

## Oral Health and Care Review

### 1. Introduction

The North East and North Cumbria Integrated Care Board took responsibility for Pharmacy, Optometry and Dentistry commissioning on 1<sup>st</sup> April 2023 with staff being TUPE transferred from NHS England to support this work on 1<sup>st</sup> July 2023.

Whilst it is clear there is much to consider to ensure all services are part of a broad primary care offer to the public, this transfer of responsibilities comes with many opportunities for the transformation and integration of services that will be considered as part of the Primary Care Strategy going forward.

However, there is a more urgent need to review dentistry services. In evidence given to a recent Health Select Committee by NHS Confederation they confirmed that;

***'ICS leaders are enthusiastic to apply a system-lens to the problems in NHS dentistry and see a focus on prevention and upstream work – keeping patients out of hospital – as a key way for health services to stem the tide of the most severe dental cases which are becoming all too common in the current context.'***

***'That said, ICS leaders are anxious about what they are inheriting and they know that it is unlikely that we are going to see drastic improvements to patient outcomes nationwide in year one of the new commissioning arrangements without further national support.'***

With this in mind, this report sets out the need to undertake a quick and comprehensive overall review of oral health and care and makes recommendations on how we can do this, including being clear on the objectives of the review, within a set timeframe.

### 2. Background

The fundamental building blocks that underpin excellent oral health and care do not currently exist, or are not immediately apparent. There is some work that has been undertaken by NHSE public health colleagues, local authorities, the NHSE dental commissioning team and others, all of which needs bringing together to provide a clear and cohesive view of the current state to enable targeted planning and commissioning to meet the oral health needs of people in NENC to inform immediately urgent actions and longer term strategic intent in keeping with our ambitions for Better Health and Wellbeing for All.

Sir Robert Francis QC, Chair of Healthwatch, confirmed in 2021 that, ***'Every part of the country is facing a dental care crisis, with NHS dentistry at risk of vanishing into the void.'***

Healthwatch continue to raise issues with dentistry services with reports of a 'dentistry crisis' with patients waiting longer for urgent and routine treatment, some taking measures into their own hands by pulling their own teeth out using medieval methods.

Whilst we do have some areas of good practice, overall the North East and North Cumbria is not immune to this void and across our region, we have a number of 'dental deserts' created as a result of an old contracting model which is not fit for purpose, market conditions that create an environment that favours private practice and a workforce model which is outdated with ongoing recruitment issues.

The absence of a comprehensive oral health and care strategy the North East and North Cumbria means we risk missing the opportunities for prevention and the benefits of proactivity around oral health across the whole system. This alongside the inconsistencies around fluoridation of water supplies means we must take action now to ensure we have an oral health and care strategy that delivers for our patients and tackles the chronic health inequalities that have plagued the North East and North Cumbria for too long.

### **3. Health Benefits of Good Oral Health**

Good oral health can have so many wonderful life-changing benefits.

Research has found that the number of teeth we have is strongly linked to how long we will live. Those with 20 teeth or more at the age of 70 had a considerably higher chance of living longer than those with less than 20 teeth.

Tooth loss through dental decay and gum disease are almost entirely preventable and there's no reason why, with a good daily oral health routine, we cannot keep our teeth for life.

Good oral health also reduces the risk of disease. When citizens have gum disease, the bacteria from their mouth can get into the bloodstream. It then produces a protein which causes the blood to thicken. This means that clots are more likely to form, and the heart is not getting the nutrients and oxygen it needs, resulting in increased risk of a heart attack.

Similarly, gum disease can also cause inflammation of the blood vessels, blocking the blood supply to the brain, leading to a potential stroke.

New research has also shown that we are more likely to develop diabetes if we have gum disease.

By keeping our teeth and gums healthy we are more likely to reduce our risk of certain cancers, particularly in women, as well as some forms of dementia.

New research, which examined data from 65,000 post-menopausal women between the ages of 54 and 86, found those with a history of gum disease were 14% more likely to develop cancer. Of these, one in three developed breast cancer while there was also a highly-increased risk of lung cancer, oesophageal, gall bladder and skin cancers.

Those who have healthy gums are also 70 percent less likely to develop Alzheimer's disease than those who have suffered from gum disease over a long period of time

(Source: Oral Health Foundation)

#### **4. Fluoridation and Impact on Oral Health**

Fluoride is a naturally occurring mineral found in soil, food and drink and also in drinking water supplies, in varying amounts. In some parts of England the level of fluoride in the public water supply already reaches the target concentration of water fluoridation schemes (one milligram per litre (1mg/l)), sometimes expressed as one part per million (1ppm)), as a result of the geology of the area. In other areas the fluoride concentration has been adjusted to reach this level as part of a fluoridation scheme.

The World Health Organisation recommends a maximum level of 1.5 milligrams of fluoride per litre of water (mg/l). This value is intended to maximise the oral health benefits, and be protective of public health.

Currently, around 6 million people in England live in areas with water fluoridation schemes, mainly in the West Midlands and the North East. Many schemes have been operating for over 50 years. However across the North East and North Cumbria we have a mix of areas that are naturally fluoridated, force fluoridation and areas with no fluoridation.

Dr Niger Carter, Oral Health Foundation said:

*'We believe that water fluoridation is the single most effective public health measure there is for reducing oral health inequalities and tooth decay rates, especially amongst children. We welcome these proposals and believe they represent an opportunity to take a big step forward in not only improving this generation's oral health, but those for decades to come'.*

#### **5. Review Objectives**

There is a clear need to review the current position across NENC with regard to oral health to inform a coherent strategy to manage the many challenges and opportunities outline above.

The objectives of this initial work will be:

- To bring together existing intelligence and to work with key partners across the North East and North Cumbria to develop an in-depth understanding of the current issues regarding the state of oral health and the commissioning and provision of oral health and care services. This is to include the views of our citizens and partners and an evaluation of current services.
- Make recommendations which are aligned to our Better Health and Wellbeing for All strategy confirming both the strategic ambition and key actions to be delivered to achieve this ambition.

- This is to include;
  - recommendations regarding fluoridation
  - priorities regarding oral health prevention and opportunities for public campaigning
  - learning from international best practice
  - a proposed workforce model and recruitment opportunities
  - considered market levers to increase access which includes recommendations to tackle the outdated contracting arrangements
  - consideration to be given regarding the impact of rurality on the provision of services
  - confirmation of the key deliverables that will create the desired impact
  - recommend how oversight of services will link into standard reporting mechanisms
  - recommend ways to ensure ongoing clinical leadership

## **6. Reporting**

This review will report to the Executive Committee of the NENC Integrated Care Board the outcomes of which will inform future Board reporting.

## **7. Timeline**

Review to be presented to Executive Committee no later than October 2023.

## **8. Next Steps**

1. Confirm executive sponsor for this review
2. Appoint an independent specialist to complete this review
3. Independent specialist to convene a task and finish group to undertake the review within the set time frame
4. Giving the immediate challenges we will invest in a campaign to ensure the public are aware of how and where to get help alongside influencing more broadly public behaviours regarding oral health.

**Name of Sponsoring Executive Director:** David Gallagher

**Date:** 12 May 2023