

Public Document Pack

NORTH LINCOLNSHIRE COUNCIL

HEALTH SCRUTINY PANEL

23 September 2022

Chairman: Councillor Tim Mitchell

Venue: G01e, Church Square
House

Time: 2.00 pm

E-Mail Address:
Dean.gillon@northlincs.gov.uk

AGENDA

1. Substitutions
2. Declarations of disclosable pecuniary interests and personal or personal and prejudicial interests and declarations of whipping arrangements (if any).
3. To take the minutes of the meeting of the panel held on 20 July 2022 as a correct record and authorise the chairman to sign. (Pages 1 - 2)
4. Public speaking request (if any).
5. Adult Social Care - Preparation for Inspection. Report by the Director: Adults and Health (Pages 3 - 14)
6. Radiotherapy - Update by the North Lincolnshire NHS Place Director
7. Primary Care in North Lincolnshire - Presentation by the North Lincolnshire NHS Place Director
8. Dentistry - briefing paper from NHS England (Yorkshire & the Humber) (Pages 15 - 22)
9. Added item (if any).
10. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

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Public Document Pack Agenda Item 3

NORTH LINCOLNSHIRE COUNCIL

HEALTH SCRUTINY PANEL

20 July 2022

PRESENT: - Cllr T Mitchell (Chairman), Cllr C O'Sullivan (Vice-Chair), and Cllr D Wells.

The meeting was held at the Conference Room, Church Square House.

636 **SUBSTITUTIONS**

Cllr Wells substituted for Cllr Armiger.

637 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS AND DECLARATIONS OF WHIPPING ARRANGEMENTS (IF ANY).**

There were no declarations of disclosable pecuniary interests and personal or personal and prejudicial interests. No whip was declared.

638 **TO TAKE THE MINUTES OF THE MEETING OF THE PANEL HELD ON 28 JUNE 2022 AS A CORRECT RECORD AND AUTHORISE THE CHAIRMAN TO SIGN.**

Resolved - That the minutes of the meeting of this panel held on 28 June 2022, having been printed and circulated amongst the members, be taken as read and correctly recorded and be signed by the Chairman.

639 **PUBLIC SPEAKING REQUEST (IF ANY).**

There were no public speaking requests.

640 **DISCUSSIONS WITH REPRESENTATIVES FROM ROTHERHAM, DONCASTER & SOUTH HUMBER (RDASH) NHS TRUST.**

The Chairman welcomed Kate Baxendale, Deputy Director Safety and Quality, Sharon Greensil, Trust Lead Mortality Inquests and Suicide Prevention, and Vicky Clare, Associate Nurse Director, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), to the meeting.

The Chairman explained that the RDaSH representatives had been invited to attend to update the panel on the Trust's performance, the Quality Account document, and to enable a general update and discussion on relevant issues.

Kate Baxendale led a short presentation on the Quality Account, with contributions from Sharon Greensil and Vicky Clare.

HEALTH SCRUTINY PANEL
20 July 2022

Members asked questions of the RDaSH representatives, including on issues such as referral patterns and responsibilities, safe staffing, the staff survey, and work to reduce the risk of violence in healthcare settings. The Trust representatives responded to these questions, describing work patterns and procedures, and other ongoing actions.

Resolved – (a) That Kate Baxendale, Sharon Greensil and Vicky Clare be thanked for their attendance at the meeting; and (b) that the situation be noted.

641 **ADDED ITEM (IF ANY).**

There was no Added Item due for consideration at the meeting.

642 **ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT BY REASON OF SPECIAL CIRCUMSTANCES WHICH MUST BE SPECIFIED.**

There were no urgent or additional items due for discussion at the meeting.

NORTH LINCOLNSHIRE COUNCIL

HEALTH SCRUTINY PANEL

ADULT SOCIAL CARE – PREPARATION FOR INSPECTION

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To provide scrutiny panel oversight on the preparation for local authority inspection by the Care Quality Commission (CQC), which is due to commence from April 2023.

2. BACKGROUND INFORMATION

- 2.1 The Adult Social Care Reform White Paper (People at the Heart of Care) published December 2021 detailed the introduction of local authority inspections by Care Quality Commission (CQC) to independently review and assess local authority performance in delivering their adult social care duties under Part 1 of the Care Act 2014.
- 2.2 From April 2023, CQC will therefore be additionally responsible for the inspection of councils who provide adult social care alongside existing areas of health and social care regulation.
- 2.3 CQC are co-producing their approach with councils and people with lived experience and engagement activities have taken place with providers, local authorities and health which have offered the opportunity to feedback on the proposed inspection approach.
- 2.4 The CQC model for local authority inspections is not yet published, however we believe it will be based on a series of quality statements underpinned by 'I' and 'We' statements to assess how we are improving outcomes for people and reducing inequalities. 'I' statements are based on what people expect and need, what a good experience feels like for them and are a method of capturing structured feedback, 'We' statements are standards to which the local authority will be held to account.

- 2.5 The proposed key lines of enquiry for local authority inspections are **how local authorities work with people, provide support, and ensure safety and leadership**. A presentation will be given at the meeting outlining what we know to date on the proposed framework.
- 2.6 The Council is engaged within the Humber region in establishing a programme of peer review to support with inspection preparedness. We are actively participating in the ADASS sector led improvement programme with local authorities from Yorkshire and Humber, North West and North East to determine what constitutes as best practice in each of the four key line of enquiry areas, to which we can benchmark against.
- 2.7 There are strong, robust inspection practices in place across the council which will support the development of adult's inspection systems.

3. **OPTIONS FOR CONSIDERATION**

- 3.1 To note the introduction of local authority inspection of its Adult Social Care service by the CQC and the preparedness locally as set out in the report.

4. **ANALYSIS OF OPTIONS**

- 4.1 Further updates will be provided once the CQC Inspection Framework is published.

5. **FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 5.1 As part of the local authority inspection, CQC will make use of publicly available documents and any media attention or publications such as peer reviews, Safeguarding Adults Reviews (SAR's), complaints and they will study the Council website for evidence of ASC priorities.
- 5.2 Early completion of a self-assessment (30th September) will provide a current view of the service area and will assist with the development of an action plan. In addition, and In line with the approach taken by colleagues in Children and Families, and to ensure organisational self-awareness regular focused group sessions are in place to monitor action and delivery plans, update on information shared by CQC and where possible to learn from local authority inspections which have taken place (post April 2023).
- 5.3 At the time of writing this report no central funding to undertake these additional inspection activities has been made available to Councils. The

availability of resources to implement and ensure inspection readiness including capacity to respond is challenging at a time when there is multiple areas of adult social care reform and legislative change taking place.

5.4 Consideration is being given to how we support and enable the workforce through this period of change.

5.5 Whilst we are responding to the challenges set out above, the absence of additional resource and an agreed, published legislative framework is currently impacting on our ability to give full assurance on readiness for inspection.

6. OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)

6.1 There are no implications on crime and disorder pursuant to section 17 of the Crime and Disorder Act 1998..

6.2 This report is a briefing on how the local authority is preparing for upcoming inspections of adult social care by CQC and as such there are no identified equalities issues under the Equalities Act 2010. Further considerations will be undertaken to support the implementation and adherence to the regulatory framework (once known).

6.3 This report is a briefing on how the local authority is preparing for upcoming inspections of adult social care by CQC. The council plan is identified as a key evidence document.

6.4 The local authority inspections will be rated, and appropriate evidence categories will be scored under quality statements to achieve a headline rating. The rationale and ratings have not yet been confirmed, but consideration should be given to reputational impact and the perception of the public and how assured they feel.

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

Not applicable

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

Not applicable

9. RECOMMENDATIONS

9.1 Scrutiny panel are asked to note to contents of this briefing.

DIRECTOR OF ADULTS AND HEALTH

Church Square House
SCUNTHORPE
North Lincolnshire
DN15 6NL
Author: Charna Manterfield
Date: 13th September 2022

Background Papers used in the preparation of this report –

People at the Heart of Care: adult social care reform white paper



people-at-the-heart-
of-care_asc-form-prin

Local Authority Inspection

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Health Scrutiny 23 September 2022

Version Control

Document Title: Local Authority Inspection Briefing – Health Scrutiny

Version: 1 Draft

Lead Officer: Charna Manterfield

Approved by:

Approved date:

**North
Lincolnshire
Council**

www.northlincs.gov.uk

What do we know?

- There will be a new duty* on CQC to review how local authorities deliver certain adult social care functions, under part 1 of the Care Act 2014
- There will be new legal powers for the Secretary of State for Health and Social Care to intervene in local authorities to secure improvement where there are significant failings in the discharge of their adult social care functions under part one of the Care Act 2014

Page 8 The inspection regime goes live 2023/24 (April 2023)

- CQC are co-producing their approach and are piloting their approach with a small number of local authorities.
- CQC will make use of publicly available documents/media including peer reviews
- Inspections will be rated, appropriate evidence categories will be scored under Quality Statements to achieve a headline rating

* Introduced in [People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/people-at-the-heart-of-care-adult-social-care-reform-white-paper)

Single Assessment Framework



Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with "I" statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as "We" statements; the standards against which we hold providers, LAs and ICSs to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



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Local Authority Inspection – Key Lines of Enquiry

Local Authority inspection are being worked around 4 key lines of enquiry:

1. **Working with people** -assessing needs, supporting people to live healthier lives, prevention, well-being, information and advice
2. **Providing support** -markets (including commissioning), integration and partnership working
3. **Ensuring safety** -safeguarding, safe systems and continuity of care
4. **Leadership** -governance, learning, improvement, innovation

Each of these areas have several quality statements and 'I' statements within it

How evidence will be collated (assessing need example)

<p>People's experience</p> <ul style="list-style-type: none"> • Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc) • Carers Groups (unpaid carers) • Compliments/complaints and feedback • Feedback from user and carer surveys • Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch) 	<p>Feedback from staff and leaders</p> <ul style="list-style-type: none"> • Self-assessment (annual return) • Interviews and focus groups (ongoing, and consultation as necessary) • Staff surveys • Focus groups/interviews • Councillors, Oversight & Scrutiny Committee • Other local authority departments • Principal Social Worker • Director of Adult Services / Children's Services • Chief Executive 	<p>Feedback from partners</p> <ul style="list-style-type: none"> • Healthwatch, providers, third sector • Local health partners, Gps • Health & Well-Being Board • Partnership Boards • Healthwatch, • Provider forums • Third sector partners • Local NHS partners, CCGs • ICB, ICS • LGA Peer Review / Annual conversation • Public Health, Police, Education, Leisure, Housing
<p>Processes</p> <ul style="list-style-type: none"> • Joint Strategic Needs Assessment • Training for assessors including specialist assessors and assessment teams • Assessment and eligibility policy and process • Financial Assessment and Charging Policy • Better Care Fund Plan • Health and Wellbeing plan • Carers' Strategy • LA Audits 	<p>Outcomes</p> <ul style="list-style-type: none"> • Adult Social Care Outcomes Framework • Data and evidence from professional regulators e.g. NHSE/I, Health Education England • CQC held data • Self assessment • Skills for Care • Annual Survey of Adult Carers in England (SACE) <p>Eg:</p> <ul style="list-style-type: none"> • Per 1000 population over 65 years, how many have LA funded care • > Social worker caseloads (number of people receiving support from registered social workers) • Waiting time for assessment for (i) adults with care needs, (ii) unpaid carers • % of assessments meeting eligibility criteria for (i) adults with care needs, (ii) unpaid carers • No of assessments relative to demographics of local population (looking at equality of access) • Assessments and Reviews (quantitative) – numbers overdue; timeliness of assessment completion; • Assessments and reviews: number of unallocated people; size of caseloads • Number of needs assessments undertaken, number of agreement and refusals. • Number of urgent needs requests. NHS England, annual Survey of Adult Carers in England (SACE) 	

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Self awareness – Systems

- Early completion of a self assessment to support action planning
- Robust performance management (reviewed current systems and are aligning with proposed datasets and framework) which includes triangulation of data, service knowledge and customer insight
- Actively involved in establishing peer review process in the Humber region
- Engaged in Humber, ADASS Yorkshire and Humber and wider Northern collaborative to determine 'what good looks like', identification of best practice

Self Awareness - Understanding our performance

Areas where we perform strongly

- Reducing the need for ongoing service after period of short term intervention
- Maintaining people to live independently in their own homes after reablement
- Service user and carer perception as reported in national survey's

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Areas where our performance could be better

- Supporting people with a learning disability or mental health condition into paid employment
- Admissions of working age adults into long term residential/nursing care
- Overuse of short stay residential placements to support hospital discharges

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NHS England - Yorkshire and the Humber (Y&H) North Lincolnshire Dentistry Overview

1. Background

NHS England (Yorkshire and the Humber) is responsible for the commissioning and contracting of all NHS dental services across North Lincolnshire. Commissioned dental activity is based on Courses of Treatment (CoT) and Units of Dental Activity (UDAs). Depending on the complexity of the treatment, each CoT represents a given number of UDAs. For example, one UDA for an examination, three UDAs for a filling and 12 UDAs for dentures

Dental services commissioned by NHS England include:

- Primary care (general high street dentistry)- accessed by patients directly, typically at high-street dental surgeries.
- Community Dental Services (CDS) – primary and specialist dental care for patients who cannot be managed by a primary care practice, eg house bound care home residents who cannot leave their home for health care appointments. By referral only.
- Orthodontics – by referral from a dentist.
- Urgent care - available via primary care practices directly or NHS111. Urgent Care is for conditions clinically assessed as requiring treatment within 2 and 24 hours.
- Secondary care – specialist services by referral only

Dentistry for the armed forces is commissioned separately by the NHS England Armed Forces team. The Health and Justice Team commissions dentistry in prisons.

NHS England commissions a total of 176,908 Units of Dental Activity across the 13 dental practices in North Lincolnshire.

A number of additional services are commissioned by NHS England for North Lincolnshire residents including orthodontics, intermediate minor oral surgery, hospital services (provided by North Lincolnshire and Goole (NLAG)), community dental services (provided by North Lincolnshire and Goole (NLAG)) and urgent care*, accessed via NHS111.

While NHS England has the remit for providing dental services, Local Authorities have the statutory responsibilities around oral health improvement, including responsibilities in relation to water fluoridation and for commissioning evidence based oral health improvement programmes to meet the needs of the local population. Partnership working and complementary commissioning is important between local authorities and NHS England, through a community approach maximising the skills of the wider health and social care workforce by making every contact count. An example of this is the flexible commissioning programme (refer to section 5.3).

The purpose of this report is to update members on the current key challenges facing dental services, provide an update on the outcome of an updated oral health needs assessment for the Yorkshire and the Humber population, outline the current dental access position for North Lincolnshire and highlight the work taking place to strengthen future service provision



2. Key Challenges

Access/inequalities: NHS England inherited a range of contracts, from Primary Care Trusts, when it was established, nearly a decade ago and these 'legacy' arrangements mean that there is inconsistent, and often inequitable, access to dental services, both in terms of capacity in primary care and of complex and inconsistent pathways to urgent dental care, community dental services and secondary care.

Primary care national contract: rolled out in 2006, this is held by a General Dental Practice (GDP) in perpetuity (subject to any performance concerns), with little flexibility for either the commissioner or the provider and is a key factor to the challenge outlined above.

Procurement: procurement laws introduce further challenges to levers to change to commissioning arrangement; it is not possible to introduce innovative ways of working without testing the market.

Patient perceptions: it may not always be clear to patients how NHS dental services work, for example:

- 'Registered' lists - Patients often think that they are registered with a dental practice in the same way that they are registered with a GP, however, this is not the case. GP practices contracts are based on patient lists, but dental practices are contracted to delivery activity. Practices are obliged to only deliver a course of treatment to an individual, not ongoing regular care however many practices do tend to see patients regularly.
- NHS Services being free at the point of delivery – Dental services are subsidised with fee paying, non-exempt adult patients contributing towards the cost of NHS dental treatment with the contribution determined by the course of treatment; unlike other NHS services, which are provided free at the point of delivery. The national dental charges are set, on three-band tariff, each year. Practices must display this information within their clinics.
- Private dental care - Many dental practices offer both NHS and private dental care, which, as independent contractors, they are at liberty to do. Mixed practices, offering both NHS and private treatment, tend to have separate appointment books for both NHS and private treatment, with staff teams often employed to provide these different arrangements. NHS provision must be available across the practice's contracted opening hours and demand for NHS treatment is such that they could have used up their available NHS appointments and practices may, therefore, offer private appointments to patients.
- Practices accepting new patients for regular dental care - www.nhs.uk is the digital platform, which supports patients to navigate the healthcare system. Dental practices are asked to keep their profile page up to date but this is not contractually mandated in the 2006 contracts. Any new contracts, or contract variations, NHS England agrees with providers, across Yorkshire and the Humber, includes this as a compulsory deliverable. NHS England does not keep records of practices who are accepting new patients.

Impact of Covid-19 Pandemic: The COVID-19 pandemic and the requirement to follow strict infection prevention control guidance to ensure that patients could be 3 treated safely, significantly impacted on dental services. Demand for NHS care is therefore significantly higher than pre-pandemic levels at all practices. In return for full contract income protection, and in recognition of the challenges delivering service

safely throughout the pandemic, practices were required to meet a set of limited conditions, including:

- a requirement that they deliver at least 20% of normal activity volumes for the period of July to December 2020
- a minimum of 45% of pre-Covid activity for the period of January to end of March 2021
- a minimum of 60% of pre-Covid activity from April 2021 until September 2021
- a minimum of 65% of pre-Covid activity from October to December 2021
- a minimum of 85% of pre-Covid activity from January to March 2022

While the number of available appointments for regular and routine treatment is increasing, dental practices continue to balance the challenge of clearing any backlog with managing new patient demand, all at the same time facing significant workforce challenges.

3. Understanding oral health needs across Yorkshire and Humber

Given the current challenges, and the need to prioritise urgent dental care where it is most needed, further work has taken place to review and assess the oral health needs of the Yorkshire and Humber population. This report provides an update on the headline information from this recent work, including details of hospital dental extractions in children aged from 0-19 which is a predictor of decay in later life and can help to support future planning of dental services.

Updated Oral Health Needs Assessment headline information

Following on from the 2015 North Yorkshire and the Humber Oral Health Needs Assessment, a Rapid Oral Health Needs Assessment (Y&tH) has been completed in 2022. The purpose of this work is to help understand the oral health inequalities across Y&tH and the evidence base. This will inform the principles that will underpin strategy and work programme development, address inequalities and meet population need and demand. In summary, headline information includes:

- In 2019, 22% of 5-year-olds in North Lincolnshire had experience of tooth decay (one or more decayed, missing or filled teeth), which was lower than the national average (23.4%), and the Y&tH average (28.7%). (Ref: 2019 National Dental Epidemiology Survey of 5-year-old school children).
- North Lincolnshire experiences high levels of deprivation, and inequalities in oral health exist with those in the most deprived areas experiencing poorer oral health across all age groups (5 year olds survey, 2019).
- The population is ageing, have more complex oral health and health needs and managing the dental needs of older people is challenging and may require specialist skills. Regular dental check-ups are important even for those who have no natural teeth, as dentists routinely check for oral cancer. The incidence of oral cancer (ICD C00-C14) for North Lincolnshire from 2012-2016 (13.32 per 100,000) appears to be slightly lower than both regional and national levels, although mortality rates are similar. (Ref: Oral cancer in England - GOV.UK (www.gov.uk))

- Consideration should be given to commissioning services for those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care including:
 - individuals and communities that are deprived and vulnerable children known to the social care system
 - individuals with severe physical and/or learning disabilities,
 - individuals with poor mental health
 - individuals who are overweight or obese
 - older adults, prison leavers, homeless
 - Gypsy, Roma and Traveller Communities
 - asylum seekers, refugees and migrants
- Dental services are not equitably distributed, and a health equity audit approach is currently being developed to determine equity of access to dental services in Y&tH, including urgent care services. This will identify areas which experience the highest levels of poor oral health yet have no NHS dental services or insufficient services to meet the need. This will be used to guide future commissioning of services in North Lincolnshire.
- The recommendations from the 2022 Oral Health Needs Assessment will inform the development of the NHS England Dental Strategy for Yorkshire and Humber.

Hospital dental Extractions

Hospital dental Extractions Most children accessing secondary care in North Lincolnshire will do so for dental extractions under general anaesthetic. Nationally, there has been a 58.4% reduction in the number of episodes of caries-related tooth extractions in hospital for 0 to 19- year-olds compared to the previous year, despite a 0.4% increase in the estimated population of this age group. This is likely due to the continued impact of the COVID19 outbreak on non-COVID related hospital episodes, rather than sudden reduction in need or demand.

Table 2 shows the pre and post pandemic data for North Yorkshire and the Humber. In North Lincolnshire, there has been a significant reduction in dental extraction rates between 2019-20 and 2020-21, reflecting the limited access to hospital lists for dental extractions due to the pandemic, which is now improving. Despite the pandemic, North Yorkshire and the Humber continues to experience levels of hospital extractions that are greater than the average for England.

Table 2: Finished Consultant Episodes tooth extraction rate with caries as the primary diagnosis per 100,000 target population

LA name	0-5 year olds		6-10 year olds		0-19 years olds	
	19-20	20-21	19-20	20-21	19-20	20-21
Kingston upon Hull,	49.2	50.2	87.7	87.8	63.0	54.8
East Riding of Yorkshire	c	c	54.2	c	43.2	14.4
North East Lincolnshire	898.0	322.3	2129.1	684.7	970.4	319.7
North Lincolnshire	595.2	140.5	985.2	476.7	526.0	192.9
York	430.0	220.2	876.0	276.7	344.9	145.9
North Yorkshire:						
Craven	337.6	338.8	515.1	c	269.3	180.2
Hambleton	304.8	208.5	721.4	406.6	303.5	167.2
Harrogate	323.6	164.1	906.5	429.0	364.4	181.3

Richmondshire	315.1	488.9	1018.0	509.9	395.5	221.5
Ryedale	c	c	711.0	353.6	276.9	139.1
Scarborough	324.4	165.2	1050.1	356.3	443.3	164.5
Selby	406.3	164.9	831.0	276.7	395.3	147.2
England	265.1	113.0	526.6	214.7	264.9	109.9

<https://www.gov.uk/government/statistics/hospital-tooth-extractions-of-0-to-19-year-olds-2021>

NB A cell containing the single letter 'c' indicates that the figure has been suppressed.

North Lincolnshire has the highest level of hospital tooth extractions among 0-19 year olds nationally, with 1% of 6-10 year olds undergoing this procedure in 2019-20 (1% in North Lincolnshire compared with 0.5% nationally). It is the most common reason for hospital admissions in the 6-10 year old age group.

Tooth decay in childhood is a predictor of decay in later life and supports the need for early intervention including Dental Check by 1 (DCby1) and local oral health promotion interventions at individual and community level.

What this means for dental service planning for the future

The population of North Lincolnshire is increasing, which will increase demand on dental services. In particular, the predicted 35% increase in the population of older adults (65+ years) and 76% increase in the population of the 85+ age group between 2020 and 2040 will bring challenges of its own to develop dental services that meet the dental needs of this ageing population, in terms of managing patients with co-morbidities, consent issues and polypharmacy, training for the dental team and suitable estates, and provision of domiciliary care for those who are housebound. The World Health Organisation recognises that good oral health is an essential part of active ageing.

4. NHS dental services and current initiatives to strengthen access

As set out earlier in the report there remains approximately 13 dentists providing NHS treatment to the North Lincolnshire population. This section of the report details 6 the reduction seen in accessing routine treatment following the impact of the pandemic, and it summarises a range of both national and regional initiatives to improve the position going forwards.

Access

Prior to the COVID-19 pandemic, 41% of North Lincolnshire's adults and 51% of children had seen an NHS dentist in the previous 24 and 12 months respectively up to 31st December 2019, this was below the national rate (England - adults 49%; children 58%).

Access to NHS general dental services has been affected by the COVID-19 pandemic. Up to 30th June 2022, 35% of North Lincolnshire's adults and 37% of children had seen a NHS dentist in the previous 24 and 12 months respectively. These figures are lower than pre-pandemic levels however the situation is continuing to recover, although they remain lower than those seen nationally mirroring the prepandemic picture (England adults 37%; children 47%).

Private Practices

Many NHS dental practices also offer private appointments which, as independent contractors, they are at liberty to do. Mixed practices, offering both NHS and private treatment, tend to have separate appointment books for both NHS and private treatment, with staff teams often employed to provide these different arrangements. NHS provision must be available across the practice's contracted opening hours and demand for NHS treatment is such that they could have used up their available NHS appointments and practices may, therefore, offer private appointments to patients.

Translation Services

To support access to care for all, practices may need to use translators and interpreters for patients who require support with communication. Dental practices and urgent dental care providers have arrangements in place. The recent Oral Health Needs Assessment (OHNA) has identified high levels of poor oral health amongst asylum seekers and refugees, who may also face language barriers in accessing dental care. Migrants do not require proof of address or proof of immigration status to access NHS dental care, refer to <https://www.gov.uk/guidance/dental-health-migrant-health-guide>

NHS England continues to work with partners to make healthcare services more inclusive and has identified the need to gather a baseline assessment of access to interpreter services across all NHS healthcare settings. The survey has been developed with input from a range of stakeholders across our region and is supported by the Health Inequality SROs for each of our Integrated Care Systems. Feedback from this survey will support improvement work to address healthcare inequalities among people with limited English proficiency and deaf people who use British Sign Language. NHS Dental services and commissioners have been contacted with a request that they complete this survey.

National £50m investment in NHS Dental Services

As part of a national initiative, funding was allocated specifically for dental services to improve access and increase dental appointment availability, between January and March 2022. 7 In Scunthorpe/North Lincolnshire, 29 sessions were provided, with each session providing up to 6 appointments. Two providers were able and willing to participate in this scheme, across the North Lincolnshire locality.

Dental Access Project and Flexible Commissioning Programme

NHS England will continue to work with those practices who have received additional funding in North Lincolnshire to support patients to access regular dental care. NHSE is considering opportunities to allocate any additional funding whilst utilising the findings of the OHNA to target Local Authority areas and practices meeting the criteria.

A recent evaluation of the Yorkshire and Humber Flexible Commissioning Programme demonstrated that it is possible to commission dental services differently in a format that supports delivery of preventive care to improve oral health and reduce inequalities, offer access to new patients and develop the full dental practice team. The scheme has been extended for a further 12 months from 1 April 2022, which will enable further refinement and evaluation to support targeting of resources based on the OHNA to reduce oral health inequalities.

There are currently three flexible commissioning practices in Scunthorpe/North Lincolnshire taking part in the flexible commissioning programme and NHS England is

currently seeking expressions of interest from dental practices with the aim of extending the scheme to other practices across the region.

Review of Community Dental Services

Community Dental Services CDS provide dental care for adults and children with additional needs and those from other vulnerable groups whose needs cannot be met by the general dental services. A service review of Yorkshire and Humber CDS commenced in February 2022, which will set out key recommendations to inform discussions in relation to future service design, including commissioning intentions for paediatric GA services and other pathway approaches.

Care Homes

Many residents in care homes across Yorkshire and the Humber do not have access to regular dental care. There are some dental practices who do provide a domiciliary service to patients, but this is patchy and inconsistent. In those cases where residents are seen it is often only when they have an urgent dental need or have lost dentures; it tends to be a reactive service. NHS England is reviewing how it can expand current contracts to include provision of dental care for residents in care homes who are house bound.

5. Dental System Reforms

The outcome of the national 2022/23 dental contract system reform negotiations were confirmed by NHS England; this represents the first significant change to the contract since its introduction in 2006.

These initial reforms seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care. The NHS 8 England (Y&tH) commissioning team is working through these changes in line with national guidance and to consider opportunities for additional local schemes. 6.

Commitment to further engagement

There is a commitment from NHS England dental commissioners to engage with patients, the public and wider stakeholders to ensure continued oversight of the local position for dental services.

Regular regional stakeholder briefings and updates are now available for partner organisations with an interest in dental healthcare provision. The commissioning team is linking to Healthwatch organisations to understand issues specific to local communities. In addition, as Integrated Care System and Integrated Care Boards become established, and the commissioning of dental health is delegated – this will present further opportunity to strengthen and align community engagement in dental service provision as part of a wider healthcare system.

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