London Borough of Enfield

Health and Adult Social Care Scrutiny Panel

Meeting Date: 28th February 2024

Subject: Access to Primary Care Dental Care and Oral Health Promotion
Cabinet Member: Cllr Cazimoglu
Executive Director: Tony Theodoulou

Purpose of Report

1. To provide an overview of primary care dental care and oral health promotion provision for Enfield residents.
2. To provide understanding about resident's oral health needs.
3. To highlight how the Local Authority, North Central London Integrated Care System and NHS England are working together to improve oral health

Relevance to the Council Plan

4. This work contributes to the priority 'strong, healthy and safe communities'.

Main Considerations for the Panel

5. To recognise the importance of good oral health for residents in Enfield and to note analysis regarding oral health among Enfield residents.
6. To note the current arrangements for residents to access dental care.
7. To note current arrangements and provision of oral health promotion service.

What is good oral health?

8. The World Health Organisation define oral health as;

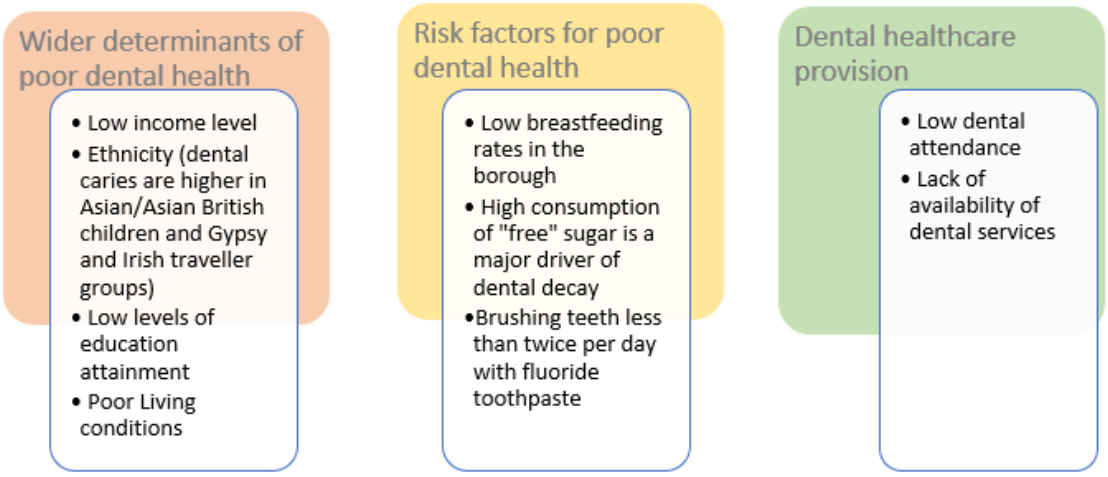
'The state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions such as eating, breathing and speaking, and encompasses psychosocial dimensions such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment'.

9. Oral health is a fundamental part of health and wellbeing and poor oral health is almost entirely preventable. Poor oral health disproportionately affects the most vulnerable and disadvantaged. Published literature indicates that nationally poorer communities, homeless, prisoners, travellers often experience worse oral health outcomes and face challenges accessing dental care. It is therefore a significant public health concern both nationally and locally.

10. Children and Young People who have poor oral health and experience toothache or need treatment experience pain, infections, difficulties with eating, sleeping and socialising and may require time away from school. Tooth decay is the leading cause of admission for 5-9 year olds[i] and has a significant financial burden for the NHS.

11. Poor oral health shares many common risk factors with other chronic disease, which are associated with high sugar diets, alcohol and smoking[ii]. Addressing these underlying causes can help address oral health as well as other chronic diseases, this is called a common-risk factors approach. Integrating oral health into other health promoting interventions is resource efficient[iii].

What are the causes of poor oral health in Enfield?

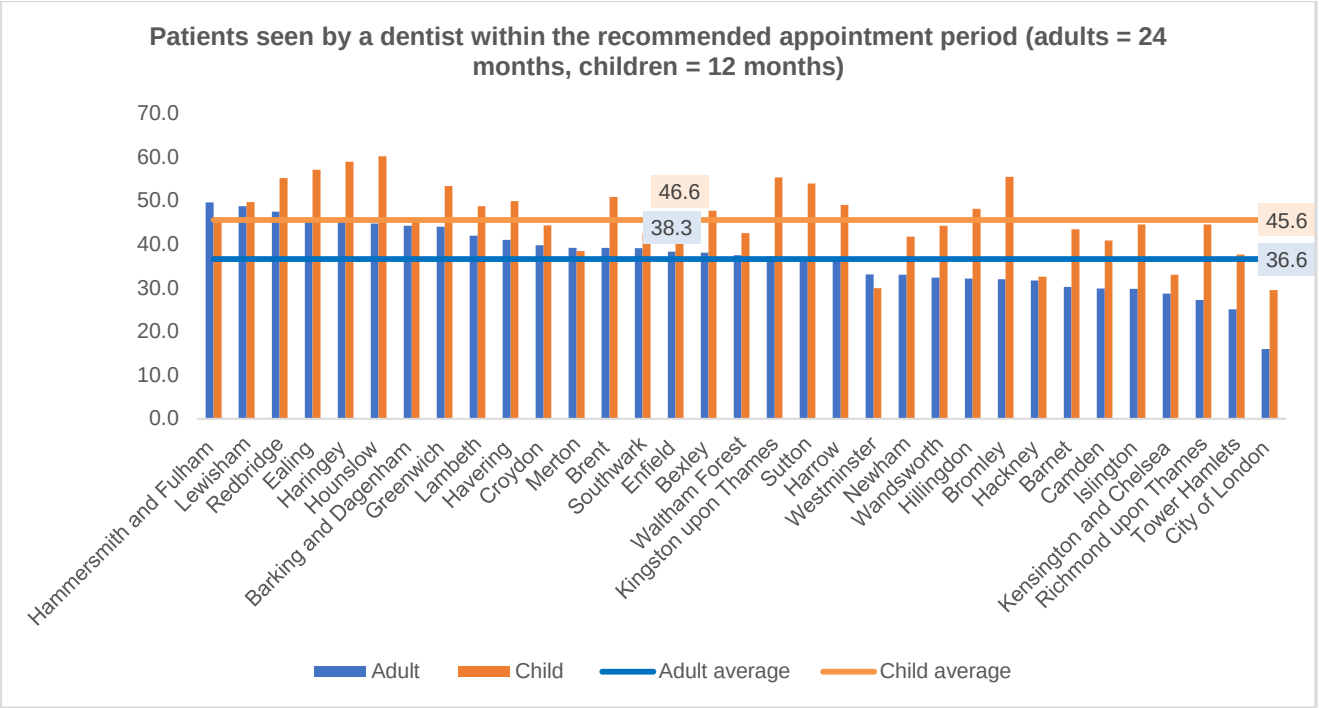


Infographic informed by Joint Strategic Needs Assessments from the Public Health team, Enfield council; Health matters: child dental health, Public Health England[9]; and the National Dental Epidemiology Programme (NDEP) for England[10]

What do we know about the oral health of Enfield residents?

12. In Enfield in 2022/23, 38.3% of adults and 46.6% of children have seen a dentist within the recommended appointment period (for adults, this is within the last two years and for children this is within the last year). These are both higher than the London averages of 36.6% and 45.6% respectively. Delaying appointments with dentists can cause pain, tooth loss and make treating teeth more difficult in future.

Figure 1: Percentage of patients seen by a dentist within the recommended appointment period (adults – 24 months, children – 12 months).



13. The oral health survey takes place every two years in order to collect information on 5-year-olds who attend mainstream, state funded schools across England.

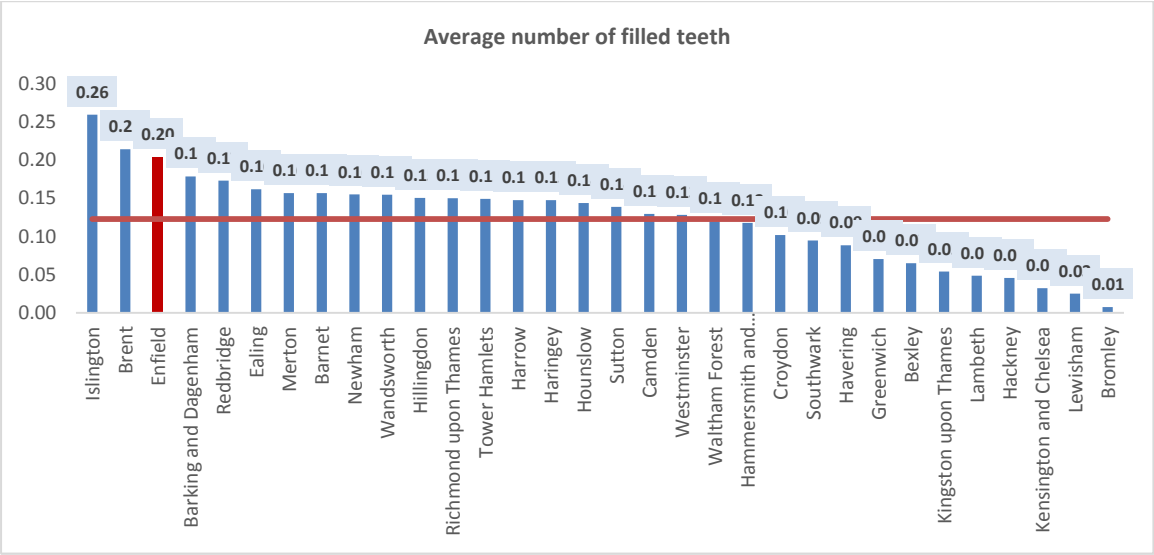
14. The results for 2022 show:

- Enfield has the third highest average number of filled teeth in five-year-olds in London (0.20), the highest is nearby Islington at 0.26

- Enfield has the highest average number of missing (extracted) teeth in five-year-olds in London (0.2), 4% of children in Enfield have had a tooth removed due to decay

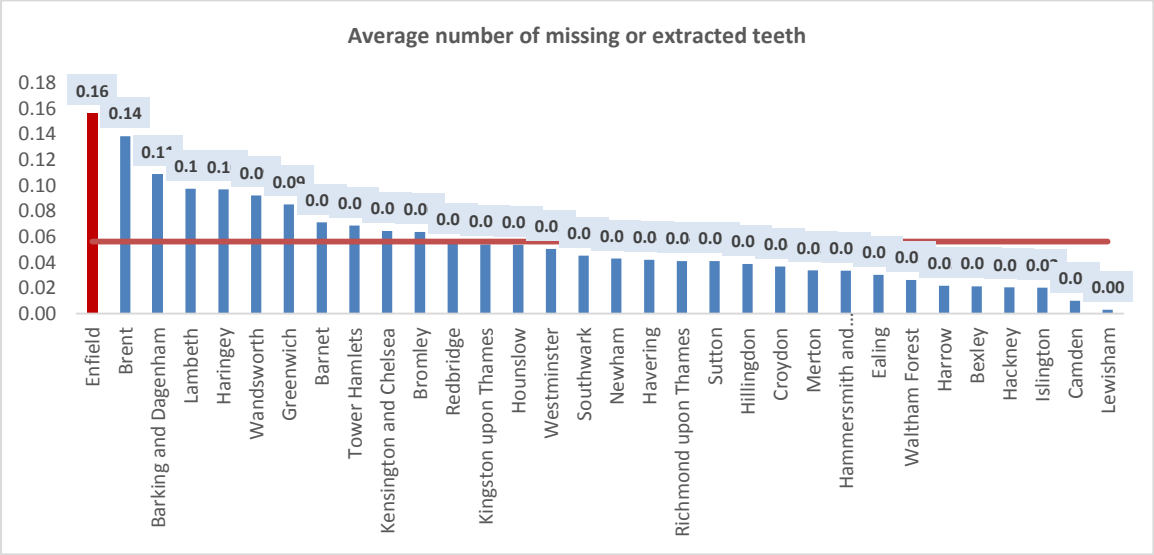
- The average number of obvious untreated decayed teeth in five-year-olds in Enfield was 0.8, in line with the London average of 0.81, with 23% of Enfield children with obvious untreated decay

Figure 2: Average number of filled teeth



Source: Oral health survey 2022

Figure 3: Average number of missing or extracted teeth

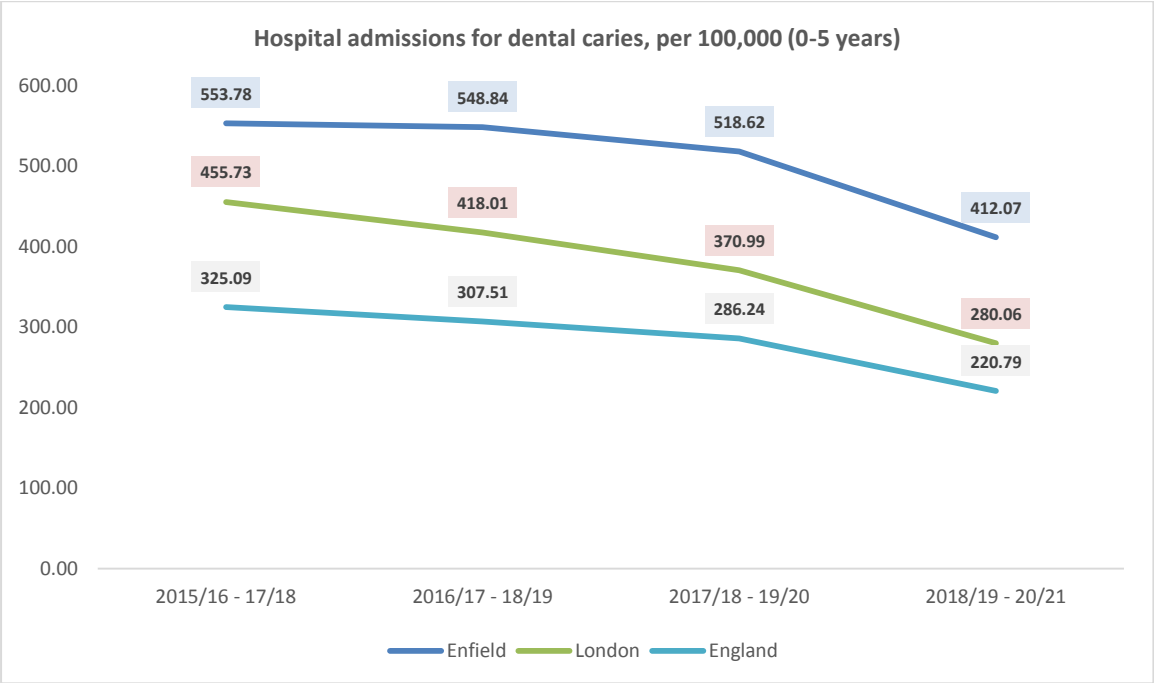


Source: Oral health survey 2022

15. Hospital admissions for dental caries in Enfield for children (aged 0-5) have decreased since 2015/16 from 554 to 412 per 100,000.

16. Despite this progress, hospitalisations are still higher than England and London averages (290 and 221 per 100,000 respectively). Admissions are typically for extractions performed under general anaesthesia, which can cause distress to young children.

Figure 4: Hospital admissions for dental caries, per 100 000 (0-5 year olds)



Source: Hosptial Episode Statistics

Oral health commissioning and provider responsibilities

Commissioning responsibility	Type of service	Provider	Detail
London Borough of Enfield	Oral health promotion	Whittington NHS Foundation Trust	See below 10 year contract
ICB	Primary Care Dental Services	General Dental Services	Nationally set core contract with very limited ability to change.
ICB	Community Dental Services	Whittington NHS Foundation Trust	
ICB	Secondary Dental Services		

17. Local authorities are responsible for commissioning of oral health promotion services as a statutory requirement in line with Public Health Grant conditions. The North Central London (NCL) Integrated Care Board (ICB) is responsible for commissioning Primary Care Dental Services, Community Dental Services and Secondary Dental Services. However, there are some limitations to what the NCL ICB is able to influence with regards to contracts. Main limitations are:

- The Core Contract (General Dental Contract or GDC) is set nationally and in common with the contracts issued to other Primary Care clinicians (such as General Practitioners or GPs) cannot be altered locally. Responsibility for the terms of the GDC sits with NHS England (NHSE).

- The responsibility for workforce development is a national priority and is coordinated by Health Education England (HEE).

18. The NCL ICB are supported by the DOP (Dental, Optometry and Pharmacy) Hub team who previously supported NHSE London Region but are now hosted by the North East London ICB on behalf of all London ICBs. This team deal with all routine communications and management actions (such as issuing contracts, dealing with payments etc) for the NCL ICB.

19. The NCL ICB also work closely with the Local Dental Committees (LDC) across NCL . The LDCs represent the interests of General Dental Practitioners and provide a forum for common issues to be discussed and resolved. The LDCs also lobby for changes and provide a forum for negotiation with ICBs, NHSE and others. For example, recently the LDC have been discussing the way in which Units of Dental Activity are funded and how additional capacity might be incentivised. The LDC is a useful forum for gathering the views of the wider General Dental Community (including other primary dental clinicians such as dental nurses and hygienists).

Dental services in Enfield

20. Across London there are a total of 1,107 providers for primary general and orthodontics services. Specifically for Enfield the totality of services available including Community, Urgent and Secondary services is summarised as:

- 41 General Dental Services (GDS) Providers
- 2 Orthodontic Providers (Braces)
- 1 Intermediate Minor Oral Surgery Provider (Complex Extractions)
- 1 Intermediate Endodontic Provider (Root Canal Treatment)
- No Acute Hospital Dental Provision in the borough; closest providers are UCLH and Royal Free
- Community Dental Services (Paediatrics and Special Care) provided by Whittington Health
- Urgent Dental Access available via NHS111 (Triage; 24/7 and Treatment (8am – 2am); London wide service so access may not be available at certain times locally and patients are directed to the nearest available Urgent Dental Centre if treatment is required

21. Due to the backlog of patients that has built up since the pandemic, dental access remains a high priority across primary community and hospital services through recovery initiatives. Any additional financial investment initiatives may be commissioned at a higher financial rate to be attractive whilst recognising the current cost pressures within NHS dentistry, thus supporting the dental profession and increasing NHS dental access for patients. In relation to additional investment the ICB has been proactive in this regard by agreeing an in-year non-recurrent investment of £234,300 for the period 1st October 2023 – March 2024 specifically to increase access to NHS dentistry across Enfield. This additional resource is split between 8 eligible GDS practices with an associated activity increase of 7,100 Units of Dental Activity (UDAs).

What have residents told us about services?

Key findings from Dental care in Enfield report, Healthwatch 2023

22. Healthwatch has received numerous enquiries from Enfield residents on benefits and parents on low income seeking NHS dental treatment for their children. Prompted by residents reporting they are unable to register as NHS patients for

dental treatment, Healthwatch performed a survey of dental services in the borough.

23. Key findings related to children's oral health:

- All postcode areas in Enfield have 3 or more dental practices
- EN3, N9 and N14 currently have no NHS provision
- 59% of dental practices are not accepting children for NHS treatment. N9, EN1, EN3, N14 postcodes have the lowest availability of NHS treatment for children

24. Residents also reported that NHS websites and local practice websites have inadequate information and are often out-of-date.

Enfield Oral Health Promotion Service

25. Oral Health Promotion in Enfield is commissioned by LBE Public Health Team in partnership with NHSE and delivered by the Whittington NHS Foundation Trust. This service delivers a variety of universal and targeted programmes and initiatives across various settings aimed at facilitating dental access, improving the oral health of children, families and vulnerable adults and reducing oral health inequalities. The team works closely with various partners. The list below provides a summary of the main oral health promotion initiatives delivered by the Enfield Oral Health Promotion Team, although the list is by no means exhaustive:

- Development and delivery of oral health promotion training to professionals in Enfield local authority, local authority commissioned services, libraries, special educational needs provisions, learning disability services, nurseries, children's centres, Early Help staff, education, homeless team/street homeless services, health services, nursing/residential homes and community/voluntary services to embed oral health promotion into wider health promotion. Training is provided in person and where preferred also online to maximise uptake.

- Promoting key oral health messages to raise awareness and importance of maintaining good oral health across all settings, all year around and in different format to promote inclusion; engage in national and local campaigns, outreach events, guidance and support to families, carers, concerned others on how to improve their oral health and how to access appropriate dental services for early prevention.

- Provision of 2 annual fluoride varnish applications for all children aged 3 – 6 years old at the 22 identified primary schools and attached nurseries. The team works closely with those schools throughout the year to maximise parent consent rates, promote oral health messages and initiatives, apply fluoride varnish and signpost/refer to NHS dentists where appropriate.

What plans do we have to improve residents' oral health?

Oral health promotion

26. Oral health requires a whole system approach that addresses the wider determinants, risk factors and healthcare provision. Activity in LBE has been categorised into general population approaches, targeted health promotion activity and targeted interventions.

Current LBE activity to improve oral health	
Public Health, Enfield Council	Provide intelligence to support dental public health and strategic oversight through the Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing strategy (JHWS) and oral health plan.
	Commission the Whittington NHS Foundation Trust to undertake health promotion activity, deliver training of front line staff and take part in the national dental health survey in schools
	Address underlying causes of general health and dental health inequalities through actions to inform upstream determinants of health
	Commission health visitor service
Early Years Team, Enfield Council	Promote and support early year foundation stage (EYFS) providers to plan and/or deliver oral health parent workshops; Support providers to attend training workshops; Signpost to local dentists ‘
Health Visitors	Deliver oral health message at key stages from birth and distribute oral health packs with fluoride tooth paste, tooth brush through the ‘Brushing for life’ campaign
Oral Health Promotion (OHP) team	Provide annual training (face-to-face and online) to front line staff including: Health visitors, Pharmacist, Library Staff, Parent Education program, Teachers, Parent Engagement Panel, Children Centre Staff, Midwives, Private, Voluntary and Independent Childcare settings, children centres and early help staff.
	Run national communications campaign
Targeted interventions	
Oral Health Promotion team	Deliver the fluoride varnish (FV) programme for 22 schools (Reception & Yr 1) in wards identified with the highest percentage of disease experienced
	Signpost to dental services
Initiatives addressing wider risk factors	
	Work to increase breastfeeding and improve infant feeding advice and support (see recent scrutiny report) through the Children and Family Hub offer.
	HENRY Programme: Health families right from the start. This programme is for parents or carers of children aged 0 – 5 years to support healthy, happy and supportive environments for the whole family
	Healthy London Early Years, London
	Implementation of Water Only Schools programme
	No smoking at school gates campaign
	Give Up Loving Pop (GULP) collaboration with Tottenham Hotspur Foundation and Haringey Council to reduce consumption of sugary drinks

North Central London

27. Following delegation to the NCL ICB of responsibility for dental services in April 2023 (along with Community Optometry and Community Pharmacy in what are referred to collectively as DOP Services) the ICB undertook a deep dive into Dental services and have worked closely with the DOP Hub that supports the delegated services and are hosted by the NEL ICB. This work has identified a series opportunity to redirect a percentage of the recurrent underspend in Dental

services back into services that will improve access, reduce inequalities and improve outcomes for patients.

28. The deep dive specifically identified the clear link between poor oral health in childhood and lifelong health issues, particularly for those children from deprived backgrounds. In addition, it highlighted concerns about the equitable access to care for those experiencing homelessness (including asylum seekers) and the dental health impacts on those with long term conditions, most notably the negative oral health impacts arising from diabetes.

29. The deep dive did also highlight the limitations of our ability to influence delegated services which include the inability of ICBs to influence Primary Dental Services significantly with the ICB unable to make changes to the General Dental Contract (GDC) nor can ICBs take an active leadership role in developing the workforce more widely, these being responsibilities for NHS England and HEE respectively.

30. Both through the deep dive and through subsequent conversations with a wide range of clinical colleagues across the Dental Sector we have identified a series of areas where the ICB would be able to influence and impact on outcomes for patients using a relatively modest amount of investment with these areas identified as being:

- Increase the capacity within our Community Dental Services (CDS) delivered by Whittington Health (WH) with the aim of reducing current waiting times, providing more training opportunities for Primary Care Dentists and ensuring even fewer CYP patients need to be treated within a secondary care setting.

- Expand our existing support to rough-sleepers across the whole of NCL and therefore reduce inequity of access. This service is also currently delivered by the CDS at WH.

- Improve access to treatment for those experiencing homelessness including asylum seekers.

- Start to develop support for those within a care setting, initially focusing on those within residential care settings.

- Working with Public Health Teams around our shared agenda for oral health and the prevention agenda.

31. Working with the DOP (Dental, Optometry and Pharmacy) Hub hosted by the North East London ICB and with finance colleagues within the ICB we have made an initial £600k recurrent investment into Dental Services aimed at tackling these important areas. This includes a recurrent commitment to a £100k/year investment in the shared responsibilities around Oral Health promotion with Local Authority partners.

32. The work we are undertaking is coordinated via 3 groups, all of which have representation from Enfield colleagues. The three groups we have established are:

- **Dental Collaboration Group –** this brings together partners from across the Dental Services spectrum including NHSE Public Health, Local Authority Public Health, CDS, Secondary Services, the DOP Hub, LDCs and the Dental Confederation and the ICB. LA Public Health teams across NCL are represented by the Enfield DPH.

- **Dental Transformation Group –** this new group aims to steer how the funding that has been provided is being implemented and how it will be managed going forward. Again, the Enfield DPH is a member of this group.

- **Oral Health Promotion Working Group –** this group includes representation from all Public Health teams in NCL plus the Population Health team of the ICB and NHSE Public Health and aims to coordinate work around Oral Health Promotion in NCL. Chaired by Enfield, DPH.

33. The work undertaken by the NCL ICB also identified the existing positive initiatives that support patients including the ability for those in acute dental pain to access urgent NHS treatment via 111, this urgent access often being able to offer same day appointments. This access is unavailable in other parts of the country and is something London should be proud of. We also identified the positive work being undertaken to develop Child Friendly Practices (for children who suffer anxiety with accessing services normally) and the existence of support for Looked After Children, something that needs to be more widely publicised with LA colleagues.

34. Our work on Dental Transformation has seen us work with our CDS Team, Inclusion Health Team from within the ICB, Public Health Teams, Local Dental Committees and the NHSE London Public Health team and we have established a fledgling governance structure both to help coordinate our shared agenda with Local Authorities around Oral Health Improvement and for the more broader discussions concerning the wider Dental Services within NCL and across London.

35. Priorities for review in 24/25, subject to any additional funding being identified, are:

- To improve care for those experiencing oral health issues arising from a Long Term Condition (primarily Diabetes).

- To consider expanding our initial work in residential care settings to other care settings.

36. PHE have 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

Conclusions

1. Enfield residents of all ages experience significant levels of poor oral health, much of this is preventable. Oral health affects wellbeing throughout the life course. Poorer communities as well as those in inclusion health groups disproportionately experience poorer outcomes.
2. There are complex commissioning arrangements in place governing dental care provision which operate at a local and national level meaning that it is challenging to bring about change.
3. Enfield Council has responsibility for commissioning oral health promotion services as part of the Public Health Grant conditions.
4. Enfield Council is working with partners in the ICS to explore opportunities to further enhance oral health promotion.
5. The Public Health Team of Enfield Council lead a borough based programme of work to improve oral health promotion and are working across the system with partners to this aim.
6. NCL ICS have recently received commissioning responsibility for primary dental services, community dental services and secondary dental services and are looking at ways to improve oral health and have made resources available to support this work within the limitations (of national contracts) that exist.

Report Author:
Duduzile Sher Arami (Director of Public Health), Roseanna Kennedy-Smith (Senior PH Intelligence Analyst) and Katerina O'Donnell (Service Development Manager), LBE
Dudu.sher-arami@enfield.gov.uk

Mark Eaton
Director of Strategic Commissioning & Procurement, NHS North Central London ICB
mark.eaton1@nhs.net

Jeremy Wallman
Head of Primary Care Commissioning; Dentistry, Optometry and Pharmacy
NHS London Dentistry, Optometry & Pharmacy Commissioning Hub
jeremy.wallman@nhs.net

Aisha Masood
Oral Health Improvement Lead, Whittington Health NHS Trust
ayeshamasood@nhs.net

Dr Rakhee Patel, Public Health and Primary Care / Lead for Ageing Well and Dental Public Health, NHS England London Office
rakhee.patel9@nhs.net

[i] www.gov.uk/government/publications/child-oral-health-applying-all-our-health

[ii] Sheiham A, Watt RG. The common risk factor approach: a rational basis for promoting oral health. Community Dent Oral Epidemiol. 2000 Dec;28(6):399-406

[iii] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf