

Report of NHS England – North (Yorkshire and Humber) to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 06 October 2016

Subject: NHS England (West Yorkshire) Dental Commissioning Update 2016/17

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Summary statement:

This report provides an update to the Bradford Health & Social Care Overview Scrutiny Committee since the last update in October 2015 on the current commissioning and commissioning plans for dental services in the Bradford & Airedale area encompassing:

- Access
- Performance
- Public Health
- Other Dental Updates

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1. **Summary**

This report provides an update to the Bradford Health & Social Care Overview Scrutiny Committee since the last update in October 2015 on the current commissioning and commissioning plans for dental services in the Bradford & Airedale area encompassing:

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2. **Background**

At its meeting of 8 October 2015 the Committee resolved:

‘That an update report be submitted to the Committee during the 2016/17 municipal year and that it include details in relation to commissioning models and work being undertaken with Public Health’

3. **Report issues**

Appendix A of this report provides the NHS England (West Yorkshire) Dental Commissioning Update

4. **Options**

Members may wish to comment upon the information provided within this report

5. **Contribution to corporate priorities**

Bradford District Joint Health and Wellbeing Strategy Priority 6 (“to improve oral health of under 5’s”)

6. **Recommendations**

The Committee is asked to consider and comment upon the information presented within this report

7. **Background documents**

Report NHS England – North (Yorkshire and the Humber) to the meeting of the Health and Social Care Overview & Scrutiny Committee held on 8 October 2015 – NHS England (West Yorkshire) Dental Commissioning Update 2015/16

8. **Not for publication documents**

None

9. **Appendices**

Appendix A – NHS England (West Yorkshire) Dental Commissioning Update

APPENDIX A : NHS England (West Yorkshire) Dental Commissioning Update - Health and Social Care Overview & Scrutiny Committee to be held on 6 October 2016

NHS England (West Yorkshire) Dental Commissioning Update

Introduction and Summary

This report provides an update to the Bradford Health & Social Care Overview Scrutiny Committee on the current commissioning and commissioning plans for dental services in the Bradford & Airedale area and the activity position in the district.

A copy of the updated work plan for the Local Dental Network (Yorkshire & the Humber) is attached for the Committee's information at **Annex 1**, and the Committee is asked to note the following key updates:

- Access
- Performance
- Public Health
- Other Dental Updates

1. ACCESS

Investment Pilot Proposal

Following the publication of the West Yorkshire Oral Health Needs Assessment, the West Yorkshire Local Dental Network established a Task and Finish Group to examine Access to Primary Care Dentistry and Unscheduled Dental Care in the area. This work was being done in collaboration with Healthwatch and other stakeholders, including Public Health England, and first stage includes/impacts on: access - in hours, access to unscheduled services, and how patients can be more appropriately signposted to dental services.

The group considered a wide range of information and data including (levels of access, commissioned activity performance, level of key stakeholder and media interest.

The group considered key findings that included:

- Data taken from the National GP survey identified (dental questions):
 - 62.4% of people in West Yorkshire were successful in getting an appointment when new to a practice in (January 2016) between July and September 2015.
 - For Bradford Districts CCG and Bradford City CCG areas the position is 58% and 54.2% respectively. In North Kirklees CCG area the figure is 54.9%.
- The Local Dental Committee supported a survey of practices within West Yorkshire to better understand the numbers of patients contacting local dental practices and if they couldn't be accepted at the practice what advice was given to patients.
 - 52% of West Yorkshire NHS primary care dental practices took part
 - 2,500 calls were made to these practices from patients trying to make an appointment unsuccessfully
 - The areas in which the volume of calls were greatest, when taken as a percentage of population, were Bradford and Kirklees
 - Two thirds of the practices advised patients to call 111
- NHS England Data identified:
 - Significant under delivery of contracted UDAs in 2014-15, particularly in Bradford where access issues have been identified. (The group commented that one of the factors for under delivery of UDAs in an area where dental care is difficult to access may be related to the high treatment needs of patients in a socially deprived area, and the increased number of DNAs. It is recognised that the current national contractual arrangements pose significant challenges for Practices in ensure that patients with complex needs are provided for.
 - In the Bradford City and Districts area 10,485 UDA's were under delivered (under 96 % of the UDA budget)In addition there were 12,611 UDA's under delivered between 96% and 100% of the contract sum. However in North Kirklees area only 359 UDAs were undelivered
 - Bradford City CCG area had the lowest figure for New Patients Seen in 2014-15, the only negative figure at -254
 - 2014/15 UDC overspend of £1,523,736

The Group prepared a number of pilot project proposals that may seek to improve access (particularly in the areas of Bradford City, Bradford Districts and North Kirklees areas) that comprised:

- Pilot Project to Increase Routine Access in Identified Areas of West Yorkshire

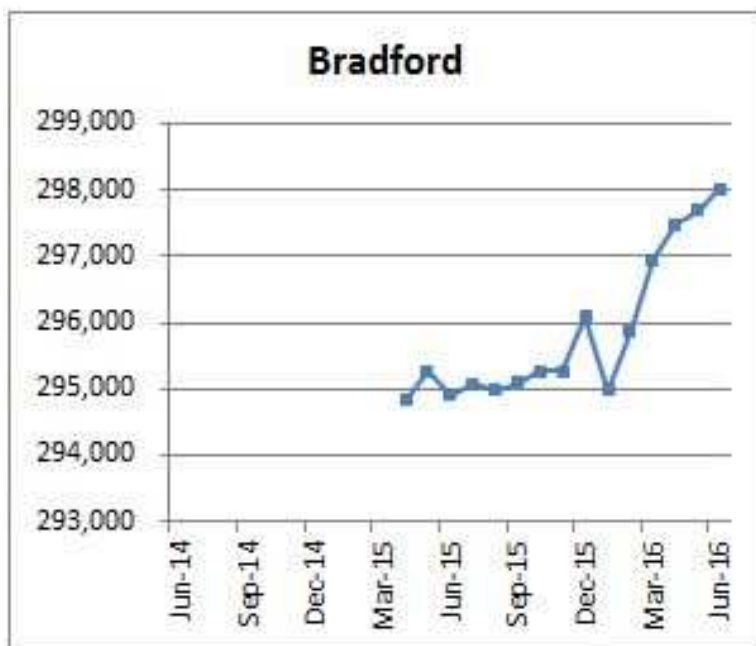
- Pilot project to support vulnerable groups
- Pilot Project to Improve Signposting in Identified Areas of West Yorkshire

These proposals were considered by the Director Team of NHS England – North (Yorkshire and The Humber). Advice from Directors was to expand the assessment across the whole of Yorkshire and The Humber area, for which we have responsibility. Before any investment could be considered to support such pilots, due to considerable resource constraints, it was necessary to develop an evidence base to demonstrate the identified areas in West Yorkshire were the priority areas as compared with any other area in Yorkshire and The Humber.

This further work has commenced with support from colleagues across the region and will be discussed again with Directors in the future.

Performance – Total Patients Seen

Overall patients accessing dental services across practices in the Bradford & Airedale (B&A) area has been steadily increasing as can be seen in the following graph which measures each quarter total patients seen in the previous 24 months period:



The latest reporting period quarter - June 2016 - has 298,028 patients seen. This is an increase of 3,127 patients seen as compared to the position at June 2015. The current numbers represent 56.1% of population. For comparison, 59.9% of the population of West Yorkshire accessed dental services over the same period, while 55.1% of the population of England accessed dental services over this period.

Noting this overall position, it is acknowledged that there are individual areas that still face challenges on demand/access, and it remains that there are still many patients who have difficulty in securing access to an NHS dentist.

Performance – Commissioned Activity Delivered (2015/16)

The following table shows the outturn position for commissioned activity (UDAs – Units of Dental Activity) across West Yorkshire, and then broken down by metropolitan areas in West Yorkshire, and separately by CCG areas. As a standard it should be noted that the national dental contract asks practices to deliver a minimum of 96% of their individual annual commissioned activity.

Area	UDAs Commissioned	UDA per 1000 Population	Value of Contracts	Average UDA Value	Total Activity Delivered	% UDAs Delivered	Clawback for Undelivered UDAs
West Yorkshire	3,921,816	1,762	£ 112,181,460	£ 28.60	3,842,341	97.97%	£ 1,987,602
Bradford	819,302	1,568	£ 24,225,280	£ 29.57	801,351	97.81%	£ 502,517
Calderdale	385,700	1,892	£ 10,730,483	£ 27.82	381,548	98.92%	£ 185,369
Kirklees	759,769	1,798	£ 22,265,938	£ 29.31	757,619	99.72%	£ 170,714
Leeds	1,306,611	1,739	£ 36,020,171	£ 27.57	1,265,078	96.82%	£ 1,001,073
Wakefield	650,434	1,996	£ 18,939,588	£ 29.12	636,745	97.90%	£ 127,928
NHS AWC CCG	176,994	1,118	£ 4,917,234	£ 27.78	175,186	98.98%	£ 86,247
NHS Bradford City CCG	178,174	2,180	£ 5,645,867	£ 31.69	175,318	98.40%	£ 87,684
NHS Bradford Districts CCG	464,134	1,396	£ 13,662,180	£ 29.44	450,846	97.14%	£ 328,587
NHS Calderdale CCG	408,249	2,000	£ 11,403,582	£ 27.93	404,141	98.99%	£ 185,369
NHS Greater Huddersfield CCG	437,631	1,842	£ 12,433,794	£ 28.41	434,635	99.32%	£ 135,524
NHS Leeds North CCG	354,998	1,786	£ 10,261,959	£ 28.91	350,732	98.80%	£ 110,658
NHS Leeds South and East CCG	477,282	2,026	£ 13,041,684	£ 27.32	455,932	95.53%	£ 369,790
NHS Leeds West CCG	474,331	1,499	£ 12,716,258	£ 26.81	458,414	96.64%	£ 520,625
NHS North Kirklees CCG	299,589	1,616	£ 9,159,044	£ 30.57	300,390	100.27%	£ 35,189
NHS Wakefield CCG	650,434	1,993	£ 18,939,588	£ 29.12	636,745	97.90%	£ 127,928

End of year out-turn of activity 2015/16 – 801,351 UDAs were provided by NHS dentists in Bradford during 2015/16, a total of 97.8% of the commissioned activity. Only 5 practices in the Bradford area have underperformed (by more than the 4% tolerance allowed in the national dental contract) for the past 2 years. Renegotiation of these contracts will now take place in line with the national commissioning guidance with a view to withdraw if appropriate the monies linked to underperformance (approximately £95k forecast).

Performance - Reinvestment following under-performance in 2014/15

The table below shows where NHS England has been able to recommission activity, recurrently, that has been removed from other practices due to under-delivery.

Report to the Health and Social Care Overview & Scrutiny Committee

Contract Number	Provider	Address1	Address2	Address3	Postcode	Former PCT Area	CCG Locality	Recurrent UDAs awarded	Cost of activity
101338/0138	Whitecross Dental Care Ltd	Westend	40 Little H	BRADFORD	BD5 0AL	Bradford	NHS Bradford City CCG	1000	£ 26,000
772038/0001	Mr Z Hussain	Dental Su	10 Southb	BRADFORD	BD7 1AD	Bradford	NHS Bradford City CCG	1000	£ 22,720
190551/0001	Dentistry@ Ltd	134 Holme Lane		BRADFORD	BD4 0PY	Bradford	NHS Bradford Districts CCG	1000	£ 26,000
230200/0001	Mr S Gardner	Whitehill	Whitehill	HALIFAX	HX2 9HD	Calderdale	NHS Calderdale CCG	700	£ 18,200
123811/0001	Carnegie Dental Clinic Ltd	9-13 Leeds Road		SHIPLEY	BD18 1BP	Bradford	NHS Bradford Districts CCG	700	£ 18,200
973793/0001	Mr RB LAD	Dental Su	460 Idle R	BRADFORD	BD2 2AR	Bradford	NHS Bradford Districts CCG	700	£ 18,200
Totals:								5100	£ 129,320
This Practice was awarded the additional activity but it was not made recurrent as they did not meet the conditions of the service agreement:									
190268/0001	Bailiff Bridge Dental Practic	629 - 631 Bradford Rd	BRIGHOUSE		HD6 4DN	Calderdale	NHS Calderdale CCG	1000	£ 26,000

Unscheduled Dental Care (UDC)

Demand for UDC in West Yorkshire is increasing - the average activity per month has risen from;

2013/14 - 5,790

2014/15 - 6,661

2015-16 - 7,240

Budget outturn consequently is increasing:

2013/14 - £3.03m

2014/15 - £3.93m

2015/16 – £4.25m

It should be noted that this increase in spend is accounted for as part of the overall spend on services including primary dental care.

Opportunities to improve access

Notwithstanding ongoing budgetary pressures, as part of a larger commissioning team across Yorkshire and The Humber in the event there is identified growth in budgets going forward there may be increased opportunity to use this money to address acute access in specific areas (e.g. Bradford) to greater effect.

Recall intervals

NHS England is supporting Healthwatch to look at ways to improve patient education relating to dental recall intervals which may support improved access. Healthwatch is also supporting a more in depth project on benchmarking patient recall intervals.

Signposting

Signposting patients to NHS choices continues to prove challenging due to the frequency / pace at which dental contractors need to open and close books so that new and existing patients can be managed. We are currently looking at ways of trying to improve overall signposting for NHS Primary Dental Care.

2. PROCUREMENTS

Unscheduled Dental Care (UDC)

Unscheduled Dental Care contract procurement - all of Yorkshire & Humber UDC contracts have been extended until September 2017 to allow for a full procurement process to be followed. These contracts provide services to patients who do not have a regular dentist and require emergency treatment. As with the orthodontic procurement, a single plan is being made for the whole Yorkshire & Humber region to ensure a quick procurement can take place with minimal service transition time, and no impact on patient services.

Primary Care Orthodontic Services

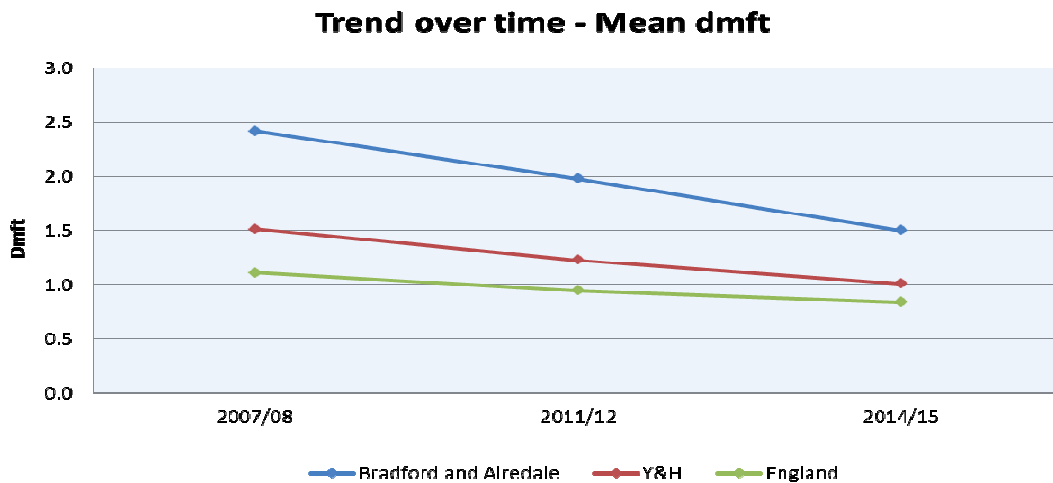
The majority of orthodontic contracts in Yorkshire & Humber will expire in 2017, and there is a Yorkshire and the Humber region wide piece of work ongoing to develop a procurement plan in which large numbers of contracts will be procured in separate tranches, over a three year period. It has not yet been established at what stage the procurements for Bradford practices will take place although it has been confirmed that current contracts will be extended as required to facilitate the process. This committee will be updated at a later point when the procurement process has been concluded, including details on how patient access and treatment under these services will be managed.

3. PUBLIC HEALTH

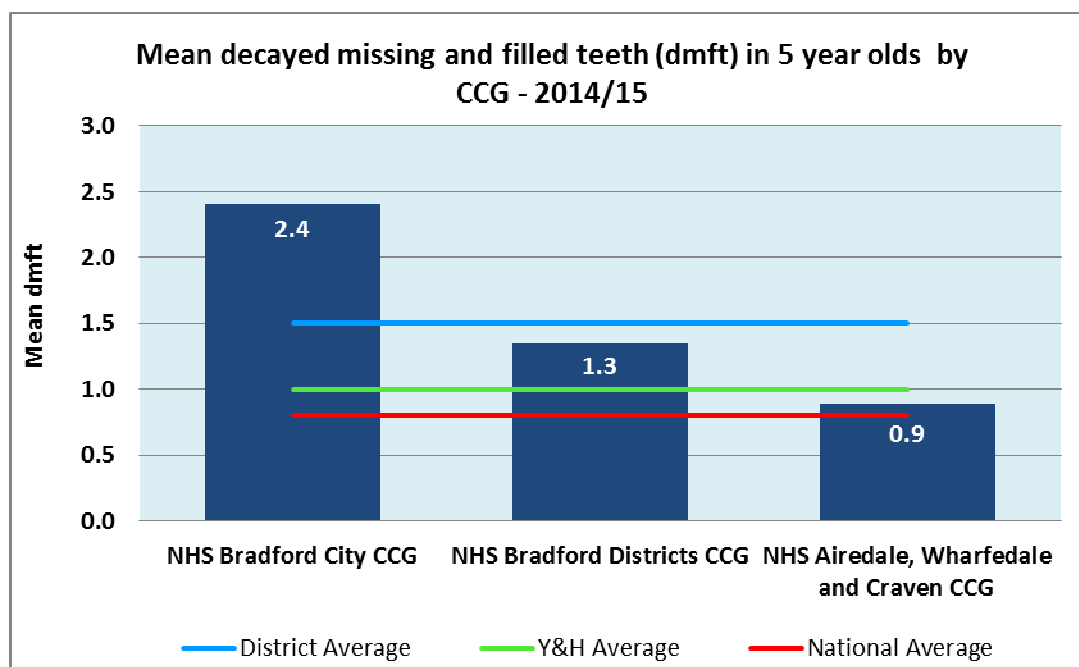
NHS England continues to work with Public Health colleagues to enable delivery of the dental agenda, the West Yorkshire Dental Network, and supporting prioritisation and improvements in oral health. We are committed to strengthening networks and sharing of agendas, priorities and work streams for consideration.

Update on the Oral Health of Children in Bradford District

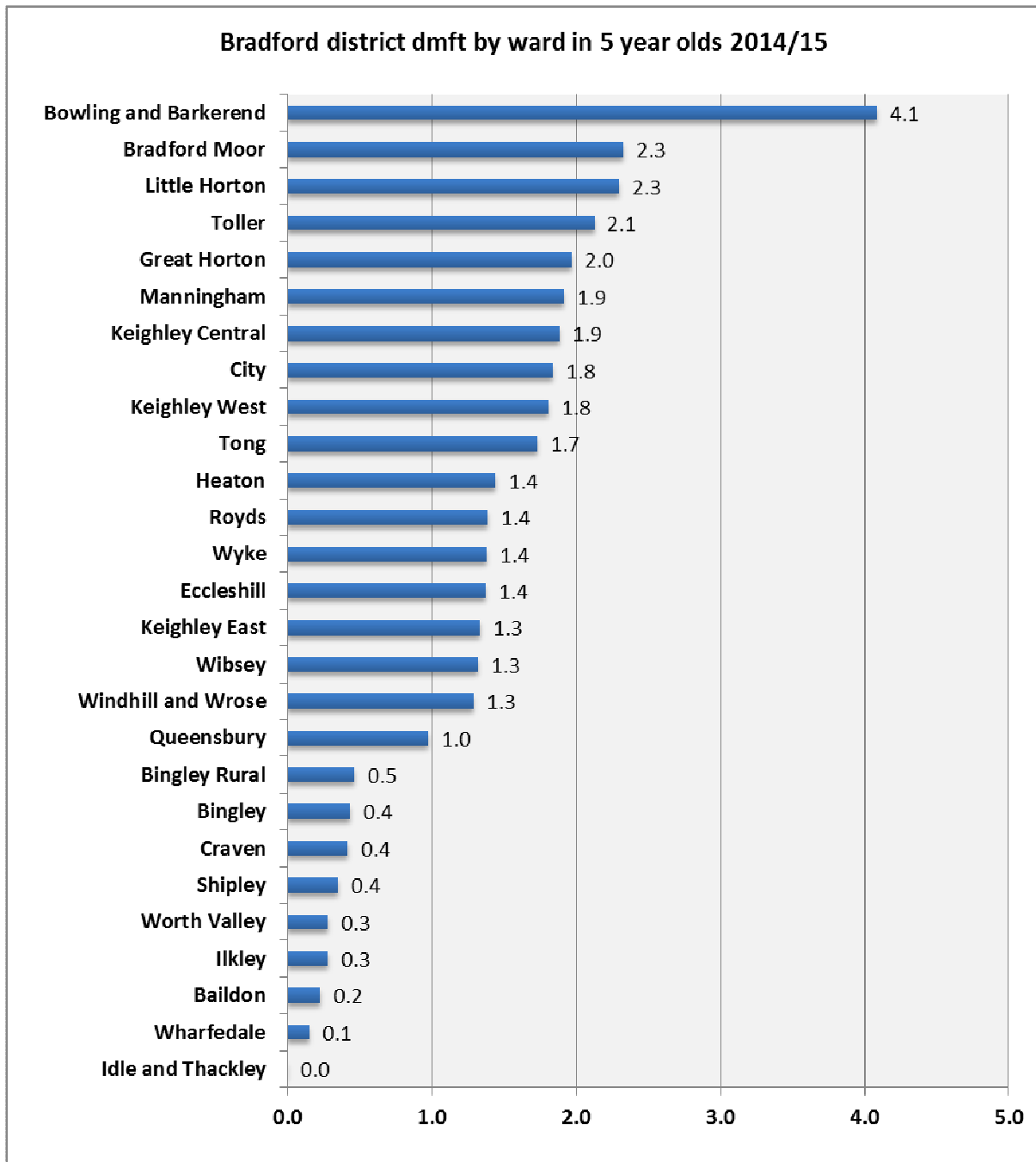
The oral health of young children is monitored by a 3 yearly survey and the latest survey for 2014/15 shows a significant improvement for Bradford district; the average, (or mean), decayed missing and filled teeth (dmft) in 5 year old children was 1.5 in 2014/15. However, rates of decay and dmft in children remain above regional and national averages and hence, there still needs to be a major focus on prevention and early intervention work in this area.



In addition, when analysed by Clinical Commissioning Group (CCG) for Bradford, there is significant variation for dmft in 5 year olds; with the highest average dmft in 5 year olds being in Bradford City CCG as below:



Oral health is also worse in more deprived areas of the district and some wards have significantly higher dmft rates than others as below:



Please note: Results are not displayed for Bolton and Undercliffe, Clayton and Fairweather Green, and Thornton and Allerton as fewer than 15 children were examined. Due to the small numbers involved within these wards, statistically robust estimates cannot be produced.

Prevention and early intervention to promote good oral health is key for children and Public Health commissions a number of universal and targeted evidence based interventions to improve the oral health of children which include;

- Oral health promotion by Health Visitors at 6-12 months for all infants
- Community based fluoride varnish programme for children aged 2 to 4 years with over 10,000 children recruited each year

- Tooth brushing programme 40 primary schools with more than 25% free school meals or priority 1 schools
- Childcare settings to receive First Steps to Healthy Teeth Award ; 274 in 2015/16
- 35 Dental practices recruited to health promoting practice award programme
- Around 1200 children taking part in oral health programmes in Islamic schools, Mosques and Madrassas

In addition, public health promotes evidence based messages in the media about how children and families can improve their oral health. Full details of oral health data analysis and oral health commissioned programmes is available in **Annex 2**.

4. OTHER DENTAL UPDATES

Yorkshire & Humber Dental Commissioning Strategy

This is currently being developed to inform all of the commissioning decisions in the region, including opportunities to distribute move under delivered activity freed up monies and funding (from clawback for example) to areas of higher need. This will also be used to inform how dental monies are used if practice contracts end, specifically linking to the Dental Needs Assessment produced by Public Health England in 2015 which identified areas of deprivation and clinical need. Undertaking this on a Yorkshire and the Humber footprint (previously distribution was considered within the West Yorkshire footprint only), will generate more opportunities for re distribution on a wider geography.

Dental prototype and development of new national dental contract

NHS England continues to support the development of a new national contract and 3 prototype practices exist in West Yorkshire. One of which in Bradford, The Rayner Dental Practice joined the scheme on 1 January 2016. The contract reform programme is led by the Department of Health. The programme is currently in a period of learning and evaluation and the outcomes of which will inform any decisions as to roll out potentially due in autumn 2017 for action in 2018/19.

At this point the timescales for the new dental contract are still to be confirmed nationally.

Oral Surgery Referral Management Service (RMS) and Intermediate Minor Oral Surgery (IMOS)

NHS England – North (Yorkshire and the Humber) have recently commissioned an Oral Surgery Referral Management Service (RMS) that enables all minor oral surgery referrals from primary care dental providers to be processed along a common referral pathway for the population of West Yorkshire. In addition we have reviewed and commissioned an increased amount of Intermediate Minor Oral Surgery (IMOS) provision across West Yorkshire, including a provider in both Bradford (North) and Bradford (South). We expect the new pathway to:-

- Improve patient experience – providing more ‘local’ choice, based on patient’s needs

- Reduce demand on secondary care, thereby reducing issues with the 18 weeks referral for dental treatments
- Improve competency standards of primary care dental providers by reducing inappropriate referrals, making sure that the right patient is seen by the right level of service in a timely manner
- Potential for effective financial management

To support this pathway a Managed Clinical Network has been established, to provide evidence based advice and guidance on any changes that may be necessary to the West Yorkshire oral surgery common pathway.

ANNEX 1 : Yorkshire and Humber Local Dental Network work plan

Dental work plan – Yorkshire and the Humber

Workstream	Project	Type	Action	project completion date	Lead
ACCESS	Referral Management System (RMS) initially for oral surgery in WY, but with a view to expanding to include other dental specialities across the wider locality	Procurement	Recommended bidder report to DCMT April 16 mobilisation phase. Stakeholder event 14 th September 2016	01/10/2016	Mike Edmondson
		Review	Review effectiveness of RMS, consider expansion for other dental specialties Benchmarking info now available Consider expansion to Sheffield for IMOS.	Ongoing Timescales?	Mike Edmondson
	Primary dental care access	Service review	Review of existing systems and models for patients to access primary dental care in order to consider consistent model across Y&H NY – review of North Lincs required, WY – Awaiting feedback from North region on poor access issues SY&B – practice closure in Rotherham, over use of unplanned care in Doncaster, no complaints re closure, survey being done at DAC re Doncaster	Ongoing – but need to agree forum to consider outcome	Constance Pillar (NY&H) Mark Jenkins (WY) Carolyn Ogle (SY&B)
	Signposting of services Ensure local people in Y&H have access to accurate information in an appropriate format on how to access NHS dental services	Service development	Comprehensive review/assessment of signposting systems, culminating in consistent model to ensure access to accurate information, in appropriate format to support <ul style="list-style-type: none"> • Accurate, up to date info on NHS Choices • Signposting through NHS Choices • NHS E to collaborate with Healthwatch and 	Ongoing – but need to agree forum to consider outcome	Constance Pillar (NY&H) Mark Jenkins (WY) Carolyn Ogle (SY&B)

			<p>dental practices in relation to info on acceptance of new NHS patients and services provided</p> <p>Development of a model of improved signposting which includes a small number of GPs in a pilot possibly as part of urgent dental care review</p>		
	Unplanned Dental Care	Service review and subsequent procurement	<p>Comprehensive review of unplanned dental care requirement across Y&H, with a view to the procurement of a consistent model</p> <p>Scoping paper being pulled together</p> <p>26th July commissioning meeting to consider way forward</p>	01/04/2017	Heather Marsh/Carolyn Ogle/David Iley
ORAL SURGERY	Managed Clinical Network (MCN) for oral surgery in West Yorkshire	Recruitment/ pilot study	<p>Business Case for recruitment of clinical lead to chair oral surgery MCN for WY supported by DCMT</p> <p>Appointment made piloting 3 sessions per month</p> <p>Benchmark with regional work</p>	<p>13/10/15</p> <p>01/07/2016</p> <p>December 2016</p>	Mike Edmondson
		Review of pilot study	Comprehensive review and assessment of MCN, considering scale, scope and benefits of the pilot oral surgery model for WY, with a view to understanding wider geographical needs and benefits.	To be completed by 01/04/2018	Mike Edmondson
	Intermediate Minor Oral Surgery (IMOS)	Procurement (Phase 1) – West Yorkshire	Procurement and Evaluation strategy submitted to DCMT procurement completed for 6/8 schemes in West Yorkshire, remaining 2 to go back out to market	Completed 2 nd phase	Mike Edmondson
		Service review	<p>Baseline review of NY oral surgery pathway</p> <p>Also need to review SY&B in relation to 2care providers</p> <p>Outcome of review to scale, scope and benefits of IMOS in NY (currently no tier 2 services available)</p> <p>OMFS to be considered across wider geography</p>	<p>December 2015</p> <p>Spring 2016</p>	<p>Jane Ollerton/Paul Stones</p> <p>Mike Edmondson</p>

		Procurement (Phase 2) - North Yorkshire	Procurement and Evaluation strategy to be developed for NY area where appropriate National steer on contract form has determined PDS.	Autumn 2016	Mike Edmondson
ORAL MEDICINE (OM)	Review OM provision Ensure appropriate commissioner is able to identify commissioning intentions and future strategy	Service review – if this is relevant for NHS E	Comprehensive review and assessment of OM provision across Y&H, in context of: national guidance, C&D, finance, referral management and clinical governance. Consultant in Leeds has funding to set up MCN across Y&H need to link with LDNs	01/04/2017	Mike Edmondson
PAEDIATRIC DENTISTRY & COMMUNITY DENTAL SERVICES (CDS)	Review Paediatric Dentistry and CDS provision across Y&H to identify commissioning intentions and future strategy <i>(primary and secondary care dental care project)</i>	Service review Hull/Leeds 650/350	Comprehensive review and assessment of paediatric dentistry and CDS. Project group established is undertaking <ul style="list-style-type: none"> stocktake of current provision paediatric review of current services -inc SY&B GA issues Vulnerable group OHNA drafted, PHE supporting procurement project Consultation planned, support from Healthwatch – market event 6 th July 16 Service reviews being completed, vision doc to be shared, additional staff to support procurement poss across North Clarendon activity for paedics need to review referrals	September 2016 September 2016	Constance Pillar Jane Ollerton/Paul Stones
ORTHO	Review orthodontic provision across Y&H identify commissioning intentions and future strategy <i>(primary and secondary care dental care project)</i>	Service review	Comprehensive review and assessment of orthodontics provision across Y&H -national guidance, demand, activity, finance, referral mgt and clinical governance. Review TOR to consider Y&H geography STA blanket sign off received Plans to consult with NHS E NoE dental commissioning group, Y&H LDNs and Ortho MCNs prior to finalisation	Summer 2016	Mark Jenkins to Sept 16 Sept onwards TBC

			<p>Orthodontic health equity audit completed</p> <p>Paper to DCMT July 16 re contract length</p> <p>Paper to describe approach to 3 year strategy also to DCMT August 16</p> <p>Stakeholder event 7 July to inform plan</p> <p>Procurement and Evaluation Strategy Sept 16</p>		
RESTORATIVE DENTISTRY	<p>Review Restorative Dentistry provision across Y&H to identify commissioning intentions and future strategy</p> <p><i>(primary and secondary care dental care project)</i></p>	Service review	<p>Comprehensive review and assessment of Restorative Dentistry provision across Y&H, in context of: national guidance, demand, activity, finance, referral management and clinical governance.</p> <p>Awaiting national guidance</p> <p>LDI issue with referrals reviewing T3 criteria across the patch</p>	01/04/2017	Mike Edmondson
PREVENTION	<p>Undertake health equity audits in primary care including unscheduled dental care and orthodontics</p> <p><i>To identify how dental services are distributed and actions needed to provide services relative to need</i></p>	Service review	<ul style="list-style-type: none"> NHSE received project plan from PHE NHS E commissioned PHE to undertake the work NHS E to consider finding of HEA in commissioning appropriate services the population <p>Data requirements currently being drafted</p> <p>Time line for completion will be influenced by BSA capacity to support this</p>	<p>Project plan Nov 2015 Dec 2015</p> <p>HEA report May 2016 (data dependent)</p>	PHE Primary Care leads to agree local influence with LDNS
	<p>Service review and OHNA of vulnerable groups across Yorkshire and Humber</p> <p><i>To inform commissioning of CDS and oral health improvement programmes. support implementation of commissioning guide on special care dentistry</i></p>	Service review	<ul style="list-style-type: none"> See review of CDS provision 	December 2016	NHS E/PHE

	Prevention <i>All commissioned dental services are re-orientated towards prevention to improve and reduce oral health inequalities</i>		<ul style="list-style-type: none"> • All LDNs to have prevention work stream as part of work plans • NY&H IPP approved by DCMT 16-07/16 • Prevention embedded in service specifications for new or recommissioned services through KPIs and/or CQUINs • Contractual levers should be used to ensure implementation of DBOH through performance management against DAF 	See above Ongoing	LDNs/NHS E
	Implementation of national commissioning guidance	Service review	<ul style="list-style-type: none"> • NHS E and PHE to attend the national meeting to support implementation of the guides • Commissioning of care pathways in oral surgery, special care and dentistry and orthodontics should reflect guidance in the relevant national commissioning guide 	October 2015 Ongoing	NHS E with support from PHE

ANNEX 2 : Summary of Oral Health Services and Oral Health Data for Bradford district- Health and Social Care Overview & Scrutiny Committee to be held on 6 October 2016

Summary: An update report to the Committee detailing the commissioning models and work being undertaken with Public Health and update on oral health data for Bradford district

1. Summary

- 1.1 This report details the Public Health contribution to improving oral health of children and young people within the Bradford district. Universal and targeted oral health prevention and early intervention is key in children to improve longer term outcomes in relation to poor oral health and address inequalities.
- 1.2 Oral health is referenced in the 'Best start in life and beyond: Improving public health outcomes for children, young people and families' which provides guidance to support the commissioning of the Healthy Child Programme. It is also an important part of local commitment to tackle oral health and a key part of:
- Bradford and Airedale Joint Health and Wellbeing Strategy 2013-17
 - Health Inequalities Action Plan 2013-17
 - Children's Trust Board & new Children & Young People's Plan
 - Integrated Early Years Strategy for children 0-7 years 2015-18

2. Background

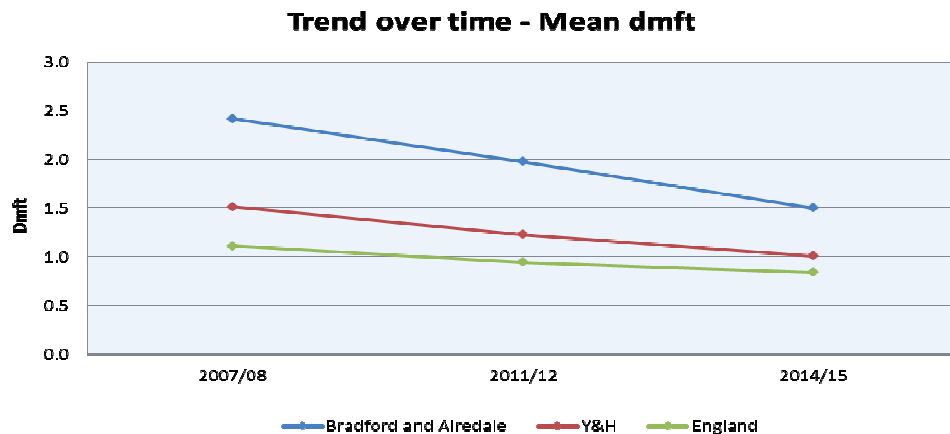
- 2.1 Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Guidance produced by local authorities in 2015 details the LA statutory responsibility for commissioning oral health improvement within their district. Significant inequalities in oral health continue to exist with children in deprived communities having poorer oral health than those living in more affluent communities.
- 2.2 Local authorities are also required to provide or commission oral health surveys in order to facilitate:
- assessment and monitoring of oral health needs
 - planning and evaluation of oral health promotion programmes
 - planning and evaluation of the arrangements for the provision of dental services



- reporting and monitoring of the effects of any local water fluoridation schemes covering their area
- the dental data required for the single data list and the public health and NHS outcome frameworks.

3. Update on Oral health data

3.1 The latest oral health survey for 5 year olds decayed, missing and filled teeth (dmft) was published May 2016 for 2014/2015 is as follows:



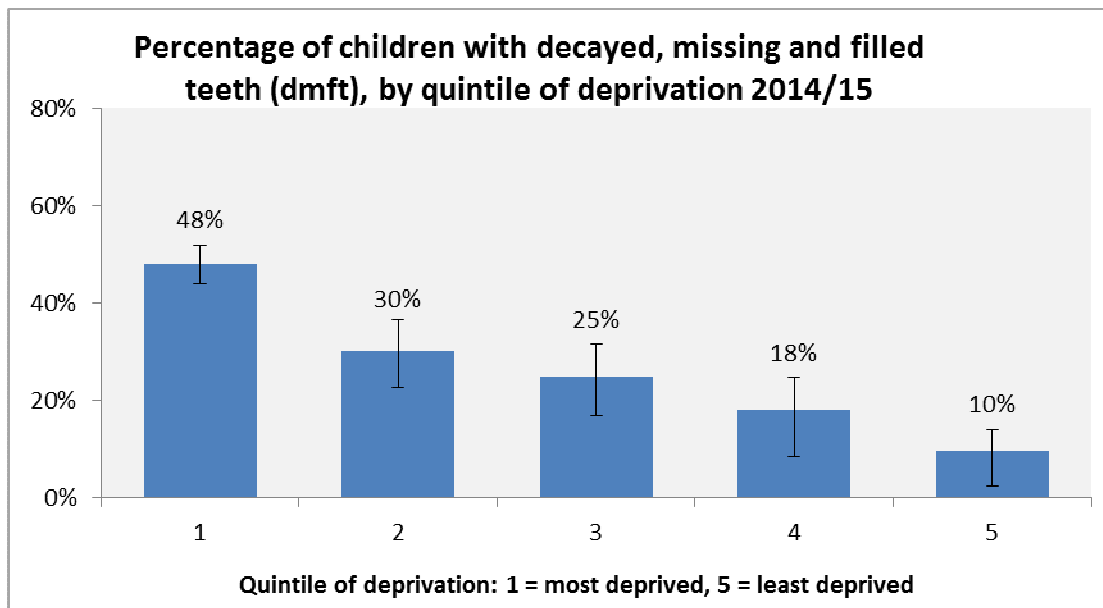
Below is also a table showing the mean decayed missing and filled teeth(dmft) for 5 year olds over time for Bradford district against Yorkshire & Humber and England; this shows a significant reduction in Bradford district over that time and at a faster rate than regionally or nationally:

	Mean Dmft			Reduction in mean dmft since 2007/08
	2007/08	2011/12	2014/15	
Bradford and Airedale	2.42	1.98	1.50	-0.92
Y&H	1.51	1.23	1.01	-0.50
England	1.11	0.94	0.84	-0.27

3.2 The proportion of children with dental disease at age 5 years was 37%; higher than regional (29%) and national (25%) figures

3.3 Average dmft of 1.5 per child has improved but is still higher than regionally (1.0 dmft) and nationally (0.8 dmft)

3.4 Higher rates of dental disease and dmft in deprived parts of the district as shown below.



3.5 Overall significant improvement since 2008 at faster rate than regionally and nationally

3.6 The main findings for Bradford district were as follows:

- 62.5% of the sample population had no experience of visually obvious dental decay
- Average number of teeth affected by decay (decayed, missing or filled teeth - dmft) per 5 year old child was 1.50 in the district – an improvement since the last survey in 2012 (dmft of 1.98); this compares to 1.0 dmft for the region and 0.8 dmft nationally
- For those who experienced any obvious decay, the average dmft was 4.0
- The percentage of 5 year olds with dental decay has reduced from 46% in 2012 to 37% in 2015
- Children's dental health has continued to show overall improvement since 2008
- Hence since 2012, in 5 year olds in Bradford the mean number of decayed missing and filled teeth has improved by 24%.
- The proportion of children with decay has improved by 19%

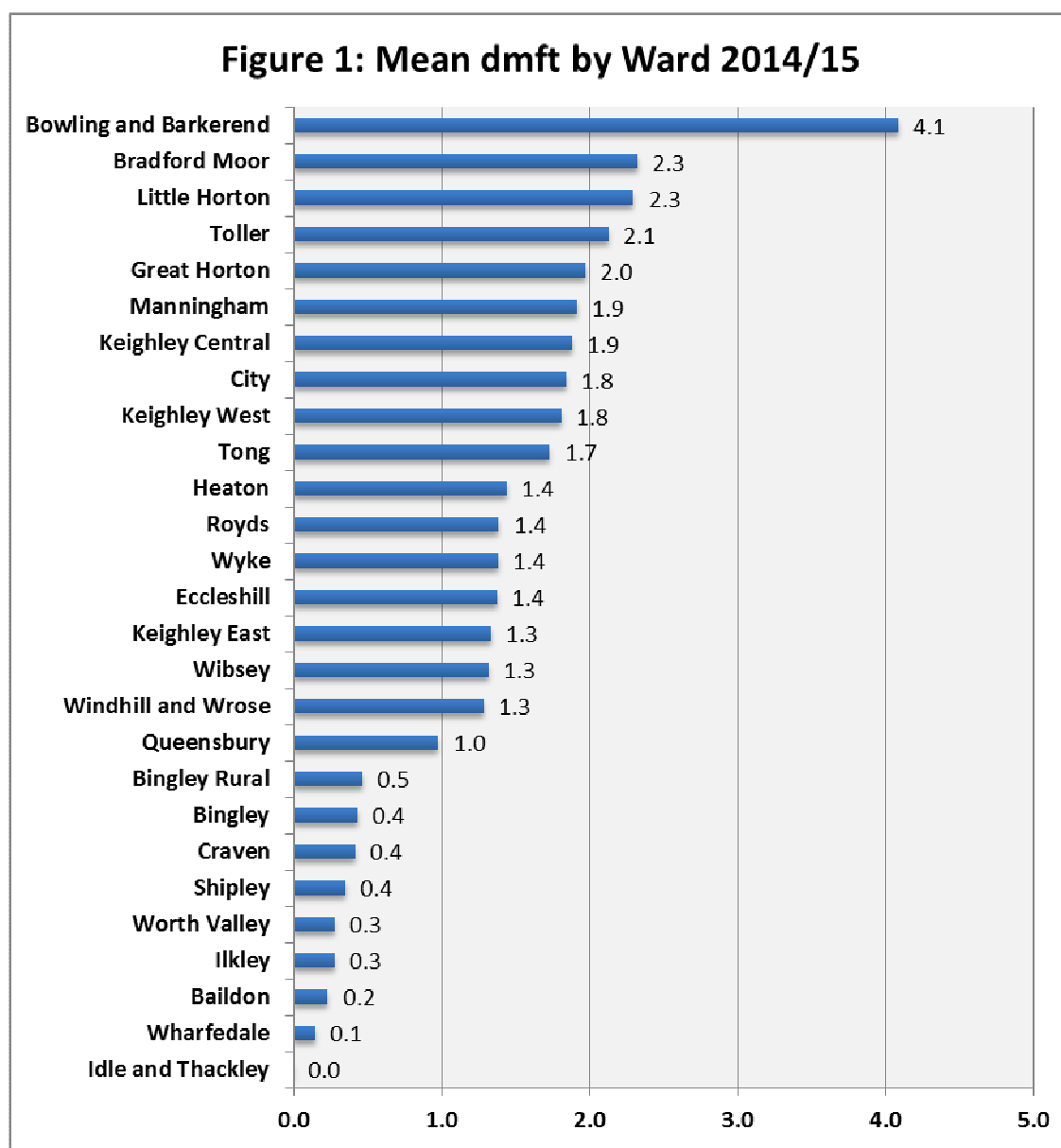
3.7 In 2012 Bradford had the highest mean number of decayed missing and filled teeth in Yorkshire and the Humber in 2012 - this is no longer the case as Wakefield and Hull have a worse dmft.

3.8 When the oral health of 5 year olds in 2014/2015 was examined by ward, stark inequalities were demonstrated as shown in Figure 1 below. Wards with significantly higher levels of disease than the district average:

- Bowling and Barkerend (dmft 4.1)
- Bradford Moor (dmft 2.3)
- Little Horton (dmft 2.3)

Wards with significantly lower levels of dental disease than the district average:

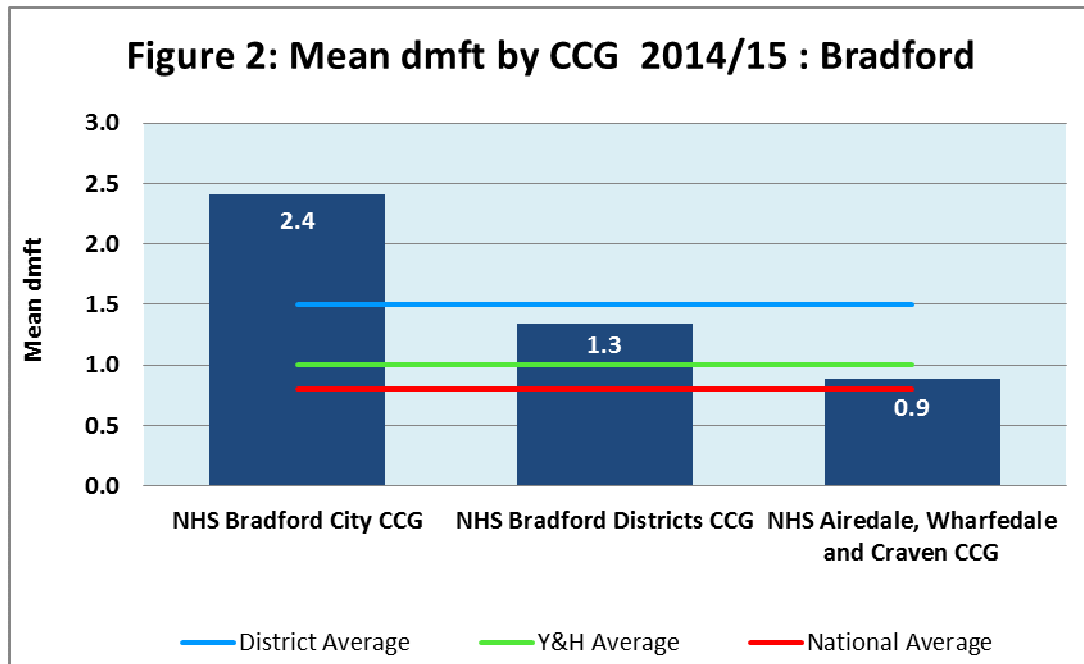
- Idle and Thackley (dmft 0.0)
- Wharfedale (dmft 0.1)
- Baildon (dmft 0.2)



Please note: Results are not displayed for Bolton and Undercliffe, Clayton and Fairweather Green, and Thornton and Allerton as fewer than 15 children were examined. Due to the small numbers involved within these wards, statistically robust estimates cannot be produced.

3.9 The oral health of children in 2014/15, was also examined by CCG's across the Bradford District (see Figure 2), which showed the following:

- Bradford City CCG had higher levels of disease than the district average (dmft 2.4)
- Bradford Districts CCG had lower levels of disease than the district average (dmft 1.3)
- Airedale, Wharfedale and Craven CCG had lower levels of disease than the district, and regional average (dmft 0.9)



4 Contribution to corporate priorities

4.1 Oral health is a key priority for the district and is within the District's Health and Wellbeing Strategy and Health Inequalities Action plan, as well as in the Districts Oral health strategy and an action plan. This is important given the demographics and local inequalities such as:

- Just over half a million people live in the Bradford District
- One of the most deprived Local Authorities in England
- Almost a quarter of the population is aged under 16 and is increasing (24 %)
- Diverse population - 54% of school children are from ethnic minority groups
- Overall life expectancy is lower than national averages and high rates of cardiovascular disease, obesity and diabetes

4.2 Oral health has also been included as a key priority and target for children centres and for health visiting which is now also commissioned by the council.

4.3 Public health in the council commission oral health improvement programmes which include both targeted and universal programmes, as well as our statutory function in relation to epidemiology and screening.

4.4 These improvements are due to a number of programmes running across Bradford district, which are receiving wider attention. In a recent report, produced jointly by Public Health England and the Local Government Association, the Council's "Building Better Smiles" programme was featured as a case study.

5 Oral Health Services for children

5.1 Bradford Council's Public Health team has worked hard to keep children free of tooth decay through commissioning a number of evidence-based programmes under the banner of 'Building

Brighter Smiles'. These programmes reach young children in a variety of early years settings and includes a focus on prevention, early intervention and both a universal and targeted approach focused on areas of greatest need within the district. Partnership working and training initiatives to ensure parents, carers, education and health workers are aware of best practice for oral health have been integral to the success of these 'Building Brighter Smiles' programmes. Details about the key programmes and activity is outlined below:

Key oral health services for children:

Ref	Quality Requirement	Performance Indicator	Threshold	Actual 14/15	Actual 15/16
2	% of 6-12 month health visiting contacts with oral health promotion within reporting period	% of 6-12 month health visiting contacts with oral health promotion within reporting period		89.9%	91%
3	Community based fluoride varnish Programme (for children aged 2 to 4 years)	Number of new children recruited to fluoride varnish programme within the recording period	7,500	10,698	10,710
		Number of children receiving 1 or more applications of fluoride varnish within recorded period	12,000	15,634	17089
		Total number of applications to children recruited in target range within recorded period	18,000	19,329	20570
4	No. of all schools where 25% or more take free school meals (or IMD priority list) taking part in evidence based 2-year tooth brushing program	No. of all schools where 25% or more take free school meals (or priority 1 schools) taking part in evidence based 2-year tooth brushing programme		40	40
5	% childcare settings to achieve First Steps to Healthy Teeth award	No. childcare settings to achieve First Steps to Healthy Teeth award		239	274
6	No. dental practices recruited to the health promoting practice award programme	No. dental practices recruited to the health promoting practice award programme	35	35	33
10	Number of children recruited to programme in Islamic schools, Mosques and Madrassas.	Number of children recruited to programme in Islamic schools, Mosques and Madrassas.	1,200	1,281	1285