Minutes of the Board Meeting

Date / Time: 12th May 2021, 2.00pm

Venue: Virtual meeting via Zoom

Present: Chair: Val Moore. Directors: Jonathan Wells, Nik Patten, Saqib Rehman, Nadia Emmony, Paul Jobling, Ellie Addison, Philippa Brice and Chelsia Lake
Guarantor: Clive Morton and CEO: Sandie Smith

Minute taker: Carole Rose

Introduction and apologies

1. The Chair welcomed everyone to our Board Meeting held in public via zoom.
2. Apologies received from Victor Lucas, Margaret Robinson and Susan Mahmoud.

Experience Report

3. Our report summarises what people are telling us about their experiences of accessing NHS dentistry. The chair welcomed Tom Norfolk (Joint Chair of the Local Dental Network, East of England) and Jess Bendon (Senior Dental Contract Manager, NHS England and NHS Improvement) and thanked them for attending and contributing to discussions.
4. SS introduced the report which highlights the difficulties people are having accessing NHS dental care. Access to dentistry has been poor in Peterborough for some time but the difficulties are now throughout the whole of our area.
5. CL referred to the Board meeting in January and asked if the proportion of enquiries from young people has increased as this figure was particularly low in January. JMcN responded that the number is now a little higher although seems to be from people on behalf of their children rather than directly from younger people themselves although people don't always disclose their age, so it is difficult to gather these figures. The calls regarding dentistry are from people of all ages. JMcN stated that due to the fortnightly meeting JB and TN are aware of the situation and we are hopeful that the dental transformation strategy will address this.
6. VM commented that it is something not often considered i.e. disruption to education if there is pain, or a teenager's confidence if worried about appearance so this is a highly sensitive issue for young people as well and we shouldn't forget the impacts on that group.
7. PJ was involved in the emergency dental service in 1993 when they introduced a 24hour commitment, so he asked if dentists still have this commitment. TN updated the Board that this changed in 2006 and since then dentists are obliged to provide care to patients according to certain criteria which is in their contract and normally 9-5 Monday to Friday. They are also only obliged to provide care for patients who are in the middle of a course of treatment. In 2006 there was a new dental contract which is still current, this contract removed patients' registration so the 38 million patients who were registered with a dentist in the same way as with their GP ended in 2006. The obligation to look after each patient only applies

during the course of treatment and for the guarantee period afterwards i.e. if it falls out or if a similar problem occurs within 2 months.

8. VM introduced Jess Bendon to update the Board.

JB thanked the Board for inviting them and confirmed that they have regular contact with JMcN and all the other Healthwatch in the region when they meet to discuss progress with dental access issues. She is aware that historically the north of the County has been the problem area which they are looking to address but Coronavirus has exacerbated the situation across the country. To recap, dentistry was closed completely for all care in March 2020 and restarted in June. Progress to opening has been slow to allow for risk assessments around infection control and aerosol generating procedures (AGP) which create a lot of spray. Dentists have to take a lot of care regarding their own safety and that of the patients but this has had an effect on the through-put of patients.

The current position is that dental practices that deliver an NHS contract are expected to deliver a minimum of 60% of that contract. This allows time for non AGP work, allowing droplets to settle and thoroughly cleaning between patients. A practice seeing 20-30 patients previously can now only see 7-10 so this has had a big impact.

Urgent dental care centres were set up and they are working with the director of dental services and 111 to ensure that people who need help but don't have a regular dentist, can access care as soon as possible depending on their needs. Dental care practices have been asked to keep at least one urgent care timeslot free every day for patients in need to increase and support the centres if urgent dental care is needed.

Access to routine care is greatly reduced, they are working with practices to try and improve this but prioritise those people who need urgent care.

TN added that from a clinical point of view a dentist is within a foot of the patient who has no mask on, risk to the dentist is the over-riding factor as they are at high risk most likely to catch Covid (after anaesthetists). Another difficulty is aerosols i.e. any procedure where a drill is needed because water is necessary to keep it cool, water particles create an aerosol and the virus sticks to the droplets so anybody in the room has a high chance of breathing these in. The droplets must settle to enable proper cleaning between patients.

VM asked if the volume of work has been reduced within private practice. TN responded that yes all dental practices have the same risks and the same procedures in place as laid down by the Chief Dental Officer. Private practice volume is normally lower than NHS so the reduction has been less noticeable.

JB introduced the NHSEI East of England Dental Transformation Strategy 2020-22. Though Covid systems have had to be set up quickly, this provided an opportunity to see how the review by Prof Jimmy Steele in 2011 could be taken forward. The strategy has been developed to look at what they want to do for patients across the region –

- Improve access to dental services.
- address regional inequalities in oral health and inequity of access across the life course.
- address the impact of rurality on workforce and patient access.
- prevention-based care pathways

- development of local clusters of dental providers, working in a hub and spoke system and broadly aligned to GP models of Primary Care Network (PCN) areas, will work collaboratively to meet the needs of local communities.
- flex as COVID-19 continues to challenge delivery and access to care.
- address the reduction in throughput of patients due to COVID-19.

The aim is to develop cluster models, each area to cluster together different providers previously working in silos, to work collaboratively with the patient at the centre so they should be referred once and support will be available through the cluster group. They hope to flex the current contract to allow different ways of working to develop.

A large part of the new strategy is to develop a new dental workforce and skill mix of practices, so the cluster model is about peer support and upskilling. It is an evolving process but here are the overarching delivery objectives:

- clinically led service model to deliver equitable access
- assessing and addressing local oral health needs to reduce health inequalities
- hub and spoke dental service clusters broadly aligned to PCNs & partnering with wider healthcare systems
- developing the dental workforce and delivering skill mix models of care to support equity of access and upskilling of Level 1 dentists
- engaging with patients and the public by informing and consulting

Plus some additional objectives:

- IT solutions, data collection and analysis
- evaluation
- antimicrobial guardianship
- freedom to speak up guardianship
- sustainability and the green agenda

There are benefits to dental practices as they move away from UDAs to a dental service that measures patient outcomes linked to patient need. They aim to flex 10% of the contract and there is a suite of programmes that they would like providers to deliver. They hope to roll out urgent dental care, stabilisation and prevention shortly. During the pandemic it has seemed to become more prevalent and concerning for people who are not regular attenders needing urgent care and not being able to access it. The dental service is trying to provide a balance between those that have routine care and those who don't, but also making an effort to care for patients who may be harder to reach or are more vulnerable.

Another priority is young people and children, some will fit in the high needs category of urgent care but they envisage that the strategy will improve the pathways for these vulnerable patients. TN stressed that the new strategy puts patient access to urgent care and prevention at the forefront. JB confirmed that they are looking for universal access for all patients, not just those who are regularly attending.

They hope to make firmer links into primary care - GP services around health checks and diabetes and are trying to adapt a whole system approach for the patient. The starting point is about urgent dental care and they will be approaching practices in small groups, this will not be rolled out all at the same time. The aim is to change how dentistry is delivered and to support the universal care to patients.

VM commented that it is good to know that there is a strategy underway and asked if we had missed a consultation opportunity? JB responded that because there is not a change to the contract and this strategy is within the bounds of the current contract, it is more about working with the dentists to change how they deliver it. They work closely with Healthwatch so they are aware of the long-standing concern about access and acknowledge that there is a need to do something about it.

VM invited any questions from the Board.
JW acknowledged that there are challenges that can feel overwhelming when talking about access to dentistry so he asked if they have access to a number of simple metrics that they can use to inform whether they are heading in the right direction e.g. do they record the number of times people are contacting a surgery and being turned away, so is there a dataset baseline to work from?
TN responded that no this is not something that is logged so is one of the unknowns, there are various sources of information and they are working with the University of Essex and London University regarding data collection to start analysing, so there is a whole project being set up for this. The difficulty is that patients can call 111 and be sent to different practices, or search websites or call directly, if none can help the dental service doesn't know. During the pandemic they have set up urgent care centres and one of the things they learnt from this was that when patients come via 111 through a defined route using their algorithms the patient can then be signposted to an urgent dental centre but they don't know if the patient attends or not so what they are trialling is an email from 111 into the triage system and the urgent dental centre so that they can send a reminder and keep in touch with the patient. This will give the necessary data as they aim to signpost everyone through 111 for people who need dental care but are not regular attenders but the methodology is not quite in place yet.
JW thanked TN and asked if each practice kept records that they could send to the commissioning team about the balance between urgent and routine visits. TN acknowledged that this is a good point and there is a team now working towards recording the data, so academics are looking at it and working with other areas across the world to see how this can be improved.
PB commented that apart from urgent care and preventative care in the strategy what else is there. TN explained that there is routine care and advanced dental care so dentistry at different levels, a patient in pain is a priority, they aim to deliver the most effective and cost effective care to most people but a small number of people need the most complex expensive care e.g. molar route canal treatment or large bridgework.
Prevention is important in educating people to care for their teeth and gums themselves, there is no point in the dentist doing advanced treatment if the patient is still eating sugar and having fizzy drinks so for those patients the education pathway is the right way before advanced treatment.
NE commented that although we have talked about urgent care the majority of people just want routine so she asked how they are going to be managing this. JB responded that since 2006 registration at a dental practice no longer exists so the obligation of the dentist is just to see the patient through a course of treatment so in terms of the contract there is no registration.

It is hoped that through the change of contract, the strategy and procurement access will improve. NE responded that although there is no registration people who have a dentist do get reminders and routine check-ups. TN explained that although registration as a patient ended in 2006, practices do have lists of patients, people who have seen them previously and are on their books. Most will send out reminders depending on risk, some patients are on 3 monthly recall up to 2 years for those deemed at least risk of disease or dental problems, ideally the practice will have extra space, usually 3-7% capacity.
TN acknowledges that some areas have had these capacity issues for longer and this due to difficulties of recruiting in some areas, particularly rural areas. The closer to London the practice is the more applicants will apply, in the north of the county they may not get any applicants for a vacancy. To address this issue they are looking at the workforce and how they better utilise the skills mix as well as upskilling dental nurses and hygienists to train a wider group.
PJ asked if people looking for a dentist in the short-term who are not in pain, should they be signposted to 111? JB responded that yes this would be the best course of action or to NHS.UK website. Urgent dental care can also be through 111 or a referral to local practice as they should be keeping urgent care slots open.
VM thanked JB and TN for their really useful input which has reconfirmed the difficulties they are facing but it's heartening to see the strategy of action and the elements throughout that along with the importance of prevention.

Declarations of interest

9. There were none declared relating to the agenda.

Minutes of the previous meeting

10. The minutes of meeting on 10th March 2021 were approved.

Action log

11. All actions completed.

Chair's report

12. VM introduced her report which sets out the public activities and external meetings carried out by the Chair since the last Board meeting.
13. She noted that the Covid emergency response and everything connected with it is still ongoing as can be seen by the meetings that the Chair, CEO and other senior managers in the team attend.
14. Integrated Care System is now part of our language, so VM asked that the glossary on the agenda page is updated to include this.
15. VM thanked the Directors and team members for the continued work on the groups, particularly; SM at the Peterborough City Council Health Scrutiny Group and EA on taking up the Urgent and Emergency Care Quality Assurance work.
16. VM advised that we have had a response from the CCG about our concern and letter around ReSPECT which is the Recommended Emergency Summary Plan for Care and

Treatment. VM was pleased to advise that there is now a task group that is moving this work forward. The Comms team have pulled a lot of information together which will be released on the website shortly to keep the public informed from all the feedback that we have had regarding this matter.

Action: CR to update Agenda glossary to include ICS

The Board noted the Chair's report.

Chief Executive's report

17. SS introduced her CEO report which includes a summary of the year's achievements and activities.
18. SS introduced Sarah Stones, our HR adviser, who has been working with us with team motivation during Covid. Sarah completed a workshop with the team about working at home and keeping well at the beginning of the pandemic and then recently she has undertaken a motivational mapping exercise with each member of the team. Sarah has shared the findings with us at a team meeting and there has been a lot of positive feedback from everyone involved.

Sarah recapped on the project covering the importance of motivation and well-being. She acknowledged what we have been doing through our mental health champions to support the team and she has been amazed by the results from the profiling the whole team completed which looks at what motivates us rather than our personalities. This was completed in February and March 2021 when most people were struggling with the extended lockdown. Sarah demonstrated that when employees feel supported and motivated they are:

- More likely to believe that they can bounce back from setbacks quickly.
- More likely to believe they can continue to be productive in uncertain times.

The first session was focussed on what we could all do every day to support ourselves then in February the survey gave results showing that 75% of our staff feel very supported and have done throughout the pandemic.
Sarah told of how the CEO, managers and mental health champions have been involved in providing daily chat times, and fun activities online including a summer fete, bingo, secret santa and a pantomime. This has all assisted in creating a positive feel for staff who choose whether to be involved or not.
From the one to one meetings that Sarah conducted with each member of staff she has been able to see that even if staff did not choose to be involved on a daily basis they have known it's available and have dropped in when they wished or needed to.
Sarah explained how motivation has a huge impact on performance and achievement and in an old 'normal' world this would on average be around 65% in a typical organisation but what she has found great to see from this work was how our team has an overall motivation figure of 75% which she says is astounding and a real credit to the organisation. Sarah explained the benefits of the high level of motivation and commented that we have seen this demonstrated through the fun we have and how engaged the team is in the process.

Sarah shared the feedback responses from after the motivational mapping exercise and the majority of staff had found it to be really useful. The slides showed that staff felt they had benefitted for themselves, their team and for the customers of Healthwatch.
VM stated that one of the primary purposes of the Board is to be assured that the CEO has the health, wellbeing and motivation of the staff as a prime focus so this update has been highly relevant, VM thanked Sarah for her input to the meeting and they are reassured that we are doing well.
CL commented that it was really nice to see the results and to see all the comments that the team had made, the fact that this activity has made staff realise some things is really positive.

19. SS resumed her report and went through some highlights:
20. The annual report is in production and AR has circulated a plan to everybody showing the different sections and the timescale for the Board to be able to see a draft version. Plans for the AGM are in hand.
21. Now that the restrictions around purdah pre-election period are over several reports will be published, including the report around our Autism workshop and the report around the A&E standards consultation that we did for NHS England. The latter will be tied to the national publication of the consultation findings. We have been informed that this is likely to be mid May.
22. SS took the report as read and drew attention to specific graphs. The social media engagement graph shows the cumulative number of engagements which is very high and the graph showing experiences demonstrates the result of the social media increases particularly in March '21 when there was a huge increase of experience both with and without the signposting aspect that we have logged and responded to.
23. SS demonstrated comparisons between activities in year 19/20 and 20/21 how we are adapting the way that we collect experiences and how we are using social media, the websites and online engagement in an effective way.
24. SS advised that the Business Development Programme Group has a more detailed update of the projects at their meeting but the table in the CEOs report shows all the projects that are ongoing or are now being finalised. SS confirmed that we have a date for the Gypsy Roma Traveller project to start in September. We await further detail on the Experts by Experience contract.
25. VM commented that it is great to report just up to the end of March because it does enable the Board to see the graphs at the fruition of the year which is always of interest.
26. JW commented how good our information is regarding what we actually do, including the numbers, there is a lot of intelligence in the report. The attendance numbers at the Health and Care forums and also the Partnership Boards look very healthy which may be to do with these being online, so it looks very good but it also shows that meeting online has its positives - this is possibly a debate that is going on across many organisations including Healthwatch. JW also noted that the amount of signposting that we did last year was double the previous year. It is great we have been able to help so many people but this also reflects the level of difficulty experienced by the public trying to find out what is going on with services.

27. PB added that it has been helpful to see the information presented in this way and particularly stripping out the Covid engagement from the other engagement so effectively. It is an astonishing achievement that the team has maintained the engagement throughout the whole year whilst working from home.
28. SS thanked PB and commented that this is down to a great team that has really embraced the technology to be able to do this and have not been afraid to try these events online. The team have been really resilient, as Sarah indicated, everyone is willing to try new things and changing our websites was very well timed, as these are much easier to use for feeding back.
29. SS updated the Board re next year's workplan which had been agreed at the previous meeting and said that she is now working with senior managers to put together a format for reporting. July's meeting will receive the quarter 1 update.
30. VM invited questions from the public. SWB wished to return to the Chairs report and commented that she is very pleased to see the work being done on ReSPECT as she is currently in the middle of these conversations with two members of her family so she is pleased to see how the new group is starting to consider support for carers and families to have these very difficult conversations. She offered her support and to share her experiences if this would help on a confidential basis. SS thanked SWB and is pleased to say that we have built a great relationship with our local hospices as well. She has had a meeting with the CEO of Arthur Rank which is pertinent as it is 'dying matters' week and AR is working on a news story to promote the work that is being done around ReSPECT and the new approach.
31. VM commented that she has also noted the tasks that the group have taken on almost stopped short of public dialogue and education so there is still a role for us to push on that as well.

Action: SS will be circulating a consultation that Arthur Rank are doing around the development of their strategy.

The Board noted the Chief Executive's report.

General Purposes Group (GPG) report including Finance

32. NP presented the report, confirming the end of year financial position. We have an underspend on expenditure and have overachieved on income which gives us a surplus for the year of something around £67k. This is in line with the forecast. Financially this has been a good strong year and the GPG has agreed to move the reserves into a separate bank account.
33. NP updated the Board regarding the risk register and there are no new risks.
34. The GPG reviewed three policies, NP asked if the Board were happy to approve these.
35. VM commented that the Health and Safety policy is a brief one partly because we adopt those of our hosts at the offices in Huntingdon and Peterborough.
36. The lone working policy was also reviewed and VM wondered whether any experiences we have had over the past year have caused this to be amended. SS confirmed that there have been some minor wording changes as recommended by Sarah, our HR advisor, who also amended and strengthened the home working policy. The biggest learning point we had was some feedback from our data

protection officer about cyber security while people are working at home and the need for double passwords and keeping data securely.

37. VM thanked the GPG for reviewing the policies. VM also reminded the Board that three of the directors who currently attend the GPG are due to end their term of office at the end of the year so this has been raised as an action for the group. Directors are invited to attend where they can and support this whilst there is a transition of new directors coming in and others changing roles.

The Board noted the end of year financial position, noted the risk register and approved the three policies:

- Health and Safety policy
- Lone working policy
- Home working policy

Any other business

38. No public questions submitted,
39. CM wished to thank SS and all the other contributors from a governance point of view this has been an excellent meeting and great example for going forward. VM responded that is always reassuring to know that we are a functional Board and she hopes that it has been fun as well as functional, she thanked CM for his input.
40. No other points raised at this time.

VM thanked everyone for their contributions and all attendees for joining us.
Meeting closed at 15:36