

Monmouthshire Select Committee Minutes

Meeting of Public Services Scrutiny Committee held at Council Chamber, County Hall, The Rhadyr USK on Monday, 14th October, 2024 at 10.00 am

Councillors Present

County Councillor Armand Watts (Chair)

County Councillors: Jill Bond, Steven Garratt, Meirion Howells, Malcolm Lane, Dale Rooke, Frances Taylor and Armand Watts

Also in attendance: County Councillors: Ian Chandler, Cabinet Member for Social Care, Strong Safeguarding and Accessible Health Services, Louise Brown substituting for Tony Kear, Emma Bryn and Peter Strong

Officers in Attendance

Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Sharran Lloyd, LSB Development Manager
Lloyd Hambridge, Divisional Director of Primary Care, Community Services and Complex Care
Rachel Prangle, Primary Care Unit

APOLOGIES: Apologies were received from Councillors Penny Jones who was receiving surgery and Councillor Tony Kear who was being substituted by Councillor Louise Brown.

https://www.youtube.com/live/SCV\VAezf-c?si=hgee7BskCmRk_wof

1. Declarations of Interest

None received.

2. Public Open Forum

No public present.

3. Dentistry Services

Lloyd Hambridge, Divisional Director of Primary Care and Community Services at Aneurin Bevan University Health Board (ABUHB) provided an update on dentistry together with Rachel Prangle, Interim Head of Primary Care at ABUHB. Prior to answering Members' questions, Lloyd highlighted the key current challenges of NHS Dentistry in Wales and focussed on the efforts the Health Board is taking to address them, as follows:

- Significant challenges due to the ongoing impact of COVID-19 and the necessary infection prevention control measures.
- Sustainability challenges related to workforce and recruitment issues, which the Health Board is attempting to address through a dedicated sustainability board and action plan.

- General Dental Services and Community Dental Services, general dental services being commissioned through independent contractors under the National Health Service contractual regulations of 2006.
- In Monmouth, there are 10 NHS General Dental contracts operating across nine sites, with a mix of the older UDA contract and the newer contractual reform introduced in 2022.
- The Health Board has faced several contract resignations over the past few years but has managed to continue providing NHS dental care through new providers and re-provisioning existing contracts.
- The Health Board is investing in dental services, including significant funding for the Tredegar Health and Well-being Centre and the Newport East Health and Well-being development.
- Community Dental Services provide care for vulnerable children and adults, including those in care homes, special schools, and other at-risk groups, supported by an oral health promotion team.
- The Health Board supports preventative dental programs such as Gwên am Byth for care home residents and Designed to Smile for children, focusing on toothbrushing and fluoride varnish applications.
- In response to feedback, Welsh Government and Digital Health and Care Wales are developing a Dental Access Portal to centralize demand data and improve access to dental services.

Key points raised by Members:

- A member asked about the extent of preventative work for young people, children, people with disabilities, and older people, and whether it is extensive across the region, referring to a figure of 400 children.

Lloyd advised that the health board is tasked with implementing the nationally agreed contract, which includes a shift from the old model of routine six-month visits to a risk-based assessment model known as ACORN. This new model aims to ensure that the right people are seen at the right time.

- The member inquired if the change in the dental provision model was the reason for the observed differences and whether better communication about the changes could have helped in understanding the new model.

Lloyd confirmed that the shift to the new model was part of the contract reform

that started in 2022. He acknowledged that better communication could have helped in understanding the reasons for the change.

- The Member asked if the ACORN assessment was the reason why many NHS dental practices were going out of business.

Lloyd clarified that the practices did not go out of business but stopped providing NHS services, making a business decision to provide alternative services as independent contractors.

- It was asked what steps the health board is taking to improve access to NHS dental care, particularly for those struggling to find an available dentist in the region?

Lloyd explained that the health board aims to re-provide services in areas of greatest need whenever there is a contract resignation. The board works closely with independent contractors and have set up a sustainability board to address recruitment and retention challenges. He also mentioned the creation of dental collaboratives to help practices work together and address local challenges.

- A member asked whether there are any current waiting times available for NHS dental care?

Lloyd replied that the board doesn't have data on current waiting times because each practice holds that information. However, the new dental access portal, which will be rolled out soon, will help provide insight into the level of demand and support people in accessing the right service.

- It was asked whether there are specific initiatives or programmes in place to promote preventative dental care and oral health education within the community, especially for vulnerable groups such as children and the elderly?

Lloyd referred to two key programmes: "Designed to Smile" for children and "Gwên am Byth" for the elderly. He also discussed a population oral health programme targeting high-risk groups like the homeless and looked-after children.

- A member queried whether there are any initiatives to train new dentists and retain them in the NHS?

Lloyd explained that they work with Health Education Improvement Wales, which has published a workforce plan up to 2029. There are bursaries available for dental training roles, and they are setting up initiatives to recruit and retain healthcare

professionals. He also mentioned the possibility of using incentives like "golden handcuffs" to retain staff, although this has not been necessary so far.

- A member requested a summary of all the figures discussed (**Action**).
- Members asked how we can understand if the people who were receiving NHS dentistry services before are receiving them now?

Rachel explained that they re-provide the level of dental activity based on the number of patients affected by contract changes. They write to every patient to inform them of the new provider. However, patients may choose to stay with their current practice if it offers alternative services.

- Members questioned the impact of the change in the provision of services (from six-monthly to yearly check-ups) on onward services, such as orthodontic services for children and young people?

Lloyd suggested that it is too early to determine the impact of the new contract on orthodontic services. However, he noted that the pandemic has already led to an increase in orthodontic referrals, doubling the numbers from 2019 to 2022.

- The Member queried what the actual current waiting time is for orthodontic treatment for children and young people?

Lloyd replied that the waiting time for orthodontic treatment is currently between 3 to 4 years. Children are prioritized over adults within this system.

- A member questioned whether if they were attending Thrive in Magor, where would they be re-provided to?

Lloyd confirmed that patients from Thrive in Magor have been re-provided to Severn Dental in Chepstow. He also mentioned that community transport schemes are available to assist with travel.

- A member queried how regularly patients are able to get hygiene appointments with a professional hygienist?

It was explained that the availability of hygiene appointments is based on a needs-based assessment conducted by the dental practice. The frequency of appointments, such as four times a year, depends on the individual's oral health needs.

- A member asked whether the 40% of unfilled emergency treatment appointments impacts the capacity for dentists to see other patients?

Members heard that the unfilled emergency appointments do not impact the capacity for other patients as practices can use their local waiting lists to fill these slots if they remain unfilled. This ensures flexibility and maximizes the use of available appointments.

- Members asked how has the brushing initiative in schools had been received in Monmouthshire?

They were advised that the brushing initiative has been well received in Monmouthshire schools, with only two out of twelve schools refusing to participate. It helps build relationships between dental practitioners, school staff, and children, potentially reducing dental fear.

- It was questioned how the percentage of NHS dental practices in Monmouthshire compare to other health boards?

Members heard that Monmouthshire has 10 NHS dental contracts out of 76 across the Aneurin Bevan University Health Board. The distribution is based on population, with Monmouthshire having a proportionate share.

- A member queried how the number of primary schools participating in the brushing initiative in Monmouthshire compares to other areas?

They were advised that brushing initiative targets areas of greatest deprivation. In Monmouthshire, 10 out of 12 eligible primary schools participate, which is relatively high compared to other areas where refusal rates are higher.

- A member queried whether patients could transfer from one NHS dental list to another to be closer to their dentist?

Lloyd suggested that patients are assigned to new practices based on proximity and availability.

- A member asked how the risk-based model for dental check-ups ensure patients do not fall through the net?

They were advised that risk-based model involves a comprehensive clinical assessment to ensure that patients receive the appropriate level of care based on their oral health needs, rather than routine six-monthly check-ups.

- A member asked how new patients from closed practices are managed by the new practices?

Lloyd replied that new practices prioritize children and those already in active treatment. Routine care and access for other patients may be slower initially.

- The member asked how far urgent dental treatment goes and what happens if a patient needs more care, but does not have a dentist?
They heard that urgent dental appointments address immediate needs, which may include temporary or full treatments. If further care is needed, the patient will continue to receive treatment as required.

- A member queried where the dental access portal be available, and how people will find the information?

Lloyd advised that the dental access portal will be available on the Health Board's website, and there will be a dedicated phone line for those without digital access. Communications will be made through various channels to ensure awareness.

- A member asked what the board is doing to address the population growth in Monmouthshire in terms of dental services?

Lloyd explained that the board maximises available funding to increase dental activity and provision as needed, however, the board is limited by the funding allocated by Welsh Government.

- It was asked how the Welsh NHS dental contracts differ from the English ones?

Lloyd advised that the Welsh NHS dental contract focuses on a needs-based assessment rather than units of dental activity. The total contract value is the same, but that the metrics differ.

- Members queried the board's overall assessment of the need for dental services in the Health Board area?

Lloyd advised that the health board commissions services based on the population of Aneurin Bevan University Health Board area and that they face challenges due to limited access to private dental data and rely on population needs assessments and waiting list data to inform their decisions.

- A member asked how the lack of patient registration with dental practices affect continuity of care and shared health records?

They were advised that patients are not registered with dental practices in the same way as with GPs. When a contract ends, patients are contacted based on the list held by the Business Services Authority. Continuity of care is managed through prioritizing children and those in active treatment.

- A question was asked about how the lack of patient registration with dental practices affect waiting lists and continuity of care?

Members heard that patients are not registered with dental practices in the same way as with GPs. When a contract ends, patients are contacted based on the list held by the Business Services Authority. Continuity of care is managed through prioritising children and those in active treatment.

- A member asked why patients from Monmouth are being offered spaces at Saint Julian's, which is far away, instead of closer options like Trevor Noy dental surgery in Monmouth?

Lloyd replied that Trevor Noy dental surgery had returned one of their NHS contracts, indicating they do not have the capacity to take on more NHS patients. Patients can access NHS dental services at any available location, and the closest available option was Saint Julian's.

- A member asked who keeps a register of all dental practices, both private and NHS, within Wales?

Lloyd replied that the NHS keeps a register of all NHS dental practices. Private dental practices are not obligated to share their data with the NHS. The Health Inspectorate Wales oversees the standards of all dental care facilities.

- A member asked whether if patients change dental practices due to contract changes, their records transfer to the new provider?

Lloyd replied that unfortunately dental records do not automatically transfer to the new provider when patients change practices due to contract changes, which can impact continuity of care, especially for those with complex dental histories.

- It was questioned how the number of NHS dental practices in Monmouthshire compare to the population, and is there a per head ratio?

Members heard that Monmouthshire has 10 NHS dental practices. The allocation of dental services is based on the population, with Monmouthshire's provision being

*proportionate to its population size. Lloyd agreed to confirm the exact per head ratio and comparison to other health boards in a briefing paper following the meeting (**Action**).*

- The chair asked how the Health Board address the needs of homeless individuals for dental care?

Lloyd explained that the health board has a health inclusion service that works with socially vulnerable groups, including the homeless. They receive information from various sources, such as local authorities and GPs, and provide necessary dental care through community dental services or drop-in centres.

- The chair asked whether there is data on the number of homeless individuals requiring dental care, and has there been an increase in this trend?

Lloyd advised that the board collects data on homeless individuals through its health inclusion service. While there is an indication of an increasing trend, specific data would need to be provided after the meeting.

Chair's Summary:

The Chair offered the Committee's sincerest thanks to Lloyd and Rachel for such a comprehensive update and for their patience in answering the many questions of the committee and other elected members in attendance. It was agreed to invite Lloyd and Rachel to provide a further update ON 10TH February, due to the Committee's ongoing concerns about dentistry services (**Action**).

4. Public Services Scrutiny Committee's Forward Work Programme and Action List

The following were suggested as topics for potential inclusion into the forward work programme:

- Hold a workshop with the Police on County Lines
- Investigate drug-related deaths in Monmouthshire and the impact of synthetic drugs
- Violence and Women ~ Scrutinize the delivery of the Gwent perpetrator assessment and the impact of inappropriate sexual behaviour among 10-17 year-olds. Address the increase in misogyny in schools, including the influence of figures like Andrew Tate.
- Flood Risk Management ~ Jointly with Place Scrutiny Committee, inviting National Resources Wales
- Public Transport and Accessibility: Assess the impact of dental service relocations on public transport accessibility for residents.

- Update on the flying start ~ Update on the collaboration between health visitors and Sure Start, including changes in reporting structures and service provision.
- Request a comprehensive health update from Aneurin Bevan University Health Board (ABUHB), covering:
 - Holistic approach to supporting older people.
 - Primary and secondary care integration.
 - Resource, nurses, doctors, sustainability and retention.
 - Communication with the public on service provision.
 - Preventative services, colon tests, jabs.
 - Updates on specific projects like the Neville Hall Velindre satellite.
 - The uptake of preventative measures like vaccinations, especially among children.
 - Adult Mental Health Services ~ adult suicide
 - Care for people in the community with dementia, family support services.
- Community Policing
- Invite the Integrated Strategic Partnership Board to discuss dentistry and the flow of funds.

5. Cabinet and Council Work Planner

The planner was noted.

6. To confirm the minutes of the Special meeting held on 25th July 2024

The Chair proposed the minutes be accepted, which was seconded by Councillor Howells.

7. To note the date and time of the next meeting: 9th December 2024

The date and time of the next formal meeting was noted as 10th February 2025 at 10am, however, the Committee agreed to hold an informal workshop on County Lines with the Police on 9th December 2024, to which all elected members would be invited.

The meeting ended at **11.54 am**