

Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider [this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Dentistry Provision in Oxfordshire

Lead Cabinet Member(s) or Responsible Person:

1. Hugh Okeefe, Senior Programme Manager – Pharmacy, Optometry and Dental Services, BOB ICB.
2. Daniel Leveson, Place Director Oxfordshire, BOB ICB.
3. Julie Dandridge, Primary Care Lead Oxfordshire, BOB ICB.

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (if different to that recommended) and indicative timescale (unless rejected)
<p>To collaborate with the Place Based Partnership, Public Health, and providers with a view to creating a base line dentistry data set that will mean local improvements to poor dental health of residents can be achieved and clearly communicated.</p>	<p>Accepted</p>	<p>The Oxfordshire Joint Strategic Needs Assessment (2023) contains information about the oral health of 5 year olds in the county. This information is derived from national epidemiological surveys. The ICB will work with Public Health colleagues to review and update this information.</p> <p>The ICB is developing a Primary Care strategy including dental services. This will include a review of current data and the development of datasets to inform future commissioning plans. There is a strong link between socio-economic factors and health. The aim is to develop a strategy outlining how primary care via service delivery and partnership working with other agencies will improve the health of the population with oral health to be a key element of the strategy.</p>
<p>To resolve any remaining uncertainty regarding the local flexibilities available to the ICB, and to consider investment of the underspend in Oxfordshire in targeted action to improve access to health and better serve Oxfordshire's children and residents with the greatest need.</p>	<p>Accepted</p>	<p>The BOB ICB Flexible Commissioning pilot commenced on 1st June 2023. The pilot scheme will run to 31st March 2024 and is designed to support access to NHS dental care for patients who have struggled to access NHS dental care. The scheme supports access for patients who have not attended a local dental practice for 2 years; who have relocated to the area; Looked After Children, families of armed forces personnel, asylum seekers and Refugees. Practices can also see 'other' patients if they believe it to be clinically appropriate. It allows practices to convert up to</p>

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	<p>10% of their contractual capacity from the delivery of activity targets to access sessions, where more time can be set aside for patients likely to have higher treatment needs. 30 practices in BOB are taking part in the scheme (18 from Oxfordshire) with plans to provide nearly 3,000 Flexible Commissioning access sessions in the period July 2023 to March 2024. In the first 4 months about 900 sessions were provided with 3,000 patients attending (3,500 attendances). About 70% of patients attending to date have not attended a dental practice for 2 years; 14% have relocated to the area; 12% 'other' (includes patients who have been unable to access care, urgent patients, maternity, patients with an on-going clinical need that requires dental intervention, vulnerable patients, children's emergency trauma and cancer patients needing dental treatment as part of their care). 4% of attendances have been from Looked After Children, families of armed forces personnel and asylum seekers and refugees.</p> <p>The service is subject to on-going review and development.</p> <p>National guidance in respect of Flexible Commissioning was issued in October 2023.</p> <p>Whilst access to NHS dental services is continuing to improve, some capacity has been lost following decisions by some practices to leave the NHS or reduce their NHS commitment. The ICB is working with local practices on a re-commissioning plan to replace this capacity from 2023-24 onwards.</p>
Additional Points relating to Utilisation of Resources	<p>The ICB is working on plans to maximise the use of dental monies with monies becoming available due to contract handbacks and reductions. Dental practices are being contacted to advise that they can overperform on their contracts by 10% in</p>

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		<p>2023-24, in line with national guidance issued in late 2022. The practices are being asked whether they plan to deliver to additional activity in the period to 31st March 2024. The practices also are also being asked about their interest in delivering more activity on a recurrent basis. This is as part of a 2 phase programme to restore activity that has been lost due to contract handbacks/reductions and to meet need in each local authority as indicated by levels of contract performance in those authorities. There are planned levels of activity to commission in each local authority. Phase 1 will be to contact local practices to take on additional activity. If take-up falls short of planned levels the ICB will then go out to formal procurement to look to bring in new providers.</p> <p>The Flexible Commissioning scheme is designed to re-focus some of the resource on patients with greater need. This will run as a pilot until 31st March 2024, with a review to be carried out prior to that to assess whether to continue with the scheme in 2024-25.</p> <p>It is likely that there will be on-going gaps in provision until both phases of the re-commissioning programme has been completed. The ICB is looking at possible innovative solutions for how this is addressed in the short term. This could relate to how current contracts are managed or different ways to deliver services such as skill mix with greater support from other dental care professionals or mobile provision.</p>
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