Somerset County Council
Scrutiny for Polices and Place Committee
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Oral Health Services

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1. Summary

1.1. This paper has two areas of focus, firstly it aims to provide a picture on how SCC are meeting their statutory responsibilities around oral health including the oral health promotion service commissioned by SCC public health .

The second focus is the provision of primary dental care via NHS dentists, commissioned by NHS England. The NHS dental contracts have been extended for a further 2 years (Procurement of future dental services to commence 2021 is underway)

The duty of the local authority, under the Health and Social Care Act (2012), is to provide or make arrangements to secure the provision of an oral health promotion programme and oral health survey.
Further detail;
- oral health surveys to facilitate
i) assessment and monitoring of oral health needs
ii) planning and evaluation of oral health promotion programmes
iii) planning and evaluation of the arrangements for provision of dental services as part of the health service
iv) where there are water fluoridation programmes, the monitoring and reporting of the effect of these programmes

Local Authorities also have the responsibility for delivering the Healthy Child Programme, via the Public Health Nursing service. This includes oral health promotion.

NHSE have responsibility for dental commissioning. This is the commissioning of dentists across Somerset to provide free NHS dental services to the population.

1.2. The oral health promotion strategy and commissioning programme supports the vision in Somerset's County Plan to help people help themselves and target our resources where they are needed most. The oral health strategy and the commissioning of, an all age, oral health promotion service supports the

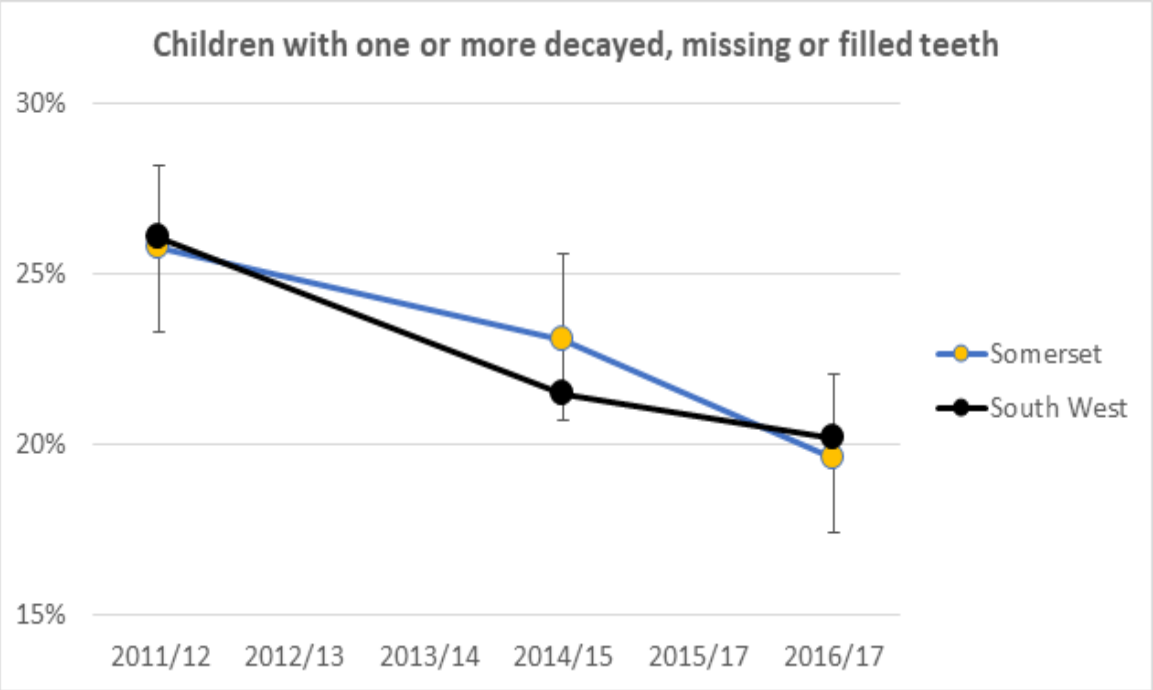
population to develop healthy behaviours and promotes behaviour change to improve the oral health of Somerset's population.

2. Issues for consideration

2.1 Oral health is an important public health issue. The UK has an ageing population, with the largest increase in the 85-years and over age group, which has implications both for personal oral health care and for dental service provision. Oral health of adults has improved over the last 50 years and more are likely to keep some of their teeth throughout their lives. Adults who keep their teeth for life will be more likely to need complex dental care to restore and maintain their teeth.

Oral diseases can cause pain and discomfort, sleepless nights, loss of function and self-esteem. Daily oral hygiene, diet and dental visits are important to maintain our teeth and gums. Poor oral health can be a sign or a symptom of neglect.

The dental epidemiological survey, commissioned by Somerset County Council, but delivered by Public Health England (PHE) manages the participation of schools to support the surveillance of oral health need both locally and nationally. The most recent survey findings show the level of children with decayed, missing, filled (Dmf) teeth in Somerset is declining as the recent trend, from 23% in 2011/12 to 19% in 2016/17. In England the rate has also been reducing but at a slower rate, the England rate is 23% in 2016/17.



Levels of tooth extraction in Somerset show a fairly consistent trend for the period 2012-2016. It is hypothesised that the level of tooth extraction may decrease with the falling levels of Dmft, future data will give a clear picture.

Children Looked After guidance states all children who have been in care for at least 12 months must have seen a dentist in the last year. In our role as corporate parents should ensure this is promoted. The indicator Somerset County Council tend to use is "% of Children Looked After for more than one year OR since 1 April for YTD, that have had their Dental Checks" and the current figure is 71.3% and this is a considerable improvement of the figure we were reporting a couple of months ago when the numbers was around 65%.
It is worth noting that this is not a validated figure, due to a number of issues, the figure reported in LCS [the children social care case management system] is not fully accurate and the validated number once records have been fully checked tends to be around 84%.

New Public Health England and the chief dental officer guidance recommends attendance at a dentist for all children by age 1 year.

Delivering better oral health –Dental practices have a responsibility to take preventative action during routine visits. The evidence for protecting oral health recommends applying fluoride varnish to children at risk of poor oral health in routine check-ups.

Pain and discomfort lead to poorer quality of life. A negative impact on socialising, school and work attendance due to the unmet need of accessing a dentist i.e. universal access to a dentist/visiting 6 monthly of as often as recommended set out in delivering better oral health.

2.2 The demand for services exceeds the available workforce and capacity of practices to take on new patients. NHS places continue to be made available, but there continues to be growing demand which NHS services are not currently able to meet.

Work is underway at a national level to identify solutions to the dental recruitment and retention pressures in NHS dental services, and to understand and address the constraints of the current national NHS dental contract mechanisms.

We recognise the issue with access to an NHS dentist. We are working to support the population of Somerset to access preventive advice and support. For future action, Public Health aim to support NHSE to increase access to supportive oral health promotion and targeted interventions across the county to support the population to achieve and maintain good oral health.

3. Background

3.1. Many chronic non-communicable diseases share a set of common risk conditions and factors. These risk factors include smoking, poor diet, stress, alcohol consumption, poor hygiene and injuries. Using a common risk factor approach to address the underlying determinants of poor oral health will help ensure that services can prevent or improve a wide range of conditions. Interventions with individuals and communities, with a focus on early year's prevention, will help develop good oral health behaviours and reduce inequalities in oral health outcomes throughout the life-course.

Public Health England, Department of Health's evidenced based toolkit for prevention, Delivering Better Oral Health (Updated 2017) aims to ensure that consistent advice is given as part of preventively orientated treatment plans in primary care. The document enables other health and social care partners to access the correct preventive messages to improve coherence between dental teams and other agencies.

NICE [PH55] (updated 2017), there are **recommendations for local authorities** and partners, regarding oral health improvement NICE makes a series of recommendations, some of which are relevant to adult services.

- Recommendation 7 Ensure frontline health and social care staff can give advice on the importance of oral health
- Recommendation 8 Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health PHE (2016)

Public Health England's (PHE) rapid evidence review and return on investment tool (ROI) (2016) allows effectiveness data on oral health interventions to be used to estimate the potential economic benefits from each intervention. The tool uses the best available evidence to estimate the reduction in tooth decay as a result of the intervention, the costs of delivering each of the programmes and the cost savings. Somerset County Council uses the ROI tool to inform their commissioning decisions.

The tool states return on investment in targeted programmes for:

- supervised tooth brushing
- fluoride varnish
- provision of toothbrushes and paste by post health visitors
- water fluoridation

The evidence highlights the importance of increasing access to dental services to address inequalities in oral health by promoting good oral health behaviours and attendance at a dentist throughout the life-course.

Key oral health messages

- Reduce the consumption of foods and drinks that contain sugars
- Increase access to fluoride - Brush teeth twice daily with a fluoride toothpaste
- Take your child to the dentist when the first tooth erupts – and then on a regular basis

Somerset County Council has an oral health improvement strategy, the action plan can be seen in appendix 1.

Somerset County Council commission an all age oral health improvement service. This is a targeted provision, with some universal elements. The service is informed by the PHE ROI tool and Somerset Oral Health Profile. The key performance indicators (KPI's) include supervised tooth brushing, fluoride varnish and face to face training of targeted professionals. The service has a KPI to increase the reach and uptake of the wider workforce training (eLearning).

Somerset County Council provide a free and fully accessible eLearning, hosted on the learning centre. The earning is built on the evidence and key messages in Delivering Better Oral Health. The eLearning includes Somerset specific information.

4. Current Situation

4.1. DENTISTRY

Historically, access to NHS dental services has been difficult both nationally and locally with parts of the South and South West of England having the greatest challenges. Following the organisational changes within the NHS in 2013, the responsibility for the commissioning of NHS dental services transferred from Primary Care Trusts to NHS England.

Since the introduction of the present NHS dental contract in April 2006, there had been a steady rise in the number of patients who have been able to access a NHS dentist.

The tables below show national, regional and local authority comparative data, broken down into child and adult population.

Children – Regional Data

Commissioning Region Name	12-month Child Patient Seen Total[1]			Change from previous quarter	Change from previous year	Patient seen as % of Population
	Jan-18	Oct-18	Jan-19	Oct-18 - Jan-19	Jan-18 - Jan-19	
Bristol, North Somerset, Somerset and South Gloucestershire	**189,617**	**189,534**	**190,107**	**573**	**490**	**62.5%**
Bristol, City of	60,308	60,151	60,488	337	180	64.6%
Mendip	14,642	14,703	14,473	-230	-169	61.9%
North Somerset	28,308	28,404	28,430	26	122	66.0%
Sedgemoor	13,581	13,669	13,668	-1	87	55.4%
South Gloucestershire	32,114	32,660	32,693	33	579	56.6%
South Somerset	20,032	19,805	20,004	199	-28	61.0%
Taunton Deane	15,417	14,604	14,770	166	-647	62.4%
West Somerset	3,000	3,107	3,133	26	133	58.8%

Adults – Regional Data

Commissioning Region Name	24-month Patient Seen Total[1]			Change from previous quarter	Change from previous year	Patient seen as % of Population
	Jan-18	Oct-18	Jan-19	Oct-18 - Jan-19	Jan-18 - Jan-19	
Bristol, North Somerset, Somerset and South Gloucestershire	**659,321**	**657,308**	**656,632**	**-676**	**-2,689**	**55.1%**
Bristol, City of	199,843	199,906	200,093	187	250	55.2%
Mendip	48,555	49,122	48,803	-319	248	54.4%
North Somerset	89,026	88,977	89,125	148	99	52.8%
Sedgemoor	51,090	50,414	49,905	-509	-1,185	51.6%
	,111	116,904	116,863	-41	752	53.4%
	,196	74,217	74,082	-135	-1,114	55.4%
	,004	54,904	54,627	-277	-2,377	59.2%
	,587	20,020	20,215	195	628	69.3%

Significantly lower than national position

Not significantly different to national position

Significantly higher than national position

Improving Access for patients

NHS England is working to achieve improvements in access to dental services by:

- Working with dental providers to ensure existing contracts are delivering to their maximum potential. We review the under and over performance of our dental contracts on a regular basis, and as part of reconciling activity to contract payment, explore with those contractors with the most variance what they are doing to address under performance. We are able to procure new contracts in an area where there is insufficient dental access but need to be able to ensure the workforce can be secured by a new contractor.

- Commissioning additional NHS work from dental practices that have

capacity.

- Practices are working with the Dental Helpline to ensure that as NHS places become available they are made available to those patients who are on the helpline waiting list. The team are able to help individual patients secure the best waiting list for them according to their location and ability to travel, and continuously review where and when places are becoming available and ensure patients are allocated to a practice as quickly as possible when places become available.

- Developing plans to commission dental services to meet those areas of demand within available resources. We have a Local Dental Network and a number of Managed Clinical Networks for dentistry through which we work with dentists, public health and the dental school to develop referral pathways and identify initiatives to increase dental capacity in the community. The limiting factor currently is workforce and we are engaging with the national NHS England dental workforce team to look at more innovative ways to attract dental staff to the area and other parts of our geography where it is hard to recruit. We intend to have some firm plans later in the year.

- Working with practices as part of the dental contract reform programme to test an alternative contract model. We have a small number of practices piloting a new prototype contract model as part of the national work looking at contract reform, as it is considered that the current contract disincentives dentists undertaking NHS dental work. The outcome of this work will feed into a national contract review process.

5. Background papers

5. Public Health England, Department of Health (2017) *Delivering better oral health*, available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf

Public Health England, Local government association (2016) *Tackling poor oral health in children local governments public health role,* available at: https://www.local.gov.uk/tackling-poor-oral-health-children-local-governments-public-health-role

Somerset Oral Health Strategy (2015)

Appendices

1 Oral Health Strategy Action Plan

Improve diet and reduce the consumption of sugary foods, drinks, alcohol and tobacco

- **Healthy food and drink policies in early years, school and workplace settings**
- **'Make Every Contact Count': Consider oral health in all contacts**
- **Signpost those ready to change their behaviours to services that can support them e.g. stop smoking**
- **Raise awareness of the risk factors and early symptoms of oral cancer**

Increase the availability of fluoride

- **Ensure all young children and parents have access to fluoride toothpaste and tooth-brushing information**
- **Provide targeted community-based fluoride varnishing and education programmes**
- **Signpost people to primary dental care for further oral health education and preventive treatments (such as fluoride varnishing and fissure sealants)**

Improving oral hygiene

- **Ensure that the wider professional workforce have access to training and information on oral health**
- **Promote supervised tooth-brushing schemes in early years settings and primary schools**
- **Support supervised tooth-brushing schemes in schools with children at increased risk of poor oral health**
- **Integrate oral health and dental registration into home visits**

and assessments by health & social care workers

Addressing inequalities in oral health

- **Promote good oral health behaviours and attendance at a dentist throughout the life-course (prenatally onwards)**
- **Provide targeted and evidence-based interventions to populations at increased risk of poor oral health (e.g. supervised tooth-brushing schemes and community fluoride varnishing)**
- **Equip the wider health and social care workforce with the knowledge and skills to recognise those at risk of poor oral health and the link with neglect and/or complex social circumstances**
- **Ensure all dental, health and social care staff receive safeguarding children and adult training and are aware of how to refer those raising concern**

Increasing access to dental services

- **All services to seize opportunities to a) signpost parents to primary dental care, and b) to ensure that information is available on how to access dental care, and the associated costs/eligibility for support with healthcare cost.**