

Better health and
wellbeing for all...

Oral Health and Dental Strategy

2025 – 2027



Foreword...

People in North East and North Cumbria, like patients across England, are struggling to access NHS dental care when they need it. This impacts on the overall health and wellbeing of adults, children and families, often affecting attendance at school or work and potentially reducing education and employment opportunities.

There is no doubt that the dental sector is facing a crossroads. Significant challenges are presented on a local and national level, including general dental routine access, workforce recruitment and retention, and financial and regulatory issues.

Urgent support and change are needed to stabilise dental provision and improve access for patients. But this cannot be the work of a single organisation.

Our partners across the system have come together to develop the Oral Health and Dental Strategy 2025-27.

By working together and developing our plans jointly and cohesively, we can maximise opportunities, be innovative and create stability within the dental system.

The NHS of the past cannot be the NHS of the future and I was pleased to see a focus on 'fixing the foundations of dentistry' in the NHS 10 Year Health Plan. We are ready and able to support the Government's three shifts – particularly by delivering more dental services in our communities and giving people the ability to book appointments online so they can access urgent services when and where they need them.

I also welcome the Government's consultation on NHS dental contract reform – something that will help us improve access to and the quality of NHS dentistry across North East and North Cumbria.

Our strategy describes the plans and ambitions to make key, lasting improvements for our population and communities for the next two years – to enable and deliver the oral health they deserve.

I would like to thank the people and organisations who have been involved in developing this strategy.

Dave Gallagher

Chief Contracting and Procurement Officer
NHS North East and North Cumbria Integrated Care Board

Executive summary...

Access to dental care is undoubtedly one of the most contentious and worrying health issues right now.

The legacy of the Covid-19 pandemic, and its impact on dental provision across the country, is still being felt. We continue to see dental practices handing back their NHS contracts and a growingly disaffected workforce.

Collaboration is the key to achieving our ambitious plans

Partners across the Integrated Care System have been working together to explore the challenges facing dentistry and create innovative and ambitious opportunities to meet and address them.

Our Oral Health and Dental Strategy reflects the work we have undertaken since taking over responsibility for commissioning of dental services in 2023.

It describes our plans to build on this work and our aim to stabilise and improve access to dental care over the next two years.

Supporting the dental workforce

We want to make the North East and North Cumbria an attractive place to practice dentistry.

This strategy outlines a range of training and development opportunities to engage and upskill the workforce, as well as recognise the commitment shown by experienced dental practitioners.



Tackling health inequalities

We are very conscious that health inequalities are widening across our region. The ICB will work with Public Health leads to tackle inequalities and develop oral health programmes to prevent long-term dental health issues. This includes supporting the national supervised toothbrushing scheme in our schools and early years settings.

Innovative commissioning

This strategy will harness innovative commissioning to give us sustainable solutions to our dental care challenges. We will continue to improve access to routine dental care by maximising the flexibilities within the contracting framework to provide contracts that deliver reliable, high-quality dental services.

We will explore new models of care with an Urgent Dental Access Centre network that provides patients with the highest clinical needs access to urgent and emergency appointments in their communities.

Patient voice

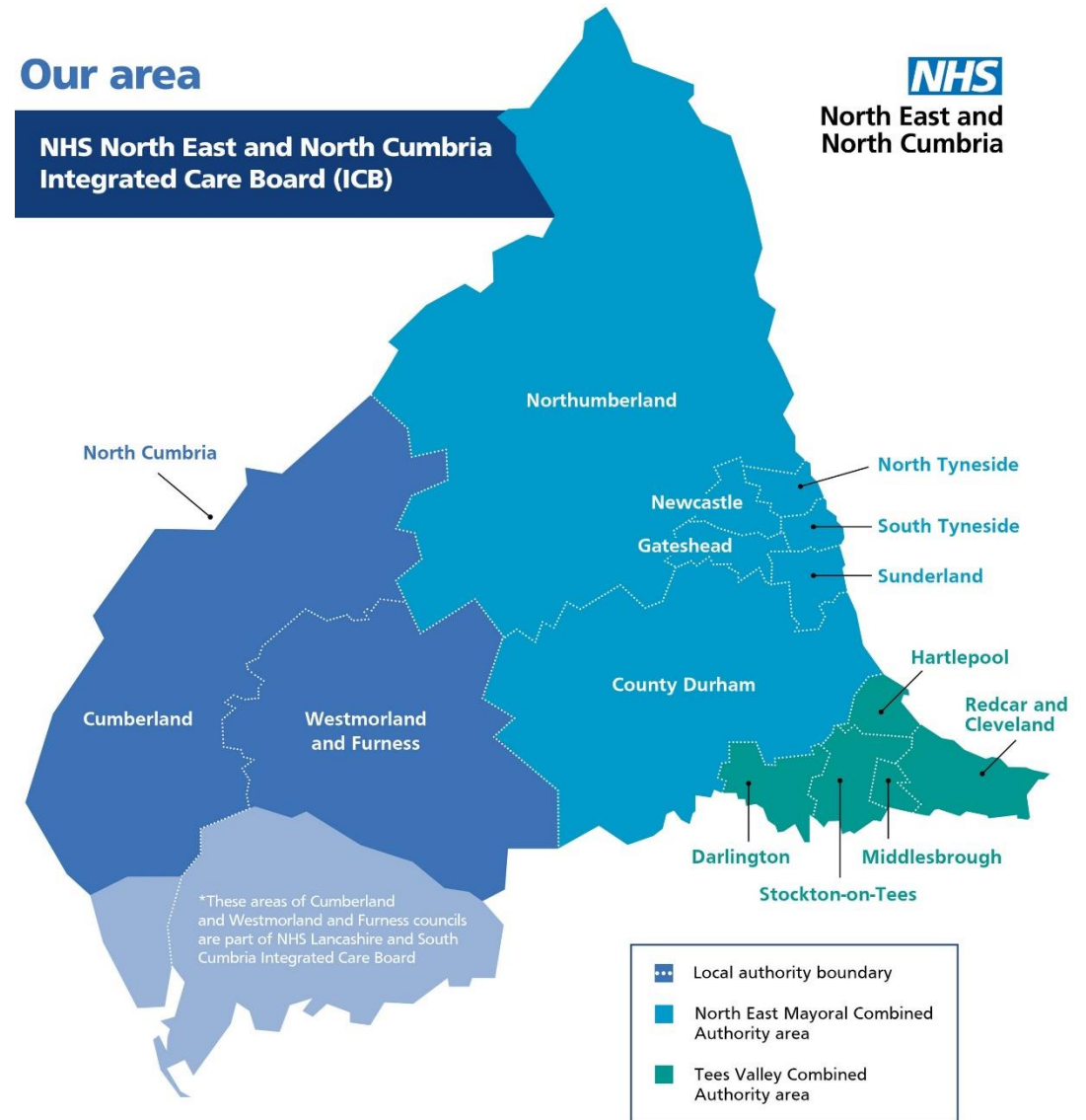
We will continue to engage and communicate with the public to understand dental care from their perspective. The views of the patient will feed into our plans so we can constantly develop and adapt to the needs of our population.

Our area

NHS North East and North Cumbria Integrated Care Board (ICB)



North East and North Cumbria





Introduction...

Introduction

Oral health is the state of the mouth, teeth and orofacial structures that enable an individual to eat, breathe and speak.

Poor oral health does not only affect a person's physical health – it can have a huge impact on education, employment, and social life.

The challenges:



- There is clear and consistent evidence of a correlation between health inequalities and the prevalence of dental decay, tooth loss, oral cancer, self-rated oral health, oral hygiene, and service use.
- Poor dental hygiene is the main cause of gum disease and is implicated in dental decay.
- Dental decay is the most common form of oral disease. Other issues include periodontal disease, dental trauma, and oral cancer. Diets high in sugar and fat and low in fibre and essential vitamins are associated with conditions such as oral cancers and dental decay, as well as non-oral conditions.
- Tooth decay is the most common oral disease affecting children and young people in England.
- Untreated tooth decay is higher in the household resident elderly population than in the general adult population. Older adults living in care homes have an even higher decay prevalence, with most dentate residents having active decay.

The impact:



- Oral health impact self-confidence, well-being and the ability to socialise and work without pain, discomfort and embarrassment.
- Poor oral health can affect many areas of a person's life, including their ability to eat, speak and socialise.
- Children can carry poor oral health habits into adulthood, causing lifelong issues.
- The oral health of older people in England has improved since the 1960s with more adults keeping their teeth in old age. But many adults will have dental restorations, such as fillings, that require ongoing oral care.

Our vision

We will improve oral health in the North East and North Cumbria by reducing oral health inequalities, preventing dental disease and improving access to high-quality NHS dental care.

Our principles

We will:

- Achieve our priorities and vision through whole system, collaborative working and responsibility
- Make dental commissioning decisions based on evidence and informed by best practice guidance and, where appropriate, learning from pilot initiatives
- Use data and population health needs assessments to inform our policies and initiatives
- Put patients and the public at the heart of everything we do

Our priorities

We will:

- Increase our offer of preventative oral health interventions
- Increase access to urgent dental care
- Improve access to routine dental care
- Improve dental workforce recruitment and retention

Our foundations

We will plan and deliver our work based on four strong foundations:

- **Flexible commissioning** – to develop initiatives that provide business and financial support that enable dental teams to deliver NHS care
- **Effective communications and engagement** – to increase the connection between patients and our services
- **Policy based on data and evidence** – using high-quality insights to inform our policies, address health inequalities and target areas of greatest need
- **Provision of high-quality dental care** – working with dental teams, clinical leaders and managed clinical networks to evaluate and quality assure services

Oral Health and Dental Strategy 2025–27

Improving oral health in North East and North Cumbria

Our vision:

Reduce oral health inequalities



Prevent dental diseases



Improve access to high-quality NHS dental care



Our priorities:

Increase preventative oral health interventions

Keeping teeth and gums healthy from an early age can prevent dental decay.

We'll help people do this by:

- Supporting and facilitating expansion of community water fluoridation in the North East
- Targeting initiatives to people and places most in need
- Working with partners to embed oral health in wider health programmes
- Using Making Every Contact Count to promote good habits and signpost services
- Enabling NHS dental practices to use preventative treatments like fluoride varnish

Increase access to urgent dental care

Patients with the highest clinical needs require access to reliable urgent and emergency care.

We'll deliver this by:

- Expanding our network of Urgent Dental Access Centres across the region
- Offering online and telephone booking (in addition to NHS 111 referral) so patients can secure appointments at times and locations that suit them

Improve access to routine dental care

Regular access to a dentist can prevent long-term oral health and dental issues.

We'll improve routine access by:

- Targeting support to practices in the 20% most deprived areas and to those in greatest need
- Understanding the true costs of NHS dental services to improve future commissioning
- Working with Managed Clinical Networks to give patients equal access to specialist dental care
- Supporting Community Dental Teams to care for children, young people and vulnerable groups closer to home

Improve dental workforce recruitment and retention

A skilled and valued workforce is needed to deliver high-quality NHS dental care.

We'll build this by:

- Training and supporting professionals in the whole dental workforce
- Rewarding long-term service
- Recruiting and retaining staff in areas with significant workforce challenges
- Using flexible commissioning to deliver service models that are attractive to the dental workforce
- Supporting reforms to the national dental contract



NHS dentistry in the North East and North Cumbria...

The scale of our population oral health challenge

Health and care services in the North East and North Cumbria are consistently among the best in the country, with a strong history of innovation and care transformation.

Despite this, public health remains poor and our region has some of the lowest healthy life expectancies in England.

While deaths from cancer and heart disease have fallen, fewer people are smoking and many are living longer, health inequalities persist.

High unemployment, poor housing, and significant areas of deprivation are major issues, leading to early death rates, the highest sickness levels in England, and additional pressure on health and social care services.

Key population health statistics:

- Highest rate of drug related deaths in England (North East)
- Men spend a quarter of their lives in ill health
- Second highest rates of heart disease in the country
- Some of the highest rates of suicide in the country
- 28% of children live in low-income families (England average 19%)
- Rates of child poverty are double the England average in some areas
- Second highest rate of liver disease in the country

These factors combine to have a detrimental impact on the oral health of our population.

They exemplify the need for strategic action to promote good oral health and deliver initiatives to prevent long-term oral health and dental issues.

Key population dental statistics

- **Oral cancer is the sixth most frequent cancer in the UK.** The incidence rates and mortality rates are significantly higher in the North East compared to the England average. Newcastle, Sunderland, South Tyneside, and Stockton-on-Tees all have incidence rates greater than the England average. Only Eden has significantly lower oral cancer rates. Mortality rates for adults in Sunderland and Stockton-on-Tees are also significantly above the England average.
- **Area deprivation and water fluoridation are important factors contributing to a vast variation in oral health in North East and North Cumbria.** In 5-year-old children (2022), there were five areas that had oral health significantly better than the England average: Stockton-on-Tees, Northumberland, North Tyneside, Copeland and Allerdale. Four out of five of these areas benefit from water fluoridation. Middlesbrough and Gateshead have poorer oral health than the national average. In Year 6 children (2022/23), Middlesbrough continues to have significantly worse oral health than the England average.
- **Substantial plaque levels vary greatly in 5-year-old children from 0% in Northumberland and Redcar and Cleveland to nearly 25% in Gateshead.** Areas without school supervised toothbrushing programmes in 2021/22 have the highest percentage of substantial plaque deposits (North Tyneside and Gateshead). In Year 6 children, although North Tyneside continues to have higher than the England average plaque levels, Gateshead children's oral hygiene has significantly improved to the best in the region.
- **In many areas across North East and North Cumbria, dental decay rates double between the ages of 3 and 5.** Getting children to see the dentist as early as possible will optimise the opportunities for prevention to slow down the rate of dental disease. Early decay (enamel caries) can be reversed with optimal fluoride levels i.e. fluoride varnish applications by a dental professional.
- It is important to highlight that the North East and North Cumbria has an ageing population. Between 2020 and 2024, the population of older adults (65+ years) was estimated to increase by 31% while, for those aged 85+ years, it was expected to increase by 67%. **An ageing population will put increasing pressure upon dental services**, especially when considering:
 - Virtually all adults have at least some natural teeth.
 - The effects of poorer oral health disproportionately affect the adult population, most notably older people and those living in the more deprived areas. This correlates with disease distribution in the child population, in the main greater levels of disease are in those local authorities that are more deprived.
 - More adults retaining teeth for longer will mean that a greater amount of resource will be needed to enable individuals to retain teeth which in some cases may require complex restorative care. The maintenance of a heavily restored dentition is also expensive, and often compounded by failing general health, polypharmacy causing a dry mouth, and the ability to self-care.

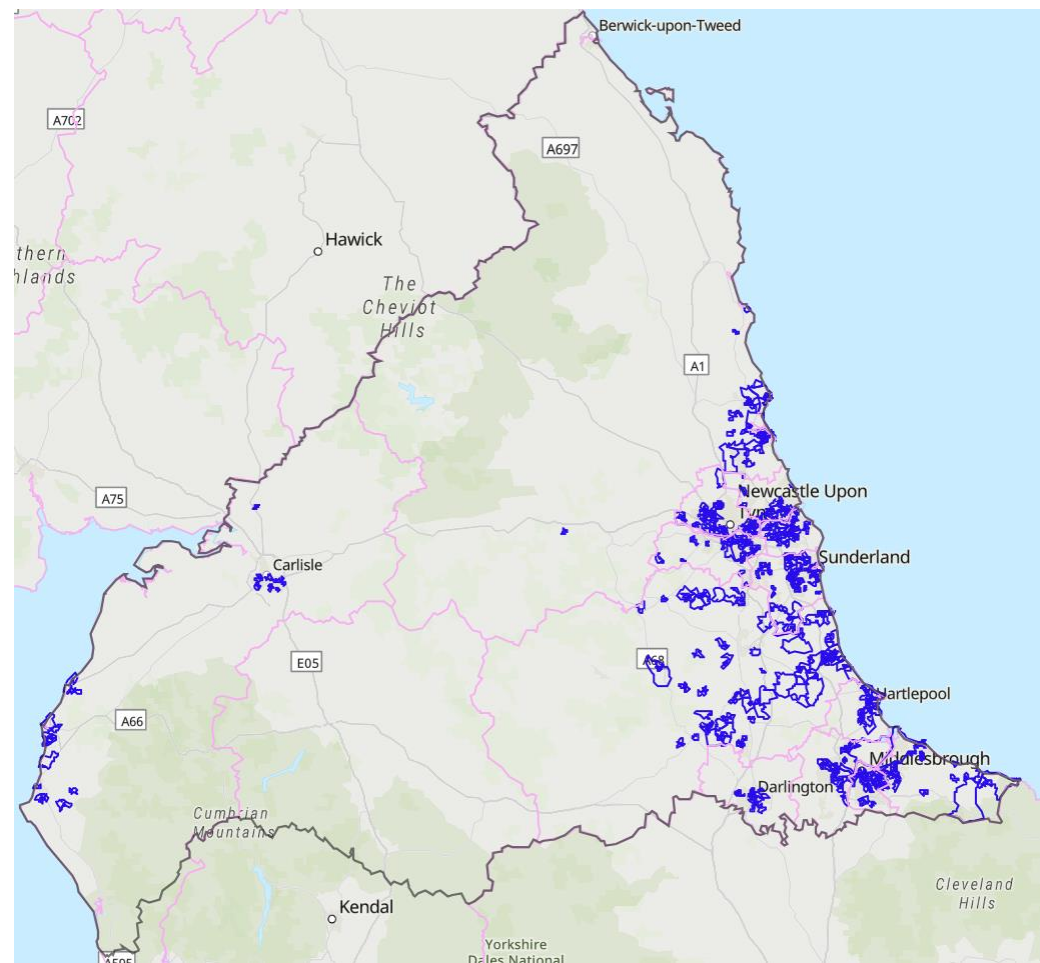
Dental inequalities and deprivation

We know that areas that are the most deprived and have poor dental access will experience greater oral health inequalities for both adults and children.

- Poor oral health impacts daily living. It can cause self-consciousness or embarrassment because of problems with teeth, mouth or dentures, difficulty eating food, and painful aching in the mouth.
- Our data reveals wide variation in deprivation and dental access.
- All local authority areas in the North East and North Cumbria have some areas that are both deprived and experience poor dental access.
- Poor dental access is particularly prevalent in some of the most deprived areas, such as rural communities in parts of Cumberland, Northumberland and County Durham.
- Higher levels of unmet need places pressure on dental practices providing services in the most deprived areas. North East and North Cumbria has some of the most deprived areas in England (CORE 20% most deprived LSOAs – see map on page 10).

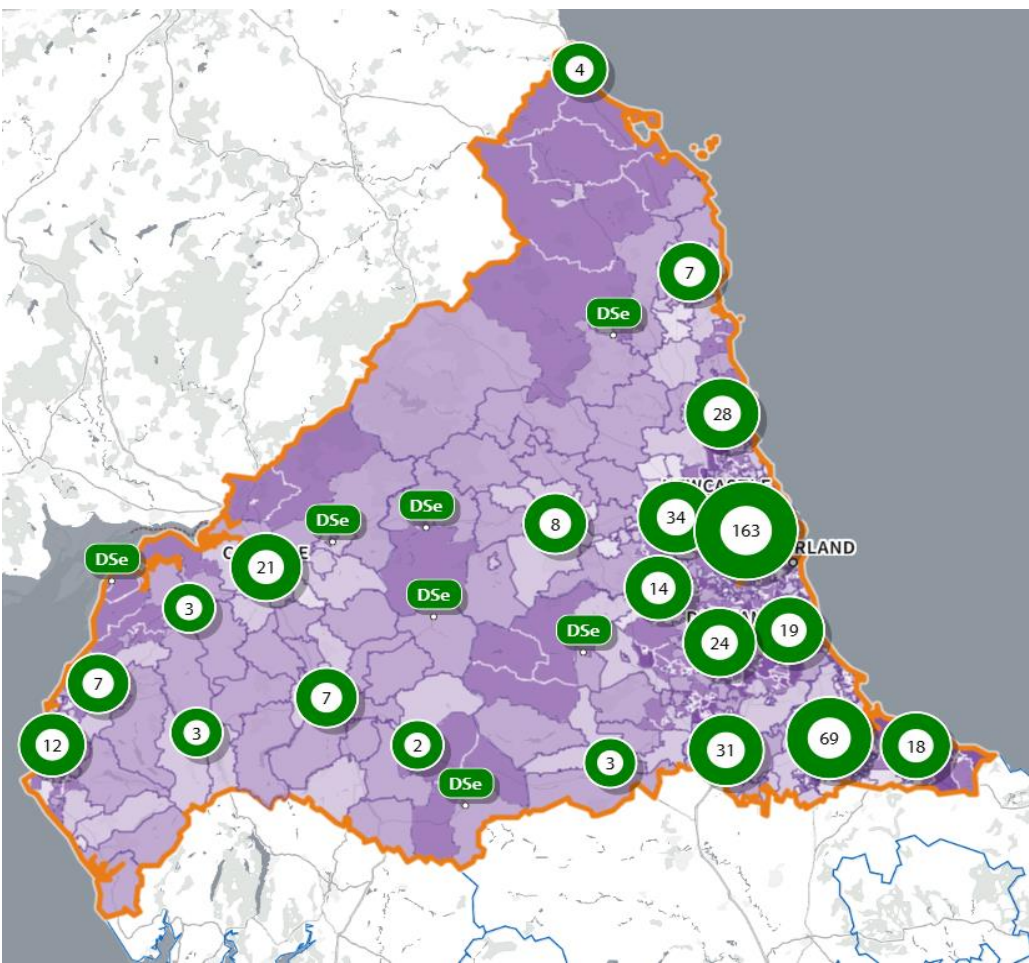


Map 1 – Most Deprived Areas in NENC ICB



Source: SHAPE ATLAS 2025 – darker purple = more deprived area

Map 2 – Deprivation across NENC ICB overlayed with NHS dental services (DSe = Dental Service)



Source: SCW Geospatial services June 2025 – The 20% most deprived lower super output area.



Dental inequalities challenges

Adults:

- Levels of deprivation in adults have a marked effect on their oral health.
- People with severe physical and/or learning disabilities, those with poor mental health, homeless, asylum seekers, refugees and migrants, and those known to the care system often have the greatest dental needs and experience challenges in accessing routine and urgent dental care.
- We know that dental health inequalities exist in relation to vulnerable groups with long-standing medical conditions, substance misuse, prisoners/prison leavers, and Gypsy, Roma and Traveller communities.
- The 2018 oral health survey of adults attending general practice reported 1 in 3 participants living in more deprived areas had untreated tooth decay compared to 1 in 5 in less deprived areas.
- Adults living in the three most deprived areas of North East and North Cumbria suffered more oral health impacts than the average for the North East (22.6%) or England (17.7%): Middlesbrough (27.9%), Hartlepool (24.5%) and South Tyneside (25.8%).

Children and young people:

- Children living in deprived areas are more likely to experience dental decay:
 - 3-year-olds three times as likely (16.6%) to experience dental decay as those living in least deprived areas (5.95%) (2020)
 - 5-year-olds almost three times as likely (35.1%) to experience dental decay as those living in least deprived areas (13.5%) (2022)
 - Year 6 schoolchildren more than twice as likely to experience tooth decay (23%) as those in least deprived areas (10%).

How dental services are commissioned

- Local authorities are responsible for the commissioning of oral health promotion programmes for their populations.
- NHS England delegated to the North East and North Cumbria Integrated Care Board (ICB) responsibility for commissioning dental services from 1 April 2023.
- Dental practices that offer NHS dental care must be contracted with the ICB and provide services in line with the national dental contract regulations. The majority of dental practices hold general dental services contracts which are not time limited.– the General Dental Services Regulations (2006).
- General dental services are commissioned based on Units of Dental Activity (UDAs) with the expectation that practices manage their available capacity to best meet both local demand and the clinical needs of patients presenting to their practice.
- Community Dental Services and other specialist dental services, such as minor oral surgery and orthodontics, are commissioned on time-limited Personal Dental Agreements, based on locally determined pricing and tariffs.
- Hospital-based dental services are included within the NHS Standard Contract between the acute Trusts and the ICB.



324 dental contracts in the region*

281 general access contracts across all local authority areas

9 urgent dental care contracts**

- Urgent in- and out-of-hours care
- Dental clinical assessment service
- Urgent Dental Access Centres

8 community dental services contracts

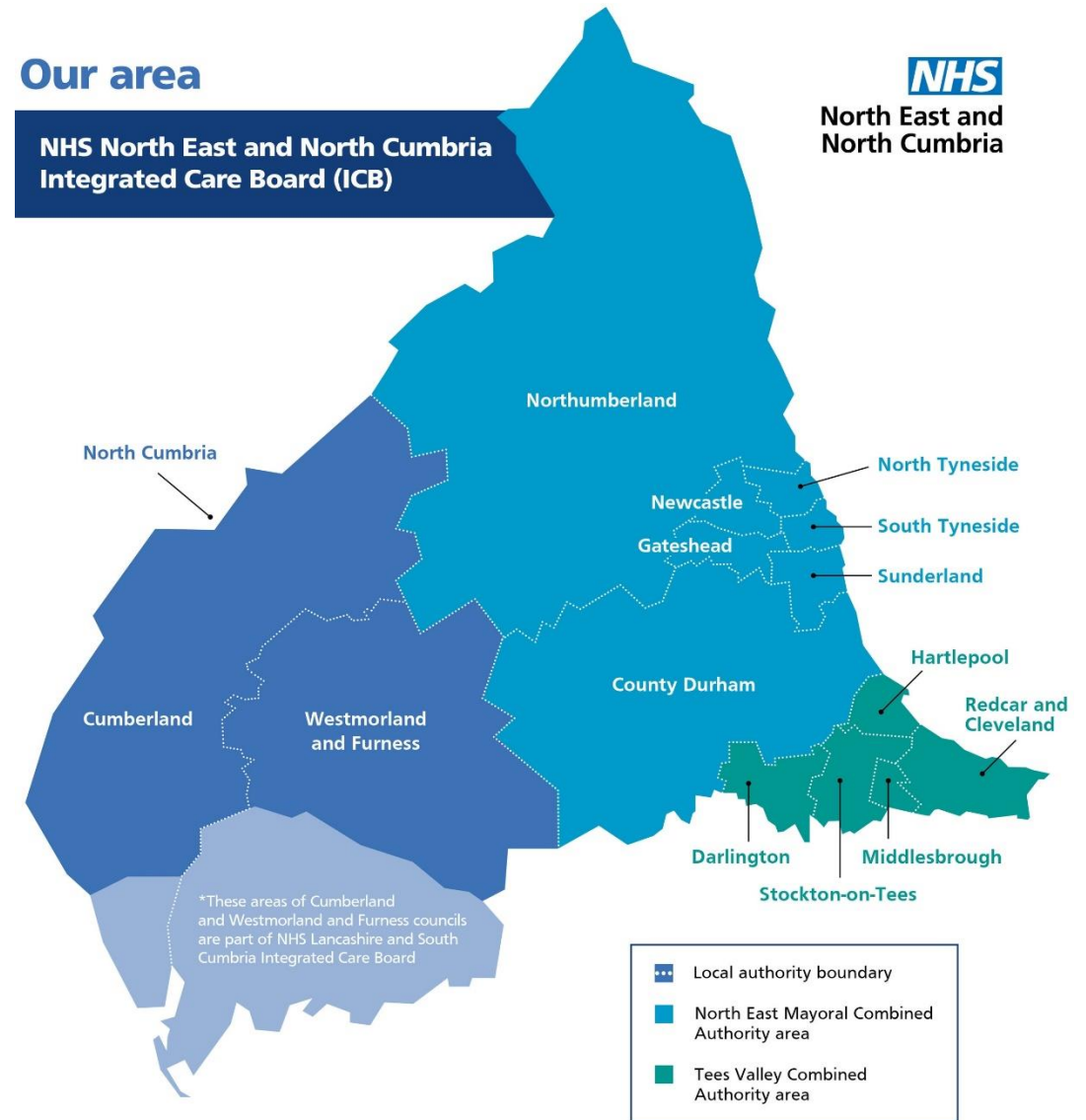
- Supporting vulnerable children and adults with additional needs that cannot be met within high-street practices

26 additional/specialist services contracts**

- Orthodontic, sedation, minor oral surgery and domiciliary services

*As of May 2025

**Bespoke contracts only – urgent care, additional and specialist services also delivered within general access contracts



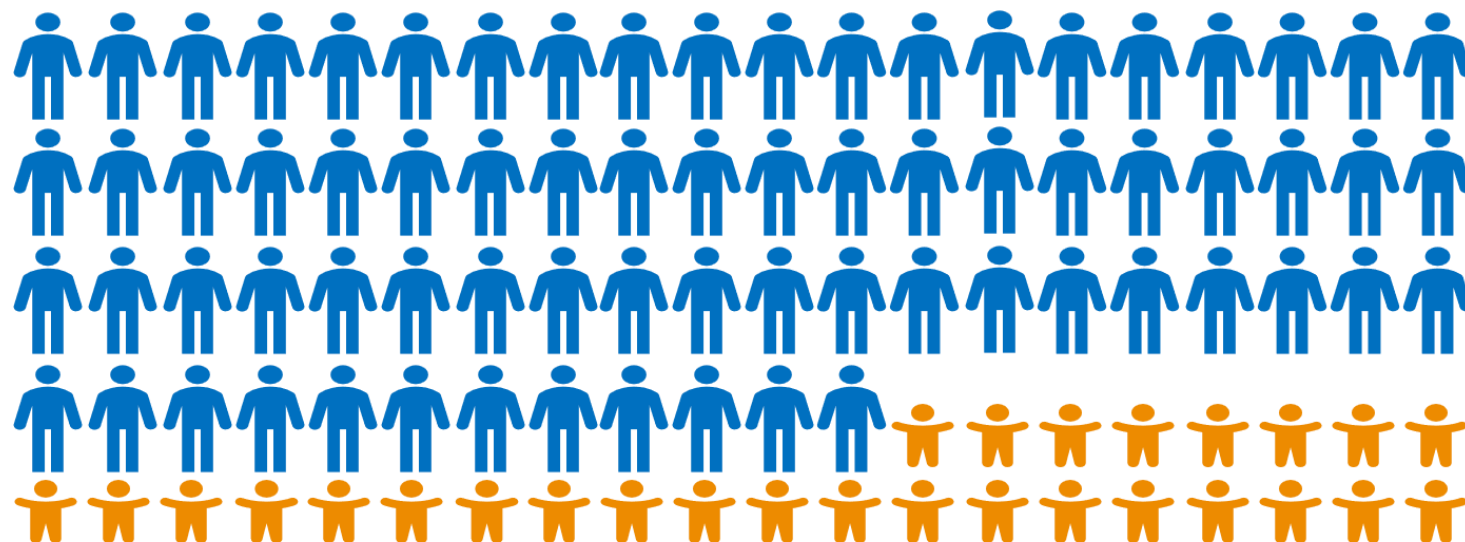
Dental treatment provided

Across the region, there has been an increase in the overall number of courses of treatment completed in 2023/24 compared to 2020/21. This is expected due to the impact of the Covid-19 pandemic and subsequent national expectation of return to normal work in July 2022.

- The greatest increases were in Band 1 (384%) and Band 2 (202%) treatments. Band 3 treatments increased by 129% while urgent treatments reduced by 24%.
- 60% of dental treatment provided was for check-ups (Band 1-level treatment). This increased from 33.4% in 2020/21 (consistent with the national figures).
- 27% of dental treatments were for Band 2-level treatments such as fillings and extractions. This was a small increase since 2020/21 and mirrored the national picture.
- Band 3-level treatments, such as crowns, bridges, dentures and other laboratory-made appliances, made up 3.6% of all treatments completed in 2023/24. This was 1.5% less than in 2020/21.
- 8.8% of all treatments completed in 2023/24 were urgent, which is 25% lower than in 2020/21. Overall, the percentage of urgent courses of treatment across England reduced by 19%.
- Activity levels across North East and North Cumbria were higher than the national average but have reduced in 2025 to more comparable levels.



Average number of individual patients seen in the last 12 months



72%

of the average number of patients seen in the region are adults.

This is above the rate for England of 69%.

28%

of the average number of patients seen in the region are children.

This is lower than the rate for England of 31%.

NHS Dental Activity Data, April 2020-December 2024

Engagement and feedback

Engagement, communication and feedback are essential to make sure that, as an ICB and as a wider system, we truly understand patient and public needs and what is important to them.

We have triangulated feedback received through:

- MP correspondence and feedback at MP briefings
- Elected members' correspondence
- Healthwatch engagement and listening mechanisms
- ICB involvement team engagement and listening mechanisms
- Complaints
- Media monitoring

We also commissioned Healthwatch to survey people about their expectations and experiences of NHS dentistry in the region. The full report is available at:
<https://northeastnorthcumbria.nhs.uk/our-work/oral-health-and-dental-strategy>

By listening to this engagement and feedback, we know:

- Patients are frustrated about the lack of routine care appointments
- People are confused about what dental care services are available
- People want clear, consistent information about services and how to access them
- People are struggling to access urgent care
- People in the region rate their experience of NHS dental services slightly higher than the national figure

These valuable insights have been used to inform our strategic approach and action plan.





Challenges for NHS dentistry...

Introduction

NHS dentistry faces many challenges right now.

Dental services have struggled to recover from the impact of the Covid-19 pandemic, which created a large backlog of patients waiting to be seen. There are significant waiting times for routine appointments and difficulties accessing urgent care services.

There is widespread recognition that the national dental contract requires reform. The current contractual system, which pays dentists according to dental activity provided called Units of Dental Activity (UDAs), is not financially viable for many NHS dental providers.

The current remuneration system does not facilitate or appropriately remunerate dental providers to enable them to accept new patients that have the greatest oral health needs. Dental providers are therefore handing back their NHS contracts as they cannot meet, or afford to meet, local demand or the level of provision the ICB has commissioned from them.

This has a consequent impact on dental practices being able to recruit and retain the dwindling dental workforce which, again, impacts on the ability of practices to be able to deliver their commissioned capacity.

We welcome the Government's plans to address these challenges and recognise dentistry as an essential primary care service in our communities.

NHS 10 Year Health Plan

The NHS 10 Year Health Plan includes a commitment to 'fix the foundations' of dentistry by:

- Improving access to NHS dentistry
- Improving children's oral health
- Increasing the number of NHS dentists working in the system by making the dental contract more attractive
- Introducing tie-ins for those trained in the NHS

NHS dental contract quality and payment reforms 2026

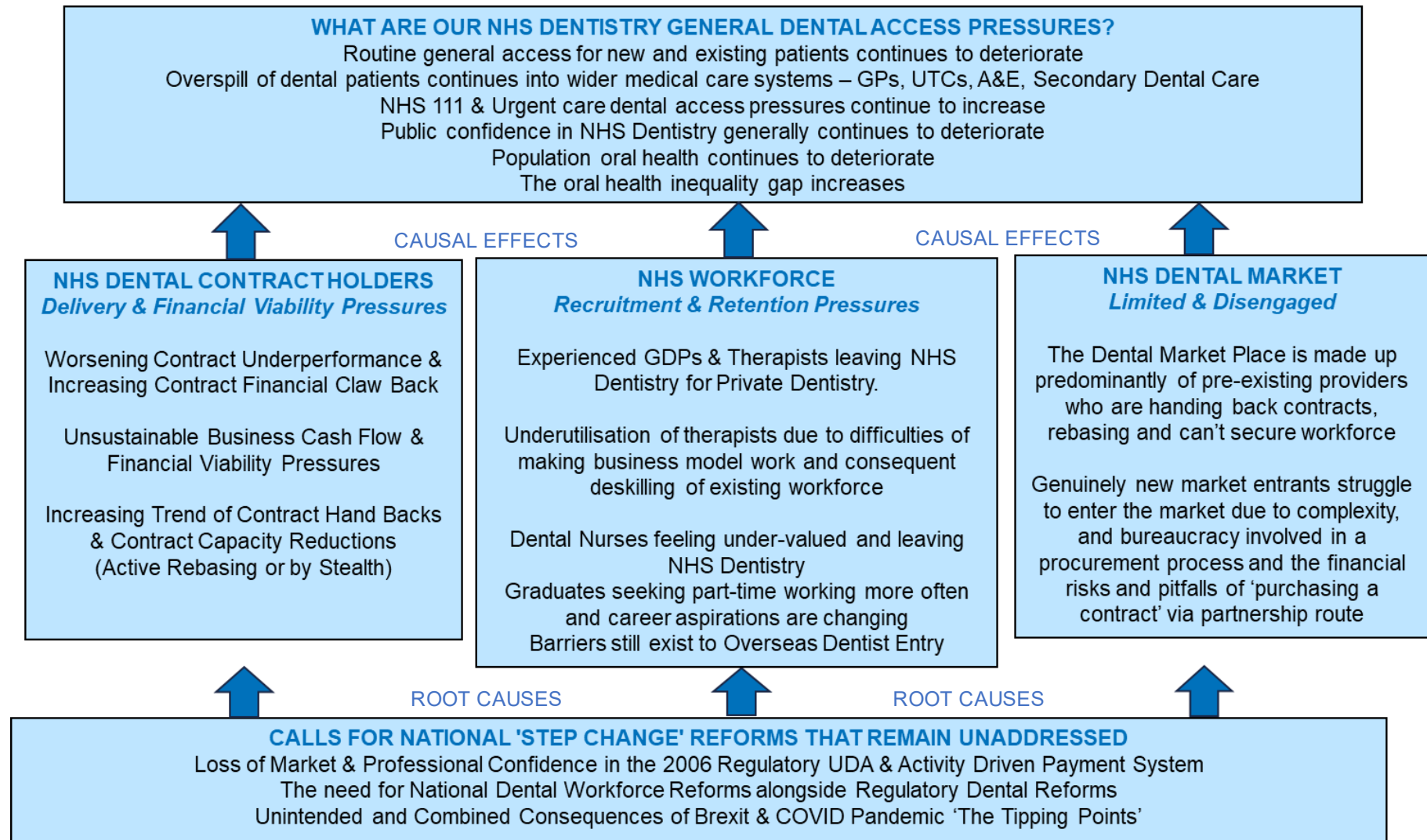
The reforms propose to:

- Improve access for those requiring urgent care – building on the commitment to deliver an additional 700,000 urgent care appointments
- Enhance treatment pathways for complex cases
- Deliver better preventative care for children

This includes shifting away from the UDA system towards a more balanced approach prioritising patient needs and professional fulfilment as well as creating fairer funding for complex treatments, and developing new clinical pathways that integrate prevention and treatment.

General dental access challenges

This diagram gives an overview of the root causes and causal effects of the challenges facing NHS dentistry which have resulted in the access issues being experienced by patients.



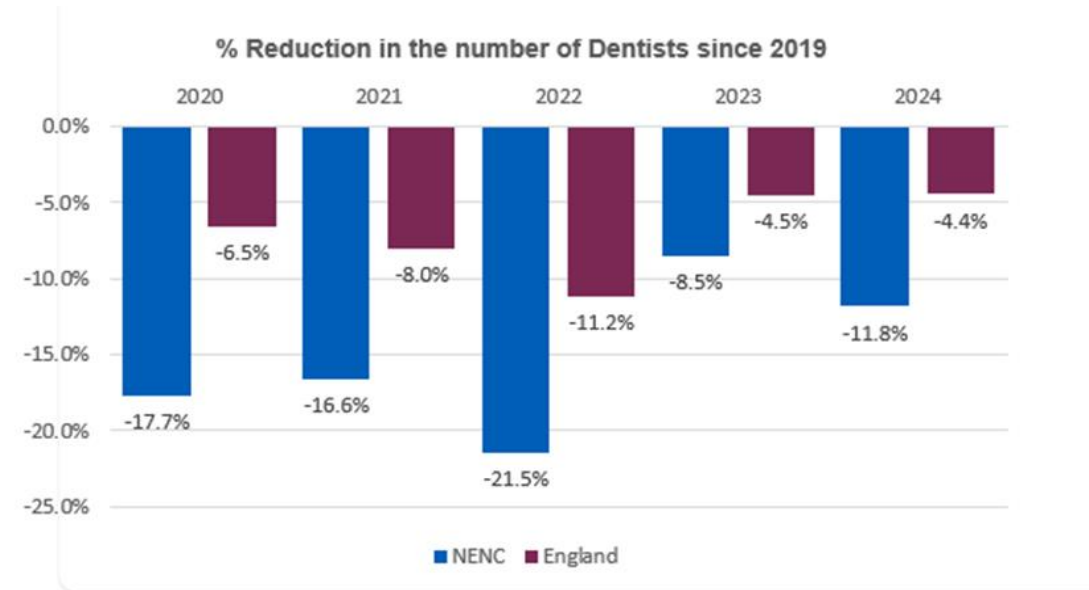
Dental workforce trends (headcount)

Number of dentists reduced

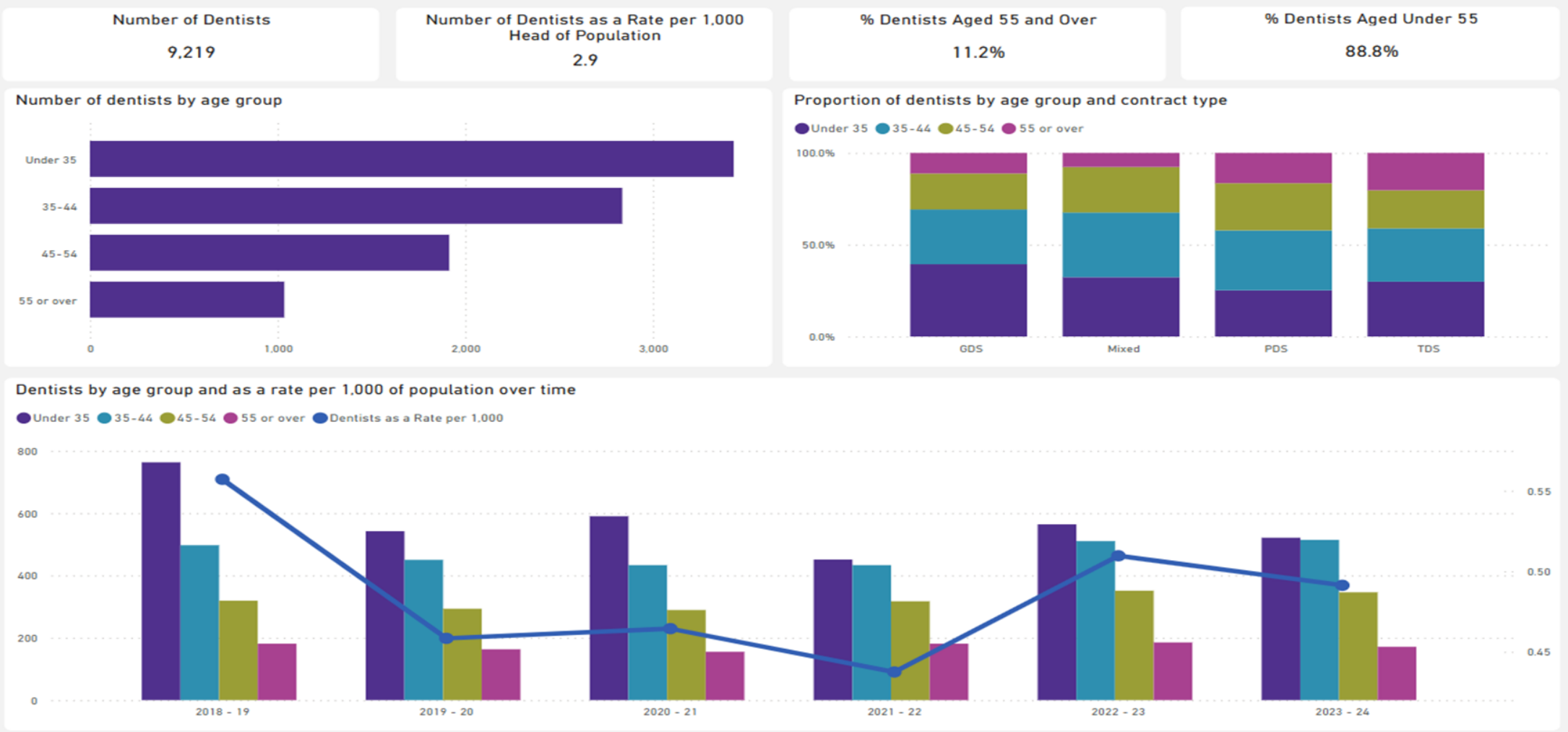
-12%

Comparing submitted workforce data from 2019 and 2024, there was a 12% reduction in the number of dentists reported within the North East and North Cumbria, 7.4 percentage points more than England.

Data source: NHS Dental Workforce submission



Dental workforce profile (headcount)

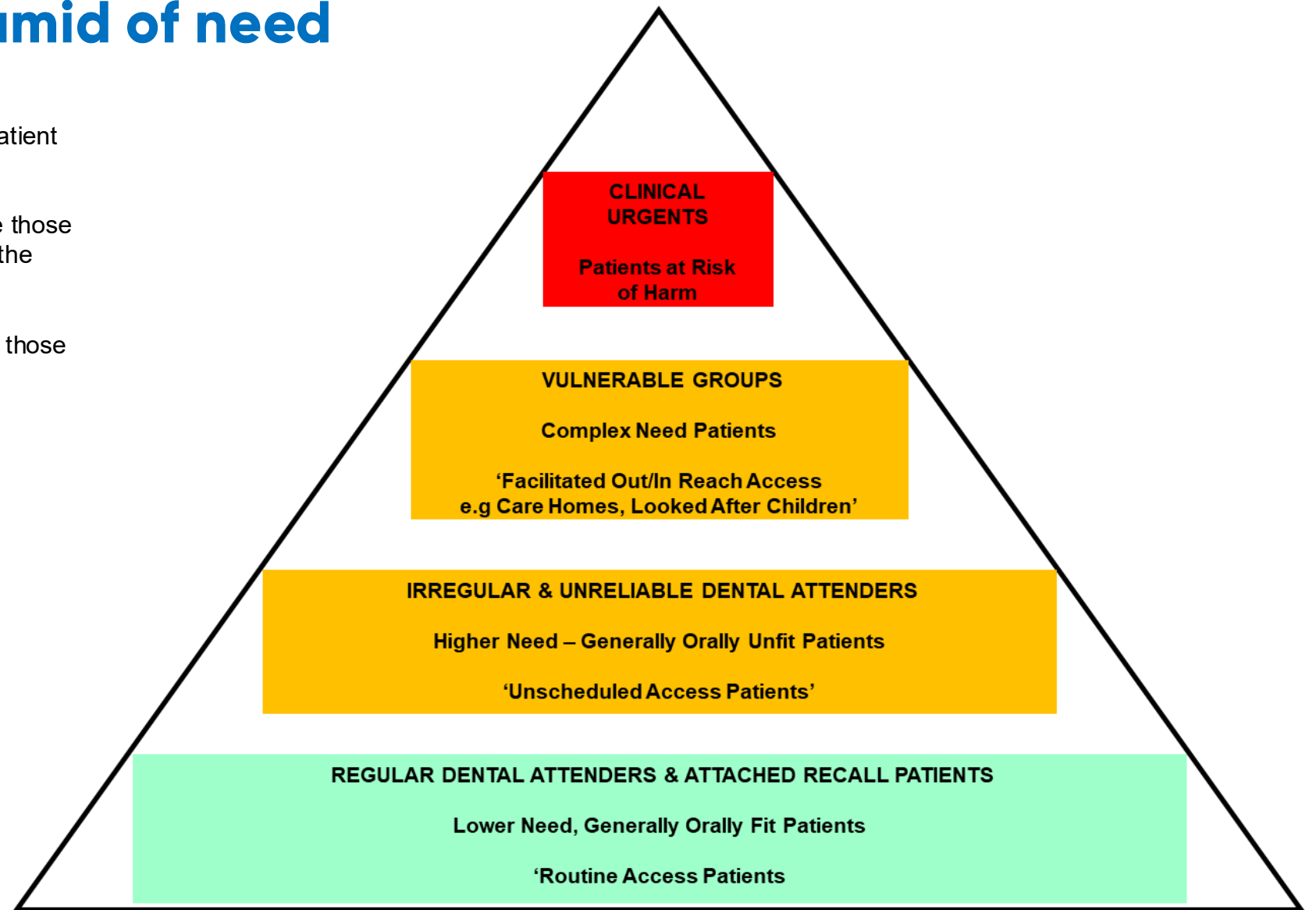


Dental access pyramid of need

The NHS General Dental Access Pyramid of Patient Need describes how patients access dentistry.

Unsurprisingly, the least number of patients are those who are “clinically urgent” but who often have the highest level of needs.

Conversely, the highest number of patients are those whose needs are low and who are orally fit.





The story so far...

Introduction

Solutions to improve dentistry must involve the wider Integrated Care System partners and key stakeholders.

Despite the various challenges we have described, the system partners across the North East and North Cumbria have introduced a range of measures and initiatives aimed at stabilising the current NHS dental workforce and improving access to NHS dental provision.

These measures and initiatives are described in this section of the strategy. It is important that we recognise them as the learning from current and previous schemes will influence our future plans.



Rebalancing the system of access

The current NHS dental system is inequitable. It tips in favour of protecting the limited and reducing access we have available for regular dental attenders who are attached to practices.

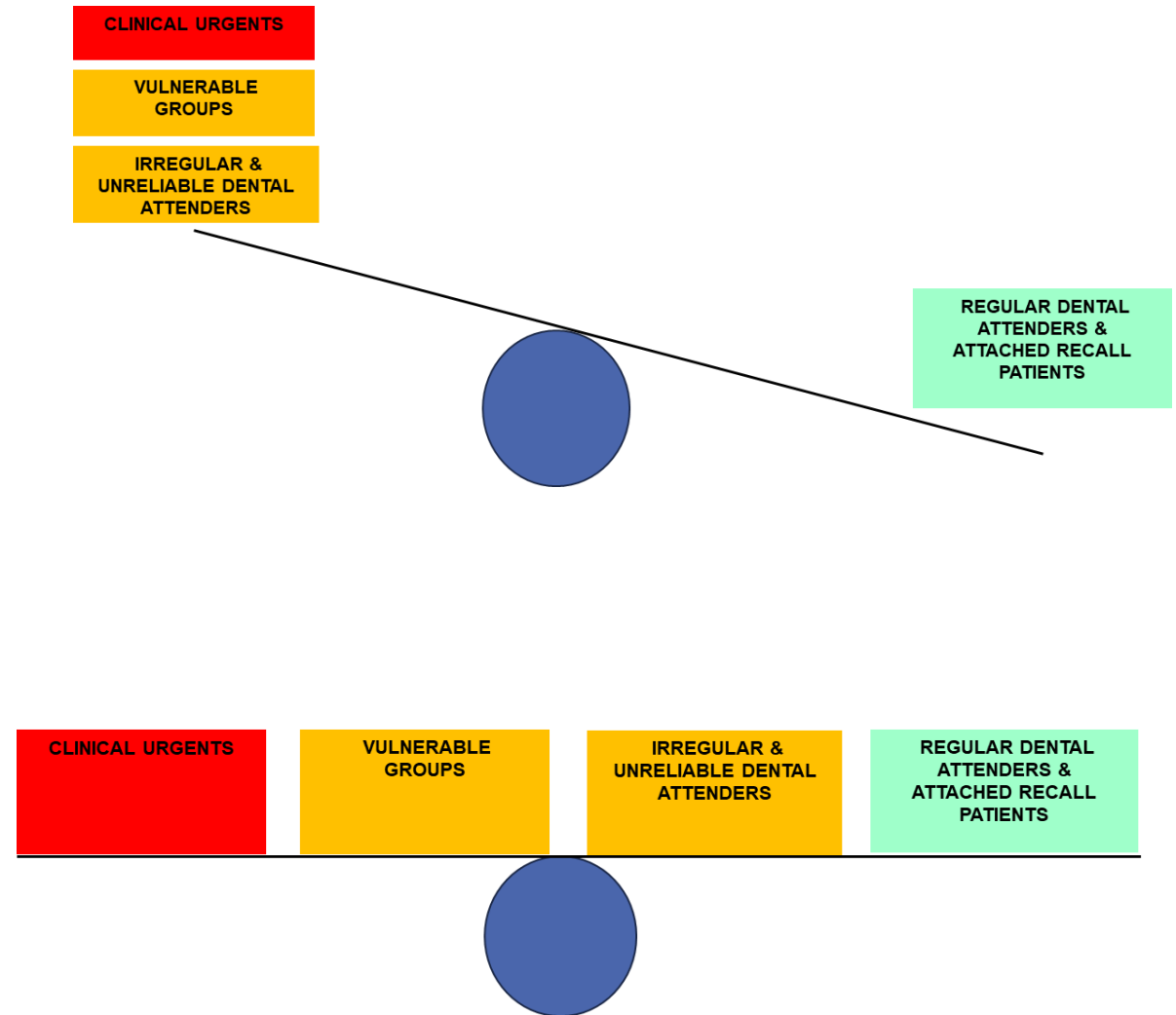
NHS practices feel forced to adopt this approach to mitigate the risk to their business of not hitting activity targets and paying back regulatory financial penalties that threaten their livelihoods.

As a result, inequality gaps widen for access to NHS dentistry and in oral health. There is poor value for money for taxpayers and we lose the ability to create significant oral health gains for those in greatest need. These conditions detrimentally impact on the ability of those patients in our communities who are in greatest need, vulnerable and/or at risk of harm being able to reliably access NHS dentistry.

How we rebalance local NHS dentistry access for our communities

While we wait for the outcomes of national dental reforms, we have a duty to use whatever flexibilities and levers we can locally, within the scope of legal, regulatory and policy mandates, to rebalance NHS dental access into our communities. This includes protecting the NHS providers and workforce that deliver NHS dental care.

We must be honest with our local population. We should communicate regularly about the NHS dentistry access constraints that exist and what we doing to alleviate them.



What have we done so far to improve oral health?

Local authority and public health partners have delivered the following initiatives to improve oral health across the North East and North Cumbria:

- Supported the Department of Health and Social Care consultation on water fluoridation. The expansion of water fluoridation in the North East was approved and we will continue to support the programme.
- Supported and funded training for early years staff to promote key oral health messages.
- Delivered local authority oral health promotion initiatives focused on prevention interventions in NHS dental practice including fluoride varnish application and fissure sealants. This programme was funded by the ICB in 2023/24 and 2024/25.
- Implemented a Children in Care dental referral access pathway across Tees Valley, which has been evaluated to consider commissioning options for the future
- Introduced waiting list initiatives for general anaesthetic provision to ensure optimal access to anxiety management pathways for those who experience anxiety and reduce general anaesthetic referrals. We are also progressing work to redirect general anaesthetic referrals to care closer to home.
- Commissioned an enhanced dental survey for 5-year-olds in 2023/2024 to monitor population oral health.
- Oral health is a clinical priority area in the [CYP Core20PLUS5 framework](#), which is reportable to the Healthier and Fairer Sub-Committee of the ICB, and as such is a key area of focus for interventions to address inequalities. The Core20PLUS5 aim for oral health is to reduce the waitlist backlog of tooth extractions for under-10s underpinned by the wider prevention agenda to reduce the need for extractions in the first place.

What have we done so far to address workforce challenges?

The ICB is working with regional NHS England colleagues in the Directorate for Workforce, Training and Education to implement a range of measures and initiatives to meet the following identified strategic aims:

- Awareness of inter-professional education
- Prevention of dental disease
- Treatment of dental disease

We have funded training and education programmes based on these strategic aims to (re)skill and support the workforce. Examples include:

- Piloting two posts to create links with dental core training and encourage career progression. There is an option to expand further if the pilot is popular.
- Developing a dental therapist reskilling programme to provide a mix of hands-on simulated training and lectures to reskill therapists who have only been doing hygiene work.
- Creating an oral health practitioner preceptorship training programme for qualified nurses to develop skills in providing oral health education, signposting to other services for oral health as well as screening for diabetes and monitoring blood pressure.

The Dental Deanery undertook a pilot offering primary care-based training and mentorship to six dentists wishing to gain skills and competence to deliver sedation within general dental services.



What have we done to improve access to routine dental provision?

We have implemented National Dental Plan initiatives by applying the minimum unit of dental activity (UDA) rate of £28 to 51 practices across the region.

But we have gone further by setting a local 'unilateral' minimum UDA rate uplift to £31.46 (+£3.46 above the national minimum rate). This was awarded to 170 practices from April 2024. It subsequently increased to £32.92 in April 2025.

Other actions to improve access to routine dental provision include:

- Offering practices on an annual basis the opportunity to be paid to deliver more than their contract level of activity (up to 110%).
- Undertaking formal procurements to recommission 11 replacement NHS dentistry general dental access contracts across the region, covering North Cumbria, Durham, Darlington, Sunderland and North Northumberland. As market interest was significantly limited, most opportunities were unfortunately unsuccessful.
- Commissioning on a recurrent basis additional UDAs from providers that have the required workforce and surgery capacity.
- Making an additional open and discretionary offer to engage in an audit to assess the true cost of delivering NHS dental care. We prioritised 'at risk' practices in the most deprived parts of our region and/or where there are significant access challenges. This initiative was completed for an initial six practices and will be rolled out during 2025/26 with other practices who express an interest in taking part in the audit.

What have we done to improve access to urgent dental care?

We commissioned two temporary Urgent Dental Access Centres (UDACs) for up to two years. Darlington UDAC opened in June 2024 and Carlisle UDAC in September 2024.

Each centre offers 28 x 30-minute urgent care appointments per day – a combined total of over 14,000 appointments per year. Appointments can be made by direct patient online booking or via NHS 111.

Initial feedback from patients and via research carried out by Healthwatch has been very positive.

As a result, the ICB is rolling out a network of UDACs across the North East and North Cumbria.

When fully established, the network will provide up to 30 UDAC surgeries with a total capacity of more than 109,000 urgent dental appointments per year.

Other initiatives to improve access to urgent dental care include:

- Increasing the dental treatment capacity with the dental out-of-hours services. An additional 310 sessions were secured in 2023-24, increasing to 931 sessions in 2024-25.
- Increasing the workforce/triage capacity within NHS 111 dental clinical assessment service (DCAS) to improve the service's ability to safely manage and respond to dental call volumes.
- Offering all dental practices the opportunity to deliver access appointments targeting those patients in greatest clinical need. In 2023-24, over 77,000 appointments were secured. This increased to over 109,000 in 2024-25.

What have we done to improve access to specialist and community dental services?

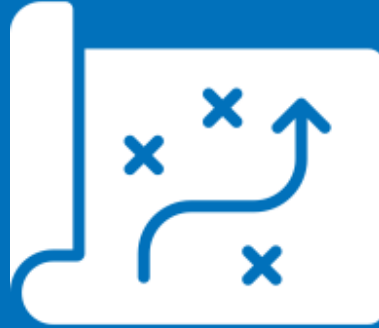
The ICB commissions a range of specialist and community dental services. These include:

- Dental services for adults and children with additional needs for whom access to high-street dental services is challenging.
- Specialist oral surgery.
- Orthodontic, sedation and domiciliary care services.

These services are commissioned on time-limited Personal Dental Services contracts. The priority has been to ensure that the existing provision is maintained, while recognising the provision of specialist services across the region is variable.

So far we have:

- Completed the recommissioning of specialist orthodontic services across the North East and North Cumbria in line with an independently commissioned orthodontic needs assessment. This ensures that all specialist services are working to a standardised service specification in line with national clinical guidance. We have also used non-recurrent funding to further improve waiting times for patients who are assessed as eligible for treatment.
- Secured continuity of the specialist minor oral surgery services and used non-recurrent funding to further improve access to services and improve waiting times for patients.
- Secured continuity of the basic sedation services in Durham and Tees Valley.
- Secured continuity of care for vulnerable patients accessing our community dental services until the end of March 2026. We are engaging with our provider trusts to inform the recommissioning of these services.



Our plans...

Process of developing our plans



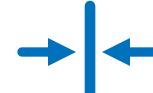
Analysed our demographics

Used data to understand the oral health and dental needs of our population.



Considered evidence-based interventions

Reviewed national and regional evidence to identify initiatives that can deliver the greatest impact.



Reviewed existing provision

Looked at provision across the system and considered how best to utilise it in future.



Learning from other projects

Researched other projects and assessed what worked well and where improvements can be made.

Cross-system meeting group and Regional Health Forum

- dental practitioners and staff, ICB, Public Health, Deanery, Newcastle University and Healthwatch

Patient voice

- listening to what patients and the public are telling us about their current experiences and future expectations

What we are doing now to improve oral health

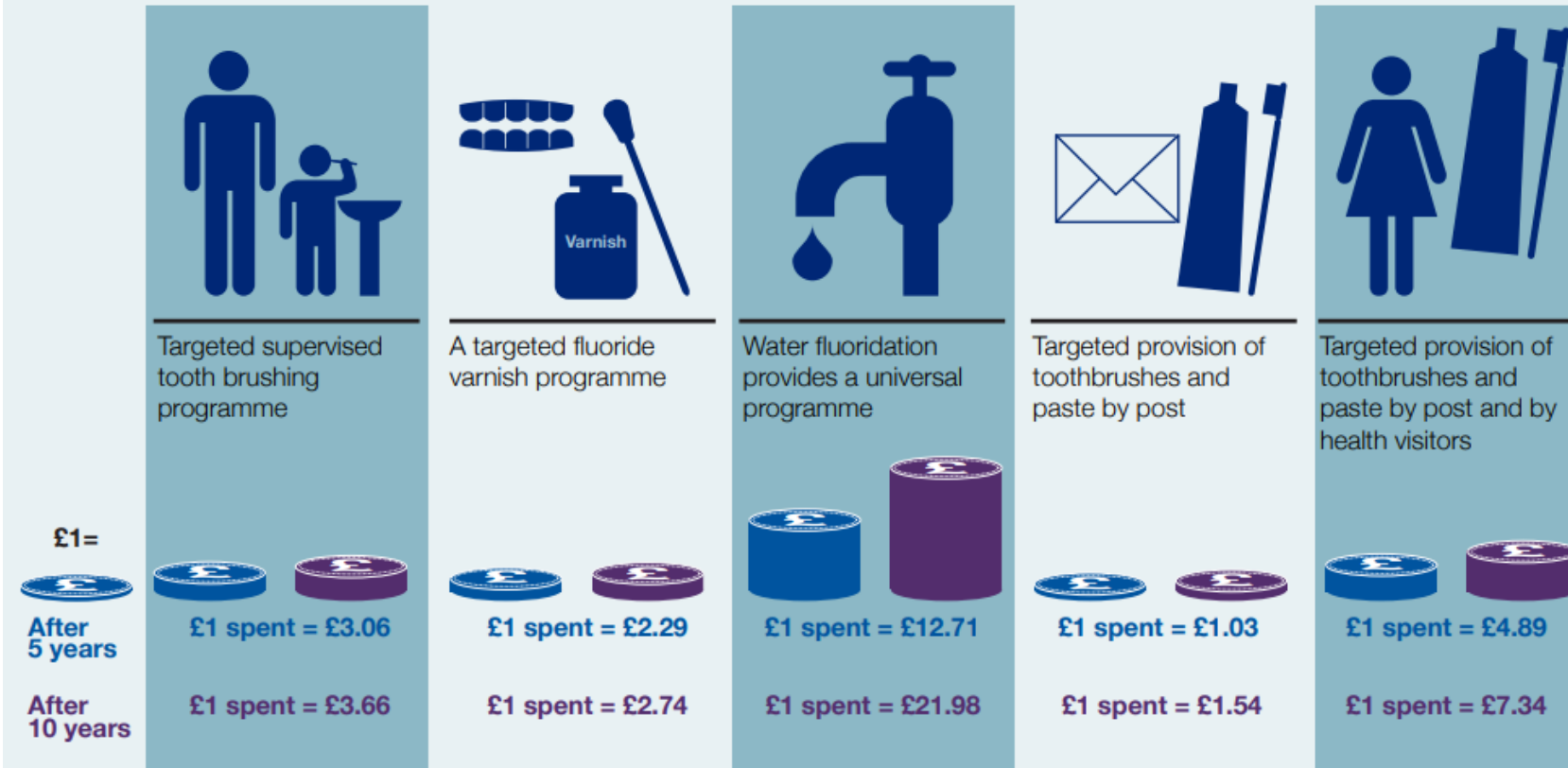
- Public Health colleagues have oral health plans in place for each local authority in North East and North Cumbria. In addition to this work, we are:
- Exploring opportunities to improve oral health by tackling inequalities and poverty. The ICB has provided funding to North East Combined Authority, Tees Valley Combined Authority and North Cumbria and local authority partners to develop these initiatives.
- Funding the expansion of the supervised toothbrushing scheme into areas that currently do not have a universal offer to children. This will enhance provision in those areas following the Government's announcement to fund local authorities for targeted toothbrushing schemes.
- Continuing targeted fluoride varnish programmes.
- Using evidence-based information to inform our plans and identify opportunities.
- Mapping oral health schemes by local authority area to identify where resources could be targeted to improve oral health outcomes.

Local Authority	Oral Health Strategy/ JSNA action plan	Supervised tooth brushing (universal school, Send, pre-schools)	Fluoride Varnish	Provision of toothbrush/ toothpaste packs	Water Fluoridation
Northumberland					
North Tyneside					
Newcastle					
Gateshead					
South Tyneside					
Sunderland					
Durham					
Darlington					
Hartlepool					
Stockton-on-Tees					
Middlesbrough					
Redcar and Cleveland					
North Cumbria (Cumberland and Westmorland and Furness)					

Source: Validated by NENC Public Health Teams, Personal communications

Return on investment of oral health improvement programmes for 0–5 year olds*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated

PHE Publications gateway number: 2016321

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What we will do to improve oral health

- Work with partners to build on and implement oral health strategies and learn from existing strategies. This work will also include reviewing interdependencies with other strategies and policies with a health impact to identify opportunities for enhancing approaches to improving oral health, such as giving advice on food and nutrition.
- Identify funding opportunities to enhance oral health promotion activities, joining up local and regional initiatives to offer seamless services.
- Ensure our initiatives align with national policy on expansion of supervised toothbrushing schemes and the sponsorship and resources to be made available from Colgate/Palmolive.
- Explore opportunities to develop oral health education initiatives with Public Health colleagues, nurseries and schools and parents/carers to embed oral health into healthy schools through schemes such as Mini Mouthcare Matters. We will also develop schemes to improve oral health with looked after children, children in care and children and young people in secure settings.
- Review the evaluation of the Tees Valley Children in Care referral access pathway to determine how this can be rolled out across the region.
- Explore opportunities for oral health initiatives with Primary Care Networks and local neighbourhoods, developing schemes to meet local needs.
- Making Every Contact Count (MECC) as part of the oral health assessment: sign posting for stop smoking services and alcohol reduction services.
- All oral health assessments to document oral cancer screening
- Caring for your Smile Programme:
 - training for care home staff (older people and learning disabilities settings)
 - NG48 Baseline assessment and supported action plan
 - denture marking kits provided
- Develop a fluoride varnish programme to roll-out in care homes, including prescription of high strength fluoride toothpaste
- Consider initiatives which will improve oral health and access to dental provision for vulnerable groups, including people in care homes, the homeless population
- We will continue to develop plans for funding provided by the ICB to combined and local authorities. We recognise this cannot be a one-size-fits-all approach so we will, with regional and local partners, consider what best meets the needs of the population.
- As well supporting existing schemes, we will embrace exciting opportunities to develop innovative programmes that utilise a diverse range of delivery mechanisms, including linking oral health to free school meals, foodbanks and messaging in schools.

What are we doing now to address workforce challenges?

- Upskilling level 1 training for paediatric dentistry and enable specialised (Level 2) training within primary care settings.
- Making greater use of Dental Therapists and the wider dental team through expansion of (re)skilling programmes linked to better incentivisation, thereby encouraging multi-disciplinary working.
- Training local to access priority areas – new clinical skills facility in Carlisle and potential Centre for Dental Development.
- Implementing further incentives to encourage dental practices to train foundation dentists and wider staff groups.
- Encouraging provision of outreach training to increase skills/experience as part of undergraduate dentists training.
- Developing plans to ensure we are well placed to offer increased undergraduate dental places if the National Plan falters.
- Offering increased Overseas Registration Examination capacity and provisional registration to encourage dentists from overseas. It is recognised that this is a complex and rapidly moving national issue.
- Continue with the progress being made in the dental schools to widen participation from people from underrepresented groups and certain geographic areas apply and are accepted on to dental and therapy courses.



What we will do to address workforce challenges

A national dental recruitment scheme (the “Golden Hello scheme”) to attract NHS dentists, was launched by the previous Government in 2024. The ICB has been requested to fund 15 posts at a cost of £20,000 per post phased over three years.

Our experience of similar schemes in the past is that this approach is detrimental as it does not recognise the contributions made by existing, experienced dentists.

The ICB has therefore developed a one-off loyalty scheme aimed at rewarding pre-existing long-term committed NHS dentists for their commitment and to secure ongoing retention.

We will then consider how we may implement the national dental recruitment scheme in the future, using the lessons learned from our own experience and that of other ICBs that deliver the scheme.

Other activities to address workforce challenges include:

- Engaging with NHS England Regional Workforce, Training and Education Directorate to support, where possible, the work the Directorate is doing to improve workforce recruitment, training and education and the local implementation of the National Dental Workforce Plan.
- Continuing to commission dental clinical assessment service (DCAS) workforce/triage capacity.
- Reviewing the existing workforce using flexible commissioning to inform continuation and/or adaptation of the scheme to make it more effective.
- Continuing work with the Deanery and dental schools to evaluate current workforce-related schemes and to develop an ongoing annual work programme focusing on education and training.

What we are doing now to improve access to routine dental care

We have a range of plans and initiatives aiming to improve access to routine dental care. We will:

- Continue to explore opportunities for flexible commissioning in primary care dentistry. This will include continued roll-out of the “true cost of dentistry” audit.
- Consider how we may roll-out provision of dental checks within a residential special educational setting (SES) following receipt of the national market engagement.
- Continue to undertake local commissioning/formal procurement to replace capacity lost from any further contract hand-backs.
- Engage with NHS England regional and national teams to influence national dental system reform.



What we will do to improve access to routine dental care

This strategy outlines the pressures experienced in dental provision in North East and North Cumbria. The combination of the current NHS contract being unattractive and dentists and the wider dental workforce feeling undervalued is leading to an increasing number of dentists handing back their NHS contracts.

One of our priorities is to stabilise dental provision across the North East and North Cumbria and minimise the number of NHS contract hand-backs.

We will then put in place measures and initiatives to improve access to routine appointments and provision.

We are developing a detailed Dental Recovery Programme with actions, tasks and timescales with specific project management input to monitor progress.

We are working with Business Intelligence team colleagues to develop a dental dashboard, giving us easy to access and up-to-date information about dental provision across the North East and North Cumbria

This will also be invaluable when we are monitoring the outcomes of the various initiatives we are putting in place.

We recognise that our plans will require time and staff resource. We are recruiting into the dental team to provide opportunity and focus on the dental recovery programme.

We welcome the Government's dental reform consultation and will work with regional and national partners to ensure the North East and North Cumbria can influence the outcome of national reforms.

What we are doing now to improve access to urgent dental care

Increased out-of-hours treatment capacity

Dental out-of-hours providers have been offered the opportunity to provide additional treatment sessions.

An additional 1,034 sessions have been commissioned for 2025/26.

NHS 111 Dental Clinical Assessment Services (DCAS)

Due to a lack of general dental access, call volumes to NHS 111 remain high.

We have committed non-recurrent funding for 2025-26 to increase the dental clinical workforce capacity for DCAS to improve ability to safely manage and respond to dental calls.

Incentivised access scheme

Offered all dental practices opportunity to deliver access appointments for patients in greatest clinical need.

Over 51,000 additional appointments secured for 2025-26 to date.

What we will do to improve access to urgent dental care

A key feature of our Oral Health and Dental Strategy is to ensure access to urgent dental care.

The Government committed in its 2024 election manifesto to making 700,000 additional urgent dental appointments available. For the North East and North Cumbria, our target is 57,559 additional urgent care appointments.

To achieve this, the ICB is developing plans to roll out of a network of organised and well-structured Urgent Dental Access Centre (UDAC) services to:

- provide an improved model of reliable and sustainable unscheduled urgent (clinical and perceived) dental care delivery capable of meeting our current and future urgent care demand
- provide an upgraded replacement to our current, but limited, in-hours long-term commissioned contracted provision and short-term supplementary incentivised access scheme capacity
- make it easier for patients to find and book urgent dental appointments by launching online booking systems for each UDAC

We are commissioning 28-30 UDAC surgeries, with each surgery capable of delivering 14 x 30-minute urgent care appointments per day to provide definitive clinical treatment solutions and oral health prevention advice.

We are aiming to spread the surgeries across the North East and North Cumbria geography and are working with dental practices to ensure they are accessible in terms of public transport, car parking and, crucially, have the workforce available to offer the urgent care provision.

The first 12 UDAC surgeries began operating in May 2025. The next tranche of UDAC surgeries are expected to open in September 2025.

What we will do to improve access to specialist and community dental services

We will continue to work on priorities across all specialties, including community dental services and secondary care dental services.

We will:

- Implement a referral management system to improve access to oral surgery, orthodontic and basic sedation services. Expansion of a referral management system may also be explored for future years for other areas of dental provision to improve access and waiting lists.
- Secure continuity of the advanced sedation service in Durham and Tees Valley while we review the wider sedation and general anaesthetic pathway to inform future commissioning consistently across the North East and North Cumbria.
- Develop a domiciliary/home care service in care homes. Developing a specification and service model for consideration.

- Use the flexibilities within the Provider Selection Regime (PSR) Regulations to secure longer-term continuity of community dental services, including the review of the service specification to ensure consistency of offer to our most vulnerable patients.
- Review the current provision of minor oral surgery and basic sedation services including the review of the service specifications to inform recommissioning, ensure consistency of provision and identify any gaps for future commissioning across the North East and North Cumbria.

Communications

The ICB has appointed a Communications Manager and developed a communications strategy to improve communications with patients and stakeholders.

Communications activity will support each of the plans outlined in this strategy. Key actions include:

- Improving the clarity and consistency of information about dental services
- Using the insights from local authority, Healthwatch and other partners to tailor how we engage and communicate with local people
- Developing a campaign to raise awareness of dental services and how and when to access them
- Working with local and regional partners to develop a campaign to improve the oral health practices of children and adults
- Delivering proactive PR to inform the public of the ICB's work to improve access to dental care
- Engaging stakeholders to support collaboration and consistent communications across the system





Finances...

Finances

Some of ringfenced dental budget received by the ICB has been invested in the following key areas:

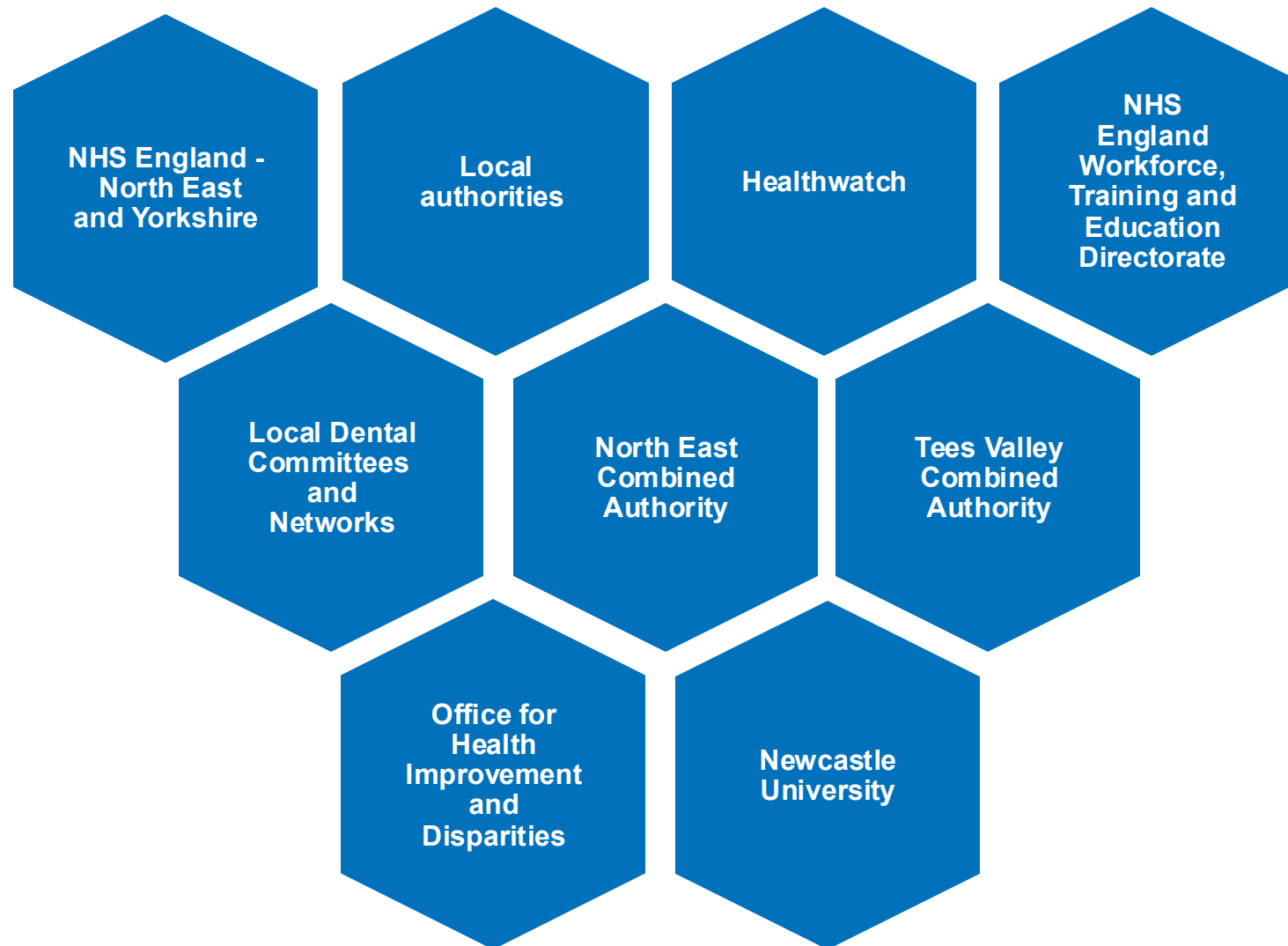
Initiatives	Investment
Tackling oral health needs due to poverty (grants)	£1.5m
Supervised toothbrushing scheme expansion and other public health initiatives	£500,000
Workforce training and education schemes	£878,000
Extension of non-recurrent schemes to improve access (urgent care and oral surgery services)	£3.6m
Building back general dental access capacity lost from contract hand-backs	£6.7m
Improving access to reliable and sustainable urgent dental care	£3.9m
Local dentistry stabilisation, transformation and sustainability schemes (increasing viability of local dental practices)	£9.5m

This funding is in addition to the payments made by the ICB to dental providers for treating patients as part of their general dental contract.



Contributors...

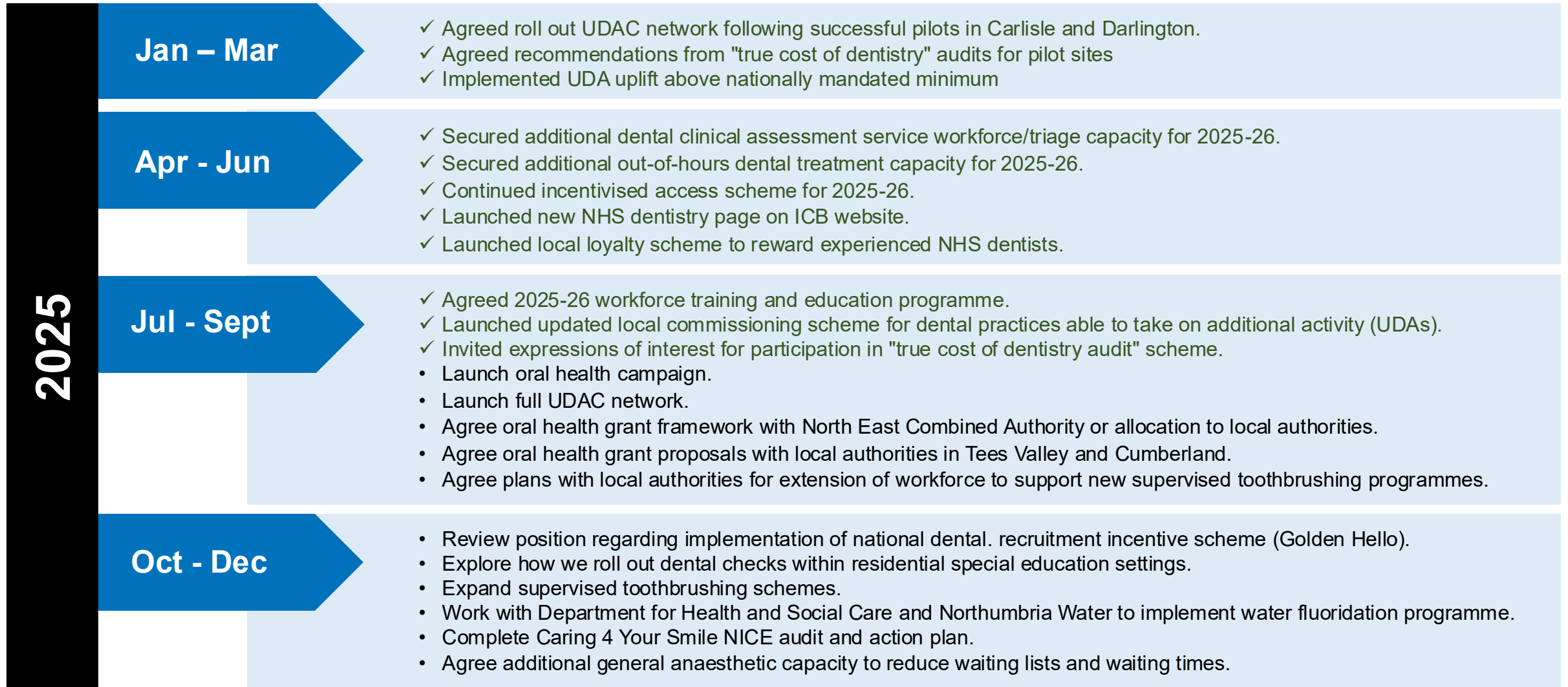
Thanks to the groups and organisations that contributed to this strategy





Timeline...

Oral Health and Dental Strategy timeline



Oral Health and Dental Strategy timeline

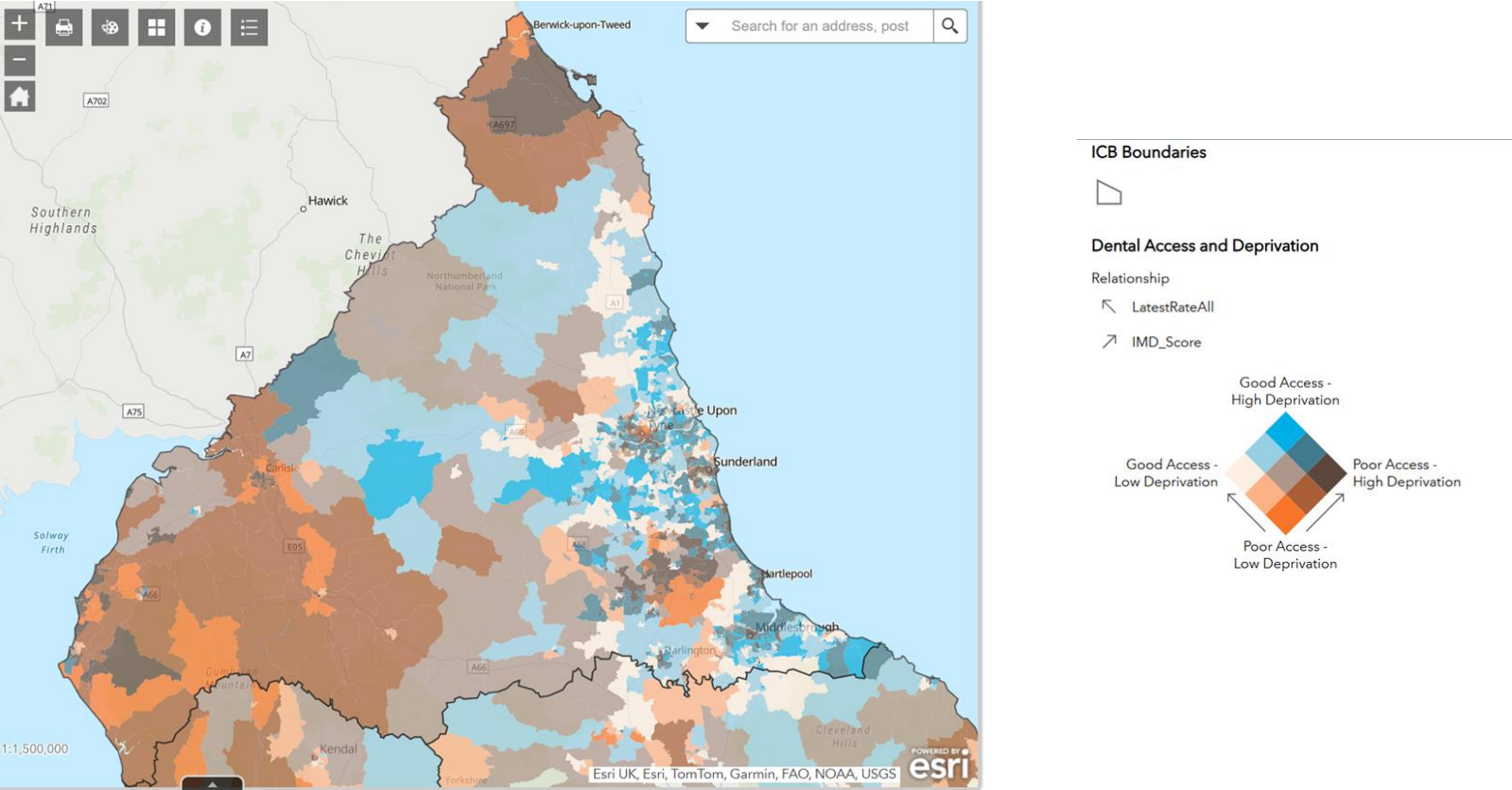
2026	Jan – Mar 2026	- Secure continuity of specialist and community dental service contracts due to expire at end of March 2026. - Agree 2026-27 workforce training and education programme. - Complete follow-up audit of referrals for children in care in Tees Valley.
	Apr - Jun	- Commence review of community dental service and specialist services. - Implement outcome of NHS dentistry contract: quality and payment reforms consultation. - Commence work on prescription of high-strength fluoride toothpaste in care home settings.
	Jul - Sept	Implement Electronic Referral Management system for specialist services (subject to final approval and successful procurement).
	Oct - Dec	
2027	Jan – Mar 2027	Agree 2026-27 workforce training and education programme.



Appendices...

Appendix 1: Supporting information highlighting oral health and access challenges

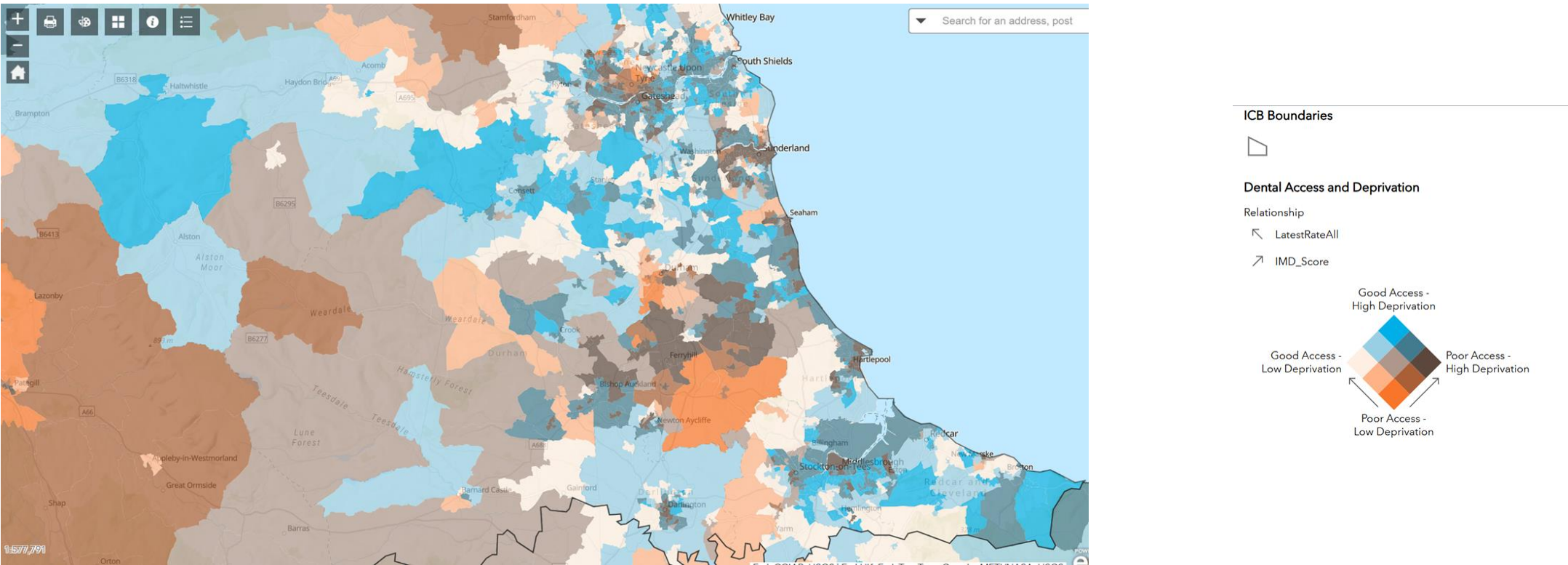
Deprivation and access across North East and North Cumbria



Source: SCW Geospatial services for Access Jan-Jun 2024

Appendix 1: Supporting information highlighting oral health and access challenges

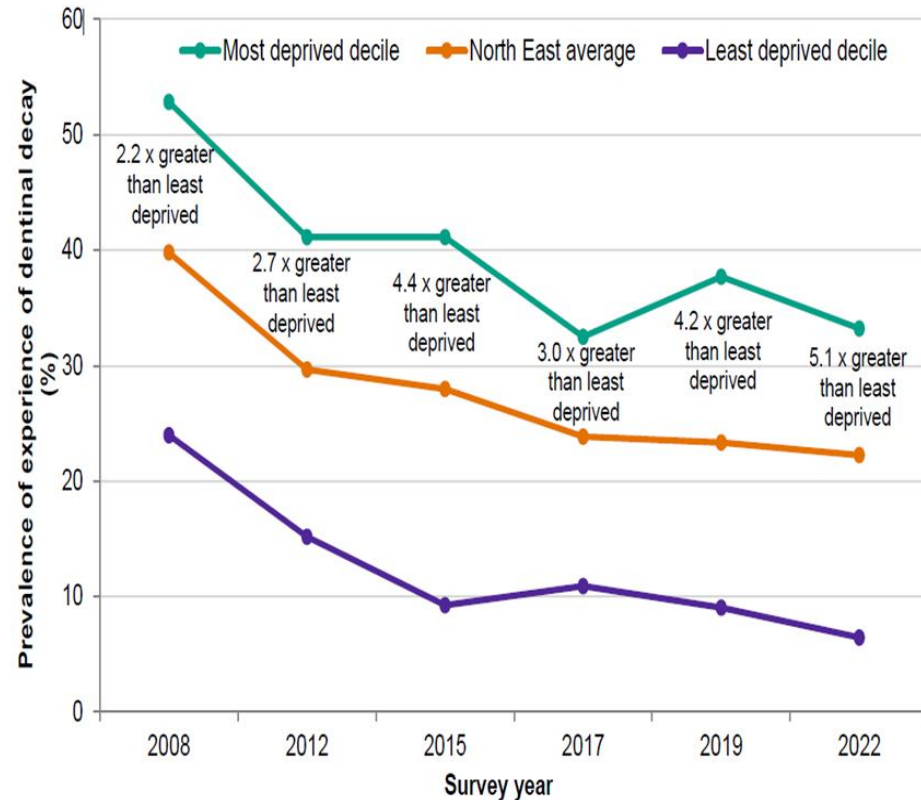
Deprivation and access across North East and North Cumbria



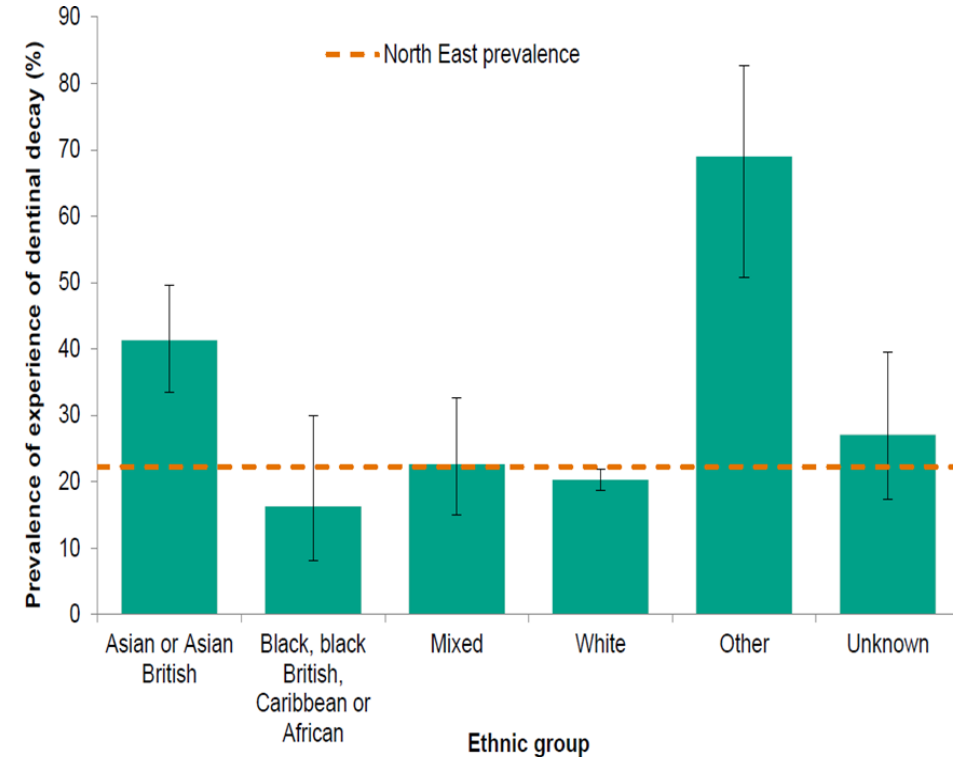
Source: SCW Geospatial services for Access Jan-Jun 2024



Inequalities linked to deprivation and ethnicity in 5-year-olds

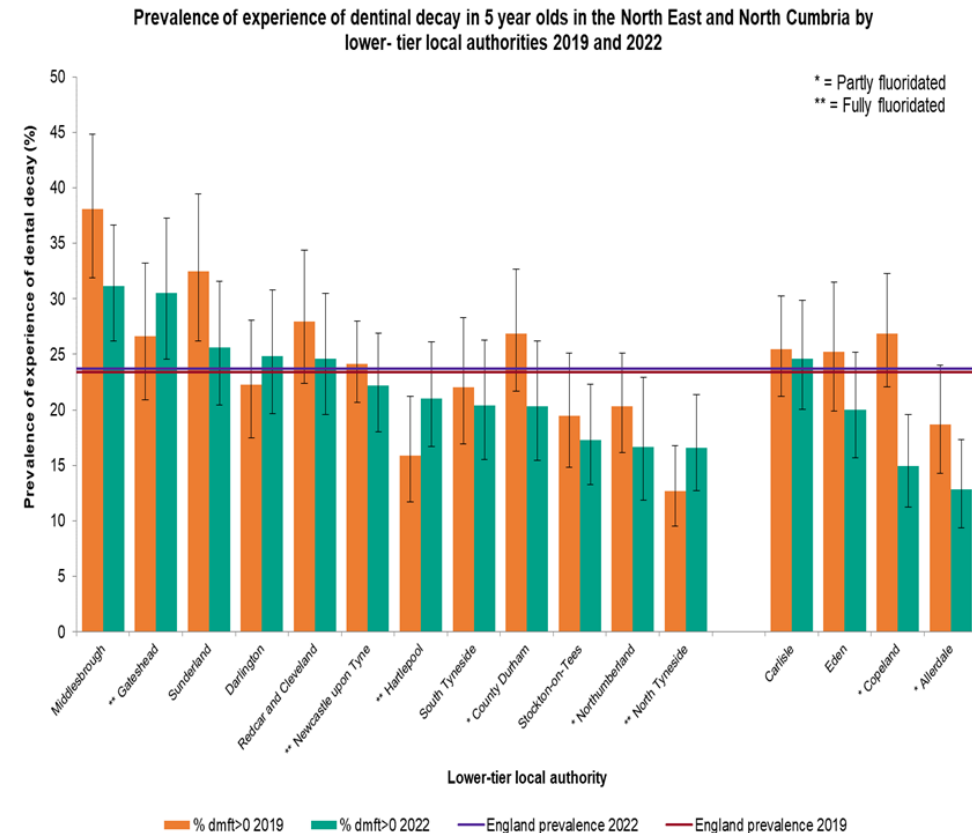


Across the North East, it is of concern that the inequalities gap is widening. There is now a five-fold difference in the prevalence of dental decay between the most and least deprived decile.



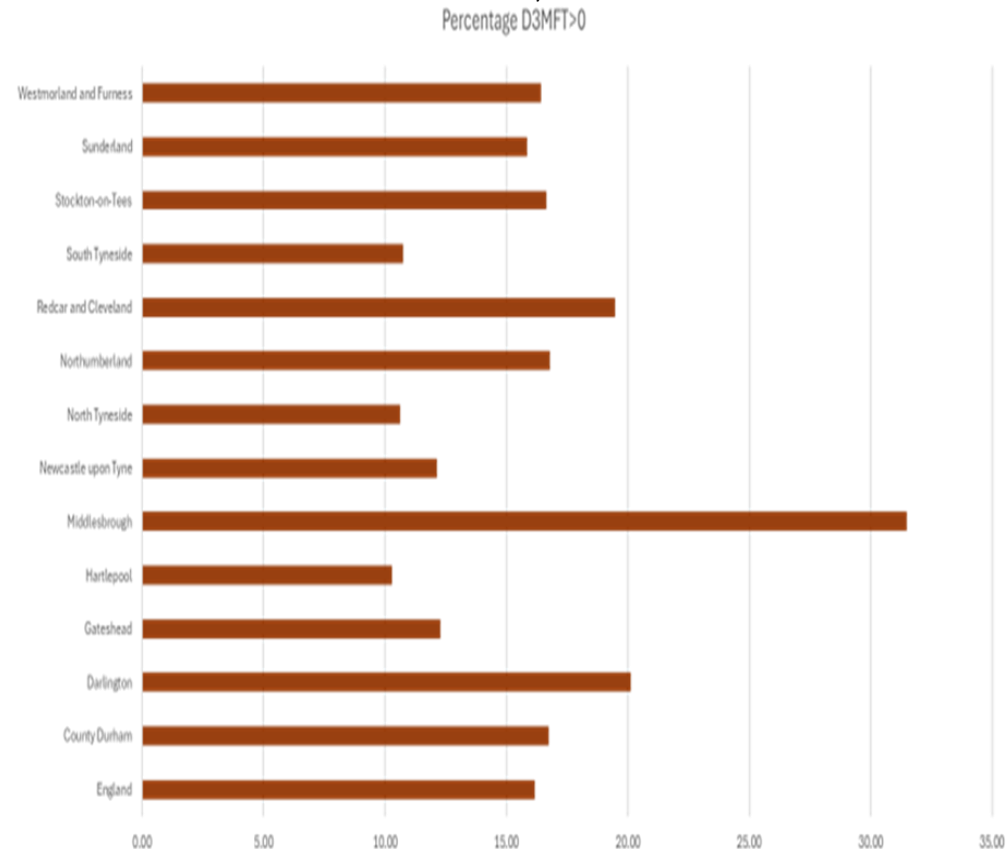
Asian or British Asian 5-year-old children have significantly worse oral health than their White counterparts. It is postulated that cultural feeding practices may be a contributory factor.

Prevalence of dental decay



Area deprivation and water fluoridation are important factors contributing to a vast variation in oral health in the region. In 5-year-old children (2022), there were five areas that had oral health significantly better than the England average: Stockton-on-Tees, Northumberland, North Tyneside Copeland and Allerdale.

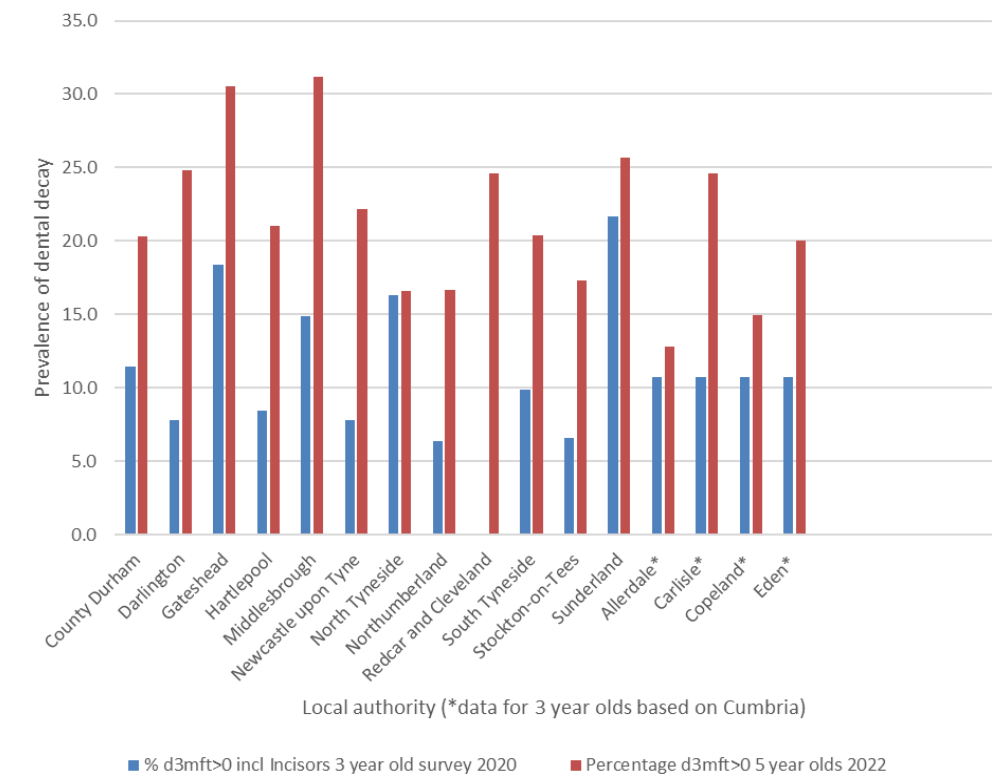
Oral health across NENC: Year 6 2022/23



Four out of five of these areas benefit from water fluoridation. Middlesbrough and Gateshead have poorer oral health than the national average. In Year 6 children (2022/23), Middlesbrough continues to have significantly worse oral health than the England average.

Dental decay - children

Dental decay prevalence in 3- and 5-year-old children in North East and North Cumbria (2020 for 3-year-olds and 2022 for 5-year-olds)



In many areas across NENC, dental decay rates double between the ages of 3 and 5. Getting children to see the dentist as early as possible will optimise the opportunities for prevention to slow down the rate of dental disease.

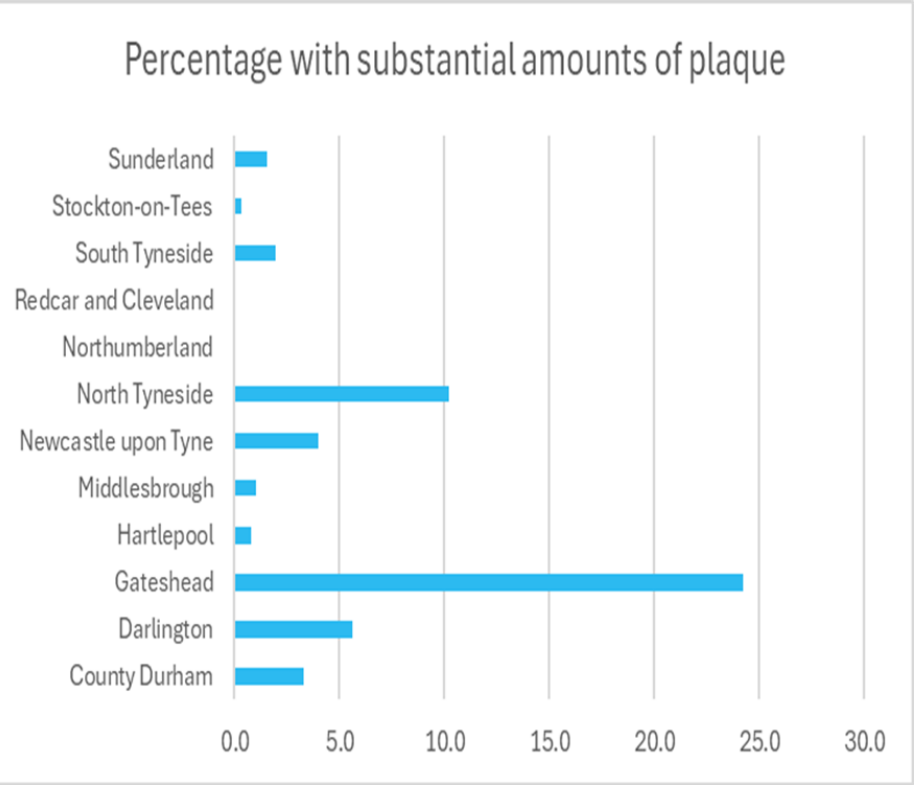
Local Authority (LA) (n = number examined)	% of 5-year-old children who have experienced dental decay	% 5-year-old active decay in those children with experience of dental decay (Treatment Need)	% 5-year-old of enamel caries in children who have dental decay	% of 5-year-old children who were able to access a dentist in 2021/2022
County Durham	20.3	19.1	10.9	42.3
Cumbria	23.0	21.2	15.3	49.5
Darlington	24.8	22.1	16.9	43.4
Eden	20.0	18.8	4.3	49.5
Gateshead	30.5	29.3	10.8	52.5
Hartlepool	21.0	19.8	13.1	46.7
Middlesbrough	31.2	28.3	11.7	51.2
Newcastle-upon-Tyne	22.2	19.2	14.0	49.3
North Tyneside	16.6	13.9	4.9	46.7
Northumberland	16.7	15.9	4.9	52.5
Redcar and Cleveland	24.6	23.4	1.6	53.6
South Tyneside	20.4	19.0	30.1	46.9
Stockton-on-Tees	17.3	16.6	2.9	56.7
Sunderland	25.6	22.9	2.7	46.5

Early decay (enamel caries) can be reversed with optimal fluoride levels i.e. fluoride varnish applications by a dental professional.



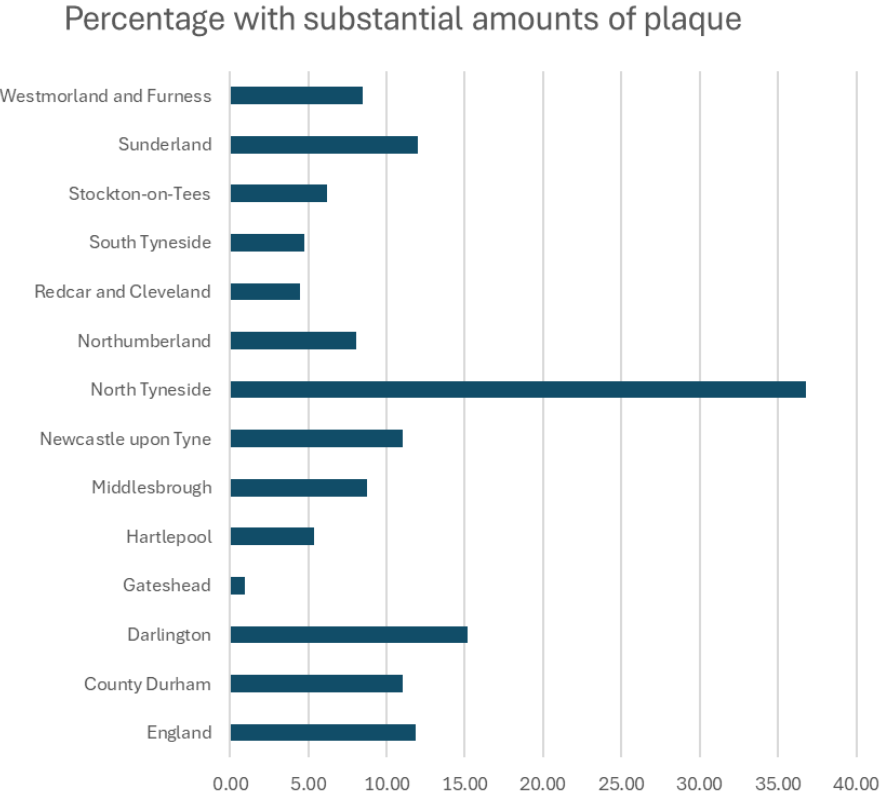
Plaque levels in 5- and 6-year-olds

Plaque levels: 5-year-olds 2012/22



Substantial plaque levels vary greatly in 5-year-old children, from 0% in Northumberland and Redcar and Cleveland to nearly 25% in Gateshead. Areas without school supervised toothbrushing programmes in 2021/22 have the highest percentage of substantial plaque deposits (North Tyneside and Gateshead).

Plaque levels: Year 6 children 2022/23

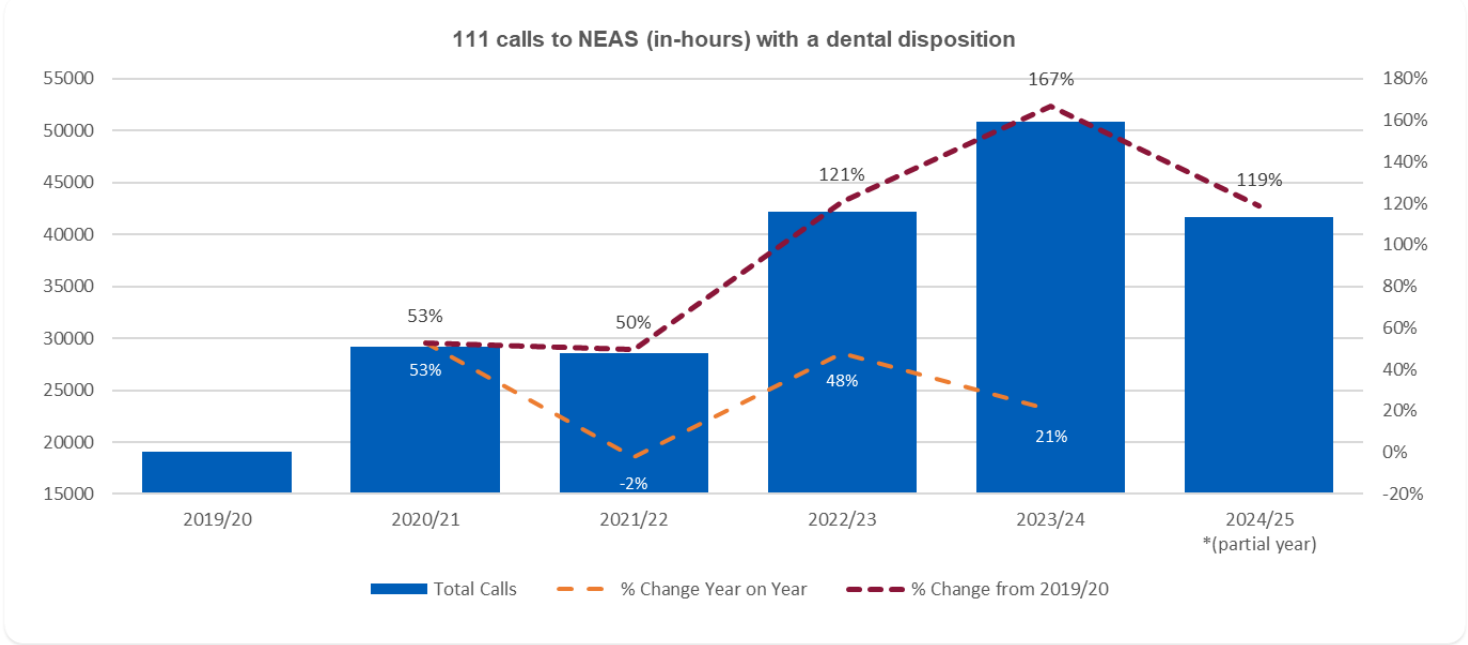


In Year 6 children, although North Tyneside continues to have higher than the England average plaque levels, Gateshead children’s oral hygiene has significantly improved to the best in the North East and North Cumbria.

Data source: NHS Dental Activity Data



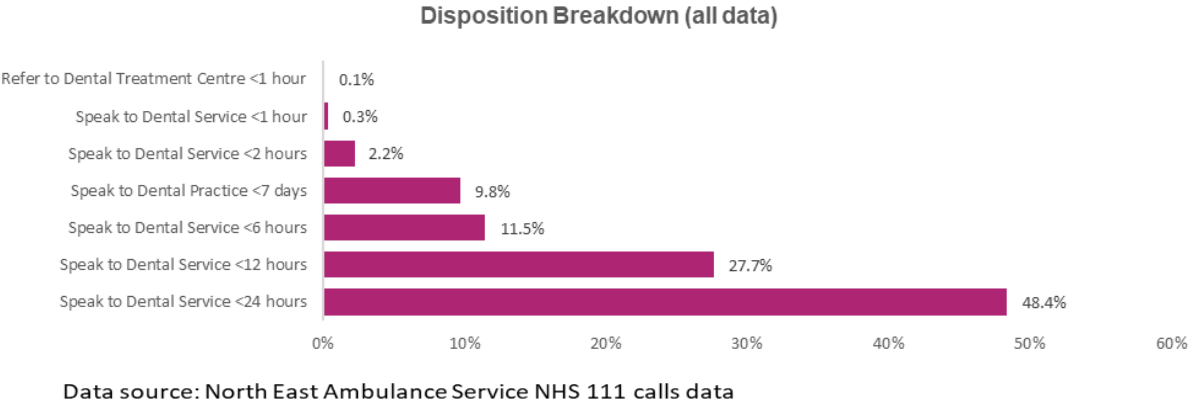
North East Ambulance Service in-hours calls to NHS 111



Calls in-hours to NHS 111 have increased by 167% when comparing 2023/24 and 2019/20 data. Although data is currently up to December 2024, already there are 119% more calls in 2024/25 than in 2019/20.

48% of all call dispositions were to ‘speak to a dental service within 24 hours’.

Dispositions up to 24 hours are classed as clinically urgent which means that around 90% of dental calls into NHS 111 were deemed to be true urgent calls.



Dental: where we are today

Units of dental activity trending up

16%

Comparing December 2021 and December 2024, there was a 16% increase in the number of units of dental activity within North East and North Cumbria.

Highest numbers UDA numbers in March 2023

423k

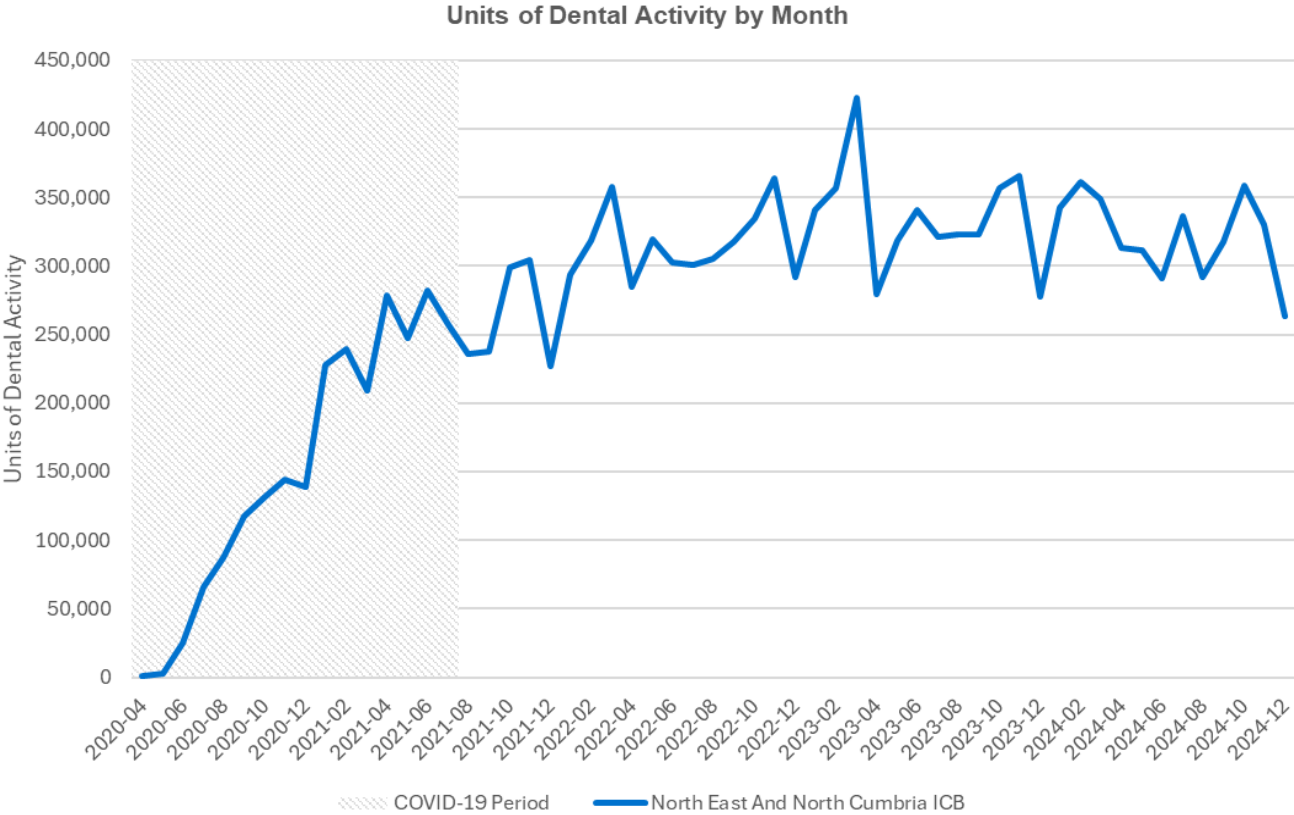
In March 2023, almost 423,000 units of dental activity were delivered in North East and North Cumbria, which is a 16% increase on the previous highest number in November 2022.

Forecasting ahead

3.8m

Based on current performance, we could expect to see around 3.8 million units of dental activity in the 2025/26 financial year, around 1 million below 2019/20 pre-Covid delivery levels.

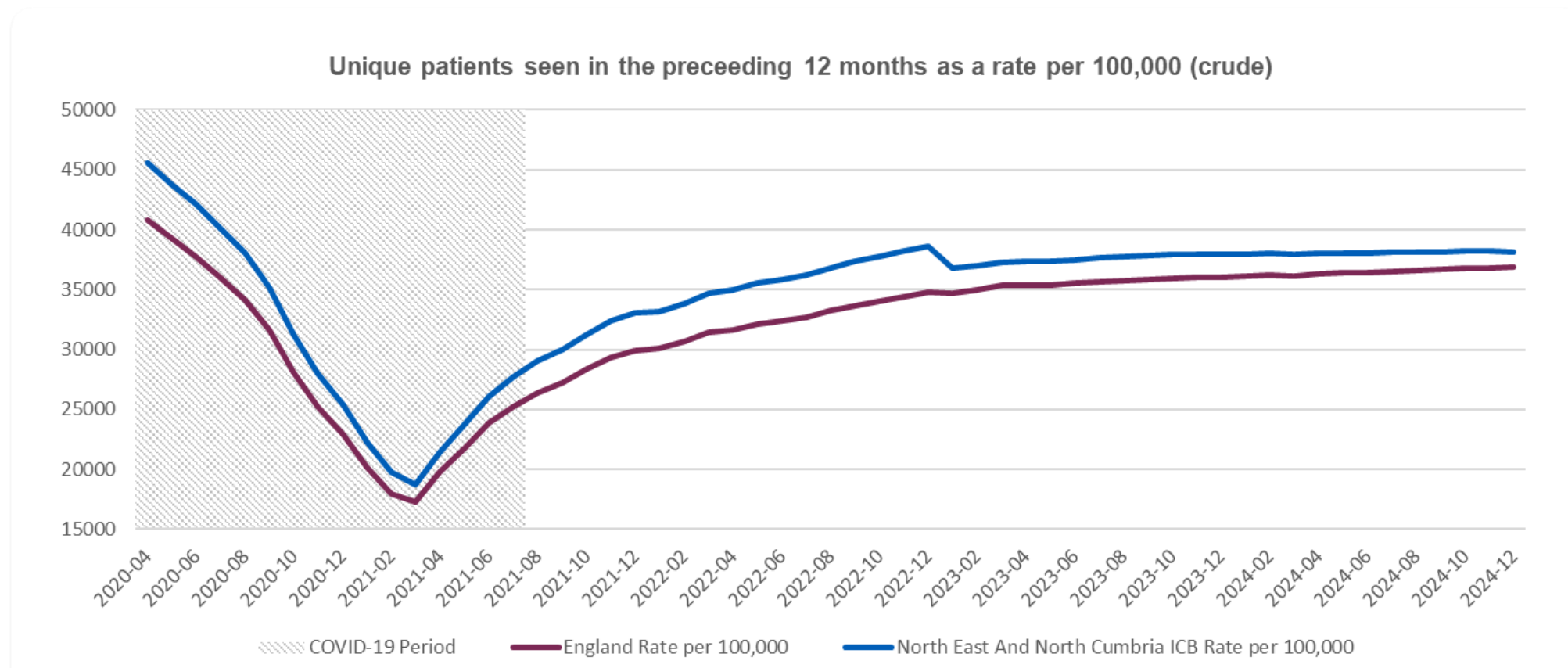
We should note that the UDA delivery profile is likely to be an underrepresentation of actual delivery as it excludes activity undertaken by foundation dentists. We believe also does not take account of the treatment being undertaken as part of our local incentivised access scheme.



Data source: NHS Dental Activity Data



Unique patients seen (crude rate per 100,000 population)



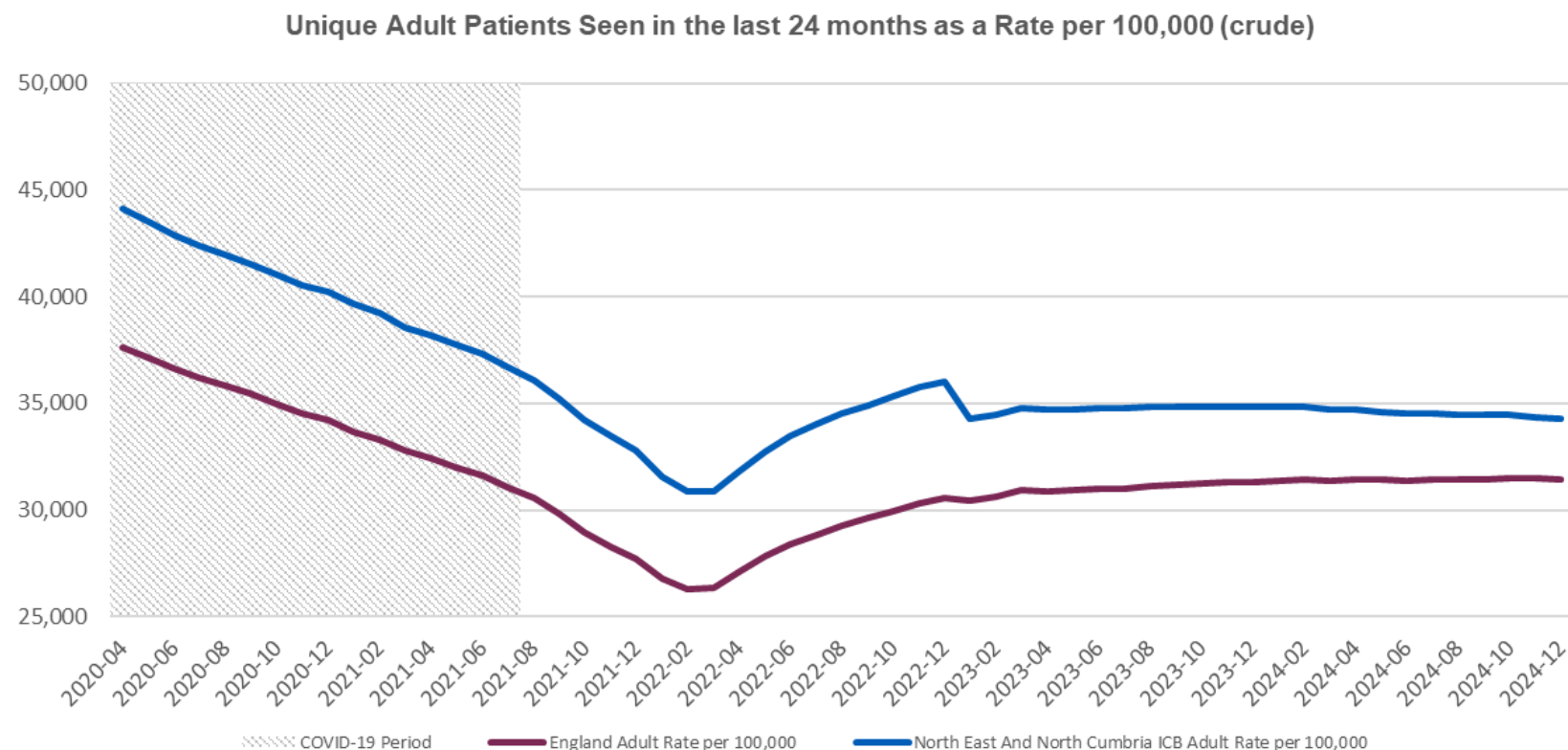
After dropping sharply during Covid-19, both the North East and North Cumbria and England access rates steadily climbed back towards the pre-pandemic rate.

However, there is still a little way to go to get back to pre-Covid-19 rates. As at April 2020, the number of unique patients was 1,347,269 while in December 2024, it was 1,213,590.

It is worth noting that North East and North Cumbria is consistently seeing more unique patients per 100,000 population than the national average when looking at the overall unique patients accessing care.

Data source: NHS Dental Activity Data

Unique patients seen: adults



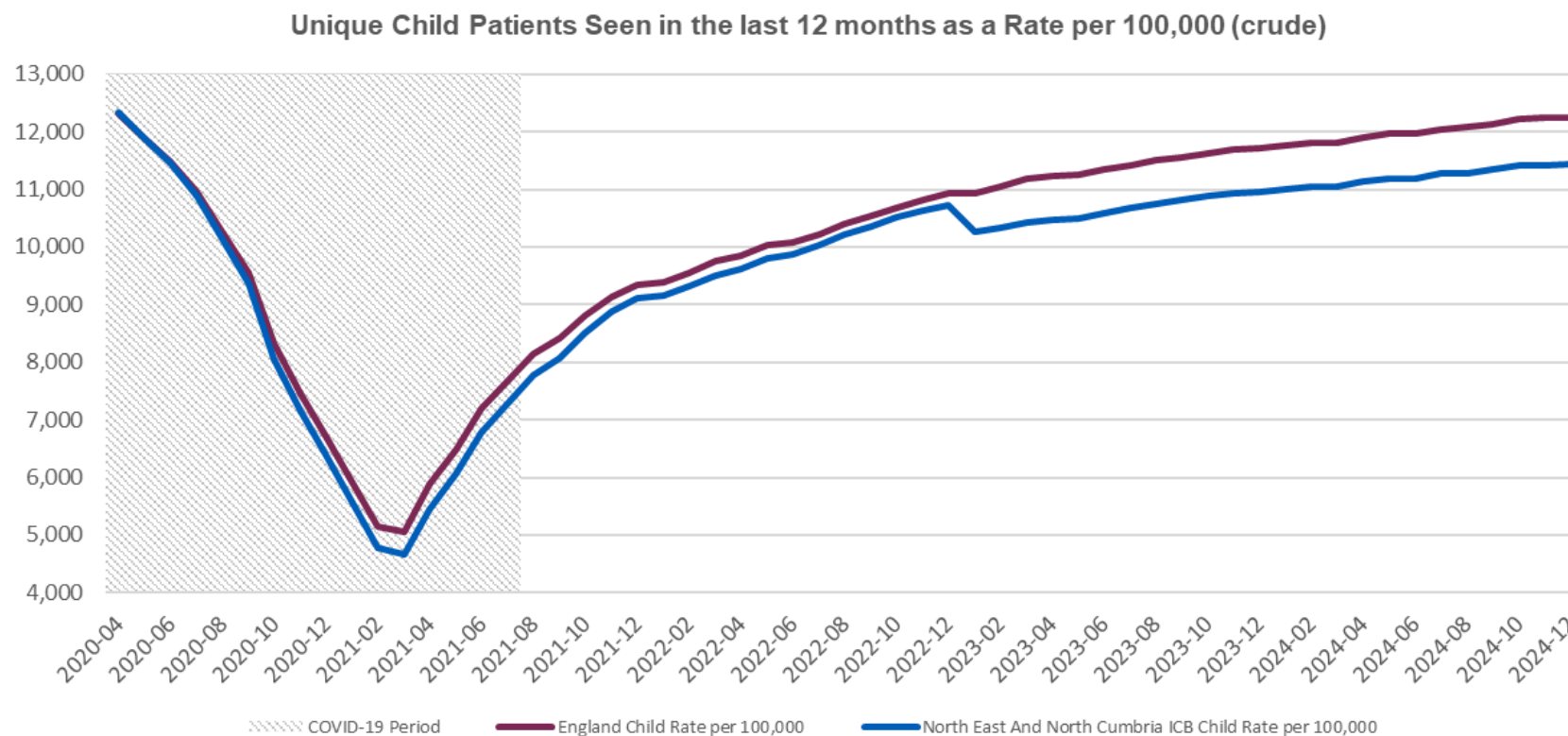
Looking at adults seen in the preceding 24 months, North East and North Cumbria access follows the same trend as the national picture.

But North East and North Cumbria rates are higher than the England average.

Pre-Covid-19, North East and North Cumbria reported 17.2% more patients per 100,000 population, although this has reduced to 8.9% in the most recent data.

Data source: NHS Dental Activity Data

Unique patients seen: children



Looking at children seen in the preceding 24 months, North East and North Cumbria access follows the same trend as the national picture.

But North East and North Cumbria rates are lower than the England average.

Pre-Covid-19, North East and North Cumbria reported 0.3% more patients per 100,000 population. However, the trend has reduced to 6.6% lower, suggesting that North East and North Cumbria is moving away from the England rate for children.

Data source: NHS Dental Activity Data

Oral cancer: incidence and mortality

Area	Standardised incidence per 100,000	Lower95% CI	Upper95% CI	Standardised mortality per 100,000	Lower95% CI	Upper95% CI
England	14.55	14.40	14.71	4.54	4.45	4.62
NHS <u>North East</u> and North Cumbria	-	-	-	-	-	-
North East Region	16.88	16.15	17.62	5.45	5.02	5.88
North ICP	-	-	-	-	-	-
Gateshead	15.96	13.29	18.63	4.06	2.61	5.51
Newcastle	21.05	18.19	23.91	6.08	4.45	7.71
North Tyneside	15.06	12.46	17.66	4.38	2.86	5.89
Northumberland	15.30	13.37	17.24	4.74	3.62	5.87
Central ICP	-	-	-	-	-	-
County Durham	15.83	14.22	17.43	5.38	4.39	6.38
Sunderland	18.57	16.10	21.05	6.44	4.81	8.08
South Tyneside	22.50	18.84	26.16	5.83	3.84	7.82
Tees Valley ICP	-	-	-	-	-	-
Darlington	14.93	11.26	18.60	7.10	4.49	9.72
Hartlepool	14.56	10.56	18.55	6.86	3.84	9.89
Middlesbrough	16.87	13.13	20.60	4.35	2.25	6.45
Redcar and Cleveland	14.48	11.43	17.54	4.59	2.72	6.47
Stockton-on-Tees	18.43	15.42	21.45	7.35	5.32	9.39
North Cumbria ICP	-	-	-	-	-	-
Carlisle	18.16	14.31	22.01	4.97	2.83	7.12
Eden	10.26	6.12	14.40	NA		
Allerdale	14.61	11.03	18.19	4.49	2.27	6.70
Copeland	14.05	9.46	18.64	5.58	2.44	8.72

Oral cancer is the sixth most frequent cancer in the UK. The incidence rates and mortality rates are significantly higher in the North East compared to the England average.

Newcastle, Sunderland, South Tyneside, and Stockton-on-Tees all have incidence rates greater than the England average. Only Eden has significantly lower oral cancer rates.

Data source: NHS Dental Activity Data

General anaesthetics: waiting lists and waiting times (July 2024)

Trust	WL: Number of patients waiting for GA assessment	WL: Number of patients waiting for GA treatment	WT: Assessment Appointment (Weeks)	WT: Treatment Appointment (Weeks)
NTH FT*	36	27	4 weeks (-)	11 weeks (Down)
CDDFT	243	136 (Down)	Not recorded	24 weeks (Down)
SOTW (Gateshead)	Not recorded	21	Not recorded	12 weeks (-)
SOTW (South Tyneside)	Not recorded	61	Not recorded	12 weeks (-)
SOTW (Sunderland)	Not recorded	132	Not recorded	12 weeks (-)
NUTH	Not recorded	710	15 weeks	58 weeks (UP)
Northumbria FT	284	205 (UP)	7 weeks	27 weeks(UP)
NCIC	110	91	23 weeks (UP)	40 weeks (UP)
* Data for April 2024				

Source: Community Dental Services Providers/NUTH Personal communications

Appendix 2: Local authority Oral Health Strategies and Joint Needs Assessments

- **Durham:** democracy.durham.gov.uk/documents/s199242/Agend+Item+6+-+Oral+Health+OSC+Presentation+Jan+2025+v2.pdf
- **Durham JSNA:** www.durham.gov.uk/jsna
- **Darlington JSNA:** www.darlington.gov.uk/your-council/council-information/documents/darlington-joint-strategic-needs-assessment/
- **Sunderland:** www.sunderland.gov.uk/media/31064/OHNA-Sunderland/pdf/OHNA_Sunderland_Sep23.pdf?m=1698679277317
- **Sunderland JSNA:** www.sunderland.gov.uk/jsna
- **Northumberland County Council: Oral Health Strategy 2022-25:** northumberland.moderngov.co.uk/documents/s14171/04.%20OH%20Strategy%202022-2025%20HWBB%20paper%20AMENDED%20for%20110523.pdf
- **Northumberland JSNA:** www.northumberland.gov.uk/JSNA.aspx
- **South Tyneside Council:** [South Tyneside Council | Joint Strategic Needs and Assets Assessment](https://www.southtyneside.gov.uk/your-council/council-information/documents/south-tyneside-joint-strategic-needs-assessment/)
- **Middlesbrough - oral health:** moderngov.middlesbrough.gov.uk/documents/s19105/Presentation%20Slides.pdf
- **South Tees – JSNA:** www.middlesbrough.gov.uk/health-and-wellbeing/public-health-information/south-tees-joint-strategic-needs-assessment-jsna
- **North Tees and Hartlepool FT:** www.nth.nhs.uk/services/dental-services-community/oral-health-promotion
- **Hartlepool Oral health JSNA:** www.hartlepool.gov.uk/download/downloads/id/9248/oral_health_jsna.pdf
- **Hartlepool JSNA:** www.hartlepool.gov.uk/info/20015/social_care_and_health/908/joint_strategic_needs_assessment
- **Stockton:** moderngov.stockton.gov.uk/documents/s3273/Presentation.pdf
- **Stockton JSNA:** www.teesjsna.org.uk/stockton-oral-health/
- **North Tyneside JSNA:** my.northtyneside.gov.uk/sites/default/files/web-page-related-files/Oral%20health%20JSNA%20Topic%20-%20final%20draft%20%28edit%29.pdf
- **Gateshead JSNA:** www.gatesheadjsna.org.uk/
- **Newcastle:** new.newcastle.gov.uk/joint-strategic-needs-assessment-jsna
- **Cumberland JSNA:** www.cumberland.gov.uk/health-and-social-care/public-health/cumberland-joint-local-health-and-wellbeing-strategy-2023-2028
- **Westmorland and Furness:** westmorlandandfurness.moderngov.co.uk/documents/s24621/Summary%20JSNA%20June%2024%20v2.pdf

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**North East and
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Oral Health and Dental Strategy 2025 - 2027

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