

Adult Social Care and Health Overview and Scrutiny Board

Oral Health & Dentistry Update

7 November 2024

Key points

- Public Health has the **mandatory duty for oral health** in the population across the life course. Since July 2023 the responsibility for dental commissioning and delivery has moved from the NHS to the ICB - presenting an opportunity for joint improvement and delivery.
- As of Sept 24, there were **2258** Torbay residents on the NHS dental waiting list – **2025 adult** and **233 children/young people**. Though adult figures have fallen by approximately **500** compared to this last year, the number of children and young people waiting to see an NHS dentist has increased by **107**. Figures overall mark a substantial rise since early 2018 when they were approximately **1400** on the NHS dental waiting list.
- The **extraction under general anaesthetic rate** for 0-19s in Torbay (latest 22-23) are still the highest in the SW and double the England value. The majority of extractions take place within the **5-9 age group**.
- **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.
- Widespread **dissatisfaction with the current NHS Dental Contract** – in the South West the vast majority of practices are not accepting new NHS patients.
- There are **no Torbay practices accepting new patients** at this time – either adults or children or young people. All new patients are asked to access the NHS waiting list via 111 with separate options for emergency dental care (i.e those in pain) via Devon Dental/Torbay Community Dentistry Service based at Castle Circus Health Centre.
- The **dental access issue, coupled with poor oral hygiene** manifests in higher rates of life course dental caries and extractions under general anaesthetic 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.
- **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.

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.

Children and Young People

- The access rate for dental services for children and young people is **BETTER** than the England value. Plymouth data presents a stark picture and useful local comparison with **22,936** on the waiting list, including **4,230** children and young people.
- % of children in care who have had their teeth checked is the **SAME** as the England value
- **Hospital admissions for tooth decay 0-19 years (caries as primary diagnosis) 22-23: 597** per 100K population (England 236, SW 240.5). Hospital admissions for tooth decay (0-19) are defined as finished consultant episodes with tooth extractions. Source: NHS Digital, HES Data

These figures represent a **6.8%** increase from 21-22. This is a smaller % increase than England (15%) and the SW (10%), but still highest rate in the SW with most admissions in the 5-9 age group. Numbers: 165 in total. 0-4: 20 / **5-9: 105** / 10-14: 30 / 15-19 suppressed.

- Both **Epidemiological Surveys for dental caries (dip sample)** - Year 6-year Children (2023) and 5-Year-olds (2022) show an improvement – Torbay is no longer an outlier and in both cases are lower than the SW and England value.

Prevalence of experience of dentinal decay (5 year olds)

- Devon: 18.1%
- Plymouth: 24.6%
- **Torbay: 21.3% (reduction from 28%)**
- England: 23.7%

Adults

- **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). These rates are much lower compared to the 0–17-year age range. Data source is not as readily updated as that for children and young people. Source: NHS Digital, HES Data
- **Mortality rate from oral cancer (21-22) 5.4** per 100,000 (27 cases). This is similar to England (4.7). Rates rose to 7.7 in 2014-16 but have been decreasing since then. Oral cancer is more common in men and deprived groups. Source: PHE based on Office of National Statistics data. Southwest 4.3, Plymouth 6.5 (highest in Southwest), Devon 4.4.
- **Oral cancer registrations (21-22) 17.9** per 100,000 (84 cases). This is worse than England (15.6). Southwest 15, Plymouth 19.1 (highest in Southwest), Devon 15.6.
- The reduction in high street NHS dentistry has led to a **reduced level of screening for oral cancer**. Late presentation as a result leading to higher numbers of registrations and worse levels of mortality.

Roles of Torbay Council and the Integrated Care Board

Public Health has the **mandatory duty for oral health** in the population across the life course, We do not have the responsibility for dentistry - since July 2023 this function has moved across from the NHS to the ICB and presents an opportunity for joint improvement and delivery as the issues of oral health and dental access are intrinsically linked – the much publicised reduction in NHS or ‘high street’ dental access, alongside increased consumption of high sugar, salt, and fat foods, leading to higher prevalence of poor oral hygiene, dental caries and subsequent extractions under general anaesthetic in children and young people in Torbay.

Accordingly, there is a high degree of collaboration/joint delivery with the ICB, Devon County Council and Plymouth City Council as outlined in the joint delivery projects below and overseen by a new **ICB Oral Health Steering Group** established earlier this year.

Oral Health Improvement projects – current

Children and Young People

[See NHS Dental Services in Devon Stakeholder Briefing Plus](#)

- **Oral Health Education via Family Hubs** – Community Dentistry have trained Hub staff re brief intervention and toothbrush packs (paste and brushes) supplied by Public Health for distribution to families attending the Hubs.

Oral Health Improvement projects – planned

Children and Young People

[See NHS Dental Services in Devon Stakeholder Briefing Plus](#)

- **Supervised Toothbrushing delivery within Family Hubs** (Home Dental, same provider for main NHS contract in schools)
- **Supervised Toothbrushing to Children in Care** (semi-dependent 16-18). Delivery as above.

Public Health teams in Devon alongside Peninsula Dental School have also negotiated with Devon ICB to secure **NHS Dental contractual underspend to re-invest in Torbay and wider Devon** to fund a suite of mitigating oral health interventions to offset the impact of reduced dental provision on children and young people in Torbay, as evidenced in the high rate of extractions under general anaesthetic in the 0-19 population.

This programme represents a significant re-investment in the Devon oral health system at approx. 1m a year for 5 years.

- **Extend Supervised Toothbrushing** to cover the Indices of Multiple Deprivation (IMD) deciles 6-10 and include independent nurseries
- **Establish a NEW fluoride varnish scheme** to cover all primary schools in IMD deciles 1-6. The full procurement process applies. Live Date TBC. Alongside supervised toothbrushing, Fluoride varnishing is the best evidence-based population level intervention to implement
- **Extending Open Wide Step Inside** to cover all primary schools in IMD deciles 1-6.

Adults

- **Communications campaign**, both workforce and public facing that will outline current programmes designed to improve dental access and oral health in the population as well as an update on emergency dental measures. This campaign was put on hold until the new Government plans regarding the national Dental Recovery Plan are known.
- **Assessment of the oral health and dental needs of vulnerable populations** in the ICB patch. As part of a phased approach, the homeless population will be the initial focus, including identification of models of best practice such as mobile provision (dental vans), high street practices and integrated models of care including the commercial/voluntary sector.

In the Public Health England (PHE) report on Oral Health Inequalities (2018) groups experiencing oral health inequalities were defined as: *'people experiencing homelessness, asylum seekers and refugees, drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, children and adults with additional needs and many other people that find it difficult to access healthcare'*.

- Identification of **previous models of community screening and national best practice for oral cancer**.

As with the Child and Young Person Oral Health Recovery Plan outlined above, there is the potential to access **NHS Dental contractual underspend**, pending ICB agreement, to reinvest and fund new interventions.

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Healthy Behaviours & Wider Determinants of Health

Public Health