MIDDLESBROUGH COUNCIL

Dental Health and the Impact of Covid-19
Final Report of the Health Scrutiny Panel

CONTENTS

THE AIM OF THE SCRUTINY REVIEW

1. The aim of the scrutiny review was to examine the oral health of Middlesbrough's population and the accessibility of NHS dentistry services locally, for both adults and children.

TERMS OF REFERENCE

2. The terms of reference, for the scrutiny panel's review, are as follows:

A	To identify: • the responsibilities of the Local Authority in respect of oral health; and • the responsibilities of NHS England in respect of dentistry
B	To examine Middlesbrough's oral health outcomes and the work being undertaken to improve the oral health of the local population
C	To investigate the pressures and challenges faced by dental care services and the work being undertaken to improve access to dental care
D	To examine the local population's views and experiences of accessing and using NHS dental services
E	To identify potential solutions to improve the oral health of Middlesbrough's population and access to dental care

BACKGROUND INFORMATION

What is oral health?

3. Oral health is the state of the mouth, teeth and facial structures that enables individuals to perform essential functions such as eating, breathing and speaking, and encompasses psychosocial dimensions such as self-confidence, well-being and the ability to socialise and work without pain, discomfort and embarrassment. Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential.

4. Oral diseases encompass a range of diseases and conditions, such as tooth decay, gum disease, tooth loss and oral cancer.

5. Oral diseases disproportionately affect the most vulnerable and disadvantaged populations. People of low socioeconomic status carry a higher burden of oral diseases and this association remains across the life course, from early childhood to older age, and regardless of the country's overall income level.[1]

6. Poor oral health is almost entirely preventable and despite good progress over the last few decades, oral health inequalities remain a significant public health problem in England. Oral health inequalities are the differences in oral health between different groups that are avoidable and deemed to be unfair, unacceptable and unjust. The impacts of poor oral health disproportionally affect vulnerable and socially disadvantaged individuals and groups in society.[2]

7. Children and adults in deprived communities have poorer oral health due to poorer diets and a lack of regular toothbrushing routines. The negative impact of deprivation on oral health is not dissimilar to the impact of deprivation on general health outcomes.

[1] https://www.who.int/health-topics/oral-health#tab=tab_1
[2] https://www.gov.uk/government/publications/inequalities-in-oral-health-in-england/inequalities-in-oral-health-in-england-summary

What is NHS dentistry?

8. NHS dentistry provides treatment that is clinically necessary to keep mouths, teeth and gums healthy and free of pain and includes primary, community, secondary and tertiary dental services.

9. In 2021/2022, the NHS contribution to dentistry was about £2.3 billion.

10. Primary dental services are one of the four pillars of the primary care system in England, along with general practice, primary ophthalmic services (eye health) and community pharmacy. These services use a 'contractor' model of care, which means that almost all NHS primary care services are delivered by independent providers contracted to the NHS.

11. There are around 11,000 independent dental provider practices in England, private businesses that provide a mix of both NHS and private dental care. About three-quarters of these hold contracts to provide NHS services. Dental providers who have a contract to provide NHS funded dental services can also offer private treatment to their patients. All dental practices must be registered with the Care Quality Commission.

Access to NHS dental services

12. There is no national registration system in dentistry like there is in general practice. People do not need to be registered with a dentist to receive NHS care and should be able to go to any dental practice that holds an NHS contract for treatment, without any geographical or boundary restrictions. Dental practices can choose whether they provide NHS treatment to new patients depending on whether they have capacity under the terms of their contract.[3]

13. On 25 March 2020 access to general dental services was paused across the UK and dental care hubs were established to deliver urgent care as part of the government's response to the Covid-19 pandemic. Personal protective equipment (PPE), infection prevention and control, and patient prioritisation guidance were issued to dental care providers as services began to reopen in England from June 2020. This guidance further changed as the nation continued to navigate the pandemic and as wider restrictions were amended.

14. Although some access to dental services was maintained throughout subsequent lockdowns and changes in restrictions, there were longer-term impacts on access to dental services. These included the time needed to clear appointment backlogs, staff availability, physical distancing and PPE requirements.[4]

SUMMARY OF EVIDENCE

Term of Reference A - To identify:

- **the responsibilities of the Local Authority in respect of oral health; and**
- **the responsibilities of NHS England in respect of dentistry**

The Local Authority's responsibilities

15. The Health and Social Care Act (2012) conferred the responsibility for health improvement, including oral health improvement, to local authorities.

[3] https://www.kingsfund.org.uk/publications/dentistry-england-explained
[4] https://www.gov.uk/government/statistics/the-impact-of-covid-19-on-access-to-dental-care/the-impact-of-covid-19-on-access-to-dental-care-a-report-from-the-2021-adult-oral-health-survey

16. 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. They are also required to provide or commission oral health surveys. The oral health surveys are carried out as part of the Office of Health Improvement and Disparities (OHID) dental public health intelligence programme (formerly known as the national dental epidemiology programme).[5] Oral health surveys involve:

    - 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; and
    - reporting and monitoring of the effects of any local water fluoridation schemes covering their area.

17. The Health and Care Act 2022 moved the responsibilities for initiating and varying schemes for water fluoridation from local authorities to the Secretary of State. However, local authorities still have a duty to conduct public consultations in relation to such proposals.

NHS England's responsibilities

18. From 2013 to March 2023 NHS England was responsible for commissioning primary and secondary dental care in England, a process led by the primary care commissioning team. From April 2023 integrated care boards (ICBs) took over responsibility for commissioning primary, secondary and community dental services.

19. Locally, the North East and North Cumbria Integrated Care Board is responsible for commissioning dental services for Middlesbrough's population. The change from NHS England to ICBs is intended to enable the commissioning and provision of dental care that meets the particular needs of local populations and addresses inequalities in oral health and in access to care. Local commissioners use national commissioning standards and guidance to assess local needs, set a minimum standard for services and ensure outcomes and quality measures are included in service specifications and contracts. In order to provide NHS dental services, providers need to hold one of the following NHS contracts:

20. In terms of ***general dental services (GDS) contracts***, these contracts are the most commonly used for NHS primary care dental services and do not usually have an end date. The GDS contract covers 'mandatory dental services', which are routine and clinically necessary urgent treatments needed to keep the mouth, teeth and gums healthy and free of pain. GDS contracts can also cover more specialist services, known as 'advanced mandatory services' and 'additional services', which include more complex extractions, home visits or sedation.

21. In addition to GDS contracts, the North East and North Cumbria ICB also commissions the following primary care and community dental services under Personal Dental Services (PDS) agreements, which are time-limited:

    - ***Specialist primary care dental services*** - such as sedation, orthodontics and minor oral surgery. Any new contracts for mandatory dental services would be commissioned on a PDS agreement for a specified time limit.
    - ***Urgent dental care services*** - All general dental service providers are commissioned to provide urgent dental care services as part of their general dental service contract,

[5] https://assets.publishing.service.gov.uk/media/5a7d6f6bed915d269ba8aa6a/CBOHMaindocumentJUNE2014.pdf

however the number of urgent care appointments made available is determined by the individual practices. In addition, the North East and North Cumbria ICB also commissions dedicated urgent care services both in-hours and out of hours from a range of providers. Access to these services is via NHS 111 for triage and where clinically appropriate patients are offered/booked into the nearest urgent care service with appointment availability. For the area of Teesside, the North East and North Cumbria ICB has providers located in Stockton, Eaglescliffe, Normanby and Middlesbrough. In terms of out of hours urgent care services, North Ormesby Health Village provides treatment services for Teesside residents, operating between 18:00 to 23:00 Monday to Friday (on-call basis) and 09:00 to 23:00 on weekends and bank holidays.

- ***Community dental services (CDS)*** - Community dental services provide dental care for patients (adults and children) with more specialist needs. This might include people who need services such as general anaesthetics or sedation or adults and children with particular needs such as physical or learning disabilities, medical conditions, people who are housebound and people experiencing homelessness.
- ***Secondary care dentistry provided in NHS hospitals*** - Secondary care dentistry is commissioned from NHS hospitals under the standard NHS contract.

22. NHS dentistry services MUST operate in strict accordance with the nationally set Government Regulation (2006). Under the NHS dentistry national regulation, there is no 'formal registration' of patients with dental practices. Dental contracts and provision is activity and demand led, with the expectation practices deliver and manage their available commissioned activity to best meet the needs of patients presenting to the practice. As part of the NHS dentistry offer, patients can therefore approach any dental practice offering NHS care for access.

23. The contract regulations set out the contract currency for mandatory dental services, which is measured in units of dental activity (UDAs) that are attributable to a 'banded' course of treatment prescribed under the regulations.

24. North East and North Cumbria ICB do not commission private dental services, however, NHS dental regulations do not prohibit the provision of private dentistry by NHS dental practices.

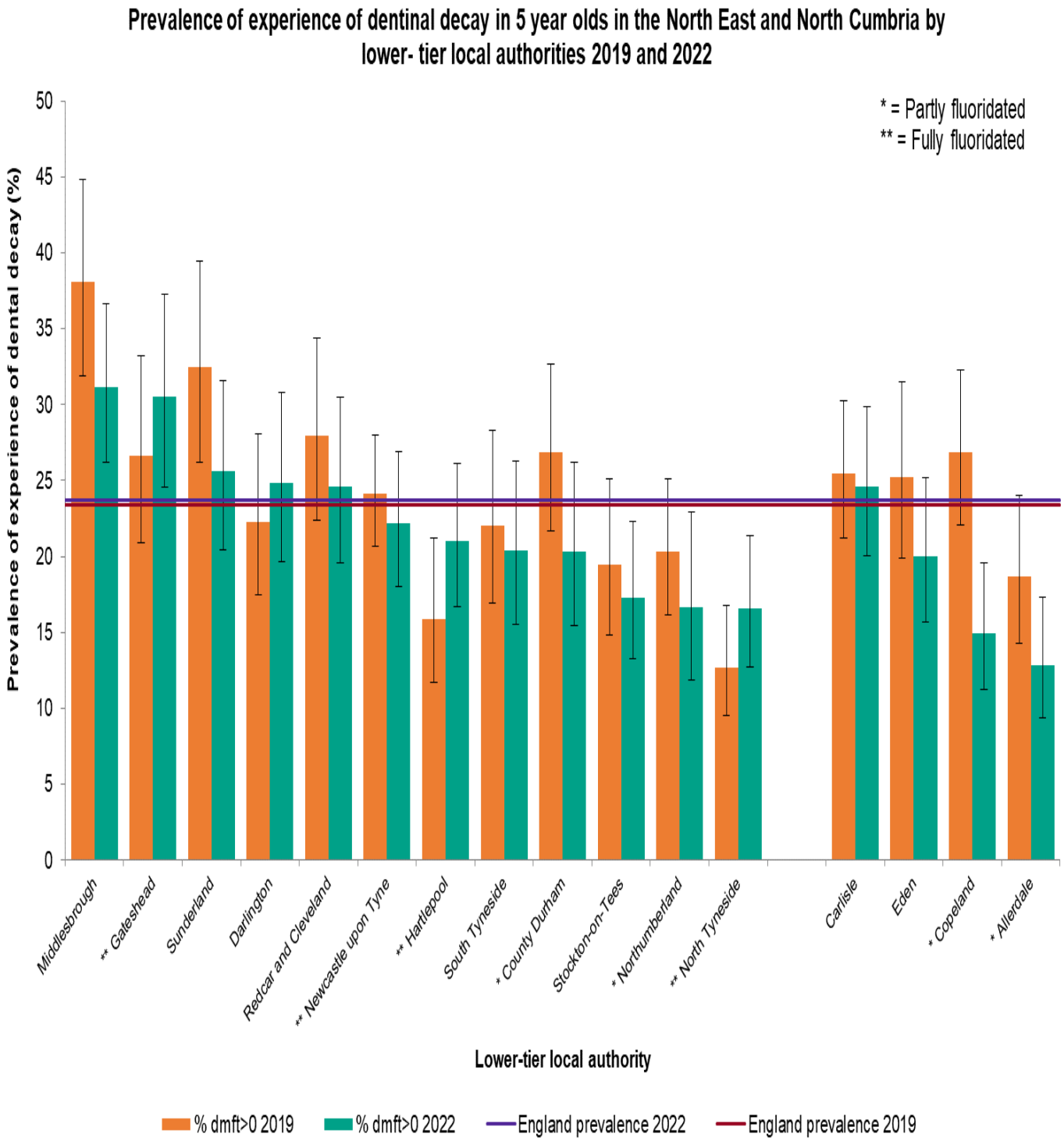
Term of Reference B - To examine Middlesbrough's oral health outcomes and the work being undertaken to improve the oral health of the local population

Oral health data - Middlesbrough's children

25. Across the North East and North Cumbria there has been no significant improvements in oral health for 5-year-old children between 2019-2022, except for Copeland in North Cumbria (See ***Graph 1*** overleaf). However, there were significant improvements in oral health between 2008-2016 in Middlesbrough.

26. ***Graph 1*** overleaf shows that between 2019 and 2022, Middlesbrough had significantly more dental decay than the England average. Furthermore, Middlesbrough had the highest rate of dental decay in 5-year-olds across North East and North Cumbria, in terms of lower-tier local authorities in the area. The rates are socially patterned and typically the poorer and more deprived areas experience higher rates of dental decay. However, although Hartlepool has a similar deprivation profile to Middlesbrough, the area's rates of dental decay are significantly lower, as residents have access to a naturally fluoridated water supply.

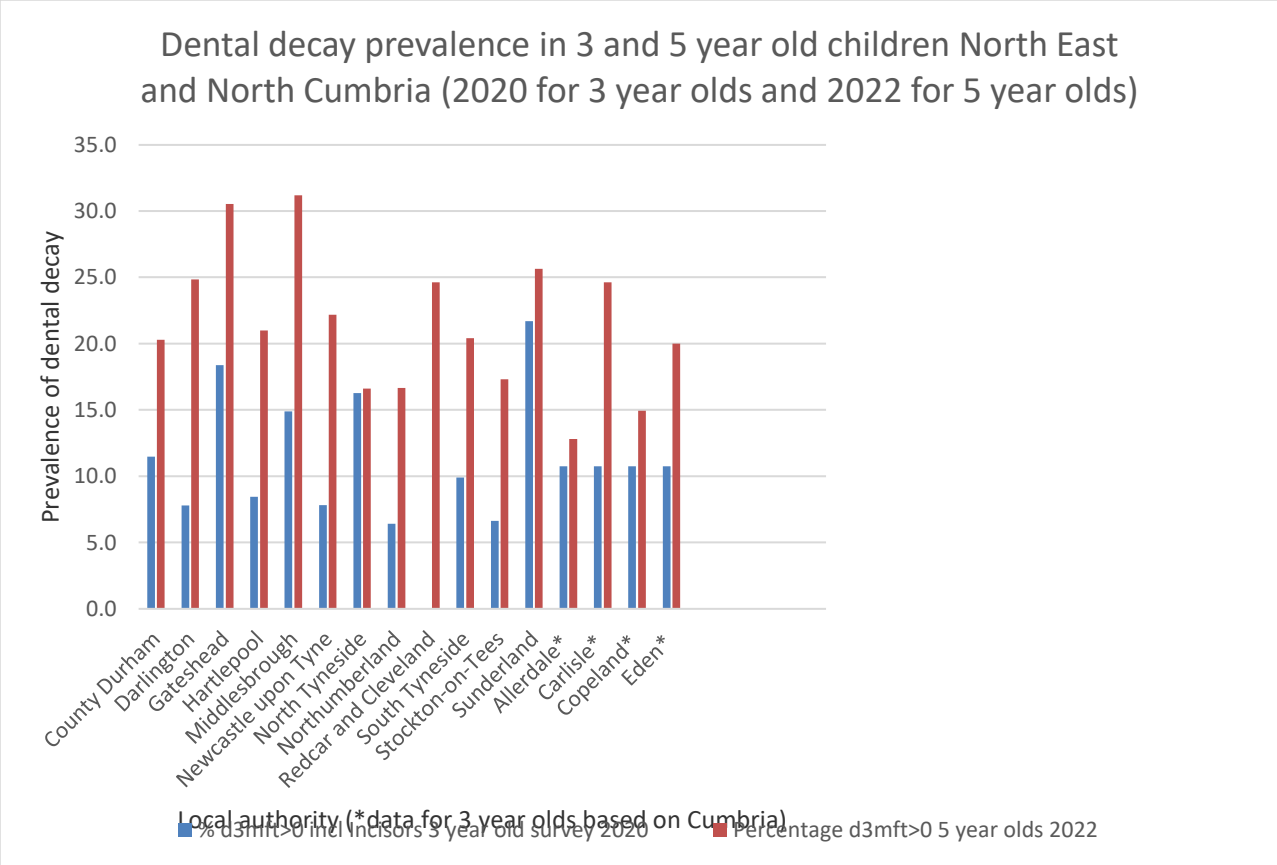
Graph 1



27. Data shown in ***Graph 2*** overleaf, pertaining to drilled, missing and filled teeth in 2019 and subsequently in 2022, demonstrates the consequences of tooth decay.

28. There has been a significant increase in dental decay prevalence from age 3 to 5 years old in all areas of the North East and North Cumbria. In Middlesbrough, there has been a doubling of decay in the same cohort of children from the age of 3 to 5, which is demonstrated by the most recent surveys undertaken in 2020 and 2022. The increase in rates of dental disease can be explained by the decay process i.e. it can take 18 months or more from the start of decay (enamel decay) to progress to a stage when a filling is required (dentinal decay).

Graph 2



Oral health data - Middlesbrough's adults

29. The 2018 oral health survey of adults attending general practice reported 1 in 3 participants living in more deprived areas had untreated tooth decay compared to 1 in 5 in the less deprived areas.

30. ***Table 1*** overleaf shows that in terms of the oral health of adults, Middlesbrough's adults (27.9%) suffer more oral health impacts than the average for the North East (22.6%) or England (17.7%). Therefore, it is evident that poor oral health in childhood, unsurprising continues into adulthood.

Table 1

Upper-Tier LA Name	% with active decay (DT>0)	Average number of decayed teeth (for those with active decay)	% with dentures	% with PUFA	% with any treatment need	% with an urgent treatment need	% suffering any oral health impacts fairly or very often	Local authority IMD ranking (2019)
England	26.8	2.1	15.4	5.2	70.5	4.9	17.7	
North East	27.3	2.2	18.6	5.3	75.4	3.5	22.6	
County Durham	26.8	1.8	16.9	2.8	84.5	7.2	17.6	62
Darlington	27.3	2.4	19.6	3.6	87.3	7.9	21.2	77
Gateshead	26.0	2.8	15.4	2.5	63.1	0.8	22.8	47
Hartlepool	25.9	3.0	11.8	3.2	80.0	2.4	24.5	10
Middlesbrough	28.5	2.9	20.7	10.7	75.7	3.4	27.9	5
Newcastle							11.8	41
North Tyneside								111
Northumberland	43.8	1.8	22.3	1.8	84.8	11.6	13.6	116
Redcar and Cleveland	27.4	2.3	17.9	9.2	80.4	1.7	21.8	40
South Tyneside	18.6	1.8	19.6	6.8	47.9	0.5	25.8	27
Stockton-on-Tees	29.5	1.9	17.5	6.7	87.4	0.0	25.0	73
Sunderland	24.0	2.8	20.0	4.1	64.0	1.3	24.7	35
Cumbria (No data for Eden)	29.9	2.0	17.8	5.1	66.7	4.3	19.0	No data
England	26.8	2.1	15.4	5.2	70.5	4.9	17.7	

Oral health promotion

31. For children, the following inventions have been implemented by the Local Authority and focus on prevention and oral health improvement:

    - a supervised tooth brushing programme is delivered by Tees Oral Health Promotion in primary schools and early years settings;
    - the Eat Well Schools and Early Years Awards aim to raise awareness of the importance of oral health, as part of a 'whole-school/settings' approach in all primary schools, secondary schools and early years settings; and
    - Health Visitors distribute oral health packs (toothbrush, toothpaste and an information leaflet) to children under 1 to promote good oral health practices and also encourage attendance at a dental practice from the age of 1.

32. As of September 2023, ***Table 2*** below shows the take-up of the supervised tooth brushing programme, across pre-schools and primary schools in Middlesbrough:

Table 2

Settings	Number of participating settings/total settings	Number of settings declined participation	Numbers of children brushing
Pre-schools	29/37	6	1785
Primary Schools	29/41	9	3888

33. For adults, Management of Undernutrition South Tees (MUST) and Caring for Your Smile both offer oral health promotion training and support for staff in care homes. The MUST programme has been involved with Teesside University's ELDER Study, which aims to improve the oral health of older adults by using milk supplemented with fluoride and probiotics.

34. In terms of training and development, to achieve oral health improvement locally, the following is delivered:

- for the toothbrushing programmes, staff in early years settings and schools receive ongoing support and training to enable them to provide oral health advice and information;
- health visitors receive training on providing oral health advice to support parents of young children (oral health packs are distributed to parents, by health visitors, at the 8 month visit); and
- all staff members working with vulnerable groups in health and social care receive annual oral health training.

Future work of the Local Authority - improving oral health

35. In future, the Local Authority plans to undertake the following work:

- an Oral Health Strategy will be developed for Middlesbrough and the Tees Valley;
- the Dental Epidemiology Survey for 5-year-old children will be conducted in 2023/24, which will be a census survey to provide a larger sample size and enable analysis at ward-level to identify health inequalities and the impact of Covid-19;
- the delivery of oral health promotion training to all front-line practitioners will continue to ensure staff members can provide advice on the importance of oral health;
- healthy environments will be promoted to improve oral health and the Healthy Weight Declaration provides a framework to encourage drinking water, sugar free food and breastfeeding;
- oral health promotion will be incorporated in existing services for all children, young people and adults at high risk of poor oral health;
- the delivery of supervised toothbrushing programmes in early years settings and schools will continue;
- fluoride varnish programmes in areas where children are at high risk of poor oral health will be considered; and

- evidence-based interventions to improve oral health in Middlesbrough will be reviewed over the next 5 years.

Term of Reference C - To investigate the pressures and challenges faced by dental care services and the work being undertaken to improve access to dental care

Covid-19

36. The Covid-19 pandemic has had a significant impact on primary care dentistry. Routine dentistry was completely suspended for several months in 2020. In January 2022 the government announced the investment of £50 million to provide an additional 35,000 urgent dental care appointments to help to drive services back to pre-pandemic levels.[6]

37. The prolonged Covid-19 pandemic period required NHS dental practices to follow strict Infection Prevention and Control (IPC) guidance, which significantly restricted levels of access to dental care. As a result, backlog demand for dental care remains high with the urgency and increased complexity of patient clinical presentations further impacting the ability for the NHS dental care system to return back to pre-covid operational norms.

38. During the first wave of the pandemic, in the interest of patient and dental staff safety, routine dental services were paused in March 2020 and urgent dental care centres (UDCs) were established to provide access only to clinically confirmed urgent dental care.

39. Covid-19 and the need for dental practices to follow national Infection Prevention and Control (IPC) guidance had a significant impact on the number of patients that practices were able to see.

40. In July 2020 all practices gradually re-opened for limited face-to-face care in strict accordance with nationally mandated Covid-19 NHS Dentistry Standard Operating Procedures and Infection Prevention Control constraints.

41. As part of those arrangements, practices were required to prioritise patients based on clinical need and urgency into their significantly reduced safe operating capacity, creating inevitable delays and backlogs over time for patients seeking non-clinically urgent and more routine dental care at that time.

42. As part of those nationally mandated Covid-19 response arrangements, practices were provided with income protection but also mandated to operate at significantly reduced and safe levels of face-to-face access throughout the prolonged Covid-19 pandemic period as follows:

○ **0% between March – July 2020 (remote triage only unless designated UDC)** ○ **20% between July - December 2020** ○ **45% between January - March 2021** ○ **60% between April - September 2021**	○ **65% between September - December 2021** ○ **85% between January - March 2022** ○ **95% between April 2022 – June 2022** ○ **100% from July 2022**

43. In terms of the North East and North Cumbria, ***Table 3*** overleaf shows that access to NHS primary dental care for children in March 2022 had not fully recovered to pre-pandemic levels. In Middlesbrough, it is lower (48.5%) than in 2020 (67.8%). The reduction in the number of children accessing dental care, since the pandemic, is not specific to

[6] https://www.kingsfund.org.uk/publications/dentistry-england-explained

Middlesbrough and reductions have been experienced across the region and across the country. The impact of the pandemic on residents accessing dental care has been significant for the North East. Furthermore, the post Covid-19 recovery position is also replicated for adults (39.9% compared to 63.4%) in Middlesbrough.

Table 3

Area	Percentage of children (0-17y) accessing dental care in 12 months before:			Percentage of adults (18y+) accessing dental care in 24 months before:		
	31 March 2020	31 March 2021	31 March 2022	31 March 2020	31 March 2021	31 March 2022
England	58.3%	23.1%	45.4%	49.3%	43.1%	34.6%
North East Region	61.1%	21.6%	45.8%	56.2%	48.7%	39.1%
North ICP	63.4%	22.7%	47.4%	56.2%	48.7%	38.9%
Gateshead	64.9%	21.9%	49.2%	57.8%	50.6%	41.2%
Newcastle	65.0%	24.7%	48.6%	57.4%	48.0%	39.3%
North Tyneside	60.1%	19.2%	45.0%	55.0%	47.5%	37.3%
Northumberland	63.1%	23.5%	46.6%	54.8%	49.0%	38.3%
Central ICP	57.6%	18.2%	41.9%	55.1%	47.0%	37.6%
County Durham	54.0%	17.6%	40.7%	50.5%	42.5%	33.8%
Sunderland	61.6%	18.5%	43.0%	59.3%	51.3%	40.7%
South Tyneside	62.9%	19.8%	44.2%	63.8%	55.0%	45.5%
Tees Valley ICP	63.0%	22.8%	48.4%	57.7%	50.9%	41.3%
Darlington	64.0%	26.5%	44.6%	56.6%	49.6%	38.8%
Hartlepool	54.2%	18.6%	42.9%	51.6%	45.6%	38.6%
Middlesbrough	67.8%	20.5%	48.5%	63.4%	53.6%	39.9%
Redcar and Cleveland	61.9%	20.9%	47.0%	61.1%	53.9%	45.1%
Stockton-on-Tees	63.6%	25.9%	53.6%	54.8%	50.0%	42.3%
Cumbria	60.6%	27.0%	48.3%	46.6%	39.8%	30.6%

44. The 0-19 Healthy Child Programme in Middlesbrough has shown registrations with a dentist (for children aged 2-2.5 years old at the health visiting mandated visit) is now 60%. However, the pre-pandemic figure was approximately 85%. This data significantly differs from NHS digital data, which reports only 37.2% of 3 year old children in Middlesbrough were seen by an NHS dentist in the 12 months preceding the end of June 2022.

45. All dental practices are now able to safely provide a full range of treatments, however, demand for care remains extremely high with dental practices having to balance addressing the backlog of care with managing new patient demand.

Dental workforce recruitment and retention

46. There are a number of factors relating to workforce recruitment and retention that are affecting the ability of NHS dental practices to deliver the full level of commissioned access, these include:

    - the younger generation and newly qualifying dentists more often choosing not to pursue an NHS dentistry career or where they do, they are seeking a work life balance that limits their working commitment to part-time NHS dentistry;
    - more experienced dentists and dental nurses are choosing to retire early, move into private dentistry or pursue a different career path;
    - there are general recruitment issues with attracting new dentists into NHS dentistry, from private dentistry and from overseas, due to a range of issues including but not limited to:
        - securing General Dental Council and performers list registration for overseas dentists;
        - dental student and foundation dentistry places being limited nationally; and
        - private dentists not perceiving working within the current NHS regulatory arrangements as being attractive in terms of pay, conditions, work-life balance etc.

47. Recruitment and retention issues create difficulties for NHS dental practices (both locally and nationally) to maintain and/or replace the level of clinical workforce they need in order to reliably deliver their full NHS dentistry capacity.

NHS dental contract and dental system reform

48. The number of contracts handed back in the North East and North Cumbria has increased from 3 in all of 2020 to 12 in the first 7 calendar months of 2023 (9 since the ICB took over commissioning responsibility). This means local people across the North East and North Cumbria are experiencing problems accessing NHS dentists - areas of particular challenge include North Cumbria, North Northumberland, Darlington, parts of County Durham and Sunderland.

49. Dental practices are paid in units of dental activity (UDAs). Therefore, current contract arrangements mean that dentists are paid for every patient they treat, rather than receiving a fee for every single treatment. Recent national dental contract reforms introduced in November 2022 have gone some way to start to address this, with the introduction of enhanced UDAs to support higher needs patients who require treatment on three or more teeth or more complex molar endodontic care to permanent teeth, recognising that this care can be more time consuming.

50. The current NHS dental regulation/contract was introduced in 2006. In March 2021, the Department of Health requested that NHS England lead on and develop national dental system reforms for England. In July 2022, NHS England published a national package of 'initial reforms' to the NHS dental regulatory contract. This included:

    - prioritising patients with high care needs by increasing the funding that practices receive for more complex care;
    - setting a national minimum UDA value of £23, which had not existed previously;
    - greater flexibilities within national regulations to locally release funding and unused dental access locked into practices who are unable to deliver their commissioned activity, so that it can be offered to those who can deliver activity above their contracted levels;

- emphasis on recall intervals that are clinically appropriate to a patient's oral health status, with the intention being to release treatment capacity and reduce inequality of access to dental care (NICE best practice guidance - adults up to 24 month, children 12 months); and
- making it easier for practices to introduce skill mix by utilising the skills of the wider dental care professionals (dental therapists and hygienists) to work within their full scope of practice thereby freeing up capacity and dentist time to focus on more complex treatments.

51. In terms of the definitive NHS dental regulatory contract reform, there is no clear timescale for publication.

52. A framework for commissioners was published on 9 October 2023, the framework provides opportunities for flexible commissioning in primary care dentistry. A summary of the opportunities outlined in the framework include:

    - additional investment into new or existing contracts to address areas of need including:
        - increased contracting of mandatory services (must be commissioned as UDAs - monitoring supported nationally);
        - commissioning additional capacity for advanced mandatory services, sedation and domiciliary services and orthodontics; and
        - commissioning additional capacity for dental public health service and/or further services (commissioner determines own remuneration approaches - requires local resource for monitoring etc).
    - reallocation of existing contractual funding away from mandatory service into new priorities (must be commissioned as additional or further services);
    - local negotiation of indicative rates for UDAs or units of orthodontic activity (UOAs):
        - increase can be achieved through either a reduction to contractors commissioned UDAs or an increase in the overall contract value.

53. There were key issues that required consideration, in deciding whether to make adjustments to a contract:

    - the average value of UDAs commissioned in the ICB area;
    - information from the contractor, such as practice income and expenses including provider drawings to compare to local and national averages;
    - whether the decision is supported by local needs;
    - a Value for Money (VFM) and impact assessment;
    - the risk of legal challenge at a local level and potential wider regional or national implications; and
    - whether a short-term change could be offered as a trial period, subject to agreement by both parties, to allow time for the impact of the change to be monitored to inform decision on whether to make a permanent change.

Work being undertaken to improve access to dental care.

54. The gap between dental care demand and available provision has been acknowledged by the North East & North Cumbria ICB and a primary care dental access recovery plan is being developed to address the issue. The ICB is working with its partners to develop the recovery plan.

55. The work being undertaken by the ICB and its partners primarily focusses on three phases:

- taking immediate actions to stabilise services that are already in place;
- in the medium-term, taking a strategic approach to workforce and service delivery to increase capacity; and
- in the longer term, developing an oral health strategy to improve oral health and reduce pressure on dentistry right across the Tees Valley.

56. The ICB is working with dentists and partners across Tees Valley to increase NHS 111 dental clinical assessment capacity, increase out of hours treatment services, create access to additional treatments and increase the number of dental appointments available for the local community. A key challenge for the ICB is to increase the number of dental practitioners working in the area, to ensure sufficient dental services can be provided for the local population.

57. To date, £3.8m non-recurrent investment has been agreed for 2023-24 to increase NHS 111 dental clinical assessment capacity, increase out of hours dental treatment services and extend access arrangements to provide, where possible, an additional 27.5k patient treatment slots between July 2023 and end of March 2024 (to supplement the circ 4.3k slots funded in Q1). A flexible commissioning arrangement has also been offered to practices to provide a training grant to support the employment of overseas dentists. Furthermore, a local commissioning process has been implemented to re-provide (where possible) activity when contracts are handed back (see ***Table 4*** below).

Table 4

Locality	UDAs commissioned 2023-24 (recurrent)	UDAs commissoned 2023-24 (Non-recurrent)	UDAs commissioned 2024-25 (Non-recurrent)*
Durham		14,600	20,100
North Tyneside		1,500	2,000
Stockton on Tees		4,000	11,000
Newcastle		3088	5,730
South Tyneside		4185	10,000
Darlington		4707	4,707
N Cumbria (Carlisle)		3720	3,720
N Cumbria (Eden)	7,000		
TOTAL	**7,000**	**32,080**	**53,537**

* Commissioned capacity to be made recurrent if providers demonstrates they can deliver this additional activity.

58. The further actions that will be undertaken by the ICB includes:

- funding will be earmarked to progress formal procurements and secure new market interest/NHS dental practices to address gaps in provision, where it has not been possible to re-commission UDAs from existing NHS practices; and
- an advert will be placed in the British Dental Journal (BDJ) to attract overseas dentists and to support them through the national dental performer list process, which is required to deliver NHS dental care.

59. In addition to the actions above, work will be undertaken with:

- key stakeholders on further local initiatives to improve workforce recruitment and retention, service delivery sustainability and improved access particularly within disadvantaged groups;
- Healthwatch to update patient and stakeholder communications;
- local system partners to progress development of an oral health strategy to improve oral health and reduce the pressure on dentistry; and
- NHS England regional and national teams to influence national dental system reform.

60. Locally, NHS England and the North East and North Cumbria ICB has undertaken the actions outlined below:

- incentives have been offered for all NHS dental practices to prioritise patients not seen in the practice within the previous (24 months) adults and 12 months (children) who require urgent dental care;
- investment has been made to create additional clinical triage capacity within the out of hours integrated NHS 111 North East and North Cumbria Dental Clinical Assessment Service;
- there had been increased investment in respect of the new Dental Out of Hours Service contract (from 01 Oct 2021) to ensure there was sustainable capacity available to treat 'clinically confirmed' urgent and emergency patients that present via NHS 111 (further short-term investment/capacity had been commissioned to provide additional resilience over the winter period until end of March 2024);
- additional funding was made available to practices in 2021-22 who were able to offer additional clinical capacity above their contracted levels, with a focus on prioritising patients with urgent dental care needs and access for nationally identified high risk groups, i.e., children;
- a new offer was made available to all practices in October 2022 with enhanced rates for additional clinical capacity on a sessional basis until end of March 2024;
- a flexible commissioning arrangement has been made available to practices with workforce challenges to incentivise them to focus their treatment capacity to patients in greatest clinical need;
- additional funding has been made available to the area's specialist oral surgery and orthodontic providers to deliver additional treatment capacity to reduce waiting times for patients;
- practices have been supported to maximise their clinical treatment capacity, i.e. encouraging them to maintain short notice cancellation lists to minimise as far as possible any clinical downtime; and
- work with local dental networks/committees and local NHS England Workforce, Training and Education colleagues will continue to explore opportunities to improve workforce recruitment and retention and to identify further measures to improve access for patients.

61. A national dental contract reform is required to enable the challenges encountered, in respect of contract arrangements, to be fully considered and addressed.

Term of Reference D - To examine the local population's views and experiences of accessing and using NHS dental services

62. Access to NHS dental care continues to be one of the main issues Healthwatch England hears about from the public. Difficulties getting support has led to many people living in pain. In some extreme cases, people take matters into their own hands, resorting to DIY dentistry.

63. Whilst some parts of England have better access, Healthwatch England reports that those from the more deprived communities struggle the most to access dental care because they cannot afford it.[7]

Experiences of dental care services across North East England (March 2020 - January 2022)

64. In February 2022 a report was published by Healthwatch entitled 'Experiences of Dental Care Services'. The report was the collation of identical surveys of the public undertaken by eight local Healthwatch in North East England from late November 2021 until early January 2022 to discover the local population's experiences of accessing and using NHS dental services. During the same period, the local Healthwatch volunteers contacted dental practices in their catchment, with a series of questions, to understand the availability of services.

65. The findings within the report conveyed:

- Whilst there were good experiences of dental care in the North East of England, general feedback indicated that staffing shortages, and historic concerns within the dental system were adversely impacting public dental health.
- Additional health and safety measures, whilst welcome and necessary, were leading to delays in treatment.
- It seemed that dental teams were doing their best to see and treat as many patients as possible, in the time allowed, and with limited resources.
- Residents were becoming increasingly frustrated about being able to find an NHS dentist willing, or able, to take them on as new patients.
- Many people who had been successful in being taken on, or who were already established with their local dental practice, felt they were waiting too long for an appointment for minor dental treatment. That was having a knock-on effect with dental problems getting worse so that it became necessary for urgent treatment rather than being nipped in the bud.
- There were some clear indicators of areas where improvements could be made including:
    - ensuring NHS Choices website contained up-to-date information, providing supportive advice to patients who were on waiting lists and often in discomfort, and improving NHS 111 advice and information; and
    - improved communication from dental practices to keep patients up-to-date with what was happening, and to provide immediate advice and support for those on waiting lists where they were experiencing pain would be welcomed by the public.
- Perhaps the most important indicator was that it was clear that there were too few NHS dentists available to service the needs of the North East population.

66. As a result of these findings, NHS England was urged to make dentistry reform a top priority otherwise there would be repercussions for the life-long health of current and future generations, particularly among the most disadvantaged communities in the region.

Experiences of dental care services across South Tees

67. The most common issue raised with Healthwatch South Tees, was residents being deregistered and removed from their regular dental practice patient list. It was reported that, as residents had not been accessing NHS dental services during Covid-19, they had been

[7] https://www.healthwatch.co.uk/news/2022-10-12/our-position-nhs-dentistry

subsequently removed from patient lists. As a result of that, Healthwatch South Tees had developed a myth buster document, which aims to dispel the most common rumours relating to NHS dentistry.

68. Healthwatch South Tees has contributed to the work of Healthwatch England in lobbying the Government and calling for a recovery plan for NHS dentistry.

69. On a quarterly basis, community intelligence is gathered by Healthwatch South Tees and shared with relevant stakeholders in primary care, secondary care, social care and public health.

Experiences of dental care services (1 April 2022 - 31 March 2023)

70. For the period between 1 April 2022 and 31 March 2023, Healthwatch South Tees had received 198 contacts via a variety of different mechanisms, such as the information signposting function, general engagement and focus groups.

71. Of the 198 contacts, 57 of those related to dentistry. Local residents had contacted Healthwatch because they were unable to access NHS dental care, even though at times, they had highlighted that they were in pain.

72. During this period, the following issues had been highlighted by the local population:

- residents had been de-registered/de-listed by their dental practices, without notice;
- there were no NHS dental practices accepting new patients;
- residents who were new to the area were unable to register with an NHS dental practice;
- residents were only being offered private appointments; and
- residents had been unable to access emergency appointments via NHS 111.

73. Healthwatch South Tees has been informed that dentists will prioritise residents 'in pain'. However, feedback received from local residents suggests this is not the case.

74. Concerns have been expressed by Healthwatch South Tees in respect of how the independent statutory body should respond to dentistry enquiries - as, locally, there are no available NHS appointments. Previously, Healthwatch had been advising local residents to contact NHS 111. However, now NHS 111 call handlers are recommending to residents that they contact their local Healthwatch.

75. It is highly important that dental practices regularly update their details on the NHS Choices website, as this enables Healthwatch to access current information on availability for local people.

Experiences of dental care services (1 April 2023 until 31 October 2023)

76. For the period of 1 April 2023 until 31 October 2023, Healthwatch South Tees had received 100 information and signposting contacts and 23 of those related to dentistry. The main issues reported by the public, during this period, referenced being removed from their regular dental practice patient list, experiencing problems when trying to arrange access to dental care for children and the lack of dental provision in care homes.

77. During this period, the following local case studies had been reported by Healthwatch South Tees:

- A woman had contacted her dental practice, after a few years, as her teeth had deteriorated and she was in pain. Despite her partner and son still being registered at the practice, she had been delisted. The woman managed to get an appointment at another practice, however, the dentist refused to treat her due to the amount of work that would have been required. The woman's poor oral health had negatively impacted on her self-esteem and had resulted in reduced social interaction.
- A man required urgent care from a dentist and was unable to find a practice that would treat him, he therefore called NHS 111 and in response, the call handler advised him to contact his local Healthwatch.
- A man had contacted every dental practice listed on the NHS website, he then called the number provided for NHS England Customer Contact Centre and the call handler recommended that he contact his local Healthwatch.
- A teenager had problems with decay and her wisdom teeth, which was causing her pain down one side of her face. She had contacted lots of dental practices and no appointments were available.

Future work

78. Regionally, Healthwatch South Tees has been working with the North East and North Cumbria Integrated Care Board (ICB). Discussions have taken place between Healthwatch and the ICB to consider the immediate actions required to stabilise services that are already in place. In addition, medium-term and longer-term approaches are being explored. As part of this process, it is planned that Healthwatch will report on data and information gathered across communities to provide an evidence-base for decision-making. It is envisaged that the longer-term solutions will primarily focus on preventative measures to reduce the pressure on dentistry.

79. Healthwatch South Tees has been requested by the ICB to develop a proposal, focussing on two main areas of NHS dental services. It is planned that one area will focus on the views and experiences of those residents requiring access to emergency dental services and the other will focus on the views and experiences of those wishing to access routine check-up appointments. Another area, that the ICB is keen to obtain views on, is communication and the information that is currently available for those wishing to access NHS dental services.

Term of Reference E - To identify potential solutions to improve the oral health of Middlesbrough's population and access to dental care

Programmes to reduce oral health inequalities

80. Public Health England (PHE) and the Institute of Health and Care Excellence (NICE) (PH55) have recommended programmes that not only improve oral health but also have encouraging impacts on reducing oral health inequalities.

81. PHE have recommended:

Targeted supervised-tooth brushing in childhood settings

82. Daily application of fluoride toothpaste to teeth reduces the incidence and severity of tooth decay in children. However, children in more deprived areas are less likely to brush their teeth at least twice daily. Targeted childhood settings such as nursery and school settings can provide a suitable supportive environment for children to take part in a supervised tooth brushing programme, teaching them to brush their teeth from a young age and encouraging support for home brushing.

83. Leicester City Council has implemented a early intervention programme from birth, to improve the oral health of preshool children, entitled 'Healthy Teeth, Happy Smiles!' (further information on the programme can be accessed here: https://www.gov.uk/government/case-studies/healthy-teeth-happy-smiles-leicester-city-council).

84. The Local Authority has had a supervised toothbrushing scheme in place in both pre-school and primary school settings since 2008. This is a universal offer to all the latter settings in Middlesbrough, although uptake of the offer is variable post Covid-19.

Provision of toothbrushes and paste by post

85. Targeted and timely provision of free toothbrushes and toothpaste by postal delivery can encourage parents to adopt good oral health practices and start tooth brushing as soon as the first teeth erupt. Postal delivery is likely to minimise uptake issues, making the impact on inequalities more favourable. Engaging with health visitors can help to ensure support for the programme and consistency of messages.

86. The North West of England had implemented the Smile4Life programme, which aims to reduce tooth decay in children, laying a solid foundation for their good oral health throughout life (further information on the programme can be accessed here: https://www.gov.uk/government/case-studies/smile4life-in-north-west-england).

87. In Middlesbrough, toothbrush and toothpaste packs are provided to all families at the 8-month health check by health visitors. Key oral health messages are given and early attendance at a dental practice is recommended.

Targeted community fluoride varnish programmes

88. A rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0 to 5 years found strong evidence of effectiveness of targeted community fluoride varnish programmes. The programmes involve the application of fluoride varnish to children's teeth, which is carried out by dental personnel outside dental practices.

89. Fluoride varnish is one of the best options for increasing the availability of topical fluoride regardless of the levels of fluoride in any water supply. The dental caries (decay) preventive effectiveness of fluoride varnish in both permanent and primary dentitions is clear. Several systematic reviews conclude that applications twice a year produce an average reduction in dental caries increment of 37% in the primary and 43% in the permanent dentition. Much of the evidence of effectiveness is derived from studies which have used sodium fluoride 22,600 ppm (2.26% NaF) varnish for application. [8]

90. Fluoride varnish programmes can have a positive impact on reducing health inequalities provided that they are targeted at high-risk populations. Successful delivery depends on:

- engaging with parents, schools and early years' settings;
- ensuring the inclusion of wider oral health improvement messages and supportive environments;
- good links with dental practices to ensure that dental practices are informed if their patients have received fluoride varnish; and

[8] https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-9-fluoride

- children having at least twice yearly applications.[9]

91. The Local Authority had previously commissioned a targeted fluoride varnish programme in primary schools. During Covid-19, this programme had to be paused, and has not been resumed.

Water fluoridation programmes

92. PHE has also recommended water fluoridation as a whole population intervention as there is evidence that it reduces oral health inequalities with a greater benefit for those living in more deprived areas.

93. At a population level, water fluoridation is the most effective way of reducing inequalities, as it ensures that people in the most deprived areas receive fluoridated water. Reviews of studies conducted around the world confirm that water fluoridation is an effective and safe public health measure suitable for consideration in localities where tooth decay levels are of concern. The Oral Health Foundation believes that fluoridation is the most important single measure that the UK Government can take to bring a substantial change in the nation's oral health.

94. Currently only 11 percent of the UK population benefit from fluoridated water. The benefits of fluoridation to these communities are evidenced by their position at the top of dental health 'league tables'.

95. Initiating and varying schemes for water fluoridation is now the responsibility of the Secretary of State. However, local authorities play a key role in public consultation, which will continue to be an important part of any future water fluoridation proposals.

96. The Government has announced its support for expansion of water fluoridation across the North East. This follows the UK Chief Medical Officer's position that it is a complementary strategy to other effective ways of increasing fluoride use. Expansion of fluoridation in the North East is the current priority. It will be the first use of arrangements brought in by the Health & Care Act 2022, which transferred powers to the Secretary of State. A statutory 12-week consultation is currently being developed.

Development of an oral health strategy

97. The National Institute of Health and Care Excellence (NICE) published guidelines to improve oral health by developing and implementing a strategy to meet the needs of people in the local community. The future development of such a strategy would aim to promote and protect people's oral health by improving their diet and oral hygiene and by encouraging them to visit a dentist regularly.

98. The development of an oral health strategy should be based on an oral health needs assessment and set out how the Local Authority and its health and wellbeing commissioning partners will:

- address the oral health needs of the local population as a whole (universal approaches);
- address the oral health needs of groups at high risk of poor oral health (targeted approaches);

[9] https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health#effective-interventions-for-improving-dental-health

- address any oral health inequalities within the local population and between the local population and the rest of England;
- identify and work in partnership with people who are in a position to improve oral health in their communities (this includes those working in adult, children and young people's services, education and health services and community groups);
- set a good example through their own policies and the policies of organisations they commission to provide services (for example, by ensuring access to free drinking water in all workplaces and public areas and through healthy catering and food policies);
- set out the additional support that people working with groups at high risk of poor oral health will be given (including training or resources);
- get all frontline staff in health, children and adult services to use every opportunity to promote oral health and to emphasise its links with general health and wellbeing;
- ensure easy access to services to help prevent oral disease occurring in the first place and to prevent it worsening or recurring for everyone, throughout their lives;
- evaluate what works for whom, when and in what circumstances; and
- monitor and evaluate the effect of the local oral health improvement strategy as a whole. [10]

Improving access to Teesside University's Student Dental Facility

99. The School of Health and Life Sciences is the largest academic unit within Teesside University and comprised over 9500 students, of which 1200 are apprentices. The university offers:

- a Cert HE in Dental Nurse Practice, 18 student places are available each year, 9 of which are commissioned by the NHS;
- a undergraduate degree in Dental Hygiene, 45 student places are available each year; and
- a postgraduate degree in Dental Therapy.

100. In 2023, the university launched its Integrated Care Academy (ICA), which is an entity that wraps around the school and functions as a buffer between the academic offer to allow the community to better access the activities that occur on campus. It is within the ICA, that the university's clinical services are based.

101. The Student Dental Facility (SDF) within Teesside University has a focus on the oral health of the region and offers a wide range of dental treatments, including oral hygiene and dietary advice, routine scale and polish, and extensive periodontal treatments. The SDF provides a variety of restorative and preventive treatments for adults and children, utilising gold standard, evidence-based clinical practice.

102. Routine dental treatments are performed, however, the SDF does not perform the more complex treatments.

103. The SDF opened in its current format in 2020 and has been approved by the Care Quality Commission (CQC). Prior to 2020, the university had its own dental service, which was ran by qualified dentists. However, when operating that model, not enough placement opportunities were being created and not enough patients had been accessing the service.

104. To access the SDF, patients need to be registered with a dentist, as treatments can only be provided under referral from an external dental practitioner. Once registered and

[10] https://www.nice.org.uk/guidance/ph55/resources/oral-health-local-authorities-and-partners-pdf-1996420085701

referred by the dental practice, the SDF performs the treatments required. patient referrals received from dental practices diagnose problems and identify an appropriate treatment plan. The referral process is required to ensure a fully-qualified dentist effectively signs-off the routine treatments that the SDF will perform. By performing routine treatments, the SDF provides local dental practices with additional capacity/time to perform more complex treatments and activities. Dental practices operating across the region (Middlesbrough, Stockton and Darlington) refer patients to the SDF for treatment.

105. The SDF usually serves 160 patients a week at full capacity (with a maximum of 360). Currently, the SDF is only accessible during term-time. The SDF is limited in capacity, due to the restrictions imposed by professional bodies and the cap on the number of places that can be offered. However, the clinical services staffing structure is currently being reviewed, with an aim to enable the SDF to operate for 50 weeks per year.

106. Although local dental practices are referring patients to the SDF for routine treatments, those practices continue to benefit financially, as they receive the units of dental activity (UDA).

107. The following benefits of the SDF are:

- local residents are able to access dental care for free, as there is no charge for patients treated by a student dental hygienist and dental therapist;
- dental hygiene and dental therapy students are able to gain a valuable and comprehensive clinical experience; and
- local dental practices retain UDAs for those patients referred to the SDF.

108. The SDF is currently able to offer treatments for free, as part funding is received from placement tariffs and part is provided by student fees.

109. Work is being undertaken to explore the possibility of having a single facility, which operates multiple clinics across the healthcare professions, allowing the university to offer a more holistic package of care. The possibility of offering a hub and spoke model is also being explored, to enable some clinical services to be offered in the community on either a permanent or pop-up basis.

110. The university has an ambition to open a medical school within the region and the possibility of opening a dental school is currently being considered.

ADDITIONAL INFORMATION

111. During the course of the scrutiny panel's investigations, information came to light which, while not directly covered by the terms of reference, is relevant to the work of the panel on this topic. This related to:

Advice for patients with an urgent dental treatment need

112. If a patient develops an urgent dental issue, they are advised to telephone their regular dental practice (or any NHS practice, if they are not registered with a practice).

113. It is important that when the patient rings the practice, the nature of the dental problem is fully explained so that the urgency of the dental treatment need can be determined.

114. If the practice is unable to offer an appointment because their NHS urgent access slots have already been taken up, they will advise the patient to ring another NHS dental practice, or alternatively visit www.111.nhs or call NHS111.

115. The NHS111 health advisor will undertake a clinical triage and where the dental need is deemed to be clinically urgent, an appointment will be made at the nearest in-hours urgent dental care hub, or alternatively depending on the time of the call, into the dental out of hours treatment services.

116. If the issue is not deemed urgent, patients will be signposted to another NHS dental practice and/or given self-care advice until an appointment can be offered.

117. Patients are advised to make contact again if their situation changes/worsens.

Safeguarding

118. Poor oral health may be indicative of dental neglect and wider safeguarding issues. Dental neglect is defined as "the persistent failure to meet a child's basic oral health needs, likely to result in the serious impairment of a child's oral or general health or development". Dental teams can contribute to a multi-agency approach to safeguard children and guidance is available to support this role.

119. A priority dental referral pathway has been developed for children in care and for those receiving child protection medicals who are not receiving regular dental care. The referral pathway had been signed-off by Tees Safeguarding Partnership and was launched in January 2023.

CONCLUSIONS

120. Based on the evidence, given throughout the investigation, the scrutiny panel concluded:

Middlesbrough's oral health

a) Middlesbrough has significantly more dental decay than the England average. Rates of dental decay are socially patterned and typically the poorer and more deprived areas experience higher rates of dental decay. It is highly important that a further census survey of 5-year-old children is undertaken (as currently planned for 2023/24) to enable analysis of data at a ward-level to identify health inequalities and enable the delivery of more targeted support. Middlesbrough would also benefit from the development of a locally tailored oral health strategy, which is based on an oral health needs assessment.

b) It is acknowledged that Hartlepool has a similar deprivation profile to Middlesbrough. However, Hartlepool's rates of dental decay are significantly lower as residents have access to a fluoridated water supply. Water fluoridation is an effective and safe public health intervention recommended by the World Health Organisation and UK Chief Medical Officers that benefits both adults and children, reduces oral health inequalities and offers a significant return on investment. It is therefore recommended that the Local Authority works with the relevant local authorities in the North East, the Office for Health Improvement and Disparities (OHID), NHS partners and the relevant water companies to support and delegate responsibility to respond to the OHID national water fluoridation public consultation (due in early 2024) to the Director of Public Health. It would be beneficial for the Health Scrutiny Panel to receive regular updates on this work and the outcome of the public consultation.

c) Evidence-based prevention work is undertaken by the Local Authority, which aims to improve the oral health of Middlesbrough's population. The Local Authority's delivery of a universal supervised tooth brushing programme; the improvement programmes aimed at supporting better oral care in care homes; and the delivery of training for staff in early years settings, schools and the health and social care sector are all valuable interventions and are based on guidance published by the National Institution for Health and Care Excellence (NICE). However, given the poor oral health of Middlesbrough's population, the Local Authority should consider the following community-based activities and interventions:
   - Although the supervised toothbrushing programme is a universal offer and can be accessed by all the early years settings and primary schools in Middlesbrough, uptake of the offer is variable post Covid-19. Therefore, it would be beneficial for targeted work to be undertaken to increase uptake of the supervised tooth brushing programme and ensure engagement of the early years settings and primary schools located in town's most deprived areas.
   - It is acknowledged that the health visitors provide toothpaste and toothbrush packs to families. However, for those families who choose not to engage with the health visiting service, the targeted and timely provision of free toothbrushes and toothpaste by postal delivery could encourage parents to adopt good oral health practices.
   - The delivery of a targeted community fluoride varnish programme, carried out by dental personnel outside of dental practices, would undoubtedly have a positive impact on reducing health inequalities.

Access to dental care services

d) Access to NHS dentistry is a significant challenge, not only in Middlesbrough but across the country. As well as difficulties in securing an appointment, there are wide disparities in the availability of dental practices providing NHS services. In addition, the number of dentists willing to provide NHS services is falling. Middlesbrough's population is at risk of poorer dental health and worsening health inequalities.

e) The Covid-19 pandemic has had a significant impact on primary care dentistry and this impact is being compounded by issues regarding dental workforce recruitment and retention and the current NHS dental contract and dental system, which evidence suggests is not fit for purpose. The impact of the pandemic on residents accessing dental care has been significant for Middlesbrough with only 48.5% of children and 39.9% of adults accessing dental care (March 2022). For Middlesbrough, affordability is also a major barrier to dental care. There is a need for the NHS England regional team to influence the national reform of NHS dentistry to make access to NHS dental services equal and affordable for everyone in the region.

f) The gap between dental care demand and available provision has been acknowledged by the North East & North Cumbria Integrated Care Board (ICB) and a primary care dental access recovery plan is being developed to address the issue. The ICB has started taking positive steps to stabilise services, increase capacity and reduce pressure on dentistry right across the Tees Valley. The involvement of Healthwatch with this work will be fundamental in reporting data and information on the views and experiences of communities across the region. It is crucial that an evidence-based approach is taken by the ICB, which is based on engagement with local people. It would be beneficial for the Health Scrutiny Panel to receive regular updates on this work and information on how feedback from the local population has been utilised to formulate solutions and determine future plans.

g) The Student Dental Facility (SDF) within Teesside University focuses on the oral health of the region and offers a wide range of dental treatments, including oral hygiene and dietary advice, routine scale and polish, and extensive periodontal treatments. The SDF provides a variety of restorative and preventive treatments for adults and children, utilising gold standard, evidence-based clinical practice. Local residents are able to access dental care for free, however, current SDF restrictions mean that treatments can only be provided under referral from an external dental practitioner. However, under the new direct access arrangements, dental care can be provided by dental care professionals (DCP) without a referral from a dental practitioner if within the scope of practice of the DCP. It would be advantageous for those residents experiencing problems with accessing NHS dental care to gain access to the routine treatments offered by the SDF. Therefore, Teesside University, the Local Authority and the ICB should work collectively to explore options to overcome and address current referral restrictions associated with the SDF, with an aim to improving accessibility for those experiencing problems with accessing NHS dental care.

RECOMMENDATIONS

121. The Health Scrutiny Panel recommends to the Executive:

a) That a further census survey of 5-year-old children is undertaken to enable analysis of data at a ward-level to identify health inequalities and enable the delivery of more targeted support.

b) That a locally tailored oral health strategy is developed, which is based on an oral health needs assessment.

c) That the Local Authority works with the relevant local authorities in the North East, the Office for Health Improvement and Disparities (OHID), NHS partners and the relevant water companies to support and delegate responsibility to respond to the OHID national water fluoridation public consultation (due in early 2024) to the Director of Public Health.

d) That the Health Scrutiny Panel receives regular updates on progress made with implementing a water fluoridation scheme for the region, including the outcome of the public consultation.

e) That targeted work is undertaken to increase uptake of the supervised tooth brushing programme and ensure engagement of the early years settings and primary schools located in town's most deprived areas.

f) That, for those families who choose not to engage with the health visiting service, free toothbrushes and toothpaste are sent via postal delivery to encourage parents to adopt good oral health practices.

g) That a targeted community fluoride varnish programme is commissioned to reduce health inequalities across Middlesbrough's population.

h) That, to influence the national reform of NHS dentistry, the Chair of the Health Scrutiny Panel writes to the Secretary of State and the NHS England regional team undertake work, to make access to NHS dental services equal and affordable for everyone in the region.

i) That an update is submitted to the Health Scrutiny Panel in 6 months' time in respect of:

- the North East and North Cumbria Integrated Care Board's (ICB) recovery plan to improve access to NHS dental services; and
- how feedback from the local population has been utilised to formulate solutions and determine future plans.

j) That Teesside University, the Local Authority and the North East and North Cumbria ICB work collectively to overcome and address current referral restrictions associated with the Student Dental Facility, with an aim to improving accessibility for those experiencing problems with accessing NHS dental care.

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122. The Health Scrutiny Panel would like to thank the following individuals for their assistance with its work:

- Mark Adams, Director of Public Health, Middlesbrough Council
- Craig Blair, Director of Place Based Delivery, North East & North Cumbria Integrated Care Board
- Lisa Bosomworth, Project Lead, Healthwatch South Tees
- Pauline Fletcher, Senior Primary Care Manager and Dental Commissioning Lead for North East and North Cumbria, NHS England
- Rebecca Morgan, Project Development Manager, Healthwatch South Tees
- Tom Robson, Chair of the Local Dental Network
- Kamini Shah, Dental Public Health Consultant, NHS England
- Professor Tim Thompson, Dean - School of Health & Life Sciences, Teesside University

N.B. In respect of Term of Reference c) – each of Middlesbrough's NHS dental practices were written to and provided with the opportunity to submit views on - the current and ongoing effects of Covid-19 on the practice and dental professionals; the strategies adopted by the practice to manage the public's expectations, levels of demand and backlogs; and the help that is needed to support the full recovery of dental and oral health services in Middlesbrough - no feedback was received.

ACRONYMS

123. A-Z listing of common acronyms used in the report:

- ICB - Integrated Care Board
- NICE - National Institute of Health and Care Excellence
- OHID - Office for Health Improvement and Disparities
- PHE - Public Health England
- SDF - Student Dental Facility
- UDA - Units of Dental Activity

BACKGROUND PAPERS

124. The following sources were consulted or referred to in preparing this report:

- Reports to, and minutes of, the Health Scrutiny Panel meetings held on 11 October 2022, 13 December 2022, 23 October 2023 and 20 November 2023.

COUNCILLOR JACK BANKS

CHAIR OF THE HEALTH SCRUTINY PANEL

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