



Public Health
England

West Yorkshire Oral Health Needs Assessment 2015 (Draft)

This document details the oral health of the people of West Yorkshire and describes the services currently commissioned to meet those needs. It identifies key issues that should be addressed in future oral health and dental commissioning strategies.

About Public Health England

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Executive Summary

Introduction

Despite improvements in oral health in England over the last forty years, many people continue to experience the pain and discomfort associated with oral diseases, which are largely preventable. There are socio-demographic variations in the distribution and severity of oral diseases with vulnerable groups experiencing significant oral health problems.

This oral health needs assessment describes the oral health of people living in West Yorkshire and the services currently commissioned to meet those needs. It identifies the key issues that should be addressed in future oral health improvement and dental commissioning strategies in order to improve oral health and reduce oral health inequalities in the area.

Summary

Population and Demographics

- West Yorkshire is the most densely populated area of Yorkshire and The Humber with 42.1% of the population (2.2 million) and highest population density in Leeds, Bradford and Kirklees.
- The population profile of West Yorkshire is broadly similar to England but with higher proportion of under 30 year olds and lower proportions of over 45-year-olds than the England average.
- Over the next ten years there is a projected population growth in all West Yorkshire local authorities ranging of about 5 to 6 % the primary reason due to births being greater than deaths.
- Within West Yorkshire there is a wide range of ethnic diversity compared to the England average. The ethnic diversity in Leeds is similar to the England average but Wakefield and Calderdale have higher proportions of White ethnic groups. Bradford and Kirklees have lower proportions of White ethnic groups and much higher proportions of Asian ethnic groups and this is reflected in the higher proportions of school children from ethnic minority groups found in these two local authorities.
- In West Yorkshire the proportions of the population living in the lower two quintiles of deprivation is higher than the England average ranging between 46.7% to 55.7% in Calderdale, Leeds, Kirklees and Wakefield; however in Bradford an even higher proportion of the

population (63.3%) fall into the lower two quintiles of deprivation. Compared to the England average a significantly higher proportion of children live in poverty in Bradford, Leeds and Wakefield.

- Compared to other West Yorkshire local authorities, Bradford (31.0%) and Leeds (19.3%) have the highest proportion of their population living in LSOAs which fall into the most deprived deprivation decile.
- Life expectancy in West Yorkshire is lower than the England average. In addition men living in the most deprived areas can on average expect a shorter life expectancy of nine or more years than men in living the least deprived areas; and women in the most deprived areas can expect a shorter life expectancy of seven or more years than women living in the least deprived areas.
- Healthy behaviours can contribute to the prevention and control of non-communicable diseases such as cardiovascular diseases, chronic respiratory diseases, diabetes and cancers. Healthy eating adults in all West Yorkshire local authorities were significantly worse than the England average of 28.7%. In all local authorities in West Yorkshire adult obesity is significantly worse than the England average; in 4 to 5-year-olds and 10 to 11-year-olds child obesity is not significantly different than the England average except for 10 to 11-year-olds in Bradford where it is significantly worse.
- Tobacco use was significantly worse in Kirklees (23.6%), Leeds (23.0%) and Wakefield (23%)

Determinants and Impacts of Oral Health

- Poor oral health results in social and financial impacts both for the individual and society as a whole. A wide spectrum of factors has been identified as influencing oral health including economic and social policy and individual health behaviours. However, focusing solely on individual behaviour change has only short term benefits for oral and general health. It is therefore essential to focus on the wider determinants of health and partnership delivery to achieve sustainable improvements.

Epidemiology of Oral Diseases

- There has been a significant decline in tooth decay and improvements in oral health over the past 40 years. However, a substantial proportion of the population in Yorkshire and The Humber experience high levels of oral disease.

- The prevalence of tooth decay in 3-year-olds in West Yorkshire local authorities was higher than the England average and is significantly higher in Wakefield and Leeds.
- The severity of tooth decay in 3-year-olds in West Yorkshire local authorities was higher than the England average.
- There are inequalities in levels of tooth decay between and within local authorities in West Yorkshire.
- Children in deprived areas experience much greater levels of disease than those residing in more affluent areas.
- The prevalence of tooth decay in 5-year-olds in West Yorkshire local authorities was significantly higher than the England average. Bradford and Kirklees were also significantly higher than the Yorkshire and The Humber average.
- The severity of tooth decay in 5-year-olds in West Yorkshire local authorities was significantly higher than the England average. All local authorities other than Leeds were also significantly higher than the Yorkshire and The Humber average.
- A trend analysis showed a significant decline in the prevalence of tooth decay in 5-year-olds in Leeds and Bradford.
- Five-year-old children in Wakefield experienced relatively higher levels of tooth decay, yet a smaller proportion of these decayed teeth are treated with a filling demonstrating an inverse care relationship.
- The prevalence of tooth decay in 12-year-olds in West Yorkshire local authorities was significantly higher than the England average. Bradford was also significantly higher than the Yorkshire and The Humber average.
- The severity of tooth decay in 12-year-olds in West Yorkshire local authorities was significantly higher than the England average. Bradford and Calderdale were also significantly higher than the Yorkshire and The Humber average.
- Fewer teeth with tooth decay in 12-year-olds were filled in Leeds and Calderdale compared to the England average however in Kirklees more teeth had been restored.
- An estimated 10,239 of 12-year-old children in West Yorkshire are likely to benefit from orthodontic treatment.
- It has not been possible to describe the approximate number of children born in West Yorkshire each year with a cleft lip and/or palate.
- The oral health of adults has improved significantly over the last 40 years with more of the population retaining their natural teeth throughout their lifetime.
- In Yorkshire and Humber, 30% of adults had tooth decay and 2% had severe gum disease.

- Men from materially deprived backgrounds were more likely to experience higher levels of tooth decay and gum disease but least likely to visit a dentist.
- People in Bradford were more likely to report poorer oral health as compared with those living in other local authority areas.
- People in Wakefield were more likely to report a perceived need for treatment.
- People in Yorkshire and Humber were more likely to wear a denture than nationally.
- The incidence of mouth cancer in Kirklees is increasing.
- Information describing the oral health of vulnerable groups locally is limited.
- Bradford has significantly more children with learning disabilities relative to the national average.
- Children with learning disabilities are more likely to have teeth extracted than filled and have poorer gum health.
- Kirklees, Wakefield, Bradford and Calderdale have significantly more adults with learning disabilities known to GPs relative to the national average.
- Adults with learning disabilities are more likely to have poor oral health than the general population.
- Adults with learning disabilities living in the community are more likely to have poorer oral than their counterparts living in care.
- Approximately a quarter of the population experiences some kind of mental health problem in any one year. However, there is no local information on the oral health needs of this group.
- Vulnerable adults in residential care are more likely to have access to dental services than those in the community.
- Prisoners experience poorer oral health than the general population. This oral health needs assessment does not consider this group.
- Homeless people are more likely to have greater need for oral healthcare services than the general population.
- Bariatric people may be at higher risk of oral disease. Bariatric dental services are available in all the local authority areas apart from in Bradford.
- Looked after children are likely to have greater oral health needs than their peers. In West Yorkshire, most children in care live in Leeds and Bradford.

Oral Healthcare Services

- The majority of primary care dental services in the area are provided by general dental practitioners.

- The cost of a unit of dental activity varies significantly across the local authority areas.
- It has not been possible to describe the availability of NHS dental services at local authority level in West Yorkshire.
- Access to care is better than the England average across all the local authority areas but access to care is not reflective of need. In more deprived areas, where oral health tends to be poorer, lower proportions of children access primary care dental services, although access rates remain higher than the England average.
- Access to services inequitable in terms of deprivation and age. It was not possible to assess equity by gender and ethnicity.
- The average UDA per resident adult patient is similar across all local authorities but is slightly lower than the England average, whereas the average UDA per child patient is similar to the England average.
- Adults exempt from paying NHS dental charges are more likely to have a higher need for band 3 treatments as well as urgent dental care. This may be reflective of their higher needs for dental care.
- Fluoride varnish application rates are increasing in children and are significantly higher in Bradford. However, a significant proportion of children do not receive fluoride varnish applications.
- It was not possible to determine if the guidance on recall intervals is being implemented in general dental practice.
- Domiciliary care provided by all the community dental services, the majority being provided by some primary care dental practitioners. Provision at a local authority level is not described. Capacity to support increasing demand is reported. Information describing the current domiciliary care pathways is unavailable.
- Inhalation sedation services are provided by all the community dental services. Intravenous sedation is provided at three dental practices in Leeds and by the community dental service in Bradford. Bradford Salaried Dental Services provides cognitive behavioural therapy as part of the anxious patient care pathway.
- Current urgent care delivery models vary across West Yorkshire and it is reported that there are difficulties in accessing timely care. Information also suggests inequity of access to the urgent dental service. A Local Dental Network sub-group is currently exploring different unscheduled dental care models to support a consistent approach to ensure equity of provision. This will inform the forthcoming procurement of services across West Yorkshire.
- The community dental services provide primary dental care for vulnerable groups as well as those with more complex special care needs. The common data reporting schedule will help inform future commissioning intentions. Except for Bradford, there is no

information about screening programmes that the community dental service may deliver. As a preliminary step, NHS England has completed a review of the West Yorkshire community dental services.

- General anaesthetic services are available across West Yorkshire. Information describing the care pathway including costs of services is not described.
- The quality assurance process in primary dental care includes reference to the national Dental Assurance Framework, Care Quality Commission registration and requirements and support from clinical advisors.
- The primary care dental workforce consists of dentists and dental care professionals. The contract reform programme has highlighted the importance of greater use of skill mix.
- NHS England have commenced work focusing on community dental service and unplanned dental care which is aligned to the key findings of this OHNA.
- There is inconsistent provision of primary care specialist oral surgery and restorative services in the area. Currently there is no oral surgery provision in Calderdale, Kirklees and Wakefield. Information describing the care pathway including tariffs amongst providers is not described. Specialist services are predominately provided in secondary care
- There are inconsistencies in the commissioning of primary care based orthodontic services across the area including non-specialist provision.
- In respect to quality of orthodontic services, some providers are not PAR scoring sufficient cases, although review rates are higher than the England average.
- Equity of access to orthodontic services could not be established.
- The orthodontic LDN sub-group work includes a review of the care pathways, and waiting lists to inform any future non-recurrent investment.
- Based upon Stephen's Formula only and considering the limitations of this methodology, there may be a shortfall in orthodontic provision in West Yorkshire.
- Most hospital activity is provided on an outpatient basis.
- The spend on outpatient and inpatient activity are broadly similar.
- The majority of activity and spend is on oral surgery.
- There are significant numbers of non-elective oral surgery inpatient cases.
- There is an agreed CQUIN with secondary care providers.

- It is unclear what quality assurance processes are in place for secondary care specialist services.

Dental Public Health Services

- Local authorities are responsible for improving the oral health of their population. They have responsibility for commissioning oral health improvement programmes and oral health surveys. They also have powers relating to making proposals regarding water fluoridation for their local population.
- All local authorities have a specified budget for commissioning oral health improvement programmes except Kirklees Council.
- A range of universal and targeted oral health improvement programmes are implemented by local authorities in West Yorkshire most for which there is some, sufficient or strong evidence base.
- All local authorities' commission oral health surveys although sample sizes vary and may be not adequate to provide valid data at a local authority level.
- Most oral health improvement programmes are directed towards children.
- Local authorities are responsible for commissioning care homes and school nursing services and will soon be responsible for commissioning health visiting services. This will provide an opportunity for integration of oral health into these services.
- Local authorities in Leeds, Bradford and Wakefield have developed Oral Health Advisory groups.

Patient and Public Engagement

- Whilst the majority of adult residents in West Yorkshire reported not having problems accessing NHS dental services, some people do and barriers to accessing care include dentists not taking on patients, cost of treatment and dentists only offering dental care privately. A lack of accurate signposting information to NHS dental services has been highlighted.
- The literature reports that vulnerable groups experience poorer oral health and have difficulties accessing dental services. Limited amount of information is available regarding the views and experiences of local children, young people, and vulnerable adult groups regarding NHS dental services.

- Local authority led public engagement work exploring local residents' views and experiences of NHS dental services has been carried out in Calderdale, Kirklees, Leeds and Wakefield. Patients and carers reported being highly satisfied with the NHS dental services provided by Wakefield Community Dental Services and the hospital services and treatment received via the paediatric and adults with special needs general anaesthesia services. Parents and carers of children with additional needs reported being very satisfied with the dental care provided by Leeds Community Dental Service. Children reported being very satisfied with the dental care provided by Bradford Salaried Dental Service.
- Based upon available information, the majority of parents/carers of children reported not having problems accessing NHS dental services for their children. Some parents/carers of young children in Wakefield report that they are not taking their children to the dentist.
- Local survey work led by Wakefield Council, suggested that whilst many preschool children were accessing NHS dental services, a significant proportion were not accessing services. Majority of parents/carers reported not having problems accessing dental care when their child had a problem.
- Young people in Bradford appear to be accessing dental services for routine care and a small proportion report having problems accessing NHS dental care. Young people in Bradford attending secondary schools in the most deprived quintiles are more likely to attend dental services for urgent rather than routine care.

Key Issues for Consideration

This needs assessment has helped identify the oral health needs and gaps in oral healthcare provision for the residents of West Yorkshire. Outlined below are key issues for consideration by NHS England and local authorities to support them in developing commissioning strategies.

Population and Demographics Variation

- Oral health and oral health improvement strategies should seek to address the health inequalities between and within local authority areas across West Yorkshire
- NHS England should ensure that commissioning plans consider the expected increases in population size in all the local authorities in West Yorkshire

Determinants and Impacts of Oral Health

- A common risk factor approach focusing on the wider determinants as well as facilitating healthy choices will impact not only on oral health but wider general health

Epidemiology of Oral Diseases

- Strategies for dental services and oral health improvement services should focus on addressing the inequalities in oral health that exist between and within local authority areas.
- Prevention of tooth decay and identification and restoration of decayed teeth in children's permanent dentitions should be a priority for dental services in West Yorkshire.
- Oral health improvement strategies in Kirklees should include actions to address the increasing incidence of mouth cancer in this area.
- Undertaking a more detailed oral health needs assessment of vulnerable groups should be considered by NHS England and local authorities
- Dental services should be accessible to people with learning disabilities and provide preventive and treatment services for these people.
- NHS England, local authorities, PHE and clinical commissioning groups should work together to ensure access to dental and oral health improvement services for people with mental health problems.
- Need for and access to dental services for bariatric people should be reviewed across West Yorkshire.
- Need for and access to dental services for looked after children should be reviewed across West Yorkshire.

Oral Healthcare Services

The feasibility of undertaking a health equity audit of access to dental services should be explored in view of variations in availability of and access to dental services across and within local authority areas.

- Dental practices need to be supported to ensure that ethnicity data is captured on dental service activity forms to inform future needs assessment and health equity audits.
- Dental practices need to be supported to ensure that evidence-based guidance on fluoride varnish applications and recall intervals is implemented in practices. Key performance indicators to encourage evidence-based practice should be considered for inclusion in any new dental contracts.

- Current domiciliary provision is likely not to be sufficient to meet current and increasing demand. Equity of provision should be confirmed.
- NHS England may wish to consider commissioning or undertaking a more in-depth review of sedation service provision to support the development of a consistent service model for anxious patients that incorporate sedation services and behaviour management techniques.
- Building on the review of the community dental services in West Yorkshire, information should be collated to support commissioning intentions to ensure more vulnerable patient groups with more complex and special care needs are able to access appropriate care.
- To help inform a more in-depth needs assessment for special care dental services in preparation for implementation of the national commissioning guide, robust activity indicators should be considered, for incorporation into current community dental service contracts together with the development of a managed clinical network in special care dentistry.
- NHS England may wish to consider commissioning or undertaking a more in-depth review of general anaesthesia service provision to support the development of accessible, high quality, safe and patient centred services.
- To identify and help address the gaps in provision of primary care specialist oral surgery and restorative services in West Yorkshire a review should be considered. This should be in line with the forthcoming NHS commissioning guidance.
- A more detailed orthodontic needs assessment including a review of provision of orthodontic services across West Yorkshire against the commissioning framework due to be published in 2015. It is important to explore ways of providing more equitable access; and to inform the development of a service model with a consistent UOA rate that incorporates key performance indicators including PAR scoring and that is delivered by specialists.
- NHS England may wish to consider working with secondary care providers to review secondary care local tariffs and develop and agree standard coding for secondary care dental activity to contain spend on secondary care and ensure value for money.
- NHS England may wish to consider working with local clinical networks, PHE and providers to develop and incorporate quality assurance into secondary care contracts and in preparation for implementation of the soon to be published NHS England commissioning guides.

Dental Public Health Services

- Local authorities should ensure that oral health needs are considered in JSNAs and Health and Wellbeing Strategies.
- All local authorities West Yorkshire should review their oral health improvement programmes in line with *Commissioning Better Oral Health* and NICE guidance.
- Local authorities may wish to consider engaging with partners integrating commissioning across organisations and across bigger footprints to support the efficient management of limited resources.
- All local authorities in West Yorkshire should ensure that contracts are supported by service specifications which detail a process of assuring quality of programmes.
- A combination of evidence based universal and targeted activities are required to support reducing inequalities in oral health. Upstream interventions should be complemented by downstream interventions.
- Local authorities should consider the case for water fluoridation in the context of local needs and the range of oral health improvement programmes currently commissioned and with reference to *Commissioning Better Oral Health* and NICE guidance.
- Consideration should be given to ensuring programmes effectively support improving the oral health of more vulnerable adults group.
- Evaluation should be an integral part of all oral health improvement programmes to guide future commissioning.
- In addition, local authorities should consider integrating oral health improvement into existing commissioned programmes.
- Oral health improvement should be an integral part of the work of health visitors and schools nurses and should be included in the service specification for these services.
- Service specification for care homes should include a responsibility for oral health that incorporates an oral health assessment on entry, daily mouth care in care plans for residents and regular access to an NHS dentist.
- A MECC trained dental workforce should be developed across West Yorkshire.
- Local authorities may wish to explore using cost benefit analysis tools to evidence effective use of resources to support improvements in oral health.
- Local authorities, who have not already done so, may wish to consider establishing Oral Health Improvement/Oral Health Advisory Group.
- All local authorities in West Yorkshire should continue to commission oral health surveys which include surveys to support the public health

outcomes framework (2013-16). This includes tooth decay in five-year-old children” as an outcome indicator.

- Service specifications should be in place to support the planning and delivery of the surveys to facilitate the collation of reliable data which is representative of the local population. This should include robust performance monitoring arrangements to ensure that the survey is completed in line with the national protocol.
- Where appropriate, consideration should be given to increasing consent rates and sample sizes to provide reliable data to support the planning and evaluation of dental services and oral health improvement programmes.

Patient and Public Engagement

- West Yorkshire residents experience difficulties in accessing accurate signposting information to NHS local dental services treatments available on the NHS and NHS patient charges. Where English is not the first language, written information in other languages would be more helpful.
- There is limited information on the views and experiences of children, young people, parents/carers and vulnerable adult groups regarding NHS dental services in West Yorkshire. This includes any barriers to accessing care.
- PHE should ensure the views of the public are sought in the consultation process of this needs assessment.

Next Steps

The draft oral health needs assessment will be consulted on with local people, Healthwatches and those responsible for dental services and public health programmes. The consultation will last for four weeks after which the needs assessment will be updated to reflect any comments from the consultation.