



Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee
20th September 2017

Report of: Scrutiny Working Group – Oral and Dental Health

Subject: Oral and Dental Health in Sheffield – Follow up

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Summary:

At its meeting on the 19th July 2017, the Healthier Communities and Adult Social Care Scrutiny Committee looked at oral health in Sheffield. The Committee agreed that it would meet as a working group to consider areas for recommendations and where further information was required. The working group met on the 9th August, and this report sets out the group’s findings and recommendations.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	x
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:

Agree the findings and recommendations of the working group, and task the Policy and Improvement Officer, in conjunction with the Chair to progress the recommendations and report back to the Committee.

Background Papers:

[Oral and Dental Health in Sheffield, Healthier Communities and Adult Social Care Scrutiny Committee, 19th July 2017](#)

Category of Report: OPEN

Report of the Scrutiny Working Group – Oral and Dental Health **Oral and Dental Health in Sheffield – Follow up**

1. Introduction

- 1.1 At its meeting on the 19th July, the Healthier Communities and Adult Social Care Scrutiny Committee looked at oral and dental health in Sheffield. After hearing from a range of witnesses, including Sheffield's Director of Public Health, Public Health England, University of Sheffield Dental Public Health Faculty, the Oral Health Promotion Team and Dental Practitioners, the Committee decided to meet as a working group to consider areas for recommendations or where further information is required.
- 1.2 The working group – Cllrs Midgley, Alston, Hurst, Johnson, Shaw and Weatherall met on the 9th August, to review the information that the Committee had heard. Their findings and recommendations are set out in section 2.

2. Working Group Findings and Recommendations

- 2.1 The group was concerned that there is a gap in our knowledge about accessibility of NHS dental services. They were keen to know how many people are unable to find an NHS dentist near them, and as a result are accessing private dentistry or not using dental services at all. The group would like NHS England to look at the data we have on urgent/emergency care to see if we can determine whether people accessing emergency dental care are less likely to be registered with a dentist, or whether we hold any further data that could inform our knowledge of service accessibility.
- 2.2 At its meeting, the Committee heard that NHS England is currently trialling prototype contracts across the country with a view to introducing a new contract in 2018 – although this is now likely to be delayed. The group strongly supports the new contract having more of a preventive approach, and urges NHS England to ensure that the new contract has appropriate incentives that will encourage improvements to oral health rather than solely reward treatment. The group would like to be kept up to date with progress on the development of the new contract, including the experiences of the Sheffield practices trialling prototype contracts.
- 2.3 The report stated that currently in Sheffield, 56% of child treatments include fluoride varnish application. The group felt that this was too low. NHS England advised that this may be, in part, due to low recording rates. In Barnsley, the Local Dental Committee audited fluoride varnish applications among practitioners in 2014 and 2017, which helped raise awareness and increased fluoride varnish application rates. The group is keen to see that Sheffield LDC is asked to consider carrying out a similar

exercise. The group also asked if it is possible to break down the data further, to see whether rates of fluoride varnish applications vary in different parts of the city. The group heard that low application rates may also be due, in part, to the fact that individual practitioners have to meet the cost of providing fluoride varnish themselves, and would like to investigate this issue further.

- 2.4 Given the increasing use of food banks in some areas of the city, the group feels that there is an opportunity for the oral health promotion teams/oral health action teams to look at ways we could make fluoride toothpaste and toothbrushes accessible through food banks, free of charge.
- 2.5 The report explains that tooth brushing packs are distributed by health visitors for all children age 12 months, and at 2 yrs old in the most deprived areas. The group would like to explore how these contacts could be used to provide more support and information about registering with a dentist, including providing families with details of local dentists currently accepting NHS patients. The group also would like to look at how existing mechanisms could be used to further promote oral health – for example, using MAST Teams, Health Champions etc to support individuals and families to register with dentists.
- 2.6 The report states that there will be an evaluation of the toothbrushing clubs that have been set up in schools and nurseries. Depending on the outcome of the evaluation, the group would like to explore how the Council can use its links with schools and early years settings to expand the clubs further across the city.
- 2.8 The group was pleased to hear that the University of Sheffield’s School of Clinical Dentistry supports its students to get involved in oral health promotion, and that it is keen to develop its civic mission within the wider city region. The group would like to hear more about what changes are planned, and how the Council and School might be able to work together to improve oral health in the City.

3. Recommendation

The Committee is being asked to

- 3.1 agree the findings and recommendations of the working group, and task the Policy and Improvement Officer, in conjunction with the Chair to progress the recommendations and report back to the Committee.

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