

REPORT CLASSIFICATION	$\checkmark$	CATEGORY OF PAPER	$\checkmark$
Official	$\checkmark$	Proposes specific action	$\checkmark$
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Official: Sensitive Personal		For information only	

# BOARD

29 JULY 2025

## **Report Title:**

**Oral Health and Dental Strategy** 

#### **Purpose of report**

The purpose of this report is to present to Board the North East and North Cumbria Oral Health and Dental Strategy.

#### **Key points**

We are aware from complaints received, enquiries from MPs and from Healthwatch that access to dental care is undoubtably one of the most contentious and worrying health related issues at the moment. People in North East and North Cumbria and across England struggle to access NHS dentists, impacting health and wellbeing.

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

System partners across the Integrated Care System have therefore been working together to delve into the challenges facing dentistry and to create innovative and ambitious opportunities to meet and address those challenges. Collaboration is the key to achievement of our ambitious plans and to bring them into fruition so that our population can see a real difference and improvement to dental access and oral health.

The Oral Health and Dental Strategy reflects the work we have already undertaken in the North East and North Cumbria and describes our plans to build on this work, aiming to stabilise and improve access to dental provision over the next two years.

We are very conscious that inequalities are widening across the North East and North Cumbria therefore a key area for improvement is to address oral health inequalities and further develop oral health prevention programmes. The ICB and Public Health leads and are working to enhance the national supervised toothbrushing scheme offer and to develop further plans to address dental health inequalities. An exciting initiative is our work with the North East Combined Authority or local authorities (depending on geography). We recognise that a one size fits all approach to use of this funding will not necessarily best meet the needs of the population, especially one so diverse as that within the North East and North Cumbria geography. As well as considering how the funding can be used to enhance or expand existing schemes, there is exciting opportunity to use the funding to develop innovative schemes which could be as diverse as linking oral health promotion to free school meals, foodbanks, messaging in schools. A key feature of our work will therefore be to firm up proposals and implement them over the next 2 years. This Strategy describes the measures we are putting in place to make our area attractive to the dental workforce, including a range of training and development opportunities as well as recognizing the commitment shown by experienced dental practitioners.

One of our priorities is to stabilise dental provision across the North-East & North Cumbria and minimise the number of NHS contract hand backs. We describe the measures we are putting in place to improve access to routine dental care continuing using commissioning-based initiatives and maximising

flexibilities within the contracting framework to enable this. We are developing a detailed Dental Recovery Programme with actions, tasks and timescales with specific project management input to monitor progress. 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.

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

A key feature of our Oral Health & 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. As shared with the board at its May meeting, plans are underway to roll out of a network of organised and well-structured Urgent Dental Access Centre (UDAC) services which, for patients will make it easier to find and book urgent dental appointments by launching online booking systems for each UDAC. The first 12 UDAC surgeries became operational during May 2025 with another 16-18 expected to open in September 2025.

We are delighted that the innovative work on the true cost of dental dentistry and our work on UDACs is receiving national recognition and our staff who have been instrumental in developing these initiatives have been invited to take part on regional NHSE pod casts and also been invited to national conferences to share the learning.

Crucially, we will also continue to engage and communicate with the public to understand dental provision from their perspective and feed that into our plans which will constantly develop and adapt to meet the needs of our population.

## **Risks and issues**

There are risks involved in delivery of the Strategy and our Plans.

Staffing resource is required to deliver the ICB element of the Strategy. The ICB has approved a number of time limited posts to progress the plans using ringfenced dental funding. However, due to the national requirement that ICBs reduce running costs, a risk has arisen as to whether staff seconded into those posts will remain.

We are also conscious of potential future national developments in relation to urgent care provision to be made available in dental practices. This may conflict with our plans for the further roll-out of UDACs and we await further details.

A risk remains that the dental practitioners and workforce will continue to disengage with NHS dentistry, despite the measures we are putting in place. NHS contract handbacks may continue restricting access to dental provision.

#### Assurances and supporting documentation

A multi-organisation group has been established to develop and provide oversight of the Strategy and will continue to meet to oversee its progress.

We are beginning to see good engagement from the dental profession with our plans and have received very positive feedback about our loyalty scheme and true cost of dentistry audit. We have also received feedback that dental practitioners enjoy the mix of routine and urgent work and this model is attractive to dentists. We hope through continued engagement with dental practices and practitioners, coupled with the initiatives we are rolling out, that contract handbacks will slow down and the NHS dental workforce will be more stable.

In terms of governance of the ICB provided and/or funded projects and initiatives, governance will continue to be provided via the Primary Care Subcommittee and Executive Committee, as appropriate.

### **Recommendation/action required**

The Board is asked to consider and approve the Oral Health and Dental Strategy.

Acronyms and abbreviations explained							
ICB – Integrated Care Board UDAC – Urgent Dental Access Centre NHSE – NHS England							
Sponsor/Approving Executive Director	Dave Gallagher, Chief Contracting and Procurement Officer						
Date approved by Executive Director	03.07.25	03.07.25					
Report author	Anya Paradis, Director of Contracting & Oversight (North)						
Link to ICP strategy prior	r <b>ities</b> (pleas	e tick all tha	at apply)				
Longer and Healthier Lives				✓			
Fairer Outcomes for All				✓			
Better Health and Care Services			✓				
Giving Children and Young	Giving Children and Young People the Best Start in Life				$\checkmark$		
Relevant legal/statutory i	ssues						
Note any relevant Acts, reg		ational guide	elines etc				
Any potential/actual conf interest associated with t paper? (please tick)		Yes		No		N/A	¥
Equality analysis comple	tod						
Equality analysis comple (please tick)		Yes		No		N/A	
If there is an expected im patient outcomes and/or experience, has a quality assessment been underta (please tick)	impact	Yes		Νο		N/A	
Essential considerations							
Financial implications an considerations	d All of the initiatives and projects detailed in the Strategy have been costed to ensure affordability within the ICBs financial envelope of ringfenced funding for dentistry. The finance lead for this work is Hannah Heron.			s financial finance lead for			
Contracting and Procure	ment	Contracting and procurement advice is sought and gained for each individual project and initiative.			d gained for		
Local Delivery Team	Local Delivery teams have input into some of the initiatives which have been presented to the Primary Care Subcommittee for approval.			nmittee for			
Digital implications		There are no digital implications in relation to development of this Strategy.				elopment of this	
Clinical involvement	Considerable clinical involvement has been gained in development of this Strategy and of the various initiatives described in it. This includes members of the ICB dental clinical leads as well as input from clinical leads outside of the ICB.						
Health inequalities		Health inequalities is one of the key components of the Strategy and initiatives to address inequalities are described in the Strategy.					
Patient and public involve	ement	undertaken by Healthwatch as well as direct input into the Strategy. A communication & engagement plan has been developed informed by this feedback.					
Partner and/or other stak engagement	eholder	older Stakeholder engagement has been sought from a range of organisations which have been identified in the Strategy. Two specific events have taken place to gain views and input into the Strategy involving a wide range of key stakeholders. Additionally,					

	the draft Strategy was shared with a wider group of stakeholders			
	to gain written comments prior to the Strategy being finalised.			
Other resources	Input has been gained from all necessary teams within the ICB			
	and from key stakeholders outside of the ICB to ensure that this			
	Strategy has been developed cohesively and collaboratively.			