



Oversight and Governance

Chief Executive's Department
Plymouth City Council
Ballard House
Plymouth PL1 3BJ

Please ask for Democratic Advisor
T 01752 305155
E democraticsupport@plymouth.gov.uk
www.plymouth.gov.uk/democracy
Published 08/12/20

SELECT COMMITTEE REVIEW – DENTAL HEALTH

Wednesday 16 December 2020
1.00 pm
Virtual Committee

Members:

Councillors Mrs Aspinall, Mrs Bowyer, Mrs Johnson, Parker-Delaz-Ajete and Tuffin.

Members are invited to attend the above virtual meeting to consider the items of business overleaf.

This meeting will be webcast and available on-line after the meeting. By joining this virtual meeting, Councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

The Council is a data controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the authority's published policy.

For further information on webcasting, attending Council meetings and how to engage in the democratic process please follow this link <http://www.plymouth.gov.uk/accesstomeetings>

Tracey Lee
Chief Executive

Select Committee Review

Agenda

1. Appointment of Chair and Vice Chair

2. Apologies

To receive apologies for non-attendance submitted by Members.

3. Declarations of Interest

Members will be asked to make any declarations of interest in respect of items on this agenda.

4. Chair's Urgent Business

To receive reports on business, which in the opinion of the Chair, should be brought forward for urgent consideration.

5. Select Committee Review Plan (Pages 1 - 2)

6. Plymouth Oral Health Needs Assessment Summary (Pages 3 - 10)

7. Response to the Recommendations (Pages 11 - 12)

SELECT COMMITTEE REVIEW PLAN

Overview and Scrutiny

**DENTAL HEALTH SELECT COMMITTEE****Raised by -**

Health and Adult Social Care Overview and Scrutiny Committee and Health and Wellbeing Board

Purpose of Review

- To invite NHS England to provide a response to Plymouth's Oral Health Needs Assessment.
- NHS England to hear from witnesses regarding the issues faced in Plymouth around access to dental services.

Select Committee Membership

Councillor Mrs Aspinall
 Councillor Mrs Bowyer
 Councillor Johnson
 Councillor Parker-Delaz-Ajete
 Councillor Tuffin

Process

Methodology/Approach	Initial evidence session to be held in the Council House with invited witnesses, presentation from officers and relevant paperwork.
Sources of Information/ Evidence	Plymouth's Oral Health Needs Assessment
Consultation Exercises	Not applicable.
Witness/Expert Participation	<ul style="list-style-type: none"> • Dental Public Health • Community Dentist • Cabinet Member for Health and Adult Social Care • Chair of Child Poverty Working Group • Chair of Health and Wellbeing Board and the Director of Public Health • Healthwatch • University of Plymouth
Site Visits	Not applicable.
Resource Requirements	Will be met through existing scrutiny resources.

Post Review

Reporting Process	Recommendations to be agreed by Cabinet/NHS England
Anticipated Completion Date	End of March
Report Deadline	18 February 2020
Meeting Frequency	One-off meeting.
Dates of Meeting(s)	27 February 2020

This page is intentionally left blank

PLYMOUTH ORAL HEALTH NEEDS ASSESSMENT SUMMARY 2019



Author: Office of the Director of Public Health, Plymouth City Council

Date: December 2019 (v1.1)

This document is produced as part of Plymouth's Joint Strategic Needs Assessment.

Document information

Document status	Final
Author	Carol Harman (PCC), Zoe Allen (UoP & PHE), Robert Nelder (PCC) and Robert Witton (PDSE, UoP & PHE)
Document version	1.1
Original document date	December 2019

Amendment record

Version	Date	Reason(s) for change	Pages affected
1.0	17 January 2020	Update and clarification of number of patients treated and the amount of appointments attended per PDSE DEF, academic year 2018/19.	6

Office of the Director of Public Health
Plymouth City Council
Windsor House
Plymouth
PL6 5UF
Tel: 01752 307346
odph@plymouth.gov.uk

Date: December 2019 (v1.1)

Prepared by: Carol Harman

For queries relating to this document please contact: odph@plymouth.gov.uk

Acknowledgements: We are grateful to those colleagues and partners that have contributed to this report. In particular, thanks are expressed to Claire Roberts and Elaine Knight (Plymouth Community Dental Services Ltd), Sue Casey (UHP NHS Trust), Di Dymond (Livewell Southwest), Reena Patel (PHE), Laura Juett (PCC), Sarah McFarlane (NHSE) and Tony Gravett (Healthwatch Plymouth). We are also grateful to PHE and NHS England for provision of data used to inform this report.

© Office of the Director of Public Health 2019

Overview

Despite improvements in oral health in England over the last forty years, many people continue to suffer the pain and discomfort associated with oral diseases, which are largely preventable. A healthy mouth and smile means that people can eat, speak and socialise without pain or discomfort and play their part at home and in society. Oral health is an integral part of health and wellbeing and many of the key risk factors are associated with other diseases.

The distribution and severity of oral diseases varies between areas. Unacceptable inequalities exist with more vulnerable, disadvantaged and socially excluded groups experiencing more oral health problems. As with health inequalities, oral health inequalities are not inevitable. They stem from inequalities in income, education, employment and neighbourhood circumstances throughout life, and they can be reduced. Focusing on the wider determinants of health and individual behavioural change approaches to improving oral health are necessary to achieve sustainable improvements in oral health-related behaviours. Social, environmental or economic circumstances and behaviours can adversely affect health. These factors can place vulnerable groups at high risk of poor oral health or make it difficult for them to access dental services.

Plymouth's population

Plymouth's population has increased by nearly 12,000 people (4.7%) over the last ten years. The number of people in Plymouth aged 65+ is predicted to rise by 15,400 people (32.7%) between 2016 and 2034. With an increase in age, health and wellbeing needs increase; there is a higher burden of chronic disease, an increased susceptibility to the negative impacts of social isolation and an associated raised need for health care services, including dental services. The Index of Multiple Deprivation 2015 (IMD 2015) is the official measure of deprivation and shows deprivation in Plymouth is higher than the England average.

Populations at particular risk of poor oral health

All age groups and populations are at risk of poor oral health even though it is largely preventable. Oral diseases such as tooth decay, gum disease and mouth cancer are increasingly concentrated in vulnerable and socially disadvantaged groups. A number of distinct population groups are particularly likely to experience poor oral health.

Looked after children are at risk of extremely poor oral health and their carers are finding it increasingly difficult to access dental services in Plymouth for their routine care, and to alleviate dental pain. Children with a disability have more decayed teeth which remain untreated and they have more frequent teeth extractions if they do receive treatment, than children without a disability.

Individuals with learning disabilities generally experience more oral disease and have fewer teeth than the general population. Physical access to dental services is a major barrier for a large number of people with learning disabilities.

Over a third of asylum seekers and refugees reported dental problems, when accessing Plymouth's Health Screening Programme between April 2016 and March 2019. There is no local data on the prevalence of oral disease in Gypsy, Roma and Travelling communities.

Poor oral health is among the most common physical health problems of people experiencing homelessness and it has an adverse effect on their quality of life and ability to move on from homelessness. There is limited local data on the prevalence of oral disease in drug misusers. There is an increased level of dental decay, tooth erosion, gum disease and oral cancer in people who misuse alcohol.

There is a growing body of evidence to support a reciprocal relationship between poor general health and poor oral health, particularly diabetes, heart disease and stroke. Smoking is linked to many oral health problems, including mouth cancer, staining of teeth, bad breath and slower wound healing.

Poor oral health has a disproportionate impact on the quality of life for older people. Mouth pain, difficulties in eating, and sleepless nights can lead to increased agitation, malnutrition and dehydration and reduced self-esteem. Maintaining oral health for people with dementia can be challenging, as a person living with dementia may lose the ability to clean their own teeth and to communicate that they are in pain.

Oral health in Plymouth

In Plymouth, 21.4% of five year old children had visible tooth decay and for those children, an average of 3.6 of their 20 teeth were decayed, missing or filled. A previous survey of children's oral health across the Plymouth neighbourhoods showed that there was considerable variation, with 56.0% of five year olds in Barne Barton having visible tooth decay, whereas only 6.7% of children in Elburton & Dunstone had visible tooth decay.

There is little information available on the oral health of adults in Plymouth at present.

Oral (mouth) cancer is one of the more serious oral conditions. The main risk factors are tobacco and alcohol use and exposure to sunlight. The age-standardised incidence rate and the mortality rates for oral cancer in Plymouth are significantly higher than in England as whole.

Oral health improvement in Plymouth

A new Child Poverty Action Plan has recently been developed by PCC for the three-year period 2019-22. Oral health improvement (OHI) remains a priority for the Council and one of the two priorities for the health component of the Child Poverty Action Plan is to continue to deliver the OHI programme for children. This programme includes a range of oral health improvement activities in community settings, such as supervised tooth brushing in many schools and nurseries, a Dental Buddy programme for older children and Dental Ambassador training for people with learning difficulties.

Primary dental care in Plymouth

There are 22 dental practices in Plymouth which provide some NHS dental care, 10 dental practices which only provide private dental care and two orthodontic practices which provide some NHS services.

Plymouth Community Dental Service (PCDS), provides urgent dental care for people who do not have access to a general dental practice. It also provides routine dental care for children who are otherwise unable to access NHS dental care and treatment for people with additional needs or dental phobia. PCDS also hosts a minor oral surgery service and provides treatment under general anaesthetic at Derriford Hospital.

Peninsula Dental Social Enterprise (PDSE) is responsible for improving dental health in the South West through treatment, education, community engagement and training. Its dental students provide an extensive range of dental treatments, under qualified supervision.

Domiciliary NHS dental care in Plymouth and the surrounding area has been provided by Fore Street Dental Practice, Ivybridge, since 2012.

Secondary care dental services in Plymouth

University Hospitals Plymouth (UHP) NHS Trust provides specialist dental care at Derriford Hospital, including Maxillofacial Surgery, Orthodontics and Restorative Dentistry. More than half of the people who receive dental care at UHP NHS Trust live in the PCC area. It also hosts some Paediatric and Special Care Dentistry provision.

Access to dental services

A helpline team manages a waiting list for access to a routine NHS dental appointment. Over 11,000 adults and over 3,000 children were on the dental waiting list in Plymouth as of 1 October 2019. People living in the most deprived areas of Plymouth are twice as likely to be on this waiting list as people in the least deprived areas.

The proportion of people who accessed NHS primary dental care varies for children (67.1% of the child population), young people and working age adults (51.9%) and older people (46.0%). More deprived areas with more transient populations were associated with a lower proportion of access to NHS primary dental care. Less deprived wards with more static populations were associated with higher proportions of access to NHS primary dental care.

Dental care activity

Dental practices report difficulties in recruiting dentists and providing the amount of NHS dental care they have been commissioned by NHS England to deliver. In 2017/18, the shortfall in delivery was over 20% of nearly 400,000 units of dental activity (UDAs) commissioned. It is estimated that 27,000 additional patients would have been able to access an NHS dentist in Plymouth if the full activity level had been reached.

Over 16,000 PDSE appointments took place at Derriford and Devonport Dental Education Facilities, treating more than 2,600 patients. 1,246 Plymouth-resident patients were seen in 2018/19, over 1,000 of whom were seen at the Devonport site. Patients seen by PDSE were twice as likely to be from more deprived areas of Plymouth, compared to the less deprived and the highest electoral ward rate was over three times higher than the lowest rate.

Over 20,000 enquiries were made to the PCDS for urgent dental care appointments in 2018/19. The number of enquiries from people living in the highest deprivation group was almost treble that for the lowest deprivation group. In 2018/19, there were 2,186 referrals to the PCDS access centre for routine children, adult special care, minor oral surgery and dental phobia services.

Dental treatment under general anaesthetic

Despite reductions in the prevalence of tooth decay over the past forty years, substantial inequalities remain. Children from more deprived communities are far more likely to have extensive tooth decay and signs of sepsis than their peers and are at greater risk of more extreme interventions such as extractions under general anaesthetic (GA). Treatment under GA can be a traumatic experience for children and their carers, carries a risk of life threatening complications, and is disruptive in terms of time taken off school and work.

In Plymouth 623 children aged 16 years and under had a total of 3,557 teeth removed under GA in 2018/19. The highest electoral ward rate of children having teeth extracted under GA was almost four times higher than the lowest rate. The total cost to the NHS locally of this activity is estimated to be £540,625.

Summary

Good oral health is not evenly distributed in Plymouth. People living in the more deprived areas of Plymouth experience more health impacts from poor oral health. They are more likely to need urgent dental care visits and more likely to require a general anaesthetic for dental extractions. This comes at a large cost to individuals, families and the NHS, despite tooth decay being a preventable disease. Although there are a number of primary and secondary dental services in Plymouth, waiting list and access data suggest that many people, especially those living in more deprived areas, are experiencing lengthy delays when they try to access routine NHS dental care.

There are many effective ways to keep people's teeth and mouths healthy. Plymouth has a number of oral health improvement programmes in place, particularly for children and young people. Plymouth's population would benefit from additional oral health improvement activity for people of all ages who are at increased risk of poor oral health, to reduce their experience of oral health problems in the future. People in Plymouth would also benefit from increased access to routine and urgent NHS dental care to manage existing dental problems before those problems impact upon everyday life.

This page has been left intentionally blank

DENTAL HEALTH SELECT COMMITTEE RECOMMENDATIONS



No.	Recommendation
1.	<p>NHS England to provide the Health and Adult Social Care Committee with an update on the process and timescales associated with the following two priority proposals:</p> <ul style="list-style-type: none"> • The City Centre Dental Practice • Homeless Service
2.	<p>NHSE England to provide assurance that the development of improved services in Plymouth (including the two priority proposals mentioned above) will not be slowed down by the region-wide oral health needs assessment which is yet to be completed.</p>
3.	<p>NHS England to support Plymouth's Child Poverty Action Plan proposal to reduce children's dental extractions under general anaesthetic by:</p> <ul style="list-style-type: none"> • Committing to mainstream the Devon-wide supervised toothbrushing scheme at the end of the current two-year pilot in line with Government recommendations reported in the Prevention Green Paper. • Committing to a phased expansion of the fluoride varnish scheme that current operates in only 24 Plymouth schools.
4.	<p>NHS England to engage fully with Plymouth's Health and Wellbeing Board and provide regular update reports to the Board on progress with dental access, development of improved services and support to city providers to innovate.</p>
5.	<p>NHS England to address the current lack of urgent care provision in the city through transparent dialogue with all dental providers in the city who have additional available capacity.</p>
6.	<p>NHS England to provide a report showing for the last three years:</p> <ul style="list-style-type: none"> • The amount of money contracted with high street dental practices in Plymouth. • The amount of money unspent and therefore 'clawed-back'.
7.	<p>NHS England commit to use the annual 'claw-back' of Plymouth-specific funding to support innovative solutions to oral health improvement and access to dental services in the city.</p>
8.	<p>NHS England to review current UDA rates in the city to ensure they incentivise practices to deliver NHS care, and offer attractive contracts to recruit and retain dentists in the city.</p>
9.	<p>NHS England to engage with Plymouth City Council's Economic Development Team to discuss how it might be possible to attract new dentists to Plymouth and support new dental practices to open.</p>
10.	<p>To write to the Secretary of State for Health outlining the Committee's support of the Dental School's '14' campaign' to increase the number of dental students in training to 72.</p>
11.	<p>To write to the Secretary of State outlining the Committee's support of the Dental School's recommendation that Foundation Training places are linked to the School and region to help retain dentist after graduation.</p>
12.	<p>To arrange a summit meeting (or meetings) with local MPs to share the findings from the Oral Health Needs Assessment and to seek their support in ensuring fair funding for oral health improvement and dental services in the city.</p>
13.	<p>NHS England are invited to attend the Health and Adult Social Care Overview Scrutiny Committee on 22 July 2020 to provide responses to the recommendations 1, 2, 3, 4, 5, 6, 7, 8 and 9.</p>

This page is intentionally left blank