

West Yorkshire Joint Health Overview and Scrutiny Committee

23 November 2023

Summary report	
Item:	Dentistry and Oral Health in West Yorkshire
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Executive summary	
<p>NHS West Yorkshire Integrated Care Board (WY ICB) received the delegation of commissioning responsibility for dental services from NHS England on 1 April 2023. This followed significant pre-delegation work and reflected our ambition to become the commissioner and belief that we can improve and integrate services.</p> <p>On 16 May 2023 the NHS WY ICB Board approved all recommendations set out to improve dental services in our region. The recommendations include utilising our financial resources, increasing and expanding flexible commissioning to 25%, the development of a dental workforce plan, working closely with local authorities and increasing the capacity of the dental team.</p> <p>Work has progressed at pace since May to deliver those priorities. Section 8 onwards of this paper outlines the difference we are already making, as well as the areas we plan to go further on.</p>	
Recommendations and next steps	
<p>The WY JHOSC are asked to –</p> <ul style="list-style-type: none"> • Note the progress made since April 1, 2023, to improve and invest in dentistry and oral health, recognising further improvements will take time. • Discuss and provide feedback on the progress and future areas of focus. • Provide support and guidance where members have direct influence, including but not limited to water fluoridation, the link with public health and engagement with the public. 	

Purpose

1. This paper provides information to the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) on the key context and progression of NHS West Yorkshire Integrated Care Board (WY ICB) priorities on dentistry and oral health.

Background and Context

2. On 1 April 2023 WY ICB received the delegation of commissioning responsibility for dental services from NHS England. This reflected our strong support for inheriting this responsibility with a belief that we could improve and integrate dental services and followed significant work to prepare for delegation.
3. At their meeting on the 16 May 2023, the WY ICB Board discussed in full the current context, challenges and opportunities for dentistry and oral health and supported a set of recommendations to help mitigate these challenges. The detailed Board is in Appendix A; however a short summary is set out below.
4. Access to NHS dental services and the general state of oral health is a key challenge and concern for members of the public and elected officials alike. Various sources of engagement and information show this, including –
 - a. A WY Healthwatch report (Appendix B) which highlights poor patient experiences including six year waits, excessive use of antibiotics instead of substantive treatment, self-extraction of teeth, profound mental health impacts, and proposes solutions.
 - b. An engagement session held by NHS WY ICB on dentistry and oral health (Appendix C).
 - c. Our Joint Forward Plan Consultation Report (Appendix D) which highlights dentistry as a significant and recurrent issue for our population.
 - d. The volume and themes of complaints and feedback that the ICB consistently receives – a total of 239 complaints between April 1 and October 31 2023, 152 relating to access and 87 being practice specific.
5. The challenges within the dental system driving the issues are deep-rooted, longstanding and often complex. Challenges include –
 - a. The national dental contract, which has been cited as the most significant barrier to good dental access, and lack of national reform. The contract is based on Units of Dental Activity (UDAs), which vary widely across WY, meaning dentists get paid differently for the same activity, and fails to deliver targeted interventions, prevention and in some cases value for the clinical complexity treated by our dentists.
 - b. Dental workforce capacity and morale, which has been impacted by the COVID-19 pandemic as well as wider factors borne out of the contract.

- c. Capacity of the dental commissioning team, limiting ability to execute their functions, transform services and support the profession to deliver access.
 - d. Increasing patient need, complexity, and demand for dental services, resulting in part from the inability to access services.
 - e. Limitations in data access and quality that would enable more targeted transformation, service design, commissioning, and prevention work.
6. The ICB Board endorsed recommendations to address the challenges include –
- a. Utilising our financial resources, with £6.5m additional investment to improve access. This includes an ‘at risk’ projection of £4.5m contract under delivery, which enables us to plan to use our resources proactively.
 - b. Increasing the flexible commissioning substitution to 25% of the contract value and engaging more practices in the programme.
 - c. The development of a WY dental workforce plan.
 - d. Working with local authority partners on a life-course approach to prevention, data/measurement priorities, water fluoridation and more.
 - e. Increasing the capacity of the dental commissioning team.
7. Our ambitions reflect what is within our gift. Several solutions, including contract reform and water fluoridation, require national action and a concerted effort. We remain committed to influencing these areas and welcome members’ support.

Progressing our Ambitions

- 8. To date significant focus has been on the development and implementation of a £6.5m investment plan that delivers access for people now, providing a short-term solution in place of longer-term work.
- 9. All progress is underlined by an approach of multi-professional collaboration. Plans and priorities have been developed with the profession, dental consultants in public health, wider public health, and other ICB programmes, including children.

Investment Plan

- 10. The investment plan delivers on the Board priority to make full use of our resources by investing projected underspend within this financial year. This reflects a bold Board risk appetite and proactive approach to mitigate challenges. It supports patient access and oral health improvement by investing in the following areas –
 - a. **Urgent dental care:** investing c.£4.9m to continue and expand the current service, ensuring that when any WY patient has an urgent need, they can access dental care.

- b. **Additional access sessions:** providing targeted opportunities to access dental services where need is high including for children in our most deprived areas, homeless groups, refugees and asylum seekers, and a focus on validating waiting lists.
- c. **Community dental services:** supporting innovative models of care, including investment in a level 2 paediatric service that will treat CDS patients in a primary dental care setting and address long waits, additional workforce capacity and a focus on care homes.
- d. **Orthodontics:** securing additional orthodontic capacity to alleviate pressures and waiting times for patients.
- e. **Prevention and tackling inequalities:** supporting better oral health in the population, stemming the flow of demand, and preventing a further deterioration including investment in each of our local authorities, partnering with the University of Leeds on two initiatives, and removing structural barriers to accessing care.

11. To date, approximately £5.9m of the investment plan is spent or committed. The remaining c.£600,000 is on track to be spent by the end of the financial year.

Other areas of progress

12. Alongside delivering an immediate impact through investment, other priorities are being progressed to ensure that our plan to deliver improvement and transformation is sustainable and impactful.
13. On **flexible commissioning**, we have formed a Yorkshire and Humber wide group to develop an ambitious, innovative, tariff-based approach, with clinical and public health leadership. This will better enable us to target dental activity toward areas of high need and to tackle inequalities, make the contract work for us, and support the retention of the dental workforce.
14. The **dental workforce plan** is in the early stages of development, with a group of subject matter experts including the education sector and dental deanery convening to form a clear workplan. The plan will focus on these priorities –
- a. Establishing a comprehensive understanding of the dental workforce.
 - b. Enabling workforce training and development in line with commissioning intentions.
 - c. Supporting the establishment of Centres for Dental Development.
 - d. Funding international dental graduate placements in areas of most need.
 - e. Proactive recruitment, retention, and development of workforce to meet population need.

15. We have established broad support across health and local authority partners through the WY ICP Partnership Board on **water fluoridation**. We are partnering with regional ICBs with whom we share an ambition and approach, connecting with the NENC ICB region who are actively progressing fluoridation, and discussing with the DHSC.
16. **Collaborative working with CDS providers** to address key issues has led to consensus on supporting mutual aid, exploring future service models and joint working with the West Yorkshire Association of Acute Trusts to address issues in access to theatre space for paediatric general anaesthetic procedures.
17. We have engaged in discussions on the **epidemiology survey** to understand current position and seek solutions to key challenges. This year (2023/24) two of our localities will run the national survey. There is a significant gap in data that the survey produces, which challenges our understanding of oral health in the population and our ability to target services. The support and expertise of JHOSC may help to address this issue.
18. We have made a concerted effort to **build strong relationships with key stakeholders** that enable delivery of priorities and codesign of new solutions. This includes establishing strong links with Local Dental Committees, strengthening our relationship with the Local Dental Network and wider profession, and connecting nationally to share our approach and learn.
19. A **proactive approach to communications and engagement** has led to the creation of online resources, sharing periodic updates with wider system partners, and the establishment of dental patient reference group to embed patient engagement at the heart of our plans.
20. **Additional recruitment to the commissioning team**, including a band 9 deputy director and 8b senior commissioning manager, will grow the capacity and capability required to deliver our ambitious programme.

Next Steps

21. Transforming dental services over multiple time horizons is critical to delivering long-term sustainable change. In doing this we will –
 - a. Continue to deliver on the work we have started, including our additional investments, flexible commission and the workforce plan, and the way we are delivering in collaboration with the profession, experts, and local people.
 - b. Develop proactive policy positions that support the profession, service delivery, access and prevent a further deterioration in under delivery.
 - c. Develop new models of delivering dental services, including for example building on the relationships established with Community Dental Service

providers to develop a better service model, and identifying new innovative service areas and models to support that.

- d. Develop a clear measurement framework as part of the Joint Forward Plan that will enable us to track the state of access, oral health, and the difference we are making through interventions.
- e. Join up work with public health teams to maximise impact, tackle inequalities and embed a life-course oral health promotion and prevention approach.
- f. Plan to mitigate contract under delivery, in turn improving access, and use our resources to improve dentistry where this is unavoidable.
- g. Continue to influence the national discourse, for example on contract reform.

Recommendations

22. The WY JHOSC are asked to –

- a. Note the progress made since April 1, 2023, to improve and invest in dentistry and oral health, recognising further improvements will take time.
- b. Discuss and provide feedback on the progress and future areas of focus.
- c. Provide support and guidance where members have direct influence, including but not limited to water fluoridation, the link with public health and engagement with the public.

Appendix A – Dentistry and Oral Health in West Yorkshire

A link to the 16 May 2023 NHS WY ICB Board paper is [here](#).

Appendix B – Healthwatch Report on Dentistry and Oral Health

Report from Healthwatch Leeds, covering all of West Yorkshire: [The Public's Experience of NHS Dentistry](#)

Appendix C – Response to Dentistry and Oral Health Engagement Session

[Written response from the NHS WY ICB Chair and Director of Strategy and Partnership's](#) on the ICB Board engagement session.

Appendix D – Joint Forward Plan Consultation Report

A link to the report is [here](#).