



Doncaster Health & Wellbeing Board Meeting 9th November 2023

Update on Oral Health Improvement and Dental Services

1. Background

- 1.1 The NHS SY ICB assumed responsibility for the commissioning of dental services across South Yorkshire (SY) from 1st April 2023. Oral health and access to dental services is a significant concern for the people we serve. It is a consistent theme in insight and engagement work and has a significant impact on health and wellbeing.
- 1.2 Improving dental services is a priority for our partnership. There is public and partner concern around access to dentistry, with the ability to make an appointment with a dentist and access to urgent dental care identified as key issues. It is a common theme in Healthwatch engagement work, and an issue highlighted through elected members and local health scrutiny committees. We also know that poor access to dental services increases the demand for other primary and secondary care services.
- 1.3 The population of Doncaster experiences high levels of poor oral health. The appendix provides data and trends around tooth decay, gum disease, and oral cancer. See appendix 1 for more detail.
- 1.4 South Yorkshire ICB is responsible for the commissioning and contracting of all NHS dental services across Doncaster. These are described in detail in appendix 1 and include:
 - Primary care (general high street dentistry)
 - Community Dental Services (CDS)
 - Orthodontics
 - Intermediate minor oral surgery
 - Urgent care
 - Secondary care
- 1.5 Local Authorities (LAs) have the statutory responsibilities around oral health improvement, for commissioning evidence-based oral health improvement programmes, and commissioning the dental epidemiology programme which helps to identify need and target resources.
- 1.6 Improving oral health and reducing oral health inequalities in Doncaster requires partnership working. An example of this is the flexible commissioning programme described in section 4.

2. Oral Health in Doncaster

- 2.1 Good oral health is essential for good general health and wellbeing, yet Doncaster residents experience some of the highest levels of tooth decay, gum disease, and mouth cancer which can have a negative impact throughout life and can cause pain and infection, leading to difficulties with eating and drinking affecting nutrition, sleeping, communicating, socialising and quality of life. Further information is available at Appendix 1.
- 2.2 Oral diseases are largely preventable and share common risk factors (e.g. dietary sugars, tobacco, alcohol, poor oral hygiene) with other health problems such as obesity, diabetes, stroke, heart disease and aspiration pneumonia.
- 2.3 Oral diseases place significant costs on the NHS and also have a wider social impact, and as with other conditions, poor oral health disproportionally affects the most vulnerable and socially disadvantaged individuals and groups in society. The Yorkshire and the Humber Oral Health Needs Assessment (OHNA, 2022 see Appendix 2a for OHNA and SY supplement Appendix 2b) identified the following groups who experience the greatest dental need, and face challenges in accessing routine and urgent dental care:
 - individuals and communities that are deprived and vulnerable children known to the social care system
 - individuals with severe physical and/or learning disabilities,
 - individuals with poor mental health
 - individuals who are overweight or obese
 - older adults
 - individuals affected by substance misuse
 - prison leavers
 - homeless
 - Gypsy, Roma and Traveller Communities
 - asylum seekers, refugees and migrants

3. Key challenges to dental access

There are several challenges to dental access, that pose real difficulties when looking to improve access for all.

- <u>Historic and ongoing contractual factors</u> The existing contracts were rolled out in 2006 and have limited flexibility meaning inconsistent and often inequitable access to dental services.
- <u>Patient perceptions</u> Patients are not registered with dental practices and practices are only obliged to deliver a course of treatment not regular care.
- <u>Cost of treatment</u> Whilst many patients will pay for their treatment, NHS dental care is free of charge to children, pregnant women, mothers of a baby under 12 months, and those on certain low-income benefits.
- Capacity Dental practices have set capacity to deliver NHS dental treatment

packages or Units of Dental Activity (UDAs). Many practices offer a mix of private and NHS dental care. Demand for NHS care is high which may mean that the only available appointments are for private care which may also potentially increase the cost of treatment.

- New patient availability Practices are required to keep their profile on <u>www.nhs.net</u> up to date. This is now a mandatory requirement under the first phase of the Dental Contract Reforms.
- <u>Workforce</u> The COVID-19 pandemic and Brexit have impacted on dental workforce recruitment and retention.

4. Initiatives to Strengthen and Improve Access and Reduce Inequalities

The Yorkshire and the Humber Oral Health Needs Assessment (OHNA, 2022) has recommended that consideration should be given to commissioning services for those that have both the greatest dental need and experience challenges in accessing routine and urgent dental care.

Dental services are not equitably distributed, and a health equity audit approach has been developed to develop a profile for Doncaster (NHSE, 2022 – see Appendix 2c). This has identified areas which experience the highest levels of poor oral health yet have no NHS dental services or insufficient services to meet the need and may be used to guide future commissioning of services in Doncaster.

Examples of specific workstreams which focus on improving access to reducing oral health inequalities are:

The flexible commissioning programme - There are currently 13 NHS dental practices in Doncaster involved in this programme, which aims to deliver: whole population evidence-based prevention in dental practice in line with Delivering Better Oral Health (OHID, DHSC, and NHSEI, 2021); targeted prevention for specific groups; access to care; utilisation of skill mix within the dental team.

In Doncaster, these practices accept referrals for children at high risk of poor oral health who do not have their own NHS dentist from health visitors, the Single Point of Contact (SPOC), the looked after children's team, former community dental services patients who are now in a position to accept care in a general practice and signposted from the urgent dental treatment provider for children assessed as having wider clinical dental needs with no regular dentist. This pathway is also being extended to receive referrals from the school nursing team, and recent feedback suggests flexible commissioning is positively supporting many families to access dental care.

Current arrangements for the programme are in place until March 2024. A review across the 3 ICBs in Y&H is now underway with plans to:

- Consider an expansion to the programme to support a more ambitious commissioning approach to provide more scope for innovation.
- Target practices in areas of high need that don't currently have flexible commissioning practices.

- Review entry criteria for practices in identified areas, opportunity for the ICB to review this and develop measures that will consider outcomes rather than a focus on the target. The specification of the scheme will be revised to pick up the targeted approach for hard to reach / hard to engage patients, and to also address the issue of practices holding large waiting lists.
- Improving access for those experiencing homelessness A dental service for those experiencing homelessness in Doncaster is also being developed, based on a successful pilot in Leeds. This involves partnership working with local homeless charities/organisations which support clients 'on the ground' and a centrally-located dental practice based in the Flying Scotsman Health Centre. Clients will be supported by the charities/organisations to make appointments and be chaperoned to dedicated treatment sessions. The dental practice will also have an oral health champion who will support the charities and do outreach oral health promotional work.
- <u>Urgent access sessions for patients experiencing poorest oral health</u> SY ICB has been supporting the continuation of these sessions which originally started in November 2022 by NHS England. The current arrangement is due to end in March 2024. There are currently 24 practices providing urgent access sessions across SY with 1 of these in Doncaster supporting the urgent care patient pathway.
- SYB Acute Federation Paediatric Innovator Programme (Dental) dental is one of 4 specialities with the biggest waiting lists. Work is underway to work collaboratively to transform care and pathways for children and young people living in South Yorkshire. The aim is to improving access for paediatric dental services. This isn't without challenge, there is high demand, limited capacity and high waiting lists particularly for specialist/consultant led care and a limited workforce.
- Improving access for the housebound With the aging population, there are
 increasing needs for dental care for older people. Provision of domiciliary care for
 the housebound of all ages who still live in their own homes is still a challenge. The
 continuation of a review of the commissioning of domiciliary care across Yorkshire
 and the Humber has transferred to the ICBs from NHS England with the first phase
 being to consider urgent access for those individuals who are housebound.

5. Maintaining and Improving Oral Health

delivered through the Doncaster OHAG's action plans.

- 5.1 Improving oral health and reducing oral health inequalities through Council-commissioned oral health improvement programmes in Doncaster.

 An Oral Health Improvement Group (OHAG) hosted by Doncaster Council facilitates partnership working around oral health. Whilst the Doncaster Health and Wellbeing Strategy 2016-21 (Doncaster Council, 2016) has a focus on reducing health inequalities, there is no specific mention of oral health. However, the most recent Doncaster Oral Health Needs Assessment (2018) made recommendations which are
- 5.2 The Council also commissions and supports a number of local initiatives, including:

- Rotherham Doncaster and South Humber NHS Foundation Trust provide the 0-19 Healthy Child Programme, which includes oral health improvement through health visiting teams and school nurses. Refer to appendix 1 for more details.
- Oral health packs are provided for those at high risk of tooth decay including: families attending the paediatric dental extraction service at Doncaster Royal Infirmary; Family Hubs; some early year settings in deprived areas; looked after children; gypsy and traveller community; ASPIRE (Drug and alcohol service); and Greengables (Family support for young parents aged 16-25).
- The LA oral health lead within the Children Young People and Families Public Health team also provides 'in house' programmes e.g.
 - o a supervised toothbrushing programme for school and nurseries,
 - o oral health and nutrition training for non-dental professionals, and
 - links into the Healthy Learning Healthy Lives Schools accreditation programme, including KS1 and KS2 planned lessons on oral health.
- There is an oral health leaflet translated for Roma Slovak community.
- Dental practices have been encouraged to join the breastfeeding friendly scheme
- Promotion of the <u>Kind to Teeth campaign</u> (Food Active) aimed at making healthier drink choices for under 5s.
- Free drinking water scheme being reintroduced.
- Making Every Contact Count (MECC) information sheet developed for dental practices, especially those providing flexible commissioning (see below), to facilitate referral to stop smoking, alcohol and weight management services.
- 5.3 <u>Oral Health Survey</u> Doncaster Council co-commissions (alongside the other South Yorkshire local authorities) the dental epidemiology programme field work team which gathers data on the oral health of the population, to guide targeting of resources and monitor improvements.
- Mater Fluoridation By far, the most cost-effective means of improving oral health, with the lowest carbon footprint would be to introduce water fluoridation. Although previously LAs were responsible for investigating the feasibility of new water fluoridation schemes and proposing new schemes, this responsibility has recently moved to the Secretary of State for Health and Social Care in line with the Health and Care Act 2022. The South Yorkshire local authorities have previously been working together to investigate the feasibility of water fluoridation across South Yorkshire, and this work has now been passed onto OHID to progress further.

6. What needs to happen to make a difference in this area

6.1 <u>Workforce</u> - The recruitment, retention, training and education and development of the whole dental workforce is a key priority for the ICB. The dental workforce needs to be suitably trained and educated to be able to deliver evidence-based patient care, given the challenges of the burden and complexity of oral and general health (SY ICB OHNA).

The COVID-19 pandemic and Brexit have impacted on dental workforce recruitment

and retention. The COVID-19 pandemic led to suspension of the Overseas Registration Examination during the pandemic, resulting in a backlog of non-EU dentists who are waiting to become eligible to work in the UK. UK dental graduates are more likely to settle in urban cities close to their dental schools or foundation training practices, families, and further training opportunities (Evans *et al.*, 2023). In YH there are 2 dental schools: Sheffield and Leeds, therefore, a large proportion of the YH geographic footprint is not located near a dental school. The recent 2022/23 NHSE-led YH Primary Care Dental Survey has provided some dental team workforce information for the first time, describing vacant posts and challenges in relation to recruitment and retention.

The ICB is committed to developing a SY Dental Workforce Strategy and supporting workplan.

6.2 <u>Dental System Reforms</u> - The outcome of the national 2022/23 dental contract system reform negotiations were confirmed by NHS England; this represents the first significant change to the contract since its introduction in 2006.

These initial reforms seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care. The SY ICB dental commissioning team is working through these changes in line with national guidance and to consider opportunities for additional local schemes. Some changes are dependent on the timescale for legislative changes.

- 6.3 <u>Commitment to further engagement</u> There is a commitment from SY ICB dental commissioners to engage with stakeholders to ensure continued oversight of the local position for dental services. The SY Local Dental Network provides an opportunity to bring together key stakeholders which includes Healthwatch is a key member ensuring the patient voice is represented.
- 6.4 <u>Continued development of community oral health improvement programmes</u> Whilst a substantial amount of money is used to commission dental services in Doncaster, the council has minimal resource for oral health improvement programmes, and it has no dedicated oral health promotion team. Additional funding would enable both an increase in workforce capacity and resources to deliver a wider programme of activities to more of the population. This funding needs to be protected year on year to ensure continuity of programmes.
- 6.5 Ensure oral health improvement is part of the Health and Wellbeing Strategy for Doncaster, and that there is continued support for water fluoridation.

References

Appendices

- 1. **Additional Information**
- 2a Rapid Oral Health Needs Assessment (OHNA) for Yorkshire and the 2. Humber (2022)
 - 2b South Yorkshire Supplement to the Rapid OHNA (2022) 2c Doncaster Profile from the above.