Derby City Health Overview and Scrutiny Committee (Children and Young People Board)

5th September 2022

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1 Background and Information

1.1 The Derby City Children and Young People (CYP) Health Overview and Scrutiny Committee (HOSC) has requested a report on access to NHS Dental Services for children and young people, with particular focus on provision and service recovery plans as a result of the COVID-19 pandemic. This report also includes oral health improvement initiatives and activities, which is the statutory responsibility of Derby City Council's Public Health team.

1.2 The Derby City CYP HOSC is asked to note that NHS England (NHSE) is currently responsible for the commissioning of all NHS dental services, but local responsibility will be delegated to NHS Derby and Derbyshire Integrated Care Board on 1 April 2023.

1.3 This report has been developed by:

- NHSE Commissioning Team Senior Managers
- NHSE Consultant in Dental Public Health
- Public Health colleagues at Derby City Council

1.4 Representatives from NHSE will be present at the Derby City CYP HOSC meeting. In addition, the Principal Public Health Manager from Derby City Council and the Director of GP Development from NHS Derby and Derbyshire ICB will also be in attendance.

2 National NHS Dental Contract

2.1 NHSE is 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 and NHS dental services in secure settings. Private dental services are not within the scope of responsibility for NHSE.

2.2 Although NHSE 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 that 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 who wished to continue providing NHS dental services under the new contracting arrangements. Sadly, a number of practices opted 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 number of NHS appointments available. The PCT had no control over where these 'inherited' services were situated, or over the number of UDAs commissioned in each geographical area, as it was based on historical activity. 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 population need and demand.

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, many people often associate themselves with a specific dental practice. Many dental practices may refer to having a patient list or taking on new patients, but there is no similar registration that currently exists 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

Many practices have reported continued capacity issues with difficulties in recruiting and retaining staff.

3 NHS dental services across Derby City

3.1 NHS General Dental and Orthodontic Services

Derbyshire has 112 general dental practices which offer a range of routine dental services. 27% (n=30) of general dental practices are located within Derby City. 6 of the practices within Derby City also provide orthodontic services and in addition, there are 2 specialist orthodontic practices as well.

3.2 Extended hours, urgent dental care and out of hours

3.2.1 There is an extended or out of hours 8-8 NHS dental contract within Derby City. The 8-8 NHS dental service provides access to patients from 8am to 8pm every single day of the year (365 days) and delivers both routine and urgent dental care.

3.2.2 At times of peak demand, patients may have to travel further for urgent dental treatment depending on capacity across the system. There is also an additional 8-8 NHS dental contract in Chesterfield and another NHS dental contract in Somercotes which offers extended or out of hours cover for urgent dental care in the working week and Saturdays (excluding bank holidays).

3.2.3 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 with dental need

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

3.2.4 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 answering 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.

3.2.5 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 Derby / Healthwatch Derbyshire
- NHS England's Customer Contact Centre on 0300 311 2233

3.2.6 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 are redirecting such patients to a dental service.

3.3 Community (Special Care) Dental Service

3.3.1 The Derbyshire Community (Special Care) Dental Services provides dental treatment to patients whose oral care needs cannot be met through NHS primary dental services 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 patients into the service. There is one dental provider (CDS-CIC) treating children, young people and adults from clinics across the Derbyshire system: there are 11 dental clinics, with one located in Derby City. The service is commissioned across the Derbyshire system footprint and although there is only one clinic located in Derby City, patients have the choice to attend alternative clinics. The new Derbyshire Community (Special Care) Dental Services contract commenced on 1 April 2020.

3.3.2 The GA pathway for children, young people and adults is managed between CDS-CIC and the University Hospitals of Derby and Burton (UHDB) – Royal Derby Hospital. This is commissioned on a system area footprint.

3.4 Domiciliary Care

3.4.1 NHSE also commission domiciliary dental care for patients who are unable to leave their own home (or care home) from two separate providers but this service is for adults. Some limited dental care can be provided in a person's own setting such as basic check-up or simple extraction but patients may still need to travel into a dental clinic (as this is the safest place) to receive more complex dental treatment.

3.4 Intermediate Minor Oral Surgery (IMOS) Service

3.4.1 The IMOS service is a specialist referral service in primary care providing complex dental extractions for residents in the Derbyshire system. This service is for patients over the age of 17 years who meet the clinical criteria.

There are 10 IMOS providers across the Derbyshire system with 3 located in Derby City.

3.5 Maps of location of dental providers

3.5.1 A map of the location of NHS dental practices or clinics (including orthodontic and community sites) in Derby City 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 being displayed individually. The maps are also shaded to demonstrate that the location of NHS dental services in Derby City are accessible:

- by car within 10 minutes in rush hour (all)
- by public transport within 30 minutes (most)
- by most residents who are able to walk to their nearest dental practice within 1.6km
- by all residents who are able to cycle to their nearest dental practice within 20 minutes

3.6 Hospital dental care

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

3.7 Secure settings

3.7.1 NHSE is responsible for commissioning NHS dental services in secure settings but there are no Young Offender Institutions or Secure Children's Homes across the Derbyshire system.

4 NHS Derby and Derbyshire Integrated Care Board (ICB) / Joined Up Care Derbyshire (JUCD)

4.1 The 1st July 2022 marked a major milestone in the NHS calendar as the way health and care services are planned, paid for and delivered. The changes are to better meet the health and care needs of local populations. Following the passing of the Health and Care Act 2022 earlier this year, Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs) are now on a statutory footing, therefore Clinical Commissioning Groups have been abolished. NHS Derby and Derbyshire ICB/JUCD assumed delegated responsibility for Primary Medical Services and will also assume delegated responsibility for Dental (Primary, Secondary and Community), General Optometry and Pharmaceutical services (including Dispensing doctors) from 1 April 2023 (subject to formal sign-off by NHSE).

4.2 The milestones mark the ambition of greater integration, as set out in the NHS Long Term Plan and enables more joined-up care to improve health outcomes and tackle inequalities of access to local populations. By delegating many of

the services that NHSE commission to ICBs and giving systems greater responsibility for a broader range of functions, they will have more flexibility to integrate services across care pathways that will enable continuity of care, and design and improve services so that they better meet local priorities and needs.

4.2 The Midlands Primary Care Operating Model has been co-designed to provide an approved framework for the delegation of the function to each ICB. The Operating Model provides an overview of the functions and sets out the key design principles that support the transition in 2022/23. JUCD approval of the model is one of the necessary gateways in the national NHSE delegation assessment framework

4.3 The Operating Model sets out the principles, pathway, key governance, workforce, and financial information that will be co-designed with the JUCD during the transition period for the safe and effective delegation of these functions. The transition process will:

- provide the detail that enables ICBs to undertake the workforce and contract due diligence as well as setting out the key financial principles for delegation of the commissioning budgets,
- manage the risk of moving from a regional budget to splitting across eleven systems,
- be transparent and ordered through finance governance groups to complete the due diligence and safe transfer to ICBs from April 2023.

4.4 A Governance structure has been proposed that enables ICBs to set the annual plan and strategic direction of the Pharmacy, Optometry and Dental functions and make localised decisions where possible, whilst the current team are enabled to deliver day to day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.

4.5 Public Health colleagues at Derby City Council have agreed to undertake a rapid oral health needs assessment jointly with Derbyshire County Council in line with the ICB integration agenda. The Oral Health Needs Assessment will serve to better understand some of the impacts of the pandemic on oral health and oral health inequalities across Derby City. This piece of work is anticipated to commence in 2023.

5 NHS Dental Charges

5.1 NHS dental care is free for all children **under 18 years old or under 19 years of age** and in full-time education. For all patients aged 18 years and over and not entitled to free NHS dental care, the current NHS dental charges apply:

- **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, pregnant or have given birth in the 12 months before dental treatment started. 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 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. At the time of composing this report, 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 as a consequence of a COVID-19 outbreak). There is one UDCC located within Derby City.

6.2 From 8 June 2020, dental practices were allowed to re-open, however additional infection prevention and control measures had to be implemented as well as social distancing requirements 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 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 all:

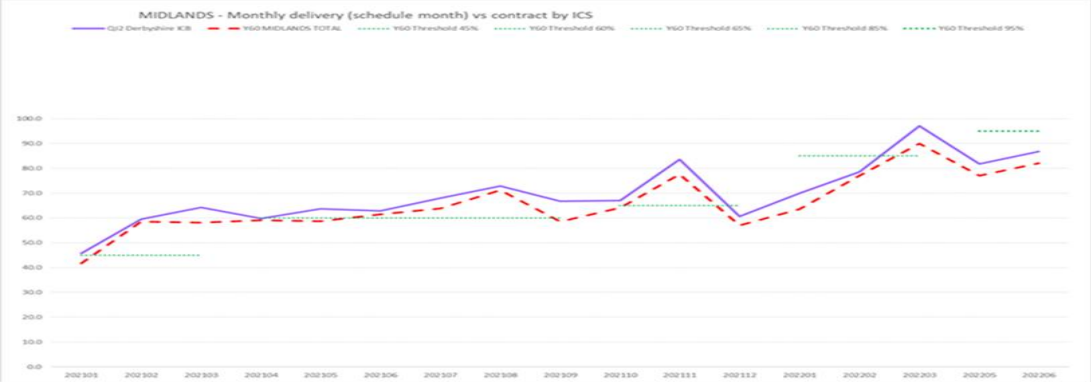
- their regular patients
- patients without a regular dental practice referred via NHS 111
- vulnerable patients

6.5 Infection prevention and control measures have been regularly reviewed and the following minimum requirement for the recovery of dental activity was imposed on NHS general 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

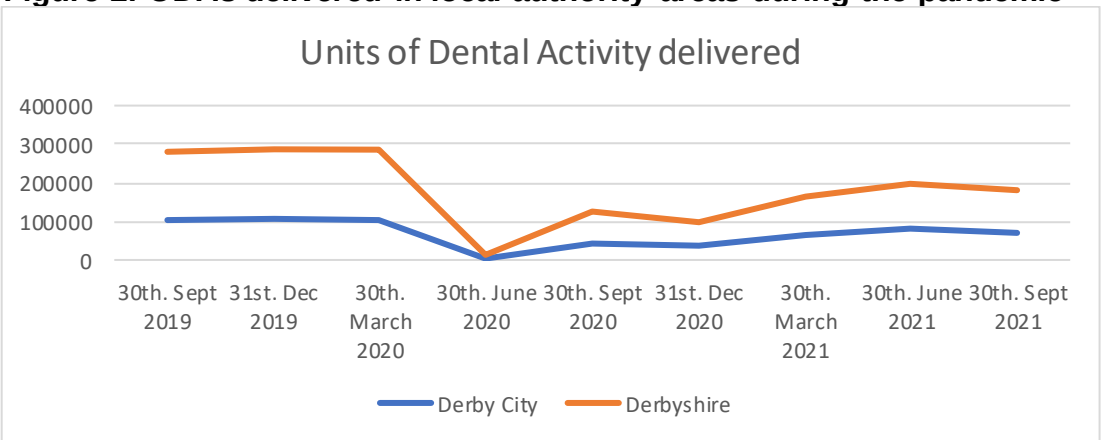
6.6 Figure 1 shows the level of NHS dental activity delivered across the Derbyshire system during the pandemic against the minimum threshold activity set by the national team and against the Midlands total. It can be seen that higher levels of activity have been delivered across the Derbyshire system as a whole. Unfortunately, this data is only available at an ICS level, therefore data cannot be extracted and reported for Derby City.

Figure 1: Derbyshire Primary Care Dental Activity vs Minimum Thresholds



6.7 Figure 2 shows the Units of Dental Activity (UDAs) delivered by NHS dental practices located in Derby City Council and Derbyshire County Council areas during the pandemic (although NHS dental practices are not contractually associated to them). By 30 September 2021, NHS dental practices in Derby City had recovered 66% of pre-pandemic dental activity, compared to NHS dental practices in Derbyshire at 65%.

Figure 2: UDAs delivered in local authority areas during the pandemic



6.8 The national minimum requirement for all NHS dental contracts was set at 65% for Q3 and 75% for Q4 2021/22. Tables 2 and 3 below show that NHS dental practices across Derbyshire superseded the minimum threshold requirements with a larger proportion of NHS dental practices meeting or exceeding this requirement, when compared against the Midlands' performance *(unfortunately this information is not available at a lower level and therefore it has not been possible to extract and report data for Derby City).*

Table 2: Proportion of UDA delivery in Q3 and Q4 of 2021/22 by NHS General Dental Practices across the Derbyshire system

Area	Period	Threshold	Derbyshire system performance
Derbyshire	Q3	65%	98%
Derbyshire	Q4	75%	110%
Midlands	Q3	65%	66.2%
Midlands	Q4	75%	76.9%

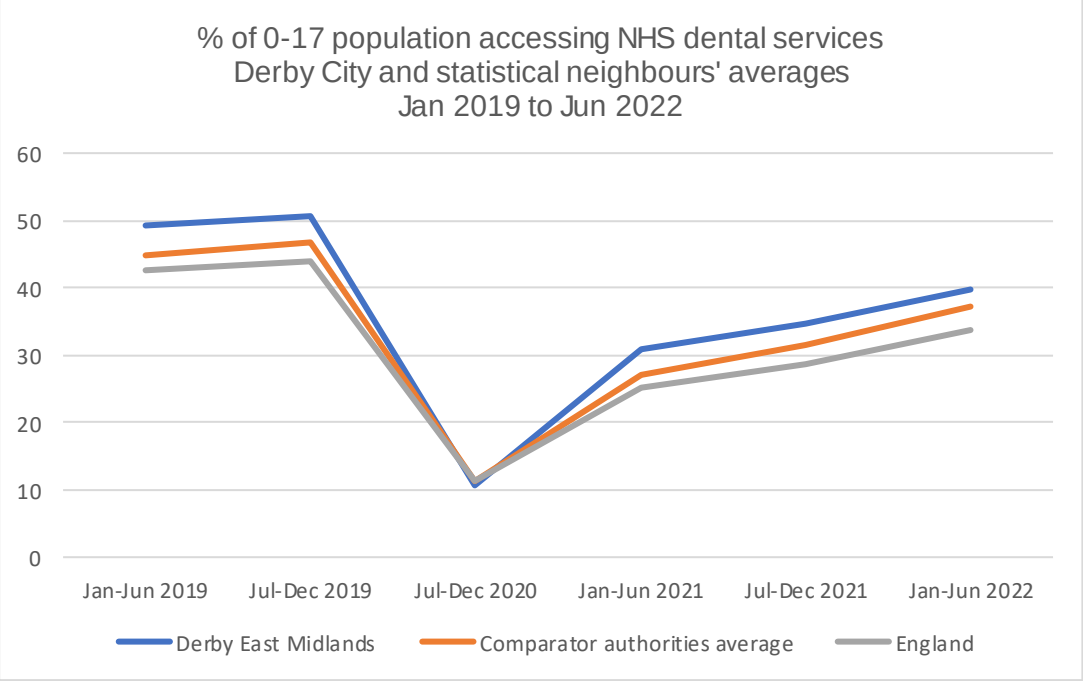
Table 3: Number of NHS dental contracts meeting / exceeding national minimum requirements during Q3 and Q4 of 2021/22 across the Derbyshire system

Area	Period	Outcome – number meeting or exceeding thresholds
Derbyshire	Q3	70 out of 109 (64.2%)
Derbyshire	Q4	50 out of 109 (45.9%)
Midlands	Q3	718 out of 1,181 (60.8%)
Midlands	Q4	452 out of 1,181 (38.3%)

7. NHS Dental Access – Children and Young People

7.1 It became apparent early in the COVID-19 pandemic that NHS dental access for children and young people had been particularly badly affected. This was both due to dental practices focusing on urgent dental care and on parents being hesitant (or reluctant) to take children to medical and dental appointments – this pattern was consistent across other services too. Figure 3 shows the percentage of children and young people (0-17 years) living in Derby accessing NHS dentistry prior to and during the pandemic. It can be seen that access to NHS dentistry for children and young people (0-17 years) living in Derby has consistently been higher than both the comparator authorities' and also the national averages. However, when looking at percentage loss in access from Jan 2019 to June 2022, Derby saw a 20% loss, compared to 17% statistical neighbours' average loss and 21% loss nationally within the same timeframe.

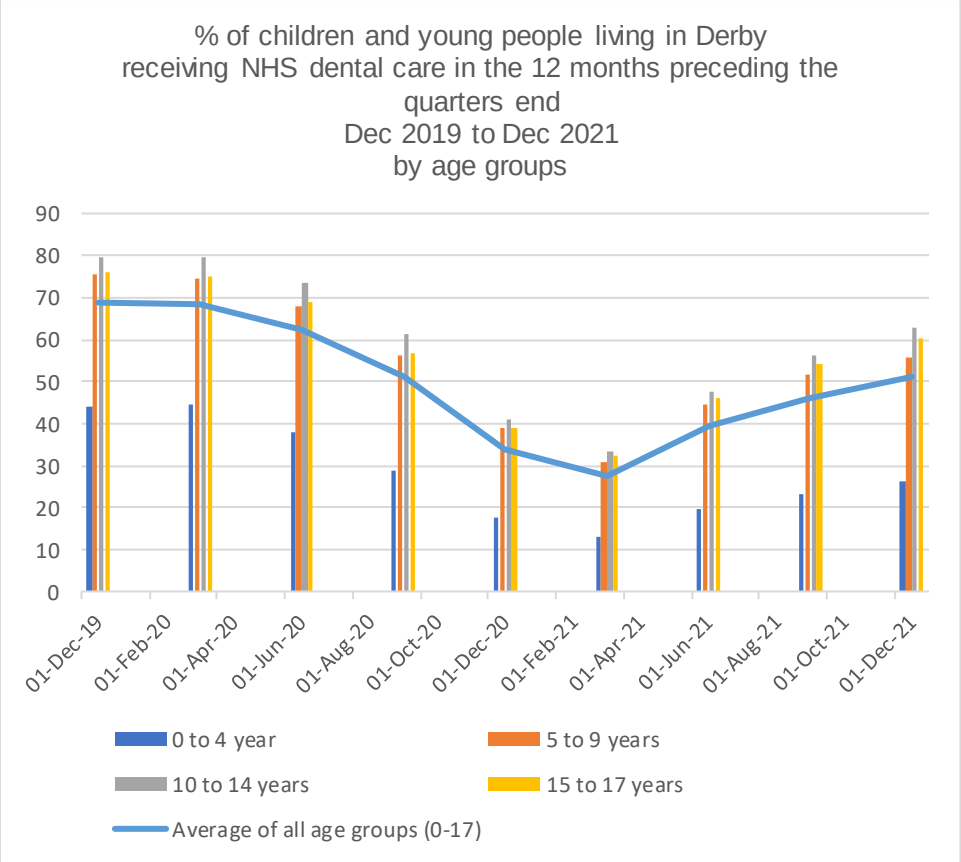
Figure 3: Proportion of children and young people (0-17 years) accessing NHS dentistry from Jan 2019 to June 2022



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. The shortest interval between oral health reviews for all patients should be 3 months and the longest interval between oral health reviews for patients younger than 18 years should be 12 months. Recall intervals of no longer than 12 months give the opportunity for delivering and reinforcing preventive advice and for raising awareness of the importance of good oral health. This is particularly important in young children, to lay the foundations for life-long dental health. There is also evidence that the rate of progression of dental decay can be more rapid in children and adolescents than in older people as it seems to be faster in primary (baby) teeth than in permanent (adult) teeth (see the full guideline). Periodic developmental assessment of the dentition is also required in children.

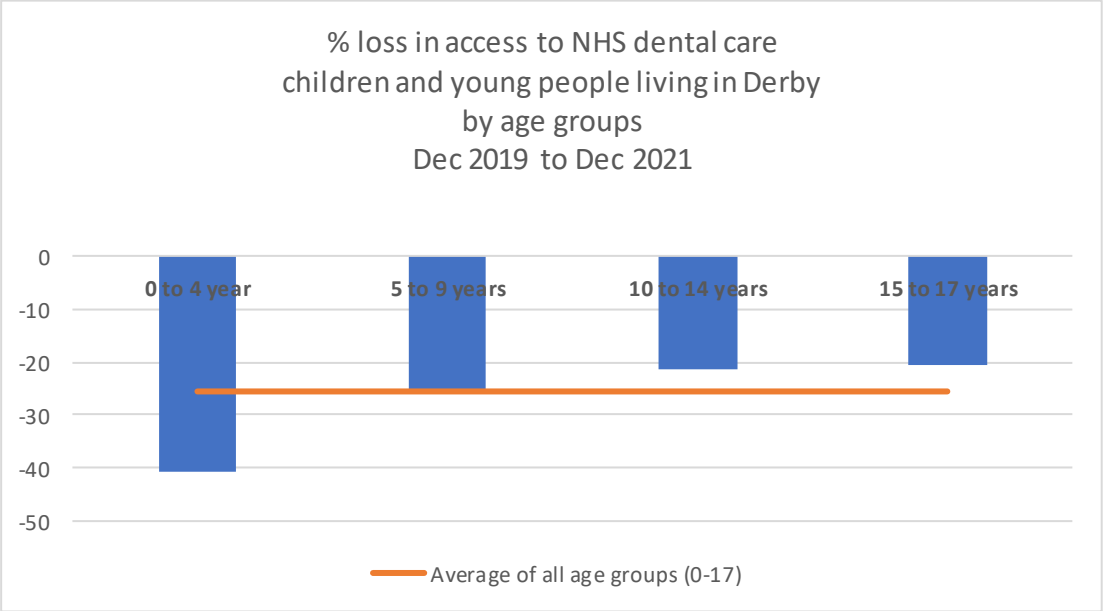
7.3 To coincide with NICE guidance on intervals between oral health reviews, Figure 4 shows the proportion of children and young people who have received NHS dental care in the 12 months preceding the quarters end from Dec 2019 to Dec 2021, by age groups. It can be seen that those aged 0-4 years have consistently had the lowest access rates. When making any further comparisons within the age groups and comparing the rates against both the national and statistical neighbours' averages, it can be seen that access rates for all age groups for those living in Derby has consistently been higher (Appendix 2).

Figure 4: Proportion of children and young people living in Derby who have received NHS dental care in the 12 months preceding the quarters end from Dec 2019 to Dec 2021, by age groups



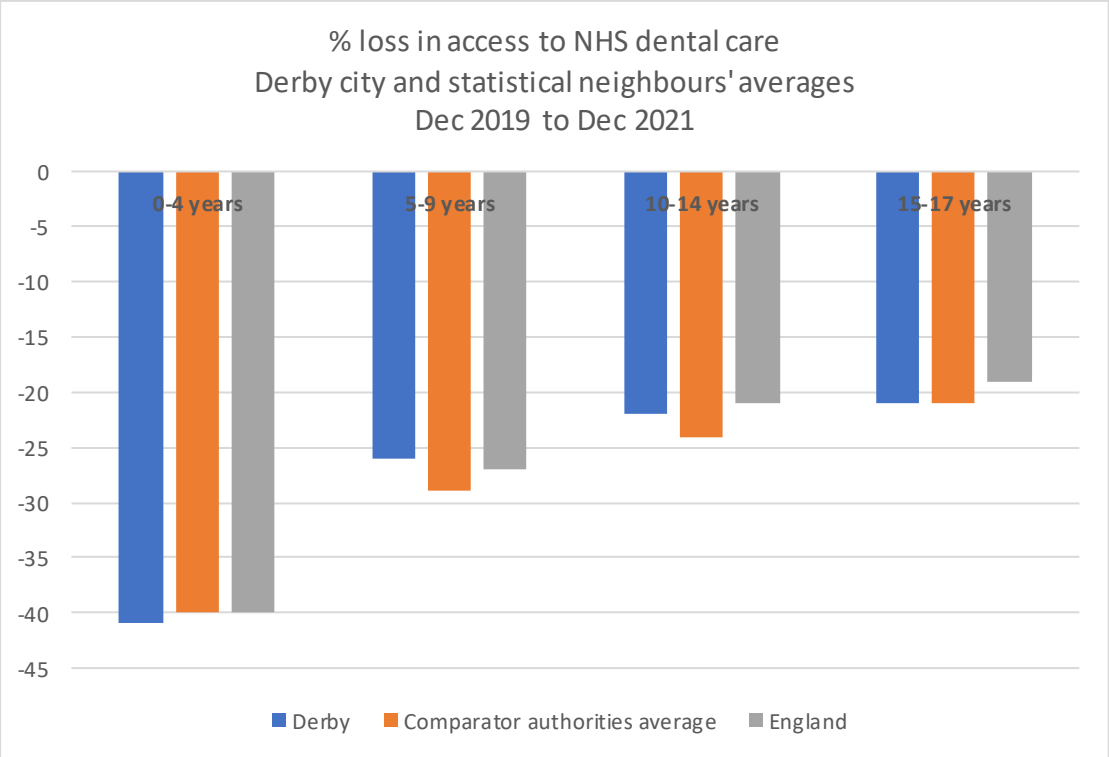
7.4 When looking at percentage loss in access to NHS dental care from Dec 2019 to Dec 2021 within each age group, Figure 5 shows that those aged 0-4 years suffered the greatest loss at 40%, compared to all other aged groups (26% for 5-9 years, 22% for 10-14 years, 21% for 15-17 years).

Figure 5: Percentage loss in access to NHS dental care for children and young people (0-17 years) living in Derby, Dec 2019 to Dec 2021



7.5 When making further comparisons on percentage loss in access to NHS dental care between Derby against comparator authorities and national averages, Figure 6 also demonstrates that the largest loss affected those aged 0-4 years.

Figure 6: Percentage loss in access to NHS dental care for children and young people (0-17 years) in Derby against comparator authorities and national averages, Dec 2019 to Dec 2021



7.5 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.

7.6 Prior to the pandemic, the local NHSE commissioning team had been working on encouraging parents to take young children to the dentist early (Figure 7). However, as capacity has been restricted and whilst children's appointments should be prioritised, it may not have been possible for very young children to be seen in the way that was originally promoted. Nevertheless, NHSE have been working on a new scheme to encourage child friendly practices locally to provide support to the local Community (Special Care) Dental Services to work in a shared care model in order to free up capacity for specially trained staff to focus on tackling backlogs of patients requiring complex treatment. The scheme is to be undertaken via Expressions of Interest (EOI) from dental practices locally and additional training will be provided.

Figure 7: NHS England campaign pre-pandemic in encouraging parents to take young children for dental check-ups

7.6 A strategic review of dental access is planned for 2022/23 and NHSE 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.

8 Private Dentistry

8.1 Private dental services are not within the scope of responsibility for NHSE. Therefore, NHSE are unable to provide any information on activity uptake within the private dentistry sector.

8.2 It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSE during the pandemic, the private element of their business may have been adversely affected.

8.3 The Chief Dental Officer for England set up a time limited working group who 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.

8.4 Some patients who have 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. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on.

8.5 There have been anecdotal reports of some practices' reluctance across the Midlands region in offering NHS appointments (particularly routine) and are offering the option to be seen earlier as a private patient instead. NHSE does not support any stances of pressurising patients into private dental care. NHSE 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/.

9. Dental contract hand-backs

9.1 Since the start of the pandemic, two NHS general dental contracts from Derby City have been handed back to NHSE. The dental activity from the terminated contracts are not be lost as NHSE undertake a review of dental access data within the surrounding area of the terminating dental contracts hand-backs in order to recommission the activity by dispersal to surrounding local dental practices in the area.

9.2 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 NHSE. This letter notifies patients that the dental practice will no longer be delivering NHS dental care and provides appropriate sign posting on how to continue gaining access to NHS dental care from elsewhere. This provides assurance to NHSE that there is no inappropriate/forced signup to private dental services and enables informed patient choice.

10. Restoration of NHS Dental Services

10.1 NHSE is working with the local dental profession to restore NHS dental services and to 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 expected to be 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 as of July 2022.

10.2 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.

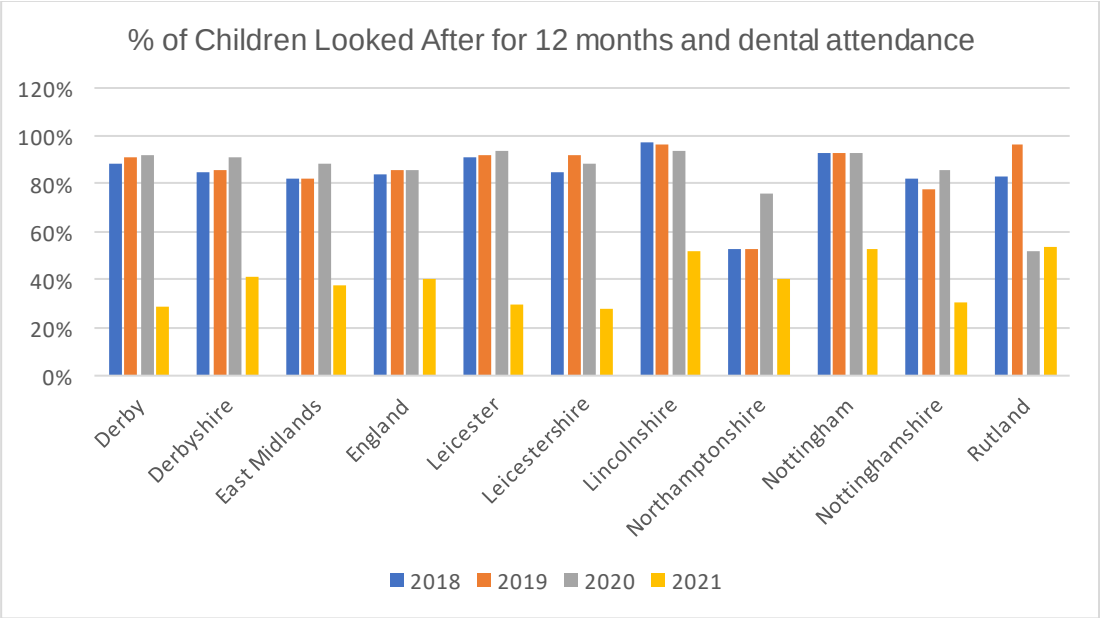
10.3 Orthodontic patients who are routinely seen for regular reviews have missed appointments, although harm reviews and remote consultations were undertaken to identify any urgent issues. The ongoing backlog and ever-increasing waiting lists do however mean that there is still a risk of those review intervals being extended in order to free up capacity to see new patients. Furthermore, patient compliance with the required enhanced 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 continually prolonged in this way.

10.4 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.

10.5 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. NHSE are aware that vulnerable groups are finding it harder than usual to access NHS dental services, particularly as no walk-in options are currently available.

10.6 It is also acknowledged that children looked after are a vulnerable group and should be prioritised for dental access. Figure 8 below demonstrates that access for Children Looked After for 12 months in all local authorities across the East Midlands has significantly deteriorated since the pandemic.

Figure 8: Percentage of Children Looked After for 12 months and dental attendance



10.7 In recognition of the access difficulties for Children in Care, NHSE, 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 moving into care. To assist with the process, an oral

health assessment support sheet was developed for clinical colleagues undertaking the Initial Health Assessment and, in acknowledgement of the current difficulties in accessing NHS dental care, a pathway was also developed to enable children identified with acute dental problems to be directed straight to CDS-CIC (the local community special care dental service) for a comprehensive dental examination. NHSE wrote to all Directors of Children's Services in the East Midlands to clarify the position regarding access to NHS dentistry and also shared the Looked After Children dental pathway. This has meant that no child being taken into care with an urgent dental need is disadvantaged as a result of the challenges related to the pandemic. The pathway was completed in April 2021.

10.8 For children being taken into care who have not been identified with any symptomatic dental problems, their foster carers are being advised to take them to the local dentist. Unfortunately, it is currently proving very difficult for foster carers to find appointments for these vulnerable children. NHSE have therefore reminded (and continue to do so) NHS dental practices that these vulnerable children are a priority for access. If the foster family regularly attends a specific dental 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 as they would any other child. The transfer process for orthodontics for Children in Care has also been reviewed in an attempt to make this as seamless as possible and foster carers have also been made aware of the process.

10.9 NHSE are continuing to review pathways and treatment arrangements for all patients to ensure that they can continue to access urgent dental care, should they need to. Primarily, this has been facilitated through NHS 111. The special care dental provider has also been ensuring access for vulnerable patients through their network of local clinics and dental access centres.

10.10 As part of the humanitarian response, a dedicated service was also set up to support Afghan refugees and their families repatriated to the UK and housed in local hotels. This was provided by way of dedicated domiciliary support to quarantine hotels and additional capacity was also commissioned at 2 local practices in Derby City (to ensure the additional workload did not negatively impact on wider patient access). This service has now been decommissioned and access to NHS dentistry for this specific population group can be gained in line with the general population.

11. NHS Dental Services recovery initiatives

11.1 NHSE (Midlands) has made a large financial investment to facilitate initiatives designed to increase access across primary, community and hospital dental care, as follows:

- <u>Weekend Sessions – General Dental Services</u>
  Across the Derbyshire system, 11 NHS general dental practices were contracted to provide 96 additional sessions at a cost of £62,784 during

2021/22. Out of the 11 practices, 2 practices were within Derby City providing 44 additional weekend sessions.

Following the success of the Weekend Access Scheme in 2021/22, further Expressions of Interest were invited for 2022/23 where 7 practices were approved for a total of 370 additional sessions at a cost of £185,000. Out of the 7 practices, 1 practice is within Derby City providing 50 additional weekend sessions commencing 6th August 2022.

- Weekday Sessions – General Dental Services
  Across the Derbyshire system, 11 NHS general dental practices were contracted to provided 1,047 additional sessions at a cost of £68,016 during 2021/22. Out of the 11 practices, 2 practices were within Derby City providing 14 additional weekday sessions. 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.

- Dedicated Urgent Care slots during surgery opening hours – General Dental Services
  Additional NHS dental capacity has been provided voluntarily by dental practices in order for NHS 111 to be able to signpost patients who do not have a regular dental practice requiring urgent dental care. Six practices across the Derbyshire system are taking part and providing extra appointments. Two practices are within Derby City offering 20 additional urgent care appointments per week.

- Additional NHS dental sessions – 8-8 NHS Dental Providers
  Across the Derbyshire system, 2 NHS general dental practices have been contracted to provide 62 sessions at a cost of £40,548. One of these practices is located in Derby City.

- Oral health improvement funding for 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
  - £5,000 non-recurrent to support Oral Health Promotion training resources to improve delivery of services

  The above funding has been jointly allocated between Derby City and Derbyshire County Councils. Agreement on the spending of the funding is being discussed and agreed at the Derby and Derbyshire Oral Health Steering Group to ensure alignment with oral health needs of each area.

- Support Practices - Community Dental Service:
  NHSE have commissioned a number of dental practices across the Midlands to work collaboratively with local special care dental providers. This pilot is intended to provide additional capacity to assist in routine review and support the management of special care dental patients who are in the system. Unfortunately, there was no uptake from NHS dental

providers in Derby City. NHSE has been trying to understand the reasons for the lack of interest and at present the main reason appears to be the lack of practice capacity. Nevertheless, NHSE have secured additional funding to re-run the pilot for financial year 2022/23 and hope to encourage uptake from NHS dental providers in Derby City. Expressions of Interest were invited week commencing 8th August with a closing date of 22nd August and a service start date of 1st October 2022.

- Additional Orthodontic Case Starts
  An offer was made to practices with capacity for additional activity to address orthodontic waiting lists. Unfortunately, no Expressions of Interest were received from practices within Derby City.

- Waiting list initiative - Community Dental Service:
  Non-recurrent investment of £27,390 was secured for the Derbyshire system Community (Special Care) Dentistry provider in reducing the waiting list in 2021/22. The waiting list initiative has been running additional sessions for new referrals, first and follow up appointments for patients with open courses of treatment. Furthermore, additional dental handpieces (drills) were also purchased to support improving efficiency of dental clinics resulting in reduced fallow time between patients at that time. Prior commitment has also been secured for 2022/23 to support reducing the General Anaesthetic waiting list which is also subject to securing additional sessions at the hospital trust.

- Waiting list initiative - Intermediate Minor Oral Surgery (IMOS)
  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 June 2022, there were 990 Derbyshire patients accepted onto the IMOS pathway and 139 (14%) had been waiting over 6 weeks to be treated. This has been reduced from 628 as at June 2021 when the waiting list initiative was launched. The Derbyshire system has one of the lowest IMOS waiting lists across the East Midlands. As this is a specialist service commissioned on a system area footprint, data for Derby city residents is unfortunately not available.

- Waiting list initiative – Hospital Dental Care
  Trusts are monitored on referral to treatment (RTT) within 18 weeks, 52 weeks and due to the impact of the pandemic, on 104 weeks. All Trusts are required to clear any 104 week waits by July 2022. As at May 2022, there were 2 patients waiting over 104 week waits for Oral Surgery and the Trust has plans in place to clear this within the target deadline. Please see Appendix 3 for Midlands Oral Surgery RTT trends but as this service is commissioned on a system area footprint, data for Derby city residents is unfortunately not available. Referrals into secondary care have started to recover (Appendix 4), however, these remain lower than previous levels due to the reduction in routine appointments in primary care. There has been a non-recurrent investment of £386,913 to address the 104 and 52 week waits across the secondary care dental specialities e.g. Orthodontics, Oral Surgery and Maxillofacial. Prior commitment of

£365,738 has also been secured for 2022/23 to continue to support the waiting list initiatives.

12 Oral Health and Inequalities

12.1 Whilst NHSE is responsible for commissioning NHS dental services, local authorities have a dental public health function as per Statutory Instrument 2012 No. 3094 *The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012:*

"(1) Each local authority shall have the following functions in relation to dental public health in England.

(2) A local authority shall provide, or shall make arrangements to secure the provision of, the following within its area –

(a) to the extent that the authority considers appropriate for improving the health of the people in its area, oral health promotion programmes;

(b) oral health surveys to facilitate –

(i) the assessment and monitoring of oral health needs,

(ii) the planning and evaluation of oral health promotion programmes,

(iii) the planning and evaluation of the arrangements for provision of dental services as part of the health service, and

(iv) where there are water fluoridation programmes affecting the authority's area, the monitoring and reporting of the effect of water fluoridation programmes.

(3) The local authority shall participate in any oral health survey conducted or commissioned by the Secretary of State under paragraph 13(1) of Schedule 1 to the 2006 Act (powers in relation to research etc.)(49) so far as that survey is conducted within the authority's area."

12.2 In addition, Local Authorities and ICBs (previously referred to as Clinical Commissioning Groups (CCGs)) have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) through the Health and Wellbeing Board. Oral health is one of the health needs that may be assessed. The responsibility falls on the Health and Wellbeing Board as a whole and so success will depend upon all members working together throughout the process.

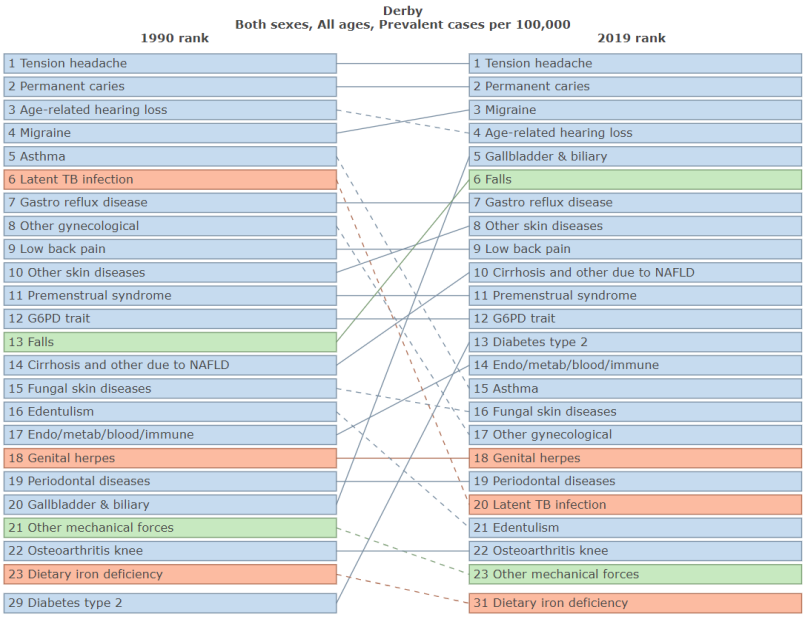
12.3 Oral diseases continue to be a leading public health problem with significant inequalities. Those living in more deprived areas and vulnerable individuals are more at risk, both of and from, oral diseases. Whilst there has been an overall improvement in oral health in recent decades, further work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

12.4 Figure 9 shows that oral health remains in the top 20 rankings of the most prevalent causes affecting the overall health and wellbeing of people living in Derby City from 1990 to 2019:

- staying at rank 2 – dental decay (caries)

- staying at rank 19 – periodontal (gum) disease
- down 5 ranks from 16 to 21 – edentulism (no teeth)

Figure 9: Ranking of prevalent cases per 100,000 affecting overall health and wellbeing of people living in Derby City (Global Burden of Disease)



12.5 The profile below uses data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children. The profile is designed to help local government and health services improve the oral health and wellbeing of children and tackle health inequalities. In Derby, 124 5-year-olds (approximately 37.2% of those sampled) were examined at school by trained and calibrated examiners using the national standard method. The small sample size means it is not possible to provide information at ward level. However, Derby City Council (Public Health) has commissioned a larger sample for the 2021/22 survey (results expected in 2023) in order to facilitate further local analysis.

12.6 Figure 10 shows that 5-year-old children in Derby have significantly worse oral health compared to their peers living in England, East Midlands as well as across Derbyshire. Figure 11 shows that although the situation is bad for children in Derby, it is better when compared against its national statistical neighbour (Sheffield). Figure 12 shows the slope index of inequality in the prevalence of experience of dental decay in 5-year-olds in the East Midlands by deprivation, with those living in the most deprived areas being affected the most.

Figure 10: Percentage of 5-year-olds with visually obvious dental decay (2018/19)

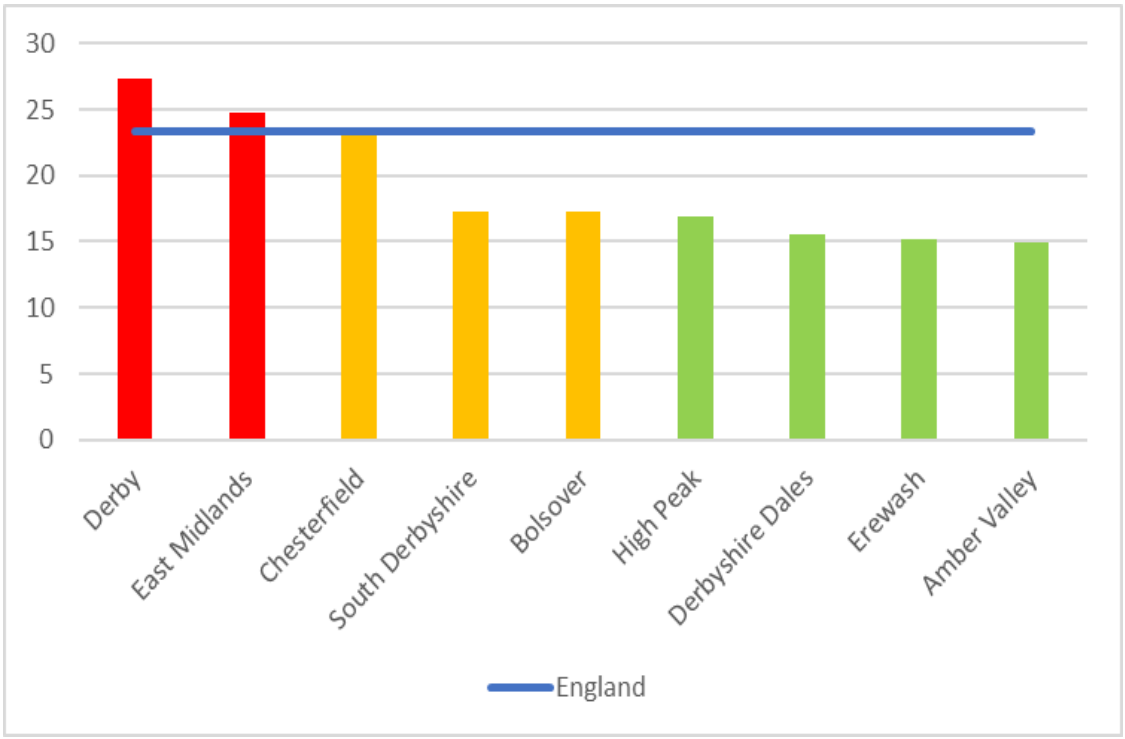
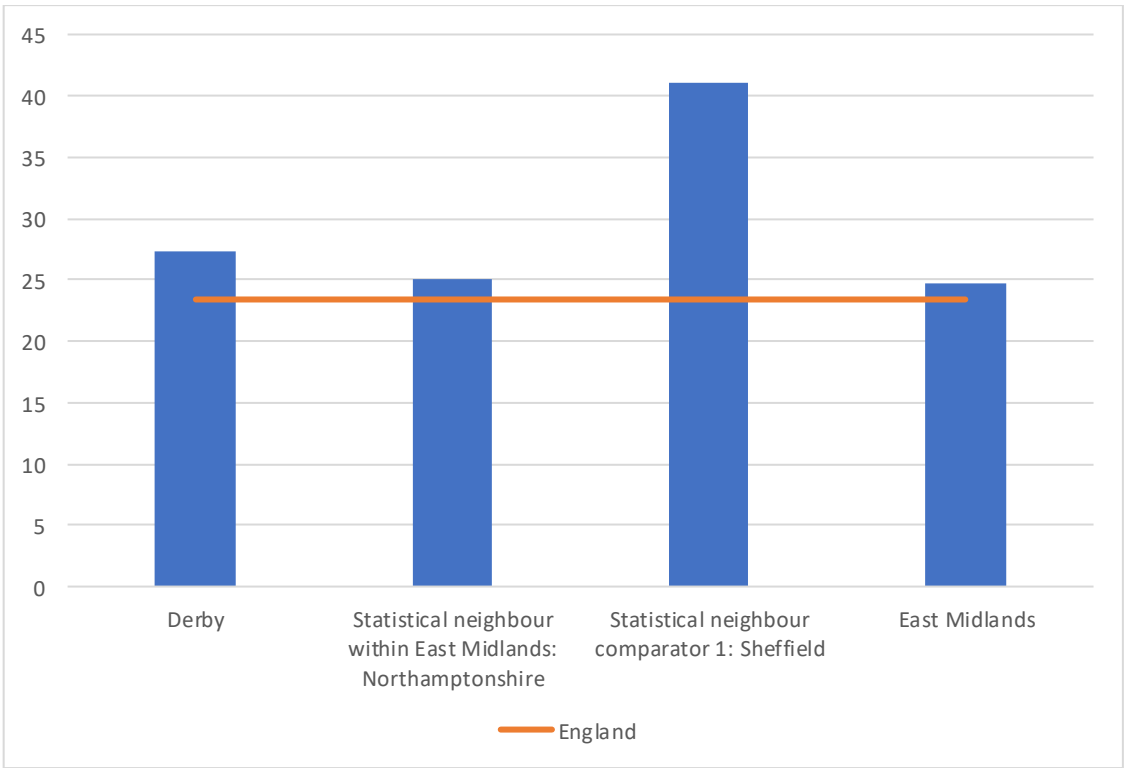
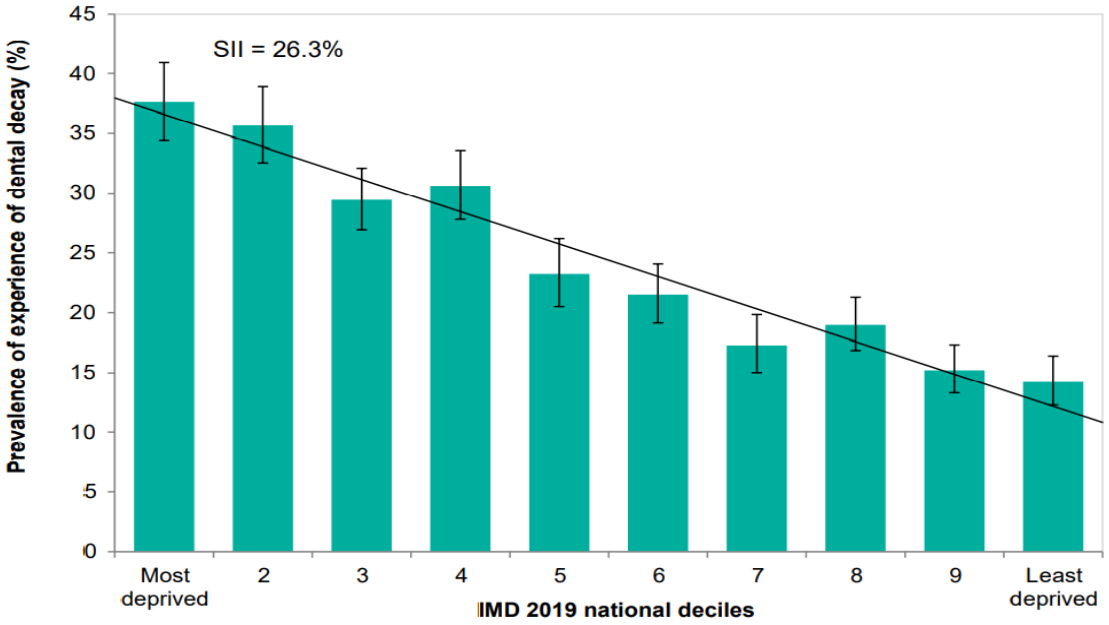


Figure 11: Prevalence of experience of dental decay among 5-year-olds in Derby, it's statistical neighbour comparators[1], the East Midlands and England



[1] generated by the children's services statistical neighbour benchmarking tool, the neighbour within the East Midlands has "close" comparator characteristics and the national neighbour has "very close" comparator characteristics

Figure 12: Slope index of inequality in the prevalence of experience of dental decay in 5-year-olds in the East Midlands



Error bars represent 95% confidence limits

12.7 Public health interventions can improve child oral health at a local level. Figure 13 shows the return on investment of oral health improvement programmes for 0-5 year olds with water fluoridation providing the largest return, followed by targeted provision of toothbrushes and paste by health visitors, targeted supervised toothbrushing programmes and targeted fluoride varnish programme. The lowest return on investment is the targeted provision of toothbrushes and paste by post (without health visitor involvement). Apart from the application of fluoride varnish in clinical dental settings, none of the oral health improvement programmes are within the responsibility of NHSE.

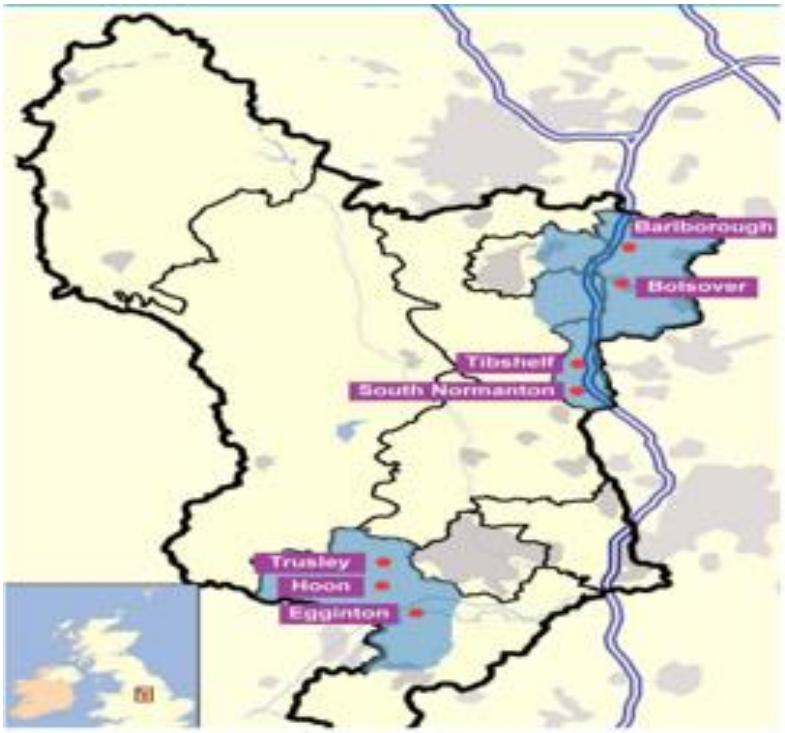
Figure 13: Return on investment of oral health improvement programmes for 0-5 year olds

12.8 Water fluoridation

Water fluoridation is an effective and safe public health measure to reduce the frequency and severity of dental decay, and narrow oral health inequalities. Fluoridated water is currently supplied to 10% of the population in England and this includes some parts of Derbyshire (Figure 14). About 43,000 people are supplied with artificially fluoridated water in Derbyshire. Fluoridated communities include parts of Bolsover District bordering Nottinghamshire and parts of South Derbyshire District bordering Staffordshire. There are no water fluoridation schemes benefitting residents of Derby City.

12.9 Although the responsibility for water fluoridation currently rests with the local authority, this is being changed by the Health and Care Act 2022 which 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 by changing the decision-making responsibility on water fluoridation that has resided with local authorities since 2013 and transferring this decision making responsibility to be made centrally. Secondary legislation has recently been laid before parliament on this but it is not known when this will be debated.

Figure 14: Water fluoridation in the Derbyshire system



12.10 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 offers a significant return on investment.

12.11 Toothbrushes and toothpaste by health visitors

Toothbrushes and toothpaste are handed out by health visitors to all children at the 6–8-week child development check. Health visitors have received oral health training to support this intervention. A MECC (making every contact count) approach to oral health is implemented by health visiting teams across all of their mandated child development contacts

12.12 Supervised toothbrushing programmes

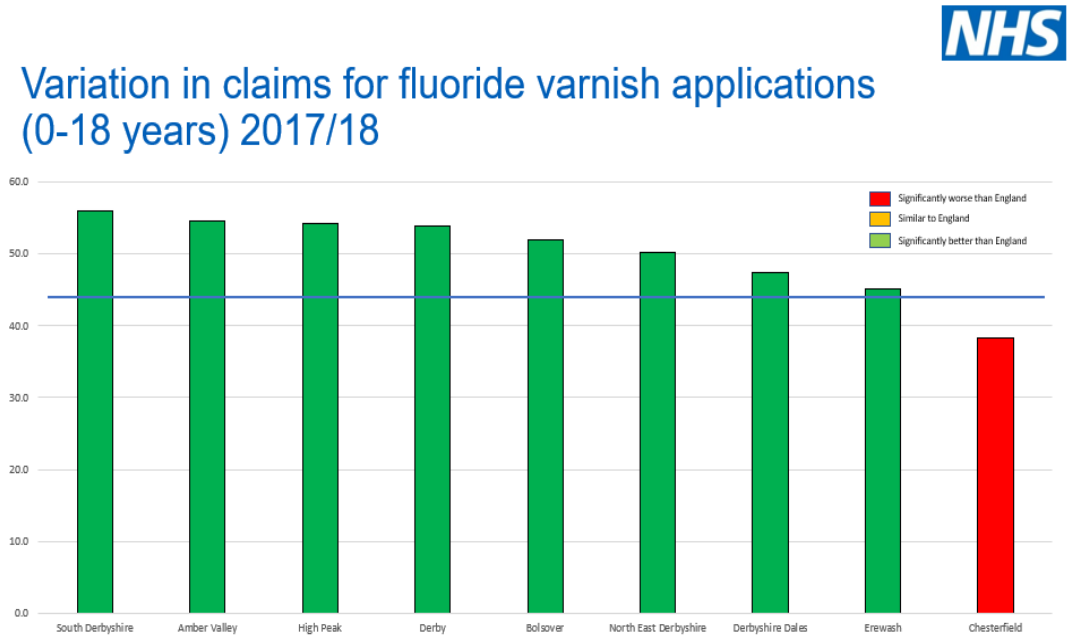
Derby has historically provided supervised toothbrushing programmes as part of the Smile for Life programme. There is an intention to utilise current NHSE prevention monies (Ref 11.1) to reinstate this programme in targeted Early Years Settings.

12.12 Fluoride varnish

NHSE are responsible for fluoride varnish in clinical settings. Dentists are recommended to apply fluoride varnish to the teeth of all children and young people twice a year from the age of three. In addition, for those giving concern due to dental decay risk, they should receive 2 or more times the application of fluoride varnish in a year. Fluoride varnish provides extra protection against tooth decay when used in addition to brushing. It is a gel that sets quickly when applied to children's teeth using a soft brush. Every child and young

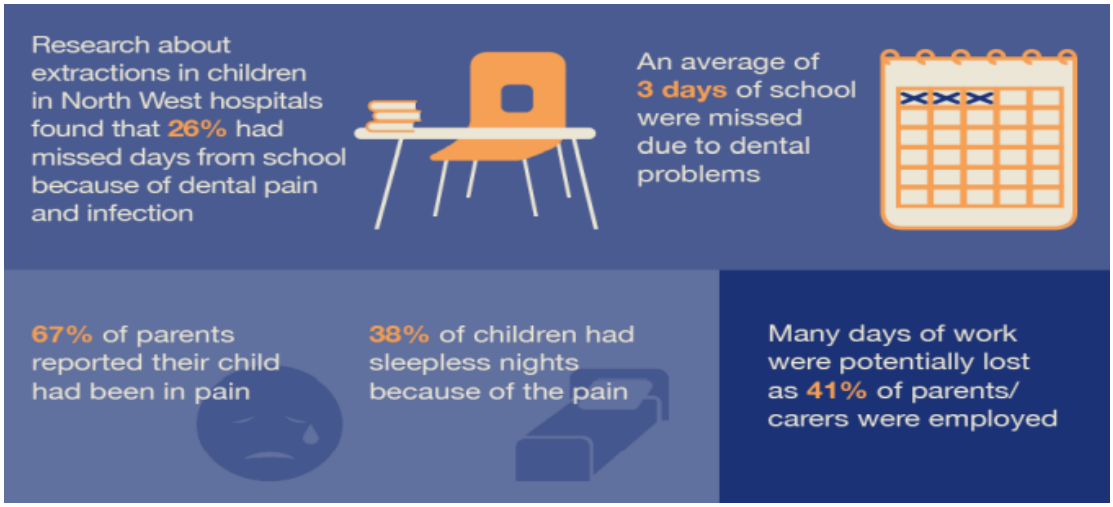
person living in Derby should be offered fluoride varnish application at least twice yearly from the age of three when attending their dental practice. There is no cost for this as it is available free of charge on the NHS for all children and young people. Figure 15 shows that over 50% of children and young people attending an NHS dental practice in Derby received fluoride varnish applications in 2017/18.

Figure 15: Variation in claims for fluoride varnish applications (0-18 years) 2017/18



12.12 Poor oral health impacts on children and families (Figure 16) and affects children's ability to eat, speak, sleep, play and socialise. Over a quarter (27.5%) of five-year-olds in Derby have tooth decay when they start school. Children who have toothache or who need treatment may have to be absent from school and parents may also have to take time off work to take their children to a dentist or to hospital. Oral health is therefore an important aspect of a child's overall health status and of their school readiness. Oral health is seen as a marker of wider health and social care issues including poor nutrition and obesity.

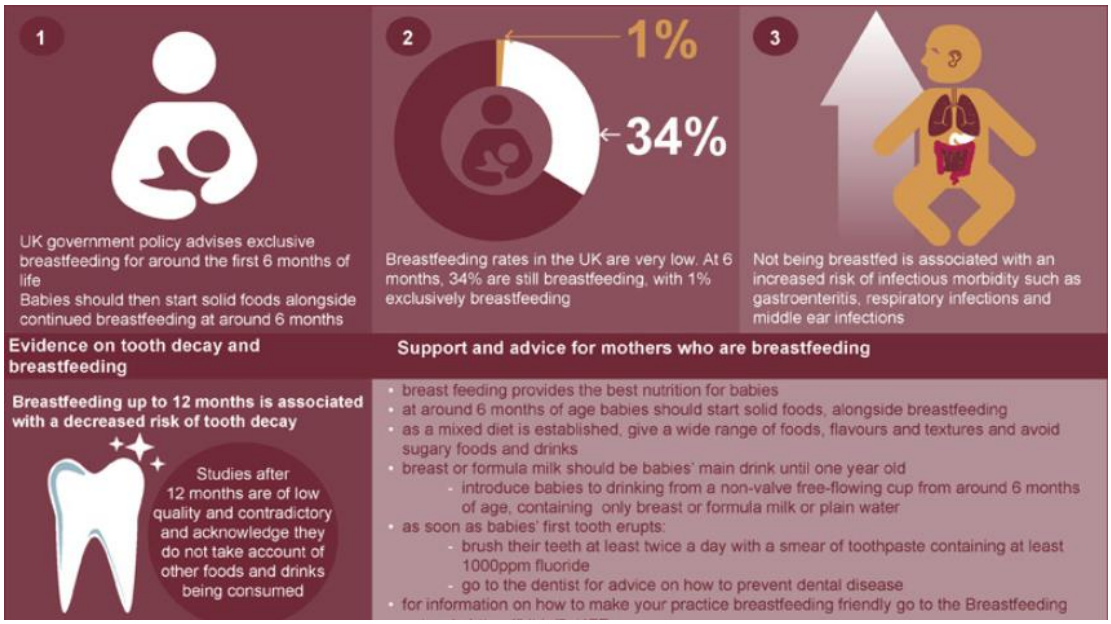
Figure 16: Impact of Poor Oral Health in Children and Families



Source: Health matters: child dental health https://www.gov.uk/government/publications/health-matters- child-dental-health/health-matters-child-dental-health

12.13 There is strong evidence of the benefits of breastfeeding to both mother and child (Figure 17). There is strong evidence that breastfed babies experience less tooth decay and that breastfeeding provides the best nutrition for a baby's overall health.

Figure 17: Benefits of breastfeeding



12.12 There is some evidence that dental decay and obesity may be more likely to occur in the same populations. Local authority data, collected at population level confirms that some correlation between dental decay and obesity prevalence can be observed at age five years; however, it is not currently known whether this relationship exists in older children. Using this type of group-level cross-sectional data, it is not possible to say whether an individual who is overweight or obese is at higher risk of dental decay or vice versa. Well-designed cohort studies in populations that are comparable to the UK are required to answer this type of question and there are currently insufficient studies of this type available. Despite this, because deprivation and high

intakes of free-sugars are known risk factors for dental decay and for obesity, it is likely that interventions that reduce these common risk factors have the potential to impact both conditions at the population level.

13. Collaborative working

13.1 NHSE works collaboratively with Public Health colleagues in Derby City Council around prevention initiatives linked to oral health improvement and in amplifying key oral health messages. Further information has been provided by the Council's public health team on the local oral health improvement initiatives across Derby City in Appendix 5.

13.2 There are regular meetings with the profession via the Local Dental Committees. NHSE are grateful for the co-operation received from the dental profession in mobilising local Urgent Dental Care Centres and co-producing solutions to help manage the restrictions in NHS dental services during the pandemic which included joint working between the local Community (Special Care) Dental Service and General Dental Practices.

13.3 NHSE has appointed a Derbyshire Local Dental Network (LDN) Chair who is involved in collaboratively establishing a framework for urgent dental care. This framework is to ensure that patient's urgent dental care needs are met with good practice guidance to support NHS dental practices.

13.4 The NHSE 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 were distributed to local authorities, Directors of Public Health and CCGs (when in existence). Examples of tweets that have been shared on Twitter are given in Appendix 6. There is some ongoing concern about a reluctance amongst some people in attending for dental care due to the pandemic either because they do not want to be a burden on the health service or because they fear getting coronavirus. A campaign reassuring people that it is safe to attend NHS dental appointments has also been launched by NHSE.

13.5 NHSE have also engaged with Healthwatch Derby and they have shared intelligence on local concerns or on difficulties people may be having accessing NHS dental services. Following feedback from Healthwatch regarding the confusion for patients on the '*accepting new patients on referral*' category of each dental practice profile, a decision has been made to remove this as part of updates planned for September 2022.

14 National Dental Contract Reform

14.1 The Chief Dental Officer for England published the outcome of the 2022/23 Dental Contract Negotiations on 19th July 2022. This represents the first significant change to the national dental contract from the government since its introduction in 2006. The resulting reforms are significant changes which

seek to address the challenges associated with delivering care to higher needs patients and making it easier for patients to access NHS care as follows:

- Refining the UDA allocation to support patient care to account for complexity
- Supportive resources for patients, the public and dental teams around NICE dental recall intervals
- Establishing a minimum indicative UDA value to support effective delivery of care, workforce and financial viability
- Increasing the role for dental therapists to be able to accept patients for NHS treatments, providing fillings, sealants, preventative care for adults and children, thus freeing up dentists' time for urgent and complex cases
- Improving information on the availability of NHS dentistry for patients and the public by requiring dental practices to regularly update the Directory of Services (Find a Dentist facility on the NHS website)
- Maximising access from dental budgets and enabling high-performing dental practices the opportunity to increase their activity by a further 10% to deliver more care.

Some of the changes will not be introduced until later in 2022 as they will require the government to pass primary legislation before they can be introduced. These important changes are but the first step on a journey, with further engagement and further development to come to reform and modernise the NHS dental contract even more. This next phase of reform will start imminently, to build on the changes made and tackle longer-standing concerns.

15 Supporting Information

- Appendix 1 - Location of dental practices or clinics
- Appendix 2 – Proportion of children and young people receiving NHS dental care in the 12 months preceding the quarters end from Dec 2019 to Dec 2021, by age groups
- Appendix 3 – Midlands Oral Surgery Referral to Treatment (18 week and 52-week Waiters)
- Appendix 4 – Midlands Secondary Care Dental Referral Trends
- Appendix 5 – Derby City (Public Health led) Oral Health Promotion Activity Briefing
- Appendix 6 - Examples of tweets shared by the NHS England Communication Team

16 Contact Points

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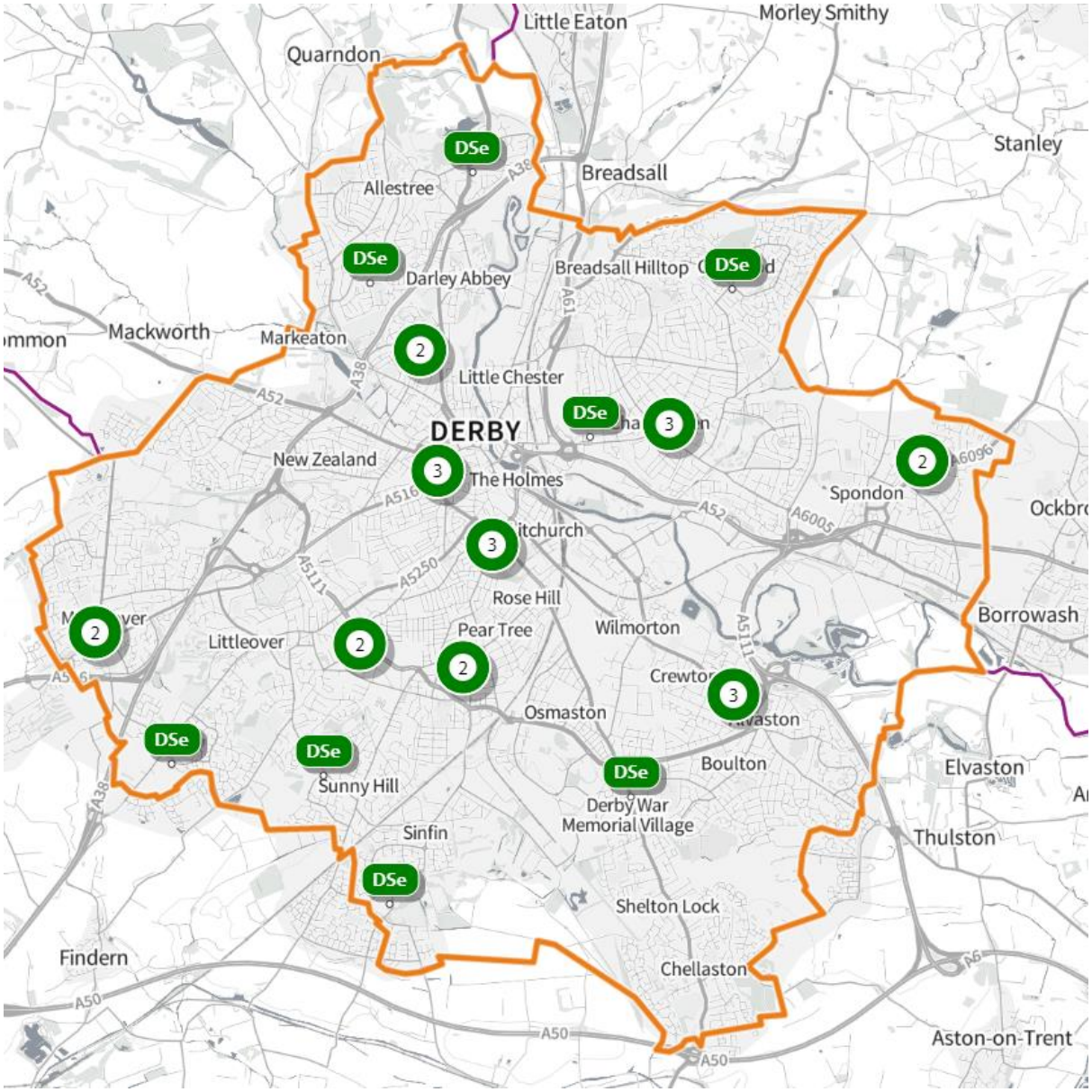
Appendix 1: Location of dental practices or clinics including orthodontic and community sites

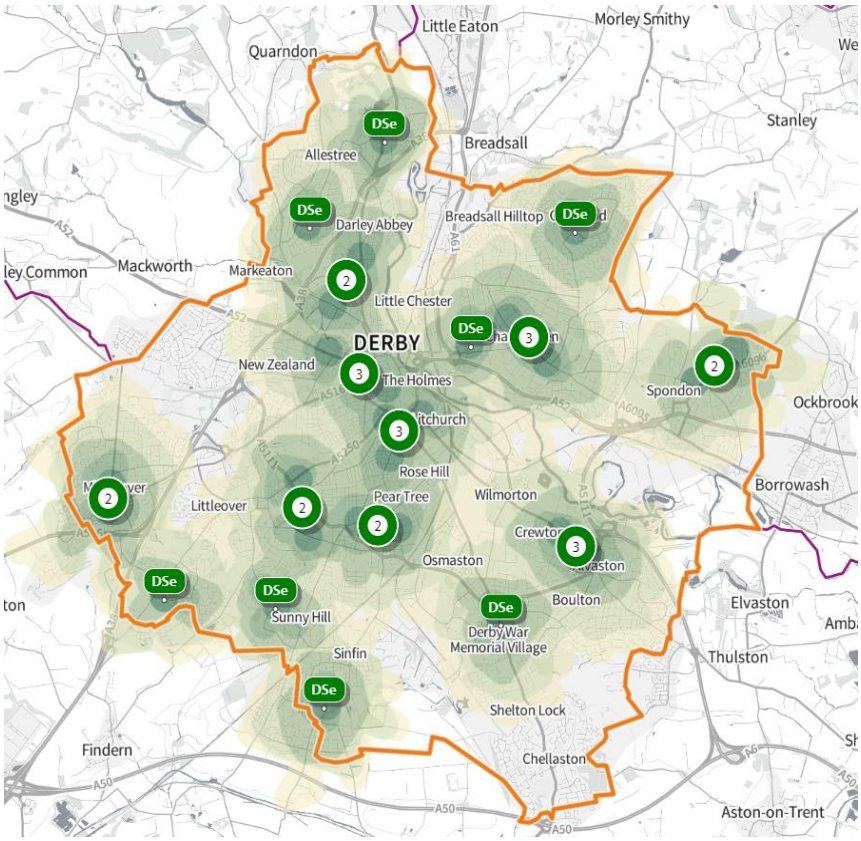
NB:

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

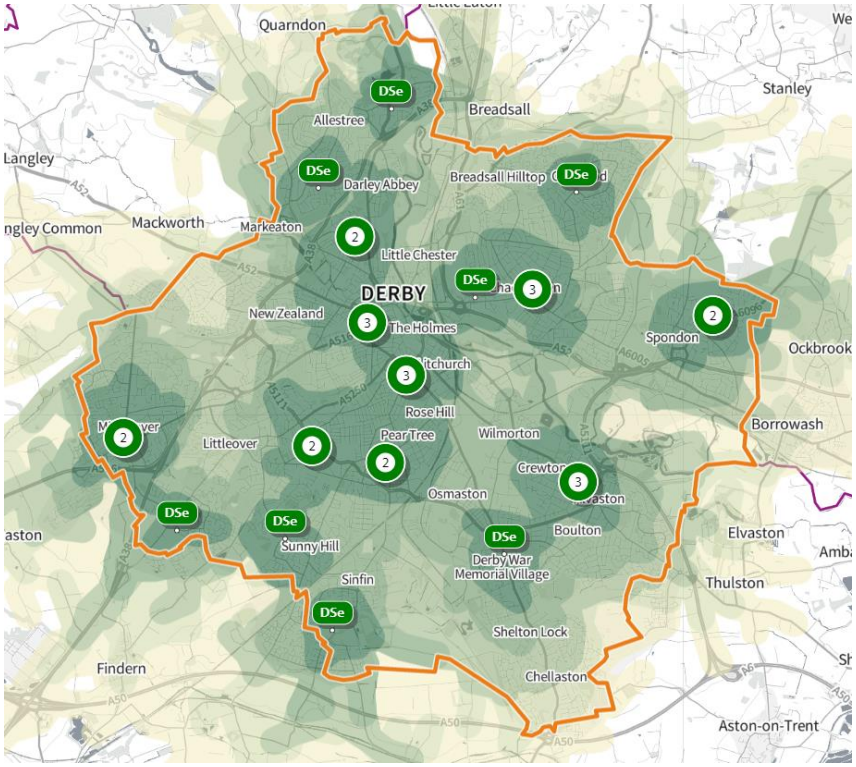
Map 1: Location of NHS dental practices and clinics (including orthodontics and community sites in Derby City



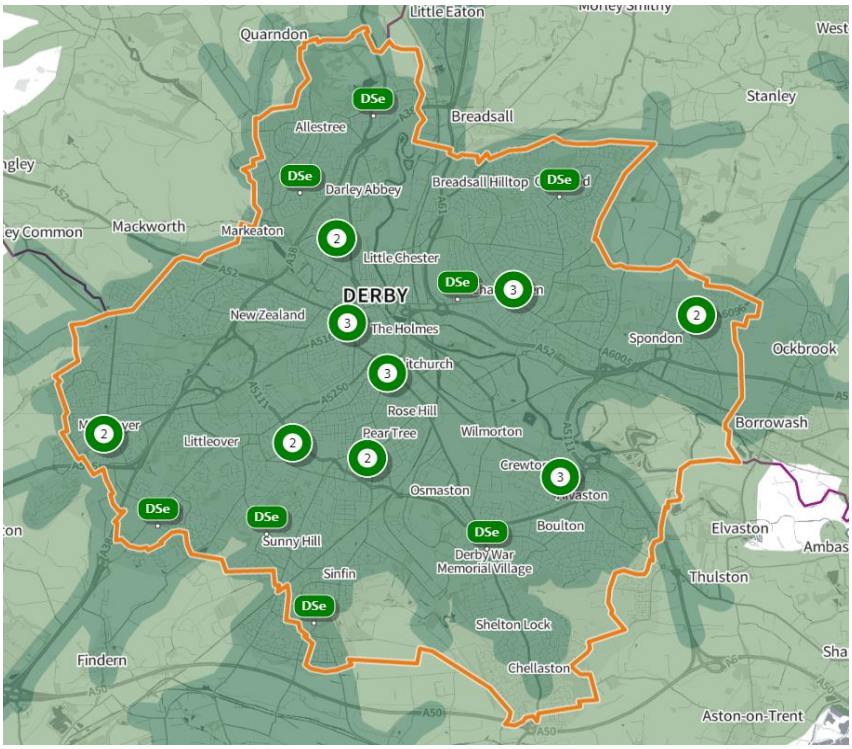
Map 2: Accessibility of NHS dental practices and clinics within 1.6k walking distance



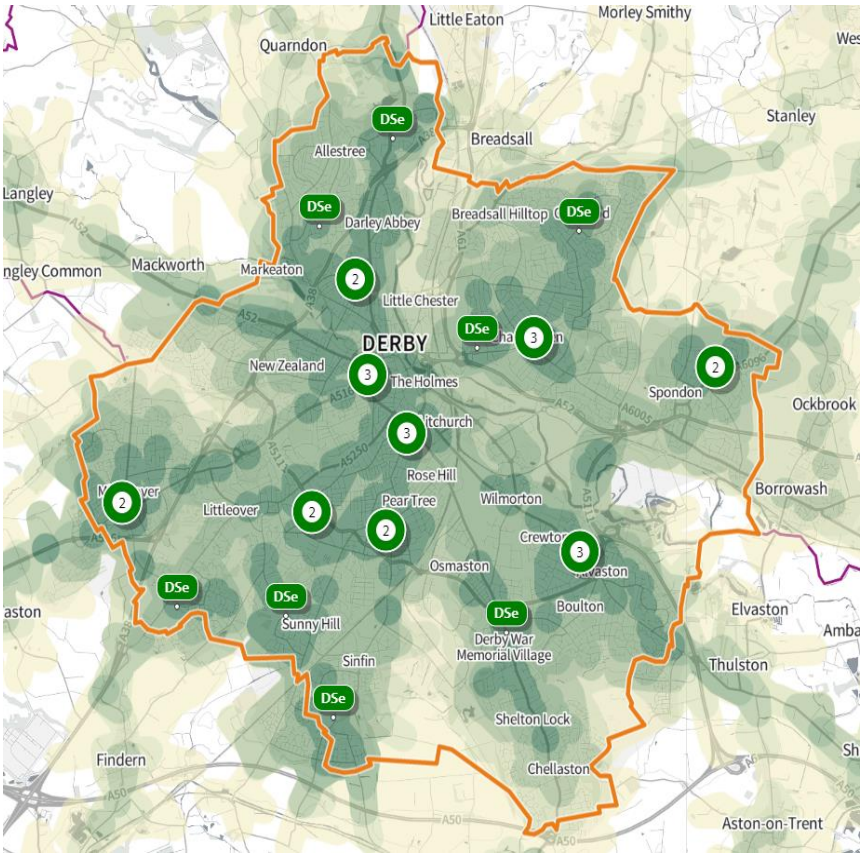
Map 3: Accessibility of NHS dental practices and clinics within 20 minute cycle



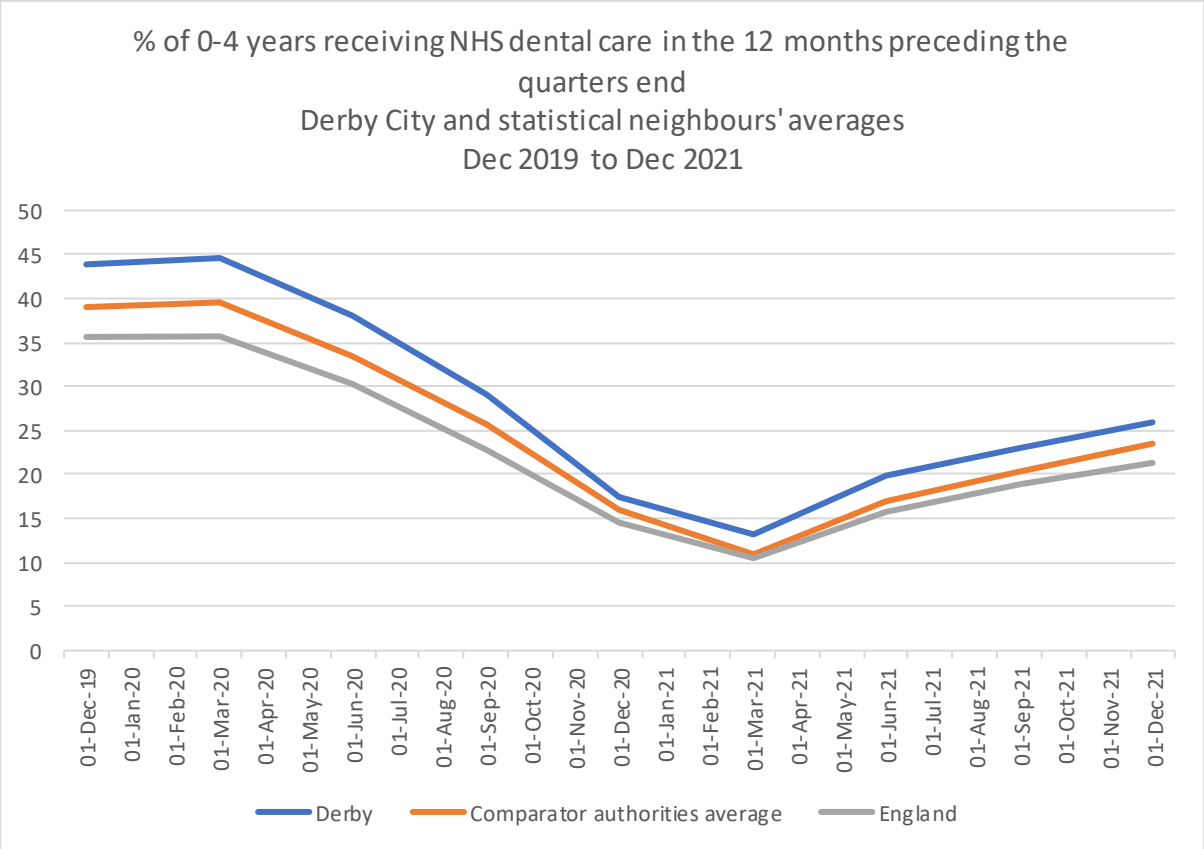
Map 4: Accessibility of NHS dental practices and clinics within 10 minutes by car in rush hour

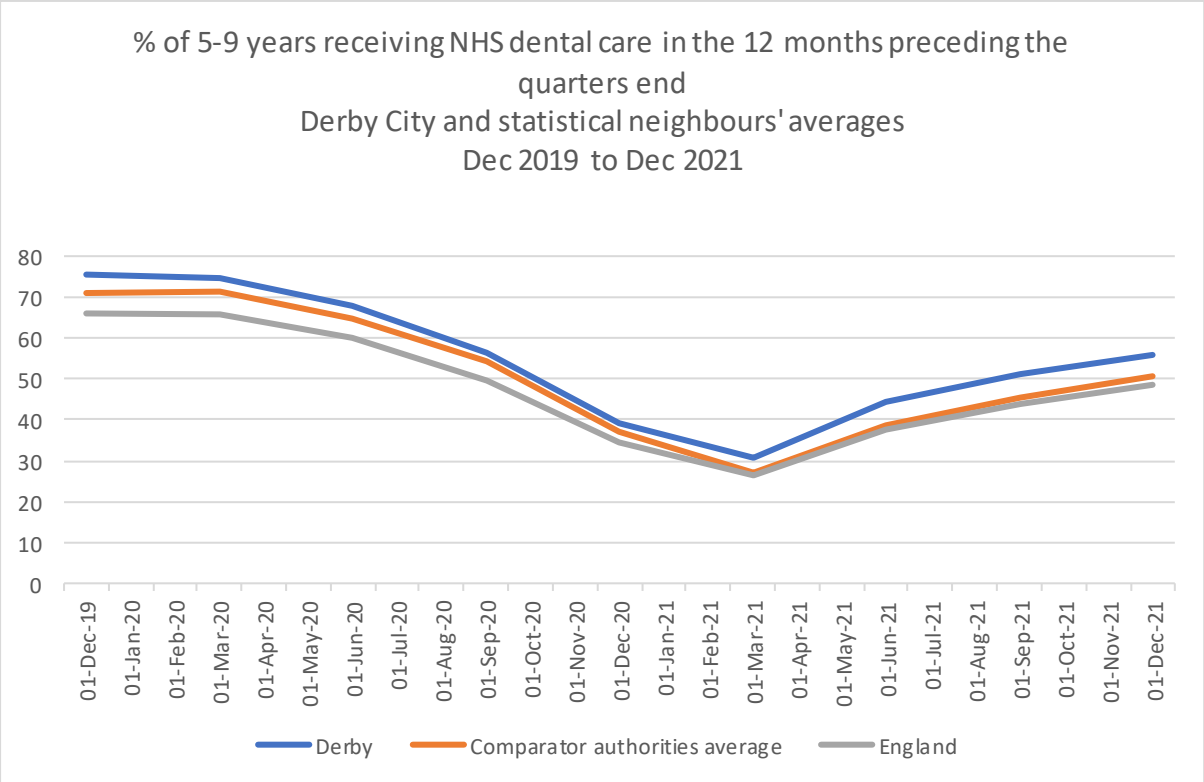


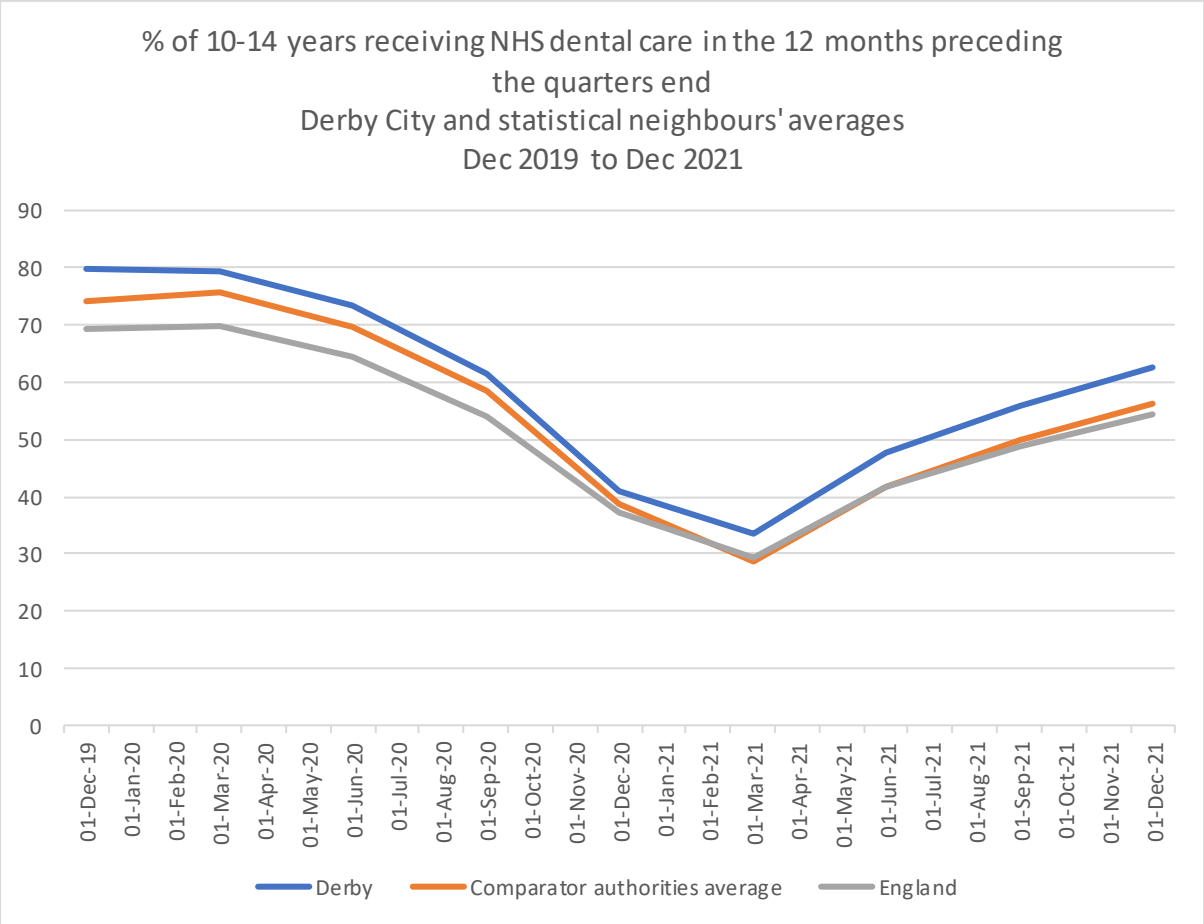
Map 5: Accessibility of NHS dental practices and clinics within 30 minutes by public transport on a typical weekday morning



Appendix 2: Proportion of children and young people receiving NHS dental care in the 12 months preceding the quarters end from Dec 2019 to Dec 2021, by age groups






% of 10-14 years receiving NHS dental care in the 12 months preceding the quarters end
Derby City and statistical neighbours' averages
Dec 2019 to Dec 2021
90
80
70
60
50
40
30
20
10
0
01-Dec-19
01-Jan-20
01-Feb-20
01-Mar-20
01-Apr-20
01-May-20
01-Jun-20
01-Jul-20
01-Aug-20
01-Sep-20
01-Oct-20
01-Nov-20
01-Dec-20
01-Jan-21
01-Feb-21
01-Mar-21
01-Apr-21
01-May-21
01-Jun-21
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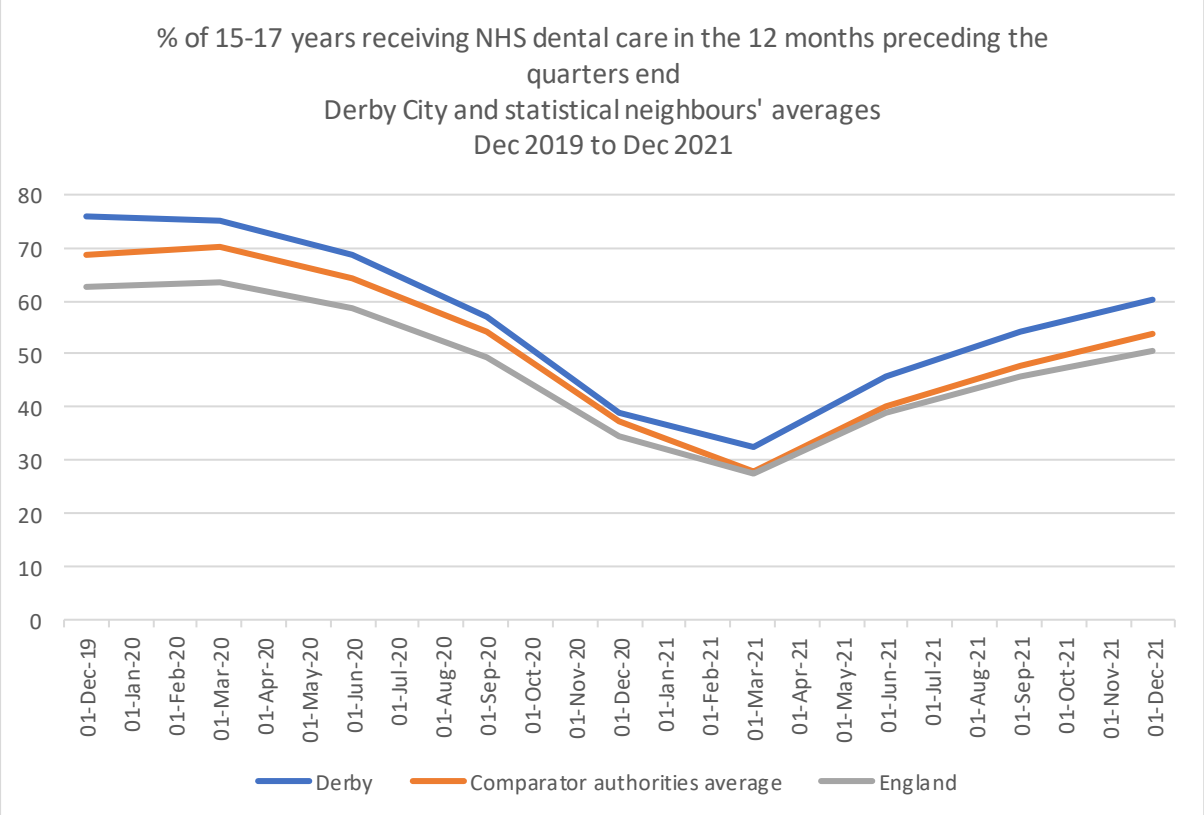
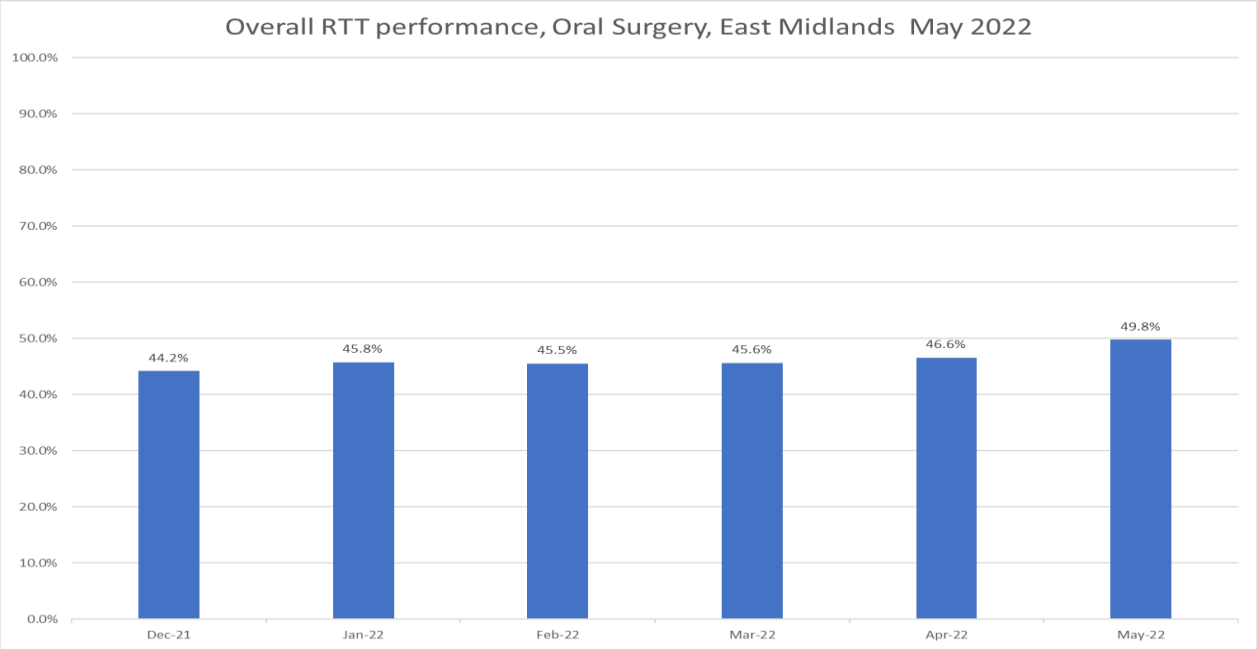
01-Sep-21
01-Oct-21
01-Nov-21
01-Dec-21
Derby
Comparator authorities average
England

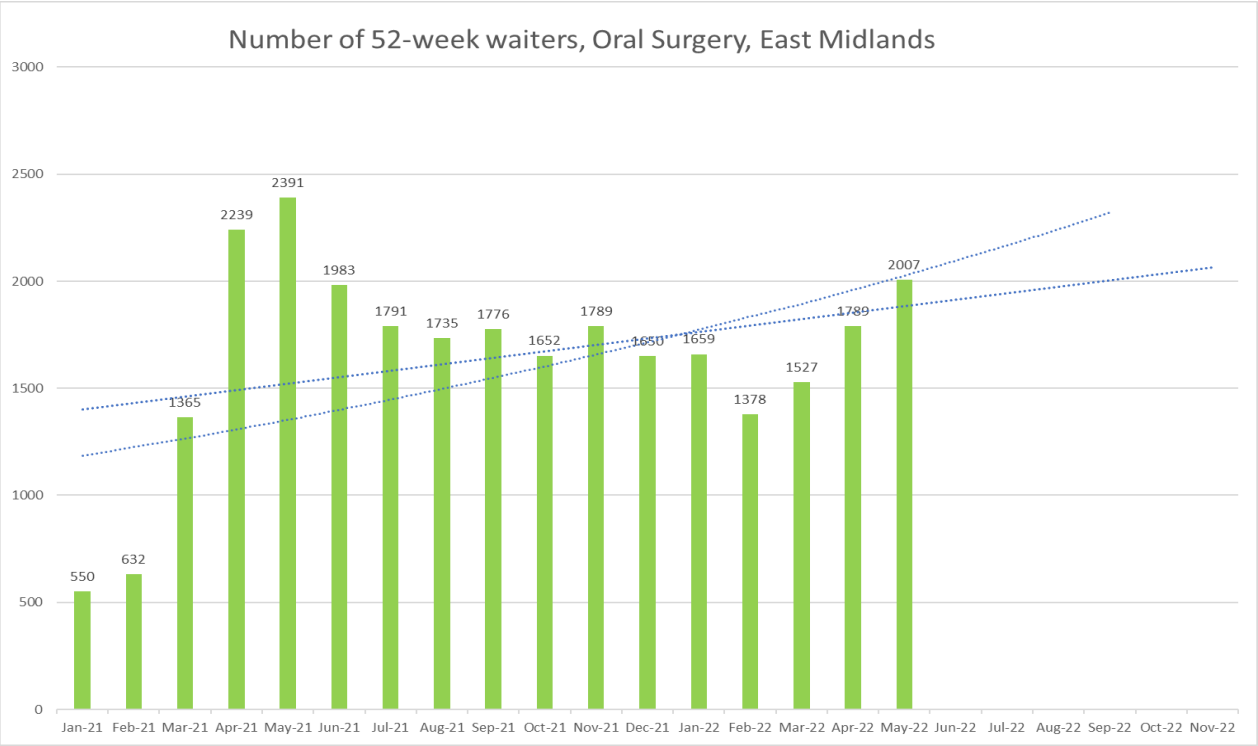

% of 15-17 years receiving NHS dental care in the 12 months preceding the quarters end
Derby City and statistical neighbours' averages
Dec 2019 to Dec 2021
80
70
60
50
40
30
20
10
0
01-Dec-19
01-Jan-20
01-Feb-20
01-Mar-20
01-Apr-20
01-May-20
01-Jun-20
01-Jul-20
01-Aug-20
01-Sep-20
01-Oct-20
01-Nov-20
01-Dec-20
01-Jan-21
01-Feb-21
01-Mar-21
01-Apr-21
01-May-21
01-Jun-21
01-Jul-21
01-Aug-21
01-Sep-21
01-Oct-21
01-Nov-21
01-Dec-21
Derby
Comparator authorities average
England

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

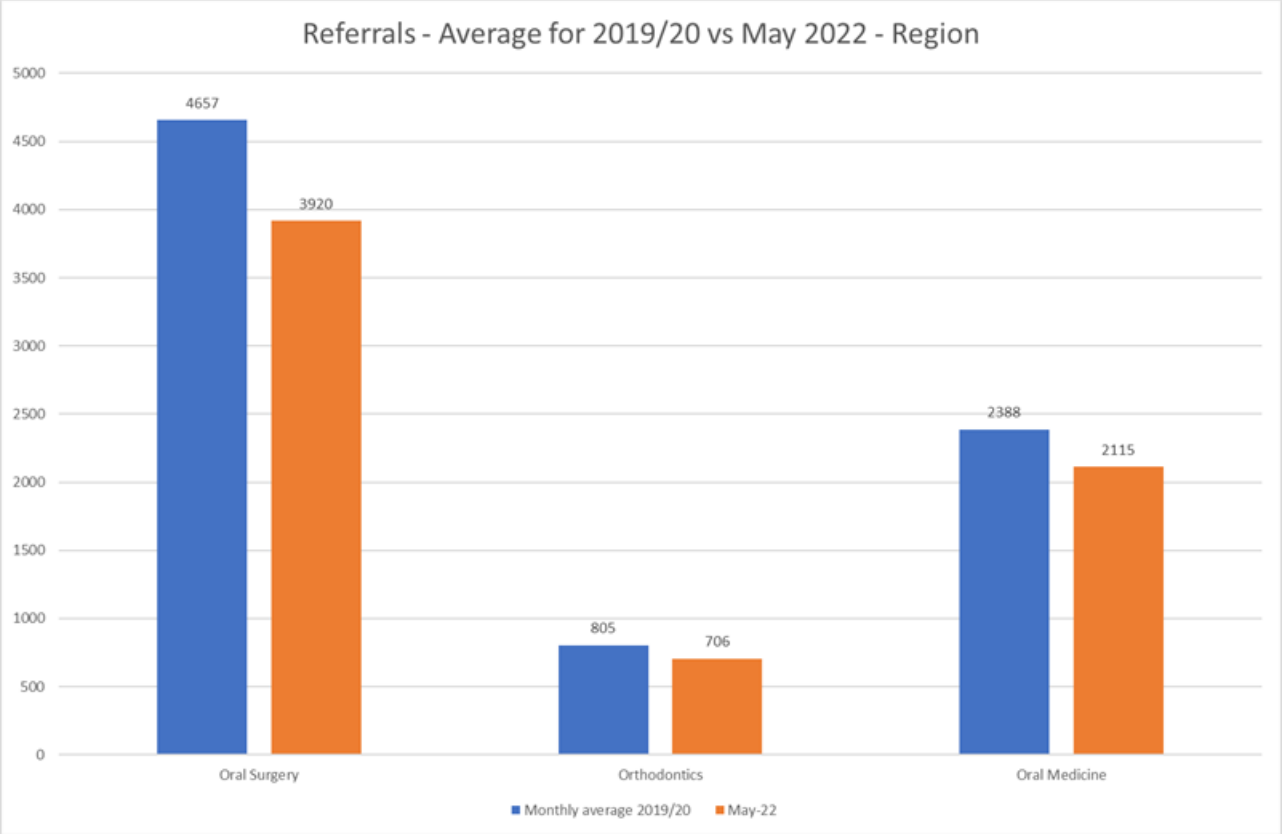
Note – The updated May RTT position for Oral Surgery shows that at 18 weeks the recovery remains plateaued between 45% and 50%. (The figure for May is 49.9%, an increase from 46.6%). The number of 52-week waiters has increased as data was missing in previous submission and Trusts have been focusing on reducing the number of 104-week waiters. The proportion of the total waiting list that has been waiting 52 weeks dropped to 10% for May from 11% in April 2022.

Data cannot be split to report for Derby City.





Appendix 4: Midlands Secondary Care Dental Referral Trends



DERBY CITY COUNCIL

Appendix 5: Derby City (Public Health led) Oral Health Promotion Activity Briefing

1. Oral health promotion and food banks 2021 - present

Objective:

- To address inequalities that exist amongst key target groups that are at greater risk of poor oral health outcomes. To focus on the six most deprived wards (Allenton, Derwent, Normanton/ Arboretum, Sinfin, Rosehill, Mackworth).

Activity:

- 1000 toothbrushes and 500 toothpastes approx. for both areas (1000 families/households).
- Inclusion of oral health promotion leaflets within each allocation of toothbrushes/paste
- Provision of knowledge and information to volunteers and key individuals by Derbyshire Oral Health Promotion team.
- Development of posters to inform families on how to access emergency dental treatment -displayed in foodbanks.
- Survey of food bank clients to establish their oral health knowledge and understanding of how to access a dentist.

2. Public Health led Oral Health campaigns 2022 – present:

Lifelong Oral Health
Short term communications objectives:

- Increase awareness of the importance of life long oral health
- Promote whole life oral care messaging – i.e., it's not just children who need to care for their teeth
- Raise awareness that oral health problems are preventable
- Promotion of preventative measures
- Promote oral health through healthier food and drink choices

Longer term, service objectives:

- Improve early detection, and treatment, of oral diseases
- Provide consistent messaging across the system
- Reduce costs to NHS
- Reduce inequalities

Audience:

- All Derbyshire residents
- Parents / carers

- Health care providers

Key messages:

- Oral health problems are preventable
- Your food and drink choices impact your oral health
- Oral health is a lifelong journey
- Setting a good example for your children will help them with good, life long, oral health.

Planned summer/autumn 2022

A targeted campaign aimed at identified geographical areas where data shows highest levels of tooth decay / tooth extraction.

Derby city:
Arboretum, Abbey, Normanton and Peartree wards for Derby city's BAME population as wells as other areas in the city with high levels of deprivation but less culturally diverse including: Sinfin, Mackworth, Alvaston, Osmaston.

Short term communications objectives:

- increase awareness of the importance of oral health in children
- increase awareness of preventative measures that parents / carers can take to avoid oral health problems developing
- Whole life oral care messaging – ie it's not just children who need to care for their teeth
- Oral health problems are preventable
- Promote oral health through healthier food and drink choices

Longer term, service objectives:

- Improve early detection, and treatment, of oral diseases
- Increase the registration of people from deprived areas with dental services

3.0 Health Visiting (0- 4 years)

In place:

- A MECC (making every contact count) approach to oral health delivered across all health visiting contacts with all families.
- Toothbrushes and toothpaste handed out by health visitors to all children at the 6–8-week child development checks alongside oral health prevention messages.
- Oral health promotion training for all health visiting teams.
- Information on the NHS low-income scheme and Healthwatch guidance 'how to access a dentist' is included within health visiting comms and on their website.

In development/planned:

- An additional oral health contact at the one-year child development check - to include a risk of caries assessment.
- A targeted oral health prevention programme for vulnerable families.
- Supervised tooth brushing in targeted early years settings.

Additional activities:

Understanding need:

- Derbyshire County Council Oral Health insight report (2021)
- Derby City Joint Strategic Needs Assessment – web based/interactive.
- Understanding oral health needs of substance misusers - in development
- School nursing questionnaires at school entry and Year 6 include questions on whether a child has visited the dentist/ received emergency dental care.

Strategic buy in:

- Oral health is a strategic priority for Derby City Local Authority – it features in the city Children, Family and Learners Board strategic plan 2020 -22 and Derby and Derbyshire Joined Up Care Action Plan.
- Derby and Derbyshire have an Infant feeding strategy in place to promote breast feeding and appropriate complementary policies.

Derby and Derbyshire Oral Health Steering Group

Purpose of the group

This group is a multi-agency partnership working to improve overall oral health and to reduce oral health inequalities in Derby and Derbyshire. The aim is to target those at the highest risk of poor oral health. The group was established in 2020 under the stewardship of Public Health England.

Membership

- Derbyshire County Council Public Health
- Derby City Council Public Health
- Public Health England
- NHS Midlands
- Chair of Derbyshire Local Dental Committee
- Healthwatch Derbyshire
- DCHS
- UHDB (Derbyshire Children's Hospital)
- Small Steps, Big Changes

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