TORBAY COUNCIL

Wednesday, 16 November 2022

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD

A meeting of **Adult Social Care and Health Overview and Scrutiny Sub-Board** will be held on

Thursday, 24 November 2022

commencing at **2.00 pm**

The meeting will be held in the Board Room - Town Hall

Members of the Board

Councillor Johns (Chairwoman)

Councillor Douglas-Dunbar
Councillor Foster
Councillor Loxton
Councillor O'Dwyer

Together Torbay will thrive

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ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD
AGENDA

1. Apologies

2. Minutes (Pages 5 - 8)

To confirm as a correct record the minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board held on 27 October 2022.

3. Declarations of Interest

a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

4. Urgent Items

To consider any other items that the Chairwoman decides are urgent.

5. Review of Dentistry Provision in Torbay (Pages 9 - 68)

1. To receive an update on the NHS England South West Dental Reform Strategy (see documents via the website at https://www.england.nhs.uk/south/info-professional/dental/dental-reform-strategy/).

2. To consider if there is sufficient NHS dentist capacity in Torbay and what action is being taken to address long waiting lists to access urgent and non-urgent dentistry, especially for elderly or vulnerable patients.

Additional Key Lines of Enquiry:

1. Will NHS England consider using the annual claw-back of unspent Torbay specific UDA funding to design and develop innovative solutions to oral health improvement and access to dental services in Torbay (with Torbay Council and wider partners)? This question also requires:

    - Explanation of how Units of Dental Activity work.
    - Explanation how the clawback is prioritised and spent once back with NHSE.
    - Budget lines for the last five years showing:

        - The amount of money contracted with high street dental practices in Torbay for areas TQ1, 2, 3, 4 and 5 (note % of TQ3, 4 & 5 are in the Devon County Council area. Postcode look-up tool supplied).
        - Total UDA commissioned: number and value.
        - The amount of money unspent (% and amount) and clawed-back into NHSE.

2. Local Authorities have the statutory duty for oral health improvement but not the budget – this remains within NHSE.

    - What is the current NHSE stance on the disaggregation of oral health improvement budgets from NHSE back into local authorities?
    - NHSE and Devon County Council completed this transfer of budget in 2019 – how can NHSE achieve parity for other local authorities such as Torbay, who have not seen oral health improvement budgets disaggregated and returned?

3. It is requested that NHS England provide a regular update to Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board on improvements in dental access and planned oral health improvement initiatives, including outputs and key performance indicators – the format and frequency to be agreed at the meeting.

Key Documents:

1. Dental Access for Adults and Children in Torbay.
2. NHS England and NHS Improvement Oral Health Needs Assessment South West of England January 2021 (Appendix 2 Devon STP Analysis).

(Note: Lou Farbus, Head of Stakeholder Engagement and Melanie Smoker and Amy Claridge - NHS England South West, Mark Richards – Public Health Specialist, Wendy Okurut - Brixham Town Councillor have all been invited to take part in this discussion.)

6. **One Devon Partnership Integrated Care Strategy** (Pages 69 - 75)

To receive an update on the One Devon Partnership Integrated Care Strategy.

(Note: Lincoln Sargeant, Director of Public Health will be in attendance for this item.)

7. **Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker** (Pages 76 - 77)

To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

Meeting Attendance

Please note that whilst the Council is no longer implementing Covid-19 secure arrangements attendees are encouraged to sit with space in between other people. Windows will be kept open to ensure good ventilation and therefore attendees are recommended to wear suitable clothing.

If you have symptoms, including runny nose, sore throat, fever, new continuous cough and loss of taste and smell please do not come to the meeting

Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board

27 October 2022

-: Present :-

Councillor Johns (Chairwoman)

Councillors Douglas-Dunbar, O'Dwyer and Brooks

Non-voting Co-opted Member

Pat Harris, Healthwatch

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6. Apologies

An apology for absence was received from Councillor Loxton. In accordance with the wishes of the Conservative Group, Councillor Foster was substituted by Councillor Brooks.

7. Minutes

The Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board held on 23 June 2022 were confirmed as a correct record and signed by the Chairwoman.

8. Wait Times for Adult Social Care Assessments and Care

The Board considered a report that provided a situational overview of waiting lists in Front End (Triage) and Complex Care Team (CCT) within the Adult Social Care (ASC) Bay Wide Teams and also the overall picture of overdue reviews. Shelly Machin – System Director Torbay and South Devon NHS Foundation Trust informed Members that a risk-based approach was used when assessing those on the waiting list, the number of people on the waiting list had increased and coincided with an increased level of sickness and vacancies.

Ms Machin responded to questions in relation to the following:

- The reasons for staff sickness and vacancies;
- The increasing number of '60+ days' on the Complex Care Team waiting list;
- The number of overdue 'Adult Social Care Annual Reviews' and the other intelligence and evidence gathered to ensure that a person who was overdue an annual review was not at risk; and
- Concerns regarding the impact of the cap in relation to the cost of care.

Members asked that following information be provided:

1) The number of people who have been removed from the waiting list as a result of seeking private treatment; and

2) The approach taken to share the waiting list data across teams and with partners.

9. Suicide Prevention in Torbay

The Board noted an update on Suicide Prevention in Torbay. Members were advised that over the last year Torbay's rate of suicide had dropped slightly. However, the suicide rate was still significantly higher than many other areas in the country and combined with an economic position that currently challenges the most vulnerable individuals in our society, officers and partners could not become complacent.

The Board was informed of the significant contribution Torbay Community Helpline had made in addressing mental health by looking at an individual holistically. The 'train the trainers' approach to skilling up people to recognise and respond to mental health issues in the community was noted to be a successful method that had aided the delivery of a range of courses that aimed to boost wellbeing. The self-harm prevention pilot in Torbay schools had also been extended for another year and had already delivered some positive outcomes. New priorities had been identified and included 'tackling basic needs' as a means of preventing poor mental health and tailoring approaches to improving mental health in children and young people.

Members asked questions in relation to:

- Targeting resources at particularly vulnerable groups such as young men;
- Resilience within schools and relationship with multi academy trusts;
- Whether there were local initiatives that could be developed with Licensed Premises; and
- The 'Tree of Life' a peer support model being used by young people to support each other.

Resolved:

That the Adult Social Care and Health Overview and Scrutiny Sub-Board supports the proposals set out in the submitted report to:

1. Continue to support the multi-agency priorities and actions outlined in the Torbay Suicide and Self-harm Prevention Plan 2022/23 and the Torbay Joint Health and Wellbeing Strategy 2022-26, including:
    - Promoting information and awareness around suicide through all statutory, community and voluntary partnerships in the Bay.
    - Promoting suicide awareness and free suicide training with local employers and businesses to support creation of suicide safe

environments. This will support actions identified in the Cost of Living Summit 5 October 2022.
- Referral and signposting pathways to appropriate support and services, based on level of need.

2. Enable Torbay Council staff and providers who interact with vulnerable residents to identify and act on potential indicators of poor mental wellbeing or suicide risk, and also to maintain their own wellbeing. This is primarily through:
   - Promoting a range of suicide prevention training to all employees (universal and targeted offer based on roles and functions).
   - Partnerships with and signposting to partners providing relevant support e.g., Samaritans, TALKWORKS, QWELL, Devon Wellbeing Hub and the Torbay Community Helpline.

3. Focus on specific actions to improve children's emotional health and wellbeing through new multi-agency forums leading implementation of children's services priorities (SEND action plan, early help, family hubs).

10. GP Strategy for Devon

Jo Turl and Steve Harris from NHS Devon's Commissioning Primary, Community and Mental Health Care Team presented an update on the NHS Devon Strategy for Primary Care (General Practice). Members were advised that in developing the Strategy over the course of the last few months, care had been taken to ensure wide engagement with key partners and stakeholders. There had been 29 reference-style group meetings with GPs, practice managers, other health professionals (for example within secondary care and mental health services), system partners, patients and Healthwatch. Surveys were also widely circulated and consisted of two different surveys tailored to those working within the healthcare system and those the healthcare system was there to care for.

A number of emergent themes were identified, for instance, differentially investing to tackle health inequalities, consistency of access and support to users when accessing technology, a strong focus on the prevention agenda and supporting practices with a Greener NHS plan. The new Strategy had therefore been developed taking into account the output from the engagement.

Ms Turl and Mr Harris responded to questions in relation to:

- Patient expectations and the balance of 'want vs need';
- The evolution of digital and the need for digital offer to provide a seamless route through to non-digital practice;
- Homelessness and access to primary care;
- GP access and waiting times at A&E; and
- Learning from Vaccination Centres, ability to scale up and development of hubs.

11. Torbay and South Devon NHS Foundation Trust Quality Account 2021/22

The Chief Executive, Liz Davenport and the Chief Nurse, Deborah Kelly for the Torbay and South Devon NHS Foundation Trust, presented the Torbay and South Devon NHS Foundation Trust Quality Account 2021/22. A Quality Account sets out the quality of services and improvements offered by an NHS healthcare provider.

The quality of the services was measured by looking at patient safety, how effective patient treatments were and patient feedback about the care provided. Miss Kelly informed Members that 18 months ago it was hoped that the health economy would have recovered, however, the impact of the Covid-19 Pandemic had been long lasting. Despite this The Trust had made good progress in stepping up recovery and restoration of services and managed to maintain and sustain elective day surgery. There were concerns regarding the emergency pathway and how The Trust was managing patient flow, this was a priority last year and a single focus for senior leaders.

The Trust was also subject to an inspection by the Care Quality Commission (CQC) who focused on the escalation and covid wards and identified improvements that needed to be made regarding documentation. This finding was a frustration for the CQC as it had been previously identified, which had been exacerbated by the Pandemic. In response The Trust had put in place measures and have identified a compliance level of around 90%.

Miss Kelly and Ms Davenport respond to questions in relation to:

- The ownership of the Mental Capacity Act by all staff, rather than reliance upon one team;
- The number of safety incidents and who was reporting the incidents;
- The development of dementia services; and
- Maternity and assurance that the service was not an outlier in terms of maternity outcomes.

12. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Members noted the submitted report.

Chairwoman

For information

Dental Access for Adults and Children in Torbay

November 2022

Background

NHS England and NHS Improvement is responsible for the commissioning of dental services across England, having taken over from primary care trusts when the NHS was reorganised in 2013. NHS England's offices in the South West region manage these contracts locally.

Dental services are provided in Devon in three settings:

1. Primary care – incorporating orthodontics
2. Secondary care
3. Community services – incorporating special care

1. Primary care (high street dentistry)

The dental practices are themselves independent businesses, operating under contracts with NHS England and NHS Improvement. Many also offer private dentistry. All contract-holders employ their own staff and provide their own premises; some premises costs are reimbursed as part of their contract.

Domiciliary treatment is provided by a small number of contractors who provide treatment for people who are unable to leave their home to attend a dental appointment either for physical and/or mental health reasons, including people in care homes.

Dental contracts are commissioned in units of dental activity (UDAs). To give context the table below sets out treatment bands and their UDA equivalent:

Band	Treatment covered	Number of UDAs
1	This covers an examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.	1
2	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, removal of teeth but not more complex items covered by Band 3.	3

3	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.	12
4	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.	1.2

Covid Impact 2020/21 onwards

At the end of March 2020 under direct instruction of the Chief Dental Officer for England, face to face dentistry ceased and dental practices provided remote triage of dental emergencies, advice and guidance, and prescriptions for antibiotics as necessary. In response for the need to meet the demand from patients who could not access a dental appointment due to the closures, urgent dental care hubs were established at pace to accommodate dental emergencies for those patients who do not identify with a regular dentist. These hubs continued to remain open and providing urgent care when high street practices commenced seeing patients face to face. Access to these hubs was via the urgent care helplines. Where patients had a dentist, they would be directed to see their practice, and for those who did not have a dentist, would be directed to the hub.

Despite the commencement of face to face appointments, compliance with infection protection control protocols has reduced the number of patients that can be treated such that clinical priority needs to be given to those that are currently mid treatment, children and vulnerable groups and urgent care.

Between 8th June and 31st December 2020 practices were expected to achieve 20% of their usual patient volume, based on the previous year's delivery. This activity was a combination of both face to face care and remote triage as per national guidance. This rose to 45% between 1st January and 31st March 2021 and 60% from 1st April to 30th September 2021. Between October and December 2021, the minimum figure was increased to 65% and between January and March 2022 the figure was increased further to 85% (90% for orthodontic practices). During this time, the Chief Dental Officer committed to pay practices 100% of their contract to ensure that practices could continue to remain open and pay staff wages.

In April 2022 the Chief Dental Officer confirmed that contracts will continue to be funded 100% of normal volumes. It continued to be a requirement that all NHS funded capacity is used to deliver the maximum possible volume of safe care for patients to maintain and protect their 100% income. Between April and June 2022, practices were asked to deliver at least 95% of contracted UDAs. Orthodontic practices were asked to return to normal contracting volumes (100%) for this same period. From the 1 July onwards, all contracting volumes returned to 100%.

Access rates to high street dentistry

Access information is available for Torbay. We have also provided the information that relates to Devon as a comparison. The Devon view is not dissimilar to the South West situation whereby access has decreased since Covid-19, albeit a steady improvement it is not at the pre-Covid-19 levels.
Over recent years there has been a steady fall in the number of patients in Torbay who have been able to access an NHS dentist.

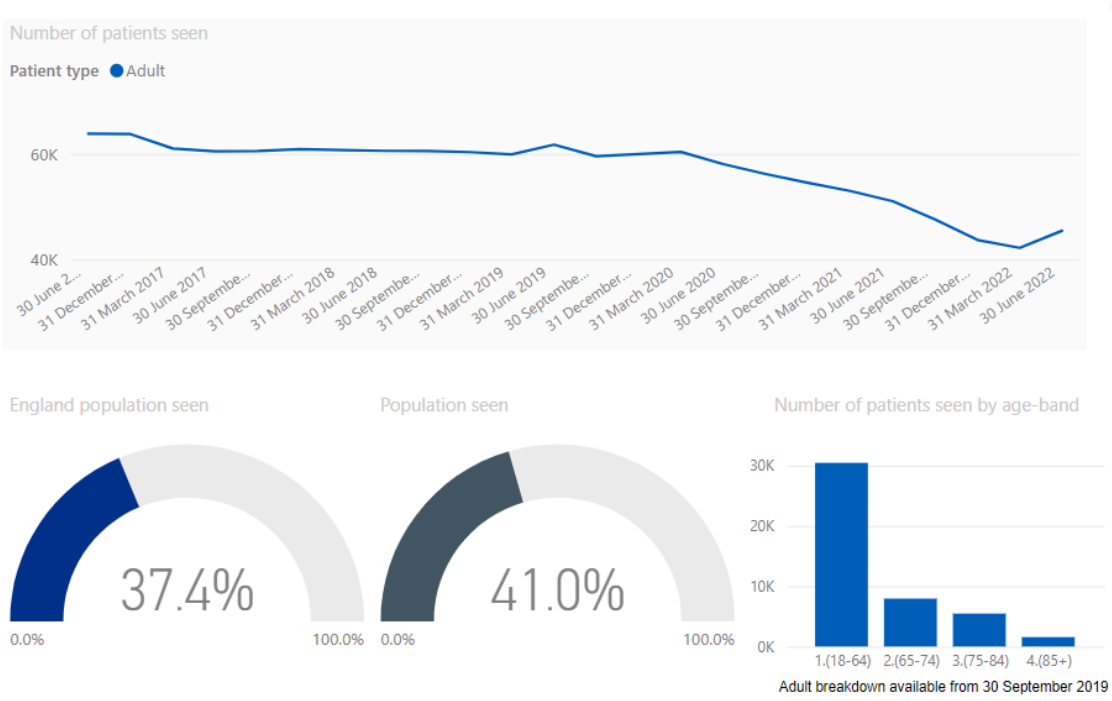
The total number of adults receiving NHS dental care in Torbay has decreased from 59,953 at 31 December 2019 to 45,441 by 30th June 2022, although the graph below (Graph 1) indicates a steady rise in numbers more recently.

The access rate for the adult population of Torbay is 41% which is greater than Devon (37.1%) in June 2022, which was similar to the rate for England as a whole (37.4%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 24 months as at December 2021.

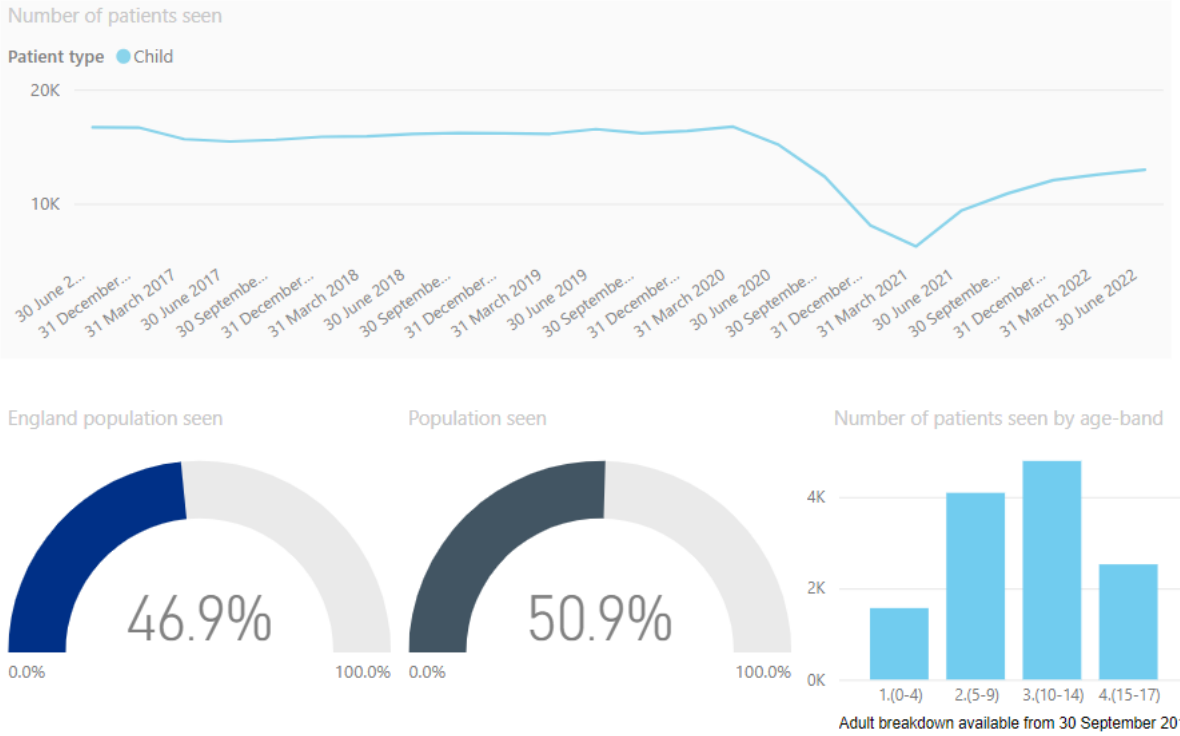
The number of children who have received NHS dental care in Torbay in December 2019 was 16,355 which had fallen to 12,971 by 30th June 2022, although it is on the increase as shown in the graph below (Graph 2).

The proportion of children in Torbay accessing a dentist was 50.9% which is higher than those in Devon (44.4%) and the national average across England (46.9%). This is measured by looking at the proportion of people who have seen an NHS dentist in the past 12 months.

Graph 1 – Number of Adults accessing dental care in Torbay



Graph 2 - Number of Children accessing dental care in Torbay



For further details on these statistics, please see:
https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/general-practice-data-hub/dentistry

Commissioned dental activity

As at August 2022 NHS England has 159 contracts in place across Devon providing a mixture of Mandatory Dental Service, Orthodontic Dental Services and Specialist Dental Services, of which 20 are situated in the Torbay area. Practices in Torbay are listed at the end of this report.

Category	Number of Devon Contracts	Number of Torbay Contracts
Total	159	20
Practices providing Dental Care only	115	19
Practices providing Orthodontic care only	8	1
Practices providing Dental and Orthodontic Care	7	0
Other	29	1
Total number of contracted UOA's annually	86,814	10,359
Total number of contracted UDA's annually	1,873,145	112,337

UDA activity performance

Average regional (South West) delivery for April to June was 60.7% July activity was reported as 60%.

From the start of April to the end of August 2022, 18 Devon contracts (13%) delivered the required UDAs or more to be on track towards the Q1 threshold (95%) by the end of June 2022. Devon recorded the lowest activity in the region at 62% although Torbay practices only achieved 48.8% within this period. (Data is based on courses of treatment completed within an entire month, for example 1st February to 28th Feb).

UOA activity performance

Average regional (South West) delivery for April to June was 76.7%. July activity is reported as 84%.

From the start of April to the end of August 2022, 05 Devon contracts (36%) have delivered the required UOAs or more to be on track towards the Q1 threshold (100%) by the end of June 2022. For Torbay the orthodontic activity to date is 58.62%. (Data is based on courses of treatment completed within an entire month, for example 1st February to 28th Feb)

New procurements

To address the problems people are experiencing finding an available dental appointment NHS England is currently in the process of procuring additional primary care dental capacity to replace capacity resulting from practices handing back all of part of their contracts (mainly due to difficulties in attracting new staff and other resource implications). 17,000 additional UDAs are being procured in the EX1 post code area and the contract has recently been awarded. The service includes the provision of urgent care and delivery of the Chief Dental Officers initiative called 'Starting Well Core'.

The following contracts did not receive any expressions of interest from practices following phase 1 of the procurement exercise:

- 4,500 UDA's in the EX39 post code area
- 3,000 UDA's in the EX32 post code area
- 8,000 UDA's in the TQ13 post code area

A further phase of procurements is currently in the planning phase and is expected:

- To increase access to dental services for those patients who do not currently have a dentist
- To provide Mandatory Dental Services to the cohort of patients who do not currently have a dentist.
- To improve the oral health of patients treated.

This procurement will commence in the Spring taking 8 months to secure service provision.

Foundation dentists

There are 23 Foundation Dentists (FDs) working in practices across the county. Each FD delivers approximately 1,875 UDAs per annum, which equates to approximately 13,750 patients. The Foundation Dentist activity is seen in addition to the practices contracted activity, however during the Covid-19 restrictions, the activity undertaken by Foundation Dentists has been included in a dental practice's UDA achievement targets.

The Peninsula Dental School's education facilities in Plymouth and Exeter also provide one-off courses of treatment to patients who do not have an NHS dentist. These patients are allocated by the Dental Helpline team (see below) and treated by dental students under supervision.

Devon and Cornwall Dental Helpline

It may be helpful to explain that dental practices are independent businesses, often providing a combination of NHS and private dentistry. Patients are not registered with a dentist in the same way they are with a General Practitioner (Doctor), and individuals can access services at a dental practice located in any area if the practice is accepting new patients. Practices providing NHS treatment are listed on www.nhs.uk. NHS England does not hold information on practices who are currently accepting new patients. It is the practices responsibility to maintain accurate information on www.nhs.uk, we regularly communicate to practices the importance of reviewing and updating this information.

For Devon and Cornwall, a unique dedicated helpline was developed to:

- assist patients in finding an NHS dentist for routine care
- arrange urgent NHS dental treatment for people who do not have a dentist
- help commissioners identify and respond to variations in demand

Practices are encouraged to signpost prospective new patients to the helpline, so they can be added to a central waiting list rather than being taken on directly. As a result, people are sometimes incorrectly under the impression that there aren't any practices are taking on new NHS patients. Instead, patients are allocated in batches as capacity becomes available, so those who have waited longest are prioritised. People who are prepared and able to travel further are likely to be found a place sooner than those who are not.

The table below shows data for Devon for the last 12 months, covering:

1. the number of patients who have been added to the list each month
2. the number of patients allocated to a practice each month
3. the total number of patients who have been waiting for a dentist

N.B.:

- Many people will be under the care of a private dentist or another NHS dentist, even while registering with the helpline to find a place
- Some people will have found an NHS dentist but not informed the helpline
- Some people will have left the area but not informed the helpline
- Dental practices do not have a boundary unlike GP practices so patients can be accepted from anywhere in the UK.

As part of the South West Dental Reform Programme, a review of people looking for a routine dentist is being planned to ensure the list is up to date and identify priority patients and children to assess and treat. This is still in the early stages as to how to conduct the review, ensuring that there is sufficient capacity to treat those who need to be seen. It is anticipated that the review will take around 3 years to complete.

Month	Patients added	Patients allocated	Total number of patients on the list
January 2021	704	74	42,376
March 2021	1,384	14	44,468
May 2021	1,903	582	46,284
July 2021	1,504	23	49,098
August 2021	1,211	108	51,396
November 2021	1,004	70	53,481
December 2021	540	17	54,962
January 2022	929	13	55,916
February 2022	930	384	56,467
March 2022	NA	NA	NA
April 2022	622	403	57,395
May 2022	NA	NA	NA
June 2022	681	499	58,178
July 2022	831	683	58,593
Total	**12,243**	**2,870**	

The Access Dental Helpline also manages out of hours appointments for urgent care. They allocate appointments at the weekends and on Bank Holidays from clinics in Plymouth, Newton Abbot, Exeter and Barnstaple.

Orthodontics

A procurement exercise to secure new contracts was completed in 2019 enabling an increase in the number of local dental practices beginning to provide the service by extending their opening hours. Due to the pandemic, between 8th June and 31st December 2020, practices were expected to achieve 20% of their usual patient volume, based on their previous year's delivery. This increased to 70% 1st January and 31st March 2021of their normal annual target (pro-rata). From 1st April to 30th September 2021, practices were expected to deliver 80% of their normal annual target (pro-rata); increasing to 85% between 1st October to 31st December 2021. Between January to March 2022 the minimum target was increase to 90% of normal activity. Since April 2022 Orthodontic practices have returned to delivering the normal (100%) commissioned activity levels.

Urgent dental care

Earlier in the report, access to urgent dental care was referenced in response to Covid-19 and the need to close practices. Prior to Covid-19 and since, NHSE commissions urgent dentistry from a number of sources.

Plymouth Community Dental Service provides and manages in-hours appointments for patients with an urgent dental need who do not have access to an NHS dentist for patients in Plymouth. Torbay Community Dental Service offer the same service for patients in the Torbay area and the Dental Helpline manages the booking of appointments which are provided in practices throughout the rest of Devon. This service is for patients in need of relief from acute dental pain; acute infection; and bleeding or trauma.

Access to urgent dental care would normally be expected to be available within 24 hours of someone making contact with the service. Appointments are provided at a range of sites across Devon.

Only those people with a significant dental emergency, such as rapid facial swelling, uncontrolled bleeding or facial trauma, would be expected to be treated at accident and emergency departments.

The Dental Helpline also manages out of hours appointments for the whole of Devon. They provide appointments at the weekends and Bank Holidays in clinics across the county.

The South West dental commissioning team have recently launched an initiative to increase the number of urgent care treatment slots by asking practices to provide additional urgent care sessions. Three practices in Devon have been involved in providing urgent care sessions since December 2020. There aren't any provides in Torbay providing additional urgent care.

Workforce

The key issue affecting access to NHS dentistry is workforce. A shortage of dentists in Devon (and similarly across the South West and England) affects the ability of high street practices to deliver their contracts. We know from research we have conducted with the current workforce and dental students over the last year that the reasons for this are not necessarily different to those affecting other sectors of the health and social care system. Devon is viewed as a lifestyle choice by both the medical and dental profession, and younger clinical professionals tend to favour larger cities with greater transport links and more training opportunities.

Foundation dentists, who are undergoing further training for a year after graduation, tend to relocate at the end of their foundation year, moving elsewhere to follow training pathways or to take hospital-based jobs.

It is difficult to determine why established dentists leave. Anecdotally, factors include the challenges of working in NHS practices that are experiencing high demand from patients and the opportunities in private care.

Improving access to primary care for people in Devon

NHS England and NHS Improvement is seeking to increase access to NHS dental services by:

- Running a South West recruitment day supported by the British Dental Journal and dental providers to attract dental care professionals.
- Innovation in commissioning to make contracts more attractive to an associate or dentist with additional skills.
- Working with dental providers to explore what more can be done to maximise contracts.

- Reinvesting funding that has not been spent on meeting contracted activity levels in dental activity elsewhere (dependent on the availability of workforce to deliver activity). Pre-pandemic, we were in discussions with dental providers in Devon to agree short term non recurrent increases to their current contracts to create additional interim capacity in areas of need. We will be able to make these increases permanent once a formal procurement process has been completed in compliance with our statutory duties.

- Ensuring as places become available, they are allocated to those patients who are on the helpline's list.

- Ensuring we commission dental services to meet those areas of demand within available resources by resourcing a Local Dental Network and a number of Managed Clinical Networks for dentistry through which we work with dentists, public health and the dental school to develop referral pathways and increase dental capacity.

- In recent years we have had a small number of practices piloting a new prototype contract model as part of national work looking at contract reform, as it is considered that the current contract disincentivises dentists from undertaking NHS dental work. However, the prototype contracts ceased with effect from 31 March 2022 with those practices' participating reverting back to standard GDS/PDS agreements. It is envisaged that the outcome of this work will feed into a national contract review process.

- In collaboration with Health Education England and the Universities of Plymouth and Bristol, we offer funding to local dentists undertaking post-graduate courses in Restorative; Periodontal; Endodontal and Oral Surgery to increase the number of local specialists and improve access.

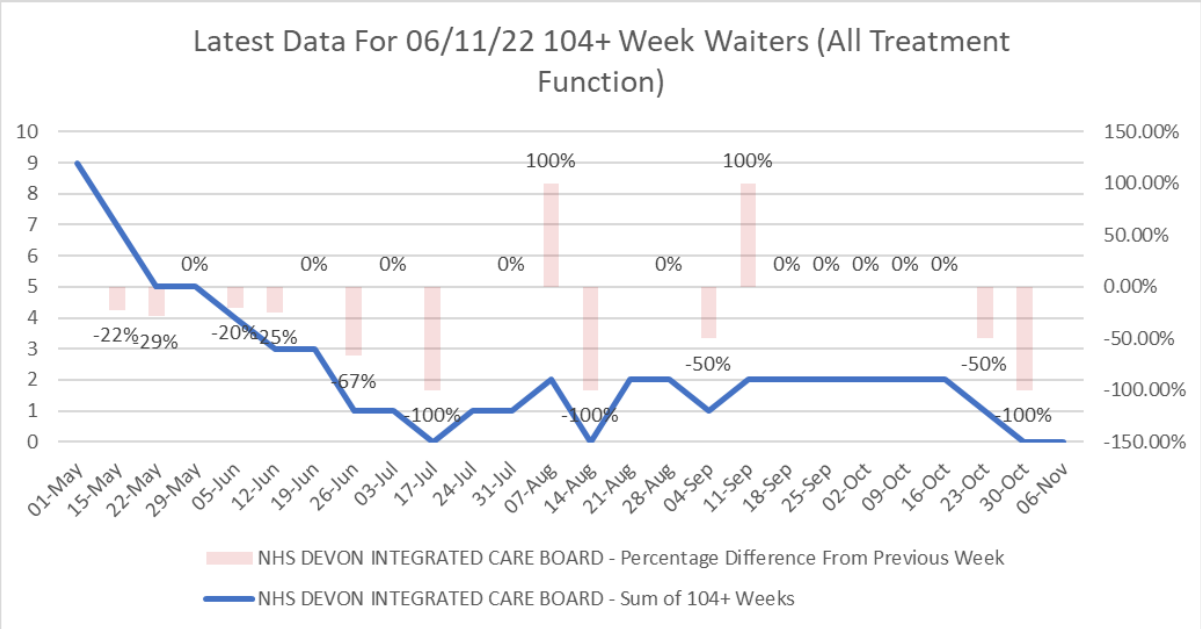
- Rebasing contract activity to allow for reinvestment. Any schemes will take into account national initiatives and regional difficulties, e.g. Dental Checks by 1, or increasing urgent care sessions for patients who do not have a routine dentist.

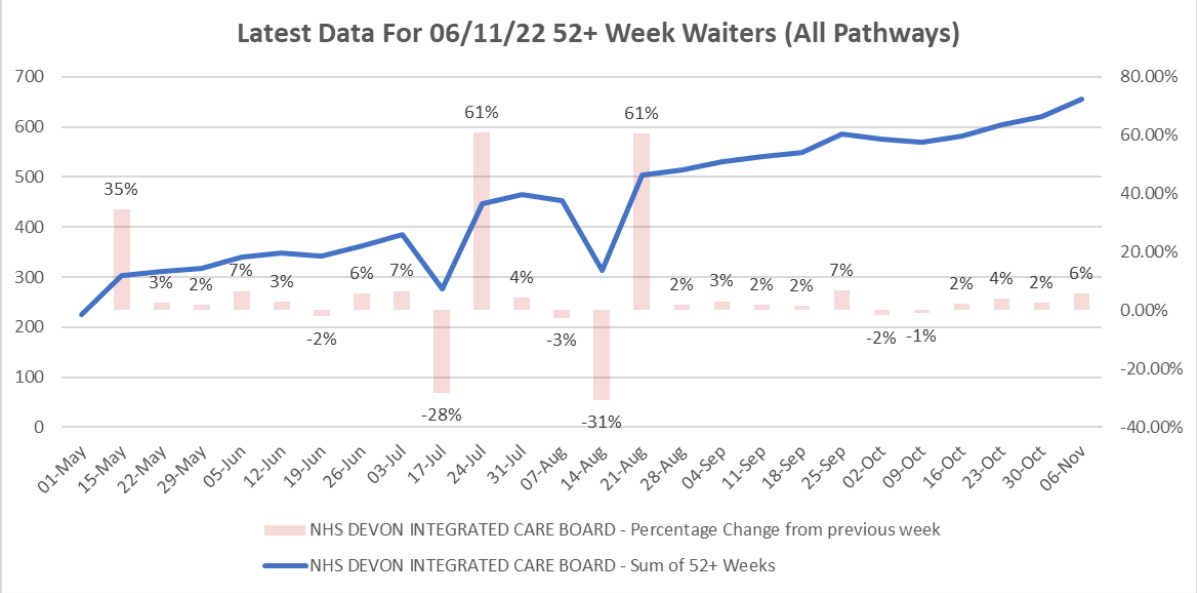
2. Secondary care provision

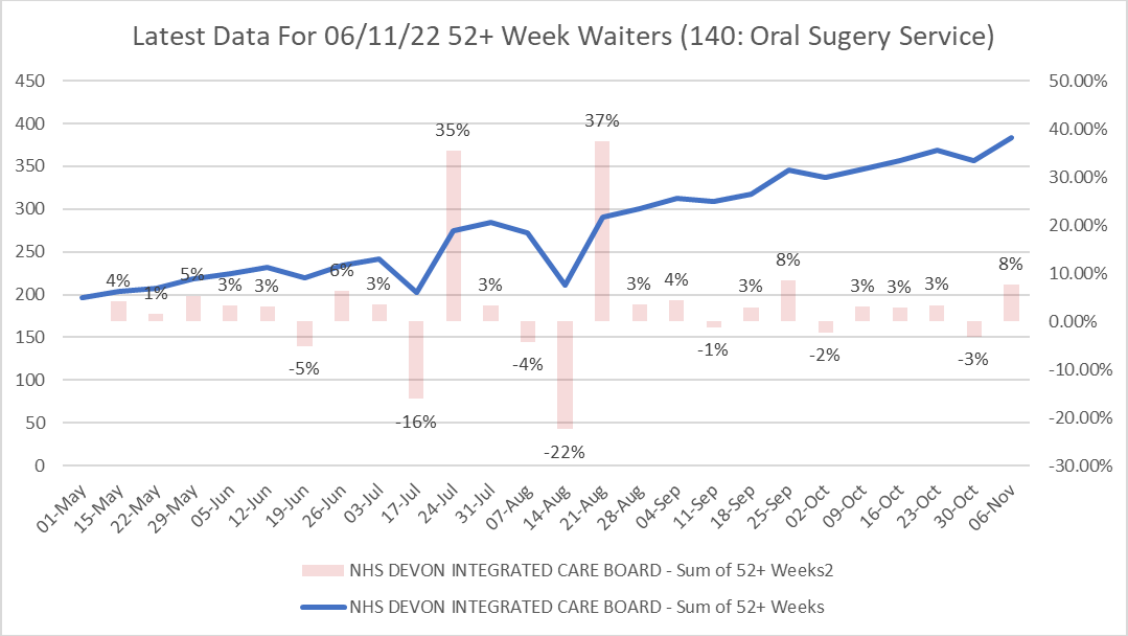
In Devon, NHS England commissions secondary dental care from Royal Devon and Exeter NHS Foundation Trust, Northern Devon Healthcare NHS Trust, Torbay and South Devon NHS Foundation Trust and University Hospitals Plymouth NHS Trust including oral surgery and orthodontic treatments. Oral surgery is also provided at Mount Stuart Hospital, Torbay, under a secondary care contract with Ramsay Healthcare.

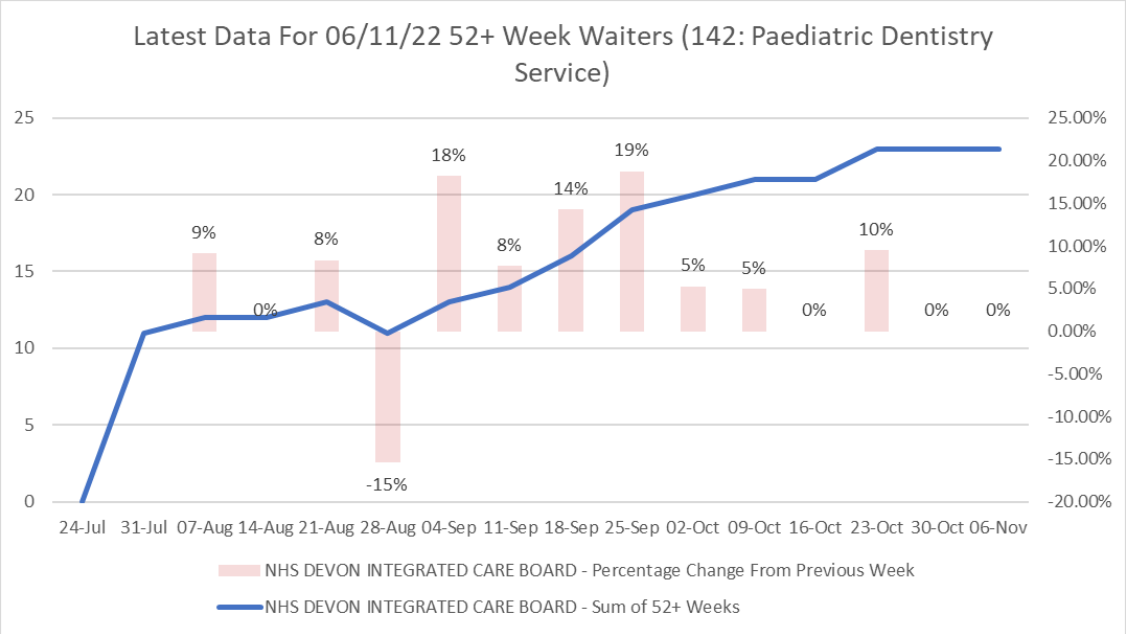
Secondary care has been impacted greatly by the pandemic as services initially ceased to allow additional capacity to treat Covid-19 patients in hospitals. All services have now been resumed but in some cases, the frequency of clinics has been reduced due to capacity at the hospital sites. This has led to an increase in waiting list sizes for some treatments, the graphs below indicate the numbers of patients being seen is increasing with no patients waiting over 104 weeks.

Local Integrated Care Systems (ICSs) have produced elective recovery plans and the funding available (elective recovery fund) is being used to procure additional capacity. The Getting it Right First Time (GIRFT) programme is also underway in the South West, looking at oral and maxillofacial surgery pathways to improve flow of patients, ensure more equitable access to treatment alongside and better outcomes.









3. Community Services

Plymouth Community Dental Service (Livewell), Northern Devon Healthcare NHS Trust, Torbay Community Dental Service (South Devon and Torbay NHS Foundation Trust) are commissioned by NHS England to provide a range of community services. They each operate from a range of sites across Devon.

Special care dentistry is concerned with the improvement of the oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability; or, more often, a combination of these factors.

Special care dental services provide urgent care, check-ups and treatment. In Devon, the service also provides oral surgery and general anaesthetic for patients who cannot be treated by local anaesthetic.

Special care dental providers are currently experiencing difficulties in recruiting to specialist posts. Measures are in place, supported by the Special Care Managed Clinical Network, to secure additional specialists while longer term solutions are developed.

Other community services are:

- Children's General Anaesthetic
- Adult General Anaesthetic
- Orthodontics (complementing high street orthodontics)

Community dental providers, including Plymouth Community Dental Service (Livewell), Northern Devon Healthcare NHS Trust, Torbay Community Dental Service (South Devon and Torbay NHS Foundation Trust), were rapidly reassigned as Urgent Dental Care Centres when the pandemic started in March 2020 to ensure that patients with urgent dental needs were able to be seen and treated at a time when all other dental providers were only able to provide telephone advice and antibiotics. Although they have now resumed their normal service provision, they are still covering some urgent care provision for non-registered patients as demand for this service is still high.

Local authorities are the lead commissioner of oral health promotion programmes to improve the health of the local population as part of their statutory responsibilities. Oral health promotion in Devon is delivered via the community dental provider and consists of oral health education and fluoride varnish application.

4. Dental Reform Strategy for the South West

The South West Dental Reform Programme was established in 2020 to improve access to oral health services, develop workforce initiatives to improve recruitment and retention of the dental workforce, and improve the oral health of the population. The programme is run by NHS England and NHS Improvement and Health Education England, alongside our strategic Integrated Care Partnerships and Local Authority Public Health leads to bring together the NHS England and NHS Improvement Dental Commissioning Team and Transformation Team with key stakeholders with responsibility for oral health in the region (Public Health England, Health Education England, Local Dental Committees, the Local Dental Network, and Integrated Care System (ICS) representatives) as well as public and patient voice partners. The purpose of the programme is to inform a roadmap/plan for the future of NHS dental services and oral health improvement in the South West.

As an early milestone, an Oral Health Needs Assessment (OHNA) was commissioned and published earlier in 2021 and the Dental Reform Programme team held a first SPRINT workshop on 10th June. Over 150 delegates attended with representatives from the dental profession; Healthwatch; Health Education England; Overview and Scrutiny and regional and national NHS colleagues. Dental case studies were considered, and discussions held about what works well, what opportunities could be explored, what barriers there are

currently and how we overcome them. A report summarising the event outputs and recommendations is available here.

A further prioritisation session based on the workshop findings was held in July. In addition, three programme working groups have been established in September on access, oral health improvement and workforce. The results from the workshop and prioritisation session together with the Oral Health Needs Assessment will be used by the working groups who began meeting in September. Some of the prioritised actions for the access working group that particularly relate to Devon include:

- Review of all seven Dental Helpline specifications across the region, including the Devon helpline
- Develop a standard service specification for high street dental practices incorporating flexible commissioning (identifying some of their existing funding to address specific patients, e.g. providing care for high needs patients, improving access to urgent dental care).

Actions to date

NHS England SW's initial actions have been focused on better understanding the challenges that currently prevent the dental community as a whole from fulfilling their contacts by working with the dental community, dental students and local, regional and national commissioners with a view to developing a plan for how to address it that is targeted and accounts for what we have learned from the local population and the dental community. The following actions have been carried out since February 2021. In addition, we have developed he clinical architecture and local dental committees to ensure that action plans are focused on local needs, local assets and local healthcare plans and priorities.

Completed Actions	**Delivered**
Independent Oral Health Needs Assessment commissioned and published **https://www.england.nhs.uk/south/info-professional/dental/dental-reform-strategy/**	February 2021
South West Multi-Disciplinary SPRINT engagement workshop held and findings published **https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2021/08/dental-sprint-1-output-report.pdf**	June 2021
Prioritisation session held to discuss findings of the OHNA and SPRINT with SW Dental Reform Programme Board	July 2021
Three working groups established on Access, Workforce and Oral Health Improvement to develop action plans on prioritised actions	September 2021
Three Dental Clinical Fellows join the Dental Reform Programme	September 2021
Programme Manager joins the Dental Reform Programme	November 2021

First South West Dental Network bi-monthly webinar	January 2022
Local Authority oral health interventions and priority groups mapped	January-February 2022
Three Network Managers join the Dental Reform Programme	January-March 2022
Mapping of the existing urgent care pathways	January-June 2022
Futures NHS SW Dental collaboration platform with oral health repository launched	June 2022
Urgent Care MCN Chair appointed	June 2022
Dental workforce and student surveys carried out	April-June 2022
Draft Patient Charter finalised	June 2022
Child Focused Dental Practice pilot	October 2022
A new dental access pilot 'Stabilisation' pathway is launched for those without a regular dentist who need dental care, or who have been seen for an urgent dental problem but have additional dental needs	October 2022
A First Dental Steps programme, an oral health improvement programme supporting health visitors with oral health advice training and with oral health kit packs for children who are 0-2 years is launched across the region	*October 2022*

This has enabled commissioners and the dental community to concentrate on three key areas: Access; Workforce; Oral Health improvement. Each working group has its own action plans which have been brought together to co-develop a road map for how we can keep hold of the dental staff we have and attract even more to the region whilst we also improve oral health so people don't need to see a dentist. By increasing capacity and reducing demand in this way we expect people to find it easier to see an NHS dentist.

Actions Planned for 22/23 Onwards

Commitment 1: Increase access to dental services ensuring a focus on targeting those in greatest need in each system (as identified in the Oral Health Needs Assessment)			
Action	**Outcome**	**Date**	**Lead**
Urgent care pathway review	Review completed and suggestions for changes agreed	Oct 2022	Urgent Care MCN & Access Working Group

Dental helplines review and standardised specification developed	Review completed and specification finalised Future increase in patient satisfaction	Dec 2022	Urgent Care MCN & Access Working Group
Devon & Cornwall helpline list review with commissioner approach for adults and children developed	Future of the list agreed	March 2023	NHSE Dental team
Urgent dental appointments demand and capacity review	See Data commitment. Need to set uniform metrics to understand supply & demand	March 2023	Urgent Care MCN & Access Working Group
Stabilisation pilot pathway	Monitoring being developed Increase in new patients being seen	Launched Nov 2022	Urgent Care MCN & Access Working Group

Commitment 2: Strengthen and broaden dental provision using the range of tools available to regional teams including through national dental contract reform, such as flexible commissioning to support dental recovery following the pandemic and use of the wider dental team for service delivery			
Action	**Outcome**	**Date**	**Lead**
Routine pathway with Community Providers	Pathway completed Increased number of appointments per system by 5%	April 2023	Access Working Group
Child Focused Dental Practices	Reduction of dental caries (tooth decay) by 2% Reduction of referrals for GA (general anaesthetic) by 5%	Launched by Oct 2022	Paediatric MCN & Access Working Group
Starting Well Core	Increased access for 0-2 years by x%	Launched by Oct 2022	Paediatric MCN & Access

			Working Group
Welfare checks for under 18s waiting in primary care	Checks completed for all under 18s waiting longer than six months	March 2023	Paediatric MCN & Access Working Group
Welfare checks for under 18s waiting for general anaesthetic	Checks completed for all under 18s waiting longer than six months	March 2023	Paediatric MCN & Access Working Group
Review of dental and oral health improvement pathway in secure settings and the pathway for those leaving and returning to the community	Review completed and pathway developed	July 2023	Secure Settings MCN & Access Working Group
Access for Armed Forces families review (via MDS procurement and stabilisation)	Review completed	Oct 2023	Access Working Group
Domiciliary care review	Review completed and suggestions for change agreed Increased number of older people accessing a dentist	Oct 2023	Special Care MCN & Access Working Group

Commitment 3: Strengthen relationships between the dental team and networks within the seven SW integrated care systems and their Primary Care Networks (PCN)s, using the roadmap to build a tailored plan for each system and ensure dental services are integrated and a key part of service delivery and improvement, including primary care			
Action	**Outcome**	**Date**	**Lead**
Review of the Paediatric Secondary Care Service in the Peninsula	Review completed, new pathway and service designed and commissioned	March 2024	Paediatric MCN & Access Working Group

Working with systems to look at strategies including dental provision	Increased focus on dental alongside other primary and secondary care provision	March 2024	Commissioning Hub, ICBs

Workforce

Commitment 4: To work with partners to develop a sustainable dental workforce for the South West			
Action	**Outcome**	**Date**	**Lead**
Dental Conference	Successful conference held with positive feedback	January 2023	Network Managers
Website signposting to dental vacancies and training opportunities	Website live and being used Greater numbers trained Reduction in vacancies unfilled	September 2023	Career Development Fellow & Digital PM

Commitment 5: Identify the current workforce and focus on specific vacancy hotspots in the region to create a sustainable workforce for the future			
Action	**Outcome**	**Date**	**Lead**
Clinical workforce survey	Results analysed and next steps agreed	August 2023	Workforce Working Group & Career Development Fellow
Dental School Engagement	Menti data collected fed into clinical workforce survey	Ongoing, quarterly	Dental Team & Career Development Fellow
Dental workforce data review to support the development of the workforce action plan	Clearer understanding of workforce situation Gaps in data identified	January 2023	Workforce Working Group & HEE
Mapping spare dental chairs	Spare community and dental school provision identified	October 2022	Dental Team

Commitment 6: Embed education, training and support within the programme and commissioning activities to ensure the dental team have development opportunities			
Action	**Outcome**	**Date**	**Lead**
Peer Review	Numbers completed	Launched in January 2023 at Dental Conference	Dental Network Managers
Dental Futures NHS Collaboration Platform	Unique visitor usage data	Implemented. Monitoring ongoing	Career Development Fellow

Commitment 7: Develop a programme of flexible and extended training opportunities across dental care in the region to help retain people in the South West in the next five years to improve access and treatment outcomes for the population			
Action	**Outcome**	**Date**	**Lead**
Work experience network	Network set up Numbers participating	Launch January 2023 at Dental Conference	Workforce Working Group & Career Development Fellow
SW Dental Education Review programme stakeholder group	To help implement the recommendations of the Advancing Dental Care (ADC) review in the SW	Established September 2022	HEE SW
PLVE - The Performers List Validation by Experience programme enables the NHS to employ overseas dentists	Increase in PLVE trainees and training practices	Started August 2022 and ongoing	HEE SW & Career Development Fellow
Tier 2 accreditation	Tier 2 accreditation panel established	April 2023	HEE SW & Dental Network Managers
Dental Specialist Centre/training hub	Business case completed	July 2023	Training Hub SPM

Oral Health Improvement

Commitment 8: Work with health inequalities leads, local authority oral health improvement leads, the dental team and key partners to improve access to oral health improvement advice and interventions for those in greatest need in each system			
Action	**Outcome**	**Date**	**Lead**
First Dental Steps	Extension live Number of children seen	Sept 2022	Oral Health Improvement Working Group & Dental Team
Supervised Toothbrushing	Extension live Number of children seen	January 2023	Oral Health Improvement Working Group & Dental Team
Mini Mouthcare Matters	Scheme information cascaded Numbers trained and number of children seen	January 2023	Oral Health Improvement Working Group & Public Health & Paediatric MCN
Mouthcare Matters	Scheme information cascaded Numbers trained and number of adults seen	Oct 2023	Oral Health Improvement Working Group & Public Health & Special Care MCN

Commitment 9: Increase access to dental services supporting commissioners to target those in greatest need in each system (as identified in the Oral Health Needs Assessment)			
Action	**Outcome**	**Date**	**Lead**
Looked After Children access model	Specific action plan completed Pathways agreed Number of LAC (looked after children) seen per system	Dec 2022	Paediatric MCN & Quality/ Safeguarding Team

Patient Charter	Charter agreed and cascaded Reduction in complaints Increase in new patients seen Increase in recall rates of 18 months	Launch Dec 2022	Oral Health Improvement Working Group & Dental Team & LDCs
Signposting communications	Communications agreed and cascaded Reduction in complaints Increase in understanding how to access dentistry (via HealthWatch data)	Launch Nov 2022	Oral Health Improvement Working Group & Dental Team & LDCs
Task and finish group to consider oral health among older population	T&F group set up Separate action plan agreed	Report to Board in March 2023	Oral Health Improvement Working Group & Access Working Group & Special Care MCN
Task and finish group to consider green impact on dentistry and rollout of national toolkit	% of practices/providers participating and % improvement of carbon footprint	Ongoing	Programme Manager

Cross-Cutting Commitments

Digital technology and data analysis cut across all of the working groups and underpin all of the Programme's aims.

Commitment 9: Develop a digital dental referral programme to use technology to make dental referrals between primary, community and secondary care more efficient, sustainable and improve patient and staff experience in the South West			
Action	**Outcome**	**Date**	**Lead**
Digital Referrals	Pilot in place Solution rolled out Number of referrals made digitally	June 2023	Digital SPM & All MCNs

	Reduction in referral times		

Commitment 10: Develop a baseline dataset with which to measure progress and success, using a range of data, information, intelligence and maps			
Action	**Outcome**	**Date**	**Lead**
Development of a regional and by system view on dental provision and performance	Understanding of performance Agreed dataset to share	December 2023	Dental Team & Data Support
A benchmarking exercise around baseline performance to measure progress towards Dental Reform Programme outcomes	Understanding of performance measures Potential dashboard	December 2023	Dental Team & Data Support

As the Programme develops its approach, actions and how to measure success may be changed or added to the roadmap. Progress will be reported quarterly.

Torbay Health and Adult Social Care Overview and Scrutiny Committee are asked to:

- Consider the ongoing work of NHS England South West dental reform programme board to address the underlying causes of the access difficulties associated with NHS dental services.
- Consider the work that NHSE England South West is doing in partnership with public health partners to improve the oral health of our population.
- Work in partnership with the NHS England South West dental reform team to consider ways to market Torbay and Devon to attract the dental and other clinical workforce that it needs and encourage more young people in Torbay schools and colleges to consider a career in the NHS.

Appendix 1

Practices within the Torbay area

Provider/Name Detail	Practice name	Address 1	Address 2	Town	Post code	Telephone	Restrictions on service provided
Ansa Usman Ltd	Ocean Orthodontic Clinic	91 Marldon Road		Torquay	TQ2 7EG	07845 374079	Ortho-dontic
Peks Dental Ltd	Wellswood and Babbacombe Dental Practice	321 Babbacombe Road		Torquay	TQ1 3TB	01803 38 9222	Full NHS
ELCK Limited	May House Dental Practice	4 Cadewell Lane	Shiphay	Torquay	TQ2 7AG	01803 612525	Full NHS
Juliette Moor	Harris and Moor	31a Hyde Road		Paignton	TQ4 5BP	01803 559028	Full NHS
Apex Dental Care Ltd (Bupa)	Apex Dental	128 New Road		Brixham	TQ5 8DA	01803 855292	Full NHS
Shiphay Dental & Torbay Implant Centre (Bupa)	Shiphay Dental & Torbay Implant Centre	41 Shiphay Lane		Torquay	TQ2 7DU	01803 613236	Full NHS
Cherrybrook Dental Surgery	Cherrybrook Dental Surgery	Cherrybrook Square	Hookhills Road	Paignton	TQ4 7SH	01803 843050	Full NHS
Parkhill Dental Ltd	Parkhill Dental Surgery	3 Park Hill Road		Torquay	TQ1 2AL	01803 380090	Full NHS
Smile Care Paignton Ltd	Smile Dental Care	135 Marldon Road		Paignton	TQ3 3NL	01803 521177	Full NHS
Smile Care Paignton Ltd	Smile Dental - Quay Health	21 Dendy Road		Paignton	TQ4 5DB	01803 527091	Full NHS
The Harbour Way Partnership	Harbour Way Dental Surgery (Bupa)	128 New Road		Brixham	TQ5 8DA	01803 858392	Full NHS
Tor Lodge Dental Partnership	Tor Lodge Dental Practice	15 Park Hill Road		Torquay	TQ1 2AL	01803 211646	Full NHS

Ingrid Cubbon Dental Surgery (SW) Limited	Ingrid Cubbon Dental Surgery	13 Dendy Road		Paignton	TQ4 5DB	01803 556703	Full NHS
Millbrook Villas Limited	Millbrook Villas Dental Practice	4 Millbrook Villas	Old Mill Road	Torquay	TQ2 6AS	01803 298032	Full NHS
Barry Lanesman & Magdalena Laskowska	Avenue Dental Surgery	156 Avenue Road		Torquay	TQ2 5LQ	01803 213888	Full NHS
Mrs H Wilmot	Smiles Ahead Dental Surgery	1 Vittery Close		Brixham	TQ5 8LJ	01803 857606	Child only
Park Crescent Dental Practice	Park Crescent House Dental Surgery	Park Crescent House	9 Park Hill Road	Torquay	TQ1 2AL	01803 293245	Child only
Mr J Veende	Kevin McGarey Dental Care	28a Hyde Rd		Paignton	TQ4 5BY	01803 524695	Full NHS
Mr N A Harris	Treharne & Harris Dental Surgery	31a Hyde Road		Paignton	TQ4 5BP	01803 559028	Full NHS
Mrs M J Goatman	Elmsleigh Park Dental Practice	4 Elmsleigh Park		Paignton	TQ4 5AT	01803 559104	Full NHS

NHS ENGLAND AND NHS IMPROVEMENT

ORAL HEALTH NEEDS ASSESSMENT

SOUTH WEST OF ENGLAND

January 2021

APPENDIX 2
DEVON STP ANALYSIS

Ottaway Strategic Management

www.ottawaystrategic.co.uk

NHS England and NHS Improvement
Oral Health Needs Assessment
South West of England

January 2021

Appendix 2 Devon OHNA STP Appendix

Contents

1 Summary of highlighted oral health needs and priorities

Highlighted oral health needs.

1.1 This appendix to the OHNA for the South West has identified a series of factors that impact on the oral health needs and the provision of dental services in Devon. These issues relate to the whole population, for example risk factors that determine the oral health of the population, epidemiological research and the context of current provision.

1.2 There has been additional engagement with stakeholders in the County such as patients, the general public and providers of oral health services locally. There are clear themes emerging from this engagement as well as clear implications for the findings of this local appendix.

1.3 Devon has a population of 1,194,166 people. The population consists of more females (51%) than males (49%) but this gender profile is consistent the population of England. Compared with England as a whole, there are less people of working age and more people of retirement age and the proportion of children and young people in Devon is consistent with the national demographic profile. The BAME population in Devon is 3% compared to 4% in the South West and 14% in England.

1.4 Population growth is a significant factor for oral health services and in particular primary care dentistry, as by 2028 the total population of Devon will have grown by 7% (an additional 84,343 people); the child population will have only declined by 1% (-1,367) and the older adult (65+) population will have grown by 21% (an additional 60,505 people). This significant demographic change – mainly the increase in older people will have implications on oral health services, which will have to meet greater levels of older people's needs. The shift in the child population suggests that there will be marginally less child patients, and this is unlikely to impact on the oral health needs of children in the county.

1.5 There are 18 areas that fall in the broader measure of the most deprived fifth (or quintile) of all areas in England – this is two less than in 2015. Around 31,100 people live in these areas, or 4.0% of Devon's population, down from 4.5% in 2015. There is a noticeable north-south division with much of East Devon, Exeter, South Hams and Teignbridge being less deprived than North Devon, Torridge and West Devon. Levels of income deprivation affecting children and older people are below the average for England.

1.6 The mortality rate for cardiovascular disease is lower in Devon than national and South West rates, however it is higher in Plymouth and Torbay. The mortality rates for respiratory disease in Devon are lower than the rates in England and the South West but higher in Plymouth ad Torbay. The prevalence of diabetes in Devon and

Plymouth are consistent with the South West and England profile, however higher in Torbay.

1.7 Most recent data suggests that the level of physical activity varies with Devon at 68% undertaking 150* minutes per week being above the national and South West profile of 64% and 67% respectively. The activity rate in Plymouth of 64% of adults taking 150* minutes per week is consistent with England but below the South West. In Torbay, the activity profile is 63% of adults taking 150* minutes per week which is below the National and South West rate. Although Devon displays higher levels of physical activity, nonetheless 21% in Devon, 25% in Plymouth and 26% in Torbay are still defined as inactive.

1.8 Reception years data from the national child measurement programme shows a higher proportion of children in Plymouth and Torbay that are obese and or overweight than nationally and regionally but a smaller proportion in Devon. The levels of obese or overweight in the adult population is lower than the national and regional average in Devon and Torbay but higher in Plymouth. Finally, smoking prevalence is higher than national (14.5%) and South West comparators (13.7%), in Torbay 14.8% and Plymouth 17.4% and lower in Devon 12.9%.

1.9 The patient and public survey completed as part of this OHNA suggests that 62.4% of patients travel to their dentist by car. However, there are lower numbers of households with access to a car or van, particularly in rural areas, suggesting that many patients would find it difficult to access healthcare services including dentistry.

1.10 The recent adults in practice national dental epidemiological survey was not completed for Plymouth. Reasons for this are unclear, but efforts should be made to secure this important epidemiological data to better understand the impact of oral health on the residents of Devon. Where the data that has been completed, results show higher levels of tooth decay in 3-year-old children in Torbay. Higher levels of 5-year-old and 12-year-old tooth decay were seen in Devon, Plymouth and Torbay when compared to national and regional findings.

1.11 From a dental care provision perspective, Devon, in 2019-20 had 150 dental practices commissioned to carry out 1,916,776 UDAs[1]. This represented 606 dentists delivering NHS dentistry. Indeed, Devon saw a decrease of 16 dentists in 2019-20 to the year before, a -2.6% decrease. The average UDAs per person was higher than the South West rate at 1.61 UDA/person as compared to 1.52 UDA/person.

[1] NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report

1.12 In terms of access to dentistry the percentage of children that accessed NHS dentistry in the last 12 months was 55% in Devon, 56% in Plymouth and 59% in Torbay - all above the England (53%) and the South West (54%) percentages. The percentage of adults that accessed NHS dentistry in the last 24 months was 49% in Devon and 52% in Torbay, both below the South West level (47.3%) but above the nation level (47.1%), although the differences are not significant. However, in Plymouth the percentage of adults that accessed NHS dentistry was 45% which was far lower than both the national and regional profiles.

1.13 Clawbacks from dentists that did not reach their UDA's targets for Devon, Cornwall and the Isles of Scilly have been made in the last three years. This was the case across the South West and was particularly high in 2018-19 with £7,608,730 clawed back.

1.14 61% of treatment were Band 1, 25% Band 2, 4% Band 3 and 10% urgent treatment. This shows comparable levels of Band 1, 2 and 3 treatments and a higher level of urgent treatment when compared to national and regional levels. More urgent care tends to reflect lower levels of regular routine dentistry. It may also reflect the difficulty some people may have face in accessing NHS dentistry. Further examination of urgent care shows a higher proportion of non-paying adults (18%) and paying adults (11%) accessing urgent care.

1.15 Fluoride varnish application rates are higher than the rate in the South West with 46% of the child population. Oral Cancers in Devon is 13.5 per 100,000. In Torbay it is 16.3 per 100,00 and in Plymouth it is 19.9 per 100,000 higher than the England (145.0 per 100,000) and South West (14.9 per 100,000) rates.

1.16 The key priorities emerging out of both Healthwatch Devon and the patient and public surveys are summarised below. These provide commissioners with real insight into the priorities and concerns of patients in the area:

- More access to NHS dentists locally, which should be made easier
- Better dentist allocation
- NHS dentistry should be affordable
- Finding a private dentist is easy, there need to be more NHS dentists
- Improve the quality of care
- Increase capacity in all areas
- NHS dentistry should provide all services offered by private dentists
- Reduce waiting lists
- Urgent appointments should be easier to get for broken teeth and infections
- Work with young people to promote life-long good oral health.

Key priorities

1.17 The need for a **targeted increases of access to NHS dentistry** is an issue for key parts of Devon. This is emphasised for a number of reasons:

1.17.1 NHS Digital data for 2019-2020 shows that access for children in Devon was 55%. Plymouth 56% and Torbay 59% all above England (53%) and the South West (54%). However the percentage of adults that accessed NHS dentistry in Plymouth was below the South West level (47.3%) and below the national level (47.1%). For Adults in Torbay and Devon this was above the national and South West levels.

1.17.2 The population in Devon is set to grow by 7% (an additional 84,343 people people) in the next 8 years.

1.17.3 Devon's rate of UDAs per person (1.61) was higher than the South West rate of UDA/person (1.52). This may require the apportionment of UDAs to those people in greatest need of NHS dentistry.

1.17.4 Additional NHS dentistry will need to be targeted to those areas of greatest deprivation and demand in the County. This is particularly the case for central Plymouth and the north of Devon and Torbay where there are some of the highest levels of deprivation in the county.

1.17.5 Residents engaged both through the survey and the focus groups raised the difficulty they have been having in being able to access an NHS dentist, often experiencing extensive waiting times and with many dentists not opening their lists to any further patients.

1.18 There is a need to **support dental care services for older people** in the population. This is emphasised for a number of reasons.

1.18.1 There are proportionally more people of retirement age in the county (24%) compared to the South West (22%) and England (18%).

1.18.2 The 50 plus age groups within Devon's population are proportionally larger for both males and females in the current baseline data for the area. (See chart 1 in section 2).

1.18.3 By 2028 the older adults (65+) population in Devon will have grown by 21% (an additional 60,505 people).

1.18.4 The projected increase in the proportion for older adults may have implications on greater demand for treatment.

1.19 There is a need to **support the recruitment and retention of dentists** working in NHS Dentistry.

1.19.1 Stakeholder feedback has highlighted recruitment and retention concerns for dentists in rural and coastal areas.

1.19.2 Devon saw a 2.6% reduction in its dental workforce between 2018-19 and 2019-2020.

1.19.3 Joint action with local partners (LDN/LDC, HEE, local authorities) is key to facilitating recruitment of dentists and other dental team members in rural areas.

1.20 There is evidence that **difficulty is being experienced by Dentists in meeting their contractual targets.**

1.20.1 The increasing amounts of clawback identified - £4.9M in 2019-20[2].

1.20.2 There are risks for future service provision because of the commercial viability of certain contracts.

1.20.3 General dental practitioners responding to the Stakeholders surveys from Devon identified concerns regarding the GDS contract and the fulfilment of UDA targets.

1.21 For parts of Devon there is difficulty for patients **to access paediatric care services**, particularly to its western extremities.

1.21.1 Accessing paediatric and paediatric maxillofacial surgery is difficult for many in Devon as these services are only available in Bristol.

1.22 There are a range of **other oral health priorities** that have emerged through this OHNA. Many of these will require support from key partners and in some cases they would be best served through partnership work. These include:

1.22.1 The area presents higher prevalence of smoking, alcohol consumption and obesity (Torbay and Plymouth in particular). NHSE&I may wish to develop and strengthen the integration of dental services with local authority commissioned oral health improvement programme in line with the Making Every Contact Count[3] (MECC) model.

[2] Figure related to Cornwall and the Isles of Scilly and Devon.
[3] https://www.makingeverycontactcount.co.uk/

1.22.2 Higher than national and regional prevalence of oral cancer suggests opportunities for joint actions with locally commissioned prevention and screening services.

1.22.3 Carers of adults with learning disabilities to be supported and given training in techniques to help support the oral health of those they care for. Most carers already understand the importance of this, however it can be challenging to get compliance from this patient group.

1.22.4 The OHNA has highlighted the need to support residents in domiciliary care and to ensure that services providing for these people ensure the availability of evidence-based interventions, training programmes for health, social care and domiciliary care staff.[4]

1.22.5 Promoting early dental attendance and supporting programmes like Dental Check by One (DCb1)[5].

1.22.6 Having been unable to carry out/complete and report on recent national dental survey responses there is a critical need to ensure that future epidemiological surveys are carried out for Devon, Plymouth and Torbay (the three areas where surveys are required by each national survey).

1.22.7 From an oral health improvement perspective there is a need to continue to target resources to areas of higher deprivation. These targeted interventions could include joint interventions with local authority partners such as:

- Supervised toothbrushing programmes for nurseries and primary schools in areas where children are at high risk of poor oral health.
- Provision of toothbrushes and toothpaste by health visitors and by post.
- Targeting of oral health programmes for key vulnerable groups in the community including the substance misusing population, the homeless, the traveller and gypsy community, older people and migrant communities.
- Developing the capacity of the oral health improvement workforce and health, social care and educational professionals.
- Reorientating the dental practices towards prevention.
- Multiagency working to develop and strengthen healthy eating policies in school and preschool settings.

[4] https://www.e-lfh.org.uk/
[5] https://dentalcheckbyone.co.uk/

2 Introduction

2.1 Devon reaches from the Bristol Chanel to its north to the English Chanel to its South. Devon is bounded by Cornwall and the Isles of Scilly to the West and Somerset to the North East and Dorset to the East.

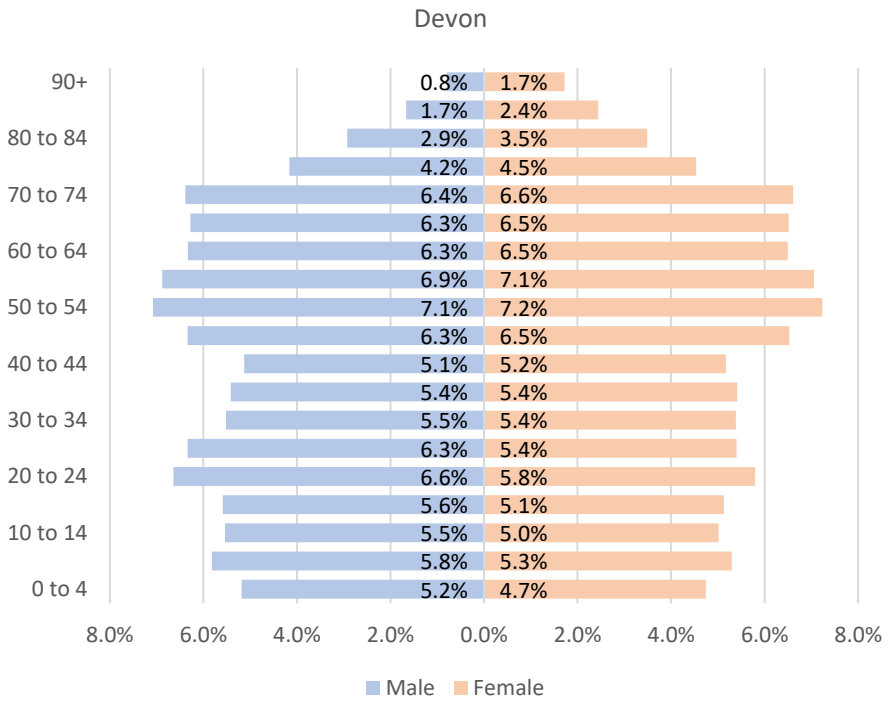
2.2 This section will set out the oral health needs and profile for Devon, starting with its demographics, risks and determinants of poor oral health, relevant national epidemiology research findings, local oral health services, oral health improvement programmes and key findings for the oral health of the local population.

3 Demographics

Gender and Age

3.1 The population of Devon is an estimated 1,194,166[6]. 22% of the total population of Devon live in Plymouth. The population of Devon consists of more females (51%) than males (49%) although this gender profile is consistent with the population of England. The age and gender profile of the population of Devon is set out in the population pyramid below.

Chart 1: Devon Ethnic Profile compared with South West and England ONS 2011



3.2 59% of the population of Devon are of working age, (16 to 64 years), 24% are of retirement age (65 years and over) and 17% are children and young people (aged under 16 years). Compared with England as a whole, there are less people of working age and more people of retirement age and the proportion of children and

[6] ONS mid-2018 estimates

young people in Devon is broadly comparable. This age profile is broadly consistent at local authority level as set out in the table below.

Table 1: Devon Ethnic Profile compared with South West and England ONS 2011

	Children and young people (under 16 years)		Working-age population (16-64 years)		Retirement age population (65 years and older)		Total population
	(n)	(%)	(n)	(%)	(n)	(%)	(n)
East Devon	22965	16%	77863	54%	43489	30%	144317
Exeter	20195	15%	89467	69%	20766	16%	130428
North Devon	16671	17%	55314	58%	24125	25%	96110
Plymouth	47443	18%	167656	64%	48001	18%	263100
South Hams	13652	16%	48410	56%	24159	28%	86221
Teignbridge	21592	16%	76331	57%	34921	26%	132844
Torbay	22822	17%	77051	57%	35907	26%	135780
Torridge	11111	16%	38537	57%	18495	27%	68143
West Devon	8860	16%	31427	57%	15241	27%	55528
South West	986908	18%	3382627	60%	1230200	22%	5599735
Devon	200396	17%	709591	59%	284179	24%	1194166
England		18%		64%		18%	

Population projections

3.3 A review of the subnational population project for England (2018)[7] indicates the potential future populations for English local and health authorities. The data below for Devon (made up of Northern, Eastern and Western Devon, and South Devon and Torbay) has been taken from the CCG dataset. This data has been broken down by total population shift, shifts in the Child (0-15) population and shifts to the older population (65+). It is defined by total counts, the additional numbers of people in each category and the level of growth based on a percentage (%) against the 2018 figure.

Table 2: Gender and Age Devon ONS Mid -18 Estimates

Population growth	2018	2023	2028	2033	2038	2043
Total Population shift	1194166	1238477	1278509	1311348	1338404	1364487
Additional people		44311	84343	117182	144238	170321
% Growth		4%	7%	10%	12%	14%
0 to 15 population shift	200396	204777	199029	194127	195933	201138
Additional Young people		4381	-1367	-6269	-4463	742
% Growth		2%	-1%	-3%	-2%	0%
65+ population shift	284179	310580	344684	381680	408366	418363
Additional older People		26401	60505	97501	124187	134184
% Growth		9%	21%	34%	44%	47%

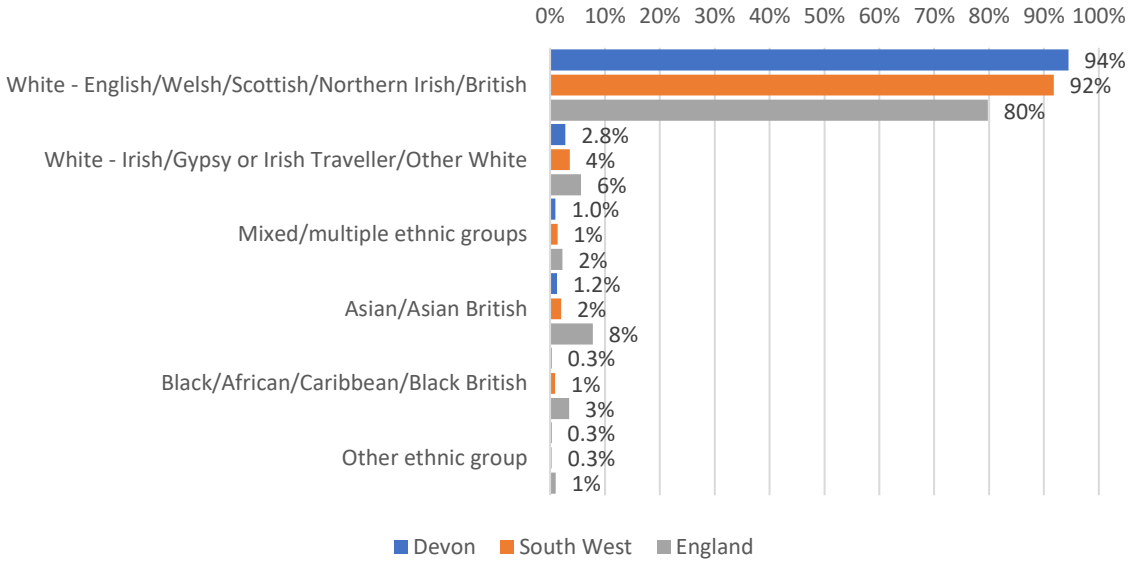
[7] Subnational population Projections for England 2018 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based

3.4 What is evident from this analysis is that by 2028 the total population of Devon will have grown by 7% (an additional 84,343 people); the child population will have only declined by -1% (-1,367) and the older adult (65+) population will have grown by 21% (an additional 60,505 people). This demographic change may inform the planning of dental services to focus on the increase of older people's dental needs. The shift in the child population suggests that there will be marginally less child patients, and this is unlikely to impact on the oral health needs of children in the county.

Ethnicity

3.5 There is less ethnic diversity in the population of Devon compared to England and the South West. 3%a of the population are from BAME groups whilst across England this group represents 15% and across the South West - 5%.

Chart 2: Ethnicity Profile Devon ONS 2011



3.6 There are some variations in the ethnic profile at local authority area level – the highest BAME population is in Exeter (7%) whilst Mid Devon and Torridge have the lowest proportion of people from BAME groups at 1%.

Table 3: Ethnicity Profile Devon ONS 2011

	White - English/ Welsh/ Scottish/ Northern Irish/ British	White – Irish/ Gypsy or Irish Traveller/ Other White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other ethnic group	BME (total)	BAME (total)
North Devon	96%	2%	1%	1%	0.2%	0.2%	4%	2%
Mid Devon	96%	3%	1%	1%	0.1%	0.1%	4%	1%
East Devon	96%	2%	1%	1%	0.1%	0.1%	4%	2%
Teignbridge	96%	2%	1%	1%	0.1%	0.1%	4%	2%
South Hams	96%	3%	1%	1%	0.1%	0.1%	4%	2%
West Devon	96%	2%	1%	1%	0.1%	0.1%	4%	2%
Torridge	97%	2%	1%	0.4%	0.1%	0.1%	3%	1%
Plymouth	93%	3%	1%	2%	1%	0.4%	7%	4%
Torbay	95%	3%	1%	1%	0%	0.2%	5%	2%
Exeter	88%	5%	2%	4%	1%	1%	12%	7%
Devon	94%	3%	1%	1%	0.3%	0.3%	6%	3%
South West	92%	4%	1%	2%	1%	0.3%	8%	5%
England	80%	6%	2%	8%	3%	1%	20%	15%

Deprivation

3.7 Most areas in Devon are relatively affluent, and good health is common. However, there are significant pockets of deprivation – with around one in ten people living in a deprived location. The STP has recognised that some people within such an area experience higher levels of illness linked to low income, poor housing or disability. Average life expectancy varies between those living in the most and least deprived areas by around 6-years, with some places seeing a startling 15-years difference. These health inequalities are unfair and more needs to be done to support those affected by many of the circumstances that are beyond an individual's control.

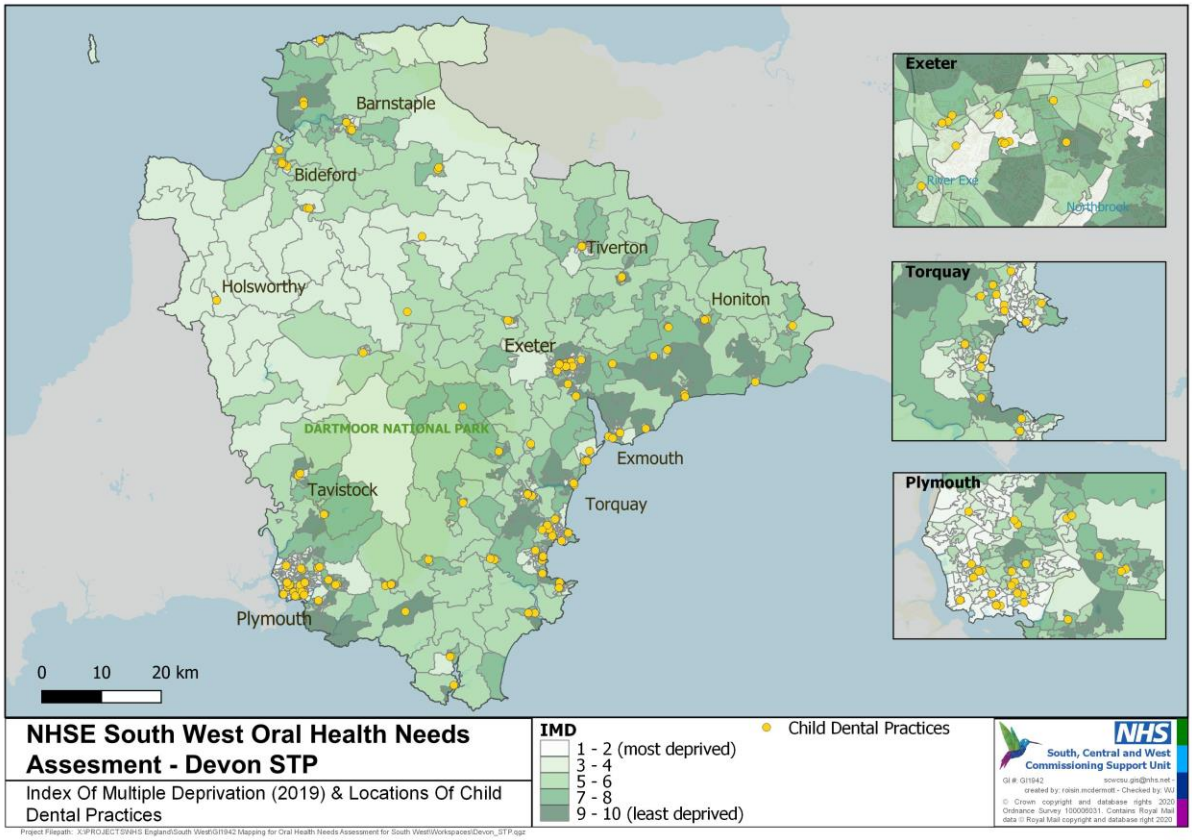
3.8 Devon County Council have undertaken a more detailed review of the IMD. To this end they have summarised that:

- Overall, the picture in Devon is similar to the previous edition of the data in 2015 although Devon has become marginally less deprived since 2015 when compared to the national picture.
- The most deprived areas in Devon are in the wards of Ilfracombe Central, Barnstaple Central Town and Forches & Whiddon Valley in North Devon. These three areas are in the most deprived 10% of all areas in England. Around 4,800 people live in these most deprived areas.
- There are 18 areas that fall in the broader measure of the most deprived fifth (or quintile) of all areas in England – this is 2 fewer than in 2015. Around 31,100 people live in these areas, or 4.0% of Devon's population, down from 4.5% in 2015.

- There is a noticeable north-south division with much of East Devon, Exeter, South Hams and Teignbridge being less deprived than North Devon, Torridge and West Devon.
- Compared to 2015, Exeter, Mid Devon, South Hams and Teignbridge have become relatively less deprived. The remaining district areas have remained relatively static. Torridge is the most deprived district in Devon.
- Levels of income deprivation affecting children and older people are below the average for England.
- There are 27 areas in Devon in the least deprived 10% of areas nationally – this is 3 more than in 2015. The least deprived area is in Ivybridge in South Hams. With a rank of 32,466 it is in the least deprived 2% of areas nationally.
- Deprivation in Torbay is clustered around the Central Torquay, and Central Paignton in Roundham and Hyde wards.
- In Plymouth, the most deprived neighbourhoods are Devonport, Stonehouse, Morice Town, Barne Barton, East End, North Prospect and Weston Mill, Ernesettle and Whitleigh.

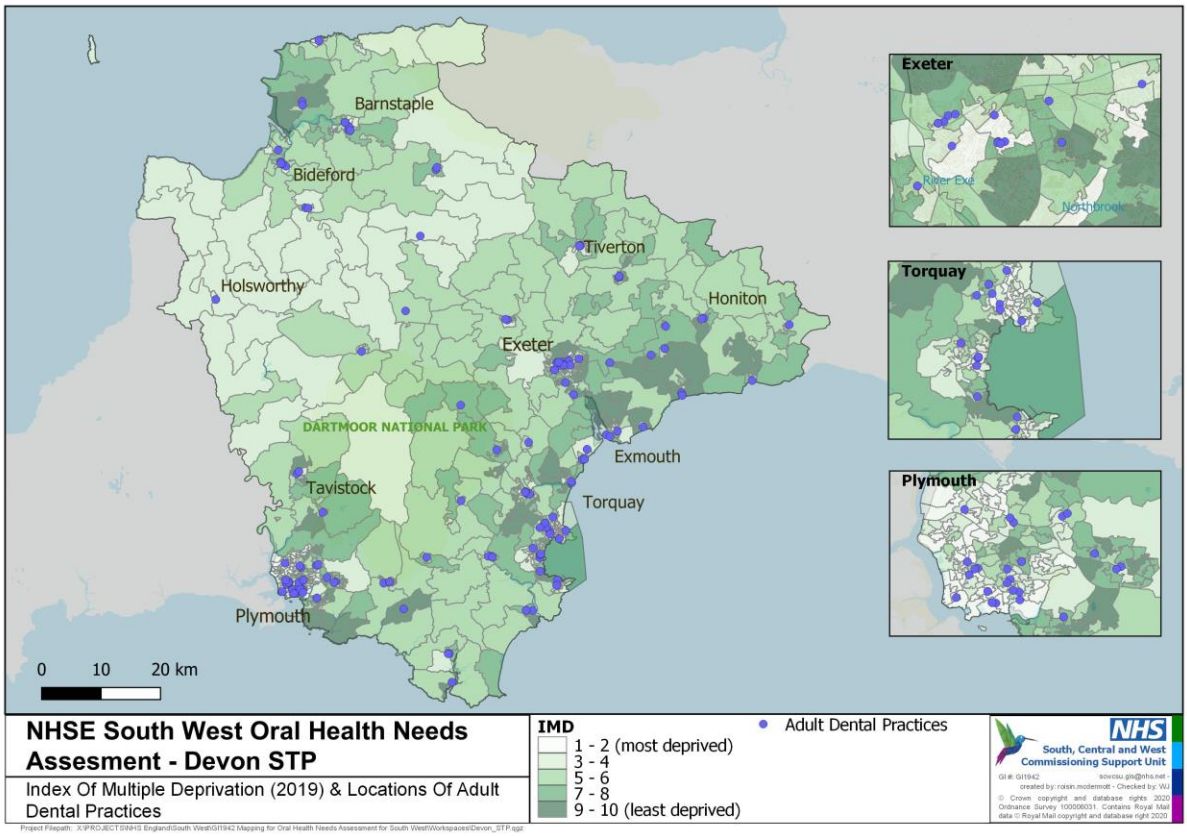
3.9 The maps below set out those areas of deprivation based on the Index of Multiple Deprivation (IMD) indicators and highlight levels 1 and 2 (most deprived - lightest colour), levels 3 and 4, levels 5 and 6, levels 7 and 8 and levels 9 and 10 (least deprived –darkest colour) deprivation indicators.

Map 1: Index of Multiple Deprivation (2019) & location of Child Dental Practices[8]



[8] NSE South Central and West Commissioning Support Unit Oct 2020

Map 2: Index of Multiple Deprivation (2019) & location of Child Dental Practices[9]



3.10 These maps suggest that there are certain deprived areas requiring additional provision of dental services. This is particularly the case in the West and centre of Plymouth (Particularly, St Budeaux, Devonport, St Peters and Waterfront Wards), parts of the North of Devon (Ilfracombe Central, Barnstaple Central Town and Forches & Whiddon Valley wards), Central Exeter and Central Torquay and Roundham and Hyde in Paignton. This is critical given the established relationship between deprivation and poor oral health. This is particularly the case in Plymouth, Torbay and to a lesser degree Exeter where from a population density perspective there is a higher level of deprivation per head of population in many of the city's central wards.

4 Risks and determinants of poor oral health

4.1 Healthy behaviours can contribute to the prevention and control of non-communicable diseases such as cardiovascular diseases, chronic respiratory diseases, diabetes and cancers. PHE Fingertips and NHS Digital monitor trends in the nation's health and health related behaviours. It is important to consider these factors as certain chronic conditions share common risk factors with oral disease. Furthermore, the age profile of the region suggests a potential increase of the

[9] NSE South Central and West Commissioning Support Unit Oct 2020

prevalence of chronic conditions which may have implications on the planning of dental services.

4.2 The under 75 mortality rate, per 100,000 from all cardiovascular disease in England in 2016-2018 was 71.7, however for the South West this rate per 100,000 was lower at 61.9, in comparison Devon was lower than England but higher than the South West at 59.2 per 100,000 people. However, Plymouth and Torbay were higher at 78.6 and 75.6, respectively. The adult populations' diabetes prevalence profile (QoF 2018-19) for England was 6.93% and for the South West 6.65%, for Devon 6.89%, Plymouth 6.74% and Torbay 7.54%. The under 75 mortality rate per 100,000 from a respiratory disease considered preventable in 2016-2018 was 19.2 per 100,000 in England 15.6 in the South West and 14.3 in Devon; it was higher at 25.1 in Plymouth and 23.6 in Torbay. The proportion of deaths in a person's usual place of residence (DiPUPR) from a respiratory disease in 2016 was 32.17% in England, 38.25% in the South West, 41.49% in Devon, 34.57% in Plymouth and 32.61% in Torbay. This data is set out in the table below:

Table 4: Health indicators, Cardiovascular disease, Diabetes prevalence and Respiratory disease, national, regional and local

Indicator	England	South West region	Devon	Plymouth	Torbay
Under 75 mortality rate per 100,000 from all cardiovascular diseases[10]	71.7	61.9	59.2	78.6	75.6
Diabetes: QOF prevalence (17+) (%)[11]	6.93	6.65	6.89	6.74	7.54
Under 75 mortality rate per 100,000 from respiratory disease considered preventable (Whole Pop)[12]	19.2	15.6	14.3	25.1	23.6
DiPUPR - Respiratory disease (%), Persons, All Ages.[13]	32.17	38.25	41.49	34.57	32.61

4.3 The key health behaviours reviewed in this OHNA have been healthy eating, physical activity levels (adults), obesity (child and adult), alcohol misuse and smoking prevalence. These lifestyle health behaviours are pertinent to general health and wellbeing as well as oral health.

Healthy Eating

4.4 A healthy and balanced diet is critical to preventing ill health and disease. The annual cost of food related ill health to the NHS is estimated at £5.8 billion. A minimum intake of five portions of fruit and vegetables is an important component of a healthy diet and is the measure used for healthy eating. The proportion of the

[10] PHE: Public Health Profiles: Fingertips 2016-18
[11] PHE: Public Health Profiles: Fingertips 2018-19
[12] PHE: Public Health Profiles: Fingertips 2016-18
[13] PHE: Public Health Profiles: Fingertips 2016

population aged 15 that eat 5 portions of fruit and vegetables is 52.4% in England and higher at 56.5% in the South West. The proportion was higher in Devon at 58.2%, but lower in Plymouth and Torbay with 47.7% and 51.8% respectively. The proportion of the adult population meeting the recommended 5-a-day on a usual day was 54.61%, although this was greater in the South West with 59.55% and Devon 63.44% but marginally lower Plymouth with 54.21% and lower again in Torbay with 52.99%.

Table 5: Healthy Eating indicators 5-a-day 15 year olds and adults national, regional and local

Indicator	England	South West region	Devon	Plymouth	Torbay
Percentage who eat 5 portions or more of fruit and veg per day at age 15[14]	52.4	56.5	58.2	47.7	51.8
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)[15]	54.61	59.55	63.44	54.21	52.99

Physical activity levels (adults)

4.5 Lack of physical activity is an important risk factor for chronic non-communicable diseases such as ischemic heart disease and stroke with an estimated direct cost to the NHS of £1.1 billion and overall cost to the country of £7.4 billion[16]. Guidelines for physical activity suggest adults (aged 16 and over) should have 150 minutes of activity of moderate intensity a week. Th Active Lives Survey[17] commissioned by Sport England and the PHE Physical Activity survey data[18] differ slightly in definition in terms of what is included as activity. PHE include non-recreational exercise i.e. gardening in their assessment of activity. The Active lives data shows that the South West region has a slightly higher level of active residents with 67.4% as compared to England with 63.6%. Within Devon, active residents account for 68.1% in Plymouth 64.1% and in Torbay 62.5%. Correspondingly the level of inactive residents is 20.8% in the South West as compared to 24.6% for England. In Devon, inactive levels were 21.2%, in Plymouth 25.3% and in Torbay 26%.

Table 6: Physical activity levels national, regional and local

Indicator	England	South West region	Devon	Plymouth	Torbay
Active (150+ minutes a week)	63.6	67.4	68.1	64.1	62.5
Fairly Active (30-149 minutes a week)	12.2	11.8	10.7	10.6	11.6
Inactive (<30 minutes per week)	24.6	20.8	21.2	25.3	26
% Active (150+ mins a week)	57	59.2	60.7	56.2	53.6

[14] PHE: Public Health Profiles: Fingertips 2014-15
[15] PHE: Public Health Profiles: Fingertips 2018-19
[16] PHE: Everybody active everyday Oct 2014
[17] Sport and physical activity levels Adults aged 16+ Nov 18 – Nov 18 % published Sport England Active Lives 23rd April 2020
[18] PHE: Physical activity levels among adults in England, 2015

Indicator	England	South West region	Devon	Plymouth	Torbay
% Some activity (90-149 mins a week)	6.9	7.1	7.9	6.1	7.9
% Low activity (30-89 mins a week)	7.4	7.3	6	7.5	8.6
% Inactive (<30 mins)	28.7	26.3	25.4	30.2	29.9

Obesity (Child and Adult)

4.6 Whilst not a health-related behaviour per se, being overweight or obese is generally associated with an unhealthy diet and lack of physical activity. Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health. Obesity in adults is associated with cardiovascular diseases, diabetes, musculoskeletal disorders, and some cancers. It is estimated that the NHS spent £6.1 billion on overweight and obesity-related ill-health in 2014 to 2015[19].

4.7 The annual child weight measurement programme is completed locally and is fed into the national database held by PHE. The data set out below is taken from PHE Fingertips data for 2018-19.

4.8 South West profiles for Reception and Year 6 prevalence of those who are overweight, or obesity are slightly below the England prevalence. However, the Reception prevalence of overweight was lower than in Devon with 19.54% but higher in Plymouth and Torbay with 25.91 and 25.07, respectively. The prevalence of obesity in reception was 6.72% in Devon but 10.92% in Plymouth and 9.04 in Torbay. The Year 6 prevalence of obesity is 14.14% in Devon (lower nationally and regionally) 18.88% in Plymouth (lower nationally higher regionally) and 20.37% in Torbay (higher nationally and regionally). It is likely that these children had high fat, sugar and salt diets and that their higher sugar intake had a contributing factor to dental decay. The South West profiles for Reception and Year 6 prevalence of obesity are also below the England prevalence.

4.9 The South West adult percentage of those classified as overweight and obese is 61.35% compared to England at 62.34%. In Devon, this figure is 60.70%, in Plymouth it is significantly higher at 69.8% and lower in Torbay at 59.82%.

Table 7: Overweight and Obesity levels children and adults national, regional and local

Indicator[20]	England	South West region	Devon	Plymouth	Torbay
Reception: Prevalence of overweight (including obesity) (%)	22.59	22.05	19.54	25.91	25.07

[19] Health matters obesity and the food environment PHE March 2017.
[20] PHE: Public Health Profiles: Fingertips 2018-19

Indicator[20]	England	South West region	Devon	Plymouth	Torbay
Year 6: Prevalence of overweight (including obesity) (%)	34.29	29.88	27.04	31.95	35.21
Reception: Prevalence of obesity (including severe obesity) (%)	9.68	8.74	6.75	10.92	9.04
Year 6: Prevalence of obesity (including severe obesity) (%)	20.22	16.52	14.14	18.88	20.37
Percentage of adults (aged 18+) classified as overweight or obese (%)	62.34	61.35	60.70	69.80	59.82

Alcohol misuse

4.10 Alcohol use can affect health and increases the risk of accidents, injury, and violence. The health harms of alcohol are dose dependent; that is, the risk increases with the amount frequently/regularly consumed.

4.11 To avoid alcohol-related harm, the recommended limits are no more than 21 units per week in men and 14 units per week in women. Adults who regularly drink more than these amounts are at increased risk. Men and women who regularly drink more than 8 units a day (or 50 units a week) and more than 6 units a day (or 35 units a week) respectively, are higher risk drinkers. The proportion of adults over the age of 16 years who are higher risk drinkers is described below with the South West being below the figure for the South West with 3.21% compared to England at 4.04%. Devon and Plymouth have a lower level of admissions for alcohol specific conditions whereas Torbay is higher. Devon has a lower rate of alcohol related mortality than both England and the South West, whereas Plymouth and Torbay are higher at 51.76 and 61.61 per 100,000, respectively.

Table 8: Alcohol hospital admissions, mortality rates and consumption rates national, regional and local

Indicator	England	South West region	Devon	Plymouth	Torbay
Admission episodes per 100,000 for alcohol-specific conditions[21]	869.25	814.97	591.89	782.77	1313.81
Alcohol-related mortality per 100,000[22]	46.54	45.55	43.43	51.76	61.61
Admission episodes for alcohol-related conditions (Broad) per 100,000[23]	2367.40	2142.39	1642.75	2172.36	2396.29
Estimated weekly alcohol consumption, by region: More than 14, up to 35/50 units (increasing risk) Age Standardised %[24]	18.18	19.56			

[21] PHE: Public Health Profiles: Fingertips 2018-19
[22] PHE: Public Health Profiles: Fingertips 2018
[23] PHE: Public Health Profiles: Fingertips 2018-19
[24] Health Survey for England 2018

Indicator	England	South West region	Devon	Plymouth	Torbay
Estimated weekly alcohol consumption, by region: More than 35/50 units (higher risk) Age Standardised %[25]	4.04	3.21			

Smoking prevalence

4.12 Tobacco use increases the risk of cancers and chronic respiratory and circulatory disease[26]. In England tobacco smoking is the greatest cause of preventable illness and premature death.

4.13 The 2009 Adult Dental Health Survey reported that more men than women smoked, and that smoking was socially patterned, with 8.8% of participants smoking in the least deprived areas compared to 26.4% in the most deprived. The 2018 Health Survey for England show that 10% of current smokers lived in the least deprived areas whereas 28% of smokers lived in the most deprived areas. This suggests that smoking prevalence is more concentrated in with deprived areas.

4.14 The indicators for smoking prevalence show a level of variability from survey to survey. In England just under 10.6% of women were smokers at the time of delivery, this was higher at 10.9% in the South West. The prevalence of adult smokers (QoF) in 2018 showed that 17.2% of the population were smokers in England, compared to 16.5% in the South West, 11.63% in Devon, 11.22% in Plymouth and 13.26% in Torbay. The GP Survey in 2018-19 showed that 14.5% of over 18-year olds were smokers compared to 13.7% in the South West, 12.86% in Devon, 17.41% in Plymouth and 14.79% in Torbay.

Table 9: Smoking prevalence rates national, regional and local

Indicator	England	South West region	Devon	Plymouth	Torbay
Smoking status at time of delivery (%)[27]	10.59	10.91	11.63	11.22	13.26
Estimated smoking prevalence (16+) (QOF)[28]	17.19	16.50	14.84	19.41	19.51
Smoking prevalence in adults (18+) - current smokers (GPPS)[29]	14.46	13.75	12.86	17.41	14.79

[25] Health Survey for England 2018
[26] WHO
[27] PHE: Public Health Profiles: Fingertips 2018-19
[28] PHE: Public Health Profiles: Fingertips 2018
[29] PHE: Public Health Profiles: Fingertips 2018-19

Oral hygiene practices

4.15 The most prevalent oral diseases, tooth decay and gum diseases can both be prevented by regular tooth brushing with fluoride toothpaste. The fluoride in toothpaste is an important element of tooth brushing to control tooth decay, as it prevents, controls and arrests decay. Higher concentrations of fluoride in toothpaste lead to better control. The physical removal of plaque is the other key element of tooth brushing to control gum diseases as it reduces the inflammatory response of the gum and its consequences.

4.16 In 2008/09, most 12-year-old schoolchildren in the South West reported brushing their teeth twice daily (73%) compared to 73% in England.

5 Transport and Communications in Devon

5.1 There are many people across the country who are not able to access important local services and activities, such as jobs, learning, healthcare, food shopping or leisure as a result of a lack of adequate transport provision[30]. The University of Leeds report demonstrates that mobility and accessibility inequalities are highly correlated with social disadvantage. This means that some social groups are more at risk from mobility and accessibility inequalities, than others:

- Car owners are the least mobility constrained across all social groups.
- Lowest income households have higher levels of non-car ownership, 40% still have no car access – female heads of house, children, young and older people, black and minority ethnic (BME) and disabled people are concentrated in this quintile.
- In addition, there are considerable affordability issues with car ownership for many low-income households.

5.2 Inequalities in the provision of transport services are strongly linked with where people live, this is further exemplified in rural and coastal communities. However, the lack of private vehicles in low-income households, combined with limited public transport services in many peripheral social housing estates, considerably exacerbates the problem in many parts of the UK.

5.3 The Social Exclusion Unit report 'Making the Connections[31]' identified that two out of five job seekers could not get a job due to a lack of transport, 31% of people without cars could not access a hospital, 16% of households without cars found it

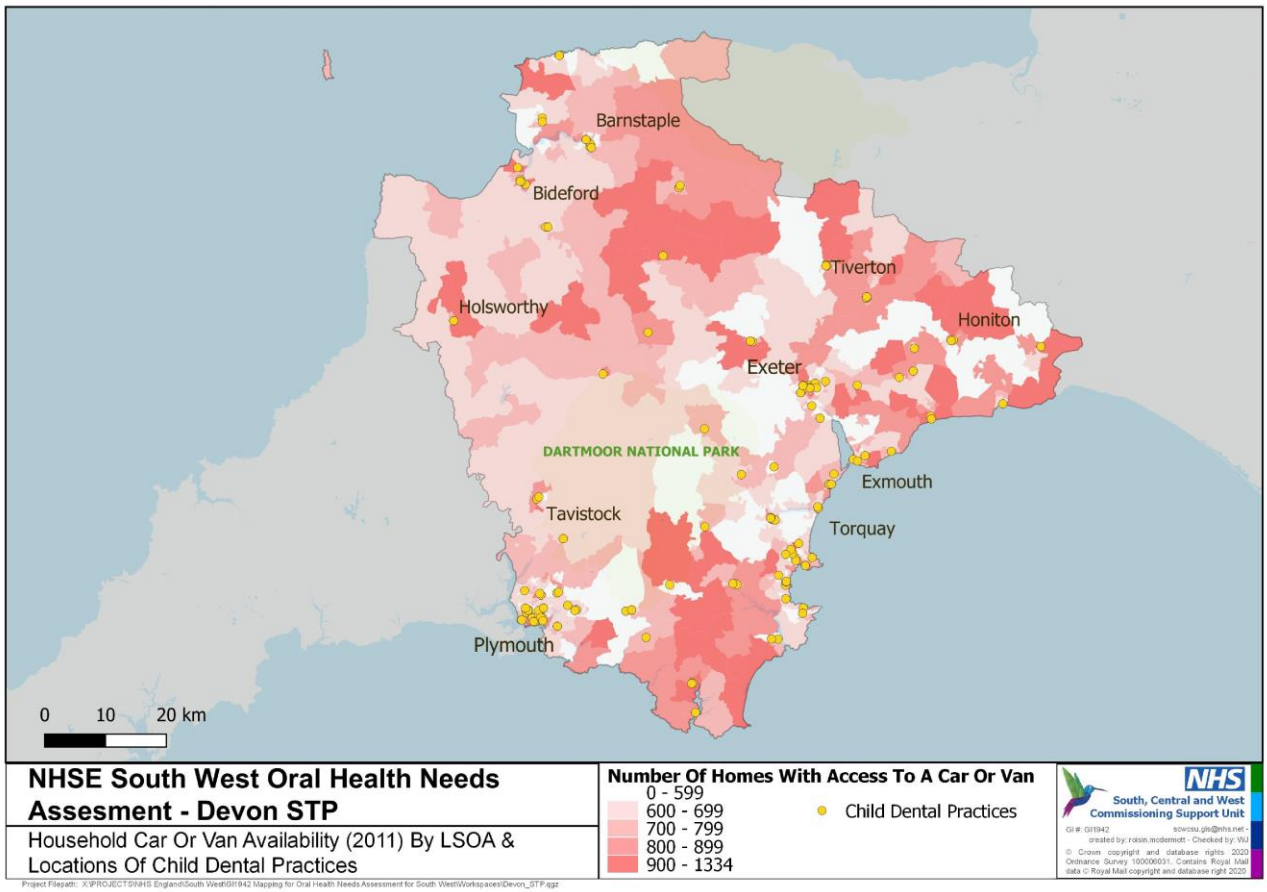
[30] Inequalities in Mobility and Access in the UK Transport Social and Political Science Group, Institute for Transport Studies, University of Leeds March 2019 Systemhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784685/future_of_mobility_access.pdf

[31] Social Exclusion Unit 2003 Making the Connections. http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_policy/---invest/documents/publication/wcms_asist_8210.pdf

difficult to access a supermarket, and 6% of 16- to 18-year-olds turned down training or further education due to travel costs.

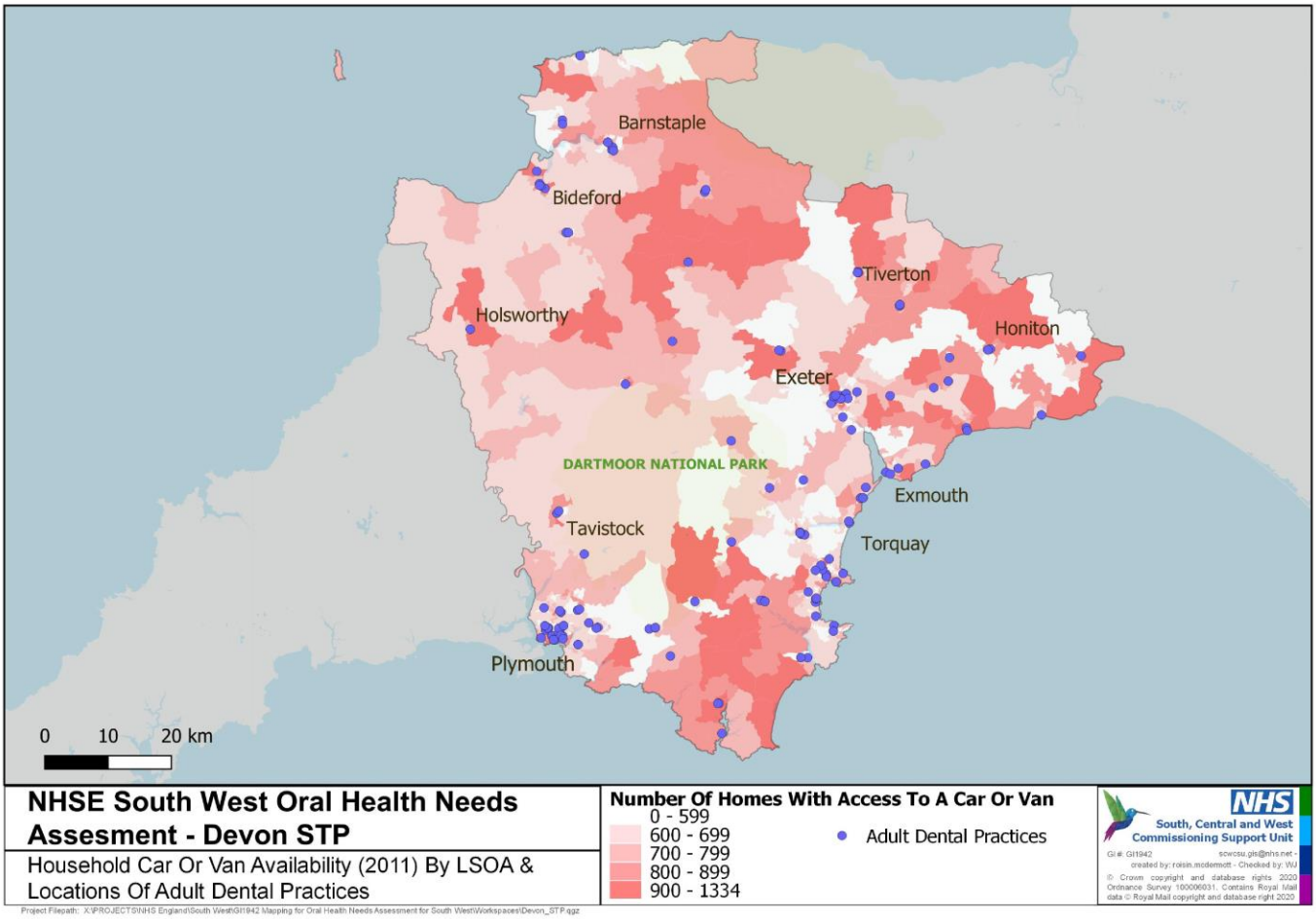
5.4 The recent public and patient survey has shown that 62.4% of respondents travelled to their local dentist by car, 3.2% by public transport and 17.8% by walking/bicycle. To support this OHNA we have worked with the NHSE South West Commissioning Support Unit to identify the level to which people across the area have access to a car or a van, this has been overlayed with the location of dental practices which provide for both Children and Adults.

Map 3: Household Car or Van availability (2011) by LSOA and locations of Child Dental Practices[32]



[32] NHS South Central and West Commissioning Support Unit Oct 2020

Map 4: Household Car or Van availability (2011) by LSOA and locations of Adult Dental Practices[33]



5.5 These maps show that there are key areas across the county where car ownership is lower and if correlated to existing dental provision can identify those areas where there is priority for investment both due to inaccessibility or low car ownership and due to the low level of high street dentistry.

6 National Dental Epidemiology Research Findings

6.1 The table below sets out the headline findings for Devon from the National Dental Epidemiology programme research undertaken for 3-year-olds (2013), 5-year-olds (2019), 12-yea- olds (2008-09) and adults in Practice (2018). It sets out comparators for England and the South West.

[33] NHS South Central and West Commissioning Support Unit Oct 2020

Table 10: NDEP Headline results for Devon

3-year-old 2013	England	South West region	Devon	Plymouth	Torbay
3-year-old % tooth decay (% d3mft > 0 including incisors)	11.7	10.4	8.6	6.0	13.2
3-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.36	0.31	0.22	0.19	0.58
5-year-olds 2019	**England**	**South West region**	**Devon**	**Plymouth**	**Torbay**
5-year-old % tooth decay (% d3mft > 0 including incisors)	23.4	20.4	25.7	22.6	28.2
5-Year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.8	0.6	0.8	0.6	1.1
5-Year-old Number of teeth with decay experience (Mean d3mft including incisors) 2017	0.80	0.60	0.5	0.8	1.2
Care Index % (ft/d3mft)	10.3	10.9	11.0	19.0	1.5
12-year-olds 2008-09	**England**	**South West region**	**Devon**	**Plymouth**	**Torbay**
12-year-old % tooth decay (% d3mft > 0 including incisors)	33.4%	33.3%	36.7%	34.7%	44.2%
12-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.74	0.73	0.77	0.81	0.97
12-year-old Care Index % (ft/d3mft)	47%	47%	49.0%	55.6%	50.4%

Adults in Practice 2019	England	South West region	Devon [ii]	Plymouth	Torbay
Adult in Practice % with a functional dentition	81.9	82.2	80.2	No data	70.8
Adult in Practice % with active decay (DT>0)	26.8	31.5	35.3	No data	29.2
Adult in Practice Average number of decayed teeth (for those with active decay)	2.1	1.9	2.0	No data	1.5
Adult in Practice % with filled teeth	90.2	90.8	94.1	No data	92.3
Adult in Practice % with dentures	15.4	14.4	17.6	No data	21.5
Adult in Practice % with bleeding on probing	52.9	69.2	70.6	No data	60.0
Adult in Practice % with PUFA	5.2	6.5	16.3	No data	14.3
Adult in Practice % with any treatment need	70.5	81.9	88.2	No data	87.7
Adult in Practice % with an urgent treatment need	4.9	8.2	4.0	No data	0.0

7 Oral Health Services

7.1 The current primary care NHS dental contracts, the General Dental Service Contract and Personal Dental Service Agreement, were introduced in 2006. The contracting currency for both contracts is the Unit of Dental Activity (UDA). A general dental service provider is contracted for an agreed annual number of units of dental activity.

7.2 Dental practices provide services according to four different bands of care with the provider awarded different numbers of UDAs for each band:

Band 1 includes an examination, diagnosis and advice. If necessary, it also includes, x-rays, scale and polish, application of fluoride varnish or fissure sealants and preventive advice and planning for further treatment (1 UDA).

Band 2 includes all treatment covered by Band 1, plus additional treatment, such as fillings, root canal treatment, gum treatments and removal of teeth (3 UDAs).

Band 3 includes all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges (12 UDAs).

Band 4 urgent includes urgent care such as removal of the tooth pulp, removal of up to two teeth, dressing of a tooth and one permanent tooth filling (1.2 UDAs).

7.3 Fee paying adults contribute towards the costs of NHS dental treatment with the contribution determined by the band (the patient contribution is the same for Band 1 and Band 4 urgent).

Availability of general dental services

7.4 In 2019/2020, 705 dental practices across the South West were contracted by the NHS to provide a total of 8,520,528 UDAs. In Devon 150 practices have been contracted to deliver 1,916,776 UDAs. The number of dental practices, contracted activity and delivered activity is shown in the table below. The amount dentists were paid per UDA varied considerably from £16.83 to £38.56.

Table 11: Primary Care General Dental Services Provision across the South West

Sustainable Transformation Partnership (STP)	Contracts GDS and Ortho	General Dental Services/Mixed GDS and Ortho	Number of Practices	Commissioned UDAs	Average UDA Value	Ortho Only
Devon STP	154	141	150	1,916,776	£27.68 (Lowest £16.83 to Highest £38.56)	13
Total South West	748	681	705	8,520,528	-	53

Numbers of Dentists[34]

7.5 In 2019/2020 there were 2,664 dentists in the South West delivering NHS dentistry. This represented 48 dentists per 100,000 population which is slightly higher than the national average of 44 per 100,000 population. This was a slight increase of 8 dentists regionally which represented a 0.3% growth in dentists when compared to the 2018-2019 period. Devon has 606 dentists operating in NHS contracts.

7.6 The average across the South West is 48/100,000, higher than in England at 44/100,000, in Devon this is 51/100,000. The population per dentist in England is 2,268 which is higher than the population per dentist in the South West of 2,104, in Devon it is 1,971. In 2019/20 Devon saw a decrease of 16 dentists (-2.6%).

Table 12: Number of dentists with NHS activity, for years ending 31 March, England - NHS England region geography and CCG[35]

			2019/20		
Area	Dentists difference 2018/19 to 2019/20	Percentage difference 2018/19 to 2019/20	Total dentists	Population per dentist[2]	Dentists per 100,000 population[2]
England	**139**	***0.6***	**24,684**	**2,268**	**44**
South West of England	**8**	***0.3***	**2,664**	**2,104**	**48**
NHS Devon CCG	**-16**	***-2.6***	606	1,971	51

Average UDAs commissioned per person

7.7 Based on the numbers of commissioned UDA and comparing this to the general population in each locality across the South West it is possible to assess the average UDAs commissioned per person in the region. This shows a potential disparity in the proportionality of commissioned UDA by the local population sizes in each STP area. What is clear is that there are higher levels per head of population of commissioned UDAs in Devon, compared to the average for the South West.

Table 13: Average UDAs commissioned per head of population.

Area	Average UDAs commissioned per person (n)
Devon	1.61
Average for South West	1.52

[34] NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report
[35] NHS Digital: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report

Access to Dental Care

Children

7.8 Many children and adults will seek care from an NHS dental practice, with those with additional needs generally being seen in community dental services. According to NICE guidance, adults should be seen for a dental recall at intervals from 3 to 24 months and children should be seen at intervals from 3 to 12 months depending on their level of risk of oral disease[36]. Dental attendance does not necessarily prevent dental disease, but it is important in terms of assessing patient risk of oral diseases and giving appropriate evidence-based advice. Public Health England and NICE have developed specific guidance for dental teams. The indicator used to assess dental access in children is the number of unique people accessing dental services over the previous 12 months.

7.9 From April 2019 to March 2020 access for child patients in the South West was 54.1%. The access levels for child patients is higher than the England average of 52.7%. In Devon, the access level for child patients was 54.6%, in Plymouth it was 55.6% and in Torbay it was 59.2% (Source: NHS Dental Services: NHS Business Services Authority: June 2020)[37].

Adults

7.10 The indicator used to assess dental access in adults is the number of unique people accessing dental services over the previous 24 months. This metric is based upon NICE guidance, which recommends the longest interval between dental recalls[38].

7.11 From April 201 to March 2020 access for adult patients in the South West overall had fallen by 1.51% to 47.3%. Access levels are slightly below the England average of 47.7% In Devon the access levels for adults was 49.1% above the South West level and England level. In Torbay, the access levels for adults was 52.6%, above both the South West and England percentage. More worryingly in Plymouth the access levels for adults were 45.1% below both the South West and England percentage (Source: NHS Dental Services: NHS Business Services Authority: June 2020).

[36] The National Institute for Health and Care Excellence. Dental checks: intervals between oral health reviews: Clinical guideline [CG19] 2004 [Available from: https://www.nice.org.uk/guidance/cg19]

[37] Source: NHS Dental Services: NHS Business Services Authority: June 2020

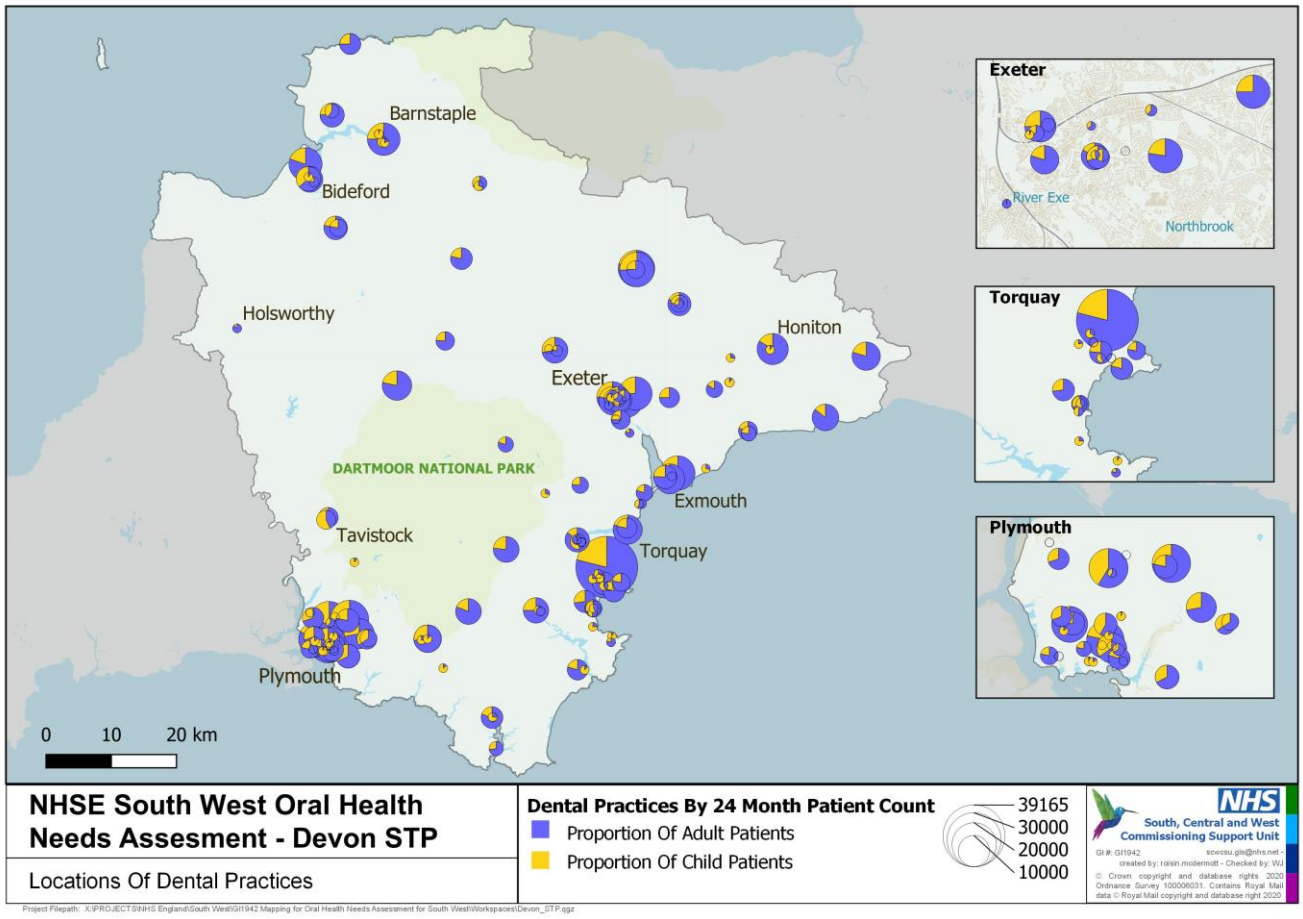
[38] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215663/dh_126005.pdf

Table 14: Adult patients seen in the previous 24 months and child patients seen, in the previous 12 months as a percentage of the population, by patient type and LA[39]

Area	Adult % of pop.	Child % of pop
England	47.1	52.7
South West	47.3	54.1
Plymouth City Council	45.1	55.6
Torbay Council	52.4	59.2
Devon County Council	49.1	54.6

7.12 The map below sets out the activity of dental practices based on the count of patients seen; in the case of adults within the last 24 months and in the case of children in the last 12 months, as per the guidelines used by NHS Digital. What the map describes is the location of the practices across the region and the pie charts show the split and size of practice as per the legend.

Map 5: Local of Dental Practices by proportion of Adult and Child Patients[40]



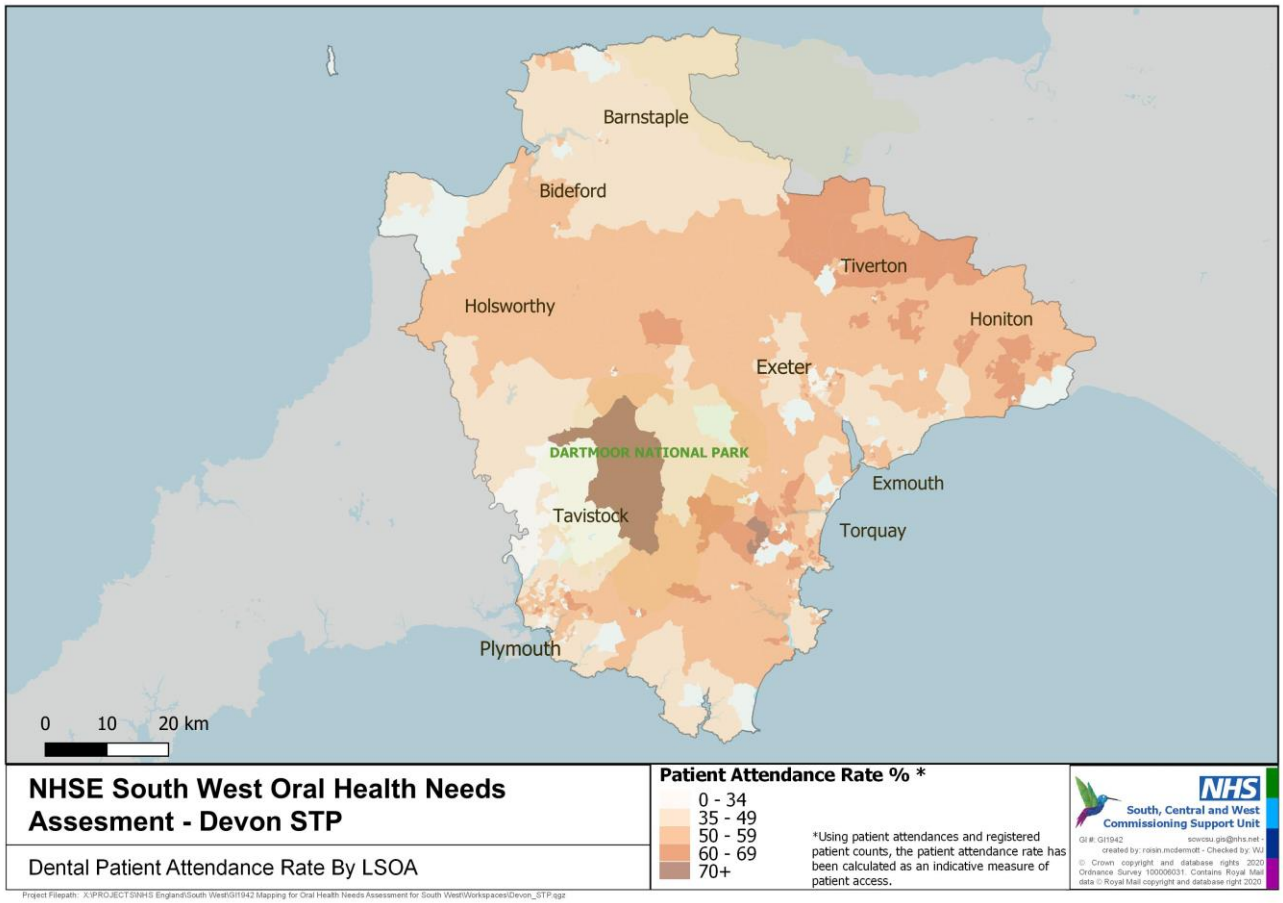
7.13 Considerable concern has been raised through the patient and public survey that there is great difficulty to access NHS dentistry in the county. Practices that have NHS patients are presented in this map, however a greater issue is the

[39] NHS Dental Services, NHS Business Services Authority (BSA).
[40] NHS South, Central and West Commissioning Support Unit Oct 2020

geographical spread of the practices, which inevitably seem to be linked to the major towns across the county. Moreover, there is no indication if these practices are taking on new patients and there is also no data available on the size and lengths of waiting lists. Indeed, whilst there is a waiting list for Devon and Cornwall, it does not reflect all the practice in each area.

7.14 The map below sets out the patient attendance rate as a percentage of the local population. It would seem that most of the county is based on a 50-59% attendance rate but there are some localities where this is significantly lower, particularly at the extremities of the county and in some coastal and rural areas.

Map 6: Dental Patient Attendance Rate by LSOA (%)[41]



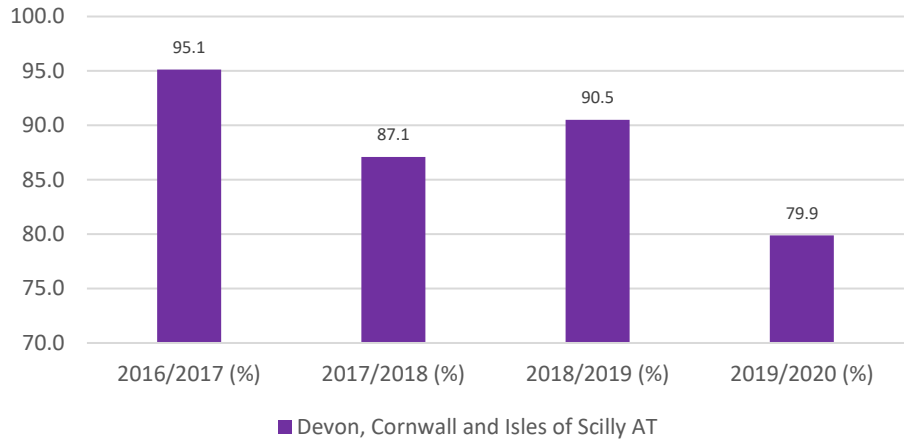
[41] NHS South, Central and West Commissioning Support Unit Oct 2020

UDA/Contract performance

7.15 In England in 2015/16, £54,505,326 was clawed back from practices, increasing to £81,506,678 in 2016/17, £88,774,248 in 2017/18 and £138,438,340 in 2018/19.

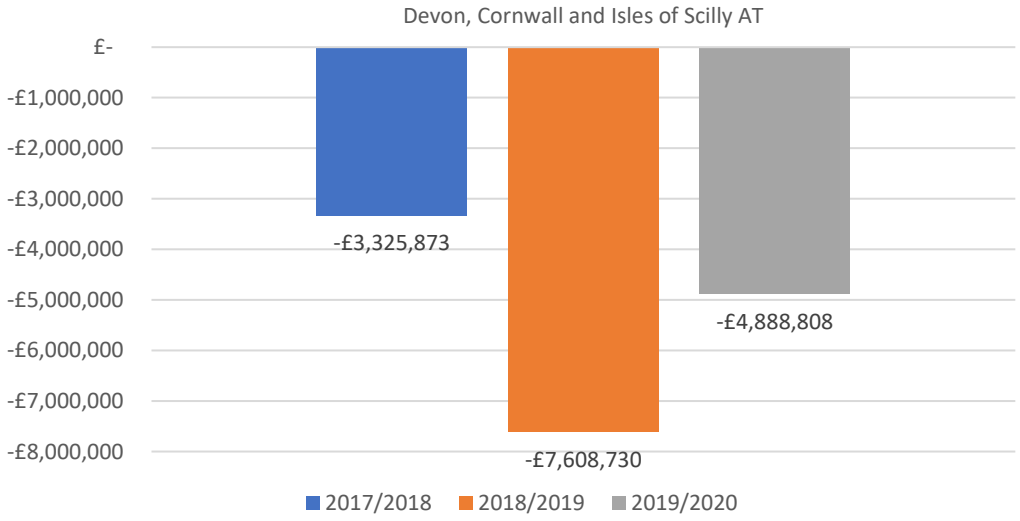
7.16 Chart 3 presents the achievement against target of dentistry funded through the UDA contracting system for Cornwall, the Isles of Scilly and Devon.

Chart 3: Delivered UDAs over last 4 years as % of contracted UDAs by South West Sub Region (Source NHSE Aug 2020)



7.17 Chart 4 below sets out the UDA clawback value in £s by sub-region across the South West. It shows a sizeable level of claw back each year 2018/19 being a particularly significant year with £7,608,730 clawed back by the NHS for the under delivery of UDAs.

Chart 4: UDA Clawback Value (£) by Subregion 2017-2020 Source NHS England Aug 2020



Cross-Border Flow and Seasonal Variation

7.18 As people may visit a dental practice anywhere in the country, it is useful to explore cross border flows for three reasons. First, large numbers of people accessing

services from outside an area can limit access to services for residents. Secondly, such patterns may indicate a lack of service availability or poor service quality in the area. Third, some areas in the South West have seasonal migrant workers and others, such as Devon are popular holiday destinations, which may lead to seasonal variations in access to care, especially urgent care.

Complexity of care

7.19 The proportion of people having Band 1 courses of treatment is higher in all areas of the South West relative to the England average, with Devon just above the England Average but below the South West Average. Urgent Care is however greater in Devon than in both the South West and England. This suggest that some people needing more complex care may be facing additional barriers to accessing it. Therefore, NHS England and NHS Improvement may want to consider undertaking a health equality audit to ensure the equitable availability and access to NHS primary dental care in Devon.

Table 15: Proportion of courses of treatment in each band (adults and children combined)

Area	Band 1	Band 2	Band 3	Band 4 Urgent
NHS Devon CCG	61.11%	24.62%	3.72%	10.07%
South West	62.24%	24.14%	3.71%	9.58%
England	59.96%	25.48%	4.78%	9.47%

Fluoride varnish application

7.20 Evidence-based guidance recommends application of fluoride every six months for all children aged 3 years and above and more frequently at risk of decay. Fluoride varnish application is also recommended twice a year for vulnerable adults. Having fluoride varnish application two-three times a year can reduce tooth decay by 33% in baby teeth and 46% in adult teeth[42].

7.21 In 2018-19 there were 599,188 fluoride varnish application in the South West. Unfortunately, this data is not available for 2019-20 yet. In 2018-19 the % of the population that have received fluoride varnish was 42.8% for children and 1.2% of adults. In Devon there were 116,752 applications, representing 19.5% of regional applications. Of these, 11.1% were for adults and 88.9% were for children. This represented 9.5% of Devon's population - 1.3% of adults slightly above the South West proportion and 46.4% of children, above the South West proportion.

[42] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002279.pub2/full

Table 16: Fluoride varnish application Children and Adults by STO 2018-19

Fluoride Varnish	Fluoride Varnish Count	% of regional Fluoride varnish applications	Fluoride varnish as % of the population
NHS Devon CCG	116752	19.5%	9.8%
Adult (over 18)	12992	2.2%	1.3%
Child (u18)	103760	17.3%	46.4%
South West	599188	100.0%	9.5%
Adult (over 18)	59207	9.9%	1.2%
Child (u18)	539981	90.1%	42.8%

7.22 NICE has published evidence-based guidelines for dental recall intervals. Adults should be seen for a dental recall at intervals from 3 to 24 months and children should be seen at intervals from 3 to 12 months depending on their level of risk of oral disease. Therefore, adults whose care falls under Band 1, that is those people with low levels of disease activity, should usually have a recommended recall interval of 24 months.

7.23 The table below present the proportion of people re-attending every three months in the South West. The data shows that the proportion of people seen every three months is comparable with the England average. This is despite a greater proportion of Band 1 courses of treatments being provided in the region. What stands-out, is the recall intervals for children compared with the England-average.

Table 17: 3-month recall intervals (high-risk) patients 2019 Source: NHS England

Area	Children (%)	Adults (%)
Devon, Cornwall and the Isles of Scilly STP	6.2	12.5
England	7.0	12.7

Other primary care services

7.24 Primary care activity is also provided at the Derriford, Devonport, Exeter and Truro Dental Education Facilities by the Peninsula Dental School, predominantly by dental students supervised by GDC registered staff.

7.25 In addition, many NHS dental practices provide primary care dentistry on a privately funded basis and there are also several wholly private dental practices. There is no local data available on private dentistry activity and costs.

7.26 There is little reliable analysis on the waiting lists for patients in Devon, and NHS E&I have stated that this lack of reliability is a critical concern. The recent OHNA carried out by Plymouth City Council[43] undertook specific local research to understand their waiting lists. They demonstrated that there were 11,000 adults and over 3,000 Children in Plymouth on the dental waiting list for a routine dental

[43] Plymouth Oral Health Needs Assessment 2019 Plymouth City Council

appointment as of 1st October 2019[44]. They also indicated that people living in the most deprived areas of Plymouth are twice as likely to be on this waiting list as people in the least deprived areas.

Domiciliary services

7.27 Domiciliary oral healthcare is provided to people who cannot visit a dentist. Care is provided at the location that the patient permanently or temporarily resides including patients' own homes, residential units, nursing homes, hospitals and day centres. Adequate provision of these services ensures dental services provide a reasonable alternative route for older people and vulnerable groups in accordance with the Equality Act 2010.

7.28 The table below presents the primary care service in Devon that provides domiciliary care. Data previously outlined in this section, describes the demographic characteristics of the population with more people of retirement age and less people of working age living in the Devon. This may lead to a greater need for domiciliary care. Therefore, commissioners may wish to consider if there is adequate provision of domiciliary dental care in Devon. Work is being done by PHE to review and develop training programme for staff in the domiciliary and care home sector to support residents to receive the best oral healthcare possible.

Table 18: Domiciliary Care Provision in the South West

Contract type	Area Covered	Annual Delivery Parameters
GDS	Okehampton, North Cornwall Border, Holsworthy	150 – 200 visits
PDS	East and Mid Devon, Exeter	800 - 1,300 UDAs 350 – 400 patients
PDS	Teignbridge area	1,500 - 2,000 UDAs Patients treated: 650 - 750
GDS	Plymouth	1,500 - 2,000 UDAs 600 – 700 patients
PDS	Torbay area	950 - 1,540 UDAs 420 - 470 patients
GDS	Mid-North Devon, Torrington, Bideford, South Molton	144 sessions
GDS	North East cover - Ilfracombe, Braunton	3 UDAs, no cap set in contract

Unplanned dental care

7.29 Access to urgent care is critical to support the relief of pain and for accidental damage. Patients' use of urgent care services is more complex than just a failure to access preventive or routine care. One in four, (25%), of the adult population in the South West reported that they only went to the dentist when they had a problem (ADHS 2009). In the recent 2018 Adult in Practice survey, 8.2% of patients in the

[44] This data was provided by NHSE&I

South West stated they had an urgent treatment need compared to 4.9% across England.

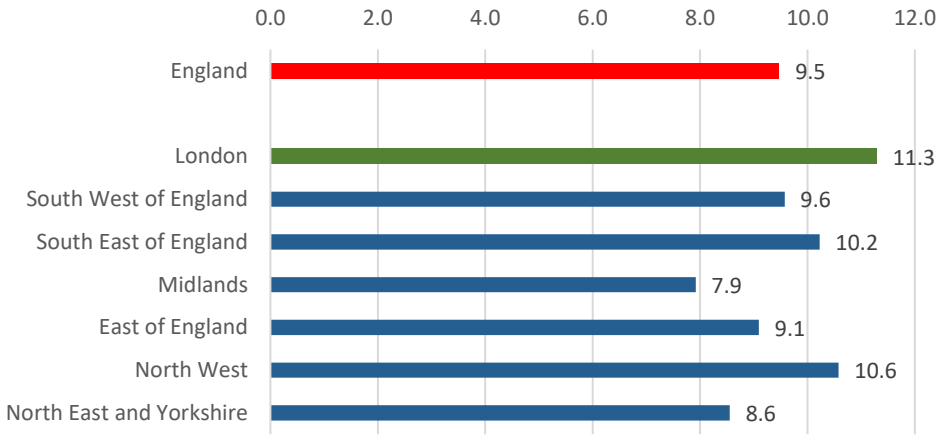
7.30 Across the South West, approximately half of the adult population and a third of the child population have not visited the dentist in the last two years, and thus may not have a regular dentist if a problem occurs.

7.31 Unplanned dental care is best reviewed by assessing the levels of urgent care as per the bands of provision in the dental care system. The table below sets out the number and % of urgent care 2019-2020 by region. It shows that in the south west 9.6% of dental care was urgent care which is slightly above the proportion of urgent care nationally at 9.5%.

Table 19: Number and percentage of Courses of Treatment by NHS Commissioning Region1 and treatment band, 2019-20 (NHS Dental Services, NHS Business Services Authority (BSA))[45]

Org Name	Urgent	Urgent (%)[46]
England (19/20)	3,638,000	9.5%
England (18/19)	3,621,000	9.1%
South West of England (19/20)	370,000	9.6%
South West of England (18/19)	372,000	9.2%

Chart 5: Percentage of Urgent Care Treatment by NHS Commissioning Regions (% of total Bands) 2019-20 NHS Digital



[45] Data is affected by COVID-19.
[46] Figures presented are rounded.

Urgent Dental treatment by type (Child/non-paying Adult/paying Adult)

7.32 Across the South West the profile of urgent care, as a proportion of all treatment bands, had been taken from the review of treatment bands nationally by region, STP, LA and by Cost of Treatment 2019-2020 (Sum and %).[47]

7.33 In the South West region, the level of urgent care for children was 4% (as compared to England at 4.2%), for non–paying adults it was 16.4% (as compared to England at 16.2% and for paying adults it was 10.8% as compared to England at 10.5%

7.34 Across the South West there are some variances in the levels of urgent care between children, non-paying and paying adults. The table below compares this STP with the South West's levels of urgent care activity by type of patient.

Table 20: Review of Urgent care treatment Bands by STP in the South West by Cost of treatment 2019-2020 (Sum and %) NHS Digital 2020

Row Labels	Type	% within Type
NHS Devon CCG		
Urgent/Occasional	Child	4.3%
	Non-paying adult	17.5%
	Paying adult	11.0%
South West		
Urgent/Occasional	Child	4.0%
	Non-paying adult	16.4%
	Paying adult	10.8%

7.35 In Devon in 2019/20, 4.3% of urgent care was for children compared to 4.0% for the South West, 17.5% was for non-paying adults as compared to 16.4% for the South West and 11.0% was for paying adults compared to 10.8% in the South West.

- In Devon in 2019/20, 3.8% of urgent care was for Children compared to 4.4% for the South West, 17.5% was for non-paying adults as compared to 16.4% for the South West and 11.0% was for paying adults compared to 10.8% in the South West.
- The recent Oral Health Needs Assessment[48] carried out in Plymouth indicated a rise in urgent care which was in part attributed to the lack of available routine dentistry for many who have to use urgent care services.

[47] Source: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report : NHS Dental Statistics for England - 2019-20: Annex 3 (Activity)

[48] Plymouth Oral health Needs Assessment 2019 Plymouth City Council

Over 20,000 enquiries were made to the PCDS for urgent dental care appointments in 2018/19.

Oral Cancer

7.36 Mouth cancers make up 2% of all new cancers in the UK[49]. Oral cancer rates in the South West are 14.9 per 100,000 – lower in comparison to England (at a rate of 15.0 per 100,000), in Plymouth it is 19.92 per 100,000, in Torbay it is 16.28 per 100,000, both higher than the England and South West rates. In Devon it is 13.51 higher than the South West rate and lower than the England rate.

8 Oral health promotions priorities

8.1 Plymouth City Council have produced their own Oral Health Needs Assessment (Jan 2020) and have an agreed a Child Poverty Actin Plan 2019-2022 within which there are clear aims towards oral health improvement for children aged 0-16 years. The Council have established a Strategic Group to oversee the Oral Health Improvement (OHI) programme made up of strategic oral health leads from a number of partner organisations in the city (i.e. Peninsula Dental Social Enterprise (PDSE), LiveWell Southwest, Well Connected, and Plymouth City Council). There are a number of OHI initiatives currently being delivered in Plymouth which support the CPAP. These include:

- Fluoride varnish scheme: Healthy Smiles for Plymouth is a preventative project currently operating in 24 primary schools in the city. Fluoride varnish application is offered to children in Reception and Year 1 and applied by specially trained Dental Health Educator Nurses twice each academic year.
- Supervised tooth brushing scheme (brushing clubs): This involves the delivery of training and support to early year's settings (schools and nurseries) to establish daily supervised toothbrushing sessions and routine. From September 2019, this scheme has been commissioned by NHS England to roll out across the most deprived 50% of areas of Devon.
- Dental Check by One: The aim of Dental Check by One, a national campaign, is to ensure all children see a dentist and their parents receive preventive advice by their child's first birthday.
- Open Wide and Step Inside: This is a 15-minute animated film targeting primary schools which tells the story of Geoffrey the Giant and his visit to meet Daisy the Dentist. It also delivers support for teachers to deliver key oral health messages using specially designed teaching resources.

[49] State of mouth Cancer UK Report 2018-2019 https://www.dentalhealth.org/Handlers/Download.ashx?IDMF=21dc592b-d4e7-4fb2-98a9-50f06bed71aa

- Skills for Life: This service allows schools to access a new range of class-based learning programmes that including aspects of oral health as part of the core offer, from Foundation Stage to Secondary.
- Dental Buddy training: This is a fun and interactive session, delivered in primary schools to provide children with information and knowledge to increase their understanding of the importance of their own oral health.
- Dental Champion training: This is a two-hour workshop to raise the profile of oral health for members of the public and health professionals alike.
- Dental Ambassador training: This is a six-week programme, aimed at adults and young people with learning disabilities, to increase knowledge and awareness of their own oral health and share information with others using a peer-to-peer approach.
- Teeth on tour: This is a box of oral health themed resources which community-based organisations can borrow for a two week period, to encourage and help organisations to deliver oral health themed activities.
- Integrated Professional Engagement projects: is an embedded feature of the curriculum for Bachelor of Dental Surgery (BDS) and Dental Therapy and Hygiene (DTH) students enabling them to work with groups in the community to address specific societal needs.

8.2 Torbay Council have identified a series of priorities in their oral health Service Area Action Plan:

- Maintain high quality Oral Health guidance on Torbay Council social media.
- Complete an Oral Health Needs Assessment.
- Agree and appoint an Elected Member Champion for Oral Health.
- Develop an oral health training plan for Care Homes, Domiciliary Care and Supported Living Providers.
- Resume targeted Oral Health project delivery for adults and children:
    - 1.Supervised Tooth Brushing
    - 2.Dental First Steps
    - 3.Leonard Stocks Project
- Work with NHSE to agree on and oversee oral health promotion commissioning budget for Torbay.
- Research joint project with Devon and Plymouth CC's to alleviate waiting times in Torbay.
- Develop an Torbay oral health vision and action plan.
- Update Torbay Healthy Learning oral health pages.

8.3 Devon County (Excluding Plymouth and Torbay) have previously developed an Oral Health Promotion Strategy but have stated that this is possibly out of date. There are, however, several key priorities which include:

- Commissioning North Devon Health Care Trust to provide oral health promotion across Devon. Overview of what the priorities in Devon are set out in the service spec which she will forward.
- Two key areas of priority:

- A focus towards working with children and early years and their schools and health care professionals to ensure a good understanding to effective oral health promotion. Programme to be run in children's settings. Training to cascade to children's centers and school nurses, to maximise the impact of oral health and to support people who are working with children.
- Vulnerable adults, for example those in care homes and the relevant managers should understand the key messages for good oral health care provision and planning.
- The Supervised tooth brushing scheme (brushing clubs) with training and support in early year's settings (schools and nurseries) to be rolled out across the 50% most deprived areas of Devon.

One Devon Partnership - Integrated Care Strategy Development

1. Purpose

The purpose of this report is to update the Health and Adult Social Care Scrutiny Committee on progress with the Devon Integrated Care Strategy, which is being developed by the One Devon Partnership.

The report sets out the needs analysis and outcomes from public engagement which have informed the proposed strategic goals of the Devon Integrated Care Strategy.

2. Introduction

Each Integrated Care System (ICS) is required to produce an Integrated Care Strategy, to set the direction for the system, setting out how NHS commissioners, local authorities, providers and other partners can deliver more joined-up, preventative and person-centred care for the whole population across the course of their life.

The Strategy is an opportunity to work with a wide range of people, communities and organisations to develop evidence-based system-wide priorities that will drive a unified focus on the challenges and opportunities to improve health and wellbeing of people and communities throughout Devon, reducing geographic disparities in wellbeing and healthy life expectancy.

2022/23 is a transitional year and it is recognised that Strategies will evolve as ICSs mature, with an expectation that the Strategy must be refreshed on an annual basis. An initial Strategy should be published by December 2022, in order to influence the 5-year joint forward plans, which need to be published by Integrated Care Boards before April 2023.

The Integrated Care Strategy should set out the assessed needs of the population and the priority strategic goals, focused on the four core purposes of ICSs:

- improving outcomes in population health and healthcare;
- tackling inequalities in outcomes, experience and access;
- enhancing productivity and value for money;
- helping the NHS support broader social and economic development.

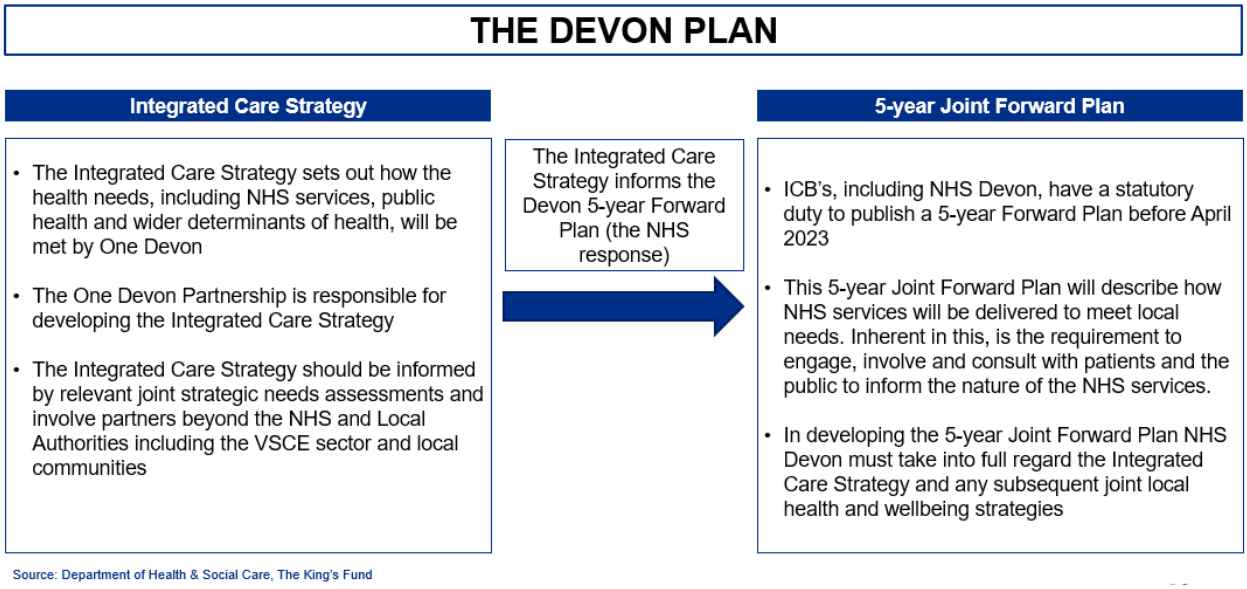
Within this, consideration should also be given to:

- personalised care;
- disparities in health and social care;
- population health and prevention;

- health protection
- babies, children, young people, their families and healthy ageing;
- workforce;
- research and innovation;
- 'health-related' services;
- data and information sharing.

3. The Devon Plan

The Devon Plan will encompass both the Integrated Care Strategy and the 5-Year Joint Forward Plan, which is the Integrated Care Board's response to the Strategy:



4. Devon's health and wellbeing challenges

The Strategy will draw on the Joint Strategic Needs Assessments and Health and Wellbeing Strategies of our three local authorities, as well as the Case for Change that was produced early in 2022.

A full analysis of the health, public health and social needs in relation to improving outcomes in population health and healthcare and tackling inequalities in outcomes, experience and access will be included in the Integrated Care Strategy. In summary, our challenges include:

- An ageing and growing population
- Access to services, including social-economic and cultural barriers
- Complex patterns of urban and rural deprivation
- Housing issues (housing quality, low incomes and high costs)
- Earlier onset of health problems in more deprived areas (10-15 year gap)
- Poor mental health and wellbeing, social isolation and loneliness
- Poor health outcomes caused by modifiable behaviours

- Pressures on services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity and frailty
- Shifting the whole system to a prevention focus
- Unpaid care and associated health outcomes

5. Engagement

The integrated care strategy is intended to meet the needs of local people in Devon, so it is more important than ever that we take the opportunity to understand those needs.

There has been an extensive amount of work done involving the people and communities across Devon and Cornwall over recent years, across a wide range of topics and issues.

A comprehensive review has been undertaken on the findings of all involvement activities (where a published report was available) across Devon in the past four years. The review includes involvement programmes led by organisations across One Devon as well as national studies.

From 34 publications reviewed between 2018 – 2022 from we have gathered the views, feedback and insight from over 20,000 people from across Devon and Cornwall (including two national studies).

Feedback collated through the review has been themed and aligned to the four aims of the ICS strategy (as listed on page 1).

5.1 Improving Outcomes in Population health and healthcare

People have told us they value local health services, that are appropriate (for their age and support needs), accessible and give them good quality outcomes regardless of where they live in Devon or Cornwall.

Younger people, people with mental health illness and people from ethnic or diverse backgrounds suffer poorer experience and outcomes compared to other groups.

People (whether they are on a waiting list or not) will travel further for their one-off needs if they can be seen quicker and by trusted clinicians but expect on-going care to be provided locally in Devon and Cornwall.

People are attending the hospitals' emergency departments as it is the easiest and most familiar option.

People are unsure of what services are available locally and/or do not have the most up to date or accessible information to enable them to make the right decisions. Often ending up at multiple points of care repeating their story.

Lack of mental health support services is a consistent concern for people of all ages, communities and needs, especially for children and younger people

Perceptions are that the standard of health and care services have dropped over the last 12 months (2021/22)

There is a general view in Devon that the care provided is generally excellent, people's experience of the pathway leads to a poorer outcome.

People only want to tell their story once and value the consistency of the support (e.g. seeing the same clinician during treatment) they receive

Waiting times for health and care services is a major concern for people (and staff) as waiting lists are seen to be getting longer with no demonstrable solution

Giving people choice, and involving them the decisions about their health and care is a vital part of people feeling they have had a good outcome

5.2 Tackling inequalities in outcomes, experience and access

The geography of Devon and Cornwall has a direct impact on access, availability and quality of health and care services available to people

There is a significant lack of awareness of local services, where people can, or should, go for support, combined with a perceived lack of clear, accessible supporting communications.

Accessibility is more than documents, consideration needs to be given to languages and translation, learning disabilities, physical disabilities, staff training and support and providing services and buildings aligned to the needs of staff and patients.

People perceive they are likely to get a poorer service because of their background/identity which can make people wary of using NHS services.

Staff from diverse background feel underrepresented in the workforce and experience substantial inequalities, finding limited support available in their employment. This contributes to them feeling undervalued.

Staff need ongoing and co-designed support and training, if they are to confidently and consistently meet the needs of a diverse population.

Recognising unconscious bias is a positive step to be able to put in place actions to support staff to meet the needs of the people who need additional support.

Equality, Diversity and Inclusion needs to be a top priority for all organisations and the unique skills, abilities and experiences of people from diverse backgrounds should be celebrated.

Travelling to services, parking at sites for staff and patients, access to reliable public transport and the associated costs remain a significant concern for people in Devon and Cornwall, and even more so in the most rural areas.

The health and care system is very complex to navigate especially for those with additional needs. It needs to be simpler to understand and to access the support required.

People and staff want to see more services joined up, seamless services providing care with as few barriers or variations as possible

Food insecurity is linked with malnutrition, obesity, eating disorders and depression, which has a significant impact on NHS services.

Primary-school-age children from England's most deprived areas are around five times more likely to be living with severe obesity

Poverty and low wages in Devon directly contributes to the lack of affordable housing, which in turn has a direct impact on peoples (and staff) health and wellbeing.

5.3 Enhancing Productivity and Value for Money

Long waiting times for health and care services are directly impacting on patients' and staff's mental and physical wellbeing.

Lack of integration of services can have a negative impact by increasing the duplication of services, increasing the complexity of access or referral to services and increasing estates costs.

Centralising services into single place (e.g. health and wellbeing hubs) gives the opportunity for people (and the workforce) to access a much wider range of complementary services to help more people in one place

Public and staff want to see investment in existing sites and integration with existing services rather than the expense of building additional estates.

People recognise the strengths of the existing health and care workforce and are very keen to see investment which will result in the building and maintaining of skillsets in Devon and Cornwall, contributing to a sustainable work/life balance.

People need services to meet their expectations by getting it right first time for them, or they will seek alternatives, and potentially less appropriate services.

People want to see a reduction in the infrastructure barriers such as separate IT systems, helping services integrate - reducing costs and making for better outcomes.

People and staff would like to see more community based, collaborative approaches that enable health, care and wellbeing services to work in a truly joined up way.

5.4 Helping the NHS support broader social and economic development

People see the real value and impact of local voluntary services so want to see improved communication and coordination with the VCSE.

Generally, people are willing (and are able) to use technology to access their health and care support, but it must be effective, reliable and give confidence to the user.

Younger people prefer access to 'fast answers' utilising functions such as Live Chat and text message over traditional face to face interactions.

People are more concerned about cost of living rising and the impact on the nation's health and wellbeing rather than their own.

6. Proposed Strategic Goals

Improving outcomes in population health and healthcare
We will save many lives by adopting a zero suicide approach in Devon, transforming system wide suicide prevention and care. *By 2028 we will reduce the number of suicide deaths and suicide attempts of people known to us by xx%*
Population heath and prevention will be everybody's responsibility and inform everything we do. *By 2028 we will have: decreased the gap in healthy life expectancy between the least deprived and most deprived parts of our population by xx% and decreased the under 75 mortality rate from causes considered preventable by xx%*
One Devon will have a safe and sustainable health and care system. *We will achieve our quality, safety and performance targets within an agreed financial envelope*
Children in Devon will have improved school readiness, enabling them to make good future progress through school and life. *By 2027 we will have: increased the number of children achieving a good level of development at Early Years Foundation Stage as a % of all children by xx%*
People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care *By 2025 we will reduce crisis by 30% and reduce the current level of preventable admissions by 95%*
Tackling inequalities in outcomes, experience and access
Everyone in Devon will have access to the services they need and equal opportunity to be healthy and well. *By 2028 we will have:*
Everyone in Devon will have suitable, warm and dry housing *By 2028 we will have: decreased the % of households that experience fuel poverty by xx%, reduced the number of admissions following an accidental fall by xx%*
Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place *By 2028 we will have: increased the number of people dying in their preferred place by xx%*
Everyone in Devon will be afforded protection from preventable infections. *By 2028 we will have: increased the numbers of children immunised as part of the school immunisation programmes by 10% and the number of people receiving COVID and flu vaccinations by 10% and reduced the number of healthcare acquired infections by xx%*
Enhancing Productivity and Value for Money
Everyone living and working in Devon will be aware of what services they can access and where. *By 2028 we will have:*
One Devon will make the best use of our funds by maximising economies of scale and increasing cost effectiveness

By 2028 we will have: a unified approach to procuring goods, services, and systems across sectors.
People will only have to tell their story once and clinicians will have immediate access to the information they need through a shared digital system across health and care. *By 2028 we will have: provided a unified and standardised Digital Infrastructure*
One Devon will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable manner. *By 2028 we will have: vacancies amongst the lowest in England in the health and social care sector*
Helping the NHS support broader social and economic development
People in Devon will have access to affordable, regular, and accessible transport and active transport choices. *By 2026 we will have: created and promoted a publicly funded network of public transport, along with joined up policy and infrastructure that supports active travel across Devon*
People in Devon will be provided with greater support to access and stay in employment. *By 2028 we will have: increased the number of people living with a diagnosis of severe and enduring mental illness, learning disability and neurodiversity and physical disability in employment by xx% and decreased the number of 16-17 year olds not in education, employment, or training (NEET) by xx%.*
Local and county-wide businesses, education providers and the VCSE will be supported to develop economically *By 2028 we will have; directed our collective buying power to invest in and build for the longer term in local communities and businesses*
Local communities and community groups in Devon will be empowered and resilient, to support the health and wellbeing of local people *By 2028 we will have: positioned them as equal and trusted partners*

7. Next Steps

- Test the strategic goals with a wider group of representatives including:
  - Healthwatch
  - VCSE assembly
  - Local Care Partnerships
  - Citizens panel
  - Representatives from faith groups and diverse communities

- Agree metrics for measurement of strategic goals
- Submit to One Devon Partnership for review on 1st December
- Publish by 19th December.

8. Conclusion and Recommendations

The committee is asked to:

- Note the progress to date.
- Review the proposed strategic goals, based on the needs analysis and involvement feedback and comment on any perceived gaps.
- Note the next steps in terms of engagement with wider representatives and advise on any missing representative groups.

Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
27/10/22	8	Wait times for adult social care assessments and care. Members asked that following information be provided: 1. The number of people who have been removed from the waiting list as a result of seeking private treatment; and 2. The approach taken to share the waiting list data across teams and with partners.	Awaiting response.
27/10/22	9	That the Adult Social Care and Health Overview and Scrutiny Sub-Board supports the proposals set out in the submitted report to: 1. Continue to support the multi-agency priorities and actions outlined in the Torbay Suicide and Self-harm Prevention Plan 2022/23 and the Torbay Joint Health and Wellbeing Strategy 2022-26, including: 1. Promoting information and awareness around suicide through all statutory, community and voluntary partnerships in the Bay. 2. Promoting suicide awareness and free suicide training with local employers and businesses to support creation of suicide safe environments. This will support actions identified in the Cost of Living Summit 5 October 2022.	Complete support noted.

Date of meeting	Minute No.	Action	Comments
		3. Referral and signposting pathways to appropriate support and services, based on level of need. 2. Enable Torbay Council staff and providers who interact with vulnerable residents to identify and act on potential indicators of poor mental wellbeing or suicide risk, and also to maintain their own wellbeing. This is primarily through: 4. Promoting a range of suicide prevention training to all employees (universal and targeted offer based on roles and functions). 5. Partnerships with and signposting to partners providing relevant support e.g., Samaritans, TALKWORKS, QWELL, Devon Wellbeing Hub and the Torbay Community Helpline. 3. Focus on specific actions to improve children's emotional health and wellbeing through new multi-agency forums leading implementation of children's services priorities (SEND action plan, early help, family hubs).	