

Risk ID	Risk Title	Risk Description	Exec Lead	Controls in place to support risk mitigation	Gaps in Controls	Assurance of Control Measures	Gaps in Assurance	Current Risk Score	Target Risk Score	for Reducing/ Closing the
ICB-038	High levels of Oral Health issues (Dental Caries) and the longer time to recover from COVID means patients are having difficulties in accessing routine dental access or specific services to manage oral health issues.	<p>There is a risk that the prevalence dental caries (tooth decay) will deteriorate, that the underlying level of oral health will deteriorate putting additional pressures on access to routine dental care and other dental services available in primary and secondary care.</p> <p>The level of dental caries within areas of high deprivation across the ICB remains high, effecting a specific cohort of patients whose access to dental services and whose self care dental regime has historically been lower than average. There has also been a shift in the oral health disease burden across the wider patient population largely caused by reduced access to dental services during COVID, that has led to patient requiring far more invasive procedures when accessing dental services.</p> <p>Outcome</p> <p>1.Dental practices have not been able to see and treat the same number of patients as each patient is taking more clinical time and a greater number of appointments to make them orally fit.</p> <p>2.Dental practices are not able to achieve their contracted activity, which leads to punitive contract sanctions and in turn reduces the sustainability of the dental practice, leading to contract 'hand backs'.</p> <p>3.NHS Dental contracts and their limited flexibility for developing services to specifically manage more effectively oral health issues.</p> <p>4.The provision of NHS Dental clinicians providing services under the NHS Dental contracts is reducing due to the increased pressure on the clinical teams</p>	Craig Harris	<ol style="list-style-type: none"> 1. Regular monitoring of the commissioning pathways occurs on a monthly basis. 2. Regular meetings with the Local Dental Network and Local Dental Committee are scheduled. 3. Regular oversight meetings are scheduled for the oral Health & Access Improvement Programme are scheduled to review the progress of the sub groups review the Investment Framework, Pathways, Communications and Contracts. 4. Expressions of Interest have been invited from all dental practices to work with the ICB to develop and implement the pathways in the programme. 5. Current pathway contracts are due to end on the 31.3.2024. On 30.11.23 the Dental Services Group approved a request, in principle subject to PCCC approval, to extend the contracts for a further 6 months to allow for a thorough review of the services and the benefits to patients. This will provide the evidence to support the development of services in the future whilst providing stability for the system, the providers and the patients accessing the services. 6. On 18.1.24 a 6 month extension of existing pathways was approved 	Information is at system level and there is no dedicated BI resource to presently support more detailed analysis.	<ol style="list-style-type: none"> 1.Dental Access and contract performance is routinely reviewed by dental contract manager and reported to the Dental Contacting subgroup 2.Local Dental Network has a system wide overview of service delivery and access 3. Performance Indicators. NHS Planning Objectives 2023/24 – Primary Care 4. Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels. 	Coverage of Pathway 1,2,3 is voluntary and there are some geographies where patients may have to travel further than others to access provision.	16	8	31/03/26