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TASK 1

To Councillor Ritchie Massey, Cabinet Member for Adult Services, Health and Wellbeing, Sandwell Metropolitan Borough Council

From: Nuria Antonio

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Subject: Improving Access to Suitable Residential Care in Sandwell

Introduction

The main purpose of this record is to examine the shortage of residential care homes here in Sandwell and suggest practical ways we can address it keeping the care Act 2014. Residential care homes support adults who can no longer manage safely in their own homes. Staff assist residents with daily tasks such as washing dressing eating and taking medication correctly. These services also give people the chance to socialise and receive support from trained professionals. For many families moving into residential care becomes necessary when an individual needs more help than relatives can provide at home. Skills for Care reports that Sandwell had 91 registered residential services during 2024 and 2025. However having a large number of care homes does not guarantee that every person can find a suitable place. Some individuals require specialist care while others only need a short temporary stay to give their family carers a break. The Care Quality Commission also known as the CQC has identified clear difficulties with accessing respite care across the area. This is an important issue that the local authority should examine carefully.

Impact On The Local community

When people have to move away from their local area, it creates real difficulties for them and their families. When suitable care is difficult to find families often take on an unsustainable amount of responsibility. Many people combine caring for an older relative with employment raising children or managing their own health conditions. Without access to respite care these unpaid carers have very little opportunity to rest. Over time this situation can negatively affect both their physical health and mental wellbeing. The Care Act 2014 places a clear duty on local authorities to promote individual wellbeing when making decisions about care and support. Section 1 of the Act outlines important principles including personal dignity physical and mental health and the maintenance of family and personal relationships. This means simply finding an available bed is not enough. The service must also meet that person's specific needs and allow them to stay connected to people who are important to them. In July 2025 the CQC recorded that 285 out of 1261 long term care placements linked to Sandwell were located outside the borough. This does not necessarily mean there is a shortage of local provision. Some people may choose to move closer to family members living elsewhere or require specialist services that are not available locally. Even so the council should understand the reasons behind these placements and ensure good alternatives exist within the local area. Being close to family and friends can significantly improve quality of life for people living in care. Staffing levels also influence the quality of care people receive. Skills for Care recorded a vacancy rate of 6.6 percent across Sandwell's adult social care workforce in 2024 and 2025. This figure is comparable with regional and national averages, but it still has practical consequences. When teams are understaffed staff have less time to provide the individual attention that each resident needs.

Recommended Actions

Based on legal duties and the evidence available, the following steps are recommended: Sandwell Council should begin by reviewing the capacity and suitability of existing residential care services. This includes looking at the number of available places typical waiting times and the different types of support people actually require. The council should also gather feedback from residents and their families to understand their experiences and identify where services need to improve. Building stronger working relationships with care home providers is another important step. Inspection findings and user feedback can help identify areas of concern and support providers to make positive changes. Consistent training opportunities and regular monitoring help ensure that care remains safe respectful and of good quality across all services.

Improving access to respite care should remain a key priority. The CQC notes that Sandwell Council already recognises this gap and is developing new approaches including short breaks and day services alongside traditional residential respite options. This work should continue so that unpaid carers receive reliable support when they need it. Clear accessible information about available services should also be easy for anyone to find without unnecessary difficulty. Looking ahead the council should plan proactively based on the changing needs of the local population. Section 5 of the Care Act 2014 encourages local authorities to support a diverse range of high quality care services that meet different people's needs. Section 2 also highlights the importance of preventing or delaying the development of care needs wherever possible. Early planning helps the council respond effectively when demand for services increases in future.

Conclusion

Not having enough good quality residential care in Sandwell is a serious issue that affects people across every part of the borough. It impacts people's health and happiness, keeps families apart and costs more money than necessary. The Care Act 2014 gives the council both the power and the duty to act. There are already strong foundations in place, including good rated services, successful housing projects and dedicated staff. By building on what works, supporting the workforce and planning ahead properly, the council can reduce the need to place people far from home. It can make sure residents get the care they need close to the people who matter most. That is what the law expects, and it is what the people of Sandwell deserve.

TASK 2

Dentistry services

The way dental care developed, shows how much has changed in medical knowledge, professional standards and public policy over time. This essay looks at dentistry as one of those services we do not always think about much until we actually need it, yet it plays such a huge part in our overall health and wellbeing across the UK. It is easy to imagine dentistry is mostly just about having nice teeth or fixing a bad toothache, but oral health runs much deeper than that. It affects how comfortably we eat, how confidently we speak to people, and even how we feel about ourselves each day. By looking at where these services came from, how they have changed over the years, and what difficulties people have faced both in the past and right now, we can really see just how important they are to people's quality of life. The story of dental care in Britain actually goes back thousands of years. When the Romans were in The UK, they did carry out basic things like

pulling teeth and simple fillings, but their understanding was really limited and there was nothing to properly ease the pain. Once they left, things did not improve much for a very long time. There was no such thing as a qualified dentist at all. Most people who had toothache would go to a barber or someone in their village who claimed they could help, even though they had no real training at all. As sugar became more widely available from Tudor times onwards, tooth decay became much more common, especially among families who could afford it most. Still, proper care was hard to find and completely unregulated. Things only really began to improve in the 1800s. The first proper dental hospital opened in London in 1858, and then the Dentists Act 1878 created an official list of people who were qualified to practise. This meant that from then on, only properly trained people could call themselves dentists, which was the moment dentistry truly became a recognised and trusted profession (UK Parliament, 1878). Just two years later, in 1880, the British Dental Association was set up to help raise standards across the profession. When the NHS started in 1948, it was another massive step forward. For the first time ever, dental care was there for everyone, and people no longer had to worry about finding the money at the moment they needed treatment. It was never perfect though, and patient charges were brought in back in 1952 to help support the service. Even today, most dentists run their own independent practices but work for the NHS under contract, which means they keep their professional independence while providing care to the whole community (House of Commons Library, 2026).

When dentistry first became an established profession, its role was actually quite simple. Most people only ever visited a dentist when something was already hurting badly, and the main thing was just to fix that pain, usually by removing the problem tooth. Hardly anyone went for a regular check-up, and the idea of stopping problems before they even started was barely talked about at all. Today, the job is so different. Of course dentists still treat pain and fix damaged teeth, but they also spend a lot more time helping people keep their teeth healthy in the first place. They show people how to look after their teeth properly, talk about what foods help prevent decay, and give children special treatments that can stop problems from developing at all. Treatments are organised into three simple bands covering check-ups, standard work, and more complex care like crowns or dentures. Children, expectant mothers, and people on low incomes or certain benefits do not pay anything, which is important for keeping care accessible (House of Commons Library, 2026). So, the service has really shifted from just stepping in when things go wrong to helping people stay well long term.

In those early days, the biggest barrier by far was cost. For most ordinary families, seeing a dentist was simply something they could not afford. People would put up with aching teeth for months or even years because they had no other choice. Dentists also tended to set up where people had more money, so anyone living in the countryside or poorer neighbourhoods really struggled to find someone nearby (Public Accounts Committee,

2025). The NHS removed that worry about paying upfront, but it has not made every difficulty disappear. The challenges are just different now. Recent research suggests that around 97 percent of dental practices are not taking on new adult NHS patients right now. Many people say finding a dentist who will actually accept them feels almost impossible, and waiting times can be really long. A lot of dentists have also cut back on their NHS hours or moved into private work because they feel it offers better pay and conditions. The way they are paid has also been criticised, with some saying it encourages rushing through appointments rather than taking time with each person. Some things sadly have not changed though. People living in the most deprived areas still have the hardest time getting seen, just like they always did. The big difference is that once the problem was simply not having enough money, today it is often not being able to find an appointment at all.

In conclusion, dentistry has come such a long way from those days of unqualified help and painful procedures. Two moments really stand out: the Dentists Act 1878 gave the profession proper standards, and the NHS in 1948 opened care up to everyone. What dentists actually do has also changed, focusing much more on prevention rather than just fixing problems once they happen. The difference good dental care makes goes way beyond just healthy teeth. Constant pain makes it hard to eat properly, sleep well, or even feel confident around others. People might avoid going to school, miss work, or hold back from job interviews simply because they are embarrassed about their teeth. Around 42,000 children across England still need to have teeth removed under general anaesthetic each year, and that really should not be happening. Poor oral health has also been linked to wider health issues like heart conditions and diabetes, so looking after our mouths really does matter to our overall health. There are clearly still big challenges ahead, but we must not forget how important these services actually are. Good oral health is not some extra luxury, it is a basic part of being healthy and happy. Making sure everyone can actually get to a dentist when they need one is still one of the most important things we can do to support people's wellbeing.

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