

## **Health Scrutiny Panel – Meeting held on Thursday, 18th September, 2008.**

**Present:-** Councillors A S Dhaliwal (Chair), Chohan, P Choudhry, Dhillon, Matloob, Pantelic, Plimmer and Shine.

**Also present under Rule 30:** Councillor Small.

**Also present:-** Marian Basra, Dental Performance Manager, Berkshire East NHS Primary Care Trust, Andrew Burgess, (Berkshire Healthcare NHS Foundation Trust), Nasreen Bhatti and Viki Wadd, Berkshire East PCT, and Jane Wood, (Strategic Director, Community and Wellbeing).

**Apologies for Absence:-** Councillor Dodds.

### **PART I**

#### **12. Declarations of Interest**

None.

#### **13. Election of Vice-Chair**

**Resolved -** That Councillor Plimmer be elected Vice-Chair of the Panel for the 2008/09 municipal year.

#### **14. Minutes**

The minutes of the last meeting of the Panel held on 30<sup>th</sup> June, 2008 were approved as a correct record.

#### **15. Presentation by PCT - Dentistry in Slough**

Marion Basra, Dental Performance Manager, Berkshire East NHS Primary Care Trust gave a presentation on dentistry in Slough.

Members noted that a new general and personal dental services contract had been introduced in April, 2006 and the PCT had a local commissioning role. Details of the new contract and patient charges were discussed together with details of the dental access centres and the out-of-hours service. There were now three patient charge bands, Band 1 covered checkups, Band 2 covered fillings and work such as root canal treatment and Band 3 covered work such as bridges and crowns.

There were 15 dental practices in the Slough/Langley area and two practices for children only. It was noted that three of these were training practices. Members were advised that patients were no longer registered with a practice but registered for a course of treatment.

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The Community Dental Service provided screening of children attending maintained schools and specialist care of children and adults with special needs which could not be undertaken by a general dental practitioner. Dental Access Centres provided urgent services to patients who were registered with a Berkshire East GP. The out-of-hours service was provided in partnership with the East Berkshire Primary Care out-of-hours service and the Smile Dentist Practice in Slough. Members were advised that there were two Orthodontic Practices in Slough.

Members raised a number of questions/concerns relating to dentistry in Slough as follows:-

- If a patient had not seen a dentist for six years, would he have to reregister with a dental practice? The Performance Manager advised that the individual would not be deemed to be a patient under the new contract and would therefore have to register – also he would not have been registered under the old contract system if he had not attended for more than 18 months.
- A Member asked what the time span was for urgent treatment and it was explained that any urgent treatment would be completed there and then – if there was a need to return to the dentist then there would be a separate charge for treatment.
- A Member queried the patient charges and produced a list of alternative charges which he had obtained from the NHS website. It was explained that the charges he referred to were out of date and the current charges being £16.20 for Band 1, £44.60 for Band 2 and £198 for Band 3, came into effect from 1<sup>st</sup> April, 2008.
- In response to a question on how dentists differentiated between private and NHS courses of treatment, it was explained that dentists were obliged within their contract to deliver a certain number of units of NHS treatment. It was in the interest of dentists to provide this agreed level of NHS treatment otherwise the PCT could take legal action. It was also explained that a dentist could not use private patients to fill his NHS quota.
- With regard to patient charges a Member stated that constituents had approached him with the concern that sometimes their dentist charged more than the initial amount they were told the treatment would be. The Performance Manager advised that in the case of Band 2 or Band 3 treatments the dentist should provide the patient with a treatment plan to sign before carrying out the treatment. If the treatment was a mixture of NHS or private then the individual charges should be shown.
- A Member asked what the charges were for individuals who received benefits or had limited income. It was explained that an individual would not have to pay for treatment if he met certain criteria such as receiving income support, or income based job seeker's allowance. If a patient did

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not meet the stipulated criteria for free NHS dental treatment then a fee would be charged.

- A Member asked what the maximum charge was for treatment and it was explained that this was £198 (for a Band 3 course of treatment).
- In relation to charging, a Member asked who dental patients should complain to if they felt that the charge levied was incorrect. It was explained that each practice should have a complaints procedure in-house; if the complaint could not be resolved in this way then the Patient Advice and Liaison Services (PALS) in Slough should be contacted.
- With regard to prevention of dental disease, a Member was concerned that there was little being done in this area and asked whether hygienist treatment was available under the NHS. He was advised that dentists would perform a scale and polish as part of the Band 1 treatment but if further hygiene work was needed this was not available under the NHS and the patient would need to see a specialist oral hygienist for treatment.
- A Member asked under what circumstances a dentist could refuse treatment and was advised a dentist could refuse treatment if the individual was not a regular patient and they had completed their contract. In this situation the person should contact the PALS service to obtain treatment elsewhere.
- With regard to NHS quotas, A Member asked whether a dentist could refuse NHS patients if he had fulfilled his quota for example in the first six months of the year. The Performance Manager advised that this was not the case because the dentist would have a clause in his contract requiring him to fulfil his NHS quota equally over the period of the year.
- A Member referred to the NHS dentistry in England, Information for Patient leaflet and asked why the telephone contact numbers shown were 0845 numbers. He was concerned that these numbers were expensive for the public to use. He was advised that this was a leaflet for national circulation therefore local numbers could not be shown.

(The meeting adjourned at 7.12 p.m. and reconvened at 7.30 p.m.)

- A Member asked in what circumstances someone could register with a dentist when they were not registered in the Berkshire East PCT area with a GP. It was explained that in general a person could register if they lived outside the Slough area but they could only access the DAC and out-of-hours service if they were registered in the Berkshire East PCT area.
- A Member was unhappy that under the new contract no reminder was sent to the individual. It was explained that prior to the new contract coming into force a person was obliged to visit his practice at least every 18 months but under the new contract a person did not have to attend every six months if he had good oral health. A dentist could now tailor his recall

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appointments to meet the needs of patients within his practice. It was noted that a dentist was not breaking his contract if he did not send out a recall letter to patients.

Members were advised that the Dentistry Complaints Manager, Graham Theobald could be contacted on 01753 636846 and the Dental Performance Manager Marion Basra could be contacted on 01753 635697.

**Resolved** – That the Panel expresses its thanks to Ms Basra for her comprehensive presentation.

### **16. Health Scrutiny Development - Support from Centre for Public Scrutiny**

The Scrutiny Officer advised that there would be an opportunity for a session at the end of the year with the Centre for Public Scrutiny and Members were asked to provide suitable topics for discussion. It was suggested that the subject of health inequalities be considered for discussion.

**Resolved** - That Members forward ideas for discussion to Sunita Sharma.

### **17. Forward Agenda Plan**

Members noted the forward Work Programme and items were agreed as follows:

#### **23 October 2008:**

- New Mental Health Act Provisions
- Housing and Mental Health Report
- Presentation on Dementia-Key findings/implications for Slough (S Rose)
- Invitation be sent to Alzheimer's Society to attend
- LINKS update
- Annual health Check? (PCT)

#### **11 December 2008:**

- Cardiovascular disease prevention (PCT)
- Diabetes Commissioning Strategy
- Slough Health Activist and Health Trainer Programme (PCT)

### **18. Date of Next Meeting**

The date of the next meeting on Thursday, 23<sup>rd</sup> October, 2008 was noted.

### **19. Older People's Care Home Reprovision - Outcome of Option Appraisal and Consultation**

The Strategic Director, Community and Wellbeing, outlined a report setting out the outcome of the options appraisal and consultations on the reprovision

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proposals for residential and nursing care services for older people in Slough. It was noted that the report would be presented to Cabinet on 24<sup>th</sup> September, 2008 when the Cabinet would decide which Council run residential care homes would be closed. Residents of the residential homes chosen for closure would then receive services within the newly commissioned dual registered home currently being built at Wexham, provided by the Council's Strategic Partner, Care UK.

The Director discussed the various related reports that had been considered by Cabinet over the last five years. Care home buildings were no longer fit for use and Wexham and Longcroft Homes had high maintenance costs and did not provide modern standards that were required. It was recognised that the increase in the demand for services could not be met by the current buildings. A new residential and nursing care facility was currently being built and was on target for completion in April, 2009. The service had been designed for 120 beds providing general and specialist care services such as interim and EMH care and a higher volume of nursing care provision than was currently available. The Director advised that regulations prohibited the Council from running nursing homes therefore when a person required nursing care it was necessary to transfer the person to nursing home accommodation supplied by the private or voluntary sector. In the new dual service a resident would be able to move from the residential care to nursing care provided that a vacancy existed. Members were advised that the option appraisal had confirmed that Slough needed more nursing home capacity and specialist residential care and less general residential care capacity. More older people were now supported to live in their homes for longer and the needs of people over 85 years of age had become greater. There was a growing need for people who required varying levels of dementia care. Newbeech was the only residential care home in Slough providing high dependency residential services, intermediate care and EMH residential. The imbalance in the market was already impacting on service availability and an average of 15 people were waiting for nursing care at July, 2008 and there was an increasing demand for interim and intermediate care beds.

The re-provision of the two care homes had also been supplemented by two extra care housing schemes located at Northampton Avenue (providing 56 flats) and Wexham (providing 70 flats). Members noted the current provision for 143 short and long term residential care beds provided at Longcroft, Wexham, Gurney and Newbeech.

The Director discussed the option appraisal setting out a strategic, financial and environmental and asset management fit. Consultation with residents, relatives and staff had taken place in August, 2008 and it was evident that the uncertainty around the decision on the options was having an unsettling effect on those consulted and needed to be urgently addressed.

The Director recommended that all the homes should be closed in the passage of time as they were replaced stage by stage. There was a need to ensure that two homes closed by July, 2009 and between the present time and April, 2009 all residents would be prepared and moved to the dual

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residential home in stages. In the 18 months following July, 2009 arrangements would be made to close the third home and Gurney House should be assessed to make sure that it provided a specialist residential service.

It was noted that staff had been consulted and they would be TUPED to the new care provider – it was essential that good staff were retained and that there was continuity for residents.

Members raised the following issues in the subsequent debate:-

- A Member asked how many beds were available at Longcroft and Wexham homes and the relevant running costs. The Director advised there were 30 beds each but did not have details of the running costs to hand.
- A Member stated that he was under the impression that Newbeech would have to be demolished because the rooms were too small- he asked what had now changed. The Director advised that when the Care Standards Act came into force most of the rooms did not meet the standards required in terms of room sizes and the availability of en-suite bathrooms etc. There had been a slackening of the enforcement of these rules where there was an existing service at present but this situation could change in future. She also commented that in some cases old buildings were not fit for purpose and this would be the case regardless of how much money was spent on them.

**Resolved-** That the Panel:

- (a) Notes the current and future demand for residential and nursing home services.
- (b) Notes the options to re-provide existing services presented in this report to achieve the best strategic 'fit' and which are best fit for the future.
- (c) Notes the shortfalls and constraints of the existing service configuration and the outcomes of consultation with key stakeholders.
- (d) Notes the capital and revenue implications regarding the re-provision options.

## 20. Exclusion of the Press and Public

It was recommended that the press and public be excluded from the remainder of the meeting as the item to be considered contained exempt information relating to the financial or business affairs of the Authority as defined in paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972.

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**Resolved** - That the press and public be excluded.

### PART II

(The following is a summary of the matter considered in Part II of the meeting).

#### 21. Older People's Care Home Re provision - Outcome of Option Appraisal and Consultation

The Panel considered details of confidential information in support of the Part I agenda item on Older People's Care Home Re provision, setting out various market values, valuations and costs in respect of Longcroft, Newbeech House, Gurney House and Wexham House.

Members raised a number of questions as follows:

- A Member asked how the transition to the new service would be implemented. The Director advised that Phase 1 would be completed in July 2009 and at that point the properties would be passed back to the Corporate Centre of the Council.
- A Member asked what proportion of the valuations would be from S106 contributions. The Deputy Borough Solicitor advised that such monies were ring fenced and proposals in the Planning Bill meant that money would no longer come to the Local Authority, apart from education contributions. The exact figure could be obtained from the Valuer.
- A Member queried the ongoing costs during the transition period. The Director advised that the table of values included all costs and in subsequent years the calculation included a 13 week transition cost. It was noted that the asset costs did not include security costs for the empty buildings.
- A Member asked at what date the valuations were carried out and was advised that these were done 3 weeks earlier in the August market.

**Resolved** - That the report be noted.

Chair

(Note: The Meeting opened at 6.30 p.m. and closed at 8.50 p.m.)