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**MINUTES OF THE MEETING OF THE COMMUNITY LEADERSHIP OVERVIEW AND  
SCRUTINY COMMITTEE,  
HELD ON TUESDAY, 13TH DECEMBER, 2022 AT 7.30 PM  
IN THE ESSEX HALL - TOWN HALL, STATION ROAD, CLACTON-ON-SEA, CO15  
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<b>Present:</b>	Councillors Chittock (Chairman), S Honeywood (Vice-Chairman), Clifton, Codling, Davidson, King, Miles and Steady
<b>Also Present:</b>	Councillor McWilliams
<b>In Attendance:</b>	Anastasia Simpson (Assistant Director (Partnerships)), Keith Simmons (Head of Democratic Services and Elections), John Fox (Public Health, Wellbeing & Environmental Protection Manager) and Keith Durran (Committee Services Officer)
<b>Also in Attendance:</b>	Professor Nick Barker, Oracle Dental Group, Lizzie Mapplebeck, Associate Director of Strategic Change, Suffolk and North East Essex Integrated Care Board and Greg Brown, Senior Performance Improvement Manager, Suffolk and North East Essex Integrated Care Board

**18. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

No Apologies were received for this meeting.

**19. DECLARATIONS OF INTEREST**

There were no declarations of interest by Councillors in relation to any item on the agenda for this meeting.

**20. QUESTIONS ON NOTICE PURSUANT TO COUNCIL PROCEDURE RULE 38**

On this occasion no Councillor had submitted notice of a question.

**21. ENQUIRY INTO NHS DENTISTRY PROVISION IN THE DISTRICT OF TENDRING**

The Committee had before it a report that provided the Committee information on NHS dentistry provision in the District, and the wider Suffolk and North East Essex Integrated Care Board geography.

The Committee was joined by:

- Lizzie Mapplebeck, Associate Director of Strategic Change, Suffolk and North East Essex Integrated Care Board
- Greg Brown, Senior Performance Improvement Manager, Suffolk and North East Essex Integrated Care Board
- Professor Nick Barker, Oracle Dental Group

The Members heard how there were longstanding issues with NHS dental access that included NHS routine dental care and urgent dental care. This problem had been amplified by the current COVID-19 pandemic. Treating oral diseases costs the NHS £3.4 billion per year. The pain experienced with dental problems such as toothache or abscess could be considerable, intractable and distressing, and might lead sufferers to extreme measures to address pain if urgent dental care was not available. Examples included DIY dentistry and overdoses of paracetamol, which in turn increases pressure on urgent and emergency care. There were also wider societal impacts and costs that arose when people could not access urgent care, such as increased demands and pressures placed on the wider health care system such as accident and emergency and primary care services, as well as costs to employers and reduced productivity due to time off work.

## **Commissioning, Legislation and Dental Fees**

### Commissioning and Legislation

It was reported to the Committee that NHS England directly commissioned all NHS dental services at primary, community, secondary and tertiary settings depending on the care and treatment required. Across England Integrated Care Boards (ICBs) receive delegated authority from NHS England on 1<sup>st</sup> April 2023 to commission and manage dental services locally.

Currently, all dentists in northeast Essex (and Suffolk), were paid by commissioners for the Courses of Treatment (CoT) they provided, each CoT was allocated a Unit of Dental Activity (UDA). A UDA was the technical term used in the NHS dental contract system regulations to describe weighted CoTs.

The Committee heard how UDAs were developed as part of the 2006 NHS dental contract. Under the old NHS contract dentists were paid for every item of treatment they provided: examination, filling, crown or denture. Under the 2006 system they were paid per course of treatment, irrespective of how many items were provided within it. Thus, a course of treatment involving one filling (3 UDAs) attracts the same fee as one containing five fillings, a root treatment and an extraction (also 3 UDAs). This factor was behind much of the resentment against this system.

In March 2021, NHS England were asked by the government to lead on the next stages of NHS dental system reform. At the outset six aims were agreed when considering what a reformed dental system should bring. They were:

- *“Be designed with the support of the profession*
- *Improve oral health outcomes*
- *Increase incentives to undertake preventative dentistry, prioritise evidence-based care for patients with the most needs and reduce incentives to deliver care that is of low clinical value*

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- *Improve patient access to NHS care, with a specific focus on addressing inequalities, particularly deprivation and ethnicity*
  - *Demonstrate that patients are not having to pay privately for dental care that was previously commissioned NHS dental care*
  - *Be affordable within NHS resources made available by Government, including taking account of dental charge income.*

*In July 2022, NHS England announced the first new reforms to the dental contract, these are the first in 16 years. The announcement included the following key points:*

- *NHS dentists will be paid more for treating more complex cases, such as people who need three fillings or more.*
- *Dental therapists will also be able to accept patients for NHS treatments, providing fillings, sealants, preventative care for adults and children, which will free up dentists' time for urgent and complex cases.*
- *To make services more accessible for people, dentists must update the NHS website and directory of services so patients can easily find the availability of dentists in their local area.*
- *High-performing dental practices will have the opportunity to increase their activity by a further 10% and to see as many patients as possible.*

*These reforms represent the first significant change to the contract since its introduction in 2006”.*

### Dental Fees

Adult patients paid a subsidised fee for receiving care unless they were exempt. The NHS operates a three-band fixed charge primary care treatment package and payment from adult patients depends on the treatment received. The bandings were:

- *“Emergency dental treatment – £23.80 This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.*
- *Band 1 course of treatment – £23.80 This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.*

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- *Band 2 course of treatment – £65.20 This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.*
  - *Band 3 course of treatment – £282.80 This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.*

*Free NHS Dental Care is available to people in the following categories:*

- *Under 18, or under 19 and in full time education*
- *Pregnant or have had a baby in the last 12 months*
- *Being treated in an NHS Hospital and treatment is carried out by the hospital dentists (dentures or bridges need to be paid for)*
- *Receiving low-income benefits, or under 20 and a dependant of someone receiving low-income benefits.*

*Overall, the trend for NHS free dental care in Essex is going downwards when compared between 2017/18 to 2021/22”.*

## **Local Data**

### Population Information

The Members were informed that according to the Office of National Statistics in 2017, the total population of the Tendring District was an estimated 145,803 people making it the fifth largest local authority area in Essex in terms of population size. This was an estimated increase of 3205 people since the 2011 census (a rise of 2.25%).

The Tendring District had the highest percentage of residents aged 65 and over in Essex (29.5%), 9% higher than the Essex average (20.5%). The proportion of Children and Young People aged 0-15 (16.5%) and 16 to 64 years olds (53.9%) was lower than the Essex average (18.9%, and 60.6%).

The Tendring District had an estimated Old Age Dependency Ratio of 544 people aged 65+ to every 1000 working age. This was equivalent to 1.8 working age people to every person aged 65 and over and was significantly above than the average for Essex (335.6) and England (286.8).

At the time of the 2011 Census there were an estimated 62,105 households in the Tendring District of which 16.9% contained dependent children. This was below the average for Essex (22.8%) and England (21.99%) and the lowest rate in the county.

### Dental Access

The report before the Committee explained that there were 172 dentists in northeast Essex. During 2020 more than 2,000 NHS dentists quit the NHS dentistry which affected service users nationwide.

In Essex, due to the pandemic restrictions in 2020, there were around 30% less NHS dental services providing dentists compared with the previous year (2019). In 2021 the number of NHS dental services providing dentists increased by around 34% compared with the year before and was heading towards pre-pandemic levels.

Essex County Council completed an Oral Health Needs Assessment in September 2022, as part of this 1,201 residents were surveyed.

60% (721) of the surveyed residents were registered with an NHS dentist, 27% (329) private, and 11% (136) were not registered at all. The main reason for not being registered was not being able to find an NHS dentist to register with.

Members heard that qualitative data from the survey and in-depth interviews also showed that several residents found themselves without an NHS dentist because they had been deregistered from dental surgeries due to not having attended the surgery in over two years. Some of this was reported because of the busyness of life but for others it was the impact of the pandemic when many patients had routine appointments cancelled and were subsequently removed from the patient register once the two years lapsed.

Across northeast Essex 74,821 dental treatments were delivered in 2020-21, this was 66% below the pre-pandemic figure of 223,222. In the two years to June 2021, 101,293 adults saw their local NHS dentist in northeast Essex which is 37% of the over-18 population, a drop from 50% in the two years to June 2019.

Members also heard that 31% of the Suffolk and northeast Essex population unsuccessfully tried to get an appointment in the last two years, 9% more in comparison to the rest of England. The population were reporting to have resorted to extreme measures to address pain if urgent dental care was not available, such as extracting their own teeth. Nearly two thirds (73.1%) of adults surveyed in Essex indicated that they had existing treatment needs. This is the second highest among comparable counties. Essex has similar averages to East of England (77.1%) and England (70.5%).

According to data from 2018, approximately 1 in 6 adults (16.1%) in Essex haven't seen a dentist in the last two years. This is highest among similar counties and nearly double the England (7.9%) and East of England average (6.8%). There has been a 45% sustained drop-in Units of Dental Activity (UDA) undertaken across Suffolk and north east Essex.

### **Current Programmes of Work**

#### **Increased Routine and Urgent Capacity within SNEE**

The Committee was informed that the NHS England, after discussion with SNEE ICB had agreed to offer increased activity within SNEE. Eight eligible providers were now working with the system to provide up to 20,000 additional check-ups. This activity was commissioned by NHSE until the 31 March 2023 and utilises funding made available by the ICB. Urgent Care Dentistry discussions were continuing to scope further opportunities to increase urgent care services within SNEE. NHSE had also identified that further capacity may be commissioned within SNEE for the same timeframe.

#### Support for Care Homes and Healthcare Professionals

The Members heard that dental care for care homes work looked to reduce waiting lists and promote oral hygiene in care homes and specialist care in Suffolk and North East Essex. This looked to address the lack of proactive dental care available to this vulnerable group. Community Dental Services run a course for Healthcare Professionals that interact with children in North East Essex to upskill the workforce on oral healthcare.

#### Looked After Children Dental Prioritisation

It was reported that the Looked After Children Dental Prioritisation work looked to increase dental capacity in each town across Suffolk and North East Essex for Looked After Children to receive routine dental care. It looked to address the lack of proactive dental care available to this vulnerable group. At the time of the meeting the ICB and NHSE had a pathway agreed for Children in Care, which allowed Children in Care to access specific dental services across SNEE. This was estimated to have helped at least 350 patients in Suffolk and over 1,000 across the East of England.

#### Urgent Dental Contract Variation

It was also reported that by looking at urgent dental contract variations there was an aim to increase Urgent Care capacity by requesting dentists allow 10% of UDA to be unknown urgent dental work. It looked to address lack of urgent dental capacity. This project was rolled out by NHSE, though uptake was low. NHSE were focusing work on a smaller number of ICB's, the NHSE transformation programme had been paused to allow the NHSE Team to focus on increasing activity across SNEE.

#### Children's Dental Health Education Initiative

The Committee heard that by increasing children's education, to support parents and children in understanding oral healthcare locally we would promote preventative dental care. At the time of the meeting the ICB was in discussions with Public Health and Community Dental Providers to enhance the level of support to Nurseries / Schools / childcare facilities to upskill the workforce on oral healthcare.

#### Homelessness Prioritisation within East Suffolk and North East Essex

It was reported to Members that evidence suggested that socially marginalised groups, including those experiencing homelessness, have significant difficulties in accessing dental care services. Those patients often present with high levels of treatment need and many required additional support to access care. Individuals may present with

complex health and psychosocial needs and a more holistic approach needed to be incorporated into delivery of oral healthcare for this population. Currently the ICB was proposing a project to NHSE (as the current commissioners) to have a pathway agreed for the homelessness population. It would allow better access for specific dental services across SNEE, agreement had been reached in North East Essex for homelessness support charities to support this model. The pathway was aiming to be live by January 2023.

#### Access Information

The Committee heard how the system access information looked to increase information about which services were seeing patients to allow appropriate redirection of patients to services accepting both emergency and non-emergency services. This looked to address the lack of suitable information regarding dental practices that were accepting new and emergency patients. Currently the ICB had increased the frequency of auditing dental services, and this was used to update the Directory of Services, which was searchable by 111, and healthcare professionals, further information was shared with dental nurses in the Integrated Urgent Care, Clinical Assessment Service.

The Committee thanked the guests for their attendance and **NOTED** the contents of the report.

The meeting was declared closed at 8.35 pm

**Chairman**