

DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Direction: Oral Health		Direction to: NHS Shetland		Overall Budget allocated by IJB for Direction: £3,231,748	
Reference Number: 2.12		Relevant Function(s): Dental, Dental Public Health and Oral Health Improvement, Emergency Dental Care		Review Date: September 2022	
IJB Report(s) Reference Number: CC-07-22-F					
Date Direction issued/authorised by IJB: 9 th March 2022		Date Direction takes effect: 1 st April 2022		This Direction supersedes existing Direction: DIR002.12/16.07.20/CC-15-20/01	
How does the Direction link to:	Strategic Plan Actions and Outcomes: 1,2,3,5	IJB Key Priorities: 1,2,5	National Health and Wellbeing Outcomes: 1,2,3,4,5,6,7,8,9	National Planning and Delivery Principles: 1,2,3,4,5,6,7,8,9,10,11,12	

Purpose of Direction
This direction outlines the core service provision expected from the Dental Service in NHS Shetland in order to contribute to the overall health and well-being of the Shetland population. It outlines the expected operational capability and associated performance monitoring as well as outlining future improvement work.

Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
<p>Provision of a Public Dental Service (PDS)</p> <p>Routine core PDS oral health provision for patients with additional care needs, including special care patients, vulnerable patients and children.</p> <p>Secondary care oral health for the whole population – for orthodontics and oral and maxilla-facial surgery in particular.</p> <p>Develop patient access within the local independent NHS dental sector.</p> <p>Primary Dental Care will be provided predominantly through independent NHS practices. PDS will cover: special needs; remote and rural; public health; oral health promotion; and specialist services.</p>	<p>Performance Indicators:</p> <p>The ratio of the WTE of primary care dentists providing NHS oral health care to the total resident population of Shetland at the end of the year.</p> <p>The percentage of the adult and child populations who are registered with Shetland dentists for NHS dental care.</p> <p>Level of unmet capacity: Numbers of people on waiting lists to register for NHS dentistry.</p> <p>Percentage of Shetland population registered with Independent NHS Practices.</p> <p>Percentage of care homes who have had a dentist visit.</p> <p>Percentage of designated non-Dentist islands having had a dental visit.</p>
<p>Dental Public Health /Oral Health Improvement</p> <p>Promotion of oral health and Prevention of negative oral outcomes for the whole Shetland population through Childsmile, the National Dental Inspection Programme, Oral Health Education and Promotion and Caring for smiles.</p>	<p>Performance Indicators:</p> <p>The percentage of newborn children in Shetland enrolled into the Childsmile Programme.</p> <p>The percentage of P1 children who have consented to participation in the Fluoride Varnish Application programme.</p> <p>The percentage of P1 validated and consented children receiving at least one Fluoride Varnish Application per annum.</p>

	<p>The percentage of schools in Shetland providing access to the National Dental Inspection Programme for P1 and P7 pupils.</p> <p>Percentage of P1 Children in Shetland with no obvious decay.</p> <p>Percentage of P7 Children in Shetland with no obvious decay.</p> <p>Decay experience of children in P1: The mean dmft (decayed, missing or filled teeth per child) of children aged 5-6 years in P1 attending SIC primary schools.</p> <p>Decay experience of children in P7.</p> <p>The mean dmft (decayed, missing or filled teeth per child) of children aged 10-11 years in P7 attending primary school in Shetland.</p> <p>Those children deemed to be at higher risk as assessed by being on the PDS Dental Risk Register are recalled in accordance with current SDCEP Guidance.</p> <p>Percentage of care homes who have at least one individual who has completed foundation training with the Caring for Smiles Team.</p> <p>Percentage of care homes with a Caring for Smiles / Oral Health Champion.</p> <p>Performance Indicators:</p>
<p>Emergency clinical primary dental care for people registered with the PDS</p>	<p>The percentage number of days when out of hours dental cover is not available to the Shetland population.</p> <p>The percentage of emergency patients not dealt with in accordance with SDCEP timeline guidance.</p>

Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number	Budget breakdown – list source and amount of funding / savings	Milestones; deadlines; and/or review dates Update on progress at Jan 22
Improve Access to Oral Health services	Encourage / facilitate at least one other new independent NHS dental practice to open in Shetland.	Will improve dentist: patient ratio.	Links and balances between PDS and GDS provision will facilitate a shift in the balance of care into the independent sector.	Challenges to businesses external to Shetland especially following the Covid Pandemic. Could be mitigated by involvement of Corporate Dental businesses.		Externally fund outside core budget via the Scottish Dental Access Initiative.	Progressing but not completed
Improve participation rates to oral health services	To review access to PDS services including the use of Remote consultations and “care in the Community” for health promotion programmes like Childsmile and targeted	Will improve participation rates	Links with Health Promotion Team for targeted health promotion interventions (eg diabetes). Also better links to services in Aberdeen and mainland Scotland	Management of patient expectation of new ways of working. Mitigated by the increased use of remote access healthcare following Covid-19.		Within core funding	Increased and improved Childsmile Access and National School Inspection Programme has re-started (Jan-March 22)

	patient support programmes.						Further access and improvements by end of Q4
Improve Outcomes for Older Population	To sustain annual training for all care home staff and older persons carers in alignment with the Caring for Smiles Programme (C4S) and to develop Caring for Smiles 'Champions' in the care community.	Improve delivery of the Caring for Smiles programme and oral healthcare in the older population	Links with Social Care to support clients and carers with the provision of oral healthcare. Facilitates the identification of and referral in for dental problems.	Trained staff turnover in care homes. Inability to encourage individuals to undertake higher level C4S training. Mitigated by strong relationships between C4S team and Care Homes and inclusion of C4S team into CH&SC Directorate Team Meetings		Within core funding	Training booked for Jan/Feb. Tis was put back due to Omicron By end of Q4
Good Governance of oral health services	To review and update the Oral Health Strategy and Clinical Governance framework to provide clearer direction of travel for dental services with	Ensure local strategy is linked with national drivers To improve the quality of service provided and to ensure it is fit	Links with national programme of transition and improvement.	Risk of Covid-19 crisis management delaying focus on long term strategy setting both locally and nationally.		Within core funding	By end of Q4

	linkages to the National Oral Health Improvement Plan implementation.	for purpose and safe.					
Improve Access to orthodontic services in order to realise better patient outcomes	To oversee the delivery plan for the long term provision of a sustainable Orthodontic Service for Shetland by the training of a PDS dentist to provide future care.	Improve access to orthodontic service and decrease in length of time in treatment for patients undergoing care.	Links with visiting orthodontic and secondary care partners. Links with Independent dental sector	Orthodontic training pathways delayed due to Covid-19 Inability of secondary care partners to support visiting clinics in Shetland		Within Dental core funding and Directorate training plan budget	Sept 20- Training commences Sept 22- Training completes

Accountability and Governance

The Dental Director is Accountable to the NHS and IJB for the provision of a safe and effective service.

The provision of safe and quality dental services is via:

- The Dental Services Clinical Governance Framework.
- The Dental Senior Management Team
- The Dental Quality Improvement Group
- Engagement with internal governance fora (eg Joint Governance Group)
- Engagement with external agencies (eg Health Improvement Scotland)