Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 7 June 2023

Subject: Oral Health and Dentistry

Report of: Director of Public Health

Summary

This report provides a position statement on the oral health of the city's population and access to NHS dental services. It uses a range of data to profile the oral health of Manchester residents, describes the provision and use of NHS services, including action to recover from the impact of the Covid-19 pandemic, and information on patient and public feedback. The report summarises commissioned prevention and oral health improvement services for children and young people, adults and older people. The report places a focus on health equity, highlighting known gaps in our knowledge and intelligence and the limitations this places on our ability to understand and address health inequalities, and provides feedback from partners/providers in relation to a range of vulnerable or health inclusion groups.

It is important to note that this report makes a distinction between dental oral health and wider oral health conditions (such as mouth cancer, gingivitis, halitosis etc). The report is concerned with dentistry and healthy teeth.

Recommendations

The Board is asked to:

1. Support the development of a Manchester specific action plan to address poor levels of oral health in the local population, drive improvements to NHS dental services and reduce inequalities for the Manchester population
2. Support the development of GM strategy and action to address locality requirements around oral health promotion and improved access
3. Request that the Director of Public Health reports back to the Board on progress and the priority actions agreed

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Our Manchester Outcomes Framework

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The report identifies key vulnerable groups including low-income families, care leavers and single parents who are particularly susceptible to poor oral health and describes actions to support all family members across the life courses so they can thrive and achieve economic independence.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Good oral health supports access to employment and reduces absenteeism. Ensuring children develop good habits early is critical in their formative development. Supervised toothbrushing and Oral Health promotion in 0-19 years seeks to reduce the number of children who attend school with dental decay or toothache.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Good teeth and oral hygiene facilitate the ability to smile and communicate confidently. This is implicitly linked to feelings of wellbeing and positive self- image.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Contact Officers:

Name: David Regan
Position: Director of Public Health
E-mail: david.regan@manchester.gov.uk

Name: Jenny Osborne
Position: Strategic Lead, Population Health Programmes
E-mail: jenny.osborne4@nhs.net

Name: Neil Bendel
Position: Public Health Specialist (Health Intelligence)
E-mail: neil.bendel@manchester.gov.uk

Name: Peter Cooper
Position: Commissioning Manager, Public Health
E-mail: p.cooper@manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

Department of Health and Social Care, Public Health England, NHS England and NHS Improvement. Delivering better oral health: an evidence-based toolkit for prevention. Published 12 June 2014.

Healthwatch Manchester Mystery shopper review of dentists admissions in Manchester Published: 22 March 2023

National Institute of Clinical Excellence (NICE) Guidance Oral Health: Local Authorities and Partners https://www.nice.org.uk/guidance/ph55
Published 22nd October 2014

NHS Dental Epidemiology Programme for England. Oral Health Survey of 12 year old Children 2008 / 2009. Published November 2010.

NHS Digital. NHS Dental Statistics for England, 2021-22, Annual Report. Published 25 August 2022

Office for Health Improvement and Disparities. National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022. Updated 28 March 2023.

Public Health England. Oral health survey of mildly dependent older people 2016. Published 30 January 2019

Public Health England. Inequalities in oral health in England. Published 19 March 2021.

Public Health England. Oral health survey of 3 year old children 2020. Published 30 March 2021

Manchester City Council. Start Well Strategy 2020-2025. Published December 2020

1.0 Executive Summary

1.1 Poor oral health is a significant public health problem in Manchester and England as a whole. Published data from the National Dental Epidemiology Programme for England (NDEP) indicates that the prevalence and severity of tooth decay experienced by children and adults in Manchester is worse than the England average.

- In 2019/20, 21.3% of 3-year-old children examined in Manchester had some experience of dental decay compared with 16.7% of 3-year-old children in GM and 10.7% in England.
- In 2021/22, 31.6% of 5-year-old children in Manchester had some experience of dental decay. This is significantly worse than the England average of 23.7% but represents a reduction compared with the figure of 51.4% in 2007/08.
- In 2018, 31.7% of adults aged 16 years and over attending general dental practices in Manchester had active dental decay, compared with 26.8% of adults across England as a whole.

1.2 The rate of children and young people living in Manchester having teeth extracted in an NHS hospital is also significantly higher than the national average.

- In 2021-22, there were 860 episodes of care for hospital tooth extractions among children and adolescents aged 0-19 living in Manchester. Nearly a quarter (23%) of these were in children aged 5 or under and 8 out of 10 (81%) had dental decay as the primary diagnosis.
- The overall rate of hospital tooth extractions in 0-19-year-olds in Manchester (584,8 per 100,000 population) was higher than that seen in both Greater Manchester (478.0) and England as a whole (323.5).

1.3 Data published by NHS Digital on courses of treatment provided by NHS dentists in Manchester also indicates the greater acuity of oral health need in the city.

- Just under a quarter (23.4%) of courses of treatment delivered are classed as ‘urgent/occasional’, which are likely to be the most acute in nature.
- Adults who are not eligible to pay for NHS dental treatment (including those on a low income or receiving help with health costs) were more likely to receive urgent treatment compared with children or paying adults.

1.4 National dental epidemiology surveys for adults and children are of insufficient scale to provide statistically meaningful data in Manchester in respect of inequalities in oral health and access to services, for example, between ethnic groups, people with other protected characteristics, areas of the city and inclusion health groups. However, information provided by local partners as part of compiling this report indicates that there are significant challenges in oral health need and access to NHS dental services for a number of vulnerable groups in Manchester including:

- Care/nursing home residents and older people with care needs living at home
- Rough sleepers, homeless people and sex workers
- People with Learning Disability or Autism or Severe Mental Illness
- Looked after Children
- Asylum Seekers and Refugees

1.5 The impact of the Covid-19 pandemic on dental services has been significant, and recovery work led by the Greater Manchester (GM) dental commissioning team is still in progress via a Dental Access Plan task and finish group.

1.6 Data from NHS Digital indicates that the number of dental practitioners who undertook NHS contracted activity in Manchester per 1000,000 population during 2020/21 was higher than the national average. The proportion of the population (adults and children) in Manchester who have been seen by an NHS dental practice is also above the England average. Despite this, the evidence presented within this paper indicates that the level of commissioned NHS dentistry in the city remains wholly inadequate to meet population need.

1.7 In March 2023, Healthwatch Manchester published the results of a 'mystery shopper' exercise regarding new admissions of NHS patients by Manchester dental practices in response to a high number of dental-related queries. This found that:

- 46 (78%) of the 59 contacted were not accepting new NHS patients
- 3 of the practices (5%) said they were accepting new NHS patients
- None of the practices who were not accepting new patients could give a timeframe for when they may begin doing so
- 46% are accepting private patients.

1.8 Elected Members in Manchester report that they receive a significant volume of requests for assistance in accessing NHS dental services, and concerns regarding the affordability of private dentistry in the city.

1.9 There have been a number of NHS dental contracts close across GM over the past 3 years and the commissioners of NHS Dental Services are reviewing the impact and current provision. It is hoped that there will be the opportunity to re-distribute at least some of this capacity to areas of GM which have lower levels of local service capacity and/or additional need. This review is currently ongoing.

1.10 A number of services are commissioned in the city to promote good oral health and access to dentistry, including a flagship 'Buddy Practice' scheme unique to the region. These are commissioned by Manchester Department of Public Health and delivered via Manchester NHS Foundation Trust and are described in this report.

Section One: Background and Strategic Context

2.0 Background

2.1 Poor oral health is a significant public health problem in Manchester and England as a whole. Poor oral health is an important factor in people's general health and quality of life and can affect people's ability to eat, speak and socialise and lead to pain, infections, poor diet and impaired nutrition and growth. Those who need dental treatment may have to be absent from work or school and can face an uncomfortable delay in receiving appropriate treatment. Good oral health is also an essential component of active ageing. Social participation, communication and dietary diversity are all impacted when oral health is impaired.

2.2 There are marked inequalities in dental decay and oral health related quality of life across all stages of the life course. There is evidence to suggest that inequalities in the prevalence of dental decay in 5-year-old children in England increased from 2008 to 2019. Nationally, the caries-related tooth extraction episode rate for children and young people living in the most deprived communities was nearly 3 and a half times that of those living in the most affluent communities. There are also inequalities in the availability and utilisation of dental services across ages, sex, geographies and different social groups.

2.3 Poor oral health is strongly linked to social deprivation and is almost entirely preventable. Tooth decay is caused by the frequency and amount of sugar (non-milk extrinsic sugars) in the diet, lack of hygiene and lack of exposure to fluoride. Poor oral health habits can begin early in life through unsuitable baby feeding practices, diet and lack of early brushing. These habits can then lead to a higher risk of obesity, diabetes, cardiovascular disease and some cancers in later life. Poor oral health can also impact on individual mental health, contributing to reduced confidence, employability and participation. In older people poor oral health can increase the risk of respiratory tract infections, aspirational pneumonia, the ability to eat and therefore support nutritional requirements, and to communicate.

3.0 Strategic Context

3.1 The national position in terms of population access to NHS dentistry is well documented. In November 2022, the Department of Health and Social Care acknowledged the challenges in accessing accessible and affordable dental care and announced a new package of measures to improve patient access to dental care.

3.2 In March 2021, Public Health England published a piece of national research and analysis looking at inequalities in oral health in England. This identified marked inequalities in dental decay and oral health related quality of life across the life course but also noted the absence of good quality evidence on protected characteristics and the associations between oral health, care

services and the protected characteristic, clear and consistent evidence of inequalities by socio-economic position and deprivation, and limited available evidence on the oral health of vulnerable groups, such as homeless people and travellers. The absence of robust data, particularly on protected characteristics, impedes our ability to refine and target commissioned services and interventions appropriately.

3.3 The Greater Manchester Integrated Care Partnership (ICP) is currently developing its over-arching strategy for primary care, known as the GM Primary Care Blueprint. This includes implementation of a Dental Quality Scheme which will seek to improve access to dentistry across GM and places a focus on prevention by optimising prevention programmes to improve oral health, particularly children and young people and end of life care. GM Oral Health needs assessments are being developed and will be incorporated into Primary Care Blueprint and GM Population Health delivery plans.

3.4 The GM Dental Commissioning Team is working on a Dental Access Plan and strategic development work led by the GM Dental Consultant in Public Health is underway. There is scope to support this work through the further development of a co-ordinated, collaborative approach across the ten localities within GM to help drive a strategic approach and delivery plan in relation to oral health and dentistry that reflects local needs and requirements.

3.5 In Manchester, children's oral health is a key outcome measure for the city's Start Well Strategy Reducing the number of episodes of hospital care in 0-5 years linked to poor oral health is a regular focus of the Manchester Start Well Board. Improving children's oral health contributes to the Our Manchester First 1,000 Days outcome framework, supporting a 'best start in life' and 'school readiness in early years'.

3.6 As part of the new locality arrangements under the GM Integrated Care Partnership, Manchester Partnership Board (MPB) has identified two key priorities: to improve physical and mental health and wellbeing, prevent ill-health and address health inequalities, and improve access to health and care services, including primary care access.

3.7 Within the MPB Delivery Plan, Core20Plus5 is identified as a new programme for which a locality framework needs to be developed within the scope of the Provider Collaborative. Oral Health is one of the priorities for Core20Plus5 for children and young people and will therefore require enhanced focus as part of MPB Delivery Plan assurance. This will also need to align with Making Manchester Fairer, the city's five-year plan to tackle health inequalities in Manchester, and the Manchester Population Health Management (PHM) Programme within neighbourhoods and Primary Care Networks (PCNs).

Section Two: The oral health of children and adults in Manchester

4.0 Oral health of children

Prevalence and severity of dental decay in 3- and 5-year-old children

4.1 The National Dental Epidemiological Programme for England (NDEP) is the primary source of data on the levels of dental decay in children and adults in England. It covers the collection of data on the prevalence and severity of experience of dental decay in 3- and 5-year-old children, as well as children in year 6 (10- and 11-year-olds). Appendix 1 contains more information on how the NDEP survey programme, how it is carried out and the key metrics used to measure the scale and severity of dental decay in different parts of England.

4.2 In Manchester, 52 children (or 0.7% of the 3-year-old population) were examined as part of the most recent NDEP oral health survey of 3-year-old children. This is much lower proportion of children than were examined in Greater Manchester (2.4%) or England as a whole (2.8%). The small number of children examined in Manchester is because data collection for this survey was curtailed by the outbreak of the COVID-19 pandemic and the closure of schools and nurseries in March 2020. This meant that the survey had to be terminated and the final 3 months of data collection were lost. The results of this survey should therefore be interpreted with caution.

4.3 Three-year-old children in Manchester were more likely to have some experience of decay compared with other areas. Overall, 21.3% of 3-year-old children in Manchester had some experience of decay, defined as having one or more decayed, missing or filled teeth, including missing incisors. This is despite only having had their back teeth for just 1 or 2 years. This compares with 16.7% of 3-year-old children in GM and 10.7% in England.

Table 1: Key measures from oral health survey of 3-year-old children 2020

	Manchester	Greater Manchester	England
ber of children examined	52	918	19,479
3-year-old population examined	0.7%	2.4%	3.8%
children with any decay experience	21.3%	16.7%	10.7%
age number of decayed, missing or teeth in children with any decay rience	3.6	3.1	2.9
decayed, missing or filled teeth that been filled or extracted	0.0%	8.0%	11.5%

4.4 3-year-old children in Manchester also had a greater severity of experience of dentinal decay. On average, 3-year-old children in Manchester had 3.6 decayed, missing or filled teeth compared with an average of 3.1 teeth in Greater Manchester and 2.9 teeth across England as a whole**.** The proportion

of *treated* dental decay in Manchester is much lower than in Greater Manchester or England as a whole. None of the 3-year-old children examined in Manchester and found to have visually obvious decay had been treated by having one or more of these teeth either filled or extracted.

4.5 Nationally, 3-year-old children living in the most deprived parts of England were almost 3 times as likely to have experience of dental decay (16.6%) as those living in the least deprived areas (5.9%). There was also variation in prevalence of experience of dental decay by ethnic group and this was significantly higher in the 'Other' ethnic group (20.9%) and the Asian and Asian British ethnic group (18.4%) compared with other groups.

4.6 In 2020/21, 20 schools in Manchester were visited as party of the NDEP survey of 5- year-old children. These were evenly distributed across the city - 6 in North Manchester and 7 each in Central and South Manchester - and included a mixture of small, medium and large schools. The total sample size across these 20 schools was 390 pupils.

4.7 In total, 358 5-year-old children in Manchester were examined. This represents 67.3% of the total sample and 4.8% of the estimated total number of 5-year-old children resident in Manchester.

4.8 The latest survey shows that almost a third (31.6%) of 5-year-old children in Manchester had some experience of dentinal decay (see Table 2 below). The percentage of 5-year-olds with visually obvious dentinal decay in Manchester has fallen from a peak of 51.4% in 2007/08 but the figure is still significantly worse than the England average of 23.7%.

Table 2: Percentage of 5-year-olds with visually obvious dentinal decay

Period	Manchester			North West Region	England
	Value	95% Lower CI*	95% Upper CI		
2007/08	51.4%	46.5%	56.3%	38.1%	30.9%
2011/12	40.8%	35.1%	46.5%	34.8%	27.9%
2014/15	32.7%	27.4%	37.9%	33.4%	24.7%
2016/17	43.0%	37.5%	48.8%	33.9%	23.3%
2018/19	38.3%	33.3%	43.5%	31.7%	23.4%
2021/22	31.6%	27.0%	36.5%	30.6%	23.7%

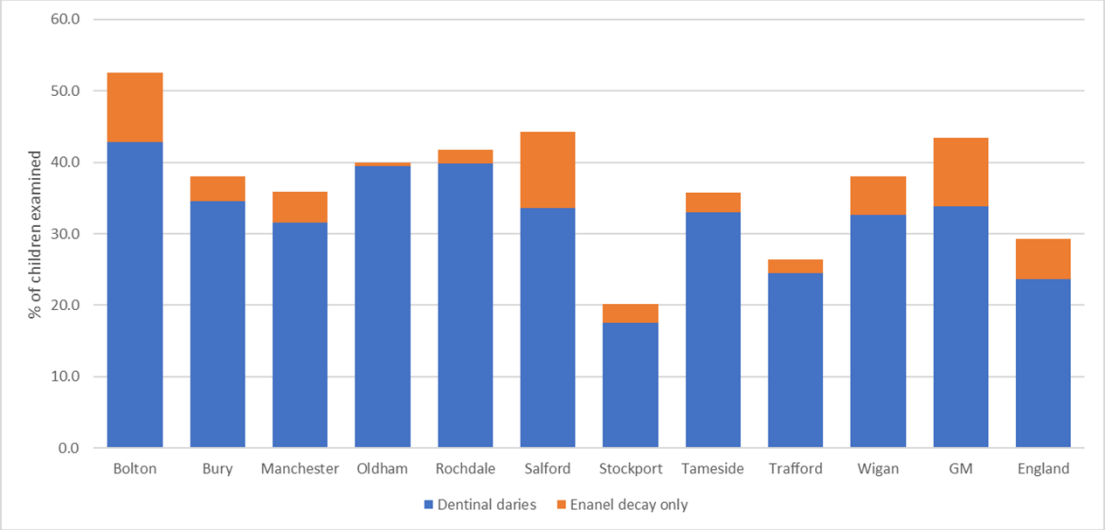
*Confidence Interval

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

4.9 Visually obvious decay into dentine ('dentinal decay') is the measurement threshold that is widely accepted in the literature for dental surveys. However, it provides an underestimate of the true prevalence and severity of disease as

it does not capture decay confined to the tooth enamel only. When decay confined to the tooth enamel is added to the figure, the percentage of 5-year-old children in Manchester with any form of teeth decay (i.e. dentinal or enamel confined decay) rises to 35.9%. Across Greater Manchester, the percentage of 5-year-old children with enamel decay and any form of dentinal caries ranges from 52.5% in Bolton to 20.2% in Stockport.

Percentage of 5-year-old children with dentinal caries or enamel decay



4.10 Overall, 4.3% of 5-year-old children in Manchester were found to have enamel caries but no dentinal caries. This compares with 5.6%s of 5-year-old children across England as a whole. These are children for whom it would have been possible to implement preventive measures at an early stage to help halt the progression of dentinal decay and prevent the need for invasive dentistry to restore loss of tooth structure in the future.

4.11 The number of children examined in Manchester is too small to allow any statistically meaningful analysis of variations in the prevalence of experience of dentinal decay in different parts of the city or between different communities. However, national data shows that children living in the most deprived areas of England were almost 3 times as likely to have experience of dentinal 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%). We would expect to see these variations mirrored within the Manchester population.

4.12 Data on the *severity* of experience of dentinal decay among 5-year-old children in Manchester shows that each child with experience of dentinal decay had, on average, 4.4 decayed, missing or filled teeth. Note: at the age of 5 years children normally have 20 primary teeth.

Hospital tooth extractions in 0- to 19-year-olds

4.13 Tooth decay is the most common reason for hospital admission in children aged between 6 and 10 years. Children have teeth extractions carried out in hospital, usually – but not exclusively - because they need general anaesthetic for the procedure. They may be very young, have multiple teeth requiring extraction or have very broken-down teeth or infection.

4.14 Based on the latest NHS national cost collection data for the financial year 2021 to 2022, the total costs to the NHS of hospital admissions for tooth extractions in children aged 0 to 19 years have been estimated to be £81.0 million for all tooth extractions and £50.9 million for caries-related tooth extractions.

4.15 The Office for Health Improvement and Disparities (OHID) publishes annual official statistics on tooth extractions for children and adolescents aged 0-19 that take place in an NHS hospital setting in England. This is based on analysis of the Hospital Episode Statistics (HES) admitted patient care (APC) data set and includes finished consultant episodes (FCEs) where a tooth extraction procedure was performed on either an inpatient or day-case basis. (Note: an FCE equates to the period a patient spends under the care of a single hospital consultant and may not equate to a single individual).

4.16 The most recently published data on hospital-based tooth extractions in 0 to 19 year olds shows that, in 2021-22, there were 860 FCEs for hospital tooth extractions among children and adolescents aged 0-19 living in Manchester. The majority of these (57%) were in children aged 6-10 years but a significant proportion (23%) were in children aged 5 or under. Teeth extractions in young children were more likely to be caries related compared with older children Overall, 80.8% of teeth extractions in children in Manchester had caries as the primary diagnosis but this rises to 93% in children aged 5 or under. The proportion of extractions in children aged 5 or under in Manchester that had caries as the primary diagnosis is higher than that seen across England as whole (86%).

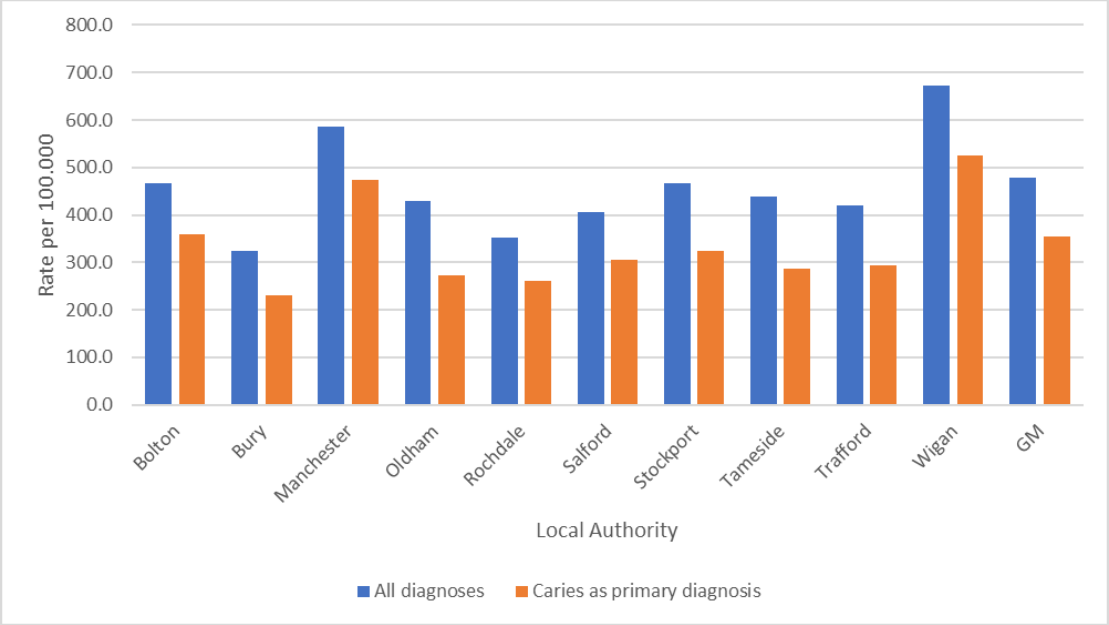
4.17 The hospital tooth extraction rate per 100,000 population in Manchester in 2021-22 was higher than that seen in both Greater Manchester and England as a whole (see Table 3 below). The rate of teeth extractions where caries is the primary diagnosis in Manchester was also higher than average.

Table 3: Hospital tooth extraction rate per 100,000 population (0-19 years)

	Rate per 100,000 (0-19 years)		
	All diagnoses	Caries as primary diagnosis	No diagnosis code for caries
Manchester	584.8	472.6	112.2
GM	478.0	355.6	122,4
England	323.5	205.1	118.4

4.18 The chart below shows the rate of tooth extractions in 0 to 19-year-olds per 100,000 population in each local authority within Greater Manchester.

Rate of tooth extractions in 0 to 19-year-olds per 100,000 population by local authority, 2021/22



4.19 Nationally, the caries-related tooth extraction episode rate for children and young people aged 0-19-years living in the most deprived communities was nearly 3 and a half times that of those living in the most affluent communities. More work is needed to better understand the population demographics and potential inequalities associated with tooth extraction for 0–19-year-olds in Manchester. The best quality data on this issue is likely to be held by MFT, who are best placed to lead on this work as part of our local system response, which would align well with MFTs priorities on addressing health inequalities.

4.20 Dental caries (tooth decay) in children has a significant impact in their school readiness and their ability to learn, thrive and develop in early years and through school. Manchester's Start Well Strategy identifies Manchester as having a higher than national average number of children receiving dental treatment where tooth decay is the primary diagnosis and describes actions to reduce Dental Finished Consultant Episodes (FCEs) for tooth decay, through commissioned children's oral health improvement services.

4.21 Manchester NHS Foundation Trust (MFT) / Manchester Local Care Organisation hosts the Community Dental Service which provides a commissioned Children's Oral Health Improvement Team to deliver fluoride and toothbrushing interventions in children's settings as well as undertaking screening and dental epidemiology. More information on these services is set out in Section 5 of this report.

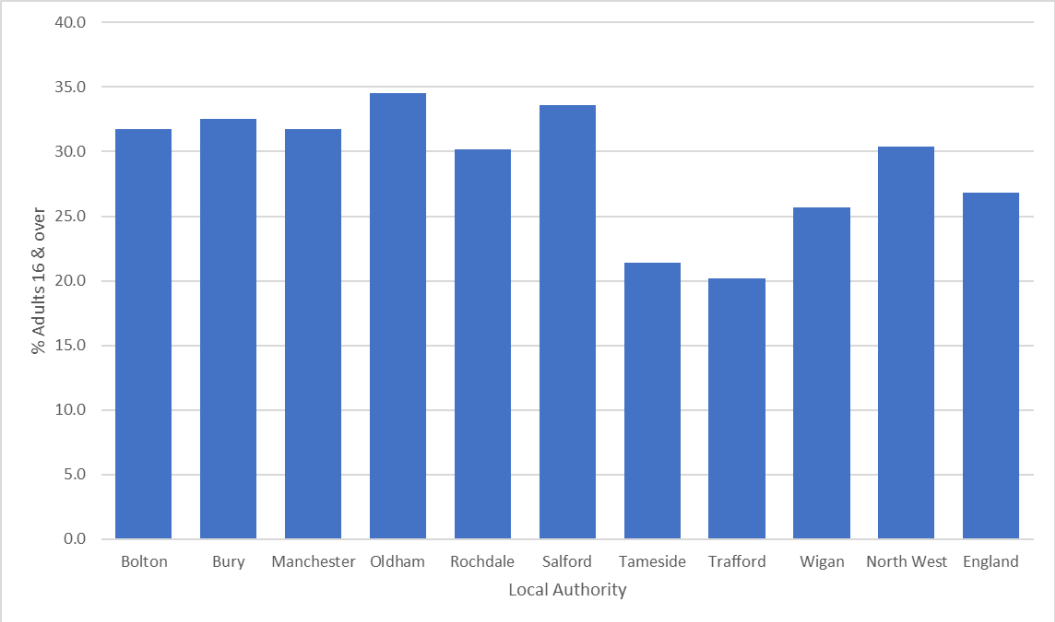
4.22 The Oral Health Improvement Team has been located with MFT since 2018, when the contract was novated between Greater Manchester Mental Health Trust (GMMH) and the Community Dental Service at MFT. This move has facilitated the inclusion of the Oral Health Team in the Local Care Organisation and has strengthened co-working arrangements with Start Well partners such as Health Visiting, Children's Centres and School Health.

5.0 Oral Health of adults and older people

5.1 There is an absence of reliable local data on the oral health of adults in Manchester at a whole population level. The latest NDEP oral health survey of adults was carried out in 2017/18 and focused on people aged 16 and over attending dental practices, rather than on all adults living in the city, irrespective of whether they attended a dental practice or not. Data is needed on the wider population to see if the findings from this survey hold true across the whole adult population in Manchester. Caution should therefore be taken when interpreting the data.

5.2 In 2018, 31.7% of adults aged 16 years and over attending general dental practices in Manchester had active dental decay (one or more obvious untreated decayed teeth), compared with 26.8% of adults across England as a whole. Across Greater Manchester as a whole, the percentage of adults attending general dental practices with active decay ranged from 34.5% in Oldham to 20.2% in Trafford.

Percentage of adults attending general dental practices with active decay



5.3 Overall, 6.9% of adults aged 16 years and over attending general dental practices in Manchester said that they had not visited a dentist in the last 2 years (England: 7.9%) and 1.6% said that they had an urgent treatment need (England: 4.9%).

5.4 Older people are more likely to have several factors that mean they are at increased risk of dental disease. Loss of function, particularly where an individual suffers a degenerative illness, dementia or a stroke, can rapidly increase the risk of dental disease. Compounding this increased risk, they are more likely to have general health complications that make treatment planning more difficult and may require modification of services. Dental disease is linked with aspiration pneumonia, diabetes, coronary heart disease and peripheral vascular disease. Conversely, good oral health in older people can support personal independence and reduce frailty, allowing individuals to eat and drink properly, as well as have the confidence gained from retaining speech and being able to smile.

5.5 In 2016, Public Health England (PHE) published a summary of the available evidence on the oral health of older people in England and Wales using data from existing national, regional and local surveys of oral health. Although there is some information relating to the minority of older people who live in residential and nursing care homes, little is known about the much larger and increasing proportion of older people who are living independently at home or being cared for by friends, family or formal carers. The review caried out by PHE found that

- Older adults living in residential and nursing care homes are more likely to be edentulous (toothless) and less likely to have a functional dentition

- Untreated caries is higher in the older people than in the general adult population. Older adults living in care homes have a higher caries prevalence than the population of older people as whole.
- Signs of severe untreated caries appear to be more common in the oldest age groups across all settings and current pain also appears to be slightly higher than in the general adult population.
- Periodontal disease is most common in the age groups of 65 to 84. However, due to differences in survey design it is not possible to say how this compares across settings

5.6 Community and residential care providers are delivering more complex care for an increasing number of vulnerable and older people, who are living longer with complex health and social care needs. In addition, improvements in dental health mean that an increasing number of vulnerable and older people are keeping their own teeth for longer and need more complex dental care at a time when they are least likely to be able to access or manage clinical treatment. NICE Guidance on Oral Health for Adults in Care Homes, published in 2016, makes recommendations for mouth care assessment in care homes and recording of oral health needs in an adult's care plan.

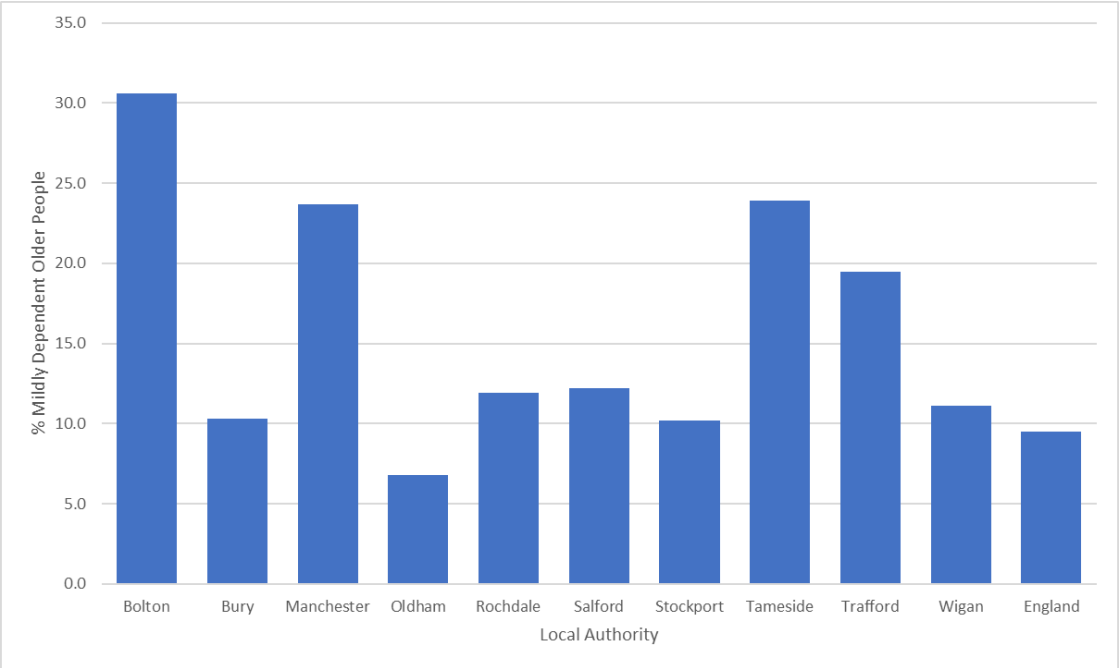
5.7 Mouth Care Matters (MCM) is one of a number of programmes that aim to reduce oral health inequalities and improve the equity of dental provision for vulnerable and frail older people across the North West. The primary aim of the programme is to establish a good practice, equitable approach to training carers and care staff in community and residential care home settings to improve the standard of regular daily mouth care for vulnerable and older people, in line with NICE guidance and the standard required for CQC accreditation. Further information on the MCM is attached at Appendix 2.

5.8 Within Manchester, commissioners of Adult Social Care Residential and Nursing Care, and clinicians responsible for delivery of the Enhanced Health in Care Homes service report a very significant gap in accessing dental services for residents. More work is required to understand the full position.

5.9 In 2015/16, the National Dental Epidemiology Programme for England included a pilot oral health survey of mildly dependent older people (MDOP). This covered the oral health and dental service use of older people living in supported housing.

5.10 Overall, 20.0% of mildly dependent older people in Manchester reported that they had oral health issues that impacted on their health fairly or very often (see chart below). This compared with 17.7% of participants across England as a whole. Just under a quarter of (23.7%) reported having oral pain on the day of the examination compared with 9.5% of participants across England as a whole. Within Greater Manchester, the percentage of mildly dependent older people reporting oral pain ranged from 30.6% in Bolton to 6.8% in Oldham.

Percentage of mildly dependent older people reporting current pain in their mouth, 2015/16



5.11 Over half (53.8%) of mildly dependent older people in Manchester said that they had not visited a dentist in the last 2 years compared with 34.0% of mildly dependent older people across England as a whole.

Section Three: Provision and use of NHS Dental Services in Manchester

6.0 Summary of Dental Care Services

6.1 Patients are not registered with a dentist in the same way they are with a general practitioner (doctor). People seeking access to NHS Dental Services do not need to attend a dental practice within their area and they can choose to travel anywhere within or outside of Greater Manchester to a dentist taking on NHS patients that is convenient for them, for example, a practice close to where they work. Unlike registration at a GP practice, a patient may wish to travel to a practice taking on NHS patients for a one-off course treatment.

6.2 The contract to deliver NHS dental services across all of England is a nationally negotiated contract with Regional Teams implementing the contract on behalf of NHS England. A report to Manchester Health Scrutiny Committee in February 2023 stated that there were:

- 69 General Dental Services (GDS) providers operating within the Manchester City Council boundary, representing 20% of all GDS providers in Greater Manchester
- 1 Urgent Dental Care provider, 8% of Greater Manchester providers (linked to networked provision across Greater Manchester)
- 11 Urgent Dental Care Hubs providing additional urgent dental care capacity in response to COVID pressures (27.5% of Greater Manchester provision)

Specialised Dental Services

- Community Dental Services (special care and paediatric) clinics delivered by Manchester University NHS FT in the Manchester locality, A single service provider commissioned to provide specialist dental services to children and adults with additional needs on referral
- 3 Orthodontic providers (43 across GM)
- 1 Specialist Tier 2 Oral Surgery provider (10 across GM)

Secondary Care Dental Services

- 12 dental specialities (including Oral Surgery, Maxillofacial Surgery, Restorative Dentistry, Paediatric Dentistry, Periodontics)

6.3 Secondary Care Dental Services in Greater Manchester are provided by Manchester University Foundation Trust through the team at the Manchester Dental Hospital.

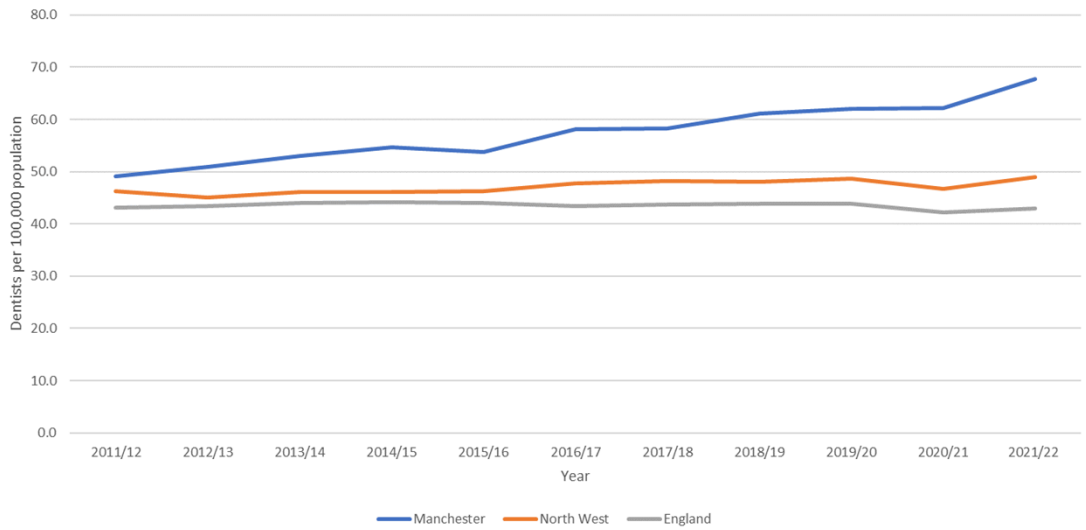
6.4 In addition, there are several local services commissioned to support oral health improvement in Manchester. These are detailed in Section Five of this report.

7.0 Use of NHS Dental Services

7.1 NHS Digital (now part of NHS England) publishes an annual report that brings together data on NHS dental activity in England for a 12-month period. The most recent NHS Dental Statistics for England Annual Report 2021-22 includes data on NHS dental activity carried out in the 12-month period to 31 March 2022 and the number of patients seen by an NHS dentist up to 30 June 2022. NHS Digital also produces a NHS Dental Statistics for England Dashboard. More information about data on NHS dental activity is contained in Appendix 3.

7.2 During 2021/22, there were 376 dentists performing NHS activity in Manchester - an increase of 32 (or 9.3%) on the previous year. Since 2011/12, the number of dentists performing NHS activity in Manchester has increased by 52.2% Over the period since 2011/12, the number of dentists performing NHS activity (expressed as a rate per 100,000 population) has increased faster in Manchester compared with the North West region and England as a whole (see chart below).

Number of dentists performing NHS activity in Manchester per 100,000 population, 2011/12 - 2021/22



7.3 The data above is based on the total number of dental practitioners who have undertaken NHS contracted activity during the period in question (headcount) rather than the number of Full Time Equivalent (FTE) dentists and therefore may not accurately reflect the true dental capacity in the city. The figures may also include dentists who have a contract in more than one Locality or NHS England region as well as dentists holding different types of NHS contract, including Trust-led Dental Services (TDS). TDS contracts are held by NHS Trusts and includes specialist Community Dental Services (CDS).

7.4 To limit COVID-19 transmissions, dental practices were instructed to close and cease all routine dental care from the 25 March 2020, and began to reopen from 8 June 2020. As a result, data on NHS dental activity, including patient numbers and treatments, will be lower than expected.

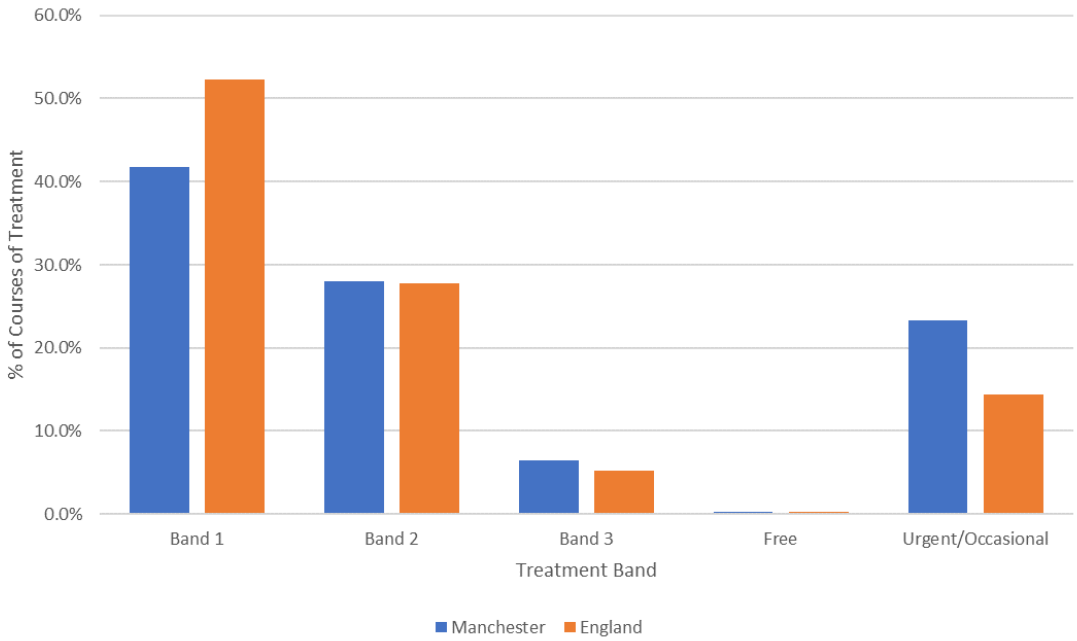
8.0 Dental activity in Manchester

8.1 In the year ending 31 March 2022, 281,409 courses of dental treatment were delivered by NHS dental practices in Manchester. These courses of treatment accounted for 149,292 Units of Dental Activity - an average of 2.3 UDAs per course of treatment. Just under a third (32.3%) of all courses of treatment delivered by NHS dentists in the city were to children, 26.9% were to non-paying adults and 40.8% were to adults eligible to pay for NHS treatment.

8.2 The treatment band is a measure of the financial cost and complexity of the treatment delivered to patients. Around two-fifths (42%) of courses of treatment delivered by NHS dentists in Manchester are at the least complex end of the treatment spectrum (Band 1).

8.3 Around a quarter (23.4%) of courses of treatment delivered are classed as 'urgent/occasional' treatments, which are likely to be the most acute in nature. Compared with England as a whole, a greater proportion of courses of treatment in Manchester during 2021/22 related to some form of urgent treatment, reflecting the greater acuity of oral health need in the city (see chart below) as well as the additional urgent treatment capacity that has been put in place across Greater Manchester.

Percentage of Courses of Treatment (CoT) by Treatment Band 2021-22



8.4 Adults who are not eligible to pay for NHS dental treatment (including those on a low income or receiving help with health costs) were more likely to receive urgent treatment compared with children or paying adults.

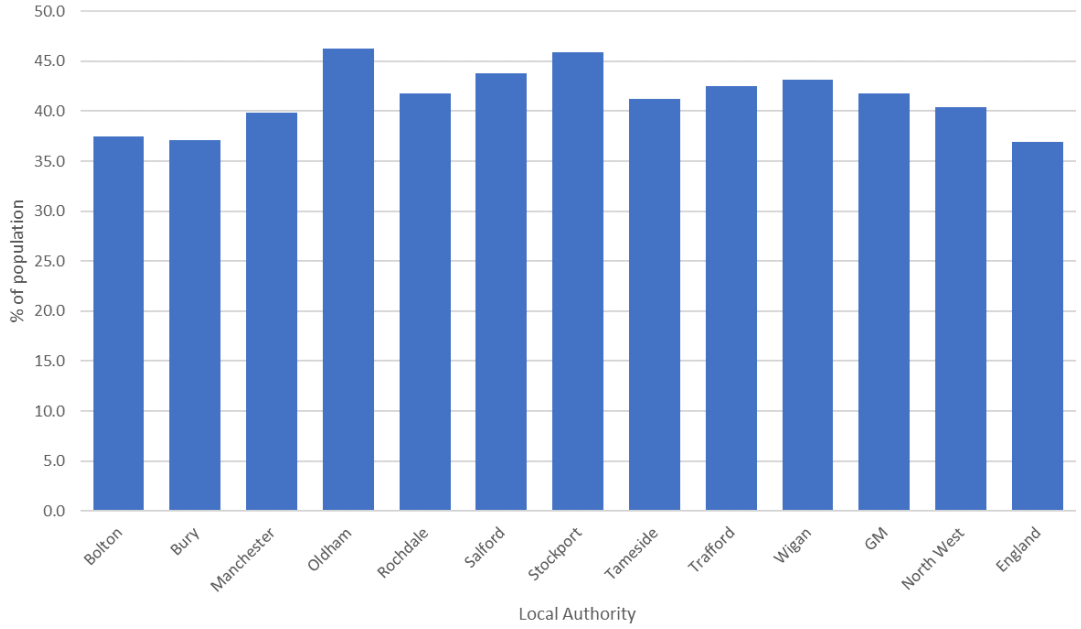
8.5 The map in Appendix 4 shows the total number of Units of Dental Activity (UDA) and Units of Orthodontic Activity (UOA) commissioned from NHS dental and orthodontic practices within the Manchester City Council boundary. In practice, NHS dental practices may not deliver all the activity that is commissioned from them and the actual number of UDAs / UOAs undertaken may be lower than the commissioned number illustrated on the map.

9.0 Dental patients seen in Manchester

9.1 The data below shows the number of adults and children who have been seen by an NHS dental practice in Manchester. Some of these patients will be non-Manchester residents. The data for adults refer to the number who have received NHS dental care in the 24 months preceding the quarter ending 30 June 2022. The data for children relates to the preceding 12 months. Each patient is counted only once even if they have received several episodes of care over the period.

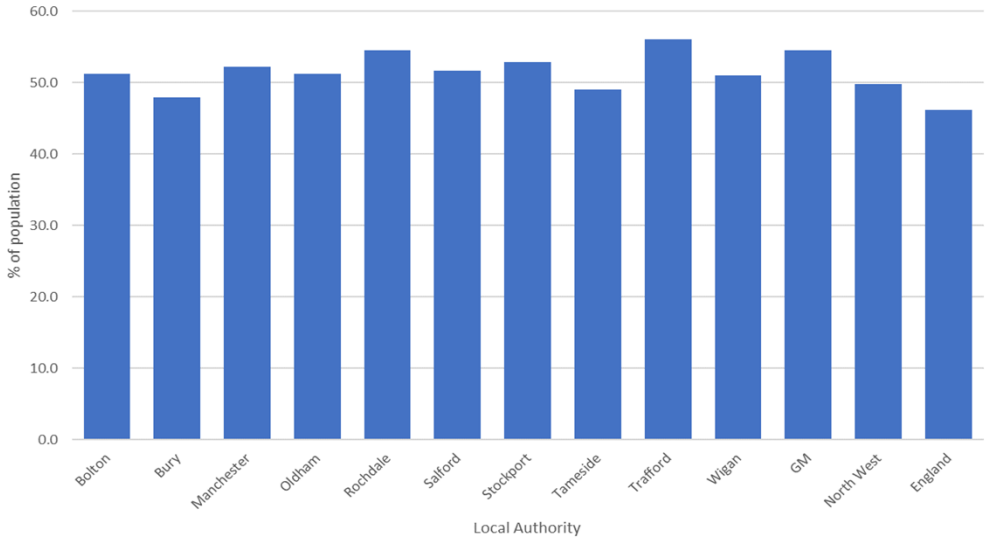
9.2 A total of 172,209 adult patients were seen by an NHS Dentist in Manchester in the 24-months up to 30 June 2022. This is equivalent to 39.9% of the adult population of the city and is above the England average of 36.9%. Within Greater Manchester, the percentage of the adult population seen by an NHS dentist in the previous 24 months ranges from 46.2% in Oldham to 37.1% in Bury.

Adult patients seen in the previous 24 months as a percentage of the population by local authority



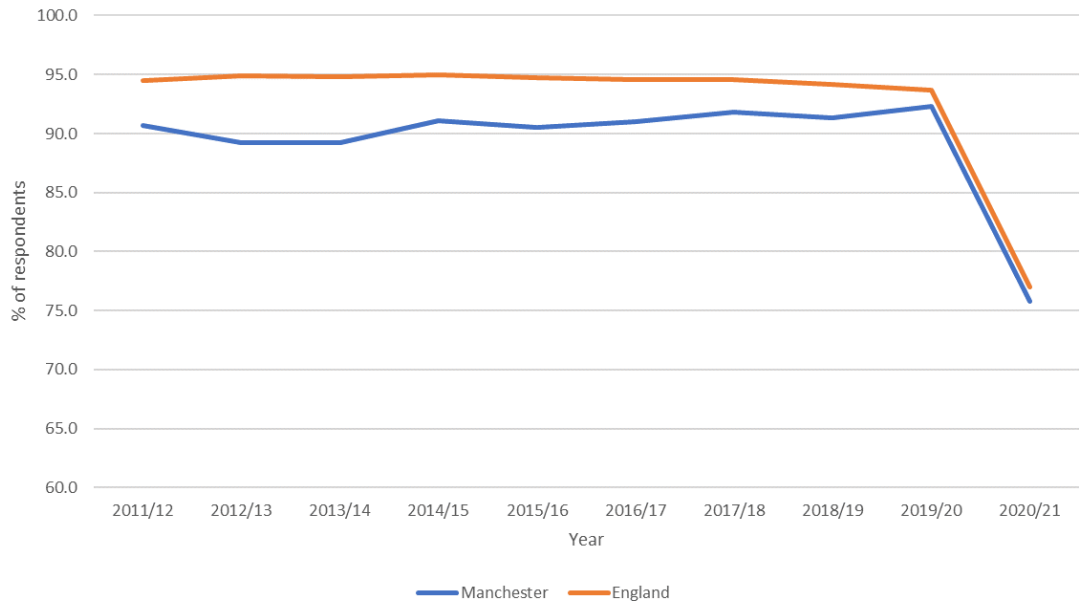
9.3 A total of 64,742 child patients were seen by an NHS Dentist in Manchester in the 12-months up to 30 June 2022. This is equivalent to 52.3% of the child population of the city and is above the England average of 46.2%. Within Greater Manchester, the percentage of the child population seen by an NHS dentist in the previous 12 months ranges from 56.1% in Trafford to 47.9% in Bury.

Child patients seen in the previous 12 months as a percentage of the population by local authority



9.4 An alternative measure of access to NHS dental services is available from the GP Patient Survey (GPPS). This survey is commissioned by NHS England and is conducted by the independent survey organisation Ipsos MORI. As part of this survey, respondents were asked whether they had tried to obtain an NHS dental appointment and whether they had been successful in getting one. The latest data for 2020/21 shows that 56% of patients aged 18 years and over reported that they had tried to get an NHS dental appointment in the last 2 years. Of these, 75.8% had successfully obtained an appointment. The GPPS does not collect information on how long patients had been trying to get an NHS dental appointment or the length of the wait to get seen once they had obtained an appointment.

Percentage of patients aged 18 and over who successfully obtained an NHS dental appointment in the last two years, 2011/12 - 2020/21



9.5 The percentage of patients in Manchester who reported that they had successfully obtained an NHS dental appointment in the last two years has been consistently lower than the England average, although the gap has been narrowing over time. Note that data from the 2020/21 GPPS is likely to have been impacted by the COVID-19 pandemic and statistics from this period should be interpreted with care.

10.0 The impact of COVID-19 on access to dental care

10.1 As part of the government's response to the COVID-19 pandemic, access to general dental services was paused across the UK and dental care hubs were established to deliver urgent dental care. Although some access to dental services was maintained throughout subsequent lockdowns and changes in restrictions, there may have been longer-term impacts on access to dental services linked to the time needed to clear appointment backlogs, staff availability, physical distancing and PPE requirements.

10.2 Published analysis of data from the 2021 Adult Oral Health Survey shows that just over a third of adults in England reported having a need for dental treatment or advice between March 2020 and March 2021, when access to dental services was limited because of the COVID-19 pandemic. Two thirds of people who needed advice contacted their usual dental practice and in most cases the problem was completely treated by a dental professional. Around 10% of people who needed advice or treatment did not receive any.

10.3 The most common reasons for not seeking help over this period were that participants were worried about catching COVID-19 or were shielding or because they could not afford to pay for treatment or advice.

10.4 In Manchester, locally commissioned oral health prevention services were also impacted by the pandemic. MFT/MLCO Children's Oral Health Improvement Team (OHIT), which is commissioned by the Department of Public Health at Manchester City Council, were unable to deliver their usual preventative programme. Government COVID-19 legislation restricted the team from screening children for dental caries and applying fluoride varnish to teeth, under the one metre ruling. With capability to deliver the programme restricted, practitioners were redeployed to test and trace hubs in April 2020. Whilst the OHIT Co-ordinator supported the city's COVID response, providing toothpaste and toothbrushing packs to all vulnerable two-year-olds, included in emergency supplies distributed across the city, it would be two years before the service could return to normal operating model with full staff.

11.0 Patient and Public Feedback

11.1 The local evidence in respect of the public's experience of access to NHS dental services in Manchester is mixed and does not show a clear or consistent picture. This is not unexpected given the range of different sources and types of data available and no one piece of information can be considered to provide a definitive answer. As such, it is important to look at each of the sources of data 'in the round' to understand what insight they can provide.

11.2 A report to the Manchester Health Scrutiny Committee in February 2023 included a summary of patient and public feedback relating to the provision and access to NHS dental services. The national NHSEI Customer Contact Centre (CCC) has received a large number of general enquiries about dentistry, with Greater Manchester area receiving the largest reported numbers of patient enquiries. The main themes include not being able to get an appointment, patients being told that they must pay for PPE on top of the NHS banding, or patients being told that they cannot be seen in the NHS but can be seen the same week privately.

11.3 There was no Manchester-specific data referenced in the report, but we do know that Elected Members in Manchester receive a significant volume of requests for assistance in accessing NHS dental services, and concerns regarding the affordability of private dentistry.

11.4 Issues around access the NHS dental services have also been investigated by Healthwatch Manchester in response to a high number of dental-related queries. In March 2023, they published the results of a 'mystery shopper' review of new admissions of NHS patients by Manchester dental practices. This found that

- 46 (78%) of the 59 contacted were not accepting new NHS patients
- 3 of the practices (5%) said they were accepting new NHS patients
- None of the practices who were not accepting new patients could give a timeframe for when they may begin doing so
- 46% are accepting private patients.

Section Four: Local services supporting oral health improvement and access to dentistry in Manchester

12.0 Services commissioned by Manchester Public Health Department and GM ICB

12.1 The **Manchester Oral Health Improvement Team (OHIT)** is commissioned by Manchester Department of Public Health. The team provides a range of programmes which support health promotion and improving self-care oral behaviour for 0–19-year-olds, with a primary focus on children under 11 years of age. The Team is part of the Community Dental Service at Manchester NHS Foundation Trust (MFT) and has provided sustained leadership and commitment to supporting and improving oral health and reducing inequalities within the city.

12.2 The OHIT service aims to improve self-care oral health whilst targeting vulnerable groups experiencing the highest levels of health inequalities with oral health improvement interventions. Vulnerable group include deprived communities, looked after children, children with special needs and homeless families with children. To meet the needs of the most vulnerable families and children, the OHIT team works with Early Years workers, school staff and

community health staff to provide oral health education, local dental providers and is an integral partner of the city's Start Well Board.

12.3 OHIT programmes are designed to increase the availability and use of fluoride, particularly given the changes in affordability of fluoride milk since the Nursery Milk Renumeration Scheme was ended in 2018. There is abundant evidence that increasing fluoride availability to communities and individuals is effective at reducing dental caries levels. For example, moving from brushing once a day to twice a day lowers an individual's risk of developing dental caries by 14%. Fluoride varnish is one of the best options for increasing the availability of topical fluoride regardless of the levels of fluoride in any water supply. Several systematic reviews have concluded that the applications twice a year produce an average reduction in dental caries increment of 37% in the primary and 43% in the permanent dentitions.

12.4 The **Buddy Practice Scheme** is a flagship children's dentistry programme delivered in Manchester by the Oral Health Improvement Service under the commissioned offer. There is no comparable service in Greater Manchester or regionally. It is a preventative scheme that brings primary care dental practices and schools together in partnership. The scheme has been in place since 2016 (though with a pause created through pandemic disruption). Parents and children in nursery or reception classes are asked about their child's dental attendance and those children who have either no dentist or who have not attended for some time, are identified and consent is sought for a dental appointment. Parents of non-attending children are invited to a 'meet the dentist' session at the school. These take place first thing in the morning as children arrive to encourage as many parents to stay as possible.

12.5 Establishing a regular attendance pattern emphasised and assisted, either by the clinician or a member of the OHIT is a vital aspect of the programme. Details of the partner practice are given and information on the dental helpline to assist parents to make appointments elsewhere if they choose. The attendance of each of the children is checked following the 'meet the dentist' sessions. After 4-6 months, the programme is repeated for those children who still do not attend. After this follow up, the small number of children with identified clinical need, who had still not been taken to a dentist, were followed up by the School Nurse Service as a neglect safeguarding concern, though this is a rare occurrence given the parental engagement.

12.6 While the scheme is a success and has facilitated screening and identification of children who may not otherwise have seen a dentist, the Buddy Practice Scheme relies upon NHS dental surgeries to come on board with the programme across the city. There is currently a gap in Harpurhey and Charlestown, with dental surgeries in these areas unable to join the scheme with current patient caseload and capacity.

Table 4 - *Buddy Practice Scheme (January 2023 - March 2023)*

	North	Central	South
Number of children identified as having no dentist (with consent)	525	519	189
Number (and percent) of children with an identified oral health need	171 (32.5%	129 (24.9%	32 (16.9%)
Number (and percent) of children with an identified oral health need seen by a dental practise to date	79 (46.2%)	58 (45.0%	16 (50.0%)

12.7 The **Supervised Toothbrushing Programme** is offered to all Early Years settings and provides training and resources to teachers, nursery nurses, and childminders with the aim of ensuring that good toothbrushing habits are embedded in early years. In the three-month period between January and March 2023, the service achieved the following levels of performance:

Table 5 - Supervised Toothbrushing in North, Central and South Manchester

	Private, voluntary sector & independent nurseries	Childminders	Schools
North Manchester			
Number of pre-school contacts engaged (0-5 years)	2,022	33	-
Number of school-aged contacts engaged (5+ Years)	-	-	1,971
Staff trained in Supervised toothbrushing	67	3	42
Parent and carer sessions for supervised toothbrushing	73	-	108
Central Manchester			
Number of pre-school contacts engaged (0-5 years)	845	20	-
Number of school-aged contacts engaged (5+ Years)	-	-	1,358
Staff trained in Supervised toothbrushing	32	0	21
Parent and carer sessions for supervised toothbrushing	59	-	62
South Manchester			
Number of pre-school contacts engaged (0-5 years)	427	24	-
Number of school-aged contacts engaged (5+ Years)	-	-	1,100
Staff trained in Supervised toothbrushing	14	0	14
Parent and carer sessions for supervised toothbrushing	0	-	76

13.0 Fluoride Varnishing

13.1 Fluoride varnishing involves the direct application of fluoride to children's teeth. This is a practise undertaken by the OHIT team when visiting schools and other children's settings, where parental consent has been given. A measured amount of fluoride, (dependent on age and defined in IPC guidelines) is applied to a child's teeth using a microbrush. This can be applied directly to front or back teeth to strengthen tooth enamel, making it more resistant to decay. It is a recommended treatment for patients at higher risk of tooth decay.

Table 6 - Fluoride Varnishing (January - March 2023)

	North	**Central**	**South**
Number of children receiving fluoride varnishing	410	430	157

14. Access Plus Scheme

14.1 Following urgent treatment patients are the encouraged to seek definitive care at a high street dentist. Unfortunately, the pandemic has led to a reduction in capacity and patients were struggling to access routine dental care, such as check-ups and the treatment indicated to restore dental health. As a result, patients were then returning to the urgent service with the same problem or worsening problem.

14.2 In response to the unmet need generated by the ongoing challenges within NHS Dental services, GM ICB developed the Greater Manchester Access Plus Scheme which improves access and delivers continuation of care to patients who have received urgent care but who require further care and treatment within an NHS Dental practice. This scheme was rolled out on 1 February 2022 and there are 15 of these practices are within the City of Manchester, out of 59 across Greater Manchester).

14.3 The GM Access Plus Service provides a minimum of a one-off courses of treatment for adults (18+ years) who have been seen by the GM Urgent Dental Service / UDC Hubs for urgent care that requires further treatment.

15.0 Healthy Living Dentistry project

15.1 The Healthy Living Dentistry (HLD) project is a quality assured scheme where dental practices undertake national and local health campaigns, often linked to local GPs and pharmacies. Practices who sign up to HLD deliver targeted health promotion including Dementia Friendly Dentistry; Baby Teeth DO Matter; Mouth Cancer Awareness; Sugar free diet and medicines and Flu awareness. To deliver these initiatives, all practices have access to training and development supported by Health Education England North West.

15.2 Currently, there are 60 dental practices across Greater Manchester signed up for this project, of which 12 are in Manchester. These are located across north,

central and south Manchester. Plans are in place to begin a further recruitment campaign to encourage all Practices to sign up to this scheme.

16.0 Child Friendly Dental Practice (CFDP) Scheme

16.1 The Child Friendly Dental Practice (CFDP) scheme was initiated in November 2020 as a development pilot. It has been rolled out across GM following the successful initial evaluation. There are currently 2 providers within Manchester in Longsight and Clayton. Both surgeries take referrals from the Oral Health Improvement Team.

16.2 Children who have been referred for an oral health assessment to a specialist setting (including those referred for dental extractions under general anaesthesia) are instead offered evidence-based treatment at a general dental practice. Treatment includes prevention (oral hygiene instruction, diet advice, fluoride varnish application, fissure sealants), stabilisation (Silver Diamine Fluoride, temporary filling), restoration (Hall Crowns, definitive fillings) and extractions

16.3 This primary care service supports specialist community services for children in Manchester and reduces referrals and pressures into secondary care. Children treated in the CFDP scheme are monitored by NHS England as part of the on-going evaluation process.

17.0 Future Developments

17.1 There have been a number of NHS dental contracts close across GM over the past 3 years and the commissioners of NHS Dental Services are reviewing the impact and current provision. It is hoped that there will be the opportunity to re-distribute at least some of this capacity to areas of GM which have lower levels of local service capacity and/or additional need. This review is currently ongoing.

17.2 Manchester has successfully applied to NHS England for Children's Transformation funding to support the commissioned Oral Health offer in Early Years, led by the GM Consultant in Dental Public Health at GM ICB. The application is based on an evidence-based methodology with proven positive oral health outcomes for children and includes four elements of provision:

- A multi-agency strategic workshop event to raise the profile of the work and develop an oral health network with local priorities
- Distribution of dental packs to vulnerable families with children aged 0-2 years
- Development of an online e-training pack for staff working in children's settings
- An evaluation programme with a mixture of qualitative and quantitative outcomes

17.3 The decision to focus on children aged 0-2 years is based on national and local guidance and priorities, previous epidemiological surveys, measures of

deprivation associated with oral health outcomes and local intelligence linked to the Making Manchester Fairer strategy.

Section Five: Health Equity and limitations in data

18.1 The relatively low numbers of children examined as part of the NDEP survey programme means that we have a limited understanding of inequalities in the oral health of people living in different parts of Manchester or between different communities. However, analysis at a national level suggests that there are variations in the prevalence of dental decay between the most and least deprived parts of England and between different ethnic groups which we would expect to see mirrored in Manchester.

18.2 The nature of the NHS dental contract means that NHS dental practices do not have a registered patient list of the sort that GP practices have. As a result, we have little insight into which of our residents are most or least likely to have been seen by an NHS dental practice in Manchester and the nature of the relationship between the use of NHS dental practices and the prevalence of tooth decay and other negative oral health outcomes, such as hospital tooth extractions. We are investigating opportunities to work with researchers in the Dental Health Unit at the University of Manchester to explore the facilitators and barriers to oral health services in deprived populations and to look at ways of identifying and predicting children at high risk of developing dentinal caries.

18.3 There are several groups for which we would like to obtain more detailed information on the use of NHS dental practices in Manchester and oral health needs, to ensure that we are addressing the needs of specific population groups and are not widening health inequalities, including people with learning disabilities or severe mental illness, Looked After Children (LAC), people experiencing homelessness and asylum seekers and refugees.

19.0 People with learning disabilities or severe mental illness (SMI)

19.1 Research consistently shows that people with learning disabilities have poorer access to dental services, less preventive dentistry and higher levels of untreated tooth decay, more likely to lead to extraction than restoration. Poor oral health is a contributing factor for aspirational pneumonia, one of the leading causes of preventable deaths as per the LeDeR Annual Reports (Learning from the avoidable deaths of people with a learning disability and autism in England).

19.2 Further work is required to understand the lived experience and access issues for people with learning disabilities or autism in Manchester. Dental/oral health is on the forward plan for the Manchester Learning Disability Health Oversight Board 2023/4 and further discussion will take place through this group.

19.3 There is ongoing engagement and work to support dental care for people with SMI. The GM working group for Physical Health & SMI have raised this particular issue and there is engagement between the GM Special Dental

Care Managed Clinical Network and the GM specialist mental health providers (GMMH / Pennine Care FT) and the GM IMHN (Independent Mental Health Network). This is an area in which we need to understand the Manchester position more clearly, and needs to be the subject of further investigation.

20.0 Looked After Children

20.1 A new referral service has been developed that will support all LAC in Greater Manchester and Cheshire and Mersey to find a dental home. This is led by the GM Dental Commissioning Team and Consultant in Dental Public Health, linking with Local Authority Teams supporting health care for Looked After Children (LAC).

20.2 The objective is to seamlessly connect referrals for any child who is looked after with a LAC provider within their locality. In Greater Manchester, there are 39 Practices accepting referrals for LAC. The child will be seen and treated and offered regular appointments and re-calls dependent on their oral health risk.

20.3 The long-term objective will be to strengthen the links of the Manchester Safeguarding Team with Child Friendly Dental Practices and ensure that there is ease of access for all Looked After Children to find a dental home. Providers report challenges in terms of DNA rates for older children and young people for booked appointments. This is an area that will require joint work going forward.

21.0 People experiencing homelessness

21.1 Poor oral health and access to dentistry is reported as a major access issue by Urban Village Medical Practice (UVMP), who provide a specialist healthcare service for rough sleepers and homeless people in Manchester. UVMP report that patients present either to their practice or to A&E requesting urgent help for dental pain on a very regular basis, and that homeless people tell them that dental pain is one of the reasons they are seeking illicit substances. There is a designated dental practice for homeless patients in Ancoats for urgent care, but this does not offer registration with the practice or ongoing dental care. The very limited appointment slots, on a ‘first come first served’ basis, and a lack of clarity as to whether those who are not on benefits/have no recourse to public funds can access the service.

21.2 UVMP support their patients to access the Dental Helpline, reporting that it takes a long time to get through and therefore not accessible to people with limited access to phones. The standard basic advice, such as using saline mouthwashes, paracetamol for pain, is not realistic for the homeless population who often present late with very severe issues. Where appointments are offered via the helpline for very severe issues, they are often out of hours and not in the city centre, so hard for people to access. The helpline advice to bring evidence of entitlement to free dental care otherwise they will need to pay a fee is a major deterrent to those who don’t have ID or other documents, and results in many not attending emergency appointments.

Case study

Sally (not real name) is a young woman who has suffered years of domestic abuse and suffered significant injuries and the loss of most of her teeth. She has poorly fitting dentures. She has now exited rough sleeping, drug use and sex working and is now just about managing in her first tenancy and has secured a job in a café.

She is really struggling with the feeling that she is 'passing' in the wider world as a 'normal' person and at the heart of this is the fear that her dentures will fall out at work and expose her as someone with a history she is ashamed of. She has intrusive thoughts and nightmares about this scenario to the point that she is thinking about returning to sex working to fund a trip abroad to pay for dental implants.

Approaches have been made to existing NHS dental care provider services in the city, but the services contacted are unable to provide care or have not responded.

22.0 Asylum Seekers and Refugees

22.1 Dental diseases are prevalent among asylum seekers and refugees. There has been no specific direction to ensure dental provision for the residents of Asylum Seeker Contingency (ASC) hotels in the city, and they are required to access dental services as any other part of the community. Data shows that commissioned healthcare providers reported 116 referrals to the Dental Hospital from the existing ASC hotels.

22.2 For Afghan evacuees and asylum seekers arriving under the ARAP scheme, the GM Dental Commissioning Team commissioned a referral pathway to support this cohort to access urgent dental care. Across GM 20 practices signed up to this scheme. The national notification of the requirement for those accommodated under the ARAP scheme to leave the bridging and contingency hotels will bring any ongoing support within this scheme to a close.

Section Six: Recommendations

23.0 The Board is asked to:

1. Support the development of a Manchester specific action plan to address poor levels of oral health in the local population, drive improvements to NHS dental services and reduce inequalities for the Manchester population.
2. Support the development of GM strategy and action to address locality requirements around oral health promotion and improved access.
3. Request that the Director of Public Health reports back to the Board on progress and the priority actions agreed.