

**Scrutiny Panel: Health, Social Security and Housing Scrutiny Panel**

**Introduction:** The Ministers are invited to complete the response form in respect of findings and recommendations made following the above Scrutiny Panels review of Dental Health Services.

**Findings and Recommendations**

	<b>Panel Finding / Recommendation</b>	<b>Response from Ministers</b>
F.1	The Dental Fitness Scheme income bar is unfair on families with more than one child.	An income bar is a simple, cost-effective method of targeting a relatively low value, stand-alone benefit. The current limit of £44,039 per annum is well above income support levels and statistical data from the Jersey Income Distribution Survey indicates that the scheme is available to families in three of the five equalised household quintiles <sup>1</sup> .
R.1	The Minister for Social Security should provide an incremental means tested system within the Dental Fitness Scheme to accommodate families with more than one child	See R.2
F.2	The Dental Fitness Scheme has not been updated for 18 years.	<p>The Jersey Dental Fitness Scheme (JDFS) was first introduced in 1991 to assist school leavers up to the age of 21 to pay for routine dental treatment by a States Act. Since then, the scope of the scheme has been amended twice.</p> <p>The basis of the current scheme was agreed in 1997, and an income bar of £25,000 was set. An uprating mechanism for the income bar was agreed in 2001 and this has led to the current income bar of £44,039. This represents an increase of 76% over the last 13 years, compared to an increase in the Retail Price index of 61%.</p> <p>The benefit paid remains at £6 per child per month. The average contribution per member is approximately £7.16. Dentists therefore receive an average of £13.16 per month per member ( £157.92 per annum) for check ups and treatment as</p>

<sup>1</sup> Jersey Income Distribution Survey Report 2009/10

		required to maintain dental fitness.
R.2	The Minister for Health and Social Services together with the Minister for Social Security must deliver an updated Dental Fitness Scheme (DFS) before 8 <sup>th</sup> July 2011.	<p>The Minister for Health and Social Services is currently undertaking a major review of health strategy. It is recognised that all practitioners should be encouraged to provide appropriate preventative care. Until this review is complete, it would be a poor use of public resources to initiate separate reviews of parts of the health system.</p> <p>However, it is accepted that a review of the JDFS should be undertaken at an appropriate time. This will be before the end of 2012.</p> <p>No additional funding is available for this scheme at present and any enhancements to the scheme will need to be achieved within the current funding envelope. The review will include the eligibility conditions for the benefit and investigate the reasons given for parents leaving the scheme.</p>
F.3	The existing Westfield 65+ Plan requires payment at the point of treatment.	This finding is not correct in respect of income support claimants. An individual in receipt of income support (or with an income within 10% of the income support limit) can apply for a special payment through the income support system. The special payment is used to cover the cost of the bill and then the receipt used to claim the benefit from the administrator.
R.3	The Minister for Social Security must remove the necessity for payments at the point of treatment within the Westfield 65+ Plan by 8 <sup>th</sup> July 2011.	See R.4
F.4	More flexibility is needed in the fund management of the Westfield 65+ Plan.	It is correct that the current benefit provides fixed maximum amounts in respect of optical, dental and chiropody costs on an annual basis.
R.4	The Minister for Social Security should ensure more flexibility in the administration of the Westfield 65+ Plan by 8 <sup>th</sup> July 2011.	<p>The Minister for Social Security is already planning a full review of the Westfield scheme in 2011. This will include consideration of the reimbursement methods used and the allocation of benefits to dental, optical and chiropody areas.</p> <p>It is not possible to commit to the completion of this review by the beginning of July.</p>

		No additional funding is available for this scheme at present and any enhancements to the scheme will need to be achieved within the current funding envelope.
F.5	The Minister for Social Security has devolved his responsibilities for the Westfield 65+ Plan to the administrating body.	This finding is not correct. The daily administration of the scheme is outsourced to a company who administer the benefit on behalf of the department under a service level agreement. The Minister for Social Security remains responsible for the scheme
R.5	The Minister for Social Security must immediately take responsibility for the Westfield 65+ Plan.	No action required.
F.6	The loss of statistical data following the withdrawal of screening in schools does not allow for future planning and may prove to be a false economy.	Clarity is required on the definition of "screening". What the Scrutiny Panel appears to be referring to here are the epidemiological studies which provide data on the incidence of dental disease and have indeed been ceased. Screening is the examination of children's teeth within schools and this has not ceased and will continue.
R.6	The Minister for Health and Social Services should recommence screening in schools immediately to ensure that statistical data is available for the development of dental policies	The recommendation is partially accepted. By June 2011, consideration will be given to resuming epidemiological studies possibly under the remit of Health Intelligence within the Public Health Department.
F.7	The Minister for Health and Social Services has a duty of care to residential patients being cared for by her department, which extends to ensuring that all professional carers are properly trained in the delivery of oral hygiene.	This duty of care extends to nursing facilities for which the Minister for Health and Social Services has responsibility.
R.7	The Minister for Health and Social Services must provide adequate oral hygiene training provision for all carers working in public or private residential care by 8th July 2010.	This recommendation is accepted for those patients in community homes for which the Minister for Health and Social Services is responsible and we will review existing training and enhance where necessary. Such widespread training cannot be completed before July 2012.

F.8	The Consultant in Restorative Dentistry advocates the use of fluoride toothpaste for patients in residential care.	The use of fluoride toothpaste is a proven method of reducing dental decay.
R.8	The Minister for Health and Social Services should discuss the introduction of fluoride toothpaste for those in residential care with the relevant professionals.	The Minister for Health and Social Services accepts to undertake these discussions by June 2011.
F.9	Dentists rather than the Minister for Health and Social Services appear to have been left with responsibility for the management and delivery of dental health.	Dental care will be considered as part of the strategic review of health and social care services.
F.10	The Minister for Health and Social Services and the Minister for Social Security have failed to communicate in order to co-ordinate a coherent policy.	The Minister for Health and Social Services is currently undertaking a major review of health strategy, which includes the provision of dental services. The Minister for Social Security is a member of the political steering group overseeing this review.
R.10	The Minister for Health and Social Services and the Minister for Social Security have overlooked their remits for dental services and failed to communicate in order to co-ordinate a coherent policy.	No action identified.
F.11	The public is insufficiently informed of the dental schemes available in the Island.	Leaflets for the Jersey Dental Fitness scheme, the Jersey 65+ Health Plan and Income Support Special Payments are available from the Social Security Department and are distributed to GP and dental surgeries and The Citizens Advice Bureau. Details of all 3 schemes are also included on the gov.je website.

		The Jersey Dental Fitness scheme is promoted annually in schools and an advertisement is included in the dental section of the local telephone directory yellow pages.
R.11	The Ministers for Health and Social Services and the Minister for Social Security should immediately undertake a publicity campaign to promote dental health services provided in Jersey.	<p>The Social Security Department will review the information distributed to pensioners to ensure that they are fully aware of the benefits available. This review will be undertaken by 31 March 2011.</p> <p>Health and Social Services will review if there are further opportunities for informing the public of the schemes in addition to the current arrangements. This review will be undertaken by December 2011. However, no additional budget is available for a publicity campaign and any request for funding would need to be judged against other competing demands</p>
F.12	The Dental Fitness Scheme has no mechanism for dealing with parents who stop paying their monthly fee for their child's dental treatment.	Of families using the dental scheme, just under 70% make monthly payments. In the case of non payment of a monthly fee, the administrators suspend membership after 2 months. However, they will always try to work with the family to maintain membership if there are temporary financial challenges.
R.12	The Minister for Social Security should identify and implement a mechanism for dealing with members of the Dental Fitness Scheme who do not maintain the monthly fee.	<p>It is not possible to force people to take up a benefit and parents have the right to determine the care of their own children.</p> <p>The Dental Board with responsibility for the oversight of the JDFS has not provided any evidence to the Social Security Department in respect of parents failing to keep up monthly payments. However, this matter will be investigated as part of the action set out under Recommendation 2.</p>
F.13	Submissions received from the public suggest that the existing provision of dental schemes excludes a large proportion of the population between the ages of 18 and 65.	The Scrutiny Report refers to 25 submissions but, as at 17 December 2010, there are no details of these submissions available on the Scrutiny website.
R.13	The Minister for Social Security must provide dental benefit to ensure that all residents can access at least basic dental care.	It would be inappropriate for the Minister for Social Security to commit significant funds to a specific area of primary health care at a time when the Minister for Health and Social Services is undertaking a major review of health strategy for the island.

		<p>There would be a major cost to any such scheme and this would need to be weighed against other competing pressures on public funds.</p> <p>The Scrutiny Report does not define “basic dental care” nor examine the costs involved.</p>
F.14	There is no statutory regulatory body for dentistry in Jersey.	All dentists must be registered with the Royal Court of Jersey and the UK General Dental Council (GDC) which has the authority to investigate concerns occurring within Jersey.
R.14	The Minister for Health and Social Services and the Minister for Social Security must establish an independent statutory regulatory body to oversee the delivery of dentistry services in Jersey.	<p>It would not be appropriate for the Minister for Social Security to take responsibility for the regulation of any healthcare service.</p> <p>The Minister for HSSD manages the dental practitioners employed by HSSD. HSSD dental practitioners are registered with the General Dental Council (GDC) and the Royal Court. Any concerns with their practice are managed by HSSD who can refer to the GDC if necessary. Private dental practitioners must also be registered with the GDC and the Royal Court. Any concerns raised by the public can be reported directly to the GDC who have an obligation to investigate concerns relating to its members. By February 2011, the Minister for HSSD will confirm and publicise the remit of the GDC in Jersey.</p>
F.15	There is no ombudsman to deal with disputes relating to dentistry.	<p>The legal framework under which an ombudsman would operate is not explained in the Scrutiny Report.</p> <p>The Parliamentary and Health Service Ombudsman in the UK deals with complaints relating to government departments and treatment provided through the National Health Service. The UK ombudsman is not able to deal with complaints in respect of private healthcare such as private dental treatment.</p>
R.15	The Minister for Social Security must establish an independent dental ombudsman’s service.	It would not be appropriate for the Minister for Social Security to take responsibility for an ombudsman service in respect of any healthcare service.
F.16	The sections of the Health Insurance (Jersey) Law 1967 relating to dental treatment have not been enacted yet the Health Insurance Fund has an annual surplus.	<p>Noted.</p> <p>The Health Insurance Fund has had an annual surplus in recent years. The existing costs within the health insurance scheme will increase steadily over the next two decades as the number of older people in the population increases and</p>

		<p>the proportion of working age people decreases. This will have a significant negative impact on the fund and current surpluses will be used to help meet these increasing costs in future years. In addition to an increase in cost base due to an ageing population, there are also pressures on the health insurance fund to be extended to cover improvements in primary care services, such as regular medical screening or enhanced benefits for individuals with long term chronic medical conditions.</p>
R.16	<p>The Minister for Social Security must consider the introduction of a dental benefits scheme as outlined within the Health Insurance (Jersey) Law 1967 by 8th July 2010.</p>	<p>It would be inappropriate for the Minister for Social Security to commit significant funds to a specific area of primary health care at a time when the Minister for Health and Social Services is undertaking a major review of health strategy for the island.</p> <p>There would be a major cost to any such scheme and this would need to be weighed against other competing pressures on public funds.</p> <p>As noted in the response to Recommendation 13, the Scrutiny report does not provide any details or costings in respect of these proposed benefits.</p>
F.17	<p>The Consultant in Restorative Dentistry in his role as advisor to the Minister for Health and Social Services appears to be conflicted as he is also in local private practice</p>	<p>All of the dental consultants in the hospital have private practice. To assume their advice to the Minister for Health and Social Services may be biased due to their private businesses, without supporting evidence is derogatory to their professional standards.</p>
R.17	<p>The Minister for Health and Social Services must ensure that advisors are not conflicted.</p>	<p>The 3 consultant practitioners employed by HSSD have private practices within the island. As experienced managers with SOJ contracts they have the skills, knowledge and accountability to provide the Minister for Health and Social Services with impartial information without bias. The report does not specify exactly how a conflict of interest was derived and as such the recommendation is rejected.</p>
R.18	<p>The Ministers must review policy in order to deliver a modern dental health service as part of the primary health care system.</p>	<p>The Minister for Health and Social Services is currently undertaking a major review of health strategy, which includes the provision of dental services. The Minister for Social Security is a member of the political steering group overseeing this review.</p>