

## **ICB Primary Care Commissioning Committee**

Date of meeting	14 <sup>th</sup> March 2024
Title of paper	Dental Commissioning Plan
Presented by	Peter Tinson, Director of Primary Care
	David Armstrong, Senior Delivery Assurance Manager
Author	David Armstrong, Senior Delivery Assurance Manager
Agenda item	6b
Confidential	No

## **Executive summary**

The purpose of this report is to seek approval for the implementation of the dental commissioning plan for 2024/25 which aims to improve dental access and improve oral health for the population of Lancashire and South Cumbria.

The plan is primarily based on the dental access and oral health improvement programme which was previously received and approved by the Committee at its meeting in September 2023 and subsequentially presented to the ICB Board at its meeting in November 2023.

The plan is affordable within the ICB ringfenced dental budget allocations and forms part of the wider ICB commissioning plan and associated intentions. Further the plan also aligns to and incorporates the recently published Dental Recovery and Reform plan.

## Advise. Assure or Alert

## Advise the committee:

Of the dental commissioning plan for 2024-25.

## Assure the committee:

 That the plan is fully funded and affordable within the ringfenced dental budget allocations and forms part of the wider ICB commissioning plan and associated intentions.

## Recommendations

The Committee is asked to agree in principle the dental commissioning plan, pending Board agreement of commissioning intentions on 10 April 2024.

W	nich Strategic Objective/s does the report contribute to	Tick
1	Improve quality, including safety, clinical outcomes, and patient	X
	experience	
2	To equalise opportunities and clinical outcomes across the area	X

and <b>x</b>	
X	
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equested to	
include clarity around the 2024/25	
g process.	

Report authorised by:	Craig Harris, Chief Operating Officer
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# ICB Primary Care Commissioning Committee 14th March 2024

## **Dental Commissioning Plan.**

## 1. Introduction

- 1.1 This paper is to provide detail of and seeks approval from the committee to the following:
  - The dental commissioning plan for 2024/25.

## 2. Background

- 2.1 The section highlights how the majority of dental resources are inherently committed due to the nature of the services and contractual obligations.
- 2.2 When dental services were delegated to the ICB it included all aspects of NHS dental healthcare, including primary care, secondary acute dental care and community and special needs dental care. The financial information section below provides more detail, but a large proportion of the delegated funding is committed to services based on inherited contractual commitments. This is detailed in table below:

Dental Service	Number of Contracts
Primary care dental	202 Dental Practices
Secondary care dental	10 NHS Trusts
Community & special care dental	2 Providers

- 2.3 The primary care dental services are based on contracts held by high street dental providers, in perpetuity, and based upon activity and values arising from the introduction of the general dental services (GDS) contract in 2006. The ICB are therefore contractually bound to these historically based and located contracts.
- 2.4 Opportunities to target investments in specific patient cohorts or geographies arise only when budget surplus' arise for example if the ICB receives additional resources, decide to allocate additional resources to dental services or when dental providers choose to hand back all or a proportion of their contract.

## 3. The Dental Access and Oral Health Improvement Programme

3.1 The Dental Access and Oral Health Improvement Programme (DAOHIP) is a clinically led programme to identify and develop new and innovative programmes and to promote and propose investments to improve two critical aspects of the dental system – access and oral health.

- 3.2 The programme has been approved by this committee and has been presented for noting at the ICB Board.
- 3.3 The main objective of the DAOHIP is to improve access to dental services alongside improving oral health and aims to:
  - Use objective measures to help prioritise which areas of Lancashire and South Cumbria are in most need of improved dental access and oral health.
  - Reduce access and oral health inequalities across the ICB by developing evidence-based care pathways.
- 3.4 The DAOHIP has already identified three areas for immediate investment:
  - Paediatric Services- children's oral health in LSC is very poor, with the prevalence of decay in some areas double that to the England average.
  - Elderly Services- improved services are required to support elderly people in Care Homes
  - Urgent Care- the universal coverage across the ICB delivering access to any
    patient in need of urgent care arising from dental pain or bleeding, or patients
    from a priority group.
- 4. The Joint NHS and Department of Health and Social Case (DHSC) plan to recover and reform NHS dentistry.
- 4.1 On the 7<sup>th</sup> February 2024 NHS England published further reforms to the NHS dental system building upon the initial reforms announced in July 2022. The reforms are designed to support the strategic objective for NHS dentistry of returning services to pre-pandemic levels of activity.
- 4.2 The reform and recovery plans and associated guidance have confirmed that the dental allocations received by ICB's from NHS England will be subjected to a firmer or stricter ringfence, with additional monitoring of expenditure being implemented by NHS England who will require regular monthly reporting of expenditures.
- 4.3 The measures contained in the plan include:
  - NHS dentists to be given a new patient payment of either £15 or £50 depending on the treatment provided to treat new patients who have not received NHS treatment in two years or more. The measure is due to begin in March 2024 and is time limited until the end of the 2024/25 financial year.
  - Targeted funding to encourage dentists to work in areas which historically have been difficult to recruit to, described as a Golden Hello scheme.
  - Increase the minimum indicative Unit of Dental Activity (UDA) value from the £23 value announced in July 2022 to a higher value of £28 with effect from April 2024.
  - Improve access to underserved areas through the use of dental vans.

- 4.4 In addition to these measures the plan announced a range of public health initiatives to improve the oral health of children entitled Smile for Life, with further programmes to reduce bureaucracy and workforce initiatives to increase the dental workforce and training opportunities.
- 4.5 The ICB dental team has already commenced engagement with primary care dental contractors to implement the new patient payments and with those providers impacted by the increased minimum UDA indicative tariff.
- 4.6 The new patient payment is an optional service for dental providers, guidance requires contractors to fulfill a number of terms and conditions, payments will be in the form of a UDA credit, effectively increasing the number of UDAs a new patient will record against the contractors' target.
- 4.7 The minimum UDA tariff of £28 per UDA will be implemented with effect from 1<sup>st</sup> April 2024. Those contractors whose tariffs are below the £28 minimum are currently engaged. The ICB has two options available to process the changes:
  - Option One Reduce the contract targeted UDA and retain the existing contract value
  - Option Two Increase the contract value and retain the existing target UDAs.

Option one is designed to be applied to those contractors who have historically failed to deliver their targeted UDAs, with a reduction not directly impact on access because it has not previously been provided. Option two to be applied to contractors who have historically achieved their targets, where a reduction would directly reduce access for patients. The ICB currently has 26 contractors whose indicative UDA tariff is less than £28. Option one will be recommended to 13 contractors, Option two to 13 contractors, individual contractors have been engaged and the negotiations are ongoing at the time of writing this report.

The full report regarding the implementation of the £28 minimum UDA tariff was presented at the Dental Services Group 22/02/2024 and is available if required. The group approved to recommendations, however the PCCC are required to authorize the ICB Dental team to implement the changes, specifically those that would increase the contract values of contractors.

- 4.8 The financial impact of the minimum UDA tariff will be incorporated recurrently into the primary dental budgets. The maximum financial consequence if the ICB was to apply option two to all contractors would be £150,000, but this expected to be substantially lower at £72,000 for the 13 contractors identified for option two. This will be funded from the inflationary uplift contained in the dental allocation.
- 4.9 The ICB hopes to receive resources to support the implementation of the Golden Hello scheme but await confirmations from NHS England. The programme is one welcomed by the ICB and local implementation would be most beneficial to attract new dentists into primary care.

- 4.10 The ICB has been informed that a small number of ICBs across the country who have been selected to receive resources for the mobile dental vans have been notified and we were not selected. The programme for mobile dental vans is a pilot for the most rural or coastal communities and must be proven to deliver services before being more widely implemented. The ICB will await the evaluation of the initial pilot, and if NHS England was to include the ICB in future programmes, would seek the views from a wider range of stakeholders including the Local Dental Committee and patients before commissioning mobile services for our population.
- 4.11 The recover and reform plan has been supported with a large investment nationally of £200m that will fund both the NHS and Public Health initiatives through local authorities. The ICBs share of the allocations have not yet been notified, but the ICB currently anticipates allocations to support the new patients payments programme and the Golden Hello programme.

## 5. Strategic Context

- 5.1 The Dental Commissioning plan is fully contained and aligned to the ICB Commissioning Plan and Commissioning Intentions for the forth coming year.
- 5.2 Further it has incorporated all aspects of the NHS Dental reform programme and the ICB own Dental Access and Oral Health Improvement Programme.
- 5.3 The proposed plan will fully utilise and implement the Investment Framework approved by the committee in February 2024, to ensure resources are invested in the areas and for the patients with greatest need.

## 6. Dental Commissioning Plan

- 6.1 The proposed dental commissioning plan is a full annual plan for 2024/25 and seeks to invest and utilise in full the ICB Dental allocations. Investments will be made in a non-recurrent manner, to allow for a review of performance and impact to support and develop investments in the future, but also to ensure investments in the future can be adaptive and reactive to the needs of the population.
- 6.2 The first three schemes, identified as the highest priority, are led and developed directly from the DAOHIP. The proposed investment for these three schemes is across a 24-month period to allow time for the schemes to be implemented fully and for services to embed properly in order to assess the programmes performance and benefits to patients. The specific locations where investments will be made will be determined by the investment framework agreed by the Committee in February 2024.

- 6.3 The other proposed schemes have been developed to increase capacity, improve service delivery, enhance the dental system and to fully incorporate the NHS reform programme.
- 6.4 The table below provides a summary of the proposals for 2024/25, the full details are attached in Appendix 1.

		Investment	Investment	
Description	Priority	2024/25	2025/26	Section of Dental
Child Access and Oral Health Improvement	1	£3,928,000	£3,928,000	Primary
Care Homes	2	£912,600	£912,600	Primary
Pathways 1, 2 & 3	3	£1,216,800	£1,216,800	Primary
Managed Clinical Network (Restorative)	4	£31,000	£0	Primary & Secondary
Expansion of Orthodontic Services	5	£1,679,000	£0	Primary & Secondary
Intra Oral Scanners	6	£90,000	£0	Secondary
Surgical Exposure Service for Paediatrics	7	£30,000	£0	Primary & Secondary
Tier 1 services - General Dentist with Special Interests	8	£175,000	£0	Primary
Sedation Services	9	£105,000	£0	Primary
Advice & Guidance	10	£40,000	£0	Primary
Primary Care Performance	11	£1,800,000	£0	Primary
Smile for Life	12	£1,000,000	£0	Primary
Golden Hello	13	£0	£0	Primary
Total		£11,007,400	£6,057,400	

- 6.5 The schemes have been developed and prioritised in conjunction with the local dental network and local dental committee to ensure that they are clinically led, prioritise the most pressing health inequalities and are attractive to the dental profession locally. Additional support has been provided from a wider group of stakeholders including consultants within local provider trusts, the regional consultant in dental public health, the ICB dental clinical fellow and the dental clinical advisor. The scheme will be designed to achieve the highest values for money and the greatest impact for patients.
- 6.6 The programme seeks to invest in a non-recurrent manner into various pilots and projects, to test whether services to patients can be developed and changed to generate improved outcomes.

## 7. Financial Information

- 7.1 The section confirms the current indicative dental allocations and that the proposed investments forming the dental commissioning plan are fully funded and fully contained in the available allocation.
- 7.2 The ICB receive allocations specifically identified for dental services, the allocations cover all aspects of dental services. The allocation is utilised to set the budgets across these three areas based on existing commitments, historic spend and to develop and enhance the services offered to the patients across the ICB.
- 7.3 The table below details the ICB indicative allocations for dental services in 2024/25. From this budget £11m is available for investment in the dental plan.

Dental Budget	2024/25 Budget £'m
Primary Dental	90.71
Community Dental	14.62
Secondary Dental	28
Total Dental Services	133.33

7.4 NHS England has confirmed that in the 2024/25 financial year that it will be imposing a stricter application of the ringfence relating to the dental allocations, NHSE will be monitoring the ICBs expenditure monthly to provide assurance of the expenditure.

#### 6. Mobilisation

6.1 The Clinical risk of delays to the implementation of the proposed schemes would impact directly upon the vulnerable patients the projects are designed to improved services for, worsening the oral health of patients of all ages, and in many cases allowing patients to suffer with dental caries and in some cases in pain and anxiety.

#### 7. Conclusion

- 7.1 The proposed dental commissioning plan is a fully funded and affordable investment proposal.
- 7.2 The investments are all clinical developed and are supported by a wide range of stakeholders.
- 7.3 The impacts for patients is expected to be substantial, the Child Health and Oral Health assessment investment designed to offer up to 10,000 more appointments to children and the Care Homes investment designed to deliver approximately 90 hours of additional activity per week to elderly people in care homes across the ICB.
- 7.4 The dental commissioning plan proposal is included within the ICB Commissioning Plan and associated Commissioning Intentions.

#### 8. Recommendations

- 8.1 The committee is asked to:
  - Agree in principle the dental commissioning plan, pending Board agreement of commissioning intentions on 10 April 2024 and note that the

elements relating to secondary care will be submitted to the ICB Commissioning Resources Group (CRG) for consideration.

## David Armstrong Senior Delivery Assurance Manager

**Appendix 1 – Detailed Dental Commissioning Intentions 2024-25** 



Appendix 1a - Summary of the Benefits & Outcomes



Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Child Access and Oral Health Improvement	Outcomes:  Expectation range between 8,000 - 10,000 patient appointments to treat children in pain.  Behaviour change clinics for 18,000 families, parents or carers of children A reduction in caries in under 5 year olds.  Reduction in family members having to take off work to look after children in pain who can't attend school due to pain from tooth decay.  Transformed primary care workforce with more experience in managing symptomatic children, using enhanced care techniques which will in turn lead to less reliance of secondary care services.  Support the recruitment and retention of dental team, by providing a more diverse job role and portfolio for the whole dental team.  A better understanding of demand, efficacy and cost consequences of the pathway for future 'Flexible Commissioning' opportunities.  Integration of dental team in social care, GP teams and secondary care providers.	£3,928,000	£3,928,000

Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Care Homes	Outcomes  The outcomes of the pilot relate to both service delivery (support for care home teams and clinical support for residents) and a greater understanding of demand from care homes enabling a more permanent solution to be commissioned in the future.  Care Home Support:  • The development a policy on oral health.  • Initial oral health assessments for new residents and their appropriate review.  • The development of mouth care plans for individual patients.  • The development of knowledge and skills for care staff.  Clinical Support for residents:  • The dental practice will provide clinical advice, care and services to residents of their named care homes.  • Support care home staff with advice about individual patient's conditions through telephone, video or in person consultations  • For residents who already have a regular dentist, liaise with the patient's regular dentist and facilitate care.  • For residents who do not have a dentist, and where there is no current domiciliary care provider, the practice may provide appropriate clinical care either at the care home or at the practice as appropriate.  • Undertake an oral health examination in line with NICE recall guidance and Delivering Better Oral Health, either within the care home or the dental practice that is supporting the care home.  Service Demand and Workforce Utilisation  • The level of demand for care from the care homes involved in the pilot (both from supporting care home staff and clinical support for the residents).  • How dental practices will utilise skill mix to deliver the pilot, engaging with the whole dental team as well as clinical dental technicians from outside of the practice.	£912,600	£912,600

Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Pathways 1, 2 & 3	Pathway 1 Approximately 10,000 urgent care appointments for patients in pain.  Pathway 2 Approximately 6,000 follow up appointments for patients requiring treatment having already had an urgent need addressed  Pathway 3 Approximately 3,000 courses of treatment to make patients orally fit.	£1,216,800	£1,216,800
Managed Clinical Network (Restorative)	The funding will secure 3 sessions per month for a Restorative MCN Chair to provide clinical leadership in the transformation of restorative services across the ICB.	£31,000	
Expansion of Orthodontic Services	The job plan for the consultant would be split between Burnley and Blackburn with the consultant providing a full range of secondary care services.  The ICB would be in a much better position to progress with its transformation or secondary care orthodontics into a pan ICS service, reducing patient impact felt by long wait times, contributing to support for other trusts where there are significant challenges with gaps in provision and unwarranted longer patient wait times.	£1,679,000	

Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Intra Oral Scanners	Clinical teams in Trusts will be able to instantly share clinical models of patients mouths to provide rapid decision making between consultants and specialists across Trusts and primary care. It will enable clinicians to work remotely and support orthodontic therapists on sites where there may be gaps in consultant or specialist cover.  Space currently used for the storage of physical models will start to be utilised for patient treatment and consultation.  LSC Orthodontic service will be seen by clinicians considering a position in secondary care and working in LSC, will see the LSC secondary care services and forward facing when it comes to utilising the latest technology.	£90,000	
Surgical Exposure Service for Paediatrics	This pathway would provide care for approximately 80 children per year.  It would reduce the number of children requiring hospital treatment for care, and in turn speed up the orthodontic treatment pathway.  Reduction in risk to patients from root resorption and less damaged to roots for children who are waiting many months for treatment, in certain circumstances.	£30,000	
Expansion of Primary Tier 1 service - General Dentist with Special Interests	Developing a network of GDPs to support secondary care restorative services Enhancing the skills of primary care dental teams Part of the development work will lead to some treatment being delivered in Primary Care Support the recruitment and retention of workforce Better utilisation of skills that exist in Primary Care	£175,000	

Pathway	Benefits and Outcomes	2024-25 Total	2025/26 Total
Sedation Training	Development of the dental team for two dental nurses and one dentist in each practice training for both Inhalation and Intravenous sedation  Benefits Support the elective care recovery, reducing the admissions for sedation Reduction in secondary care admissions for extractions Recruitment and retention of teams by developing the dental workforce. Faster access to care for patients who are in pain but do not meet the P1 or P2 criteria for secondary care.	£105,000	
Advice & Guidance	An outcome of this investment is a foundation that builds on the existing electronic referral platform and will allow:  Shared records between Primary and Secondary Care Joint decision making and treatment planning Clinical opinion and guidance for patients who would have previously been referred into secondary care	£40,000	
Primary Care Performance	Large increase in the numbers of UDA and UOA delivered by GDS/PDS contractors.  The LDC has confirmed they fully support the ICB to negotiate 110% forecast targets with providers.	£1,800,000	
Smile for Life	Targeted prevention to support the Oral Health initiatives with Children across the ICB	£1,000,000	
Golden Hello	The direct benefits arising from being able to focus the incentive within areas of greatest across the ICB in line for the reform programme is the initial advantage.  The secondary advantage may arise if slippage is reported on other priority investment this scheme may be use to provide additional incentives to contractors to progress other priority investments	£0	
		£11,007,400	£6,305,400

DENTAL COMMISSIONING PLAN 2024-25 Pathway	Scheme Details	Comments/Costinas	Benefits and Outcomes	Priority	Area	Qi	Q2	Q3	Q4	2024-25	2025/26	Risks	Mitigations
rathway	Scheme Details  Lancachire and South Cumbria has some of the worse child oral health in England (Pendle and Blackburn with Darwen are ranks 4th and 5th worse in the country.	Child Access is to be targeted within 7 geographical areas and 2 specific towns:-Blackburn, Burnley, Hyndburn, Barrov	0.4	risority	Atta	Apr - Jun 24	Jul - Sep 24	Oct - Dec 24	Jan - Mar 25	Total	Total	risks	mugations
Child Access and Oral Health Improvement	Section care recovery is taking longer for children, including those who require an extraction of teeth in a hospital setting with some watering for treatment to own SIG of their file is pain.  This gathway was the largest primary care deal manner with local authority and population health colleagues in providing an integrated approach to prevention through a more in to behavior children programme white offering closest care for reproportate, Oldern or an inferral force or an integrate cape pathway.  The common will also integrate provides team with operating pushed, certainty in offer or including and tamporting creat habits white children was in pain for extractions (corrections segaring the need for an extraction all together).	Such Laiked, Backgood, Proton, and the town of Federacid and Statientails are the priority area.  Also include enhance or signed to paid of pa	Sehaviour change clinics for 18,000 families, parents or caress of children A reduction in cares in under 5 year citis.	1	Primary Care	£920,000	£920,000	£920,000	£920,000	£3,680,000	£3,680,000	The Expression of Interest exercise concluded in Securities (20) and its 51 and 15 are 1	1) Prouder have already made profile notes about the clames.  20 of 20 dis 20 dishey will be for routine activity while to the solution of the clames.  20 dis 20 dishey will be for routine activity while the behaviour change and enhanced care and provided the clames of the clames progressive will ensure the clames progressive will ensure dishever the clames progressive will ensure a dishever dishever the clames progressive will ensure a dishever dishever and the clames and will be clames
		Expansion of the Call Handling service to accommodate the increased number of calls arising from the implementation				£32,000	£32,000	£32,000	£32,000	£128,000	£128,000	pressures arising on the call handling service due to the high prioirty investment	
		of the Child Access and Oral Health Improvement and the Care Hones investments (Priority 1 and 3)  Funding to support the Dental Access 1 Oral Health Improvement Programme with additional resources for communications and public editions. Communications is identified as a key pillur of the programme as a whole, without providing afficient forests to localise and publish the programmes outcomes, proposals and investments the periodic priorities of localises and publish the programmes outcomes, proposals and investments the periodic priorities of localises and publish the programmes outcomes, proposals and investments the				£60,000	£0	£0 £967,000	£0 £967,000	£60,000	£60,000	in Paediatric Access and Care Homes  1) One of the key work streams in the Dental Access and Oral Health Improvement programme is communications, this is an integral part of this particular programme but the resources are expected to benefit other programmes.	1) The resources will be used to communicate the outcomes and proposals from the DA&CHIP.
	In recent years there has been increasing focus on improving the quality of care for residents in care homes and in ensuring that care homes are supported by appropriate health services. In recognise to national reports from both the CDC and the NHS, the	1 (0(3)	Outcomes The outcomes of the pilot relate to both service delivery (support for care home teams and clinical support for residents) and a greater			£1,027,000	1967,000	1967,000	1367,000	£3,928,000	E5,928,000		
Care Homes	over motion can home a social coid and for IMES ELLS, or even take the paramet to AEE - purified aduled the function on services stated or activately under great and activate purified and activate the parameters. The same gas out inhaltent indicases family the delaying hyperpoling currentoon through being able to east, to be better able to communicate, take medications and a reduction in the exacerbation of registratory lifeses that is linked to poor oral health, such as apparation presumences.	27 providers to work with Las/PCUs to define the pathway 1 assists per week. Make of 6950 per season (procides clinical deliners), however a nursi led training/longagement session with a cure hore data would be (27 x 6560) x (52/4) = 6228.150 per quarter	this activates of the part feels to delicate shares Savery (single from the three Savery Save	2	Primary Care	£228,150	£228,150	£228,150	£228,150	£912,600	£912,600	Quarter 2 delivery will be minimal while the service indicities.  It is service indicities.  Junearity of the demand from care home.	ECI resulted in 37 practices responding
Pathways 1, 2 & 3	Another 12 to Upper Destrict Case The publish provides can be also destroyed to the example destroyed as unable to access their current destrict and the me unique text end within clocked (private, unething, belongs and destroyed the access their current destrict and the me unique text end within clocked (private, unething, belongs and destroyed the access their current and the provides controlled the controlled their controlled	Support for Urgent Care and Follow Up Care (Fathway 1 is offliet, pothways 2/3 offliet and funded)	Approximately 1,0000 organic care appointments for patients in pain.  **Pathway 2** Approximately 6,000 follow up appointments for patients requiring freshment having already had an urgent need addressed  **Pathway 3** Approximately 9,000 courses of treatment to make patients orally fit.	3	Primary Care	£304,200	£304,200	£304,200	£304,200	£1,216,800	£1,216,800	create a major risk to any proposed ongoing commissioning intentions, therefore a 6 month extention is proposed	13 Recorded have already based of settlifed to fully finded the Parlmany J. 28.3 development, clicking the entitlight extract actions of the entiting electrical resources from the contract handbacks.  2) Additional mitigations have been developed to provide recorded to extract the entitlined to provide recorded to the extraction that the entitled provided recorded to extract the entitled to provide recorded entitled to the extraction of the first entitled to the entitled of
Managed Clinical Network (Restorative)	Restorative dental services are recognised as a Tagille service by the KE and at present there is no funded clinical leadership, unlike orthodoratics, Cast Suppres, Special ore and Predestice Dentals, and the Cast Suppress of the Suppress	Creation and support for a Restorative Dentistry managed clinical networks	The funding will secure 3 sections per month for a Restorative MCX Clair to provide cinical leadership in the transformation of restorative services coross the CCS.	4	Primary & Secondary	£7,750	£7,750	£7,750	£7,750	£31,000		The approval to suspend external resources into the UHMB Restorative Svs was that an MCN was formed to develop the service collaboratively across the ICB providers	The MCN can be implemented and developed.     This was a part of the agreement relating to the suspension of referrals to UHMB Restorative.
Expansion of Orthodontic Services	Secondary Care enhanced is a registered as a Tengla service by the VSA. Nationally them is a binding of consultant methodicalists watering lower in secondary care, with in contributes to their Care Care International Care Care Care Care Care Care Care Care	Equation of Chiffodiantic Services in Eleff to support the additional consultants actively.  Acute Orthodiantic Services in Eleff to support the additional consultants actively.  Acute Chiffodiantic Services in Eleff to Services account and India. With the worldforce reconstituted and  eleft account active and active active services active act	The play plan for the consultant would be upth between fluminy and dischlaim with the consultant providing a flat range of accordancy care sortices.  The CE would be in a much better position to progress with its transformation or according care controlled controlled to the play of the controlled controlled controlled to composite the controlled cont	5	Primary & Secondary	£419,750	£419,750	£419,750	£419,750	£1,679,000		The orthondontic service is recognised as being a fragile service, at risk primarily from workforce capacity	Permitting the employment of a further consultant at East Lancashire Hoopitals NHSFT will provide further assurance of the services sustainability and resilience into the future.
Non Recovered Funding for Infrastructure	Outdom/more given the Childrathic care pathways is by to bill storing one childrat device in the bill as well as providing a more indicated revices. Integring or given and reconstruct as event or, allowing compared pathways to the delivered pathway care by a specialist is an important aspect of reducing pressure in excending view. Presently pather models are based variety and or the contracting pressure in excending view. Presently pather models are based variety and or the models are pathways and the results as application of the models, provide outly and combinerance when the regist as more pathways the results are placed as a fear that any state of the models, provide outly and combinerance when the regist and as performed as a fear that the pathways and a performance of the pathways and a personal pathways and a personal pathways and a care to the contraction of the models and a care to the desirable for considerant change (including allows as the contraction for considerant change (including allows as second as a contraction of the considerance of the contraction).	into a oral scanners. One for each troughtal department. Supports the modernization of the orthodoritic pathway.	Obscid trees in Trains with a date to instructive their clinical modes of partners months to provide regal decision making between connuclatura and opposition score. Total scale affective to seek remoted any interport conductor. Thereport no stake where their may be gips in consultant or opeculatio cover, could be additionable or provided to the contract of their contract or opposition contracts and consultant or opeculations. The contract of their contracts of the	6	Secondary	£90,000				£90,000			
Surgical Exposure Service for Paediatrics	Presently the only gotion for children to have cannine segoned point to orthodoric treatment it by undergoing the procedure is secondary care. Leight depth in wait times, mean that children are waiting over 12 months before they can tart their orthodoric treatment glass. By delivering the exposure in Frimary Care, the wait time is greatly reduced and care orthen delivered closer to home.	Creation of a Title 2 Pandistric Service to reduce Acute Admissions.  Values currently estimated - awaiting EUST notification of the numbers of patients, and a cost per review	This pathway would provider care for approximately 80 children per year.  It would ride, the number of hillern required brought treatment for care, and in turn speed up the orthodorist treatment pathway, and accition in in its organises form noot recorption and less damaged to noots for children who are waiting many months for treatment, in ortalin circumstances.	7	Primary & Secondary	£7,500	£7,500	£7,500	£7,500	£30,000		Uncertainty over the net impact on acute activities	Inimplement assuming no net reductions in acute activity, the service being of a higher quality for patients by avoiding hospital attendances where possible
Expansion of Primary Tier 1 service - General Dentist with Special Interests	being fully or partially treated in secondary care under a consultant developed treatment plan.	Expand the numbers of GDP's with Special Interests in Endodontics, Periodontics and Prosthodontics (Quarterly running cost £70%)	Developing a network of GDPs to support secondary care restorative services Enhancing the skills of primary care electal teams Part of the development evolver like also to some treatment being delivered in Primary Care Support the recultiment and reteriors of workforce Better stillations of skills that skill in Primary Care	8	Primary Care	£0	£35,000	£70,000	£70,000	£175,000		Uncertainty of the number of providers     Risk of capacity in PINC to deliver some schemes in a timely manner.	Delivery Assurance will seek expressions of interests from across the ICB primary care providers.     Replicate existing models implemented for similar programmes.
Sedation Training	Assembly here are the provident defining solution in Privacy Care for anxion patient. The Not referred music is executive; and the control user a general solution (see Assembly and the Care for Assembly and Assemb	Annually: 10 practices at £10,500 per practice	Overlayment of the derical teams for no electric funces and one derivation in each practice training for both inhalations and intravenous solution headed?  Support the electric care recovery, reducing the admissions for arisation fluctions in scondarday care admissions for perfect and practice of the electric care in contrading care admissions for perfect admissions for arisations fluctuations and electric care contractions fluctuations and electric or tracers by desirying the detail electric care.  For electric care care care fluctuations of the electric care care care care care care care car	9	Primary Care	£26,250	£26,250	£26,250	£26,250	£105,000			
Non Recurent Infrastructure	As part of the section care recovery program the Managed Clinical Revenots (MICH) for Oral Juryers, Special Care, Pradelines of Orthodoctics have been evolvering) (millions in the robust che mode in professions a particular state of the care for professions and professions are districted in a primary care entity end only free up capacity) in accordany care, thereby reducing the number of professions studies, overall, and particular and exercise of mode for discuss in other professions and exercise studies, and the profession are discussed price of the discussions and particular studies of the professions are discussed and a particular studies of the discussions and particular studies of the professions and exercise of the professions and the professions are discussed and a possion a visual care of mode of the developed between the discussion professions and exercisely care provider which further enhances the public to reduct the energy or discussion of the profession and professions and exercisely care provider which further enhances the public to reduce the need to voids to	Authors and gisterina	An extraor of this investment is a forestiment builds on the existing electronic referred platform and will allow the agent records the interiory and Exponding of the control of the con	10	Primary Care	£10,000	£10,000	£10,000	£10,000	£40,000			
Primary Care Performance	The COVID pandemic had a very high impact across dental arricis and the system has struggled to recover, with many patient presenting with excraved our hashed had more complax teatment need access had been adversally impacted. The COS contract developments on wallers the IT CS in Application prices in the system prices previously to over perform on their negotiatic contract values used on anxietium of 20%. This investment is to support the IS ob both promote those provider capabil or dependenting so 20%, but also be supported anxietium consist level of a Patient anxietium of a contract values of the support of providers patient of provider provider of providers patient of participations and providers of providers to the support of providers patient or patient providers and the providers and providers and the providers and prov	Offer Primary Care Dental Providers the opportunity to provide 110% performance in 2024/25 immediately with confirmations open until 1 or July to given providers time to generate plans.	Large increase in the numbers of UDA and UDA delivered by 605/POS contractors.  The LDC has confirmed they fully support the ICB to regotiate 110% forecast targets with providers.	11	Primary Care	£450,000	£450,000	£450,000	£450,000	£1,800,000		Estimation based on the assessments in 24-15 pressures tab - this has an estimation of EI-4m over -given an earlier notification the system may be able to increase the overperformance, as well as decreasing more the underperformance - purely an estimation and would require capacity movements into NHS from private.	

Smile for Life	The CS wishes to invested additional resources to support a Toothrush and Tooth Paste distribution scheme to enhance and support this focial authority and the programmes and investments specified of them within the fails for tile programme. Here is a contract of the size of the size of the fails for tile programmes, and senders the fails fails and size of the size of the size of the fails of the fail of the size of the siz	Complimentary investment to align the Oral Health objectives of the CRI to the Local Authority public health initiatives and significant the bladet ecovery and reform announcements	Targeted prevention to support the Chall Health initiatives with Children across the ICS	12	Primary Care	£250,000	£250,000	£250,000	£250,000	£1,000,000		£254,000
Golden Hello	Recruitment issues have been reported by many providers and in many areas across the ICB. The plan includes the initions in order to excess the programme of Golden Helbo, can be implemented within the ICB event IT NeS England choose nor to allocate any resources to the ICB.	In line with the Dental Recovery plan - Faster, simpler and fairer: our plan to recover and reform NHS denticity - the initiative to increase the dental workfroce includes an option to offer a Golden Hello of £20k over a 3 year period.	The direct benefits artising from being able to focus the incentive within areas of greatest across the ICE in the for the reform programme is the initial advantage.  The occordiny advantage may arise if stippage is reported on other priority investment this scheme may be use to provide additional incentives to contractors to progress other priority investments.	13	Primary Care	£O	£O	£O	£0	60		This scheme has been included to resume it has an oppose the thefer occuring quite over 10 the national gangaments in the fort conting quite over 10 the national gangaments in directed into other (IBs. We wish to recent the regordership is lower alony sligogage in the above schemes for complement that other numbers of conflictions the first flow about to to complement the other programme which may need adottioned information pages ganners which may need adottioned information pages ganners.
						£2,820,600	£2,705,600	£2,740,600	£2,740,600	£11,007,400	£6,057,400	