

## HEALTH AND WELLBEING BOARD

24 January 2023

### DRAFT OF ORAL HEALTH JSNA 2022

#### Report of the Director of Public Health

Strategic Aim:	Healthy and Well	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Sam Harvey: Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	Hanna Blackledge, Business Intelligence, Lead Public Health Analyst	hanna.blackledge@leics.gov.uk
	Mike Sandys, Director of Public Health	Telephone – 0116 3054239 email: mike@sandys@leics.gov.uk
Ward Councillors	N/A	

#### DECISION RECOMMENDATIONS

That the Committee:

1. Approves publication of the Oral Health Needs Assessment for the Rutland JSNA.
2. Endorses the Needs Assessment recommendations for the Integrated Delivery Group to consider and progress as required.

#### 1. PURPOSE OF THE REPORT

- 1.1 The purpose of the report is to present the findings and the recommendations of the recent Oral Health Needs Assessment (OHNA) for Rutland (part of the JSNA process) and to seek approval for its final submission and publication.

#### 2. BACKGROUND

- 2.1 The purpose of a health needs assessment (HNA) is to inform commissioning and planning of services through identifying unmet health and healthcare needs of the population and recommend appropriate actions to meet these unmet needs. It involves epidemiological, comparative and qualitative methods to define health inequalities, gaps in services and priorities for consideration.
- 2.2 Oral health is one of the key indicators of overall health and wellbeing and is necessary for important daily functions, such as eating, speaking and smiling.

- 2.3 Poor oral health is a major public health problem, owing to its high prevalence and incidence. The burden of oral diseases, such as tooth decay, gum disease, oral cancer, and facial and dental injuries, falls unequally upon disadvantaged and/or vulnerable populations.
- 2.5 However, these conditions are highly preventable. Simple measures, such as improved oral hygiene, healthy diet, access to fluoride and regular dental check-ups play a major role in their prevention and early treatment.
- 2.6 Oral health of Rutland population was last assessed, as part of the Joint Strategic Needs Assessment process, in 2018 (reports accessed here: <https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/joint-strategic-needs-assessment/>)
- 2.6 The issues of access to the NHS Dental Services in Rutland, provision and recovery plans post-pandemic were reported to the Scrutiny Committee in September 2022 (see: <https://rutlandcounty.moderngov.co.uk/documents/s24017/Report%20No.%20145-2022%20-%20Access%20to%20NHS%20Dental%20Services%20within%20Rutland.pdf>).
- 2.7 The COVID-19 pandemic impacted substantially on how dental services were provided, with priority for urgent care, those at higher risk or vulnerable individuals, such as children. Capacity issues were reported by many practices during and in the aftermath of the pandemic.

### 3. MAIN FINDINGS

- 3.1 Census 2021 figures show higher than national average overall proportion and population growth in the older age groups, particularly among the over 65s, with relatively less working age adults and children. The total population of Rutland has increased by 10% since 2011 and is projected to increase further by 7% in the next decade.
- 3.2 There is a well-documented link between **socio-economic deprivation** and poor oral health. Although the overall measures of deprivation are better than national average for Rutland there are specific issues linked to rural deprivation, such as social isolation and barriers to housing and to services. Almost two-thirds of Rutland population live in a rural setting.
- 3.3 Several **population groups are at higher risk** of poor oral health including:
- children with special educational needs and children looked after
  - vulnerable elderly
  - people with disabilities
  - prison populations
  - military personnel and their families
  - refugees and asylum seekers
- 3.2 The level of **oral health in children** is assessed regularly through national surveys.
- The results emerging from the most recent survey of the **3-year-old children**, albeit based on a small sample size, seems to suggest the level of oral health need, measured as level of dental decay, similar to the national average. However, higher level of dental decay of incisor teeth specifically in this age group could indicate poor infant feeding practices such as consuming sugar-sweetened drinks.

- Similarly, for the **5-year-olds** the overall level of dental decay is similar to the national and regional (East Midlands) average, and significantly lower than in Leicester but borderline higher than for Leicestershire County.

In addition:

- Rate of hospital tooth extraction in children and young adults (0-19) is another potential indicator of high level of dental decay. In Rutland these figures are generally low and the regional rates are also much lower than the national average.
- The rate of dental checks for the looked after children is similar to other areas, however it fell substantially between 2019-21, when compared to previous years.

3.3 The 2018 Oral Health Survey for **adults** has shown level of functional dentition similar to other areas and active decay lower, indicating relatively good level of oral health in Rutland. Nationally, **oral cancer** rates have been increasing steadily since 2007. Oral cancer can be detected at dental check-up. In Rutland there were 25 new cases between 2017 and 2019 (latest published registration figures), and this rate is statistically similar to the national average, although longer-term trends for Rutland are difficult to assess due to small numbers.

3.4 **NHS dental services** include primary dental care service ('high street' surgeries), community dental services, specialist dental services (Intermediate Minor Oral Surgery – IMOS), secondary care (NHS Hospital Trusts) and dental services in secure settings. The commissioning responsibilities for these services will transfer on the 1st of April 2023 from the NHSE to the Integrated Care Board (ICB). During the COVID-19 pandemic, dental services were prioritising urgent care, care for vulnerable (including children) and high-risk patients. Ongoing issues, such as falling levels of dental access in primary care, staff shortages, increasing pressure on service (private patients re-patriating to the NHS) and low orthodontic capacity have been highlighted nationally.

Issues of **access to services** highlighted in the report include the following:

- With regards to access by new patients to primary NHS dental care – of all practices contacted through survey within 16-mile radius (including six practices within Rutland and 44 cross-border providers), the majority either did not accept any new NHS patient or accepted only referrals. A small proportion (10%) accepted only children.
- Almost half of Rutland population is more than 15 min walk from a nearest dental care provider and a third have more than 30 min travel by public transport. Both these findings are correlated to rurality rather than deprivation in Rutland.
- One of the measures of access is the proportion of population '**seen by a dentist in the past 12 or 24 months.**' Because of the timing of COVID-19 pandemic and limited services during that time, the conclusions are nuanced, but the following was found:
  - In the pre-pandemic year over 60% of children would have been seen by a dentist in previous 12 months; this proportion halved by March 2021 and partially recovered to 53% by March 2022 (better than England average of 45% at that time).
  - For adults, the percentage of those seen in the 24 months prior, were generally lower pre-pandemic (in the ballpark of 40%) and continued to fall through the pandemic to less than 30% and without any recovery. Access is lowest for the over 65s and significantly lower than the national average (26% compared to the 37% for England). Highest rates for adults were in the eastern localities

(Ketton, Ryhall and Luffenham), although there was no correlation to deprivation measures.

- Men (particularly of working age) were much less likely to access dental services than women (by 15%).
- Other proxy indicators of access, such as rates of dentists per head of population or those reported through GP Patient Survey show rates similar or better than the national average.
- Activity data for period January 2019 to June 2022 further suggest that:
  - access rate for children has been rising since 2020, from the low of 13% to 42% in 2022, which is still below the pre-pandemic level,
  - rates for adults are generally low (lower than many comparators) and have not recovered post-pandemic, at least by the summer of 2022
- As a measure of **patient satisfaction**, the percentage of people describing a 'very good' or 'fairly good' experience of NHS dental services in Rutland dropped from over 80% across previous years to less than 75% in 2020/21.

3.6 A number of **oral health improvement** measures are underpinned by strong evidence of effectiveness and are estimated to have high return on investment. They include breastfeeding, toothbrushing, use of fluoridated toothpaste, reduction of consumption of sugary food and drinks, application of fluoride varnish in children or water fluoridation. Water fluoridation has the highest return on investment estimate (£22 per £1 after 10 years).

- In 2021/22, Rutland had a significantly lower rate of fluoride varnish application for children 0-17, compared to Leicestershire average – 48.2% against 57.4%
- Rutland currently do not have an oral health promotion service or a supervised tooth brushing programme. Health visitors provide oral health advice, but do not distribute toothbrushes or toothpaste.
- There is an Oral Health Promotion Partnership Board across Leicester, Leicestershire and Rutland (LLR) and Public Health represent Rutland on this board.

## 4. RECOMMENDATIONS

- 4.1 Dental access issues should be monitored, and steps taken to improve access where necessary. Focus on the elderly, working-age men and vulnerable groups, such as families of military personnel.
- 4.2 Provide up-to-date information on available NHS dentistry and investigate current pattern of service use, particularly cross-border flows and the use of private dentistry.
- 4.3 Consider targeted oral health promotion for the youngest children and the elderly.
- 4.4 Consider increasing fluoridation programmes across Rutland, including promotion of fluoride varnish and toothpaste and the feasibility of water fluoridation in Rutland, aligned to any upcoming changes to the Health and Care Act 2022 regarding fluoridation responsibilities for local areas.
- 4.5 Commission health promotion service or supervised toothbrushing to Early Years Settings in Rutland.

## **5. CONSULTATION**

- 5.1 A range of stakeholders in the health and care system have been consulted over the development of the JSNA, including NHS commissioning (NHSE).

## **6. ALTERNATIVE OPTIONS**

- 6.1 The production of a JSNA is a statutory requirement. However, alternative options over the overall scale, size, structure and timing of production of different elements of this and other JSNA chapters are being considered.

## **7. FINANCIAL IMPLICATIONS**

- 7.1 The small business intelligence (BI) team supports the analytical work for both Leicestershire and Rutland Public Health for all JSNA chapters. Any requirements over the existing team capacity may have resource implications.

## **8. LEGAL AND GOVERNANCE CONSIDERATIONS**

- 8.1 From the 1<sup>st</sup> of April 2023 the commissioning responsibility, including any funding allocation, for the NHS dental service will be delegated to the LLR ICB, previously held by NHS England.

## **9. DATA PROTECTION IMPLICATIONS**

- 9.1 A Data Protection Impact Assessments (DPIA) has not been as there are no personal identifiable data contained within the report.

## **10. EQUALITY IMPACT ASSESSMENT**

- 10.1 An Equality Impact Assessment (EqIA) has not been completed however, equity of access to NHS dental service forms a major part of this JSNA.

## **11. COMMUNITY SAFETY IMPLICATIONS**

- 11.1 None have been identified.

## **12. HEALTH AND WELLBEING IMPLICATIONS**

- 12.1 Several initiatives aimed at recovery of access to NHS dental care and oral health improvement activities, backed by substantial financial investment, are already in place across Leicester, Leicestershire and Rutland.

## **13. ORGANISATIONAL IMPLICATIONS (OPTIONAL DETERMINED BY SUBJECT)**

- 13.1 Environmental Implications

- 13.1.1 None were identified

- 13.2 Human Resource Implications

- 13.2.1 No HR implications identified

- 13.3 Procurement Implications

13.3.1 There are no procurement implications

#### **14. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 14.1 The Oral Health Needs Assessment comes at a time when access to dental services is challenging across the country and commissioning responsibilities for Rutland transfer from NHS England to LLR ICB. The findings inform a set of recommendations around improving access, targeting support to those most in need and developing oral health promotion activity. Whilst the more acute issue of dentistry access is prominent, preventative measures must also be considered.

#### **15. BACKGROUND PAPERS**

- 15.1 There are no additional background papers.

#### **16. APPENDICES**

- 16.1 Appendix A - Rutland Joint Strategic Needs Assessment 2022: Oral Health.

**A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577**