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## **How will the ‘devolution revolution’ affect dentistry?**

***Neil Carmichael explains how the government’s devolution plans to decentralise power will impact the dental profession.***

In December 2024 Angela Rayner, the deputy prime minister announced plans for a ‘devolution revolution’ in England. The premise from the government is to give more control to local areas and decentralise power in order to kick start the economy and drive growth. The aim is to remove bureaucracy and governance from Whitehall and allow local leaders to focus on their knowledge of the area and decide what is best for their communities.

Of course, we have been watching devolution occur over the last few decades, first with the devolution of Scotland, Wales, Northern Ireland and London in the late 1990s. Since then, in other areas of England we have seen mayoral devolution create change relevant to the local area. The thought is that leaders who are part of the communities have more understanding of the problems, and also feel more accountable to the people they serve.

The traditional view of mayors has already begun to change. Elected mayors in large cities have shown the change they are able to action. In order for the wide-scale devolution to occur the government will need to legislate to introduce strategic authorities. These will either be foundation strategic authorities, which will be without a mayor, and mayoral strategic authorities. The Greater London Authority and all current mayoral combined authorities and mayoral combined county authorities will begin as these.

### **What will this mean for dentistry?**

As ever, there is no mention in the white paper directly about dentistry. However, what is clear is that strategic authorities will be expected to be active leaders in health and wellbeing, considering health in all they do. They will be expected to have a focus on the need to improve health, and the need to reduce health inequalities.

In order to make sure there is alignment between strategic authorities and integrated care systems, mayors or a delegate will be expected to be appointed to the position of chair, or co-chair of the integrated care partnership. Integrated care boards will be expected to engage with mayors and make sure that they are involved in their planning and prioritisation for health.

### **‘A small part of a big picture’**

Strategic authorities will also be positioned to drive public service reform and prevention. If the mayor therefore has sight of both commissioning and prevention, is this an opportunity for the profession to engage with mayors to make sure that any approaches are joined up?

We will be a small part of a big picture, and it will be important to make sure mayors, and strategic authorities, understand the different facets of dentistry. The ADG has already begun interaction with ICBs, and as these plans for strategic authorities take form, will make sure we support our members to raise the profile and importance of oral health and dentistry.

We must look at the current areas that are already being governed in this way, taking learnings, both negative and positive, to be able to show new areas what can be done. If funding is joined up, making sure that oral health is championed through all areas, through prevention and access to care, must be kept on the agenda.

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