

Scrutiny Board (Adults, Health & Active Lifestyles

Working Group Summary: Access to local NHS Dental Services.

For consideration: 16th January 2024





Adults, Health & Active Lifestyles Scrutiny Board

Access to local NHS Dental Services

Background:

Dentistry has been a longstanding area of interest to the Adults, Health and Active Lifestyles Scrutiny Board in recognition that oral health is integral to general health and quality of life. This year the Board agreed to revisit this matter to understand what development/ progress has been made since the Scrutiny Board's last discussion on dentistry back in November 2022.

On 1 April 2023, the West Yorkshire Integrated Care Board (ICB) received the delegation of commissioning responsibility for dental services from NHS England. Representatives from the West Yorkshire ICB therefore attended a working group meeting of the Scrutiny Board on 16th November 2023 to lead on providing an updated position. All Board Members were invited to attend the working group meeting along with other contributors representing the view of dental providers, practitioners and patients.

This summary note sets out the main issues arising from the working group's discussion for the consideration of the full Scrutiny Board.

Attendees: This working group meeting was attended by the following individuals:

BOARD MEMBERS

Councillor Andrew Scopes (Chair)	Councillor Kevin Ritchie
Councillor Mahalia France-Mir	Councillor Eileen Taylor
Dr John Beal (Healthwatch Leeds Co-opted Member)	

Apologies: Cllrs Alderson, Anderson, Farley, Gibson, Hart-Brooke, Iqbal and Kidger.

ADDITIONAL ATTENDEES

Ian Holmes, Director for Strategy and Partnerships, NHS West Yorkshire Integrated Care Board (ICB)	Dr Brenda Murray, Clinical Director of Leeds Dental Institute
Hayden Ridsdale, Programme Manager, Strategy and Partnerships, NHS West Yorkshire ICB	Sam Hardaker, General Manager of Leeds Dental Institute
Alyson Corns, Senior Dental Commissioning Manager, NHS West Yorkshire ICB	Munaf Qayyum, Leeds Dental Committee Chair
Kathryn Ingold, Chief Officer/Consultant in Public Health	Jane Moore, West Yorkshire Local Dental Network Chair
Emma Newton, Health Improvement Principal, Public Health	Stuart Morrison, Team Leader, Healthwatch Leeds
Sam Prince, Interim Chief Executive, Leeds Community Healthcare NHS Trust	Rameesah Ahmed, Community Project Worker, Healthwatch Leeds
Andrea North, Interim Director of Operations, Leeds Community Healthcare NHS Trust	

Recommendation: The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note the content of this summary.



Main issues considered by the working group.

Welcoming the transfer of responsibility.

On 1 April 2023, the NHS West Yorkshire Integrated Care Board (WY ICB) received the delegation of commissioning responsibility for dental services from NHS England. Board Members were advised that this transfer of responsibility had been strongly supported by the WY ICB in recognition of it being best placed to drive forward improvement and integrate dental services.

It was reported that significant work had been undertaken in preparation for this delegation and that the WY ICB had considered a comprehensive report during its meeting on 16th May 2023 ([link to report](#)) that set out the current position, challenges and areas of opportunity to improve dental services through system working. The report also included a series of recommendations, which were supported by the WY ICB.

During the working group meeting Board Members had the opportunity to hear directly from contributors from a local provider perspective (i.e. Leeds Community Healthcare Trust, Leeds Dental Institute and Public Health), a practitioner perspective (i.e. Leeds Dental Committee Chair and West Yorkshire Local Dental Network Chair) and patient perspective (Healthwatch Leeds). While acknowledging that there are still existing challenges, there was consensus agreement that the transfer of commissioning responsibility to the WY ICB has been a positive move and has led to more targeted progress being made towards improving local dentistry provision.

The existing challenges, along with further opportunities for improvement, were discussed by the working group and the main issues raised are summarised below.

The national NHS contract for dentistry.

Board Members acknowledged that the national dental contract has been widely viewed as the most significant barrier to good dental access. Introduced in 2006, the contract is based on Units of Dental Activity (UDAs) that vary widely across/within places, meaning dentists can get paid differently for the same activity. The existing contract also fails to deliver targeted interventions, prevention and in some cases value for the clinical complexity treated by local dentists.

While there was shared frustration with the lack of progress being made nationally to reform the dental contract, Board Members welcomed efforts made by WY ICB to try and work around some of the rigidities of the national contract by using a proportion of the contracted activity (UDAs) on locally agreed schemes through flexible commissioning. By increasing the flexible commissioning substitution to 25% of the contract value and engaging more practices in the programme, this approach aims to improve access to dental services and the delivery of evidence-based prevention in primary dental care, whilst supporting practices to deliver their contract commitments by utilising skill mix. It was reported that progress is also being made to form a Yorkshire and Humber wide flexible commissioning group to develop an ambitious, innovative, tariff-based approach. This will help target dental activity, make the contract work based on local need, and support the retention of the dental workforce. However, in recognition that the current national dental contract is not fit for purpose, ICBs and other dental professional bodies are continuing to lobby government to prioritise dentistry and get the review of the contract moving forward at a faster pace.



Main issues considered by the working group.

Maximising the use of available resources

Board Members were informed that the current funding package is insufficient to meet the needs of the West Yorkshire population, providing only approximately half of the funds required to provide the population with access to NHS dental care. Yet despite this position, it was reported that historically there has been under delivery against the total NHS dental contract value due to workforce challenges (the issue of workforce is picked up separately within this summary note).

Board Members were informed that some of this funding was 'clawed back' by NHS England and the remainder used to support access schemes which make use of underspend and reclaimed contract value to fund targeted access programmes and interventions.

In May 2023, it was reported to the WY ICB that there will be an estimated £4.5m contract under delivery for 2023/24 over and above the £2m that was being used to support additional access schemes in dental practices in areas where need was greatest in West Yorkshire, of which £0.5m was being used to address orthodontics waiting lists too.

Moving forward, Board Members welcomed the commitment of the WY ICB to prioritise maximising full use of current resources made available for dentistry, including the projected underspend, within this financial year. This will be managed through the implementation of a £6.5m investment plan that has been designed with and endorsed by the profession, and 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 the most deprived areas, homeless groups, refugees and asylum seekers, and a focus on validating waiting lists.
- c. Community dental services (CDS): 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 the five local authorities, partnering with the University of Leeds on two initiatives, and removing structural barriers to accessing care.

With regard to Leeds specifically, it was reported that continued investment in urgent dental care means that the 18 practices in Leeds currently delivering this vital service will continue to do so throughout this year, with consideration being given to how we expand that offer to more practices. This is in addition to standalone urgent dental care services.



Main issues considered by the working group.

Additional investment areas that will specifically benefit Leeds patients also include –

- The access to dental care for homeless scheme, which has been active in Leeds across two practices and extended across West Yorkshire. This scheme involves two dental practices working closely with VCSE organisations in the area to support homeless people to receive dental care – upon completion of which they can become a regular practice patient.
- Investment of over £100,000 through the Leeds City Council public health team to enhance existing work focusing on children's oral health. This includes increased supervised toothbrushing provision in areas of deprivation and increased targeted support for parents.
- Investment through the University of Leeds to enhance existing research and oral health improvement programmes. This includes the 'HABIT' programme which supports health visitors to have effective oral health conversations with parents of infants, and 'ToothPASTE' which works with families and young autistic children to establish good oral health habits.
- The development of additional services to enhance access for children and young people living in the most deprived areas, which will seek to identify at least two Leeds dental practices, and a service similar to the homeless scheme for refugees and asylum seekers.

Board Members were informed that while the 23/24 NHS planning guidance does stipulate that dental funding should be ring fenced and not used to address pressures elsewhere in the system, this is not expected to apply in future years. In welcoming plans to mitigate contract under delivery for this year, Board Members therefore sought a commitment from the WY ICB to ensure that future allocated funding for dentistry is also spent accordingly and not diverted elsewhere.

Moving forward, Board Members were pleased to learn that the WY ICB will also be putting additional capacity into the dental commissioning team, which will involve recruiting a deputy director and senior commissioning manager.

Dental workforce capacity and morale.

Board Members were advised that there are not enough dentists to meet the population need and that recruiting, retaining and developing the whole dental team (including dental nurses, therapists, and hygienists) remains a key challenge and that this position is mirrored nationally too.

Board Members acknowledged that without the right workforce and conditions within which they work, access to NHS dentistry will remain an issue. In the absence of a national dental workforce plan, Board Members therefore welcomed the decision to create a West Yorkshire dental workforce plan. With this currently in the early stages of development, particular importance was placed on ensuring that the plan encompasses the broader dental profession (i.e. dental therapists, dental hygienists and dental nurses) rather than solely focus on the recruitment and retention of dentists.

Board Members were also advised that new advice had been issued in April 2023 aimed at streamlining the process and addressing perceived barriers for International Dental Graduates (formerly known as Overseas Dentists) applying to work in NHS primary dental care services.



Main issues considered by the working group.

Data access and quality.

It was recognised that better quality and improved access to data would enable more targeted transformation, service design, commissioning, and prevention work. As such, Board Members were informed that the WY ICB will also be developing a measurement framework as part of the Joint Forward Plan that will help to track the state of access and oral health, as well as being used to evaluate and monitor success.

Communication and engagement.

It was recognised that building strong relationships with key stakeholders would also enable effective delivery of priorities and codesign of new solutions. Board Members were therefore advised of the WY ICB's proactive approach to communications and engagement, including online resources, sharing periodic updates with wider system partners, and the establishment of dental patient reference group. A suggestion was made for the WY ICB to work closely with Healthwatch organisations as they can also play a vital role in signposting the public to key information and support services, particularly in relation to accessing urgent dental care.

It was noted that referral pathways to dental services through the primary care route (i.e. GPs) could also be improved and that the WY ICB would be best placed to strengthen those links too.

Oral Health Improvement Programmes.

Despite evidence of challenge, Board Members were advised that there is an established oral health improvement infrastructure across each West Yorkshire local authority area and several examples of good practice. Board Members had particularly acknowledged the additional investments made to some existing oral health improvement programmes, as cited earlier in this summary note, and expressed an interest to monitor the success of these programmes. However, reference was also made to the partnership approach between Leeds City Council and Leeds ICB and wider partners to refresh the Leeds Children and Young Peoples Oral Health plan in general.

Board Members were advised that the most significant public health intervention in relation to oral health is water fluoridation. It was highlighted that while there is a wealth of scientific evidence demonstrating the benefits of water fluoridation with no evidence of harm, the longstanding challenge has been around personal choice and a perception of mass medication, with very polarised positions on this. It was noted that one of the measures in the Health and Care Act 2022 was the transfer of responsibility for community water fluoridation from local authorities to the Secretary of State for Health and Social Care.

It was reported that WY ICB is therefore exploring this option further with the Department of Health and Social Care, while also establishing levels of support across health and local authority partners through the West Yorkshire Integrated Care Partnership and other regional ICB partners and also connecting in with the North East and North Cumbria ICB region who are actively progressing fluoridation.



Main issues considered by the working group.

Sharing the findings and concerns with local MPs.

While welcoming the positive “can-do” approach of the WY ICB in moving forward with this agenda, Board Members acknowledged that the ability to remove the significant barriers to improvement, which include contract reform and water fluoridation, will require national action as the WY ICB is only in a position to help influence rather than conduct any such changes. Board Members therefore felt it would be helpful to share the findings of the working group’s meeting with local MPs.

It was acknowledged that the provision of dentistry from a broader regional perspective was also being considered by the West Yorkshire Joint Health Overview and Scrutiny Committee (WY JHOSC) at its meeting on 23rd November 2023 and that it would be helpful too share the findings of that Committee too, as well as acknowledging the intention of the WY JHOSC to receive more detailed information on the benefits of water fluoridation for further consideration.

More information about Leeds City Council's Scrutiny Service, along with the activity and membership of individual Scrutiny Boards, can be found on the Council's committee webpages.

You can also follow @ScrutinyLeeds on twitter.

