

Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board

23 November 2023

-: Present :-

Councillor Johns (Chairwoman)

Councillors Long, Tolchard and Barbara Lewis

(Also in attendance: Councillors Joyce, Chris Lewis, Maddison and Tranter)

14. Apologies

An apology for absence was received from Amanda Moss, Chair of the Voluntary Sector Network.

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Sub-Board had been amended to include Councillor Barbara Lewis in place of Councillor Twelves and Councillor Tolchard in place of Councillor Bryant. The Conservative vacancy for the Sub Board had not been filled for this meeting.

15. Minutes

The minutes of the meeting of the Sub-Board held on 12 October 2023 were confirmed as a correct record and signed by the Chairwoman.

16. Torbay update - Where are we now in the local context?

Mark Richards, Public Health Specialist, Torbay Council, explained that dental commissioning had recently been transferred to the Integrated Care Board (ICB). This provided a good opportunity for Public Health and Local Authority Teams to work with the ICB to improve access to dental care and collaborative working was already underway to achieve that. The new Peninsula Oral Health Steering Group had been established by Devon and Cornwall ICB's to oversee dental reform work across the peninsula following the transition of dental commissioning functions and all three Devon Local Authorities, including Torbay, were represented. There was a commitment to working with Health Inequality Leads, Local Authority Oral Health Improvement Leads, the Dental Teams and key partners to improve access to oral health improvement advice and interventions for those in greatest need together with increased access to dental services.

Members were informed that there was a lack of take up of the NHS Dental Contract nationally which was why a high number of dental practices were not taking on new NHS patients. In the South West 98% of dental practices were not accepting new NHS patients and as at September 2023, there were 3,656 Torbay residents on the NHS dental waiting list in total, consisting of 3,081 adults and 484 children and young people.

It was recognised that dental care providers were still working through a substantial backlog of work which had resulted from the impact of the Covid-19 pandemic and general population need and this also contributed to the current difficulty in accessing dental care.

The main areas of concern in Torbay were:

- access to NHS dental care;
- wait numbers (which were the highest they have been historically);
- hospital admissions for tooth decay resulting in tooth extractions for the 0-19 years and 18+ age bracket and the impact of dental problems on children and young people; and
- oral cancer registrations and mortality rate.

Members were informed of current and planned oral health improvement projects designed to help tackle these areas of concern which included:

- First Dental Steps which was an initiative delivered by Health Visitors;
- Supervised Toothbrushing Scheme which was delivered by At Home Dental;
- incorporating advice on oral hygiene and dental access into Your Health Torbay (Lifestyles offer) for all triage appointments;
- advice and guidance for Family Hubs, Early Years, 0-19 and Children's Social Worker Teams regarding oral hygiene, registering for a dentist and what to do if in urgent dental need, including a staff training plan and accompanying advice regarding nutrition and hydration;
- toothbrush and toothpaste packs for Family Hubs and looked after children and young people;
- Fluoride Varnishing Programme;
- Open Wide Step Inside – an initiative engaging with schools and Year 2 students to improve oral health and hygiene;
- Homelessness Pathway which provided oral health support to the homeless;
- establishing Oral Health Champions in Care Homes and Domiciliary Care settings; and
- the Community Dentistry initiative which provided routine and emergency dentistry for adults and children with complex needs who find it difficult to access dental services.

Members heard that prevention as well as improvement was important and that the key was to focus on the early years sector and schools and this could be achieved through projects such as supervised brushing, fluoride varnishing, dental first steps, working with family hubs and the Open Wide Step Inside initiative. It was suggested that outreach work in neighbourhoods would also help and that some funding was

being provided by the ICB to help Public Health with initiatives, education and communication around prevention.

The Chair of Healthwatch Torbay explained to Members that since April 2023, Healthwatch in Devon, Plymouth and Torbay had collectively recorded 132 experiences about NHS Dental Services across the three localities and that 109 of those experiences related to access to dental services. Healthwatch Torbay were keen to help in promoting key messages to the public around access to dental services. It was as important to deal with prevention as well as the provision of emergency dental care, recognising the impact of the cost of living crisis, as individuals may have a poorer diet for example and may be reluctant to seek NHS dentistry help as there was also a cost element to that.

17. NHS England and NHS Improvement South West Dental Reform Strategy

Jo Turl, Director of Commissioning, NHS Devon and Matthew Jerreat, a Consultant in Restorative Dentistry and Chair of the Local Dental Network provided Members with an update and presentation.

Members were informed that the commissioning of NHS Dentistry was transferred to ICB's in April 2023 and that approximately 50% of the population were funded for NHS dentistry. The NHS Contract had not been updated in some time and was seen as out of date and not fit for purpose. The issues affecting Torbay were also national issues and the NHS had been trying to make improvements locally for some time now against the back-drop of the existing NHS Dentistry Contract.

It was explained that the NHS Contract was an 'in perpetuity' contract which meant that the contract could not be taken away from dental practices unless they under performed for three years consecutively. Since Covid-19, some dental practices had found it hard to deliver to the expected level under the Contract and the NHS was currently working with those dentists and their teams to find out what they were doing to achieve the contractual level of activity. In reality, a lot of practices had been adversely impacted by the loss of staff and dentists which had led to under performance and therefore workforce was a significant issue in some NHS dental practices being able to deliver against expected levels of performance.

High street dentistry practices were also independent businesses operating under contracts and some were finding it difficult to make the NHS Contract work for them and so offered private dentistry services instead or as well as. It was recognised that, as independent businesses, they were responsible for the cost of employing their own staff and meeting the costs of their own premises.

It was explained that, under the NHS Contract, dental services were commissioned by Units of Dental Activity (UDA) which was a unit used to measure dentistry activity to ensure that the correct amount of patient charges were collected. In the event of an underspend there was a clawback opportunity in the following year only. It was confirmed that there was no ringfenced budget available for dentistry this year.

Currently the performance list indicated that there were enough dentists in Devon to meet demand but a lot of those dentists were doing private work because they could not make the NHS Contract work for them or they had chosen to work in private dentistry. Since dental commissioning had been transferred to ICB's, it had presented an opportunity for the ICB to work with the local dentists to encourage them back into the market of NHS work.

Members were informed that the South West Dental Reform Programme was set up in late 2020 to bring together NHS England Commissioners with key stakeholders with responsibility for oral health in the region. The aim was to inform the strategy for the future of NHS dental services that would contribute to the overall improvement of oral health for people living in the South West. An Oral Health Needs Assessment was completed in February 2021 which highlighted three key areas to prioritise:

- Access;
- Workforce; and
- Oral Health.

The key business objectives for the NHS moving forward were:

- digital dental referrals to improve referrals;
- dental hub which would link with the regional NHS Long Term Workforce Plan to combine training and development for clinicians with access for people;
- paediatric dental review which would cover primary, community and secondary care; and
- stabilisation which provided sessional rates in high street practices to see patients in pain who do not have access to a regular dentist.

Members were informed that the stabilisation programme was underway and that throughout the Covid-19 pandemic there was a focus on urgent dental care and demand for that had increased and continued to increase. There were a number of people who had dental issues which meant that they had to repeatedly access urgent care or people who did not meet the access criteria, but were still in dental pain. The stabilisation pathway provided a solution to this by:

- working with high street dental practices to offer sessions of stabilisation which people could access via 111 or directly via the dental practice; and
- working with Public Health colleagues, high street dental practices and local charities to offer sessions and additional support to those requiring dental care who are in health inequalities groups.

The current focus of the programme related to the Under 18 age group and there were a number of areas of work connected:

- starting well core – where practices commit to working with families and communities to promote oral health, focussing on 0-2 years;
- First Dental Steps – pilot in progress and approval to expand across the South West with Health Visitors providing toothbrushing packs and referring vulnerable children to community dental services;

- supervised toothbrushing – pilot in progress and approval to expand across the South West for 4 to 5 year olds;
- child focussed dental practices – seven across the South West as part of a national pilot to take referrals for children from other practices; and
- welfare checks – working with secondary care to do welfare checks on under 18's waiting for a general anaesthetic to ensure they receive the best care possible.

Members were informed that the objectives of the Devon plan were:

- to restore access rates to pre-pandemic levels;
- to rebase the primary care contract;
- the appointment of a Devon Dental Practice Advisor;
- re-procurement of lost activity;
- Population Health Commissioning (Flexible commissioning);
- to address urgent care;
- to bring forward stabilisation;
- to provide child friendly dental practices;
- to review the waiting list;
- to promote oral health;
- provision of digital; and
- provision of a training hub.

It was explained that the National Team was working with Regional Teams on four main areas and one of those areas was flexible commissioning in respect of stabilisation and child friendly dental practices, for example, which were being used to help health and equality groups.

Although there were enough dentists in Devon to meet demand, there was no current data available which gave an indication as to what proportion of NHS work dentists may be undertaking in their usual working week. The General Dental Council was looking to ask those extra questions in its annual review but it was stressed that the questionnaire was voluntary and so the data collected would be dependent upon how many dentists completed the questionnaire. Currently the ICB was also looking at improving communication around dental access and the possibility of introducing a Dental Charter.

18. Responses to Key Lines of Enquiry and Questions

Key Lines of Enquiry identified:

1. Was there sufficient NHS dentistry capacity in Torbay and what action was being taken to address long waiting lists to access urgent and non-urgent dentistry, especially for children and young people, the elderly or vulnerable patients?

Members were informed that high street dentists were struggling to make the existing NHS Contract work for them, so either took the decision to provide

private dental services or supplement NHS work with private dental work to meet costs. This impacted NHS dentistry capacity to meet demand. NHS England in the South West had been working on flexible commissioning for some time now and examples were the pilots on stabilisation and child friendly practices. It was too early to measure the impact of these projects but the hope was that they would offer the opportunity for dental practices to focus on the patients in most need of dental care and to recruit additional staff, working towards retaining NHS dentists and bringing others into the market. The focus of the pilots at present concentrated on assisting vulnerable groups first as a priority and it was confirmed that the urgent care list had been reduced as a result of stabilisation.

2. Would the ICB consider using the annual claw-back of unspent Torbay specific UDA funding to design and develop innovative solutions to oral health improvement, prevention and access to dental services in Torbay (with Torbay Council and wider partners)? This question also requires:

- (a) explanation of how Units of Dental Activity work;
- (b) budget lines for the last five years showing the amount of money contracted with high street dental practices in Torbay for areas TQ1, 2, 3, 4 and 5, whilst recognising that a percentage of TQ3, 4 and 5 are in the Devon County Council area); total UDA commissioned (number and value) and the amount of money unspent (percentage and amount).

It was explained that under the NHS Contract, dental services were commissioned by Units of Dental Activity (UDA) which was a unit used to measure dentistry activity to ensure that the correct amount of patient charges were collected. In the event of an underspend there was a clawback opportunity in the following year only. It was confirmed that there was no ringfenced budget available for dentistry this year. Additional information regarding budget lines would be circulated to the Sub-Board.

Prior to the meeting, Members of the public had been encouraged, via a press release, to submit questions for consideration by the Sub-Board. The questions were collated into subject headings and responses were provided as follows:

Wait times and numbers

- It was explained that in terms of existing waiting times, figures had come down and that had been helped by the additional funding, but that there was further work to do in revalidating the list which was expected to naturally reduce the current waiting list. ICB had spoken with providers recently and some individuals had been taken off the waiting list as they no longer required assistance;
- There was a mixture of people on the waiting list, some still requiring treatment and some who had decided to go privately and could be removed from the waiting list;
- The waiting list in Devon and Cornwall was historic and was created a few years ago to help patients relocate from one practice to another; and

- There was still backlog to deal with as a result of the Covid-19 pandemic.

Access

- NHS dentistry was currently only funded for approximately 50% of the population;
- The stabilisation work was key to improving access and at present the focus was on high needs individuals in vulnerable groups including looked after children, but it was recognised that getting routine care to those individuals who need it, was also important and best endeavours were being used to find the right balance;
- Anyone could be referred through a secondary care route for urgent dental care; and
- It was hoped that child friendly practices could be a way of encouraging dentists back into the NHS.

ICB Dental Contract

- At present there was a standard rate of UDA but there was some flexibility to vary that rate for specific reasons, for example, a dental practice located in a place that was hard to reach, which resulted in the dentist struggling to make the NHS Contract work coupled with the fact that dental services were generally more expensive to provide in certain locations;
- There was an opportunity to review the UDA rates now to understand what would be sustainable for NHS dentists. Enhancing the rates to meet inequality groups and treat patients could present a way forward in encouraging more dentists to take up NHS work again. Currently, some dentists could not make the NHS Contract work for them and had to take on private work to supplement costs. It was hoped that flexible commissioning could help in terms of attracting more dentists back to NHS work;
- The ICB teams were working with dental providers to understand what the pressures were so that provision of NHS dentistry could be improved and sustained;
- It was hoped that flexible commissioning and incentivising would encourage existing NHS providers to keep their provision and attract new providers to NHS work to also cover an increasing population; and
- The NHS Contract is being looked at nationally and a white paper was due to be put before the House of Commons.

ICB Community Dental Contract

- The ICB was working with community dentists to work out how to increase capacity to meet demand because of the way the Contract was currently funded.

Mouth Cancer screening

- If patients were screened sooner, the treatment was easier to manage and survival rates better, so ideas were being explored as to how access to

screening could be improved. Ideas included utilising different workforces such as nursing, hygiene and oral health workers who might be able to assist and access different environments and flexible commissioning could help with this. Cancer screening 'drop in' centres could also provide support.

Resolved (unanimously):

1. that the Integrated Care Board ("ICB") be requested to continue to provide an annual update to the Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board on improvements in dental access and planned oral health improvement initiatives;
2. that the ICB and Director of Public Health, and Director Adult and Community Services, Torbay Council be requested to explore and deliver joint communications to raise awareness of and promote access to dental provision, how to maintain good oral health and what to do if urgent dental care is required within Torbay;
3. that the ICB and Director of Public Health and Director Adult and Community Services be requested to develop communication resources for use by frontline services and supporting web content to raise awareness of how to maintain good oral health, how to access routine dentistry and what to do if urgent dental care is required within Torbay;
4. that the ICB and Director of Public Health and Director Adult and Community Services be requested to explore additional funding opportunities for mitigating oral health initiatives in Torbay; and
5. that the ICB and Director of Public Health and Director Adult and Community Services be requested to explore how to improve and expand access to screening to address the escalating rate of mouth cancer registrations and mortality.

Chairwoman