# HALTON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

## Rapid Oral Health Needs Assessment

## 2024

## Contents



HALTON BOROUGH COUNCIL

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## WHY IMPORTANT

The World Health Organisation (WHO) defines oral health as, - "a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, gum disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing" [1]

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

The long- term impacts of poor oral health cannot be underestimated, particularly when considering quality of life. Poor oral health can have a negative impact throughout life and can cause pain and infection, leading to difficulties with eating, sleeping, socialising and wellbeing. Amongst adults, it can result in time off work due to pain or for treatment.

In addition, the incidence of oral cancer (sometimes called mouth cancer) is increasing and it is the 14th most common cancer in the UK. Unfortunately survival rates have remained low compared to other types of cancer and identifying the disease early is essential for increasing rates of survival.

Sources of information include the National Dental Epidemiology Programme (NDEP) surveys which provide information on the oral health of the Halton population. Activity data is limited to NHS dental services so will not reflect anyone in Halton accessing even the same dentists as a private patient. There is no comparable data for private care.

*1. [Oral health (who.int)](Oral health (who.int))*

## SCOPE OF THIS RAPID ORAL HEALTH NEEDS ASSESSMENT (OHNA)

The purpose of this rapid OHNA is to help understand the oral health needs, including inequalities, for Halton's population. It will inform the development of an oral health strategy for the borough.

When looking at the findings of this report it is important to understand the limitations of the analysis. In particular the availability, accessibility, robustness, and timeframe to collate relevant datasets. Attempting to understand the inequalities experienced and the local communities experiencing them presented its own issues. In large part available data was lacking the granularity to describe the levels of inequalities experienced at below borough and/or below whole population cohort level. National data and research was used to 'fill in the gaps' in this understanding at a local level.
We have attempted to describe the full range of commissioned dental services available to Halton's population. However we recognize gaps e.g. health and justice sector

## INEQUALITIES

Like many other non-communicable diseases (such as obesity) the diseases that give rise to poor oral health follow a socio-economic gradient with those living the most deprived areas often suffering from poorer oral health compared with those in the least deprived areas. An integrated approach which includes both policy decisions affecting whole populations as well as policies targeting specific communities or individuals are needed to reduce health inequalities.

### Measures of inequality

| Inequality type | Measures |
|---|---|
| Socioeconomic position | Education; income/wealth; occupation/ social class; employment status; eligibility for free school meals; area-based measures of deprivation |
| Protected characteristics | There are 9 protected characteristic groups under the 2010 Equality Act:<br>Age; sex/gender; ethnicity; disability; marriage/civil partnership; pregnancy & maternity; religion; sexual orientation; gender reassignment |
| Vulnerable groups | Homeless; prisoners; travellers; people with long-term medical conditions; refugees; looked after children; sex workers |
| Geography | Geographical locations:<br>NHS—GP, primary care networks (PCNs), integrated care board (ICB) and sub-ICB Place<br>Local authority: borough, electoral ward; lower super output areas (LSOAs) and external comparator areas (North West and England) |

## WHO IS AT RISK?

The main oral diseases are dental caries (decay), periodontal disease (gum disease) and oral cancer. Many of the risk factors that can lead to these conditions also contribute to other diseases, emphasizing the need to include oral health in initiatives designed to promote health in general.[1] These risk factors include but are not limited to:

- Diets high in sugary foods and drinks, including 'hidden' sugars in foods that may not be expected to contain sugars
- Inappropriate infant feeding practices (e.g. frequent snacking, fizzy drinks)
- Poor oral hygiene
- Dry mouth (often the side effect of certain medications, e.g. psychotropic medications)
- Smoking/use of tobacco and other carcinogenic substances
- Excessive alcohol consumption.

Certain groups are more at risk than others. The Inequalities in Oral Health in England Report[2] identified that poor oral health (in particular dental decay) is almost entirely preventable. Despite good progress over the last few decades oral health inequalities remain a significant public health priority in England. Some groups of the population are particularly vulnerable to experiencing worse oral health than the general population, for example, people who are homeless, in secure settings and the traveller populations. The prevalence of dental caries is linked with social and economic circumstances, and ethnicity, with the prevalence being higher in some ethnic groups. Tooth decay is the most common oral disease affecting children and young people in England with significant inequalities with children from the most deprived areas being particularly impacted.

This section is informed by research on groups at higher risk, quantifying each population for Halton where data permits. It does not include any dental epidemiology or access to dental services data. These will be covered in later sections.

## Children and Young People

Poor oral health in children can also affect school readiness and educational attainment by loss of concentration in class due to pain and infection.[4]

Tooth decay is still the most common reason for hospital admissions in the 6- to 10-year-old age group. There can be long waits for hospital appointments. For example, according to the CIPHA Elective Recovery dashboard, as at 02/02/2025 there are 140 people on the Paediatric Dentistry Waiting List. The maximum number of weeks they had been waiting was 57. The percentage waiting over 6 months (just over a third) and over a year (less than 3%) in Halton is however, much lower than the Cheshire & Merseyside average (just over 40% and 36.6% respectively). During these kind of waiting times there may be repeated episodes of infection, potentially increased avoidable antimicrobial usage. In 2019-20, there were 35,190 hospital procedures for extraction of carious teeth in children aged 0 to 19 in England.[3] This means that around 102 children a day are having teeth removed in hospital. Extraction of teeth with general anaesthetic is often a child's first introduction to dental care and can lead to fear and anxiety with lifetime consequences. Furthermore, each episode of dental extraction under general anaesthesia (if required) would also necessitate at least three days of school absence with parents/carers also being obliged to take time off work.

**Halton numbers**

Children aged under 5: 6849—3,538 males and 3,311 females (2022 mid-year estimates Census based (ONS). This equates to 5.31% of the population, slightly lower to that for the North West (5.41%) and England (5.37%). Children aged 19 and under 30.131—15,510 males and 14,621 females. This equates to 23.37% of the population, slightly lower to that for the North West (23.43%) slightly higher than England (23.12%). It is important to note that the number of hospital tooth extractions is influenced by both need but also access to services which need to be referred to, usually via a general dental practitioner.

## Adults

Men are less likely to see a dentist regularly than females and more likely to attend only when experiencing problems.[6] Irregular dental attenders are more likely to experience tooth loss and increased dental disease experience.[7] Hormones during pregnancy can cause gum inflammation, even when there is good oral hygiene. Whilst there is no specific periodontitis (irreversible gum disease) associated with pregnancy, it is thought that periodontitis is a possible risk factor for adverse pregnancy outcomes.

**Halton numbers**

Pregnant women: The CIPHA pregnancy register reports that 737 women are pregnant (as at 08/04/2024). Data from ONS gives Halton 1,355 live births in 2021, a general fertility rate of 56.8 per 1,000 women aged 15 to 44 years. This is statistically similar to England's rate of 54.3 and North West at 55.1.

Men: There are 49,092 males aged over 18 living in Halton. They make up 48.41% of the total population, a slightly lower percentage than the North West (48.57%) but higher than England (45.87%) .

## Older People

Poor oral health can have a bi directional effect on the general health and wellbeing of older adults through its influence on nutrition and association with some systemic diseases (for example diabetes and aspirational pneumonia). Factors associated with the variety of food and nutrient intake in older adults include: Number of teeth, bite force and chewing problems[8]

There have been significant changes in the oral health of the population over the last 50 years with many older people retaining some natural teeth rather than relying on dentures for function:[9]

- In 1968, nearly 90% of people aged 75 and over had no natural teeth– this had reduced to 30% in 2009.
- In the 2018 survey of adults who attend dental practices, only 4.4% of those aged 75-84 were edentate with 7.5% of those aged over 85 (NB this is not directly comparable with earlier studies). [12]

**Halton numbers**

Population aged 65 and over: 24,500—7,942 males and 5,728 females. This equates to 19% of the population, slightly higher than the North West (18.82%) and England (18.61%)

## Frail older people

The risk of oral health deterioration increases as levels of frailty increase. The presence of memory issues and/or decrease in manual dexterity may also an individual's ability to remember and perform oral care. Oral health issues may include dry mouth, difficulty swallowing and eating, the latter of which are also associated with increases in mobility limitations.[10]

**Halton numbers:** There are several ways of assessing frailty. One is the electronic frailty index (eFI) which segments the population into the categories of fit, mild, moderate and severe frailty, which align with the Rockwood Clinical Frailty scale.

Numbers of frail older people (aged 65+) in Halton based on EFI categories: Fit 7,080, mild frailty 6,832, moderate 4,681, severe 4,566 (CIPHA frailty dashboard , data as at May 2024)

## Dementia

Dementia sufferers are less likely to maintain oral hygiene and visit dental services; previous dental disease leading to lack of functional dentition.[11]

**Halton numbers:** There were 985, ranging from 17-146 at GP practice level (2022-23 QOF). This gives a population prevalence of 0.73% lower than the ICB (0.82%), North West (0.77%) and England (0.74%) averages.

### Diabetics

There appears to be a bi directional relationship between diabetes and periodontits. People with Type 2 diabetes are at greater risk of developing periodontitis. Active periodontitis also seems to be associated with poorer blood sugar control with studies suggesting that treatment of active periodontitis having a positive effect on blood sugar control. However, it is important to emphasise that an associations between the two diseases are confirmed but the biological mechanisms underpinning this are not yet fully understood.[13]

**Halton numbers:** There were 9,393, ranging from 162-1,063, prevalence 5.98%-9.75% at GP practice level (based on 17+ population, 2022-23 QOF). This gives a population prevalence of 8.60% higher than the ICB (7.38%), North West (7.62%) and England (7.45%) averages.

## Children in care and care leavers

Children in care experience higher levels of decay, dental trauma, periodontal disease and poorer oral health-related quality of life than their peers not in care.[14] Oral health behaviours included limited oral health self-care behaviours and a lack of oral health-based knowledge. Despite having higher treatment needs children in care and care leavers experience greater difficulty in accessing dental services than those not care-experienced. Organisational, psycho-social and logistical factors influence their access to dental care. Their experience of dental care may be impacted by adverse childhood events.

A scoping review of the dental access experience of children in care in the UK[15] found barriers included the lack of dental care and irregular attendance; the lack of integrated working between health and social care teams, lack of self-care and oral health promotion, and psychological issues complicating dental treatment. Four dental care pathway models were identified: care navigation, facilitated access, nurse-led triage and referral, and signposting to local dentist with multi-agency information sharing.

**Halton numbers:** there were 386 children in care of Halton local authority as at 31 March 2023. This is a rate per 10,000 children under 18 of 140. This is higher than the North West (96/10,000) and England 71/10,000) rates.

Children looked after by the local authority for 12 months or more receive an annual health check, assessment of their immunization status and relevant immunisations given and have their teeth examined by a dentist. There is an established route in Halton for access to dental services for this population.

In Halton 91% of eligible children in care had their teeth examined. This is higher than the North West (77%) and England (76%) averages.

## Learning disabilities

Good oral health is an important factor in people's general health and quality of life. People with learning disabilities have poorer oral health and more problems in accessing dental services than people in the general population. People with learning disabilities may need additional help with their oral care and support to get good dental treatment because of cognitive, physical and behavioural factors. [16]

There is a legal obligation for dental services to make reasonable adjustments to ensure that their patients with learning disabilities can use their service. Even with reasonable adjustments in place there may still be a need for some people to have care in community dental services with enhanced equipment and expertise. [17]

**Halton numbers:** There were 837 people diagnosed with a learning disability in Halton, ranging from 11-117 at GP practice level (2022-23 QOF). This gives a population prevalence of 0.62% lower than the ICB (0.82%) but higher than the North West (0.58%) and England (0.56%) averages.

## Physical disabilities

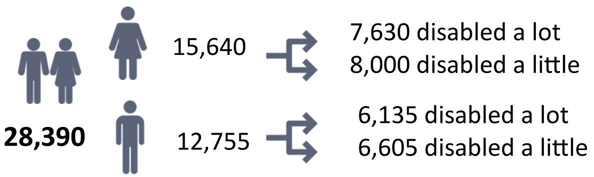
In the UK, more than half (57%) of those registered as disabled have mobility impairments while around three in ten (28%) experience difficulties with dexterity.

One of the major difficulties disabled people face is accessing appropriate transport to enable them to travel to the dental practice. The Equality Act 2010 places a legal duty on organisations, including dental services, to make reasonable adjustments to reduce the barriers that may affect people accessing care. These reasonable adjustments can ensure that a substantial proportion of people with disabilities can be treated in primary care without need for referral to community and/or specialist services. A general practitioner may be geographically closer, and the 'normalisation' of attending with family members, in a manner as 'close as possible to the norms and patterns of the mainstream of society' is highly important to many. [18]

Conditions affecting dexterity may precipitate the need for particular oral hygiene equipment (e.g. toothbrushes with extended handles) and/or help from a carer to assist with oral hygiene.

**Halton numbers**: According to the Census In England, in 2021, a smaller proportion but larger number of people were disabled (17.7%, 9.8 million), compared with 2011 (19.3%, 9.4 million). According to the 2021 Census Halton has a higher proportion of people identifying themselves as disabled at 22.6% (age adjusted) compared to 19.8% in the North West and 17.7% in England. Percentages are slightly higher for women than men.

This means 28,390 people in Halton self identified as disabled:




## Homeless

People who are homeless face lots of challenges in accessing dental care and maintaining good oral hygiene. This can have a significant impact on their oral health and lead to dental problems such as tooth decay, gum disease and tooth loss. [19]

**Halton numbers:** In 2022-23 there were 433 statutory homeless in Halton. There were 114 placements into temporary accommodation, 67 families and 47 single people.

## Socio-economic group

There is clear and consistent evidence for social gradients in the prevalence of dental conditions, impact of poor oral health and service use. For dental decay and tooth loss, studies that assessed time trends have tended to find that absolute inequalities had narrowed over time but that relative inequalities had not. [20]

**Halton numbers:** Halton has a lower proportion of people in managerial and professional occupations—50.8% compared to the North West (52.1%) and England (52.6%). A greater proportion are in manual and elementary occupations - 17.6% (North West 15.1%, England 14.9%).

The main oral diseases are mostly preventable through optimising exposure to fluoride, limiting consumption of dietary sugars, practicing good oral hygiene and reducing tobacco and alcohol consumption. Focusing solely on individual behavioural change has some short -term benefits for oral and general health, however it is important to make sure that "healthy" lifestyle choices are easy to make and accessible to everyone.[21] As mentioned earlier, an integrated approach which includes both policy decisions affecting whole populations as well as policies targeting specific communities or individuals are needed to reduce health inequalities.

The common risk factor approach (applied to the promotion of general health and well-being) supports good oral health for people throughout their life.[22] For example, oral and general health are positively associated with a healthy diet. Stopping smoking will reduce the risk of many cancers including oral, periodontal and cardiovascular disease.[23]

Many of the risk factors that can lead to oral conditions are also risk factors for other diseases. This highlights the need to include oral health in initiatives designed to promote good health in general. These risk factors include but are not limited to:

- Diets high in sugary foods and drinks, including 'hidden' sugars in those foods generally unexpected to contain sugars
- Inappropriate infant feeding practices
- Poor oral hygiene
- Smoking/use of tobacco and other carcinogenic substances
- Excessive alcohol consumption.

## Infant feeding

Exclusive breastfeeding is recommended for around the first 6 months of life – complementary foods should be introduced from around 6 months of age alongside continued breastfeeding. Continuation of breastfeeding up to 12 months of age is associated with a decreased risk of tooth decay. However, the prevalence of breastfeeding in UK is low, with only 34% of mothers still breastfeeding their child at 6 months and just 1% exclusively breastfeeding.

It is recommended that weaning i.e. when babies are first introduced to solid foods, should start from around 6 months. Weaning before this is associated with a range of health issues as babies digestive system and kidneys are still developing. Despite this guidance the 2010 Infant Feeding Survey[24] showed only 1 in 100 mothers exclusively breastfeed until 6 months; nearly 1 in 3 (30%) had introduced solid foods by 4 months and three-quarters) by 5 months..

As well as the general health benefits, there is research to suggest that breastfeeding beyond 12 months is associated with lower odds of malocclusion (teeth that are not aligned correctly).[25]

Children are never too young to visit the dentist to start the familiarisation process and parents to receive tailored advice. According to the 2024 Oral Health Survey[26] only 45% of children have seen a dentist by age 3.

**Halton numbers:**

Breastfeeding rates in Halton are statistically significantly lower than the England averages; babies first feed breastmilk levels in Halton (2022/21) were 53.6% (North West 54.7%, England 71.7%)

Breastfeeding prevalence at 6-8 weeks Halton 25.7% (England 49.2%)

There is no local data on weaning

## Diet high in sugary food and drink

The National Diet and Nutrition Survey[27] Rolling programme Years 9 to 11 (2016/2017 to 2018/2019) found:

**Sugar-sweetened soft drinks:**

- The highest mean consumption of sugar-sweetened soft drinks for children was seen in those aged 11 to 18 years (142g/day) with the lowest seen in those aged 1.5 to 3 years (19g/day).
- Consumption was lower in 2016-2019 compared with 2014-2016 and this was statistically significant for all child age/sex groups except boys aged 11 to 18 years.
- Over the decade of the survey the proportion of children consuming sugar-sweetened soft drinks dropped significantly as did the quantities consumed.
- In adults, mean consumption of sugar-sweetened soft drinks was 106g/day for those aged 19 to 64 years and 34g/day for those aged 65 years.
- As with children, the proportion of adults consuming sugar-sweetened soft drinks has fallen. Whilst there has been a downward trend in mean consumption amongst adults aged 65 years this has not been the case in adults aged 19 to 64 years.

**Free sugar intake:**

The definition of free sugars includes: all added sugars in any form including honey and syrups; all sugars naturally present in fruit and vegetable juices, spreads, purees and pastes, and similar products in which the structure has been broken down; all naturally occurring sugars in drinks (except for dairy-based drinks) and lactose and galactose added as ingredients. The sugars naturally present in milk and dairy products, fresh and most types of processed fruit and vegetables and in cereal grains, nuts and seeds are excluded from the definition

Free sugars intake exceeded the government recommendation of providing no more than 5% of total energy intake (which applies to those aged 2 years and over). Across the age groups, mean intake ranged from 9.4% of total energy for adults aged 65 years and over to 12.3% of total energy for children aged 11 to 18 years.

Average intake of free sugars as a percentage of total energy was significantly lower than in 2014-2016 for both children and adults.

There is no local data on levels of sugar consumption.

## Smoking

Oral health can be adversely affected by tobacco products.[28] Oral health effects (similar to general health effects) associated with tobacco free products are less well understood and the long term risks are unclear with a need for more research.[29]

**Halton numbers:**

Smoking prevalence in Halton has reduced substantially over the last 20 years. Prevalence is now statistically similar to England although there are in-borough differences and inequalities amongst different population groups.

**Selected smoking prevalence indicators**

Better 95% Similar Worse 95% Not applicable

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better

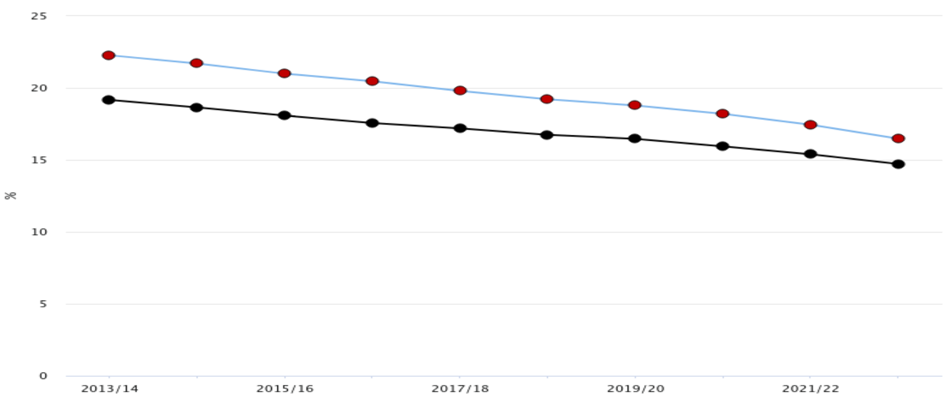
Benchmark Value: Worst, 25th Percentile, 75th Percentile, Best

| Indicator | Period | Halton | | | England | | | |
|---|---|---|---|---|---|---|---|---|
| | | Recent Trend | Count | Value | Value | Worst | Range | Best |
| Smoking Prevalence in adults (18+) - current smokers (APS) (Persons, 18+ yrs) | 2022 | – | - | 13.3% | 12.7% | 21.8% | | |
| Smoking prevalence in adults (15+) - current smokers (QOF) (Persons, 15+ yrs) | 2022/23 | ↓ | 18,543 | 16.5% | 14.7% | 23.0% | | |
| Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS) (Persons, 18-64 yrs) | 2022 | – | - | 18.5% | 22.5% | 38.1% | | |
| Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS) (Persons, 18+ yrs) | 2022/23 | – | - | 15.3% | 25.1% | 43.6% | | |

*Source: OHID Fingertips tool*

**Smoking cont'd** The Quality Outcomes Framework (GP level data) suggests levels in Halton are statistically higher than the England average. Whilst here too the trend is a downward one, Halton levels have consistently been statistically higher (denoted by red data mark) with a small reduction in the gaps between the borough and England rates.

**Trend in smoking prevalence, aged 15+, QOF, 2013/14 to 2022/23**




## Alcohol

Alcohol has been linked to many oral health effects including the risk of oral cancer, in particular when combined with tobacco use. There is also some evidence that patients with periodontal disease may potentially benefit from reducing alcohol intake.[30] Drinking heavily increases the chances of accidental dental trauma or facial injury, for example because of a fall or traffic accident.

Alcohol also has many other wider effects on the general, social and psychological health of patients, which can influence dental treatment. These include drug interactions, liver disease, cardiovascular disease, and compliance with treatment plans and appointments.[31]

**Halton numbers:**

The latest available OHID estimates for 2019/20 were that there are 1,875 dependent drinkers in Halton. This gives a rate of 18.63 per 1,000 population aged 18+. This is a higher rate than the England average of 13.75 but the difference is not statistically significant.

## Substance misuse

Substance misuse, particularly methamphetamine, cocaine and opioids, can have negative effects on oral health. There are a number of ways substance misuse can impact on oral health including: [32]

- Dry mouth: Due to reduced saliva flow in the mouth, dry mouth can lead to an increased risk of dental decay and gum disease
- Tooth decay: Caused by the acid which can erode tooth enamel, leading to dental decay. Many drugs also lead to cravings for sugary sweets and drinks, which also contributes to tooth decay
- Periodontitis: Substance misuse can weaken the immune system, making a person more susceptible to gum disease

**Halton numbers:**

The latest available OHID estimates for 2019/20 were that there are 525 men and 146 women aged 15-64 opiate and/or crack cocaine users. in Halton. This gives a rate of 13.28 (men) and 3.5 (women) per 1,000 population 15-64. This is a lower rate than the England averages (15.07 men and 4.01 women ) but the difference is not statistically significant.

Nationally there has been a significant improvement in oral health and a decline in tooth decay over the past 40 years.[33] Despite this, a substantial proportion of the population experiences high levels of oral disease most of which is highly preventable. The prevalence of dental caries in children in the UK has reduced dramatically over recent decades. However, it remains prevalent and there are significant inequalities. [34]

Since 1985, standardised and coordinated surveys of child dental health have been conducted across the UK. These have produced robust information for use at regional and local government level and for varying health geographies. These surveys are part of the National Dental Epidemiology Programme (NDEP).

They are conducted for various age groups at different intervals. The latest survey for 3 year olds was 2020, for 5 year olds was 2022 and for year 6 was 2023. The only survey of 3 -year-olds which Halton has participated in was in 2013 (did not participate in the 2020 survey which was truncated due to covid).

**National Dental Epidemiology Programme Data for 5 year olds**

Halton has some of the poorest oral health amongst 5 year olds in the North West and has the 7th highest percentage of 5 year olds with experience of visually obvious dentinal decay out of 24 local authorities. This is not statistically significantly different to Liverpool which is ranked as having the poorest oral health in Cheshire and Merseyside.

Better 95% | Similar | Worse 95% | Not compared

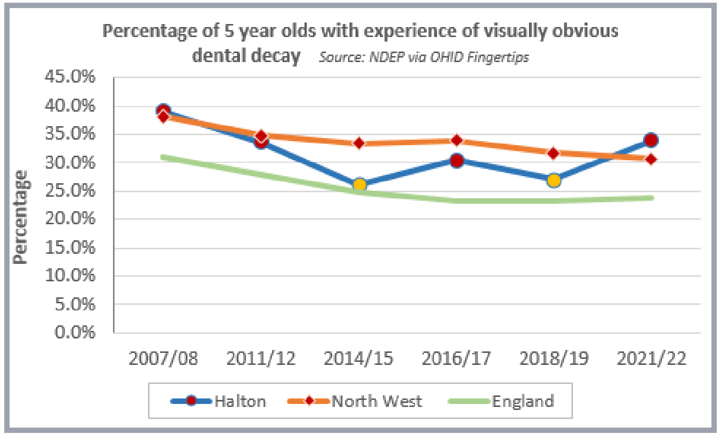
Recent trends: – Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

Percentage of 5 year olds with experience of visually obvious dental decay 2021/22 — Proportion - %

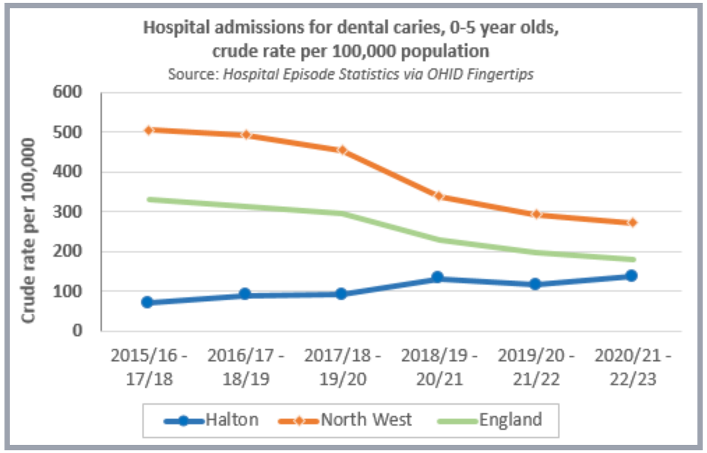
| Area | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|
| **England** | 23.7 | 23.3 | 24.0 |
| C&M 2021 | - | - | - |
| Liverpool | 43.5 | 38.2 | 49.0 |
| Halton | 33.9 | 28.7 | 39.5 |
| Sefton | 32.6 | 27.9 | 37.7 |
| St. Helens | 31.2 | 26.4 | 36.5 |
| Knowsley | 31.2 | 26.6 | 36.2 |
| Warrington | 30.5 | 25.7 | 35.8 |
| Wirral | 29.3 | 24.2 | 35.1 |
| Cheshire West and Chester | 25.4 | 20.8 | 30.5 |
| Cheshire East | 22.5 | 18.4 | 27.3 |

*Source: Dental Public Health Epidemiology Programme for England: oral health survey of five year old children (Biennial publication - latest report 2022)*

Trend data shows overall the level is statistically higher than England as is the case for the North West as a whole.




Despite this, hospital admissions for dental caries amongst 0-5 year olds have been lower in Halton than for England and the North West. This suggests that supply of hospital admissions for dental decay may not reflect the needs. However, as noted previously waiting times for Paediatric dental services are lower in Halton than in Cheshire & Merseyside as a whole. Rates in Halton have been increasing against a falling pattern regionally and nationally and are now only slightly lower than England




Note: statistical significance not calculated for this indicator

Analysis of the data at a national level shows that children living in the most deprived areas of the country were almost 3 times as likely to have experience of tooth decay (35.1%) as those living in the least deprived areas (13.5%). There were also disparities in the prevalence of experience of dentinal decay by ethnic group, which was significantly higher in the other ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%). This analysis is only available at a national level but is likely to hold true regionally and locally as many local child health indicators show a deprivation relationship.[35]

### Dental Extractions amongst Children

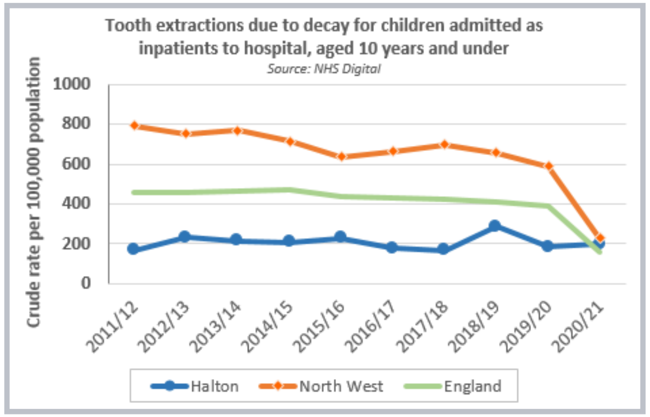
We have already seen that Halton has lower levels of tooth extractions amongst 0-5 year olds but that there has been an upward trend and levels are now nearly the same as the England average. The number of hospital tooth extractions is influenced by both need but also access to services which need to be referred to, usually via a general dental practitioner. For 0-10 year olds a slight increase in Halton is set against slight reductions in England and steep reduction across the North West.

For the 2020 to 2021 financial year there were 22,459 episodes of tooth extraction in hospital for 0 to 19-year-olds. There has been a 58.4% reduction in the number of episodes of caries-related tooth extractions in hospital for 0 to 19 year olds compared to the previous year, despite a 0.4% increase in the estimated population of this age group. This is likely due to the continued impact of the COVID outbreak on non-COVID related hospital episodes rather than a sudden reduction in need or demand. National analysis shows that episode rates for tooth extraction for children and young people living in the most deprived communities was three times that of those living in the most affluent communities.

For 2019/20 hospital tooth extraction rates in Halton 0-19 year olds was lower than the North West and England rate. The proportion due to caries was similar. However, for 2020/21 the rate remained lower than the North West but higher than England. As noted this comparison needs to be viewed with caution due to the impact of Covid-19. We will have to await the latest data to see if the pattern returns to that seen pre-pandemic.

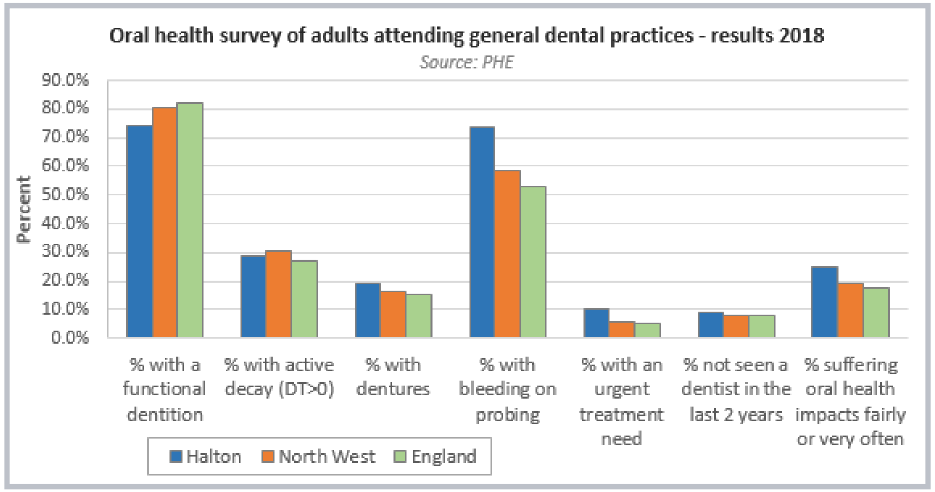
| | Fixed Consultanst Episodes, rate per 100,000 population aged 0-19 years | 2019/20 | 2020/21 | 2021/22 | 2022/23 |
|---|---|---|---|---|---|
| Halton | Overall tooth extraction rate | 397.1 | 190.5 | 298.9 | 315.3 |
| | Caries as primary diagnosis | 254.1 | 142.9 | 166.1 | 199.1 |
| | No caries diagnosis code | 143 | 47.6 | 132.8 | 99.6 |
| | % all extractions due to caries | 64.0% | 75.0% | 55.6% | 63.2% |
| North West | Overall tooth extraction rate | 563.2 | 213.5 | 426.6 | 459.1 |
| | Caries as primary diagnosis | 406.2 | 158.5 | 311.8 | 340.7 |
| | No caries diagnosis code | 157 | 55 | 114.8 | 118.4 |
| | % all extractions due to caries | 72.1% | 74.2% | 73.1% | 74.2% |
| England | Overall tooth extraction rate | 415.1 | 169.2 | 323.5 | 360.4 |
| | Caries as primary diagnosis | 264.9 | 109.9 | 205.1 | 236.0 |
| | No caries diagnosis code | 150.2 | 59.3 | 118.4 | 124.3 |
| | % all extractions due to caries | 63.8% | 64.9% | 63.4% | 65.5% |

*Source: Hospital Episode Statistics, NHS Digital*



### Adult Dental Health Survey 2018

The chart below shows the results of the 2018 oral health survey of adults.




Halton had a significantly lower percentage of adults examined with a functional dentition (21 or more natural teeth) compared to the England average. The percentage was also lower than the North West average, but not significantly so.

A significantly higher percentage of Halton residents examined experienced bleeding on probing than both the regional and national averages.

There were also a significantly higher percentage of Halton residents who had an urgent treatment need and were suffering from any oral health impacts fairly or very often, compared to the England averages.

### Adult Oral Health Survey 2021

Every 10 years since 1968, a survey of the dental health of adults has been carried out. This survey provides information to underpin and help plan dental health care for the whole UK although the 2009 survey did not include Scotland. The surveys help the NHS understand how the dental health of adults is changing.

The 2021 survey was designed as a continuation of the long-running adult dental health surveys, carried out in the United Kingdom since 1968. The 2021 survey differed from its predecessors in several ways:

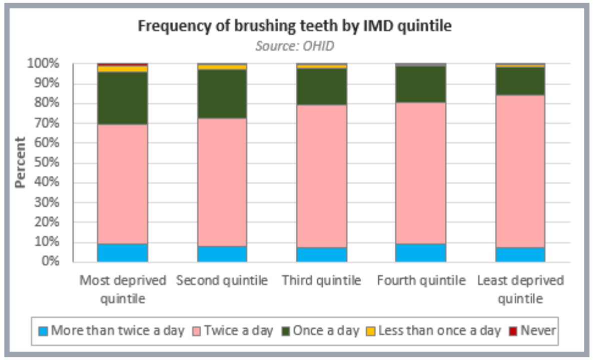
It was carried out using web and paper self-completion questionnaires, rather than by face-to-face interviews in respondents' homes; it was not possible to carry out dental examinations of participants; the survey covered England only; the name of the survey was changed to reflect its focus on the health of teeth & mouths. The report of the dental examinations carried out is yet to be published.

The data for this survey is only at a regional and national level. It also cannot be compared retrospectively to earlier surveys given the methodological changes needed because of the pandemic.

In the North West, 81% of people surveyed had 21+ natural teeth compared to 84% nationally. With regards to gums bleeding when cleaning teeth, 28% of people reported this in the North West. The England average was 25%.

The survey found that a greater proportion of adults in the most deprived quintile brush their teeth once a day or less (30.8%) compared to the least deprived quintile (15.5%).

As nearly half the population of Halton reside in the most deprived national quintile, there could be a large number of people in Halton who clean their teeth once a day or less compared to other local authorities in the region.




The North West had a higher percentage of adults who received free NHS care and paid-for NHS care (77%) on most recent visit before March 2020, compared to the national average (68%). The North West percentage was also the highest out of all the regions in England.

## Oral Health Survey of mildly independent older people 2016

The survey reported the oral health and dental service use of older people living in supported housing. This was the first national pilot survey of this age group, developed in response to the lack of information about older people who live in the community but have chosen supported housing for a variety of reasons. It should be noted that this information is nearly 10 years old now so its results need to be used with caution so the figures are not included here. Whilst it did show a lower percentage of older people living in Halton were toothless or had an urgent treatment need than both the regional and national averages, it did show a slightly higher proportion had not seen a dentist in the previous 2 years and a higher proportion suffered oral impacts fairly or very often.

Little is known about access to services for the increasing numbers and proportions of older people receiving domiciliary/ 'care in your home' services. This type of care has been increasing in an effort to support people to live in their own homes for as long as possible .

The population for the *2024 to 2025* survey is adults aged 65 years or older who are *residing in a care setting* irrespective of funding stream. This is the first survey of this population group to be commissioned and it will provide standardised, comparable oral health data for this important group.

## Oral Health of older people living in care homes[36]

Levels of poor oral health are higher in older adults living in care homes than those living independently; More than half of older adults who live in care homes have tooth decay compared to 40% of over 75s who do not live in care homes. Poor oral health can affect people's ability to eat, speak and socialise normally.

**Normative need**

- older adults living in residential and nursing care homes are more likely to be edentulous, and less likely to have a functional dentition.
- untreated caries is higher in older adults living in care homes than other adults, including other older adults; the majority of dentate residents have active caries.
- periodontal disease is most common in the age groups of 65 to 84, but due to differences in survey design it is not possible to say how this compares across settings.

**Felt need, access and quality of existing oral health care for older people**

- older adults are less likely to rate their oral health as good
- care home managers experience much more difficulty in accessing dental care for their residents than household resident older adults do
- for older adults living in care homes, dental services are patchy and often no regular or emergency dental care arrangements exist
- this especially worrying considering that as many as half of residents in care homes would find it difficult or impossible to receive emergency treatment in a general dental practice due to medical or psychological complications
- oral health needs assessments and staff training focus mostly on presence of teeth and dentures, and oral hygiene or denture cleaning skills. What is less common and required, is training on the recognition of urgent problems in residents and how to access urgent or emergency dental care

# DENTAL EPIDEMIOLOGY: PROTECTED CHARACTERISTICS

The PHE Inequalities in Oral Health in England report notes limitations in information by protected characteristics being reported in epidemiological surveys and registers, with most dimensions of inequality omitted.  Only age, gender, ethnicity and disability feature regularly with pregnancy and maternity, religion , marital status, sexual orientation and gender identity  omitted.

NOTE: barriers to oral healthcare will be covered later in this report.

### Age (see also previous pages):

There is no clear picture of oral health amongst adults by age.  Some oral diseases and conditions, those that are chronic or are  irreversible tend to increase in prevalence and severity with increasing age.  With respect to oral health related quality of life, different age patterns were observed. For example, adults aged 65 years and older were more likely to report functional limitations and younger age groups were more likely to report psychological disability. Oral cancer incidence and mortality increase with age.

### Gender:

Female adults enjoyed better oral health with respect to all outcomes except tooth loss and oral health related quality of life. Regarding the latter, they scored worse than their male counterparts in all domains except functional limitation and handicap. With regard to oral cancer, the cancer registry data showed that the incidence of disease has increased steadily since 2001 in both sexes, but the rate of increase is greater in men than women, having nearly doubled.

### Ethnicity:

The relationship between ethnicity and dental decay is complex and controversial.[37] Asian adults have been found to have higher levels of gum disease than other ethnic groups.[38] People from Black and Minority Ethnic groups are less likely to access NHS dental services with barriers including cost, language problems, and mistrust of dentists as well as cultural and religious influences.[39]

### Disability:

- People with serious mental illness have higher rates of tooth loss, gum disease, dental decay and poorer mouth hygiene than the general population.[40] At 1,263 people, a population prevalence of 0.93% (GP practice range from 0.54%-1.24%), the borough has a lower prevalence of severe mental illness than the ICB (1.12%) North West(1.13%) or England(1.0%).
- People with physical disabilities have complex health and care needs associated with poor oral health and less regular contact with dental services.[41]
- People with learning disabilities People with learning disabilities have similar rates of decay as the general population, but are less likely to have functional dentition, have poorer oral hygiene, a greater prevalence and severity of gum disease, higher levels of decay, have less contact with dental services and are less likely to clean their teeth twice a day. Those with profound learning disabilities are more likely to have poorer oral health than those with mild learning disabilities.[42]

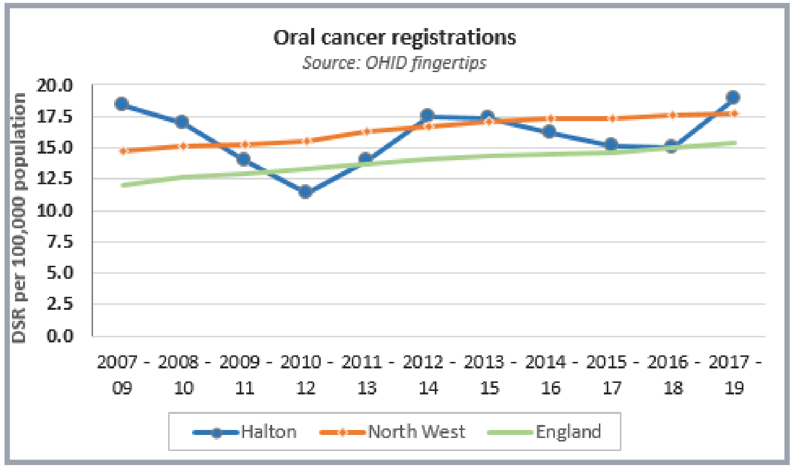
### Pregnancy:

Pregnancy can be associated with some significant changes within the oral cavity.[43] The prevalence and severity of gingivitis increases during pregnancy although pregnancy itself does not cause gingivitis. The prevalence of dental pain during pregnancy is high, with studies detailing that **39.1–54.9%** of pregnant women report pain (with dental decay being the main determinant) during their pregnancy.   It has not been definitively established that pregnant women are more susceptible to developing dental decay. Nonetheless, hormonal and behavioural changes occur during pregnancy that might increase the likelihood of caries development and progression. The composition of saliva changes during pregnancy. Pregnant women undergo taste changes towards a preference for sweet flavours and cravings for carbohydrates especially in early pregnancy.

# ORAL CANCERS

## Oral cancer registrations

According to the State of Mouth Cancer (SoMC) —UK Report 2022[44] mouth cancer cases have increased by 34% in the last decade and by 103% compared with 20 years' ago. The rising cost of living and a shortage of access to NHS Dentists are both causing problems for people needing to access dental services.



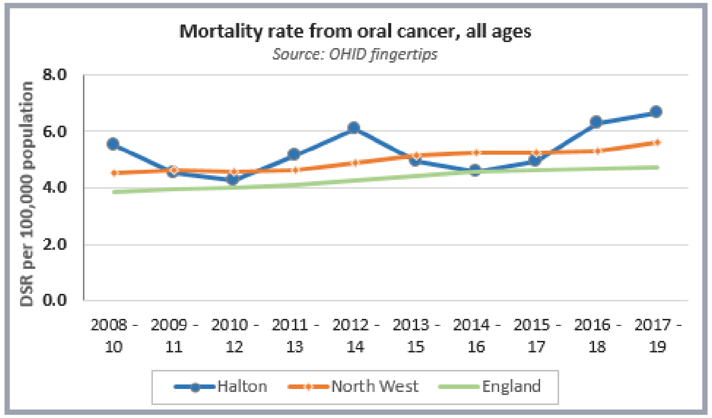

The charts above shows oral cancer registrations for Halton, the North West and England for 2007-09 to 2017-19. The types of cancers included are lip, oral cavity and pharynx.

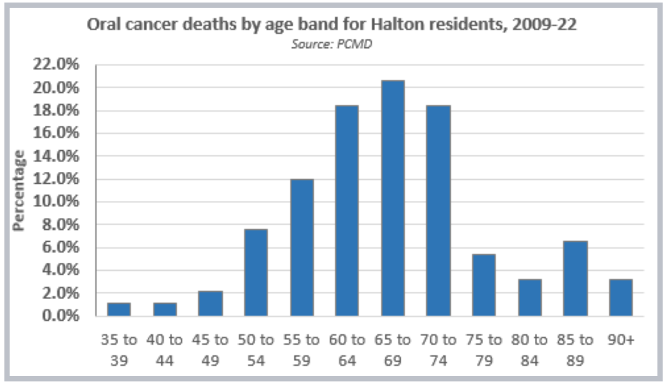
Since 2009-11 the Halton rate hasn't been significantly different to the England average. However, in 2017-19 the rate was the highest it's been since 2007-09, and was also higher than the North West average.

The SoMC report states that 'Nearly two-in-three (63%) patients are diagnosed in stages III and IV. Overall, just under half (53%) are diagnosed in stage IV, when the cancer is at its most advanced. Public awareness of the signs and symptoms remains exceptionally poor. Also, given the nature of mouth cancer, even health professionals have difficulty spotting the disease before visual symptoms present themselves.'

## Oral cancer mortality

The chart below shows the trend in oral cancer mortality from 2008-10 to 2017-19, and the Halton rate has remained similar to the England average throughout this period. However, the rate has been increasing since 2014-16 and is now higher than the England and North West averages, but not significantly so.




When looking at deaths from oral cancer for 2009-22 using the primary care mortality database (PCMD), the highest proportion of deaths were seen in the 65 to 69 age band, followed by the 60 to 64 and 70 to 74 age groups.

The Oral Cancer in England report for 2012-16 [45] shows the breakdown of oral cancer by site. When compared to the Halton data for 2009-22, the highest percentage of deaths are seen in the same sites.

| Malignant neoplasm of: | Halton 2009-22 | England 2012-16 |
|---|---|---|
| Other and unspecified parts of tongue | 28.3% | 25.1% |
| Other and unspecified parts of mouth | 16.3% | 12.1% |
| Tonsil | 13.0% | 11.1% |
| Oropharynx | 12.0% | 10.7% |
| Other and ill-defined sites in the lip, oral cavity and pharynx | 10.9% | 8.0% |

The number of deaths from oral cancer for 2009-22 is too small to analyse at ward or MSOA level. However, when the data is broken down by Runcorn and Widnes, a higher percentage of deaths occurred in Runcorn (61%) compared to Widnes (39%).

# DENTAL PRACTICES

The majority of primary care dental services are provided by general dental practitioners.

It is the responsibility of all dental practices to keep the NHS website up-to-date. Information on this website shows that there are 50 dental practices in and around Halton; 12 are within Halton and the remainder within 7 miles of the borough, mainly in South Liverpool, Frodsham, Warrington and St Helens.

Of the 12 Halton based dentists:

- 2 state that when availability allows, this dentist accepts new NHS patients if they are: Children aged 17 or under, adults 18 or over, adults entitled to free dental care
- 4 state they are not accepting new NHS patients
- 2 state they are only taking new NHS patients for specialist dental care by referral
- 4 had not provided a recent update
- Of those stating they will accept new NHS patients there is no information on waiting list times
- This means that 83% of dental practices in Halton are not accepting new NHS patients

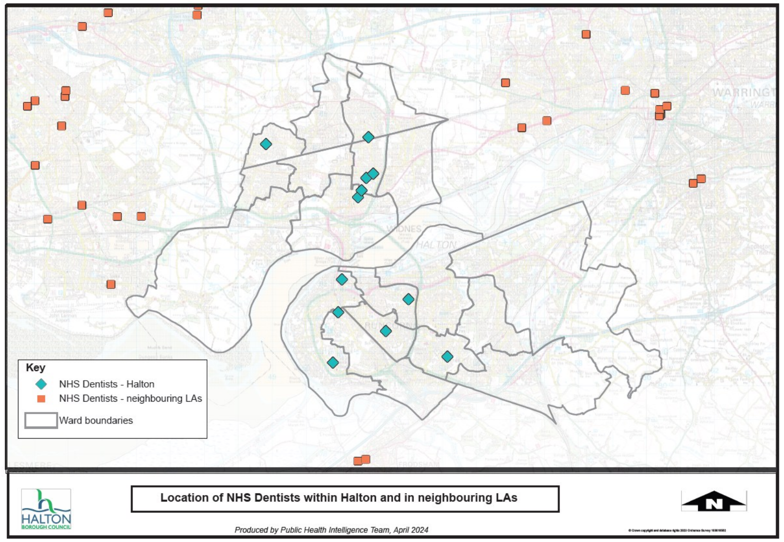
Of the 9 dental practices within a 5 mile radius of Halton

- 3 state that when availability allows, this dentist accepts new NHS patients if they are: Children aged 17 or under, adults 18 or over, adults entitled to free dental care
- 3 state they are not accepting new NHS patients
- 3 had not provided a recent update

Of the 29 dental practices between 5-7 mile radius of Halton

- 4 state that when availability allows, this dentist accepts new NHS patients if they are: Children aged 17 or under, adults 18 or over, adults entitled to free dental care
- 2 state that when availability allows, this dentist accepts new NHS patients if they are children aged 17 or under
- 10 state they are not accepting new NHS patients
- 4 state they are only taking new NHS patients for specialist dental care by referral
- 9 had not provided a recent update
- This means 82% of the 50 dental practices in Halton or within a 7 mile radius are not accepting NHS patients.
- This information does not take into account travel times and costs, an issues especially important to those relying on public transport

**Location of NHS dental practices in and around Halton**




This is a slightly improved picture to that seen in the December 2022 Healthwatch Halton report which states there are no dentists in Halton or Merseyside accepting new adult NHS patients and only a few accepting new child patients. Healthwatch contacted each dental practice directly whereas this analysis relies on the NHS website. This in turn relies on individual practices regularly updating their own information. As such it is difficult to say definitively what the picture is. It is clear however, how difficult it has become to find a dental practice willing to accept new NHS patients leaving many with the choice of going without dental care or paying as a private patient.

Healthwatch state that access to NHS dental care continues to be one of the main issues they hear about from the public. Difficulties getting support has led to many people living in pain. In some extreme cases, people take matters into their own hands, resorting to DIY dentistry. Furthermore that it is those living in the most deprived communities that struggle the most to access dental care because they cannot afford it.

The pandemic had a devastating impact on access to NHS dentists with substantial reductions in the percentages of both children and adults seeing a dentist within the preceding 12/24 months. Whilst this has been recovering access remains an issue.

## Accessing a dentist

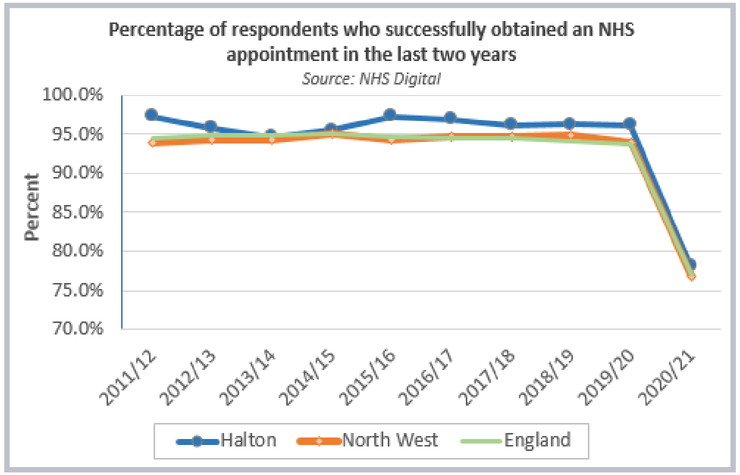
The NHS Outcomes framework includes 2 indicators of relevance: percentage successfully accessing an NHS dentist and percentage reporting a very good or fairly good experience. Unfortunately the merger of NHS Digital and NHS England has meant more recent, post Covid-19 pandemic data has not been published. As such the latest available is 2020/21 which needs to be interpreted with caution due to pandemic restrictions..

The data shows a consistent trend with a slightly higher percentage of Halton residents stating they were able to access an NHS dentist in the previous 24 months. Halton has followed the national pattern with a significant drop following Covid-19 pandemic restrictions being introduced.

This has recovered somewhat but not totally since then, with the percentage of children seeing an NHS dentist recovering to a greater extent that adults.

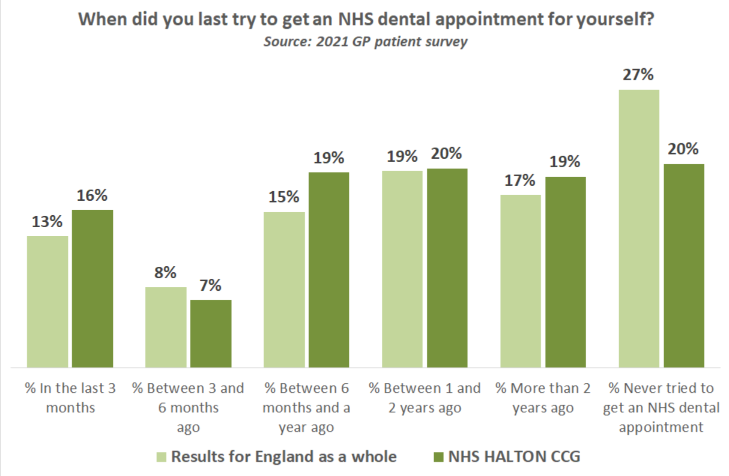
See next page for details.

Since 2022 questions around NHS dental access within the GP Patient Survey have only been made available at ICB level. For 2022 it was at 75% and by 2024 77%.



# ACCESS TO NHS DENTISTS

Since 2022 the GP patient survey questions about accessing NHS Dentistry have only been analysed by ICB level. The 2021 results show that 20% of Halton CCG respondents had never tried to access an NHS dentist. This 1 in 5 respondents is lower than the more than 1 in 4 nationally. Of those that had tried to access and NHS dentist, results showed overwhelmingly people prefer to access a dental practice they had used before, 86% (England average 85%). 74% were successful in getting an appointment, the same as the national average. 78% rated the service received as either very good or fairly good (England 77%); 11% rated it as neither good nor poor with the remaining 12% rating it fairly poor or very poor.




| | Halton CCG | England |
|---|---|---|
| I haven't needed to visit a dentist | 30% | 23% |
| I no longer have any natural teeth | 8% | 4% |
| I haven't had time to visit a dentist | 4% | 3% |
| I don't like going to the dentist | 13% | 6% |
| I didn't think could get an NHS dentist | 7% | 13% |
| I'm on a waiting list for an NHS dentist | * | 1% |
| I stayed with my dentist when they changed from NHS to private | 6% | 10% |
| I prefer to go to a private dentist | 15% | 24% |
| NHS dental care is too expensive | 7% | 4% |
| Another reason | 10% | 11% |

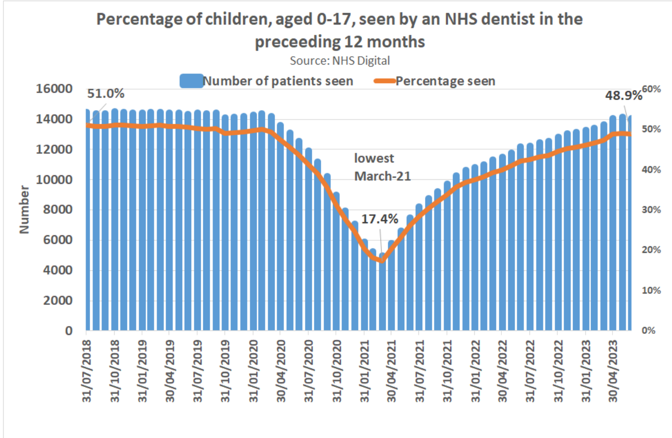
*Source: 2021 GP patient survey*

When asked why they had not tried to access an NHS dentist there were differences observed between Halton respondents and England as a whole. In particular a lower proportions stayed with the NHS dentist when they changed to private practice and prefer to go to a private dentist . This demonstrates the impact of the relative levels of poverty and deprivation in the borough compared to England.

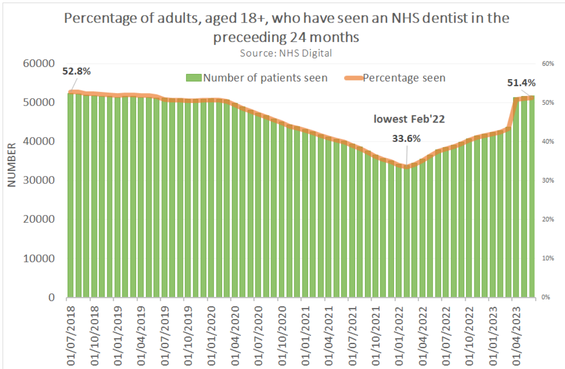
**Trend in children accessing an NHS dentist in the preceding 12 months**

Nationally 6.4 million children were seen by an NHS dentist in the 12 months up to 30 June 2023 . 70% of courses of treatment were Band 1, 15.8% Band 2, 0.7% Band 3 and 5.3% urgent.

Data from NHS Digital shows that whilst the percentage of children seeing an NHS dentist has improved since the Covid-19 pandemic lockdown period it is still not at previous levels. The Halton latest position (end June 2023) of **48.9%** is lower than the national average of 52.7%.




**Trend in adults accessing an NHS dentist in the preceding 24 months**




Nationally 18.1 million adults were seen by an NHS Dentist in the 24-months up to 30 June 2023. The position for adults saw a similar pattern to children but the drop during the pandemic was not quite so marked. Levels have improved but remain slightly below pre-pandemic levels.

# DENTAL ACTIVITY: COURSES OF TREATMENT

## Courses of Treatment Delivered

NHS Business Services Authority (NHSBSA) provide data on all dental activity in Halton, where the number of FP17 dental activity forms are counted and analysed based on the type of dental treatment provided. Data are shown for both children (aged under 18) and adults aged 18 and over. Additional demographic information, for example age and sex, is not available for this data.

In 2022/23 there were 32.5 million courses of treatment were delivered in total. This is an increase of 23.2% compared to the previous year.

## Dental activity for children

Table provides a summary of key dental activity among children in Halton. The proportion of children receiving Band 1 treatment in Halton (74%) is similar to Cheshire & Merseyside and slightly higher than the regional and national averages.

In 2022/23 the borough and its local comparators had a much higher proportion of children receiving Band 2a treatment. Halton also had nearly double the percentage receiving urgent/ occasional treatment. However, this is not the case for 2023/24 were Halton's percentages are more in line with comparators.

**Summary of dental activity amongst children (aged under 18, 2023/24**

| | Band 1 | Band 2 | Band 2a | Band 2b | Band 2c | Band 3 | Urgent Treatment |
|---|---|---|---|---|---|---|---|
| Halton | 74.0% | 0.1% | 14.2% | 5.7% | 0.1% | 0.5% | 5.4% |
| Cheshire and Merseyside ICB | 74.1% | 0.1% | 14.6% | 5.1% | 0.1% | 0.3% | 5.8% |
| North West | 72.5% | 0.1% | 14.7% | 6.4% | 0.1% | 0.5% | 5.7% |
| England | 72.1% | 0.1% | 15.7% | 6.5% | 0.1% | 0.7% | 4.9% |

Source: NHSBSA

## Dental activity for adults

Dental activity data for adults in Halton demonstrates that adults (paying and non-paying) receive less band 1 and more band 2/urgent activity compared to England. Non-paying adults are less likely to have band 1 treatment and more likely to have band 3 and urgent activity. Having more claims in band 2 could suggest the requirement for more complex dental care and more claims in urgent activity could suggest inadequate access (including COVID-19 lockdown implications), cultural behaviour in only attending when in pain or not being able to attend routinely due to NHS dental costs.

**Summary of dental activity amongst non-paying adults, 2022/23**

| | Band 1 | Band 2 | Band 2a | Band 2b | Band 2c | Band 3 | Urgent Treatment |
|---|---|---|---|---|---|---|---|
| Halton | 31.0% | 0.1% | 26.8% | 8.5% | 0.3% | 12.6% | 20.8% |
| Cheshire and Merseyside ICB | 29.8% | 0.2% | 28.1% | 8.1% | 0.5% | 12.2% | 21.1% |
| North West | 30.3% | 0.2% | 27.2% | 7.8% | 0.4% | 11.6% | 22.5% |
| England | 31.3% | 0.2% | 26.6% | 8.5% | 0.5% | 13.1% | 19.8% |

Source: NHSBSA

**Summary of dental activity amongst paying adults, 2022/23**

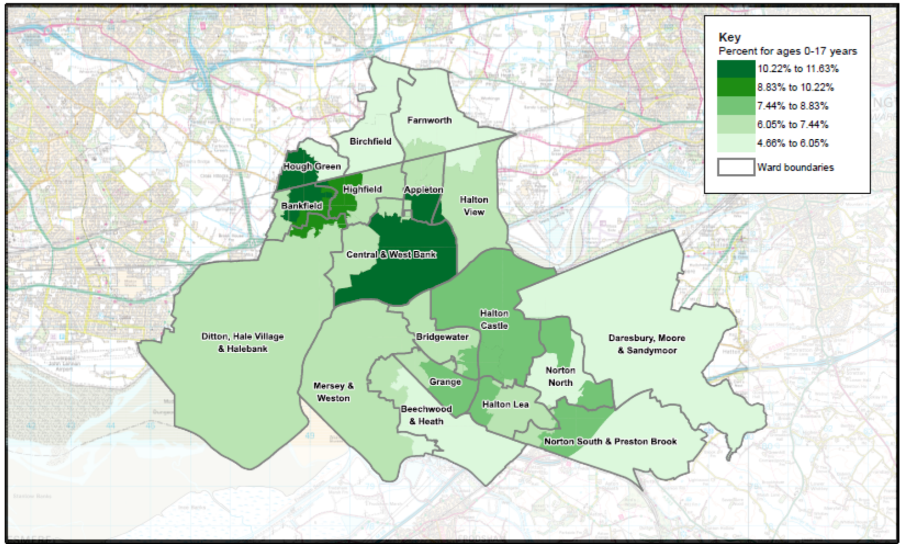
| | Band 1 | Band 2 | Band 2a | Band 2b | Band 2c | Band 3 | Urgent Treatment |
|---|---|---|---|---|---|---|---|
| Halton | 51.8% | 0.1% | 24.7% | 6.5% | 0.3% | 3.9% | 11.2% |
| Cheshire and Merseyside ICB | 55.0% | 0.1% | 22.4% | 5.3% | 0.3% | 3.6% | 12.3% |
| North West | 56.1% | 0.1% | 21.0% | 5.3% | 0.4% | 3.4% | 12.9% |
| England | 58.5% | 0.1% | 19.6% | 5.6% | 0.4% | 3.4% | 11.7% |

Source: NHSBSA

## Urgent Treatment

The map below shows the percentage of FP17s for Urgent Treatment for people aged 0 to 17 years by MSOA for 2019/20 to 2023/24.

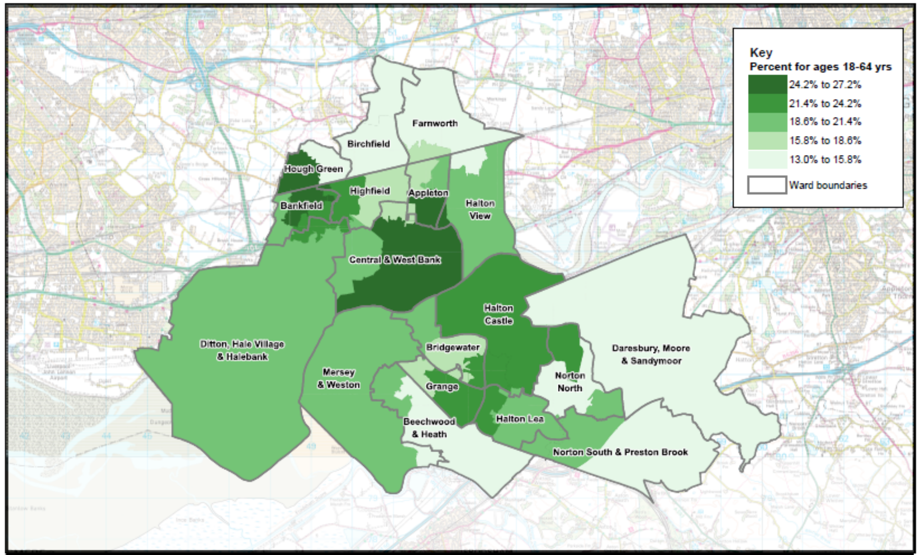
FP17 forms are submitted by providers and give details of dental activity. The data recorded on the FP17 shows the patient charge collected, the number of units of activity performed, and treatment banding information.




Percentage of FP17s (0-17 years) which were for Urgent Treatment by MSOA, 2019/20 to 2023/24 (with ward boundaries)
*Source: NHSBSA*
*Produced by Public Health Intelligence Team, May 2024*

For 0-17 year olds the highest percentages for urgent treatment were seen in Widnes, especially around the Central & West Bank, Bankfield and Hough Green. This was also the case for 18 to 64 year olds. Both show broadly a relationship with deprivation; the wards having the highest percentage of urgent care being the more deprived wards.

When looking at the data for ages 65+, there wasn't as much variation in percentages between the MSOAs. The range was between 10.7% and 15.7%.

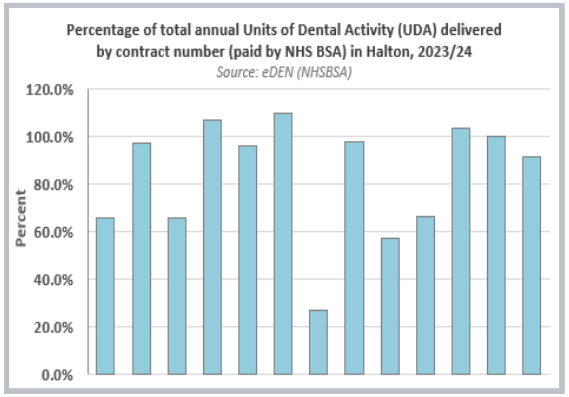



Percentage of FP17s (18-64 years) which were for Urgent Treatment by MSOA, 2019/20 to 2023/24 (with ward boundaries)
*Source: NHS BSA*
*Produced by Public Health Intelligence Team, May 2024*

## Units of Dental Activity (UDA)

UDA is used to measure a practice's activity and from that to ensure that the correct amount of patients' charges is collected .

The chart shows the differences in the percentage of UDA delivered for each dental contract in Halton for 2023/24. The percentage is how many UDA has been completed compared to the number they are contracted to deliver.

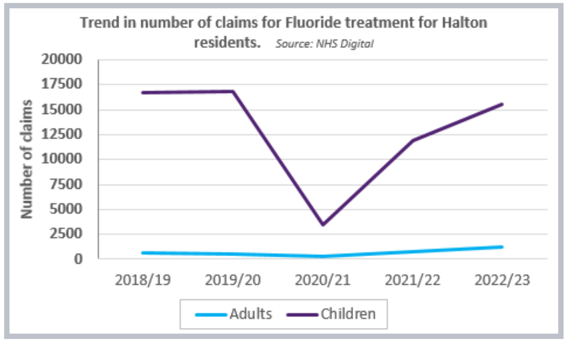


## Fluoride varnish

Fluoride varnish can be applied to both baby teeth and adult teeth by a dentist, which involves painting a varnish containing high levels of fluoride onto the surface of the tooth every 6 months to prevent decay. It works by strengthening tooth enamel, making it more resistant to decay.
From the age of 3, children should be offered fluoride varnish treatment at least twice a year. Fluoride varnish should be offered 2 or more times a year for children of all ages with tooth decay or those at high risk of developing it.

The chart below shows the trend in number of claims for Fluoride treatments in Halton between 2018/19 and 2022/23.

The number of claims dropped significantly for children during 2020/21 which is due to the COVID-19 pandemic with less children visiting the dentist during this time.

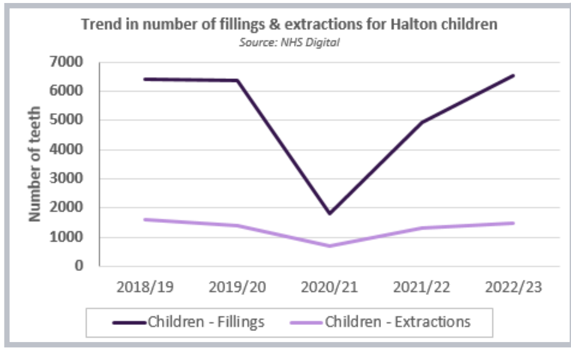


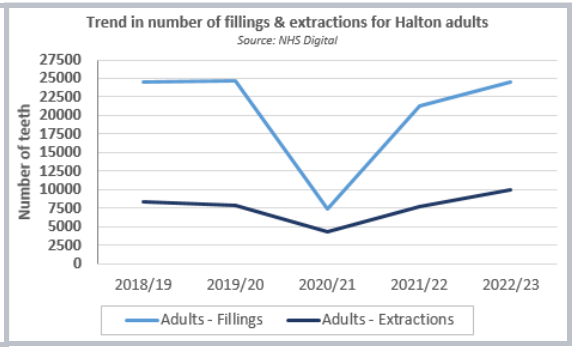

The number did increase during 2021/22 and 2022/23. However the number remains lower than pre-pandemic.

## Fillings & Extractions

The following charts show the number of teeth that were filled or extracted for both Halton adults and children between 2018/19 and 2022/23.
The trend in number of fillings and extractions for both children and adults saw a very similar pattern to the Fluoride treatment claims, which is again due to the COVID-19 pandemic.

The number of fillings and extractions for children in 2022/23 were back to a similar level that they were before the pandemic, as were the number of fillings for adults. However, the number of extractions in 2022/23 for adults was higher than the figures for 2018/19 and 2019/20.

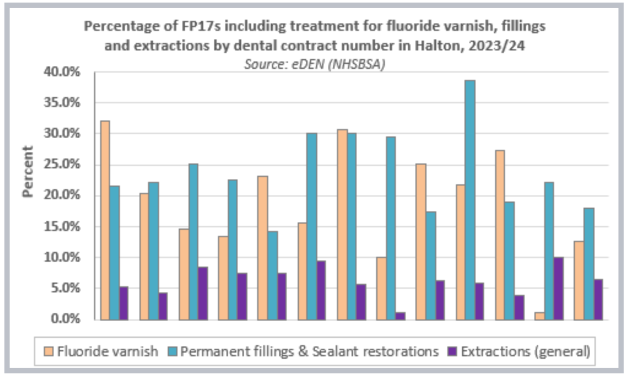



## Treatment by dental contract

The following chart shows the percentage of FP17s which included treatment for fluoride varnish, permanent fillings & sealant restorations, and extractions (general) during 2023/24 by dental contract number for Halton dentists.
*The data in the chart is in the same order as the UDA chart on the previous page.*

The charts shows the differences in treatment given during 2023/24 between the contracts. These differences will be due to a number of factors including number of patients registered, age and where the patients reside (deprivation quintile).



# DENTAL WORKFORCE

The majority of primary care dental services are provided by general dental practitioners. The primary care dental workforce consists of dentists and dental care professionals. Dental care professionals include dental nurses, hygienists, therapists, orthodontic therapists, and technicians including clinical dental technicians.

### Number of NHS dentists

In 2022/23 there were 104 dentists in Halton delivering NHS dentistry. Using 2020 population figures provided by NHS Digital this represents 80.14 per head of population. This is nearly twice as high as the England average of 42.7 per 100,000 population, higher than the Cheshire and Merseyside ICB average of 64.45 and North West average of 49.73 per 100,000 population.

Using this analysis it could be stated that Halton is relatively well served in terms of NHS practitioners. However as we saw at the beginning of this section the majority are not taking new NHS patients. This means anyone not attending regularly or who moves into the area/within Halton and needs to join a new practice will have a lot of difficulty doing so.

### Workforce demographics

In terms of age, Halton has a lower proportion on NHS dentists who are aged 55 and over compared to the North West and England, a slightly higher percentage are in the 45-54 age group. It also has a lower proportion who are women. A higher proportion are associates although the pattern is broadly similar.

| | | NHS Cheshire and Merseyside ICB - Halton | North West Commissioning Region | England |
|---|---|---|---|---|
| Age | 35-44 | 27.9% | 28.2% | 28.5% |
| | 45-54 | 23.1% | 19.1% | 21.3% |
| | 55+ | 9.6% | 12.7% | 14.6% |
| | Under 35 | 39.4% | 40.0% | 35.6% |
| Gender | Females | 47.1% | 52.1% | 53.6% |
| | Males | 52.9% | 47.9% | 46.4% |
| Dentist type | Associate | 86.5% | 82.9% | 80.8% |
| | Providing Performer | 13.5% | 17.0% | 19.1% |

*Source: NHS England Digital*

Unlike the national picture that has seen a decrease in the number of dentists both the North West and Halton saw an increase over the period 2018/19 to 2022/23. In Halton there has been a doubling of dentists over this time.

### Number of dentists providing NHS care over time

| | NHS Cheshire and Merseyside ICB - Halton | North West Commissioning Region | England |
|---|---|---|---|
| 2018-19 | 52 | 3368 | 24545 |
| 2019-20 | 62 | 3438 | 24684 |
| 2020-21 | 54 | 3301 | 23733 |
| 2021-22 | 61 | 3470 | 24272 |
| 2022-23 | 104 | 3508 | 24151 |
| difference 2018/19 - 2022/23 | 52 | 140 | -394 |
| % difference | 100.0% | 4.2% | -1.6% |

*Source: NHS England Digital*

The national Dentists' Working Patterns, Motivation and Morale - 2022/23 survey provides headline information on working patterns, motivation, and morale for self-employed primary care dentists in England, Northern Ireland, Scotland, and Wales for 2022/23. Information on average weekly hours, weeks of annual leave, the division of time between NHS/Health Service and private dentistry, and clinical and non-clinical work, is presented as well as motivation and morale measures.

### Key Findings in England:

- NHS/Health service activity has fallen
- There has been an overall increase in the amount of time dentists spend on clinical work during the last decade
- Motivation and morale levels have dropped since the last survey for most dental cohorts
- The most common contributory factor to low morale for Providing-Performer/ Principal dentists is increasing expenses and/or declining income. Recruitment and retention issues have become increasingly prevalent since the last survey
- Around two-thirds of dentists across the UK often think of leaving dentistry
- the more time dentists spend on NHS work, the lower their levels of motivation

Dentists' Working Patterns, Motivation and Morale - 2022/23 - NHS England Digital

# DENTAL ACTIVITY: COMMUNITY DENTAL PROVISION AND ORAL HEALTH IMPROVEMENT

## Community Dental Service

The Community Dental Network is run by Bridgewater Community NHS Foundation Trust. It is a combined service providing community dental services for a number of North West areas, to a combined population of over 2 million people, including Halton.

The Community Dental network provides specialised dental care **on referral** for people of all ages, disabilities and special needs which make it impossible for them to access treatment from an NHS family dentist. Referrals meeting the service criteria are accepted from Dentists, GP's, health care and social care professionals.

Services include:

- Paediatric Dentistry
- Special Care Dentistry
- Paediatric General Anaesthetic Services
- Special Care General Anaesthetic (conservation and exodontias)
- Inhalation Sedation for children with anxiety issues
- Sedation for Anxious Adults
- Domiciliary services
- Minor Oral Surgery

Dental Student Teaching (Dentists and Therapists)

## Oral health improvement

Much of Halton's oral health promotion offer is incorporated into the 0-19 contract and community dental service, both operated by Bridgewater Community Healthcare Foundation Trust.

However Halton Borough Council's Health Improvement Team also include an oral health offer within their early year's and school age children programmes.

HENRY is an evidence-based programme for the prevention of obesity. Aimed at parents of children aged 0-5 years. Part of the 8-week programme covers healthy teeth and healthy drinks. The team also deliver standalone workshops on those topics at Family Hubs for those wanting to learn just about oral health. These sessions are for parents and carers or anyone who works with or looks after children.

Oral Health training is offered to Early Years staff as part of the HHEYS (Halton Healthy Early Years) offer to educate staff around the basics of oral health for children and how as a setting they can promote and encourage good oral health.

Oral health messages are also woven in to other parent workshops delivered by HIT, such as Introducing Solid Foods, Fussy Eating and Sugar workshops.

The promotion of oral health is also incorporated at other sessions and events, such as the Family Hub Baby Showers, Ready for School drop-ins and infant feeding drop-ins.

Key oral health messages are included in to the Royal Society of Public Health (RSPH) accredited Understanding Health Improvement course that Family Hubs staff are attending from Spring/Summer 2024.

## Supervised toothbrushing in early years settings

In 2014, both NICE and PHE published key documents, which upon reviewing the evidence of effectiveness of oral health improvement programmes, both recommended the commissioning of targeted supervised toothbrushing in early years' settings. The PHE toolkit supports commissioners and providers of such programmes.

After an effective programme ran in Halton for many years, under the leadership of dental public health, government funding for the scheme ceased in (date). Concerns about the condition of children's teeth and access to dental care have prompted the Labour party to pledge to re-introduce a 3-5 year funded programme should they be elected to office. (I'm up for fight over nanny state accusations, says Keir Starmer - BBC News ).

A survey by Public Health England in 2017 (response rate 95% of 145 local authorities in England) found supervised tooth brushing programmes were commissioned by 51% (74/145) of local authorities and were often commissioned in multiple settings.

A survey conducted by Halton Borough Council was completed recently by 21 settings, mostly pre-school and some child minders. 8 said it was a low or no priority with the remaining 13 rating it between medium and essential priority. Despite this only 5 offered it within their setting. With the setting funding it themselves or parents funding or a combination.

In the British Social Attitudes Survey in 2022, satisfaction with NHS dentistry fell to a low of 27% and dissatisfaction increased to a high of 42%. 24% of respondents said they were 'very dissatisfied' with NHS dentistry – a higher proportion than for other health and care services asked about in the survey. Healthwatch England reports that patients frequently raise issues around access to dentistry. While people can theoretically be treated by any dentist with an NHS contract, data from 2022 found that people who had been to a particular practice before were much more successful in getting an NHS dental appointment than those who were not previously known to the practice (82% compared with 32%). Data from the Halton GP patient survey 2022 (see previous section) revealed that the majority of people prefer to go to a dentist they have used before. Younger adults and people from minority ethnic groups were had the lowest levels of success in accessing appointments. A report by BBC News and the British Dental Association in August 2022 found 9 in 10 NHS dental practices across the UK were not accepting new adult patients for NHS treatment. 2 out of 12 Halton dental practices and a further 7 within a 7 mile radius are accepting new NHS patients but only when they have availability.

Particular groups of the population are at risk of poorer dental health and worsening health inequalities. Research has shown that people in more deprived areas and those in vulnerable groups such as, homeless people, looked after children and people from Gypsy, Roma and Traveller communities, face particular difficulties accessing dental care.

The Covid-19 pandemic has had a significant impact on primary care dentistry. Routine dentistry was completely suspended for several months in 2020. In January 2022 the government announced the investment of £50 million to provide an additional 35,000 urgent dental care appointments to help to drive services back to pre-pandemic levels.

## Halton insights

Healthwatch Halton report that there has been an increase in the percentage of people stating they cannot find an NHS dentist (based on results of the GP survey 2021 compared to 2020). Also that they have seen an increase in the number of calls to them from people unable to find a local dentist that will take them as a new NHS patient. They point to the NHS 'find a dentist' website, where they could not find a Halton dentist taking new NHS patients. Also that information on the website was out of date (it is the responsibility of each practice to update their own information). Whilst one the face of it this situation does seem to have improved slightly (see previous section), they do all say 'when appointments available'. In 2 surveys conducted by Healthwatch Halton in July-August 2021 (176 responses) and September-October 2022 (106 responses) it is clear that even when dentists say they accept new NHS patients there are significant waiting lists of many months duration.

One of the issues is that, unlike GP practices, were patients must register to receive primary medical care, there is no registeration with an NHS dentist. In theory this could make it easier for a patient moving into the area to be seen by a local dentist. However, the current situation means people are having great difficulty in doing this. It also means that those not visiting the dentist regularly, including during the Covid-19 pandemic where lockdown and restrictions applied, find themselves 'removed from the dental list' of the dentist they have used in the past. For some, they have found it impossible to get their child(ren) seen.

This has left many trying to navigate a confusing and out-of-date marketplace to find a dentist. Some have had to go private at significant cost. Regional helplines and NHS 111 have not always been helpful in helping people navigate the system or recommending people to travel long distances to other towns and cities in the region for treatment, be it urgent care or routine.

Those who have seen their usual dentist on a regular basis (intervals 6 months to less than 2 years with nearly half—49% - in the 2021 survey saying they normally went once every 6 months) have found they are still able to get appointments and have reported being largely satisfied with the treatment received. Some did point to confusion over pricing for those who have to pay for their NHS treatment; not being told how much the treatment and/or being told the cost before treatment began. Delays in appointments or not being able to get an appointment had impacts on people's oral health, resulting in pain, time of work and more radical treatment being needed as situations worsened.

In the 2021 survey, of those needing an emergency appointment in the previous year only 55% had managed to get one within a day, 25% waited a week and 20% more than a week for treatment.

The most recent oral health evidence and policy guidance can be found at Oral health - GOV.UK (www.gov.uk)

Office for Health Improvement and Disparities and Department of Health and Social Care. Delivering better oral health: an evidence-based toolkit for prevention Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK (www.gov.uk)

Key interventions for improving oral health in children: make fluoride available; healthy eating; tooth brushing schemes in nurseries and primary schools in areas at high risk; oral health promotion incorporated into all children and young people's services, including early years; whole school approach; universal and targeted interventions; oral health promotion training for frontline workers; sugar free medication; healthy dental behaviours supported with resources from the Starting Well resource pack Information on policies for children's oral health can be found at Oral health - GOV.UK (www.gov.uk)

Key interventions across the adult population include:

- Oral health promotion training for frontline workers so to make oral health part of life-style conversations and wider health services using a making every contact count ap-proach
- Ensuring oral health is included in service commissions eg such as weight management, stop smoking support, substance misuse
- Explicitly including oral health as part of work to address health inequalities such as with those experiencing homelessness and rough sleepers
- Working with communities via their trusted voices and VCS partners to deliver oral health promotion and toothbrushing schemes eg with Gypsy Romany Travellers, or vulnerable migrants
- Oral health promotion at community-based events and regular communications cam-paigns to raise general population awareness of key oral health promotion messages and how to access good dental services
- Ensuring all services supporting older people and those with learning disabilities are training to deliver good oral health promotion and care
- Dental practices to have an oral health and prevention champion. Dental reception staff trained in increasing access for vulnerable groups, ensuring availability of information in easy read and other formats
- • All dental staff to be trained in delivering Better Oral Health, Making Every Contact Count44 , reducing inequalities in access/making reasonable adjust-ments for vulnerable groups. 45

Local authorities are responsible for improving health, including oral health (see the Health and Social Care Act 2012). This report provides data that may be used in joint strategic needs assessments and oral health needs assessments to plan, com-mission and evaluate oral health improvement interventions and dental services. The Office for Health Improvement and Disparities (OHID) and the National Insti-tute for Health and Care Excellence (NICE) have published documents to support local authorities in these activities:

Improving oral health: supervised tooth brushing programme toolkit

Improving the oral health of children: cost effective commissioning

Improving oral health: a community water fluoridation toolkit for local authorities

Oral health: local authorities and partners, NICE 2014

## Dental Health

Halton has higher than national average levels of many of the factors that increase risk of poor dental health.

Its socio-economic position is poorer, it has higher levels of disability, vulnerable populations and people with long-term conditions. Lifestyle factors also play a role and whilst data is lacking in many areas, where it is available, it shows a worse position than the national average.

It is not surprising therefore to see statistically higher levels of visible dental decay in 5 year olds, second highest in Cheshire & Merseyside behind Liverpool.

Despite this hospital admissions for dental caries in 0-5 year olds are lower than regionally or nationally. However levels have been increasing against a falling pattern elsewhere.

The number of decayed, missing and filled teeth amongst 5 year olds is higher in Halton. National analysis shows a clear relationship with deprivation which may help explain Halton's position.

Tooth extractions in hospital are now near the national average after many years of being below the North West and England levels.

The situation is similar for adults with 2018 data showing Halton had higher levels of bleeding, urgent treatment, dentures and lower proportions with a functional dentition.

The Covid-19 pandemic affected the 2021 survey so local authority level data was not available. Analysis showed, similar to children, a relationship with deprivation. This applied to both oral hygiene practices and dental outcomes.

Data on older adults (mildly independent i.e. not living in a care home) dates back to 2016. The pattern was the same.

So right across the lifecourse dental health is worse in Halton than regionally or nationally.

Oral cancer registrations are higher as is oral cancer mortality. Highest death rates are in the 65-69 year olds. 61% oral cancer deaths occurred in Runcorn residents and 39% in Widnes residents.

## Access to NHS dental services

The issue of access to NHS dental services has been hitting the news headlines over the past few years. Healthwatch nationally and locally report an increase in the number of enquiries they receive about access and concerns being raised about the lack of dental practices willing to take new NHS patients.

Unlike GPs where you have to register to access services patients can access any dental practice. Unfortunately this also means those who have not visited the dentist for some time have found themselves being told they can no longer access the dental practice they have used in the past and unable to register as a new patient.

For both adults and children the drop in those accessing an NHS dentist in the last 12 months (children) or 24 months (adults) seen during the pandemic restrictions still has not recovered to pre-pandemic levels—less than half of children and just over half of adults with levels being lower than the national averages.

Many vulnerable populations find organisational barriers to access as well as communication and cultural barriers.

There is a higher percentage of urgent care for both children and adults in Halton than elsewhere. Urgent treatment is highest in Halton's more deprived electoral wards.

Whilst there has been a reduction in the general dental workforce across England this does not appear to be the case in Halton where numbers have increased and a higher percentage are under age 35. National surveys show morale is low with two-thirds of dentists across the UK thinking of leaving the profession. This is especially so for those spending more time on NHS work.

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