

# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

**Open Report on behalf of NHS England (Midlands)**

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>18 January 2023</b>
Subject:	<b>Lincolnshire Dental Strategy</b>

**Summary:**

This report sets out the progress with the Lincolnshire Dental Strategy, which identifies the challenges to dental services in Lincolnshire, such as health inequalities whereby 39.3% of 5-year-olds in Boston experience dental decay (compared to 15.3% in West Lindsey); and general access to the dental services, which varies across the county.

The report also sets out the progress with the development of the dental strategy, including the outcomes of workshops held during the autumn of 2022.

- Actions Requested:**
- (1) To note that with effect from 1 April 2023 the commissioning of all Lincolnshire’s NHS dental services will be delegated by NHS England (Midlands) to the NHS Lincolnshire Integrated Care Board.
  - (2) To consider the information presented on the dental challenges in Lincolnshire and the development of Lincolnshire’s dental strategy.

## **1. Background**

- 1.1 The Health Scrutiny Committee for Lincolnshire received a report on access to NHS Dental Services in June 2022 and requested a further briefing to provide an update on the Dental Strategy for Lincolnshire.
- 1.2 The Committee is requested to note that NHS England (NHSE) is currently responsible for the commissioning of all NHS dental services, but from April 2023, Integrated Care Boards will take over the delegated responsibility for commissioning dental services from NHS England. Thus Lincolnshire Integrated Care Board (ICB) on 1 April 2023 will assume this responsibility from 1 April 2023.
- 1.3 To support this transition, NHS Lincolnshire ICB approached NHS England to facilitate the co-development of a local three-year dental strategy for Lincolnshire to drive improvements in oral health and accessing dental care within the county.
- 1.4 The aim of the strategy is to provide a roadmap for the ICB and its partners of the plan of action needed over the next three years to achieve these improvements. Its production requires a collaborative approach, working with stakeholder colleagues and organisations across Lincolnshire to create a joined-up integrated whole system dental strategy that delivers on better oral health and care for communities across Lincolnshire.
- 1.5 The report has been developed by:
  - NHS England - Consultant in Healthcare Public Health
  - NHSE Commissioning Team Senior Manager
- 1.6 Representatives from NHS England and NHS Lincolnshire ICB have also been invited to attend the meeting.

## **2. Dental Challenges in Lincolnshire**

- 2.1 Oral health is a vital and integral part of health and wellbeing. Despite this, oral disorders consistently feature in the top ten causes of Years Living with Disability (YLD) across England, highlighting the considerable impact that poor oral health has on general health and wellbeing.
- 2.2 Within Lincolnshire, there is evidence of stark oral health inequalities affecting the local population, with the most recent national dental survey of 5-year-old children's teeth (2019) showing that 39.3% of 5-year-olds in Boston experiencing dental decay for example, compared to 15.3% in West Lindsey (against a national average of 23.4%).
- 2.3 As well as the highlighting the link between social deprivation and poorer oral health outcomes, the most recent rapid Oral Health Needs Assessment for Lincolnshire (2022) demonstrates that West/East divide in Lincolnshire in relation to childhood tooth decay, where deprived coastal communities experience poorer oral health and access to care services than their peers who live in the west half of the county.

2.4 Lincolnshire is also faced with national challenges, particularly with regards to limited access to NHS dental health services, exacerbated by the impact of the Covid-19 pandemic. Access rates among adults locally were at 29% pre-2020, dropping to 9.5% in 2020. Whilst rates increased to 19.1% by the end of 2021, there remains high levels of variation across the County with the highest rates seen in South Kesteven and East Lindsey, and the lowest in Lincoln and South Holland and its coastal communities (who already experience poorer oral health). Furthermore, services are faced with the additional workload of reducing the NHS backlog that arose from disruption of normal services during the Covid-19 pandemic.

### **3. Progress to Date**

3.1 A working group has been formed to support the shaping of the dental strategy and overseeing its delivery, involving input from a range of stakeholders including:

- NHS England dental commissioners and public health
- Lincolnshire ICB
- Lincolnshire County Council
- Local Dental Network, General Dental Practice teams and the Community Dental Services
- Health Education England
- Wider Primary Care
- Healthwatch Lincolnshire
- University of Lincoln academic partners

3.2 The working group meet on a fortnightly basis to ensure that the strategy development is progressing as intended. This section describes further the work that has been undertaken so far. As per the standard Terms of Reference for the working group, participants were invited to extend invitations to additional stakeholders as appropriate.

3.3 An important emphasis of developing the strategy was to use a development framework that helped stakeholders to identify not only the key strategic issues and challenges facing dental services and oral health within Lincolnshire, but also explicitly identify the full range of resources and capabilities that exist in the county that might be drawn on, combined and/or utilised in such a way to drive improvement oral health and care: a so-called 'resource-based view of the firm' approach to strategy development.

3.4 While Lincolnshire, like many rural/coastal communities, faces some significant challenges in relation to the availability and access to NHS dental services, inequalities, with places and groups with poor oral health, the working group committed early in the process to take an asset-based approach to developing the strategy. This recognised that Lincolnshire has a lot of existing relevant and valuable resource that, either as stand-alone and/or when combined, currently does, or could, make a significant contribution toward improving oral health and dental care.

3.5 Such assets include the long-standing multi-stakeholder Oral Health Alliance Group hosted by the Lincolnshire County Council, an engaged Local Dental Network and Committee, dedicated NHS commissioning and workforce team, patient representatives and the health and care workforce, both in dental and wider.

## Assets Stocktake

- 3.6 An initial piece of work to help inform the strategy was to undertake an initial assessment of workforce and physical resource of NHS dental services. An online survey was shared by the NHS England East Midlands dental commissioning team to dental practices across the county to gain an insight into the assets that are available locally in relation to staff and skill mix, as well as available functioning clinical treatment rooms. Unfortunately, there has been a limited response to this exercise to date via distribution of the survey to all Lincolnshire practices using MS Forms. While work is ongoing to attempt to gain a fuller picture of our local dental workforce, the low response rate itself indicates that engagement and communication between commissioners and dental practices may be a strategic issue that could be improved.

## **4. Online Workshops**

- 4.1 To engage with and seek the views of stakeholder partners, two online workshops were held on the 20 and 21 September 2022, with the aim of receiving input from a wide range of partners on what they considered are the key strategic issues and priority areas for a Lincolnshire dental strategy.
- 4.2 We also sought to collect further information about the assets, resources and capabilities that currently exist in Lincolnshire and which present opportunities for improvement in dental care and oral health. These workshops were held online at different times of day to maximise opportunities for attendance, with an open invitation sent out in advance via a range of routes.
- 4.3 Around 40 participants attended both workshops in total. The context to the strategy work was explained and participants were invited to contribute their thinking to four key themes identified in the 2022-23 Lincolnshire Local Dental Network work plan are appropriate for providing the basis of the strategy, with the addition of “Inequalities” as a cross-cutting theme.
- 4.4 When thinking about these themes and the improvement actions that might be taken, the emphasis was explicitly on those local actions that could be taken that were readily within the gift of local stakeholders and organisations within Lincolnshire. While potential contractual and financial constraints under current national frameworks were acknowledged as potential barriers to local actions, the focus of these workshops were on developing awareness of local stakeholder agency and empowerment in spite of any constraints outside of local control.
- 4.5 The core themes and highlighted aspects of the workshops are:

### Theme 1: Workforce

It was recognised in the workshop that areas across England are facing workforce issues, and the focus of discussion was on how we can attempt to address this locally. The groups agreed that more could be done to promote and further enhance Lincolnshire as a positive and fulfilling place to work. This could include working with staff to co-design career progression

pathways, and to co-produce events and systems that support a sense of community and create a culture of value and respect. The possibility of producing promotional material for prospective job applicants that showcases the benefits of living and working in Lincolnshire was also discussed, though it was highlighted that this has not been effective in other areas and so may need further consideration.

A key subtheme that arose during discussions was that of increasing the number of dental trainees working in the region, as it was recognised that those who have trained locally are more likely to then seek ongoing employment in the area. Steps that could help support this include the creation of local specialist pathways for training, working with other areas in the East Midlands to support training in dental specialities such as Restorative and Paediatric dentistry, and considering how to increase the number of training spaces available in Lincolnshire such as by reviewing the incentives for training practices.

Finally, for any of these approaches to be successful it will be vital that input and engagement is sought directly from the workforce, acknowledging the value of their local insight and the importance of their support for strategy outputs to be successful.

## Theme 2: Access

A rapid oral health needs assessment was completed by the Lincolnshire County Council Public Health team in September 2022. This shows that access to dental services fell during the Covid-19 pandemic, and that there is variation in the level of access based on individual demographics and geography.

It was agreed by those attending the workshop that interventions seeking to improve access should be targeted most towards those evidenced who have the greatest need.

It was recognised that access is closely associated with many of the issues covered in the workforce theme, and particularly with regards to unequal distribution of the workforce across Lincolnshire. The Golden Hello scheme that has already been launched by NHS England seeks to go some way towards addressing this issue, but the groups at the workshops noted that it is too soon to say what effect this may be having.

Novel methods of increasing access in rural areas were also discussed. These included creating outreach services whereby dental trainees spend a defined portion of their week in a less urban setting. It was also felt that there should be engagement with the NHS Estates team to identify potential sites for outreach clinics to support service delivery in communities for whom transport may otherwise be a barrier.

Finally, work undertaken by Healthwatch Lincolnshire has shown that improving access to dental services is a priority for patients. It was suggested that we liaise closely as we move forward, to monitor patient experiences on accessing dental services and evaluate whether our interventions are achieving the desired improvements.

### Theme 3: Prevention

Both workshop groups agreed on the importance of embedding a prevention approach across the whole life-course, with a focus on targeting the most vulnerable populations. This is particularly important given the current cost of living crisis, with households experiencing severe budgetary constraints. One suggestion offered in both sessions was providing those most at risk with toothbrushing packs and oral health guidance materials, by utilising *Making Every Contact Count* approaches. It was recognised that this measure would need to be sustainable as toothbrushes have a finite lifespan and so providing these on a one-off basis is likely to have limited impact.

The discussions highlighted several pre-existing strong links with community and patient groups that can be utilised to promote good oral hygiene measures, including children centres throughout the county and community dental teams. It was highlighted that challenging dietary practices could be of benefit, such as by working with schools to move away from providing high-sugar sweets and cakes for celebratory events and working with retail settings to prevent the sale of energy drinks to children.

Adults in care homes were also identified as a key population with a need for oral disease prevention measures, but the barrier of concentrated fluoride toothpaste requiring a prescription was highlighted. Work is currently being undertaken to try and overcome this challenge.

Finally, a novel approach that was offered to support delivery of messaging to young adults was by working with higher education settings, and particularly health and social care courses for which students have community placements. Once taught about basic oral health measures, the students could then deliver these to the patients they work with to help amplify these positive principles.

### Theme 4: Integration of Oral Health

It was clear from responses within the workshops that there is a huge amount of fantastic practice already ongoing integrating oral health within the system, that it will be important to both build on and learn lessons from these examples. Of particular note, was the Swallowing, Oral Health and Nutrition Ambassador (SONA) training programme for care homes. There is a real desire to ensure this approach becomes embedded in all care homes, via an on-going training package for care home staff, and streamlining the pathway into dental services where necessary.

There was a real appetite amongst attendees to explore opportunities for linking oral health with general (medical) primary care. The example of patients with diabetes was highlighted as an area where there is an established two-way interaction between general physical health and dental health, with opportunities present but not currently utilised to impact the course of disease through linking communication between General Practitioners (GPs) and General Dental Practitioners (GDPs). Barriers of contract lines and indemnity were raised as obstacles to be overcome – however programmes where these have been surmounted were discussed (such as dentists ordering HbA1c blood tests in patients where indicated). It was also noted in the workshop that many of the pressures faced by Dental Practices – such as access and

workforce - have been mirrored within General Medical Practices in recent years, with the potential for solutions to be shared. The use of Population Health Management techniques was identified as an opportunity for oral health, as it is currently being utilised within Primary Care Networks (PCNs) and General Medical Practice.

Dentistry was highlighted as one of the key pillars of joined-up primary care in establishing the Integrated Care Board, sitting alongside Medical, Optometry and Pharmacy. This offers a parity of dentistry with these other key areas. A clinical academy has been established to develop combined pathways and tackle unwarranted variation via quality improvement tools, across the whole system.

The cross-cutting theme of inequalities was raised within this theme also. Attendees highlighted the variation in need and in particular unmet needs in vulnerable groups, including those with no fixed abode, those seeking asylum, looked after children etc, and noted the value in linking with the Health Inequalities Forum and within PCNs who are already considering opportunities to access these groups within their workstreams, to see how this may apply to accessing dental care.

## **5. Dental Strategy Workshop Stakeholder Event - Face-to-Face Workshop**

- 5.1 An in-person strategy workshop event took place in Lincoln on the 30 November 2022 attended by members of the working group and other key system partners. The aim of the session was to build on the discussions that were had in the online workshops, and further refine tangible, outcome-focussed actions, and recommendations for each theme. This included clarifying the resources which are currently available to meet each goal, the additional requirements needed to achieve them, and how success can be measured.
- 5.2 The workshop was well-attended with all relevant organisation represented at the event, including Healthwatch and patient representatives, academic partners from the University of Lincolnshire's Rural Health programme in addition to third sector stakeholders interested in the contribution voluntary and community services can make to improving oral health and access to dental care across the county.
- 5.3 Feedback from the attendees was very positive and it was clear that there was a lot of energy in the room and a real sense of collective willingness across system partners to work together to improve oral health and access to dental care services across Lincolnshire.
- 5.4 The outputs of the workshop were collated and themed. The previously identified four key strategic areas of developing workforce around delivering better oral health, improving access to dental care services, enhanced integration of oral health and general health and the prevention of dental diseases remain as before.
- 5.5 The need to address health inequalities is the golden thread running across all these themes. Other cross-cutting themes are maximising the use of evidence, data and intelligence to improve oral health, and enhancing leadership and creating an environment that fosters developing the culture of pride and accomplishment within and across all members of dental teams in the county.

5.6 The dental strategy for Lincolnshire will be written based on the final outputs from the November workshop. A final draft will be produced and shared with the ICB and system partners in early January for inclusion into their system planning in preparation for delegation of dental services commissioning from April 2023. It is intended to be a 'living' strategy document and will be regularly reviewed against progress and updated as necessary to meet the needs of Lincolnshire's people.

## **6. Consultation**

This is not a direct consultation item.

## **7. Conclusion**

7.1 It was universally agreed at the strategy workshops that the shift from dental commissioning from regional to local Integrated Care Boards offers exciting opportunities to adopt new and innovative approaches to dental services commissioning that are demonstrably more aligned with local need within Lincolnshire.

7.2 While ongoing challenges with the national NHS dental contract and its future reform in better meeting the oral health needs of today's society are out with local control, the system and place-based commissioning of dental services using novel flexibilities in service provider contracts offers a real opportunity to improve dental service provision, addressing inequalities and inequitable care by focusing on our most disadvantaged and underserved places and people.

7.3 Integration of dental services and oral health, firmly embedded as part of the 'four pillars of primary care', with GP, Pharmacy and Optometry as well as integrating oral health in a range of wider care pathways where good oral health provides better general health outcomes, will be a key feature of our developing strategy.

## **8. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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