NHS ENGLAND AND NHS IMPROVEMENT

ORAL HEALTH NEEDS ASSESSMENT

SOUTH WEST OF ENGLAND

APPENDIX 1 CORNWALL AND THE ISLES OF SCILLY STP ANALYSIS

January 2021

Ottaway Strategic Management

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

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Appendix 1 Cornwall and the Isles of Scilly OHNA STP Appendix

Contents

1 Summary

Highlighted oral health needs.

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 Cornwall and the Isles of Scilly. These issues relate to the whole population, for example risk factors that determine the oral health, epidemiological research and the context of current provision.

1.2 There has been additional engagement with stakeholders in the County such as patients, the general public and providers of oral health services locally. There are clear themes emerging from this engagement as well as clear implications for the findings of this local appendix.

1.3 Cornwall and the Isles of Scilly have a population of 568,210 people. The population consists of slightly more females (51%) than males (49%) but this gender profile is consistent with the population of England. Compared with England as a whole, there are less people of working age and more people of retirement age and the proportion of children and young people in Cornwall is consistent with the national demographic profile.

1.4 Population growth is a significant factor for oral health services and in particular primary care dentistry, as by 2028 the total population of Cornwall will have grown by 9% (an additional 52,125 people); the child population will have only grown by 2% (1,846) and the older adult (65+) population will have grown by 23% (an additional 31,666 people). This significant change in the demographic profile of the region will have important implications for the planning of dental service provision, which will have to meet the specific needs of, in this case, an older age group. The projections regarding the change in child population are unlikely to impact on children's oral health needs in Cornwall.

1.5 Cornwall's IMD ranking for 2019 is 83 out of 317 local authorities in England. Cornwall has 17 neighbourhoods that are in the top 10% most deprived areas in England. The number of neighbourhoods from Cornwall that are ranked within the top 30% least deprived areas in England was 21 in 2019, up from 16 in 2015. This local intelligence about the region confirms that whilst it is an idyllic holiday and retirement destination for some, there are widespread inequalities, and the impact of social and economic deprivation is affecting several local communities.

1.6 The mortality rate for cardiovascular disease, respiratory disease and diabetes in Cornwall are in line with the regional and national average rates. The mortality

rates per 100,000[1] for respiratory disease at 623/100,000 are significantly above the average levels for England 628/100,000 and the South West 555/100,000. Most recent data suggests a level of physical activity taking place (70% undertaking 150* minutes per week), which is higher than England and the rest of the South West. Nonetheless 20% of the population are still defined as inactive. Reception years data from the national child measurement programme shows a higher proportion of children that are obese and or overweight than nationally and regionally. Similarly, the level of those who are obese or overweight in the adult population is higher than the national and regional average. Finally, smoking prevalence is higher than national and regional comparators.

1.7 The patient engagement survey suggests that 65% 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, suggesting that patients would find it difficult to access healthcare services including dentistry.

1.8 There are several national dental epidemiological surveys where Cornwall has not reported any data. Local authorities may wish to explore the reasons for this and engage with providers, Public Health England's dental epidemiology coordinator and fieldwork teams. The national dental epidemiology programme provides an overview of the prevalence and incidence of dental disease, which in part can direct the commissioning of targeted and universal interventions. Where the data that has been completed (3 years ago and 12 years ago) results shows a consistency between Cornwall and national and regional comparators.

1.9 From a dental provision perspective, Cornwall, in 2019-20 had 81 dental practices commissioned to carry out 941,961 UDAs. These were delivered by 285 dentists in the region. Indeed, Cornwall saw an increase of 16 dentists in 2019-20 to the year before, a 5.6% increase. The average UDAs per person was higher than the South West rate at 1.66 UDA/person as compared to 1.52 UDA/person.

1.10 In terms of access to dentistry the percentage of children that accessed NHS dentistry in the last 12 months was 52% in Cornwall, which is below England (53%) and the South West (54%)[2]. The percentage of adults that accessed NHS dentistry in the last 24 months was 47.2%, which is just below the South West level (47.3%) but above the nation level (47.1%), although the differences are not significant.

1.11 Clawback from dentists that did not reach their UDA target for Devon, Cornwall and the Isles of Scilly has been made in the last three years, as was the case across the South West. It was particularly high in 2018-19 with £7,608,730 clawed back.

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

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

1.12 59% of treatments were band 1, 25% band 2, 4% band 3 and 11% urgent treatment. This shows comparably lower 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 examination shows a higher proportion of non-paying adults (18%) than paying adults (13%) accessing urgent care.

1.13 Fluoride varnish application rates are consistent with the rate in the South West with 42% of the child population. Oral cancers in Cornwall affect 15.67 per 100,000 people, higher than the England and South West rates.

1.14 The key priorities emerging out of both Healthwatch Cornwall 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:

- More access to NHS dentists locally, which should be made easier.
- Better dentist allocation.
- 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 offered by private dentists.
- Reduce waiting lists.
- 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

1.15 The need for **increased access to NHS dentistry** is an issue for Cornwall. Several reasons emphasise this point:

1.15.1 NHS digital data for 2019-2020 shows that access for children in Cornwall was 52%, below England (53%) and the South West (54%). The percentage of adults that accessed NHS dentistry was 47.2%, slimly below the South West level (47.3%) but above the national level (47.1%).

1.15.2 The population in Cornwall is set to grow by 9% (an additional 52,125 people) in the next 8 years.

1.15.3 Cornwall's rate of UDAs per person (1.66) was higher than the South West rate of UDA per person (1.52), this may require the apportionment of UDAs to those people in greatest need of NHS dentistry.

1.15.4 Additional NHS dentistry will need to be targeted to those areas of greatest deprivation and demand in the County. Cornwall continues to have 17 neighbourhoods in the top 10% most deprived areas in England - the same neighbourhoods as in 2015, except for Camborne North Parade and Rosewarne Gardens whose rank has risen from 22 in 2015 to 14 in 2019.

1.15.5 Residents engaged in the survey and through focus groups raised the difficulty they have been having in being able to access an NHS dentist, often experiencing extensive waiting times and with many practices not opening their lists to any further patients.

1.16 There is a need to **support dental care services for older people** in the population. Several reasons emphasise this point:

1.16.1 There are proportionally more people of retirement age in the county compared to other parts of the South West.

1.16.2 The 50+ age groups within Cornwall's population is proportionally larger for both male and females in the current baseline data for the area. (See chart 1 in section 2)

1.16.3 By 2028 the older adult (65+) population in Cornwall will have grown by 23%, an additional 31,666 people.

1.16.4 The projected increase in the proportion of older adults may have implications on greater demand for treatment.

1.17 There is a need to **support the recruitment and retention of dentists** working in NHS dentistry.

1.17.1 Stakeholder feedback has highlighted there are recruitment and retention concerns for dentists in rural and coastal areas.

1.17.2 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.

1.18 There is evidence that **dentists are experiencing difficulties in meeting their contractual targets.**

1.18.1 There was an increasing amount of clawback - £4.9M in 2019-20[3].

1.18.2 There is a risk to future service provision because of the commercial viability of certain contracts.

1.18.3 General dental practitioners from Cornwall responding to the stakeholders surveys identified concerns regarding the GDS contract and the fulfilment of UDA targets.

1.19 For parts of Cornwall, particularly its western extremities, there is difficulty for patients **to access key secondary care services**.

1.19.1 Accessing secondary care services can be challenging for people living towards the far end of the peninsula with long travel times to dental hospitals (e.g. Bristol).

1.19.2 Restorative dentistry is available in Plymouth and Bristol.

1.19.3 Paediatric and paediatric maxillofacial surgery are currently found only in Bristol.

1.20 There are a range 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:

1.20.1 The area presents higher prevalence of smoking, alcohol consumption and obesity. NHSE&I may wish to further encourage signposting and

[3] Figure related to Cornwall and the Isles of Scilly and Devon.

integration of dental services with local authority commissioned health improvement programmes in line with the Making Every Contact Count[4] (MECC) model.

1.20.2 Higher than national and regional prevalence of oral cancer suggests opportunities for joint actions with locally commissioned prevention and screening services.

1.20.3 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.

1.20.4 Promoting early dental attendance and supporting programmes like Dental Check by One (DCb1)[5].

1.20.5 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 Cornwall.

[4] https://www.makingeverycontactcount.co.uk/
[5] https://dentalcheckbyone.co.uk/

2 Introduction

2.1 This section will set out the oral health needs and profile for Cornwall and the Isles of Scilly. It will do so starting with demographics, the risks and determinants of poor oral health, relevant national epidemiology research findings, an outline of the local oral health services, oral health improvement programmes and key findings relating to the oral health of the local population.

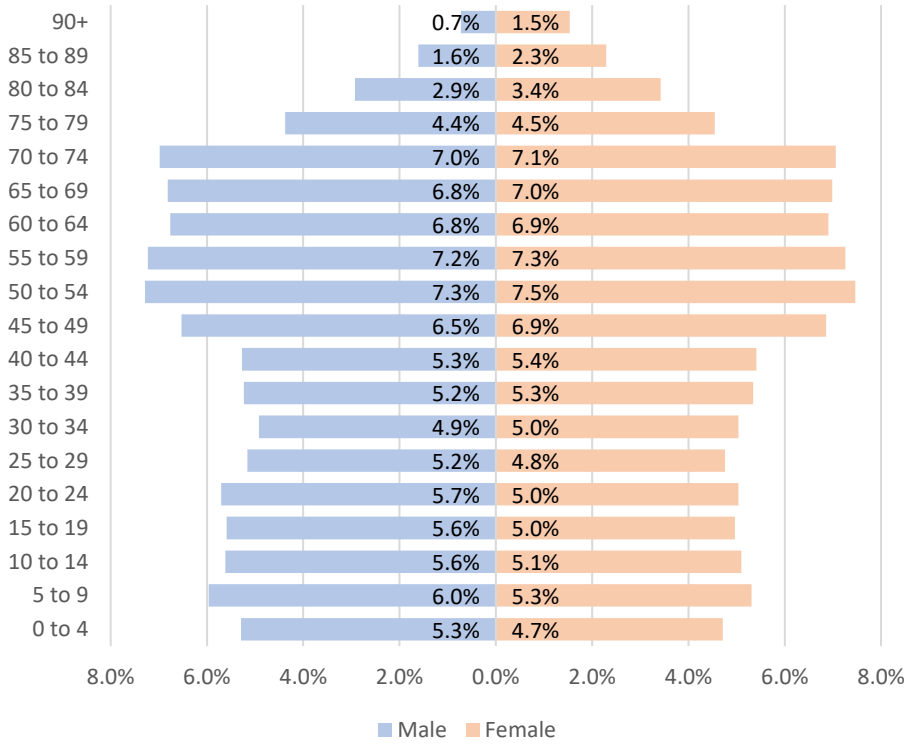
2.2 Cornwall and the Isles of Scilly is situated on the tip of the South West peninsula. It is approximately 90 miles long and because of its shape, you are never more than 20 miles from the sea. Excluding a few miles, the River Tamar runs along the border with Devon.

3 Demographics

Gender and Age

3.1 The population of Cornwall and Isles of Scilly is an estimated 568,210[6] and consists of slightly more females (51%) than males (49%) - a gender profile which is consistent the population of England. The age and gender profile of the population of Cornwall and Isles of Scilly is set out in the population pyramid below.

Chart 1: Gender and Age Cornwall and the Isles of Scilly ONS Mid -18 Estimates



3.2 58% of the population of Cornwall and Isles of Scilly are of working age, (16 to 64 years), 25% are of retirement age (65 years and over) and 17% are children and

[6] Insert ONS mid-2018 estimates

young people (aged under 16 years). Compared with England as a whole, there are less people of working age and more people of retirement age and the proportion of children and young people in Cornwall is consistent. This age profile is broadly consistent at local authority level, as set out in the table below.

Table 1: Age Cornwall and the Isles of Scilly: ONS Mid -18 Estimates

	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)
Cornwall	96066	17%	330270	58%	139632	25%	565968
Isle of Scilly	342	15%	1324	59%	576	26%	2242
Cornwall and Isle of Scilly	96408	17%	331594	58%	140208	25%	568210
South West	986908	18%	3382627	60%	1230200	22%	5599735
England		18%		64%		18%	

Population projections

3.3 A review of the subnational population project for England (2018)[7] indicates the potential future populations for English local and health authorities. The data below for Cornwall and the Isles of Scilly has been taken from the CCG dataset. This data has been broken down by total population shift, shifts in the child (0-15) population and shifts to 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: Cornwall and the Isles of Scilly Population projections 2018-2043

Population growth	2018	2023	2028	2033	2038	2043
Total Population shift	568210	595884	620335	640482	657244	673149
Additional people		27674	52125	72272	89034	104939
% Growth		5%	9%	13%	16%	18%
0 to 15 population shift	96408	99600	98254	96820	99060	102828
Additional Young people		3192	1846	412	2652	6420
% Growth		3%	2%	0%	3%	7%
65+ population shift	140208	154329	171874	191213	205751	211605
Additional older People		14121	31666	51005	65543	71397
% Growth		10%	23%	36%	47%	51%

3.4 What is evident from this data is that by 2028 the total population of Cornwall will have grown by 9% (an additional 52,125 people); specifically the child population will have grown by only 2% (1,846) and the older adult (65+) population will have

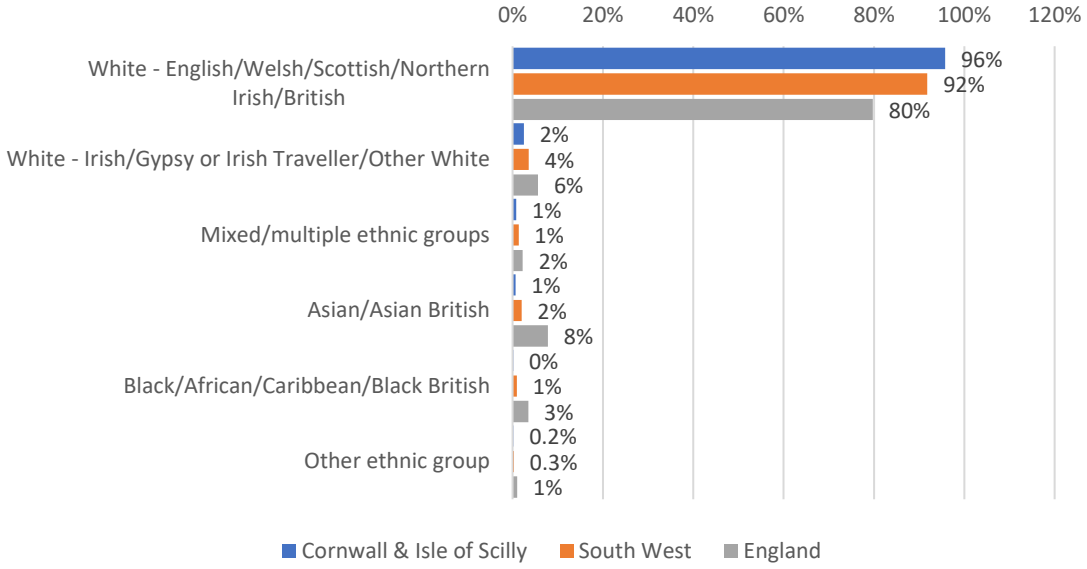
[7] Subnational population Projections for England 2018 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based

grown by 23% (an additional 31,666 people). This demographic change may focus the planning of dental services around the increase of older people's dental needs. The shift in the child population is unlikely to impact on children's oral health needs in Cornwall.

Ethnicity

3.5 There is less ethnic diversity in the population of Cornwall and the Isles of Scilly compared to England and the South West. 2% of the population are from BAME groups whilst across England this group represents 15% and across the South West it is 5%.

Chart 2: Ethnicity Profile Cornwall and Siles of Scilly ONS 2011



3.6 The table below sets out the ethnic profile of the population of Cornwall and the Isles of Scilly.

Table 3: Ethnicity Profile Cornwall and Isles of Scilly ONS 2011

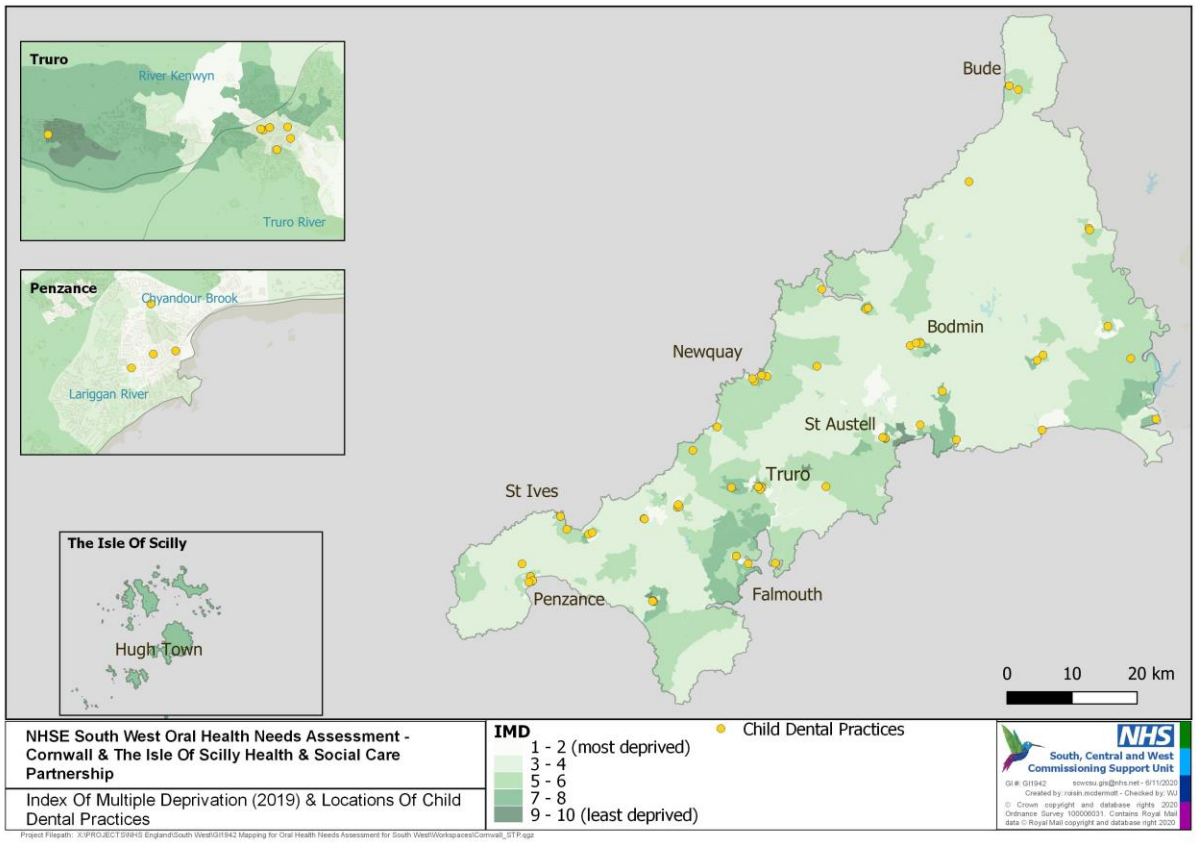
	White - English/ Welsh/ Scottish/ Northern Irish/ British	White – Irish/ Gypsy or Irish Traveller/ Other White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other ethnic group	BME (total)	BAME (total)
Cornwall	96%	2%	1%	1%	0%	0%	4%	2%
Isles of Scilly	95%	4%	1%	0%	0%	0%	5%	1%
Cornwall & Isles of Scilly	96%	2%	1%	1%	0.1%	0.2%	4%	2%
South West	92%	4%	1%	2%	1%	0.3%	8%	5%
England	80%	6%	2%	8%	3%	1%	20%	15%

Deprivation

3.7 Cornwall's IMD ranking for 2019 is 83 out of 317 local authorities[8]. Cornwall's ranking relative to other local authorities has improved in four of the seven domains since 2015: crime, barriers to housing and services, living environment and health deprivation & disability. However, Cornwall has decreased in three domains compared with 2015: income, employment, education and skills & training. Compared with 2015, 24% of Cornwall's 326 neighbourhoods are relatively less deprived, 8% are relatively more deprived and 68% have not changed.

3.8 In Cornwall, 17 neighbourhoods are amongst the top 10% most deprived areas in England. These are the same neighbourhoods as in 2015, except for Camborne North Parade and Rosewarne Gardens whereby the rank has gone up from 22 in 2015 to 14 in 2019. The number of neighbourhoods in Cornwall that are ranked within the top 30% least deprived areas in England was 21 in 2019, a shift from 16 in 2015. The primary types of deprivation in Cornwall's worse affected neighbourhoods relate to income, employment, education, skills and training and health and disability.

Map 1: Index of Multiple Deprivation (2019) & location of Child Dental Practices[9]



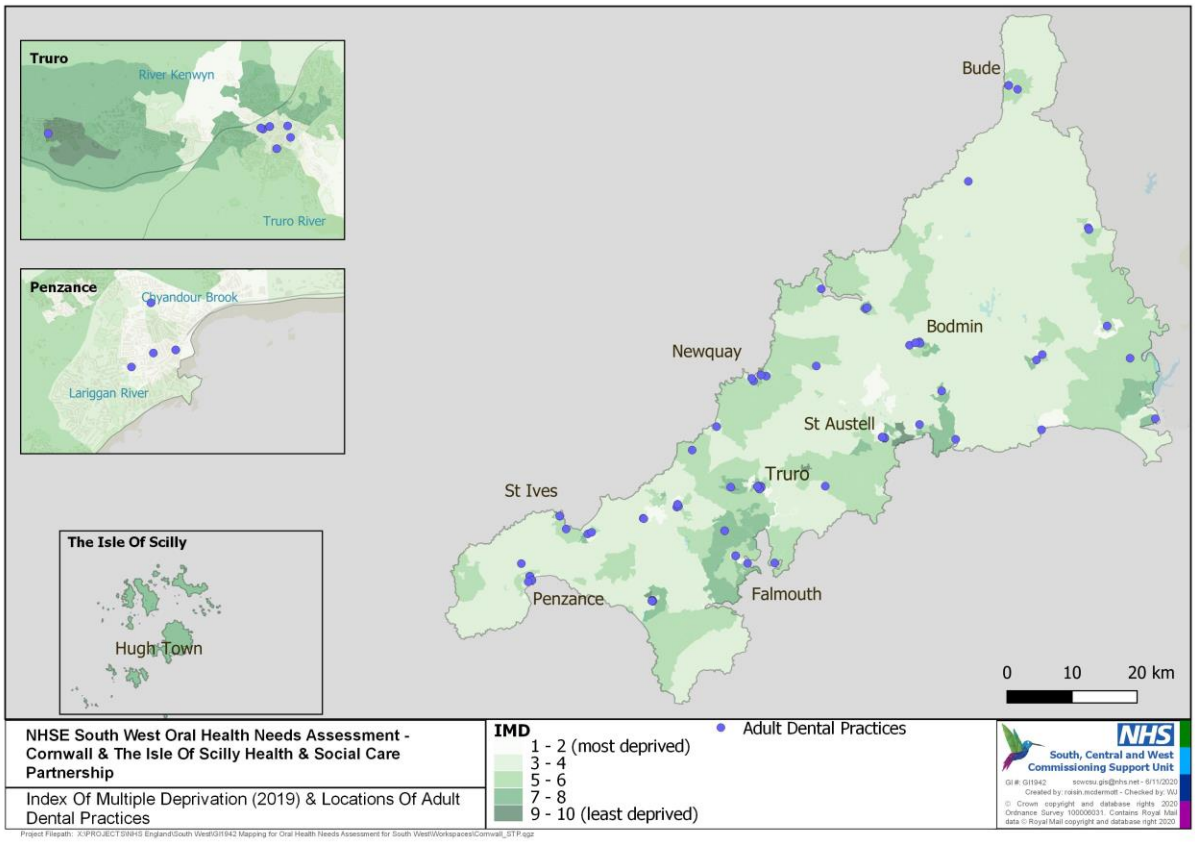
[8] https://www.cornwall.gov.uk/media/40596801/imd-2019-cornwall.pdf

[9] NSE South Central and West Commissioning Support Unit Oct 2020

3.9 The maps above and below set out those areas of deprivation based on the Index of Multiple Deprivation (IMD) indicators and highlight levels 1 and 2 (most deprived - lightest colour), levels 3 and 4, levels 5 and 6, levels 7 and 8 and levels 9 and 10 (least deprived –darkest colour) deprivation indicators.

3.10 There are neighbourhoods across the county where there is level 3 and 4 indicators of multiple deprivation. Rurality and coastal areas mean that patients with children need to travel to larger towns to gain access to service provision.

Map 2: Index of Multiple Deprivation (2019) & location of Child Dental Practices[10]



3.11 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, particularly the case in the coastal and rural areas of north Cornwall and a range of rural areas across the rest of the county.

[10] NSE 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 certain 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, however for the South West this rate per 100,000 was lower at 61.9. In comparison Cornwall and the Isles of Scilly was lower than England but higher than the South West at 66.7 per 100,000 people. The adult populations' diabetes prevalence profile (QoF 2018-19) for England was 6.93%, for the South West this was 6.65% and for Cornwall and the Isles of Scilly it was lower still at 6.6%. 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. In comparison Cornwall and the Isles of Scilly was lower than England but higher than the South West at 16.7/100,000. 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, in Cornwall and the Isles of Scilly the rate was higher at 43.94%. 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	Cornwall & Isles of Scilly
Under 75 mortality rate per 100,000 from all cardiovascular diseases[11]	71.7	61.9	66.7
Diabetes: QOF prevalence (17+) (%)[12]	6.93	6.65	6.60
Under 75 mortality rate per 100,000 from respiratory disease considered preventable (Whole Pop)[13]	19.2	15.6	16.7
DiPUPR - Respiratory disease (%), Persons, All Ages.[14]	32.17	38.25	43.94

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 smoking prevalence. These lifestyle factors are pertinent to general health and wellbeing as well as oral health.

[11] PHE: Public Health Profiles: Fingertips 2016-18
[12] PHE: Public Health Profiles: Fingertips 2018-19
[13] PHE: Public Health Profiles: Fingertips 2016-18
[14] PHE: Public Health Profiles: Fingertips 2016

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. 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 and higher still in Cornwall at 57.3%. 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 at 59.66% and higher still in Cornwall at 61.77% and 73.97 in the Isles of Scilly.

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

Indicator	England	South West region	Cornwall	Isles of Scilly
Percentage who eat 5 portions or more of fruit and veg per day at age 15[15]	52.4	56.5	57.3	
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)[16]	54.61	59.55	61.77	73.97

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 the country of £7.4 Billion[17]. Guidelines for physical activity suggest adults (aged 16 and over) should have 150 minutes of activity of moderate intensity per week. The Active Lives Survey[18] commissioned by Sport England and the PHE Physical Activity survey data[19] differ slightly in definition in terms of what is included as activity. With PHE including non-recreational exercise i.e. gardening in their assessment of activity. The Active Lives data shows that the South West region has a higher level of active residents at 67.4% as compared to England with 63.6%, however the proportion of active people in Cornwall and the Isles of Scilly was 70.8%. Correspondingly the level of inactive residents was 19.5% in Cornwall and the Isles of Scilly, 20.8% in the South West as compared to 24.6% for England.

Table 6: Physical activity levels national, regional and local

Indicator	England	South West region	Cornwall and Isles of Scilly
Active (150+ minutes a week)	63.6	67.4	70.8
Fairly Active (30-149 minutes a week)	12.2	11.8	9.7
Inactive (<30 minutes per week)	24.6	20.8	19.5

[15] PHE: Public Health Profiles: Fingertips 2014-15
[16] PHE: Public Health Profiles: Fingertips 2018-19
[17] PHE: Everybody active everyday Oct 2014
[18] Sport and physical activity levels Adults aged 16+ Nov 18 – Nov 18 % published Sport England Active Lives 23rd April 2020
[19] PHE: Physical activity levels among adults in England, 2015

% Active (150+ mins a week)	57	59.2	54.7
% Some activity (90-149 mins a week)	6.9	7.1	6.9
% Low activity (30-89 mins a week)	7.4	7.3	8.2
% Inactive (<30 mins)	28.7	26.3	30.2

Obesity (Child and Adult)

4.6 Whilst not a health-related behaviour by definition, obesity and being overweight is generally associated with an 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 2015[20].

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 2018-19.

4.8 South West profiles for Reception and Year 6 prevalence of those overweight including obese are slightly below the England prevalence. However, the Reception prevalence of overweight was higher than both at 25.01% and the prevalence of obesity in reception was 9.35% and in year 6 it was 15.57%. It is likely that these children had high fat, sugar and salt diets and that their higher sugar intake had a contributing factor to dental decay. The South West 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% and 64.72% in Cornwall and 59.28% in the Isles of Scilly.

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

Indicator[21]	England	South West region	Cornwall	Isles of Scilly
Reception: Prevalence of overweight (including obesity) (%)	22.59	22.05	25.01	
Year 6: Prevalence of overweight (including obesity) (%)	34.29	29.88	29.62	
Reception: Prevalence of obesity (including severe obesity) (%)	9.68	8.74	9.35	
Year 6: Prevalence of obesity (including severe obesity) (%)	20.22	16.52	15.57	
Percentage of adults (aged 18+) classified as overweight or obese (%)	62.34	61.35	64.72	59.28

[20] Health matters obesity and the food environment PHE March 2017.
[21] PHE: Public Health Profiles: Fingertips 2018-19

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 8 units a day (or 50 units a week) and more than 6 units a day (or 35 units a week) respectively, are higher risk drinkers at particular risk of 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 to England at 4.04%. Cornwall has a higher level of admissions for alcohol specific conditions and a higher rate of alcohol related mortality than both England and the South West.

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

Indicator	England	South West region	Cornwall & the Isles of Scilly
Admission episodes per 100,000 for alcohol-specific conditions[22]	869.25	814.97	909.35
Alcohol-related mortality per 100,000[23]	46.54	45.55	52.19
Admission episodes for alcohol-related conditions (Broad) per 100,000[24]	2367.40	2142.39	2364.31
Estimated weekly alcohol consumption, by region: More than 14, up to 35/50 units (increasing risk) Age Standardised %[25]	18.18	19.56	
Estimated weekly alcohol consumption, by region: More than 35/50 units (higher risk) Age Standardised %[26]	4.04	3.21	

Smoking prevalence

4.11 Tobacco use poses a risk for cancers and chronic respiratory and circulatory disease. 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 show that 10% of current smokers lived in the least deprived

[22] PHE: Public Health Profiles: Fingertips 2018-19
[23] PHE: Public Health Profiles: Fingertips 2018
[24] PHE: Public Health Profiles: Fingertips 2018-19
[25] Health Survey for England 2018
[26] Health Survey for England 2018

areas whereas 28% of smokers lived in the most deprived areas. This suggests that smoking prevalence is more concentrated in 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 and even higher in Cornwall at just under 13%. The prevalence of adult smokers (QoF) in 2018 showed that 17.2% of the population were smokers in England, compared to 16.5% in the South West, higher in Cornwall at 17.4% and 19% on the Isles of Scilly. The GP Survey in 2018-19 showed that 14.5% of over 18 year-olds were smokers compared to 13.7% in the South West, however there were 14.9% in Cornwall and 14.2% on the Isles of Scilly.

Table 9: Smoking prevalence rates national, regional and local

Indicator	England	South West region	Cornwall	Isles of Scilly
Smoking status at time of delivery (%)[27]	10.59	10.91	12.88	
Estimated smoking prevalence (16+) (QOF)[28]	17.19	16.50	17.41	19.06
Smoking prevalence in adults (18+) - current smokers (GPPS)[29]	14.46	13.75	14.90	14.17

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 ingredient in tooth brushing to control tooth decay, as it prevents, controls and arrests 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 2008/09, most 12-year-old schoolchildren in the South West reported brushing their teeth twice daily (73%), the exact same figure as in England.

5 Transport and Communications in Cornwall and the Isles of Scilly

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 provision[30]. The University of Leeds

[27] PHE: Public Health Profiles: Fingertips 2018-19
[28] PHE: Public Health Profiles: Fingertips 2018
[29] PHE: Public Health Profiles: Fingertips 2018-19
[30] Inequalities in Mobility and Access in the UK Transport Social and Political Science Group, Institute for Transport Studies, University of Leeds March 2019 Systemhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784685/future_of_mobility_access.pdf

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.
- In addition, there are considerable affordability issues with car ownership for many low-income households.

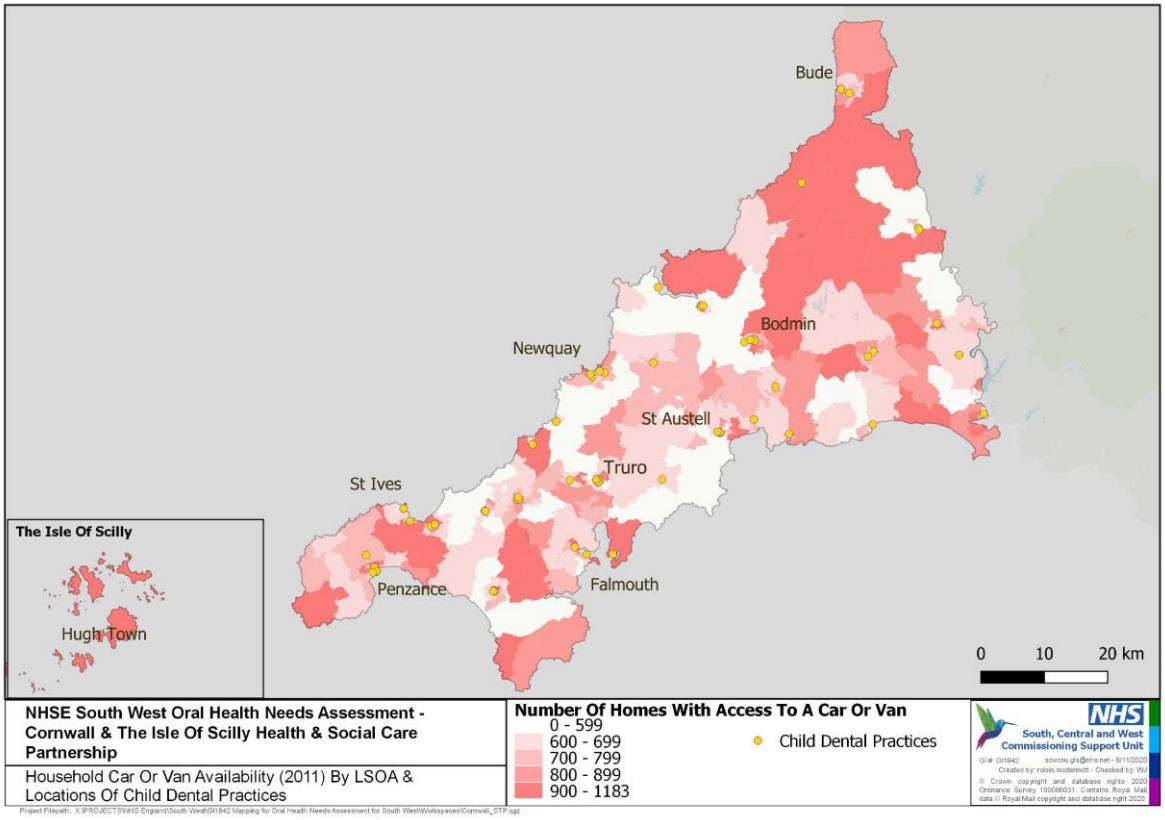
5.2 Inequalities in the provision of transport services are strongly linked with location of residence, this is further exemplified in rural and coastal communities. However, the lack of private vehicles in low-income households, combined with limited public transport services in many peripheral social housing estates, considerably exacerbates the problem in many parts of the UK.

In 2003 the Social Exclusion Unit report 'Making the Connections[31]' 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.

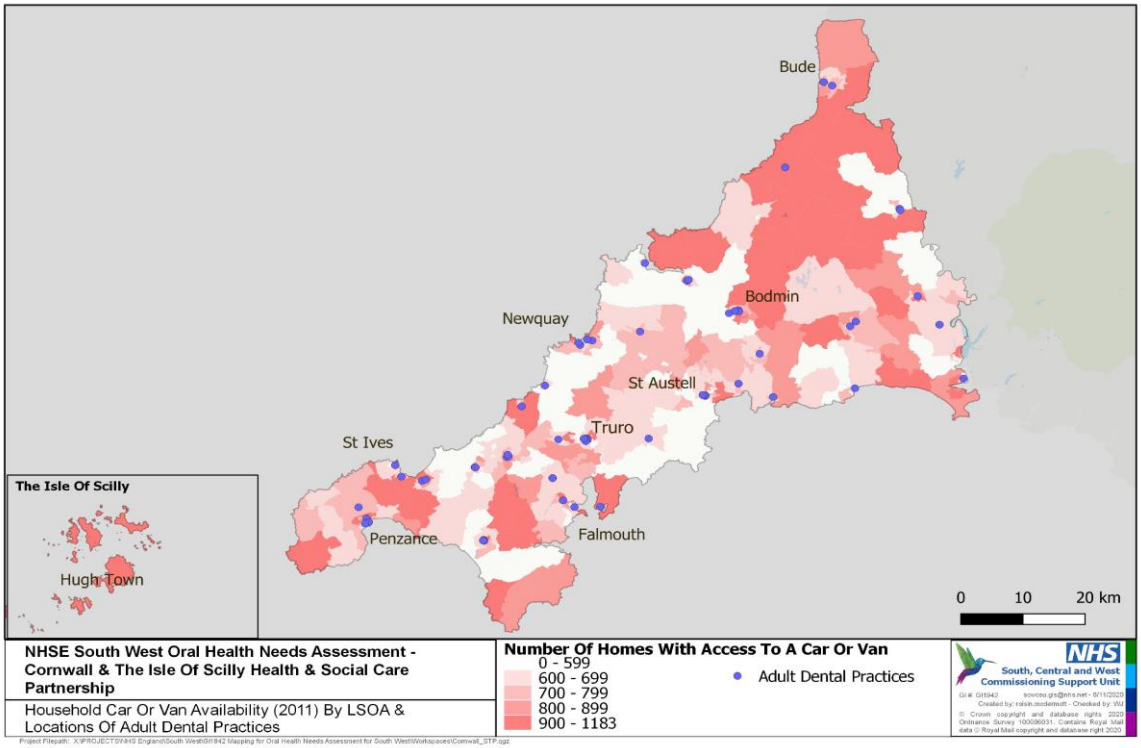
5.3 The recent public and patient survey has shown that 65.3% of respondents travelled to their local dentist by car, 3.3% by public transport and 11% by walking/bicycle. To support this OHNA we have worked with the NHSE South West Commissioning Support Unit to identify the level to which people across the area have access to a car or a van. This has been overlayed with the location of dental practices which provide services for both children and adults.

[31] 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 Practices[32]



Map 4: Household Car or Van availability (2011) by LSOA and locations of Adult Dental Practices[33]



[32] NHS South Central and West Commissioning Support Unit Oct 2020

[33] NHS South Central and West Commissioning Support Unit Oct 2020

5.4 These maps show that there are key areas across the county 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 the low level of high street dentistry.

6 National Dental Epidemiology Research Findings

6.1 The table below sets out the headline findings for Cornwall from the National Dental Epidemiology programme research undertaken for 3-year-olds (2013), 5-year-olds (2019), 12-year-olds (2008-09) and adults in Practice (2018). It sets out comparators for England and the South West.

Table 10: NDEP Headline results for Cornwall

3-year-old 2013	England	South West region	Cornwall
3-year-old % tooth decay (% d3mft > 0 including incisors)	11.7	10.4	10.8
3-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.36	0.31	0.30
5-year-olds 2019	**England**	**South West region**	**Cornwall**
5-year-old % tooth decay (% d3mft > 0 including incisors)	23.4	20.4	No data
5-Year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.8	0.6	No data
Care Index % (ft/d3mft)	10.3	10.9	No data
12-year-olds 2008-09	**England**	**South West region**	**Cornwall**
12-year-old % tooth decay (% d3mft > 0 including incisors)	33.4%	33.3%	32.3%
12-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.74	0.73	0.73
12-year-old Care Index % (ft/d3mft)	47%	47%	57%
Adults in Practice 2019	**England**	**South West region**	**Cornwall**
Adult in Practice % with a functional dentition	81.9	82.2	No data
Adult in Practice % with active decay (DT>0)	26.8	31.5	No data
Adult in Practice Average number of decayed teeth (for those with active decay)	2.1	1.9	No data
Adult in Practice % with filled teeth	90.2	90.8	No data
Adult in Practice % with dentures	15.4	14.4	No data
Adult in Practice % with bleeding on probing	52.9	69.2	No data
Adult in Practice % with PUFA	5.2	6.5	No data
Adult in Practice % with any treatment need	70.5	81.9	No data
Adult in Practice % with an urgent treatment need	4.9	8.2	No data

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 1 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. The number of dental practices, contracted activity and delivered activity is shown in the table below. The amount dentists were paid per UDA varied from £16.83 to £38.56.

Table 11: Primary Care General Dental Services Provision across Cornwall. NHS Digital/NHSE data

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
Cornwall and the Isles of Scilly STP	83	80	81	941,961	£26.74 (Lowest £21.25 to Highest £33.04)	2
Total in South West	748	681	705	8,520,528	-	53

Numbers of Dentists[34]

7.5 In 2019/2020, NHS Digital data shows that there were 2,664 dentists in the South West delivering NHS dentistry. This represented 48 dentists per 100,000 people in the population which is slightly higher than the national average of 44 per 100,000 population. In Cornwall this was 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 Cornwall 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 at 2,104; in Cornwall it is 1,994. In 2019/20 Cornwall saw an increase of 16 dentists (5.6%).

Table 12: Number of dentists with NHS activity, for years ending 31 March, England - NHS England region geography and CCG[35]

			2019/20		
Area	Dentists difference 2018/19 to 2019/20	Percentage difference 2018/19 to 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 Kernow CCG	**16**	***5.6***	285	1,994	50

Average UDAs commissioned per person.

7.7 Based on the numbers of commissioned UDA and when 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.

[34] NHS Digital : https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report
[35] NHS Digital : https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report

7.8 What is clear is that there are higher levels per head of population of commissioned UDAs in Cornwall, compared to the average for the South West.

Table 13: Average UDAs commissioned per head of population.

Area	Average UDAs commissioned per person (n)
Cornwall and the Isles of Scilly	1.66
Average for South West	1.52

Access to Dental Care

Children

7.9 Many children and adults will seek care from an NHS dental practice. Those with additional needs are generally 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 disease[36]. 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 teams.

7.10 The indicator used to assess dental access in children is the number of separate people accessing dental services over the previous 12 months.

7.11 From April 2019 to March 2020 access for child patients in the South West was 54.1%. The access level for child patients is higher than the England average of 52.7%. In Cornwall, the access level for child patients was 51.9%[37].

Adults

7.12 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 recalls[38].

7.13 From April 201 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 Cornwall the access levels for adults was 47.2% - slightly below the

[36] 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]

[37] (Source: NHS Dental Services: NHS Business Services Authority: June 2020).

[38] https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215663/dh_126005.pdf

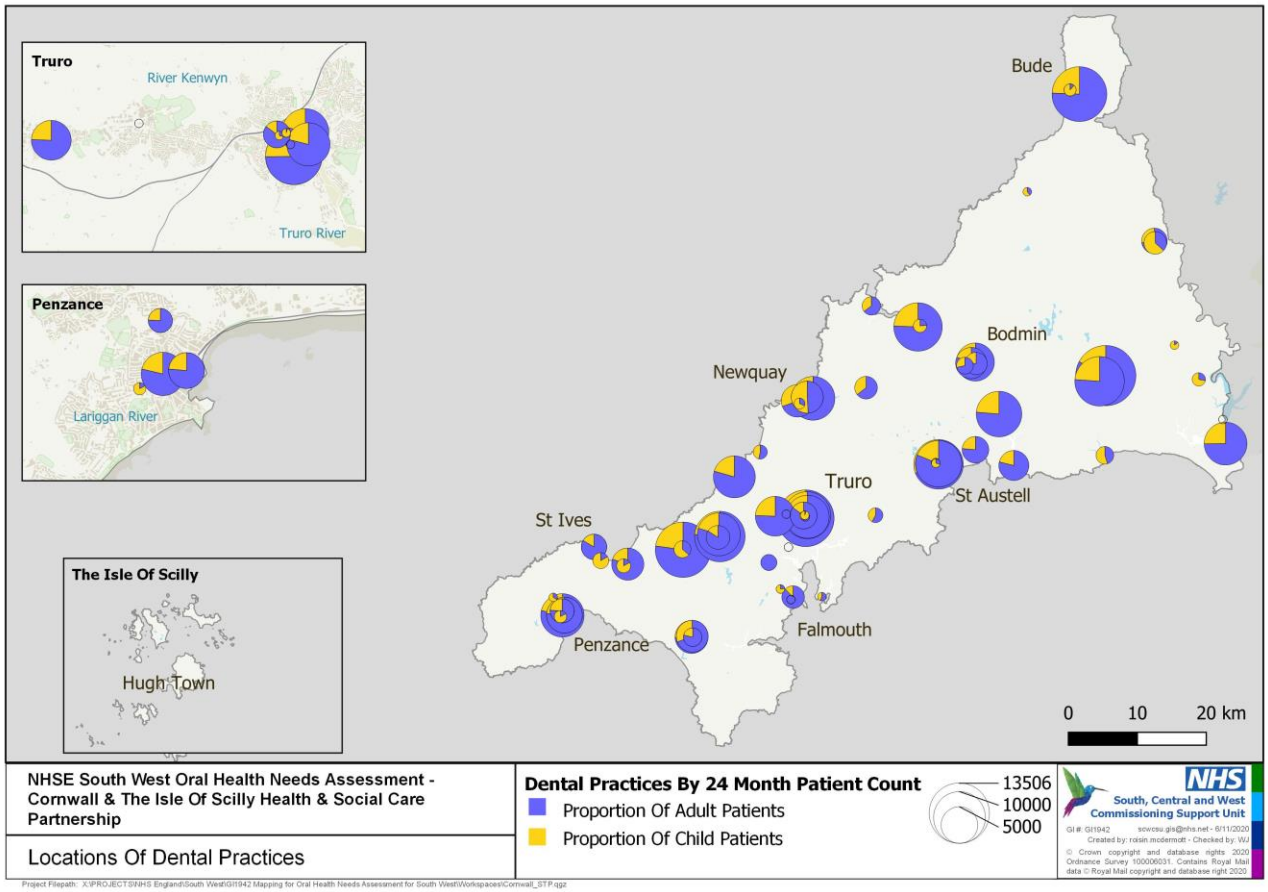
South West level and slightly above the England level.(Source: NHS Dental Services: NHS Business Services Authority: June 2020).

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 LA[39]

Area	Adult % of pop.	Child % of pop
England	47.1	52.7
South West	47.3	54.1
Cornwall Council	47.2	51.9

7.14 The map below sets out the activity of dental practices based on the count of patients seen -n the case of adults within 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 location.

Map 5: Local of Dental Practices by proportion of Adult and Child Patients[40]



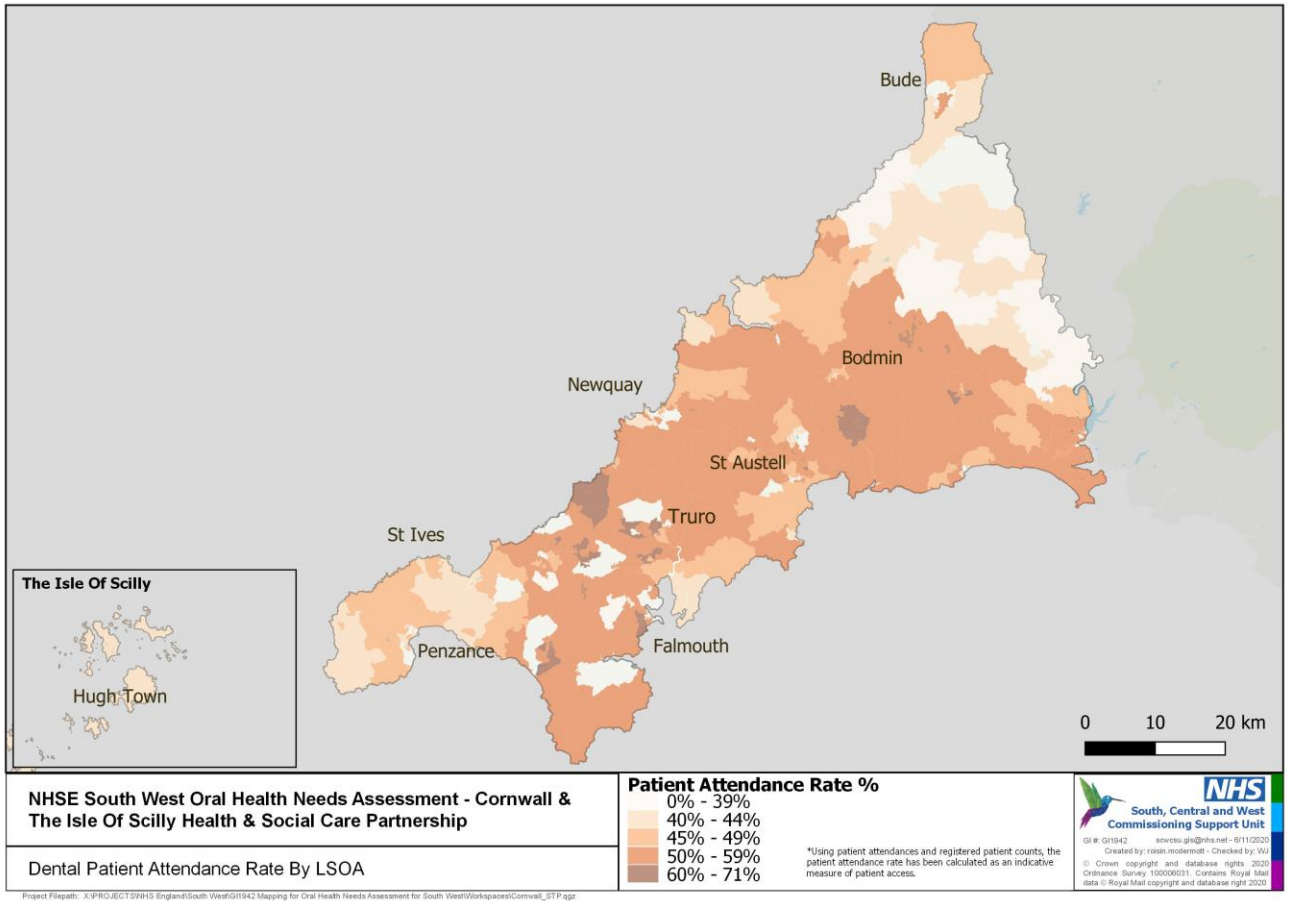
7.15 Considerable concerns have been raised through the patient and public survey to suggest that there is great difficulty to access NHS dentistry in the County.

[39] NHS Dental Services, NHS Business Services Authority (BSA).
[40] NHS South, Central and West Commissioning Support Unit Oct 2020

Practices that accept NHS patients are presented in this map. The geographical spread of the practices, which inevitably seem to be linked to the major towns across the county presents an issue. Moreover, there is no indication as to whether these practices are taking on new patients. Indeed whilst there is a waiting list for Devon and Cornwall, but it does not reflect all the practices in each area.

7.16 The map below sets out the patient attendance rate as a percentage of the local population. 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 higher concentration of the population. It is also noticeable in the north of Cornwall, south of Bude but north of Wadebridge and east to the Devon border.

Map 6: Dental Patient Attendance Rate by LSOA (%)[41]



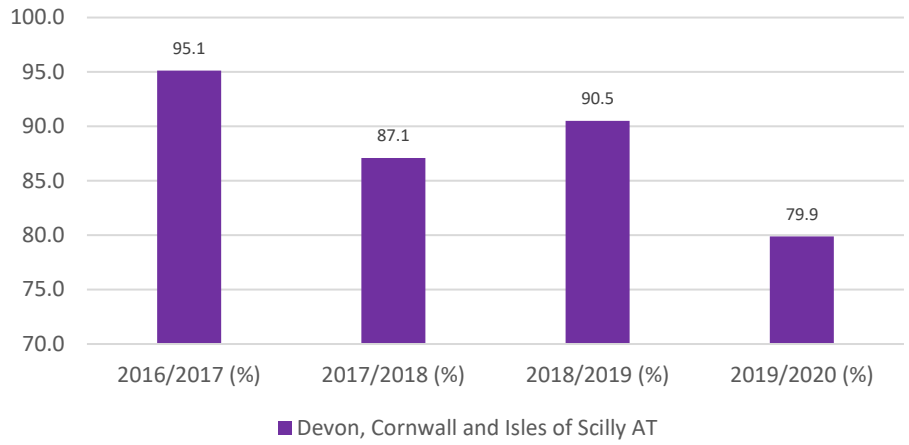
[41] NHS South, Central and West Commissioning Support Unit Oct 2020

UDA/Contract performance

7.17 In England in 2015/16, £54,505,326 was clawed back from practices who have not met their contractual targets. This increased to £81,506,678 in 2016/17, £88,774,248 in 2017/18 and £138,438,340 in 2018/19.

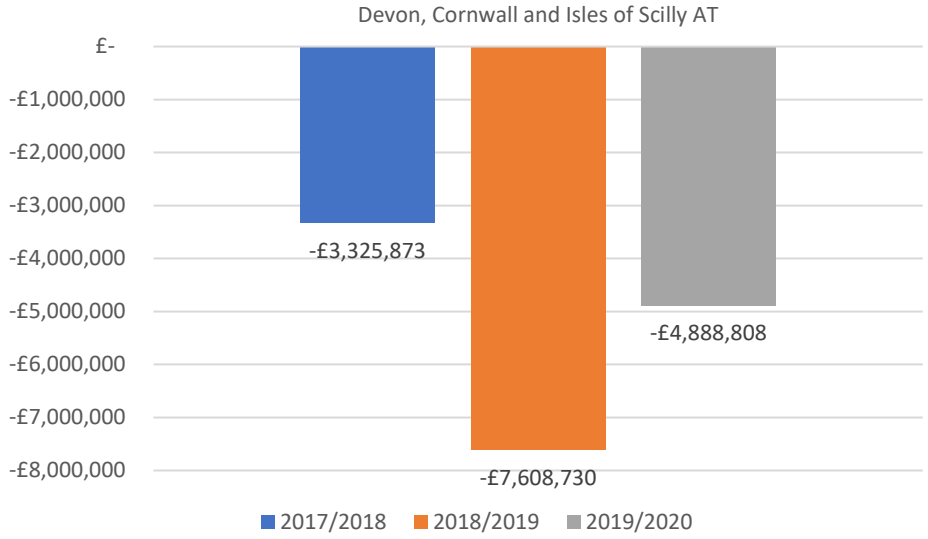
7.18 Chart 3 presents the achievement against target of dentistry funded through the UDA contracting system for Cornwall, the Isles of Scilly and Devon. The chart shows the percentage of UDAs achieved against their target.

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



7.19 Chart 4 below sets out the UDA clawback value in £s by sub-region across the South West. It shows a sizeable level of claw back each year with 2018/19 being a significant year with £7,608,730 clawed back by the NHS for the under delivery of UDAs.

Chart 4: UDA Clawback Value (£) by Subregion 2017-2020 Source NHS England Aug 2020



Cross-Border Flow and Seasonal Variation

7.20 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. Third, some areas in the South West have seasonal migrant workers and others, such as Cornwall and Isles of Scilly are popular holiday destinations which may lead to seasonal variations in access to care, especially urgent care.

Complexity of care

7.21 The proportion of people having band 1 courses of treatments are higher in all areas of the South West relative to the England average apart from within Cornwall. This suggests that people needing more complex care may be facing additional barriers to accessing care. Therefore, NHS England and NHS Improvement may want to consider undertaking a health equity audit to ensure the equitable availability and access to NHS primary dental care in Cornwall.

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 Kernow CCG	59.31%	25.46%	3.85%	11.06%
South West	62.24%	24.14%	3.71%	9.58%
England	59.96%	25.48%	4.78%	9.47%

Fluoride varnish application

7.22 Evidence-based guidance recommends the application of fluoride every six months for all children aged 3 years and above and more frequently for those at risk of decay. Fluoride varnish application is also recommended twice a year for vulnerable adults. Fluoride varnish application two to three times a year can reduce tooth decay by 33% in baby teeth and 46% in adult teeth[42].

7.23 In 2018-19 there were 599,188 fluoride varnish application in the South West. Unfortunately, this data for 2019-20 was not currently available. In 2018-19 the % of the population that have received fluoride varnish was 42.8% of children and 1.2% of adults. In Cornwall there were 51,653 applications, representing 8.6% of the South West regional applications. 10.3% were for adults and 89.7% were for children. This represented 9.1% of the population - 1.3% of adults slightly above the South West proportion and 42.3% of children, slightly below the South West proportion.

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

Fluoride Varnish	Fluoride Varnish Count	% of South West Fluoride varnish applications	Fluoride varnish as % of the population
NHS Kernow CCG	51673	8.6%	9.1%
Adult (over 18)	5928	1.0%	1.3%
Child (u18)	45745	7.6%	42.3%
South West	599188	100.0%	9.5%
Adult (over 18)	59207	9.9%	1.2%
Child (u18)	539981	90.1%	42.8%

7.24 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.

7.25 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 (%)
Devon, Cornwall and the Isles of Scilly STP	6.2	12.5
England	7.0	12.7

[42] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002279.pub2/full

Other primary care services

Primary care activity is also provided at the Derriford, Devonport, Exeter and Truro Dental Education Facilities by the Peninsula Dental School, predominantly by dental students supervised by GDC registered staff.

7.26 In addition, many NHS dental practices provide primary care dentistry on a privately funded basis and there are also several wholly private dental practices. There is no local data available on private dentistry activity and costs.

Domiciliary services

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

7.28 6,204 UDA are commissioned annually for primary care provision in domiciliary care settings. 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 the Cornwall. 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 Cornwall to meet future needs. Work is being done by PHE to review and develop training programme for staff in the domiciliary and care home sector to support residents to get the best oral health care possible.

Unplanned dental care

7.29 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. One in four, (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.

7.30 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 if a problem occurs.

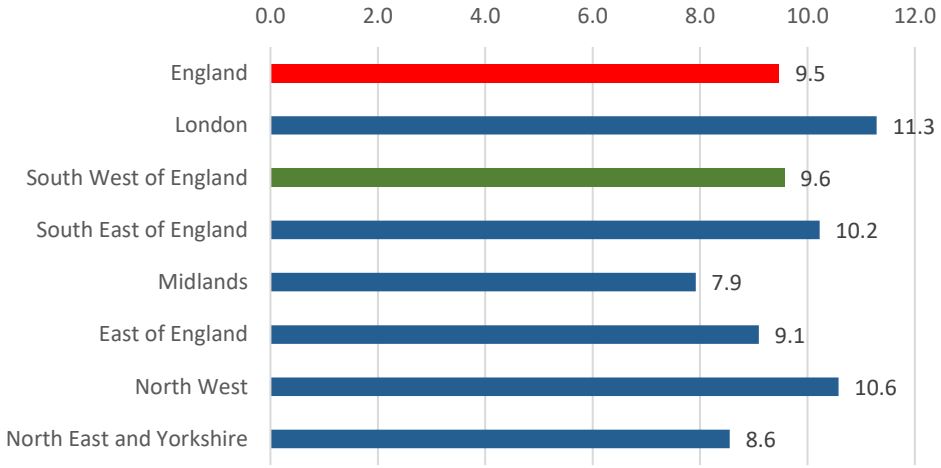
7.31 Unplanned dental care is best reviewed by assessing the levels of urgent care as per the bands of provision in the dental care system. The table below sets out the

number and % of urgent care appointments in 2019-2020 by region. It shows that in the South West 9.6% of dental care was urgent which is slightly above the proportion of urgent care nationally at 9.5%.

Table 18: Number and percentage of Courses of Treatment by NHS Commissioning Region1 and treatment band, 2019-20 (NHS Dental Services, NHS Business Services Authority (BSA))[43]

Org Name	Urgent	Urgent (%)[44]
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)

7.32 Across the South West the profile of urgent care as a proportion of all treatment bands has been taken from the review of treatment bands nationally by region, STP, LA and by Cost of Treatment for 2019-2020 (Sum and %).[45]

7.33 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%

[43] Data is affected by COVID-19.

[44] Figures presented are rounded

[45] 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)

7.34 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 19: 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 Kernow CCG		
Urgent/Occasional	Child	4.2%
	Non-paying adult	18.2%
	Paying adult	12.5%
South West		
Urgent/Occasional	Child	4.0%
	Non-paying adult	16.4%
	Paying adult	10.8%

7.35 In Cornwall in 2019/20, 4.2% of urgent care was for children compared to 4.0% for the South West, 18.2% was for non-paying adults as compared to 16.4% for the South West and 12.5% was for paying adults compared to 10.8% in the South West.

Oral Cancer

7.36 Mouth cancers make up 2% of all new cancers in the UK[46]. 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 Cornwall it is 15.6 per 100,000, which is higher than the England and South West rates.

8 Oral Health improvement programmes

8.1 Cornwall Council commissions an Oral Health Improvement Programme (OHIP) for young children, which contributes towards the meeting of its public health responsibilities and follows guidance from the National Institute for Health and Care Excellence. The OHIP aims to prevent dental decay in young children whose risk of poor oral health is relatively high, thus reducing oral health inequalities.

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

8.2 The OHIP is currently provided in selected early years' settings by Brighter Smiles, part of the Smile Together Community Interest Company, targeted by localities with the highest levels of deprivation. It consists of:

- Home education and tooth brushing packs for children at all participating sites.
- Oral health education for children, parents and staff in participating sites.
- Supervised tooth brushing clubs at selected children's centres and nurseries.
- Fluoride varnish applications at selected schools for children in reception classes.