

SOCIAL AND COMMUNITY OVERVIEW AND SCRUTINY COMMITTEE **29th March 2004**

MINUTES

(18.00 – 20.15)

Present: Councillor Mrs Regan (in the Chair), Councillors Barnes, Coleman, Mrs Driver, Ms Forbes, Mrs Hale, Jones, MacDonald, Morris, Seacome, Smith, Stennett and Wheeler
Messrs Howard, Sygerycz and Moore-Scott.

Also in Attendance: Councillor R Hay – Deputy (Health Wellbeing and Economy)

Apologies: Councillors Mrs Holliday and Mrs Ledoux
Mr Bullingham

1. DECLARATIONS OF INTEREST

Councillor Mrs Hale declared an interest in item 7 as she was employed by Gloucestershire Hospitals NHS Trust. Mr Moore- Scott declared an interest in item 8 as Vice-President of Cheltenham Arts Council, a part-time volunteer at the Art gallery and Museum and an active member of a number of the town's arts and cultural organisations. Councillors Seacome and Mrs Regan declared an interest in item 9 as Chairman and a member of Licensing Committee respectively.

2. MINUTES

RESOLVED that the minutes of the meeting held on 23rd February 2004 be approved as a correct record, subject to the following amendment:-

Page 2, first sentence of the final paragraph – the words 'especially over the weekend' be removed.

3. PUBLIC QUESTIONS

No public questions or petitions had been received.

4. MATTERS REFERRED TO THE COMMITTEE

- (a) By Council - None
- (b) By Cabinet - None
- (c) By Area Committee – None

5. DENTISTRY SERVICES - CHELTENHAM

At the last meeting of the committee, the Chair asked that a report be brought to the next meeting on the provision of dental services in Cheltenham, and in particular the shortage of NHS dental services.

The report of the Group Director (Social and Community) indicated that normally such concerns would be raised through the County-wide Health Overview and Scrutiny Committee

(OSC) on which Councillor Zoe Forbes sits as this council's representative. The issue was already on the work programme for the OSC but was not due to be considered until some time in 2005, following a pilot study in the Dursley area. Under the circumstances Caroline Fowles, Chief Executive of the Cheltenham and Tewkesbury PCT attended the committee meeting to brief members on the current arrangements for the provision of dental services both nationally and locally and to advise of the proposed changes to those arrangements at a local level.

Caroline Fowles circulated a briefing note to members of the committee and provided a presentation. The following key issues were noted:-

- Gloucestershire residents have relatively good oral health and a high level of demand for oral services
- In 1990 a new contract for General Dental Practitioners providing NHS Dental treatment was introduced resulting in the payments received from the NHS being capped. As a result many dentists chose to reduce the number of NHS patients that they treated
- Whilst each individual has a statutory right to be registered with a GP, this does not apply to General Dental Services
- If a dentist wishes to work in an area providing solely private services, he/she is not required to apply to join the Primary Care Trust Dental List and the treatment is therefore not monitored or audited by the PCT. There is no national fee scale for treatment provided privately and each dentist can set his/her own level of charges
- Patients that are not able to register with an NHS dentist can access pain relief and prioritised routine care from the Personal Dental Service (or Dental Access Clinics – St Pauls Medical Centre for Cheltenham)
- Patients can get advice on where to access dental services by phoning the Gloucestershire Dental Helpline on 01452 318 858
- There are currently no practices within the Cheltenham and Tewkesbury PCT area accepting new fee paying NHS patients.

Caroline Fowles explained that a new general dental services contract was going to be introduced from April 2005. This would be based on the General Dental Service budget being devolved to PCTs in 2005. PCTs will act as local commissioners using a base contract to make transition from the current national contract to local commissioning arrangements. She advised that the three PCTs in Gloucestershire were currently working together to prepare a joint implementation plan for introducing the new contract which included developing county and local forums, which enabled the involvement of local stakeholders. The implementation guidance was due to be released by the government during the Autumn 2004. Gloucestershire was also participating in a national change pilot project, and the learning from this will inform implementation of the new contract. Caroline Fowles pointed out that following the results of this pilot the County-wide Health Overview and Scrutiny Committee would also be picking up NHS dentistry as a scrutiny topic.

Caroline Fowles indicated that the three PCTs in Gloucestershire have recognised the difficulties concerning access to NHS Dentistry and have submitted a joint Action Plan to make improvements during 2004/05 to the Department of Health. This included a bid for £875,000 with a further commitment to £400, 000 to support the recurring costs.

Members were very concerned about current access to dentistry for those people who were on fixed or low incomes, particularly in view of the wide ranging fee scales for treatment provided in the private sector. Caroline Fowles shared these concerns and advised that the implementation of the new contract would be informed by the results of the national pilot, the receipt of the guidance in the Autumn and local consultation in November/December 2004. She indicated that current payments to General Dental Practitioners providing NHS dental treatment were not considered adequate by dentists, resulting in the reduction in the number of NHS patients treated since 1990. She hoped that if payments to NHS dentists could be

increased through the new contract it would encourage more NHS involvement and the charges for treatment could therefore be structured by PCTs. In the meantime, she advised that patients who were unable to register with a NHS dentist should 'shop around' in the private sector as the PCT had no control on the charges.

Members raised a number of further points and questions:-

- what was currently being done by the PCTs to increase access to NHS Dentistry in Gloucestershire?
- statistical information on experience of decay would be more useful if it could be provided at Ward level (new Wards). Any data available on links between deprivation and oral health would also be informative and also the shift pattern since 1990.
- greater publicity - more information on access to NHS, range of fees and general dental advice should be made available to the public. Suggestions from Members included NHS Dentistry information on the Council's website, publicity through 'the Clarion' the Council's newspaper and local libraries.
- concerns were raised regarding disability access to NHS dentistry
- it was acknowledged that statutory rights to GP services did not apply to General Dental Services, however could the PCT insist that dentists spend some time in NHS.
- would the new scheme include orthodontists?

Caroline Fowles provided the following responses in respect of the above and other queries:-

- indicated that the lack of NHS dentistry was a national problem and currently difficult to respond to at a local level, the three PCTs were trying a variety of methods to recruit NHS dentists and provide administration support. Retention was also problem, The PCTs offered a reasonable enhanced salary but unfortunately many trainees used NHS for the experience but then moved on. The PCTs had also submitted a bid for additional government funding to improve access.
- the statistical information was not currently available at Ward level, and the PCT does not hold any information relating to treatment provided by dentists privately. Cheltenham residents enjoyed better than average oral health.
- welcomed the publicity ideas from Members, particularly a web link to the PCT website. She confirmed that information was currently provided through NHS publications available at GP surgeries and the website.
- it was general practice within the primary care trust to undertake a disability audit in line with the Discrimination Disability Act.
- The PCT held no control over private sector dentists, since 1990 the majority of dentists had moved out of the NHS for more favourable remuneration – the difference had now drifted beyond one step change.
- the new contract will include orthodontists under certain parameters

In closing the debate, Caroline Fowles reminded Members that the County wide Health Overview and Scrutiny Committee was a statutory consultative body for NHS issues and representations regarding access to NHS dentistry should be made through this group.

The Chairman thanked Caroline Fowles for attending the meeting at the request of the Committee and for providing a very informative presentation. She asked that any outstanding questions and/or further information in the future be fed back through Councillor Zoe Forbes.

RESOLVED that the committee raises any concerns which it may have about dental services in Cheltenham through Councillor Forbes as the council's representative on the County-wide Health Overview and Scrutiny Committee

5. COUNTY COUNCIL'S HEALTH OVERVIEW AND SCRUTINY COMMITTEE – FEEDBACK

As the Council's representative on the Health Overview and Scrutiny Committee (OSC), Councillor Forbes presented this report which updated Members on the work of the OSC and its workplan for the next two years which was attached as Appendix A of the report. She advised Members that the timescale in respect of Topic 5 Out of Hours provision had been brought forward and Topic 2 Consultation on Child Health and Maternity Service had been put back slightly.

Councillor Forbes explained that at the last meeting each district member of the OSC had been tasked with making an effort to promote the agenda and set up a system through which the OSC should consult with the public at a district level. For this reason and because health related issues were part of the remit of the Social and Community Overview and Scrutiny Committee she felt it was important to draw the workplan to the Committees attention. She advised that the OSC was also looking for a substitute representative for each of the district members.

A number of members were concerned as to the real influence the Health OSC could have on the NHS health agenda.

Councillor Forbes explained that the OSC was a statutory consultative body and responsible for representing the views/interests of the community on a number of NHS priority issues. She indicated that it was part of a network of consultative bodies, one of which was the patient forum and whilst the OSC was still finding its feet she felt it would have some good influencing powers. The Group Director (Social and Community) considered the OSC to be an influencing body rather than a controlling body.

The Chairman referred to Topic 3 Health damaging behaviour in young people on page 4. She informed the Committee of a government funded body that had been set up to provide help and advice to 13 – 19 year olds, called 'Connexions'. She indicated however that the office was only open from 11.00 am until 2.00 pm, which was during school hours. She explained that Connexions had been offered the use of the youth pod within Warden Hill at no cost but they had declined due to staffing resources. Councillor Forbes agreed to pass this information on to the relevant sub group looking at this topic.

The Group Director (Social and Community) advised that an enormous amount of research was required to support the OSC and the County Council had requested that the Districts provide a certain amount of money, but most were reluctant to do so in view of their inability to support their own O & S Committees. The subject of supporting the OSC had been debated recently by the LGA Gloucestershire branch and a suggestion was made that part of the additional income from Council Tax on 2nd Homes could be used.

In response to a question from the Chairman regarding Topic 5 Out of hours Provision, Councillor Forbes agreed to check the progress with the relevant subgroup and report back.

Councillor Smith suggested an additional item for the OSC work plan relating to health services for men, to encourage them to take ownership of their own health particularly in the 18 – 25 age range. In respect of Topic 7 Drug/Substance Abuse – What mental health support is available, he also suggested linkage with the sentencing outcomes of the magistrates' court as they needed to be tied in with the healthcare outcomes.

Councillor Forbes agreed to feedback all suggestions and comments to the OSC and report back on the progress of the County-wide group at regular intervals.

RESOLVED that the Committee notes the report.

6. ARTS DEVELOPMENT STRATEGY

In introducing this report the Arts Development Officer reminded the Committee that at its meeting on 27th November 2003 it had established a small time-limited working group consisting of Councillors Mrs Driver, Jones, Seacome and Mr Moore-Scott to work with officers to produce a draft arts development strategy for presentation to Cabinet. The Arts Development Officer thanked the working group for their contribution and indicated that the following research had also been undertaken to inform the arts development strategy and action plan:

- one-on-one interviews with individuals and organisations and extensive desk research. A full list of all consulted was contained in Appendix B1 and B2 of the strategy
- report produced by consultants on options for the allocation of the capital receipt to be received from the sale of the Axiom Centre
- views of residents through the Viewpoint questionnaire, views of young people through MAD Young People's Council and MASSIVE
- pilot projects in the form of five arts workshops for children and family groups

The Arts Development Officer briefly went through each section of the arts development strategy for Cheltenham 2004/5 to 2006/7 which was attached to the report. He explained that the priorities and action plan within the strategy built upon Cheltenham's well deserved reputation as a cultural centre and represented the council's commitment to arts development.

Members raised the following points and comments:-

- what does the strategy mean to the ordinary people who do not go to the Everyman or the Art Gallery and Museum, how do we reach them? Is the strategy too narrowly focussed?
- there was a lack of links with business communities for example how local businesses could get involved through sponsorship or borrowing public art
- no reasonable price structure regarding festivals, theatre etc, how could we try to encompass all people when many were not in a position to afford these prices
- was the cinema considered part of the brief for arts and culture facilities?
- would the potential arts facilities to be researched as part of the 'virtual arts centre' be compliant with the Disability Discrimination Act
- did the Council have any control over access and programming of the Bacon Theatre at Dean Close School? The school received lottery funding (public money) therefore should the public not have access?

In response the Arts Development Officer:-

- outlined a number of initiatives already happening to take the arts out to the areas of significant deprivation where the residents made little use of the arts and cultural facilities on offer in the centre of the town. Mr Moore- Scott added that there were also a

number of outreach activities going on through various independent groups however he suggested it was a slow process and unfortunately there was no magical formula. The strategy was not just about access but also creating an environment in which arts in their own right could flourish. Members suggested that more use of primary and secondary schools should be made to facilitate outreach.

- Explained that ticket prices were primarily based on the artist' fees. Mr Moore-Scott commented that the rates of hire of the Town Hall and Pitville Pump Room were also high, beyond the reach of many arts practitioners
- confirmed that the Arts Council of England did not consider the cinema to be art. However he was personally fond of the cinema and considered it to be an art form of the 20th century. He was aware that Cheltenham was bringing in film and digital media for people to learn how to make films. The Playhouse also had plans to host a small 'arts cinema'.
- stated that access to arts and cultural facilities would be regardless of race, religion, age, disability etc. Some public buildings would not have disability access, however the council will ensure that for any art provision it funds, the access will be compliant with DDA. Councillor Barnes pointed out that the National Star Centre College, Ullenwood provided disabled arts for both artists and audiences and Cheltenham Connections Concerts for the disabled and their carers were held at the Town Hall four times a year
- informed the Committee that the Bacon Theatre was run by Dean Close Enterprises which was a private company and the Council had no control over access etc. However, the Council did attempt to influence programming through discussions with the company to promote performing arts facilities generally.

Councillor Smith suggested that the Arts Development Officer contacted the recently opened 'Centaur' conference centre at the racecourse to find out what their strategy was and whether there was potential for joint working. He asked that a briefing note be produced for Members. The Deputy (Health, Wellbeing and Economy) suggested that rather than duplicating the work the Arts Development Officer should speak to the Assistant Director (Information Communication Technology) who had already entered into discussions with Centaur. She also thanked the Committee for their input and the hard work of the Arts Development Officer in pulling the strategy together.

Councillor Smith asked for some measurable outputs to be included in the action plan, for example targets, performance indicators or formalised outcomes so the Council would be able to monitor its achievements.

The Committee considered the sale of the Axiom to be a fundamental pillar to the arts strategy as the Council had agreed that the capital receipts generated from the sale would be ring fenced to support the development of art and culture in the town. The Committee asked whether the Axiom had yet been sold and if it had, for details of the financial information relating to this transaction. In response the Group Director (Social and Community) advised that the financial details relating to the sale which was proceeding, were not in the remit of the Social and Community Overview and Scrutiny Committee; however he would discuss the matter with his Board colleagues and brief members of the outcome accordingly.

RESOLVED that:-

- i) the Committee agrees the arts development strategy and action plan as presented in Appendix A of the report**
- ii) the arts development strategy and action plan are reviewed and updated on an annual basis**

5. PROBITY IN LICENSING

In introducing the draft probity guide in respect of the Licensing Committee, the Assistant Director (Public Protection) explained that the guide was based on a similar document already used by the Planning Committee. The guide basically laid down the rules by which the Licensing Committee operated to ensure that all license applicants got a fair hearing at Committee. It built on existing good practice and in effect formalised many aspects of what already happened in the licensing process.

The Assistant Director (Public Protection) pointed out that where legal challenges had been made to Licensing Committee decisions, none had related to the application process or involved the probity of Members or officers. He indicated that Licensing Committee proceedings at Cheltenham were held in very high regard by visiting senior advocates who attended the hearings. However, with the introduction of the Licensing Act 2003 it was felt that the time was now right to formalise what was expected of the Licensing Committee and re-enforce public confidence in the process. The Assistant Director (Public Protection) explained that the Standards Committee had endorsed the probity guide at its meeting held on 13th February and had recommended its adoption by Council subject to consultation with this Committee and Licensing Committee.

The Assistant Director (Public Protection) provided the following responses to Members questions:-

- the Act required the Council to establish a Licensing Committee of ten to fifteen members which would have extensive delegated powers including the ability to establish sub committees and to determine officer delegation. Council had agreed that there would be fifteen Members of this Council's Licensing Committee, however the terms of reference and size of the sub committees were the subject of further regulations and statutory guidance due to be released by the government. There was still no indication of fees.
- membership on Planning Committee and Licensing Committee was interchangeable (members were allowed to sit on both Committees)
- each committee report will include a clear recommendation from officers
- there was a licensing appeals process
- it was hoped that under the new licensing system applications would not be granted unless planning permission had first been obtained. This was not, however, the case but there was a general expectation that a planning application would precede a licensing application. Members commented that it seemed pointless obtaining planning permission if subsequently the applicant was unable to obtain a license.

The Assistant Director (Public Protection) agreed to seek further advice on suggestions from members concerning time-limits for representations, and potential limits to the number of Planning Committee members serving on the Licensing Committee.

RESOLVED that the draft probity guide be referred to Council for adoption in line with the recommendations of Standards Committee

9. DATE OF NEXT MEETING – 10th May 2004

COUNCILLOR MRS A REGAN
Chairman