

**NHS ENGLAND AND NHS
IMPROVEMENT**

**ORAL
HEALTH NEEDS ASSESSMENT**

SOUTH WEST OF ENGLAND

**APPENDIX 6 BATH AND
NORTH EAST SOMERSET,
SWINDON AND WILTSHIRE STP
ANALYSIS**

January 2021



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

January 2021

**Appendix 6 Bath and North East Somerset, Swindon
and Wiltshire OHNA STP Appendix**

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1 Summary

Highlighted oral health needs and priorities.

- 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 Bath and North East Somerset (BaNES), Swindon and Wiltshire (BSW). Some of 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 Additionally, engagement has taken place with stakeholders in the STP area particularly patients, the general public and providers of oral health services locally. Clear themes emerge from this engagement as well as clear implication for the findings of this local appendix.
- 1.3 Bath and North East Somerset, Swindon and Wiltshire has a population 912,166 people. Its population consists of more females (51%) than males (49%) - a gender profile that is consistent with the population of England. Compared with England as a whole, there is a slightly lower proportion of people of working age and slightly more people of retirement age as well as a slightly higher proportion of children and young people in Bath and North East Somerset, Swindon and Wiltshire. The BAME population in Bath and North East Somerset, Swindon and Wiltshire is 5% 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. By 2028 the total population of Bath and North East Somerset, Swindon and Wiltshire will have grown by 7% (an additional 60,052 people), the child population will have decreased by -1% (-1,310) and the older adult (65+) population will have grown by 23% (an additional 40,882 people). From an oral health service perspective, this significant increase in the older demographic will result in services needing to meet a greater level of older people's dental needs. The shift in the child population suggests that there will be less child patients, although this is unlikely to impact on the oral health needs of children in the STP area.
- 1.5 With regards to the Index of Multiple Deprivation, details are different in the three component areas of this STP. As a whole, Bath and North East Somerset remains one of the least deprived local authorities in the country ranking 269 out of 317, compared to a rank of 247 in 2015. IMD 2019 show that Swindon in general is 157th in the deprivation table across England, and 10th in the South West. 9% of its individual neighbourhoods, one in 11, are in the highest 10% of deprived areas. The rankings use the most up-to-date data on income, employment, education, health. Wiltshire is less deprived than many other local authority areas in England.

Over 70% of local authority districts in England are more deprived than Wiltshire. There have been minimal changes to Wiltshire's relative deprivation ranks since the last publication of the IMD in 2015. 39 of the 285 LSOAs in Wiltshire (14%) are in the 40% that are nationally most deprived.

- 1.6 The mortality rate for cardiovascular disease is lower in BaNES and Wiltshire than the national and South West rates¹. In Swindon, the mortality rate for cardiovascular disease is higher than the England and South West rates. The mortality rates for respiratory disease in BaNES and Wiltshire are lower than the rates in England and the South West, whereas in Swindon they are higher. The prevalence of diabetes in BaNES (5.1%) is lower than the South West (6.5%) and England profile (6.9%). The profile for Wiltshire (6.8%) is higher than the South West but lower than England. The profile for Swindon at 7.7% is higher than the South West and England.
- 1.7 Most recent data suggests the level of physical activity varies within the STP area with BaNES having 72% active levels (undertaking 150* minutes per week), which is above the national at 64% and the South West profile of 67%. Wiltshire, with 66%, was below the South West rate but above the national. Swindon with 60% is below both the South West and national average. Correspondingly there are lower levels of physical inactivity with 20% inactive in BaNES and 20% inactive in Wiltshire, both below the national profile at 25% and the South West profile at 21%. The inactive profile in Swindon was 25% the same as the national level but above the South West.
- 1.8 Reception Years data from the national child measurement programme shows that in BaNES, Wiltshire and Swindon the proportion of children that are obese and or overweight are below the national and South West levels. The prevalence of obesity or overweight in the adult population is lower in BaNES at 51% and Wiltshire with 60% are both below the national (62%) and regional (61%) level. However, Swindon has a rate of 65%, which was higher than the South West and the national rate. The GP Survey in 2018-2019 showed that 14.5% of over 18-year olds in England were smokers compared to 13.7% in the South West, 12.4% in BaNES, 12.7% in Swindon and 12.% in Wiltshire.
- 1.9 The patient and public survey completed as part of this OHNA suggests that 64% 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. This suggests that many patients would find it difficult to access healthcare services including dentistry.

¹ PHE Fingertips: Rate per 100,000 of deaths from Respiratory Disease among people aged 65 years and over 2016-18

- 1.10 The recent Adults in practice national dental epidemiological survey was not completed for BaNES in the STP. 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 the area. However, from previous child surveys, the data for Bath and North East Somerset, Swindon and Wiltshire shows a higher level of 3-year-old dental decay in Wiltshire (13.5), when compared to national (11.7%) and regional (10.4%) findings. In Bath and North East Somerset, Swindon and Wiltshire the data for 5-year-old dental decay is lower in Wiltshire at 13.1%, when compared nationally (23.4%) and the South West (20.4%). BaNES with 20.8% and Swindon with 28.9%, however, were both above the national and South West percentages. For 12-year-olds the level of dental decay in Bath and North East Somerset, Swindon and Wiltshire was lower in BaNES with 27.3% and Swindon with 28.1% when compared to the national (33.4%) and South West (33.3%) levels. However, for 12-year-olds the percentage in Wiltshire at 34.1% was greater than both the nation and South West percentages.
- 1.11 From a dental care service provision perspective, Bath and North East Somerset, Swindon and Wiltshire, in 2019-2020 had 111 dental practices commissioned to deliver 1,171,905 UDAs. This represented 446 dentists delivering NHS dentistry. Indeed, Bath and North East Somerset, Swindon and Wiltshire saw a decrease of 1 dentist in 2019-20 to the year before, a -0.2% decrease. The average UDAs per person was higher than the South West rate at 1.28 UDA/person as compared to 1.52 UDA/person.
- 1.12 In terms of access to dentistry the percentage of children that accessed NHS dentistry in the last 12 months was 68% in BaNES, which was above the South West (54%) percentage and England (53%)². In Swindon, 54% of children accessed NHS dentistry which is above national and consistent with regional access levels. In Wiltshire 47% of children accessed an NHS dentist which was below both the national and South West level. The percentage of adults that accessed NHS dentistry in the last 24 months was 46.7% in BaNES and Swindon and 40.3% in Wiltshire, both below the South West level (47.3%) and above the national level (47.1%).
- 1.13 Underperformance against contracted dental activity for Bath, Gloucestershire, Swindon and Wiltshire have been made in the last three years, as was the case across the South West, but was particularly high in 2019-2020 with £4,093,366.
- 1.14 65% of treatments were Band 1, 23% Band 2, 3% Band 3 and 9% 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 face in accessing NHS dentistry. Further

² NHS Dental Services, NHS Business Services Authority (BSA).

examination of urgent care shows a higher proportion of non-paying adults (16%) than paying adults (11%) accessing urgent care.

1.15 Fluoride varnish application rates are higher than the rate in the South West with 45% of the child population in Swindon, but lower in Wiltshire with 39% and lower still in BaNES with 9.2%. The rate of oral Cancers rates in BaNES is 13.83 per 100,000 - higher than the South West rate and lower than the England rate. In Wiltshire this is 12.34 per 100,000 and in Swindon it is 12.07 per 100,000 - both are lower than the England and South West rates.

1.16 Data suggests some key areas for prioritisation, this includes:

- Projected increase in the older adult age groups may result in an increase in demand for fillings and bridges (restorative treatments). Many may already have a heavily restored dentition and treatment may be complex especially if they are taking multiple medications or require domiciliary care.
- Pockets of deprivation across the STP area suggest the potential need for targeted interventions where possible and feasible.
- Obesity: joint working between stakeholders to tackle obesity; support the development of healthy eating policies in school and preschool settings.
- Stakeholders might wish to explore the issues around the participation in National Dental Epidemiological Surveys for Bath and North East Somerset, Swindon and Wiltshire.
- There is a need to support to NHS dental service providers to increase delivery of contracted activity.

1.17 The key priorities emerging out of both Healthwatch in BaNES, Swindon and Wiltshire 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:

- Access to NHS dentistry should be made easier
- Better dentist allocation across the area (see 1.18 for details)
- 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 provided by private dentists
- Reduce waiting times
- 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

- 1.18 The levels of **access to NHS dentistry** in Bath and North East Somerset, Swindon and Wiltshire STP are generally below the regional and national average for both children and adults but there is significant variability between more affluent and more deprived areas:
- 1.18.1 NHS Digital data for 2019-2020 shows that access for adults in Wiltshire Council (40.3%) was below England (47.1%) and the South West (47.3%) average. The same was valid for children (47.1%) compared to regional (54.1%) and national (52.7%) averages.
 - 1.18.2 Stakeholder engagement has strongly supported this, highlighting significant barriers for accessing dental care as poor public transport links and lack of car ownership in more deprived, rural areas.
 - 1.18.3 The population in Bath and North East Somerset, Swindon and Wiltshire STP is set to grow by 7% (an additional 60,052 people) in the next 8 years. The highest growth is projected to be in the older adult (65+) group, which will increase by 23% (an additional 40,882 people).
 - 1.18.4 The UDA rate per person in the STP (1.28) was lower than the South West rate (1.52), this may require the apportionment of UDAs to those people in greatest need of NHS dentistry. There is significant variability of UDAs values with an average of £25.67 (Lowest £19.35 to highest £37.90).
 - 1.18.5 Although, Bath and North East Somerset are among the least deprived local authorities in England, there are pockets in areas like Swindon and Wiltshire affected by significant levels of inequalities. For example, Penhill, Pinehurst and Park South and North are among the most deprived in the country.
- 1.19 There is a need to **support dental care services for older people**. This is emphasised for a number of reasons.
- 1.19.1 By 2028 the older adults (65+) population in Bath and North East Somerset, Swindon and Wiltshire STP area will have grown by 23% (an additional 40,882 people).
 - 1.19.2 The projected increase in the proportion for older adults may have implications for the increase of demand for treatment.

- 1.20 There is a need to **support the recruitment and retention of dentists** providing NHS services.
- 1.20.1 Stakeholder feedback has highlighted recruitment and retention concerns for dentist in rural and coastal areas.
 - 1.20.2 Joint action with local partners (LDN/LDC, HEE, local authorities) to facilitate recruitment of dentists and other members of the dental team in rural areas.
- 1.21 There is evidence that there is **difficulty being experienced by dentists in meeting their contractual targets.**
- 1.21.1 The underperformance against contracted activity resulted in recovery of £4,093,366 in 2019-2020.
 - 1.21.2 There is a risk for future service provision because of the commercial viability of certain contracts.
 - 1.21.3 General dental practitioners responding to the Stakeholders surveys from Bath and North East Somerset, Swindon and Wiltshire STP identified concerns regarding the GDS contract and the fulfilment of UDA targets.
- 1.22 There are a range of **of further 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 Carers of children and adults with learning disabilities may require additional training and support in techniques to help support the oral health of those they care for.
 - 1.22.2 Promoting early dental attendance and supporting programmes like Dental Check by One (DCb1)³.
 - 1.22.3 Having been unable to carry out/complete and or report recent national dental survey responses there is a critical need to ensure that future epidemiological surveys are carried out for the STP area.
- 1.23 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:

³ <https://dentalcheckbyone.co.uk/>

- 1.23.1 The area presents moderate prevalence of smoking, alcohol consumption and obesity. NHSE&I may wish to develop and strengthen the integration of dental services with local authority commissioned oral health improvement programmes in line with the Making Every Contact Count⁴ (MECC) model.
- 1.23.2 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 understand the importance but it can be challenging to get compliance from this patient groups.
- 1.23.3 The OHNA has highlighted the need to support residents who are in domiciliary care and to ensure that services providing for them are based on evidence-based interventions and that training programmes for health, social care and domiciliary care staff should be available⁵.
- 1.23.4 Promote early dental attendance and support programmes like Dental Check by One (DCb1)⁶.
- 1.23.5 Target resources to those areas of higher deprivation that are prevalent across the STP area. 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, those who are homeless, the traveler and gypsy community, older people, migrant communities and those who are deemed to be socially isolated.
 - Developing the capacity of the oral health improvement workforce as well as the 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.
- 1.23.6 To address the National Dental Surveys, a joint approach between NHSE&I, local authorities, PHE regional dental epidemiology coordinator and fieldwork teams might help identify the issues around the provision

⁴ <https://www.makeeverycontactcount.co.uk/>

⁵ <https://www.e-lfh.org.uk/>

⁶ <https://dentalcheckbyone.co.uk/>

of these services. Certain areas in the country have successfully implemented joint commissioning between neighbouring areas as well as tendering contracts for multiple years making them more commercially attractive to providers.

2 Introduction

2.1 Bath, North East Somerset, Swindon and Wiltshire is a Sustainability and Transformation Partnership comprising of three distinct areas of the unitary authorities of Bath and North East Somerset, Swindon and the County of Wiltshire.

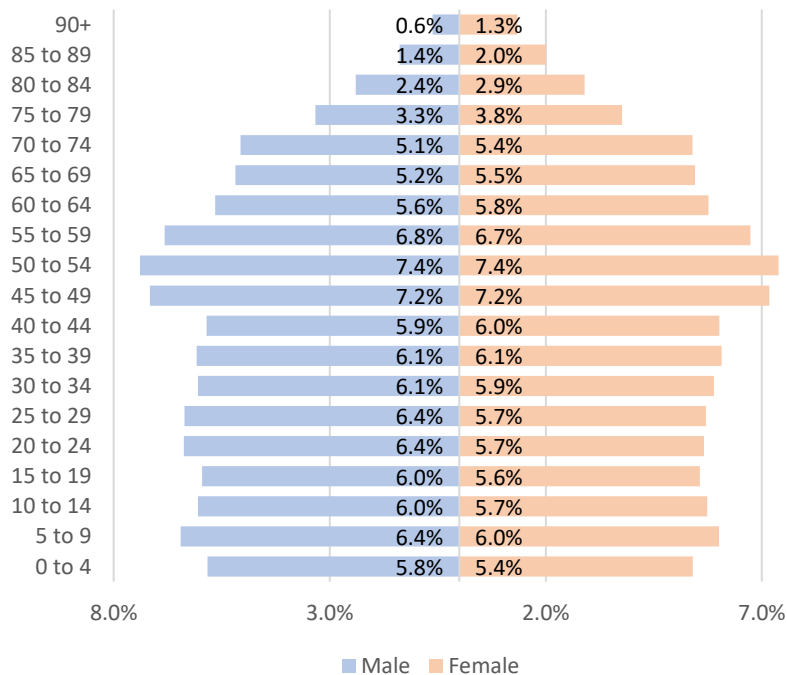
2.2 This section will set out the oral Health needs and profile for Bath, North East Somerset, Swindon and Wiltshire. It will start with its demographics, risks and determinants of poor oral health, relevant national epidemiology research findings, and review local oral health services, oral health improvement programmes and key findings for the oral health of the local population.

3 Demographics

Gender and Age

3.1 The population of Bath & North East Somerset, Wilshire and Swindon is an estimated 912,106⁷. Over half (55%) of the total population live in Wiltshire. The population of Bath & North East Somerset, Wilshire and Swindon consists of more females (51%) than males (49%) - a gender profile is consistent with the population of England. The age and gender profile of the population of Bath & North East Somerset, Wilshire and Swindon is set out in the population pyramid below.

Chart 1: Gender and Age BaNES, Swindon and Wiltshire: ONS Mid -18 Estimates



⁷ ONS mid-2018 estimates

3.2 62% of the population of Bath & North East Somerset, Wiltshire and Swindon are of working age (16 to 64 years), 19% are of retirement age (65 years and over) and 19% are children and young people (aged under 16 years). This is broadly consistent with this age profile for England as a whole. The proportion of the population for each local authority that falls into either of these age categories varies. The population of Wiltshire has a higher proportion of people of retirement age (21%) and Swindon has a higher proportion of children and young people (20%). The age profile is set out in the table below.

Table 1: Age profile compared BaNES, Swindon and Wiltshire, South West and England ONS 2018

	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)
Bath & North East Somerset	32023	17%	123823	64%	36260	19%	192106
Swindon	45407	20%	141415	64%	35174	16%	221996
Wiltshire	94516	19%	297711	60%	105837	21%	498064
South West	986908	18%	3382627	60%	1230200	22%	5599735
BaNES, Swindon and Wiltshire	171946	19%	562949	62%	177271	19%	912166
England		18%		64%		18%	

Population projections

3.3 A review of the subnational population project for England (2018)⁸ indicates the potential future populations for English local and health authorities. The data below for Bath and North East Somerset, Swindon and Wiltshire has been taken from the CCG dataset. This data set has been broken down by total population shift and shifts in the child (0-15) population and 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: NHS BaNES, Swindon and Wiltshire Population Projections 2018-2043

Population growth	2018	2023	2028	2033	2038	2043
Total Population shift	918428	954337	978480	998027	1015475	1032995
Additional people		35909	60052	79599	97047	114567
% Growth		4%	7%	9%	11%	12%
0 to 15 population shift	173376	177366	172066	167919	169391	174050
Additional Young people		3990	-1310	-5457	-3985	674
% Growth		2%	-1%	-3%	-2%	0%
65+ population shift	178290	196115	219172	243479	261973	269430
Additional older People		17825	40882	65189	83683	91140
% Growth		10%	23%	37%	47%	51%

3.4 What is evident from this analysis is that by 2028 the total population of Bath and North East Somerset, Swindon and Wiltshire will have grown by 7% (an additional

⁸ Subnational population Projections for England 2018
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>

60,052 people), the child population will have only declined by 1% (5,457) and the older adult (65+) population will have grown by 23% (an additional 40,882 people). This demographic change may inform the planning of dental services around the increase for older people’s dental needs. The shift in the child population suggests that there will be marginally less child patients, which may not impact on the oral health needs of children in the STP area.

Ethnicity

3.5 There is less ethnic diversity in the population of Bath & North East Somerset, Wiltshire and Swindon compared to England, 5% of the population from BAME groups whilst across England this group represent 15%. The proportion of the population that are from BAME groups in Bath & North East Somerset, Wiltshire and Swindon is the same as it is across the South West. There are some variations in the ethnic profile at local authority area level – the highest BAME population is in Swindon (10%).

Chart 2: Ethnic profile compared BaNES, Swindon and Wiltshire, South West and England ONS 2011

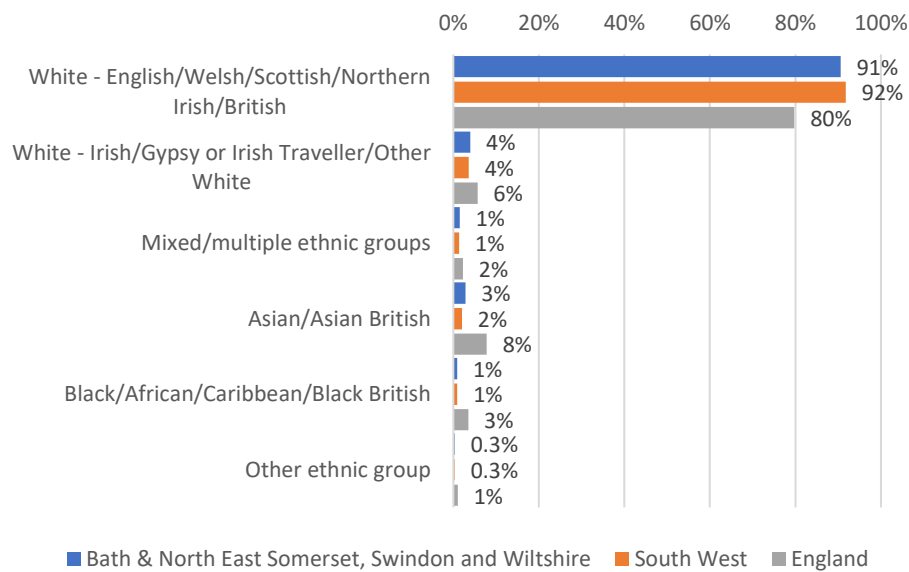


Table 3: Ethnic profile compared BaNES, Swindon and Wiltshire, South West and England ONS 2011

	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)
Bath and North East Somerset	90%	4%	2%	3%	1%	0%	10%	5%
Swindon	85%	5%	2%	6%	1%	0%	15%	10%
Wiltshire	93%	3%	1%	1%	1%	0.2%	7%	3%
Bath & North East Somerset, Swindon and Wiltshire	91%	4%	1%	3%	1%	0.3%	9%	5%
South West	92%	4%	1%	2%	1%	0.3%	8%	4%
England	80%	6%	2%	8%	3%	1%	20%	14%

Deprivation

Bath and North East Somerset

- 3.6 Bath and North East Somerset⁹ remains one of the least deprived local authorities in the country, ranking 269 out of 317 and compared to a rank of 247 in 2015. BaNES continues to become relatively less deprived over time. However, within some areas inequality is widening and deprivation remains significant. There are now two small areas within the most deprived 10% nationally: Twerton West and Whiteway.

Swindon

IMD 2019 show that Swindon in general is 157th in the deprivation table across England, and 10th in the South West. 9% of its individual neighbourhoods, one in 11, are in the highest 10% of deprived areas. The rankings use the most up-to-date data on income, employment, education, health and crime, as well as housing services and the environment, to assess more than 32,800 small areas or neighbourhoods across England. Swindon is a mostly prosperous town, but some of its areas, Penhill, Pinehurst and Park South and North are among the most deprived in the country.

Wiltshire

- 3.7 Wiltshire is less deprived than many other local authority areas in England¹⁰. Over 70% of local authority districts in England are more deprived than Wiltshire. There have been minimal changes to Wiltshire's relative deprivation ranks since the last publication of the IMD in 2015. 39 of the 285 LSOAs in Wiltshire (14%) are in the 40% that are nationally most deprived. This is the same proportion as in 2015. One area (Trowbridge John of Gaunt - Studley Green) is in the most deprived 10% of LSOAs in England.
- 3.8 When looking at the specific domains of deprivation, less than 20% of Wiltshire's LSOAs are in the most deprived national 40% of LSOAs in the Income,

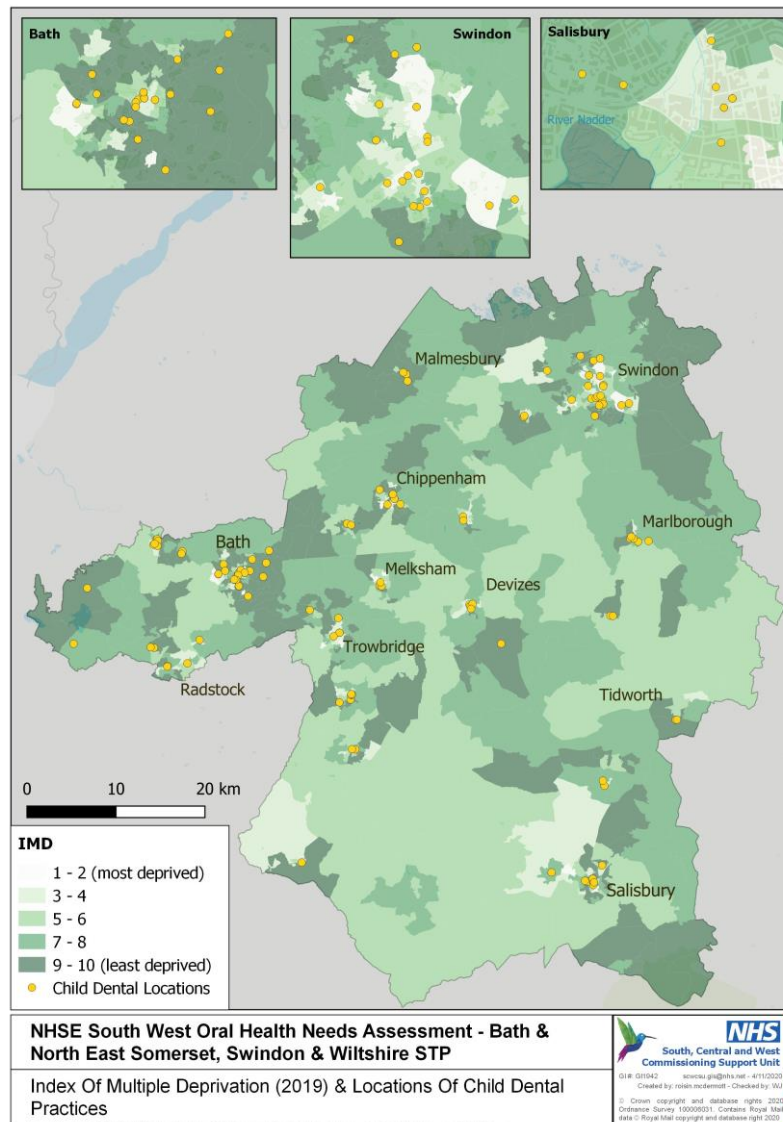
⁹ <https://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/socio-economic-inequality>

¹⁰ <https://www.wiltshireintelligence.org.uk/wp-content/uploads/2019/12/IMD-2019-report.pdf>

Employment, Health and Crime domains. Around 30% of Wiltshire’s LSOAs are in the most deprived 40% in the Education (29%) and the Living Environment (31%) domains, while 47% of Wiltshire’s LSOAs are in the most deprived 40% in the Barriers to Housing and Services domain. Wiltshire’s high deprivation in the Barriers to Housing and Services domain can largely be attributed to the longer than average distance to services in Wiltshire.

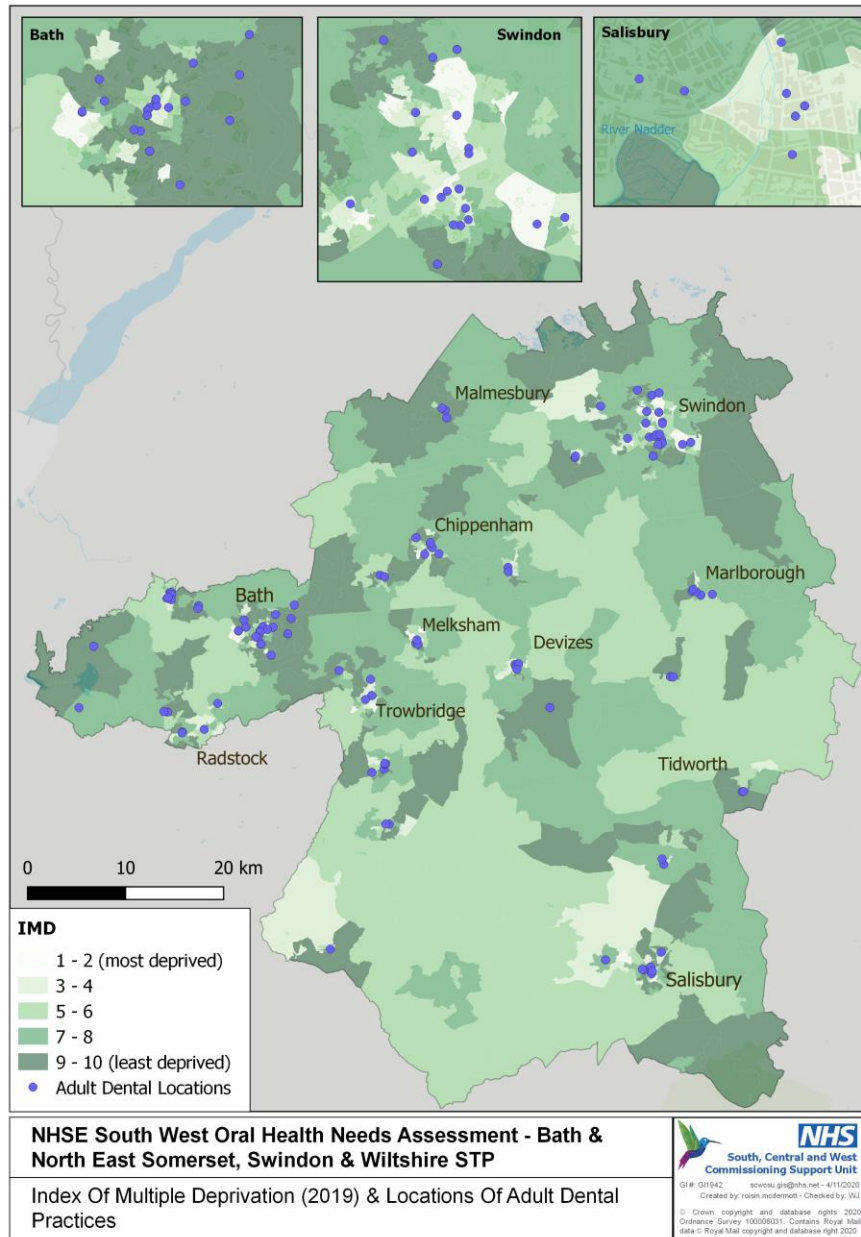
3.9 The maps below describe the index of Multiple Deprivation (2019) and sites the location of dental practices that provide for children.

Map 1: BaNES, Swindon and Wiltshire IMD 2019 Child Dental practices¹¹



¹¹ NHS South, Central and West Commissioning Support Unit Oct 2020

Map 2: BaNES, Swindon and Wiltshire IMD 2019 Child Dental practices¹²



3.10 These maps suggest that there are certain deprived areas requiring additional provision of dental services. This is critical given the established relationship between deprivation and poor oral health. This is particularly the case in Swindon and to a lesser degree parts of Bath and Salisbury.

¹² NHS South, Central and West Commissioning Support Unit Oct 2020

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 some chronic conditions share common risk factors with oral disease. Furthermore, the age profile of the region suggests a potential increase of the prevalence of chronic conditions which may have implications for 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. For the South West, this rate was lower at 61.9. In Swindon, the rate was 73.7, in Wiltshire the rate was 56.6 and in BaNES the rate was 56.1%. The adult populations' diabetes prevalence profile (QoF 2018-19) for England was 6.93% and for the South West this was 6.65%. It was 7.69% in Swindon, 6.77% in Wiltshire and 5.13% in BaNES. 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, and 15.6 in the South West. It was 17.9% in Swindon, 11.9% in Wiltshire and 11.3% in BaNES. The proportion of deaths in a person's usual place of residence (DiPUPR) from a respiratory disease in 2016 was 32.17% in England and was 38.25% in the South West. It was 43.46 in Wiltshire, 37.50 in BaNES and 29.50 in Swindon. 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	Bath and North East Somerset	Swindon	Wiltshire
Under 75 mortality rate per 100,000 from all cardiovascular diseases ¹³	71.7	61.9	56.1	73.7	56.6
Diabetes: QOF prevalence (17+) (%) ¹⁴	6.93	6.65	5.13	7.69	6.77
Under 75 mortality rate per 100,000 from respiratory disease considered preventable (Whole Pop) ¹⁵	19.2	15.6	11.3	17.9	11.9
DiPUPR - Respiratory disease (%), Persons, All Ages. ¹⁶	32.17	38.25	37.50	29.50	43.46

- 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

¹³ PHE: Public Health Profiles: Fingertips 2016-18

¹⁴ PHE: Public Health Profiles: Fingertips 2018-19

¹⁵ PHE: Public Health Profiles: Fingertips 2016-18

¹⁶ PHE: Public Health Profiles: Fingertips 2016

smoking prevalence. These lifestyle factors 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.¹⁷ 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 population aged 15 that eat 5 portions of fruit and vegetables is 52.4% in England but higher at 56.5% in the South West. The proportion was 61.8% in BaNES, 58.1% in Wiltshire and 49.9% in Swindon. 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%, 61.97% in Wiltshire and 59.00% in BaNES. However, it was lower in Swindon with 51.47%.

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

Indicator	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
Percentage who eat 5 portions or more of fruit and veg per day at age 15 ¹⁸	52.4	56.5	61.8	49.9	58.1
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) ¹⁹	54.61	59.55	59.00	51.47	61.97

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 further cost to the country of £7.4 Billion²⁰. Guidelines for physical activity suggest adults (aged 16 and over) should have 150 minutes of activity of moderate intensity a week. The Active Lives Survey²¹ commissioned by Sport England and the PHE Physical Activity survey data²² differ slightly on what is included as activity. PHE include non-recreational exercise i.e. gardening within 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%. In BaNES this was 72.3%, in Wiltshire this was 65.8% and in

¹⁷ The Burden of Food Related Ill Health in the UK; Epidemiology in Community Health Dec 2005

¹⁸ PHE: Public Health Profiles: Fingertips 2014-15

¹⁹ PHE: Public Health Profiles: Fingertips 2018-19

²⁰ PHE: Everybody active everyday Oct 2014

²¹ Sport and physical activity levels Adults aged 16+ Nov 18 – Nov 18 % published Sport England Active Lives 23rd April 2020

²² PHE: Physical activity levels among adults in England, 2015

Swindon this was 59.7%. Correspondingly the level of inactive residents is 20.8% in the South West as compared to 24.6% for England. In Swindon this was 24.9%, in BaNES this was 20.5% and in Wiltshire this was 19.8%.

Table 6: Physical activity levels national, regional and local

Indicator	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
Active (150+ minutes a week)	63.6	67.4	72.3	59.7	65.8
Fairly Active (30-149 minutes a week)	12.2	11.8	7.2	15.4	14.5
Inactive (<30 minutes per week)	24.6	20.8	20.5	24.9	19.8
% Active (150+ mins a week)	57	59.2	69.5	56.4	60
% Some activity (90-149 mins a week)	6.9	7.1	5.8	7.7	6.8
% Low activity (30-89 mins a week)	7.4	7.3	4.4	8.4	7.5
% Inactive (<30 mins)	28.7	26.3	20.3	27.4	25.7

Obesity (Child and Adult)

- 4.6 Whilst not actually a health-related behaviour, being overweight or obese is generally associated with 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 2015²³.
- 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 2018-2019.
- 4.8 The South West, BaNES, Swindon and Wiltshire profiles for Reception and Year 6 prevalence of overweight including obesity are slightly below the England prevalence. The South West, BaNES, Swindon and Wiltshire profiles for Reception and Year 6 prevalence of obesity are also below the England prevalence. The South West adult percentage of those classified as overweight and obese is 61.35% compared to England at 62.34%. In Swindon it was 65.05%, in Wiltshire it was 60.33% and in BaNES it was 51.13%.

²³ Health matters obesity and the food environment PHE March 2017.

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

Indicator ²⁴	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
Reception: Prevalence of overweight (including obesity) (%)	22.59	22.05	21.42	20.78	20.84
Year 6: Prevalence of overweight (including obesity) (%)	34.29	29.88	25.57	33.35	27.80
Reception: Prevalence of obesity (including severe obesity) (%)	9.68	8.74	8.25	9.13	8.63
Year 6: Prevalence of obesity (including severe obesity) (%)	20.22	16.52	13.48	18.87	14.77
Percentage of adults (aged 18+) classified as overweight or obese (%)	62.34	61.35	51.13	65.05	60.33

Alcohol misuse

- 4.9 Alcohol use can affect health and increases the risks of accidents, injury, and violence. The health harms of alcohol are dose dependent; that is, the risk increases with the amount drunk.
- 4.10 The recommended limits to avoid the risk of alcohol-related harm 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 eight units a day (or 50 units a week) and more than six units a day (or 35 units a week) respectively, are higher risk drinkers who are more exposed to harm. The proportion of adults over the age of 16 years who are higher risk drinkers is described below, with the South West being below England with 3.21% compared 4.04% respectively. The admission episodes per 100,000 for alcohol specific conditions in Swindon was higher than the national and regional rates, however for BaNES and Wiltshire overall the rate was lower than both regionally and nationally. The alcohol related mortality per 100,000 for BaNES, Swindon and Wiltshire were all lower than national and South West rates.

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

Indicator	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
Admission episodes per 100,000 for alcohol-specific conditions ²⁵	869.25	814.97	722.43	890.83	654.51
Alcohol-related mortality per 100,000 ²⁶	46.54	45.55	39.01	41.27	40.35

²⁴ PHE: Public Health Profiles: Fingertips 2018-19

²⁵ PHE: Public Health Profiles: Fingertips 2018-19

²⁶ PHE: Public Health Profiles: Fingertips 2018

Indicator	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
Admission episodes for alcohol-related conditions (Broad) per 100,000 ²⁷	2367.40	2142.39	1937.63	2422.61	1919.73
Estimated weekly alcohol consumption, by region: More than 14, up to 35/50 units (increasing risk) Age Standardised % ²⁸	18.18	19.56	Data not available	Data not available	Data not available
Estimated weekly alcohol consumption, by region: More than 35/50 units (higher risk) Age Standardised % ²⁹	4.04	3.21	Data not available	Data not available	Data not available

Smoking prevalence

- 4.11 Tobacco use increases the risk of cancers and chronic respiratory and circulatory disease³⁰. In England tobacco smoking is the greatest cause of preventable illness and premature death.
- 4.12 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 shows 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 becoming more concentrated within deprived areas.
- 4.13 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. In Swindon it was 11.07%, in Wiltshire it was 9.87% and in BaNES it was 6.77%. The prevalence of adult smokers (QoF) 2018 showed that 17.2% of the population were smokers in England, compared to 16.5% in the South West. In Swindon it was 16.80%, in Wiltshire it was 14.68% and in BaNES it was 13.29%. The GP Survey in 2018-2019 showed that 14.5% of over 18 year older were smokers compared to 13.7% in the South West. In Swindon it was 12.77%, in BaNES it was 12.42% and in Wiltshire it was 12.01%.

²⁷ PHE: Public Health Profiles: Fingertips 2018-19

²⁸ Health Survey for England 2018

²⁹ Health Survey for England 2018

³⁰ WHO

Table 9: Smoking prevalence rates national, regional and local

Indicator	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
Smoking status at time of delivery (%) ³¹	10.59	10.91	6.77	11.07	9.87
Estimated smoking prevalence (16+) (QOF) ³²	17.19	16.50	13.29	16.80	14.68
Smoking prevalence in adults (18+) - current smokers (GPPS) ³³	14.46	13.75	12.42	12.77	12.01

Oral hygiene practices

- 4.14 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 the important element of tooth brushing to control, prevent and arrest tooth decay. Higher concentrations of fluoride in toothpaste lead to better control. By contrast, the physical removal of plaque is the important element of tooth brushing to control gum diseases as it reduces the inflammatory response of the gum and its consequences.
- 4.15 In 2008/2009, most 12-year-old schoolchildren in the South West reported brushing their teeth twice daily (73%), the same figure as in England.

5 Transport and Communications in BaNES, Swindon and Wiltshire

- 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 because of a lack of adequate transport provision³⁴. 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 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.

³¹ PHE: Public Health Profiles: Fingertips 2018-19

³² PHE: Public Health Profiles: Fingertips 2018

³³ PHE: Public Health Profiles: Fingertips 2018-19

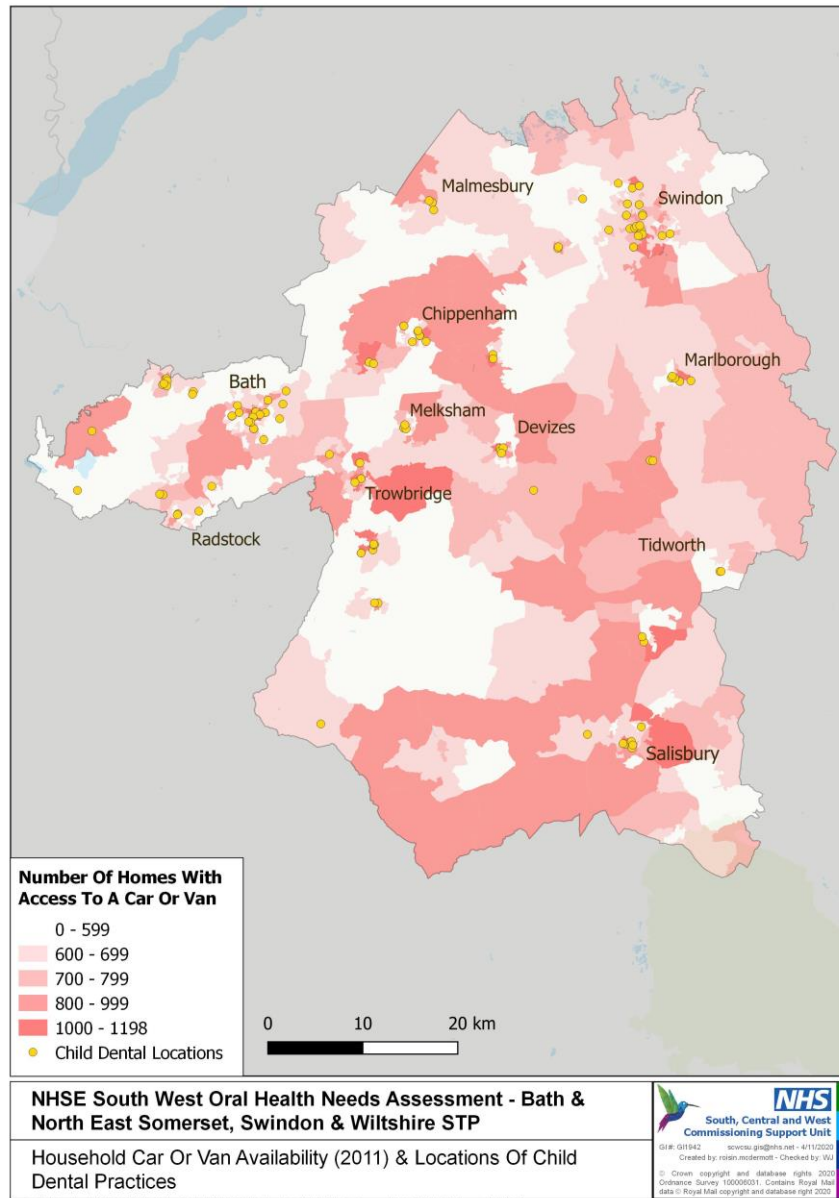
³⁴ Inequalities in Mobility and Access in the UK Transport Social and Political Science Group, Institute for Transport Studies, University of Leeds March 2019

System https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784685/future_of_mobility_access.pdf

- 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 location of residence, 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 In 2003 the Social Exclusion Unit report 'Making the Connections'³⁵ 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 difficult to access a supermarket, and 6% of 16- to 18-year-olds turned down training or further education because of travel costs.
- 5.4 The recent public and patient survey has shown that 64.0% of respondents travelled to their local dentist by car, 9.0% by public transport and 16.0% 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.

³⁵ 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

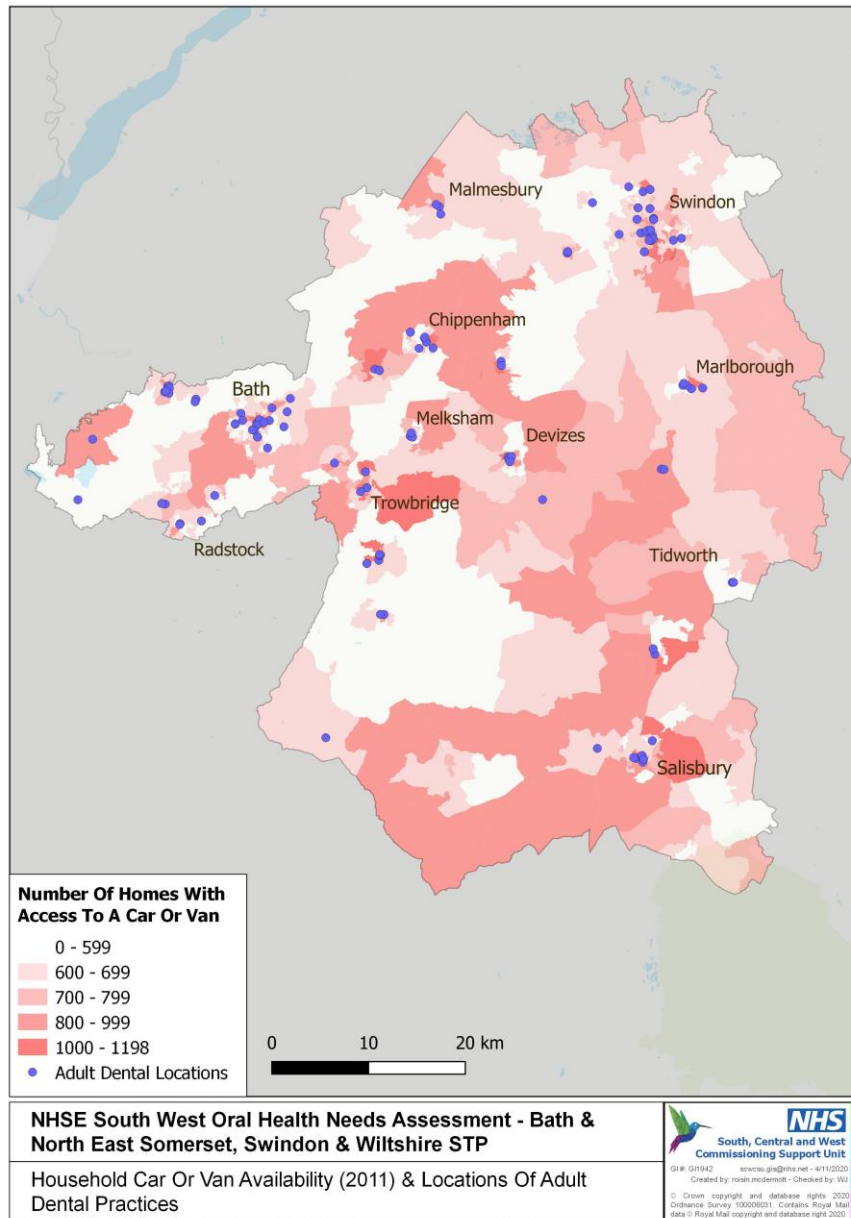
Map 3: Household Car or Van availability (2011) by LSOA and locations of Child Dental Practices³⁶



5.5 These maps show that there are key areas across the STP 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 a lack of high street dentistry.

³⁶ 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 Practices³⁷



6 National Dental Epidemiology Research Findings

6.1 The table below sets out the headline findings for Bath and North East Somerset, Swindon and Wiltshire from the National Dental Epidemiology programme research undertaken for 3-year-olds (2013), 5-year-olds (2019), 12-year-olds (2008-2009) and adults in Practice (2018). It sets out comparators for England and the South West.

³⁷ NHS South Central and West Commissioning Support Unit Oct 2020

Table 10: NDEP Headline results for Bath and North East Somerset, Swindon and Wiltshire

3-year-old 2013	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
3-year-old % tooth decay (% d3mft > 0 including incisors)	11.7	10.4	No data	7.9	13.5
3-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.36	0.31	No data	0.18	0.35
5-year-olds 2019	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
5-year-old % tooth decay (% d3mft > 0 including incisors)	23.4	20.4	20.8	28.9	13.1
5-Year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.8	0.6	0.5	0.9	0.4
5-Year-old Number of teeth with decay experience (Mean d3mft including incisors) 2017	0.80	0.60	0.7	0.5	0.5
Care Index % (ft/d3mft)	10.3	10.9	10.1	12.9	14.4
12-year-olds 2008-09	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
12-year-old % tooth decay (% d3mft > 0 including incisors)	33.4%	33.3%	27.3%	28.1%	34.1%
12-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.74	0.73	0.46	0.61	0.76
12-year-old Care Index % (ft/d3mft)	47%	47%	37%	41.2%	28.6%
Adults in Practice 2019	England	South West region	Bath and North East Somerset	Swindon	Wiltshire
Adult in Practice % with a functional dentition	81.9	82.2	No data	83.7	80.7
Adult in Practice % with active decay (DT>0)	26.8	31.5	No data	25.6	26.3
Adult in Practice Average number of decayed teeth (for those with active decay)	2.1	1.9	No data	1.5	1.4
Adult in Practice % with filled teeth	90.2	90.8	No data	90.7	93.0
Adult in Practice % with dentures	15.4	14.4	No data	14.0	14.0
Adult in Practice % with bleeding on probing	52.9	69.2	No data	53.5	55.4
Adult in Practice % with PUFA	5.2	6.5	No data	2.3	3.5
Adult in Practice % with any treatment need	70.5	81.9	No data	93.0	77.2
Adult in Practice % with an urgent treatment need	4.9	8.2	No data	4.8	5.3

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 annual agreed 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 BaNES, Swindon and Wiltshire 111 practices were commissioned to deliver 1,171,905 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 £19.35 to £37.90.

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
Bath and North East Somerset, Swindon and Wiltshire STP	126	115	111	1,171,905	£25.67 (Lowest £19.35 to highest £37.90)	11
Total	748	681	705	8,520,528	-	53

Numbers of Dentists³⁸

- 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. In BaNES, Swindon and Wiltshire there were 285 dentists delivering NHS dentistry.
- 7.6 The average across the South West is 48/100,000, higher than in England at 44/100,000, in BaNES, Swindon and Wiltshire this is 50/100,000. 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 BaNES, Swindon and Wiltshire it is 2,059. In 2019/2020 BaNES, Swindon and Wiltshire saw a decrease of 1 dentist (-0.2%).

Table 12: Number of dentists with NHS activity, for years ending 31 March, England - NHS England region geography and CCG³⁹

Area	Dentists difference 2018/19 to 2019/20	Percentage difference 2018/19 to 2019/20	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 Bath and North East Somerset, Swindon and Wiltshire CCG	-1	-0.2	446	2,059	49

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 lower levels per head of commissioned UDAs in BaNES, Swindon and Wiltshire, compared to the average for the South West.

Table 13: Average UDAs commissioned per head of population.

Area	Average UDAs commissioned per person (n)
Bath and North East Somerset, Swindon and Wiltshire	1.28
Average for South West	1.52

³⁸ NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report>

³⁹ 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 disease⁴⁰. Dental attendance does not necessarily prevent dental disease, but it is important in terms of assessing patient risk to oral diseases and giving appropriate evidence-based advice. Public Health England and NICE have developed specific guidance for dental teams⁴¹. 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 BaNES the access level for child patients was 68.2% and in Swindon its was 54.1% both above the South West and England percentages. In Wiltshire it was 47.1%, below both the South West and England percentages.⁴²

Adults

- 7.10 The indicator used to assess dental access in adults is the number of separate people accessing dental services over the previous 24 months. This metric is based upon NICE guidance, which recommends the longest interval between dental recalls⁴³.
- 7.11 From April 2019 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 BaNES the access level for adult patients was 46.7%, in Swindon its was 46.7% and in Wiltshire it was 40.3%, all three are below both the South West and England percentages⁴⁴.

⁴⁰ 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>]

⁴¹ <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

⁴² Source: NHS Dental Services: NHS Business Services Authority: June 2020

⁴³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215663/dh_126005.pdf

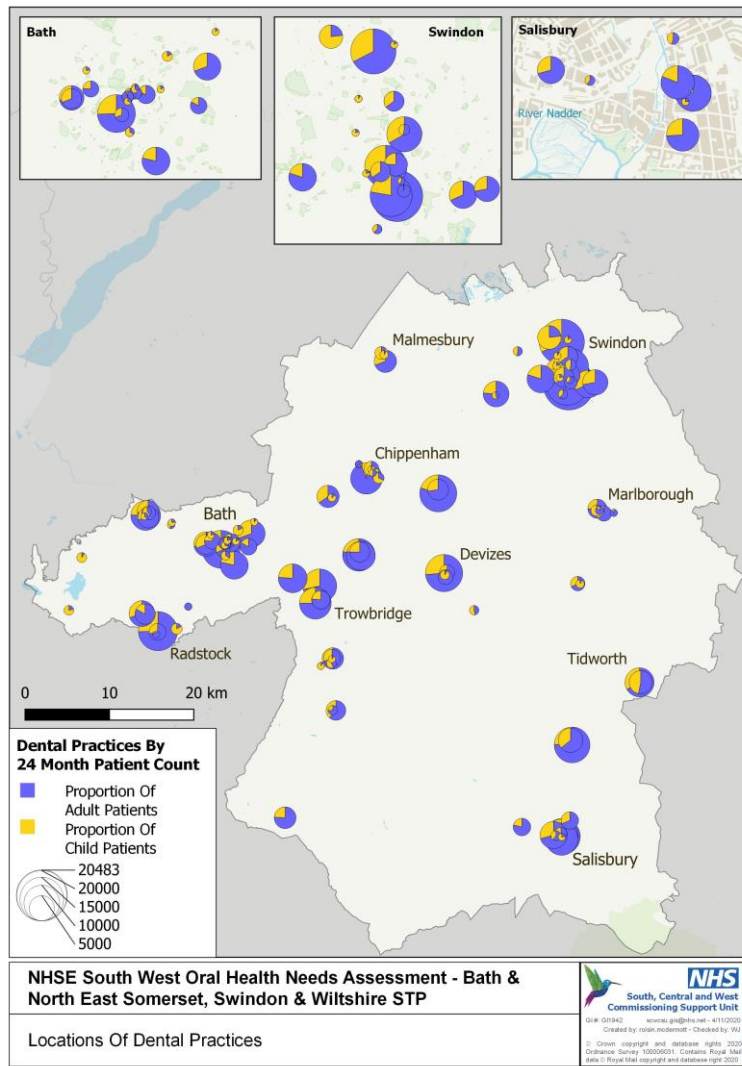
⁴⁴ Source: NHS Dental Services: NHS Business Services Authority: June 2020

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 LA⁴⁵

Area	Adult % of pop.	Child % of pop
England	47.1	52.7
South West	47.3	54.1
Wiltshire Council	40.3	47.1
Bath and North East Somerset Council	46.7	68.2
Swindon Borough Council	46.7	54.1

7.12 The map below sets out the activity of dental practices based on the count of patients seen - in the case of adults in 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 Patients⁴⁶



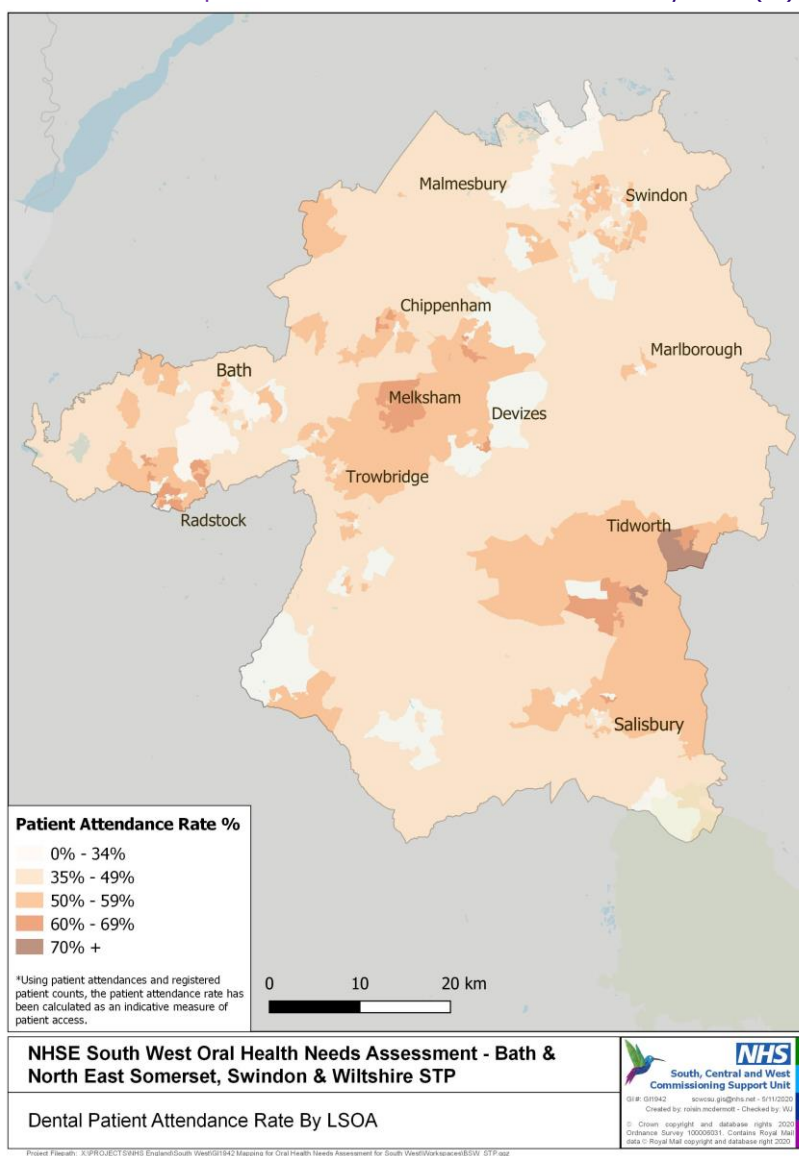
⁴⁵ NHS Dental Services, NHS Business Services Authority (BSA).

⁴⁶ NHS South, Central and West Commissioning Support Unit Oct 2020

7.13 Considerable concerns were raised through the patient and public survey to suggest that there is great difficulty in accessing NHS dentistry in the county. Practices that see NHS patients are presented in this map. A key issue is the geographical spread of the practices, which inevitably seem to be linked to the major towns across the STP. Moreover, there is no indication as to whether these practices are taking on new patients and for this OHNA there is also no data available on the size and lengths of waiting lists.

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, even in areas where there is a higher population.

Map 6: Dental Patient Attendance Rate by LSOA (%)⁴⁷



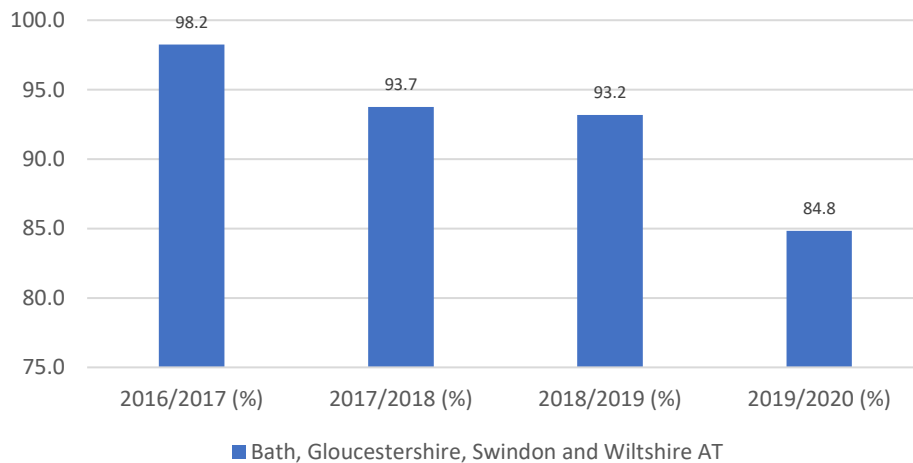
⁴⁷ NHS South, Central and West Commissioning Support Unit Oct 2020

UDA/Contract performance

7.15 In England in 2015/2016, £54,505,326 was clawed back from practices who have not met their contractual targets, this increased to £81,506,678 in 2016/2017, £88,774,248 in 2017/2018 and £138,438,340 in 2018/2019.

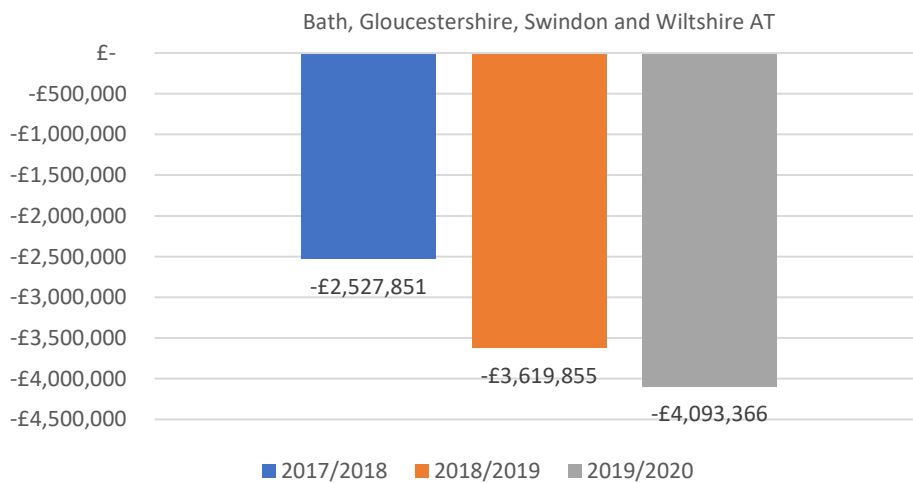
7.16 The chart below presents the achievement against target for dentistry funded through the UDA system for BaNES, Gloucestershire, Swindon and Wiltshire.

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



7.17 The chart below sets out the recovery of funds for undelivered activity in £s by sub-region across the South West. It shows a sizeable level each year, with 2019/20 being a particularly significant year with £4,093,366 recovered by the NHS for the under delivery of UDAs.

Chart 4: UDA recovery 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. Firstly, 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. Thirdly, some areas in the South West have seasonal migrant workers and 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 treatments is higher in all areas of the South West relative to the England average. Whereas the proportion of people having Band 2 and Band 3 courses of treatment is relatively lower in all areas of the South West. This picture is most stark in Bath, Gloucester, Swindon and Wiltshire. Therefore, the people attending for dental examination in the region have relatively good oral health and require less complex care. It may also suggest that 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 the region.

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 BaNES, Swindon and Wiltshire CCG	64.70%	22.79%	3.29%	9.04%
South West	62.24%	24.14%	3.71%	9.58%
England	59.96%	25.48%	4.78%	9.47%

Evidence based prevention and care.

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. Fluoride varnish application two-three times a year can reduce tooth decay by 33% in baby teeth and 46% in adult teeth⁴⁸.
- 7.21 In 2018-2019 there were 599,188 fluoride varnish application in the South West, however unfortunately this data is not available for 2019-20220. In 2018-2019 the % of the population that have received fluoride varnish was 42.8% for children and 1.2% of adults. In BaNES there were 21,170 representing 3.5% of the regional applications. 10.4% were for adults and 89.6% were for children. This

⁴⁸ <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002279.pub2/full>

represented 2.3% of the population, 0.3% of adults which is slightly above the South West proportion and 9.8% of children, below the South West proportion. In Swindon there were 25,914 representing 4.3% of the regional applications. 9.6% were for adults and 90.4% were for children. This represented 11.4% of the population, 1.4% of adults which is slightly above the South West proportion and 45.2% of children, above the South West proportion. In Wiltshire there were 46,209 representing 7.7% of the regional applications. 9.4% were adult and 90.6% were for children. This represented 9.3% of the population 1.1% of adults slightly above the South West proportion and 39.6% of children, below the South West proportion.

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

Fluoride Varnish	Fluoride Varnish Count	Population in 2018 (ONS 2018)	Fluoride varnish as a % of the population
South West	599188		
NHS Bath and North East Somerset CCG	21170	918,428	2.3%
Adult (over 18)	2209	724,991	0.3%
Child (u18)	18961	193,437	9.8%
NHS Swindon CCG	25914	228,258	11.4%
Adult (over 18)	2488	176,459	1.4%
Child (u18)	23426	51,799	45.2%
NHS Wiltshire CCG	46209	498,064	9.3%
Adult (over 18)	4339	392,372	1.1%
Child (u18)	41870	105,692	39.6%
South West	599188	6,332,319	9.5%
Adult (over 18)	59207	5,070,946	1.2%
Child (u18)	539981	1,261,373	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 presents 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 (%)
Bath, Gloucester, Swindon and Wiltshire	6.3	11.5
England	7.0	12.7

Other primary care services

7.24 Primary care activity is also provided at Bristol Dental Hospital and its associated outreach clinics, predominantly by dental students supervised by GDC registered staff.

Domiciliary services

7.25 Domiciliary oral healthcare is provided to those people who cannot visit a dentist. Care is provided where the patient permanently or temporarily resides including patients' own homes, residential units, nursing homes, hospitals and day centres. Adequate provision of these services will ensure the facilitation of a reasonable alternative route for older people and vulnerable groups in accordance with the Equality Act 2010.

7.26 The table below presents the primary care service in BaNES, Swindon and Wiltshire 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 BaNES, Swindon and Wiltshire. This may lead to a greater need for domiciliary care. Therefore, commissioners might wish to consider if there is adequate provision of domiciliary dental care in BaNES, Swindon and Wiltshire to meet future need. Work is being done by PHE to review and develop training programmes for staff in the domiciliary and care home sector to support residents to get the best oral health care possible.

Table 18: Domiciliary Care Provision in the South West

Contract type	Area Covered	Annual Delivery Parameters
Secondary Care	Swindon & Wiltshire	849 patients that meet the CDS service criteria

Unplanned dental care

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

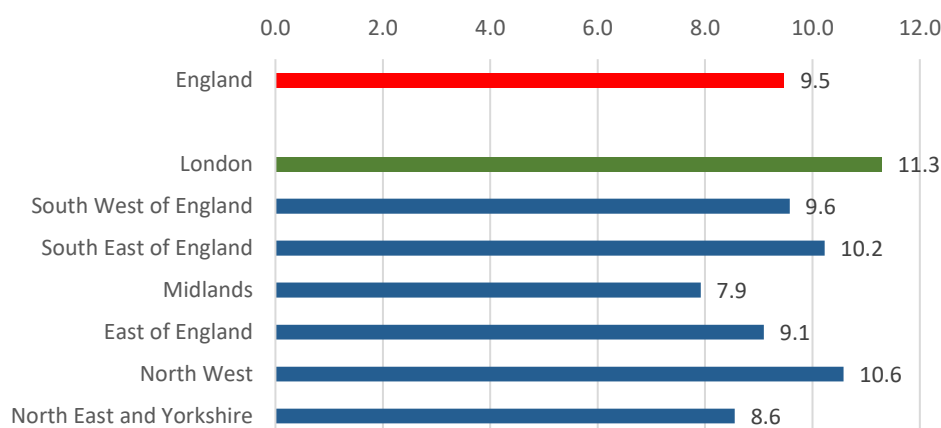
7.28 Across the South West, approximately half of the adult population and a third of the child population have not visited the dentist in the last two years, and thus may not have a regular dentist when a problem occurs.

7.29 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))⁴⁹

Org Name	Urgent	Urgent (%) ⁵⁰
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



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

7.30 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 %).⁵¹

⁴⁹ Data is affected by COVID-19.

⁵⁰ Figures presented are rounded

⁵¹ 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)

7.31 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%

7.32 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 Bath and North East Somerset, Swindon and Wiltshire CCG		
Urgent/Occasional	Child	3.6%
	Non-paying adult	15.9%
	Paying adult	10.7%
South West		
Urgent/Occasional	Child	4.0%
	Non-paying adult	16.4%
	Paying adult	10.8%

7.33 In Bath North East Somerset, Swindon and Wiltshire in 2019/2020 3.6% of urgent care was for children compared to 4.4% for the region; 15.9% was for non-paying adults as compared to 16.4% for the region; 10.7% was for paying adults compared to 10.8% in the region.

Oral Cancer

7.34 Mouth cancers make up 2% of all new cancers in the UK⁵². 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 BaNES it is 13.83 higher than the South West rate and lower than the England rate, in Wiltshire it is 12.34 per 100,000 and in Swindon it is 12.07 per 100,000 - both are lower than the England and South West rates.

8 Oral Health Improvement

8.1 Bath and North East Somerset was part of the West of England Oral health Promotion Strategy 2016-2021 whose aim is to improve the oral health of all people in Bristol, Bath and North East Somerset, North Somerset and South Gloucestershire. It aspires to promote the best available oral health across the life

⁵² State of mouth Cancer UK Report 2018-2019
<https://www.dentalhealth.org/Handlers/Download.ashx?IDMF=21dc592b-d4e7-4fb2-98a9-50f06bed71aa>

course, reduce oral health inequalities and lay solid foundations for good oral health throughout life. It also provides an overarching framework for the development of local delivery plans.

8.2 This strategy aims to improve oral health and reduce inequalities by endorsing five strategic priorities, each of which is supported by three objectives. See table below:

Table 21: Oral health Promotion Strategy 2016-2021

Strategic approach to improving oral health			
<i>What we aim to do</i>	<i>Objectives: How can we do it?</i>		<i>Who can do it?</i>
Promote oral health through healthier food and drink choices	1	Promote oral health by making healthier choices easier through multi-stranded approaches to promote healthier food and drink choices and reduce sugar intake	Local authorities
	2	Commission interventions that encourage and support breastfeeding and healthy complementary feeding (weaning)	Local authorities
	3	Promote healthier food and drink choices that are lower in sugar in settings that the local authority reaches e.g. leisure, education, social and residential care and local food outlets	Local authorities
Promote oral health by improving levels of oral hygiene	4	Commission supervised tooth brushing programmes for pre-school and primary school children at high risk of poor oral health	Local authorities, Dental professionals
	5	Equip the wider health and social care workforce with the knowledge and skills to recognise the link with neglect and complex social circumstances and ensure provision of care for those at high risk of poor oral health	Local authorities Dental professionals
	6*	Commission programmes that provide free toothbrushes and toothpaste to all pre-school and primary school children, prioritising targeted interventions for those at high risk of poor oral health	Local authorities NHS England Dental professionals
Improve population exposure to fluoride	7	Promote the use of fluoride toothpaste among those at high risk of poor oral health	Local authorities Dental professionals
	8*	Commission programmes that provide free toothbrushes and toothpaste to pre-school and primary school children, prioritising targeted interventions for those at high risk or poor oral health	Local authorities NHS England CCGs
	9	Commission fluoride varnishing programmes for young children in areas with high rates of tooth decay	Local authorities Dental professionals
Improve early detection, and treatment, of oral diseases	10	Maximise all opportunities for signposting to local NHS dental services	Local authorities CCGs
	11	Promote the benefits of visiting a dentist throughout the life course	Local authorities Dental professionals CCGs
	12	Raise awareness of eligibility for free check-ups, prioritising those at high risk or poor oral health	Local authorities NHS England
Reduce inequalities in oral health	13	Look for opportunities to embed oral health promotion within all health and wellbeing policies, strategies and commissioning	Local authorities NHS England CCGs
	14	Promote oral health among vulnerable groups; young children, people with diabetes, people who smoke, consume high quantities of alcohol or use drugs, people with learning disability, the elderly and other locally identified vulnerable groups	Local authorities NHS England CCGs

Strategic approach to improving oral health			
What we aim to do	Objectives: How can we do it?		Who can do it?
	15	Equip the wider health and social care workforce with the knowledge and skills to recognise the link with neglect and complex social circumstances and ensure provision of care for those at high risk of poor oral health.	Local authorities NHS England Dental professionals CCGs

8.3 In Bath and North East Somerset there are oral health action plans that have been supported by PHE, and the University Hospital Bristol Oral Health Promotions team. The plan targets the above oral health strategy priorities by focusing on different time in people's lives and specific group of people. This includes:

- Across life course: specifically addressing the prioritisation of oral health within the JSNA, address oral health in public health strategies, policies and specifications, food policies and reduction in high sugar foods and supporting the wider health and social care workforce and signposting to local NHS dental services.
- Best start in life; including encouraging parents to brush or supervise young children's teeth brushing using fluoridated toothpaste, developing and providing information to promote good oral health, distributing free toothbrush and toothpaste packs to all children defined as at higher risk of poor oral health. A business case for fluoride varnishing and supervised tooth brushing programmes for young children in areas with high rates of tooth decay.
- Interventions supporting adults to improve their oral health; including promoting oral health within healthy lifestyle advice that reaches working adults, promoting visits to the dentist among working age adults and two way referral systems for dentists and dental care practitioners with public health, primary care and healthy lifestyle programmes.
- Targeting people at higher risk of poor oral health; working with partner agencies to provide advice on oral health, advice on the use of fluoride toothpaste, and sign posting to NHS dental services for those who are homeless, people with learning disability, migrants, gypsies and travellers, drug and alcohol users and looked after children.
- Interventions to improve the oral health of people as they age; including oral health of older adults within JSNA and the health and wellbeing strategy, the inclusion of clauses in Local authority care home service specs for oral health assessment of residents and for oral health to be included in their care plans. The training of health and social care staff in the recognition of poor oral health and provide information on how to promote a visit to the dentist and how to brush teeth and care for dentures.

8.4 Swindon's Oral Health Strategy links to Swindon Borough Council's Priority Four: help people to help themselves while always protecting the most vulnerable children and adults. It also links to the Swindon Health and Wellbeing Strategy Outcome 1: every child and young person in Swindon has a healthy start in life, outcome 2: adults and older people in Swindon are living healthy and more

independent lives and outcome 3: improved health outcomes for disadvantaged and vulnerable communities.

8.5 It sets five key outcomes:

- Outcome 1: Ensure oral health is a health and wellbeing priority.
 - Provide a regular report on delivery of Swindon’s oral health strategy to the Joint Commissioning group.
 - Form a Swindon oral health steering group to monitor and review Swindon oral health strategy and action plan.
- Outcome 2: Tackle social and lifestyle determinants of disease.
 - Improve the environments in which people live and work by taking action on social determinants of ill health.
 - Making healthy choices easier with regard to healthy, sugar free foods and drinks by developing health supportive environments.
 - Supporting reductions in alcohol misuse, tobacco use and substance misuse.
- Outcome 3: Embed oral health into commissioning.
 - Include oral health actions as the norm in strategies, programmes and services aimed at vulnerable adults and children.
 - Embed oral health within public health improvements such as the Swindon Community Health and Wellbeing Hub.
- Outcome 4: Commission oral health improvement interventions
 - Ensure the most cost-effective oral health improvement interventions are being commissioned.
 - Ensure that oral health improvement interventions reduce inequalities by targeting those at greatest risk of poor oral health; including children, older people, people living with a learning disability, people living in poverty, people with lifestyle issues and those who are dependent on others for support.
 - Review the evidence for interventions that improve oral health including those that increase availability of fluoride.
- Outcome 5: Ensure shared ownership of the oral health agenda.
 - Work with NHSE and other partners who manage the provision of dental services and dental professionals.
 - Ensure early years services and schools provide oral health information and advice, with tailored advice for those at high risk.
 - Work with care homes and care providers to raise awareness of oral health.

8.6 In Wiltshire, the Oral Health Promotion Team is a dedicated team of dental care professionals with qualifications in oral health promotion, health education and teaching. They provide Oral Health Improvement Programmes throughout Wiltshire and Swindon and are based at Chippenham Dental Access Centre. Linking with government and local health improvement programmes, the team develops and

delivers projects aimed at improving the dental health of the local population and reducing health inequalities.

8.7 The team work closely with diverse groups including:

- Schools and colleges
- Children's centres
- Postnatal groups
- Nurseries and pre-schools
- Care and residential homes
- Pharmacy staff
- Medical staff
- Skills for life groups
- Special needs schools and care groups

8.8 A key programme is the Big Project for Little Teeth. This project aims to drastically reduce the levels of dental decay in under-fives in Wiltshire over the next five years. The project is funded by Wiltshire Public Health and managed by the Community Dental Service's Oral Health Promotion Team, working in partnership with Wiltshire Public Health Team, Child Health Teams and Children Centres throughout Wiltshire. The project targets parents and care-givers in a number of innovative ways, including oral health open days in Children's Centres, a video aimed at new parents on YouTube, and 'Anyone Can Cook' sessions provided by the award-winning ABC cook. It also works in partnership with the weaning groups run by community nursery nurses.