

HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Executive Member for Health and Public Health
Date:	20 July 2016
Title:	Oral Health Improvement Services
Reference:	7578
Report From:	Director of Public Health (interim)

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1. Executive Summary

1.1. The purpose of this paper is to seek approval to spend in respect of Oral Health Improvement Services an amount up to a maximum value of £900,000 over a maximum period of 5 years from 1 August 2017.

1.2. This paper seeks to

- Set out the background and context to the commissioning of oral health improvement services
- Provide an overview of the current oral health improvement service model and contract
- Provide a brief overview of oral health in Hampshire
- Consider the finance for the project and the impact on the budget
- Highlight the impact the project will make to the performance of the County Council
- Outline the planned procurement approach.

2. Contextual information

2.1. Local Authorities have a number of dental public health functions, as a result of the Health & Social Care Act 2012. These functions are set out in Statutory Instrument 2012 No 3094.

2.2. These functions include:

2.3. Oral Health Promotion Programmes - to the extent that the authority considers appropriate for the local area; and

2.4. Oral Health Surveys to facilitate:

- The assessment and monitoring of oral health needs
- The planning and evaluation of oral health promotion programmes

- The planning and evaluation of dental services as part of the health service

3. Current Service Model & Contract

- 3.1. The above functions are currently delivered by a single provider across Hampshire under contract to the local authority.
- 3.2. This contract is aligned to the academic school year and expires on 31 of July 2017.
- 3.3. The current service delivery model includes:
- 3.4. The delivery of an annual Oral Health Promotion/Improvement Programme which includes:
- 3.5. The provision and co-ordination of a supervised tooth brushing scheme and oral health promotion award (Saving Smiles) for under 5 year olds in early years settings
- 3.6. Provision of oral health promotion advice, training and resources to health visitors and other practitioners working with children under the age of 5
- 3.7. Provision of oral health promotion advice, training and resources for carers of older people in residential care homes
- 3.8. Annual participation in and local delivery of Public Health England Dental Public Health Epidemiology Programme (DPHEP) surveys.

4. Oral Health in Hampshire

- 4.1. Oral health is an integral part of overall health. A significant proportion of the population in England experience very good levels of oral health and Hampshire has levels of dental decay that are lower than the average for England.
- 4.2. Successive oral surveys have shown that child and adult oral health has been improving over the past 30 years. However, vulnerable, disadvantaged and socially excluded groups are at greater risk of oral diseases affecting their teeth, gums, supporting bone, and soft tissues of their mouth, tongue and lips.
- 4.3. The most prevalent oral disease amongst children and young people (CYP) in England and Hampshire is tooth decay which is largely preventable, affecting 15% of five year olds in Hampshire in 2015, compared to 20% of five year olds across the South East and 24.7% of five year olds in England.
- 4.4. Prevalence of tooth decay among five year olds varies geographically between and within districts and there is a clear relationship between tooth decay and deprivation. In 2015, higher levels of tooth decay were seen among five year olds in Rushmoor (24.2%), New Forest (18.7%), Gosport (17.6%) and Havant (17.4%). In contrast lower levels of tooth decay were experienced among five year olds in Test Valley (9.4%) and Winchester (10.7%).
- 4.5. Tooth decay impacts on children and young peoples ability to sleep, eat, speak, play, socialise with other children, learn, thrive and develop, whilst

also causing pain, infections, and impaired nutrition and growth. It is the top cause of childhood hospital admission among five to nine-year-olds, followed by tonsillitis.

- 4.6. Whilst oral health of the population has steadily been improving, poor oral health has significant impacts on people's quality of life, their participation in society and economic productivity as well as on health and social care systems. In addition to direct expenses for curative treatment, it is responsible for indirect societal costs caused by poor concentration, reduced educational attainment and school and work absence.
- 4.7. Whilst more adults are now keeping their teeth for life, many still suffer from periodontal disease and tooth decay, with the number of adults aged 65 with no teeth being higher than some other EU countries. Good oral health is an essential component of active ageing. Ensuring that older people can participate in social life free from embarrassment or pain and can continue to enjoy a balanced and nutritious diet, contributes hugely to their quality of life and general health and reduces their risk of social isolation and malnutrition. Although oral health in adults has been improving, the incidence of oral cancer is rising and in 2014 it accounted for approximately 2,209 deaths across England.
- 4.8. Between 2011-13 there were 475 oral cancer registrations in Hampshire, resulting in an age standardised rate of 12 per 100,000 population. Whilst significantly lower than the national rate of 13.9 per 100,000 population, data over the past five years for Hampshire suggest a similar rising trend in oral cancer incidence. Local data on oral cancer deaths is not available; however oral cancer continues to have high death rates despite improvements in survival rates for many other cancers.
- 4.9. Importantly, although local data on oral cancer deaths is not available, oral cancer continues to have high death rates despite improvement in survival rates for many cancers.
- 4.10. An oral health survey of older people aged 65 and older with mild dependency and living in 'extra care' housing is currently underway in Hampshire and the findings will be used to inform future oral health strategy.
- 4.11. Work is also currently underway with NHS England to identify trends in dental attendances and treatment across Hampshire in order to further identify oral health needs and opportunities for further oral health improvement.

5. Commissioning Intentions

- 5.1 The future service and results of the soft market testing questionnaire and early market engagement event is currently being scoped in relation to the needs identified above.

6. Finance

- 6.1 The required funding (up to £180,000 per annum) is met within the existing Public Health Allocation.
- 6.2 The annual Public Health Grant allocation is expected to reduce, in cash terms, by 2.5% to 2.6% per year over the following 3 years, in addition to cash reductions of 6.2% and 2.2% in 2015/16 and 2016/17 respectively. From the October 2015/16 grant baseline there will be a total cash reduction of 15.5% by 2019/20.
- 6.3 Opportunities are currently being explored to reduce costs and refocus activity on those most at risk of poor oral health.
- 6.4 The costs of tendering have been identified and will be met from within the public health budget for 16/17.

7 Performance

- 7.1 Improving the population's oral health using evidence-based interventions leads to better health and social care outcomes. In particular, adopting a life course approach to improving oral health behaviours in young children may reduce their likelihood of experiencing oral disease throughout life. Oral health survey data of five-year-old children are used to monitor oral health improvement and the reduction of health inequalities. The provision of oral health improvement services directly supports improvements in the performance of the County Council in relation to the following Public Health Outcome Framework Indicator 4.02: Tooth Decay in Children Aged 5.
- 7.2 Reducing tooth decay in children will also support performance in relation to school attendance by reducing school absences associated with dental pain and treatment, including paediatric dental extractions under general anaesthetic.

8 Consultation and Equalities

- 8.1 An Equality Impact Assessment has been completed and no negative impacts have been identified. Instead the continued commissioning of oral health improvement services will have a positive impact on the population groups that will be targeted and reached by these services. These population groups include children and young people, vulnerable adults, older people and people living in more deprived areas.
- 8.2 An Oral Health Needs Assessment across Wessex has been undertaken by dental public health colleagues from Public Health England South East in 2015 and published in April 2016.
- 8.3 *Oral health and inequalities in Wessex* (April 2016) and the *Key Points for Hampshire* supplement (November 2015) identified that while levels of dental decay have fallen over the last few decades, dental decay is still widespread in the population and inequalities still exist with those in most deprived groups and areas experiencing the highest levels of disease.

8.4 Children, older people and special population groups including children and adults with learning disabilities, homeless people, travellers and people with alcohol and substance misuse problems are at increased risk of poor oral health and their needs will be prioritised for oral health promotion.

9 Planned Procurement Approach

9.1 A full procurement is planned in accordance with the County Council's Contract Standing Orders.

9.2 It is proposed to award contracts from 1 August 2017 for an initial contract period of 3 years with option to extend for 2 further periods of 12 months (3+1+1).

10 Recommendation

10.1 It is recommended that the Executive Member for Health and Public Health gives approval to spend in respect of Oral Health Improvement Services an amount up to a maximum value of £900,000 over a maximum period of 5 years from 1 August 2017.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Maximising well-being:	yes
Enhancing our quality of place:	yes
OR	
This proposal does not link to the Corporate Strategy but, nevertheless, requires a decision because:	

Other Significant Links

Links to previous Member decisions:		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Public Health Strategic Procurement Plan and Approvals http://decisions.hants.gov.uk/ManageDecisionDocument.aspx?action=view&id=11873&itemid=5128	5128	20/09/13
Direct links to specific legislation or Government Directives		
<u>Title</u>	<u>Date</u>	
Statutory Instrument 2012 No 3094. National Health Service, England Social Care Fund, England Public Health, England. The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Health watch) Regulations 2012 http://www.legislation.gov.uk/uksi/2012/3094/regulation/35/made	2012	
<i>Delivering better oral health: an evidence-based toolkit for prevention</i> , Public Health England, June 2014 (available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563/DBOHv32014OCTMainDocument_3.pdf)	2014	
<i>Local authorities improving oral health: commissioning better oral health for children and young people</i> , Public Health England, June 2014 (available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf)	2014	
<i>Public Health Guidance 55: Oral health: approaches for local authorities and their partners to improve the oral health of their communities</i> , National Institute for Health and Care Excellence (NICE), October 2014 (available at https://www.nice.org.uk/guidance/ph55/)	2014	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2 Equalities Impact Assessment:

1.2.1 The proposal to continue to commission oral health improvement services will have a positive impact on the population groups that will be targeted and reached by these services. These population groups include children and young people, vulnerable adults, older people and people living in more deprived areas based on evidence of increased need.

1.1.2 A link to the full EIA is below.

[EIA786394 - Oral Health Improvement Services](#)

2 Impact on Crime and Disorder:

2.1 Public Health functions and services will not impact on Crime and Disorder.

2.2 By definition, interventions considered to improve and protect the public's health are designed to support the citizen's of Hampshire to live safely and have improved health and health outcomes.

3 Climate Change:

3.1 Public Health functions and services into the County Council will not have a bearing on climate change

3.2 Consideration of climate change and its impacts on the population and its current and future health forms part of the evidence informing interventions to improve and protect the public's health