

Oxfordshire

Oral Health Needs Assessment 2023

Executive Summary Final Report

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Executive summary: improving oral health services in Oxfordshire

This executive summary provides a comprehensive overview of key learning, recommendations and conclusions from the oral health needs assessment conducted in Oxfordshire. The assessment highlights the importance of oral health, the challenges faced in delivering adequate dental care, and the need to address inequalities in oral health outcomes. Based on the findings, a set of recommendations are proposed to improve oral health services in the region.

Introduction

The World Health Organisation (WHO) defines oral health as, - “a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, gum disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual’s capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing”.

A healthy mouth and smile enable people to eat, speak and socialise without pain or discomfort and play their part at home, school, work and in wider society activities. Unacceptable inequalities in oral health for vulnerable, disadvantaged and socially excluded people can be reduced by focusing on the wider determinants of health and targeting people at higher risk of developing dental disease. However, although dental disease is largely preventable, reaching those individuals who are the most vulnerable in deprived areas is challenging.

In 2019, the Care Quality Commission (CQC) wrote a report on the state of oral health care in care homes across England. The report revealed an extensive lack of awareness of National Institute for Health and Care Excellence (NICE) guidelines. It concluded that residents are not supported to maintain and improve their oral health. It is important to note that this CQC review occurred before the pandemic and given the significant challenges the COVID-19 pandemic has raised for care homes the reality of oral health care in care homes may have further deteriorated.

In May 2021, Healthwatch reported examples of patients turning to private dentistry to access routine treatment. The latest data from the GP Patient Survey shows a significant increase in the proportion of people who tried to get a dental appointment within the last two years but were unsuccessful. In 2020, 3.5% were unsuccessful, compared with 12.9% in 2022.

Research has identified that poor oral health is preventable; however, some population groups are at greater risk of tooth decay, gum disease or mouth cancer and have greater difficulty accessing dental services for prevention and treatment. These groups include looked after children (LAC), people with physical impairments or learning disabilities, people with chronic medical conditions, frailty or dementia. In addition, asylum seekers and refugees, people experiencing homelessness and Gypsy, Roma and Travelling communities are known to, or are likely to, experience dental problems as well as experiencing barriers to accessing dental care. Smoking and alcohol misuse increase people’s risk of oral health problems, including mouth cancer.

Recommendations

The oral health needs assessment conducted in Oxfordshire has shed light on the significance of oral health in individuals' overall well-being and the existing gaps in NHS dental care accessibility. The assessment emphasises the importance of preventive strategies, targeting vulnerable populations, and addressing key issues such as oral cancer and dental care in care homes.

The Oxfordshire System includes, but is not limited to, the Integrated Care System (ICS) and Integrated Care Board (ICB), Public Health, Children's and Adult Social Care, Early Years, care homes and Community Dental Services (CDS).

The following recommendations will require the Oxfordshire System to work together to address these challenges and improve oral health services in Oxfordshire:

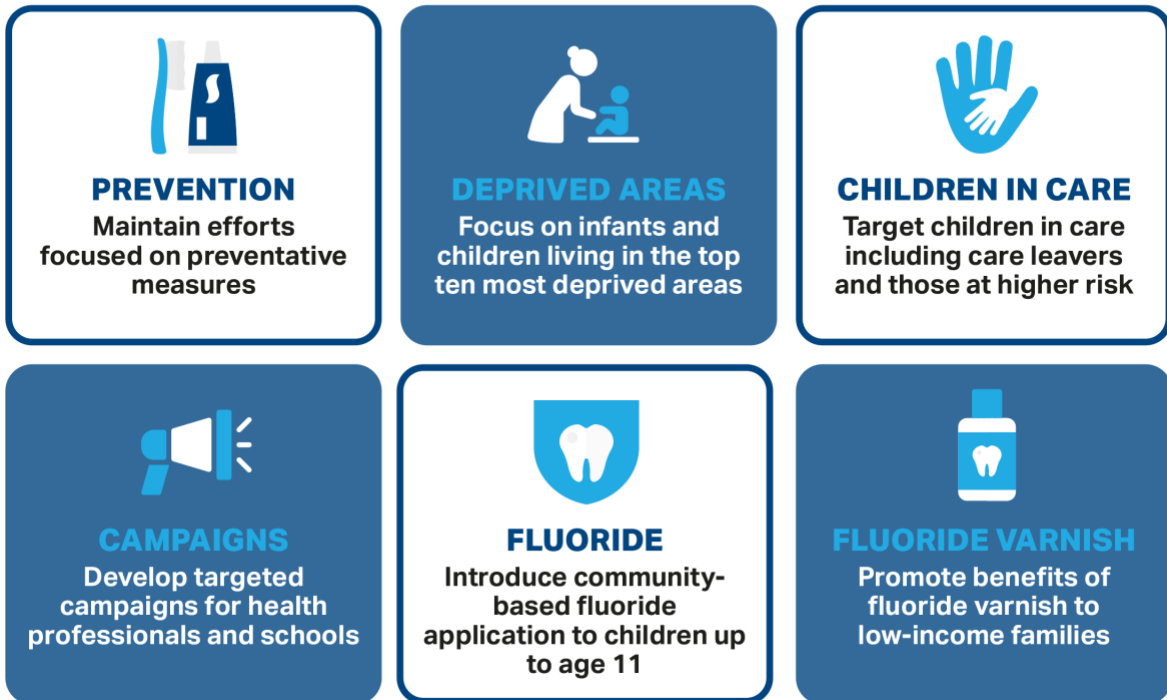
1. Make oral health one of Oxfordshire System's top priorities



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Raise awareness regarding the impact of good oral health on an individual's quality of life. It is crucial to prioritise oral health as a key area of focus within Oxfordshire's health and social care system. All relevant oral health stakeholders within the system need to work together to improve oral health in Oxfordshire. This entails allocating adequate resources, establishing clear goals, and integrating oral health into wider health promotion and disease prevention strategies.

2. Broaden prevention strategies



2. Broaden prevention strategies

To broaden the existing oral health promotion and improvement services, it is essential to:

- Maintain and expand efforts focused on preventive measures
- Focus on addressing inequalities within the top ten most deprived areas in Oxfordshire
- Target children in care including care leavers and children at higher risk of poor oral health.

Interventions include awareness campaigns, educational programmes targeting health professionals and schools, social media campaigns and partnerships with community organisations. By emphasising prevention, the burden of dental disease can be significantly reduced. Consider introducing community-based fluoride varnish to children aged up to 11, especially targeting low-income individuals and families affected by the cost-of-living crisis.

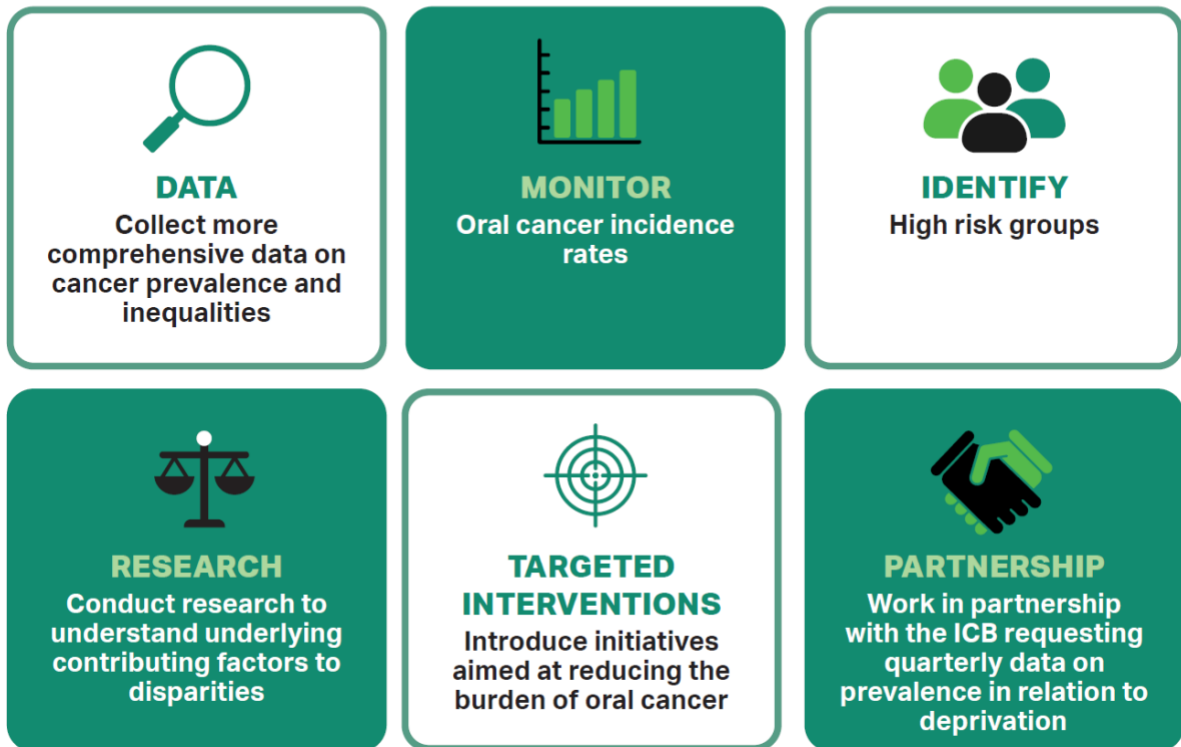
3. Improve oral health in care homes



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Given the concerning lack of oral health care in care homes, it is imperative to prioritise this population group. This involves raising awareness of NICE guidelines among care home staff, implementing staff training programmes and providing resources to support residents in maintaining good oral health. Collaboration with care home providers and CQC is also vital to ensure the implementation of appropriate oral care practices. Consider piloting oral health champions in care homes who will ensure quality oral health care is in line with CQC/NICE guidelines.

4. Collect more data on oral cancer prevalence and inequalities



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To develop effective strategies for oral cancer prevention and management, it is crucial to gather more comprehensive data on cancer prevalence and inequalities in Oxfordshire. This includes monitoring oral cancer incidence rates, identifying high-risk populations and conducting research to understand the underlying factors contributing to disparities. This information will guide targeted interventions and support initiatives aimed at reducing the burden of oral cancer.

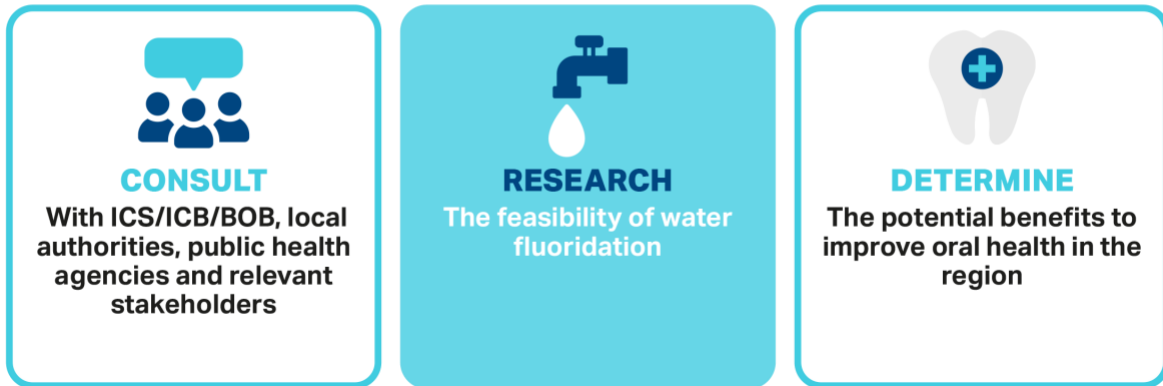
5. Review oral health research evidence to update health promotion initiatives



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Regularly review the oral health research evidence to ensure the accuracy and relevance of oral health information provided to the public. This includes updating oral health promotion messages with the latest oral health research findings and tailoring the messages to various population groups. All system oral health partners should collaborate with oral health experts, professional oral health organisations and patient-focused organisations, such as Healthwatch, to facilitate this process.

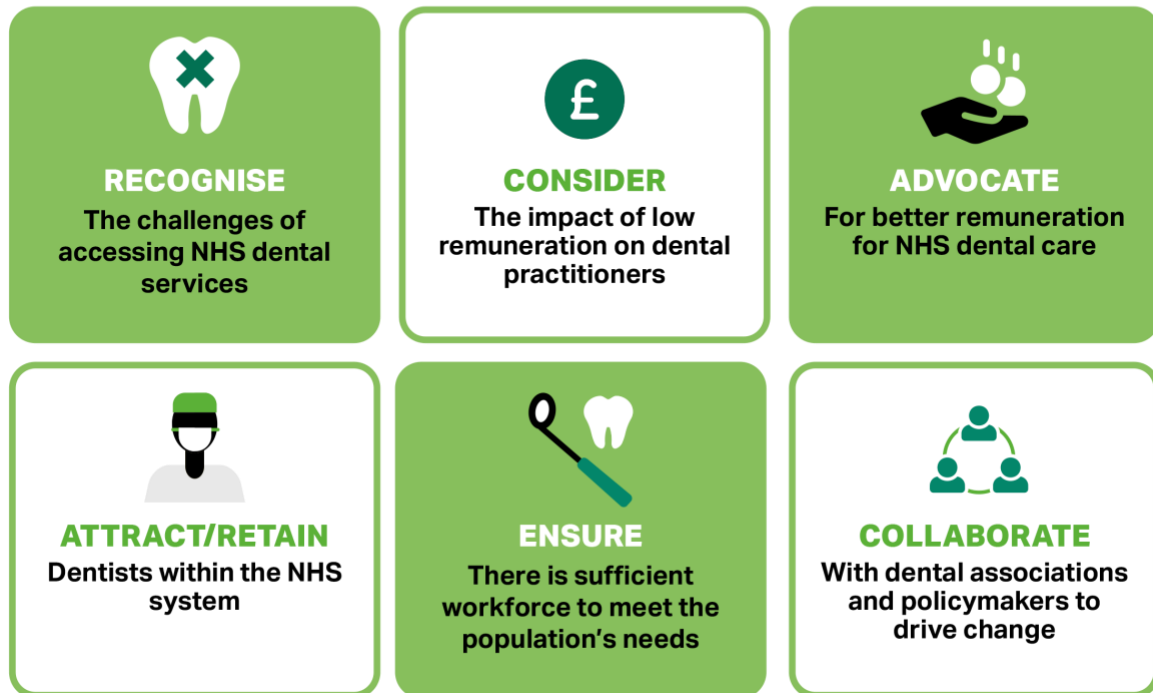
6. Explore the feasibility of regional water fluoridation



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With all system oral health partners, explore the feasibility and potential benefits of water fluoridation to improve oral health outcomes in the region, particularly in deprived areas with limited access to dental care. It has been shown that water fluoridation is an effective, safe, equitable intervention to reduce the prevalence, severity and consequences of dental caries. The benefits are greatest in populations where dental decay levels are higher and it can reduce the need for dental care in the long term, thereby contributing to reducing dental health inequalities.

7. Collaboration for a financially sustainable model of NHS dentistry provision



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The system partners should review the challenges the Oxfordshire public are having in gaining access to NHS dental care. These include low remuneration and poorly defined career pathways for NHS dental practitioners. Collaboration with dental associations and policymakers is essential to drive positive change in this regard.

Conclusion

This oral health needs assessment has been undertaken as we are emerging from the COVID-19 lockdowns, which resulted in reduced access to dental services. The high response from the public survey illustrates the concern and dissatisfaction with current access to NHS dental services in England. The recent national survey for five-year-olds has illustrated the inequalities in children learning about oral health. The way that Oxfordshire's oral health services are currently focused on prevention, especially targeting areas of high deprivation, is highly relevant in this climate of inaccessible NHS dental care.

In conclusion, the oral health needs assessment in Oxfordshire highlights the importance of improving oral health services and reducing oral health inequalities in the region. By prioritising oral health, continuing preventive efforts, targeting vulnerable populations, addressing oral cancer, updating health promotion messages, considering fluoridation and advocating for better remuneration for NHS dental care, significant advancements can be made in oral health outcomes for the population. Implementing these recommendations will require collaboration between healthcare providers, local authorities, public health agencies and community organisations. Together, a comprehensive and equitable oral health system that improves the well-being of individuals across Oxfordshire can be created.