



Adult Social Care and Health Scrutiny Committee

15 January 2024

Report Title	Dentistry Spotlight Review
Cabinet Portfolio	Integrated Health & Care
Cabinet Member	Councillor Marlene Quinn
Exempt Report	No
Reason for Exemption	N/A
Key Decision	No
Public Notice issued	N/A
Wards Affected	All
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Borough Priorities	Ensure children and young people have a positive start in life.	
	Promote good health, independence, and care across our communities.	X
	Create safe and strong communities and neighbourhoods for all.	
	Support a strong, thriving, inclusive and well-connected local economy.	
	Create green and vibrant places that reflect our heritage and culture.	
	Be a responsible Council.	

1. Summary

- 1.1 This report is a summary of the evidence that was submitted to the Adult Social Care and Health Scrutiny Committee, “Dentistry” Spotlight Review:
- 1.2 It concludes with a set of recommendations which link to and support the second of the six borough priorities “Promote good health, independence, and care across our communities”.

2. Recommendation for Decision

Adult Social Care and Health Scrutiny Committee is recommended to:

- 1) Approve the Task Group report and recommendations as set out in Appendix 1a; and**
- 2) Submit the recommendations to Cabinet for response.**

3. Purpose of this report

- 3.1 This report presents the evidence submitted to and findings of the Adult Social Care and Health Services Scrutiny Committee ‘Dentistry’ Spotlight Review, held on 24th October 2023.
- 3.2 The remit for the Task Group was to investigate the provision of Dental Services in the Borough and to understand the difficulties being experienced by some residents in accessing those services, and to seek to identify areas where St Helens Council can add value to its community and residence.
- 3.3 Based on the Review’s findings, the purposes of this report are:
 - To gain insight into the difficulties residence are currently facing in accessing dental services,
 - Improve access for residents,
 - To understand the road map to improve services and reassure residents,
 - To understand future plans for dentistry in the Borough, the Cheshire and Merseyside Region and the Country, and
 - Seek to identify where St Helens Council can add value and provide recommendations to support the work being carried.

4. Background / Reason for the recommendations

- 4.1 At the Adult Social Care and Health Scrutiny Work Programme Workshop on 9 June 2023, Members agreed to establish a Task Group on ‘Dentistry’.
- 4.2 The topic is highly relevant to the Borough because:
 - Residents may struggle to pay for or avoid seeking dental treatment because they cannot afford the costs,
 - Residents may only visit the dentist when they need treatment, despite clinical guidelines recommending regular dental check-ups to keep people’s mouths healthy,
 - Demographic groups who have been affected the most by the lack of NHS dental appointments and NHS dental fees include people on low incomes and those from ethnic minority groups – the same groups who have been affected by the COVID-19 pandemic,
 - Increased number of residents experiencing issues accessing the Dentist, and
 - The potential impact of wider issues on an individual’s health, loss of income in relation to a person’s ability to work as well as further economic pressures on the Health Care Sector as a result of poor oral health is a concern.
- 4.3 Members therefore agreed that a spotlight review was a priority to gain a better understanding of the wider issue, and how the Committee can support reducing the impact of the current situation through collective action.
- 4.4 Members of the Adult Social Care and Health Scrutiny Committee were invited to participate in the spotlight review. Participating members were as follows:

- Councillor Michelle Sweeney (Chair)
- Councillor Jeanette Banks
- Councillor Lynn Clarke
- Councillor Trisha Long
- Councillor Allan Makin

4.5 The following officers attended the Spotlight Review meeting on 24th October 2023:

- Julie Gallagher – Associate Director of Transformation and Partnerships - ICB St Helens Place
- Tom Knight – Head of Primary Care - Cheshire and Merseyside Integrated Care Board
- Shirley Goodhew- Consultant in Public Health - St Helens Council
- Jayne Parkinson-Loftus – Servicer Manager - Healthwatch
- Emily Abbott – Project Support Officer - Healthwatch
- Karl Allender – Scrutiny Support Officer - St Helens Council

Overview and Scene Setting – Councillor Sweeney (Chair)

4.6 In the light of the difficulties in accessing Dentistry Services in St Helens, the Adults Social Care and Health Scrutiny Committee convened this Spotlight Review as a priority. The remit for the group was: *"To investigate the provision of Dental Services in St Helens to understand:*

- *The difficulties being experienced by some residents in accessing those services,*
- *To seek to identify areas where St Helens Council can add value to the community,*
- *To support prevention, and the wider issues of improving Oral Health."*

4.7 The Chair highlighted regular reports to councillors from residents explaining the frustrations they were experiencing getting an appointment with a dentist, and the ever-increasing concerns and pressure around oral health.

4.8 Poor oral health leads to gum disease, tooth cavities, tooth decay and loss, infection and pain, even oral cancer, diabetes, heart disease and respiratory disease. Where economic and health inequalities are prevalent, such issues manifest into wider problems.

4.9 If we wish to see the oral health of our population improve, we must be bold, and grasp the opportunities that the devolution of dental commissioning to the Integrated Care Board (ICB) offers. There is a real need to encourage NHS dentistry in St Helens.

Evidence From Healthwatch

4.10 The Manager for St Helens Healthwatch highlighted that access to NHS dental care continues to be a problem for people across England, with Healthwatch recording a year-on-year rise in calls and complaints about dentistry. Both locally and nationally, the picture appears to be the same. Due to the impact on resources and on residents, Healthwatch is prioritising its resources to improve the current crisis in accessing dental services.

4.11 Residents with complex health issues, such as cancers, are at an increased risk when oral health is not maintained, this is also extended to other health conditions. Healthwatch noted that they are receiving an increasing number of calls where emergency prioritisation and action is required when complex issues are coinciding with dental emergencies.

4.12 Healthwatch shared with the Task Group a series of case studies in relation to 'Customer Experiences.' Whilst some people were asked to wait an unreasonable time of up to three years for an NHS appointment, those able to afford private care could get an appointment within a week. For poorer households, private provision is often not an option. With a higher proportion of the local population needing access to NHS dentistry, what is certain, is that when demand outstrips supply and there is a shortage of NHS Dentists, it is the most deprived sections of the Borough that cannot afford private treatment and are disproportionately affected.

4.13 The key themes found over the past 12-months were:

- People could not register at all with a dentist as an NHS patient,
- Emergency Cases were unable to get resolved,
- Long wait times with a registered dentist if someone is an NHS patient,
- Some Dentists take private patients only,
- Some Dentists are not offering a waitlist at all, and

- Some Dentists use antibiotics to temporarily solve the problem rather than undertaking the work needed.
- 4.14 Healthwatch shared with members the impact this is having on its resources. 40% of all calls to Healthwatch are complaints and requests for support around dental issues. 98% of all callers stated they had a negative experience of Dentistry Services in the Borough.
- 4.15 This year-on-year increase in demand for help and advice, often from angry and frustrated residents, is proving challenging for Healthwatch and its limited resources. Based on the evidence shared, Healthwatch representatives reinforced the message that the current emergency pathway isn't working, and that the commissioning of dental services needs to change.

Evidence from the Integrated Care Board (ICB)

- 4.16 Tom Knight – Head of Primary Care at Cheshire and Merseyside ICB provided members with an overview of the recent changes to dentistry commissioning, key challenges, and strategic aims of the ICB through the Primary Care, Dental Improvement Plan.
- 4.17 The Health and Care Act 2022 established Integrated Care Boards, tasked with the commissioning and oversight of NHS services. The future delegated responsibility of commissioning and oversight of all primary care services formed part of the Health and Care Act. The aim of delegating these services to ICBs was to make it easier for organisations to deliver joined up and responsive care, delivering high quality primary care services for our population. Local systems have responsibilities over a broad range of services and this is a key enabler in designing services and pathways of care that better meet local priorities and opportunities for integration.
- 4.18 Access for patients without a dentist remains extremely challenging and it should be noted that patients are not registered with a dental practice in the same way that patients register with a GP. At the time of writing this report very few practices were accepting new adult patients, but some were accepting children. Because the position changes daily it was not possible to confirm actual numbers, but patients were advised to regularly check practice websites or call practices directly. Local Healthwatch organisations had been working closely with commissioners and access to urgent dental care has been maintained since the COVID-19 pandemic and expanded further.
- 4.19 Work has been progressing to ensure that the ICB is presented with a clear and accurate picture of known specific service delivery issues and how the ICB could work with the NHS England Regional Team in the future in supporting the management of these service pressures. A comprehensive Dental Services handover document has been created to support the delegation process and contains information relating to:
- Primary Secondary and Community Dental Service information,
 - Summary of Cheshire and Merseyside Needs Assessments,
 - Dental Access,
 - Key issues / challenges and impact of COVID,
 - National dental contract reform,
 - Contracting models and Quality Assurance framework,
 - NHS England Dental Service Commissioning Manual, and
 - Procurement.
- 4.20 Alongside this the ICB and NHS England Regional Team have completed two dental deep dive sessions.
- 4.21 Deep Dive 1, held in November 2022, focused on dentistry in terms of the pathway currently commissioned by NHS England, the challenges, and issues. The meeting was attended by colleagues from:
- NHS England NW dental commissioning and finance teams,
 - NHS Cheshire and Merseyside ICB, and
 - Health Education England.
- 4.22 Deep Dive 2, held in February 2023, focused on engaging with wider stakeholders including a group discussion to support the ICB and shape the future. In addition to those attending Deep Dive 1 the meeting was attended by colleagues from:
- Cheshire and Merseyside Healthwatch organisations,
 - Clinical representatives from the Dental Managed Clinical Networks,
 - Local Professional Dental Network,

- Local Dental Committee, and
- Liverpool University School of Dentistry.

- 4.23 In summary, the national picture is bleak, with dentists leaving NHS dentistry in significant numbers and patients unable to get appointments for routine dental work. The Covid pandemic, and the dental contract (under which dentists are remunerated for NHS work) are variously blamed for this and both have probably contributed. Whilst Central Government was taking steps to alleviate difficulties it was unlikely that the situation would improve anytime soon.
- 4.24 Members were reassured that although the integration of dentistry at place level is in its early stages of development, work is being undertaken to look at how dentistry can align with already pre-existing models. Members suggested that consideration should be given to including dentistry representation on the Care Communities Forum during the next phase of its development.
- 4.25 Members discussed supply and demand and what resources can be obtained to increase the supply of dentists within the NHS through increasing access to education and training streams. St Helens is poorly served by NHS dentistry. This is compounded by the imbalance of the supply of qualified dentists. Although outside the remit of the ICB, Members agreed to seek, through a council motion to improve education facilities in the region, working with NHS Health Education England to consider the provision of dental training practices in the region, and to seek to explore opportunities to expand higher or further education dental education courses, to include Dentist Practitioners & Therapists.
- 4.26 As well as improving contractual agreements and incentivising dentists to remain in the NHS, currently the dental contract is not attractive to dentists. Many private practices are actively recruiting newly qualified dentists promoting the premise that, in the private sector, dentists are emancipated from the 'national dental contract' enabling private practitioners to 'choose their respective work'.
- 4.27 Currently, the Unit of Dental Activity (UDA) for NHS Dentists in the Cheshire and Merseyside region is between £27.00 - £35.00 per treatment. St Helens is at the lower end of this funding scale. Moreover, dental practices are experiencing higher costs such as rents, IT systems and staffing costs. Members agreed that it was essential that further changes to the system should be encouraged to improve financial flexibility through delegation of powers to the ICB in commissioning dental services regionally and Place level.

Evidence from Public Health

- 4.28 Members welcomed the overview and evidence from the Consultant in Public Health at St Helens Council.
- 4.29 Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to an extent that they consider appropriate in their areas.
- 4.30 The Council is also required to provide or commission oral health surveys. The oral health surveys are carried out as part of the Public Health Northwest (NHS England & Office of Health Disparities) (formerly Public Health England (PHE)) dental public health intelligence programme (formerly known as the national dental epidemiology programme).
- 4.31 The Council has invested in the surveys and evidence was provided to the Task Group. From the Oral Health Survey of 5-year-old children in 2022, 31.2% of children in St Helens have experienced dental decay. St Helens did not take part in the 2019 Survey for the same piece of work therefore, it could not be determined if there was an improvement or decline in oral health of 5-year-olds. For those authorities who were included, it was highlighted that the issue of dental decay had worsened.
- 4.32 Members discussed the evidence-based interventions needed for good oral health. Officers agreed the importance of improving evidenced based oral health interventions and preventative treatment. In practice this means:
- Brushing effectively twice a day with fluoride toothpaste,
 - Spitting out after brushing, rather than rinsing with water, to avoid diluting the fluoride concentration,
 - Maintain good dietary practice in line with the 'Eatwell Guide' including avoiding/minimizing sugary drinks, sweets, and snacks, and

- Going to see a dentist once a year or so for a check-up.
- 4.33 The consensus appeared to be that it is those that do not look after their teeth, and only go to a dentist once they have accumulated several years of overdue dental work, that are overwhelming the patient base for the NHS. Whilst this may be true it does not change the challenge faced in the Borough. Fewer dentists, combined with existing low access rates in St Helens, will not lead to an improvement in the population's oral health.
- 4.34 In terms of potential actions to support improving oral health, officers agreed that there is compelling evidence of the oral health benefits of fluoridation of the mains water supply, with particular benefit to children living in disadvantaged communities. It was highlighted that certain parts of the Northwest have lower, naturally occurring levels of fluoride in water. Furthermore, in areas where higher levels of Fluoride are present, oral health manifests itself as being generally better.
- 4.35 Officers acknowledged support of the Health and Care Bill, supporting water fluoridation. The decision to give the Secretary of State the power to directly introduce, vary or terminate water fluoridation schemes. This is because water fluoridation is the single most effective public health measure for reducing oral health inequalities and tooth decay rates, especially amongst children.
- 4.36 Education and promotional activities are vital in terms of improving oral health and prevention. Several programmes were looked at including NHS data on the 'Return on investment' for programmed interventions.

Reviews of clinical effectiveness have found that the following programmes effectively reduced tooth decay in 5-year-olds. Based on a £1 investment, the investment *return* after 5 years is shown below:

- Targeted supervised tooth brushing program = £3.03
- A targeted fluoride varnish program = £2.29
- Water fluoridation program = £12.71
- Targeted provision of toothbrushes and paste by post = £1.03
- Targeted provision of toothbrushes and paste by post and by Health visitors = £4.89

- 4.37 Members agreed that the programmes should be the principle focus of the Council's Oral Health Improvement Plan and to seek financial resource investment for such programmes from the ICB or elsewhere.
- 4.38 Furthermore, communication, education and reaffirming key messages regarding self-care should be a priority. Members discussed the potential for Public Health to work on providing clear consistent messages that are children, adult, and neuro diverse friendly. Education, and communications should be correct and delivered via Governor forums and all other relevant forums.
- 4.39 It was further discussed that eradicating mixed messages in terms of what is best practice is needed. Task Group Members had different ideas of what was thought to be best practice, demonstrating the current confusion in the population. It was reiterated that the Council should ensure a clear steer and clear message about poor oral health prevention and best practice.

5. Consideration of Alternatives

5.1 N/A

6. Conclusions

- 6.1 The review highlighted increasing concerns about dentistry access and the oral health of our residents.
- 6.2 Many of the challenges mentioned are challenges being experienced nationally, but that does not mean that solutions do not exist to improve conditions for residents locally, particularly in relation to education and bolstering preventive measures.

- 6.3 The changes brought about by the Health and Care Act 2022 devolve some of the responsibility for meeting those challenges, however, the need for further reform and flexibility (in terms of the delegation of powers, financial flexibility, dentistry contracts and continuity within the primary care model to incentivise practitioners collectively in terms of rents and IT systems being consistent) is clear.
- 6.4 Members acknowledged that Dentistry is at the early stages of integration within the primary care system however action on prevention and self-care programmes is needed.
- 6.5 The ICB should be asked to consider the provision of NHS dental services in St Helens and take steps to rectify the current access problems experienced by the population such as promoting dental practitioners and to implement measures to make St Helens more attractive to NHS dental practitioners. The consensus around self-care, sharing correct information, consistent advice and messages for all age groups as well as maintaining regular data and monitoring, is vital to reinforce best practice in relation to prevention. This is particularly important for vulnerable children and those in less affluent areas. Financial constraints limit what can currently be achieved by Public Health programmes. However, Members overwhelmingly agreed to seek opportunities for the release of funding at both local and regional level for joint and collective action to improve self-care and raise prevention awareness.
- 6.6 The improvement of the oral health of the population of St Helens requires both effective oral health education, with a particular focus on children and their parents, and appropriate levels of dental provision, including an appropriate level of NHS dental provision in the borough.
- 6.7 A set of recommendations for action are presented in Appendix 1.

7. Legal Implications

- 7.1 There are no legal implications in this report.

8. Financial Implications

- 8.1 Financial constraints limit what can currently be achieved in terms of delivering programmes within the Council. Members have agreed to a recommendation which will include – ‘Public Health Team to pursue funding opportunities for ongoing promotion of oral hygiene’.

9. Equality Impact Assessment

- 9.1 An Equality Impact Assessment has not been carried out for the purposes of this Report.

10. Social Value

- 10.1 The social value of improving density access and oral health is that health and economic inequalities are reduced through improved oral health which is also linked to wider health implications and well-being for the people in St Helens.
- 10.2 With a higher proportion of the local population needing access to NHS dentistry, it is the most deprived sections of the borough that cannot afford private treatment and are disproportionately affected, resulting in wider health inequalities.

11. Net Zero and Environment

- 11.1 There are no Net Zero and Environmental implications in this report.

12. Health and Wellbeing

- 12.1 The implications on Health Wellbeing as a result of poor oral health are significant. This report sets out how improving dental access and oral health programmes will have a positive impact on the health and wellbeing of our residents.

13. Customer and Resident

- 13.1 Action to improve dental access and oral health should have a positive impact on our residents. Due to the link between oral health and general health it is also expected that there will be a significant positive impact on the mental health and general health of residents.

14. Asset and Property

- 14.1 There are no Assets and Property implications in this report.

15. Staffing and People Management

- 15.1 The agreed actions in this report will be carried out by existing staff from the Council and provider and partner organisations.

16. Risks

- 16.1 The Risk implications of not improving dental access and the oral health of residents are increasing health inequalities and further demand on health and social care services leading to budget pressures.

17. Policy Framework Implications

- 17.1 The Dentistry Services Scrutiny Spotlight Report considers the Boroughs Priority Two - 'Promote good health, independence, and care across our communities'.

18. Impact and Opportunities on Localities

- 18.1 There are no impact and Opportunities on Localities implications in this report.

19. Background Documents

- 19.1 Presentation Slides
- 19.2 Public Health England - Local authorities improving Oral Health: Commissioning better oral health for children and young people.
- 19.3 Public Health England – Commissioning better oral health for vulnerable older people.
- 19.4 Healthwatch St Helens – Accessing NHS Dental Treatment in St Helens Report

20. Appendices

- 20.1 Spotlight Review Recommendations with Cabinet response to timescales.