

Leicester, Leicestershire and Rutland (LLR) Health Scrutiny Committee

27th June 2022

1 Background and information

- 1.1 The LLR Health Scrutiny Committee (HSC) received a report on access to NHS Dental Services in November 2021 and requested a further briefing on:
 - recovery rates
 - Integrated Care Board (ICB) input on place-based plans
 - identification of gaps within LLR
- 1.2 This report also includes oral health improvement initiatives and activities which are the statutory responsibilities of local authority Public Health teams.
- 1.3 For the LLR HSC to note that NHS England and NHS Improvement (NHS E/I) is currently responsible for the commissioning of all NHS dental services and that this responsibility will be delegated to the LLR Integrated Care Board (ICB) on the 1st. April 2023.
- 1.4 The report has been developed by:
 - NHS E/I commissioning team senior managers
 - NHS E/I Consultant in Dental Public Health
 - Public Health colleagues in Leicester City and Leicestershire County Councils
- 1.5 Representatives from NHS E/I will be present at the LLR HSC meeting. In addition, the Executive Director of Strategy and Planning for the LLR ICB, Consultant in Public Health from Leicester City Council and Chair of the LLR Oral Health Promotion Partnership Board and a Consultant in Public Health from Leicestershire County Council have also been invited to attend the meeting.

2 NHS dental contract

- 2.1 NHS E/I is currently responsible for commissioning all NHS dental services including those available on the high street (primary care dental services), specialist dental services in primary care e.g. Intermediate Minor Oral Surgery (IMOS) and Community Dental Services (CDS) as well as from Hospital Trusts. Private dental services are not within the scope of responsibility for NHS E/I.

- 2.2 Although NHS E/I is responsible for commissioning all NHS general dental services, there are certain limitations of the current national contract. However, flexible commissioning can be utilised where a percentage of the existing contract value is substituted (up to 10%) to target local needs or meet local commissioning challenges. This approach requires a balance to ensure dental access is maintained.
- 2.3 The current NHS dental contract for primary and community dental care was introduced in 2006. Prior to that, dentists could choose to set up a dental practice anywhere in the country. They could also see and treat as many patients who attended and they claimed for each element of the dental treatment that was carried out under the old 'Items of Service' contracting arrangements; e.g. if a patient had two fillings, the dentist was paid twice the unit cost of a filling etc. However, the old dental contract did not work for various reasons, therefore, there was a reference period in 2005 which determined how many Units of Dental Activity (UDAs) each NHS dental practice that existed at that time would be allocated per annum and it was no longer possible for dentists to set themselves up as an NHS provider on an ad hoc basis. Any new NHS dental service had to be specifically commissioned by the then Primary Care Trusts (PCTs) within their capped financial envelope.
- 2.4 In effect, the former PCTs, and subsequently NHS England, 'inherited' those practices that were already in existence and that wished to continue to provide NHS dentistry under the new contracting arrangements. Sadly, a number of dental practices opted out of the NHS to become fully private at this time as they did not feel that the new UDA system would adequately recompense them for their work. This had a significant impact on the availability of NHS dentistry. The PCT had no control over where these 'inherited' dental practices were situated or over the number of UDAs commissioned in each geographical area. Hence, capacity did not (and in some areas continues to not) necessarily meet demand. Although there has been significant population changes in subsequent years, the number of UDAs commissioned (which is set contractually and cannot be amended without the agreement of both parties) has not always increased/decreased accordingly in order to meet the changing demand and need.
- 2.5 Unlike General Medical Practice (GMP), there is no system of patient registration with a dental practice and patients are free to choose to attend any dental practice, regardless of where they live. Dental practices are responsible for patients who are undergoing dental treatment under their care and once complete (apart from repairs and replacements), the practice has no ongoing responsibility. However, people often associate themselves with a specific dental practice. Many dental practices may refer to having a patient list or taking on new patients, however there is no registration in the same way as for GMP practices and patients are theoretically free to attend any dental practice that has capacity to accept them.

- 2.6 Prior to the pandemic, patients would often make their 'dental check-up appointments' at their 'usual or regular dental practice'. During the pandemic, contractual responsibilities changed, and practices were required to prioritise:
- urgent dental care
 - vulnerable patients (including children)
 - those at higher risk of oral health issues

For many practices, there has not been sufficient capacity to be able to offer routine dental check-up appointments.

3 NHS dental services across LLR

3.1 NHS General Dental and Orthodontic Services

3.1.1 There are 134 NHS dental practices across LLR as follows:

- 58 within Leicester City
- 66 within Leicestershire County
- 9 within Rutland County

3.1.2 Thirteen of the NHS dental practices above also provide NHS orthodontic services as follows:

- 7 within Leicester City
- 5 within Leicestershire County
- 1 within Rutland County

3.1.3 There are also 6 further specialist Orthodontic practices within LLR:

- 2 within Leicester City
- 4 within Leicestershire
- 0 within Rutland County

3.1.4 In addition, there are 7 Orthodontic Pathway contracts:

- 2 within Leicester City
- 4 within Leicestershire
- 1 within Rutland County

The purpose of the specialist Orthodontic Pathway is to reduce waiting times in secondary (hospital) care by ensuring that only those patients with extremely complex orthodontic needs are placed on the hospital waiting list, with all other complex cases being diverted to the pathway contracts.

3.2 Extended hours, urgent dental care and out of hours

3.2.1 Extended or out of hours cover is provided by five 8-8 NHS dental contracts:

- 2 within Leicester City
- 2 within Leicestershire County
- 1 within Rutland County

These are NHS dental services which provide access to patients from 8am to 8pm every single day of the year (365 days) and provide both routine and urgent care.

3.2.2 Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

Table 1: Timelines in accordance to dental need

Triage Category	Time Scale
Routine Dental Problems	Provide self-help advice and access to an appropriate service within 7 days, if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

3.2.3 If a person has a regular dental practice and requires urgent dental care:

- During surgery hours, they should contact their dental practice directly
- Out of hours, they should check their dental practice’s answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available). For deaf people, there is also the [NHS 111 BSL Service](#) (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.

3.2.4 If a person does not have a regular dental practice and requires urgent dental care, they can contact:

- any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the [Find a Dentist](#) facility on the NHS website
- NHS 111, either [online](#) or on the phone (interpreters are available). For deaf people, there is also the [NHS 111 BSL Service](#) (alternatively, they can also call 18001 111 using text relay)
- Healthwatch Leicester and Leicestershire or Healthwatch Rutland
- NHS England’s Customer Contact Centre on 0300 311 2233

3.2.5 Patients with dental pain should not contact their GP or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service.

3.2.6 People who require urgent out-of-hours dental care can attend any service in the Midlands area and for LLR residents, the nearest sites are Leicester, Westcotes, Melton Mowbray, Oakham and Loughborough depending on the patient's address. At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

3.3 Community (Special Care) Dental Service

3.3.1 The LLR Community (Special Care) Dental Services provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental care due to their complex medical, physical or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer into the service. There is 1 dental provider (CDS-CIC) treating children and adults from 5 clinics across LLR:

- 2 clinics within Leicester City: Westcotes and Merlyn Vaz,
- 3 clinics within Leicestershire County: Hinckley, Loughborough and Melton
- There are no clinics within Rutland County

3.3.2 The GA pathway for children and special care adults is managed between CDS-CIC and the University Hospitals of Leicester (UHL) which is commissioned on a system area footprint.

3.3.3 CDS-CIC are also commissioned to provide NHS dental care and treatment for those who are unable to leave their own home or care home. Some limited dental care can be provided in a person's own setting such as a basic check-up or simple extraction, but patients may still need to travel into a dental surgery (as this is the safest place) to receive more complex dental treatment. If such patients require a dental appointment, they or their relative/carer can contact the local domiciliary provider via NHS 111.

3.4 Intermediate Minor Oral Surgery (IMOS) Service

3.4.1 The IMOS service is a specialist referral service providing complex dental extractions for LLR patients over the age of 16 years who meet the clinical criteria. There are 10 providers across LLR:

- 6 within Leicester City
- 4 within Leicestershire County
- There are no providers within Rutland County

3.4.2 A map of the location of local dental practices or clinics (including orthodontic and community sites) across LLR is in Appendix 1. In some cases, there are practices in close proximity and the numbers on the map reflect this as the scale does not permit them to be displayed individually. The maps are also shaded to demonstrate accessibility of dental services and travel times by public transport or car within 30 minutes and also walking times of 15 minutes for residents of Leicester City.

3.5 Hospital dental care

3.5.1 Secondary care dental services e.g. Orthodontics, Oral Surgery, Oral Medicine, Maxillofacial are commissioned from UHL to deliver complex dental (often multi-disciplinary) treatment to patients who meet the clinical criteria in line with the NHS E/I Commissioning Guides. Activity and contract values are agreed annually with acute trusts.

4 LLR ICB

- 4.1 NHS E/I will be delegating full commissioning responsibility for NHS dental services to the ICB as of 1st April 2023.
- 4.2 In preparation for this, as of the 1st April 2022 for effective date 1st July 2022, joint commissioning arrangements were set up between NHS E/I and the ICB in advance of the full delegation next year. This is where there are opportunities within the integration agenda to deliver place-based commissioning that is specific to the system rather than on a wider footprint. This does not mean that working on a wider footprint is not beneficial as there are times when it provides the opportunity to streamline services to provide best value for money (public funds) whilst ensuring best patient outcomes.
- 4.3 There is a vision for one plan for the LLR ICB. The principles and priorities for the system strategy have been agreed and the full strategy is still being developed. This is a statutory requirement of the ICP (LLR Health and Wellbeing Partnership) and therefore a draft will be written in 2022/23.
- 4.4 In addition and in order to understand the full impact of the pandemic to the oral health of local populations down to a lower level which will highlight inequalities and gaps, Public Health colleagues at Leicester City Council are updating the Leicester Oral Health Joint Strategic Needs Assessment (JSNA). Leicestershire County Council Public Health colleagues are also committed to refreshing the Leicestershire Oral Health Needs Assessment (OHNA) as well as undertaking a Rutland OHNA but work on these have been delayed due to current capacity issues. It is anticipated that both pieces of work for LCR will be completed by April 2023.

5 NHS Dental Charges

- 5.1 Dentistry is one of the few NHS services where patients [pay a contribution towards the cost of NHS care](#). Any treatment that a dentist believes is clinically necessary to achieve and maintain good oral health should be available on the NHS. The current charges are:
- **Emergency dental treatment – £23.80** This covers emergency dental care such as pain relief or a temporary filling.
 - **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including [X-rays](#)), advice on how to prevent future problems, a scale and polish if clinically needed and preventative care such as the application of [fluoride](#) varnish or fissure sealant if appropriate.

- **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, [root canal work](#) or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, [dentures](#), bridges and other laboratory work.

More information is available [here](#). All NHS dental practices have access to [posters](#) and leaflets that should be displayed prominently.

- 5.2 Exemption from NHS charges is when patients do not have to pay these costs for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the [NHS Low Income Scheme](#).

6 Impact of the pandemic

- 6.1 The ongoing COVID-19 pandemic has had a considerable impact on dental services and the availability of NHS dental care; the long-term impact on oral health is as yet unknown but it is a cause for concern. All routine dental services in England were required to cease operating when the UK went into lockdown on 23 March 2020. A network of Urgent Dental Care Centres (UDCCs) was immediately established across the Midlands in early April 2020 to allow those requiring urgent dental treatment to be seen. These UDCCs are currently still operational however referrals are of a very low volume as routine dental practices have now reopened. The UDCCs remain on standby in case of future uncontrolled issues that may affect delivery of NHS dental services (such as staff shortages due to sickness – for example as a consequence of a COVID-19 outbreak).
- 6.2 From 8 June 2020, dental practices were allowed to re-open however additional infection prevention and control measures were required (including social distancing) for patients and staff. A particular constraint was the introduction of the so-called 'fallow time' – a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument which would include dental fillings or root canal treatment. This has had a marked impact on the throughput of patients and the number of appointments that could be offered. For a large part of 2020, many practices were only able to provide about 20% of the usual number of face-to-face appointments and relied instead on providing remote triage of assessment, advice and antibiotics (where indicated). The situation improved in early 2021, with reductions in fallow time requirements and since then practices have been required to deliver increasing levels of dental activity.

- 6.3 NHS dental practices are currently required to offer dental services to patients throughout their contracted normal surgery hours (some practices are offering extended opening hours to better utilise their staff and surgery capacity). They are also required to have reasonable staffing levels for NHS dental services to be in place. Increases in capacity have been gained in line with subsequent changes to national protocols for infection prevention and control such as reducing social distancing requirements and the introduction of risk assessments for patients who may have respiratory infections.
- 6.4 All NHS dental practices are required to maximise capacity and also to prioritise urgent dental care for:
- their regular patients
 - patients without a regular dental practice referred via NHS 111
 - all vulnerable patients
- 6.5 Infection prevention and control measures have been regularly reviewed and the following minimum requirement for the recovery of dental activity has been imposed on NHS dental contracts:
- Q3 2021/22: 65% of contracted activity for general dentistry and 80% of contracted activity for orthodontics
 - Q4 2021/22: 75% of contracted activity for general dentistry and 90% of contracted activity for orthodontics
 - Q1 2022/23: 95% of contracted activity for general dentistry and 100% of contracted activity for orthodontics
 - Q2 2022/23: 100% of contracted activity for general dentistry and orthodontics
- 6.6 Figure 1 shows the level of NHS dental activity delivered across LLR during the pandemic against the minimum threshold activity set by the national team and against the Midlands total. It can be seen that there have been some surges of higher levels of activity for LLR as a whole against the minimum threshold requirements. Unfortunately this data is only available at an ICB level and therefore cannot be reported separately for Leicester City or Leicestershire and Rutland Counties. Appendix 2 shows the average pattern of delivery of NHS dental activity over the course of the pandemic across the Midlands.

Fig 1: LLR Primary Care Dental Activity vs Minimum Thresholds

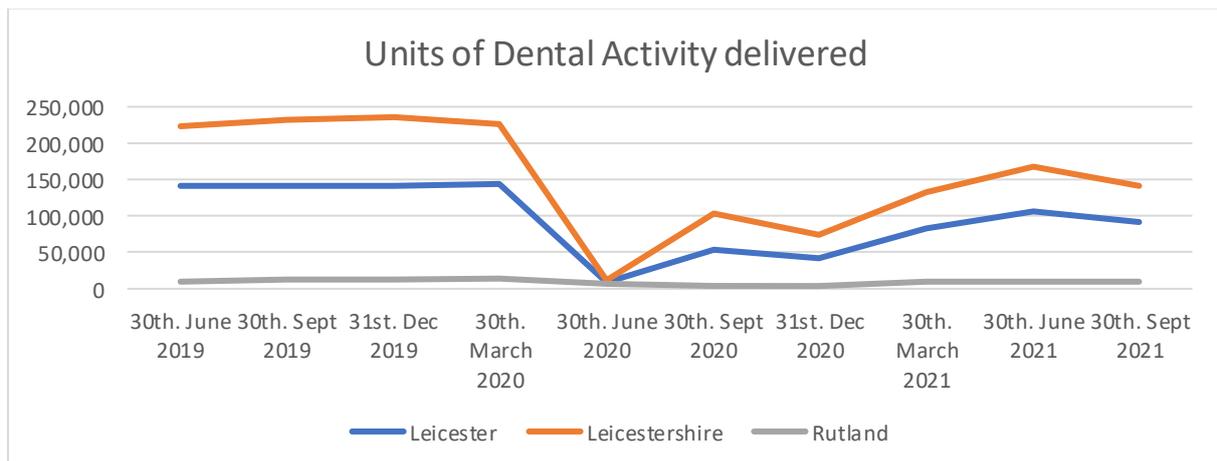
----- Midlands Total
 _____ Leicester, Leicestershire and Rutland
 Minimum Thresholds



6.7 Figure 2 shows the NHS Units of Dental Activity delivered by upper tier local authority during the pandemic (although NHS dental practices are not contractually associated to them). By September 2021, NHS dental practices in:

- Leicester City had recovered 64% of pre-pandemic dental activity
- Leicestershire County had recovered 63% of pre-pandemic dental activity
- Rutland County had recovered 87% of pre-pandemic dental activity

Figure 2: Units of Dental Activity delivered by local authority during the pandemic



6.8 The national minimum requirement for all NHS dental contracts was set at 65% for Q3 2021/22. Tables 2 and 3 show that NHS dental practices within LLR ICB achieved 65.5%, with 79 out of 135 (58.5%) of NHS dental practices meeting or exceeding this requirement (compared to 60.8% in the Midlands region).

6.9 The national minimum requirement for all NHS dental contracts was set at 75% for Q4 2021/22. Tables 2 and 3 show that NHS dental practices within LLR ICB achieved 77%, with 60 out of 135 (44.4%) of NHS dental practices meeting or exceeding this requirement (compared to 38.3% in the Midlands region).

Table 2: Proportion of Units of Dental Activity delivered in Q3 and Q4 of 2021/22 by NHS General Dental Practices across LLR

(this information is not available at a lower level)

	Period	Threshold	LLR System performance
LLR	Q3	65%	65.5%
LLR	Q4	75%	77.0%
Midlands	Q3	65%	66.2%
Midlands	Q4	75%	76.9%

Table 3: Number of NHS dental contracts meeting / exceeding national minimum requirements during Q3 and Q4 of 2021/22 across LLR

(this information is not available at a lower level)

	Period	Outcome – number meeting or exceeding thresholds
LLR	Q3	79 out of 135 (58.5%)
LLR	Q4	60 out of 135 (44.4%)
Midlands	Q3	718 out of 1,181 (60.8%)
Midlands	Q4	452 out of 1,181 (38.3%)

7 NHS Dental access

- 7.1 Figure 3 shows the percentage of children (0-17 years) accessing NHS dentistry during the pandemic. The proportion of children living in the East Midlands accessing NHS dentistry both before and during the pandemic has been higher than the national average. It can also be seen that pre-pandemic, the proportions of children resident across all LLR local authority areas accessing NHS dentistry were higher than both the national and regional averages, with the exception of Leicester being close to the regional average but higher than the national average. Although the proportion of children accessing NHS dentistry fell below both the national and regional averages between July to December 2020 for Leicester, Blaby and Hinckley and Bosworth, the recovery for all local authority areas throughout 2021 have exceeded the national and regional averages.
- 7.2 The National Institute of Health and Care Excellence (NICE) does not support routine 6-monthly dental check-ups universally for all patients. It recommends that dentists should take a risk-based approach to setting the frequency of dental check-ups and that the longest gap between dental check-up appointments for every child (younger than 18 years) should be 12 months. Figure 4 demonstrates that the proportion of children residing across LLR accessing NHS dentistry within 12 months (as per NICE recommendations) have constantly been above national average, both prior and during the pandemic.
- 7.3 Figure 4 also shows the impact of the pandemic lockdown of March 2020 on access which can be observed 12 months later (March 2021). It can also be seen that as NHS dental services have gradually been recovered and restored,

the proportions of children accessing NHS dentistry are increasing again. As of 31st. December 2021, the proportion of children accessing NHS dentistry within 12 months in England was at 75% of that reported for 31st December 2019 (pre- pandemic). Recovery of access for children across LLR has been higher than England at 77% for Leicester, 76% for Leicestershire and 92% for Rutland.

- 7.4 Figure 5 shows the percentage of adults accessing NHS dentistry during the pandemic. The impact of the national lockdown can be seen by the drastic reduction in access in 2020. The proportion of adults living in the East Midlands accessing NHS dentistry both before and during the pandemic has been higher than the national average. It can be seen that the proportions of adults living in Hinkley and Bosworth, Oadby and Wigston, Blaby and Harborough have constantly been above the regional and national averages, before and during the pandemic. For those living in North West Leicestershire, access was above regional and national averages pre-pandemic and similar to the regional average during the pandemic (still higher than the national average). For those living in Charnwood, access was above the national average but below the regional average pre-pandemic and similar to the national average during the pandemic (lower than the regional average). For those living in Leicester, Melton and Rutland, accessing NHS dentistry has constantly been below the national and regional averages, before and during the pandemic.

Fig 3: Proportion of children (0-17 years) accessing NHS dentistry during the pandemic

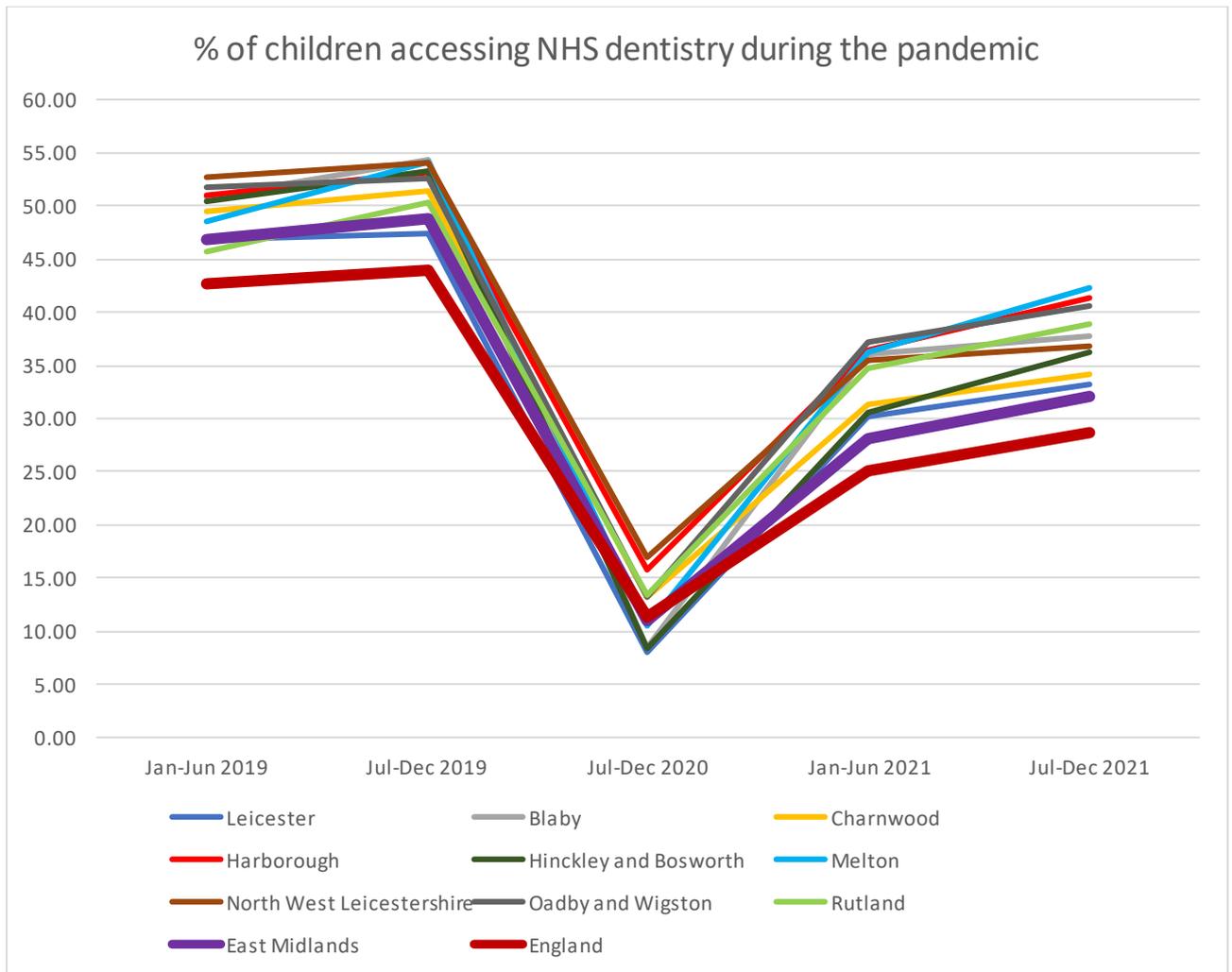


Figure 4: Proportion of children resident across LLR accessing NHS dentistry within 12 months

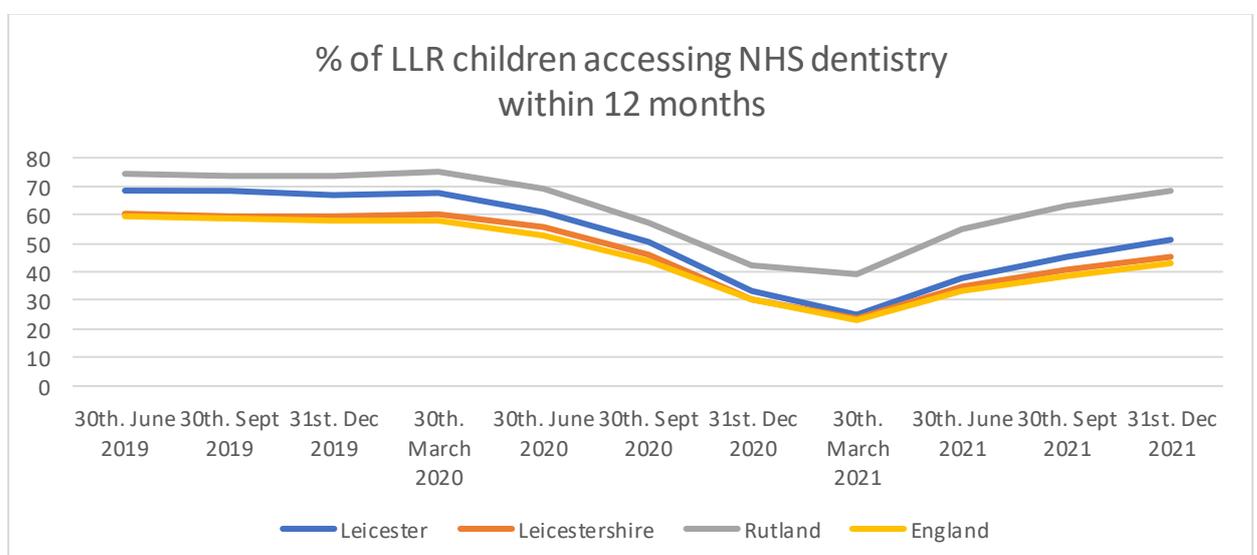


Fig 5: Proportion of adults accessing NHS dentistry during the pandemic

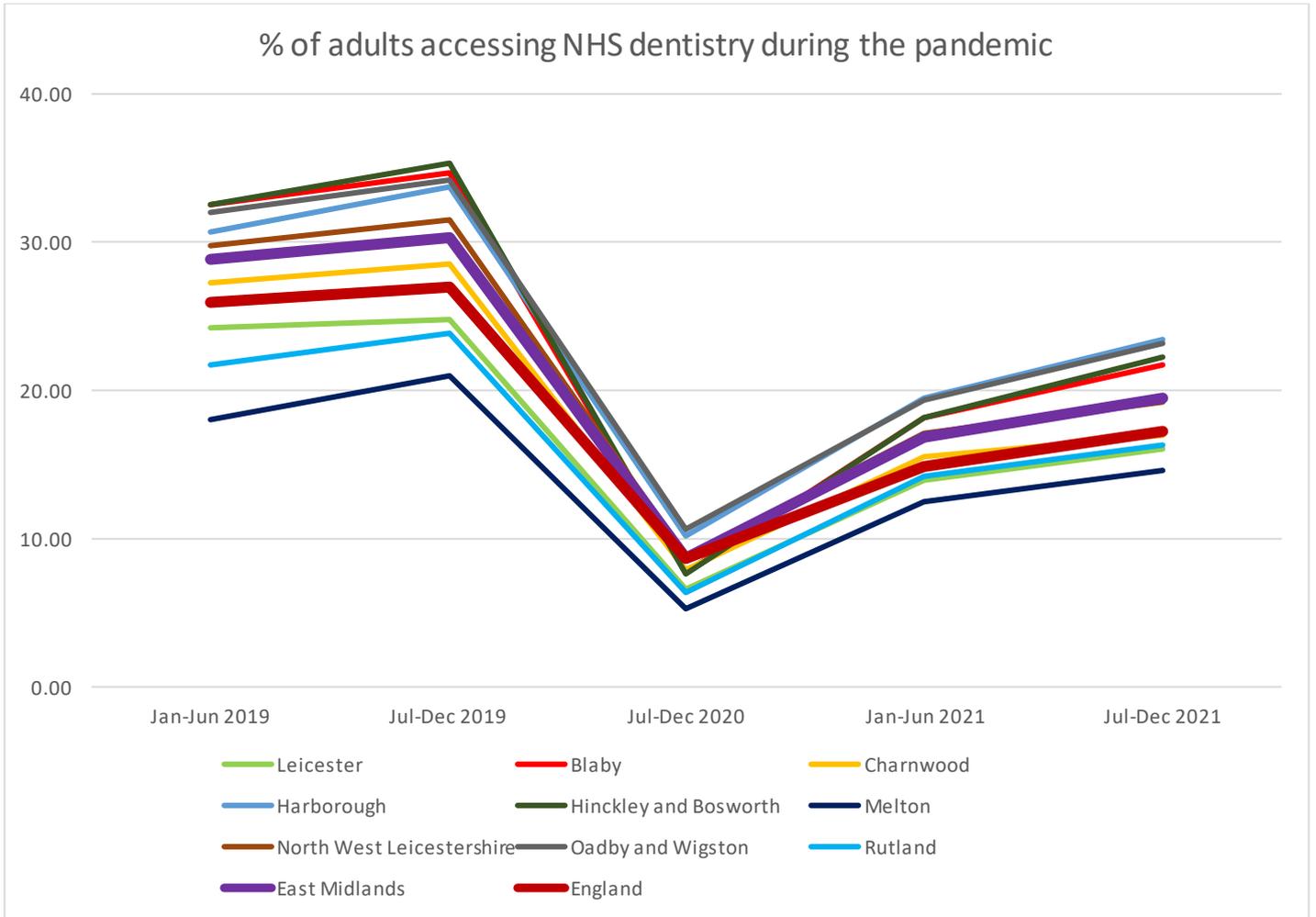
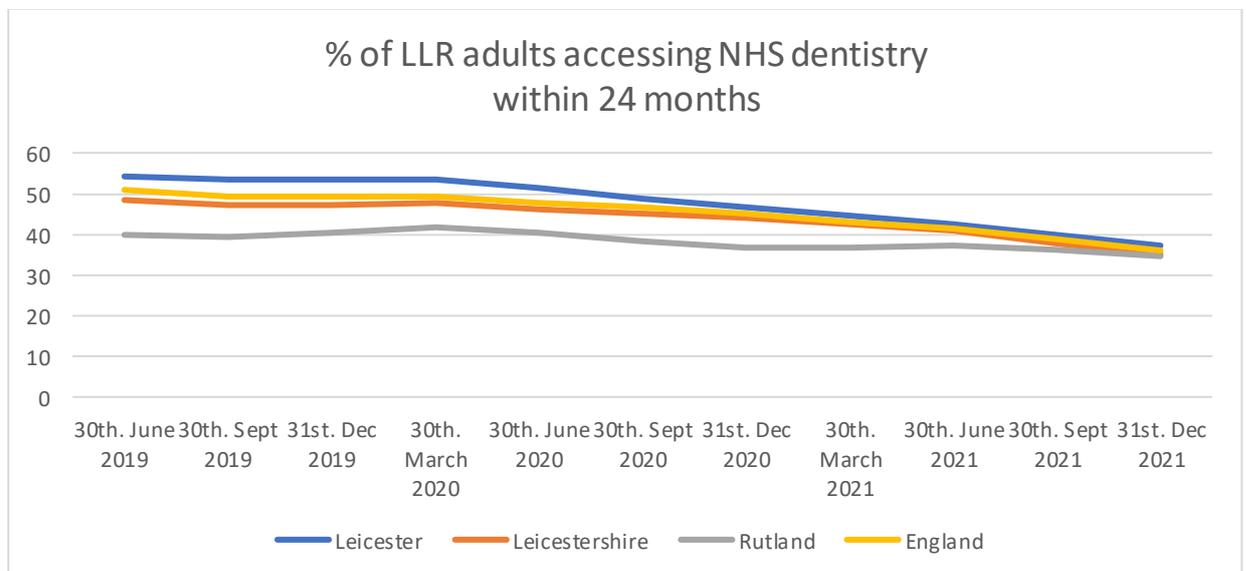


Figure 6: Proportion of adults resident across LLR accessing NHS dentistry within 24 months



- 7.5 As mentioned earlier, NICE does not support routine 6-monthly dental check-ups universally for all patients. It recommends that dentists should take a risk-based approach to setting the frequency of dental check-ups and that the longest gap between dental check-up appointments for every adult (over 18 years) should be 24 months. Figure 6 demonstrates that the proportion of adults resident in Leicester accessing NHS dentistry within 24 months (as per NICE recommendations) has typically been higher than the national average, both prior and during the pandemic. In contrast, the proportion of adults resident in Leicestershire is very close and similar to the national average with Rutland constantly being lower than the national average. However, when making comparison of proportionate loss between December 2019 and December 2021, Rutland suffered the least loss at 12%, compared to 28% for Leicestershire, 31% for Leicester and 29% for England.
- 7.6 It is estimated that across the Country there has now been the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic. The effects have been similar in community and hospital care due to restricted capacity from staff absences or re-deployment to support COVID-19 activities.
- 7.7 Furthermore, since the start of the COVID-19 pandemic, two dental contracts have been handed back to NHS E/I within LLR (Leicestershire County). The dental activity from the terminated contracts have not been lost and NHS E/I have recommissioned them by dispersal to surrounding local dental practices in the area.
- 7.8 As part of the dental activity dispersal process, the NHS dental practice that is handing back their NHS activity must agree a communication letter for their patients with NHS E/I. This letter is to notify patients that the NHS dental practice will no longer be providing NHS dental care with appropriate sign posting provided on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to NHS E/I that there is no inappropriate/forced sign up to private dental services and enables informed patient choice.
- 7.9 It should be noted that many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHS E/I, the private element of their business may have been adversely affected by the pandemic. The Chief Dental Officer for England set up a time limited working group that undertook an investigation into the resilience of mixed economy practices. They concluded that whilst there would have been an interruption of income, the risk of a large number of dental practices facing insolvency over the next 12 to 18 months was low.

8 Restoration of NHS Dental Services

- 8.1 The NHS E/I commissioning team is working with the local dental profession to restore NHS dental services and deal with the inevitable backlog of patients that has built up since the COVID-19 pandemic. In line with national guidance issued, all NHS dental practices in England are currently working towards

providing routine dental care in the same way as they were prior to the pandemic, with the expectation of full (100%) delivery of contracted dental activity from July 2022.

8.2 It is important to note that patients should expect to be contacted and asked to undergo an assessment (undertaken remotely in most instances) prior to receiving an appointment. The latest guidance is that patients will be directed to the most appropriate service depending on whether they:

- have any respiratory symptoms
- need urgent dental care

This pathway will not change due to the removal of free COVID-19 tests and patients will also not be required to purchase these tests in order to gain access to NHS dental services.

8.3 Reduced access to NHS dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention may have struggled to gain access to NHS dental care. Some who were part way through dental treatment will undoubtedly have suffered and may have lost teeth they would not have otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out causing deterioration in outcome.

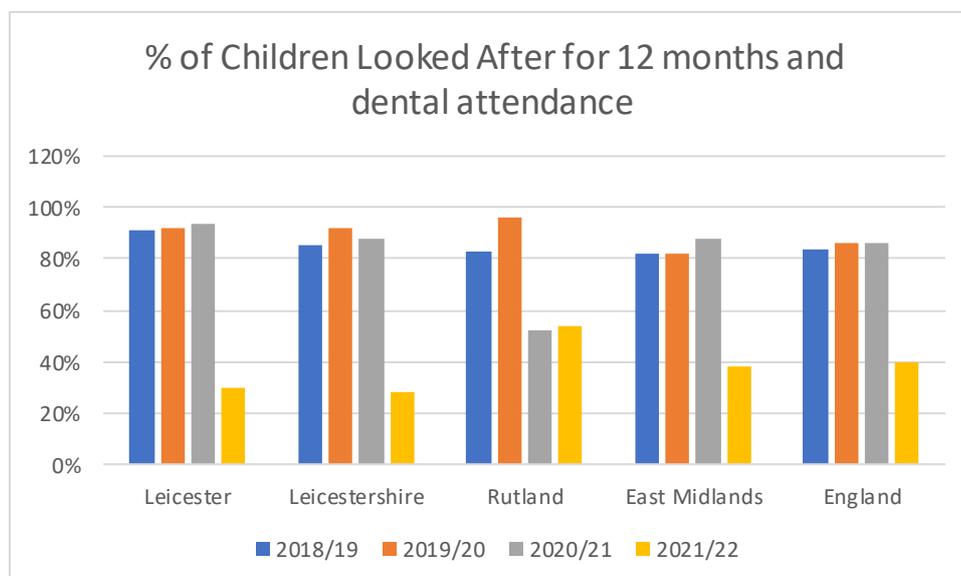
8.4 Orthodontic patients who are routinely seen for regular reviews will have missed appointments, although harm reviews and remote consultations undertaken should have helped identify any urgent issues. The ongoing backlog and ever-increasing waiting lists do however mean that there is still a risk of those recall intervals being extended in order to free up capacity to see new patients. Patient compliance with the required oral hygiene measures may decrease over time and consequently there is an increased risk of dental decay developing around the orthodontic appliances if treatment is prolonged in this way.

8.5 Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term impacts on oral and general health due to changes in nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar) coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar and alcohol intake could have a detrimental effect on an individual's oral health. Those impacted to the greatest extent by this are likely to be vulnerable population groups and those living in the more deprived areas, thus further exacerbating existing health inequalities.

8.6 It is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, could also be at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions.

8.7 Figure 7 below demonstrates that access for Children Looked After across LLR has significantly deteriorated since the pandemic.

Figure 7: Percentage of Children Looked After for 12 months and dental attendance



8.8 In recognition of the access difficulties for children in care, NHS E/I, the Local Dental Network Chairs in the East Midlands with support from the Orthodontic and Paediatric MCN Chairs, Public Health, Local Authorities and clinical colleagues have worked with safeguarding colleagues to support dental access for children taken into care. To assist with the process, an oral health assessment support sheet was developed for those undertaking general examination and, in acknowledgement of the difficulties in accessing NHS dental care, a pathway was also developed to enable children identified with acute dental problems at the Initial Health Assessment to be directed straight to CDS-CIC (the local community special care dental service) for a comprehensive dental examination. NHS E/I wrote to all Directors of Children's Services in the East Midlands to clarify the position regarding access to dentistry and the Looked After Children pathway that was developed. This has meant that no child being taken into care with urgent dental need was disadvantaged as a result of the challenges related to the pandemic. The pathway was completed in April 2021.

8.9 Additional dental capacity was also commissioned to support Afghan refugees repatriated to the UK and housed in local hotels. This was provided by way of dedicated domiciliary support to quarantine hotels and ongoing additional capacity at 2 local practices within Leicester City (to ensure the additional workload did not negatively impact on wider patient access).

9 NHS Dental Services recovery initiatives

9.1 A large financial investment has been made to facilitate initiatives designed to increase access across primary, community and hospital dental care, as follows:

- Weekend Sessions – For LLR, 8 practices were contracted to provide 63 additional sessions at a cost of £41,202.00. Out of the 8 practices, 5 practices were within Leicester City providing 41 additional weekend sessions: with the remaining 3 practices within Leicestershire County providing 22 additional weekend sessions. No uptake was received from Rutland County. Additional national funding was allocated as part of a national scheme and further applications were reviewed on an on-going basis until the scheme ended on 31 March 2022.
- Weekday Sessions – For LLR, 3 practices were contracted to provide 55 additional sessions at a cost of £35,970.00. All 3 practices were within Leicester City providing 55 additional weekday sessions. No uptake was received from practices in Leicestershire or Rutland Counties. Additional national funding was allocated as part of a national scheme and further applications were reviewed on an on-going basis until the scheme ended on 31 March 2022.
- NHS E/I approached the 5 dental providers across LLR who are contracted to open from 8am to 8pm with the view to commissioning additional funded sessions. Unfortunately, none of the providers felt that they had any capacity to provide any further sessions.
- Additional Orthodontic Case Starts – For LLR, 4 practices are contracted to provide additional capacity equating to 415 case starts to address the orthodontic waiting lists. One practice is in Leicester City offering an additional 40 case starts and 3 practices are within Leicestershire County offering 375 additional case starts. There was no interest received from Rutland County.
- Dedicated In Hours Urgent Care Slots (voluntary service from NHS general dental practices) – additional capacity for NHS 111 to signpost patients without a regular dental practice who require urgent dental care during surgery hours. Five practices in LLR are taking part and providing extra appointments. One of the five practices is in Leicester City offering 3 additional urgent care appointments per week with four out of the five practices within Leicestershire County offering 54 additional urgent care appointments per week. There was no interest received from practices in Rutland County.
- Additional funding has also been provided to local authorities:
 - £150,000 recurrent for 2 years to support oral health improvement initiatives and activities
 - £40,000 non recurrent to support purchase and distribution of toothbrushing packs to food banks and other venues

- £10,000 non recurrent to enable each local authority's oral health promotion service to expand and improve their resources
- £5,000 non recurrent to support each local authority's oral health promotion services' training resources
- £10,000 non recurrent to provide each child with a toothbrushing pack as part of the dental epidemiology survey

All the above funding was allocated jointly to Leicester City, Leicestershire and Rutland County Councils. Funding was transacted to Leicester City Council to be distributed between the three local authority areas via the LLR Oral Health Promotion Partnership Board. Agreement on the spending of all the additional funding will be discussed and agreed at the LLR Oral Health Promotion Partnership Board to ensure alignment with oral health needs of the area.

- Non recurrent investment to support IMOS providers in reducing waiting times for patients to be seen within 6 weeks of referral into the specialist service. At March 2022, there were 3,526 accepted patients onto the IMOS pathway for LLR and 2,197 (62%) had been waiting over 6 weeks to be treated. This has been reduced from 2,928 as at June 2021 when the waiting list initiative was launched.
- Non recurrent investment of £62,048 to support waiting list initiatives for LLR Community (Special Care) Dental Service (CDS-CIC) during 2021/22. The waiting list initiatives ran additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment. Additional dental hand pieces were also purchased to support improving efficiency of dental clinics resulting in reduced fallow time between patients. Commitment has also been secured for 2022/23 to support reducing GA waiting list (subject to securing additional sessions at the hospital trust).
- Trusts are monitored on referral to treatment within 18 weeks, 52 week waits and in addition, due to the impact of the pandemic, monitoring 104 week waits. All Trusts are required to clear any 104 week waits by July 2022. As at March 22, there were 60 LLR patients waiting over 104 week waits for Oral and Maxillofacial Surgery and UHL has plans in place to clear this within the target deadline. Please see Appendix 3 for Midlands Oral Surgery Referral to Treat Trends and Appendix 4 for referrals into secondary care which have started to recover, however, these remain lower than previous levels due to the reduction in routine appointments in primary dental care. Additional non recurrent investment of £35,791 has been secured to support secondary care dental waiting list initiatives for UHL. The waiting list initiatives are to address 104 and 52 week waits in the secondary care dental speciality Oral and Maxillofacial surgery. Further commitment of £463,224 has been secured to support waiting list initiatives in 2022/23.

10 Oral Health and Inequalities

10.1 Whilst NHS E/I is responsible for commissioning NHS dental services, the responsibility for public health, including oral health improvement, is with local authorities who have the statutory role in assessing local oral health needs and commissioning or providing evidence based oral health improvement programmes appropriate to those needs. In addition, the Local Authority is also responsible for oral health surveys to facilitate the planning and evaluation of the arrangements for provision of dental services as part of the health service and NHS E/I are working with Public Health local authority colleagues on this.

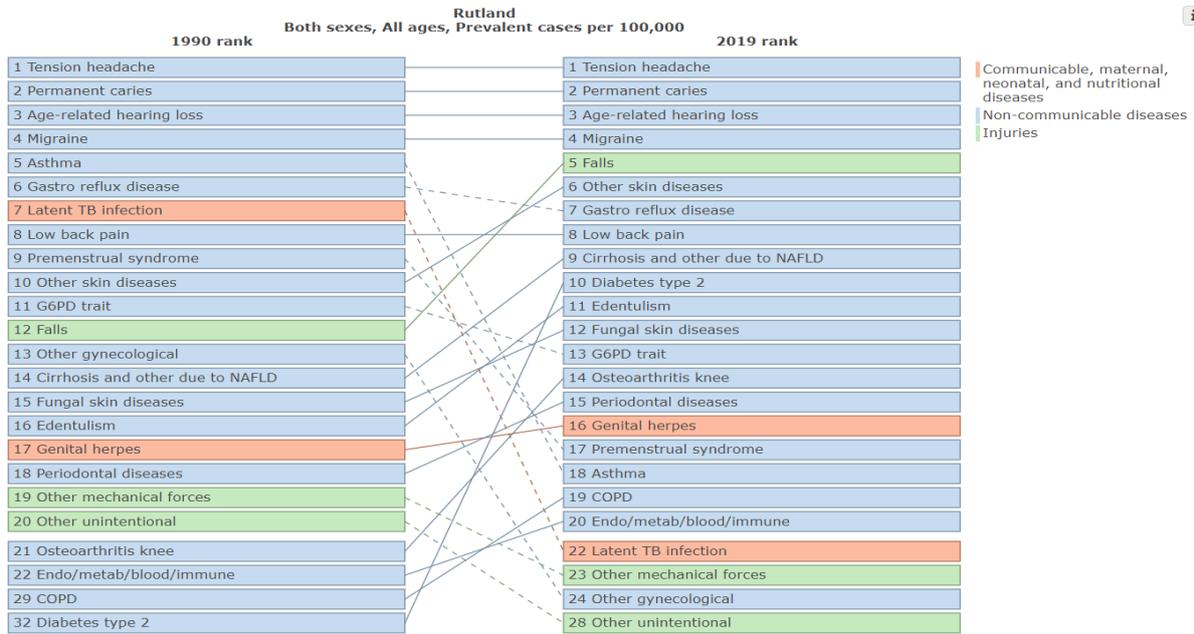
10.2 Oral diseases continue to be a leading public health problem with significant inequalities. Those living in more deprived areas and vulnerable individuals are more at risk, both of and from, oral diseases. Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities.

10.3 Figure 8 shows that oral health remains in the top 20 rankings of the most prevalent causes affecting the overall health and wellbeing of people living across LLR from 1990 to 2019:

- rank 2 (LLR) – dental decay (caries)
- ranks 21 (Leicester), 15 (Leicestershire), 11 (Rutland) – edentulism (no teeth)
- ranks 20 (Leicester), 18 (Leicestershire), 15 (Rutland) – periodontal (gum disease)

Figure 8: Ranking of prevalent cases per 100,000 affecting overall health and wellbeing of people living across LLR (Global Burden of Disease)

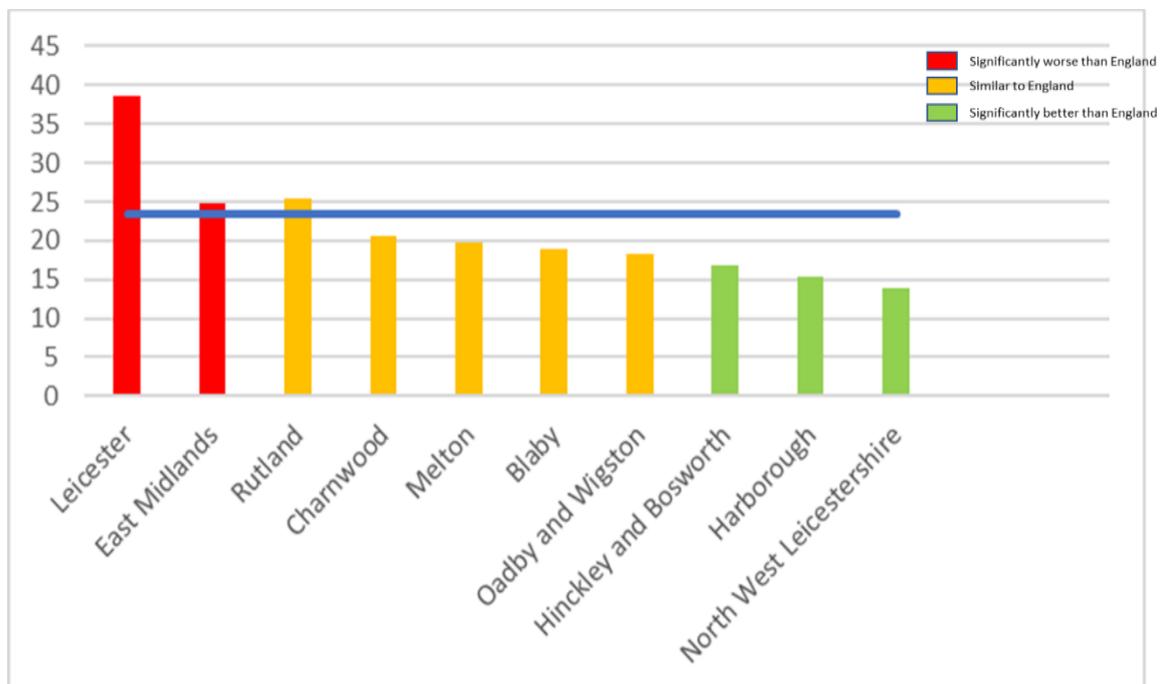




10.4 The findings of the 2017/18 survey of adults attending general dental practices in England showed that poorer oral health disproportionately affected those at the older end of the age spectrum and those living in more deprived areas.

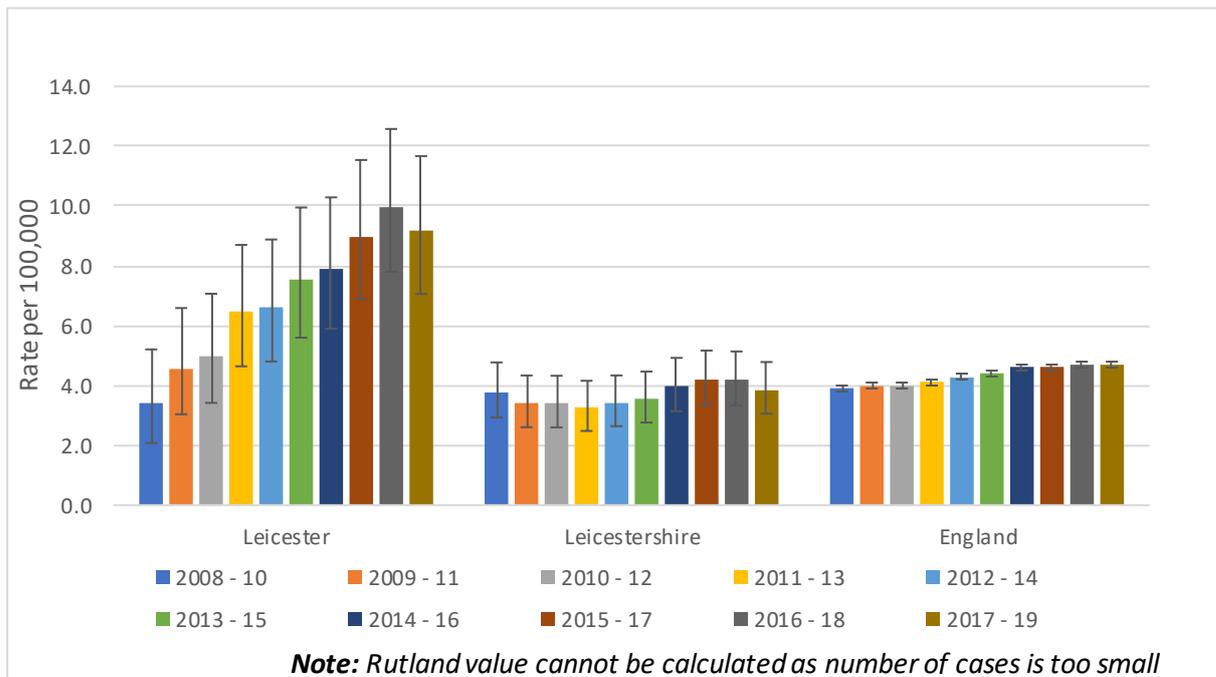
10.5 The 2018/19 national oral health survey of 5-year-old children showed wide variation in both the prevalence and severity of dental decay among young children across LLR (Figure 9). It can be seen that 5-year-old children in Leicester have significantly worse oral health compared to those living in England, East Midlands, Leicestershire as well as Rutland.

Figure 9: Percentage of 5 year olds with visually obvious dental decay (2018/19)



- 10.6 Dental health remains a significant public health concern with approximately 37,000 hospital admissions of children to extract decayed teeth in 2019/20 nationally. The estimated cost to the NHS of all tooth extractions in children is £50 million per year, most of which were due to avoidable tooth decay. Evidence supports water fluoridation as an effective public health measure that has the ability to benefit both adults and children, reduce oral health inequalities and offer a significant return on investment. Fluoridated water is currently supplied to ten percent of the population in England and unfortunately, residents across LLR do not benefit from water fluoridation.
- 10.7 The Health and Care Bill was granted Royal Assent on the 29th. April 2022 for healthcare recovery and reform. We are currently waiting for secondary legislation through parliament for the new Health and Care Act 2022 to come into force. The new Health and Care Act 2022 introduces measures that will level up disparities in oral health by making it simpler to add fluoride to the water in more areas across England. For the moment, the statutory responsibility with regards to decision making on water fluoridation still lies with local authorities but when the new Health and Care Act 2022 commences, it will change the decision-making responsibility on water fluoridation that has resided with local authorities since 2013 by transferring the responsibility for such decisions to be made centrally. Adding fluoride to drinking water can significantly reduce tooth extractions and cavities among children and young people. The evidence shows that children and young people in areas in England with higher fluoride concentrations were up to 63% less likely to be admitted to hospital for tooth extractions due to decay than those in areas with low fluoride concentrations. The difference was greatest in the most deprived areas as children and young people in these areas benefited the most from fluoridation.
- 10.8 Figure 10 shows that mortality rates from oral cancer are significantly higher than the national average and have also been increasing significantly over the years in Leicester. The most recent local authority data reports Leicester with the highest mortality rate from oral cancer in the country. Although tobacco use has been proven to increase the risk of oral cancer, people who use both alcohol and tobacco are at an especially high risk of contracting the disease. The high oral cancer mortality rate may indicate that patients could be presenting and/or being diagnosed late, as earlier diagnosis with cancer reduces the risk of mortality.
- 10.9 The Local Dental Network publicised Mouth Cancer Awareness month in November 2021 and distributed a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This is as a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021 <https://bit.ly/3vK70Ez>.

Figure 10: Oral cancer mortality rates across LLR



11 Collaborative working

- 11.1 The local NHS E/I dental commissioning team works collaboratively with Public Health colleagues in Leicester City as well as Leicestershire and Rutland County Councils around prevention initiatives linked to oral health improvement and in amplifying key oral health messages. Further information has been provided by each Council's public health teams on the local oral health improvement initiatives across Leicester, Leicestershire and Rutland in Appendix 5.
- 11.2 There have been regular meetings with the profession via the Local Dental Committee. The local dental commissioning team at NHS E/I are grateful for the co-operation received from the dental profession in mobilising Urgent Dental Care Centres and co-producing solutions to help manage the current restrictions in NHS dental services. This has included joint working between the local Community (Special Care) Dental Service and General Dental Practices.
- 11.3 There is a Local Dental Network (LDN) covering the LLR ICB with an LDN Chair in place. There are also a number of Managed Clinical Networks (groups of local clinicians) who have continued to meet virtually to plan care and agree good practice guidance to support practices in managing their patients. The Urgent Care Network met weekly early on in the pandemic to help plan and deliver ongoing access to urgent dental care.

- 11.4 The NHS E/I commissioning team have also been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to NHS dental services. These have been distributed to local authorities, Directors of Public Health and CCGs. Examples of tweets that have been shared on Twitter are given in Appendix 6.
- 11.5 NHS E/I have also engaged with Healthwatch Leicester & Leicestershire as well as Healthwatch Rutland and they have shared intelligence on local concerns or on difficulties people may be having accessing NHS dental services.

12 Assessment of access

- 12.1 A strategic review of dental access is planned for 2022/23 and NHS E/I anticipate having access shortly to a mapping tool which will help to identify local areas which may have specific issues in order to assist with a more targeted approach in tackling them.
- 12.2 The assessment of access below includes findings from the updated (currently in draft) Leicester City Oral Health JSNA (2022). Due to current capacity issues, Public Health colleagues have not commenced on the Oral Health HNAs for Leicestershire and Rutland but NHS E/I will work collaboratively with them when it starts.
- 12.3 Access is defined as the degree of fit between the user and the service; the better the fit, the better the access. Access is optimized by accounting for 6 independent yet interconnected dimensions:
- Affordability:
 - Leicester City Council Oral Health JSNA (2022) “*Leicester patients are more likely to suggest that they have found treatment too expensive*”.
 - Although those on certain benefits are entitled to free NHS dental care, those on a low income may struggle to pay for NHS dental services but may not be aware of the NHS Low Income Scheme.
 - NHS E/I have received anecdotal reports that some practices are seemingly promoting private treatment instead of providing an NHS appointment. NHS E/I does not support any stances of pressuring patients into private dental care. NHS E/I will investigate any report of this nature but will need detailed information so that this can be raised with the practice for a response. Any such concerns can be raised via a complaint about any specific practice/s by contacting the NHS England Customer Contact Centre on 0300 311 22 33 or www.england.nhs.uk/contact-us/.
 - Availability:
 - Leicester City Council Oral Health JSNA (2022) “*Following an audit of Leicester dental practices listed on the NHS website only 8 were accepting new adult NHS patients and a further 7 were accepting*

under 18s only. Also, according to the GP Patient Survey (Jan-Mar 2021), 71% of residents in Leicester City reported success in gaining a dental appointment, which is significantly lower than the national rate of success”.

- NHS E/I are aware that information on the NHS website may not always be up to date but it is unfortunately not a contractual requirement for dental providers to do so. NHS E/I are continuously working with all local dental providers to improve the accuracy of this information.
 - NHS E/I are also aware that some patients who had previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the pandemic. This is putting additional pressure on NHS services at a time when capacity is constrained.
 - NHS E/I also recognise the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity. Many NHS dental contractors are already delivering over 100%, and it is critical for those providers who are not to make progress as quickly as possible. Unfortunately, many practices are struggling to recruit staff (both dentists and nurses) and this is having an impact on capacity. Nevertheless, NHS E/I are expecting full (100%) delivery of contracted dental activity from July 2022.
- Accessibility:
 - Leicester City Council Oral Health JSNA (2022) *“Most of Leicester City’s residential areas are within 15 minutes’ walk of a dental practice but there are some areas of the city where residents would need to travel further. This includes areas to the West, East, and North West. Furthermore, if only 8 dental practices are currently accepting new adult NHS patients, many people would find it difficult to access these locations if walking and public transport were there only options”.*
 - NHS E/I is continuing to work with all NHS dental providers in delivering their full contracted activity and also in improving the accuracy of the information on the NHS website.
 - Appendix 1 (Maps 4 and 5) show that some residents on the northern point of Melton are not within the 10 mile radius of NHS dental practices in Leicestershire and also not within 30 minutes by car in rush hour – they may be accessing NHS dental care from Nottinghamshire and/or Lincolnshire (as commissioned by NHS E/I) but they may also be having difficulties as dental access for adults in Melton (within 24 months) is lower than the national average. The Leicestershire Oral Health Needs Assessment will help to determine this.
 - In addition, those who were advised that they are extremely clinically vulnerable or previously shielded, special arrangements have been made to ensure they are able to access care safely at their usual practice by being offered an appointment at the beginning or end of a session.

- Adequacy:
 - Leicester City Council Oral Health JSNA (2022) *“Due to the developmental of the LAC Pathway, access rates for children being taken into care requiring urgent dental treatment seem to be good but there is anecdotal evidence that access to routine dental appointments are more challenging for these vulnerable children”.*
 - NHS E/I are aware that it has been very difficult during the pandemic for foster carers to find appointments for these vulnerable children. For children who were being taken into care and not identified with an urgent dental need, their foster carers have been asked to take them to a local dentist. NHS E/I are continually reminding NHS dental practices that these vulnerable children are a priority for dental access. If the foster family regularly attends the practice, the children should be considered as part of that arrangement. It is expected that NHS dental practices would manage the child within the general dental practice setting (high street dentist) as they would any other child.
 - The orthodontic treatment transfer process for children in care has also been reviewed in order to make it as seamless as possible and foster carers are informed of the process.
 - NHS E/I are aware that other vulnerable groups are also finding it harder than usual to access services. We are continuing to review pathways and treatment arrangements to ensure continued NHS dental access which is primarily facilitated through NHS 111. NHS E/I are also working with the LLR Oral Health Promotion Partnership Board to address the inequality for those experiencing Severe Multiple Disadvantage.
 - NHS E/I have commissioned a pilot collaborative approach on the delivery of special care dental services, which is intended to add capacity in assisting the management of special care dental patients in the system. Unfortunately, there was no uptake from NHS dental providers across LLR, however NHS E/I are currently trying to secure additional funding to extend the pilot into 2022/23 and hope to encourage uptake from NHS dental providers in LLR.

- Acceptability:
 - Leicester City Council Oral Health JSNA (2022) *“Leicester patients are more likely to suggest that they have not needed to attend a dentist (GP Patient Survey). Leicester City Council have also commissioned health and wellbeing surveys for both adults (2018) and children (2016/17). These surveys have asked about dentist attendance. They reveal significant differences by gender, age, ethnicity, and deprivation. Also, children and young people are more likely to say they have never been to the dentist if from the North area of the city or if they are Asian”.*
 - The extent that NHS dental services are responding to the attitude of residents and patients regarding characteristics of the service and social or cultural concerns are not known. Leicester City Council has also identified some areas where there are higher rates

of urgent dental care including areas with a large Eastern European population (West End and Newfoundpool) and also more diverse areas (Belgrave, Spinney Hill and Highfields) where the 65+ population also have high rates of urgent dental activity. There are many reasons why people may not engage with routine dental care and may choose to seek dental care only when problems arise. NHS E/I will work with Leicester City Council to explore these issues further through the LLR Oral Health Promotion Partnership Board.

- It is also acknowledged that dental access for adults living in Rutland is lower than the national average. It could be that they have a preference for private dentistry instead. The Rutland Oral Health Needs Assessment will help to determine this.
 - NHS E/I have been working on a new scheme to encourage local child friendly dental practices to provide support to their local Community (Special Care) Dental Service by collaborating on a shared care model, serving to free up capacity on tackling backlogs for those requiring complex dental treatment. Unfortunately, there was no uptake from NHS dental providers across LLR, however it is part of NHS E/I's investment plan to continue this scheme into 2022/23 and will continue to seek further interest and support from NHS dental practices across LLR.
- Awareness:
 - Leicester City Council Oral Health JSNA (2022) "*Analysis shows that males, younger adults and those from a non-White ethnicity in Leicester are finding it more challenging to successfully get a dental appointment*".
 - The extent that effective communication and information strategies currently being used are taking full consideration of context and health literacy particularly of specific population sub-groups is not known. NHS E/I will explore this with the LLR Oral Health Promotion Partnership Board to ensure that appropriate communication and information strategies are in place.
 - NHS E/I have also received anecdotal evidence that Care Home providers are not aware of the existence of the Domiciliary Dental Service, the eligibility criteria and how to contact the service. Prior to the pandemic, work was underway to look at new ways of collaborative working with primary care networks to strengthen support to care homes in accessing NHS dental services and in improving the oral health of their residents. This remains a priority and NHS E/I will continue working with the LLR Oral Health Promotion Partnership Board and Leicestershire Partnership NHS Trust on this agenda.
 - There is also ongoing concern about a reluctance amongst some people in attending dental appointments during the pandemic either because they do not want to be a burden on the health service or because they fear being infected with COVID-19. A campaign reassuring people that it is safe to attend NHS dental appointments has been launched by NHS E/I.

- NHS E/I will also work collaboratively in raising awareness of the NHS Low Income Scheme which provides financial support for those on a low income.

13 Supporting Information

- Appendix 1 - Location of dental practices and clinics across Leicester, Leicestershire and Rutland
- Appendix 2 - Activity Trends in Primary Care
- Appendix 3 – Midlands Oral Surgery Referral to Treatment (18 week and 52 week waiters)
- Appendix 4 – Midlands Secondary Care Dental Referral Trends
- Appendix 5 – Oral Health Improvement activities across Leicester, Leicestershire and Rutland led by local authority Public Health teams
- Appendix 6 - Examples of tweets shared by the NHS England Communication Team

14 Contact Points

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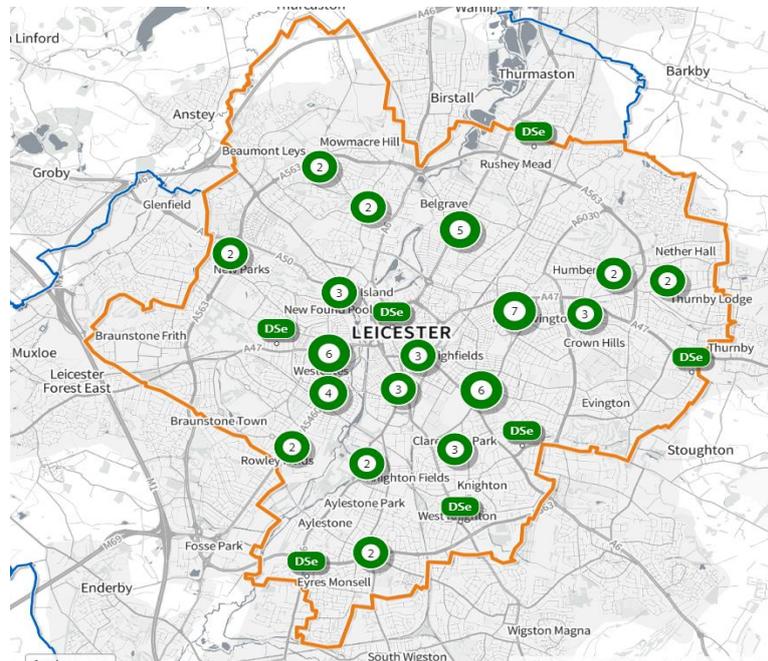
Rose Lynch – Senior Commissioning Manager, NHS E/I
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Appendix 1: Location of dental practices or clinics including orthodontic and community sites

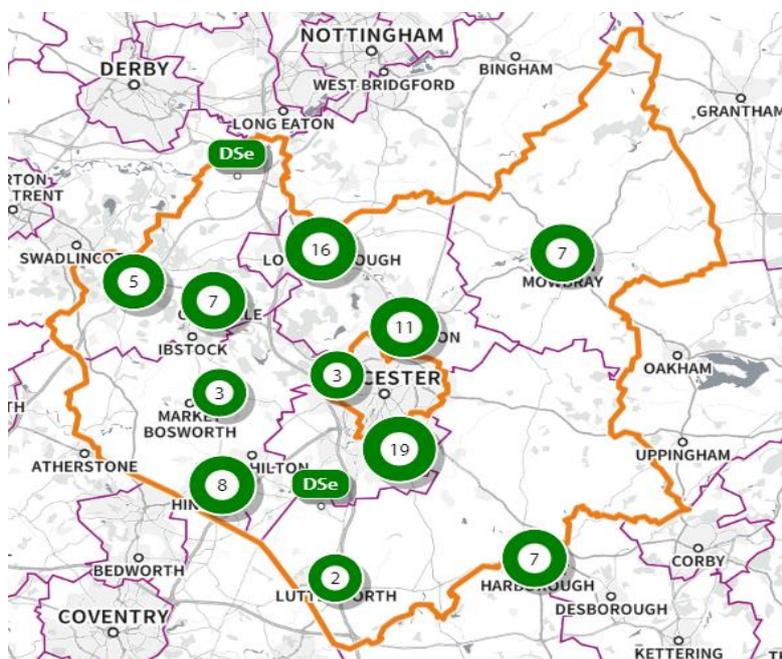
NB:

- The numbers denote the number of NHS dental practices within the location
- DSe (dental service) indicates one NHS dental practice within the location

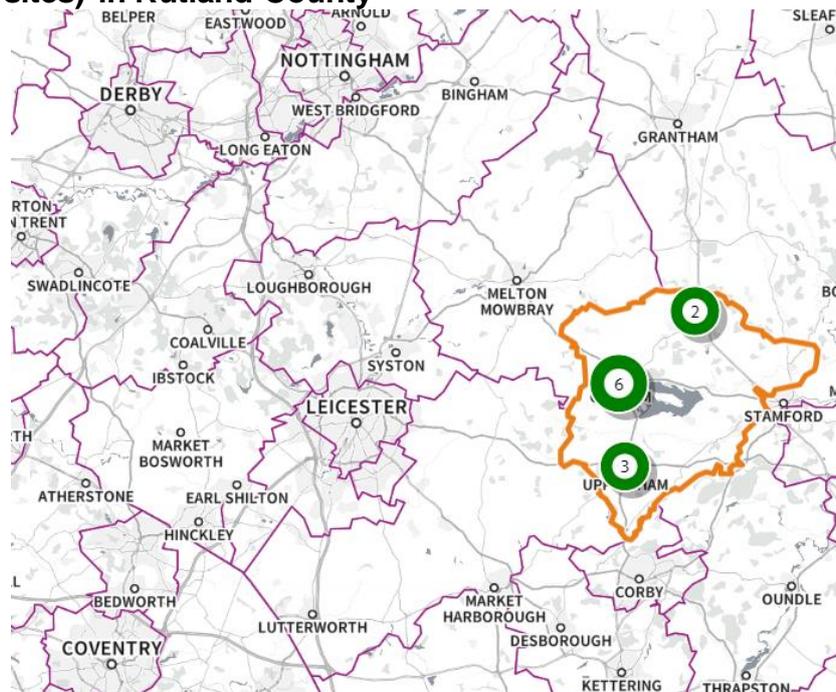
Map 1: Location of dental practices and clinics (including orthodontics and community sites) in Leicester City



Map 2: Location of dental practices and clinics (including orthodontics and community sites) across Leicestershire County

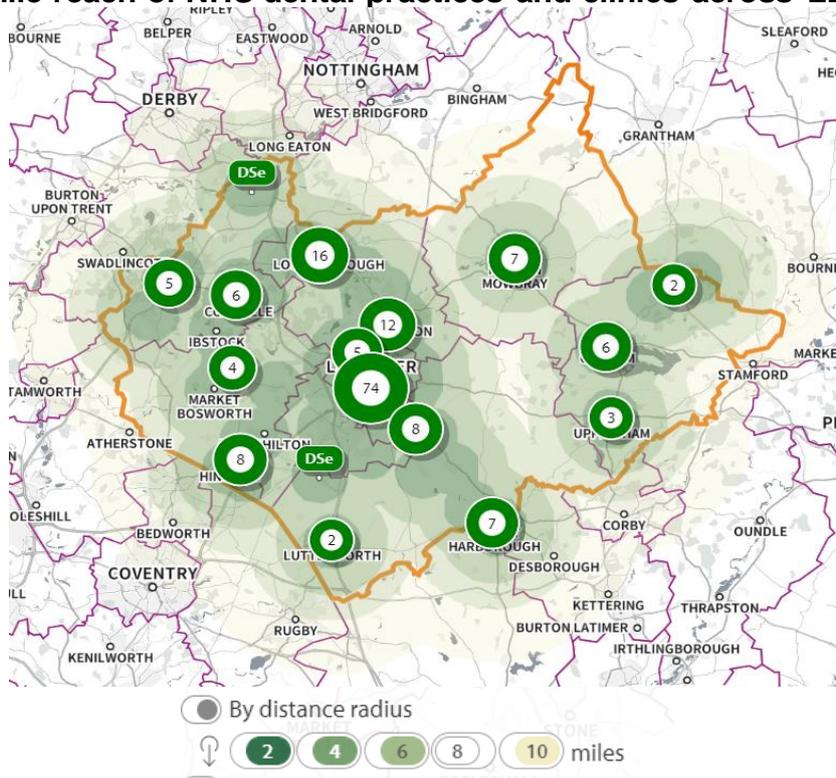


Map 3: Location of dental practices and clinics (including orthodontics and community sites) in Rutland County



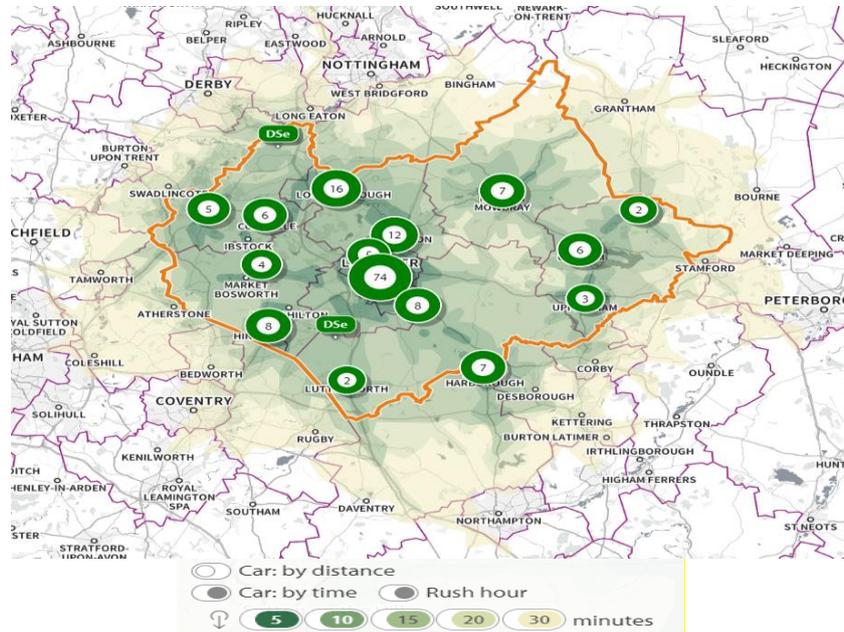
Map 4 below demonstrates that every dental practice or clinic (including orthodontic and community sites) are within a 10 mile radius of every resident living in Leicester, Leicestershire and Rutland, apart from those living in the northern point of Melton who may be accessing NHS dental care from dental practices in Nottinghamshire and/or Lincolnshire. The Leicestershire Oral Health HNA will help to determine this.

Map 4: 10 mile reach of NHS dental practices and clinics across LLR



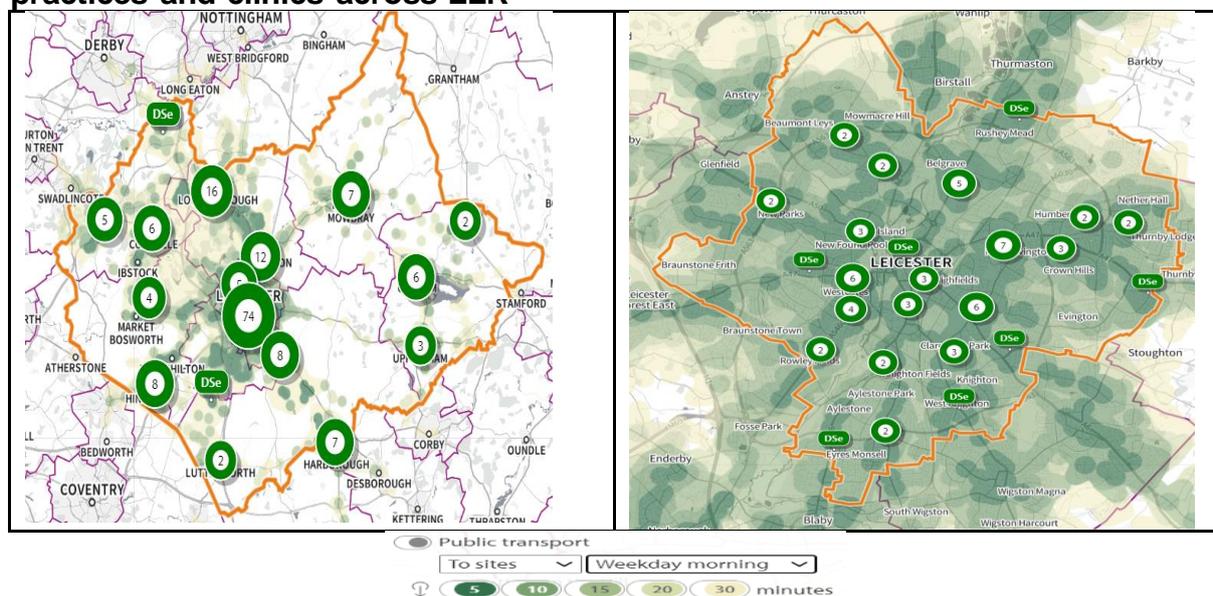
Map 5 below demonstrates that every dental practice or clinic (including orthodontic and community sites) are accessible by car within 30 minutes in rush hour, apart from those living in the most northern point of Melton who may be accessing NHS dental care from Nottinghamshire and/or Lincolnshire. The Leicestershire Oral Health HNA will help to determine this.

Map 5: 30 minute travel by car (rush hour) to NHS dental practices and clinics across LLR



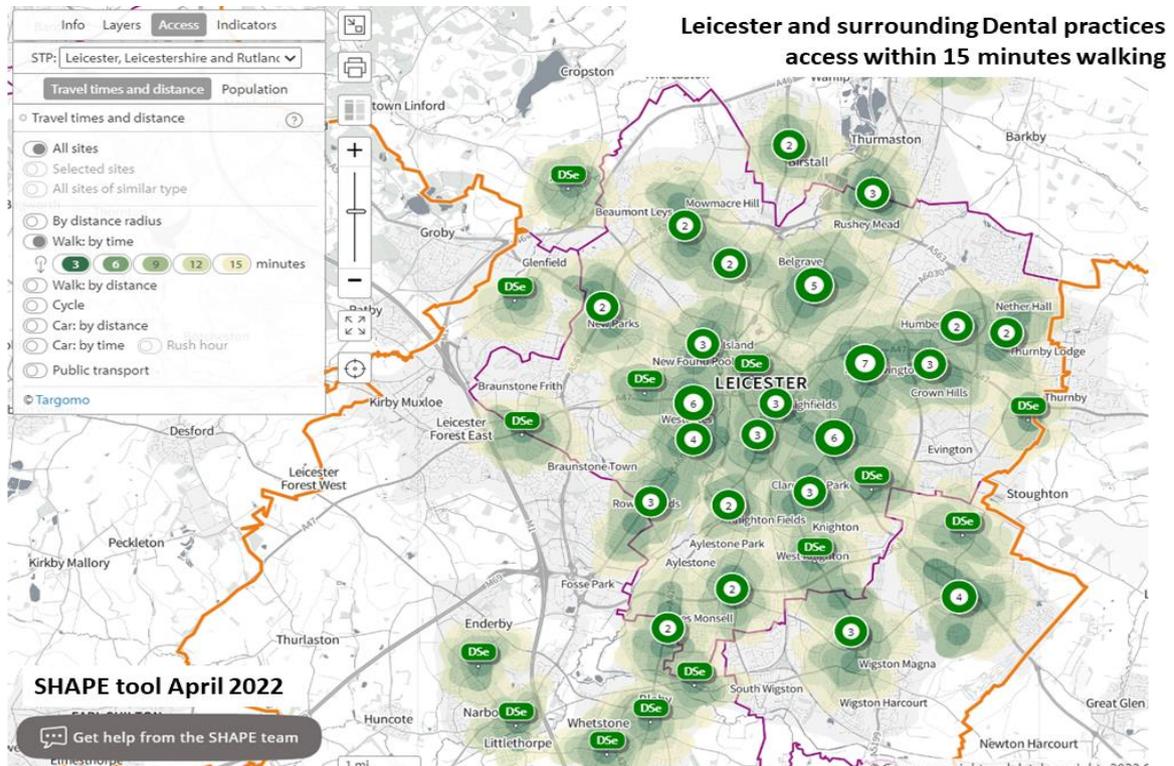
Map 6 below demonstrates that not every dental practice or clinic (including orthodontic and community sites) are accessible by public transport within 30 minutes on a typical weekday morning for those living in Leicestershire and Rutland Counties. However, all dental practices and clinics are accessible by public transport within 30 minutes for every resident in Leicester City.

Map 6: 30 minute travel by public transport (weekday morning) to NHS dental practices and clinics across LLR

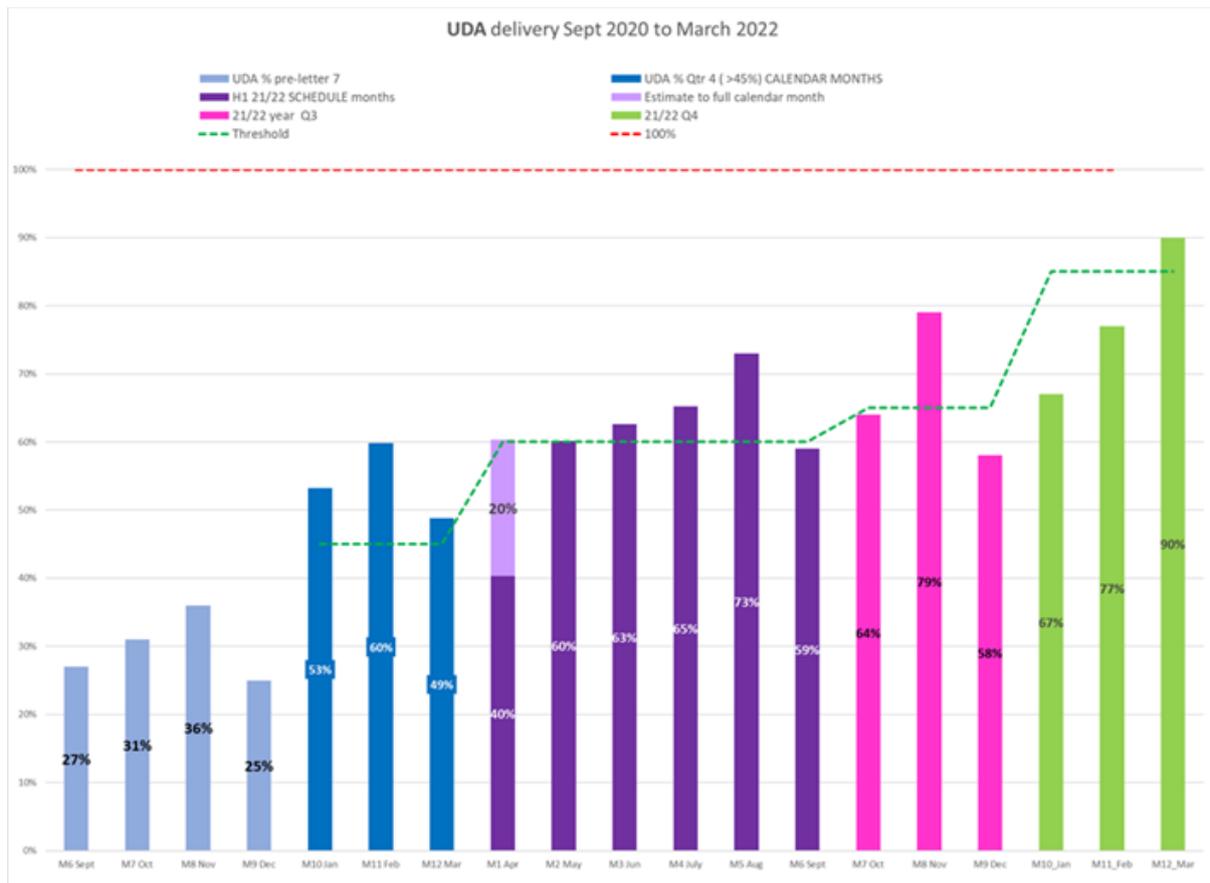


Map 7 below demonstrates that most of Leicester City’s residential areas are within 15 minutes’ walk of a dental practice but there are some areas of the city where residents would need to travel further. This includes areas to the West, East, and North West.

Map 7: 15 minute walk to NHS dental practices and clinics in Leicester city



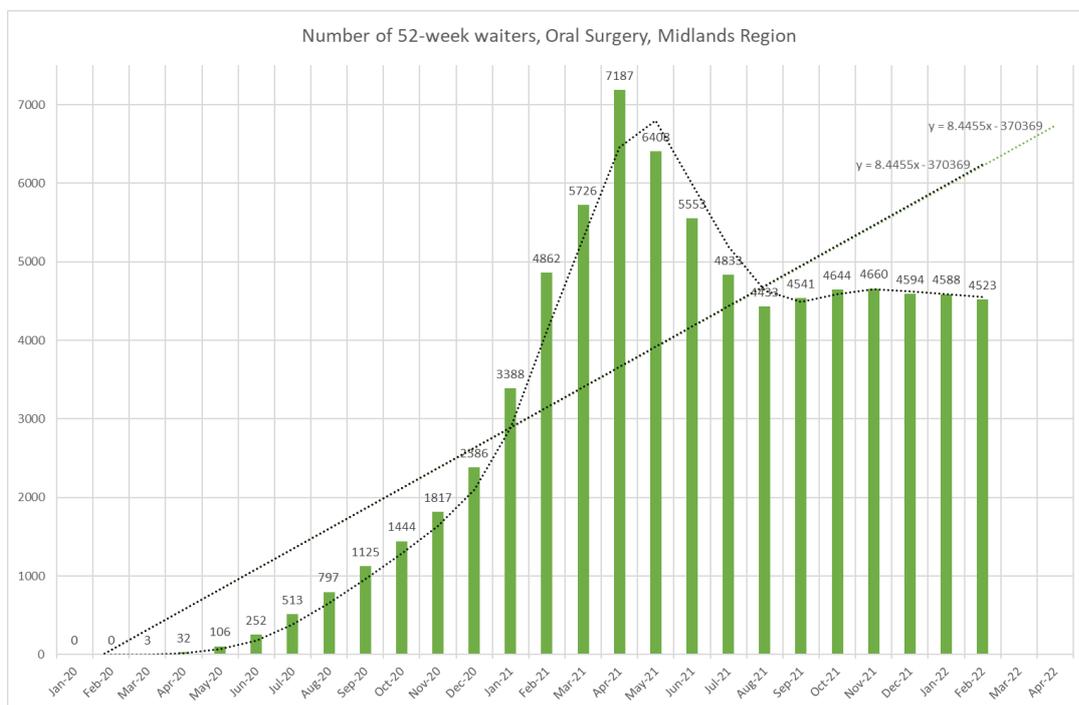
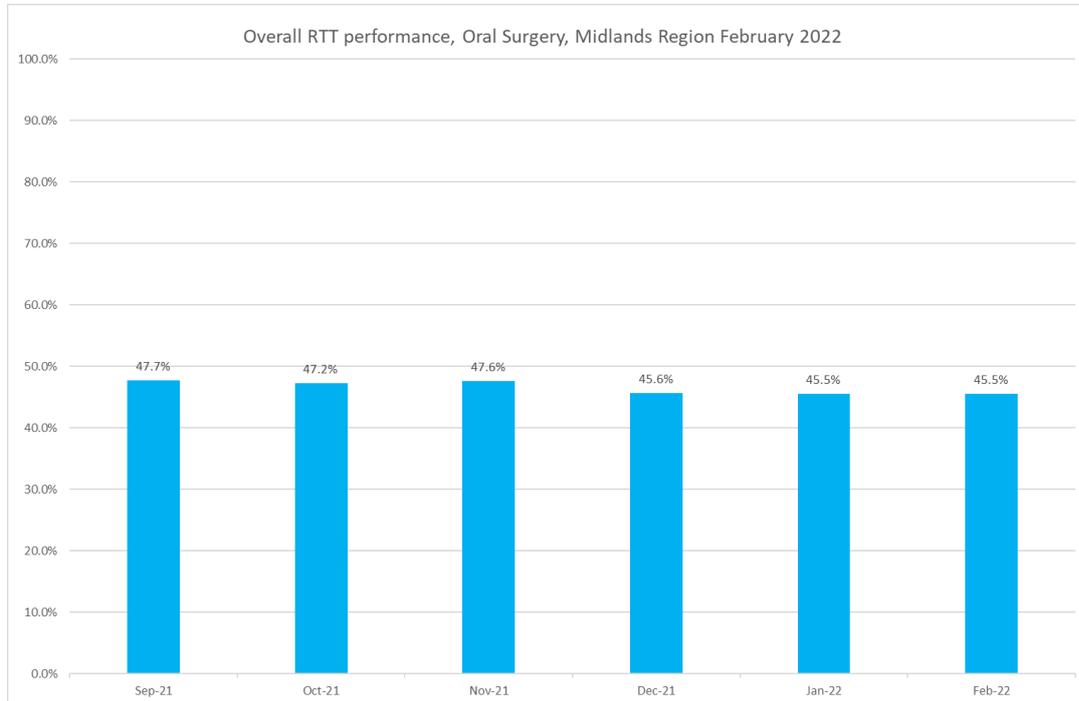
Appendix 2: Activity Trends in Primary Care for Units of Dental Activity (UDA) - Midlands



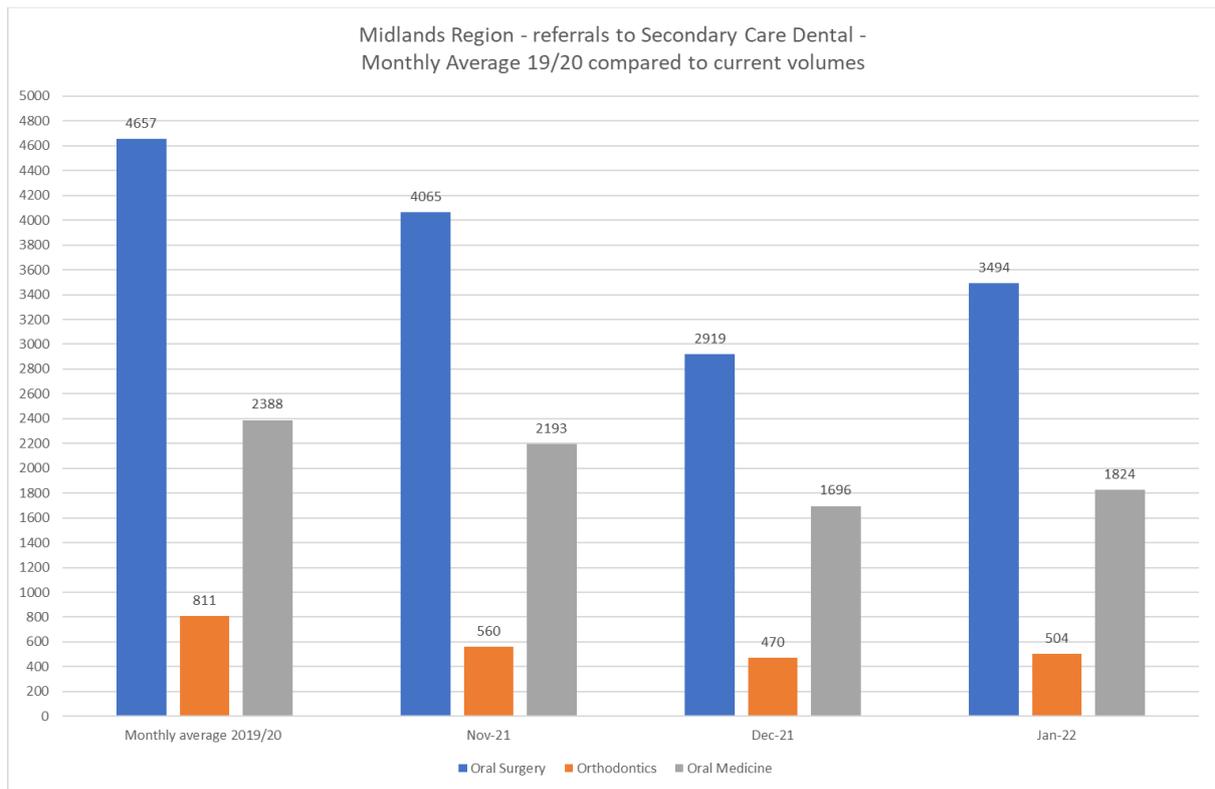
Appendix 3: Midlands Oral Surgery Referral to Treatment (18 week and 52 Week Waiters)

Note – the increase in 52-week waiters in April is largely due to a change in reporting process whereby maxillofacial surgery data was included for the first time. The proportion of the total waiting list that have been waiting 52 weeks or more has fallen from 19 per cent to 10 per cent between March 2021 and February 2022.

At the current time data cannot be split to report for LLR.



Appendix 4: Midlands Secondary Care Dental Referral Trends



Appendix 5: Oral Health Improvement activities across Leicester, Leicestershire and Rutland led by local authority Public Health teams

Healthy Teeth, Happy Smiles! – Leicester City Council

Leicester City Council has the overall statutory responsibility for public health, and this includes oral health. The Council is also responsible for commissioning dental epidemiology surveys and delivering oral health promotion.

Due to Leicester having the highest rates of tooth decay for 3-year olds (2013) and 5 year olds (2012), improving children's oral health was made a priority in Leicester. In September 2013, Leicester City Council established the Oral Health Promotion Partnership Board (OHPPB) to facilitate and coordinate responsibilities and activities for improving oral health across partner organisations. The OHPPB developed Leicester's early intervention programme Healthy Teeth, Happy Smiles! (HTHS!). The OHPPB has an action plan which includes the development and progression of HTHS! resources and activities aimed at adults and children.

Examples of work of the service are:

- A universal supervised toothbrushing programme for 0-5 years children in pre-school and primary school settings. Figure 54 and 55 (below) show the proportion of settings in each ward that are currently taking part in the programme. During the COVID pandemic, PHE recommended ceasing supervised toothbrushing programmes nationally. In August 2020, PHE released updated infection prevention and control guidance that would allow settings to re-start supervised toothbrushing as appropriate. The team has been supporting settings to re-start supervised toothbrushing in a risk assessed environment, offering virtual re-trainings and refreshers for staff.
- HTHS! Dental Practice Accreditation scheme, where dental practices who demonstrate a commitment to prevention are awarded with the HTHS! kitemark. As of December 2019, there were 12 practices with full HTHS! accreditation.
- The Smile Early Years Award accreditation enables early years settings to be awarded with an accreditation for completing a portfolio of work showing their commitment to oral health promotion, healthy eating and general wellbeing in the early years setting. Currently, seven settings are working towards their Bronze accreditation, six have achieved their Bronze accreditation and five of those are working towards their Silver.
- Various oral health promotion activities/campaigns including National Smile Month, Mouth Cancer Action Month and a year-round city-wide baby bottle swap scheme.
- Free multi-agency oral health training sessions for the health and care workforce
- The provision of 4 oral health packs in the first 5 years of life is embedded into the Healthy Child Programme. During the COVID pandemic when the health visiting service could not conduct face to face support, oral health packs were posted to children for the 1 year and 2-year check, including toothpaste, toothbrush and information for parents.

The service also supports work for adults' oral health including support for adults living in care homes.

Leicestershire and Rutland

Oral Health Improvement activities within Leicestershire and Rutland are currently focussed mainly on Early Years. However, with the additional funding from NHS E/I, the reach can be extended further. The LLR ICB footprint has received £150,000 for a period of 2 years to support oral health improvement initiatives and activities. At the last Oral Health Promotion Partnership Board, it was agreed the money would be spent on a number of initiatives including increasing the capacity to develop a care homes oral health education offer, support for Making Every Contact Count, developing information on oral health for people with diabetes and assessing feasibility of community fluoride varnish initiatives. The LLR ICB footprint has also received £40,000 non recurrent funding to support purchase and distribution of toothbrushing packs to food banks and other venues which the oral team promotion teams are sourcing a provider for. Described below as this encompasses oral health improvement activities.

Supervised Toothbrushing (STB)

- STB is offered to all Early Years settings within Leicestershire. This is an evidence-based intervention. Resources are also provided to these settings, as well as ongoing support and training.
- The STB programme is tied in closely with the Leicestershire Healthy Tots accreditation programme (<https://www.leicestershirehealthytots.org.uk/oral-health>)

Multiagency Training

- Multiagency training is provided to those working with families and young children, including health visitors and early years staff.
- Lately demand has increased, therefore an eLearning package is currently in development which will sit on the Healthy Tots website.
- Face to face training will still be available for targeted settings and areas.

Resources

- The Leicestershire Oral Health Improvement Team provide a range of resources targeted at Early Years Professionals and Parents and Carers - <https://www.leicestershirehealthytots.org.uk/oral-health-resources>
- Toothbrush packs are provided for all children within Leicestershire by their Health Visitor.
- An extensive resource catalogue is available for early years professionals to 'loan' resources for use within their settings. <https://www.leicestershirehealthytots.org.uk/oh-resources-for-early-years-prof>
- The resource catalogue is currently being digitised to give an improved service for early years professionals.

Campaigns

- Several campaigns are focussed on during the years including National Smile Month, Mouth Cancer Awareness Month and Fizz Free Feb.
- Additionally, working with foodbank volunteers to further and support them in their knowledge of key oral health messages and access to dental services (including the NHS low income scheme). MECC videos, hosted on the Healthy Conversation Skills website, will be produced to support having health conversations instead of the transfer of toothbrushes being only transactional.

Healthy Child Programme

Health visitors have an important role in providing advice and support as part of the healthy child programme. Health Visitors provide oral health advice and support and signpost to dental service if appropriate. Key touch points help identify families that need additional support for example, dental services the siblings of children who have attended hospital for dental extractions due to tooth decay or encouraging dental attendance when the first tooth erupts at 6 months of age, to enable the dental teams to give preventable messages.

Appendix 6: Examples of tweets shared by the NHS England Communication Team

