

Impacts of poor oral health

Poor oral health can have a negative impact throughout life and can cause pain and infection, leading to difficulties with eating, sleeping, socialising and well-being. There are also significant costs on society associated with oral diseases. It can lead to days lost from work and school, and adversely affects people's quality of life.

Dental decay and gum disease are the most common oral conditions and are largely preventable. Dental team members play an important role in identifying modifiable risks and helping individuals to recognise and minimise these risks and enhance protective factors³.

Oral health inequalities in England: There are marked inequalities in oral health in England across all stages of the life course with clear and consistent evidence for social gradients in the prevalence of dental conditions, impact of poor oral health and service use¹.

PHE 2012, Inequalities in oral health in England available at: <https://www.gov.uk/government/publications/inequalities-in-oral-health-in-england>

OHID 2023, National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 available at: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022>

OHID 2021, Delivering better oral health: an evidence-based toolkit for prevention available at: <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

OHID 2022, Adult oral health: applying All Our Health available at: <https://www.gov.uk/government/publications/adult-oral-health-applying-all-our-health>

Poor oral health prevalence and impacts

Children's oral health is generally strong in Suffolk, however there is inequality within more deprived populations. Across SNEE, Ipswich had the highest prevalence of dental decay in 5-yr-olds in 2022 at 21.1%. This is higher than the regional average for East-of-England at 19.3% prevalence.

Ipswich had the largest mean number of teeth with experience of dental decay among 5-year-olds with any decay experience in 2022 in SNEE at 4.6 teeth. This was higher than the regional and national figures.

Regional data shows a propensity for high levels of decay in Asian children.

Adults' oral health is around the England average, however there is evidence of inequality in NE Essex:

- Adults with evidence of active decay (2018): England (27%); Essex (40%); Suffolk (25%)
- SNEE Oral cancer rates are at the national average

This section will be strengthened on receipt of an updated SNEE oral health needs assessment from NHS England Public Health – much needs data is currently from 2018/19

There is an evidence base that shows poor oral health directly links to physical health problems, such as:

- poor diabetic control
- pneumonia and lung disease in frail people
- chronic gum disease can lead to coronary vascular disease
- dementia
- low birth weight babies
- digestive issues due to lack of functional dentition, ill fitting dentures and bacterial load

NHS dental care is not universally free at the point of use

NHS dental charges

There are 3 NHS charge bands:

Band 1: £25.80

Covers an examination, diagnosis and advice. If necessary, it also includes [X-rays](#), a scale and polish (if clinically needed), and planning for further treatment.

Band 2: £70.70

Covers all treatment included in Band 1, plus additional treatment, such as fillings, [root canal treatment](#) and removing teeth (extractions).

Band 3: £306.80

Covers all treatment included in Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges.

A common complaint received by HW Essex is practices not offering Root Canal Treatment on the NHS which is included in the Band 2 charge.

You do not have to pay for [NHS dental services](#) if you're:

- under 18, or under 19 and in full-time education
- pregnant or have had a baby in the last 12 months
- being treated in an NHS hospital and your treatment is carried out by the hospital dentist (but you may have to pay for any dentures or bridges)
- receiving low income benefits, or you're under 20 and a dependant of someone receiving low income benefits

Low income benefits

You're entitled to free NHS dental treatment if you or your spouse (including civil partner) receive:

- Income Support
- Income-related Employment and Support Allowance
- Income-based Jobseeker's Allowance
- Pension Credit Guarantee Credit
- Pension Credit Guarantee Credit with Savings Credit
- [Universal Credit](#) (depending on your earnings)

The Challenge & Opportunity

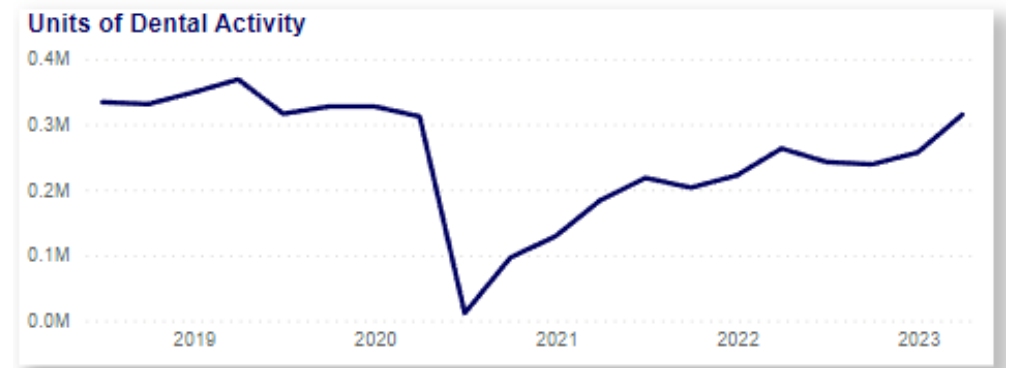
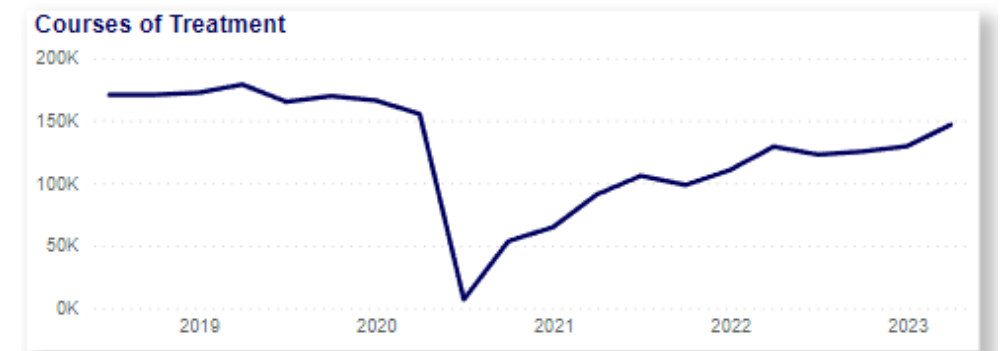
Access to NHS dental services is a longstanding problem that worsened during Covid. SNEE access levels are below the England average.

Activity levels, measured by completed courses of treatment and Units of Dental Activity are returning to pre-Covid levels, however, not the % of the population seen



In June 23, **38.7%** of the SNEE population had seen a dentist in the last 12-24 months, compared to **51%** in September 2019.

This equates to around 100,000 less people accessing NHS dental care across SNEE over this period.



Dental providers are unable to deliver the contracted NHS Units of Dental Activity (UDA) activity

Primary care contracted and delivered UDAs 2022/23

Population	Contracts 2022/23	Contracts 2023/24	UDAs Delivered	UDAs contracted	Variance	
North East Essex	48	48	382,313	515,910	133,597	74%
Ipswich and East Suffolk	43	41	418,741	531,783	113,042	79%
West Suffolk	26	23	227,029	358,786	131,757	63%
SNEE	117	112	1,028,083	1,406,479	378,396	74%

- 2,000 contacts per month are made to NHS 111 for dental reasons
- Presentations at A&E and GP Practices
- People in pain and resorting to drastic measures to stop it
- Adverse impact on health and wellbeing
- Economic impact



Why has NHS dental access worsened?

There are recognised problems with the 2006 Dental contracting framework

- Evidenced in the Health Select Committee review and report earlier in 2023: <https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/964/report.html>.
- It concentrates on invasive surgical treatments rather than focussing on health promotion and prevention of disease.
- It rewards treatment of regular attenders, not the significant contingent of vulnerable patients who often present with complex needs.
- Long-term underspending is locked into contracts.
- The commissioning system has applied the contract rather than innovating.

... leading to a reduction in the number of dentists working in NHS contracts

	2018-19	2019-20	2020-21	2021-22	2022-23
Associate	411	449	402	387	359
Under 35	151	171	176	163	149
35-44	123	125	101	103	88
45-54	79	90	69	71	76
55+	58	63	56	50	46
Providing Performer	112	116	102	101	94
Under 35	6	6	6	7	5
35-44	34	38	32	30	24
45-54	33	34	35	35	38
55+	39	38	29	29	27
Unknown	1		1		2
Grand Total	524	565	505	488	455

However, there are opportunities

Contractual

- National guidance allows **new contract flexibilities** for up to 20% of the contract value to be paid in agreed ways and not just in Units of Dental Activity.
- New flexibilities recognise the role that **wider professional groups** can play e.g. nurses, hygienists and therapists.
- **Underperformance values can be withdrawn** by the commissioner following due process from April 2024.

Innovation opportunities

- Delegation to ICBs enables innovation and joint work by partners.
- ICBs have dental budgets that are underspent and can resource a new approach.
- Working with our partner organisations to create new flexible commissioning opportunities.

SN 2023/24

Budget (£)

Primary care	41,159,518
Community dental	3,143,115
Secondary care	10,071,798
	54,374,431

We must note challenges extend beyond NHS Primary care dentistry

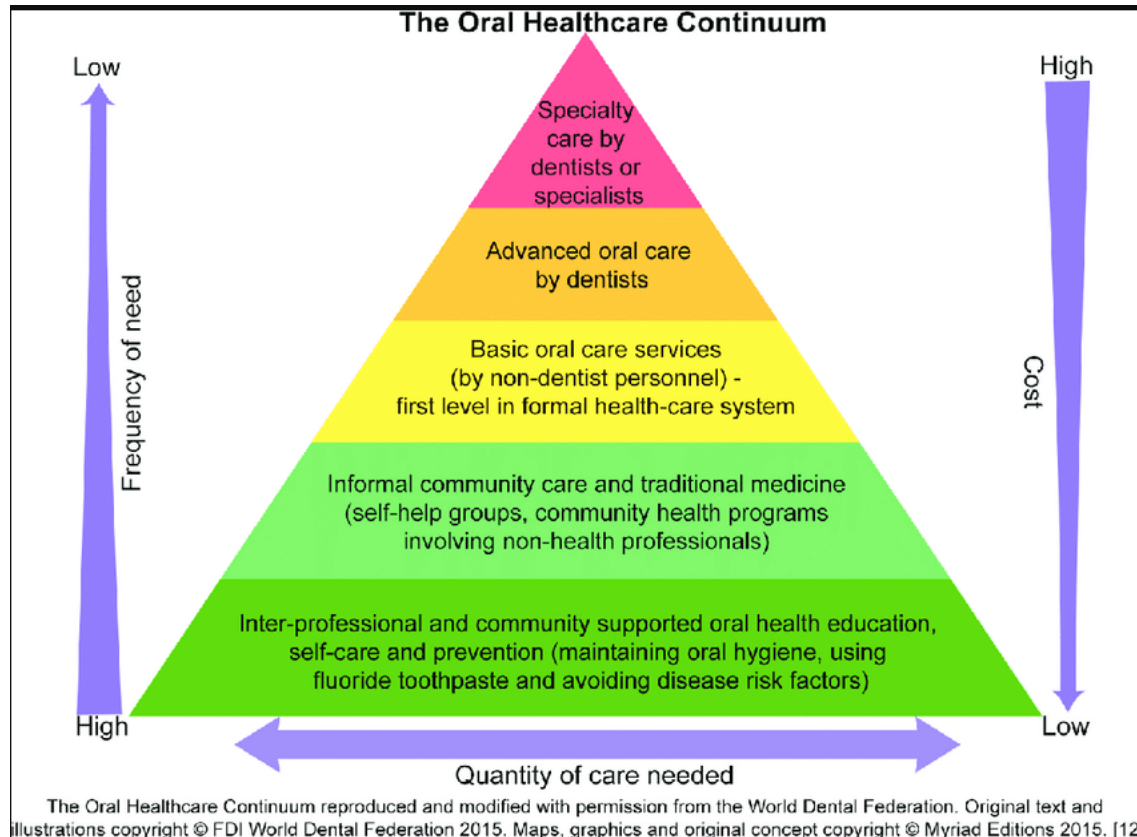
Secondary care dentistry

- Consultant vacancies in Oral Maxillofacial Surgery at East Suffolk and North Essex NHS Foundation Trust, Norfolk and Norwich University Hospitals NHS Trust and Mid and South Essex NHS Foundation Trust.
- Limited regional specialities
- Networking between hospital trusts is relatively under-developed

Specialist primary care dentistry

- Limited commissioning of Level 2 care (relates to complexity of treatment) in the community.
- Orthodontic waiting list reduction – current service waiting times are up to three years and the aim is to achieve less than twelve months (timescale tbc).
- Healthwatch Essex is undertaking an orthodontic review alongside Healthwatch Hertfordshire and has offered to share the learning with SNEE ICB.

We need to act across the Oral health continuum



Guiding strategic principles

- Take an ICP-wide approach to oral health promotion as part of overall health and well being
- Work in partnership with Universities, Colleges and dental providers to develop the wider dental workforce and support dentist retention
- ‘Rebuild’ relationships with dental providers, including exploring and applying the new contract flexibilities
- “*Bring the mouth back into the body*” – in the integrated delivery of health care
- Take a network approach to secondary care with neighbouring providers and Integrated Care Boards

Recruit a team with clinical leadership to implement the dental programme of work

Team

- ✓ 2 Regional Dental Chief Officers
- ✓ 4 senior fellows (shared with Norfolk and Waveney and Mid and South Essex ICBs)
- ✓ Increased ICB team from 4 to 8
- ✓ MDT approach across the ICB
- ✓ Work with the regional Consultant in Dental Public Health
- ✓ Shared approach with Mid and South Essex and Norfolk and Waveney Integrated Care Boards

	Programme
1	Prevention
2	Workforce development
3	Priority groups
4	General Dental Practice
5	Orthodontics
6	Community and Out of Hours
7	Specialist secondary care
8	Paediatrics
9	Other actions

1. Prevention

Examples of
projects in the
work programme

program me	description	Go live target	lead org'n
1a	NE Essex Oral health programme	Live	ECC
	NE Essex young people oral health champions	Live	ECC
1b	Suffolk - 24 month check	Jan-24	SCC
	Suffolk - supervised brushing	Jan-24	SCC
	Suffolk- train early years staff	Jan-24	SCC
1c	make every contact count	Oct-24	ICB
1d	sugar free medications	Live	ICB

(Prevention is also included in other workstreams)

Goals

- Prevention programmes have been commissioned across 50 schools in Suffolk and 45 in NE Essex over the next 3 yrs.
- Implement training for early years (the first years of children's education) staff
- Reduction in the prescribing of sugar-free medicines
- Oral health messages to be integrated into health promotion across the membership of the Integrated Care Partnership

10 care homes in NEE have been trained on Oral Health Assessment and Education

2. Supporting development of the workforce

program me	description	Go live target	lead org'n
2	support development of future dental workforce		
2.1	Suffolk dental development centre	Apr-24	SUCIC
2.2	Essex Dental Development centre	Apr-26	ICB
2.3	Working on the Long term Workforce Plan with NHSE WTE	Live	ICB
2.4	Creating the future Dental Leadership	Live	ICB
2.5	Supporting Skill mix within Primary Care	Apr-25	ICB

Dental practices are being supported to enlist more dental students

Goals

- Implementation of two centres for Dental Development working in partnership with the education sector and dental practices. Operate as “mini teaching hospitals” to support and develop the current and future dental workforce

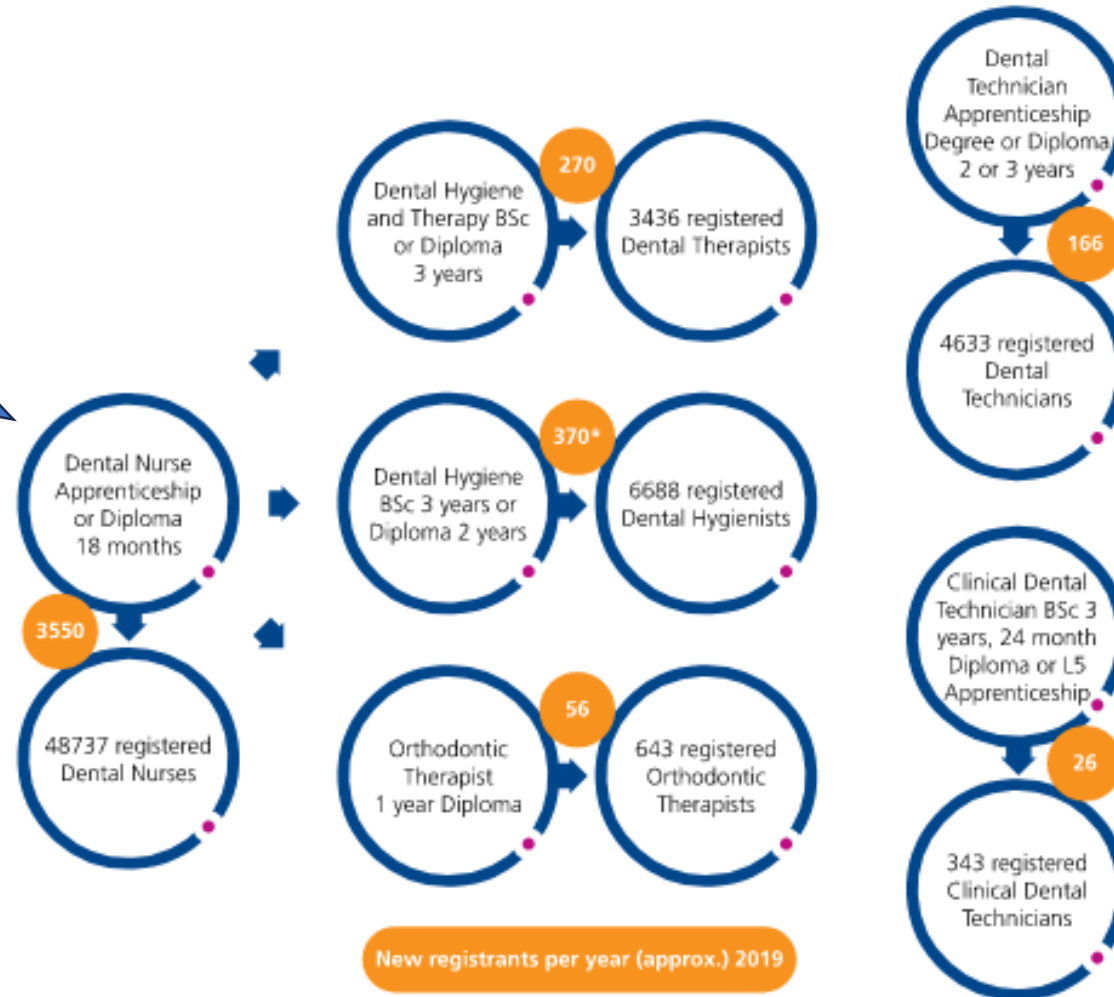
Measures

- Increase in training places for dental care professionals
- Increase in the number of whole-time equivalent NHS dental providers in SNEE

National Dental Care Professional Supply pipeline data (excludes dentists), 2019

Dental Care Professional Supply Pipeline

A range of professionals deliver dental care



3. Service access for Priority Groups

programme	description	Go live target	lead org'n
	Ensure timely proactive care and access for priority groups		
3.1	Priority Access and Stabilisation Service Project	Mar-24	ICB
3.2	Lifelong smiles (Essex care homes training)	Live	CDS
3.3	Special schools - Suffolk/Essex	Mar-24	SCC/ECC

Priority Access and Stabilisation Service

The ICB has used flexible commissioning powers to offer local dental providers a contract supplement to treat and stabilise dental health for priority groups

The priority access scheme launched in Jan 24 and so far, and the response has been positive and around 10,000 additional UDAs have been commissioned

Goals

Commission services across SNEE for the following groups:

- People with a Learning Disability and people with Autism
- Children in care* and care leavers
- Children with a child protection plan
- People with dementia
- People waiting for any NHS procedure that requires oral stabilisation, such as people undergoing cancer treatment
- People requiring emergency and urgent care
- Transient populations, for example, people who are homeless, Gypsy, Roma and Traveller, migrants and refugees.
- Sex workers
- People in care homes*
- High risk dental patients*

* Aim to align dental providers across these three groups.

4. NHS Primary care dentistry – increase capacity and improve access

programme	description	Go live target	lead org'n
4	Establish additional primary care dental provision		
4.1	fund new recruit incentives	Sep-24	ICB
4.2	Suffolk Dental Centre	Apr-24	ICB
4.3	8-5 procurement priority areas	Oct-24	ICB
4.4	8-6 & weekends procurment priority areas	Jan-25	ICB
4.5	longer term contract strategy	Sep-25	Taskforce
4.6	Suffolk Mobile Resource	Mar-24	ICB

4.7 Tier 2 minor surgery

- Using new flexibilities in dental contracts, the ICB will 'withdraw' funds from contracts that are 'underperforming' and commission additional services.
- Future service procurements will focus on areas where the needs assessment shows there is low access (weighted towards deprived areas)
- The table on the right gives an indication of the programmes using UDAs, however, the aim is to use a contracting method that takes a more balanced approach to payment

Goals

	Units of dental activity			
	2023/24	2024/25	2025/26	2026/27
Baseline delivered	1,030,000	1,030,000	1,030,000	1,030,000
Increased activity of current providers (within Contract)		10,000	20,000	30,000
Increased activity of current providers (extra to current contract)		10,000	20,000	30,000
Suffolk Dental CIC Centre		55,500	79,000	79,000
Priority Access Services		30,000	39,000	39,000
8-5, 5-day procurements		6,000	20,000	20,000
8-6, 7-day procurements			87,500	87,500
Suffolk Mobile Resource		2,500	2,500	
Total	1,030,000	1,144,000	1,298,000	1,315,500
Growth on 2023/24		11%	26%	28%

Need regular dialogue with dental providers - response is uncertain & links to recruitment

5. Orthodontics – a type of dentistry that corrects problems with the appearance and alignment of teeth and bite.

programme	description	Go live target	lead org'n
5	Establish accessible orthodontic services		
5.1	extend current contracts until March 27	Live	ICB
5.2	procure long term contracts	Jun-25	ICB
5.3	commission waiting list reduction	Jun-25	ICB
5.4	Attract and retain Orthodontic Specialists	Jun-25	ICB

Goals

- Commission long-term contracts to meet need, including recognition of health inequalities
- Aiming to achieve a service waiting time standard of a maximum of 12 months.

NHS treatment is free for people under the age of 18 with a clear health need for treatment. A clinical rating system is used to assess eligibility for NHS treatment. Treatment is not usually available for adults on the NHS

6. Specialist Community and Out of Hours Dentistry

Description

programme	description	Go live target	lead org'n
6	Specialist and Community Care and Out of Hours		
6a	To undertake a joint review of the commissioned service and adjust pathways if needed	Mar-25	ICB/Fellow
6b	To undertake a capacity review of services commissioned and procure additional activity if needed	Mar-26	ICB/Fellow

The ICB is aware of the issues that affect access to Specialist Community and Out of Hours dentistry. A joint review with one of the Clinical Fellows is planned. This will help to ensure that the service pathways are correct as well as ensure there is capacity to see all the patients who have been referred. It will support future commissioning plans for this service.

The services across Suffolk and NE Essex currently have different commissioning requirements and delivery models. The plan is to ensure a level of equitable provision across the ICS.

7. Specialist secondary care – ensuring access

programme	description	Go live target	lead org'n
7	Ensure access to specialist secondary care		
7.1	secure insourcing at ESNEFT for current waiting list	Mar-24	ESNEFT
7.2	agree and implement strategic plan with MSE, N&N, CUHFT	Mar-26	ICB
7.3	continue current referral mgmt services for minor oral surger	Live	ICB
7.4	collaborate with ICBs to commission orthognathic, TMJ	Mar-25	ICB

Goals

- A sustainable maxillofacial service is in place at East Suffolk and North Essex NHS Foundation Trust delivered from the Ipswich hospital site during 24/25.
- A reduction in the waiting list (details tbc)
- Improve access to regional specialisms such as paediatric care and restorative surgery

Suffolk County Council will launch a new mobile dental surgery in March which will have capacity to assess and provide treatment for 1,400 children.

8. Paediatrics

programme	description	Go live target	lead org'n
8	Paediatric Focus		
8.1	Introduce an enable child friendly dental practices (enhanced level 1)	Sep-25	ICB
8.2	Introduce a regional hub	Mar-27	ICB
8.3	Review a proposed tertiary centre	Mar-27	ICB
8.4	better define and formalise shared care pathways	Sep-25	ICB
8.5	Level 2 Paediatric training and service development	Mar-26	ICB
8.6	Primary care flags for CYP dental problems	Mar-27	ICB

Goals

- Improve children's oral health outcomes and experience – especially in communities showing poorer oral health

A regional task and finish group has been set up to review how to support the establishment of child friendly dental practices

9. Other plans

Theme	programme	description	Go live target	lead org'n
Other	9	Other		
	a	Dental Taskforce	Live	ICB
	b	VCFSE Working Group	Part Live	ICB
	c	Review of Dental Sedation Pathways	Live	ICB
	d	Review of Dental Trauma Pathways	Live	ICB
	e	Review of Dental Perio Level 2 Pathways	Live	ICB
	f	Implement a new minimum value baseline within Suffolk and North east Essex	Live	ICB

A recent investment of £800,000 has been made to support primary care dental services to stabilise

Commissioning - development of service procurement plans

The ICB plans to undertake several Procurements for new dental services and will complete a review of several data sources to understand the needs of the population and to inform where (town/ neighbourhood) the services are procured.

The ICB has the opportunity to rebase contracts where commissioned activity levels are 'high' and activity delivered is 'low'. This gives the ICB the opportunity to commission 'more' activity from a different provider into the neighbourhood.

The ICB will look at the population on a neighbourhood level of around 20,000 – 40,000 in rural areas and 60,000 – 80,000 in urban areas. Creating parity of access to services across all neighbourhoods is important.

The ICB will also review opportunities where providers have served notice and ended their contract.

Healthwatch Suffolk and Healthwatch Essex

- Overview and reflection of the key issues reported to Healthwatch - access to NHS dental treatment is one of the key issues reported by the public, along with complaints around charges.
- Summary of how Healthwatch is involved in supporting the local dental priorities, including service evaluation. Examples include:
 - Supporting the new Suffolk Dental CIC in its aims to meet the needs of the most vulnerable in our SNEE wide communities
 - Review of orthodontic services in April 24 in the West of Essex
 - Essex wide work underway with young mental health ambassadors around dental and oral health.
- Considering with Healthwatch England how a nationally agreed (with NHSE/I) evaluation programme could be supported – this includes a focus on evaluation of the mobile dental unit service. Healthwatch England will have a seat on a cross parliamentary committee that is being established.

Next steps



Finalise the dental plan

- Continue to consult with stakeholders to review feedback and to adjust the dental plan accordingly. Examples of areas for review include:
 - Explore introducing water fluoridation to improve oral health with Public Health.
 - Develop evaluation criteria for each project i.e., work with the SNEE 111 service provider, Practice Plus Group, for support to evaluate the impact of increasing capacity for people requiring access to urgent dental care services.
 - Develop an oral health education and communications plan. A focus on early years opportunities relating to health services, and education.
- Understand and respond to the outcomes of a regional (all 6 ICBs) dental health review being facilitated by Dental Public Health, NHSE which has focussed on:
 - A national survey of dental decay in 5-year- olds (SNEE specific)
 - The findings of a Qualitative Feedback project on Dental Access Experience in the East of England, 2023 of People Experiencing Homelessness, Gypsy, Traveller and Roma community and Asylum Seekers and Refugees
 - Access to primary and secondary dental care services (due to be published Mar/April 24))
- Continue to engage with stakeholders in response, including in response to offers of support to help inform the plan and next steps.

Launch plan

- Undertake member briefings as required
- Essex Health and Wellbeing Board (May)
- Suffolk Health and Wellbeing Board (TBC)