

SCRUTINY COMMITTEE

8 September 2022

ACCESS TO NHS DENTAL SERVICES WITHIN RUTLAND

Report of the Portfolio Holder for Health, Wellbeing and Adult Care

Strategic Aim:	All	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
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Ward Councillors	All	

DECISION RECOMMENDATIONS

That the Committee:

1. Notes that dental practitioners are independent contractors to the NHS. Many dental practices operate a mixed private/NHS model of care and all patients are free to choose what option of dental care they would prefer to receive.
2. Notes that the commissioning responsibility for all NHS dental services will transfer from NHSE to the Leicester, Leicestershire & Rutland (LLR) Integrated Care Board on the 1st April 2023 and the statutory responsibility for oral health improvement will remain with the local authority public health team.

1. PURPOSE OF THE REPORT

- 1.1 The Rutland Strategic Overview and Scrutiny Committee (SOSC) has requested a report on access to NHS Dental Services, with particular focus on provision and recovery plans as services emerge from the COVID-19 pandemic within Rutland.
- 1.2 This report also includes oral health improvement initiatives and activities, which is the statutory responsibility of the Local Authority's Public Health team.
- 1.3 For the Rutland SOSC to note that NHS England (NHSE) is currently responsible for the commissioning of all NHS dental services and that this responsibility will be delegated to the LLR Integrated Care Board (ICB) on the 1st April 2023.
- 1.4 The report has been developed by:
 - NHSE Commissioning Team Senior Manager
 - NHSE Consultant in Dental Public Health
 - Local Authority Public Health colleagues

- 1.5 Representatives from NHSE will be present at the Rutland SOSC meeting. In addition, representation from LLR ICB and Consultant in Public Health have also been invited to attend the meeting.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 NHSE is currently responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts and NHS dental services in secure settings. Private dental services are not within the scope of responsibility for NHSE.
- 2.2 Although NHSE is responsible for commissioning all NHS general dental services, there are certain limitations of the current national contract. However, flexible commissioning can be utilised where a percentage of the existing contract value is substituted (up to 10%) to target local needs or meet local commissioning challenges. This approach requires a balance to ensure dental access is maintained.
- 2.3 The current NHS dental contract for primary and community dental care was introduced in 2006. Prior to that, dentists could choose to set up a dental practice anywhere in the country. They could also see and treat as many patients as possible who attended, and they claimed for each element of the dental treatment that was carried out under the old 'Items of Service' contracting arrangements, e.g. if a patient had two fillings, the dentist was paid twice the unit cost of a filling etc. However, the old dental contract did not work for various reasons, therefore, there was a reference period in 2005 which determined how many Units of Dental Activity (UDAs) each NHS dental practice that existed at that time would be allocated per annum and it was no longer possible for dentists to set themselves up as an NHS provider on an ad hoc basis. Any new NHS dental service had to be specifically commissioned by the then Primary Care Trusts (PCTs) within their capped financial envelope.
- 2.4 In effect, the former PCTs, and subsequently NHSE, 'inherited' those practices that were already in existence and that wished to continue to provide NHS dentistry under the new contracting arrangements. Sadly, a number of dental practices opted out of the NHS to become fully private at this time as they did not feel that the new UDA system would adequately recompense them for their work. This had a significant impact on the availability of NHS dentistry. The PCT had no control over where these 'inherited' dental practices were situated or over the number of UDAs commissioned in each geographical area. Hence, capacity did not (and in some areas continues to not) necessarily meet demand. Although there have been significant population changes in subsequent years, the number of UDAs commissioned (which is set contractually and cannot be amended without the agreement of both parties) has not always increased/decreased accordingly in order to meet the changing demand and need.
- 2.5 Unlike General Medical Practice (GMP), there is no system of patient registration with a dental practice and patients are free to choose to attend any dental practice, regardless of where they live. Therefore, residents in Rutland could choose to access NHS dentistry in any locality of their choice for whatever reason e.g. some people prefer to attend a dental practice near to their place of work, rather than

where they live.

2.6 Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements), the practice has no ongoing responsibility. However, people often associate themselves with a specific dental practice. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GMP practices and patients are theoretically free to attend any dental practice that has capacity to accept them.

2.7 Prior to the pandemic, patients would often make their 'dental check-up appointments' at their 'usual or regular dental practice.' During the pandemic, contractual responsibilities changed, and practices were required to prioritise:

- urgent dental care
- vulnerable patients (including children)
- those at higher risk of oral health issues

Unfortunately, many practices have reported continued capacity issues due to difficulties in recruiting and retaining staff.

3. NHS DENTAL SERVICES: RUTLAND

3.1 NHS General Dental and Orthodontic Services

3.1.1 There are 6 NHS dental practices within Rutland as follows:

- 4 in Oakham
- 2 in Uppingham

3.1.2 The arrangement for orthodontics is as follows:

- one of the NHS dental practices in Uppingham also provides NHS orthodontic services
- one specialist NHS Orthodontic practice in Oakham
- one NHS Orthodontic Pathway contract in Oakham

The purpose of the NHS Orthodontic Pathway is to reduce waiting times in secondary (hospital) care by ensuring that only those patients with extremely complex orthodontic needs are placed on the hospital waiting list, with all other complex cases being diverted to the pathway contracts. There are 6 other NHS Orthodontic Pathway contracts located within Leicester City and Leicestershire which is in the geographical area of LLR. Referrals are accepted from all NHS General Dental Practices across Leicester City, Leicester County and Rutland.

3.1.3 NHS General Dental and Orthodontic Services near the Rutland borders

3.1.4 NHS General Dental and Orthodontic Services

3.1.4 There are 19 NHS dental practices near the Rutland borders as follows:

- 4 in Melton Mowbray (1 ortho)

- 6 in Market Harborough (1 pathway contract)
- 3 in Stamford
- 6 in Corby (1 mixed)

3.1.5 The arrangement for NHS Orthodontics near the Rutland border is as follows:

- One specialist NHS Orthodontic practice in Melton Mowbray
- One NHS Orthodontic Pathway contract in Market Harborough
- One of the NHS dental practices in Corby also provides NHS orthodontic services

3.2 Extended hours, urgent dental care and out of hours

3.2.1 Extended or out of hours NHS dental care is provided by one 8-8 NHS dental service within Oakham, Rutland. This contract provides both routine and urgent NHS dental care from 8am to 8pm every single day of the year (365 days).

3.2.2 Out of hours NHS dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

Table 1: Timelines in accordance to dental need

Triage Category	Time Scale
Routine Dental Problems	Self-help advice provided and access to an appropriate service within 7 days, if required. Patient advised to call back if their condition
Urgent Dental Conditions	Self-help advice provided and patient treated within 24 hours. Patient advised to call back if their condition
Dental Emergencies	Contact provided with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition.

3.2.3 If a person has a regular dental practice and requires urgent NHS dental care:

- During surgery hours, they should contact their dental practice directly.
- Out of hours, they should check their dental practice's answering machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay). There is also an [online](#) option for contacting NHS 111 that will often be quicker and easier than using the telephone.

3.2.4 If a person does not have a regular NHS dental practice and requires urgent dental care, they can contact:

- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the [Find a Dentist](#) facility on the NHS website

- NHS 111, either [online](#) or on the phone (interpreters are available). For deaf people, there is also the [NHS 111 BSL Service](#) (alternatively, they can also call 18001 111 using text relay)
- Healthwatch Rutland or Healthwatch Leicester and Leicestershire
- NHS England's Customer Contact Centre on 0300 311 2233

3.2.5 Patients with dental pain should not contact their GP or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service.

3.2.6 People who require urgent out-of-hours NHS dental care can attend any service in any locality. For Rutland residents, the local site is Oakham. At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

3.3 Community (Special Care) Dental Service

3.3.1 The LLR Community (Special Care) Dental Service provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental care due to their complex medical, physical, or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer into the service. There is one dental provider Community Dental Services – CIC (CDS-CIC) treating children and adults from 5 clinics across LLR:

- 2 clinics within Leicester: Westcotes and Merlyn Vaz
- 3 clinics within Leicestershire: Hinckley, Loughborough, and Melton Mowbray
- There are no clinics within Rutland

Community (Special Care) Dental Services near the Rutland borders are as follows:

- Lincolnshire (service provided by CDS-CIC) – no clinics near the Rutland border, however clinics within Lincolnshire are Gainsborough, North Hykeham, Grantham, Louth, Skegness, Boston and Spalding.
- Northamptonshire (service provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT)) – Corby. Other clinics within Northamptonshire include:

- Northampton – 1 clinic
- Daventry – 1 clinic
- Wellingborough – 1 clinic
- Brackley – 1 clinic

- It is to note that the current Community (Special Care) Dental Service contracts are commissioned within their system/ICB area and generally do not accept cross border flows.

3.3.2 The GA pathway for children and special care adults is managed between CDS-CIC and the University Hospitals of Leicester (UHL) which is commissioned on a system area footprint. This means that children and adults' resident in Rutland with special care needs requiring dental treatment under general anaesthesia will need to attend a UHL facility.

3.3.3 CDS-CIC are also commissioned to provide NHS dental care and treatment for those who are unable to leave their own home or care home. Some limited dental care can be provided in a person's own setting such as a basic check-up or simple extraction, but patients may still need to travel into a dental surgery (as this is the safest place) to receive more complex dental treatment. If such patients require a dental appointment, they or their relative/carer can contact the local domiciliary provider via NHS 111.

3.4 Intermediate Minor Oral Surgery (IMOS) Service

3.4.1 The IMOS service is a specialist referral service providing complex dental extractions for LLR patients over the age of 16 years who meet the clinical criteria. There are 10 providers across LLR:

- 6 in Leicester
- 4 in Leicestershire
- There are no providers within Rutland

3.4.2 It is to note that the current IMOS service contracts are commissioned within their system/ICB area and generally does not accept cross border flows, however the new IMOS service will enable cross border flows.

3.4.3 A map of the location of local dental practices (including orthodontics) across Rutland is in Appendix 1. The numbers on the maps reflect the number of dental practices as the scale does not permit them to be displayed individually. The maps are also shaded to demonstrate accessibility of dental services and travel times by public transport.

3.5 Hospital Dental Care

3.5.1 Secondary care dental services e.g. Orthodontics, Oral Surgery, Oral Medicine, Maxillofacial are commissioned from UHL to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with NHSE Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

3.6 Prison Dental Care

3.6.1 HM Prison Stocken is a Category C men's prison located in the parish of Stretton, in Rutland. NHSE commission Time for Teeth to provide NHS dental care for these residents and contracts are managed by the Health and Justice Team.

4 **NHS DENTAL CHARGES**

4.1 NHS dental care is free for all children **under 18 years old or under 19 years of age** and in full-time education. For everyone else, dentistry is one of the few NHS services where they have to [pay a contribution towards the cost of NHS care](#). Any treatment that a dentist believes is clinically necessary to achieve and maintain good oral health should be available on the NHS. The current charges are:

- **Emergency dental treatment – £23.80** This covers emergency dental care

such as pain relief or a temporary filling.

- **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including [X-rays](#)), advice on how to prevent future problems, a scale and polish if clinically needed and preventative care such as the application of [fluoride varnish](#) or fissure sealant if appropriate.
- **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, [root canal work](#) or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, [dentures](#), bridges and other laboratory work.

More information is available [here](#). All NHS dental practices have access to [posters](#) and leaflets that should be displayed prominently.

4.2 Exemption from NHS charges is when patients do not have to pay NHS dental charges for instance when receiving certain benefits, pregnant or have given birth in the 12 months before dental treatment started. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription.

4.3 Financial support is also available for people who are not exempted from paying NHS dental charges but on a low income and struggle with the costs. This is provided through the [NHS Low Income Scheme](#) by completing and submitting the form.

5 PRIVATE DENTISTRY

5.1 Private dental services are not within the scope of responsibility for NHSE. Therefore, NHSE are unable to provide any information on activity uptake within the private dentistry sector for residents in Rutland.

5.2 It should be noted that dental practitioners are independent contractors to the NHS. Many dental practices operate a mixed private/NHS model of care and all patients are free to choose what option of dental care they would prefer to receive.

5.3 Due to the NHS dental access concerns raised within Rutland, Local Authority Public Health colleagues will be undertaking a survey with Rutland residents to understand access challenges to dentistry for both NHS and private as part of the Oral Health Needs Assessment for Rutland.

5.3 It is acknowledged that some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the pandemic. This is putting additional pressure on NHS services at a time when capacity is constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.

5.4 There have been anecdotal reports of some practices' reluctance across the Midlands region in offering NHS appointments (particularly routine) and are offering the option to be seen earlier as a private patient instead. NHSE does not support any stances of pressurising patients into private dental care. NHSE will investigate

any report of this nature but will need detailed information so that this can be raised with the practice for a response. Any such concerns can be raised via a complaint about any specific practice/s by contacting the NHS England Customer Contact Centre on 0300 311 22 33 or <https://www.england.nhs.uk/contact-us/>.

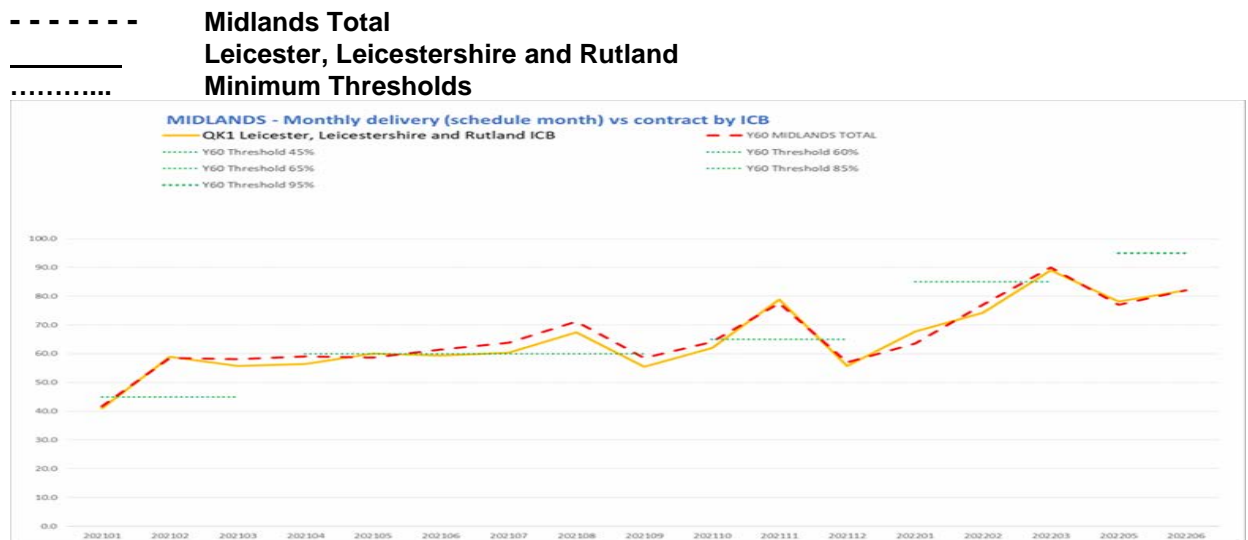
6 IMPACT OF THE PANDEMIC

- 6.1 The ongoing COVID-19 pandemic has had a considerable impact on dental services and the availability of NHS dental care; the long-term impact on oral health is as yet unknown but it is a cause for concern. All routine dental services in England were required to cease operating when the UK went into lockdown on 23 March 2020. A network of Urgent Dental Care centres (UDCs) was immediately established across the Midlands in early April 2020 to allow those requiring urgent dental treatment to be seen. These UDCs are currently still operational however referrals are of a very low volume as routine dental practices have now reopened. The UDCs remain on standby in case of future uncontrolled issues that may affect delivery of NHS dental services (such as staff shortages due to sickness – for example as a consequence of a COVID- 19 outbreak).
- 6.2 From 8 June 2020, dental practices were allowed to re-open however additional infection prevention and control measures were required (including social distancing) for patients and staff. A particular constraint was the introduction of the so-called ‘fallow time’ – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high- speed drills or instrument which would include dental fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of appointments that could be offered. For a large part of 2020, many practices were only able to provide about 20% of the usual number of face-to-face appointments and relied instead on providing remote triage of assessment, advice and antibiotics (where indicated). The situation improved in early 2021, with reductions in fallow time requirements and since then, practices have been required to deliver increasing levels of dental activity.
- 6.3 NHS dental practices are currently required to offer dental services to patients throughout their contracted normal surgery hours (some practices are offering extended opening hours to better utilise their staff and surgery capacity). They are also required to have reasonable staffing levels for NHS dental services to be in place. Increases in capacity have been gained in line with subsequent changes to national protocols for infection prevention and control such as reducing social distancing requirements.
- 6.4 All NHS dental practices are required to maximise capacity and also to prioritise urgent dental care for:
- their regular patients (patients who have recently had a course of treatment within 2 months)
 - patients without a regular dental practice referred via NHS 111
 - all vulnerable patients (including children)
- 6.5 Infection prevention and control measures have been regularly reviewed and the following minimum requirement for the recovery of dental activity has been imposed on NHS dental contracts:

- Q3 2021/22: 65% of contracted activity for general dentistry and 80% of contracted activity for orthodontics
- Q4 2021/22: 75% of contracted activity for general dentistry and 90% of contracted activity for orthodontics
- Q1 2022/23: 95% of contracted activity for general dentistry and 100% of contracted activity for orthodontics
- Q2 2022/23: 100% of contracted activity for general dentistry and orthodontics

6.6 Figure 1 shows the level of NHS dental activity delivered across LLR during the pandemic against the minimum threshold activity set nationally and against the Midlands total. It can be seen that there have been some surges of higher levels of activity for LLR as a whole against the minimum threshold requirements. Unfortunately, this data is only available at an ICB level and therefore cannot be reported separately for Rutland. Appendix 2 shows the average pattern of delivery of NHS dental activity over the course of the pandemic across the Midlands.

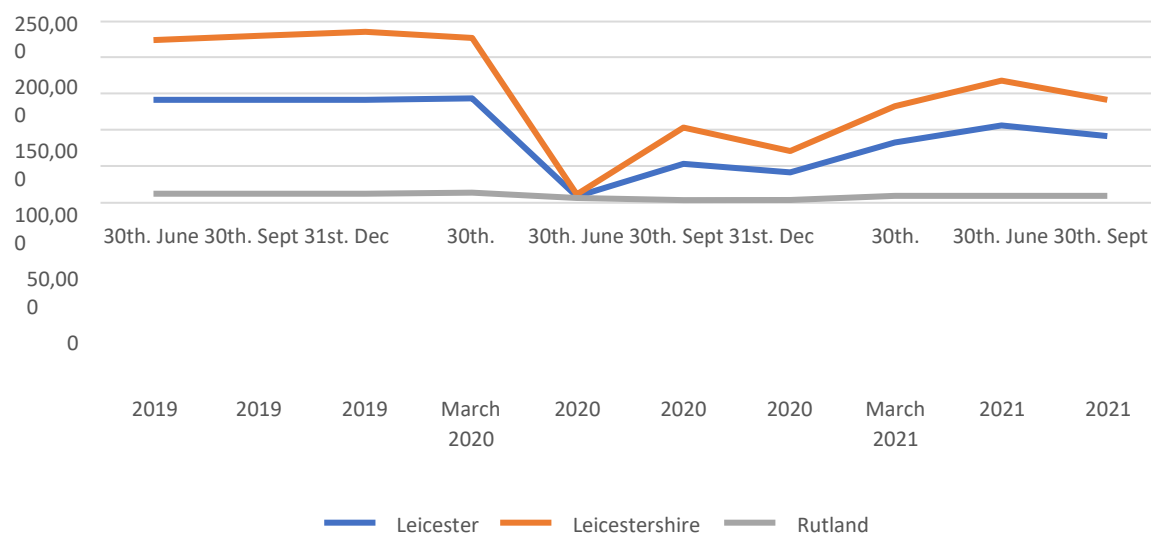
Figure 1: LLR Primary Care Dental Activity vs Minimum Thresholds



6.7 Figure 2 shows the NHS Units of Dental Activity delivered in upper tier local authority areas during the pandemic (although NHS dental practices are not contractually associated to them). By September 2021, NHS dental practices in:

- Leicester had recovered 64% of pre-pandemic dental activity
- Leicestershire had recovered 63% of pre-pandemic dental activity
- Rutland had recovered 87% of pre-pandemic dental activity

Figure 2: Units of Dental Activity delivered in local authority areas during the pandemic



6.8 The national minimum requirement for all NHS dental contracts was set at 65% for Q3 and 75% for Q4 2021/22. Tables 2 and 3 and 3 below show that NHS dental practices within LLR ICB superseded the minimum threshold requirements (*unfortunately this information is not available at a lower level and therefore it has not been possible to extract and report data for Rutland*).

Table 2: Proportion of Units of Dental Activity delivered in Q3 and Q4 of 2021/22 by NHS General Dental Practices across LLR

Area	Period	Threshold	LLR System performance
LLR	Q3	65%	65.5%
LLR	Q4	75%	77.0%
Midlands	Q3	65%	66.2%
Midlands	Q4	75%	76.9%

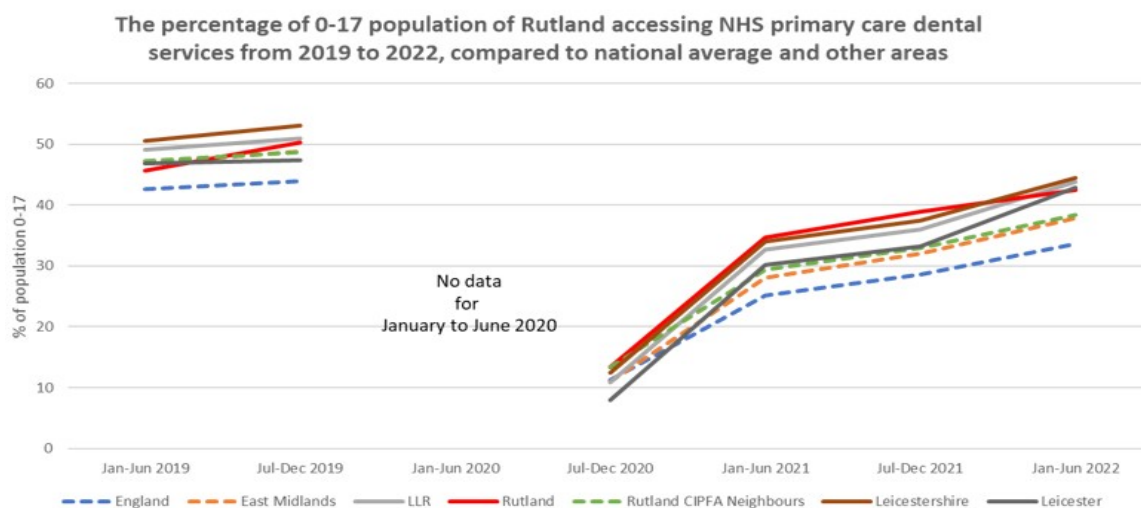
Table 3: Number of NHS dental contracts meeting / exceeding national minimum requirements during Q3 and Q4 of 2021/22 across LLR

Area	Period	Outcome – number meeting or exceeding thresholds
LLR	Q3	79 out of 135 (58.5%)
LLR	Q4	60 out of 135 (44.4%)
Midlands	Q3	718 out of 1,181 (60.8%)
Midlands	Q4	452 out of 1,181 (38.3%)

7 NHS DENTAL ACCESS

7.1 Figure 3 shows the percentage of children (0-17 years) accessing NHS dentistry during the pandemic for Rutland against Leicester, Leicestershire, the LLR, East Midlands, Rutland CIPFA neighbours and England averages. The pre-pandemic rate for children and young people in Rutland was 49%, above the national average and other comparators (except for Leicestershire). The NHS dental access rate for children and young people has been rising since 2020 (13%) to 42% in 2022, which is still below the pre-pandemic level. These trends seem to be in line with Leicestershire and Leicester rates, and above the national, regional or statistical neighbour averages.

Figure 3: Proportion of children (0-17 years) accessing NHS dentistry during the pandemic

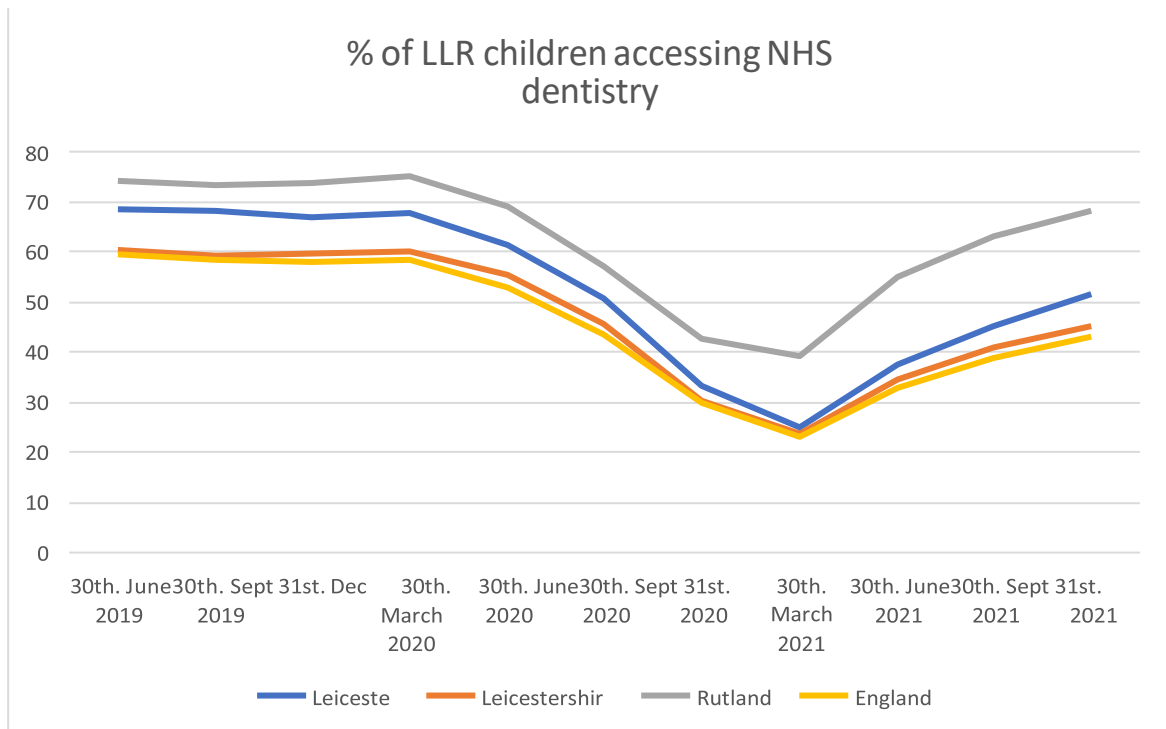


7.2 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. It recommends that dentists should take a risk-based approach to setting the frequency of dental check-ups. The shortest interval between oral health reviews for all patients should be 3 months and the longest interval between oral health reviews for patients younger than 18 years should be 12 months. Recall intervals of no longer than 12 months give the opportunity for delivering and reinforcing preventive advice and for raising awareness of the importance of good oral health. This is particularly important in young children in order to lay the foundations for life-long dental health. There is also evidence that the rate of progression of dental decay can be more rapid in children and adolescents than in older people (see the **full guideline**). Periodic developmental assessment of the dentition is also required in children and adolescents.

7.3 Figure 4 demonstrates that the proportion of Rutland children accessing NHS dentistry within 12 months (as per NICE recommendations) have constantly been above Leicester, Leicestershire and the England averages, both prior and during the pandemic. It also shows the impact of the pandemic lockdown of March 2020 on access which can be observed 12 months later (March 2021). As NHS dental

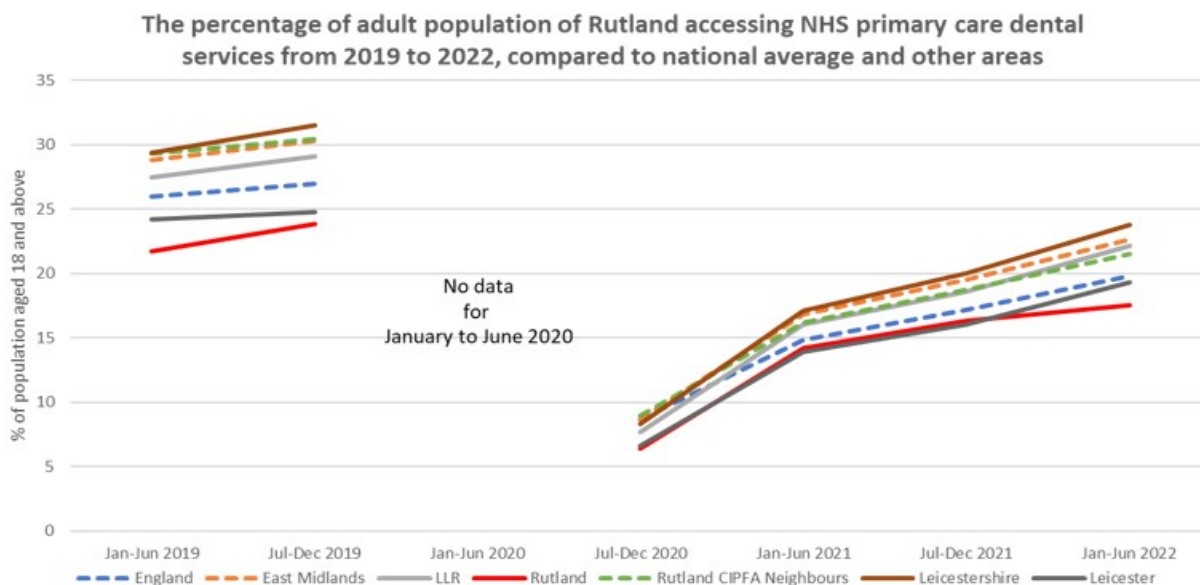
services have gradually been recovered and restored, the proportion of children accessing NHS dentistry are increasing. As of 31st December 2021, the proportion of children accessing NHS dentistry within 12 months in England was at 75% of that reported for the 31st December 2019 (pre- pandemic). Recovery of access for children across LLR has been higher than England at 77% for Leicester, 76% for Leicestershire and 92% for Rutland.

Figure 4: Proportion of children resident across LLR accessing NHS dentistry within 12 months



7.4 Figure 5 shows the percentage of adults accessing NHS dentistry during the pandemic. The pre-pandemic rate for adults in Rutland was 24%, below the national and other comparators (except for Leicester). The NHS dental access rate for adults has been rising since 2020, from 6% to 18% in 2022 which is still below the pre-pandemic level. These trends seem to be in line with the comparators, however the Rutland rate is generally lower and recovery seems slower than elsewhere.

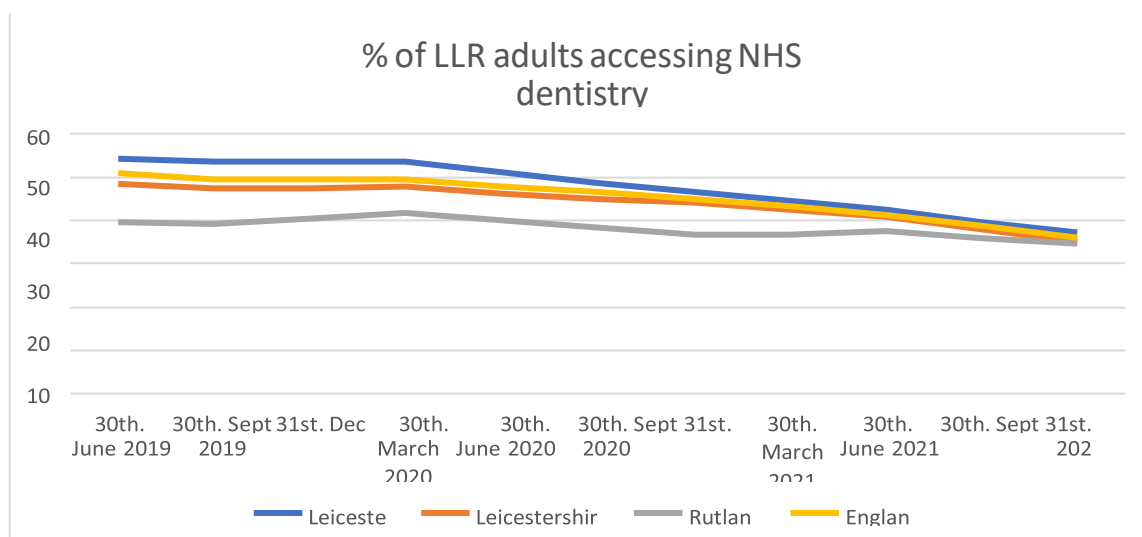
Figure 5: Proportion of adults accessing NHS dentistry during the pandemic



7.5 As mentioned earlier, NICE does not support routine 6-monthly dental check-ups universally for all patients. It recommends that dentists should take a risk-based approach to setting the frequency of dental check-ups. The shortest interval between oral health reviews for all patients should be 3 months and the longest interval between oral health reviews for patients over the age of 18 years should be 24 months. Figure 6 demonstrates that the proportion of Rutland adults accessing NHS dentistry within 24 months (as per NICE recommendations) has typically been lower than the Leicester, Leicestershire and England averages, both prior and during the pandemic. The proportion of those accessing private dentistry through patient choice is not known.

7.6 It is estimated that across the Country there has now been the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic. The effects have been similar in community and hospital care due to restricted capacity from staff absences or re-deployment to support COVID-19 activities.

Figure 6: Proportion of adult's resident across LLR accessing NHS dentistry within 24 months



8 DENTAL CONTRACT HAND-BACK

- 8.1 Since the start of the COVID-19 pandemic, one dental contract within Rutland has been handed back to NHSE. The dental activity from the terminated contract will not be lost as NHSE are currently working with Public Health colleagues in Leicestershire County Council to review the dental access data and understand the impact for Rutland residents. The normal process for terminations is to undertake a review and recommission the dental activity by dispersal to local dental practices surrounding the terminated contract. However, due to the size of this terminated contract, a procurement exercise will need to be undertaken to seek a suitable Provider to deliver the replacement activity. Whilst the review is being undertaken, a business case is being submitted to the August 2022 East Midlands Governance panel to seek approval in undertaking a non-recurrent dispersal of the dental activity to practices within Rutland and the surrounding area in order to maintain provision of NHS dental services whilst the service is being procured for the longer term.
- 8.2 As part of the dental activity dispersal process, the NHS dental practice that is handing back their NHS activity must agree a communication letter for their patients with NHSE. This letter notifies patients that the dental practice will no longer be delivering NHS dental care and provides appropriate sign posting on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to NHSE that there is no inappropriate/forced sign up to private dental services and enables informed patient choice.

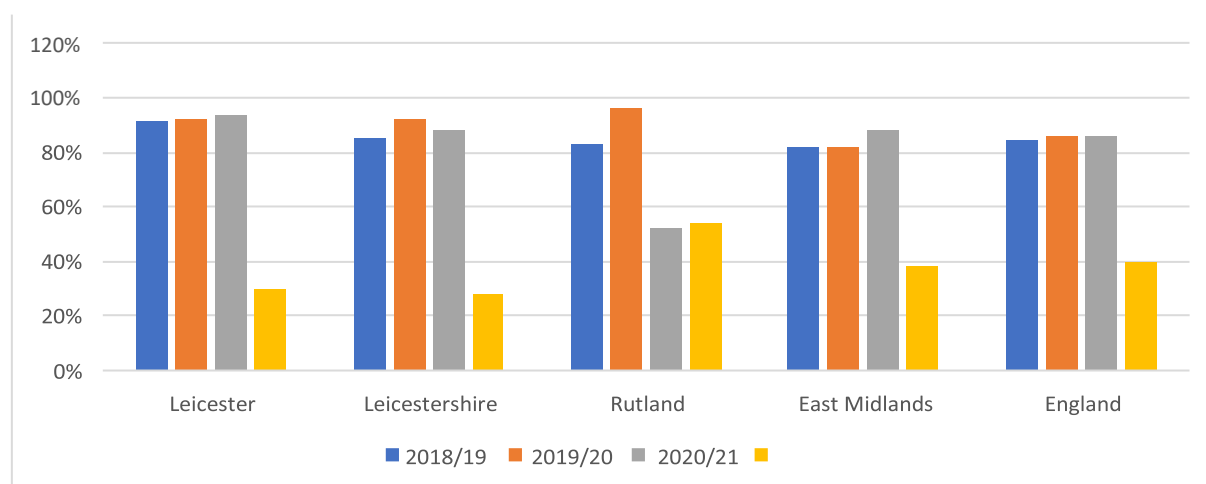
9. RESTORATION OF NHS DENTAL SERVICES

- 9.1 The NHSE commissioning team continues to work with the local dental profession in restoring NHS dental services and dealing with the inevitable backlog of patients that has built up since the COVID-19 pandemic started. In line with national guidance issued, all NHS dental practices in England are currently working towards providing routine dental care in the same way as they were prior to the pandemic, with the expectation of full (100%) delivery of contracted dental activity as of July 2022.
- 9.2 Reduced access to NHS dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention may have struggled to gain access to NHS dental care. Some who were part way through dental treatment will undoubtedly have suffered and may have lost teeth they would not have otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out causing deterioration in outcome.
- 9.3 Orthodontic patients who are routinely seen for regular reviews will have missed appointments, although harm reviews and remote consultations undertaken should have helped identify any urgent issues. The ongoing backlog and ever-increasing waiting lists do however mean that there is still a risk of those recall intervals being extended in order to free up capacity to see new patients. Patient compliance with the required oral hygiene measures may decrease over time and consequently there is an increased risk of dental decay developing around the orthodontic appliances if

treatment is prolonged in this way.

- 9.4 Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term impacts on oral and general health due to changes in nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar) coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar and alcohol intake could have a detrimental effect on an individual’s oral health. Those impacted to the greatest extent by this are likely to be vulnerable population groups and those living in the more deprived areas, thus further exacerbating existing health inequalities.
- 9.5 It is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, could also be at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions. NHSE are aware that vulnerable groups are finding it harder than usual to access NHS dental services, particularly as no walk-in options are currently available.
- 9.6 It is also acknowledged that children looked after are a vulnerable group and should be prioritised for dental access. Figure 7 below demonstrates that access for Children Looked After in Rutland has significantly deteriorated since the pandemic, although not to the extent observed in Leicester and Leicestershire.

Figure 7: Percentage of Children Looked After for 12 months and dental attendance



- 9.7 In recognition of the access difficulties for Children in Care, NHSE, the local dental profession, public health and safeguarding colleagues have worked together to support dental access for children moving into care. To assist with the process, an oral health assessment support sheet has been developed for clinical colleagues undertaking the Initial Health Assessment and, in acknowledgement of the current difficulties in accessing NHS dental care, a pathway was developed to enable children identified with acute dental problems to be referred directly to CDS-CIC (the local community special care dental service) for a comprehensive dental examination. NHSE communicated this model and pathway to all Directors of Children’s Services in the East Midlands. This has meant that no child being taken into care with an urgent dental need is being disadvantaged as a result of the challenges related to the pandemic. The pathway was completed in April 2021.

- 9.8 For children being taken into care who have not been identified with any symptomatic dental problems, their foster carers are being advised to take them to the local dentist. Unfortunately, it is currently proving very difficult for foster carers to find appointments for these vulnerable children. NHSE have therefore reminded (and continue to do so) NHS dental practices that these vulnerable children are a priority for access. If the foster family regularly attends a specific dental practice, the children should be considered as part of that arrangement. It is expected that NHS dental practices would manage the children within the general dental practice setting as they would all other children. The transfer process for orthodontics for Children in Care has also been reviewed in order to make this as seamless as possible and foster carers have also been made aware of the process.
- 9.9 NHSE are continuing to review pathways and treatment arrangements for all patients to ensure that they can continue to access urgent dental care, should they need to. Primarily, this has been facilitated through NHS 111. The special care dental provider has also been ensuring access for vulnerable patients through their network of local clinics and dental access centres.

10 NHS DENTAL SERVICES RECOVERY INITIATIVES

- 10.1 NHSE (Midlands) has made a large financial investment for initiatives designed to increase access across primary, community and hospital dental care, as follows:

- Weekend Sessions – For LLR, 8 practices were contracted to provide 63 additional sessions at a cost of £41,202.00. Out of the 8 practices, 5 practices were within Leicester providing 41 additional weekend sessions: with the remaining 3 practices within Leicestershire providing 22 additional weekend sessions. No uptake was received from Rutland. Additional national funding was allocated as part of a national scheme and further applications were reviewed on an on-going basis until the scheme ended on 31 March 2022.

Following the success of the Weekend Access scheme, NHSE (Midlands) have recently invited further expressions of interest for 2022/23 where an additional 13 Practices were approved for this scheme. Unfortunately, no uptake was received from Rutland.

- Weekday Sessions – For LLR, 3 practices were contracted to provided 55 additional sessions at a cost of £35,970.00. All 3 practices were within Leicester providing 55 additional weekday sessions. No uptake was received from practices in Leicestershire or Rutland. Additional national funding was allocated as part of a national scheme and further applications were reviewed on an on-going basis until the scheme ended on 31 March 2022.

NHSE approached the 5 dental providers across LLR who are contracted to open from 8am to 8pm with the view to commissioning additional funded sessions. Unfortunately, none of the providers felt that they had any capacity to provide any further sessions.

- Additional Orthodontic Case Starts – For LLR, 4 practices are contracted to provide additional capacity equating to 415 case starts to address the orthodontic waiting lists. One practice is in Leicester offering an additional 40

case starts and 3 practices are within Leicestershire offering 375 additional case starts. There was no interest received from Rutland.

- Dedicated In Hours Urgent Care Slots (voluntary service from NHS general dental practices) – additional capacity for NHS 111 to signpost patients without a regular dental practice who require urgent dental care during surgery hours. Five practices in LLR are taking part and providing extra appointments. One of the five practices is in Leicester offering 3 additional urgent care appointments per week with four out of the five practices within Leicestershire offering 54 additional urgent care appointments per week. There was no interest received from practices in Rutland.
- Support Practices - Community Dental Service: - NHSE have commissioned a number of dental practices across the Midlands to work collaboratively with local special care dental providers. This pilot is intended to provide additional capacity to assist in routine review and support the management of special care dental patients who are in the system. Unfortunately, there was no uptake from NHS dental providers in Rutland. NHSE has been trying to understand the reasons for the lack of interest and at present the main reason appears to be the lack of practice capacity. Nevertheless, NHSE have secured additional funding to re-run the pilot for financial year 2022/23 and hope to encourage uptake from NHS dental providers in Rutland. Expressions of Interest were invited week commencing 8th August with a closing date of 22nd August and a service start date of 1st October 2022.
- Local authority funding for oral health improvement:
 - £150,000 recurrent for 2 years to support oral health improvement initiatives and activities
 - £40,000 non recurrent to support purchase and distribution of toothbrushing packs to food banks and other venues
 - £10,000 non recurrent to enable each local authority's oral health promotion service to expand and improve their resources
 - £5,000 non recurrent to support each local authority's oral health promotion services' training resources
 - £10,000 non recurrent to provide each child with a toothbrushing pack as part of the dental epidemiology survey

All the above funding was allocated jointly to Leicester City, Leicestershire and Rutland County Councils. Funding was transacted to Leicester City Council to be distributed between the three local authority areas via the LLR Oral Health Promotion Partnership Board. Agreement on the spending of all the additional funding is discussed and agreed at the LLR Oral Health Promotion Partnership Board to ensure alignment with oral health needs of the local populations.

- Waiting list initiative - Intermediate Minor Oral Surgery (IMOS) - Non recurrent investment to support IMOS providers in reducing waiting times for patients to be seen within 6 weeks of referral into the specialist service. At June 2022, there were 3,173 LLR patients accepted onto the IMOS pathway and 2,038 have been waiting over 6 weeks to be treated. This has been reduced by nearly 1,500 patients from June 2021 when the waiting list initiative was launched in 2021/22.

As this is a specialist service commissioned on a system area footprint, data for Rutland residents is unfortunately not available. Due to the number of patients waiting for treatment in LLR, a further waiting list investment scheme has been launched in July 2022 to reduce the number of patients waiting for treatment over 18 weeks to zero by March 2023.

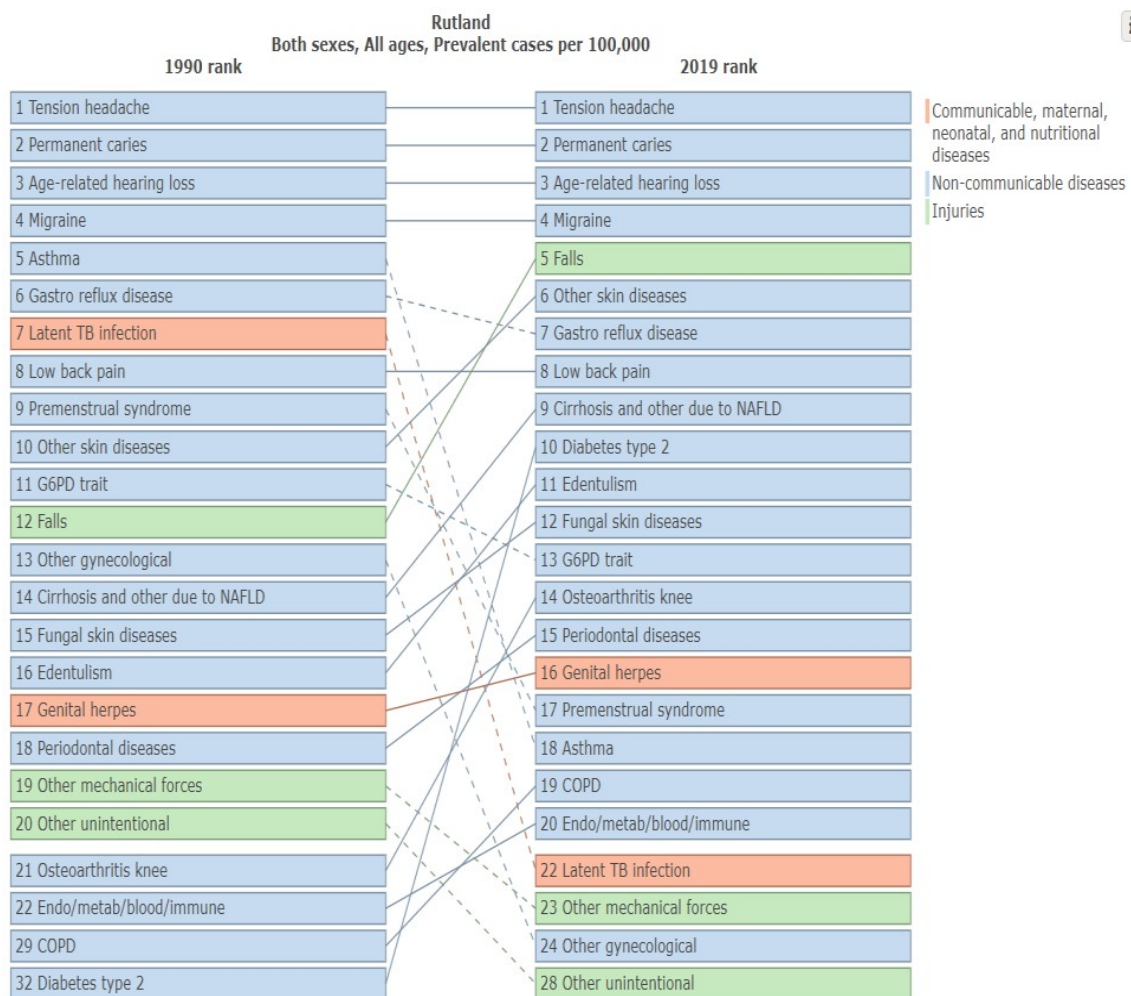
- LLR Community (Special Care) Dental Service - non recurrent investment of £62,048 to support waiting list initiatives for CDS-CIC during 2021/22. The waiting list initiatives ran additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment. Additional dental hand pieces (dental drills) were also purchased to support improving efficiency of dental clinics resulting in reduced fallow time between patients. Commitment has also been secured for 2022/23 to support reducing GA waiting list (subject to securing additional sessions at the hospital trust).
- Acute Trusts are monitored on referral to treatment within 18 weeks, 52 week waits and in addition, due to the impact of the pandemic, monitoring 104 week waits. All Trusts were required to clear any 104 week waits by July 2022. As of May 22, there were 26 LLR patients waiting over 104 week waits for Oral and Maxillofacial Surgery and UHL had plans in place to clear this within the target deadline. Please see Appendix 3 for Midlands Oral Surgery Referral to Treat Trends and Appendix 4 for referrals into secondary care which have started to recover, however, these remain lower than previous levels due to the reduction in routine appointments in primary dental care. Additional non recurrent investment of £35,791 has been secured to support dental waiting list initiatives for UHL. The waiting list initiatives are to address 104 and 52 week waits in the secondary care dental speciality Oral and Maxillofacial surgery. Further commitment of £463,224 has been secured to support waiting list initiatives in 2022/23 (this information is not available at a lower level).

11. ORAL HEALTH AND INEQUALITIES

- 11.1 Whilst NHSE is responsible for commissioning NHS dental services, the responsibility for public health, including oral health improvement, is with local authorities who have the statutory role in assessing local oral health needs and commissioning or providing evidence based oral health improvement programmes appropriate to those needs. In addition, the Local Authority is also responsible for oral health surveys to facilitate the planning and evaluation of the arrangements for provision of dental services as part of the health service and NHSE are working with Public Health local authority colleagues on this.
- 11.2 Oral diseases continue to be a leading public health problem with significant inequalities. Those living in more deprived areas and vulnerable individuals are more at risk, both of and from, oral diseases. Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities.
- 11.3 Figure 8 shows that oral health remains in the top 20 rankings of the most prevalent causes affecting the overall health and wellbeing of people living within Rutland from 1990 to 2019:
- rank 2 – dental decay (caries)
 - rank 11 – edentulism (no teeth)

- rank 15 – periodontal (gum) disease)

Figure 8: Ranking of prevalent cases per 100,000 affecting overall health and wellbeing of people living within Rutland (Global Burden of Disease)



- 11.4 The findings of the 2017/18 survey of adults attending general dental practices in England showed that poorer oral health disproportionately affected those at the older end of the age spectrum and those living in more deprived areas. Within the findings, Rutland has an older population.
- 11.5 The profile below describes the oral health of 5-year-olds living in Rutland. It uses data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children. The profile is designed to help local government and health services improve the oral health and wellbeing of children and tackle health inequalities. In Rutland, 252 5-year-olds (approximately 75.1% of those sampled) were examined at school by trained and calibrated examiners using the national standard method. The 2018/19 national oral health survey of 5-year-old children showed wide variation in both the prevalence and severity of dental decay among young children across LLR (Figure 9). It can be seen that in Rutland; average levels of dental decay are higher than the average for England. It can also be seen that it is higher when compared against its regional (Leicestershire) and national (North Yorkshire) statistical neighbours (Figure 10).

Figure 9: Percentage of 5 year olds with visually obvious dental decay (2018/19)

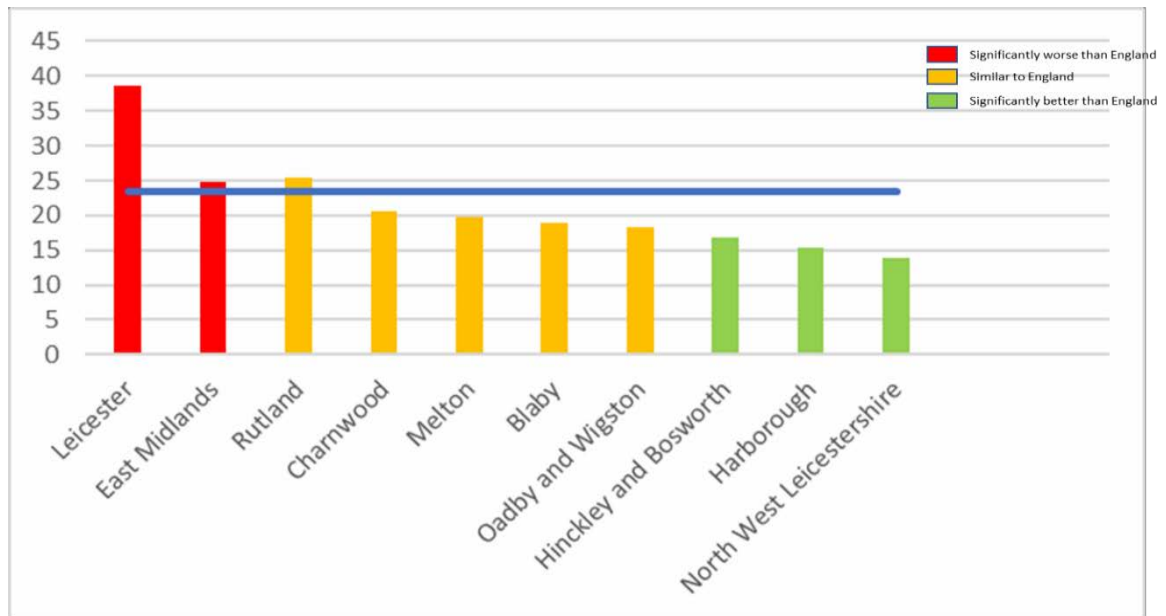
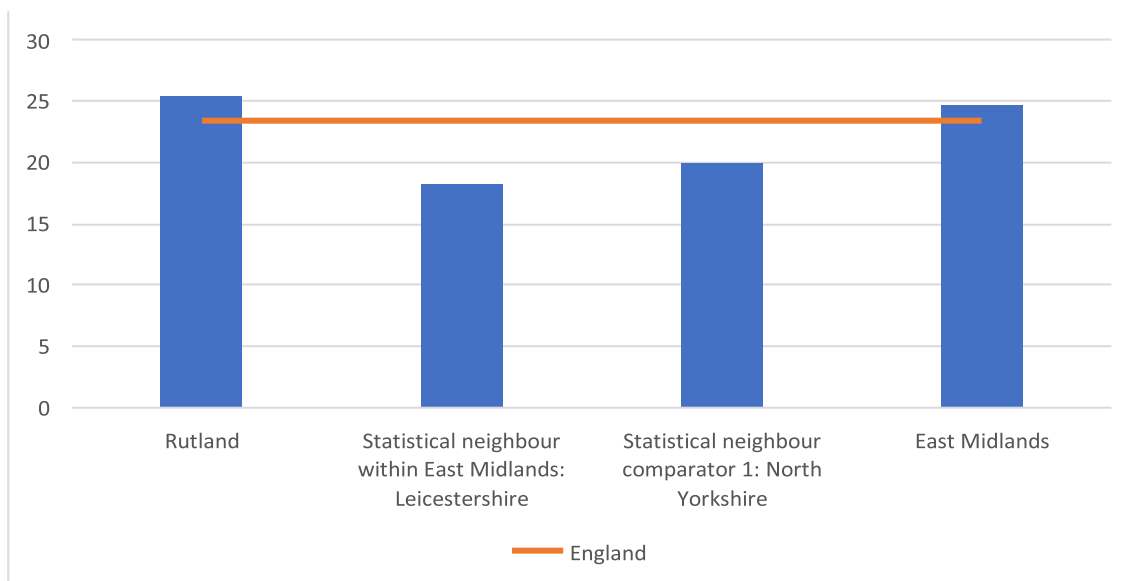
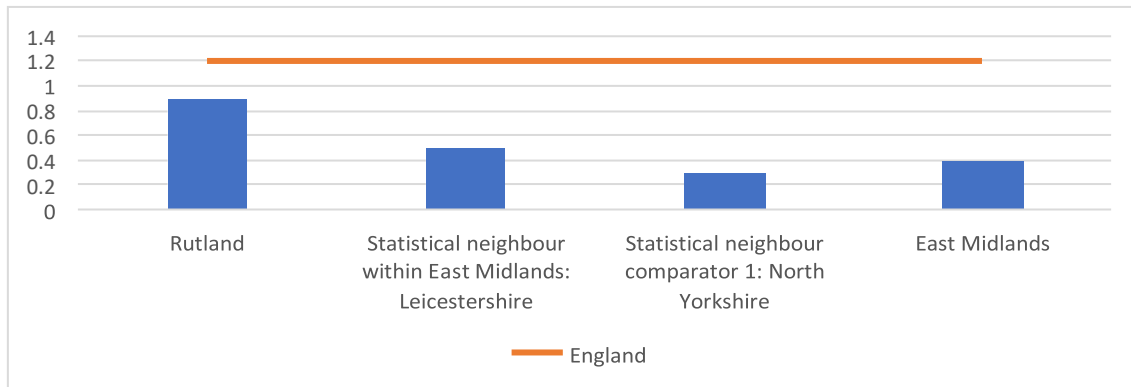


Figure 10: Prevalence of experience of dental decay among 5-year-olds in Rutland, its statistical neighbour comparators¹, the East Midlands and England



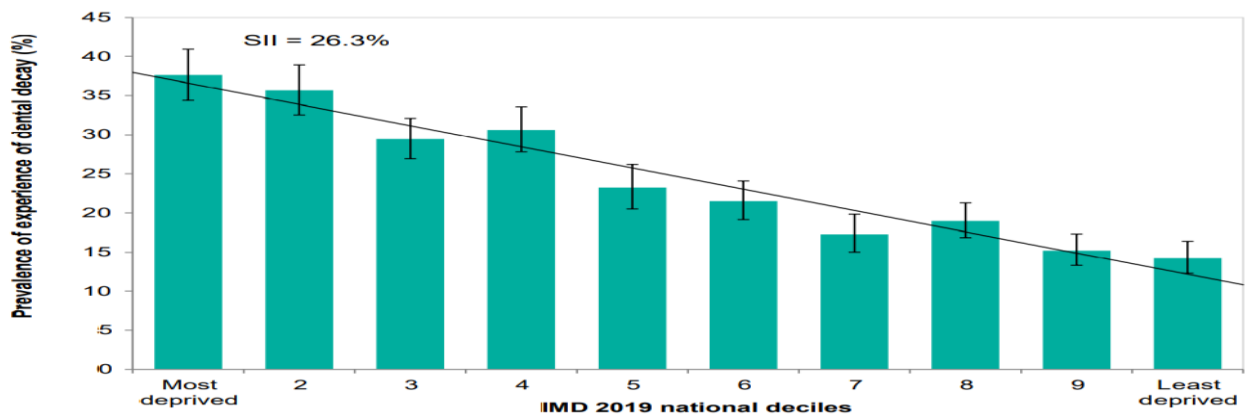
¹ generated by the **children's services statistical neighbour benchmarking tool**, the neighbour within the East Midlands has "close" comparator characteristics and the national neighbour has "very close" comparator characteristics

Figure 11: Proportion with high levels of plaque present on upper front teeth



11.6 Figure 11 shows that the proportion of 5-year-old children in Rutland with high levels of plaque present on their upper front teeth is higher than the regional (Leicestershire), national (North Yorkshire) statistical neighbours as well as the East Midlands. This is indicative of poor toothbrushing habits. Figure 12 shows the slope index of inequality in the prevalence of experience of dental decay in 5-year-olds in the East Midlands by deprivation, with those living in the most deprived areas being affected the most. However, for Rutland, this is not as pronounced. Figure 14 shows that there was a significant improvement in oral health of 5-year-old children in Rutland in 2017 but unfortunately, this improvement has not been sustained.

Figure 12: Slope index of inequality in the prevalence of experience of dental decay in 5-year-olds in the East Midlands



Error bars represent 95% confidence limits

Figure 13: Prevalence of experience of dental decay in 5-year-olds in Rutland, by local authority Index of Multiple Deprivation (IMD) 2019 quintiles

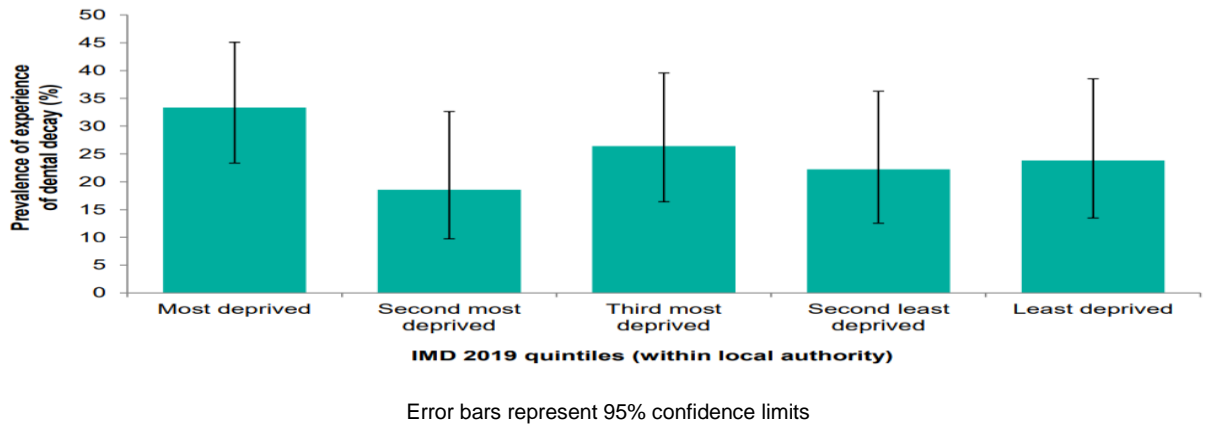
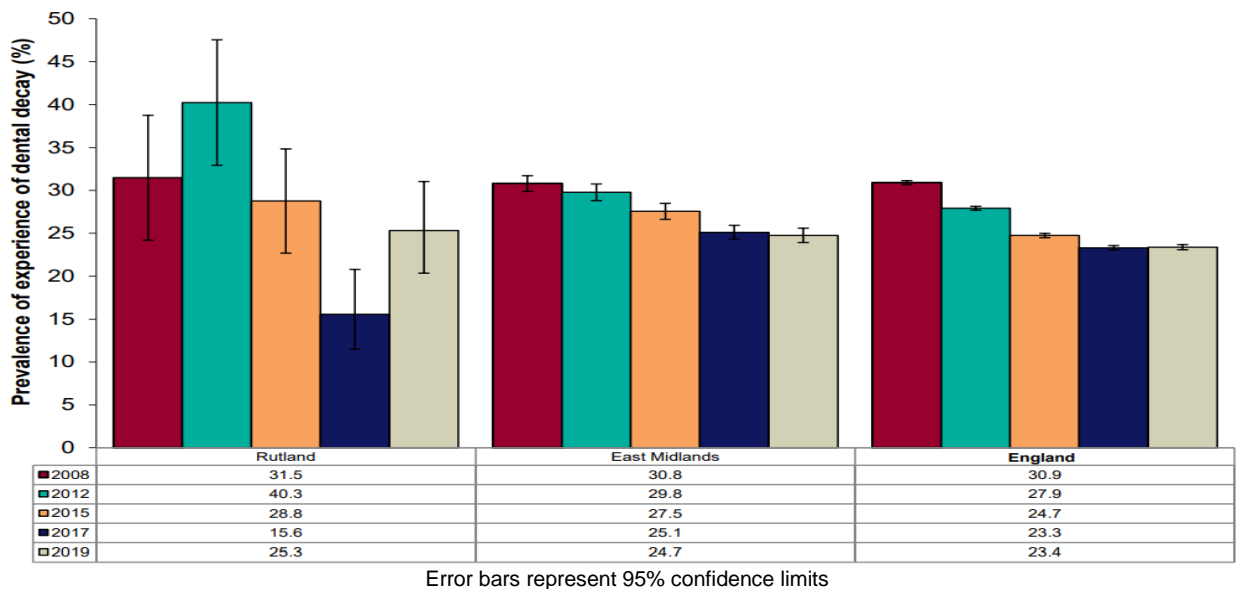
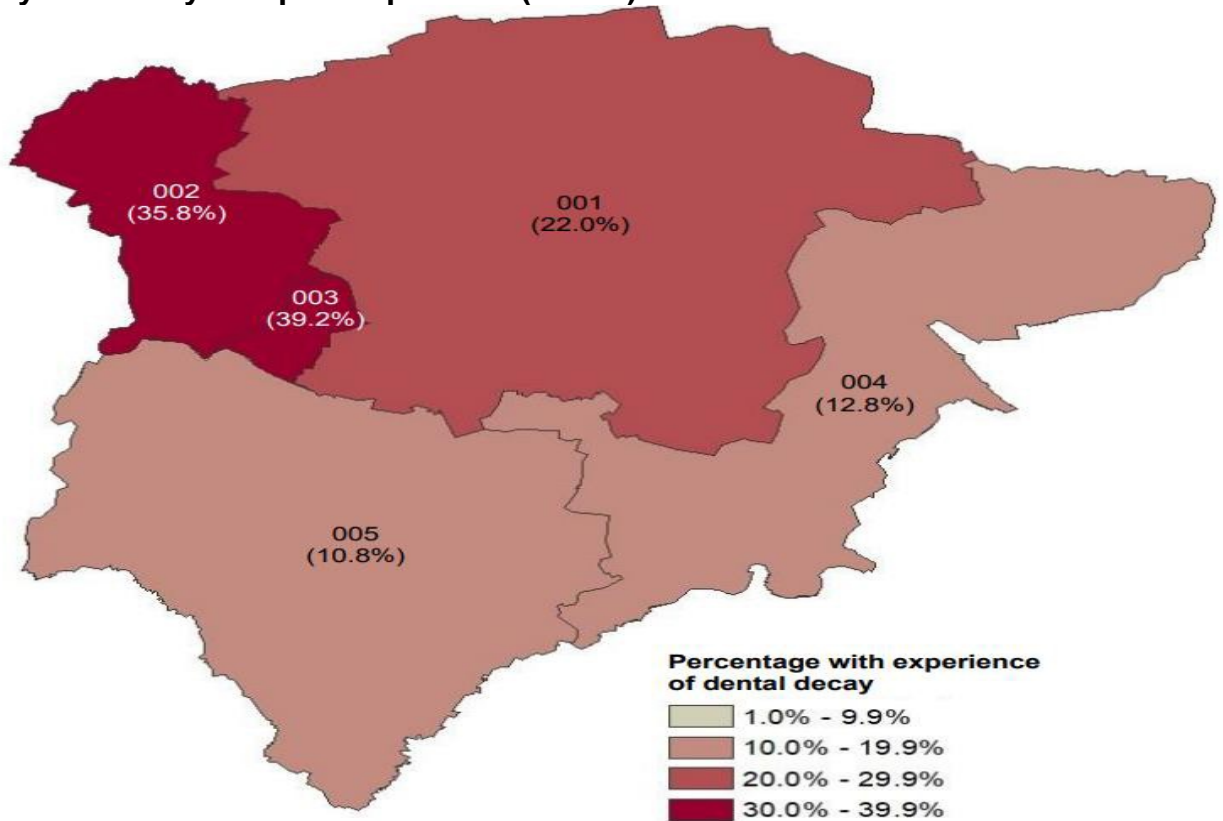


Figure 14: Prevalence of experience of dental decay in 5-year-olds in Rutland, the East Midlands and England, by year



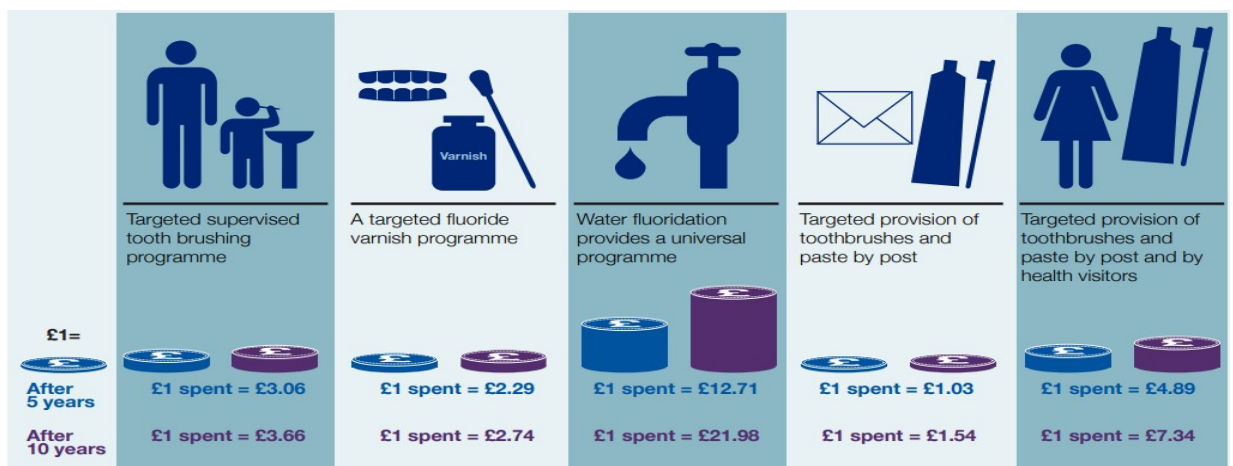
11.7 Within Rutland, there are areas where there are higher than average levels of experience of dental decay. At a Middle-layer Super Output Area (MSOA) level, children living in MSOA 002 and MSOA 003 have the highest levels of experience of dental decay (Figure 15).

Figure 15: Prevalence of experience of dental decay in 5-year-olds in Rutland, by middle layer super output area (MSOA)



11.8 Public health interventions can improve child oral health at a local level. Figure 16 shows the return on investment of oral health improvement programmes for 0-5 year olds with water fluoridation providing the largest return, followed by targeted provision of toothbrushes and paste by health visitors, targeted supervised toothbrushing programmes and targeted fluoride varnish programme. The lowest return on investment is the targeted provision of toothbrushes and paste by post (without health visitor involvement). Apart from the application of fluoride varnish in clinical dental settings, none of the oral health improvement programmes are within the responsibility of NHSE but is part of the 0-19 Public Health contract: supporting oral health promotion.

Figure 16: Return on investment of oral health improvement programmes for 0- 5 year olds

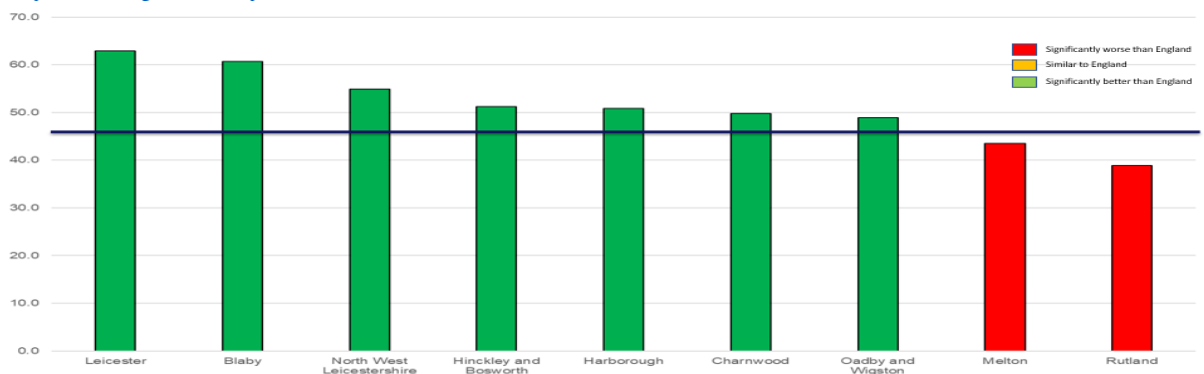


- 11.9 Water fluoridation
Water fluoridation is an effective and safe public health measure to reduce the frequency and severity of dental decay, and narrow oral health inequalities. Fluoridated water is currently supplied to 10% of the population in England but unfortunately, residents in Rutland do not benefit from water fluoridation.
- 11.10 Although the responsibility for water fluoridation currently rests with the local authority, this is being changed by the Health and Care Act 2022 as it introduces measures that will level up disparities in oral health by making it simpler to add fluoride to the water in more areas across England. The Act will change the decision-making responsibility on water fluoridation that has resided with local authorities since 2013 and transfer such decisions to be made centrally. Secondary legislation has recently been laid before parliament on this but it is not known when this will be debated.
- 11.11 Dental health remains a significant public health concern with approximately 37,000 hospital admissions of children to extract decayed teeth in 2019/20 nationally. The estimated cost to the NHS of all tooth extractions in children is £50 million per year, most of which were due to avoidable tooth decay. Evidence supports water fluoridation as an effective public health measure that has the ability to benefit both adults and children, reduce oral health inequalities and offers a significant return on investment.
- 11.12 Toothbrushes and toothpaste by health visitors
In Rutland, health visitors provide oral health advice but do not distribute toothbrush packs.
- 11.13 Supervised toothbrushing programmes
Currently, there is no supervised toothbrushing programme within Rutland. As per section 10.1, Public Health is liaising with Leicester City Council with regards to the LA oral health improvement funding to determine a toothbrushing programme within Rutland.
- 11.14 Fluoride varnish
NHSE are responsible for fluoride varnish applications in clinical settings. Dentists are recommended to apply fluoride varnish to the teeth of all children and young people twice a year from the age of three. In addition, for those giving concern due to dental decay risk, they should receive 2 or more times the application of fluoride varnish in a year. Fluoride varnish provides extra protection against tooth decay when used in addition to brushing. It is a gel that sets quickly when applied to children's teeth using a soft brush. Therefore, every child and young person living in Rutland should be offered fluoride varnish applications at least twice yearly from the age of three when attending their dental practice. There is no cost for this as it is available free of charge on the NHS for all children and young people. Figure 17 shows that less than 40% of children and young people attending an NHS dental practice in Rutland received fluoride varnish applications in 2017/18.

Figure 17: Variation in claims for fluoride varnish applications (0-18 years) 2017/18

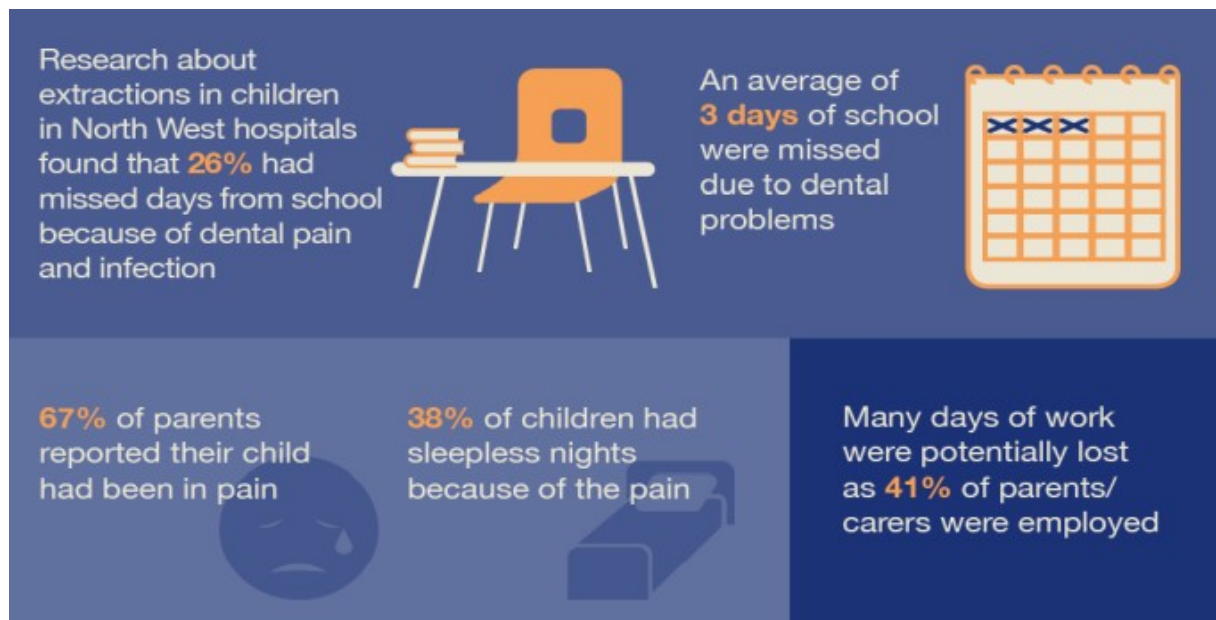


Variation in claims for fluoride varnish applications (0-18 years) 2017/18



11.15 Poor oral health impacts on children and families (Figure 18) and affects children’s ability to eat, speak, sleep, play and socialise. A quarter (25.3%) of five-year-olds in Rutland have tooth decay when they start school. Children who have toothache or who need treatment may have to be absent from school and parents may also have to take time off work to take their children to a dentist or to hospital. Oral health is therefore an important aspect of a child’s overall health status and of their school readiness. Oral health is seen as a marker of wider health and social care issues including poor nutrition and obesity.

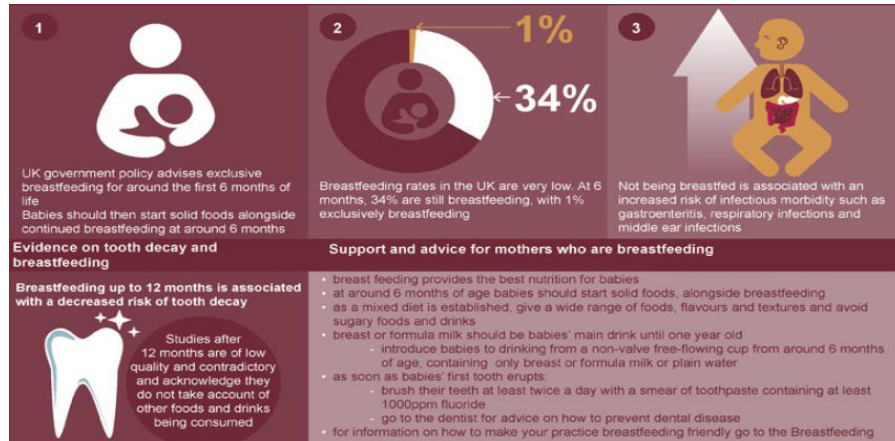
Figure 18: Impact of Poor Oral Health in Children and Families



Source: Health matters: child dental health <https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

11.16 There is strong evidence of the benefits of breastfeeding to both mother and child (Figure 19). There is strong evidence that breastfed babies experience less tooth decay and that breastfeeding provides the best nutrition for a baby’s overall health.

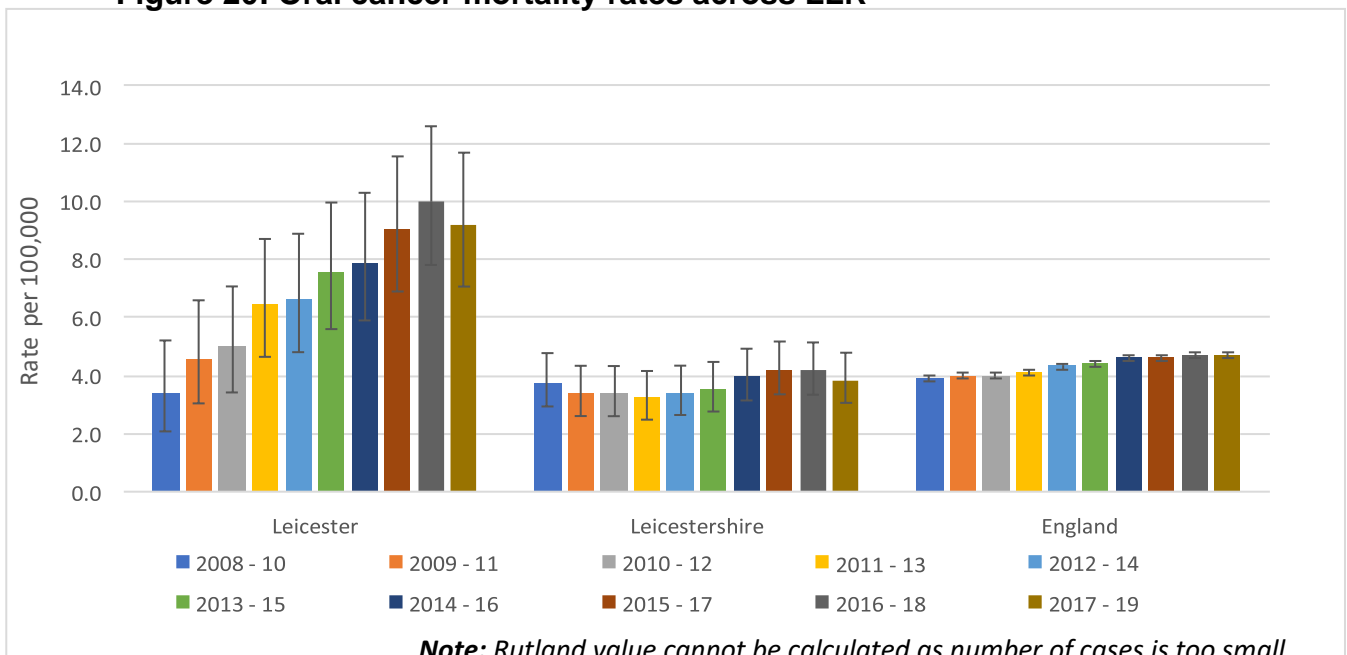
Figure 19: Benefits of breastfeeding



11.17 There is some evidence that dental decay and obesity may be more likely to occur in the same populations. Local authority data, collected at population level confirms that some correlation between dental decay and obesity prevalence can be observed at age five years; however, it is not currently known whether this relationship exists in older children. Using this type of group-level cross-sectional data, it is not possible to say whether an individual who is overweight or obese is at higher risk of dental decay or vice versa. Well-designed cohort studies in populations that are comparable to the UK are required to answer this type of question and there are currently insufficient studies of this type available. Despite this, because deprivation and high intakes of free sugars are known risk factors for dental decay and for obesity, it is likely that interventions that reduce these common risk factors have the potential to impact both conditions at the population level.

11.18 Figure 20 shows that mortality rates from oral cancer in Leicester are significantly higher than the national average and have also been increasing significantly over the years. The Rutland value cannot be calculated and reported as the number of cases is too small. Although tobacco use has been proven to increase the risk of oral cancer, people who use both alcohol and tobacco are at an especially high risk of contracting the disease.

Figure 20: Oral cancer mortality rates across LLR



12 COLLABORATIVE WORKING

- 12.1 The local NHSE dental commissioning team works collaboratively with Public Health colleagues in Leicestershire and Rutland County Councils around prevention initiatives linked to oral health improvement and in amplifying key oral health messages. Further information has been provided by the Council's public health team on the local oral health improvement initiatives across Rutland in Appendix 5.
- 12.2 The local NHSE dental commissioning team has also been having regular meetings with the local dental profession via the Local Dental Committee. NHSE are grateful for the co-operation received from the profession in mobilising Urgent Dental Care Centres and co-producing solutions to help manage the restrictions in NHS dental services. This has included joint working between the local Community (Special Care) Dental Service and General Dental Practices.
- 12.3 There is a Local Dental Network (LDN) covering the LLR ICB with an LDN Chair in place. There are also a number of Managed Clinical Networks (groups of local clinicians) who have continued to meet virtually to plan care and agree good practice guidance to support practices in managing their patients. The Urgent Care Network met weekly early on in the pandemic to help plan and deliver ongoing access to urgent dental care.
- 12.4 The NHSE commissioning team have also been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. Examples of tweets that have been shared on Twitter are given in Appendix 6. There is some ongoing concern about a reluctance amongst some people in attending for dental care due to the pandemic either because they do not want to be a burden on the health service or because they fear getting coronavirus. A campaign reassuring people that it is safe to attend NHS dental appointments has also been launched by NHSE.
- 12.5 NHSE have also engaged with Healthwatch Rutland and they have shared intelligence on local concerns or on difficulties people may be having accessing NHS dental services.

13 NATIONAL DENTAL CONTRACT REFORM

- 13.1 The Chief Dental Officer for England published the outcome of the 2022/23 Dental Contract Negotiations on 19th July 2022. This represents the first significant change to the national dental contract from the government since its introduction in 2006. The resulting reforms are significant changes which seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care as follows:
- Refining the UDA allocation to support patient care to account for complexity
 - Supportive resources for patients, the public and dental teams around NICE dental recall intervals
 - Establishing a minimum indicative UDA value to support effective delivery of care, workforce and financial viability
 - Increasing the role for dental therapists to be able to accept patients for NHS

treatments, providing fillings, sealants, preventative care for adults and children, thus freeing up dentists' time for urgent and complex cases.

- Improving information on the availability of NHS dentistry for patients and the public by requiring dental practices to regularly update the Directory of Services (**Find a Dentist** facility on the NHS website)
- Maximising access from dental budgets and enabling high-performing dental practices the opportunity to increase their activity by a further 10% to deliver more care.

Some of the changes will not be introduced until later in 2022 as they will require the government to pass primary legislation before they can be introduced. These important changes are but the first step on a journey, with further engagement and further development to come to reform and modernise the NHS dental contract even more. This next phase of reform will start imminently, to build on the changes made and tackle longer-standing concerns.

14 CONSULTATION

- 14.1 Assessment of Access: Local authority public health colleagues have already started an oral health needs assessment has already begun and is planned for completion by early 23 (due to the proposal to include a dental service consultation across Rutland). NHSE also anticipate having access shortly to a mapping tool which will help to identify local areas which may have specific issues in order to assist with a more targeted approach in tackling them. NHSE will work collaboratively with Public Health colleagues in the local authority to understand the current and future oral health needs of Rutland, to inform the appropriate commissioning of services.

15 ALTERNATIVE OPTIONS

- 15.1 There are no alternative options to the provision of NHS dentistry, however the changes to the national dental contract reform could help to tackle access issues for Rutland, particularly by increasing the role of dental therapists. However, the improvement in oral health cannot rely solely on access to NHS dentistry as it requires a whole system approach with evidence-informed public health initiatives as well.

16 FINANCIAL IMPLICATIONS

- 16.1 There are no financial implications for the terminated Rutland practice. The financial value of the contract will remain the same in order for the activity to be dispersed/re-procured in order to maintain provision of services. NHSE are working with local authority public health colleagues in understanding the impact in order to ensure equity of access.
- 16.2 In terms of the delegation of commissioning responsibility to the ICB, the financial allocation for the commissioning of NHS dental services will be transferred to the LLR ICB on the 1st. April 2023. Baseline allocations have been based on 2019/20 outturn as this is the last full year not affected by the COVID-19 pandemic. The allocations are also uplifted by growth and inflation. Further work is being completed to understand the true level of need in Rutland, this may have financial or workforce implications with regards to the services that are commissioned.

17 LEGAL AND GOVERNANCE CONSIDERATIONS

- 17.1 Please see reference to points relating to the delegation of commissioning responsibility, changes to decision making for water fluoridation, national dental contract reform and also the statutory role of public health local authority for the oral health epidemiology survey and 0-5 year children's' public health service.

18 DATA PROTECTION IMPLICATIONS

- 18.1 A Data Protection Impact Assessments (DPIA) has not been completed as there are no personal identifiable data contained within the report.

19 EQUALITY IMPACT ASSESSMENT

- 19.1 An Equality Impact Assessment (EqIA) has not been completed; however equity of access will be considered as part of the oral health needs assessment. Individual dental providers also have a responsibility to ensure their services are accessible to the local population.

20 COMMUNITY SAFETY IMPLICATIONS

- 20.1 There are none identified at present.

21 HEALTH AND WELLBEING IMPLICATIONS

- 21.1 Please see section 10.

22 ORGANISATIONAL IMPLICATIONS

- 22.1 The 1 July 2022 marked a major milestone in the NHS calendar as the way health and care services are planned, paid for and delivered. The changes are to better meet the health and care needs of local populations. Following the passing of the Health and Care Act 2022 earlier this year, Integrated Care Boards (ICBs) are now on a statutory footing as part of the wider Integrated Care System (ICS), therefore Clinical Commissioning Groups have been abolished. The LLR ICB assumed delegated responsibility for Primary Medical Services and will also assume delegated responsibility for Dental (Primary, Secondary and Community), General Optometry and Pharmaceutical services (including Dispensing doctors) from 1 April 2023 (subject to formal sign-off by NHSE). **Statutory guidance** for ICBs has also been published to support effective partnership working with people and communities to improve services and meet the public involvement legal duties. The LLR ICB Head of Transitions for contracts is already engaged in the Rutland dental transition.
- 22.2 The milestones above mark the ambition of greater integration, as set out in the NHS Long Term Plan and enables more joined-up care to improve health outcomes and tackle inequalities of access to local populations. By delegating many of the services that NHSE commission to ICBs and giving systems greater responsibility for a broader range of functions, they will have more flexibility to integrate services across care pathways that will enable continuity of care, and design and improve services so that they better meet local priorities and needs.
- 22.3 The Midlands Primary Care Operating Model has been co-designed to provide an

approved framework for the delegation of the function to each Integrated Care Board (ICB). The Operating Model provides an overview of the functions and sets out the key design principles that support the transition in 2022/23. LLR ICB approval of the model is one of the necessary gateways in the national NHSE delegation assessment framework

- 22.4 The Operating Model sets out the principles, pathway, key governance, workforce, and financial information that will be co-designed with the LLR ICB during the transition period for the safe and effective delegation of these functions. The transition process will:
- provide the detail that enables ICBs to undertake the workforce and contract due diligence as well as setting out the key financial principles for delegation of the commissioning budgets,
 - manage the risk of moving from a regional budget to splitting across eleven systems,
 - be transparent and ordered through finance governance groups to complete the due diligence and safe transfer to ICBs from April 2023.
- 22.5 A Governance structure has been proposed that enables ICBs to set the annual plan and strategic direction of the Pharmacy, Optometry and Dental functions and make localised decisions where possible, whilst the current team are enabled to deliver day to day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.
- 22.6 There is a vision for one plan for the LLR ICS. The principles and priorities for the system strategy have been agreed and the full strategy is still being developed for the end of 2022. This is a statutory requirement of the ICP and so will be lead through the LLR Health and Wellbeing Partnership, with support from the wider system.
- 22.7 Local authority Public Health colleagues are currently undertaking an oral health needs assessment for Rutland which will serve to better understand some of the impacts of the pandemic on oral health and oral health inequalities for its resident population. It is anticipated that this piece of work will be completed and presented to the Rutland Health and Wellbeing Board by early 2023

23 CONCLUSION AND SUMMARY

- 23.1 NHSE are working at pace to secure additional investments to increase access to NHS Dentistry across the East Midlands, whilst appreciating the challenges that still exist to date from the impact of COVID-19.
- 23.2 NHSE recognise a need within Rutland for additional NHS dental access and will ensure continuation of services as a temporary measure whilst the procurement is progressing, working with Public Health colleagues within Leicestershire County Council in ensuring equity of access for Rutland's residents.
- 23.3 Improved access to NHS dentistry on its own will not secure improvements in oral health for Rutland and requires evidence-based Public Health interventions as well. The evidence from the oral health needs assessment will provide important

intelligence to inform the appropriate commissioning of services.

24 BACKGROUND PAPERS

24.1 There are no additional background papers to the report.

25 APPENDICES

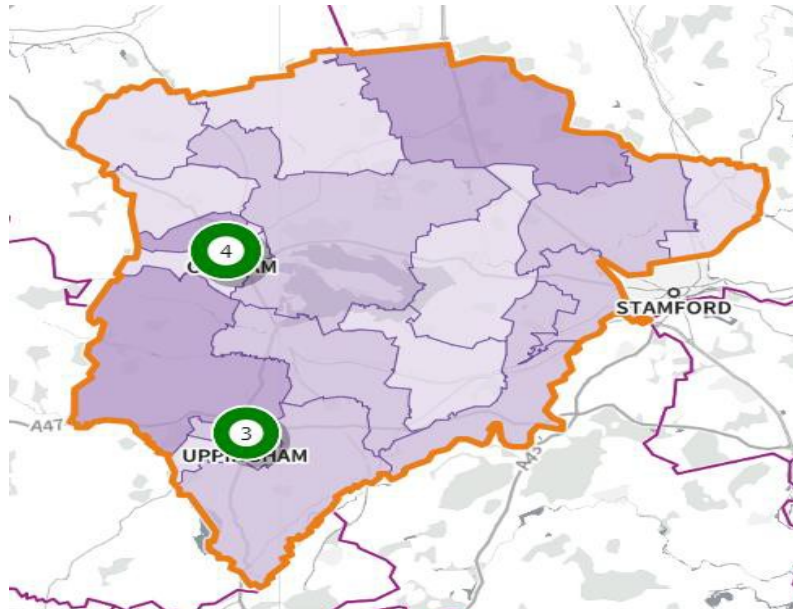
- Appendix 1 - Location of dental practices (including orthodontics) across Rutland
- Appendix 2 - Activity Trends in Primary Care
- Appendix 3 – Midlands Oral Surgery Referral to Treatment (18 week and 52 week waiters)
- Appendix 4 – Midlands Secondary Care Dental Referral Trends
- Appendix 5 – Oral Health Improvement activities across Leicestershire and Rutland led by local authority Public Health teams
- Appendix 6 - Examples of tweets shared by the NHS England Communication Team

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577

Appendix 1: Location of dental practices (including orthodontics)

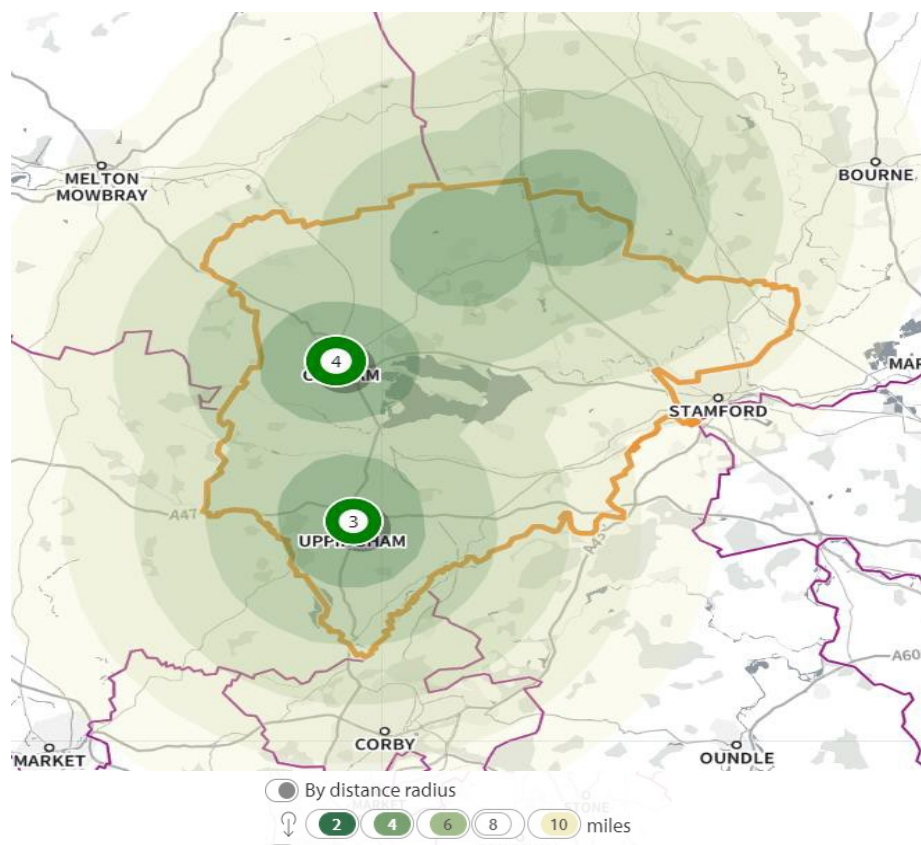
NB: The numbers denote the number of NHS dental practices within the location

Map 1: Location of dental practices (including orthodontics) in Rutland against deprivation



Map 2 below demonstrates that every dental practice is within a 10 mile radius of every Rutland resident.

Map 2: 10 mile reach of NHS dental practices (including orthodontics) in Rutland



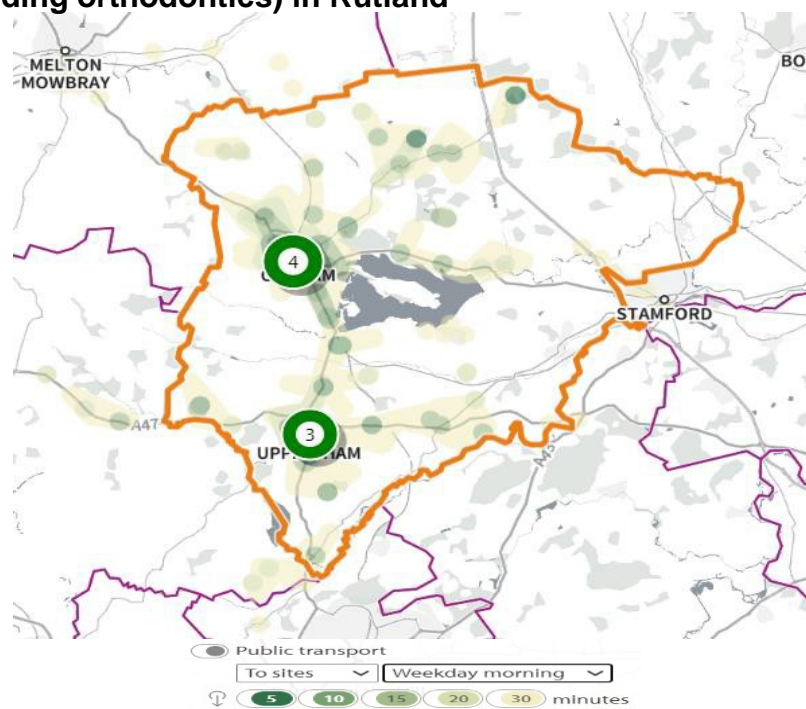
Map 3 below demonstrates that all NHS dental practices in Rutland are accessible by car within 20 minutes in rush hour. The map also shows the 30 minutes reach of NHS dental practices in Rutland for those who are not resident in the County and who therefore may be accessing NHS dentistry within Rutland.

Map 3: 30 minute travel by car (rush hour) to NHS dental practices (including orthodontics) in Rutland

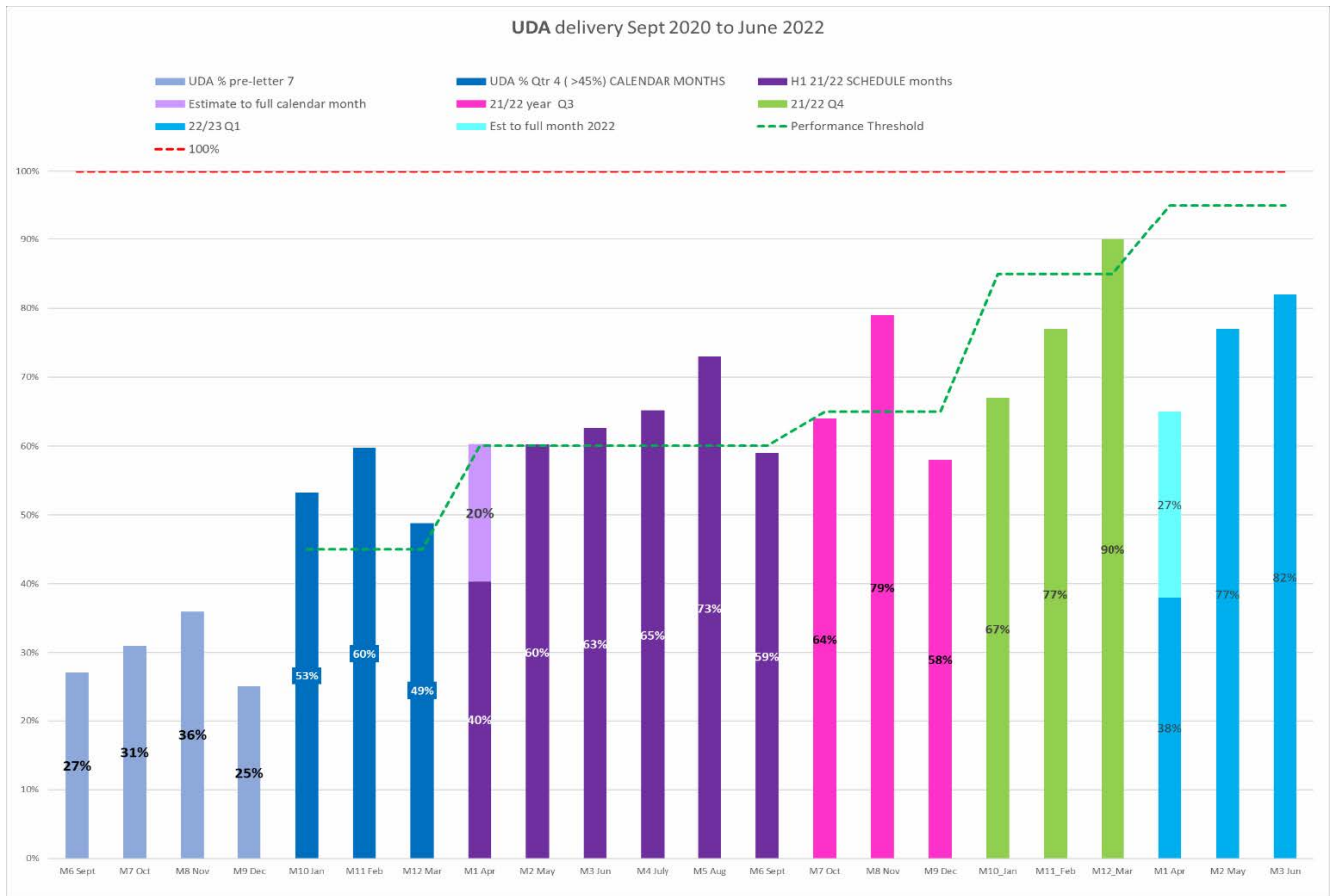


Map 4 below demonstrates that not every resident in Rutland is able to access an NHS dental practice within 30 minutes on a typical weekday morning using public transport.

Map 4: 30 minute travel by public transport (weekday morning) to NHS dental practices (including orthodontics) in Rutland



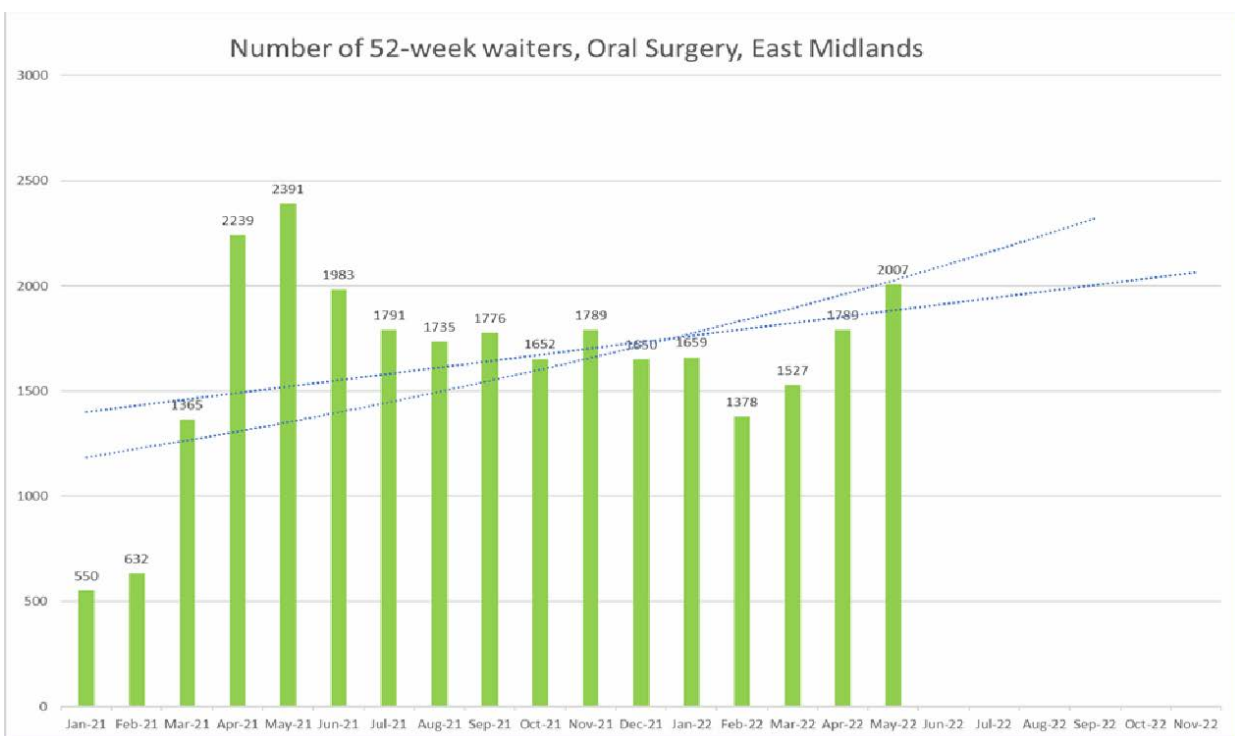
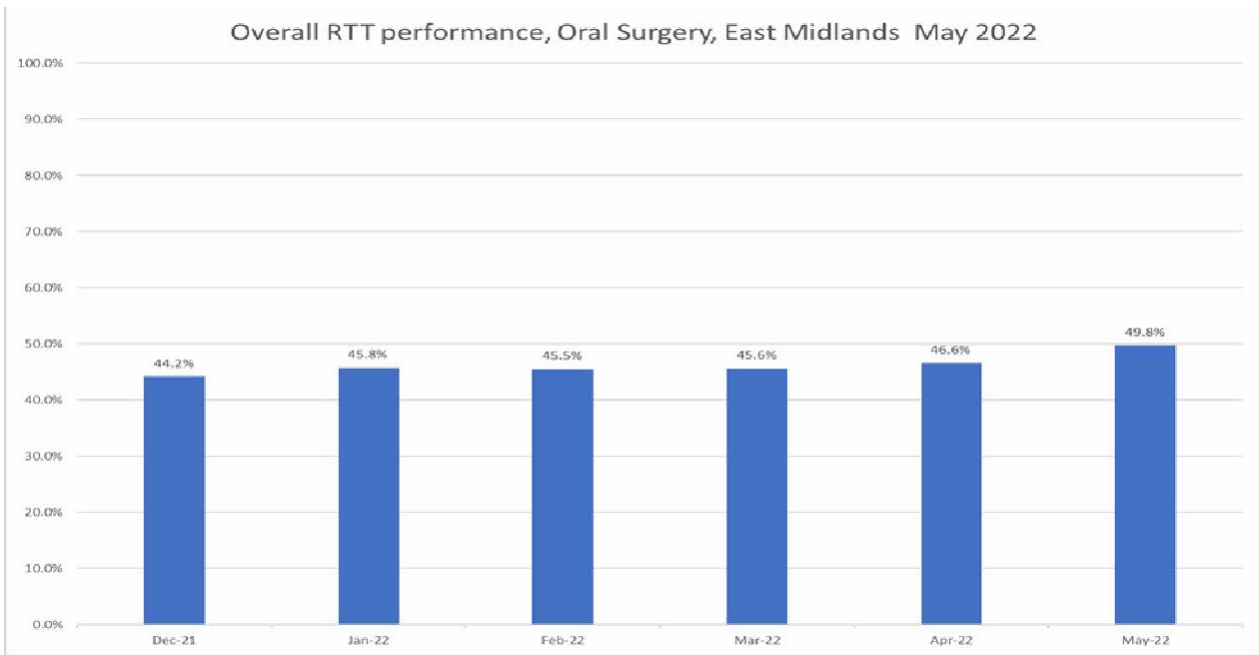
Appendix 2: Activity Trends in Primary Care for Units of Dental Activity (UDA) – Midlands



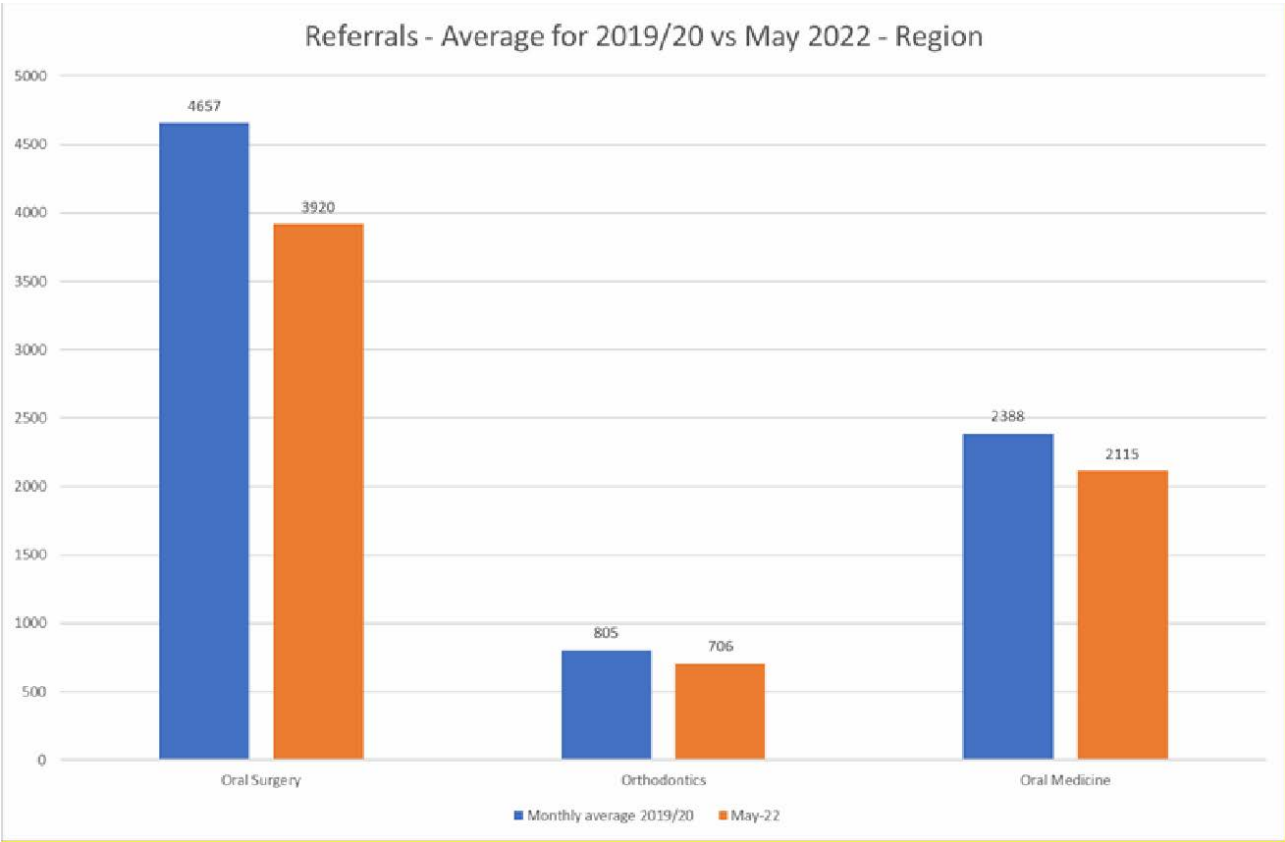
Appendix 3: Midlands Oral Surgery Referral to Treatment (18 week and 52 Week Waiters)

Note – The updated May RTT position for Oral Surgery shows that at 18 weeks the recovery remains plateaued between 45% and 50%. (The figure for May is 49.9%, an increase from 46.6%). The number of 52-week waiters has increased as data was missing in previous submission and Trusts have been focusing on reducing the number of 104-week waiters. The proportion of the total waiting list that has been waiting 52 weeks dropped to 10% for May from 1% in April 2022.

At the current time data cannot be split to report for LLR.



Appendix 4: Midlands Secondary Care Dental Referral Trends



Appendix 5: Oral Health Improvement activities across Rutland led by local authority Public Health teams

Oral Health Improvement activities within Rutland are currently focussed mainly on Early Years. However, with the additional funding from NHS E/I, the reach can be extended further. The LLR ICB footprint has received £150,000 for a period of 2 years to support oral health improvement initiatives and activities. At the last Oral Health Promotion Partnership Board, it was agreed the money would be spent on a number of initiatives including increasing the capacity to develop a care homes oral health education offer, support for Making Every Contact Count, developing information on oral health for people with diabetes and assessing feasibility of community fluoride varnish initiatives. The LLR ICB footprint has also received

£40,000 non recurrent funding to support purchase and distribution of toothbrushing packs to food banks and other venues which the oral team promotion teams are sourcing a provider for. Oral health improvement activities are described below:

Dental Epidemiology Survey

Statutory requirement of the Public Health grant is to conduct an annual Dental Epidemiology Fieldwork Survey and Public Health commission this from a specialist dental provider. Every 2 years there is a survey of 5-year olds with another age group chosen for the intervening year. This service is commissioned across Leicester, Leicestershire and Rutland and planning is underway for the next round of procurement for the new service to start on 1st August 2023.

Healthy Child Programme

Health visitors have an important role in providing advice and support as part of the healthy child programme. Health Visitors provide oral health advice, toothbrush packs and support and signpost to dental service if appropriate. Key touch points help identify families that need additional support for example, dental services the siblings of children who have attended hospital for dental extractions due to tooth decay or encouraging dental attendance when the first tooth erupts at 6 months of age, to enable the dental teams to give preventable messages. The oral health element has been strengthened in the recommissioning of the 0-11 children's public health service due for implementation 1st September 2022.

Following completion of the Rutland oral health needs assessment further work will be completed to confirm the potential oral health improvement services required in Rutland.

Appendix 6: Examples of tweets shared by the NHS England Communication Team

