

## Oral Hygiene & Dental Access update - Torbay

### Original Overview & Scrutiny Questions – NOV 22

1. To receive an update on the [NHS England and NHS Improvement South West » Dental Reform Strategy](#)
2. To consider if there is sufficient NHS dentist capacity in Torbay and what action is being taken to address long waiting lists to access urgent and non-urgent dentistry, especially for elderly or vulnerable patients –

#### Public Health would also like to add the following:

3. Will NHS England consider using the annual claw-back of unspent Torbay specific UDA funding to design and develop innovative solutions to oral health improvement and access to dental services in Torbay (with Torbay Council and wider partners)? This question also requires:
  - Explanation of how Units of Dental Activity work.
  - Explanation how the clawback is prioritised and spent once back with NHSE.
  - Budget lines for the last five years showing:
    - The amount of money contracted with high street dental practices in Torbay for areas TQ1, 2, 3, 4 and 5 (note % of TQ3, 4 & 5 are in the Devon County Council area. Postcode look-up tool supplied).
    - Total UDA commissioned: number and value.
    - The amount of money unspent (% and amount) and clawed-back into NHSE.
4. Local Authorities have the statutory duty for oral health improvement but not the budget – this remains within NHSE.
  - What is the current NHSE stance on the disaggregation of oral health improvement budgets from NHSE back into local authorities?
  - NHSE and Devon County Council completed this transfer of budget in 2019 – how can NHSE achieve parity for other local authorities such as Torbay, who have not seen oral health improvement budgets disaggregated and returned?
5. NHS England provide a regular update to Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board: improvements in dental access and planned oral health improvement initiatives, including outputs and key performance indicators. Format and timelines to be agreed.

### Torbay update

- As of Sept 23, there were **3,565** Torbay residents on the NHS dental waiting list – **3081 adult and 484 children/young people**. This marks a substantial rise in the five years since February 2018 when they were approximately **1400** on the NHS dental waiting list.
  - **Latest wait times for adults and children? Siobhan Cambridge ICB, emailed 1<sup>st</sup> September.**
- Widespread dissatisfaction with the current NHS Dental Contract – in the SW 98% of practices are not accepting new NHS patients.
- The dental access issue, coupled with poor oral hygiene manifests in higher rates of life course dental caries and extractions under GA in areas of inequality. Those unable to afford private care are always those hit worse – anecdotal reports from teams undertaking home visits in our poorer neighbourhoods (such as District Nurses, Health Visiting Teams and Social Workers) reflect a high number of directly related cases, including children under 5 unable to eat solid foods due to the poor state of their teeth. Local insight also provides evidence of the impact of this lack of access and treatment on the population – having to attend A&E as a last recourse due to severe dental pain is not uncommon.

- **Community Dentistry** provides a specialised dental service for adults and children with complex needs who find it difficult to use general dental services. The increased need for urgent care across the population, alongside reduced capacity and notable difficulty in recruiting has placed extreme pressure on this service – there are currently **130** vulnerable children waiting on the new patient waiting list (i.e not assessed) with the longest wait around **40 weeks** to first assessment. The issue is exacerbated by reduced capacity and recruitment issues (reflected nationally), especially in regard to Specialist Paediatric Dentists.
- Awareness of the critical levels of dental access in Torbay and the associated importance of maintaining good oral hygiene has become paramount across Childrens Services, Public Health and Elected Members within Torbay Council – reflected in reporting/monitoring lines to a Torbay Safeguarding Board, Neglect Panel and Overview and Scrutiny Function.

#### **Current & planned Oral Health Improvement projects – Torbay.**

- First Dental Steps (funded by NHSE, delivered by Health Visitors). Sept 23
- Supervised Toothbrushing Scheme (funded by NHSE, delivered by At Home Dental). Sept 23
- Re-start ad hoc/chaperoned Homelessness Pathway - Leonard Stocks to Community Dentistry CCHC. Treatment and assessment re mouth cancer
- Scoping a fluoride varnish scheme for Torbay
- Update on fluoridation – regional and national
- Incorporate advice on oral hygiene and dental access into Your Health Torbay (Lifestyles offer) for all triage appointments.
- Design a set of advice and guidance for Family Hubs, Early Years, 0-19 and Children’s Social Worker Teams to deliver to families & children/young people regarding oral hygiene, registering for a dentist and what to do if in urgent dental need. To include a staff training plan and accompanying advice re nutrition and hydration.
- Toothbrush and toothpaste packs for Family Hubs and other relevant groups of children/young people such as those looked after by the Local Authority.
- Use of allocated COMF underspend to extend training, toothpaste/brush packs to other priority groups – specifically children in care.
- Review ICB Enhanced Health in Care Homes Oral Health Sub Group Action Plan and next steps EG Implementing NICE Guidance, establishing OH Champions in Care Homes and Domiciliary Care settings. Alignment with the national *Mouth Care Matters* Programme

#### **Joint Devon Local Authority request of ICB as new commissioners of dental access (April 23)**

- Increased access to urgent/emergency care (to address waiting list issues)
- Increased access to dental services for the most vulnerable children and adults
- Provision of specific dental support for those with complex needs
- Expansion of existing oral health improvement initiatives
- Development of new evidence based and innovative oral health improvement initiatives.
- New, innovative models of dental access – building on the work underway in Plymouth.
- UDA underspend is retained and its use prioritised by system leaders in local areas to address the priority issues in those areas (as outlined above).
- A Devon-wide group ICB Oral Health Steering Group is set up as matter of urgency to support local areas in leading this. This group should operate within an appropriate ToR and include membership from the ICB, three LAs, dental school, collaborative hub (previous NHSE) and include clinical representation.
- Agree an improvement plan and outcomes framework to deliver and evidence actual increases in the availability of NHS Dental services for the population and better oral health.
- *Torbay Story* – aid to recruitment. Circulated through NHSE dental recruitment channels.
- Open Wide Step Inside – in school oral health improvement project potentially funded through Member Grant allocations in line with Plymouth CC

The group best placed to oversee delivery of the priorities above is the new **Peninsula Oral Health Steering Group** established by Devon and Cornwall ICBs to oversee dental reform work across the peninsula post transition of dental

commissioning functions from NHSE to ICB. All three Devon Local Authorities are represented. The POHSG will also oversee the budget and SW Dental Reform Plan from NHSE. The latter includes workstreams on access, workforce and oral health. Of particular interest to LAs:

- **Commitment 8:** Work with health inequalities leads, local authority oral health improvement leads, the dental team and key partners to improve access to oral health improvement advice and interventions for those in greatest need in each system.
- **Commitment 9:** Increase access to dental services supporting commissioners to target those in greatest need in each system.

### Latest Torbay statistics

Those marked in red are worse than the England comparator. Of particular concern is the level of hospital admissions for tooth decay in 0-19s. Numbers will be disproportionately drawn from our areas of health, social and economic inequality.

- Access rates to dental services for BOTH adults and children are BETTER than the England value.
- % of 5-year-olds with visually obvious dental decay/decayed, missing or filled teeth is WORSE than the England value
- % of looked after children who have had their teeth checked is the SAME as the England value
- Oral cancer registrations and the mortality rate from oral cancer are both WORSE than the England value.
- % of 5-year-olds with obvious untreated dentinally decayed teeth 21.3% (England 23.7%). Source – Local Epidemiological Survey 2022

*Children with dental problems may have poorer diets due to dental pain, have higher levels of school absenteeism as well as impaired concentration due to pain and interrupted sleep. Severely decayed teeth will often require GA, exposing small children to low but significant life-threatening complications. Extractions in early years may also require extensive follow up including orthodontics.*

- **Hospital admissions for tooth decay (0-19 years).** **539.9** (England 109.9, SW 148.8, per 100K population). Hospital admissions for tooth decay (0-19) are defined as finished consultant episodes with tooth extractions. This is significantly higher than the England rate. Source – OHID, 2018-21. Next worse in SW is Swindon - 417.2.
- **Hospital admissions for tooth decay (18+ years):** **172.1** per 100,000 (190 admissions) in 2018/19. This is significantly higher than the England rate (129.6). This is a rise from 2017/18 (145.7) but from 2014/15 – 2016/17 rates were much higher. These rates are much lower compared to the 0–17-year age range. Source: NHS Digital, HES Data
- **Mortality rate from oral cancer:** **5.4** per 100,000 (27 cases) in 2017-19. This is higher than England (4.7) and the South West (4.3). There has been a slight reduction since the last report period – maintaining a positive trend over the last five years. Oral cancer is more common in men and deprived groups. Source: PHE based on ONS mortality data.
- **Oral cancer registrations:** **17.9** per 100,000 (84 cases) in 2017-19. This is higher than England (15.4) and the South West (15.6). There has been a slight reduction since the last report period – maintaining a positive trend over the last five years. Oral cancer is more common in men and deprived groups. Source: PHE based on ONS mortality data.

### Annual NHS Dental Statistics for England

August 29, 2023

New figures published in the annual report on NHS Dental Statistics for England in 2022-23, show that:

- 43% of adults in England (as of 30 June) had seen an NHS dentist in the past 24 months, still short of the 52% seen in pre-pandemic times; the latest figures also show people aged 85 and over were the adults seen least (37%)
- 56% of children in England (as of 30 June) were seen by an NHS dentist in the past 12 months, still below pre-pandemic levels of 59%. Children aged 0-4 were seen least (31%)
- Overall, 18.1 million adults in England were seen for NHS dental treatment in the 24 months up to June 2023, 17.5% lower than the 22 million seen in the 24 months up to June 2019 and 6.4 million children were seen in the 12 months to June 2023, down 9% on figures for 2019.

**Mark Richards** | Public Health Specialist,  
Healthy Behaviours & Wider Determinants of Health  
Public Health