

**Supplement 1** to the agenda**Health, Care and Wellbeing Scrutiny Committee**

Monday 27 January 2025, 2.00 pm

Conference Room 1 - Herefordshire Council, Plough Lane Offices, Hereford, HR4 0LE

**Contents**

<b>Item</b>	<b>Title and purpose</b>	<b>Page(s)</b>
<b>7.</b>	<b>Dental services in Herefordshire</b>  To examine Hereford's oral health outcomes and the work being undertaken to improve the oral health of the local population.	<b>3 - 22</b>



# Title of report: Dental services in Herefordshire

**Meeting: Health, Care and Wellbeing Scrutiny Committee**

**Meeting date: Monday 27 January 2025**

**Report by: Statutory Scrutiny Officer**

## **Classification**

Open

## **Decision type**

This is not an executive decision

## **Wards affected**

(All Wards);

## **Purpose**

To provide information to the Health, Care and Wellbeing Scrutiny Committee to enable them to carry out their agreed work to “examine Hereford’s oral health outcomes and the work being undertaken to improve the oral health of the local population.”

## **Recommendation(s)**

That:

- a) Members of the Health, Care and Wellbeing Scrutiny Committee read the attached report and appendices; and
- b) Prepare any questions that they may have for the officers attending the meeting.

## **Alternative options**

1. The committee have requested to scrutinise dental services in Herefordshire at the meeting of the committee and have requested the information contained in this report to enable them to carry out their work. No alternative options are therefore presented.

## **Key considerations**

2. The Health, Care and Wellbeing Scrutiny Committee identified dental services in Herefordshire as a priority for the committee’s work programme. It seeks to:

- a) To identify the responsibilities of the local authority in respect of oral health, and the responsibilities of NHS England, in respect of dentistry.
- b) To examine Hereford's oral health outcomes and the work being undertaken to improve the oral health of the local population.
- c) To investigate the pressures and challenges faced by dental care services and the work being undertaken to improve access to dental care.
- d) To examine the local population's views and experiences of accessing and using NHS dental services
- e) To identify potential recommendations to improve the oral health of Herefordshire's population and access to dental care.

### **Community impact**

- 3. Set out any considerations relating to community impact including contribution made to corporate plan / health and wellbeing strategy or other local or national strategies or policies.

### **Environmental Impact**

- 4. Whilst this is a decision on back-office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's environmental policies.

### **Equality duty**

- 5. Due to the potential impact of this project/decision/activity being low, a full Equality Impact Assessment is not required. However the following equality considerations should be taken into account when making a decision about this activity/project:
  - a. The particular needs of children and young people, as outlined from paragraph 16 of appendix 1 of this report.
  - b. The need for dental services in areas of relative deprivation, detailed from paragraph 20 of appendix 1 of this report.

### **Resource implications**

- 9. As this report is for information only, there are no resource implications in considering its contents. Any recommendations made by the committee, if agreed by the executive, will have resource implications that will need to be considered by the decision-making body.

### **Legal implications**

- 10. The remit of the scrutiny committee is set out in part 3 section 4 of the constitution and the role of the scrutiny committee is set out in part 2 article 6 of the constitution.
- 11. The Local Government Act 2000 requires the council to deliver the scrutiny function.

## Risk management

12. There are no particular risks in considering the contents of this report. There may be a risk to the dental health of people in Hereford if the NHS and Herefordshire Council fails to ensure that there is sufficient dental services capacity, in the right locations, in Herefordshire. Although Health, Care and Wellbeing Scrutiny Committee has no decision-making powers, its work contributes to minimising and mitigating the risk outlined above.

## Consultees

13. No consultation took place in preparing this report.

## Appendices

Appendix 1 - Oral Health in Herefordshire

## Background papers

[Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK](#)

## Report Reviewers Used for appraising this report:

**Please note this section must be completed before the report can be published**

Governance	Click or tap here to enter text.	Date Click or tap to enter a date.
Finance	Click or tap here to enter text.	Date Click or tap to enter a date.
Legal	Click or tap here to enter text.	Date Click or tap to enter a date.
Communications	Click or tap here to enter text.	Date Click or tap to enter a date.
Equality Duty	Click or tap here to enter text.	Date Click or tap to enter a date.
Procurement	Click or tap here to enter text.	Date Click or tap to enter a date.
Risk	Click or tap here to enter text.	Date Click or tap to enter a date.

Approved by	Click or tap here to enter text.	Date Click or tap to enter a date.
-------------	----------------------------------	------------------------------------



# ORAL HEALTH AND ACCESS TO NHS DENTAL SERVICES IN HEREFORDSHIRE

---

## Background

1. The purpose of this report is to provide members of the Health, Care and Wellbeing Scrutiny Committee with
  - an outline of current dental health in Herefordshire and
  - an update on progress to improve access to dental services in Herefordshire.
2. NHS England (NHSE) delegated responsibility for the commissioning of dental services to Integrated Care Boards (ICBs) in April 2023. Access to dental services has been in decline over the last 10 years, and this position has deteriorated further following the Covid-19 pandemic when dentistry was completely suspended for several months in 2020.
3. The challenges associated with access to NHS dentistry is driven predominantly by:

### a) The National Dental Contract

- i) The contract has remained largely unchanged since 2006 and requires practices to achieve a certain number of Units of Dental Activity (UDAs) in exchange for an annual contract value. However, the contract does not recompense for high dental need. For example, a practice would receive the same remuneration for carrying out 1 filling on patient A, or 3 fillings on patient B.
- ii) 28,951 Units of Dental Activity with an average value of circa £912,000 have been voluntarily handed back to the ICB (as commissioner of services) by Herefordshire practices during the period March 2022 and December 2023 as a result of practices choosing to either reduce their NHS commitment or completely ceasing to provide NHS services.
- iii) Due to the challenges around NHS dentistry, some Practices consistently under deliver on their annual contract requirement resulting in financial recovery each year. Prior to 2024, the national regulations did not allow the Commissioner to apply a reduction to the contract value in the following year, therefore preventing this activity from being recommissioned. However, legislative changes were implemented in 2023/24, allowing contracted activity to be reduced by unilateral decision from April 2025 in circumstances where the contract has not achieved 96% for 3 consecutive years. This will enable

commissioners to redistribute activity to those who are able to deliver, and within areas of need.

## **b) Workforce**

- i) Once a dentist has graduated, they are required to carry out Foundation Training for 1 to 2 years. This involves them being placed with an NHS dental practice (also referred to as Foundation Training Practices) in order for them to obtain further clinical supervision and for them to gain an understanding of how NHS dentistry operates. Once dentists have completed this training, many of them tend to opt for private practice over NHS.
- ii) Foundation training practices require a trained educational supervisor to oversee the trainees. This is usually a full-time dentist working in the practice, and involves a significant amount of time commitment, in addition to their own clinical caseload. Due to this additional commitment, and the challenges around the current national dental contract, the number of foundation training practices has reduced over last 5 years resulting in no NHS dental practices in Herefordshire offering any training placements. This impacts on the ability to attract newly qualified dentists to the county.
- iii) The limitations around the contract as described in section 5a and varying pay rates are also resulting in practices not being able to retain dentists within the NHS.

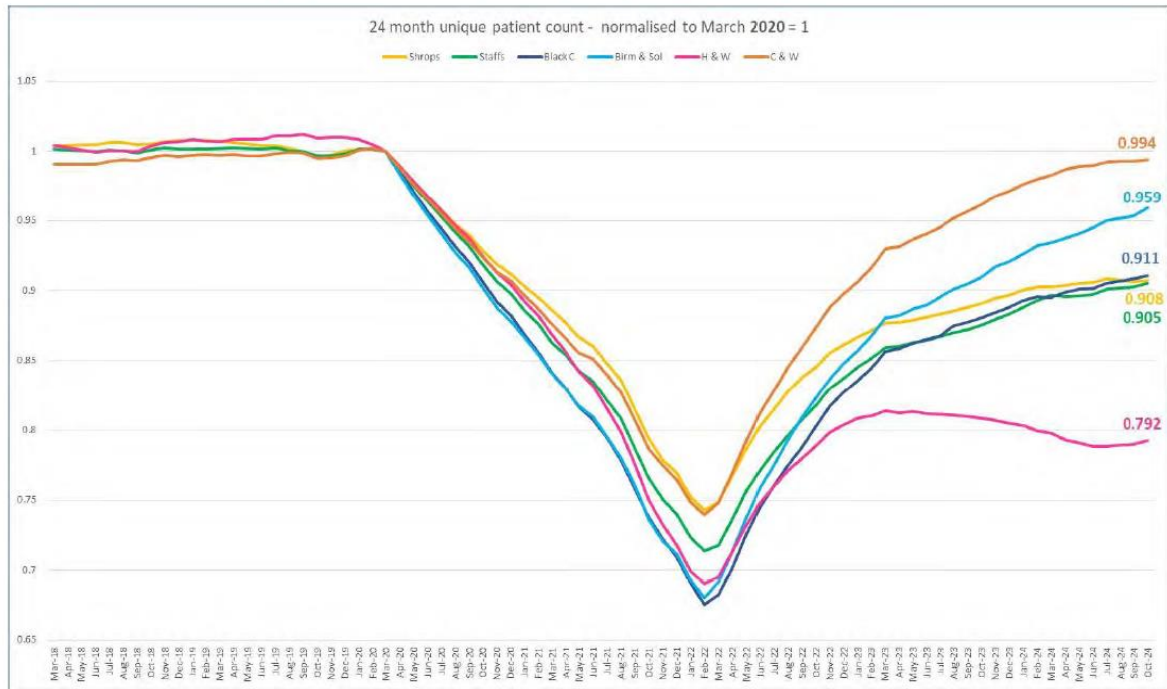
## **Access**

- 4. Access to NHS dentistry for the whole of Herefordshire and Worcestershire is the lowest across the West Midlands. The graph at Figure 1 overleaf shows how the six Integrated Care Boards across the West Midlands are recovering to pre-pandemic levels, with Herefordshire and Worcestershire depicted by the arrow.



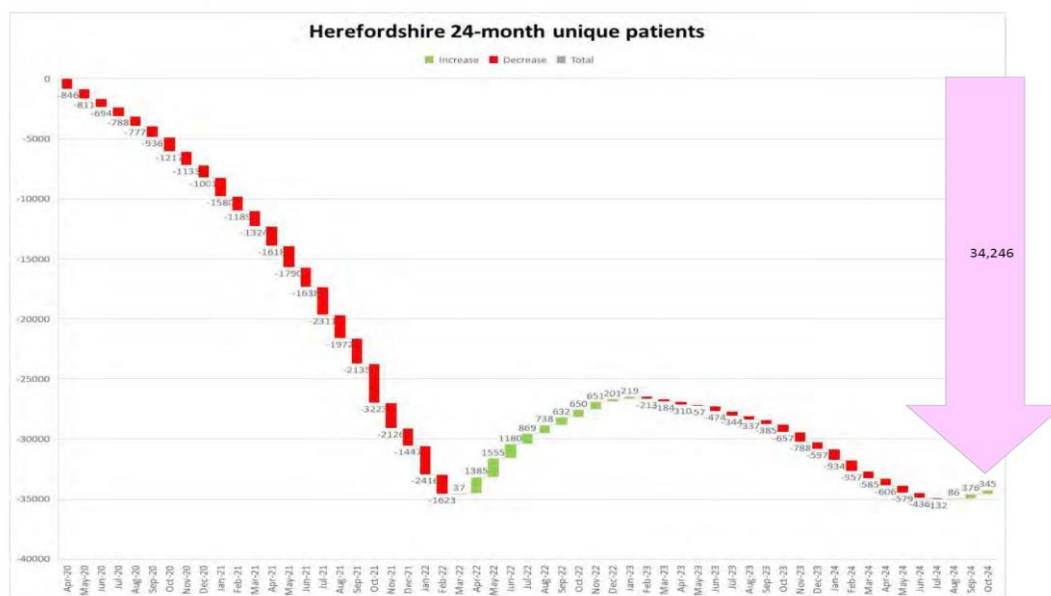
**Figure 1 – NHS Dental access recovery to pre-pandemic levels**

Access – 24-month unique patient counts per ICB (comparing each to pre-Covid)



- The chart at Figure 2 provides a more in-depth summary of how Herefordshire is recovering to pre-pandemic levels. Access fell to its lowest point since the pandemic in February 2022, then began to recover from March 2022 until February 2023, when access then returned to a declining position. The hand back of contracted activity as described in paragraph 11 being the contributing factor to this. August 2024 sees the first month of positive increase in access, however, there are still 34,246 patients needing to be seen to return to pre-pandemic levels.

**Figure 2 – NHS Dental access recovery to pre-pandemic levels**  
Herefordshire only extracted from H & W



## Public Perception of NHS Dental Services

6. In preparation for the delegated responsibilities for dentistry, the West Midlands ICB chief executives commissioned a review of dental services from the Midlands and Lancashire Commissioning Support Units' analytical strategy partners (The Strategy Unit) to develop an overarching dental strategy to support each of the ICBs.
7. As part of this review, an assessment of the patient responses to the 2022 dental questions (which are included in the annual General Practice Patient Survey) was carried out. This concluded that in general, patients across the West Midlands appear to have a better chance of getting an appointment and having a positive experience from this appointment than in other parts of England.
8. Responses to the most recent 2024 dental element of the General Practice Patient Survey 2024 include:
  - Tried to get an NHS dental appointment in last 6 months **34%** (35% nationally)
  - Was successful in getting an NHS dental appointment **73%** (76% nationally)
  - Experience of NHS dental services good **68%** (69% nationally)

## Contract Handbacks

9. The challenges associated with access to NHS dentistry has resulted in a number of practices opting to reduce their NHS commitment or even relinquish their contract completely. The table at Figure 3 shows the number of Units of Dental Activity (UDAs) that were handed back to the ICB from Herefordshire between March 2022 and December 2023.

**Figure 3 – Activity handed back to the ICB between March 22 and December 2023**

<b>Local Authority</b>	<b>Locality</b>	<b>UDAs handed back</b>
Herefordshire	Bromyard	5,638
	Ross-on-Wye	8,800
	Ledbury	4,000
	Hereford	10,513
<b>Total</b>		<b>28,951</b>

10. In the absence of no existing Herefordshire practices wishing to take on this activity, a procurement exercise was carried out during 2023, and this has resulted in two new dental practices being commissioned in Hereford city (refer to paragraph 29), which are located within areas of high need as highlighted in the Dental Services Equity Audit (refer to paragraph 18).

## **Workforce**

11. A key factor affecting access to NHS dentistry is workforce. The shortage of NHS dentists and dental nurses within the region undermines the ability of high street practices and community providers to fulfil their contracts.
12. The reluctance of dentists to work in the area is not necessarily different to the factors affecting other sectors of the health and social care workforce. Herefordshire is viewed as a lifestyle choice by both the medical and dental professions however, due to limited training opportunities, the younger generation often tend to favour larger cities.
13. Further reasons for dentists not working in the area is the low UDA value which has previously been nationally determined. This is becoming an increasing concern across the region with dental practices becoming financially unviable, due to the large increase in running costs, but no proportionate increase in contract value. These factors make it extremely difficult for practices to attract dentists to the area and are also a large contributing factor for dentists opting to practice privately as opposed to continuing with NHS dental contracts.

## **Dental Foundation Training**

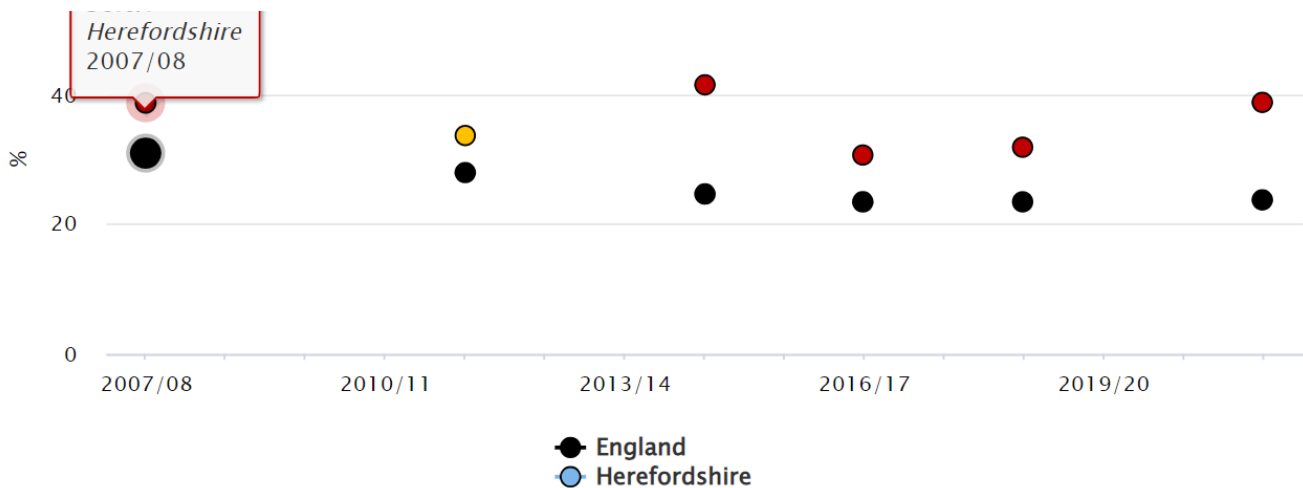
14. Dental Foundation Training (DFT) is the NHS training scheme for graduates in England, Wales and Northern Ireland. Foundation dentists (FDs) spend a year in approved dental practices, working on standard contracts whilst undertaking training. DFT can provide new graduates with a broad overview of career choices and a good understanding of the NHS system. Each foundation training practice has a trainer dentist, officially known as an 'educational supervisor'.
15. The challenges at present are the declining number of educational supervisors due to the constraints of the current contract, meaning that limited time can be made available for training and support for a foundation dentist, thus practices

are choosing to exit the scheme, and no longer be a training practice. This has a knock-on effect for attracting newly qualified dentists into the area.

### Herefordshire children's oral health data

16. Oral health outcomes for children were poor when compared to national figures in 2022. The results from the previous survey of five-year-olds in Herefordshire shows that the % of children with decay experience has risen from 33.6% in 2012 to 38.7% in 2022, and the average number of teeth affected by decay has risen from 1.1 in 2012 to 1.5 in 2022. Trend data is shown in figure 1 below.
17. The data from the 2024 survey of five-year-olds in Herefordshire will be published in the in the coming months. This data will start to reflect some of the early stages of the 'Time to Shine' work.

**Figure 4 Percentage of 5 year olds with experience of visually obvious dental decay in Herefordshire and England from 2007-2022** *Fingertips | Department of Health and Social Care*



**Recent trend:** Could not be calculated

Period	Herefordshire		Neighbors average	England
	Count	Value		
2007/08	-	38.6%	-	30.9%
2011/12	-	33.6%	-	27.9%
2014/15	-	41.3%	-	24.7%
2016/17	-	30.5%	-	23.3%
2018/19	-	31.9%	-	23.4%
2021/22	-	38.7%	-	23.7%

Source: Office for Health Improvement and Disparities, National Dental Epidemiology Programme

## Dental Services Equity Audit

18. To support the ICB in service planning, the NHS England Consultant in Dental Public Health has carried out a Dental Services Equity Audit (DSEA). The purpose of this audit is to examine if resources are distributed fairly, relative to the health needs of different groups. The Dental Services Equity Audit identifies actions to be taken by dental commissioners to improve access to NHS primary care dental services, prioritisation of targeted actions and funding for the most deprived 20% of the population (those living in areas identified as Index of Multiple Deprivation (IMD) 1 to 2. This also aligns to the national Core20PLUS5 national approach to reducing health inequalities.
19. The audit also reflects on data provided by the National Dental Epidemiology Programme; a rolling programme which assesses the prevalence of children with experience of dentinal decay in 5-year-olds, also known as Decayed, Missing and Filled Teeth (DMFT). In the 2021-22 survey, the national prevalence of children with experience of dentinal decay was 23.68%, with the local comparison shown in Figure 4.

**Figure 5 Oral Health of 5-year-olds (2021/2022)**

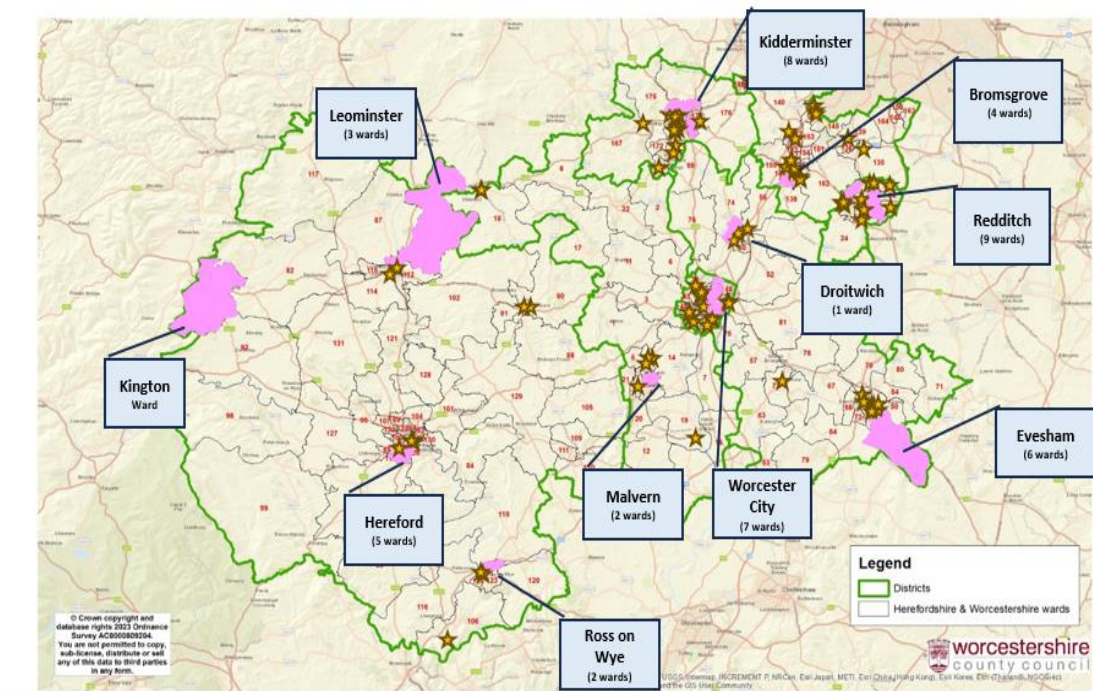
Oral Health Indicator	Herefordshire	Worcestershire	West Midlands	England
<b>% DMFT&gt;0</b>  <i>Proportion of 5-year-old children who have had experience of dental decay (prevalence)</i>	<b>38.72%</b> (33.17-44.59)  <i>Significantly higher than West Midlands and England</i>	<b>17.59%</b> (13.34-22.85)  <i>Significantly lower than West Midlands and England</i>	<b>23.82%</b> (Range 22.85-24.82)	<b>23.68%</b> (Range 23.34-24.01)
<b>Mean DMFT</b>  <i>Average number of teeth affected by decay (severity)</i>	<b>1.51</b> (1.12-1.90)  <i>Significantly higher than West Midlands and England</i>	<b>0.55</b> (0.31-0.78)  <i>Significantly lower than West Midlands and England</i>	<b>0.80</b> (Range 0.75-0.84)	<b>0.84</b> (Range 0.82-0.86)

## Identifying the Dental Need

20. Using the data from the Dental Services Equity Audit, a heat map has been developed to highlight the areas across Herefordshire and Worcestershire that require further analysis (see Figure 5). These locations have been derived using a number of factors:
  - Child access rate

- Adult access rate
- Decayed, missing and filled teeth (DMFT) in 5-year-olds above West Midlands average
- Number of Lower Super Output Areas (LSOA's) with a national Index of Multiple Deprivation (IMD) score of 1 or 2
- Herefordshire and Worcestershire ward local Index of Multiple Deprivation (IMD) score
- Fluoridated areas

**Figure 6 – Heat Map of areas of dental need according to the Dental Services Equity Audit**



21. Out of **176 wards** across Herefordshire and Worcestershire, a **total of 48** (11 for Herefordshire) have been identified as high priority for dental services.
22. A detailed analysis of these wards has been carried out to determine the level of additional dental services that are needed to meet the need. In many wards, there is already sufficient capacity commissioned within dental contracts, however, the inability for Practices to meet their contractual obligations due to workforce challenges has resulted in patients not being able to access appointments in the areas where they should be able to.
23. From 1 April 2025, for the first time since the introduction of the dental contract in 2006, commissioners will have the ability to unilaterally rebase underperforming contracts to allow funding to be released for reinvestment into dental services.



## National Dental Recovery Plan

24. On 7 February 2024, the NHS dental recovery plan was published: *Faster, Simpler and Fairer*. The link to the NHS England website which describes the plan in detail is included at Appendix 1, with a summary included at Figure 6.

**Figure 7 – Summary of the National Dental Recovery Plan**

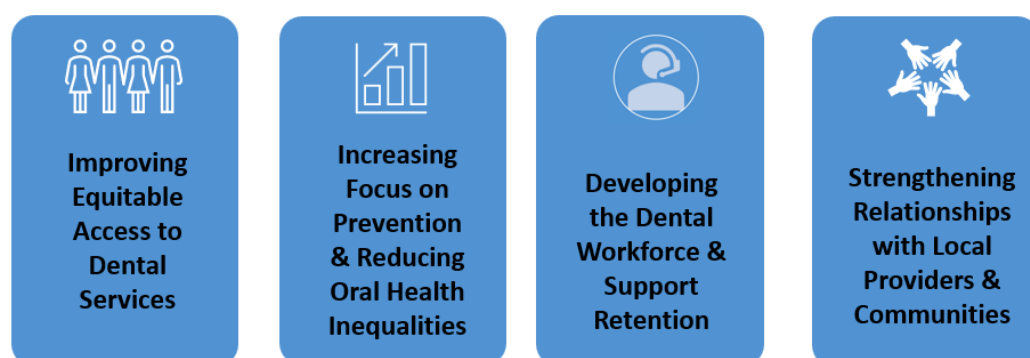
Area	Actions
<b>Smile for Life</b>	A new programme to promote good life long oral health to be delivered through Local Authorities
<b>Faster and Fairer Access for patients</b> – which mainly focusses:	<ul style="list-style-type: none"> <li>✓ on a New Patient Premium (NPP) scheme</li> <li>✓ £28 per Unit of Dental Activity minimum rate for contractors</li> <li>✓ Golden Hellos to incentivise dentist recruitment into challenged areas.</li> </ul>
<b>Persistent contractual underperformance</b>	Planned legislative changes to implement the ability to unilaterally rebase consistently underperforming contracts.
<b>Workforce</b>	references the NHS Long Term Workforce Plan with plans to increase training places for dentists, dental therapists, etc... and to consult on a tie in period to service to the NHS, once trained by the NHS.
<b>Contract Reform</b>	Recognition that there needs to be further reform of the contract.
<b>Ringfencing NHS dental budget for dental care</b>	With NHSE committing to protecting funding for NHS dental services and will ringfence this funding in 2024/25.
<b>Give local commissioners the tools they need</b>	The NHSE new workforce data is planned to be published early in 2024 and there are plans to publish data on Community Dental Services and will explore links to other data sets to help with the joining up of local services.

25. Since the announcement of the National Dental Recovery plan in February 2024, dental practices in Herefordshire have seen a positive impact via:
- All practices are benefitting from the New Patient Premium, which means that they receive enhanced units of dental activity for each new patient that they treat between March 2024 and March 2025
  - 2 Practices, plus the Community Dental Service has secured Golden Hello funding to help them to recruit a new dentist.

## Herefordshire and Worcestershire Local Dental Recovery Plan

26. Since becoming responsible for the commissioning of dental services and identifying the need to further improve access beyond the National Dental Recovery plan offer, the ICB has developed a Local Dental Recovery Plan which is aimed to ensure that the populations across both Herefordshire and Worcestershire have access to sustainable NHS dental prevention, care and treatment. This will be delivered through complementary innovative commissioning approaches, underpinned by population need, strong engagement with the dental profession and service users, and delivery of high-quality patient care and value for money for the NHS.
27. Approved by the ICB Strategic Commissioning Committee on 4 December 2024, the plan focuses on four key priority areas as shown in Figure 7, with a summary of the high-level actions and intended outcomes at Figure 8.

**Fig 8 - Local Dental Recovery Plan Four key priority areas**





**Fig 9 – High Level Actions and intended outcomes**

<b>Improving equitable access to dental services</b>	<b>Increasing focus on prevention and reducing oral health inequalities</b>	<b>Developing the dental workforce/retention</b>	<b>Strengthening relationships with communities</b>
<p><i>Expression of interest for a permanent award of activity to providers in Worcestershire, following a temporary arrangement during the period October 2023 to March 2025</i></p> <p><i>Securing services for around 11,000 Worcestershire residents</i></p>	<p><i>Strategic Service Redesign of the current Community Dental Services and Orthodontic provision, with a focus around Paediatric waiting list initiatives</i></p> <p><i>Reduction in waiting times</i></p>	<p><i>Establishment of a Dental Training Centre for overseas graduates</i></p> <p><i>Up to 12 overseas graduates by October 2026</i></p>	<p><i>Patient engagement programme</i></p> <p><i>Ensuring that our local population have a voice in the shaping of services, and feel assured around the actions being taken by the ICB to improve dental access</i></p>
<p><i>Mobilisation of a new dental practice in Hereford City in June 2024, with the second practice expected to open in March/April 2025</i></p> <p><i>Securing services for an additional 10,000 Herefordshire residents</i></p>	<p><i>Offering Oral Health checks within Special Educational Residential Schools (national programme)</i></p> <p><i>Ensuring that our hard-to-reach populations can access dental services and receive oral health and prevention advice.</i></p>	<p><i>Minimum UDA rate of £33.50 for Foundation Training Practices from Oct 24</i></p> <p><i>3 training practices will benefit from this uplift supporting recruitment and retention of staff</i></p>	
<p><i>Invest in additional activity to support the most top priority areas within the Dental Services Equity Audit, initially around Redditch, Kidderminster and Ross-on-Wye via an inequalities UDA premium</i></p>	<p><i>Refresh of the Oral Health Needs Assessment, led by the Local Authority</i></p> <p><i>This will support the local Dental Services Equity Audit in ensuring that the assessment of the local population's</i></p>	<p><i>Post Foundation Grant to help to retain more graduates in the NHS</i></p> <p><i>This offer will be made available for up to 10 foundation dentists and will retain them in the NHS for 3 years.</i></p>	

<b>Improving equitable access to dental services</b>	<b>Increasing focus on prevention and reducing oral health inequalities</b>	<b>Developing the dental workforce/retention</b>	<b>Strengthening relationships with communities</b>
<i>Securing services for an additional 11,000 Worcestershire residents</i>	<i>oral health needs is up to date to further inform the ICBs commissioning plans</i>		
<i>Work with providers to rebase consistently underperforming contracts. This will enable Commissioners to remove activity from consistently underperforming contracts and redistribute it to areas of high need from April 2025.</i>	<i>Continue to support the work of the ICBs Dental Health Inequalities Ambassador This role enables us as commissioners to have a voice across the wider Integrated Care System with regards to dental health inequalities</i>	<i>Wellbeing offers to Practices This will be scoped in conjunction with Practices and could include wellbeing apps such as Shiny Mind</i>	
<i>Offer contractors the flexibility to deliver up to 110% with remuneration for 2024/25 This scheme will enable Practices to offer more appointments for the remainder of 2024/25 and could increase access for a further 10,000 patients across the two counties.</i>		<i>Dental undergraduate outreach placements with Community Providers  This is a national scheme, that places final year dental students in community dental services locations. So far, places have not been offered in H and W due to the rurality. This will support the planned increase in dental training places.</i>	
<i>Uplift the minimum UDA rate from</i>		<i>Explore opportunities for local dental training</i>	

Improving equitable access to dental services	Increasing focus on prevention and reducing oral health inequalities	Developing the dental workforce/retention	Strengthening relationships with communities
<p>£28 to £31 from April 2025</p> <p>31 Worcestershire dental contracts will positively benefit from this scheme supporting recruitment and retention of staff</p>		<p>programmes with University of Worcester</p> <p>This will help to retain workforce by offering much needed local training options, to avoid dental staff needing to travel out of county to assess classroom-based training.</p>	
<p>Development of weekend urgent care dental sessions to support winter pressures, in accordance with the national programme</p> <p>Guidance on the national scheme is awaited; however, this is aimed to increase access at the weekend.</p>		<p>Expansion of the national Golden Hello scheme</p> <p>A further 6 places (in addition to the national 4) from 2025/26. This scheme will help to attract dentists to more rural areas via a financial incentive and will also retain them in the area for at least three years.</p>	
<p>Continuation and expansion of the current Community Dental Support practice programme</p> <p>This scheme helps to support our Community Dental Services by providing a signposting service back to general dental practice.</p>		<p>Flu and Covid vaccination offer to all dental workforce</p>	

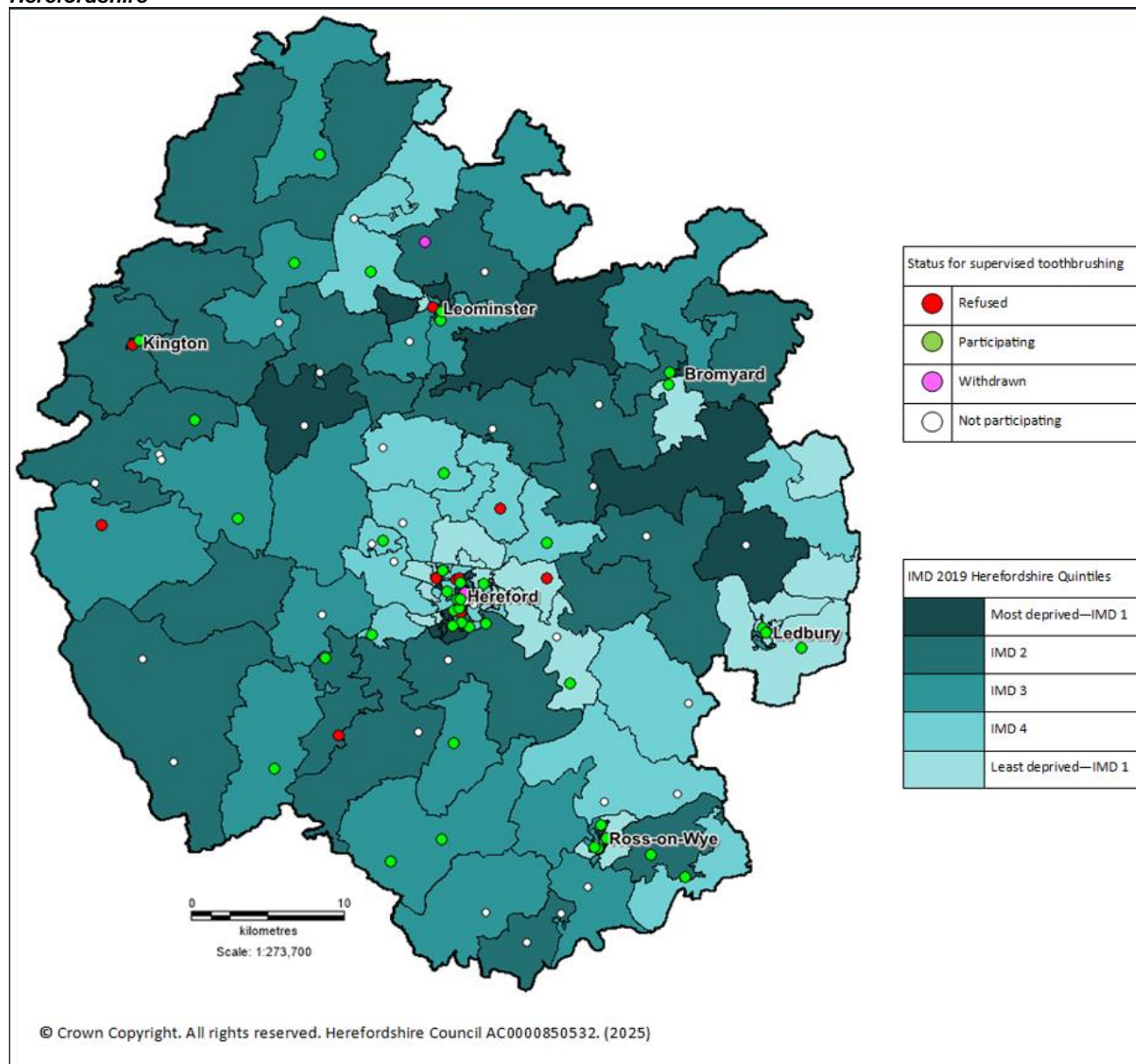
## Investment

28. The dental recovery plan seeks to reinvest **£5m** over the next 2 years. This results in an ongoing annual commitment of **£4.6m**

## Herefordshire “Time to Shine” programme

29. For children and young people, delivery of a comprehensive ‘Time to Shine’ programme to improve children’s oral health continues successfully as below:
- Evidence based supervised tooth brushing programmes for young children are in place and have been enthusiastically taken up by early years settings. Funding has been secured for 48 settings and the first 45 of these are now live, with a focus on settings in areas of higher deprivation. This equates to 1600 children aged 3-5 brushing their teeth every day at nursery. Engagement sessions with parents take place as part of this programme, which evaluates well.
  - Along with NHS England funding of £25,000 to date on supervised tooth brushing, the local authority has provided further funding of £10,300 to date.
  - A ‘Brush, Book, Bed’ pack has been made available via libraries and this initiative aims to give every child aged three a pack including a toothbrush and book. In total 2433 packs have been distributed to date.
  - Free online training for improving the oral health of children has been developed and is available for all to access. So far, this has been completed by over 251 parents and professionals. It has evaluated well, and evaluation of impact on behaviour is to be carried out as a follow-up.
  - A 4-6 month oral health check for all babies, focussing on weaning and oral health, has been incorporated into the service specification for the 0-19s public health nursing contract. This follows the successful piloting of the check which was introduced in 2021.
  - All primary schools in Herefordshire have received dental pack resources and are using them as teaching aids in delivering good oral health messages to children.

**Figure 10 Schools signed up to deliver supervised tooth brushing mapped by deprivation in Herefordshire**



30. From the image above targeting schools to take part in the supervised tooth brushing programme has been based on; deprivation, high obesity data from the National Childhood Measurement Programme (NCMP), linked to Early Help team and known knowledge.
31. However there a number of schools that are currently not taking part in the programme in IMD 1 and 2 areas, a call to action is to work with partners to encourage targeted schools to sign up to the programme.

### **What we have achieved so far**

32. Procurement of two new dental practices in Hereford. The first site in Commercial Street opened in June 2024, and the Practice has already provided

4,300 appointments to 2,200 patients (data as at October 2024). The second site will be located south of the river and is due to become operational in early April 2025.

33. In accordance with the national dental recovery plan, all UDA rates across Herefordshire and Worcestershire are now a minimum of £28, effective from April 2024. This will partly help to support workforce retention and improve delivery; however, this plan proposes taking this a step further, with an additional recurrent uplift to £31 approved locally for 2025/26.
34. The ICB has approved the development of a Dental Training Centre. This scheme will enable up to twelve overseas dentists to come to the UK and be mentored during a two-year period from October 2024, leading to them obtaining their performer number via a much quicker process than the traditional model. These new dentists will also be retained in the area for at least three years. Already, three overseas graduates have joined the scheme since October 2024.

## **Conclusion**

35. NHS Dentistry is in a very challenged position, and this is replicated mostly across the West Midlands and England as a whole. There is a need for further national dental contract reform to maintain and improve the current level of NHS dental provision.
36. In the meantime, there is a need to encourage retention of our existing workforce to by supporting the local dental workforce and by commissioning services around the contract, to financially compensate practices appropriately, to meet population need more closely, with a particular focus on reducing health inequalities and increasing access.
37. Given the financial position of the NHS, these will be challenging times, but as a result of the recent legislative change enabling unilateral contract rebases due to persistent under performance, and the opportunities to work with current providers via the flexible commissioning guidance, this will present an opportunity to address some of the challenges within existing financial resources. However, due the decline in service provision over a number of years, it is inevitable that further funding will be required.
38. Financial flexibilities from dental clawback in future years will enable investment in schemes to support addressing health inequalities, infrastructure investments and other potential future schemes will be explored with the profession as part of the planning process, this will be undertaken in conjunction with our local dental network.

## **Supporting Information**

(Link) - [Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK](#)