographics of such individuals. The upcoming dental access portal aims to provide this information. Information on private dental care is not available due to the nature of private services not being required to share data with the NHS.

- Given the links between poor oral hygiene and chronic diseases, what more can be done to revolutionise dental healthcare?

Lloyd agreed on the need for a revolution in dental healthcare, saying the shift towards a needs-based approach in the contractual reform program is a step in this direction. He welcomed closer collaboration with local authorities to enhance dental hygiene initiatives, including school programs and community engagement.

- Is there any potential for collaboration with councillors to promote dental care?

Lloyd welcomed the idea of councillors helping to distribute dental care information to the community.

- Concerns were expressed about the growing population in Magor and the insufficient NHS dental care services available. The member highlighted the challenges faced by residents, especially the elderly, due to poor public transport when asked to travel to Chepstow for dental services, the member inquiring about potential solutions, including the possibility of opening a new NHS dental surgery at the Caldicot Health Centre to better serve the local community.
- Concerns were also expressed concern about the focus on providing dental services in areas where people are least likely to afford private care, questioning if this approach undermines the NHS principle of equality of service. The member questioned whether this potentially created a two-tier service, where those who can afford private care receive better or faster treatment.

Lloyd emphasised the aim to provide NHS services to the entire population, focusing on areas with the greatest need to ensure accessibility and timely care. He clarified that the location of services is based on population demand and deprivation levels, not on the ability to afford private care. He acknowledged the challenges posed by limited resources and the current structure of NHS dentistry, which includes some patient payments. Lloyd noted that these issues are broader than the health board and involve Welsh Government policies and contract implementation. He also mentioned ongoing reforms to the NHS dental contract aimed at better meeting population needs and moving away from the 2006 regulation model, so that patients would be signposted to the appropriate services, even if not locally available.

- What are your main concerns/challenges?

Lloyd highlighted the primary challenges in providing dental services, which include meeting the demand of the population with limited resources such as workforce, funding, and suitable facilities. He emphasised the importance of progressing towards

needs-based provision and focusing on preventative care to reduce the need for treatments in the long term.

Chair's Summary:

The Chair thanked Lloyd and Rachel for their patience and for answering the questions comprehensively. She highlighted the Committee had been reassured of the following:

- Dental Strategic Workforce Plan: There is an ongoing plan with a succession strategy to make working in Wales more attractive for dental professionals.
- Dental Access Portal: The portal is set to launch on February 12th, aiming to improve access to dental services.
- Vulnerable and Cared-for Children: The "Designed to Smile" program is being rolled out in areas of deprivation and need, ensuring that vulnerable children are not forgotten.
- Gwenan Biff Program: This program works in care homes to look after the elderly and vulnerable, providing dental care and training staff.

The Chair expressed reassurance that despite the challenges, the initiatives and programs in place are indicating that dentistry is progressing positively and is in safe hands.

5. Minutes of the previous meeting held on 14th October 2024

The minutes were approved as a true and accurate record.

6. Public Services Scrutiny Committee forward work programme and Action List

Work Programme Discussion Summary:

- Police and Crime Commissioner: Efforts are being made to secure a date for discussing police resources for the county. This might require a special meeting due to scheduling difficulties.
- Health Board Topics: There is an extensive list of topics for discussion with the Aneurin Bevan University Health Board. Some topics might be covered via briefing papers, while others, like adult mental health and dementia services, may require special meetings.
- Together Work Service in Caldicot: Members were advised that Councillor Bond had requested an urgent special meeting to discuss the closure of this service. The committee agreed to give further consideration to this request and canvas the views of committee members on whether to organise a special meeting.
- Flood Risk: This topic was regarded more pertinent to the Place Scrutiny Committee, but members of this committee will be invited to attend when it is discussed.
- Vaccination Services: Concerns were raised about the availability of vaccination services in certain areas, suggesting the need for a more consistent approach. This would be raised with the health board via the updates already requested.

The discussion highlighted the need for flexibility in scheduling special meetings when necessary.

7. Council and Cabinet work planner

Noted.

8. To note the date and time of the next meeting

7th April 2025 at 10.00am