NHS England

Dental and oral health specification

For children and young people in secure settings (CYPSS)

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Contents

Guidance notes – *Guidance notes are in italics*

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SERVICE SPECIFICATION

NHS England is the commissioner of healthcare services for children and young people secure settings (CYPSS). NHS England regional commissioners may retain the structure of this model service specification template or determine their own in accordance with the Standard Contract Technical Guidance. Integrated care systems (ICSs) must not amend it.

1.1 Service name	• Dental and oral health specification for children and young people in secure settings
1.2 Service specification number	• XXX • *Insert the existing specification number where the specification is being amended. If it is a new specification, the new number will be assigned by xxx.*
1.3 Date published	• XX/XX/XXXX • *Insert the date the new or revised specification was published on the NHS England website.*
1.4 Accountable Commissioner	• XXX • *Insert regional commissioner title e.g., South West Health & Justice commissioner*
2. Service overview	
Children in secure settings are entitled to service provision that is at least equivalent to that available for children living in the community. To offer children equivalent care, services need to work with children in secure settings to develop safe, trusting relationships. This service specification should be implemented in line with the requirements set out in the Children and Young People in Secure Settings (CYPSS)[1] Healthcare Standards and the Overarching Specification for CYPSS.	

[1] Throughout these specifications we will refer to the both the Children and Young People Secure Estate (CYPSE) and secure settings (CYPSS); this covers Young Offender Institutions, Secure Training Centres and Secure Children's Homes inclusively and the Secure School in the future.

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3. Demographics & evidence base
3.1 Population covered
• Age: Children aged 10 to 17 years old placed in the Children and Young People Secure Estate (CYPSE)[2] on justice or welfare grounds.[3] • Gender: The CYPSE is an all-gender service.
3.2 Minimum population size
This service is available to all children placed in the CYPSE.
3.3 Evidence base
This section is for commissioners to complete based on Health and Wellbeing Needs Assessment and information from electronic health records (such as SystmOne) for their own local population.
4. Service Aims and Outcomes
4.1 Service Aims
The service aim is to deliver safe, effective, personalised, and comprehensive integrated dental and oral health care to children in the setting.[4] Dental providers should feed into the wider setting whole systems approach to encourage and support children and their communities to use their knowledge, experience, and insight to design and evaluate the services that are on offer, the way that they are delivered and their accessibility and relevance, using a co-production approach (see CYPSS standards 12.5.4 and 13.5.5).

[2] Throughout these specifications we will refer to the both the Children and Young People Secure Estate (CYPSE) and secure settings; this covers Young Offender Institutions, Secure Training Centres and Secure Children's Homes inclusively and the Secure School in the future.

[3] Grounds for placement:

- Sentenced to a Detention and Training Order (DTO) – under section 100 of the Powers of Criminal Courts (Sentencing) Act 2000 (PCC(S)A.
- Sentenced for a serious offence – under section 90 or 91 of PCC(S)A or section 226, 226b or 228 of the Criminal Justice Act 2003 (CJA).
- Remanded by the court to custody – under section 91(4) of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPOA).
- Placed in a secure children's home on welfare grounds under Section 25(6) Children Act 1989.

[4] While many providers use community dental services, this specification outlines what the service should provide for children and young people in secure settings

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We recognise that children who are placed in secure settings are some of the most vulnerable in our society, and that they are more likely than their peers to have mental health and neurodevelopment healthcare needs, as well as other additional needs.

NHS England and partners are committed to delivering healthcare services through the principles of the Framework for Integrated Care. See overarching healthcare specification section 4.1 for further details.

Individual care and treatment plans should be guided by a trauma-informed formulation, developed with the child, family/carers/next of kin (where appropriate) and multiagency professionals in a culturally sensitive way to ensure a shared understanding and collaborative working.

Healthcare staff take the child or young person's views, wishes and feelings into account in relation to matters affecting their healthcare, in line with the child or young person's level of understanding. This is balanced against what the healthcare professional judges to be in the child's best interests.

Providers should encourage and support children and their communities to use their knowledge, experience and insight to design and evaluate the services that are on offer, the way that they are delivered and their accessibility and relevance, using a co-production approach.[5]

4.2 Service Outcomes

Nationally collected outcomes

See overarching healthcare specification, section 4.2

Regionally collected outcomes

See overarching healthcare specification, section 4.2

5.0 Service

5.1 Service description

The dental and oral health needs of children placed in secure settings often differ to those in the community, this cohort of children may:

- Have a higher likelihood of having been subjected to trauma or severe neglect.
- Have challenges in developing secure attachments.
- Have experienced high levels of social disadvantage, such as bereavement, loss, homelessness, abuse, being a young parent, substance abuse, poor diet,

[5] Co-production is a partnership approach between a practitioner and young person that allows each to learn from the other, draws on the strength and knowledge of both and allows all to experience a more balanced power dynamic within the relationship. This can enhance the child's ownership of services, create a vested interest and respond to their needs. From: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066121/2022-04-01_Managing_and_Minimising_Separation_in_the_CYPSE.

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experience of bullying/harassment, exposure to domestic violence and other adverse childhood experiences.

- Have multi-layered, unmet, and complex needs.
- Not be accessing services in a timely manner in the first place, despite high levels of need.

See overarching healthcare specification section 5.1 for the service outline. In addition to this, the dental and oral health service should:

- Deliver a dental and oral health service which meets the needs and improves the oral health of all children accommodated within the secure setting, incorporating plans for both in-hours and out of hours services, based on clinical need.
- Be visible both to staff and children and accessible both in terms of venue and timings of sessions.
- Be staffed by a dental team that has a good skill mix, such as dentists, extended duty dental nurses and dental therapists.
- Provide expert contribution to case reviews where appropriate. For some dental services, this may only be possible in written format.
- Ensure all staff working directly with children are aware of the dental and oral health team and how to refer and access support as required.
- Offer training to all staff in dental and oral health and health promotion.
- Work collaboratively within the secure setting to develop and deliver a joint approach to health promotion.
- Enable rapid referral for assessment of previously undiagnosed dental and oral health conditions.
- Ensure children are aware what the dental and oral health services comprise of and who to talk to about it. Children can refer themselves to the service if needed.
- Deliver services to children that are accessible according to their speech, language, and communication needs. This may include provision of interpreting services and/or referral to speech, language and communication services where it becomes clinically indicated.
- Promote access to activities likely to benefit oral health, and if appropriate work with voluntary and community organisations. Provide advice on whether

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practice and policies are adversely affecting the dental and oral health of children in the secure setting.

- Provide contribution to Serious Investigations and Patient Safety incident reports.
- Provide local authorities and/or courts with information (where necessary) to help inform long term planning and placement decisions for children.
- Identify and make reasonable adjustments to ensure appropriate care delivery where required.
- Support the setting to consider the links to services following transition to the community, another secure setting or adult secure settings.
- Provide enhanced communication strategies when engaging with all children and young people. Staff are adequately trained to use these strategies.
- Ensure staff follow the approach outlined in ‘Mini Mouth Care Matters’.
- Ensure enhanced support is available from the setting’s healthcare provider for children with the most complex needs.
- Ensure dental teams are available for children with dental and oral health needs.
- Provide children with access to NICE recommended interventions for specific health conditions.
- Give the opportunity for dental and oral health staff to provide support to health and non-health staff to improve the dental and oral health of children in line with ‘Mini Mouth Care Matters’.

Achieving oral health will require the provision of:

- Initial assessment and oral health advice (including diagnostics and care planning)
- Getting children out of pain (the provision of urgent dental care)
- More intensive oral hygiene instruction and behaviour modification to ensure clinical/surgical interventions are successful (including the use of skill mix for delivery e.g., dental therapists and extended duty dental nurses)
- Stabilisation of the dentition/mouth and gingival health
- Definitive treatment dependent on time constraints (due to length of stay in each setting) and patient compliance with oral hygiene (as advanced treatments may not be appropriate if plaque control is poor)
- Ensuring orthodontic treatment is continued where started and the patient has been appropriately referred

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- Equipping children with necessary skills to maintain oral health on transition and are registered with an NHS dentist in the community.

Commissioners should use the following guidance to inform locally developed protocols in conjunction with other healthcare providers:

- https://www.england.nhs.uk/long-read/clinical-standard-for-urgent-dental-care/

Local determination is required, but should be based on the above and at a minimum must include:

- In life-threatening medical emergencies, children should be transferred to Accident and Emergency immediately.

Dental emergencies include the following conditions, which require contact with a dentist or other appropriate clinician within one hour and are treated in a timescale appropriate to the severity of the condition:

- Trauma including facial/oral laceration and/or dentoalveolar injuries, for example avulsion of a permanent tooth
- Oro-facial swelling that is significant and worsening
- Post-extraction bleeding that the patient is not able to control with local measures
- Dental conditions that have resulted in acute systemic illness or raised temperature because of dental infection
- Severe trismus
- Oro-dental conditions that are likely to exacerbate systemic medical conditions such as diabetes (that is lead to acute decompensation of medical conditions such as diabetes)

Urgent dental problems include the following conditions, which should receive self-help advice and treatment within 24 hours:

- Dental and soft-tissue infections without a systemic effect
- Severe dental and facial pain: that is, pain that cannot be controlled by the patient following self-help advice (antibiotics, analgesics and advice)
- Fractured teeth or tooth with pulpal exposure

Multi-disciplinary working
See overarching healthcare specification, section 5.1.

Record keeping

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See overarching healthcare specification, section 5.1. **Prescribing** See overarching healthcare specification, section 5.1.
5.2 Additional vulnerabilities and health inequalities
See overarching healthcare specification, section 5.2.
5.3 Pathways
These pathways have been developed following the 2022 audit of the commissioning and provision of dental and oral health in the CPYSE. Whilst these pathways are comprehensive, local commissioners do not need to use these and can include their own or ask potential providers to create a pathway in this section in order to best meet the needs of their patients.

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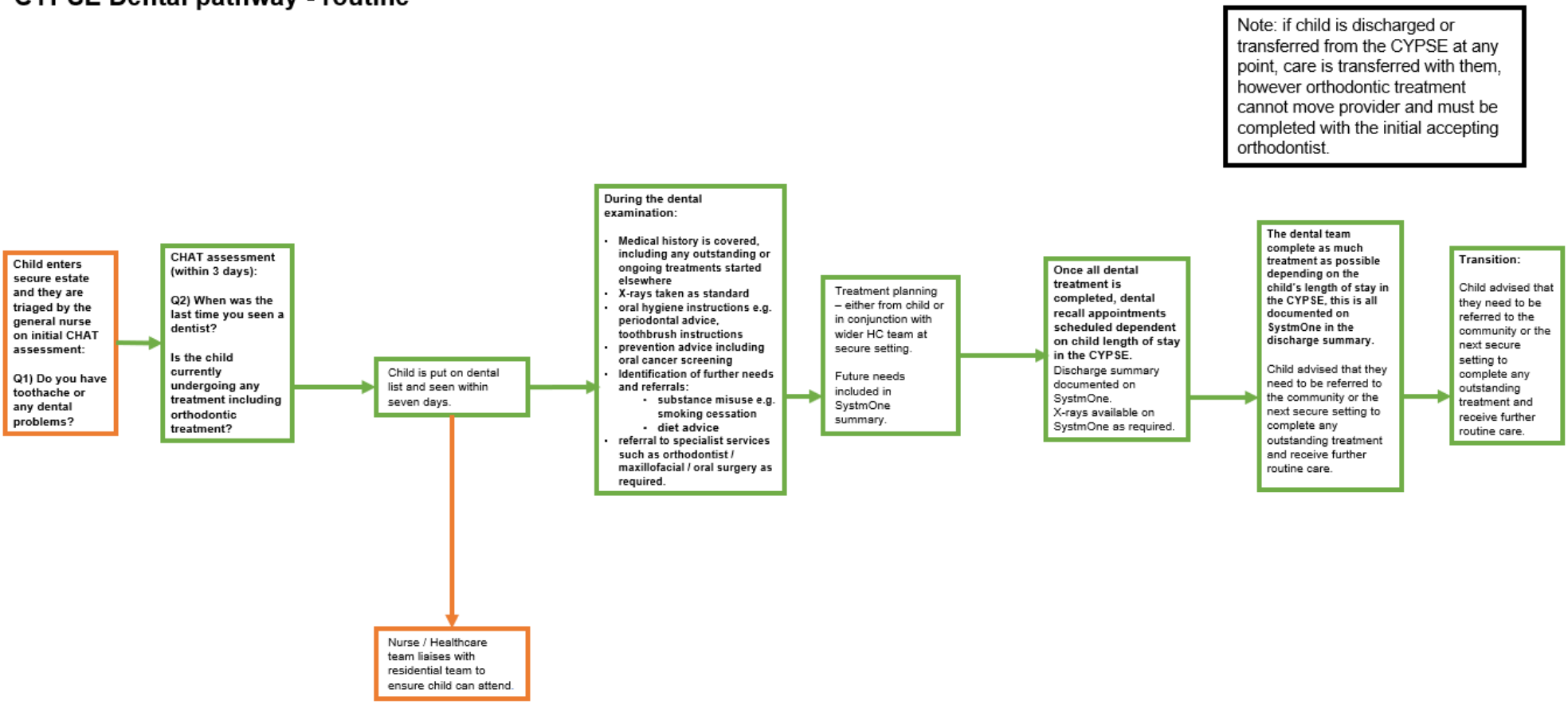
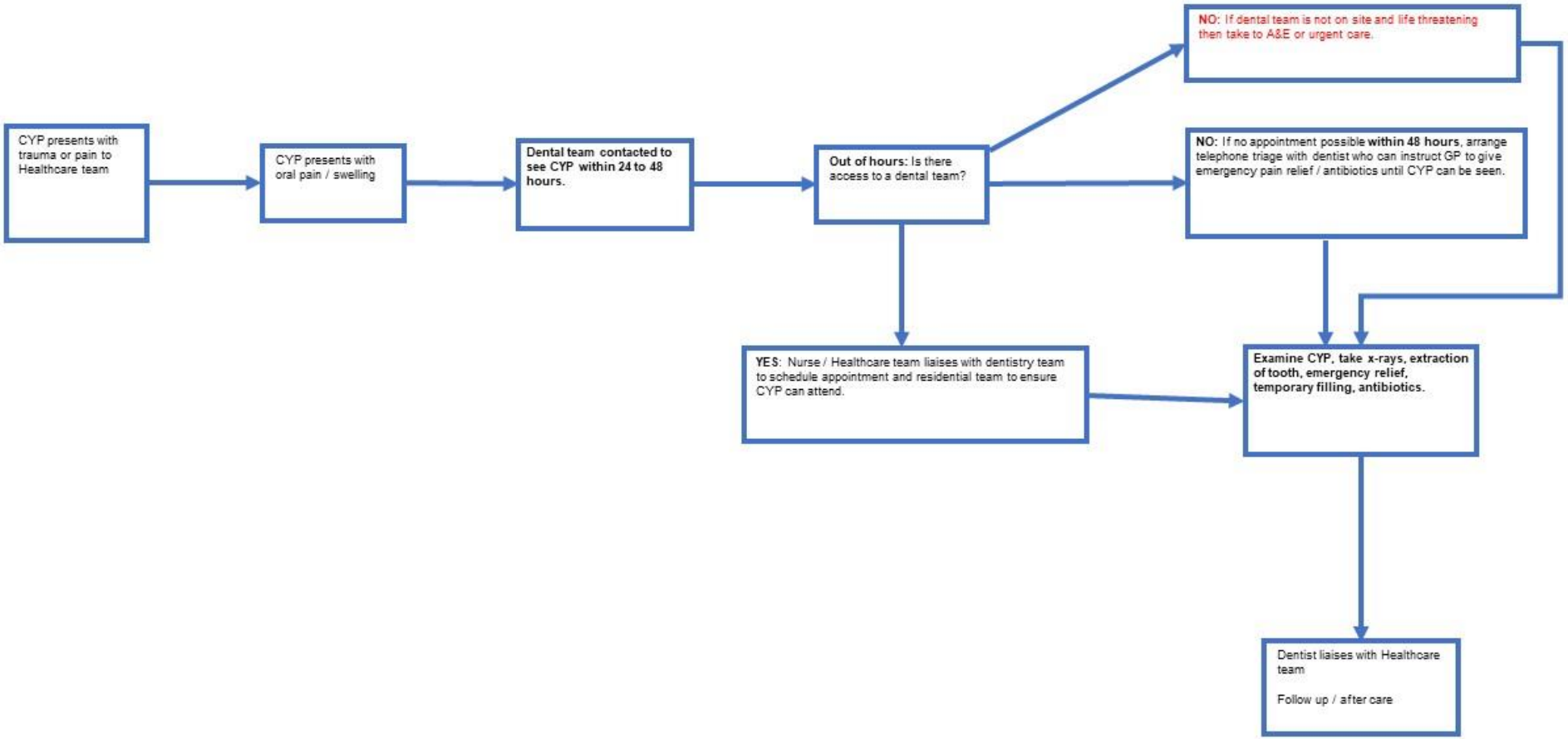
CYPSE Dental pathway - routine



CYPSE Dental pathway – pain / trauma



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5.4 Clinical networks

See overarching healthcare specification, section 5.4.

5.5 Staffing

The dental service will adhere to the requirements within the Personal Dental Services (PDS) agreement specified by NHS England. This specification and the PDS Agreement should both be read in conjunction with 'Oral healthcare in prison and secure settings in England' (British Dental Association, 2012).

The appropriate skill mix of dental staff will vary according to the setting. Successful models include teams using the full range of dentists, dental hygienists and therapists, and dental nurses including extended duty dental nurses (EDDNs) for oral hygiene instruction and health promotion.

The workforce must have regular contact with other dental professionals working in secure settings, supported through protected time allocation. This is particularly important for dentists working in secure settings due to the risk of professional isolation, and the need to address the particular challenges to providing equivalent dental surgery and care for patients in a secure setting.

To ensure dentists can learn from each other, peer review should be a main component of protected sessions. Peer review is an important aspect of quality assurance where dental care is provided with little interaction with other dental professionals.

Appropriate Continued Professional Development (CPD) is required by the General Dental Council and differs for every dentist based on their Personal Development Plan. Whilst limited CPD specific to secure settings may be useful in these sessions, this would not be a main component of protected sessions and it should be clarified that these are not 'CPD sessions' as CPD is a separate requirement for individual dentists. Two sessions per year should be allocated for such peer support/peer review session. Where possible, this should include all members of the dental team

In developing the approach to staffing, CYPSS Standard 14 should be consulted.

5.6 Essential equipment and/or therapeutic environment

This section is for Commissioners to complete based on local provision.

Providing dental services in a secure setting presents particular issues due the surgical nature of dentistry, requiring specific settings and equipment. Failure of key dental equipment (such as the dental chair or sterilisation equipment) can result in extensive delays to treatment. All fixed assets and their maintenance remain the responsibility of

the setting, any issues or delays in the timely maintenance, repair or replacement of fixed equipment should be accurately recorded and reported to the secure setting and the commissioners. If a service is delivered by an external provider, for example a mobile dental unit, the provider is responsible for maintaining their equipment as specified in their contract.

NHS England, as commissioners of services, do not hold responsibility for fixed, permanent dental equipment. There will be local arrangements for who will be responsible. Dental healthcare providers will work with other stakeholders (such as the governor/director/manager/principal director) to ensure the equipment is available to run the service. This includes for example (but is not limited to):

- The dental chair (plus compressor and suction)
- Fixed sterilisation equipment
- Fixed radiography equipment

The dental provider must be confident that this equipment is fit for use and is responsible for reporting and escalating this if there are issues.

If the setting has x-ray facilities, it is the responsibility of the secure setting to provide the Radiation Protection Advisor (RPA) and Medical Physics Expert (MPE). The Radiation Protection Supervisor is the responsibility of the dental service provider. All radiation equipment must be registered with the Health and Safety Executive. External providers are responsible for their own RPA.

The dental provider is responsible for equipment which can be removed from the surgery. All parties should work together to facilitate a continuous service and escalate any concerns through commissioners and existing governance channels.

Dental service providers should familiarise themselves with their working environment including the levels of ventilation within dental suites and other dental clinics rooms/areas to ensure all requirements of current health and safety policies/procedures and IPC guidance is adhered to. Although ventilation remains the responsibility of the secure setting, dental service providers should ensure all ventilation is working at optimal levels with regular maintenance schedules in place.

In developing a service, the CYPSS standards that should be considered for essential equipment and therapeutic environment are listed in section 11.

5.7 Inter-dependencies with other services

Detail other inter-dependent NHS services the service relies on for delivery. Include links to relevant, agreed, and applicable standard and proximity

This section is for commissioners to complete based on local provision.

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	Interdependent service	Relevant service specification / standard	Proximity to service

6.0 Appendices

See overarching healthcare specification, section 6.0

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