

## Report for ADC Housing & Wellbeing Committee: 24 January 2022

### WSSC HASC Meeting held on Friday 21<sup>st</sup>. January 2022

#### Dental Services

Mark Ridgeway, Senior Commissioning Manager NHS England Dental Services had been invited to update the committee on dental service provision in West Sussex. He admitted that patients are struggling to access services and recognised it as an issue.

He outlined that 70% of the budget for dental services was spent on primary care i.e. our local dental services and 30% for referral to specialist treatment. He explained that local Dentists were independent contractors to the NHS and were paid by the NHS for the treatment that they gave under that scheme. Treatment falls into 3 bands:

- Primary treatment e.g. check-ups, cleaning & polishing, x-rays etc.
- Secondary treatment e.g. fillings, extractions etc.
- Specialist treatment e.g. dentures, crown etc.

During the pandemic, dentists had been withdrawn from delivering most dental care and were only able to prescribe pain relief via prescription. The most clinically vulnerable patients were treated in emergency care centres. Dentists officially re-opened in July 2021 with limited access (20% delivery of contracted treatment was required). The backlog as a result of the pandemic has meant that even now, where dentists are required to deliver 85% of contracted treatment with 100% required from April 2022. The backlog however will still be a real issue and so dentists will continue to be catching up for some time.

Additional hours at additional recompense have been offered in order to help catch up and will continue to be offered. However, although the SE is considered quite proactive in providing dental services, this additional offer has not been taken up to any great degree in the SE.

A question was asked about the different rates of fluoridation in our water throughout the County but this information was not available and will be sent out later.

Mark Ridgeway explained that he was driving dental contract reform. The current contracts were agreed in 2004/2005, and needed reforms cannot be built into that current contract. Dentists are therefore paid on an outdated basis with increases every year in line with other medical practitioners and additional payments only made when there is an increase in activity.

Reform will include revising financial recompense, setting up a body to manage dental provision and ensuring emergency services are protected.

A question was asked about the continuing lack of dental services available on the NHS leading to patients having to either pay privately or use emergency dental services. Doctors and A&E departments do not now provide anti-biotics to dental patients so emergency dental services have come under increasing pressure. 90% of patients are reporting that they are experiencing negative contact and 7 practices in West Sussex have been known to close since 2020.

Information from dentists who have closed indicate their reasons as being:

- the low level of NHS work meaning that their practice becomes non cost effective
- retirement
- NHS payments not covering the cost of the work

A discussion identified that no mention had been made of the lack of dental services starting a long time before the pandemic, so to say that insufficient dental, treatment was being delivered as a result of the pandemic was wrong. Given the pandemic and its constraints, this situation had only got worse. However, dental provision, regardless of the pandemic, needed attention and a letter to MPs and the Director of NHS Dental Services should be sent calling for an urgent need to address the shortage of dentists and to start training programmes in earnest because the lead in time for a trained dentist was relatively long.

Mark Ridgeway explained that they had embarked on a programme of increasing dentistry pre-Covid in 2018/2019, which was then halted during the pandemic, but this programme was about to re-start. The programme would be investigating where increases in dentistry were most needed and hoped that additional services would be in place within 12 months. The data should show where the gaps were likely to be in the future and where the public were unable to access NHS treatment, forcing them to revert to the private route.

### **Adult Social Care Financial Assessment Improvement programme.**

Following a review of charges made for adult social care, changes in charging were implemented in January 2021. As a result, there were numerous cases of increases impacting vulnerable people adversely with some case where charges were more than double overnight.

As a result, the Improvement programme set out to address:

- Resolving issues and complaints
- Improvement communication I& literature
- Supporting disability and housing related expenditure
- Use of pre-paid cards for direct payments
- Reviewing debt recovery
- Reviewing business processes to free up capacity and create enhanced service

#### Re-assessment

3,750 clients were re-assessed – 20% of cohort not yet resolved – 1174 are still outstanding due to need for further information or a lack of response.

#### Communication

Collaborated with Healthwatch UK – used a webinar through them – want to engage further.

#### Direct payments

Encouraging use of pre-paid cards to give individuals greater control.

## Debt Recovery

Communicating better

## Business Processes

Standardising for efficiency – enhanced reporting on quality of service – automation.

## Health Watch UK

They identified priorities for them and their clients:

1. Access to GPs
2. Dentistry
3. Social Care – this in particular was thought to be demeaning and makes you feel like you are begging.

The changes in national policy for Adult Social Care have led to serious issues:

- Reduction in minimum income guarantee down to statutory minimum catches more vulnerable people who might be experiencing poverty
- Lack of updating over the years
- Some required contributions have doubled
- The changes are unacceptable for many.

Director of Adult social Care explained that they were implementing a national policy and charging scheme but recognised that there were differing views on the validity of this.

A question was raised regarding the difference between costly Adult Social Care and free healthcare. WSCC recognised that they needed to do more about:

- Communication
- Criticality of resources
- Criticality of making ends meet
- Transparency
- Involving Partners
- Managing Expectations and a smooth customer experience - possibly through case studies

The Cabinet will be looking at a new Adult Social Care Strategy in February which follows the Council Plan.

The committee reviewed the Healthwatch recommendations and broadly agreed to a revised version:

## Training

Mandatory disability awareness training for all financial assessment staff will be put in place by the end of the first quarter of 2022/23 and will provide learning to improvement practice and communication

## The Council Quality Assurance

This process is extended to include the end of the customer journey for Adult Social Care, including case audits of staff twice yearly.

### **Carers**

Community organisations that support people who receive Adult Social Care are being given an appropriate level of information/training so they can support people going forward.

Communication and written resources are being co-produced with Healthwatch and sent to relevant community partners and people who may need Adult Social Care in the future. This should be in place by the end of this financial year.

The remaining outstanding complainants be surveyed in partnership with Healthwatch to better understand their problems and improve the strategy.

### **Work Programme**

The Work programme will be discussed at the Business Planning Group and is on track to include Stroke Services and Adult Social Care Quality Assurance.

### **Call-Ins**

There were no successful Call in's

### **Date of Next Meeting**

Monday 7 March 2022 at 10.30 am