



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: (Health and Wellbeing Board Member) Greg Fell, Director of Public Health

Date: 8th December 2022

Subject: Oral Health in Sheffield

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Summary:

The purpose of this report is to provide an overview of how NHS England and Sheffield local authority (LA) are working to improve oral health and reduce oral health inequalities in Sheffield. The report and appendix covers: population oral health data; a summary of the recent oral health needs assessment (OHNA); an update on the challenges facing dental services, access to dental care and the work taking place to strengthen future service provision; and an overview of local community oral health improvement programmes.

Questions for the Health and Wellbeing Board:

How do you think oral health would be better represented and integrated into the South Yorkshire ICB and Sheffield Health & Wellbeing Strategy?

Recommendations for the Health and Wellbeing Board:

- 1.0 Ensure that the Health and Wellbeing Board continues to support the water fluoridation agenda in South Yorkshire.
- 2.0 Ensure that oral health is mentioned in the Sheffield Health & Wellbeing Strategy.

Background Papers:

NHS England Stakeholder Bulletin – Dental Services in Yorkshire & Humber – July 2022



Dental briefing
FINAL.docx

Yorkshire & the Humber Rapid Oral Needs Assessment – May 2022, and South Yorkshire ICS level supplement.



Rapid OHNA May
2022.pdf



SY_ICs level OHNA
.pdf

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

NHS dental services and the oral health promotion programmes in Sheffield aim to support oral health improvement throughout the whole life course, which contributes to the Starting Well and Ageing Well agendas in the Health and Wellbeing Strategy.

Who has contributed to this paper?

Margaret Naylor, South Yorkshire Local Dental Network (LDN) Chair

REPORT TITLE - Oral Health in Sheffield

1.0 SUMMARY

1.1 The population of Sheffield experiences high levels of poor oral health. The appendix provides data and trends around tooth decay, gum disease, and oral cancer.

1.2 NHS dental services are commissioned by NHS England, and oral health improvement programmes are commissioned by Sheffield City Council.

1.3 NHS England Yorkshire and the Humber (Y&tH) is responsible for the commissioning and contracting of all NHS dental services across Sheffield. These are described in detail in the appendix and include:

- Primary care (general high street dentistry)
- Community Dental Services (CDS)
- Orthodontics
- Intermediate minor oral surgery
- Urgent care
- Secondary care

- 1.4 Dentistry for the armed forces is commissioned separately by the NHS England Armed Forces team, and the Health and Justice Team commissions dentistry in prisons, with the nearest prison dental services located in Doncaster.
- 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 Partnership working and complementary commissioning between local authorities and NHS England is important to improve oral health. An example of this is the flexible commissioning programme described in section 3.1.4.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

- 2.1 Good oral health is essential for good general health and wellbeing, yet the people of Sheffield 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.
- 2.2 Oral diseases are largely preventable and share common risk factors (e.g. dietary sugars, tobacco, alcohol) 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 as with other conditions, the impacts of poor oral health disproportionately affect the most vulnerable and socially disadvantaged individuals and groups in society.
- 2.4 By the age of 5, 41.0% of children in Sheffield had tooth decay in 2019 ([PHE, 2019](#)). Sheffield has higher levels of tooth decay than other South Yorkshire LA areas, Y&tH and England. Tooth decay was significantly higher amongst the more deprived and non-white ethnic groups.
- 2.5 Almost 9 out of 10 hospital tooth extractions among children aged 0 to 5 years are due to preventable tooth decay, and tooth extraction is still the most common hospital procedure in 6 to 10 year olds ([OHID, 2022](#)), leading to missed education, and time off work for parents/carers. Sheffield experiences some of the highest levels of hospital extractions seen nationally.

3.0 MAIN BODY OF THE REPORT – Maintaining and improving oral health

3.1 Improving oral health and reducing oral health inequalities through NHS dental services

- 3.1.1 The Yorkshire and the Humber Oral Health Needs Assessment (OHNA) 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 including:
 - 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

Dental services are not equitably distributed, and a health equity audit approach has been developed to determine equity of access to dental services in Sheffield. 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 will be used to guide future commissioning of services in Sheffield. The recommendations from both the OHNA and oral health equity profile for Sheffield and other LAs in Yorkshire and the Humber have informed the NHS England Dental Strategy for Yorkshire and Humber, and a programme of work is being developed to address inequalities and enable the commissioning of NHS dental services to meet need and demand.

3.1.2 Supporting access for all

NHS England is working to reduce perceived barriers to NHS dental care. The OHNA has identified high levels of poor oral health amongst asylum seekers and refugees. Many face barriers around understanding how to access care. Work has taken place to raise awareness amongst dental practices and charities who support asylum seekers and refugees, that migrants do not require proof of address or proof of immigration status to access NHS dental care, as described in the [Migrant Health Guide](#). Some people may also face language barriers. Sheffield dental practices are fortunate to have access to interpreting and sign language services commissioned by SY ICB from the provider DA Languages.

3.1.3 Key Challenges to dental access

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

Historical and ongoing contractual factors – The existing contracts were rolled out in 2006 and have limited flexibility meaning inconsistent and often inequitable access to dental services.

Patient Perceptions – Patients aren't registered with dental practices and practices are only obliged to deliver a course of treatment not regular care.

Cost of treatment – Whilst many 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 – Practices have set capacity to deliver 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 once the time allocated to NHS care has been filled, the only available appointments left are for private care, which also potentially increases the cost of treatment.

New patient availability – Practices are asked to keep their profile on the NHS [Find a dentist](#) webpage up to date. This isn't mandated in their contracts but is now being built in as a requirement in new contracts. The 'practices accepting new patients' are a constantly changing picture.

COVID-19 pandemic – This led to several months of practice closures, followed by months of limited patient through-put due to heightened infection prevention and control requirements, significantly impacting on access to dental services. The resulting back-log has created increased demand and waiting times for dental services.

3.1.4 Initiatives to strengthen and improve access

National £50m investment in NHS Dental Services - Between January and March 2022, six practices in Sheffield received additional funding to improve access and increase dental appointment availability outside of core hours. Between 632 and 948 additional urgent care and subsequent stabilisation appointments were delivered.

Dental Access Project and Flexible Commissioning Programme - NHS England will continue to work with the 10 Sheffield practices who received additional access funding to support patients to access regular dental care. There are currently 21 flexible commissioning practices in Sheffield taking part in the flexible commissioning programme, and this is due to increase by a further 7 practices.

Additional sessions for patients experiencing poorest oral health - As part of a regional initiative, funding has been allocated specifically for dental services (general dental services, community dental services, urgent dental care, secondary care and intermediate minor oral surgery) to deliver additional sessions/services to improve access and increase dental appointment availability until 31st March 2023. Seven general dental practices in Sheffield have expressed an interest.

Waiting List Initiative – General dental services are being asked to complete a survey to determine numbers of patients waiting and waiting times for NHS general dental services. Additional work on waiting list management processes is being piloted.

One off payments to incentivise recruitment – 22 practices in Sheffield have been invited to apply for funding to recruit and retain dentists in areas of high deprivation and need, and where access challenges have been identified through local intelligence.

Improving access to Community Dental Services

A recent review of Community Dental Services has proposed a number of recommendations for service development to improve access to services and care pathways.

Improving access for the housebound - With the aging population, there are increasing needs for dental care for older people. In Sheffield, unlike other areas there is already a system of residential oral care (Residential Oral Care Sheffield- ROCS) which has been established for over 20 years providing an annual screening service for all care home residents with follow up treatment as required. Alongside this are oral health training sessions for care home staff provided by the oral health improvement service to promote good daily mouthcare for residents. This has proved very successful at addressing the oral health needs of the residents and can be delivered to a good standard for all. However, provision of domiciliary care for the housebound of all ages who still live in their own homes is still a challenge. NHS England is reviewing their commissioning of domiciliary care across Yorkshire and the Humber.

3.2 Improving oral health and reducing oral health inequalities through community oral health programmes

Sheffield City Council are in the process of updating the Oral Health Promotion Strategy 2019-22. Sheffield City Council commissions oral health improvement services from the community and special care dentistry services. Some of the main activities they currently provide or facilitate are:

- Supervised toothbrushing clubs – there are currently 90 schools and nurseries in the more socially-deprived areas of Sheffield taking with approximately 7000 children enrolled. Children learn the important life-skill of brushing their teeth in a supportive environment, and benefit from the protection of the fluoride toothpaste in preventing tooth decay.

- Provision of oral health packs by health visitors at 9-12 month assessments; and targeted provision of packs to 2 year olds in most deprived areas via health visitors and family centres. Dental packs are also provided 3 times a year to children living in 5 local authority children's homes.
- Oral health is included in the Sheffield Healthy Child Programme.
- Oral health care training is also provided to early years practitioners, staff working in health, social care and education. Training is also provided to staff working in residential care homes for older adults and adults with learning disabilities as part of the Residential Oral Care Sheffield (ROCS) programme.
- Focus on links with other health initiatives to address common risk factors (e.g. sugar, tobacco and alcohol) to Make Every Contact Count, including the healthy early years' award in place for all early years settings, signposting to stop smoking, mental health and weight services, and involvement in the Sheffield is Sweet Enough campaign.
- Mini Mouthcare Matters programme in Sheffield Children's Hospital to improve mouthcare on the wards.

Oral Health Survey - Sheffield City Council commissions 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.

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. Sheffield Council have been working with the other local authorities in South Yorkshire to investigate the feasibility of water fluoridation in South Yorkshire, and this work will may be used to inform the Secretary of State. Any proposals for water fluoridation would involve a public consultation. This would potentially have the biggest impact on improving oral health and has been shown to be the most cost-effective means of improving oral health, with the lowest carbon footprint.

4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

4.1 Dental System Reforms

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 NHS England Y&tH 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.

4.2 Commitment to further engagement

There is a commitment from NHS England dental commissioners to engage with patients, the public and wider stakeholders to ensure continued oversight of the local position for dental services. There are regular stakeholder briefings, and Healthwatch are now a member of the South Yorkshire Local Dental Network.

4.3 Continued development of community oral health improvement programmes

Whilst a substantial amount of money is used to commission dental services in Sheffield, only £120,000 p.a. is provided by the council for oral health improvement programmes. Currently, most programmes (e.g. the supervised toothbrushing scheme) are targeted to schools and nurseries in the most deprived areas of Sheffield, which experience the poorest oral health. 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.

5.0 QUESTIONS FOR THE BOARD

5.1 How do you think oral health would be better represented and integrated into the South Yorkshire ICB and Sheffield Health & Wellbeing Strategy?

6.0 RECOMMENDATIONS

6.1 Ensure that the Health and Wellbeing Board continues to support the water fluoridation agenda in South Yorkshire.

6.2 Ensure that oral health is mentioned in Sheffield Health & Wellbeing Strategy.

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