

<h1>BRIEFING</h1>	TO:	The Health Select Commission
	DATE:	10 July 2024
	LEAD OFFICER:	Kerry Grinsill-Clinton Governance Advisor
	TITLE:	Oral Health Review Report Supplementary Briefing
1. Background		
1.1	This briefing is presented to the Health Select Commission to provide an update on the current position due to the time elapsed since the completion of the Oral Health Review.	
1.2	The Oral Health Review featured in the Health Select Commission’s work programme for the 2022/23 municipal year. The terms of reference were agreed in November 2022. Thereafter, two workshops, focussing on children’s and adult’s oral health respectively, were held in March 2023.	
1.3	The workshops and the draft report subsequently prepared and circulated for consultation were facilitated by the then lead Governance Advisor to the Health Select Commission, Katherine Harclerode.	
1.4	Katherine left the Council in December 2023, by which time recommendations to include in the review report had been drafted and consulted upon. Senior Governance Advisor, Caroline Webb subsequently supported the finalisation of the Oral Health Review Report in consultation with the then Chair of the Health Select Commission, Councillor Yasseen.	
1.5	The Oral Health Review Report was presented to the 25 July 2024 Health Select Commission meeting, alongside this supplementary briefing outlining the updated position and progress made in the oral health arena, locally, regionally and nationally in the intervening period.	
2. Key Issues		
2.1	Since the terms of reference for the oral health review were agreed, due to unforeseen circumstances and external impacts beyond the Council’s control, some nineteen months have elapsed. Likewise, it has been sixteen months since the oral health review workshops were held. Whilst regrettably unavoidable, such a lengthy delay in delivering the review report and recommendations has impacted upon the relevance of the review’s findings and recommendations, given that work has progressed, locally, regionally and nationally during that time.	
2.2	This report seeks to identify and explain those areas where there has been progress which impact upon the continuing relevance of the recommendations made arising out of the oral health review report. It does not seek to question or undermine their legitimacy or intent at the time that they were agreed, but rather to offer an opportunity for current members of the Health Select Commission to reflect on progress against them to date and consider the most appropriate way forward in light of the progress made.	
2.3	The oral health review report identified seven recommendations, each of which will be taken in turn below. Members should also note that since the terms of reference were	

agreed and the workshops undertaken, The Dental Recovery Plan was launched in February 2024. Whilst there are significant parts of the plan which relate to commissioning, access and activity within dentistry services, it likewise has a broad aim to prevent poor oral health.

2.4

In March 2024, the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (JHOSC) received a presentation from representatives of the South Yorkshire Integrated Care Board (SY ICB) relating to The Dental Recovery Plan and its immediate implications and implementation in the South Yorkshire context. This presentation was delivered by Debbie Stovin, Dental Programme Lead at the SY ICB, and supported by Andrew Fitzgerald, Executive Place Director for Doncaster. Debbie was involved in the oral health workshops undertaken by the Health Select Commission in March 2023.

2.5

During the presentation to JHOSC, Debbie Stovin referred to the South Yorkshire Dental Stakeholder Event which took place in November 2023. That event brought together a wide range of stakeholders from local dental practitioners, Healthwatch, dental public health, oral health leads and local councillors. It facilitated an appreciation of a range of different views, an opportunity to provide and receive feedback on good practice, whilst allowing local challenges and priority focus areas to be identified and highlighted to the SY ICB to inform future planning and commissioning activity. Katherine Harclerode and Councillor Wilson attended the event on behalf of the Health Select Commission.

2.6

Following the conclusion of that event, participants were provided with follow up material which identified the steps that were already being taken or were proposed to address the issues identified in line with place themes. This information was shared with members of the Health Select Commission following receipt. However, the key ongoing workstreams of relevance to the recommendations arising from the oral health review are as follows:

- SY ICB is supporting the production of literature targeted at learning disabilities in Sheffield working with key agencies. This will be tailored to local services in the other 3 Places in South Yorkshire.
- Working with the South Yorkshire & Bassetlaw (SYB) Paediatric Dental Innovator programme with the aim of making access to elective dental care for children easier and quicker as waiting times are reduced.
- Utilising the Oral Health Needs Assessment and Locality and Place profiles with engagement from local stakeholders to shape commissioning intentions based on identified need and evidence base (with a specific view to address the needs of targeted groups e.g., those from socially deprived areas or those in care).

2.7

JHOSC were also advised that The Dental Recovery Plan included three broad aims, the first of which focuses solely on promoting oral health through public health and local authority led initiatives including:

- Promoting prevention initiatives in family hubs to improve the oral health of pregnant mums, and guidance for parents on children's oral health.
- Support for early years settings to incorporate oral hygiene routines.
- Mobile dental teams deployed in schools in under-served areas to provide advice and deliver fluoride varnish.

2.8	It was also highlighted that there was the intention to undertake consultation on the expansion of the water fluoridation scheme to reduce decay and extractions, commencing with the North East. Members, Officers and members of the public were encouraged to engage with this exercise to share views and their thoughts on the extension of fluoridation in the South Yorkshire area.
2.9	The remainder of the plan was aimed at improving dentistry access and activity, dealing predominantly with commissioning, payment structures and incentives which impact more at ICB level than at Local Authority level as part of the public health portfolio, alongside capacity building through workforce development.
2.10	It was agreed that JHOSC would receive an update on the impact of the measures the ICB were implementing in accordance with the plan, at a future date to be determined. Health Select Commission Members will be kept apprised through receipt of the minutes and/or an update from the Chair/Vice Chair who represent the Health Select Commission at JHOSC. The minutes of and recommendations from the March 2024 JHOSC meeting, including links to the full agenda pack containing the full detail of the update provided, as summarised above, was shared with Members in the 20 June 2024 Health Select Commission agenda pack.
2.11	The first recommendation arising from the Oral Health Review was, 'Agree the principle that oral health is foundational to overall health and wellbeing, and should be facilitated, mainstreamed, and resourced as such in Public Health Strategies for Rotherham'.
2.12	In respect of recommendation 1, the Council's Health and Wellbeing Strategy 2019-2025 cites 'Ensuring every child gets the best start in life' as strategic priority 1. This includes specific reference to oral health in the supporting narrative, and outlines initiatives and activities that will be undertaken to promote good oral health on page 19. This is a public facing endorsement of the fundamental role of oral health in overall health and wellbeing in the Council's view, and constitutes its recognition as such in Rotherham's public health strategy. This is likewise reflected in the content relating to oral health behaviours on the Rotherham data hub which includes data updated as recently as April 2024. The Rotherham 0-19 Health Needs Assessment 2019 reflects oral health as one of eight identified areas of focus, and the narrative within the associated presentation (listed in background papers at 5.3) identifies oral health as an integral part of health and wellbeing, and its impact upon the incidence of associated diseases.
2.13	The second recommendation was, 'Take a proactive prevention-first approach in respect of oral health, given that by the time a child or young adult comes to the dentist for extractions due to tooth decay, this is remedial action that comes far too late'.
2.14	In respect of recommendation 2, the Health and Wellbeing Strategy 2019-2025 provides the specific references that the narrative associated with this recommendation in the oral health review report seeks. There is work ongoing, which is outlined below in connection with recommendations 3-7, which reflect that a proactive prevention-first approach is already in operation and evidenced by ongoing activities and initiatives within the borough. Likewise, as outlined above, there is a clear directive within the Dental Recovery Plan that pro-active prevention first approach initiatives are a key element of the aim to prevent poor oral health, and what which intends Integrated Care Boards (ICBs) to deliver in partnership with Local Authorities, as described in the update provided to JHOSC in March 2024.
2.15	The third recommendation was, 'Develop clearly defined governance arrangements for prevention and oral health improvement programmes for Rotherham Place with a view to sustained improvement of population-wide oral health'.

2.16	<p>In respect of recommendation 3, governance arrangements are in place through the commissioning of 0-19 services and reported on via the service's Key Performance Indicators (KPIs). Those KPIs include:</p> <ul style="list-style-type: none"> • The tooth brushing clubs. • The quantity and assurance for the tooth brushing tool kit. • Teaching sessions for all staff. • The flexible commissioning of dental practices including the oral health champion provisions set up and the number of practices that have been utilised. • The healthy foundation programme – number of areas used so far.
2.17	<p>Likewise, there is an oral health access group chaired by Sue Turner, Public Health Specialist and Oral Health Lead.</p>
2.18	<p>The fourth recommendation was, 'As part of a system-wide approach to promoting oral health awareness among all communities, prioritise oral hygiene guidance and support in delivery of services that make every contact count'.</p>
2.19	<p>In respect of recommendation 4, the suggested activity forms part of the role of Leiann Musgrave, Oral Health Improvement Manager. She is responsible for the 0-19 service, including ensuring that every contact counts through ensuring that there is appropriate training in place to facilitate this. This is also referenced and evidenced in the briefing report prepared by Monica Green, Assistant Director Children's Social Care, RMBC, shared with the Health Select Commission in June 2023 concerning the Oral Health of Looked After Children (LAC).</p>
2.20	<p>The fifth recommendation was, 'Seek collaboratively to expand targeted, evidence-based interventions that develop good oral hygiene habits for school age children, such as tooth brushing clubs'.</p>
2.21	<p>In respect of recommendation 5, these initiatives are already in place and are driven by the 0-19 service led by Leiann Musgrave. There is evidence of ongoing activities and initiatives consistent with this recommendation in the local press and the general promotion of good oral health and the wider health benefits of this via the Rotherham Children's Public Health Nursing Service. The Oral Health Improvement Lead is supporting schools with toothbrushing clubs. This is also referenced and evidenced in the briefing report prepared by Monica Green, Assistant Director Children's Social Care, RMBC, shared with the Health Select Commission in June 2023 concerning the Oral Health of Looked After Children (LAC).</p>
2.22	<p>Recommendation six was, 'Continue to advocate for Rotherham residents in regional conversations around oral health, for example, how reforms to commissioning of dental care may expand access to positive experiences around oral health and hygiene'.</p>
2.23	<p>In respect of recommendation 6, JHOSC have requested that the ICB report back on progress to improve accessibility to dental services and positive experiences in the context of oral health during the March 2024 presentation on The Dental Recovery Plan and initial SY ICB implementation proposals. Through its membership of JHOSC via the Chair/Vice Chair of the Health Select Commission, and through the wider commitments to addressing health inequalities and addressing oral health from birth onwards in the Health & Wellbeing Strategy 2019-2025, the Council's ongoing commitment to advocating for Rotherham residents in regional conversations around oral health is</p>

	publicly stated. It also features, whilst not explicitly referencing oral health, under several elements of the action plan arising from the Rotherham Place Plan 2022-25.
2.24	Likewise, in the feedback material provided following the South Yorkshire Dental Stakeholder event in November 2023, the ICB advised that in order to address needs for targeted groups (e.g., those from socially deprived areas) they were in the process of 'Utilising the Oral Health Needs Assessment and Locality and Place profiles with engagement from local stakeholders to shape commissioning intentions based on identified need and evidence base'.
2.25	Recommendation seven was, 'Develop an offer to support access to bridges and dentures for care-experienced adults and working age adults who have experienced significant tooth loss due to historic poor oral health'.
2.26	In respect of recommendation 7, the potential of a programme to support access to bridges and dentures to care-experienced adults and working age adults does not appear to have been costed, nor has the availability or sufficiency of dentistry services locally to meet the level of need been confirmed. This is particularly relevant given the challenges in accessing dentistry pre, but more significantly post Covid, which The Dental Recovery Plan seeks to address. This may impact upon the extent to which this recommendation would be realistically achievable.
2.27	The recommendation narrative makes reference to treatments being cost prohibitive, however, these services are available free of charge to those who are: <ul style="list-style-type: none"> i. under 18, or under 19 and in full-time education ii. pregnant or have had a baby in the last 12 months iii. receiving low income benefits, or you're under 20 and a dependant of someone receiving low income benefits
2.28	This includes reimbursement of travel costs to access NHS dentistry services.
2.29	For those not entitled to receive free treatment, the provision of bridges and dentures is heavily subsidised, with the national rate for level 3 treatments standing at just under £320, with private treatment typically costing at least double this amount, and up to approximately £2500.

3. Key Actions and Timelines

3.1	July 2022 – Integrated Care Boards (ICBs) legally established, replacing Care Commissioning Groups (CCGs).
3.2	November 2022 – Terms of Reference agreed for the Oral Health Review by the Health Select Commission.
3.3	March 2023 – Oral Health Review workshops took place.
3.4	June 2023 – Oral Health of Looked After Children briefing paper shared with the Health Select Commission.
3.5	November 2023 – South Yorkshire Dental Stakeholder Event held, led by SY ICB.
3.6	February 2024 – The Dental Care Recovery Plan is published.

<p>3.7</p> <p>3.8</p> <p>3.9</p> <p>3.10</p>	<p>March 2024 – JHOSC presented with an update relating to The Dental Recovery Plan and progress against its aims to date for SY ICB.</p> <p>July 2024 – The Oral Health Review Report and recommendations presented to the Health Select Commission for consideration.</p> <p>September 2024 – The Oral Health Review Report and recommendations forwarded to OSMB for consideration (subject to the Health Select Commission’s determination).</p> <p>October 2024 – The Oral Health Review Report and recommendations forwarded to Cabinet for consideration (subject to the Health Select Commission’s determination).</p>
<p>4. Recommendations</p>	
<p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p>	<p>There are a number of options open to the Health Select Commission in terms of the actions that can be taken in respect of the Oral Health Review Report and its recommendations:</p> <p>Option One:</p> <p>Progress the report and all recommendations through the Overview and Scrutiny Management Board (OSMB) and Cabinet in the usual manner.</p> <p>Option Two:</p> <p>Not progress the report and recommendations any further due to the time elapsed and the information and evidence indicating that the recommendations have been superseded by local, regional and national developments and progress in this area.</p> <p>Option Three:</p> <p>Re-scope and refresh the review, with a view to including in the Health Select Commissions work programme to allow the formulation of updated recommendations.</p> <p>The Health Select Commission are requested to consider the options available to them as described above and determine the most appropriate course of action in the circumstances.</p>
<p>5. Background Papers</p>	
<p>5.1</p> <p>5.2</p> <p>5.3</p>	<p>Rotherham Joint Health and Wellbeing Strategy.pdf</p> <p>Rotherham 0-19 Health Needs Assessment Executive Summary</p> <p>Rotherham Data Hub - Health Behaviours - Oral Health</p>