TORBAY COUNCIL

Oral Health Needs Assessment

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Contents

Executive summary

This Health Needs Assessment is structured to give an overview of Oral Health in Torbay.

The scope of the Needs Assessment is to:

- Provide an overview of oral health and impact of the COVID-19 pandemic,
- Outline the statutory responsibilities for oral health improvement and current service provision,
- Report current levels of oral health in Torbay,
- Outline the current oral health improvement initiatives in Torbay,
- Make recommendations for future focus and development.

Oral Health in Torbay is generally worse in children, adults, and older adults than the Southwest and England picture. Perhaps the leading explanation for this is the gradient of quality of oral health, with the poorest oral health and highest levels of disease found in the most deprived and vulnerable population groups. Torbay's economy is predominantly low-wage, low-skill reliant on seasonal tourism. This makes it one of the weakest in the country with pockets of significant deprivation and poverty.

The COVID-19 pandemic has further exacerbated oral health inequalities in Torbay through reduced access to routine dentistry and reduced capacity and ability of community dentistry services to work with vulnerable groups and to conduct preventative oral health work due to the need to respond to urgent care issues. Research and data are still emerging regarding the long-term impact of COVID-19 and the data presented in this needs assessment should be read with this is mind.

The Health and Social Care Act (2012) brought about changes to the responsibilities of Local Authorities and the NHS with respect to the provision of health, social care, and public health in England. The Act positions the responsibility of oral health improvement with Public Health teams in Local Authorities. However, the budget for this is held by NHS England. Therefore, there is a requirement and need for close partnership working to ensure work and commissioning is appropriately targeted to those in most need of support.

The main mechanism for this partnership working is the Southwest Dental Reform Programme 2022-24 which is delivering three workstreams – dental access, oral health improvement and workforce development. Through the Programme, several oral health improvement initiatives are already being delivered to address health inequalities in Torbay, with more planned in 2023 and onwards. The Programme is also seeking to address Dentist vacancies and improve sign up to the core NHS contract. The introduction of the Integrated Care Systems offers the opportunity for closer partnership working across organisations to improve oral health of Torbay residents. Some responsibilities for oral health improvement are expected to be passed to the Integrated Care Board, however the details of this are not yet fully developed. The ICB is however clear that it wants to accelerate dental reform and establish a Dental Strategy for Devon in collaboration with system partners.

Definitions

Calculus (tartar) – a form of hardened dental plaque.

Oral cancer - cancers of the lip, oral cavity, and pharynx.

Periodontal diseases - caused by inflammation of the gums and bone that support teeth, primarily caused by plaque deposits on the gum margins of teeth. The diseases can cause tooth loss.

PUFA conditions – visible pulpal involvement, ulceration caused by dislocated tooth fragments, fistula, or abscess.

PUFA index – marker of severe decay and infection.

Tooth decay (dental caries) - outer layers of teeth are dissolved by acids which are produced when sugars are broken down.

Introduction

Oral health is defined by the World Health Organisation as "a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection, and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing."[1]

Oral health impacts general health and wellbeing, daily life, and quality of life. Poor oral health can cause pain, discomfort, tooth loss and dry mouth. It can also affect ability to sleep, eat, and speak, and tooth appearance can cause embarrassment leading to social isolation. Once a tooth is decayed it needs ongoing treatment and maintenance. Without preventative measures, dental caries can result in tooth removal, either in hospital or by a dentist.

Risk factors

Good oral health and good general health are linked and need to be considered together. The risk factors for poor oral health are the same as for general health and for serious conditions such as cancer, diabetes, respiratory diseases, and heart disease. These include:

- a high sugar diet,
- lack of physical activity,
- use of tobacco and alcohol,
- stress and trauma.

For example, there are links between sugar intake, diabetes, obesity, and tooth decay.[2] Smoking is proven to cause bad breath, teeth staining, decrease in taste, tarter/calculus, tooth decay, dental implant failure, and the slower healing of wounds[3]. Tobacco smoking, alcohol and human papillomavirus (HPV) infection are major risk factors for developing oral cancer.[4] Therefore, interventions that tackle these risk factors will improve general health as well as oral health[5].

[1] World Health Organisation, https://www.who.int/news-room/fact-sheets/detail/oral-health
[2] World Health Organisation, https://www.who.int/health-topics/oral-health/#tab=tab_1
[3] Groundswell, Groundswell-Healthy-Mouths-Report-Final.pdf
[4] Cancer Research UK, Risks and causes for mouth cancer | Cancer Research UK
[5] National Institute for Health and Care Excellence, https://www.nice.org.uk/guidance/ph55

Prevention

Tooth decay and gum disease are largely preventable. If not prevented, however, they can be expensive to treat, painful and if left untreated can lead to serious health problems.

Dental treatment has become more effective but the biggest improvement in oral health will be achieved through preventing the problems occurring in the first place. Health interventions which promote good health and prevention have proved to the most effective.[6]

Economic impact

Poor oral health has a significant economic cost. NHS dentistry costs £3.4 billion a year with an estimated further £2.3 billion spent on dentistry in the private sector[7].

The estimated cost of hospital admissions of 0–19-year-olds for tooth extractions due to decay was £33 million in 2019/20[8]. This figure reduced in 2020/21 to less than half of the 2019/20 figure which is likely due to the impact of the COVID pandemic on hospital admissions. There is also an economic and educational cost caused by days lost at school when children have this treatment, and days lost at work by parents and carers who are taking them to hospital and caring for them[9].

In 2014/15 there were over 16,000 finished consultant episodes of care for people aged 65 and over to have teeth removed in hospital, which is likely to have cost the NHS between £27 and £57 million[10]. Poor oral health is also a contributory factor to other reasons for admission such as dehydration or malnutrition. It can lead to other diseases – gum disease is a major risk factor in the development of Type 2 diabetes for example[11]. This all further raises the cost of poor oral health.

Deprivation and inequalities

There is a clear gradient relating to the quality of oral health, with the poorest oral health and highest levels of disease found in the most deprived and vulnerable population groups, demonstrating a clear health inequality. Research has shown that households that work in routine and manual occupations are more likely to experience tooth decay and periodontal diseases than those who work in managerial and professional occupations[12].

COVID-19 impact

The impact of COVID-19 on oral health and oral health inequalities has been significant. Oral diseases are largely preventable, and vulnerable groups are at higher risk of poor oral health. Oral health inequalities stem from inequalities in income, employment, education and social circumstances, all factors which COVID-19 may have exacerbated[13].

Access to routine dentistry was suspended throughout much of 2020 due to COVID-19 restrictions. In the short term, this created increased pressure on Community Dentistry Services to respond to urgent care issues, therefore reducing its capacity and capability for preventative work and work with vulnerable groups. Additionally, the temporary suspension of

[6] Oral health strategy (Devon and Torbay) Devon_and_Torbay_Oral_Health_Strategy_2012-2015.pdf
[7] Public Health England, Commissioning better oral health for vulnerable older people - GOV.UK (www.gov.uk)
[8] Public Health England, Hospital tooth extractions of 0-19 year olds
[9] Public Health England, Oral health of 5 year old children in local authorities - GOV.UK (www.gov.uk)
[10] Public Health England, Commissioning better oral health for vulnerable older people - GOV.UK (www.gov.uk)
[11] Public Health England, Inequalities in oral health in England - GOV.UK (www.gov.uk)
[12] Public Health England, Inequalities in oral health in England - GOV.UK (www.gov.uk)
[13] Office for Health Improvement and Disparities, SW Oral Health Intelligence Pack Microsoft Power BI

classroom-based schooling and other routine health services reduced surveillance and the ability of such services to play their part in preventing and reducing poor dental care.

Changes to eating and exercise habits during COVID-19 lockdowns will likely have also contributed to poorer oral health. In England, rates of overweight and obese children and adults have been steadily increasing in recent years, however the rate of increase was greater between 2019-20 – 2020/21 than in prior years[14].

Statutory responsibilities for Oral Health

The Health and Social Care Act (2012) brought about changes to the responsibilities of Local Authorities and the NHS with respect to the provision of health, social care, and public health in England. The table below summaries the statutory responsibilities for key organisations.

Local Authorities	**NHS England (NHSE)**
• Improve the oral health of their communities • Commission oral health improvement services • Secure oral health surveys • Make proposals regarding water fluoridation schemes	• Commission all dental care services, including primary, secondary and unscheduled dental care.

In short, Public Health teams within Local Authorities have the statutory responsibility for oral health improvement, but not the budget (which is aggregated into NHSE with activity delivered through Community Dentistry Teams). Therefore, partnership working is vital to ensure activity is directed at those most at need.

With the introduction of the Integrated Care Systems on 1st July 2022, Integrated Care Boards (ICBs) have a responsibility for developing plans to meet the health needs of the local population. This includes managing the NHS budget and arranging the provision of health services in the local area.[15] As such, some elements of commissioning for Oral Health will become the responsibility of ICBs from April 2023 onwards. Whilst the details of this are not yet fully developed, the ICB is clear that it wants to accelerate dental reform and establish a Dental Strategy for Devon in collaboration with system partners.

The Office for Health Improvement and Disparities have created the Oral Health Intelligence Pack[16] which will provide refreshed data every 6 months. The data comprised includes on access to dental services, child and adult oral health status and vulnerable children and adults. The intelligence pack has been developed to facilitate partners working more closely together to identify opportunities to embed oral health initiatives locally.

About Torbay

Torbay has a population of 136,218 (2020 mid-year population estimates). Comprising the three coastal towns of Torquay, Paignton and Brixham, Torbay has a rich history, natural beauty and a reputation as a popular tourist and retirement destination.

[14] Office for Health Improvement and Disparities, Public health profiles - OHID (phe.org.uk)
[15] NHS England, NHS England » What are integrated care systems?
[16] Office for Health Improvement and Disparities, Microsoft Power BI

However, with a predominantly low-wage, low-skill economy reliant on seasonal tourism, Torbay's economy is amongst one of the weakest in the Country. Pockets of significant deprivation and poverty exist, and inequalities continue to widen. 27% of Torbay residents now live in the 20% most deprived areas in England.

The median age of residents in Torbay is 49 years which is higher than the England median age (40 years). Torbay has higher rates of residents in all age groups above the age of 50 than England[17].

Dental Services in Torbay

Primary Care - General dental practices (NHS or private) throughout Torbay providing general care and treatment.

Community Dentistry Service - a specialised dental service for adults and children with complex needs who find it difficult to use general dental services[18]. Eligible patients are:

- People with mental and or physical health problems.
- Individuals with special needs such as wheelchair users, bariatric patients, housebound people.
- Groups of people with special needs such as special schools and people with learning disabilities.

The Service also deals with epidemiological surveys, the identification of oral health inequalities in the local population and the provision of oral health promotion activities.

Secondary Care –

- Oral and Maxillofacial surgery at Torbay hospital provides a surgical outpatient service for conditions of the face, jaws, neck, and mouth. It includes assessment, investigation, diagnosis, and treatment. There is a 24-hour emergency service.
- Orthodontics is involved in monitoring the growth and development of the face and teeth. This can include braces to improve the functioning and health of the mouth and the appearance of teeth. Treatment is provided within the hospital department for complex cases.
- Restorative dentistry involves restoration of the oral and dental tissues, relating to gums, root canal therapy/removal of dental nerve, crowns, bridges, and dentures. The service provides advice on diagnosis and treatment planning for a dentist to undertake as well as treatment in the hospital department where it is more specialist.

Workforce

In October 2022, there were 99 Dentist vacancies across Devon (including Torbay) which are reducing availability of dental appointments. Additionally, reluctance from some Dentists to take up the NHS contracts is exacerbating equity by giving preference to those who can afford to pay for private treatment, therefore creating a financial barrier for many.

As of October 2022, the Community Dentistry Service was running at 50% capacity due to a combination of maternity leave, sickness, and unfilled Specialist Paediatric posts. The wait

[17] Torbay Council, TORBAY Joint Strategic Needs Assessment 2022/23 (southdevonandtorbay.info)
[18] Torbay & South Devon NHS Foundation Trust, https://www.torbayandsouthdevon.nhs.uk/services/dental

time for children and young people in October 2022 was 42 weeks. It is likely this will increase to 52 weeks by the end of the calendar year.

Workforce development is a priority of the Dental Reform Programme which includes aim of increasing sign up to the core NHS contract.

Oral Health in Torbay

Children

Good oral health from the start is vital to prevent a lifetime of dental problems. Poor oral health can affect children's ability to sleep, eat, speak, play, and socialise, and can lead to pain, infection, poor diet, and impaired nutrition and growth. Research has found that poor oral health affects education with higher levels of absenteeism and decreased school performance[19]. Oral health is an important part of general health, and an unhealthy child is compromised in development, learning and quality of life.

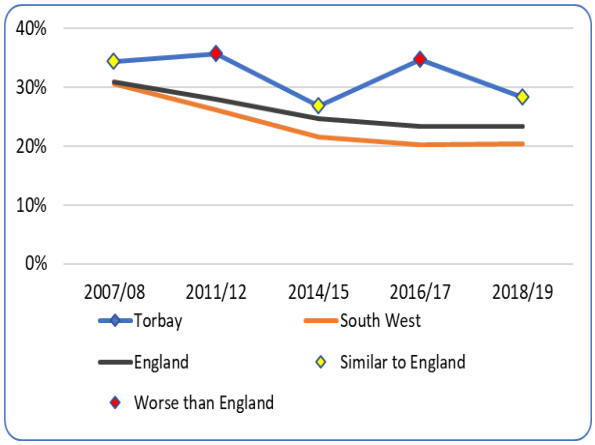
Nationally, over the last 20 years, children's oral health has improved but oral disease is remaining, particularly for children who live in socially and economically deprived areas[20]. Others at higher risk of poor oral health include those with disabilities, children in care, and those at risk of neglect or abuse. In Torbay, 30% of children live in the 20% most deprived areas of England[21]. This is higher than the England value of 23.7%.

Children in Care often have frequent changes in carers which is likely to make access to dentistry inconsistent. During the Covid pandemic the proportion of children in care with up-to-date dental checks fell steeply in England, particularly in Torbay. 8% (21 Torbay children) in care on 31 March 2021 had had their teeth checked by a dentist in the preceding year which compares to 86% (215 children) the year before[22]. This compares to 40% in England in 2021 and 86% the year before.

Figs 1 and 2 (below) show Torbay having higher levels of tooth decay in five-year-olds, but similar to England in 2018/19. In this year 28% have visible dental decay (23% in England) with an average of 1.05 decayed, missing, or filled teeth per child examined (0.80 in England). Tooth decay is also higher in Torbay's three-year-olds (Fig 3) with an average of 0.56 decayed, missing, or filled teeth compared to 0.31 in England in 2019/20. It should be noted that there are a lot of Local Authorities missing from this survey of three-year-olds due to Covid-19 restrictions.

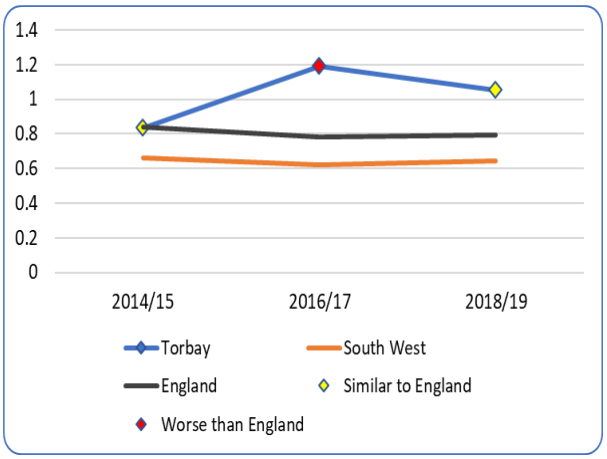
[19] Public Health England, Oral Health Needs Assessment Full Report Part 1
[20] Public Health England, Oral Health Needs Assessment Full Report Part 1
[21] Office for Health Improvement and Disparities, SW Oral Health intelligence pack
[22] Department for Education, Children Looked After in England statistics - GOV.UK

Fig 1: Percentage of five-year-olds with visually obvious dental decay



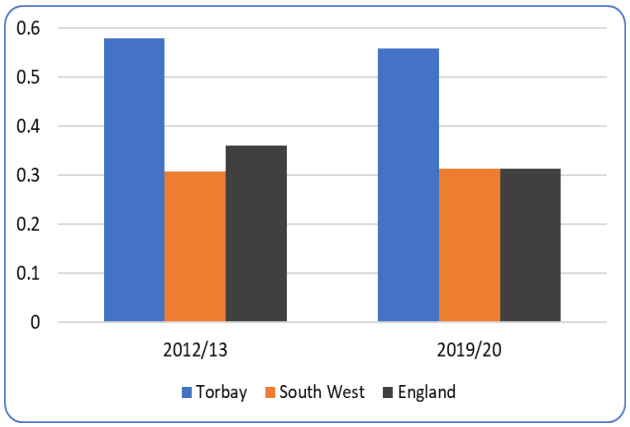
Source: Public health profiles- OHID, from NDEP surveys. N.B. Surveys were not carried out equal years apart

Fig 2: Average number of decayed, missing or filled teeth in five-year-olds



Source: Public health profiles- OHID, from NDEP surveys

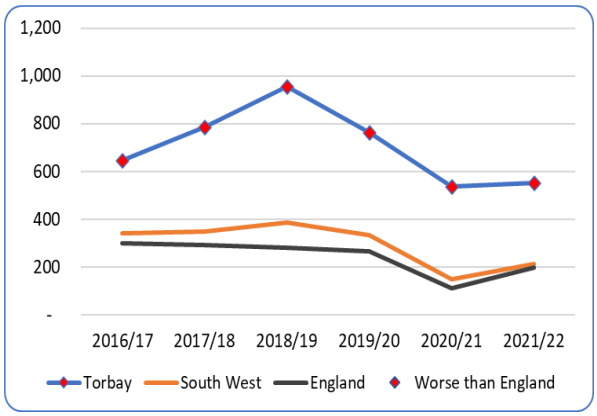
Fig 3: Average number of decayed, missing or filled teeth in three-year-olds



Source: Public health profiles- OHID, from NDEP surveys

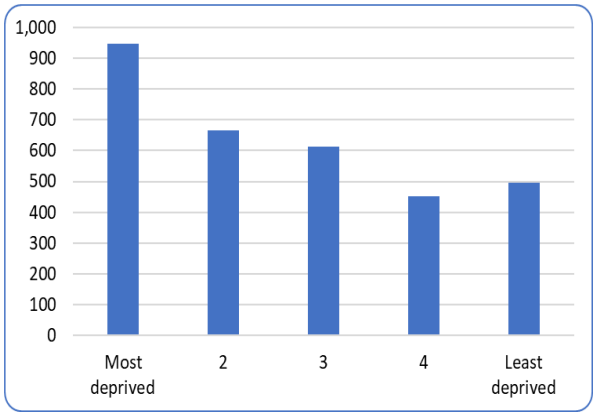
Torbay has significantly higher rates of hospital tooth extractions due to dental caries for 0–19-year-olds than the Southwest and England for the six years shown (Fig 4). Hospital episodes are defined as finished consultant episodes with tooth extractions. There are higher levels in more deprived areas (Fig 5)- the most deprived area has significantly higher rates of admissions than the other areas. The consistently high rates of dental extractions taking place in hospital could indicate high need or could indicate an issue with children not accessing high street dental services or being unable to access them quickly when emergencies arise.

Fig 4: Rates of hospital tooth extractions due to dental caries, aged 0-19, per 100,000 population



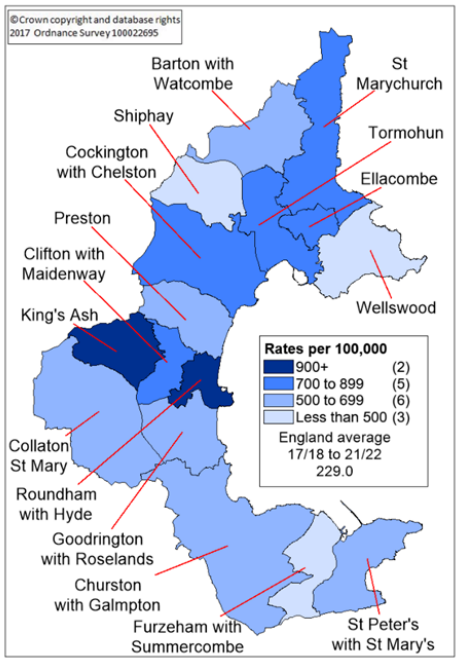
Source: Hospital Episode Statistics- NHS Digital, ONS midyear population estimates

Fig 5: Rates of hospital tooth extractions due to dental caries, aged 0-19, per 100,000 population 2016/17 – 21/22 combined, by deprivation, Torbay



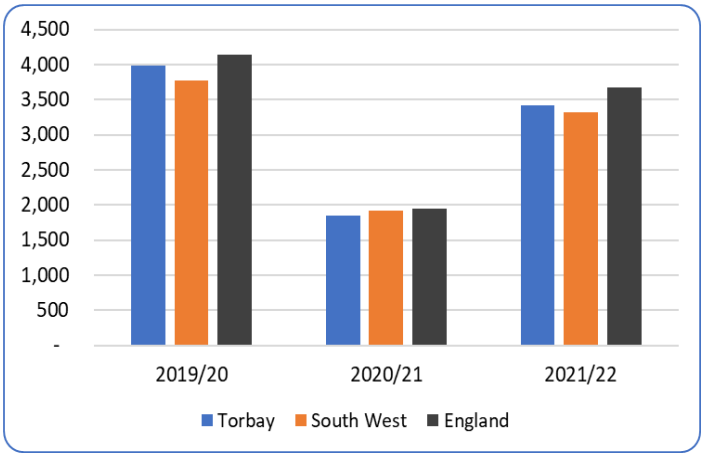
Source: Hospital Episode Statistics- NHS Digital, ONS midyear population estimates, Index of Mulitple Deprivation 2019

Fig 6: Rates of hospital tooth extractions due to dental caries, aged 0-19, per 100,000 population, 2016/17-21/22 combined, Torbay by ward *Source: Hospital Episode Statistics- NHS Digital, ONS midyear population estimates*



The map (Fig 6) shows that there is a broad correlation between deprivation and higher rates of dental caries related hospital tooth extractions. Roundham with Hyde is the most deprived ward in the Bay (Index of Multiple Deprivation 2019).

Fig 7: Rates of tooth extraction claims for NHS dentistry, aged 0-17, per 100,000 population. *Source: NHS Dental Statistics- NHS Digital, ONS midyear population estimates*



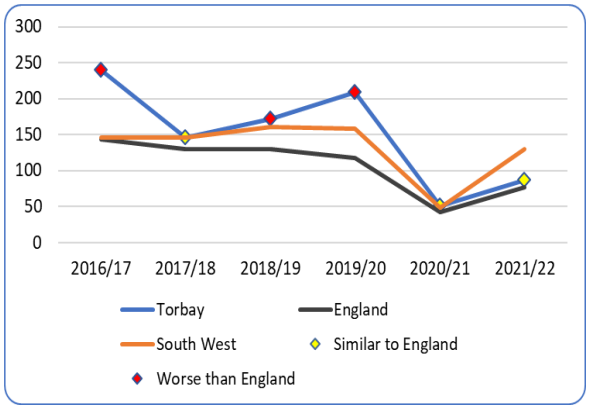
This includes all tooth extractions by NHS dentists, not just for dental caries. Torbay rates (Fig 7) are significantly lower than England in 2021/22 (3,418 per 100,000 compared to 3,667 in England). Covid restrictions on dentists will have reduced the figures across all areas from March 2020 for the period of the restrictions.

Adults

Rates of hospital tooth extractions due to caries for adults (Fig 8) have decreased in 2020/21 and 2021/22 compared to previous years and are similar to England levels at 86.7 per 100,000 in 2021/22 (77.2 in England). Covid restrictions are likely to have had an impact.

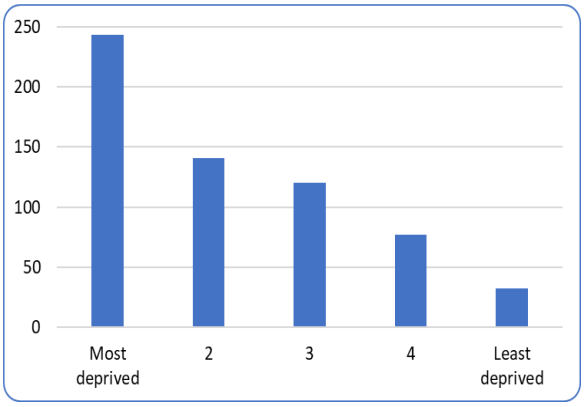
As seen in the 0-19 population, further analysis shows that the more deprived areas of Torbay have the highest prevalence of hospital dental extractions for caries (Fig 9), and the most deprived quintile is significantly higher than the rest. In Torbay, 27.4% of adults live in the 20% most deprived areas of England. This is higher than the England value of 19.9%[23].

Fig 8: Rates of hospital tooth extractions due to dental caries, aged 18+, per 100,000 population



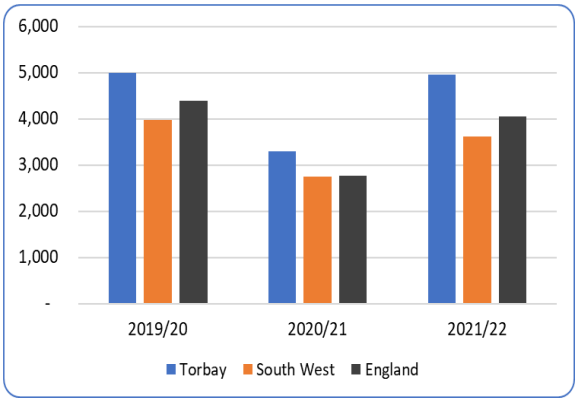
Source: Hospital Episode Statistics- NHS Digital, ONS midyear population estimates

Fig 9: Rates of hospital tooth extractions due to dental caries, aged 18+, per 100,000 population, 2016/17 - 21/22 combined, by deprivation, Torbay



Source: Hospital Episode Statistics- NHS Digital, ONS midyear population estimates, Index of Mulitple Deprivation 2019

Fig 10: Rates of tooth extraction claims for NHS dentistry, aged 18+, per 100,000 population



Source: NHS Dental Statistics- NHS Digital, ONS midyear population estimates

Fig 10 includes all extractions (not just due to caries) by NHS dentists, Torbay rates are significantly higher than England in all three years. In 2021/22 the rate is 4,963 per 100,000 compared to 4,057 in England. Covid restrictions on dentists will have reduced the figures across all areas from March 2020 for the period of the restrictions.

[23] Office for Health Improvement and Disparities, SW Oral Health intelligence pack

Older adults

Oral health has a considerable and disproportionate effect on older people, compounded by socioeconomic factors. In addition to the impact on quality of life through pain, discomfort, problems with eating and sleeping, it can lead to increased anxiety, confusion, malnutrition, and dehydration. Poor oral health in older people can also lower confidence and self-esteem, increasing social isolation. Speech problems can reduce the ability to communicate and for those who are already unable to or find it difficult to communicate. Mouth pain can also lead to changes in mood and behaviour.

Over the decades oral health has improved and adults are keeping their natural teeth into old age rather than needing dentures[24]. This presents challenges for dentistry in maintaining and looking after these teeth, especially as people become older and frailer. Changes relating to age can lead to oral health problems such as dry mouth, root decay, and decreased ability to brush teeth can lead to dental problems such as plaque[25].

As people age, they are likely to be living with more than one medical condition which can cause disability, frailty, and a loss of independence. There is a reciprocal relationship between oral health and independence - if people can eat, drink, and live a full life they are able to retain independence for longer or recover from crisis. There are positive associations between pneumonias, coronary heart disease, stroke, peripheral vascular disease, and poor oral health.[26] Periodontal disease, is an increased risk in people with chronic long-term conditions such as diabetes and Alzheimer's disease, as well as an increased risk as people age.[27]

Older people are less likely than younger people to access NHS high street dentists. People who are currently around the ages of 30-65 years have experienced high levels of dental treatment such as fillings and crowns and their dental needs will have implications for future dental care. The need for maintenance and restorative care amongst this group as they become older and frail, often with increasing complex and challenging needs, will have important implications for services in the future.[28]

Oral Health Survey of mildly dependent older people

A 2016 survey in England of people aged 65 and over with mild dependency living in extra care housing showed that poorer oral health was generally found amongst groups including: those who had longer since their last visit to the dentist, those with restricted ability to attend the dentist, participants receiving various home services, people with lower education levels and those with cognitive recall which is reduced.[29]

Across all respondents in England the most common reason for not seeing the dentist was feeling that they did not need to do so. Across England all measures of poor oral cleanliness and PUFA conditions were more prevalent in males. The survey also showed more deprived local authority areas tended to have poorer oral health.

In summary, the survey showed:

- 23.5% of Torbay respondents said they were unable to find a dentist. This is higher than the Southwest (9.8%) and England (7.3%) values.

[24] Public Health England, Commissioning better oral health for vulnerable older people - GOV.UK (www.gov.uk)
[25] Public Health England, Oral Health Needs Assessment Full Report Part 1
[26] Public Health England, Commissioning better oral health for vulnerable older people - GOV.UK (www.gov.uk)
[27] Public Health England, Oral Health Needs Assessment Full Report Part 1
[28] Public Health England, Oral Health Needs Assessment Full Report Part 1
[29] Public Health England, NDEP for England: oral health survey of mildly dependent older people 2016

- 23% of Torbay respondents said they experienced oral health impacts fairly or very often. This is higher than the Southwest (17%) and England (18%) values.
- 83% of Torbay dentate participants had visible calculus present. This is higher than the Southwest (65.2%) and England (61.3%) values.
- 6.4% of Torbay dentate participants had PUFA conditions present. This is slightly better than the Southwest (7.8%) and England (7.8%) values.

Care Homes

In Torbay, the rate of permanent admissions for adults aged 65+ in 2018/19-2020/21 to residential and nursing care homes was 474 per 100,000[30]. These rates are broadly in line with the national average.

Older people who are care home residents tend to have poorer oral health than the rest of the population[31]. Many have complex oral health needs. Those with cognitive and physical disabilities may be unable to care for their oral health and are reliant on others to do so for them, which can lead to an increased likelihood of oral health problems and disease. Research shows that those with moderate to severe dementia report poor oral health, which can lead to pain and infection and cause them a crisis.[32]

There is a clear trend, shown through dental surveys over the decades, of people keeping their natural teeth for longer due to improved oral health when they were younger. For those in care homes there is a higher prevalence of tooth decay than the general population and they are more likely to score on the PUFA index.[33]

Accessing services may be very challenging for the most frail and vulnerable. Oral health is inconsistently delivered by care homes - it is not always included in care plans and there is a lack of training in staff in the provision of personal oral care[34]. There is a lack of access to dental services and advice, residents arrive with existing oral health problems, and the use of medicines that decrease saliva, and treatments for chronic medical conditions (including dementia) all make it difficult to identify and meet needs. There is a lack of good quality information about oral health and dental needs in this environment.[35]

Oral cancer

The most common type of oral cancer, accounting for 9 out of 10 cases, is squamous cell carcinoma. Tobacco and alcohol are the main causes of oral cancer and using both increases the risk further. Oral cancer is more common in men than women.[36]

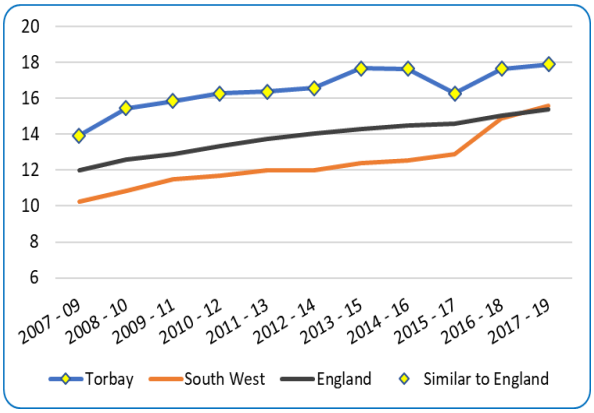
Incidence and mortality rates of oral cancer are higher in men than in women. In 2015-17, rates in both Torbay and England were double for men what they were for women (Torbay incidence- 24.5 per 100,000 for men and 8.1 for women, Torbay mortality- 11.1 per 100,000 for men and 4.0 for women[37]) although the difference in Torbay mortality rates between men and women is not statistically significant in this period which could be due to the low numbers

[30] Torbay Council, TORBAY Joint Strategic Needs Assessment 2022/23 (southdevonandtorbay.info)
[31] Public Health England, PHE standard publication template (bristol.gov.uk)
[32] National Institute for Health and Care Excellence, https://www.nice.org.uk/guidance/ng48
[33] Public Health England, Commissioning better oral health for vulnerable older people - GOV.UK (www.gov.uk)
[34] Public Health England, Oral Health Needs Assessment Full Report Part 1
[35] National Institute for Health and Care Excellence, https://www.nice.org.uk/guidance/ng48
[36] NHS, https://www.nhs.uk/conditions/mouth-cancer/
[37] National Cancer Registration and Analysis Service (NCRAS), directly standardised rates

of individuals involved. Male mortality has remained double that of females- in 2017-19 the number of Torbay deaths from oral cancer numbered 18 males and 9 females[38]

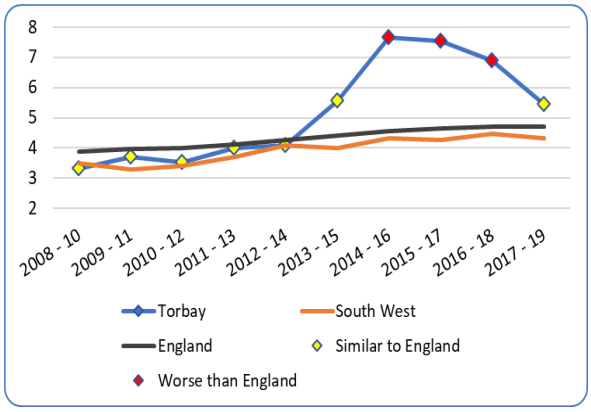
The incidence and mortality rates of oral cancer in England are higher in more deprived areas with rates increasing as income deprivation increases (2012-16 data). Those living in the areas of most income deprivation having almost double the incidence rates and more than double the mortality rates of those in the least deprived areas.[39]

Fig 11: Rates of oral cancer registrations, all ages, per 100,000 population



Source: Public health profiles- OHID, directly standardised rate, does not include secondary cancers

Fig 12: Mortality rate from oral cancer, all ages, per 100,000 population



Source: Public health profiles- OHID, directly standardised rate, does not include secondary cancers or recurrences

Torbay's rate of registrations for oral cancer has been higher but not statistically significantly different to England figures for the 11 periods shown (Fig 11)- in 2017-19 Torbay has 17.9 registrations per 100,000 (15.4 in England). Mortality rates (Fig 12) have been significantly higher than England for three periods before reducing in 2017-19 to 5.4 per 100,000.

Current Oral Health Improvement in Torbay

As mentioned previously, oral health improvement is the statutory duty of Public Health Teams within Local Authorities, however the budget is held by NHSE. Therefore, partnership working is vital to ensure activity is directed at those most at need. This is being operationalised through the Southwest Dental Reform Programme which brings stakeholders across organisations together to deliver oral health improvement.

Southwest NHS Dental Reform Programme 2022-24

The programme aims are to:

- Increase access to dentistry using findings from the SW Oral Health Needs Assessment, by designing an evidence-based programme plan weighted towards those who are most vulnerable or live in areas of greatest need, including in secure settings.

[38] Office for Health Improvement and Disparities, Public health profiles
[39] Public Health England, Oral cancer in England - GOV.UK (www.gov.uk)

- Work with strategic partners to build training and dental role opportunities, and a clinical workforce strategy, which makes the Southwest the best place to live and work in dentistry in the country.
- Improve oral health of those with health inequalities, targeting those who are vulnerable or live in areas of greatest need in each system, including within secure settings.

The Programme consist of three workstreams – dental access, oral health improvement and workforce development. There is a cross cutting focus on early years and children and young people reflected in the Dental Reform Programme projects as demonstrated in the table below (commitment 8). The approach with adults is more system level, comprising:

- Urgent Care pathways review
- Dental Helplines review
- Workforce development
- Task and finish group on oral health in the older population
- Digital referrals

Under the Southwest Dental Reform Programme, the oral health improvement working group are focussed on using evidence-based interventions to help improve the oral health of the local population and ensure people are aware of helpful messages about oral health and prevention. The following two tables detail the actions planned for the next year.

Commitment 8: Work with health inequalities leads, local authority oral health improvement leads, the dental team and key partners to improve access to oral health improvement advice and interventions for those in greatest need in each system

Action	Outcome	Date	Lead
First Dental Steps	Contract extension is live Number of children seen	Sept 2022	Oral Health Improvement Working Group & Dental Team
Supervised Toothbrushing	Contract extension is live Number of children seen	January 2023	Oral Health Improvement Working Group & Dental Team
Mini Mouthcare Matters	Scheme information cascaded Numbers trained and number of children seen	January 2023	Oral Health Improvement Working Group & Public Health & Paediatric MCN
Mouthcare Matters	Scheme information cascaded Numbers trained and number of adults seen	Oct 2023	Oral Health Improvement Working Group & Public Health & Special Care MCN

Commitment 9: Increase access to dental services supporting commissioners to target those in greatest need in each system

Action	Outcome	Date	Lead
Looked After Children access model	Specific action plan completed Pathways agreed Number of looked after children seen per system	December 2022	Paediatric MCN & Quality/ Safeguarding Team

Patient Charter	Charter agreed and cascaded Reduction in complaints Increase in new patients seen Increase in recall rates of 18 months	Launch December 2022	Oral Health Improvement Working Group & Dental Team & LDCs
Signposting communications	Communications agreed and cascaded Reduction in complaints Increase in understanding how to access dentistry (via Healthwatch data)	Launch November 2022	Oral Health Improvement Working Group & Dental Team & LDCs
Task and finish group to consider oral health among older population	T&F group set up Separate action plan agreed	Report to Board in March 2023	Oral Health Improvement Working Group & Access Working Group & Special Care MCN
Task and finish group to consider green impact on dentistry and rollout of national toolkit	% of practices/providers participating and % improvement of carbon footprint	Ongoing	Programme Manager
Water fluoridation	Pending national consultation	TBC - keep under review	Oral Health Improvement Working Group

NHSE/Torbay Council joint initiatives

Supervised Toothbrushing

Supervised tooth brushing programmes focus on oral health advice and education to teachers by trained professionals together with the distribution of free toothpaste and brush packs for daily brushing in the classroom. They form part of national recommendations for an effective strategy to prevent early childhood decay.

Supervised Toothbrushing focusses on early years settings within Indices of Multiple Deprivation areas 1-5. By August 2022, 122 sites with a TQ postcode were signed up the scheme. NHSE had agreed to extend the scheme to August 2023.

Dental First Steps

First Dental Steps is an oral health improvement intervention, embedded in the Healthy Child Programme that aims to improve oral health for children aged 0-2 years, reduce oral health inequalities, and increase uptake of local dental services. It is delivered by the Health Visiting team in collaboration with local Community Dental Services. It incorporates OHID and NICE recommendations into a multi-stranded oral health initiative, building on the learning from a recent pilot delivered across six local sites.

Torbay was one of the original pilot sites of a national scheme that has been extended to cover the whole of the Southwest and is due to go live in early 2023.

Torbay Council led initiatives

Children and Young People's Oral Health Improvement Plan

One of the outcomes of a September 2022 review of Children and Young People (CYP) Oral Health at Torbay Safeguarding Board was to create a plan as a joint piece of work between Public Health, Children's Services and Community Dentistry. The main output will be a new Oral Health Resource, Guidance and Training Package for Early Years, Children's Social Workers and 0-19 Workforces.

- Training options for CYP workforce engaged with CYP and families in Torbay
- Advice and Guidance Resources for CYP and families re oral health
- Advice and Guidance re steps to take if in dental need – stratified according to severity.

Care Home Steering Group

Torbay Council Public Health alongside the local Integrated Care Board and Health Education England created a sub-group of the Enhanced Health in Care Homes steering group to look at improved mouth care, including oral health improvement. As of October 2022, outcomes include review of homes with an oral health policy in place, % of residents having routine dental reviews and the development of oral health training plans in line with NICE Guidance.

Recommendations for future focus and development

Whilst the projects being delivered currently are helping to address the oral health inequalities in Torbay set out in this needs assessment, it has also highlighted areas of work that need to be improved to support prevention of oral health diseases. These include:

- Creation of an enhanced local authority data set that combines the data in this needs assessment with waiting lists and times
    - Number of people on NHS Dentist waiting lists (where these exist) by age in each local authority area.
    - Average number of days on waiting list to access to an NHS Dentist
    - Average number of days on waiting list for tooth extraction appointment at hospital under general anaesthetic by NHS Trust (children)
    - All three indicators to include breakdown according to age (<16>) and 5 years of trend data. Postcode lookups for each LA area available through Public Health teams.

At the time of this Needs Assessment, this enhanced data set (for all Southwest local authorities) is being negotiated with NHSE.

- Monitoring, continuation, and improvement of the programmes commissioned through the Southwest Oral Health Improvement group.
- Improved access to information and advice about oral health management including pain management through existing services and forums in Torbay.
- Improved awareness of lifestyle factors that are risk factors for poor oral health including a diet high in sugar, lack of physical activity, use of tobacco and alcohol.
- Improve awareness of risk factors for oral cancer needs to be raised, particularly continuing with work on smoking reduction.

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