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Strategic planning in oral health improvement

This article seeks to raise the profile of oral health within the health and social care system, as an important aspect of general health and wellbeing. Patel and Witton aim to highlight the importance of strategic planning in such times of uncertainty and flux, so that organisations are able to clearly articulate their role, remit and priorities, and how they are best placed to deliver upon these.

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Oral health is an important aspect of general health and wellbeing. Following the abolition of Public Health England (PHE), it is fundamental that oral health improvement remains embedded across the health and social care system. Emerging Integrated Care Systems (ICSs) will also offer opportunities to integrate dental services and oral health promotion activities to support the broader healthcare commissioning agenda. This article highlights tools and processes to support system partners in informing the development of their strategic plans so that they are able to adapt to the changing and increasingly challenging demands of the health and social care sector while maximising opportunities to include oral health in their health improvement strategies.

THE ABOLITION OF PHE AND IMPLICATIONS FOR ORAL HEALTH IMPROVEMENT

In August 2020, the Secretary of State for Health and Social Care announced that PHE was being abolished.¹ The new Office for Health Promotion will now be

leading on national efforts to improve population health, alongside the UK Health Security Agency delivering public health protection functions.² There have been ongoing concerns about how these plans will address health inequalities.^{3,4}

For oral health improvement in particular, PHE is the principal source of dental public health expertise and its abolition could potentially impact system progress in improving population oral health and reducing oral health inequalities.

CURRENT SYSTEM CHALLENGES

Oral health is an important aspect of general health and wellbeing and impacts of oral diseases are multiple, affecting both physical and psychological wellbeing and quality of life.⁵ Alongside general health, the impact of COVID-19 on oral health and oral health inequalities is significant as the steepest inequalities have been exacerbated within more vulnerable, disadvantaged and socially excluded groups, who already bear the greatest burden of oral disease.⁶ This situation is further compounded by limited provision of dental services throughout the pandemic.⁷⁻⁹

To deliver real change, a focus on the wider determinants of health is going to be necessary to achieve sustainable



improvements in oral health.¹⁰ However, this will be challenging in light of the large-scale cuts to local authority public health grants over the years since the

Health and Social Care Act was introduced in 2012.¹¹ As we look to the future, it is fundamental that oral health improvement remains embedded across the health and social care system.

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WHAT IS STRATEGIC PLANNING AND WHY IS IT IMPORTANT?

Strategic planning is the process of developing an organisation's purpose, aim and objectives. It includes the allocation of resources and responsibilities, drawing on robust evidence and setting feasible timescales for achieving goals.¹² This article highlights tools and processes to support system partners in informing the development of their strategic plans so that they are able to adapt to the abolition of PHE and system re-configuration.

Documents such as the PHE Strategy 2020 to 2025¹³ and the Faculty of Public Health 2020–2025¹⁴ clearly set out the role, remit and strategic priorities of each respective organisation. What is required now, as we transition, is a scaled-down tangible process through which any

organisation can work through. Monitor have proposed a seven-stage framework as the basis of developing a strategy for Foundation Trusts and other provider organisations.¹² These stages are also relevant to strategic planning in public health and are described next.

FRAME

This establishes a transparent framework for the development and implementation of the strategy with input from internal and external stakeholders and partners. Strategic planning should be a continual process to deal with changing priorities and uncertainties.¹⁵

DIAGNOSE

This establishes challenges and opportunities in the context of a local health and social care system. It involves an internal assessment of the organisation's current performance, including quality, operational, financial and workforce. Externally, this would involve assessing how well it is responding to the needs, challenges and priorities of the populations and organisations it serves.

FORECAST

This stage involves creating a clear view of the future in which the organisation might operate within. Scenario planning is a highly relevant tool given the level of uncertainty we are currently faced with as it explores more experimental or innovative opportunities.¹⁶

GENERATE OPTIONS

This involves developing, exploring and evaluating strategic ideas and options for change. It might consider alternative strategic priorities to focus upon,

whether a current priority should be de-prioritised or whether to collaborate with other organisations to meet partners' needs better.

PRIORITISE

This involves choosing which strategic initiatives to pursue and building them into a coherent strategy. This requires an understanding of national public health priorities and drivers, the future hosting-organisation's role and remit and balancing this against the needs of the local population. The potential additionality of the organisation will need to be considered, that is, if it is well-placed (i.e. has the resources, capacity and capability) to make a significant contribution.

DELIVER

This involves creating and publicising the implementation plan, and allocating resources to achieve the strategy. This requires setting out the activities, milestones, measurements and key performance indicators and being clear about who will deliver what, by when.

EVOLVE: HOW TO FUTURE-PROOF THE STRATEGY?

This stage is about monitoring the impact of the strategy to ensure it continues to be effective. Substantial changes in the external environment, such as significant restructuring in across the health and social care sector, would trigger an automatic review of part or all of the strategy.

NOW WHAT?

Across business and health sectors, evidence demonstrates how strong strategic planning delivers significant benefits for organisations, their

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partners, their staff and the local populations they serve. This is now particularly important given the ongoing transformation within health and social care. Dealing with uncertainty is core to strategy development and thus a

reconsideration of our strategic approach is perhaps now very timely. For oral health, this might involve facilitating the development of a more integrated approach to primary care dental services and oral health improvement. We will all need to work together to maintain the profile of oral health, ensuring it is entered onto the agenda in these new partnerships and systems.


CONFLICT OF INTEREST

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References

1. Department of Health and Social Care, The Rt Hon Matt Hancock MP. Speech: the future of public health, 2020. Available online at: <https://www.gov.uk/government/speeches/the-future-of-public-health> (last accessed 16 July 2021).
2. Department of Health and Social Care. Press release: new Office for Health Promotion to drive improvement of nation's health, 2021. Available online at: <https://www.gov.uk/government/news/new-office-for-health-promotion-to-drive-improvement-of-nations-health> (last accessed 16 July 2021).
3. Wilkinson E. What the new Health Security Agency means for public health. *BMJ* 2021;**373**:n996.
4. Hopkinson NS, Rae M, Bauld L *et al*. Joint statement to the government on public health reorganisation [electronic response to Scally G, The demise of Public Health England]. *BMJ* 2020;**370**:m3263.
5. World Health Organization. Oral health, general health and quality of life. Available online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2626333/pdf/16211151.pdf> (last accessed 02 November 2021).
6. Watt R, Sheiham A. Inequalities in oral health: a review of the evidence and recommendations for action. *Br Dent J* 1999;**187**(1):6–12.
7. Missed dental appointments top 14 million. *Br Dent J* 2020;**229**(9):574. Available online at:

Strategic planning in oral health improvement

- <https://doi.org/10.1038/s41415-020-2387-8> (last accessed 16 November 2020).
8. Healthwatch. Dentistry during COVID-19 insight briefing, 2021. Available online at: <https://www.healthwatch.co.uk/news/2021-05-24/twin-crisis-access-and-affordability-calls-radical-rethink-nhs-dentistry> (last accessed 15 November 2020).
 9. Public Health England. COVID-19: guidance for supervised toothbrushing programmes in early years and school settings, 2020. Available online at: <https://www.gov.uk/government/publications/covid-19-supervised-toothbrushing-programmes/covid-19-guidance-for-supervised-toothbrushing-programmes-in-early-years-and-school-settings> (last accessed 28 November 2020).
 10. Watt RG, Sheiham A. Integrating the common risk factor approach into a social determinants framework. *Community Dent Oral Epidemiol* 2012;**40**(4):289–96.
 11. Marmot M, Allen J, Boyce T *et al.* *Health equity in England: the Marmot review 10 years on*. London: Institute of Health Equity; 2020. Available online at: <https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on> (last accessed 25 November 2020).
 12. Monitor. Strategy development: a toolkit for NHS providers, 2014. Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/365697/Strategy_development_toolkit_MAIN_22102014.pdf (last accessed 20 November 2020).
 13. Public Health England. PHE strategy 2020 to 2025, 2019. Available online at: <https://www.gov.uk/government/publications/phe-strategy-2020-to-2025>
 14. Faculty of Public Health. UK Faculty of Public Health Strategy 2020–2025, 2019. Available online at: <https://www.fph.org.uk/media/2828/fph-strategy-2020-2025.pdf>
 15. Austin J, Bentkover J, Chait L. Building blocks for strategic planning. In: J Austin, J Bentkover, L Chait (eds) *Leading strategic change in an era of healthcare transformation, management for professionals*. Cham: Springer International Publishing; 2016. pp. 25–46.
 16. Schoemaker PJH. Scenario planning: a tool for strategic thinking. *MIT Sloan Manage Rev* 1995;**36**:25–40.

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