

Oral health and social care



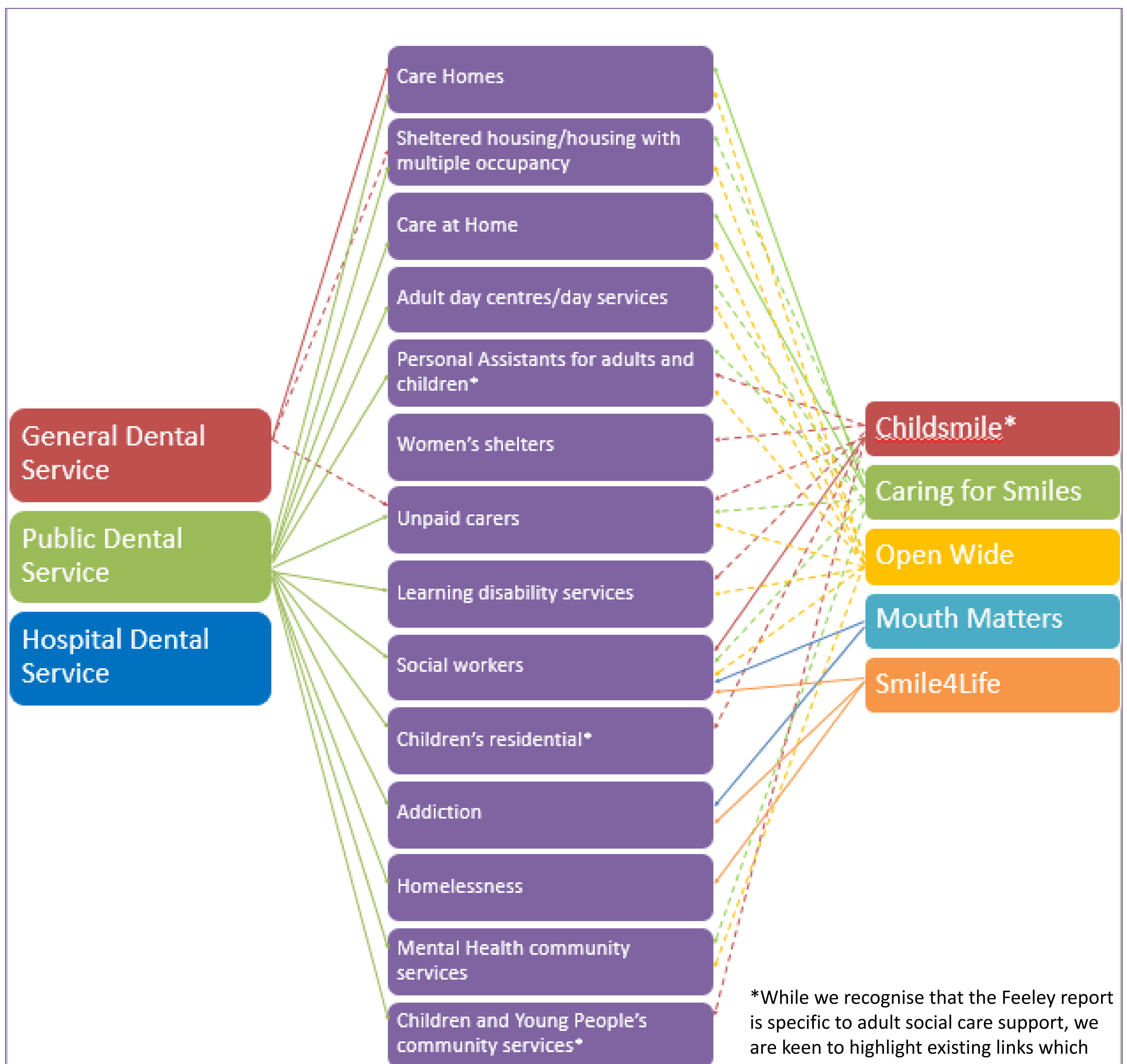
CDPH & CADO Group response to the 2021 Adult Social Care Independent Review – “The Feeley Report” - May 2021

The CDPH and CADO group are supportive of the findings of the Feeley Report on adult social care in Scotland. We fully endorse the principles of a rights based, collaborative, person-centred approach and the importance of valuing and supporting the social care workforce and unpaid carers.

Within oral health we recognise the benefits of early intervention and a preventive approach and our national oral health improvement programmes have already adopted many of the principles set out in this report. The report provides further impetus to drive forward the statement that there is “no health without oral health.”

We welcome the opportunities that reform of social care can offer to further embed and raise the profile of good oral health as a basic human right.

Dental services and the oral health improvement programmes already have well established links with many social care services as shown by solid lines in the diagram below. There are also relationships which will be of value or are under development represented by dotted lines.



*While we recognise that the Feeley report is specific to adult social care support, we are keen to highlight existing links which also extend to services for children

There are many examples where oral health / dental services already enact the principles of the Feeley report. We are well placed to build on these to promote oral health as a priority within social care reform. In addition there are opportunities for us to share our experience to help inform future development of social care support.

Preventative, rights-based approach

- We promote oral health as a basic human right, and as everyone’s business
- Prevention is key to good oral health and ensuring those who require support to maintain their daily oral care is a priority
- We recognise that those accessing social care supports are most likely to experience “crisis” in the event of a dental emergency
- Our national OHI programmes focus on priority group populations and all have links with social care
- We provide oral health support and dental care to many groups who rely on social care
- Oral health is already encompassed in the National Care Standards

Training

- We work in partnership with NES to offer a range of training opportunities, including:



- In addition to formal training options, local OHI teams respond to ad hoc requests
- Training is offered to both paid and unpaid carers and Open Badges are accessible to all

Partnership working

- We recognise that oral health cannot be improved by dental services alone and work with a number of key partners:



- We also value patient and public engagement including through peer support, co-production and expansion of the benefits of OHI programmes to families and communities

How oral health can inform the National Care Service (NCS) model

- Our OHI programmes have national oversight but are delivered locally with learning shared between Health Board Areas. This is an ambition of the NCS
- Dental primary care QI requirements are set nationally and monitored by local Boards. We also have links to SPSP. This experience may support development of QI activity for the NCS
- There are parallels between dental services and social care – not free at point of care, mix of private provision / NHS independent contractors. Interactions between dentistry and the NHS are well established and could help inform the relationship between the NHS and NCS

How should oral health services move forward in parallel with social care reform?

- We need to maintain a high profile to ensure everyone is aware of services and programmes and able to access the support they require
- We will continue to take an inclusive, rights based approach with an increased emphasis on co-production
- NCS will bring together all partners – we need to use this to ensure oral health is engaged across the whole system
- Oral health must be at the table as the NCS is established, with ongoing representation at strategic level and in the proposed “mutually supportive provider networks”
- We will develop outcome measures for oral health to be used in social care quality monitoring
- Consultants in Dental Public Health have skills to support commissioning, whether this is delivery of daily oral care, OHI programmes or all dental services
 - (skills in: needs assessment, data intelligence, mapping, service development and monitoring and procurement)
- We will expand the advocacy role of Dental Health Support Workers
- We will revisit our existing links with Care Inspectorate and SSSC as the bodies evolve
- In addition to the Care Inspectorate and SSSC we will work with Scottish Care and the Coalition of Care and Support Providers in Scotland (CCSP)

Six key areas for change are identified in the report. The implications of each for the future relationships between oral health and social care are outlined below:

A new narrative for social care support

- We need to reinforce the importance of daily oral care to prevent a dental emergency or oral health “crisis”
- We will support dental services to reorient to deliver prevention rather than intervention
- Our national OHI programmes need to further raise their profile and ensure they are inclusive and accessible to support anyone who requires help to improve and maintain their oral health

A redesign of the system of social care support (creation of NCS)

- We need to ensure that oral health programmes and services are actively considered as the NCS is established
- There must be oral health representation on NCS committees to ensure it is high on the agenda (oral health is relevant to all aspects of social care)
- Building on the existing foundations we will work to further integrate oral health and social care
- We must ensure that oral health is a priority when planning, commissioning and securing social care support
- The proposed national support for individuals with complex or highly specialised needs should have PDS, Special Care Dentistry and OHI involvement in its design
- The “strong local leadership” required of the NCS must include dental voices
- IJBs will ensure integration of community care and support provision to respect and support professional interdependencies – oral care must be included in this
- National contracts for care and support must include oral health supplies as well as considering dental services and daily oral care / oral health improvement

Redefining quality and closing the implementation gap

- Minimum quality outcome standards for social care should include oral health outcomes
- We will advocate for oral health to be included when considering NCS improvement, workforce development and standards
- Our experience of national QI initiatives and SPSP can bring learning to implementing these approaches in NCS and puts us in a strong position to use QI methodology to improve oral care in care settings

Protecting, promoting and ensuring human rights and equity

- We will continue to promote oral health is a basic human right, and everyone’s business
- Good oral health must be at the heart of the focus on supporting people to achieve their outcomes
- With an increasing emphasis on supporting people to live in their own home for as long as possible we need to broaden our reach so that everyone has access to the level of oral health support that they need
- We need to reach out to those not known to services to meet their needs and right to good oral health (our 3rd sector links are key to this)
- Oral health needs must be documented in support plans with action taken to ensure these needs are met

Greater empowerment of people who need support and unpaid carers

- Oral health must be included for everyone using social care support – including unpaid carers and family members
- We recognise patients as experts in their own needs and will strengthen patient involvement in informing delivery of dental services and OHI support
- Vulnerable and marginalised groups must be included in any discussions about the future of dental services/new model of care and planning for programme developments
- We will actively encourage two way interaction between OH and social care – dental/OHI teams can refer for social care support and social care can refer for OHI/dental support
- We need to support individuals to be involved in choices about their oral health, including developing the advocacy role of dental health support workers
- We are committed to continuing existing collaborative working and further expanding our networks, particularly with 3rd sector and community groups

Value the social care support workforce

- We will continue to ensure that learning opportunities for paid carers are also available to unpaid carers and to personal assistants employed under option 1 of SDS
- It is vital that oral health qualifications/skills are recognised in the proposed social care job evaluation programme
- Any training framework for social care staff must have oral care as a core competency
- We will continue to work closely with NES including supporting the development of further Open Badges available through SSSC
- We must also recognise our role in offering support for carers to improve their own oral health and facilitating their access to dental care (eg. arrangements for respite care to allow them to attend dental appointments)