

DERBYSHIRE COUNTY COUNCIL

CABINET

15 December 2015

Report of the Director of Public Health

**ORAL HEALTH PROMOTION SERVICE
(Health and Communities)**

1. Purpose of Report:

To seek Cabinet approval to procure an Oral Health Promotion Service across the County of Derbyshire (excluding Derby City) for three years commencing on 1 April 2017, with an option to extend for two further periods of twelve months.

2. Information and analysis:

There are two service providers delivering oral health promotion in Derbyshire, Pennine Care NHS Foundation Trust who provide services for the Glossop area and Derbyshire Community Health Service Foundation Trust who provide services to the rest of Derbyshire. This was due to the Glossop area previously being provided through Tameside Metropolitan Borough Council with the Council taking over this provision as from 1 December 2014. This procurement will therefore ensure there is a single provider to deliver services across the whole of Derbyshire.

The requirement for local authorities in relation to oral health promotion, dental epidemiology and oral health surveys is outlined in Statutory Instrument 2012 No 3094, The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthcare) Regulations 2012.

This legislation states that the functions of local authorities include:

- a) Oral health promotion programmes
- b) 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 the arrangements for provision of dental services as part of the health service, and
 - where there are water fluoridation programmes affecting the authority's area, the monitoring and reporting of the effect of water fluoridation programmes.

Permission to procure a new oral health promotion service for 3 years with an option to extend for two 12 month periods, is sought as the current contract will end on the 31 March 2017.

Oral health is a key marker of the general health of a community. Dental diseases, which include dental decay (dental caries), gum disease (periodontal disease) and mouth cancer, are largely preventable. The disease processes are well researched, understood and the use of evidence based preventive programmes would contribute to wider improvements in the health of the population and help reduce both health and oral health inequalities.

Inequalities in child dental health are well documented, with children attending schools in socially-deprived areas of the UK reported to have a higher experience of tooth decay than children attending schools in non-deprived areas.

Although largely preventable, tooth decay remains the most common oral disease affecting children and young people in England. It was also one of the most common reasons for hospital admissions in children in 2012-13. This has significant implications for the child as their ability to learn, thrive and develop is affected when they are unwell and time lost from school can ultimately impact on educational achievement.

The major risk factors for poor oral health are in themselves key public health issues including: diet, tobacco and alcohol consumption. As oral diseases are largely preventable, there is the need to develop interventions aimed at sustaining long-term improvements in oral health and reducing inequalities.

5 year olds Survey, 2011-12

The results of the NHS Dental Epidemiology Programme (now PHE Dental Public Health Intelligence Programme (DPHIP)) indicate that in Derbyshire 22% of children aged 5 had experience of dental decay. This was significantly lower than both England (28%) and the East Midlands (30%). The average number of decayed, missing or filled teeth in the children examined was 0.67. However, in the 22% of children affected by dental decay in Derbyshire, the number of decayed, missing or filled teeth affected rose to 3 teeth per child; more extensive levels of decay.

Although the percentage of 5 year olds affected by tooth decay in Derbyshire has decreased since 2007/8, inequalities remain, with the percentage of children affected differing by area; 28% in High Peak compared to 19% in South Derbyshire.

3 year olds Survey, 2013

Results from the PHE Oral Health Survey of 3 year olds in England 2013, indicate that 9% of the three year old children examined in Derbyshire have dental decay, with an average of 3 decayed teeth per child. This is lower than the average number of children affected in England (12%) and the East Midlands (15%).

Survey of 5 & 12 year olds in Special Schools

Results from the PHE Oral Health Survey of five and 12 year olds in special schools (2014), indicates that there are fewer 12 year old students in Derbyshire's special schools with dental decay compared to England. However, the number of teeth affected per child is higher than the England average.

The Service

Both Oral Health Promotion services operate throughout Derbyshire by educating the Children's workforce, Public Health Nurses, Family Nurses, Children's Centre Staff and others about current oral health promotion information, enabling the correct evidence based message to be delivered to parents. The service also works with targeted schools to facilitate a supervised tooth brushing programme, as well as the dissemination of toothbrush packs to each birth cohort. The current service operating in Glossop also runs a sustainable sales programme through Children's Centres, offering parents access to toothbrushes and fluoride toothpaste at a reduced cost.

Key aspects of the redesigned service will involve:

- working with early years settings to educate and support staff to provide an early years brushing programme;
- to continue to provide education for the children's workforce;
- to offer support and training on developing and delivering a supervised brushing programme to special schools throughout Derbyshire;
- to provide specialist education sessions for those supporting vulnerable adults; and
- to support access to fluoride products to each birth cohort.

This will ensure a more outcomes focused, efficient service, which supports those working to continue to reduce health inequalities within the most vulnerable groups in Derbyshire.

3. Financial Considerations:

The current contract value is £86,560 per annum. The cost of the newly procured service will be met by the Public Health Ring-Fenced Grant budget.

4. Legal Considerations

The Financial Regulations state that where the value of the services in question is above the OJEU threshold of £172,514, it is for Cabinet to decide whether to approve the procurement of services.

The procurement of the oral health promotion service will be procured in accordance with the Public Contract Regulations 2015.

5. Other Considerations:

In preparing this report, the relevance of the following factors have been considered; equality, human resources, environment, health, property and transport.

6. Background Papers:

Dental Public Health in Derbyshire Cabinet Report 6 May 2014

7. Key Decision:

No

8. Call-in:

Is it required that call-in be waived in respect of the decisions proposed in the report? No

9. Officer's Recommendations:

That Cabinet approve the procurement of an Oral Health Promotion Service across the County of Derbyshire (excluding Derby City) for three years, commencing on 1 April 2017, with an option to extend for two further periods of twelve months.

Elaine Michel
Director of Public Health