BASCD 2024 Abstract #16

Reducing oral health inequalities for those experiencing homelessness: Humber and North Yorkshire

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Background:

Those experiencing homelessness are impacted by inequalities in oral health, access to dental services and outcomes. The Yorkshire & Humber oral health needs assessment (2022), and successful evaluation of the Leeds pilot (2021-2023), informed commissioning decisions to secure an evidence-based service model in Hull and Grimsby, in 2023-2024.

Objective:

Develop a patient-centred, evidence informed dental care service and oral health promotion (OHP) model to meet population needs.

Methods:

Dental Public Health (DPH) specialist leadership underpinned the development of Partnership Steering Groups which provided strategic oversight in relation to the service model and integrated care pathway. A service specification which included reference to a practice oral health champion (OHC) and a bespoke data collection tool were developed. A locally developed survey ensured views of the homeless community informed service model design. Working in partnership with the Integrated Care Board (ICB), an Expression of Interest framework was agreed to secure primary care providers. Funded dental packs were provided and a health and social care workforce training resource was developed. A briefing paper was presented to the ICB to inform future commissioning decisions.

Results:

A primary care dental provider was selected. The steering groups influenced collaborative development of the integrated prevention orienteered dental pathways and oral health promotion model which included outreach. Partner organisations facilitated escort arrangements and information sharing to optimise patient support. Data for October-December 2023 showed that 30 patients in Hull and 7 in Grimsby accessed the pathways, reflecting mobilisation challenges. Non-attendance rates were high, but stakeholder feedback has been positive. Workforce training was completed and dental packs ordered for distribution.

Conclusion:

DPH leadership steered the development of a nationally recognised, integrated, holistic primary care service model, through effective partnership working. Further plans include exploring strategies to minimise non-attendance, strengthening the role of the OHC, and a service evaluation.

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