

DERBYSHIRE COUNTY COUNCIL

CABINET

06 May 2014

Report of the Director of Public Health

DENTAL PUBLIC HEALTH IN DERBYSHIRE (Health and Communities)

1. Purpose of the report:

To update cabinet on Local Authority responsibilities for dental public health and make recommendations for on-going funding, contracting and commissioning arrangements.

2. Information and analysis:

Dental Health in Derbyshire

Oral health is a key marker of the general health of a community. Dental diseases which include dental caries (decay), periodontal disease (gum disease) and mouth cancer, are largely preventable and effective prevention will contribute to improvements in the health of the population and help reduce both health and oral health inequalities.

The major risk factors for poor oral health are in themselves key public health issues including diet, tobacco and alcohol consumption.

Markers for poor oral health include living in a deprived area, being from a lower socioeconomic group, substance misuse or having a chronic medical condition or disability. Oral diseases are correlated with many other key public health issues including; cardiovascular disease, diabetes complications, obesity and adverse pregnancy outcomes.

Poor oral health is also more prevalent in some ethnic groups, and language and cultural issues present additional barriers to access to both prevention and treatment services.

As part of the national NHS Dental Epidemiology Programme for England dental surveys are carried out yearly to an agreed timetable. Standardised and co-ordinated NHS epidemiology surveys of children's teeth have been undertaken nationally since 1985. As a result, the UK has one of the best oral health databases in the world. Data obtained from these local surveys, together with the centrally commissioned decennial national surveys of child and adult health, have been and

continue to be used by the UK Department of Health and the NHS to set both national and local targets for oral health improvement, to target preventive resources to areas of highest need and to assist in workforce planning and research. This data will contribute towards the Health Profiles for England.

The results of the dental epidemiology survey undertaken during the 2011-12 school year indicate that in Derbyshire 22.3% of children aged 5 had experience of dental decay and that this was lower than both England (27.9%) and the East Midlands (29.8%). Although the prevalence of tooth decay in Derbyshire has decreased since the last survey in 2007/8, inequalities remain within Derbyshire with the prevalence of dental decay in 5 year olds ranging from 28.1% in High Peak to 18.8% in South Derbyshire.

Commissioning responsibilities

Until 31st March 2013 Primary Care Trusts (PCTs) were responsible for the commissioning of all dental services to meet the oral health needs of the local population. The statutory dental public health functions of the PCTs transferred across to top tier local authorities on 1st April 2013. The responsibility for oral health improvement is now shared between local authorities and NHS England:

- NHS England is responsible for oral health improvement as part of dental contracts which it commissions with both primary and secondary care providers.
- The county council has a statutory responsibility for assessing the oral health needs of the local population (epidemiology) and commissioning population based oral health improvement (dental screening and oral health promotion, including water fluoridation, where applicable)

Legislative background

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 –
 - i. the assessment and monitoring of oral health needs,
 - ii. the planning and evaluation of oral health promotion programmes,

- iii. the planning and evaluation of the arrangements for provision of dental services as part of the health service, and
- iv. where there are water fluoridation programmes affecting the authority's area, the monitoring and reporting of the effect of water fluoridation programmes.

Commissioning across Derbyshire and Derby City

For historic reasons the funding for oral health promotion for both Derby City and Derbyshire County, previously held by Derbyshire PCT, was transferred to Derbyshire County Council on 1st April 2013. It is therefore proposed that Derbyshire County Council continue to commission dental health promotion services on behalf of Derbyshire County Council and Derby City Council.

Oral Health Promotion

The Oral Health Promotion service for Derbyshire and Derby City is provided by Derbyshire Community Health Service (DCHS), and forms part of the Salaried Primary Care Dental Services (PDS) contract held by the Derbyshire and Nottinghamshire Area Team (LAT) of NHS England. The PDS contract includes dental services, dental epidemiology field work and oral health promotion. The current PDS contract is for five years with an end date of 31st March 2017. The Derbyshire public health budget has £122,000 identified for oral health promotion across Derbyshire County and Derby City; this is paid by invoice to the NHS England LAT.

The aim of the dental health promotion service is to reduce oral health inequalities and improve the oral health of the population of Derby City and Derbyshire County Council, with particular emphasis on children and vulnerable groups by:

- Increasing awareness, knowledge of, and supporting behaviour change associated with key oral health messages with the wider public health workforce and the population.
- Partnership working and adoption of a common risk factor approach
- Optimising exposure to fluoride

A new service specification for 2014/15 is being developed by the public health teams in Derbyshire with support from Public Health England.

Dental epidemiology

Participation in the national NHS Dental Epidemiology Programme for England dental surveys will ensure compliance with the Health and Social Care (Community Health and Standards) Act 2003, and the Water Act (2003) which requires that Strategic Health Authorities (now PHE) monitor health on a four- yearly basis starting in 2007/08. Data on 5-yr-

olds will also be required to monitor the dental indicator of the Public Health Outcomes Framework (2011).

These surveys are carried out to national protocols and using dental examiners that are trained and calibrated to standards set by British Association for the Study of Community Dentistry (BASCD). This facilitates the production of standardised, quality assured information about the dental health of population sub-groups, which is required by commissioners when planning services and addressing health inequalities.

Costs for dental epidemiology comprise:

- Costs for the Dental Epidemiology Co-ordinator role and the Trainer role (a regional post jointly funded by all the East Midlands councils; the Derbyshire contribution is from the public health budget).
- Fieldwork costs; examiner, travel, administrative support (which currently sits within the Salaried Dental Service contract with DCHS). The cost of and time commitment to the survey varies from year to year depending on the settings visited and the sample drawn (the funding for fieldwork is with the Derbyshire and Nottinghamshire Area Team)

Table 1 Regional dental epidemiology co-ordinator and trainer cost (based on weighting of number of sample sites in each local authority area)

Local Authority	Co-ordinator cost	Trainer cost
Derbyshire County Council	£3,470	£512.90

Table 2 Cost of dental epidemiology fieldwork (funded by Derbyshire and Nottinghamshire Area Team)

Local Authority	Areas sampled	Estimated Cost
Derbyshire County Council*	Amber Valley Bolsover Chesterfield Derbyshire Dales Erewash High Peak North East Derbyshire South Derbyshire	£48,500

*Estimate based on minimum sample

Water fluoridation

Water fluoridation is an evidence based intervention that reduces tooth decay at a population level. Fluoride is a naturally occurring mineral found in water in varying amounts. It is also present in some food. During the early twentieth century, lower levels of tooth decay were found to be associated with certain fluoride levels in drinking water. This observation

led ultimately to water fluoridation schemes, which adjust levels of the mineral in community water supplies in an effort to reduce tooth decay. In some parts of England the level of fluoride in the public water supply has been adjusted to one mg per litre (one part per million). There are seven schemes across England, many dating back to the 1960s and 1970s, covering around 6 million people. At present water fluoridation schemes in Derbyshire exist in parts of Bolsover, South Derbyshire and Derbyshire Dales.

Prior to April 2013, water fluoridation schemes were commissioned by NHS Strategic Health Authorities. The new arrangements under the Health and Social Care Act 2012 require that, from April 2013 onwards, the revenue costs of water fluoridation form part of local authority public health grants. The 2013/14 revenue costs for Derbyshire were £9,600.

Public Health England is responsible for meeting the capital costs of maintaining existing schemes, for example replacement of equipment for operational or health and safety purposes.

3. Other considerations:

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality of opportunity, human resources, environmental, health, property and transport considerations.

4. Background papers:

- Public Health England letter to Local Authorities; PHE Gateway number: 2013451 5 February 2014 Water Fluoridation Revenue Costs.
- Paper to East Midland DsPH meeting October 2013: Funding of Dental Epidemiology Co-ordinator and Trainer role for the East Midlands
- Paper to East Midland DsPH meeting January 2014: Dental Public Health Statutory functions for local authorities
- Cabinet report July 2013: Public health commissioned services in 2013 - 15

5. Key Decision:

No

6. Call-in:

Is it required that call-in be waived for any decision on this report?

No

7. Officer's recommendations:

1. To approve the proposed arrangement that Derbyshire County Council undertake to commission oral health promotion services for both Derbyshire County Council and Derby City Council.
2. To continue the current contractual and funding arrangements within the Salaried Dental Service Contract held by the Area Team, and establish a Memorandum of Understanding for the Derbyshire and Nottinghamshire Area Team to commission this service on behalf of Derbyshire County Council and Derby City Council until 2017.
3. To remove oral health promotion from the PDS contract and Derbyshire County to directly commission this service across Derby City and County when the current Salaried Primary Dental Service contract comes up for tender in 2017.
4. To establish a Memorandum of Understanding for the Derbyshire and Nottinghamshire Area Team to continue to commission and fund the Field Epidemiology service on behalf of Derbyshire County Council.
5. To continue current funding arrangements for the cost of the Regional Dental Epidemiology Co-ordinator and Trainer and establish a Memorandum of Understanding for the Derbyshire and Nottinghamshire Area Team to commission this service on behalf of Derbyshire County Council and Derby City Council.
6. To approve funding arrangements for Derbyshire's water fluoridation revenue costs.

Elaine Michel
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