

**NHS ENGLAND AND NHS
IMPROVEMENT**

**ORAL
HEALTH NEEDS ASSESSMENT**

SOUTH WEST OF ENGLAND

**APPENDIX 5
GLOUCESTERSHIRE STP
ANALYSIS**

January 2021



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

January 2021

Appendix 5 Gloucestershire OHNA STP Appendix

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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 Gloucestershire. 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 Gloucestershire 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 Gloucestershire has a population 633,558 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 are less people of working age and more people of retirement age and the proportion of children and young people in Gloucestershire is consistent with the national demographic profile. The BAME population in Gloucestershire is 4% 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 Gloucestershire will have grown by 8% (an additional 50,291 people), the child population will have increased by 2% (2,509) and the older adult (65+) population will have grown by 24% (an additional 32,314 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 slightly more child patients, and this is likely to have some impact on the oral health needs of children in the county.
- 1.5 Since the last Index of Multiple Deprivation Gloucestershire has seen little shift in the relative position of Gloucestershire neighbourhoods between 2015 and 2019. The number of neighbourhoods in the most deprived 10% nationally has fallen by one from thirteen in 2015 to twelve in 2019. These twelve areas account for 19,415 people (3.1% of the county population). Nine of these neighbourhoods are in Gloucester, two in Cheltenham and one in the Forest of Dean.

- 1.6 The mortality rate for cardiovascular disease is lower in Gloucestershire than England and South West rates¹. The mortality rate for respiratory disease in Gloucestershire is lower than the rate in England but slightly higher than the rate in the South West. The prevalence of diabetes in Gloucestershire (6.8%) is higher than the South West (6.5%) but lower than the England profile (6.9%).
- 1.7 Most recent data suggests the level of physical activity varies with Gloucestershire at 67% undertaking 150* minutes per week, this being above the national at 64% and consistent with the South West profile of 67%. Correspondingly there are lower levels of physical inactivity across Gloucestershire, at 21% is below the nation profile at 25% and the same as the South West profile at 21%.
- 1.8 Reception Years data from the national child measurement programme shows a consistent proportion of children that are obese and or overweight (22%) when compared to national and South West levels. The levels of obese or overweight in the adult population, at 61%, is lower than the national (62%) and regional (63%) level. Finally, smoking prevalence in Gloucestershire is 12.6% which is below the national (14.5%) and South West comparators (13.7%).
- 1.9 The patient and public survey carried out as part of this OHNA suggests that 87.5% 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 many patients would find it difficult to access healthcare services including dentistry.
- 1.10 Gloucestershire seems to be one of a few STP areas that have completed its National Epidemiology Dental Research in full, and thus efforts should be made to continue securing this important epidemiological data. The data for Gloucestershire shows a higher level of 3-year-old dental decay (12.6%), when compared to national (11.7%) and regional (10.4%) findings. In Gloucestershire, the data for 5-year-old dental decay is 19.5%, lower than nationally (23.4%) and the South West (20.4%) For 12-year-olds the level of dental decay in Gloucestershire (24.6%) is lower than national (33.4%) and South West (33.3%) levels.
- 1.11 From a dental care service provision perspective, Gloucestershire, in 2019-2020 had 69 dental practices commissioned to carry out 789,979 UDAs. This represented 316 dentists delivering NHS dentistry. Indeed, Gloucestershire saw an increase in the number of dentists by 1 in 2019-2020 from the year before, a 0.3% increase. The average UDAs per person was higher than the South West rate at 1.26 UDA/person as compared to 1.52 UDA/person.

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

- 1.12 In terms of access to dentistry the percentage of children that accessed NHS dentistry in the last 12 months was 53% in Gloucestershire, consistent with the England (53%) percentage but below the South West (54%)². The percentage of adults that accessed NHS dentistry in the last 24 months was 39.8% in Gloucestershire which is below the South West (47.3%) and national level (47.1%).
- 1.13 Underperformance against contracted dental activity for Gloucestershire occurred in the last 3 years, as it has done across the South West. This was particularly high in 2019-2020.
- 1.14 64% of treatment were Band 1, 24% Band 2, 3% Band 3 and 8% 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 examination of urgent care shows a higher proportion of non-paying adults (13%) than paying adults (10%) accessing urgent care.
- 1.15 Fluoride varnish application rates are higher than the rate in the South West, at 51% of the child population. Oral cancers in Gloucestershire affect 13.4 per 100,000 people, lower than the England (14.5 per 100,000) and South West (14.9 per 100,000) rates.
- 1.16 The key priorities emerging out of both Healthwatch Gloucestershire 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 dentists should be made easier
 - Better dentist allocation across the area (see 1.17 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 offered by private dentists
 - Reduce waiting list
 - Urgent appointments should be easier to get for broken teeth and infections
 - Work with young people to promote life-long good oral health.

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

Key Priorities

- 1.17 The levels of **access to NHS dentistry** in Gloucestershire STP are below the regional and national average for adults and below the regional average for children. This is most felt in the rural areas, particularly towards the East of the STP (Cotswolds):
- 1.17.1 NHS Digital data for 2019-2020 shows that access for adults in Gloucestershire County Council (39.8%) was below England (47.1%) and the South West (47.3%). For children (53.0%) it was in line with national average but below the regional values for the South West of England (54.1%).
 - 1.17.2 Stakeholder engagement has strongly reflected this, with participants citing barriers for accessing dental care as poor public transport links and lack of car ownership in more deprived, rural areas.
 - 1.17.3 The population in Gloucestershire STP is set to grow by 8% (an additional 50,291 people) in the next 8 years. The highest growth is projected to be in the older adult (65+) group which will increase by 24% (an additional 32,314 people).
 - 1.17.4 The UDA rates per person in the STP (1.26) 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 the average being £25.04 (lowest £20.87 to highest £35.23).
 - 1.17.5 Additional NHS dentistry will need to be targeted to those areas of greatest deprivation and demand in the County. Although Gloucestershire overall might be considered wealthy there are still pockets with significant inequalities. At district level, only Gloucester and the Forest of Dean have above average levels of deprivation compared with England as a whole, and neither are in the 40% most deprived districts.
 - 1.17.6 Residents engaged both through the survey and the focus groups raised the difficulty they have had in accessing an NHS dentist, often experiencing extensive waiting times and with many dentists not opening their lists to any further patients.

- 1.18 There is a need to **support dental care services for older people**. This is emphasised for a number of reasons.
- 1.18.1 There are proportionally more people of retirement age in the county (21%) compared to the average for England (18%). The highest proportion is in Cotswold (26%) and the lowest in Gloucester (17%).
 - 1.18.2 By 2028 the proportion of older adults (65+) in Gloucestershire STP will have grown by 24% (an additional 32,314 people). The projected increase in the proportion of older adults may have implications for the increase in demand for treatment.
- 1.19 There is a need to **support the recruitment and retention of dentist** providing NHS services.
- 1.19.1 Stakeholder feedback has highlighted recruitment and retention concerns for dentists in rural and coastal areas.
 - 1.19.2 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.
- 1.20 There is evidence that there is **difficulty being experienced by dentists in meeting their contractual targets**.
- 1.20.1 The underperformance against contracted activity resulted in recovery of £4,12M³ in 2019-20.
 - 1.20.2 There is a risk for future service provision because of the commercial viability of certain contracts.
 - 1.20.3 General dental practitioners responding to the stakeholders surveys from Gloucestershire STP identified concerns regarding the GDS contract and the fulfilment of UDA targets.
- 1.21 There are a range of **further oral health priorities** that have emerged through this OHNA, many of these will require support from key partners, in some cases they would be best served through partnership work. These include:
- 1.21.1 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.

³ Figures relate to BANES, Gloucestershire, Swindon and Wiltshire

- 1.21.2 Promoting early dental attendance and supporting programmes like Dental Check by One (DCb1)⁴.
- 1.22 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:
- 1.22.1 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)⁵.
- 1.22.3 Gloucestershire is one of the only areas in the South West with a complete suite of current National Epidemiology survey results; work to maintain the successful completion of national dental survey responses.
- 1.22.4 Target resources to areas of higher deprivation that are present across the county. These targeted interventions could include joint work with local authority partners such as:
- Supervised toothbrushing programmes for nurseries and primary schools in areas where children are at higher risk of poor oral health and the provision of toothbrushes and toothpaste from 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 and health, social care and educational professionals.
 - Reorientating the dental practices towards prevention.

⁴ <https://dentalcheckbyone.co.uk/>

⁵ <https://dentalcheckbyone.co.uk/>

2 Introduction

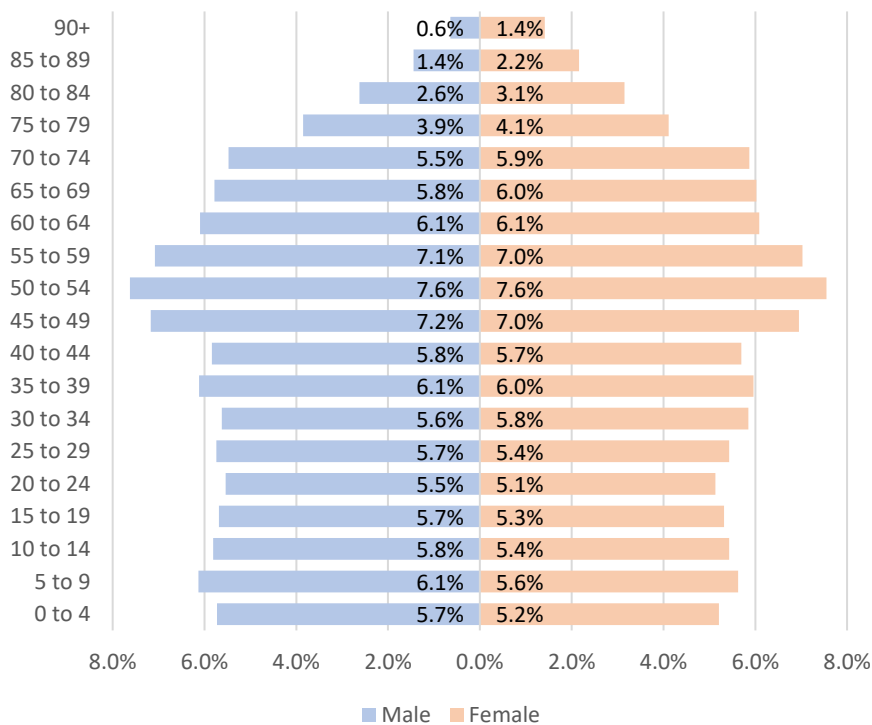
2.1 This section will describe the oral health needs and profile for Gloucestershire. It will set out its demographics, risks and determinants of poor oral health, relevant national epidemiology research findings, local oral health services, oral health improvement programmes and key findings for the oral health of the local population.

3 Demographics

Gender and Age

3.1 The population of Gloucestershire is an estimated 633,558⁶. Just under 60% of the total population of Gloucestershire live in Gloucester, Stroud and Cheltenham. The population of Gloucestershire consists of more females (51%) than males (49%) - a gender profile that is consistent with the population of England. The age and gender profile of the population of Gloucestershire is set out in the population pyramid below.

Chart 1: Gender and Age Gloucestershire: ONS Mid -18 Estimates



3.2 61% of the population of Gloucestershire are of working age, (16 to 64 years), 21% are of retirement age (65 years and over) and 18% are children and 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 Gloucestershire is the same. This age profile at local authority level

⁶ Insert ONS mid-2018 estimates

varies – Cotswold and Forest of Dean has the highest proportion of people that are of retirement age (26% and 24%) compared to the Gloucestershire average and compared to the England average (18%). The highest proportion of children and young people live in Gloucester (20%). The age profile is set out in the table below.

Table 1: Gender and Age Gloucestershire: 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)	(%)	
Cheltenham	20676	18%	73895	63%	22519	19%	117090
Cotswold	14597	16%	51665	58%	22760	26%	89022
Forest of Dean	14324	17%	51185	59%	21034	24%	86543
Gloucester	26051	20%	81664	63%	21570	17%	129285
Stroud	21326	18%	71075	60%	26618	22%	119019
Tewkesbury	17255	19%	54872	59%	20472	22%	92599
South West	986908	18%	3382627	60%	1230200	22%	5599735
Gloucestershire	114229	18%	384356	61%	134973	21%	633558
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 Gloucestershire 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: NHS Bristol, North Somerset and South Gloucestershire Population Projections 2018-2043

Population growth	2018	2023	2028	2033	2038	2043
Total Population shift	633558	660460	683849	703801	721368	738482
Additional people		26902	50291	70243	87810	104924
% Growth		4%	8%	11%	14%	17%
0 to 15 population shift	114229	118007	116738	115573	117654	121606
Additional Young people		3778	2509	1344	3425	7377
% Growth		3%	2%	1%	3%	6%
65+ population shift	134973	149124	167287	186585	200539	205863
Additional older People		14151	32314	51612	65566	70890
% Growth		10%	24%	38%	49%	53%

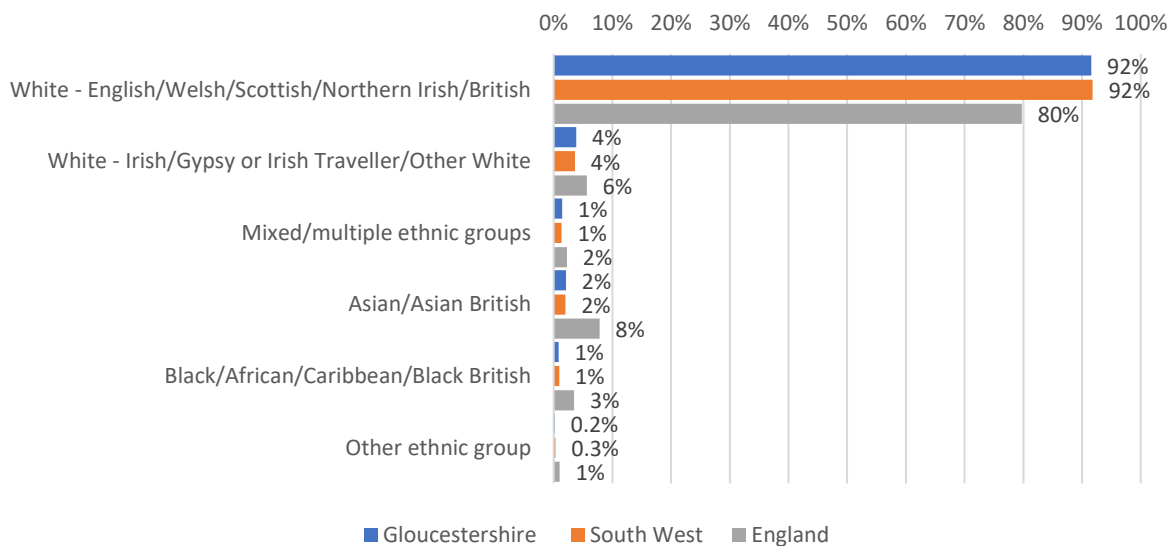
⁷ Subnational population Projections for England 2018
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2018based>

3.4 What is evident from this analysis is that by 2028 the total population of Gloucestershire will have grown by 8% (an additional 50,291 people). Within this, the child population will have only grown by 2% (2,509) and the older adult (65+) population will have grown by 24% (an additional 32,314 people). This demographic change may inform the planning of dental services around the increase of older people's dental needs. The shift in the child population suggests that there will be marginally more child patients, and this will have some impact on the oral health needs of children in the county.

Ethnicity

3.5 There is less ethnic diversity in the population of Gloucestershire compared to England and the South West. 11% of the population are from BAME groups; across England this group represent 15% and in the South West- 5%.

Chart 2: Ethnic profile compared Gloucestershire, South West and England ONS 2011



- 3.6 There are some variations in the ethnic profile at local authority area level – the highest BAME population is in Cheltenham (11%).

Table 3: Ethnic profile compared Gloucestershire, South West and England ONS 2011

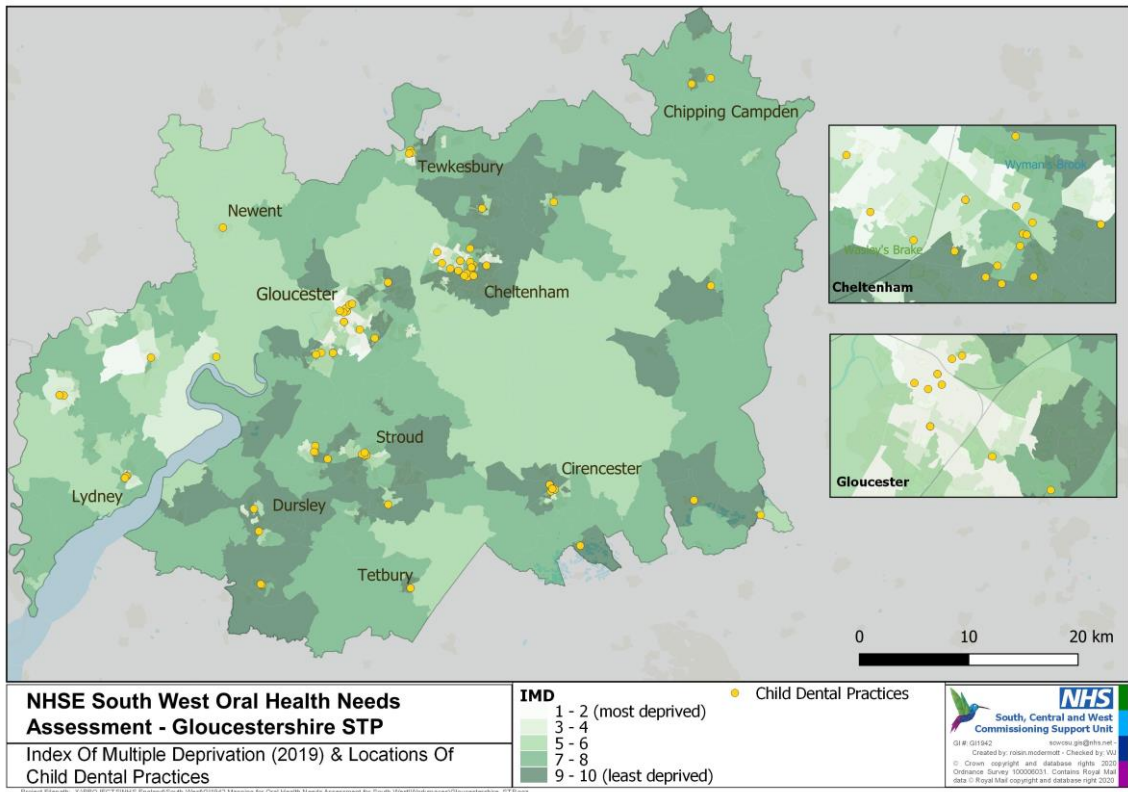
	White - English/ Welsh/ Scottish/ Northern Irish/ British	White – Irish/ Gypsy or Irish Traveller/ Other White	Mixed/ multiple ethnic groups	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Other ethnic group	Ethnic minority (total)	BAME (total)
Gloucester	85%	5%	3%	5%	3%	0.3%	15%	11%
Forest of Dean	97%	2%	1%	1%	0.2%	0.1%	3%	2%
Tewkesbury	94%	4%	1%	1%	0.3%	0.1%	6%	2%
Cotswold	94%	3%	1%	1%	0.3%	0.1%	6%	2%
Stroud	95%	3%	1%	1%	0.2%	0.1%	5%	2%
Cheltenham	88%	6%	2%	3%	1%	0.3%	12%	6%
Gloucestershire	92%	4%	1%	2%	1%	0.2%	8%	4%
South West	92%	4%	1%	2%	1%	0.3%	8%	4%
England	80%	6%	2%	8%	3%	1%	20%	14%

Deprivation

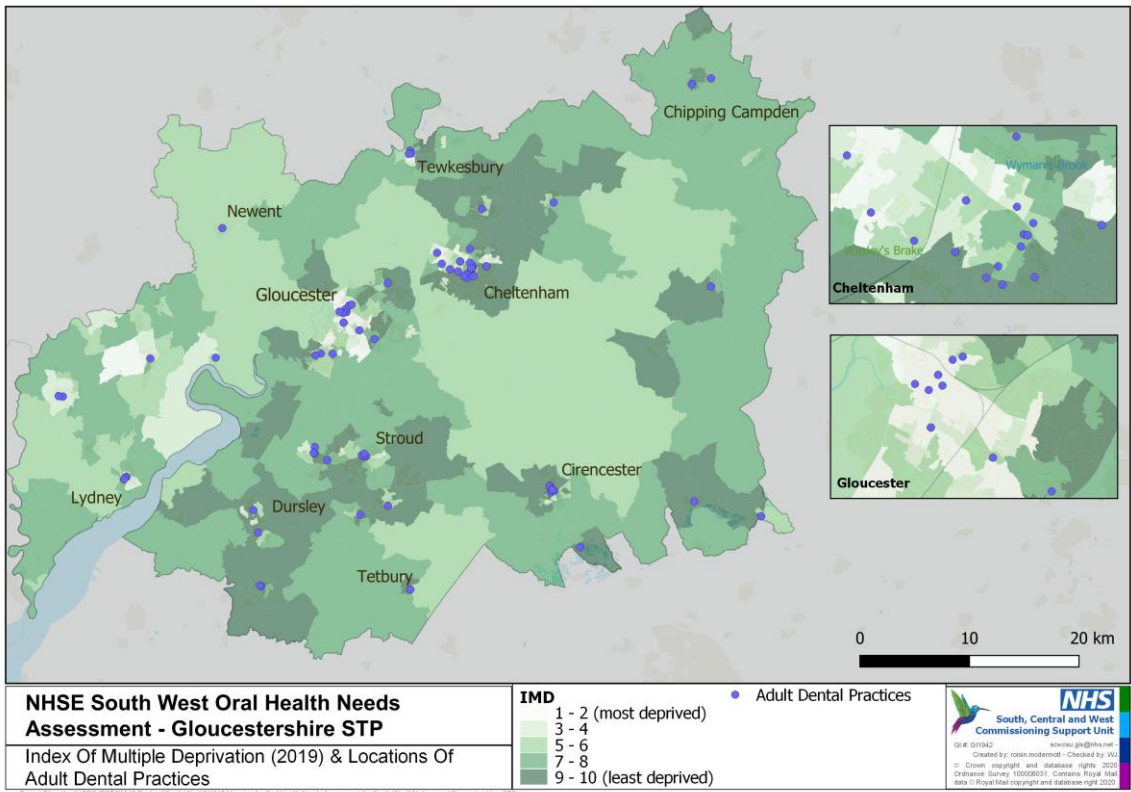
- 3.7 There has been relatively few shifts in terms of the deprivation of Gloucestershire neighbourhoods between 2015 and 2019⁸. The number of neighbourhoods in the most deprived 10% nationally has fallen by one from thirteen in 2015 to twelve in 2019. These twelve areas account for 19,415 people (3.1% of the county population). Nine of these neighbourhoods are in Gloucester, two in Cheltenham and one is in the Forest of Dean.
- 3.8 At the county level, Gloucestershire remains in the least deprived 20% nationally. At district level, only Gloucester and the Forest of Dean have above average levels of deprivation compared with England as a whole, and neither are in the 40% most deprived districts. Cotswold and Stroud have no neighbourhoods in the most deprived 20% nationally. Gloucestershire's worst performing domain is Barriers to Housing and Services, with 19% of Gloucestershire's population living in neighbourhoods in the most deprived 20% nationally for this category. Gloucestershire's best performing domain is Crime, indeed with only 5% of Gloucestershire's population living in neighbourhoods in the most deprived 20% nationally for this domain.
- 3.9 The maps below describe the index of Multiple Deprivation (2019) and sites the location of dental practices that provide for children.

⁸ https://www.gloucestershire.gov.uk/media/2094524/gloucestershire_deprivation_2019_v13.pdf

Map 1: Gloucestershire IMD 2019 Child Dental practices⁹



Map 2: Gloucestershire IMD 2019 Adult Dental practices¹⁰



⁹ NHS South, Central and West Commissioning Support Unit Oct 2020

¹⁰ NHS South, Central and West Commissioning Support Unit Oct 2020

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. It is particularly the case in Cheltenham and Gloucester where from a population density perspective there is a higher level of deprivation per head of population.

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 in 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 during 2016-2018 was 71.7. However for the South West this rate, per 100,000, was lower at 61.9 and lower still in Gloucestershire at 59.7. The adult population diabetes prevalence profile (QoF 2018-19) for England was 6.93% and for the South West this was 6.65% and 6.84% in Gloucestershire. 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, 15.6 in the South West and 16.6 in Gloucestershire. 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 and 38.16 in Gloucestershire. 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	Gloucestershire
Under 75 mortality rate per 100,000 from all cardiovascular diseases ¹¹	71.7	61.9	59.7
Diabetes: QOF prevalence (17+) (%) ¹²	6.93	6.65	6.84
Under 75 mortality rate per 100,000 from respiratory disease considered preventable (Whole Pop) ¹³	19.2	15.6	16.6

¹¹ PHE: Public Health Profiles: Fingertips 2016-18

¹² PHE: Public Health Profiles: Fingertips 2018-19

¹³ PHE: Public Health Profiles: Fingertips 2016-18

Indicator	England	South West region	Gloucestershire
DiPUPR - Respiratory disease (%), Persons, All Ages. ¹⁴	32.17	38.25	38.16

- 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 and health behaviours 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.¹⁵ 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, higher at 56.5% in the South West and it was higher still in Gloucestershire at 60.3%. 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 59.55% and 59.73% in Gloucestershire.

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

Indicator	England	South West region	Gloucestershire
Percentage who eat 5 portions or more of fruit and veg per day at age 15 ¹⁶	52.4	56.5	60.3
Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) ¹⁷	54.61	59.55	59.73

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 stroke³ with an estimated direct cost to the NHS of £1.1 billion and the country of £7.4 billion¹⁸. Guidelines for physical activity suggest adults (aged 16 and over) should have 150 minutes of activity of moderate intensity a week. The Active Lives Survey¹⁹ commissioned by Sport

¹⁴ PHE: Public Health Profiles: Fingertips 2016

¹⁵ The Burden of Food Related Ill Health in the UK; Epidemiology in Community Health Dec 2005

¹⁶ PHE: Public Health Profiles: Fingertips 2014-15

¹⁷ PHE: Public Health Profiles: Fingertips 2018-19

¹⁸ PHE: Everybody active everyday Oct 2014

¹⁹ Sport and physical activity levels Adults aged 16+ Nov 18 – Nov 18 % published Sport England Active Lives 23rd April 2020

England and the PHE Physical Activity survey data²⁰ differ slightly in their definition of activity and what this includes. PHE include non-recreational exercise i.e. gardening within their assessment of activity. The Active People data shows that the South West region has a slightly higher level of active residents, with 67.4% as does Gloucestershire with 67.5% as compared to England with 63.6%. Correspondingly the level of inactive residents is 20.8% in the South West as compared to 24.6% for England and 20.8% in Gloucestershire.

Table 6: Physical activity levels national, regional and local

Indicator	England	South West region	Gloucestershire
Active (150+ minutes a week)	63.6	67.4	67.5
Fairly Active (30-149 minutes a week)	12.2	11.8	11.7
Inactive (<30 minutes per week)	24.6	20.8	20.8
% Active (150+ mins a week)	57	59.2	61.5
% Some activity (90-149 mins a week)	6.9	7.1	6.9
% Low activity (30-89 mins a week)	7.4	7.3	7.8
% Inactive (<30 mins)	28.7	26.3	23.8

Obesity (Child and Adult)

- 4.6 Whilst not a health-related behaviour by definition, being overweight or obese 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 2015²¹.
- 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 South West and Gloucestershire profiles for Reception and Year 6 prevalence of overweight including obesity are slightly below the England prevalence. The South West and Gloucestershire 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 Gloucestershire at 60.66%.

²⁰ PHE: Physical activity levels among adults in England, 2015

²¹ Health matters obesity and the food environment PHE March 2017.

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

Indicator ²²	England	South West region	Gloucestershire
Reception: Prevalence of overweight (including obesity) (%)	22.59	22.05	22.03
Year 6: Prevalence of overweight (including obesity) (%)	34.29	29.88	31.90
Reception: Prevalence of obesity (including severe obesity) (%)	9.68	8.74	9.17
Year 6: Prevalence of obesity (including severe obesity) (%)	20.22	16.52	18.62
Percentage of adults (aged 18+) classified as overweight or obese (%)	62.34	61.35	60.66

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 To avoid the risk of alcohol-related harm, the recommended limits 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) and more, respectively, are higher risk drinkers and are exposed to greater harm. The proportion of adults over the age of 16 years who are higher risk drinkers is described below, with the South West, at 3.21% being below the England average at 4.04%. In Gloucestershire, the admission episodes for specific alcohol conditions were lower than in both the South West and England. The alcohol related mortality per 100,00 in Gloucestershire was lower than both England and the South West rates.

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

Indicator	England	South West region	Gloucestershire
Admission episodes per 100,000 for alcohol-specific conditions ²³	869.25	814.97	710.55
Alcohol-related mortality per 100,000 ²⁴	46.54	45.55	43.60
Admission episodes for alcohol-related conditions (Broad) per 100,000 ²⁵	2367.40	2142.39	1922.21

²² PHE: Public Health Profiles: Fingertips 2018-19

²³ PHE: Public Health Profiles: Fingertips 2018-19

²⁴ PHE: Public Health Profiles: Fingertips 2018

²⁵ PHE: Public Health Profiles: Fingertips 2018-19

Estimated weekly alcohol consumption, by region: More than 14, up to 35/50 units (increasing risk) Age Standardised % ²⁶	18.18	19.56	
Estimated weekly alcohol consumption, by region: More than 35/50 units (higher risk) Age Standardised % ²⁷	4.04	3.21	

Smoking prevalence

- 4.11 Tobacco increases the risk of cancers and chronic respiratory and circulatory disease.²⁸ 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 in with 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 slightly higher still in Gloucestershire at 11.07%. 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 and 15.57% in Gloucestershire. The GP Survey in 2018-2019 showed that 14.5% of over 18-year-olds were smokers compared to 13.7% in the South West and 12.65% in Gloucestershire.

Table 9: Smoking prevalence rates national, regional and local

Indicator	England	South West region	Gloucestershire
Smoking status at time of delivery (%) ²⁹	10.59	10.91	11.07
Estimated smoking prevalence (16+) (QOF) ³⁰	17.19	16.50	15.57
Smoking prevalence in adults (18+) - current smokers (GPPS) ³¹	14.46	13.75	12.65

²⁶ Health Survey for England 2018

²⁷ Health Survey for England 2018

²⁸ WHO

²⁹ PHE: Public Health Profiles: Fingertips 2018-19

³⁰ PHE: Public Health Profiles: Fingertips 2018

³¹ PHE: Public Health Profiles: Fingertips 2018-19

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 toothpaste to control, prevent and arrest 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%) compared to 73% in England.

5 Transport and Communications in Gloucestershire

- 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 provision³². 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 the 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 where people live, 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'³³ 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

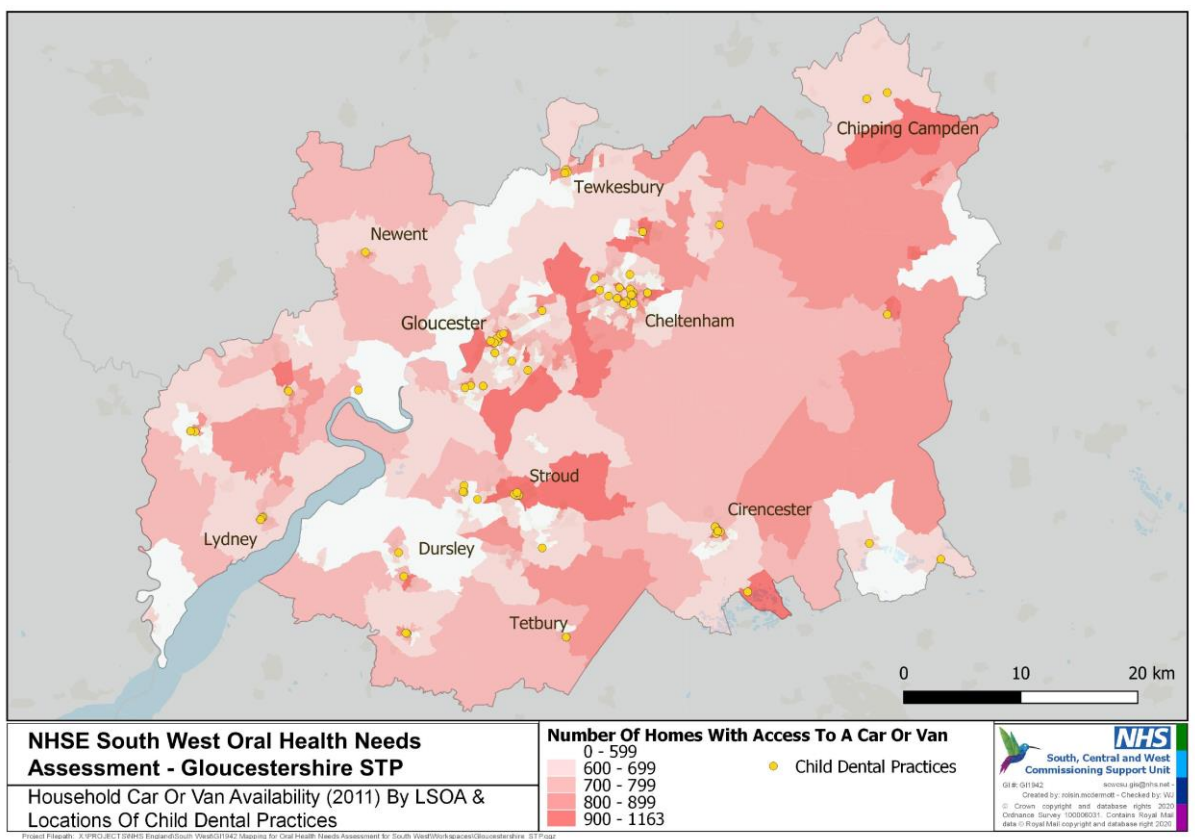
³² Inequalities in Mobility and Access in the UK Transport Social and Political Science Group, Institute for Transport Studies, University of Leeds March 2019
Systemhttps://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784685/future_of_mobility_access.pdf

³³ 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

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.

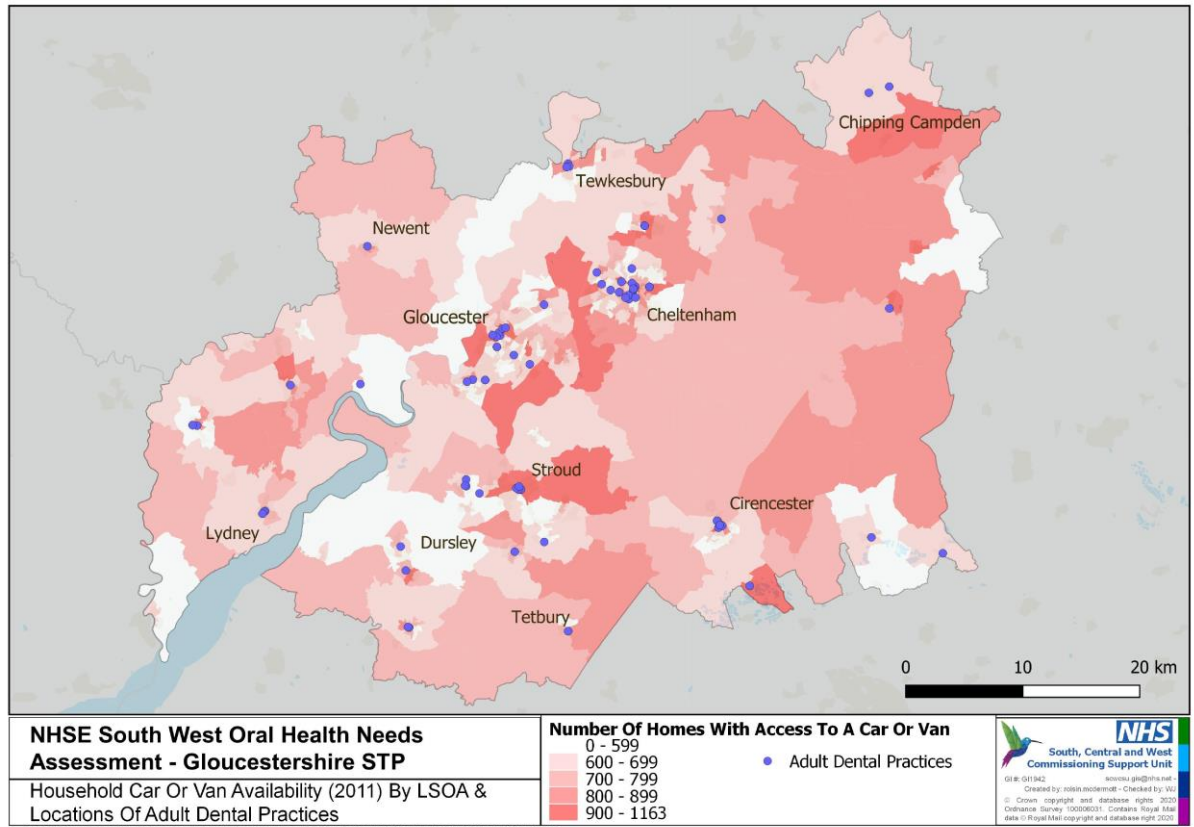
5.4 The recent public and patient survey has shown that 87.5% of respondent travelled to their local dentist by car, none by public transport and 14.3% by walking/bicycle. To support this OHNA we have worked with the NHSE South West Commissioning Support Unit to identify the level to which people across the area have access to a car or a van. This has been overlaid with the location of dental practices which provide for both children and adults.

Map 3: Household Car or Van availability (2011) by LSOA and locations of Child Dental Practices³⁴



³⁴ 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 Practices³⁵



5.5 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 lack of high street dentistry.

6 National Dental Epidemiology Research Findings

6.1 The table below sets out the headline findings for Gloucestershire 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 Gloucestershire

3-year-old 2013	England	South West region	Gloucestershire
3-year-old % tooth decay (% d3mft > 0 including incisors)	11.7	10.4	12.6
3-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.36	0.31	0.31

³⁵ NHS South Central and West Commissioning Support Unit Oct 2020

5-year-olds 2019	England	South West region	Gloucestershire
5-year-old % tooth decay (% d3mft > 0 including incisors)	23.4	20.4	19.5
5-Year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.8	0.6	0.7
5-Year-old Number of teeth with decay experience (Mean d3mft including incisors) 2017	0.80	0.60	0.7
Care Index % (ft/d3mft)	10.3	10.9	14.4
12-year-olds 2008-09	England	South West region	Gloucestershire
12-year-old % tooth decay (% d3mft > 0 including incisors)	33.4%	33.3%	24.6%
12-year-old Number of teeth with decay experience (Mean d3mft including incisors)	0.74	0.73	0.47
12-year-old Care Index % (ft/d3mft)	47%	47%	51.7%
Adults in Practice 2019	England	South West region	Gloucestershire
Adult in Practice % with a functional dentition	81.9	82.2	88.8
Adult in Practice % with active decay (DT>0)	26.8	31.5	15.3
Adult in Practice Average number of decayed teeth (for those with active decay)	2.1	1.9	1.7
Adult in Practice % with filled teeth	90.2	90.8	92.9
Adult in Practice % with dentures	15.4	14.4	9.2
Adult in Practice % with bleeding on probing	52.9	69.2	68.7
Adult in Practice % with PUFA	5.2	6.5	3.1
Adult in Practice % with any treatment need	70.5	81.9	60.2
Adult in Practice % with an urgent treatment need	4.9	8.2	4.3

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 Gloucestershire 69 practices were commissioned to deliver 798,979 UDAs. (Table 16). The amount dentists were paid per UDA varied considerably from £20.87 to £35.23.

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
Gloucestershire STP	95	72	69	798,979	£25.04 (Lowest £20.87 to highest £35.23)	8
Total	748	681	705	8,520,528	-	53

Numbers of Dentists³⁶

- 7.5 In 2019/2020 there were 2,664 dentists in the South West delivering NHS dentistry. This represented 48 dentists per 100,000 people which is slightly higher than the national average of 44 per 100,000. In Gloucestershire this represented 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 and in Gloucestershire 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 Gloucestershire it is 2,005. In 2019/2020 Gloucestershire saw an increase of 1 dentist (0.3%).

Table 12: Number of dentists with NHS activity, for years ending 31 March, England - NHS England region geography and CCG³⁷

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 Gloucestershire CCG	1	0.3	316	2,005	50

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 Gloucestershire, compared to the average for the South West.

Table 13: Average UDAs commissioned per head of population.

Area	Average UDAs commissioned per person (n)
Gloucestershire	1.26
Average for South West	1.52

³⁶ NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics/2019-20-annual-report>

³⁷ 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 disease³⁸. 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 teams³⁹. The indicator used to assess dental access in children is the number of separate 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 Gloucestershire, the access level for child patients was 53.0%, below both the South West and England percentages (Source: NHS Dental Services: NHS Business Services Authority: June 2020).

Adults

- 7.10 The indicator used to assess dental access in adults is the number of unique people accessing dental services over the previous 24 months. This metric is based upon NICE guidance, which recommends the longest interval between dental recalls⁴⁰.
- 7.11 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 Gloucestershire, the access levels for adults was 39.82%, below both the South West and England levels. (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 LA⁴¹

Area	Adult % of pop.	Child % of pop
England	47.1	52.7
South West	47.3	54.1
Gloucestershire County Council	39.8	53.0

- 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

³⁸ 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>]

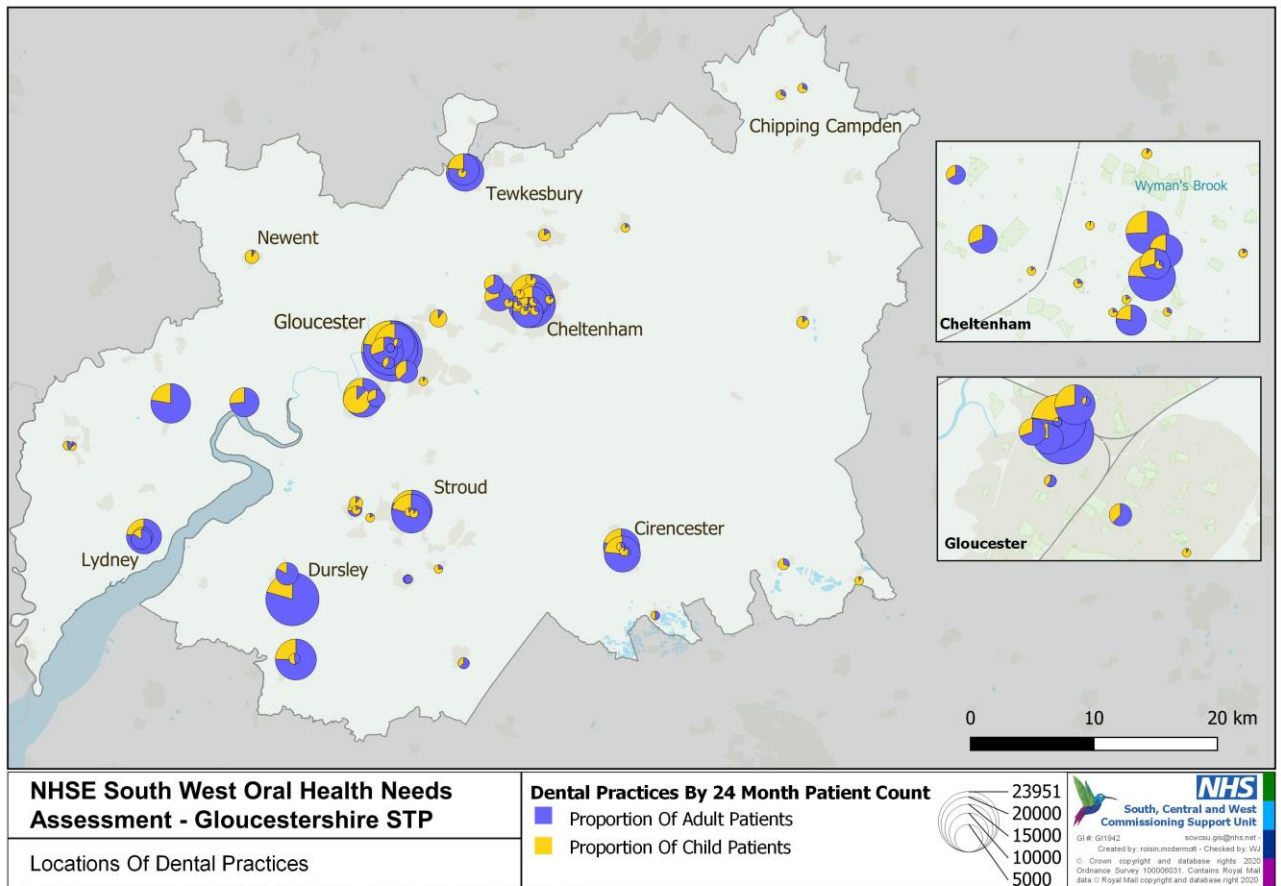
³⁹ <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

⁴⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215663/dh_126005.pdf

⁴¹ NHS Dental Services, NHS Business Services Authority (BSA).

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 Patients⁴²

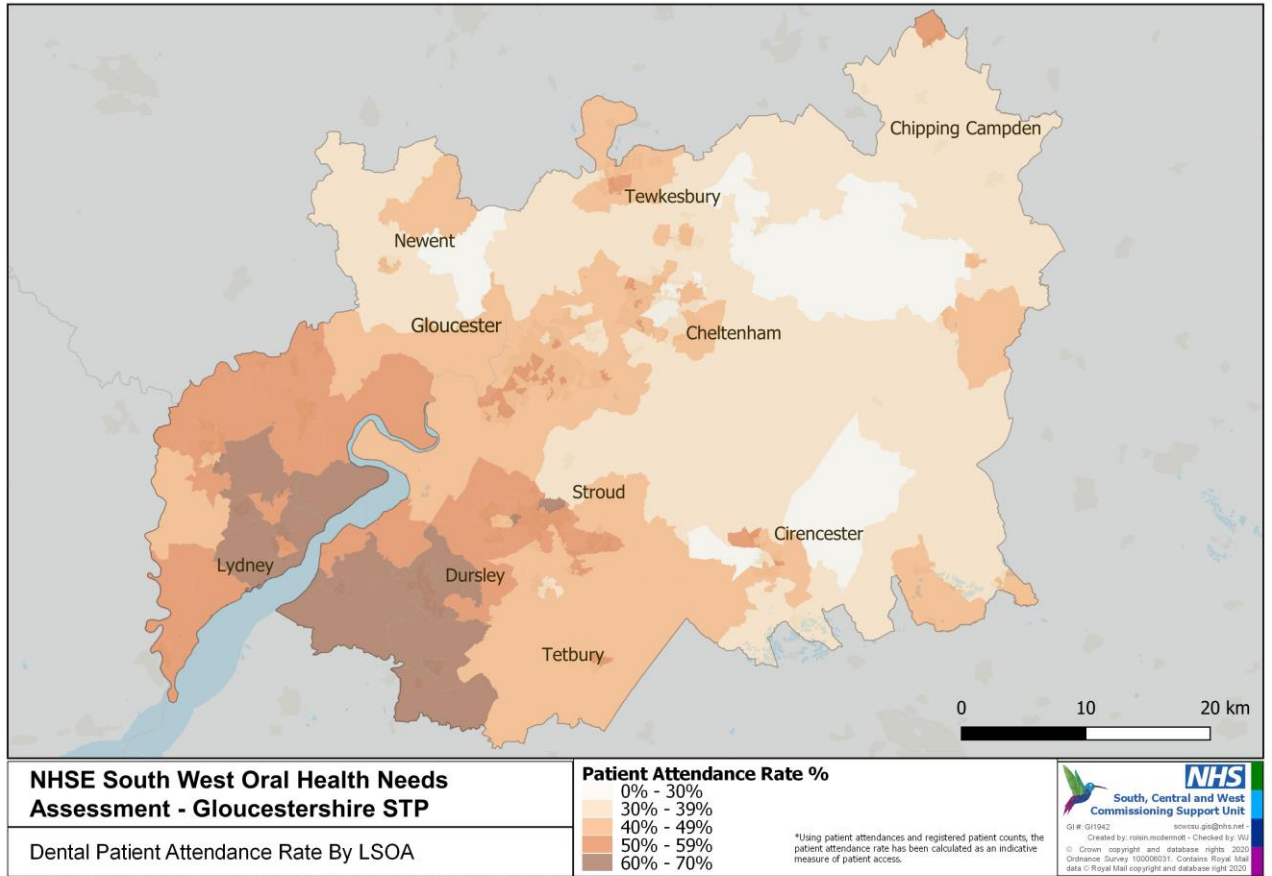


7.13 Considerable concerns were raised through the patient and public survey to suggest that there is great difficulty to access NHS dentistry in the county. Practices that have NHS patients are presented in this map. A key issue is the geographical spread of the practices, which inevitably seem to be linked to the major towns across the county. Moreover, there is no indication as to whether these practices are taking on new patients and for this OHNA there was 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. 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 with a greater population.

⁴² NHS South, Central and West Commissioning Support Unit Oct 2020

Map 6: Dental Patient Attendance Rate by LSOA (%)⁴³



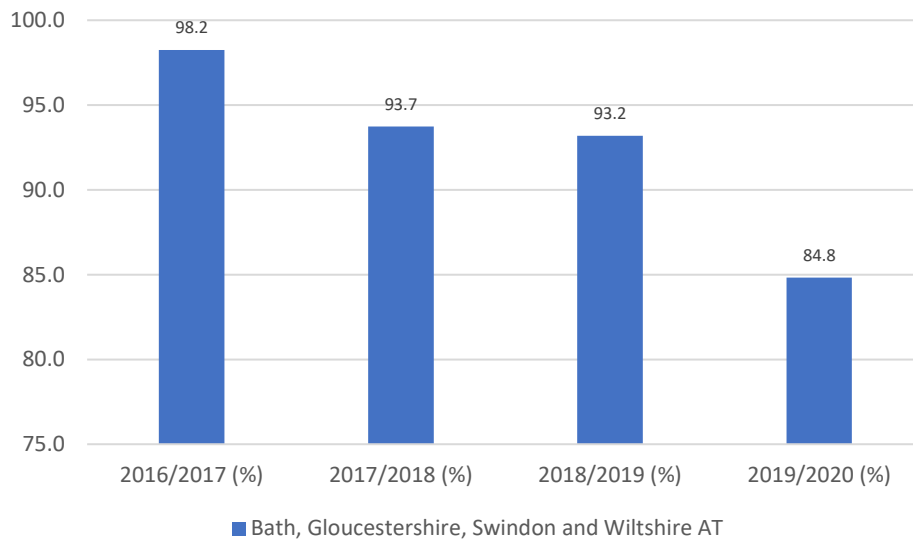
⁴³ NHS South, Central and West Commissioning Support Unit Oct 2020

UDA/Contract performance

7.15 In England in 2015/2016, £54,505,326 was recovered 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.

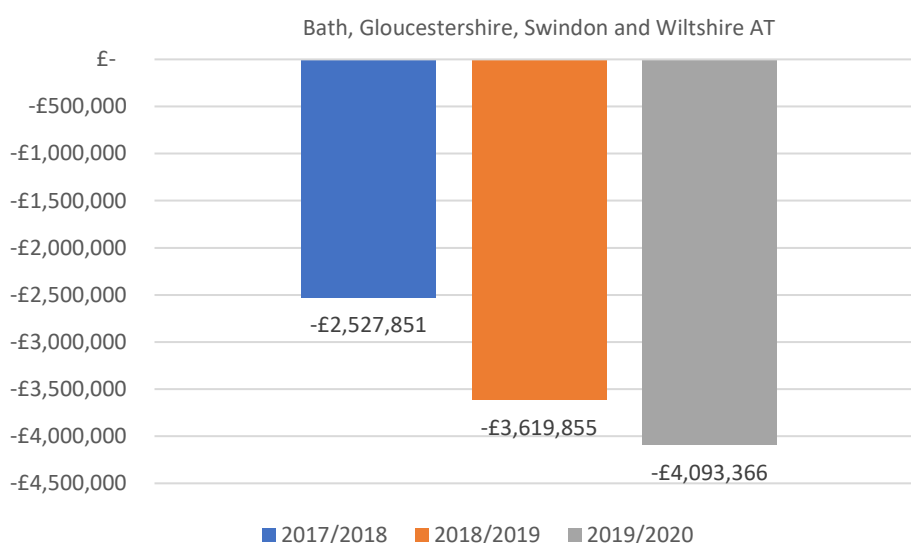
7.16 The chart below presents the achievement against target for dentistry funded through the UDA system for Gloucestershire. The chart below shows the percentage of UDAs achieved against target.

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 UDA recovery for underdelivered activity value in £ by sub-region across the South West. It shows a sizeable level of clawback each year. 2019/2020 was a particularly significant year with £4,093,366 clawed back 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. This suggests that people needing more complex care may face additional barriers to accessing care. However, in Gloucestershire's case there are higher numbers of Band 1 treatment and lower numbers of urgent care.

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 Gloucestershire CCG	64.47%	23.89%	3.34%	8.03%
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 for those greater 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 teeth⁴⁴.
- 7.21 In 2018-2019 there were 599,188 fluoride varnish application in the South West, unfortunately this data is not available for 2019-2020. In 2018-2019 the % of the population that have received fluoride varnish was 42.8% for children and 1.2% of adults. In Gloucestershire there were 73,787, representing 12.2% of the regional applications. 11.2% were for adults and 88.9% were for children. This represented 11.6% of the population - 1.7% of adults, slightly above the South West proportion and 51.3% of children, above the South West proportion.

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

Fluoride Varnish	Fluoride Varnish Count	Regional %	CCG % by age	Population in 2018 (ONS 2018)	Fluoride varnish as a % of the population
NHS Gloucestershire CCG	73287	12.2%		633,558	11.6%
Adult (over 18)	7523	1.3%	10.3%	505,422	1.5%
Child (u18)	65764	11.0%	89.7%	128,136	51.3%
South West	599188	100.0%		6,332,319	9.5%
Adult (over 18)	59207	9.9%		5,070,946	1.2%
Child (u18)	539981	90.1%		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 present 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.

⁴⁴ <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002279.pub2/full>

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 provided by dental students who are supervised by GDC registered staff.
- 7.25 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

- 7.26 Domiciliary oral healthcare is provided to those 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 will ensure the facilitation of a reasonable alternative route for older people and vulnerable groups in accordance with the Equality Act 2010.
- 7.27 The table below presents the primary care service in Gloucestershire that provides domiciliary care. Data previously outlined in this section describes the demographic characteristics of the population – that is more people of retirement age and less people of working age living in Gloucestershire. This may suggest a greater need for domiciliary care. Therefore, commissioners might consider if there is adequate provision of domiciliary dental care in Gloucestershire to meet future needs. 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
Community Dental	Gloucester	418 patients that meet the CDS service criteria

- 7.28 Access to urgent care is a 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.
- 7.29 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.
- 7.30 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, which is slightly above the proportion of urgent care nationally at 9.5%.

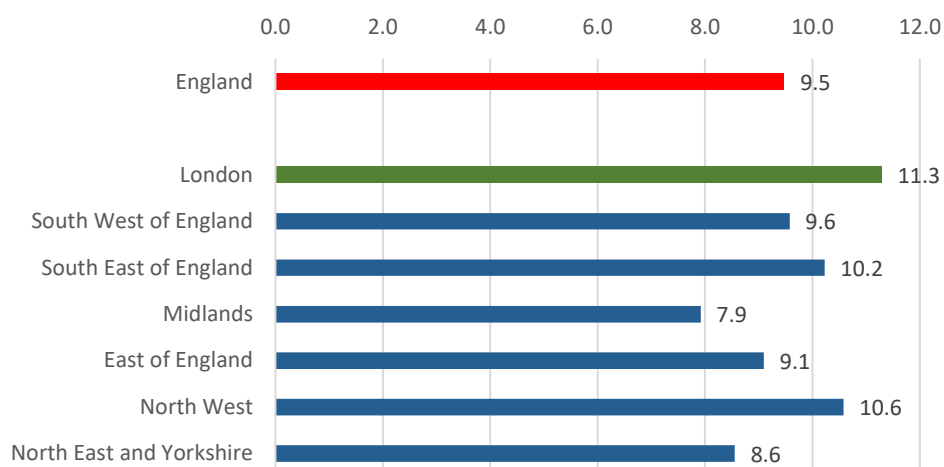
Table 19: Number and percentage of Courses of Treatment by NHS Commissioning Region1 and treatment band, 2019-20 (NHS Dental Services, NHS Business Services Authority (BSA))⁴⁵

Org Name	Urgent	Urgent (%) ⁴⁶
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%

⁴⁵ Data is affected by COVID-19.

⁴⁶ Figures presented are rounded

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)

- 7.31 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 %).⁴⁷
- 7.32 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%. 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. Gloucestershire seems to have lower levels of urgent care across the board when compared to the South West.

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 Gloucestershire CCG		
Urgent/Occasional	Child	3.4%
	Non-paying adult	13.4%
	Paying adult	9.7%
South West		
Urgent/Occasional	Child	4.0%
	Non-paying adult	16.4%
	Paying adult	10.8%

⁴⁷ 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)

- 7.33 In Gloucestershire in 2019/2020, 3.4% of urgent care was for Children compared to 4.4% for the South West, 13.4% was for non-paying adults as compared to 16.4% for the South West and 9.7% was for paying adults compared to 10.8% in the South West.

Oral Cancer

- 7.34 Mouth cancers make up 2% of all new cancers in the UK⁴⁸. 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) and in Gloucestershire it is 13.38 - higher than the South West rate and lower than the England rate.

8 Oral Health Improvement

- 8.1 Gloucestershire have an Oral Health Plan (July 2019) which has adopted an evidence-based approach. It was perceived that a multi-stranded, and multi-agency strategic plan is needed to improve oral health by tackling the causes of diseases at multiple levels, through a combination of universal and targeted actions.
- 8.2 The three aims of this action plan are to:
- Tackle social determinants and lifestyle behaviours shared by common chronic diseases (including oral diseases).
 - Integrate oral health with other health improvement work.
 - Commission oral health specific interventions.
- 8.3 This plan has been coproduced with stakeholders and will be delivered through a whole systems approach. In applying this evidence, the plan has prioritised the following:
- Prioritise oral health within the Council.
 - Ensure oral health is a key health and wellbeing priority
 - Undertake an oral health needs assessment
 - Develop an oral health strategy.
 - Routinely identify opportunities to include oral health.
 - In services that support vulnerable people
 - In health and wellbeing policies
 - In training of frontline health and social care staff
 - In strategies and prevention programmes for vulnerable groups, e.g. early years, older adults, people with substance misuse issues.

⁴⁸ State of mouth Cancer UK Report 2018-2019
<https://www.dentalhealth.org/Handlers/Download.ashx?IDMF=21dc592b-d4e7-4fb2-98a9-50f06bed71aa>

- Create supportive environments.
 - Promote oral health in public service environments
 - Oral health is promoted in the workplace
 - Oral health is promoted as part of a 'whole-school' approach.

- Actively support children to maintain healthy mouths.
 - Commission training for health and social care staff working with children
 - Commission oral health promotion services for children at high risk of poor oral health.

- Actively support adults to have healthy mouths.
 - Commission training for health and social care staff working with adults at greater risk of poor oral health
 - Commission oral health promotion services for adults at high risk of poor oral health.