

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

ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT2014

Direction: Oral Health	Direction to: NHSS	Overall Budget allocated by IJB for Direction: £3,314,974
Reference Number: 1.12	Relevant Function(s): Dental, Dental Public Health and Oral Health Improvement, Emergency Dental Care	Review Date: March 2024
IJB Report(s) Reference Number: CC-23-23		
Date Direction issued/authorised by IJB: May 2023	Date Direction takes effect: 1 April 2023	Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Supersedes CC-07-22-F
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.		
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 ensured 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)		

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>NOTE: Primary Dental Care will be provided predominantly through independent NHS practices (also described as GDS or General Dental Service). PDS (Public Dental Service) will cover: special needs; remote and rural; public health; oral health promotion; and specialist services.</p>	<p>Performance Indicators:</p> <ul style="list-style-type: none"> • 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. • The percentage of the adult and child populations who are registered with Shetland dentists for NHS dental care. • Level of unmet capacity: Numbers of people on waiting lists to register for NHS dentistry. • Percentage of Shetland population registered with Independent NHS Practices. • Percentage of care homes who have had a dentist visit. • Percentage of designated non-Dentist islands having had a dental visit. <p>RISK – Capacity of GDS in Shetland is inadequate which means PDS is relied upon to provide a significant portion of this work, beyond available resource (funding and workforce capacity), this impacts on provision of routine care for PDS patients.</p> <p>To illustrate, Dentist:Patient –</p> <p>GDS in Shetland 1:2,367</p> <p>PDS in Shetland 1:3,626</p> <p>Shetland Average 1:3,109</p> <p>National Average 1:1,513</p>

Dental Public Health /Oral Health Improvement

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.

Performance Indicators:

- The percentage of newborn children in Shetland enrolled into the Childsmile Programme.
- The percentage of P1 children who have consented to participation in the Fluoride Varnish Application programme.
- The percentage of P1 validated and consented children receiving at least one Fluoride Varnish Application per annum.
- The percentage of schools in Shetland providing access to the National Dental Inspection Programme for P1 and P7 pupils.
- Percentage of P1 Children in Shetland with no obvious decay.
- Percentage of P7 Children in Shetland with no obvious decay.
- 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.
- Decay experience of children in P7.
- The mean dmft (decayed, missing or filled teeth per child) of children aged 10-11 years in P7 attending primary school in Shetland.
- 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.
- Percentage of care homes who have at least one individual who has completed foundation training with the Caring for Smiles Team.

	<ul style="list-style-type: none"> Percentage of care homes with a Caring for Smiles / Oral Health Champion
<p>Emergency clinical primary dental care for people registered with the PDS</p>	<p>Performance indicators:</p> <ul style="list-style-type: none"> The percentage of days when out of hours dental cover is now available to the Shetland population The percentage of emergency patients not dealt with in accordance with SDCEP timeline guidance

Improvement Plan

Strategic Priorities 2022-25, and associated heading used in table:

- To prevent poor health and wellbeing and intervene at an early stage to prevent worsening outcomes (**Prevention/Early Intervention**)
- To prevent and reduce the avoidable and unfair differences in health and wellbeing across social groups and between different population groups (**Tackling Inequalities**)
- To demonstrate best value in the services that we commission and the ways in which we work (**Best Value**)
- To shift the balance of care towards people being supported within and by their communities (**StBoC**)
- To meaningfully involve communities in how we design and develop services and to be accountable to their feedback (**Engagement**)

Expected Outcomes	Key Actions/ Milestones	Target (inc dates)	Risks (detail in risk table below)	Savings/ funding	Ref. and linked priorities
<p>IMMEDIATE</p> <p>Improve Access to Oral Health services</p> <p>Return to pre-COVID levels of PDS provision, away from current situation of on-routine, high priority, emergency only care</p>	<p>Share business plan proposal with Scottish Government to outline:</p> <ul style="list-style-type: none"> • Analysis of current situation • Funding and staffing requirements to return to pre-COVID delivery (3.3 WTE dentists, £306,751 additional budget) <p>Complete EQIA of business proposal and current situation to mitigate impact.</p>	<p>Q4 22/23 (COMPLETE – awaiting feedback and further discussion)</p> <p>Q1 23/24</p>	<p>Finance – Scottish Government do not support proposal (1)</p> <p>Workforce – recruitment and retention (2)</p>	<p>Seeking uplift in budget from Scottish Government via NHSS</p>	<p>OH-2324-1</p> <p>StBoC</p> <p>Prevention/ Early Intervention</p> <p>Best Value</p> <p>Tackling Inequalities</p> <p>Best Value</p>

<p>ONGOING</p> <p>Improve Access to Oral Health services, aiming:</p> <p>To refocus NHS dental provision for Shetland to a comprehensive , self-determined and sustainable Health Board delivered service for the whole community. (1-3+years)</p>	<p>Share business plan proposal with Scottish Government to outline:</p> <ul style="list-style-type: none"> Proposed restructure/refocusing of dental services in Shetland over next 1-3+ years Detailed workforce and finance requirements to achieve objectives Establishment of Shetland dental training model to support sustainability of staffing and service model Links with Whole System Capital Investment Programme for NHS Shetland 	<p>Q4 22/23 (COMPLETE – awaiting feedback and further discussion)</p> <p>Action will be constrained by Scottish Government feedback and buy-in and will be detailed as alteration to Direction thereafter</p>	<p>Finance – Scottish Government do not support proposal (1)</p> <p>Workforce – capacity recruitment and retention (2)</p> <p>Unable to increase GDS provision due to challenges for business, workforce, etc</p>		<p>OH-2324-2</p> <p>StBoC</p> <p>Prevention/ Early Intervention</p> <p>Best Value Tackling Inequalities</p> <p>Engagement Best Value</p>
<p>Improve uptake of oral health services and decrease oral health inequalities</p>	<p>Review Dental Services Patient Management/Triage Options Appraisal with appropriate parties to maximised use of digital/eHealth formats for providing/seeking advice</p>	<p>Will be progressed in line with business proposal if/when resource becomes available</p> <p>23/24</p>	<p>Workforce – capacity for improvement (3)</p> <p>IT adequacy (4)</p> <p>Patient/service user acceptance of change (5)</p>		<p>OH-2324-3</p> <p>Prevention/ Early Intervention</p> <p>Best Value Tackling Inequalities</p> <p>Engagement</p>

	Build relationships with other professionals and services to facilitate access for those who may find it more difficult, and decrease oral health inequalities – current work with Recovery Hub, and Learning Disabilities Nurse	Ongoing	Workforce – capacity for improvement (3)		OH-2324-4 StBoC Tackling Inequalities
	Increase public awareness of oral health provision and advice by appropriate messaging over a number of channels – Shetland wide leaflet drop (Sept 2022), and follow up with easily accessible digital information (link with NHSS website project)	Ongoing (NHSS website under construction/consultation)	Workforce – capacity for improvement (3)		OH-2324-5 StBoC Prevention/ Early Intervention
	Community model for health promotion programmes like Childsmile and targeted patient support programmes – linking with wider Network Enabled Care programme. Develop programme of community outreach, awareness raising and screening (linked with mouth cancers) – explore practicalities of provision further, including ambition for community van.	Ongoing link with Network Enabled Care programme, availability in Phase one locality end 23/24 Programme developed 23/24, implementation will depend on staffing and facilities/assets funding.	Workforce – capacity recruitment and retention (2) IT adequacy (4) Patient/service user acceptance of change (5) Lack of capital resource to support communitisation/ Shifting the Balance of Care (inc purchase of community van)		OH-2324-6 Prevention/ Early Intervention StBoC Tackling Inequalities Engagement

<p>Improve Outcomes for Older Population by Improving delivery of the Caring for Smiles programme and oral healthcare in the older population</p>	<p>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.</p>	<p>Ongoing</p>	<p>Workforce – capacity recruitment and retention (2)</p>		<p>OH-2324-7 StBoC Tackling Inequalities Engagement Best Value</p>
<p>Improve Access to orthodontic services and decrease length of time in treatment for patients, in order to realise better patient outcomes</p>	<p>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.</p>	<p>Foundations for sustainable service built 23/24 (note interdependence with business proposal)</p>	<p>Workforce – capacity recruitment and retention (2) Specialist services/small team fragility (6)</p>		<p>OH-2324-8 Best Value</p>
<p>Good Governance of oral health services - to improve the quality of service provided and to ensure it is fit for purpose and safe.</p>	<p>Share updated Oral Health Strategy and Clinical Governance framework and any related feedback from Scottish Government to provide assurance and allow active management of risks around dental service provision.</p>	<p>23/24 – awaiting Scottish Government feedback</p>	<p>Finance – Scottish Government do not support proposal (1)</p>		<p>OH-2324-9</p>

#	Risk	Consequences	Control Measures
1	Finance: No supplementary funding to achieve adequate staffing, or cover maternity leave, or locum requirements	Unable to provide full service – decreases accessibility to patients, decreases scope of available service (shift to emergency care, away from early identification and prevention, which in turn increases emergency demand). Patients experience poorer outcomes. Reputational risk around availability of services.	Clinical triage to prioritise emergency care and keep patients safe Work on oral health improvement and self-care to support community in absence of full dental service. Work with Scottish Government and NHSS to explore options for alternative service models (as per Business Proposal)
2	Workforce recruitment/retention: national shortage of dental staff, remote/rural challenges to attracting staff	If/when finance becomes available, unable to fill vacancies and service pressures remain. Pressured services make retention of staff more difficult. As (1) re: effect on services.	As 1, and Fed into Integrated Workforce Plan, represented at relevant national for a Longer term planning around ‘Grow Your Own’ training options underway (as per Business Proposal)
3	Workforce – capacity for improvement	Services do not meet patient expectations. Inefficient use of clinical time responding to concerns/ feedback/ need on a case by case basis leading to duplication of effort, rather than improving service as a whole and sharing learning.	Business Proposal includes protected time to support service enhancement, and establishment as training programme site which will support this. Close working with Oral Health Improvement Team to share learning where appropriate Use of existing team meetings as structure to share improvements and build relationships with other services

4	IT adequacy	<p>Services unable to network effectively with each other due to different systems and limitations in sharing – inefficient processes and potential risk to patients due to reliance on manual processes.</p> <p>IT systems and infrastructure do not support digital options for service users, which limits accessibility and increases health inequalities. Cost of IT systems is prohibitive, difficulty quantifying value of this investment vs service provision.</p>	<p>Engage with digital strategy when opportunity arises. Continue to pursue and offer digital options for service users wherever possible.</p> <p>Share learning from positive digital interactions.</p>
5	Patient/service user acceptance of change	<p>Reputational risk due to change in service delivery not meeting patient expectations.</p> <p>Decreased patient engagement leading to poorer outcomes.</p> <p>Decreased community trust in services, leading to poorer oral health outcomes, and increased oral health inequalities.</p>	<p>Continue communication with community around oral health awareness and self management, including use of digital communication pathways</p> <p>Understand community regard for services by collecting qualitative feedback (e.g. via Care Opinion)</p>
6	Specialist services – small service fragility to staff leaving, or dependant on visiting services	<p>Disruption to partner providers (e.g. NHSG) impacts on Shetland patients, with longer waits and potentially poorer outcomes.</p>	<p>Clinical prioritisation to ensure those with most capacity to benefit and highest need are prioritised.</p> <p>Continue to pursue training and local options for service provision to build sustainability.</p>
7	Unable to increase GDS provision due to challenges for business, workforce, etc	<p>Dentist: Patient remains high, lack of access for routine care, poorer health outcomes. PDS unable to focus on those with increased need, oral health inequalities increase.</p>	<p>Business proposal around viable alternatives submitted to Scottish Government.</p> <p>Complete EQIA on current situation and business proposal to understand magnitude of risk and likely impact on Shetland population.</p>

8	Lack of capital resource to support communitisation/ Shifting the Balance of Care (purchase of community van)	<p>Unable to take next steps in making oral healthcare more accessible, and shifting further to early identification, advice and self management</p> <p>No improvement in early identification of mouth cancer, poorer patient outcomes</p>	<p>Application to SG for supplementary funding</p> <p>Public awareness raising and oral health improvement work</p> <p>Participation in NHSS Capital Investment programme development with whole system approach.</p>
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