

**NHS ENGLAND AND NHS  
IMPROVEMENT**

**ORAL  
HEALTH NEEDS ASSESSMENT**

**SOUTH WEST OF ENGLAND**

**APPENDIX 2  
DEVON STP ANALYSIS**

**January 2021**



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

**January 2021**

**Appendix 2 Devon OHNA STP Appendix**

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## **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 and 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<sup>1</sup>. 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.

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<sup>1</sup> 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) 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<sup>2</sup>.
  - 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<sup>3</sup> (MECC) model.

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<sup>2</sup> Figure related to Cornwall and the Isles of Scilly and Devon.

<sup>3</sup> <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.<sup>4</sup>
- 1.22.5 Promoting early dental attendance and supporting programmes like Dental Check by One (DCb1)<sup>5</sup>.
- 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.

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<sup>4</sup> <https://www.e-lfh.org.uk/>

<sup>5</sup> <https://dentalcheckbyone.co.uk/>



## 2 Introduction

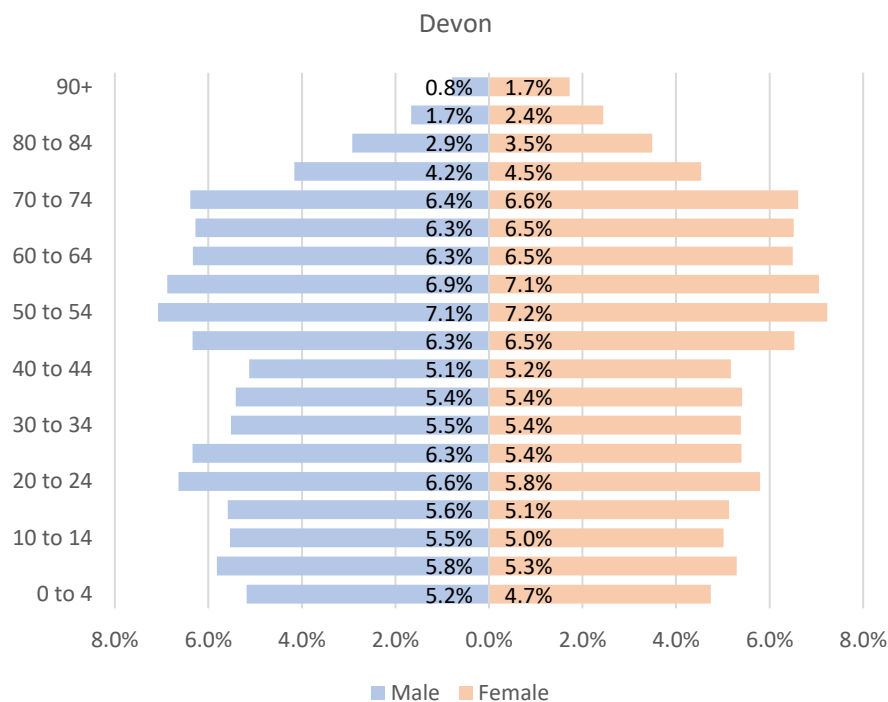
- 2.1 Devon reaches from the Bristol Chanel to its north to the English Chanel to its South. Devon is bounded by Cornwall and the Isles of Scilly to the West and Somerset to the North East and Dorset to the East.
- 2.2 This section will set out the oral health needs and profile for Devon, starting with 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<sup>6</sup>. 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

<sup>6</sup> 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)<sup>7</sup> 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%

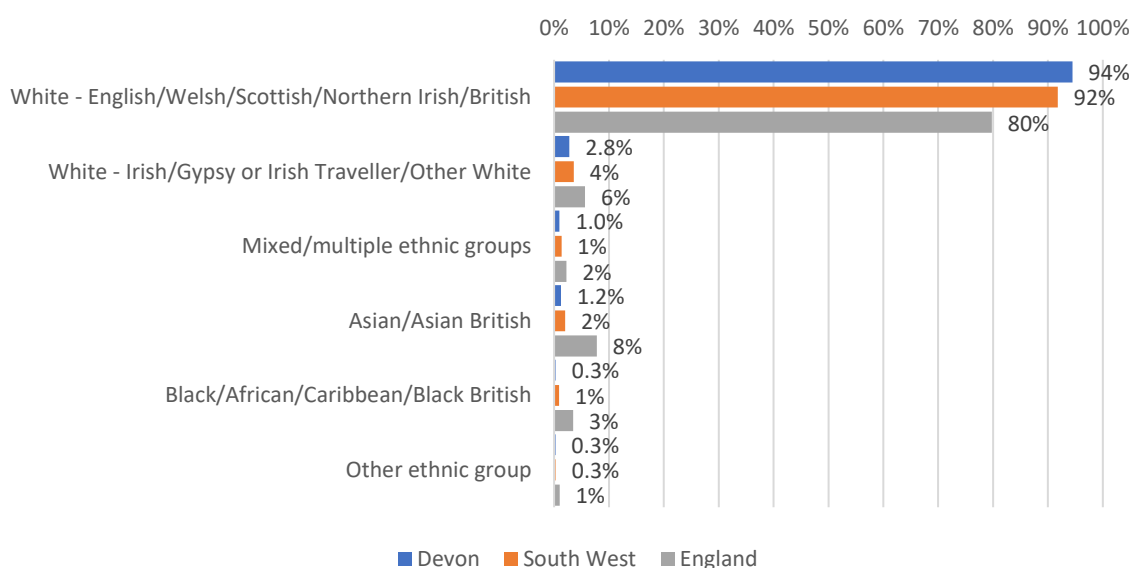
<sup>7</sup> Subnational population Projections for England 2018  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>

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% 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.

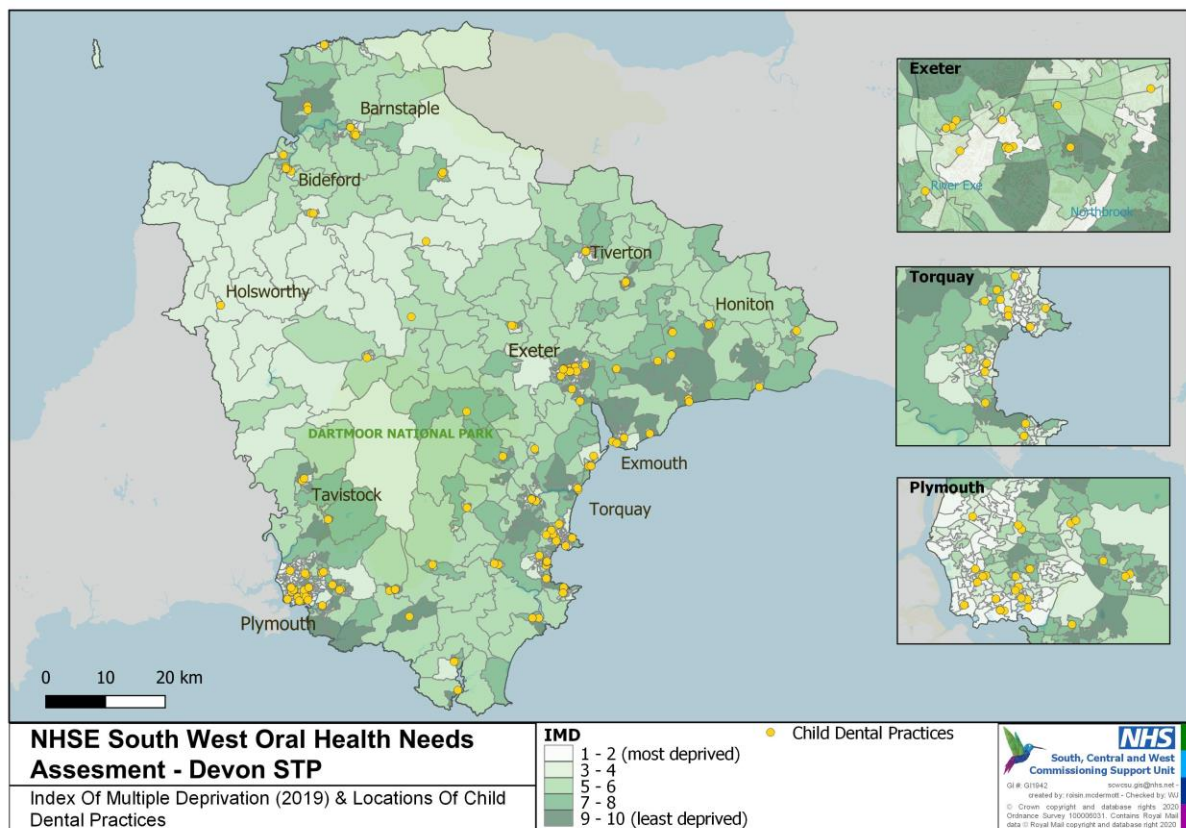
3.8 Devon County Council have undertaken a more detailed review of the IMD. To this end they have summarised that:

- 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.

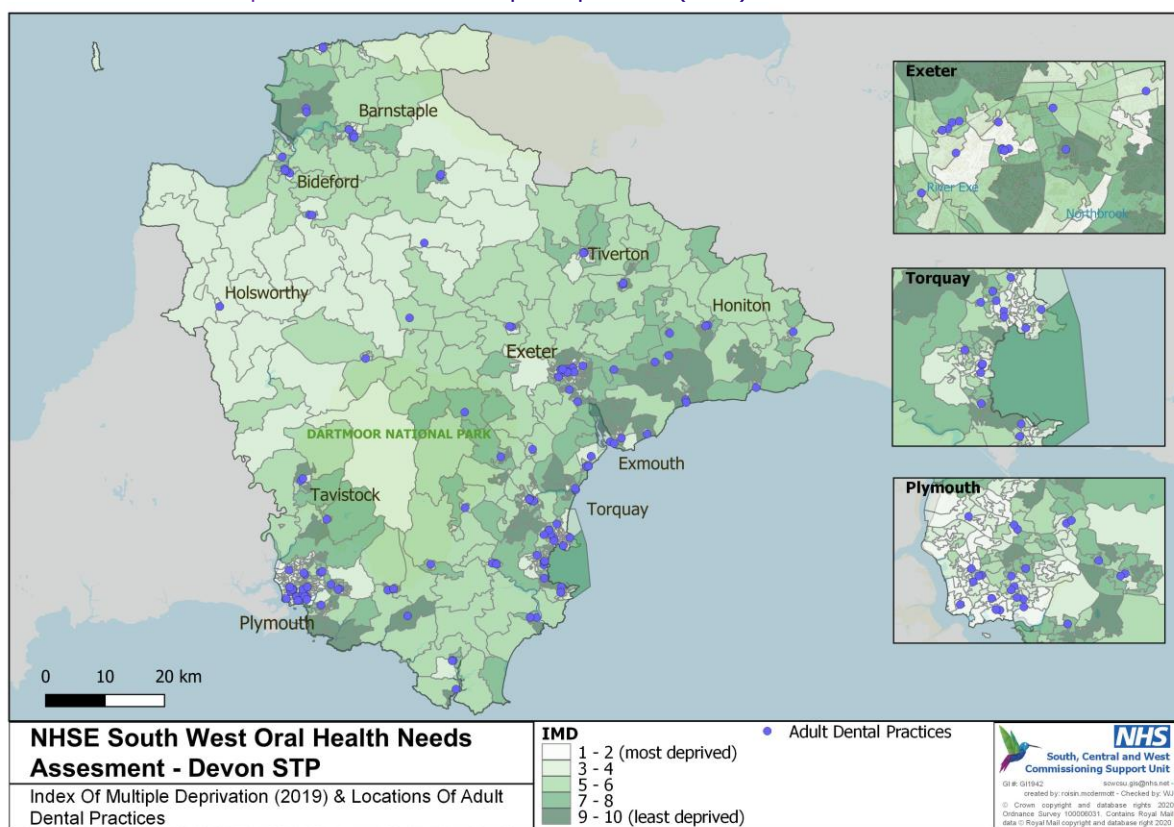
3.9 The maps below set out those areas of deprivation based on the Index of Multiple Deprivation (IMD) indicators and highlight levels 1 and 2 (most deprived - lightest colour), levels 3 and 4, levels 5 and 6, levels 7 and 8 and levels 9 and 10 (least deprived –darkest colour) deprivation indicators.

Map 1: Index of Multiple Deprivation (2019) & location of Child Dental Practices<sup>8</sup>



<sup>8</sup> NSE South Central and West Commissioning Support Unit Oct 2020

Map 2: Index of Multiple Deprivation (2019) & location of Child Dental Practices<sup>9</sup>



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

<sup>9</sup> 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 <sup>10</sup>	71.7	61.9	59.2	78.6	75.6
Diabetes: QOF prevalence (17+) (%) <sup>11</sup>	6.93	6.65	6.89	6.74	7.54
Under 75 mortality rate per 100,000 from respiratory disease considered preventable (Whole Pop) <sup>12</sup>	19.2	15.6	14.3	25.1	23.6
DiPUPR - Respiratory disease (%), Persons, All Ages. <sup>13</sup>	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

<sup>10</sup> PHE: Public Health Profiles: Fingertips 2016-18

<sup>11</sup> PHE: Public Health Profiles: Fingertips 2018-19

<sup>12</sup> PHE: Public Health Profiles: Fingertips 2016-18

<sup>13</sup> 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 <sup>14</sup>	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) <sup>15</sup>	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<sup>16</sup>. Guidelines for physical activity suggest adults (aged 16 and over) should have 150 minutes of activity of moderate intensity a week. The Active Lives Survey<sup>17</sup> commissioned by Sport England and the PHE Physical Activity survey data<sup>18</sup> 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

<sup>14</sup> PHE: Public Health Profiles: Fingertips 2014-15

<sup>15</sup> PHE: Public Health Profiles: Fingertips 2018-19

<sup>16</sup> PHE: Everybody active everyday Oct 2014

<sup>17</sup> Sport and physical activity levels Adults aged 16+ Nov 18 – Nov 18 % published Sport England Active Lives 23rd April 2020

<sup>18</sup> 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<sup>19</sup>.
- 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 <sup>20</sup>	England	South West region	Devon	Plymouth	Torbay
Reception: Prevalence of overweight (including obesity) (%)	22.59	22.05	19.54	25.91	25.07

<sup>19</sup> Health matters obesity and the food environment PHE March 2017.

<sup>20</sup> PHE: Public Health Profiles: Fingertips 2018-19

Indicator <sup>20</sup>	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 <sup>21</sup>	869.25	814.97	591.89	782.77	1313.81
Alcohol-related mortality per 100,000 <sup>22</sup>	46.54	45.55	43.43	51.76	61.61
Admission episodes for alcohol-related conditions (Broad) per 100,000 <sup>23</sup>	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 % <sup>24</sup>	18.18	19.56			

<sup>21</sup> PHE: Public Health Profiles: Fingertips 2018-19

<sup>22</sup> PHE: Public Health Profiles: Fingertips 2018

<sup>23</sup> PHE: Public Health Profiles: Fingertips 2018-19

<sup>24</sup> 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 % <sup>25</sup>	4.04	3.21			

### Smoking prevalence

- 4.12 Tobacco use increases the risk of cancers and chronic respiratory and circulatory disease<sup>26</sup>. 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 (%) <sup>27</sup>	10.59	10.91	11.63	11.22	13.26
Estimated smoking prevalence (16+) (QoF) <sup>28</sup>	17.19	16.50	14.84	19.41	19.51
Smoking prevalence in adults (18+) - current smokers (GPPS) <sup>29</sup>	14.46	13.75	12.86	17.41	14.79

<sup>25</sup> Health Survey for England 2018

<sup>26</sup> WHO

<sup>27</sup> PHE: Public Health Profiles: Fingertips 2018-19

<sup>28</sup> PHE: Public Health Profiles: Fingertips 2018

<sup>29</sup> 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<sup>30</sup>. 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'<sup>31</sup> 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

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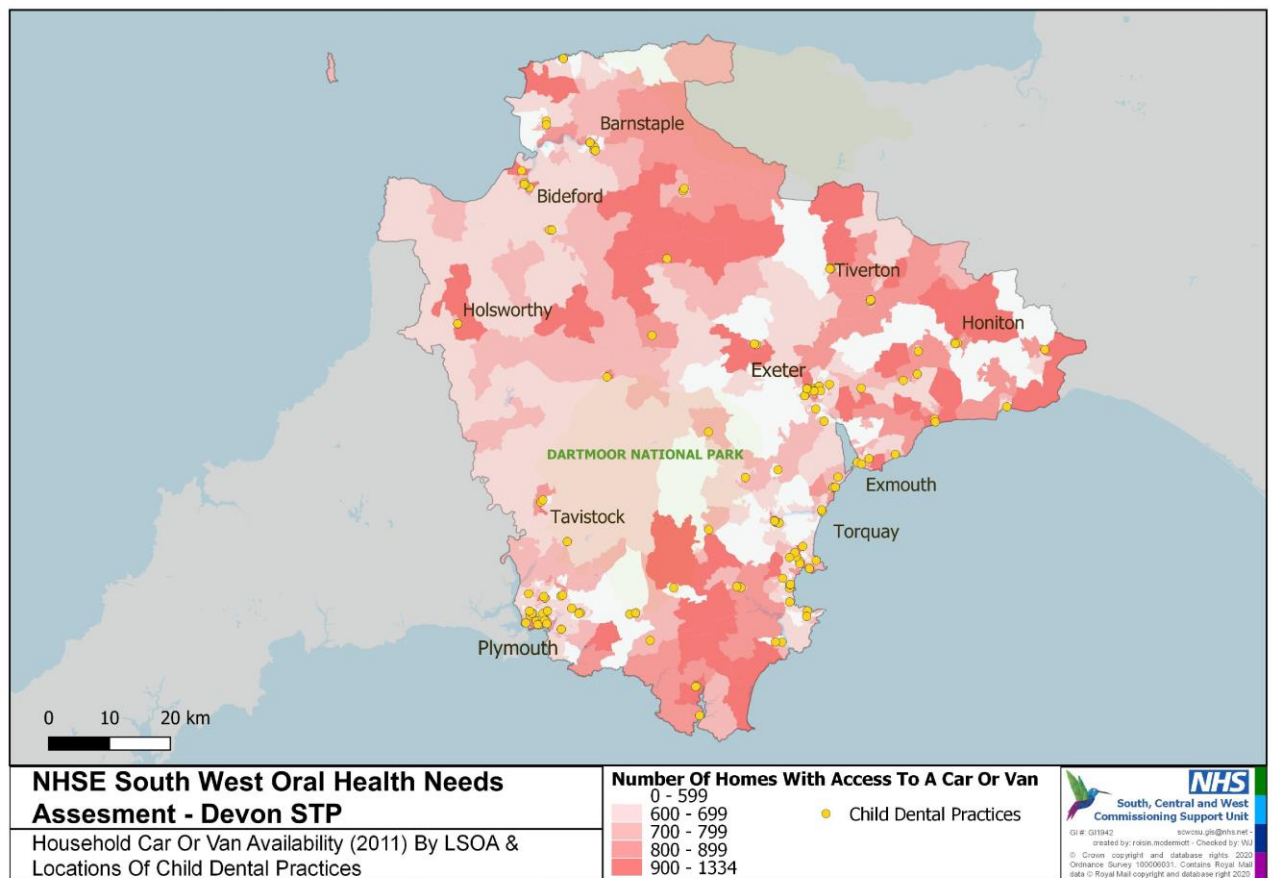
<sup>30</sup> Inequalities in Mobility and Access in the UK Transport Social and Political Science Group, Institute for Transport Studies, University of Leeds March 2019  
System[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/784685/future\\_of\\_mobility\\_access.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784685/future_of_mobility_access.pdf)

<sup>31</sup> 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](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.

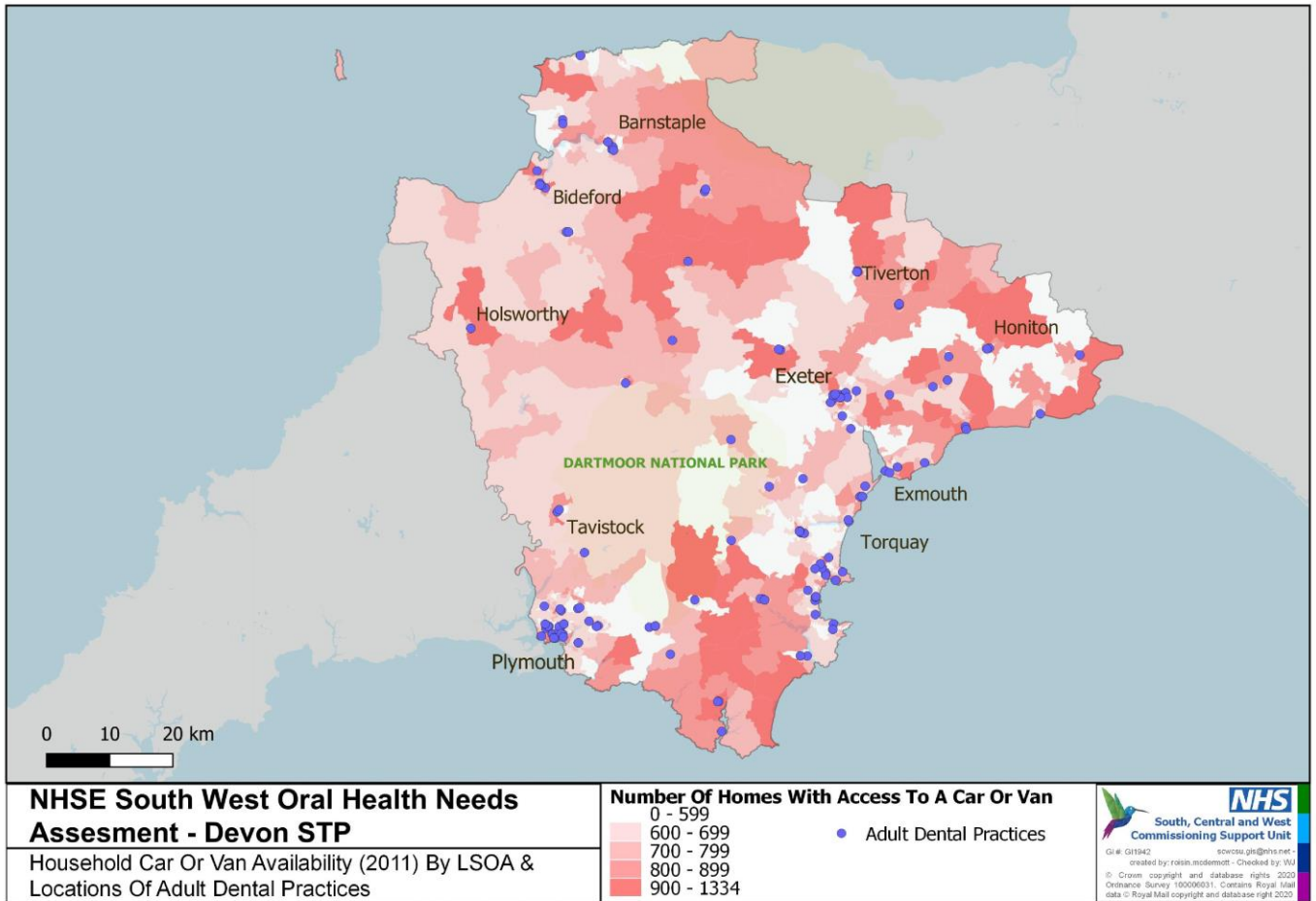
5.4 The recent public and patient survey has shown that 62.4% of respondents travelled to their local dentist by car, 3.2% by public transport and 17.8% by walking/bicycle. To support this OHNA we have worked with the NHSE South West Commissioning Support Unit to identify the level to which people across the area have access to a car or a van, this has been overlaid 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<sup>32</sup>



<sup>32</sup> 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<sup>33</sup>



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-year-olds (2008-09) and adults in Practice (2018). It sets out comparators for England and the South West.

<sup>33</sup> 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 <sup>ii</sup>	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<sup>34</sup>

- 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<sup>35</sup>

Area	Dentists difference 2018/19 to 2019/20	Percentage difference 2018/19 to 2019/20	2019/20		
			Total dentists	Population per dentist <sup>2</sup>	Dentists per 100,000 population <sup>2</sup>
<b>England</b>	<b>139</b>	<b>0.6</b>	<b>24,684</b>	<b>2,268</b>	<b>44</b>
<b>South West of England</b>	<b>8</b>	<b>0.3</b>	<b>2,664</b>	<b>2,104</b>	<b>48</b>
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

<sup>34</sup> NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report>

<sup>35</sup> 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<sup>36</sup>. 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)<sup>37</sup>.

### 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<sup>38</sup>.
- 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).

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<sup>36</sup> 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>]

<sup>37</sup> Source: NHS Dental Services: NHS Business Services Authority: June 2020

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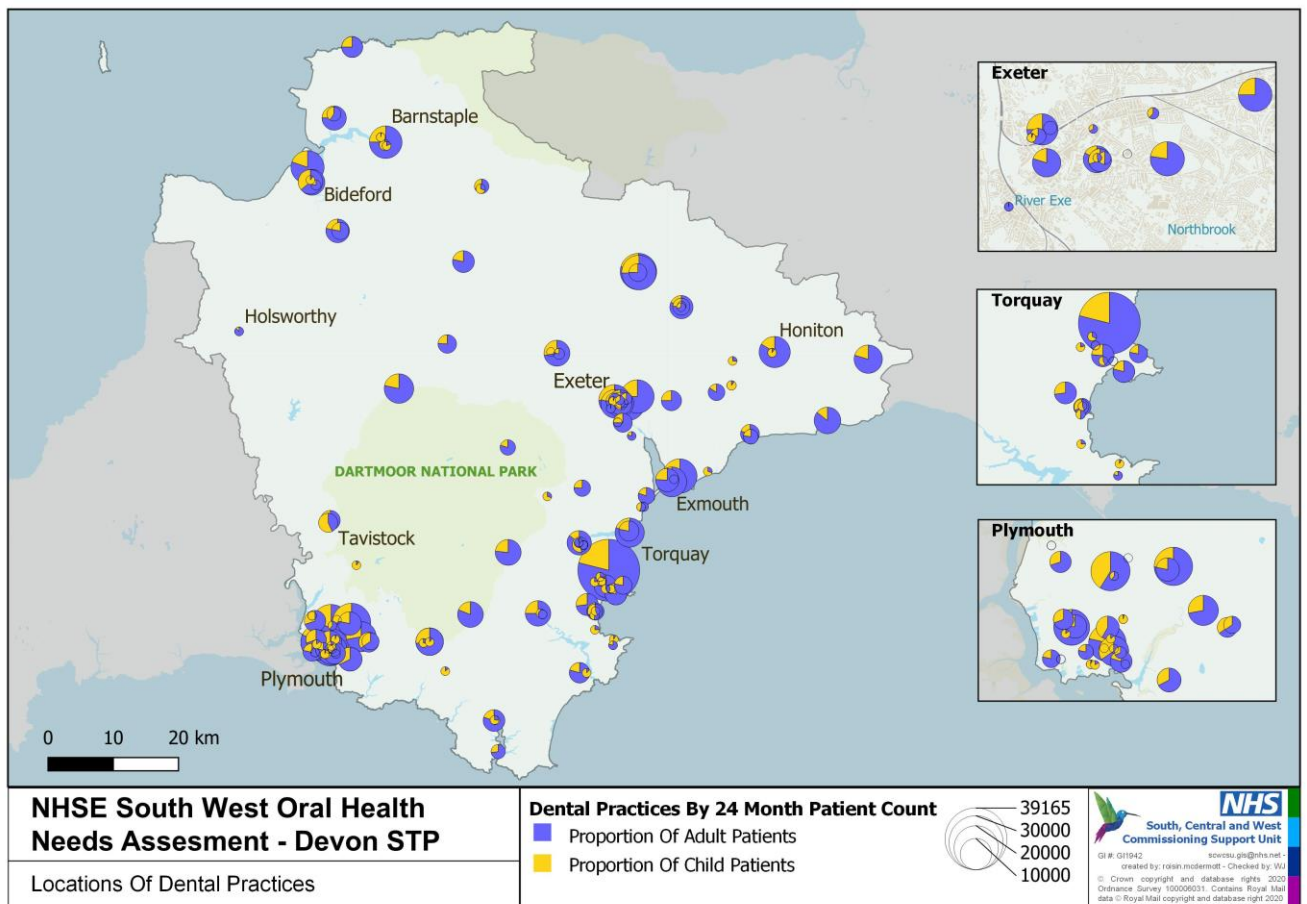
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Table 14: Adult patients seen in the previous 24 months and child patients seen, in the previous 12 months as a percentage of the population, by patient type and LA<sup>39</sup>

Area	Adult % of pop.	Child % of pop
<b>England</b>	47.1	52.7
<b>South West</b>	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<sup>40</sup>



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

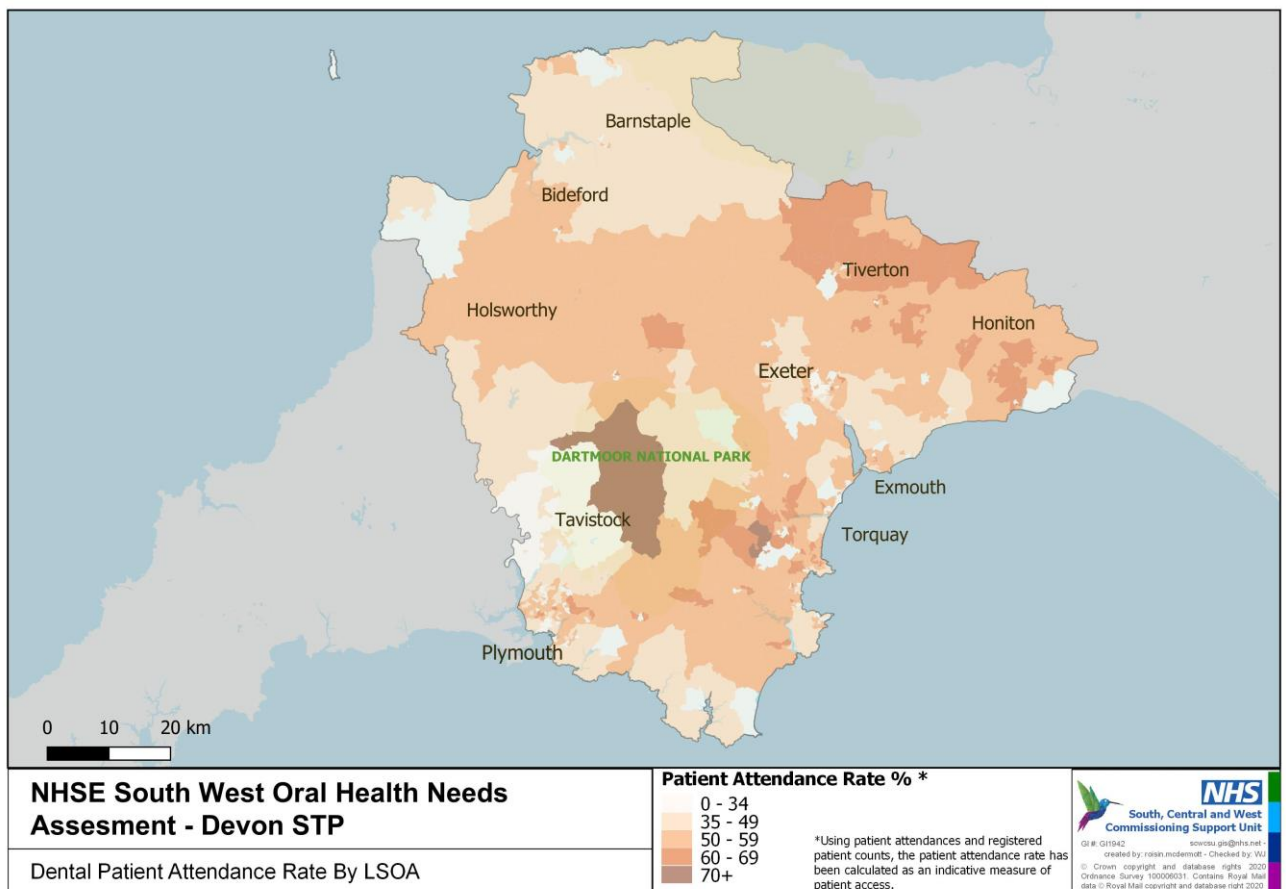
<sup>39</sup> NHS Dental Services, NHS Business Services Authority (BSA).

<sup>40</sup> 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 (%)<sup>41</sup>



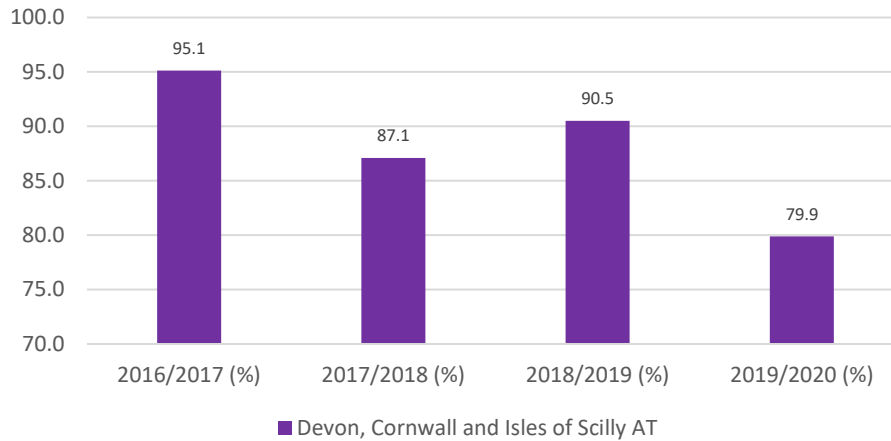
<sup>41</sup> NHS South, Central and West Commissioning Support Unit Oct 2020

### 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.

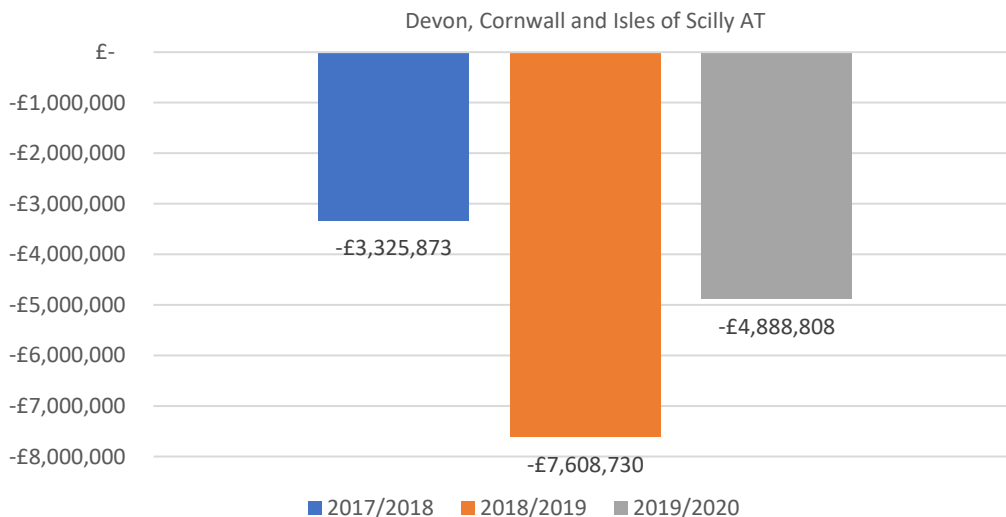
7.16 Chart 3 presents the achievement against target of dentistry funded through the UDA contracting system for Cornwall, the Isles of Scilly and Devon.

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<sup>42</sup>.
- 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.

<sup>42</sup> <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<sup>43</sup> 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

<sup>43</sup> Plymouth Oral Health Needs Assessment 2019 Plymouth City Council



appointment as of 1<sup>st</sup> October 2019<sup>44</sup>. 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

<sup>44</sup> This data was provided by NHSE&I



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

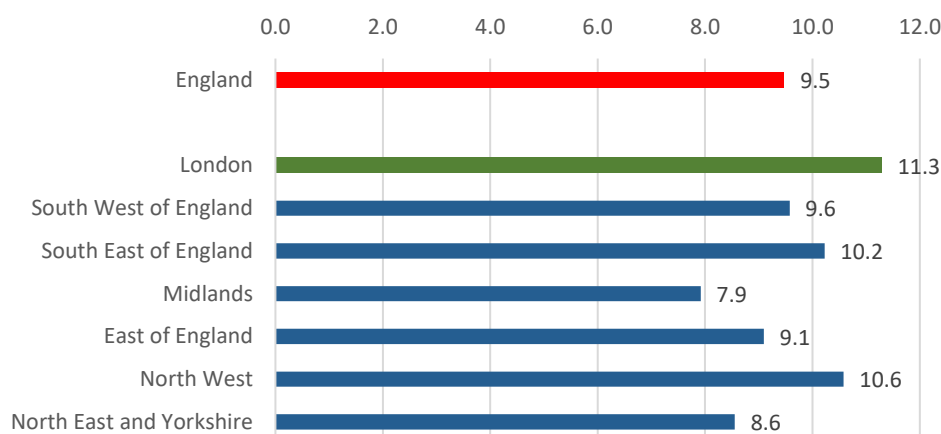
7.30 Across the South West, approximately half of the adult population and a third of the child population have not visited the dentist in the last two years, and thus may not have a regular dentist if a problem occurs.

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))<sup>45</sup>

Org Name	Urgent	Urgent (%) <sup>46</sup>
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



<sup>45</sup> Data is affected by COVID-19.

<sup>46</sup> 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 %).<sup>47</sup>
- 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<sup>48</sup> 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.

<sup>47</sup> 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)

<sup>48</sup> 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<sup>49</sup>. 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.

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<sup>49</sup> 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.