Joint Health and Overview and Scrutiny Committee

DATE 25 March 2024

TITLE Dental Services Update

Author: **Debbie Stovin, Dental Programme Lead, NHS South Yorkshire**

Sponsor: **Anthony Fitzgerald, Executive Place Director - Doncaster, NHS South Yorkshire**

Purpose of report

- The purpose of this report is to provide an update to the committee on the ongoing work across South Yorkshire (SY) in dentistry outlining the current position, challenges, and the developments that have been underway through system working.
- In addition to provide an overview of the governments Dental Recovery Plan *Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK (www.gov.uk)*.

Recommendations:

The Joint Health Overview and Scrutiny Committee is asked to note the content of the report and confirm it is assured on the steps being taken to improve access to dental services.

Dental Service Update

March 2024

1. Background

1.1 The ICB has a responsibility for the improvement of dental services and inherited real challenges when the responsibility for dentistry was transferred from NHS England. Access to routine and urgent care is a key issue for patients and families and therefore can impact negatively on other primary care services and patient pathways for other dental and secondary care services.

1.2 Access has a been a common theme when attending both Overview and Scrutiny Committees and Health and Wellbeing Boards across South Yorkshire (SY). Attending these meetings has required attendance from the dental team in order to advise members on the range of commissioned dental services, the contractual framework dental operates within, and the challenges as well as the opportunities and has also provided an opportunity to describe the oral health of the South Yorkshire population and describe the Local Authority commissioned programmes currently in place which seek to improve oral health and reduce inequalities. Members of these partnership meetings have quite rightly raised dental access concerns and raised questions as to what the ICBs plans are to address the issues and was one of the reasons the SY Stakeholder Dental Event was arranged in November 2023.

1.3 The national dental contractual arrangements focused on mandatory services are widely viewed as a barrier to delivering better care, however there is scope for innovation and to be more creative expanding on a flexible commissioning approach. Flexibilities do exist within the current national framework enabling services to be tailored to meet specific needs where this presents clear value for money. The parameters of this approach have been limited to date, however national guidance has now been produced supporting a more transformational approach (NHS England » Opportunities for flexible commissioning in primary care dentistry: A framework for commissioners).

1.4 The dental budget at the point of transferring to ICBs from NHS England had a ringfence to the dental allocation so the funds could not be diverted away from NHS dentistry, however the situation changed in November 2023 due to other financial constraints within the NHS and non-committed funding was allowed to be utilised elsewhere.

1.5 The dental budget is committed to existing dental contracts and remains ringfenced with any underspend to be restricted to dental services. Dental funding cannot be directly applied to other services or to the bottom line of the ICB as directed by NHSE finance planning guidance, and recently reinforced by the NHS Dental Recovery Plan. This will ensure the full budget is protected for NHS dentistry and will enable non-recurrent initiatives to be developed and implemented to improve access to dentistry. As some of these schemes will be new, learning and evaluating outcomes will be important before any longer-term commitments are made or alternative commissioning approaches such as flexible commissioning are put in place.

1.6 The Government published the Dental Recovery Plan on 7th February 2024 with an aim of making dental services faster, simpler and fairer with 3 components, those being i) to expand access to services, ii) launch of 'Smile for life' programme to be led by local authorities and iii) supporting and developing the workforce – Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK (www.gov.uk).

1.7 Water Fluoridation is by far, the most cost-effective means of improving oral health, with the lowest carbon footprint would be to introduce water fluoridation. Although previously Local Authorities were responsible for investigating the feasibility of new water fluoridation schemes and proposing new schemes, this responsibility has recently moved to the Secretary of State for Health and Social Care in line with the Health and Care Act 2022. The South Yorkshire local authorities have previously been working together to investigate the feasibility of water fluoridation across South Yorkshire, and this work has now been passed onto Office for Health Improvement and Disparities (OHID) to progress further. The Dental Recovery Plan includes for the first time a water fluoridation programme to be rolled out in the north east, subject to

consultation in 2024, this consultation would enable an additional 1.6m people to benefit from water fluoridation.

2. South Yorkshire Dental Stakeholder Event

2.1 The event was designed with a four-part purpose:

- To hear about and discuss oral health, learn about Local Authority commissioned oral health improvement programmes and ICB-commissioned dental services in South Yorkshire,
- To understand the challenges affecting dentistry and the opportunities for change,
- To hear from key stakeholders what initiatives are in place to improve oral health,
- To provide an opportunity to be part of discussions, learn and network at a 'Place' level.

2.2 The dental event had over 70 attendees and overall positive feedback has been received. Key themes emerged from the event and will be key to informing the work plan and commissioning intentions for the coming year and beyond along with the Yorkshire & the Humber Oral Health Needs Assessment, May 2022 (OHNA) and subsequent SY Rapid OHNA and locality profiles which also recommend a number of priorities for additional focus.

2.3 The collated responses from the dental event have been grouped into five key themes which were not surprising, providing assurance that stakeholders identified priorities that were known, those being:

- Digital
- Access to dentistry
- Children & Young People
- Funding / Flexible Commissioning
- Workforce
- Fluoridation

3. Access to Dentistry

3.1 The first access point an individual has with dental services is either via primary general dental practice or urgent care. With some patients struggling to be able to access a dental practice more people are accessing urgent care. Feedback from these services is that people are using them as their main source of dental care.

3.2 A significant number of dental practices are not currently able to offer new patients a routine appointment and therefore are offering for them to be added to a waiting list. Individuals are likely to be on one or more practice waiting lists and are unlikely to ring and remove themselves from lists once they are offered an appointment, therefore it is not possible to determine what the true waiting list position is.

3.3 Dental practices are now required to include on the digital platform whether they are accepting new patients. The information on waiting lists and availability is variable. This raises patient expectations followed by frustration if access and appointments cannot be guaranteed. The ICB receives numerous enquiries, complaints, and MP letters regarding access issues. The SY Dental Programme Lead has offered to be part of a national review.

3.4 There continues to be a back-log of dental care with demand for NHS care being significantly higher than pre-pandemic levels at all practices. While the number of available appointments for regular and routine treatment is increasing, and access figures are gradually improving, dental practices continue to balance the challenge of clearing any backlog with managing new patient demand. Whilst restoration of dental activity continues, it is encouraging that the latest figures for access to 30th June 2023 show that access levels in SY amongst adults and children shows an improving picture across all four places. There is significantly better access in SY than in England overall (refer to table 1).

Table 1:- Adult patients seen by an NHS dentist in the last 24 months and child patients seen in the last 12 months as a percentage of the population for local authorities in South Yorkshire and England overall

LA	% seen to 31 Dec 2019		% seen to 31 Dec 2020		% seen to 30 June 2021		% seen to 31 Dec 2021		% seen to 30 June 22		% seen to 30 June 23	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Barnsley Metropolitan Borough Council	61.4	68.0	55.5	29.8	51.4	31.9	43.7	47.1	45.4	52.8	**51.1**	**59.1**
Doncaster Council	66.2	66.0	58.7	31.6	53.3	32.7	45.6	45.6	47.6	50.4	**63.4**	**60.5**
Rotherham Metropolitan Borough Council	59.6	61.7	55.7	28.7	51.4	32.3	44.8	42.9	46.8	46.8	**51.9**	**55.0**
Sheffield City Council	59.4	68.0	55.2	32.8	52.5	36.4	46.3	49.6	48.6	54.1	**50.3**	**61.2**
England	49.6	58.4	44.3	29.6	40.8	32.5	35.5	42.5	36.9	46.2	**40.7**	**52.7**

Source: NHS Digital
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-biannual-report
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-biannual-report
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2021-22-annual-report
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2022-23-annual-report

3.5 NHS dentistry should be there for those who need it. The focus for commissioners since the pandemic has been on restoration of mandatory dental services with particular attention to prioritising those patients in greatest need, and the more vulnerable members of the community who may struggle to access care within routine general dental services. However, it is recognised that as many people have not been able to access routine NHS dental care over the last few years more people will inevitably start to have higher levels of dental treatment need. Oral health data consistently indicates that children in South Yorkshire experience higher levels of tooth decay than both regionally and nationally.

4. Initiatives to Strengthen and Improve Access and Reduce Inequalities

4.1 The Oral Health Needs Assessment (OHNA), 2022 recommended that consideration should be given to commissioning services for those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care.

4.2 Dental services are not equitably distributed, and a health equity audit approach has been developed to develop a profile for South Yorkshire and by Place (NHSE, 2022). This identified areas which experience the highest levels of poor oral health yet have no NHS dental services or insufficient services to meet the need and may be used to guide future commissioning of services.

4.3 Examples of specific workstreams which have been developed and focus on improving access to reducing oral health inequalities are:

4.3.1 Urgent access sessions for patients experiencing poorest oral health – SY ICB has been supporting the continuation of these sessions which originally started in November 2022. There are currently 24 practices providing urgent access sessions across SY supporting the urgent care patient pathway by increasing the number of NHS111 urgent care appointments and increasing access directly in primary care.

In SY a total of 6692 urgent access sessions have been commissioned in 2023/24 equating to an average of 46,844 patient appointments in addition to core contractual commitments.

Benefits of the Scheme includes:-

- Enabled more patients with dental needs to access dental care.
- Patients have been offered the choice of engaging within a phased treatment plan where high treatment needs have been identified unless the patient declines the offer.
- Overall, the challenges in the system have diminished due to the additional appointments.
- The time dental call handlers at the NHS111 service are taking on calls has decreased leading to increased productivity.
- The impact of the additional appointments in the urgent care system has been positive.
- Qualitative intelligence from providers delivering sessions have reported that there has been a good uptake and reduction in failed appointments (DNAs).
- Paying a sessional fee supported the workforce recruitment and retention allowing practices to plan ahead financially and attract dentists to provide the sessions.

4.3.2 Improving access for those experiencing homelessness - dental services for those experiencing homelessness have been piloted in Doncaster and Sheffield, based on a successful pilot in Leeds. This involves partnership working with local homeless charities/organisations which support homeless patients to make appointments and to be chaperoned to dedicated treatment sessions. The dental practices also have an oral health champion who supports the charities and will undertake outreach oral health promotional work. The pilots became operation in October for Sheffield and November for Doncaster and early uptake and feedback has been positive. A patient story from the Doncaster pilot site was shown at the ICB Board meeting on 6th March which was well received, link to the story - https://youtu.be/7E4XhVaPztk

4.3.3 South Yorkshire & Bassetlaw Acute Federation Paediatric Innovator Programme (Dental) – acute dental is one of 4 specialities with the biggest waiting lists. Work is underway to work collaboratively to transform care and pathways for children and young people living in South Yorkshire. The aim is to improve access for paediatric dental services including a focus on those children in need of general anaesthetic for exodontia or comprehensive care, because South Yorkshire sees the highest levels of hospital tooth extractions in the country. There is high demand, limited capacity and high waiting lists particularly for specialist/consultant led care and a limited workforce. However, there is good partnership working between the providers to work together across South Yorkshire to make improvements. SY wants to learn from innovator as a way of addressing this challenge.

4.3.4 2 Week Wait Electronic referrals – dental practices are not part of the NHS spine and not connected to the NHS electronic referral system. A development to introduce electronic referrals for patients on a 2 week wait pathway for suspected head and neck cancer has been agreed in conjunction with the SYB Cancer Alliance. This will become part of an existing commissioned platform used across Y&tH for orthodontic referrals.

4.3.5 Service Reviews – the dental team have successfully negotiated three service reviews with providers in Sheffield in order to support practices and retain NHS dentistry in the area, two of which were considering handing back their NHS contracts. A standard operating procedure is in place to support the overarching governance. These reviews resulted in securing NHS dentistry, improving access for patients and inclusion of NHS111 appointments to support the urgent care pathway.

5. The NHS Dental Recovery Plan

5.1 The Recovery Plan was published February 2024 has three broad elements:

- **Prevent poor oral health** by promoting better oral health in Family Hubs and settings that provide Start for Life services. (Public Health & Local Authority led initiatives).

- Address an urgent need to **boost access and activity** with an immediate impact

- Support and develop the whole dental workforce and **build capacity for the long term** which includes more dental therapists, hygienists, dental nurses and dentists able to treat more patients.

5.2 The Recovery Plan outlines a number of schemes to expand access and has introduced measures to ensure those who have been unable to access NHS dental care in the past 2 years will be able to so do by offering incentives to dentists. This scheme will run from March 2024 to March 2025. In South Yorkshire no NHS dental practices have opted out of this offer and we are keen to see this as an enhancement to existing local commissioning offers. In addition, there is a focus on the introduction of a minimum UDA rate of £28, in SY this affects just 7 practices. The lowest in SY is £25.33 against a very small NHS contract. Uplifts in the rate will be effective from 1st April 2024.

Further details on other national schemes outlined within the Plan are not yet available. Please note:

- The plan mentions dental vans in under-served areas to be targeted in rural and coastal communities, however this will not include South Yorkshire,
- 'Golden hello' payments to attract dentists into new areas are also mentioned, but those areas have yet to be decided.

6. Flexible Commissioning

6.1 Flexible Commissioning (FC) is a different commissioning approach which allows flexibilities within the current national dental contractual framework to be used to tailor services to meet specific population needs, and to take steps to support practices with changes to Units of Dental Activity (UDA) values, where this presents value for money. There are national guidelines which outline the legal requirements of the national dental contractual framework and NHS England have issued guidance intended to support commissioners outlining the opportunities this approach can be used for to be considered alongside the Policy Book for Primary Dental Services.

6.2 The existing Yorkshire & the Humber (Y&tH) FC programme was initiated by NHS England in 2019/20 which aims to deliver whole population evidence-based prevention in dental practice in line with Delivering Better Oral Health (OHID, DHSC, and NHSEI, 2021); targeted prevention for specific groups; access to care and utilisation of skill mix within the dental team. Currently 61 out of 154 dental practices across South Yorkshire are participating in this flexible commissioning programme.

6.3 A previous report to the Board in July supported expanding the programme to support a more ambitious commissioning approach and it was determined that a higher level of flexibility up to 25% of the contract to provide more scope for innovation could be awarded (this currently sits at 10%). There was also support to adopt a lower contract performance criteria for practices to join a FC programme.

6.4 There are 4 approaches being developed to move from 2024/25 into 2025/26 commissioning arrangements, the principles to be adopted have been supported by the Y&tH Dental Executive Group, they are:

A - Interim arrangements for sessional schemes:-

- Maintaining the existing arrangements to provide stability and contract year planning for providers.
- Adoption of common commissioning guidance framework when deploying FC sessional based programmes from Q1 2024/25 supporting an evidence-based justification for the lowering of the contract performance threshold for inclusion of up to 80% for substitution models. The framework will allow ICBs in providing support for local practices, following a standardised governance procedure of up to 80%. This approach supports development of skill mixed based programs for all providers where relevant.
- Continue to support the expansion of FC sessional schemes and continue to allow providers the option to apply for either a substitution or additionality FC approach to existing developed sessional schemes e.g. urgent access scheme, homeless projects. There will be a common commissioning understanding

that additionality schemes may best be suited to provider who are likely to meet their total contract value (TCV) and where funding is available.

B - Interim arrangements for 'flat' 10% FC twist legacy substitution scheme

- Pause expansion of the flat 10% twist in current contract arrangements focused on access and prevention programmes which does not provide equity of performance monitoring across different contract sizes. A new tariff model will be developed and deliver the following objectives:
    - Incentivise and drive quality improvement in facilitated access
    - Support and drive skill mix delivery at practice level
    - Improve cost efficiency of model
- Continue with existing providers with communication that a 'ghost' tariff -based model will be applied from Q3/4 to help develop, refine and evaluate the programme. Existing providers will have the option to remain on the legacy arrangements for the remainder of 2024/25.

C - Interim Support 2024/25 for piloting New combined Access and Prevention Programs and standalone

- Develop a combined Access/Generic/Facilitated Access which incorporates Urgent Care and Stabilisation) and In Practice Prevention tariff-based programme for piloting Q3/4.This approach will support patient pathways through access programs and will integrate urgent care access, stabilisation and prevention under one combined program.
- Launch the new Access and Prevention Program to new providers from Q3/4 and standalone urgent care and stabilisation programs from Q3/4. This will both offer new providers access to the scheme based on the benefits outlined and provide further data to help evaluate and refine the model ready for a launch from 2025/2026.

D – Workforce Recruitment and Retention 2024/25

- An International Graduate Salaried Scheme has been in development using a substitution model to support recruitment of internationally qualified dentists looking to gain entry onto Performers Lists, to areas where access and recruitment has been identified. A Pilot has been proposed from Q1 2024/25 and a specification has already been agreed across the system.

- Agree to pilot (subject to specification agreement across the system) a Foundation Dentists + Salaried Scheme from Q3/4, utilising a substitution model, to support retention and skill development of early years dentists who will be exiting Dental Foundation Training from August 2024. This could be targeted to areas where access and recruitment of dentists is problematic and be linked to secondary care training posts, in South Yorkshire, Rotherham is in this category.

For both the above pilots a principle has been reached to consider a cap on numbers across each of the 3 ICBs in Y&tH to avoid introducing competition and to enable capacity for NHS England, workforce training and education (WTE) to meet demands. Salaried posts are likely to be highly attractive for Early Years dentists and will continue to support the provision of NHS dental services.

It is likely that salaried GDS positions will provide more flexibility for ICBs to improve comprehensive access provision for patients. These could also be applied with the national team Golden Handshake incentive.

7. Finance

7.1 Due to underperformance in the primary care dental contracts, each year, the ICB has non-recurrent monies to spend (commonly known as clawback). This money varies based on the levels of performance in each year. In 2023/24 a proportion of clawback £4.3m was committed to support the investment plan which was focused on improving urgent access.

7.2 Prior approval by NHS England was also enacted to develop two pilot sites to provide dental care to the homeless populations in Doncaster and Sheffield. This was funded from an increase to the recurrent baseline funding. It was intended if these pilots proved successful, they could be offered to Rotherham and

Barnsley should evidence support identified homeless populations with viable numbers and may also include other marginalised groups as part of this offer.

Table 2: Recurrent unallocated funding position 2023/24

Project	Recurrent Baseline – Unallocated recurrently £	Committed – Part Year	Remaining to ICB baseline
Homeless Pilots: Doncaster / Sheffield	£700,000	£34,000	£666,000

7.3 There have been some challenges developing and delivering these investment plans, including:

i) Total available funding for the plans only becoming clear relatively late into the financial year, due to performance data only becoming available at the end of July 2023 and the resulting provider challenge process; and

ii) Funding only being available for a single year on a non-recurrent basis, meaning it is hard for providers to step up capacity and recruit staff to deliver these services.

7.4 In 2024/25, the ringfence for dental spending in ICBs is being re-introduced. This means the available funding for dental services, including this non-recurrent clawback, must be spent on dental services or otherwise be returned to NHS England. It cannot be directly applied to other services or to the bottom line of the ICB and ensures as much of the available funding as possible is spent on dental services.

7.5 To address these challenges experienced in 2023/24, the ICB recognise the importance to estimate available non-recurrent spending, and have supported a proportion of the investment on at least a 2-year basis which is not without some financial 'risk' by taking this approach.

7.6 The available non-recurrent funding in 2024/25, based on current understanding of performance data and analysis of recent trends has been estimated. This estimate comes with a number of caveats and will not stabilise ahead of July 2024 when full performance data for 2023/24 will be known, however providers are able to challenge and that process can take several months more. The current estimate is £12.2m.

7.7 The Y&tH approach has been agreed by the Dental Executive Group that:

- The investment plans will be based on the full forecast amount in 2024/25.
- Quarterly reviews will be undertaken, working closely with finance colleagues, adjusting plans as required.
- Current programmes have been prioritised within investment plans and extended i.e. urgent access sessions (for 12 months to March 2025), homeless pilots up to 12 months, to March 2025

7.8 Committing spend beyond 2024/25 will incur a level of further financial risk, by anticipating that a certain level of available funding will continue to be available due to future underperformance. The table below outlines the forecast for 2024/25 and impact of an accrual from 2023/24 in relation to a longer-term commitment.

7.9 It is recommended these risks are mitigated by only committing 25% of the non-recurrent budget in the first instance to run for two years, rather than one. The principles associated with this approach have been discussed and supported at the Dental Executive Group.

Table 3: Impact of 2 year funding position

Full forecast non-recurrent amount 2024/25	Accrual from 2023/24	Difference	25% of non recurrent based on £7.6m for longer term planning	Available 2024/25 for one year non-recurrent
£12.2m	£4.6m	£7.6m	£2m	£10.2m

8. Investment Plan 2024/25

8.1 Spending plans for 2024/25 and into 2025/26 are being developed which also include an amount of non-allocated recurrent baseline funding within the dental budget carried over from NHS England and also funding released from the contracting arrangements within orthodontics following a national procurement exercise (refer table 4).

Table 4: Recurrent unallocated funding position 2024/25

Re-current baseline funding	£700,000	Recurrent orthodontics funding	700,000
Committed – Homeless Pilots – Full Year effect	£68,000	Committed	NIL
Unallocated	£632,000		

8.2 The Y&tH Oral Health Needs Assessment (May 2022) and subsequent SY Rapid OHNA and locality profiles provide a number of priorities for additional focus. These reports have previously been shared with the Board and identify some areas of focus at a Y&tH level as well as specifically at SY level, refer to extract:

ICS – South Yorkshire – recommendations for additional focus:

Trends in tooth decay amongst 5 year olds, Deprivation, Vulnerable groups – Children in deprived areas and vulnerable children known to social care, the homeless, Gypsy, Roma and Traveller communities, and asylum seekers/resettled refugees, prison-leavers (particularly in Doncaster).

Alignment with Core20PLUS5 – Y&tH

Model applied to Y&tH at OCS level

- **CORE** – all ICS – The most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (MS) – strong evidence base
- **PLUS**
  - All ICSs – those with greatest need and those experiencing challenges accessing dental care
    - Vulnerable children
    - Physical and learning disabilities
    - Older adults – significant predicted population increase across all ICS footprints
    - Asylum seekers, migrants and refugees , prison leavers
    - Homeless
  - **SY** - Prevention to reduce tooth decay levels in children and those living in more deprived areas, and areas with with greatest ethnic diversity e.g. Sheffield
- **5**

All ICS – Oral cancer diagnosis – importance of role of General Dental Services in early detection

8.3 The investment plan utilises the evidence gleaned from the OHNA and supporting profiles to inform commissioning intentions and also taking into account the feedback from the SY Dental Event held on 30th November 2023.

8.4 Key principles in which proposals have been identified to date are outlined below, early consultation has taken place with stakeholders i.e. Local Dental Committees and the SY Local Dental Network.

- **Improving access for patients:**

- Allowing practices to deliver up to 110% of contracted activity – Contractors are already able to deliver up to 102% of their contracted activity and can request to deliver up to 110% with commissioner approval and where resources are available.

- Continuation of urgent access sessions and expansion to more practices, this may be targeted to specific areas based on available intelligence such as Rotherham and Barnsley where patients are having to travel further due to limited appointments in their area of residence.

- Continuation of the homeless pilots in Doncaster and Sheffield. Further pilots can be explored in Barnsley and Rotherham pending the review and evaluation of the first two. Early indications are these are already making a positive impact.

- The homeless model is an option to be mirrored to address needs within other transient groups such as gypsy, Roma and traveller communities, and asylum seekers/resettled refugees as identified in the OHNA.

- Linking dental practices with Primary Care Networks (PCNs) to enable GPs to have direct access for patients presenting with urgent dental needs. The issue of patients attending GP practices in dental pain requiring prescriptions and/or treatment is raised via different forums however there is no evidence on this to understand the scale of the issue. This would allow the opportunity to test a concept.

- Waiting list initiatives where identified.

- **Children & Young People**

  - A programme to target those children 0-5 years and their families in the most deprived areas which includes an element of outreach, based on the Starting Well model and linked to the existing flexible commissioning programme. This model would be developed alongside health and social care partners and with support from the Consultant in Dental Public Health.

  - The South Yorkshire Paediatric Innovator Programme is in the early stages of development working alongside clinical colleagues and developing plans to improve access for paediatric dental services with a particular focus on those children in need of general anaesthetic for exodontia and comprehensive care. There is high demand for this service across SY, limited capacity and high waiting times. No funding is available from the SYB Federation therefore, a business case is to be developed to support this important piece of work and improve service.

  - Children and Young People's Alliance Core 20 Connectors oral health promotion project with secondary school children across SY.

- **Orthodontics (longer term/recurrent commitment required)**

The waiting time for patients up to 18 years of age at the time of referral is more than 52 weeks for approximately a third of patients on the waiting list. December data indicates there were 14,000 patients waiting to be assessed by a specialist orthodontic service.

- **Domiciliary / Housebound**

There is limited capacity in SY with differing contract arrangements due to historical contract arrangements. A Y&tH working group has been established as this issue is wider than SY. In the interim it is proposed to support temporary sessional arrangements for existing providers to increase activity to meet demand. Initial areas to target are Rotherham and Barnsley.

- **Digital (longer term/recurrent commitment required)**

The current electronic Referral Management Service (eRMS) which includes clinical triage in SY only covers orthodontics and is in development for suspected cancer 2 week wait referrals. The longer-term plan is to expand this service to cover other workstreams e.g. oral surgery, paediatric dentistry, community dental

services (serving children and adults with additional needs). A commissioning strategy is in development as the current Y&tH service contract ends on 31/03/2025 but will require additional long-term investment to expand the coverage across additional workstreams.

- **Community Dental Service (longer term/recurrent commitment may be required)**

Following the CDS review and subsequent direct contract awards in place until 31/03/25 a commissioning strategy will be developed. The review identified a number of factors in terms of the current service provision which may require additional funding on a longer-term basis. A task group will be pulled together to lead on the work required.

- **Workforce Initiatives**

Overseas recruitment and proposal to fund relocation packages to support recruitment and retention.

9. Next Steps

- Further detail of the investment plan to be provided through ICB governance.
- Commitment to a Communication Plan - patient/providers working with the wider Primary Care Alliance.
- Commitment to work with Health Watch to provide clear communication for the public on navigating through patient pathways and how to access dentistry.

This page is intentionally left blank