Agenda – Health and Social Care Committee

Meeting Venue:
Hybrid – Committee room 5 Tŷ Hywel and video Conference via Zoom
Meeting date: 17 November 2022
Meeting time: 09.00

For further information contact:
Helen Finlayson
Committee Clerk
0300 200 6565
SeneddHealth@senedd.wales

Private pre-meeting (09.00-09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Dentistry: evidence session with the British Association of Dental Therapists

(09.30-10.30) (Pages 1 – 29)

Fiona Sandom, Chair, British Association of Dental Therapists

Mari Llewellyn Morgan, Wales Representative, British Association of Dental Therapists

Research brief

Legal advice

Paper 1 – Evidence from the British Association of Dental Therapists

3 Paper(s) to note

(10.30)

3.1 Letter from the Ministers with responsibility for health and social services regarding provision of written evidence

(Pages 30 – 31)

In accordance with Standing Order 17.49, Health and Social Care Committee members may attend the Children, Young People and Education Committee's meeting between 11.30 and 12.15 for the purpose of receiving a private briefing from Mind Cymru on its 'Sort the Switch' report. The Health and Social Care Committee's meeting will continue in public from 13.00.

6 Dentistry: evidence session with the Minister for Health and Social Services and the Chief Dental Officer

(13.00–14.15) (Pages 57 – 68)

Eluned Morgan MS, Minister for Health and Social Services

Andrew Dickenson, Chief Dental Officer, Welsh Government

Alex Slade, Director of Primary Care and Mental Health, Welsh Government

Paper 2 – Evidence from the Welsh Government

7 Dentistry: Consideration of evidence

(14.15–14.30)

Agenda Item 2

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The British Association of Dental Therapists

The extent to which access to NHS dentistry continues to be limited and how best to catch up with the backlog in primary dental care, hospital and orthodontic services.

Access continues to be an issue, particularly in areas of dental manpower shortages. The backlog is due to the pandemic, and those patients we are now seeing have additional care needs. For example, patients that would have been seen routinely with very little need for treatment now require care for gum disease, treatment of new caries, repair of existing dental treatment etc. These are more complex due to the delay of treatment, meaning longer and more appointments than pre-pandemic.

There has been a change in the working pattern of dental hygienists and therapists, with more part-time working and a change in roles, some are doing less clinical work on the whole.

Dental Therapists can help address this issue; however, the pay and conditions need to be favourable in order to tempt them out of private practice….this is not necessarily a monetary reward e.g. indemnity, favourable working conditions, NHS benefits including pensions, study leave, etc.

There is a long waiting list for GA extractions, some of which could be addressed using inhalation sedation, a very simple and safe method of treating children and adults, however, there are not many contracts that are available to deliver this kind of treatment.

The use of "Hall Crowns" is an evidenced-based method of treating childhood dental disease in primary teeth, but the contract does not make this option financially viable, each crown costs approx. £5.50 but only attracts and band 2 payment (3 UDAs)

Improved oral health intelligence, including the uptake of NHS primary dental care across Wales following the resumption of services, and the need for a government-funded campaign to reassure the public that dental practices are safe environments.

Is there a sense that patients don't need reassurance, from experience, patients are generally happy to attend appointments, and access to care is the issue.

Incentives to recruit and retain NHS dentists, particularly in rural areas and areas with high levels of need.

For DCPs in particular dental hygienists and dental therapists working in the NHS is less lucrative than that of private or independent practice, however dental therapists, in particular, are willing to work in the NHS. As they are sub-contractors, despite delivering NHS care they are not eligible for the same NHS benefits that NHS dentists are. Many would work in NHS practice earning less than a "private dental hygienist" if these benefits were available.

We have evidence of their willingness to work within the NHS.

The recruitment and retention of overseas dentists, at present the system is slow and involves multiple stakeholders.

Oral health inequalities, including restarting the Designed to Smile programme and scope for expanding it to 6-10-year-olds; improved understanding of the oral health needs of people aged 12-21; the capacity of dental domiciliary services for older people and those living in care homes (the 'Gwên am Byth' programme); and the extent to which patients (particularly low risk patients) are opting to see private practitioners, and whether there is a risk of creating a two-tiered dental health service. Workforce well-being and morale.

It is clear that prevention is the only way to be able to maintain an NHS dental service as health inequalities grow those that suffer from the dental disease have a greater amount of disease. Prevention of dental disease needs to be imbedded into every health care provider as oral health is part of general health (diabetes, cardiovascular disease, Alzheimer's disease, and poor pregnancy outcomes). Interprofessional education with all health professionals especially midwives, health visitors, and social services. GMP practices should also be aware of high-risk patients and provide advice and direction on dental health.

NHS dentistry should care for those in greatest need first (Prudent Healthcare) and low-risk patients should be made aware that the traditional 6-month appointments are not necessary. The system reform is addressing this, but patients need to understand this and that their oral health is their responsibility, and that dental disease is a preventable disease.

Allowing dental hygienists and dental therapists to open courses of treatment could enable the delivery of dental prevention as well as the use of dental nurses to provide fluoride application and preventative advice. Training and education need to be in place to allow this to happen and those using extended duties should be renumerated for it, it is not fair to expect DCPs to take on additional duties and responsibilities without it being reflected in their remuneration.

The exemption project for PoMs needs to be pushed forwards as has been a project since 2014

The scope for further expansion of the Community Dental Service.

The CDS has the same recruitment and retention issues as the GDS training more dental therapists in Wales can help address this issue, in 6 years to train one dentist you can train 2 dental therapists.

The suggestion of mobile dental units in schools using dental therapists to allow access to dental care for school children is favourable, but needs resources.

Welsh Government spend on NHS dentistry in Wales, including investment in ventilation and future-proofing practices.

In general dental practices are owned dentists or corporate bodies and not dental hygienists and dental therapists and as such dental hygienists and dental therapists are not able to influence this or able to give an opinion.

The impact of the cost-of-living crisis on the provision of and access to dental services in Wales.

The cost-of-living crisis may affect the ability to pay for private/independent treatment which will put more pressure on the NHS however this will be on an individual/location basis.

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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AS/MS,
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Lynne Neagle AS/MS,
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Llywodraeth Cymru
Welsh Government

Russell George MS,
Chair
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Jane Bryant MS,
Chair of Children, Young People and Education Committee

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11 October 2022

Dear Chairs,

Thank you for your letter of 11 July and follow up e-mail from the Clerk dated 28 September.

We are now in a position where, in some cases, events have overtaken the request outlined in the Committee's original joint letter as a number of submissions have already been sent. Therefore, we thought it would helpful if we set out the current situation and our intended approach moving forward, particularly as in some cases we are already in a position where we have committed to regular reporting to the Committees.

The current position is that the following requests have been fulfilled:

- an update on provision of health & social care in the adult prison estate was issued to the Health and Social Care Committee on 02 September.

- the written evidence paper in advance of general scrutiny by the Health & Social Care Committee was issued on 01 September. The breadth and complexity of the request was wide and resulted in a strategic response, but we will be happy to pick up on any details within the topic headings outlined by the committee in our session on 6 October.

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- the written evidence paper in advance of the Ministerial scrutiny session for the Health & Social Care Committee's inquiry into mental health inequalities was issued on 22 September. We were pleased to attend the session itself on 28 September when we were able to answer further, specific questions from Committee members.

There was an additional joint request from the Health & Social Care Committee and Children, Young People and Education Committee for an update on a range of recommendations in respect of the following inquiries carried out in the previous Senedd term: Loneliness and Isolation (December 2017); Use of Antipsychotic Medication in Care Homes (May 2018); Suicide Prevention "Everybody's Business" (December 2018); Mental Health in Policing and Police Custody (October 2019); Impact of the Covid-19 outbreak, and its management, on Health and Social Care in Wales: Impact on Mental Health and Wellbeing (December 2020); Perinatal Mental Health in Wales (October 2017) and Perinatal Mental Health – follow up; Mind over Matter (October 2018) and Mind over Matter: two years on (October 2020)

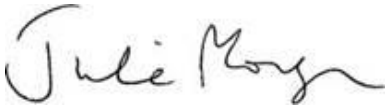
We have previously committed to provide regular updates to both Committees on the majority of these inquiries and you will be aware we have recently provided substantive written updates on Suicide Prevention "Everybody's Business", Perinatal Mental Health and the provision of health & social care in the adult prison estate.

With regards to the many other requests, particularly as there is no commitment to provide periodic written updates, there is also, of course, the opportunity throughout the year for us to update the Committees and answer questions as part of the planned general scrutiny sessions.

Yours sincerely,

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing



Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Y Pwyllgor Iechyd a Gofal Cymdeithasol

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Health and Social Care Committee

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Eluned Morgan
Minister for Health and Social Services

Julie Morgan
Deputy Minister for Social Services

Lynne Neagle
Deputy Minister for Mental Health and Wellbeing

24 October 2022

Dear Ministers

Provision of written evidence

Members of the Health and Social Care Committee have asked me to write to express our disappointment with your letter of 11 October 2022, in which you indicate that you do not intend to provide written updates on the Welsh Government's progress in implementing the recommendations made by the Fifth Senedd Health, Social Care and Sport Committee in respect of its inquiries into:

- Loneliness and isolation (2017)
- Use of antipsychotic medications in care homes (2018)
- Mental health in policing and police custody (2019)
- Impact of the COVID-19 outbreak, and its management, on health and social care in Wales: impact on mental health and wellbeing (2020)

The information that we had requested for each of those inquiries was:

1. An indication of which recommendations the Welsh Government considers still to be outstanding and where further action is needed, whether there are any barriers to implementing these, and if so, what those barriers are.
2. How the Welsh Government's work to implement the recommendations is contributing to tackling mental health inequalities.

I note that the Welsh Government accepted the majority of the recommendations made by our predecessor Committee following each of these inquiries.[1] Acceptance of a recommendation is a commitment to implement that recommendation. Monitoring progress on implementing such recommendations is therefore an important part of our role in holding the Welsh Government to account. This includes understanding, for example, which recommendations have now been completed and which still require further work. It also includes understanding where there may be instances where changing circumstances mean that the Welsh Government's views on particular recommendations may have changed. This information is of interest and value not only to us as a Committee to inform our scrutiny, but also to other Members of the Senedd and to external stakeholders, many of whom will have devoted significant time, energy and resources to contributing to the original inquiries.

It would be helpful, therefore, to receive the information that we have requested in relation to each of the above inquiries by 19 December 2022.

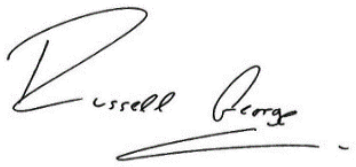
As you suggest in your letter, general scrutiny sessions and other formal evidence sessions are one mechanism by which we are able to monitor progress. We agree that such sessions are an important part of the way in which we fulfil the responsibility the Senedd has given us to hold the Welsh Government to account by scrutinising expenditure, administration and policy matters encompassing (but not restricted to): the physical, mental and public health and wellbeing of the people of Wales, including the social care system. However, we also understand that there are many calls on your time as Ministers. We therefore generally reserve such sessions to focus on the issues of highest priority, and those which we feel need detailed, in person discussion and exploration. It would not be proportionate, nor a good use of your time or ours, to schedule formal evidence sessions to discuss every issue or monitor the implementation of every Committee recommendation. Therefore, in line with long-established practice we will continue to make use of other mechanisms, including correspondence and requests for written information or clarification, where we consider it appropriate to do so.

Some requests for information will be time critical, whereas others will be more routine in nature. I have asked the Committee clerk to ensure that the urgency or otherwise of our requests and the timescales within which we are looking for a response are made clear when requests are made. The Committee would welcome assurance that you will encourage your officials to speak to the clerk if there are any issues about the timescales that have been requested.

[1] Of the 43 recommendations made in these four reports, 27 (63 per cent) were accepted in full, 14 (33 per cent) were accepted in principle, and 2 (5 per cent) were rejected.

We value the positive and constructive relationship we have with you and your Deputy Ministers, and we look forward to continuing to work with you on this basis. I would be happy to meet to discuss these matters, or any other matter relating to the work of the Committee if that would be helpful.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

cc Jayne Bryant MS, Chair, Children, Young People and Education Committee

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

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Children, Young People and Education Committee

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Eluned Morgan MS,
Minister for Health and Social Services

Julie Morgan MS,
Deputy Minister for Social Services

Lynne Neagle MS,
Deputy Minister for Mental Health and Wellbeing

25 October 2022

Request for information

Dear Minister and Deputy Ministers,

Thank you for your letter dated 11 October following our request, along with the Health and Social Care Committee for a range of information. We discussed your letter at our Committee meeting on 19 October 2022. We were unanimous in our views expressed below.

To provide context to our request, we wrote jointly because of the shared areas of interest between our Committee and the Health and Social Care Committee, in particular in relation to mental health. We believed that a joint request would help ensure requests were being made in a coherent and streamlined way, better supporting the sharing of the same information between the Government and two Committees, with different remits but clear areas of shared interest. We felt that such co-ordination would help reduce the burden on the Welsh Government in terms of duplicated requests for similar types of information. As mental health is a cross-cutting Welsh Government priority, so it is that committees across the Senedd have an interest in this important issue.

It is the job of Senedd committees to scrutinise the Welsh Government. Obtaining information from the Welsh Government is a basic necessity for us to perform this important role. With that in mind, we reiterate our request for an update on the implementation of the recommendations made in our predecessor Committee's landmark report Mind Over Matter. This was an important report which demonstrated the positive impact of scrutiny, and the important role it can play in improving the lives

of children and young people in Wales. Our predecessor Committee's determination to follow up on progress after the publication of the initial report set an important benchmark which we wish to build on.

We made two requests for information in the joint letter, one on perinatal mental health which has been received, and one on Mind Over Matter, which remains outstanding. Your letter outlines two opportunities where the outstanding issues could be discussed, however these were sessions with the Health and Social Care Committee. They did not afford our Committee an opportunity to explore these issues with you. We also note that the issues raised during oral evidence sessions have to be prioritised to make the best use of limited time. Sometimes written information is a far more effective way to share information for both the Committee and the Government. You will note that we have not taken oral evidence from either the Health Minister or Deputies since the budget scrutiny in January 2021. This further underlines to us the reasonableness of our request.

There is a process that is usually followed when there are issues around a request made by a Committee. Usually, Welsh Government officials will speak to the Clerk where further clarification can be provided, and a revised deadline agreed. We note that in this instance this did not happen. As far as we understand it, there was no indication that the deadline would not be met, and no update was provided as to why the outstanding response had not been received. In fact, it was over five weeks later before we received your response, which refused to provide the outstanding information.

In your letter you state that there is no commitment to provide periodic written updates on the outstanding issues. As I am sure you will know there does not need to be such a commitment to provide written updates; if a Senedd committee wishes to request an update on a particular area of policy, it is within its gift to ask and it should, within reason, be expected that the Welsh Government provides this information.

We are currently looking at mental health support in higher education. The update on Mind Over Matter is material to our consideration of this important issue. We therefore would ask that this information is provided to us no later than Monday 14 November. This will enable us to take account of it before we take evidence from the Minister for Education and Welsh Language, and the Deputy Minister for Mental Health and Wellbeing on 23 November.

Yours sincerely,

Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

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Royal College of Nursing Wales

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Helen Whyley, RN, MA
Director, RCN Wales

25 October 2022

Eluned Morgan, MS
Minister for Health & Social Services
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Dear Minister

Thank you for your letter of the 13 October 2022.

As you are aware RCN Wales is currently balloting members on possible strike action because of the insufficient pay award from the Welsh Government.

This is a distressing situation for us to have reached and potentially damaging to the successful social partnership relationship that has previously proven extremely beneficial to NHS Wales.

As we head into winter, we can both agree that the situation within NHS Wales is deeply concerning with risks to patients from insufficient nursing staff and a struggling, exhausted workforce. The RCN believe that the public deserves better and the way to retain and attract nursing staff is to reward them appropriately for their knowledge, skills, and commitment. The nursing workforce must be supported to provide high quality patient care. This must start with an above inflation pay rise.

In your letter to me of 13 October, you agreed that '*there have been substantial increases in funding for our NHS in 22/23 and onwards'.* You went on to state*: "a significant proportion of that spend will be directed towards improvements in services and recovery from the pandemic'.*

Continued …..

I strongly believe that without investment in the nursing workforce, by which I mean an above inflation pay rise, improvement in service for patients will not be possible. Following research by RCN Wales I am aware that there are currently 3,000 registered nurse vacancies in NHS Wales alone, an increase of over 1,200 from November 2021. This trend cannot continue. Without a workforce, the NHS will not be able to function.

I would urge you to consider your responsibilities for the nursing workforce in NHS Wales. The Welsh Government must find Welsh solutions to the problems that affect the Welsh people and find ways to protect our NHS services. RCN Wales is ready and waiting to open discussions if you have a genuine commitment to improve the current pay award.

I look forward to your response.

Yours sincerely

HELEN WHYLEY, RN, MA
DIRECTOR, RCN WALES

cc: Russell George MS, Chair, Health & Social Care Committee

Y Pwyllgor Deisebau
Petitions Committee

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Russell George MS
Chair
Health and Social Care Committee
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27 October 2022

Dear Russell

Petition P-06-1290 Enable Welsh residents to access an NHS "Right to Choose" diagnosis pathway for ADHD

The Petitions Committee considered the above petition at our meeting on 10 October, alongside correspondence from the Deputy Minister Social Services.

At the meeting members acknowledged that this area was being further explored by your Committee as part of your mental health inquiry, therefore the Committee wanted to write to you in order to bring it to your attention, and highlight the issues raised in the petition. In doing so the Committee agreed to close the petition.

Further information about the petition, including related correspondence, is available on our website at: https://business.senedd.wales/ielssueDetails.aspx?IId=39834&Opt=3.

If you have any queries, please contact the Committee clerking team at the e-mail address below, or on 0300 200 6454.

Yours sincerely

Jack Sargeant MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Y Pwyllgor Deisebau

Petitions Committee

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Russell George MS
Chair
Health and Social Care Committee
Tŷ Hywel
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27 October 2022

Dear Russell

Petition P-06-1242 Improve Endometriosis Healthcare in Wales

The Petitions Committee considered the above petition at our meeting on 10 October, alongside correspondence from the Minister for Health and Social Services, Health and Care Research Wales and the Petitioner.

At the meeting members agreed to write back to the Minister to ask further questions posed by the petitioner. Members also agreed to write to your Committee in order to highlight the petition and to ask if your Committee intends to do any work on this subject area in the near future.

Further information about the petition, including related correspondence, is available on our website at: https://business.senedd.wales/ieIssueDetails.aspx?IId=38599&Opt=3.

If you have any queries, please contact the Committee clerking team at the e-mail address below, or on 0300 200 6454. I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales.

Yours sincerely

Jack Sargeant MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Agenda Item 3.7

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Our ref: JP/CH/SB

7 November 2022

Dear Colleague

UPDATE ON SETTING UP AN NHS EXECUTIVE FOR WALES AND STAKEHOLDER SURVEY FEEDBACK

I wanted to take the opportunity to provide an update on the NHS Wales Executive implementation programme and thank those who responded to the survey we issued during the summer to gather feedback on the implementation programme. I have also welcomed the opportunity to discuss the feedback received with some parties directly over recent weeks.

Understandably there were a wide range of views given, and I would like to personally reassure you that all the feedback is being looked at and factored into the implementation plans. There were some common issues raised around timings and how the hybrid model that has been set out will work in practice. I would like to address both in turn.

In terms of the hybrid model approach we are taking, we are building on our learning from the pandemic which gave us a chance to rethink how we establish the Executive. One of our key considerations was to set it up with as little disruption to the health system as possible. This is especially true as we enter the more challenging winter months. A number of models were explored and this hybrid model is much quicker to mobilise and can be more agile. It also avoids putting in place an additional statutory tier and the need to transfer powers or large-scale staff transfers, which would be an unnecessary distraction at this time.

Whilst the NHS Executive will be a small team in Government, it is the intention that it will oversee and direct a much bigger national resource based within the NHS. It will work alongside other national bodies such as Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales, to deliver the ambitious strategies that have been set out and ultimately drive improvements in the quality and safety of care.

In terms of timings, our focus is now on implementing this model and the aim remains to have made significant progress by the end of the year and bring the NHS Executive into being from early next year. A formal implementation programme, including a Steering Group

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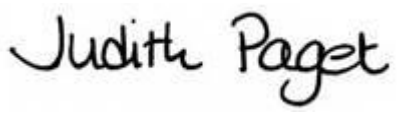
involving representatives from Welsh Government and the NHS, are advising and supporting delivery of the key building blocks that will need to be in place. These include the more detailed functions the NHS Executive will exercise, how they will deliver them and the priorities it will need to deliver.

I will write to you again in due course to provide further details on how the NHS Executive's plans are progressing. In the meantime, your thoughts on how the NHS Executive should deliver its functions and on early priorities will be very welcomed. There is also an open offer for you to send questions, feedback and ideas on the implementation programme to my team at nhsexecutivefunction@gov.wales. If there are particular areas of concern where you would like to speak to me directly please contact my office: pstodgforhsscenhswales@gov.wales

Yours sincerely



Judith Paget CBE

Y Pwyllgor Iechyd a Gofal Cymdeithasol
–
Health and Social Care Committee

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Eluned Morgan MS
Minister for Health and Social Services
Julie Morgan MS
Deputy Minister for Social Services
Lynne Neagle MS
Deputy Minister for Mental Health and Wellbeing

28 October 2022

Dear Ministers

Welsh Government Draft Budget 2023-24

In line with our usual practice, I am writing in advance of the Welsh Government's Draft Budget 2023-24 to request written information to inform our scrutiny.

We note the Welsh Government's intention to publish the Draft Budget on Tuesday 13 December 2022, and will be inviting you to attend an oral evidence session early in the new year. The clerk will liaise with your offices about dates.

To assist in our scrutiny, I would be grateful to receive your response to the issues outlined in the annex to this letter, and any other written information you would like to provide, by 14 December 2022.

Yours sincerely

Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Annex: request for information from the Welsh Government to inform scrutiny of the Draft Budget 2023-24

Commentary on actions and detail of Budget Expenditure Line (BEL) allocations

1. A breakdown of the 2023-24 Health and Social Services MEG allocations by Spending Programme Area, Action and Budget Expenditure Line (BEL).

2. Indicative Health and Social Services MEG allocations for 2024-25 and 2025-26.

3. Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes. The baseline for this purpose should be consistent with the baseline set out in the budget narrative and expenditure tables.

Other information

In addition to the four usual themes of value for money, prioritisation, preventative spending and affordability, and an indication of how the Well-being of Future Generations Act 2015 and its five ways of working have influenced the budget allocations for health and social care, the Committee would like to receive information on the following (where not already covered in the commentary on each Action).

Putting people at the heart of health and social care

4. Please provide details of how the draft budget allocations for primary care services, including investment in the primary care estate and primary care networks, will contribute to the Welsh Government's policy aim of shifting care from hospitals to primary care or community settings. How will you assess whether the allocations are achieving the intended outcomes.

5. Please provide details of the allocations in the draft budget for prevention and early intervention, and how you will assess whether the allocations are achieving the intended outcomes. Will the allocations enable a 'whole system' joined up approach to improving people's health and wellbeing, in addition to targeting resources (and achieving measurable outcomes) in areas of key concern.

6. Please outline how your priorities for mental health and wellbeing are reflected in the draft budget across Welsh Government portfolios and MEGs, and how the impact of the allocations will be assessed to ensure they are achieving the intended outcomes. Please also provide details of:

- Any reductions or increases relating to specific mental health allocations compared to previous years (e.g. grants being reduced or increased, or being introduced or removed).

- Allocations in the draft budget relating to mental health services; children and young people's mental health and wellbeing; dementia; autism and neurodiversity; and implementing 'Healthy Weight, Healthy Wales'.

7. How will the draft budget allocations mitigate the public health impact of the rising costs of living, including the impact on the physical and mental health and wellbeing of people in Wales, unpaid carers and the health and social care workforce.

Innovating for improvement

8. Please outline how the Draft Budget will support the development of a 'whole system approach', with greater integration of health and social care, as described in A Healthier Wales. In particular, please explain how the Draft Budget balances the need to meet existing service pressures with the need to transform services and develop new models of care.

9. How will service transformation and integration be supported in the longer term to achieve sustained progress on the transformation agenda, ensure a focus on rolling out and mainstreaming the learning from successful pilots, and avoid reliance on continued additional funding. How will the Regional Innovation Fund be deployed and what measurable outcomes is Welsh Government expecting?

10. Please provide an assessment of the revenue and capital costs of delivering the Welsh Government's vision for digital and data, as described in A Healthier Wales, and including increased support for digital and virtual care. This should also include details of spending on digital which has been funded through the Regional Innovation Fund, and details of the proportion of spending through the RIF that has been spent on digital and data.

Health and social care workforce

11. Please explain how the Draft Budget will contribute to the delivery of a sustainable health and social care workforce, and will reduce and control spend on agency staff.

12. What provision has been made in the draft budget to build and maintain the morale and physical and mental health and wellbeing of the health and social care workforce, including volunteers and unpaid carers, and how will you assess the impact of these measures.

Health inequalities and inequities

13. Please outline how the Draft Budget will contribute to the reduction of health inequalities, This should detail how the Draft Budget will ensure that the most disadvantaged are prioritised, and that there is fair access to health and care services in rural areas. The Committee would also welcome information about how the Draft Budget will target inequalities which have been exacerbated by the pandemic, or those resulting from a disproportionate impact of the pandemic on the health or wellbeing of particular groups (such as older adults, people from black and ethnic minority communities, or people on low incomes or who are otherwise financially insecure).

Delivering a post-pandemic reset

14. Please explain how the pandemic has influenced allocations to budget lines within the Health and Social Services MEG, and provide examples of any changes made to allocations as a result of COVID-19. In answering this question, please address:

- The assumptions underpinning allocations made as a result of the pandemic, including how you will ensure there are sufficient contingency funds in place should the situation escalate from Covid Stable to Covid Urgent.
- Allocations that have been made to support additional service capacity or additional staff resource as the response to the pandemic continues, including primary, community and hospital services, social care, public health, and the vaccine programme.
- Allocations for mental health support services for the health and social care workforce.
- Allocations that have been made to ensure the maintenance of an adequate and appropriate supply of PPE.

15. What allocations are included in the draft budget for tackling the waiting times backlog. In your answer, please explain what assessment has been made of the impact and outcomes of resources allocated during 2022-23, and how allocations in the 2023-24 draft budget will be targeted.

Social care

16. Please outline the planned allocation for social care, including:

- Any additional funding identified for 2023-24, and how such funding will be targeted.
- How the allocations will ensure the ongoing viability and stability of social care services, including residential and domiciliary care.

- What support the draft budget will provide for unpaid carers, including evidence of specific spend on respite care and financial support for carers.
- Measures in the draft budget that will improve the sustainability of the social care workforce.
- How the draft budget will help the social care sector to respond to rising costs of living, including rising energy costs. In your answer, please provide evidence of specific spend to support domiciliary care workers, and unpaid carers and disabled people, and their families.

Local health boards' financial performance

17. Please provide an update on the overall financial performance of health boards. This should include:

- The projected end of year financial position for health boards, including identification of those that have continued to fail to meet their financial duties
- Those that have been in receipt of additional end of year and in-year financial support, the extent of that support and the planned duration.
- Details of how the Welsh Government will support and work with health boards to bring NHS Wales back into financial balance.
- Information about what provision is being made in response to rising energy costs.

Impact of the draft budget on particular groups and communities

18. How have you taken gender budgeting into account in this budget when preparing your expenditure plans.

19. Please outline what assessment has been made of the impact of the draft budget allocations on particular groups or communities, including women and girls, black and ethnic minority communities, children and young people, and older people.

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

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Children, Young People and Education Committee

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Minister for Health and Social Care
Eluned Morgan MS

Deputy Minister for Social Services
Julie Morgan MS

Deputy Minister for Mental Health and Wellbeing
Lynne Neagle MS

8 November 2022

Welsh Government Draft Budget 2023-24

Dear Eluned, Julie and Lynne,

As last year, we would like written information to support our scrutiny of the Welsh Government's Draft Budget 2023-24. The annex to this letter sets out in detail the information that we would like to receive.

As you may know, Senedd officials have coordinated requests from all Senedd committees to arrange with Welsh Government officials when the Welsh Ministers and Deputy Ministers will give evidence on the Draft Budget. We have requested that you and your officials appear before Committee at 9.30am to 11am on 18 January 2023.

I would be grateful to receive the written information no later than 16 December 2022. I note that the Welsh Government intends to publish the Draft Budget on 13 December 2022. Please contact my clerk if you are concerned about meeting our proposed deadline in light of the budget timetable.

Given the shared interest across committees in some of the areas listed in the annex to this letter, I have copied in the chairs of the Health and Social Care Committee and the Equality and Social Justice Committee.

Yours sincerely,

Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Annex A: Request to the Minister for Health and Social Services regarding CYPE Draft Budget scrutiny 2023-24

Our approach to scrutiny of the Draft Budget

Our financial scrutiny aims to ensure accountability, promote better decision making and improve value for money in terms of allocations intended to improved outcomes and enhance the rights of children and young people.

It will follow four key principles, as recommended by the Finance Committee:

- Affordability: to consider the big picture of total revenue and expenditure, and whether these are appropriately balanced.
- Prioritisation: whether the division of allocations between different sectors/programmes is justifiable and coherent.
- Value for money: are public bodies spending their allocations well – economy, efficiency and effectiveness
- Budget processes: whether they are effective and accessible and whether there is integration between corporate and service planning and performance and financial management.

1. Transparency of budget presentation

Our predecessor committee emphasised the importance of presenting the Draft Budget transparently to enable full and thorough scrutiny. To continue this approach, we request a transparent narrative explanation (and numeric depiction) of the following in respect of the Health and Social Services MEG:

- reductions/removal or increases/additions relating to specific areas of the draft budget compared to previous financial years (e.g. grants being reduced or ceasing to exist altogether/being increased or introduced);
- what proportion any changes to the overall amount previously allocated represent; and
- where exactly this change is being made in the draft budget, and whether money will be returned to/taken from central reserves or allocated to/from other budget lines.
- that Ministers ensure that resources relating to children and young people are presented clearly so that we can identify the assigned resources, assess the extent to which they are being prioritised, and understand how they will deliver value for money.

2. Children's rights and the allocation of 'the maximum available resources' for children and young people

As we recommended last year, and as our predecessor Committee continually advocated, we believe a Child Rights Impact Assessment (CRIA) should be undertaken for the Draft Budget as a whole and published as a standalone document, prior to being incorporated in the overall Strategic Integrated Impact Assessment.

We believe this is vital to demonstrate that the Welsh Government is meeting the requirements of the Rights of Children and Young Persons (Wales) Measure. Publishing a CRIA is in line with the arrangements the Welsh Government itself has put in place, which has established the CRIA as 'the agreed' mechanism to support Ministers to meet the duties under that Measure in both the Children's Rights Scheme itself and the associated Children's Rights Scheme: manual for Welsh Government staff.

In line with assessing the whether 'due regard' has been given to article 4 of the UNCRC and the Welsh Government's duties under the Rights of the Child and Young Persons (Wales) Measure the Committee:

- Requests a copy of the overall Child's Rights Impact Assessment (CRIA) undertaken by the Welsh Government to inform the allocations in the draft Budget 2022-23 across all its portfolios,
- If a specific CRIA has not been undertaken, the reasons for this.
- A copy of any alternative integrated impact assessment as well as assurances that this assessment demonstrates that the duty of "due regard" to the United Nations Convention on the Rights of the Child has been exercised.

In respect of the Health and Social Services MEG, the Committee request:

- A copy of the completed Children's Rights Impact Assessment template: guidance for staff.
- template for this draft Health and Social Services MEG for 2023-24 which sets out how children's rights are put into effect in these budget allocations, with reference to specific articles in the United Nations Convention on the Rights of the Child as relevant.
- Details of what discussions have taken place with other relevant Ministers in respect of allocations which have a significant impact on children's health and social care, for example the Minister for Social Justice in terms of the budget of the Children's Commissioner for Wales and broader policy issues such as child poverty.

- Information about how the Wellbeing of Future Generations (Wales) Act 2015 has influenced allocations to budget lines within the MEG.
- Information about how equalities, sustainability and the Welsh language have been considered in budget allocations.
- Information about how have you taken gender budgeting into account in budget allocations
- Details and/or examples of any changes made to allocations within the Health and Social Services MEG following considerations of children's rights, equalities, sustainability, the Welsh language, or the Wellbeing of Future Generations.

3. Action and BEL allocations in the Health and Social Services Major Expenditure Group

The Committee requests a breakdown of the 2023-24 Health and Social Services MEG allocations as relevant to children and young people by Spending Programme Area (where applicable), Action and Budget Expenditure Line (BEL) to include:

- Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes from:
    - the Draft Budget 2022-23 to the First Supplementary Budget June 2022; and
    - the First Supplementary Budget June 2022 to the Draft Budget 2023-24.
- A description of any changes to baselines used in the Draft Budget 2023-24 that has been made from the First Supplementary budget June 2022.
- Indicative 2024-25 Health and Social Services MEG allocations as relevant to children and young people and any additional indicative allocations which can be provided.

4. Policy and legislation allocations Draft Budget 2023-24

An update on allocations within the Health and Social Service MEG in the following areas of interest to the Committee including:

- Allocations to deliver all Programme for Government and Co-operation Agreement commitments relevant to children and young people and the CYPE Committee portfolio.
- Details of the assessment made of the value for money and affordability of delivering these priorities and objectives and how their cost-effectiveness will be monitored.

- Allocations across the Ministerial Portfolio as listed below and as relevant to children and young people and the CYPE Committee portfolio

Children's Health

- Public health as it relates to children and young people, including vaccination
- Obesity strategy
- Research and development in health and social care as it relates to children and young people specific
- Children and young people's mental health services, including neonatal mental health services
- Eating disorder services
- Suicide prevention as it relates to children and young people
- Substance misuse, including any assessment and associated costs in terms of reported rises in vaping among children and young people
- Autism services
- Patient experience, involvement and the citizen's voice

Children's Social Care

- Children's and young people's rights and entitlements, including the UN Convention on the Rights of the Child
- Safeguarding, including any implications arising from the publication of the final report by the Independent Inquiry into Child Sexual Abuse and the Welsh Government's 2019 National Action Plan on preventing and responding to child sexual abuse
- Adoption and fostering services
- Children and young people's advocacy
- Early years, childcare and play, including the Childcare offer and workforce
- Early childhood education and care
- Flying Start for children 0-3
- Families First and play policies

5. Detailed information on allocations in respect of children looked after and associated prevention and support measures

The Committee requests detail information on the allocations within the overall Draft Budget 2023-24 as relevant to our recently launched inquiry **Services for care experienced children: exploring radical reform**, including:

- Before care: *Safely reducing the number of children in the care system*. Including allocations for family support, edge of care services and parental advocacy.
- In care: *Quality services and support children in care*. Including discussions with the Minister for Finance and Local Government about the potential rising costs of children's social care and mitigating any impact on children
- After care: *On-going support when young people leave care* including the latest position on the basic income pilot and on funding for When I am Ready both in foster care and the potential expansion to residential care.

6. Costs of legislation

- Implementation of the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill in its first year in force and any adjustments to allocations made in light of the first year of implementation.
- Financial implications or anticipated in 2022-23 and 2023-34 of any subordinate legislation relevant to children and young people within the Minister's portfolio.
- Information on the financial impact of any relevant UK Parliament legislation.

7. Impact of the cost of living on Draft Budget 2023-24 allocations

Information on the anticipated impact of the cost of living on the Health and Social Services MEG in 2023-24 and the Minister's broader policy responsibilities for:

- The delivery of services to children and young people by the Health Boards in Wales and the impact of the rising costs of energy on this provision.
- Policy and oversight of the provision of all social service activities of Local Authorities in Wales and any associated discussions with the Minister for Finance and Local Government, specifically:
- The impact of the costs of living on children's safeguarding services both in terms of potential increased needs and any increased costs associated with service delivery

- Impact of the costs of living in terms of the delivery of children's social care, for example the increased costs of residential and foster care; the increased costs of living for households supporting Kinship Care arrangements or Special Guardianships.

Evidence to the Sixth Senedd Health and Social Care Committee inquiry - Dentistry

Inquiry into whether the Welsh Government is doing enough to bridge the gap in oral health inequalities and rebuild dentistry in Wales following the COVID-19 pandemic and in the context of rising costs of living.

This evidence is submitted by Welsh Government at the request of the Health and Social Care Committee in advance of the oral hearing on 17th November 2022.

Key points

1. The burden of oral disease remains high in the population, despite being predominantly non-communicable and preventable. The primary oral diseases are tooth decay (caries) and gum disease (periodontitis).
2. Tooth decay has a considerable impact upon NHS health services, despite being largely preventable. It affects people at all stages of life and is the most common oral disease in children. Dental health surveys conducted across the UK have demonstrated a strong association between socio-economic deprivation and poor dental health[1].
3. Oral health can be prevented through a combination of dietary modification (reduction in sugar, alcohol, and tobacco consumption), regular toothbrushing with a fluoride-containing toothpaste, and guidance from dental professionals.
4. The oral health of the population cannot be improved through dental services alone, as prevention of oral diseases needs to be integral to population level prevention strategies and programmes, both at national and local level.
5. Evidence from observational and interventional studies shows that appropriate levels of supplemental fluoride can reduce the prevalence and severity of decay in both adults and children. Daily supervised tooth brushing schemes in early years and primary school settings are proving effective at reducing tooth decay and modifying health behaviour at a population level. Professional application of fluoride varnish to the teeth of high-risk child and adult patients can be of additional benefit. Population oral health improvement programmes (eg; Designed to Smile) are important to stop widening of oral health inequalities.
6. COVID19 impacted the delivery of dental care, which is still in a recovery phase. The impact is multi-factorial and far-reaching, affecting access to services, patient flow, workforce supply, health-seeking behaviour, increase in demand for urgent and emergency services and staff well-being. Long-term concerns regarding business sustainability and system resilience are emerging.
7. System reform in dentistry is the medium-term vision to transformation oral health services by delivering prevention and scaled up population health improvement. The Reform Programme acknowledges the need to implement a new dental contract for the contracted General Dental Services (GDS) that moves away from measuring treatment provided (the basis of the Unit of Dental Activity) towards a needs- and risk-based population outcome[2].
8. Contract reform underpins the wider ambition of system reform. Expansion and support for the Community Dental Services (CDS) is essential to address the oral health need of vulnerable and marginalised groups.
9. System reform aims to remove barriers to skill mix use within NHS dental teams, which includes expansion of access to training, enhanced skill acquisition and career development.

Evidence

1. The extent to which access to NHS dentistry continues to be limited and how best to catch up with the backlog in primary dental care, hospital, and orthodontic services.

1.1. NHS dental services were probably the most impacted primary care service during the pandemic because a high proportion of operative dentistry involves aerosol generating procedures. Strict infection prevention and control measures were implemented to reduce the risk of transmission within dental settings, both to protect patients and staff.

1.2. Dental practices did not close during the pandemic, but the enhanced infection control requirements, physical distancing, and enhanced PPE resulted in fewer people being able to access care.

1.3. Dental services were provided with a £3m investment in 2021/22 and an additional recurrent £2m funding from 2022, targeted at GDS and CDS.

1.4. 2021/22 was viewed as a reset and recovery year where dental teams were asked to focus on prioritising urgent care, dealing with the needs of vulnerable groups, addressing the backlog of treatment resulting from the scaling back of dental services, interspersed with the reintroduction of routine with routine care.

1.5. Between 2020/2, 980,201 patients (30.9% of the total population) received dental care, representing 732,000 adults (28.8% of the adult population) and 250,000 children (39.4% of the child population). However. in 2021-22, 1.1 million courses of treatment were recorded, which is an increase of 92.5% from 2020/21[3].

1.6. Band 1 treatments were the most common treatment band, accounting for just under half (461,494) of all courses of treatment. Just over a fifth of all treatments (or 230,106 treatments) were urgent/emergency cases.

1.7. Just under 624,000 examinations were recorded in 2021/22, which was more than double (up 114.4%) than in 2020-21 but 59.6% lower than pre-pandemic levels.

1.8. A larger than usual proportion of Band 2 claims (and lower than usual proportion of Band 1 claims) during 2021/22, indicating a prioritisation of high needs patients.

1.9. The number of orthodontic treatments, radiographs and ‘other treatments’ for children have returned to pre-pandemic levels

1.10. Comparison of activity data during 20/21 and 21/22 to pre-pandemic year 19/20 highlights the significant ‘treatment back log’ in GDS. A similar situation exists in other UK countries. Activity data predicts that the GDS will continue to recover and deliver additional capacity in 2022/23. However, the residual treatment back log as a direct result of the pandemic, indicates a need to continue prioritisation of dental access and care to the most vulnerable, high risk, urgent case, and children over those with no dental disease and low risk, but seek a regular ‘check-up’.

1.11. Additional capacity will need to be created within primary care to meet the oral health and dental needs of the population, as well as using the reform programme changes to allow primary care dental services to work with other health and care services locally to ensure proactive, preventive, and co-ordinated care. It is an

ambition of the reform programme to align dentistry within the Accelerated Cluster Development system.

1.12. The reform programme aligns to the Welsh Government document 'Oral Health and Dental Services response to A Healthier Wales' (2018), delivering a needs-based approach to the provision of NHS dentistry across Wales, which will:

- Increase access to new patients with higher needs
- Adopt a preventive approach to care for all
- Extend the use of 'skill-mix' as part of the Prudent Health agenda
- Prompt patients to attend according to need.

1.13. Previous dental contracts (1990 and 2006) did not address variations in population oral health needs. The contracts did not enable local innovation within service commissioning, which is being addressed within the reform programme. It is proposed to replace the current Units of Dental Activity (UDA) activity model with a needs-based funding system. A prototype was trialled during the pandemic and being adapted within the current contract variation, pending necessary legislative changes.

1.14. The impact of the pandemic on access to primary care dentistry is illustrated in Figure 1 (children) and Figure 2 (adults) with signs of recovery in the latter months.

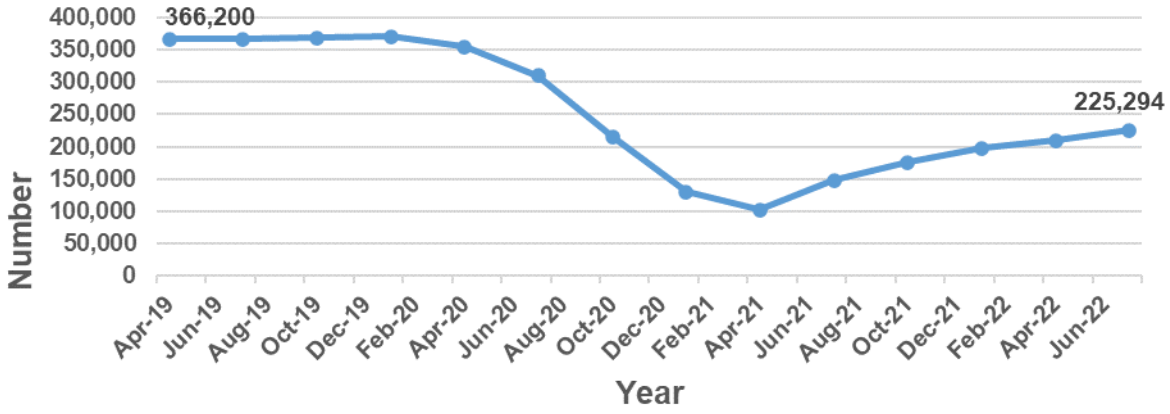

Figure 1: Number of children who received NHS dental care in the previous 12 months up to and including the month shown

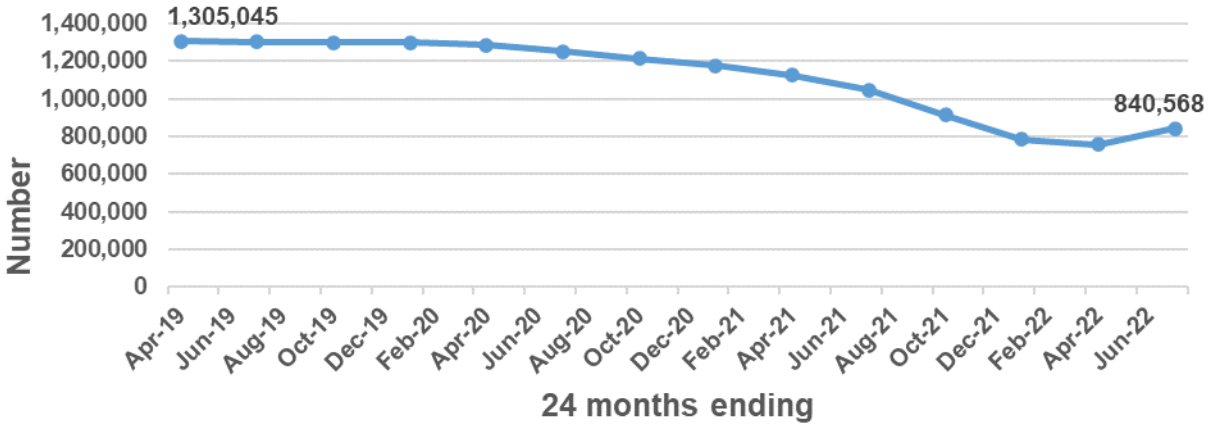

Figure 2: Number of adults who received NHS dental care in the previous 24 months up to and including the month shown

2. Improved oral health intelligence, including the uptake of NHS primary dental care across Wales following the resumption of services, and the need for a government funded campaign to reassure the public that dental practices are safe environments.

2.1. Welsh Government works collaboratively with other agencies such as Healthcare Inspectorate Wales (HIW), NHS Wales Shared Services Partnership (NWSSP) Primary Care Services, General Dental Council (GDC), NHS Business Services Authority (NHSBSA), Community Health Councils (CHC) and Health Education and Improvement Wales (HEIW) to share information relating to quality and safety assurance in dentistry.

2.2. Dental practices are inspected by HIW. HIW provides the public with independent and objective assurance of the quality, safety and effectiveness of healthcare services and makes recommendations to healthcare organisations to promote improvements.

2.3. Practices have adapted the clinical environment to ensure patient and staff safety.

2.4. Activity evidence indicates patients have returned to dental practices, although at the current time the on-going restrictions have reduced capacity and patients are having to wait for an appointment.

2.5. Guidance has been offered to practices, included within the GDS contract variation 2022/23, and promoted through a public media campaign in July 2022, that is aimed to discontinue unnecessary and ineffective treatments. This has been targeted at three areas:

- Extension of the recall interval for healthy, low risk patients. The practice of standardised six-month recall 'check-ups' was disputed NICE in 2004. A Cochrane Systematic Review concluded that "there is no evidence to support or refute the practice of encouraging patients to attend for dental check-ups at six-monthly intervals"[4]. Other well-designed studies have indicated that "the evidence for using a one-recall-interval-fits-all protocol to reduce caries incidence was weak. Studies that addressed the impact of recall interval on caries incidence were methodologically weak. The evidence was not strong enough to support using any specific one-recall-interval-fits-all protocol for all patients"[5]. This message has been used in public media communications.
- A UK trial showed overall no clinical benefit of regular 6 monthly or 12 monthly scale and polish (teeth cleaning).
- The UK National Screening Committee has reviewed screening for oral cancer and oral cancer screening of UK population is not recommended. Oral cancer screening cannot be used to justify 6 monthly check-up in low-risk patients. Dentists are encouraged to provide focussed interventional advice regarding the health risks of smoking and excessive alcohol usage, with signposting to prevention programmes.

2.6. It is acknowledged that some patients appreciate the recall appointments, even when not indicated. Further changes in policy and clinical practices will require continuous engagement between patients and dental professionals.

3. Incentives to recruit and retain NHS dentists, particularly in rural areas and areas with high levels of need.

3.1. The number of dentists with NHS activity has increased slightly every year since comparable data was collected in 2006-07 until 2018-19. Small decreases occurred in 2019-20 and 2020-21 but the number increased in 2021-22.

3.2. 1,420 dentists with NHS activity were recorded in Wales in 2021-22. This equates to 2,232 people per dentist with NHS activity.

3.3. In 2020-21, 132 dentists (9.5% of all dentists) stopped performing NHS work, compared to 123 dentists (8.9%) newly performing NHS work.

3.4. Implementing workforce strategies in a flexible manner, based on careful monitoring, is key to responding to changing population needs. Dental workforce planning that links oral health and service improvement should not be regarded as a "one-off" creation, but capable of adaption and change. This is the basis of the current reform programme.

3.5. The dental reform programme has outlined the intention to develop skill mix within dental teams, reflecting the valuable contribution made by dental nurses, hygienists, and therapists. Workforce planning must be more ambitious than expansion of dentist numbers.

3.6. International recruitment has been impacted by Brexit and the pandemic. The imminent Section 60 Order changes within the General Dental Council international registration proposal (*The Dentists, Dental Care Professionals, Nurses, Nursing Associates and Midwives (International Registrations) Order 2022*) could support the recruitment of international graduates into rural areas of dental access need. The draft Order will provide the GDC with flexibility to apply a range of assessment options in determining whether an international DCP applicant has the necessary knowledge, skills, and experience for practice in the UK.

3.7. Salaried primary care posts are being developed in GDS. This has been launched in BCUHB and offers an innovative job plan, comprising GDS in high needs area combined with upskilling opportunities in CDS or secondary care.

4. Oral health inequalities, including restarting the Designed to Smile programme and scope for expanding it to 6-10 year olds; improved understanding of the oral health needs of people aged 12-21; the capacity of dental domiciliary services for older people and those living in care homes (the 'Gwên am Byth' programme); and the extent to which patients (particularly low risk patients) are opting to see private practitioners, and whether there is a risk of creating a two-tiered dental health service. Workforce well-being and morale.

Designed To Smile:

4.1. Designed to Smile (D2S) is a national programme, which follows public health principles of proportionate universalism[6]. It is based on delivering approaches recommended in NICE guidance[7]

4.2. D2S comprises a universal preventative programme for children from birth, integrated within the Healthy Child Wales Programme and a targeted preventative programme for nursery and primary school children, involving the delivery of nursery and school-

based toothbrushing and fluoride varnish programmes for children to help protect teeth against decay.

4.3. The aims are to start good habits early, by giving advice to families with young children and encouraging regular attendance to a dental practice. This element of D2S is aligned to the Healthy Child Wales programme and its approach to provision of universal and enhanced support. Children requiring enhanced support are supplied with toothbrushing home packs and feeder cups. All primary schools in Wales are encouraged to participate in the Welsh Network of Healthy Schools, and within that, incorporate good practice for healthy behaviours as part of a 'whole-school' approach. This includes healthy eating for oral health and oral hygiene, and policies on food and drink provision within the setting. D2S works closely with Healthy Schools Co-ordinators and the Nutrition Skills for Life programme. D2S teaching resources are universally available on Hwb (https://hwb.gov.wales/) to support teaching professionals providing oral health education and raising awareness of the importance of oral health.

4.4. D2S delivers a targeted preventative programme for nursery and primary school children involving the delivery of nursery and school-based toothbrushing and fluoride varnish programmes for children to help protect teeth against decay. Toothbrushing home packs are also supplied to encourage good habits at home. These aspects of D2S are targeted to more disadvantaged areas of Wales, with approximately 70% of nurseries and schools invited to participate. Children up to and including Year 2 (6–7-year-olds) are included. Additionally, all nurseries with Flying Start status, and all schools with Additional Learning Needs provision are invited to participate

4.5. The aim of D2S in academic year 2021-22 was to restart activity as much as possible following the pause during the Covid-19 pandemic. With substantial challenges and uncertainty, it was widely accepted that it would be very difficult to immediately return to the activity levels that had been reached over a 10-year period prior to the pandemic.

4.6. The year's activity was hampered by the continued re-deployment of staff and vehicles into 2022, and the challenges and disruptions posed by the Omicron variant of Covid-19 on educational settings, and staff and child absences. Additionally, there were a substantial number of staff vacancies accrued over the previous two years that required addressing amidst a reduced pool of applicants and NHS recruitment process backlogs. Demotivation and poor well-being because of repeated redeployment were substantial issues.

4.7. The programme also suffered from stock shortages also seen in other sectors, and particularly a national shortage of the licensed fluoride varnish in the Spring term. Aside from the pandemic, the consequences of the devastating floods of early 2020 which destroyed a work base and several D2S vehicles were still being overcome in Cardiff and Vale University Health Board.

4.8. The academic year 2021-2022 began with D2S staff training and updating of protocols and resources. Staff were very flexible, implementing smart working using skill mix where possible.

4.9. Prioritisation of settings was implemented. Relationships with settings had to begin afresh, and training and consent processes started anew in a more time-consuming way than the roll-over between academic years previously. This impacted the speed of restarting in settings. There was a mixed response from settings: some enthusiastically embraced the restart of D2S and recognised the value of oral health

improvement and the return to establishing routines to build on life skills. There was resistance in some settings, particularly to the toothbrushing programme. Most of these were positive about commencing toothbrushing during the 2022-2023 year.

4.10. Table 1 demonstrates the need for continued support to enable Designed to Smile to return to previous activity levels, and the size of the expansion possible, based on the coverage of the programme in 2018-2019.

	Academic year: 2018/19 (pre-pandemic)	**Academic year: 2021/22**
No. of nurseries and schools participating in toothbrushing	1,396	**317**
% of eligible nurseries/schools that are participating in toothbrushing	82%	**20%**
No. of children toothbrushing at nursery/school	90,602	**15,350**
No. of targeted settings refusing to participate in toothbrushing	137	**389**
No. of nursery/school staff receiving toothbrushing training	4,436	**2,142**
No. of toothbrushing home-packs distributed to nurseries and schools	188,709	**171,465**
No. of children receiving fluoride varnish at school	44,217	**17,744**
No. of toothbrushing home packs distributed by health visitors	16,390	**19,510**
No of feeder cups distributed by health visitors	8,286	**7,726**
Whole time equivalent workforce employed to deliver Designed to Smile within NHS Wales	82.5	**88.7**
Programme expenditure within NHS Wales	£3,767,416	**£3,265,155**

Table 1: Summary of D2S activity in 2021/22 and 2018/19

4.11. Settings participating in D2S are provided with toothbrushing home packs to distribute to their attending children, twice a year. This is to encourage healthy habits for brushing at home. Throughout the pandemic, efforts were made to continue this intervention, and in the 2021-2022 academic year, home packs were provided to eligible settings, even if they were not yet participating in either the supervised toothbrushing or fluoride varnish programmes. Table 2 details the distribution of home packs to 784 nurseries and 830 schools, and the total number of home packs distributed to these settings. The number of packs provided to each setting is based on the number of children attending, and so an estimate of number of children receiving home packs is reported.

	No. of nurseries receiving toothbrushing home packs	No. of schools receiving toothbrushing home packs	Total no. of home packs distributed to settings	Estimated no. of children receiving home packs from the setting
Wales Total	**784**	**830**	**171,465**	**95,623**
ABUHB	109	129	35,592	19,507
BCUHB	226	205	35,348	18,014
CAVUHB	75	87	22,237	13,054
CTMUHB	140	139	38,856	17,499
HDUHB	116	121	12,720	8,692
PTHB	44	37	5,008	2,503
SBUHB	74	112	21,704	16,354

Table 2: Number of toothbrushing home packs distributed to nurseries and schools

Gwên am Byth

4.12. Gwên Am Byth is the national oral health improvement programme delivered by the Community Dental Services in Wales with the primary aim of improving oral health and hygiene for older people living in care homes. It is underpinned by Welsh Health Circular 2015/001: https://gov.wales/sites/default/files/publications/2019-07/improving-oral-health-for-older-people-living-in-care-homes-in-wales.pdf

4.13. Gwên Am Byth was significantly impacted during the COVID19 pandemic as significant numbers of staff were redeployed to other roles to support the NHS. When Gwên Am Byth work has been possible, it has been apparent how changes within the care home environment have affected the ability to rebound from the pandemic. These changes include the considerable turnover of care home staff and care home management, as well as closures of care homes, which have meant restarting afresh in many circumstances, with a loss of organisational memory and established working relationships.

4.14. Covid-19 outbreaks and changing restrictions caused substantial cancellation and rescheduling of work. Whilst virtual engagement has been possible in some situations, it wasn't without challenges and for many, both teaching and learning, it was not a replacement to face-face oral healthcare education.

4.15. There has been very positive re-engagement and feedback from care home staff about restarting the Gwên Am Byth programme, as the teaching and the interventions are highly valued in importance. Activity data for this reporting period is provided in Table 3.

4.16. In December 2019, Welsh Government announced that Gwên Am Byth would receive a doubling of funding across the seven Local Health Boards. The funding was increased to £0.5 million a year to ensure the programme is rolled out fully to all care homes in Wales during 2020/21. This funding uplift has resulted in an increase in workforce allocated to support the programme.

Table 3 Participation of homes	1st April 2021 to 31st March 2022							
Health Board	BCUHB	CTMUHB	HDUHB	PTHB	SBUHB	ABUHB	CAVUHB	**All Wales total**
Total number of homes in HB	**185**	**67**	**93**	**30**	**83**	**89**	**63**	**610~**
Number of homes targeted for the programme	**137**	**67**	**93**	**25**	**83**	**89**	**63**	**557**
Number of care homes participating fully in the programme	77	32	26	1	78	71	14	299
Participating partly in the programme	50	32	31	6	5	10	36	170
Care Home has requested training only	1	0	28	0	0	0	0	29
Number of homes not participating	**57**	**3**	**8**	**23**	**0**	**8***	**13**	**112**
Number of homes with an up to date mouth care policy	73	54	35	14	78	89	38	381
Number of homes who can identify their local dental services	92	54	40	30	78	89	38	421
Number of homes that have had an external inspection highlighting good / excellent mouth care	0	0	4	0	2	1	0	7
Number of homes that have had an external inspection highlighting inadequate mouth care	0	0	0	0	2	0	0	2

5. **The scope for further expansion of the Community Dental Service**.

5.1 The Community Dental Services (CDS) Welsh Health Circular [WHC(2022)022] has replaced WHC(2019)021. This provides updated guidance on the role of the community service, outlining an expected expansion of salaried dental officer posts to support local communities who have limited or no access to general dental services.

5.2 The requirements for CDS, laid out in the WHC, are:

- Expectation to develop a wider range of routine and specialist services (level 2 and 3), which shouldn't be limited to the existing special care and paediatric dentistry services.
- Expansion of salaried GDP roles
- Ensure a satisfactory infrastructure and range of equipment
- Continue to develop a robust IT infrastructure. Work currently being undertaken with the NHSBSA to identify the significant data collection issues that impact the quality of activity data.
- Become an exemplar of best practice in dental skill mixing, utilising the wide range of staff currently working within the CDS and share this learning with the GDS within the Dental Reform programme design
- Continue to expand the staffing level of Dental Therapists, including scoping opportunities for employing Foundation Therapists on the HEIW programme
- Maximise the skill use of dental nurses, including extended role
- Support the Public Health function at HB level
- Continue to work closely with HEIW to expand training with the community setting, scope opportunities to host undergraduate dental students on outreach programmes
- Maximum clinical chair capacity and utilisation.

5.3 Early planning for CDS to support schools-based oral health programmes for 12–17-year-old children

6. **Welsh Government spend on NHS dentistry in Wales, including investment in ventilation and future-proofing practices**.

6.1 Funding for NHS dentistry has increased year on year as shown in the table below. Annual increases have been applied in line with recommendations from the Doctors' and Dentists' Review Body along with periodic additional allocations to target specific

challenges or to fund innovation projects. For example, recurrent funding of £2m has been provided from 2022-23 for health boards to support patient access initiatives. This funding has been used in a variety of ways by health boards including expanding CDS provision and to commission new GDS contracts.

Year	2018-19	2019-20	2020-21	2021-22	2022-23
Overall Dental Funding (£m)	140.278	142.184	146.282	150.947	158.538

6.1 During the Covid-19 pandemic Welsh Government supported dental practices in several ways:

- PPE was provided free of charge to NHS dental practices throughout the pandemic and will continue until March 2023.
- £450,000 was provided to enable practices to install ventilation systems that increased the number of air changes therefore enabling a greater throughput of patients.
- Practices were supported financially with 80% contract value paid during the red alert period, increasing to 90% during the amber phase of recovery and providing the practice was gradually increasing their levels of activity and range of services
- For all of 2020-21 and 2021-22 UDA targets were suspended though new activity metrics aligned to the principles of dental reform were introduced in 2021-22. This enabled practices to focus on treating patient needs rather than meeting targets and providing activity levels were appropriate contracts returned to 100% funding.
- Recognising the challenges practices and their staff faced during these two years financial sanctions were effectively removed, except for a very limited sanction in 2021-22 if fluoride varnish application levels were not achieved.

7. **The impact of the cost-of-living crisis on the provision of and access to dentistry services in Wales**.

7.1. No data currently available. However, as financial health is a measurable social determinant of overall health, it is anticipated that asylum seekers, refugees and low-income families with children will experience the greatest impact[8].

7.2. Cost of living crises impacts on expendable income, which influences spending on healthcare. This impacts all socio-economic groups, leading to avoidance of dental care due to affordability issues. Evidence suggests this is greatest in people from lower socio-economic groups (D-E), ethnic minority communities, those over 55 and living in specific geographies. The Lancet Commission stressed ‘an absence of affordability is a major barrier to dental care’ and has recommended abolition of patients’ co-payments to access and receive dental care[9].

7.3. Financial hardship restricts spending on essential items, including toothbrushes and toothpaste, which are being made available through foodbanks. This underlines the value within the Designed To Smile programme, which distributed over 171000 toothbrush packs to children in 2021.

7.4. Economic decision factors, such as food price and income, influence people's food choices. Food costs are a barrier for low income-families to choose healthier foods, which have the potential to impact on oral health.

7.5. There is potential impact on dental practices and their teams, which will face amplified business costs due to rising energy prices and general costs of living.

Summary

1. The dental reform programme has identified three key areas for transformation of NHS services: a step-up in prevention; developing services that are fit for future generations; and developing dental teams and networks. The programme has adopted a continual improvement model, underpinned by evidence-based prevention and treatment.

2. Addressing common risk factors for oral health and non-communicable diseases through policy, professional engagement, and public messaging, is needed to improve oral health.

3. Population health programmes are critical to prevent further widening of oral health inequalities. This requires improving access to dental provision, both on an urgent and routine basis, monitored through population health improvement.

4. Dental services reform must ensure dental access based on need and delivery of dental care focussed on patient outcomes.

5. Despite the oral health of the population improving, the effect of the pandemic has impacted on this improvement and widened oral health inequality. Adopting a needs-based workforce planning model, based on local data, is necessary to meet the objectives within the Well-being of Future Generations Act. This is a medium-term ambition.

6. A programme of reform within primary care is addressing the issues raised in the 5th Senedd health, social care, and sport committee's report (2019). In particular, this aims to:

    - Replace the current Unit of Dental Activity targets with a new, more appropriate, and more flexible system for monitoring outcomes to include a focus on prevention and quality of treatment
    - Work with the profession and Health Boards to address the issue of money recovered through under-delivery of the contract value ('clawback')
    - Work with HEIW towards a range of strategies to increase the recruitment of Welsh domiciled and increase levels of retention of students training in Wales, as well as attracting qualified practitioners into Wales
    - Monitor the delivery of the Designed to Smile programme, which now includes up to Year 2. This is supporting the adoption of fluoride varnish applications to children over the age of 3 years when attending for their dental check.
    - Build on existing oral health improvement programmes to address and improve the oral health of older children and young teenagers in Wales.

7. The reform programme will support the further development of the CDS.

8. Prudent Healthcare argues for the greater use of 'skill-mix'. There is public support for greater use of skill mix in NHS dentistry in Wales[10]. In NHS Dentistry, this is restricted the legal confines of the current contract, as Dental Therapists and Dental Hygienists are not allowed to open a course of treatment without a dentist's approval. This contrasts with the GDC position, which permits Therapists to perform a wide range of procedures within scope of practice. Work is being undertaken to address this issue, expand the Therapist network and increase the number entering training[11].

9. Interventions aimed at reducing oral health interdisciplinary knowledge barriers should be implemented to improve holistic patient care[12].

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