



Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

21st March 2018

Subject: Oral and Dental Health in Sheffield – Update on Scrutiny Recommendations.

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Summary:

Between July and September 2017, the Healthier Communities and Adult Social Care Scrutiny Committee considered oral and dental health in Sheffield, and made several recommendations to NHS England, the Director of Public Health and the Council's Cabinet.

NHS England and the Director of Public Health have been asked to provide an update on progressing the Committee's recommendations. This update can be found overleaf.

The Scrutiny Committee is being asked to:

Consider the update and whether further information/action is required.

Background Papers:

Healthier Communities and Adult Social Care Scrutiny Committee Papers:

[19th July 2017](#)

[20th September 2017](#)

Report of the Healthier Communities and Adult Social Care Scrutiny Committee to Cabinet, [18th October 2017](#)

Category of Report: OPEN

Oral and Dental Health in Sheffield

Update 12/03/18

1 NHS England update

1.1 Scrutiny Recommendation

The group was concerned that there is a gap in our knowledge about accessibility of NHS dental services. They were keen to know how many people are unable to find an NHS dentist near them, and as a result are accessing private dentistry or not using dental services at all. The group would like NHS England to look at the data we have on urgent/emergency care to see if we can determine whether people accessing emergency dental care are less likely to be registered with a dentist, or whether we hold any further data that could inform our knowledge of service accessibility.

NHS England Response

NHS England (Yorkshire and the Humber) is currently reviewing how it can improve access to NHS dentists across the region and is considering how it can introduce additional capacity from within its existing budget. It is looking at both in-hours and out of hours' services and at how people can be better signposted to the most appropriate services. The NHS England Yorkshire and Humber Dental Commissioning team, working with Public Health England has developed a robust set of principles to help identify areas that are in the greatest need of additional activity which will lead to achieving equitable dental services across all areas.

These principles are based on:

- The numbers of patients currently able to see a dentist within an area,
- The level of dental services that are available in that area and
- Take in to account the levels of deprivation within that area

In those 20 areas where we have established there is the greatest need of additional activity we will be working with NHS dental practices to see how we can continue to improve access within our existing resources and finances. This work will ensure there is some additional capacity in place for 2018. We will be happy to share with you further information on this once we have completed the analysis and planning of this work.

1.2 Scrutiny Recommendation

At its meeting, the Committee heard that NHS England is currently trialling prototype contracts across the country with a view to introducing a new contract in 2018 – although this is now likely to be delayed. The

group strongly supports the new contract having more of a preventive approach, and urges NHS England to ensure that the new contract has appropriate incentives that will encourage improvements to oral health rather than solely reward treatment. The group would like to be kept up to date with progress on the development of the new contract, including the experiences of the Sheffield practices trialling prototype contracts.

NHS England Response

The current prototypes have been extended for a further two years to 2020 to continue testing the approach. The Department of Health and Social Care and NHS England are seeking expressions of interest for more practices for further prototype sites.

1.3 Scrutiny Recommendation

The report stated that currently in Sheffield, 56% of child treatments include fluoride varnish application. The group felt that this was too low. NHS England advised that this may be, in part, due to low recording rates. In Barnsley, the Local Dental Committee audited fluoride varnish applications among practitioners in 2014 and 2017, which helped raise awareness and increased fluoride varnish application rates. The group is keen to see that Sheffield LDC is asked to consider carrying out a similar exercise. The group also asked if it is possible to break down the data further, to see whether rates of fluoride varnish applications vary in different parts of the city. The group heard that low application rates may also be due, in part, to the fact that individual practitioners have to meet the cost of providing fluoride varnish themselves, and would like to investigate this issue further.

NHS England Response

The report to the Committee stated *'The most recent data for Sheffield shows that in 2015/16, 56% of child courses of treatment in Sheffield contained fluoride varnish application (NHS Digital), which was lower than in Barnsley (64%), Doncaster (58%) and Rotherham (57%)'*

I am pleased to report that there has been a steady increase in this indicator since 2015/16 for both South Yorkshire and Bassetlaw and England overall.

	Jul to Sep 2015	Oct to Dec 2015	Jan to Mar 2016	Apr to Jun 2016	Jul to Sep 2016	Oct to Dec 2016	Jan to March 2017	Apr to Jun 2017	Jul to Sep 2017	Oct to Dec 2017
South Yorkshire and Bassetlaw	58.8%	61.5	63.4%	64.3%	65.5%	66.6%	68.5%	69.5%	70.1%	71.6%
England	38.8%	40.4%	41.8%	42.3%	43.4%	45.0%	47.4%	49.6%	51.6%	53.2%

In October to December 2017 for Sheffield practices the percentage was 72.5%.

The increase is a combination of an increase in fluoride varnish applications by dental practices and an increase in the recording of the applications.

We have practice level data on fluoride varnish applications and the table below shows that 28 Sheffield practices achieved more than 80%. However five practices achieved less than 40%.

	0-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-99%
Number of practices	1	0	2	2	6	8	8	16	27	1

Through the Dental Assurance Framework over the last couple of years we have been contacting practices with the lowest fluoride varnish rates. Often the issue is that of recording the fluoride varnish applications but sometimes practices /dental performers are not convinced of the benefits of fluoride varnish application. We have found that contacting the practices with the lowest rates of fluoride varnish applications is the most effective approach to continuing to improve fluoride varnish rates and are committed to continuing to secure improvements through this approach.

We shall be working with our colleagues through the Local Professional Networks to understand how we can continue to improve fluoride varnish rates.

2 Sheffield Public Health Update

2.1 Scrutiny Recommendation

Given the increasing use of food banks in some areas of the city, the Committee recommends that we explore ways fluoride toothpaste and toothbrushes could be made accessible through food banks, free of charge.

Response

The current Oral health Promotion budget does not allow for providing toothbrushes and toothpaste for foodbanks. However colleagues met with Voluntary Action Sheffield with a view to them including oral health into any community wellbeing programmes and providing dental packs as part of their bids for funding.

2.2 Scrutiny Recommendation

Tooth brushing packs are distributed by health visitors for all children at 12 months, and again at 2 years in the most deprived areas. The Committee recommends that these contacts are used to provide more support and information about good oral health, and registering with a dentist, including providing details of local NHS dentists currently accepting patients. The Committee also recommends that we explore how existing mechanisms could be used to further promote oral health – for example using MAST teams, Health Champions etc. to give information and guidance about good oral health and support individuals and families to register with dentists.

Response

Oral health care training for early years teams has been delivered and oral health is included in the Health Early Years awards and Start Well discussion groups for parents.

The OHP strategy now includes a section about vulnerable children. The following has been included in the strategy;

“To review the oral health promotion initiatives and develop an action plan to improve the oral health for this client group”

A steering group has been formed including colleagues in 0-19 Healthy Child Programme, MAST and midwifery to develop this and drive this forward. We have developed an early year’s oral health pathway with guidance to support practitioners on oral health and are at present developing a pathway for older children 5-19 years.

2.3 Scrutiny Recommendation

Toothbrushing clubs have been set up in schools and nurseries across the city, and an evaluation of these clubs is planned. Depending on the outcome of this evaluation, the Committee recommends that the Council explores how it can use its links with schools and early year’s settings to expand the clubs further across the city.

82 toothbrushing clubs are now established in early years settings. The School of Clinical Dentistry, University of Sheffield are conducting an evaluation of this scheme as part of the closer partnership working with SCC.

We are exploring other funding streams to continue the extended tooth brushing club scheme including Sheffield International Venues and the use of their sugar tax on fizzy drinks.

2.4 Scrutiny Recommendation

The Committee was pleased to hear that the University of Sheffield's School of Clinical Dentistry supports its students to get involved in oral health promotion, and that it is keen to develop its civic mission within the wider city region. The Committee would like to hear more about what changes are planned, and recommends that the Council and School explore how we could work together to improve oral health in the City.

Response

The Smile Squad group of volunteer dental students have, over the last year, been responding to requests from nurseries, schools and community groups in Sheffield to provide talks and run stands at health fairs.

Dental hygiene and dental therapy students are continuing to undertake Oral Health Promotion projects in nurseries, schools and residential homes in Sheffield and across South Yorkshire.

The School of Clinical Dentistry dental public health staff are currently undertaking the evaluation of the toothbrushing club scheme and an evaluation of changes to the oral health component of the HCP in Sheffield.

2.5 Scrutiny Recommendation

The Committee recognises that despite all the hard work that goes into oral health promotion, inequality persists in levels of child tooth decay across the city, with a fourfold difference between areas with the highest and lowest levels. There is also a clear link between deprivation and levels of child tooth decay. The report presented to the Committee clearly indicated the importance of increasing children's exposure to fluoride in fighting decay, and the effectiveness of water fluoridation in ensuring all children benefit from fluoride. The Committee noted the action in the draft oral health strategy that a review of the appropriateness of water fluoridation in Sheffield be conducted. It is 12 years since the Council last debated water fluoridation - the Committee believes that it is time the issue be re-examined and recommends that the Cabinet Member and Director of Public Health take this forward in the appropriate forum, reporting back to the Committee on how they plan to do this.

Response

We are presently in discussion with Public Health England on what steps need to be taken to progress this. Once we are clear on the direction then we will report further.

Debbie Hanson, Health Improvement Principal

Public Health, Sheffield City Council

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