Leicester
City Council

MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

DATE: TUESDAY, 16 APRIL 2024
TIME: 5:30 pm
PLACE: Meeting Rooms G.01 and G.02, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

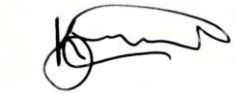
Councillor Whittle (Chair)
Councillor Bonham (Vice-Chair)

Councillors Gopal, March, Modhwadia, Sahu, Singh Sangha and Zaman

Youth Council Representatives

To be advised

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.



For Monitoring Officer

***Officer contacts*: Georgia Humby/Katie Jordan**
Tel: 0116 4546350, e-mail: committees@leicester.gov.uk
Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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USEFUL ACRONYMS RELATING TO PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

Acronym	Meaning
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DES	Directly Enhanced Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWB	Health & Wellbeing Board
HWLL	Healthwatch Leicester and Leicestershire
ICB	Integrated Care Board
ICS	Integrated Care System
IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service

JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NEPTS	Non-Emergency Patient Transport Service
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PPG	Patient Participation Group
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
UHL	University Hospitals of Leicester

PUBLIC SESSION

AGENDA

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1. WELCOME AND APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members will be asked to declare any interests they may have on any items to be discussed on the agenda.

3. MINUTES OF THE PREVIOUS MEETING **Appendix A**

The Minutes of the meeting held on 6 February 2024 are attached and Members will be asked to confirm them as a correct record.

4. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any Questions, Representations or Statements of Case received.

5. PETITIONS

The Monitoring Officer to report on any Petitions received.

6. CHAIRS ANNOUNCEMENTS

7. ORAL HEALTH SERVICES **Appendix B**

The Director of Public Health along with the Integrated Care Board submit a set of reports to update the Public Health and Health Integration Scrutiny

Commission on:
a) Oral Health Survey Results
b) Water Fluoridation
c) Oral Cancer Action Plan
d) Access to NHS Community Dentistry.

8. OPERATIONAL IMPROVEMENTS **Appendix C**

The University Hospitals of Leicester submits a report to appraise the Public Health and Health Integration Scrutiny Commission on the current pressures faced across the urgent and emergency care pathway.

9. MEASLES AND TB UPDATE **Appendix D**

The Director of Public Health submits a report to update the Public Health and Health Integration Scrutiny Commission of measles and TB prevalence in the city.

10. HEALTH AND WELLBEING SURVEY

The Director of Public Health will provide details of the Health and Wellbeing Survey for information.

11. WORK PROGRAMME **Appendix E**

The Commission's Work Programme is attached for information and comment.

12. ANY OTHER URGENT BUSINESS

Leicester
City Council

Minutes of the Meeting of the
PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

Held: TUESDAY, 6 FEBRUARY 2024 at 5:30 pm

P R E S E N T :

Councillor Whittle (Chair)
Councillor Bonham (Vice Chair)

Councillor March
Councillor Sahu
Councillor Singh Sangha

In Attendance

Deputy City Mayor, Councillor Russell – Social Care, Health and Community Safety

Councillor Patrick Kitterick

Mo – Youth Representative

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33. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Modhwadia and Zaman.

34. DECLARATIONS OF INTEREST

There were no declarations of interest.

35. MINUTES OF THE PREVIOUS MEETING

The Chair noted the minutes of meeting held on 12 December 2023 were included within the agenda pack and that some additional information requested at the previous meeting had been circulated and the outstanding requests would follow.

AGREED:

- Members confirmed that the minutes for the meetings on 12 December 2023 were a correct record.

36. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

37. PETITIONS

It was noted that none had been received.

38. CHAIRS ANNOUNCEMENTS

The Chair highlighted that the statutory power held by health scrutiny committees to refer matters of concern on substantial variations to local health services to the Secretary of State for Health and Social Care had been removed on 31 January 2024.

It was noted that the Committee will continue to have power to hold local health partners to account but the referral process had been replaced. The Committee are able to request that the Secretary of State consider calling in a proposal through a request form which has been extended and allows for any person to make a request. The Secretary of State can also be proactive without a request at any stage of the process.

It was further noted that the ICS will be required to respond to a call-in and the Secretary of State would not intervene until local procedures have been exhausted.

The Chair reminded Members that information about the change had been shared but to contact him or the scrutiny lead if there were any questions.

39. WINTER PRESSURES UPDATE

The Chief Operating Officer of the Integrated Care Board presented the item noting the full system winter plan that had been discussed at the Commission previously and the winter pressures that have been seen across all health services over recent months and likely to continue. The following comments were made:

- The local health system planned to focus on three areas, including the in flow of patients to all health and social care services, the flow through those services and flow out. The agenda included key highlights of what the system intended to put into place and updates on those measures and comparisons to the previous winter.
- Despite mitigations put into place following learning from the previous winter, pressures continue to persist in the health services due to increased demand across health and social care.
- Pressures on health services were attributed to the general winter and festive break. Unforeseen pressures such at Storm Henk and extreme weather conditions also impacted patients requiring respiratory health

support as well as two periods of five-day industrial action. Modelling accounted for a 5% increase in demand based on public health data and population growth, but this was exceeded by 8% and therefore admissions and discharges increased by 13%. Patients waiting for discharge into local authority funded care also increased by around 80 patients over winter compared with the previous year.

- The system recognises it is not where it would want to be in terms of performance statistics with an increase in time for an ambulance to respond to a Category 2 call, an increase in handover times that system had previously worked hard to reduce, and an increase in medically fit for discharge patients waiting in beds.
- Despite challenges, on performance metrics, the system has been doing better this winter compared with the previous year and will continue to work in partnership to continue to improve over coming weeks.
- Key plans for 2024/25 have been identified, including raising admission rates through the emergency department and working with the Local Authority where necessary to improve discharge of patients.

In response to Members comments and questions it was noted that:

- Virtual wards are better from a quality perspective for patients to be discharged from hospitals and return home. This was introduced during the pandemic and an initiative continuing to be used. Current analysis indicates that it is cheaper to operate virtual wards, but further analysis is required on understanding the correlation with virtual wards and preventing admissions.
- Community based urgent care appointments has increased with 111 operators utilising appointments when liaising with patients to manage the flow at the emergency department.
- Data is collected for ambulance handover at 30minutes, one-hour, two-hours and four-hours intervals. The number of patients waiting over two hours between summer and winter of 2023 was very low but has increased with increased pressures over recent weeks. Data is monitored to ensure quality care and it was agreed that further information would be shared on ambulance handover times as well as number of deaths due to delayed handover.
- Virtual wards are used to treat patients at home for pathways where appropriate and it was agreed further information or a report for details discussion could be provided. The target is to reach 80% and currently at 79%.
- Patient safety is paramount and at the centre of services provided and as the health sector experiences pressures unfortunately some patients with less serious problems may need to wait longer to ensure patients are receiving the right care at the right time for their condition.
- Pressures are being seen across the region and nationally, particularly with increased demand, impacting performance statistics and it is important for the local system to benchmark itself to understand its position. The health sector is looking to ensure residents know the correct place to seek help to get the right care at the right time. Pharmacy First is an example of an initiative launched recently to

encourage residents to seek advice from pharmacies where appropriate for less severe problems.

- The emergency department four-hour performance target is 76% but has been 73% over winter. The target for responding to Category 2 calls is 18-minutes and work achieved this recently, but ongoing pressures has resulted in times increasing to 60-minutes over winter with a target to achieve 30-minutes currently.
- Ambulance conveyance rates nationally sit between fifty and thirty percent so 39% for EMAS and most days c30% which is good.
- Delayed discharges at UHL is around 22% and the top quartile would expect to be between 11-15%. The Integrated Crisis Response Service was piloted in the city and learning is being used to develop a consistent model across Leicester, Leicestershire & Rutland.
- The number of city residents clinically ready for discharge and waiting local authority care is generally good compared with the wider area. Figures on the day illustrated of 1,800 beds, 12 city residents awaiting discharge and within top quartile of the country. It was agreed further information could be circulated regarding numbers of city residents awaiting discharge.
- There has been a shift in discharge pathways this winter with an increase in patients clinically ready to leave hospital but require further care support under Pathway 2 compared with Pathway 1.

The Chair highlighted that following the critical incident being declared at Leicester's hospitals he visited the emergency department at the Leicester Royal Infirmary which was extremely busy and Merlyn Vaz Urgent Care Centre which was very quiet and requested whether processes could be reviewed to ensure better utilisation of health services.
The Chief Operating Officer of the Integrated Care Board thanked the Chair for his feedback and assured the Commission that discussions have taken place with Derbyshire Health United that run the Centre to improve access which will be monitored and consideration of how to further utilise the Centre. It was noted that the Centre continues to see the same number of patients but the 'Talk before you Walk' initiative encourages patients to call 111 and attend for booked appointments as opposed to patients waiting. It was further noted that patients attending the emergency department are being assessed and rediverted to booked appointments at Centres where appropriate which has received positive feedback.

The Deputy Director of Public Health provided the Commission with an update in relation to Covid-19 and flu, in which it was noted that:

- Flu rates have increased gradually over recent weeks.
- Hospital admissions and deaths from Covid-19 are key indicator measures for identifying trends as testing is not reported as it was previously in the community. Hospital admissions reduced but was remained flat and number of deaths had been relatively low.
- Leicester had a low uptake of over 65's receiving the Covid-booster vaccination at 48.5% compared nationally with 68.3%. Uptake was also lower than comparator authorities. The vaccination campaign has

concluded but work was targeted in areas with lower uptake and will be focussed in future campaigns.
- Flu vaccine rates vary in the city, but uptake was higher than Covid-19. 69% of over 65s are vaccinated and 36% under 65 at risk which is better than previous years with targeted work.

In response to Members comments and questions it was noted that:

- Data is available for ethnicity of residents in areas of the city but not for religion. It is important to work with community organisations in areas of low uptake to understand vaccine hesitancy. Targeted work with communities is ongoing and will continue to be a focus to improve uptake.
- There is no absolute certainty around the correlation between residents who do not engage with health services and those who are unvaccinated but targeting over 65's would expect individuals to be in contact with health services. 'Making every contact count' is an initiative health providers use to promote the importance at vaccinations where possible and practices have been encouraging triple vaccine appointments but pressures on capacity and increased demand can impact the offer.

The Chair requested an update on the measle situation and highlighted the opportunity to share materials in different languages. The Public Health Consultant noted twelve cases had been reported in the city and work was continuing to promote the uptake of the MMR vaccine, including targeted work in areas of the city with low uptake and sessions in local schools.

The Deputy City Mayor for Health, Social Care and Community Safety assured the Commission that messaging continues to be shared through Health Champions, VCSE organisation, faith leaders and social media. It was further noted that whilst many communities speak a vast range of different languages in the city, not all read in a different language, and the ability to share messaging quickly that can be translated electronically is favoured.

The Chair invited a youth representative to make comments in which it was noted in response that data is not readily available for vaccination uptake for disabled residents on an ongoing basis, but targeted work allows data to be collected, for example uptake of vaccines for residents with learning disabilities.

The Deputy Director of Public Health presented information about Leicester Energy Action, in which it was noted that:

- The programme is a two-year funded initiative by public health and the NHS focussed on prevention. It enables residents struggling with fuel poverty to access support with the aim of preventing and protecting health conditions.
- The overall number of cases is lower than the target set but this did not account for the complexity of needs and support that is being provided when the programme was initiated.

- The programme is performing well with people reached far exceeding targets by attending events and training officers to promote access to welfare support as well as tips for keeping homes warm.
- The success of the programme and impact it has on residents' lives is illustrated through a case-study outlined within the agenda pack.

The Chief Operating Officer of the Integrated Care Board thanked VCSE organisations for their support with the programme and echoed the success and importance of the initiative for prevention. It was highlighted that further work is underway to identify patients with respiratory conditions that would benefit from the rollout of the programme.

The Deputy City Mayor for Health, Social Care and Community Safety commended the programme and associated work streams highlighting the importance on preventing health conditions that require medical support and improving peoples lives. It was noted that the Commission may wish to look at the item in more detail.

In response to Members comments and questions it was noted that funding is not predicated on targets which were set by the Local Authority although negotiations are underway with the contractor, National Energy Action, to review the targets given the complexity of cases officers.

AGREED:

- The Commission noted the reports.
- Members comments be considered.
- Additional information requested be circulated.
- Virtual wards be added to the work programme.
- Vaccination uptake/hesitancy to be added to the work programme.
- Leicester Energy Action to be added to the work programme.

40. RESPONSE TO REVIEW RECOMMENDATIONS - THE EXPERIENCE OF BLACK PEOPLE WORKING IN HEALTH SERVICES IN LEICESTER AND LEICESTERSHIRE

The Chair invited Cllr Kitterick to join the Commission for the response to recommendations into the experience of black people working in health services in Leicester and Leicestershire as Chair of the Task Group who undertook the review.

The Chief Operating Officer of the Integrated Care Board introduced the item highlighting the ten recommendations that were put to University Hospitals of Leicester, Leicestershire Partnership Trust and the Leicester, Leicestershire and Rutland Integrated Care Board. It was noted that the report included progress on actions to those recommendations and identified improvements for the upcoming twelve month but recognised the programme of work will be ongoing.

Concerns were expressed about the lack of information to evidence and monitor the progress in relation to the recommendations and specific focus on the experience of black workers. Further concerns were made in particular about the low uptake of The Active Bystander Programme.

The Equality, Diversity and Inclusion Lead from Leicestershire Partnership Trust responded to comments and questions in which it was noted that:

- The Just and Learning Culture Charter mark does not require approval for use. The number of people entering the disciplinary processes is quite steady with less than forty individuals from the substantive workforce and lower for bank staff. Work is underway to greater understand the experience of black members of the workforce and reviewing decision making for referrals into disciplinary processes to minimise bias.
- Data is publicly available to illustrate progress but was not specifically referenced in the report but is accessible through the links provided in the agenda pack and it was agreed that this information can be shared and discussed in a focussed meeting.
- The experience of black staff is poorer than other minority ethnic staff which has been recognised and work programmes are in place to improve over time. Since the implementation of actions and the anti-racism strategy, staff surveys illustrate improvements have been made for black staff members.

AGREED:

- The Commission noted the report.
- A meeting to be arranged to discuss progress made on recommendations.
- Information to be circulated to Members to access data and improvements.

41. ICB 5 YEAR FORWARD PLAN - PLEDGE 8 - ELECTIVE CARE

The Chair thanked health partners for facilitating a site visit to the East Midlands Planned Care Centre. It was noted that the visit was valuable for Members to see Phase 1 and the Commission look forward to visiting Phase 2 when open.

The University Hospitals of Leicester Director of Planned Care presented the item in which it was noted that:

- Progress has been made over the last twelve months to reduce waiting lists for planned care across Leicestershire. Local people were waiting the longest in the country for planned care a year ago, but the national support framework has been removed and are no longer in the worst position. New ways of working and additional capacity using the East Midlands Planned Care Centre has attributed to improved waiting times and further investment will enable continue improvements and

sustainment.

- There has been a 60% reduction in cancer patients waiting over 62 days – reducing from around 1,000 patients in November 2022 and now around 360 patients. Additional capacity and the hard work of teams meant waiting lists reduced in University Hospitals of Leicester when they were rising nationally.
- The overall lengths of stay in hospital for knee and hip replacements has reduced by almost two days and the first day first hip replacement day case was undertaken in November 2023 and first day case for knee in January 2024.
- The number of patients in the city awaiting hip or knee replacements peaked to 482 in December 2022 and reduced to 232 in December 2023 with 28 waiting over one year. The orthopaedic service launched the Leicester Enhanced Arthroplasty Pathway to standardise processes for efficiencies.
- There has been around 50% reduction in waiting lists for a diagnostic test – reducing from 44,000 patients to 24,000 patients waiting.
- The five key interventions for further improvements include productivity and efficiency; outpatient transformation with 85% of patients on waiting lists awaiting next steps in their pathway as opposed to awaiting surgery; capacity which should improve with the East Midlands Planned Care Centre; partnership working with all sectors across Leicestershire and process fundamentals including communication with patients.
- The East Midlands Planned Care Centre has seen 941 patients utilising one theatre. It is anticipated that when fully operational over 100,000 patients will be seen per year. Members were invited to return when Phase 2 opens.

In response to Members comments and questions it was noted that:

- Patients can access average wait times for elective care through ‘My Planned Care’ and the NHS app is due to launch a feature to access average wait times. Communication with GP Practices is also improving to understand, and share wait times.
- There are standards around waiting times, to get to zero by 104 weeks (2 years) has been delivered, to get to zero by 78 weeks is anticipated by March – this was hoped to be 65 weeks but been impacted by industrial action – and to get to zero by 52 weeks by March 2025 which current projections indicate achieving earlier. It was noted that future reports will include data to monitor progress and compare performance nationally.
- Prior to the pandemic, waiting lists at University Hospitals of Leicester were around 66,000 patients but increased to almost 130,000 and one of the worst nationally. Waiting lists have reduced to around 106,000 patients.
- Use of the independent sector has almost doubled since prior to the pandemic to provide additional capacity to reduce waiting lists. The intention is to bring surgeries back in-house by utilising the East Midlands Planned Care Centre and Community Hospitals.

- The East Midlands Planned Care Centre has been developed to see patients from across Leicester, Leicestershire and Rutland but could be utilised by surrounding areas in future where there is capacity. It was agreed that clarity would be provided on Nottingham's elective care waiting lists.
- The target is to see 100,000 patients per year which includes high volumes of day cases and not always surgical procedures. Adverts will soon be live to recruit new staff members to operate the Centre through a phased approach, but contingencies of utilising agency staff are available to ensure opening is not delayed. It was agreed that confirmation on the number of posts to be recruited would be circulated.

AGREED:

- The Commission noted the report.
- Additional information requested to be circulated.
- Future reports to include data to monitor progress and compare performance nationally.
- Elective Care to remain on the work programme for future updates.

42. 0-19 HEALTHY CHILD PROGRAMME, BEST START FOR LIFE WORKFORCE PILOT AND BREASTFEEDING RATES IN LEICESTER

The Director of Public Health submitted a report which was presented by the lead consultant in public health and family services manager at Leicestershire Partnership Trust, and it was noted that:

- Healthy Together was recommissioned in October 2023 and will be delivered by Leicestershire Partnership Trust for the next seven years although it was noted that this is seen very much as a partnership.
- Adjustments were required to reduce the budget and the specific start offer of help has been altered to a step-up step-down.
- There are five mandated points of contact for children under 5 but would like to add further contact at 3-4months and 3-3½years which are being explored considering work pressures.
- Digital contact is made with children in years 7, 9 and 11 which has been effective and will continue.
- Key performance indicators have been developed to monitor performance of school nursing.
- A Helpline has been introduced to enable families to access the support available more quickly.
- Leicester compares favourably against the regional and national average and most other comparator cities generally despite workforce shortages and budget pressures. The service is achieving national mandated targets, but challenges exist particularly around antenatal performance which is 11% below the 60% target although assurance was provided that targeted work ensure vulnerable families are being identified and supported.
- A successful bid of £1.5m has been secured from the Department for

Health & Social Care for the 'Best Start to Life' pilot in the city that will be used to provide additional funding to health partners and charities to explore opportunities for growing and developing the workforce and providing additional support to vulnerable families.

- Breastfeeding rates vary across the city but overall are high and compare favourably with the national average. Work continues to encourage breastfeeding and the Best Start to Life programme includes initiatives to promote through Bumps to Babies and peer support in hospital as well as working with family hubs.

In response to Members comments and questions it was noted that:

- The service was mandated by national guidelines during the pandemic and focus was targeted toward birth and postnatal support. Other contact with families shifted to virtual contact to ensure dialogue remained and concerns could be flagged. The introduction of the Helpline enables families to contact the service and support provided where necessary.
- Challenges around workforce is recognised and the service have been successful in utilising skills mix to ensure school nurses and health visitors are supported by other skilled professions for families. The Best Start to Life programme intends to expand the skills mix and create further opportunities for staff to develop as well as apprentice and trainee nurses locally. The NHS workforce plan also includes focus on school nursing.

The Chair invited a youth representative to make comments in which it was noted in response that school nursing is vital and has been retained despite budget pressures but is not a mandatory offer. School nursing is a universal offer but often supports individuals with additional needs or where concerns are raised during digital health contact.

The Deputy City Mayor for Health, Social Care and Community Safety congratulated the team on securing Best Start to Life funding and expressed thanks to the successful performance despite workforce challenges and budget pressures to protect the service and promote school nursing. Further thanks were noted to Leicester Mammas for their support on breastfeeding.

AGREED:

- The Commission noted the report.
- The Commission celebrated the success of the service.

43. DRAFT GENERAL FUND BUDGET 2024/25

The Director of Finance submitted a draft report proposing the general fund revenue budget for 2024/25.

The Head of Finance introduced the report and made the following points:

- The medium-term financial outlook was the most severe ever experienced by the City Council.
- Ongoing expenditure will exceed ongoing income by more than £50million in 2024/25. Further budget savings would need to be identified in the future.
- The City Council's managed reserves policy had been utilised in previous years, though without new money from the Government, the proposed budget would exhaust these reserves.
- Should the City Council be unable to balance its budget in 2025/26, a formal report under section 114 of the Local Government Finance Act 1988 would be required.
- Areas of significant budget growth included adult social care, the implementation of the real living wage, children's social care and homelessness services. These were issues which commonly impacted severely on most local authority's spending.
- In relation to Public Health, the commission was reminded that the division was funded from the public health grant, which had recently increased by 2% to £29.8million. No significant budget adjustments were being proposed for 2024/25.

In response to a question in relation to budget saving associated with the 0-19 Healthy Child Programme, the Director of Finance agreed to provide confirmation of the level of this saving and whether it was proposed to be made from this proposed budget or had been taken previously.

AGREED:

- That the draft General Revenue Fund Budget 2024/25, and particularly the elements in respect of Public Health, be noted; and
- That clarity in relation to budget savings associated with the 0-19 Health Child Programme be provide to Members.

44. WORK PROGRAMME

The Chair noted the final meeting of the municipal year has been rearranged to take place on 16 April in which the work programme included some suggested items and others may be added.

The Chair reminded Members to share any other areas of interest for consideration.

45. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 19.48.

Oral Health Survey of 5-year-olds (2021/22)

Public Health and Health Integration Scrutiny Commission

Date of meeting: 16/04/2024

Lead director/officer: Rob Howard

Useful information

■ Ward(s) affected: All

■ Report author(s): Grace Brough, Gurjeet Rajania

■ Author contact details: grace.brough@leicester.gov.uk
Gurjeet.rajania@leicester.gov.uk

■ Report version number: 1

1. Summary

- To share the latest results from the 2021/22 National Dental Epidemiology Programme (NDEP) Oral Health Survey of 5-year-old children.
- To present the national findings for Leicester as a Local Authority, with trend analysis and comparison with Leicester's DfE (Department for Education) child comparator local authorities, and the national average.
- To present the Leicester local data from the survey and analysis by lower geography, Index of Multiple Deprivation (IMD) and ethnicity.

2. Recommended actions/decision

Public Health and Health Integration Scrutiny Commission are invited to:

- note the content of this report
- note the issues surrounding dental access and impacts on dental health

3. Scrutiny / stakeholder engagement

- This report has been presented to the Divisional Management Team Meeting, the Oral Health Partnership Board, Lead Member Briefing and City Mayor Briefing. Further steps involve incorporating it into the forward plan for presentation at the Health and Wellbeing Board.

4. Background and options with supporting evidence

4.1 Background information

The Office for Health Improvement and Disparities (OHID; formerly PHE) National Dental Epidemiology Programme (NDEP) completes the examination of a random sample of 5-year-old children attending state-funded mainstream schools. The results presented here are from data collection during the 2021/22 academic year across local authorities in England. The survey routinely takes place every 2 years but was delayed from 2020 to 2021 by the COVID-19 pandemic. This is the sixth OHID NDEP oral health survey of 5-year-old children.

The aim of the survey is to measure the prevalence and severity of dental caries among 5-year-old children. This data is then used to:

- Inform the local oral health improvement strategy and health needs assessment, particularly Joint Strategic Needs Assessments.
- To track the change over time, and between surveys (2012, 2015, 2017 and 2019).
- Identify oral health inequalities.

For the first time in this series of 5-year-old surveys, the prevalence of children with enamel decay is presented. This is an important threshold to highlight the proportion of children who are found to have early-stage decay who would ordinarily be considered among those being free of obvious decay.

Local data was also requested for Leicester to explore the data by demographics. The local data was based on a sample of 873 children. It includes data by local geography (LSOA, MSOA, Ward), deprivation, and ethnicity. Where possible, the 2021/22 findings for Leicester by each indicator are benchmarked against the previous 2019 survey findings for Leicester. Where numbers are below 15, data is suppressed, which has restricted analysis to Ward specific data, and broad ethnic groups (not allowing for reporting by LSOA/MSOA and detailed ethnic groups).

4.2 Participation

132 out of 152 upper-tier local authorities took part in the survey. From the drawn national sample, 61% of children were examined; this response varied from 52% in Yorkshire and The Humber to 62% in the East Midlands.

In Leicester, a total of 866 children from maintained schools across Leicester were examined, a participation rate of 73%, of the sample. This represents 17% of all 5-year-olds attending mainstream city schools. This is a lower proportion than in 2019, where 1,076 five-year-old children were examined in Leicester, representing 23% of all 5-year-olds attending mainstream city schools. However, the 2021/22 sample size and participation rate is not dissimilar to earlier years, while 2018/19 was a particularly large sample. The 2021/22 sample is broadly representative of the Leicester 5-year-old population in terms of geography, ethnicity, and deprivation.

4.3 Summary results

Dental decay experience (% d3mft>0)

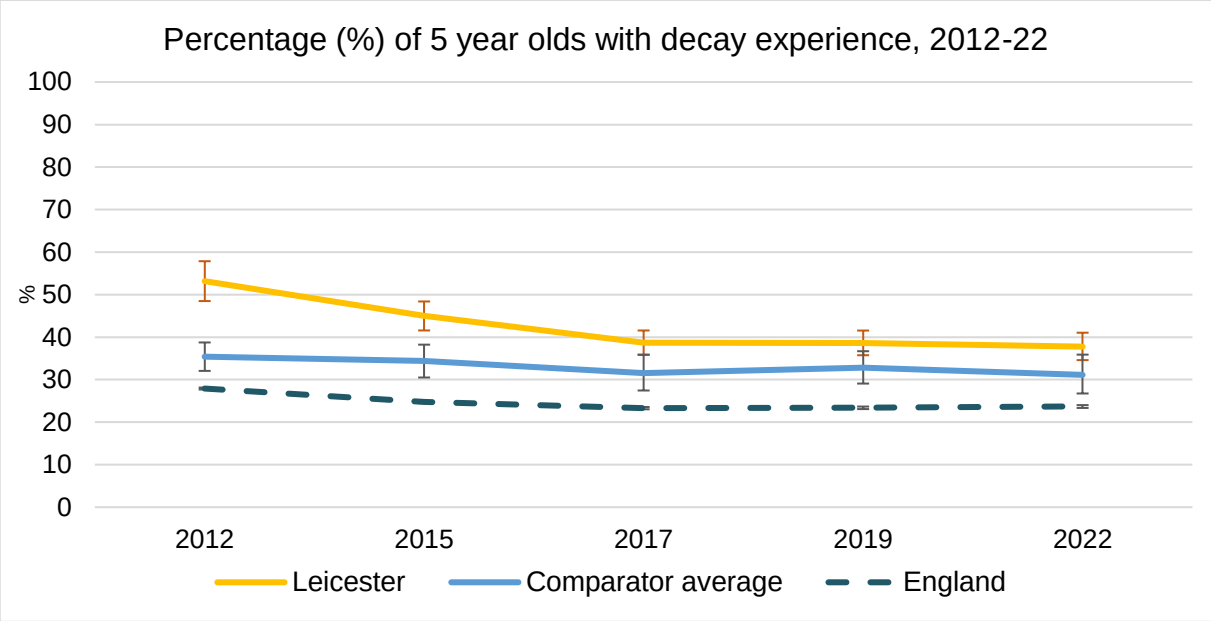
- In 2021/22, 37.8% of 5-year-olds in Leicester had dental decay, which is significantly higher than the national average of 23.3%.
- Leicester currently ranks 9th highest among 132 upper-tier local authorities for dental decay.
- The prevalence of dental decay has remained stable in Leicester since 2017 (Figure 1).
- When compared against DfE comparator authorities, Leicester has the 2nd highest prevalence of decay experience amongst it's 5-year-olds.
- The presence of water fluoridation schemes in some local authority areas, even with similar deprivation profiles to Leicester such as Wolverhampton (23.4%), Birmingham (23.8%), and Walsall (24.8%), appears to offer a protective advantage over dental decay.

Local analysis – geography and ethnicity (% d3mft>0)

- The prevalence of decay was highest in the north and north east of the city centre, with significantly higher prevalence in North Evington (52.5%).
- Lower prevalence was found in the south and east of the city, with significantly lower prevalence in Knighton (8.3%) and Humberstone and Hamilton (22%).

- 5-year-old children of 'Asian' ethnicity had the highest prevelance of decay experience (44%). Those of 'Black' ethnicity had the lowest proportion with decay experience compared to any other ethnic group (26%).
- Within ethnic group analysis revealed that those of 'White British' had a lower proportion of decay experience (29%) when compared to those of 'White Other' ethnicity (38%), although this was not significant.

Figure 1. Proportion of 5-year-olds children with decay experience, 2012-2022



Source: National Dental Epidemiology Programme (NDEP)

Enamel decay

- The prevalence of enamel decay and/or any dental caries was measured for the first time in this series. Identifying those with enamel decay is important as with preventative measures, it may help halt the progression of enamel decay to dentinal decay, preventing the need for invasive dentistry to restore loss of tooth structure in the future.
- In Leicester, the prevalence of enamel decay and/or any dental caries was 46.8%, which is significantly higher than the national average of 29.3%, and many DfE comparator authorities.

Local analysis – geography and ethnicity (enamel decay)

- Prevalence of enamel decay and/or any dental caries was highest in the north, north east and north west of the city centre, with the highest prevalence across Wycliffe (59%), North Evington (59%), Stoneygate (58%), and Belgrave (58%), although this was not significant.

- Lower prevalence was found in the south of the city, with significantly lower prevalence in Knighton (16.7%).

- 5-year-old children of 'Asian' ethnicity had the highest prevalence of enamel decay and/or dental caries (52%). Those of Black and White ethnicity (43% and 40%, respectively) had the lowest.
- Within ethnic group analysis revealed that those of 'White British' had a lower proportion of enamel decay and/or dental caries (39%) when compared to those of 'White Other' ethnicity (46%), although this was not significant.

Additional results (key findings)

- Among the children with decay experience, the average (mean) number of decayed, missing or filled teeth (due to decay) in England was 3.5. The East Midlands average was also 3.5. The average for Leicester was 4.1, significantly worse than the national and regional average, but not significantly different from many DfE comparator authorities.
- The care index was 7.4% across England as a whole, revealing that just under a tenth of decayed teeth are treated by filling them. The care index in Leicester was 6.3% in 2012 and this has fluctuated over time, with a sharp increase in 2017 to 13.4% followed by a sharp decrease to 3.2% by 2021/22. This is significantly below the national average of 7.4% and Leicester's DfE comparator authority average. It is very likely that the impact of COVID-19 on dental practice activity and service provision was a factor in the decrease.

4.4 Access to dental care: triangulating with the Oral Health Needs Assessment (OHNA)

- As of February 2022, out of 85 NHS dental practices in and near Leicester, 82% of dental practices weren't accepting new NHS patients, and only 18% accepted children (<18s). Limited access was notable in the north-west, west, and south, especially in deprived areas. While most city areas are close to dental practices (~15 minutes), some in the west, east, and north-west require longer travel.

- In 2021/22, Leicester residents (<18 yrs) showed lower band 1 (basic treatment) activity but higher band 2 (additional procedures e.g., fillings etc) and urgent (immediate intervention) activity compared to the national average, indicating higher need.

- In 2021/22, urgent dental activity was notably high in deprived areas like Saffron and New Parks, but also West End, and Newfoundpool, which are areas with higher Eastern European populations, which may suggest potential issues with preventive care or access, leading to unaddressed emergencies.

- In 2020/21, Leicester had significantly higher claims for fluoride varnish but lower rates for fissure sealants compared to the national average. Extraction claims are also significantly lower than the national average and comparators.

4.5 Implications for oral health services in Leicester

While the latest data shows that there have been significant improvements compared to a decade ago, it does highlight the modest improvements that have been made since 2017, and reinforces the ongoing need for continued dedicated dental public health programmes for city children.

4.6 Next steps

(to indicate progress made since)*

- Use the Ward-specific data to inform the allocation of resources, with a focus on areas that exhibit the highest levels of need (i.e. the north and north east), and to further understand the success behind some areas with lower decay experience (i.e. Knighton and Humberstone and Hamilton). This approach extends to various services, such as dental care and oral health promotion, allowing us to adapt service delivery to match the specific requirements in different parts of the city.
- To continue to commission and deliver the supervised toothbrushing programme and the provision of toothbrushing packs, delivered by health visitors, whereby there is a strong evidence base to support their implementation.
- To consider the strategies and interventions employed by other LAs which have seen a significant decrease in the burden of decay among 5-year-olds, to use as potential models of success.
- Gather information to inform future efforts to advocate for and promote water fluoridation across LLR. *
- Find out what action was taken if enamel decay was identified - understanding standard operating procedure for Community Dental Services (CDS) during data input - whether these early lesions being treated/prevented/referred to local primary dental services. **
- Use the above findings, in combination with those of the Children's Health and Wellbeing Survey and Leicester Partnership Trust Digital Health Contact information, to identify Leicester schools associated with the greatest caries risk and oral health need and who may therefore benefit most from a proposed targeted community fluoride varnish programme. Preliminary analysis has indicated that schools in North Evington, Belgrave, Westcotes and Braunston Park and Rowley Fields should be prioritised. ***
- Work with the LLR ICB to improve access to NHS Dentistry and ascertain their oral health promotion activities.

***** *Public Health colleagues are liaising with Nottingham and Nottinghamshire to discuss how they are advocating for water fluoridation, to inform the approach we take for Leicester, Leicestershire, and Rutland.*

****Further information regarding the processes taken when enamel decay is identified in children has been obtained. Letters are disseminated to the homes of children according to the level of enamel decay observed; there are 4 generic letters that are used as part of this process:*

- ***Letter A** - to inform of healthy teeth upon review,*
- ***Letter B** - to inform of lower- grade enamel decay being observed, with a recommendation for closer inspection,*
- ***Letter C** – to inform of higher-grade enamel decay being observed, with a recommendation for a full dental examination and possible treatment,*
- ***Letter D** – to inform that the child was not co-operating and therefore a review of enamel decay was not feasible.*

A potential recommendation may include the review and refinement of the content of the 4 letters to enhance their efficacy as a preventative oral health promotion activity.
***** *Using the 3 sources of data, schools have been identified based on evidence to suggest their higher need, highlighting these as the most suitable candidates for the community fluoride varnish programme locally. This separate paper was brought to LMB on the 27.11.23 and has been formally signed off.*

5. Detailed report

* OH5YO 21/22 pdf analysis report

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

No financial implications.

Provided by Yogesh Patel on the 30/11/23.

6.2 Legal implications

No legal implications.

Provided by Tracey Wakelam on the 30/11/23.

6.3 Equalities implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The aim of the survey is to measure the prevalence and severity of tooth decay among 5-year-old children. Oral health is an important aspect of a child's overall health status and school readiness. Poor oral health can affect children and young people's ability to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet, and impaired nutrition and growth. The survey information can inform the local oral health improvement strategy and health needs assessment, and provide comparisons with children of the same age in previous years and also identify oral health inequalities. Achieving good oral health as part of good overall health and wellbeing is a vital aspect of helping people live well.
Inequalities in oral health continue to exist with children in deprived communities having poorer oral health than those living in more affluent communities, there are differences also in relation to ethnicity with certain oral diseases higher in some ethnic groups.

Provided by Surinder Singh on the 01/11/2023.

6.4 Climate Emergency implications

No climate emergency implications.

Provided by Aidan Davis on the 30/11/23.

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

N/A

7. Background information and other papers:

National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)

8. Summary of appendices:

*PDF detailed report

* Powerpoint of Public Health and Health Integration Scrutiny Commission summary presentation

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

N/A

10. Is this a "key decision"? If so, why?

N/A

National Dental Epidemiology Programme for England: Oral Health Survey of 5-year-olds 2021/22

A report on the variations in prevalence and severity of dental decay

Source: Office for Health Improvement & Disparities 2022

Hannah Stammers Hannah.Stammers@Leicester.gov.uk
Division of Public Health, Leicester City Council

Leicester City Council

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Executive summary

- Overall, 5-year-olds' decay experience (% d3mft>0) has remained stable since 2017, with about 4 in 10 (37.8%) children having dentinal decay experience.

Geographical differences:

- North of the city is worse affected, particularly for d3mft>0, incisor caries, mean no. dmft, and severe dmft, although not significantly.
- Wards with significantly higher decay burdens are North Evington (d3mft>0; 53%) and Wycliffe (mean no. dmft; 6.1 teeth).
- Lower IMD quintiles have less decay experience, especially in quintile 4 for d3mft>0, severe dmft, and enamel decay, where decay experience was significantly lower.

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Ethnic differences:

- Asian ethnicity is associated with higher decay burden in d3mft>0, incisor caries, mean no. dmft, severe dmft, and enamel decay, although not significantly.
- Within ethnic groups, 'White Other' ethnicity shows higher decay experience than 'White British,' although not significantly.

Changes from 2019:

- Comparing to the 2019 survey, there is a significant decrease in 5-year-olds receiving dental fillings, likely influenced by the impact of COVID-19 on dental practice. Incisor caries increased since 2019, although not significantly.

1. Introduction to the Oral Health Survey of 5-year-olds

The Office for Health Improvement and Disparities (OHID; formerly PHE) National Dental Epidemiology Programme (NDEP) completes the examination of a random sample of 5-year-old children attending state-funded mainstream schools. The results presented here are from data collection during the 2021/22 academic year across local authorities in England. The survey routinely takes place every 2 years but was delayed from 2020 to 2021 by the COVID-19 pandemic. This is the sixth OHID NDEP oral health survey of 5-year-old children.

The aim of the survey is to measure the prevalence and severity of dental caries among 5-year-old children. The information is then used to:

- **Inform the local oral health improvement strategy and health needs assessment, particularly joint strategic needs assessments.**
- **Provide comparisons with children of the same age in previous years (2012, 2015, 2017 and 2019).**
- **Identify oral health inequalities**.

For the first time in this series of 5-year-old surveys, the prevalence of children with enamel decay is presented. This is an important threshold to highlight the proportion of children who are found to have early-stage decay who would ordinarily be considered among those being free of obvious decay.

1.1 Participation

132 out of 152 upper-tier local authorities took part in the survey. From the drawn national sample, 61% of children were examined; this response varied from 52% in Yorkshire and The Humber to 62% in the East Midlands. In Leicester, a total of 866 children from maintained schools across Leicester were examined, a participation rate of 73%, of the sample. This represents 17% of all 5-year-olds attending mainstream city schools. This is a lower proportion than in 2019, where 1076 five-year-old children were examined in Leicester, representing 23% of all 5-year-olds attending mainstream city schools. However, the 2021/22 sample size and participation rate is not dissimilar to earlier years, while 2018/19 was a particularly large sample. The 2021/22 sample is broadly representative of the Leicester 5-year-old population in terms of geography, ethnicity, and deprivation.

2. Local data

Local data was requested for Leicester to explore results by demographics, this is a total sample of 873 children. The data includes local geography (LSOA, MSOA, Ward), Deprivation, and Ethnicity information. The following indicators have been explored using the local data:

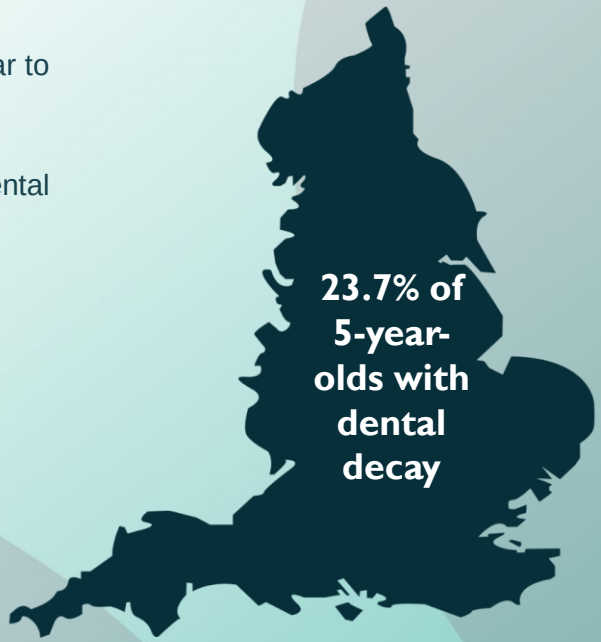
- **4.1** Decay experience
- **4.2** Average number of decayed teeth for children with decay experience (no. of dmft >0)
- **4.3** Enamel decay
- **4.4.**Incisor caries
- **4.5** Visible plaque
- **4.6** Severe decay

Where possible, the 2021/22 findings for Leicester by each indicator are benchmarked against the previous 2019 survey findings for Leicester. Where numbers are below 15, data is suppressed. There are low numbers at LSOA and MSOA level, and for this reason geographic data is presented at larger geographies (broad area locality & Ward). The 2021/22 sample is broadly representative of the Leicester 5-year-old population in terms of geography, ethnicity, and deprivation.

3. National headlines

Overall, 23.7% of 5-year-old children in England had experience of dental decay. This is similar to 2019 findings where 23.4% of the surveyed children had experience of dental decay.

A 5-year-old child normally has 20 primary teeth. Among those who had experience of dental decay, the average number of teeth with dental decay was 3.5 (CI 3.50-3.59).



3.1 Variation by geography, ethnicity and deprivation

Children living in the most deprived areas of the country were almost 3 times as likely to have experience of dentinal decay (35.1%) as those living in the least deprived areas (13.5%).

*It should be noted that factors such as ethnicity, exposure to water fluoridation and geographic location are also independently associated with decay levels in children, over and above that for deprivation.**

There was variation in prevalence of experience of dental decay by ethnic group and this was significantly higher in the 'Other Ethnic Groups' (44.8%) and the Asian/Asian British ethnic group (37.7%) than other ethnic groups.

4. Leicester decay experience (% d3mft>0)

- 37.8% of 5-year-old children in Leicester had one or more teeth that were decayed to dentinal level, extracted or filled because of caries (%d3mft>0), which is significantly higher than the national rate (23.7%).
- When compared to all 132 upper-tier local authorities that provided data, Leicester reports the 9th highest rate in 2022. Leicester was previously ranked 1st, 4th, 9th and 11th in 2012, 2015, 2017 and 2019, respectively.

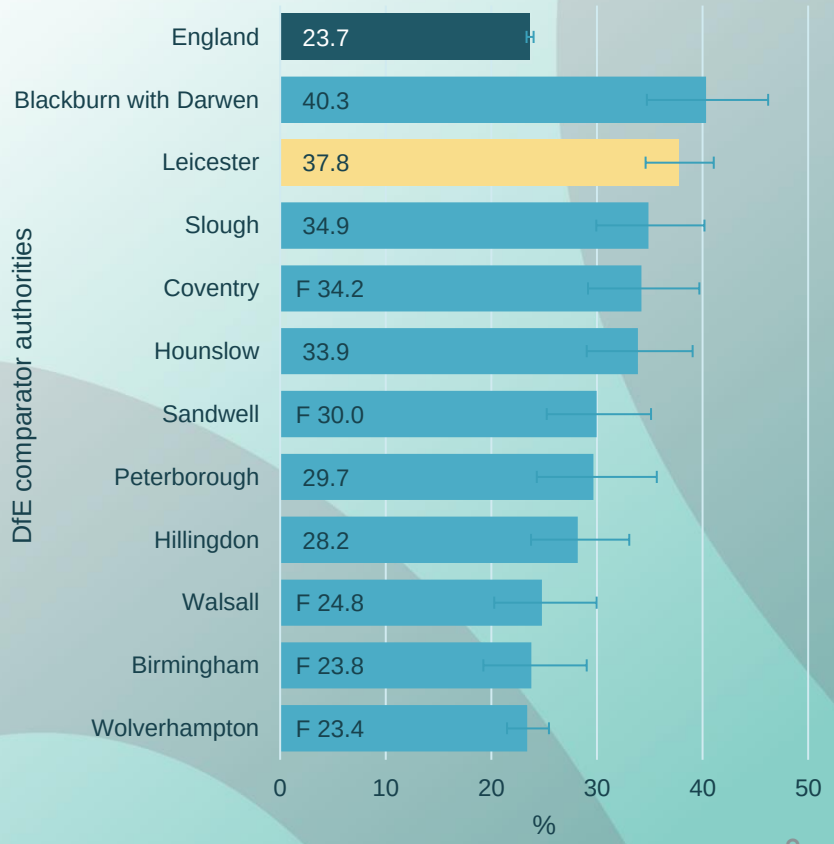
The 10 Upper-Tier Local Authorities with highest burden of dental decay

Upper-Tier LA Name	d3mft>0 (%)
Brent	46.0
Liverpool	43.5
Bolton	42.8
Blackburn with Darwen	40.3
Rochdale	39.8
Oldham	39.5
Westminster	39.5
Herefordshire	38.7
Leicester	**37.8**
Luton	36.5
England	**23.7**

4.1 Decay experience (% d3mft>0)

- Amongst our comparators Leicester has one of the highest rates of having one or more teeth that were decayed to dentinal level, extracted or filled because of caries (d3mft>0).
- The fluoridation of water supplies in the West Midlands is a factor in the rates, with fluoridation offering protection to enamel.
- Nearly two-thirds (62.2%) of 5-year-old children in Leicester are free from tooth decay, which is significantly lower than the national average (76.3%) and many of our comparator authorities. This is a small decrease from 2019 (0.8 percentage points).

Percentage of 5 year olds with decay experience (d3mft>0), 2022

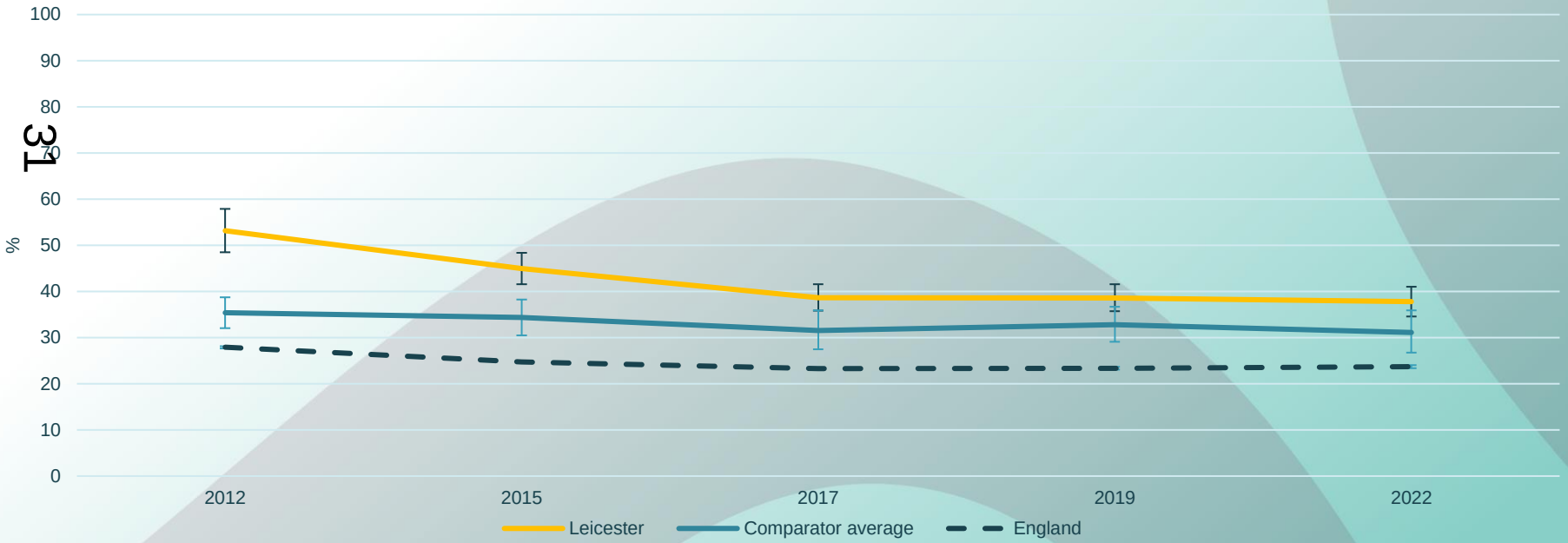


Note: Data not available for comparator Southampton because of non-participation.

4.1 Decay experience (% d3mft>0)

- Experience of dental decay amongst 5-year-olds remains similar to findings recorded in the previous surveys of 5-year-old children in 2017 and 2019, where 38.7% and 38.6%, of the surveyed children had experience of dental decay, respectively. There was great improvement between 2012 and 2017, however there has been little change since 2017. This is also observed at the national level, and amongst our comparators.

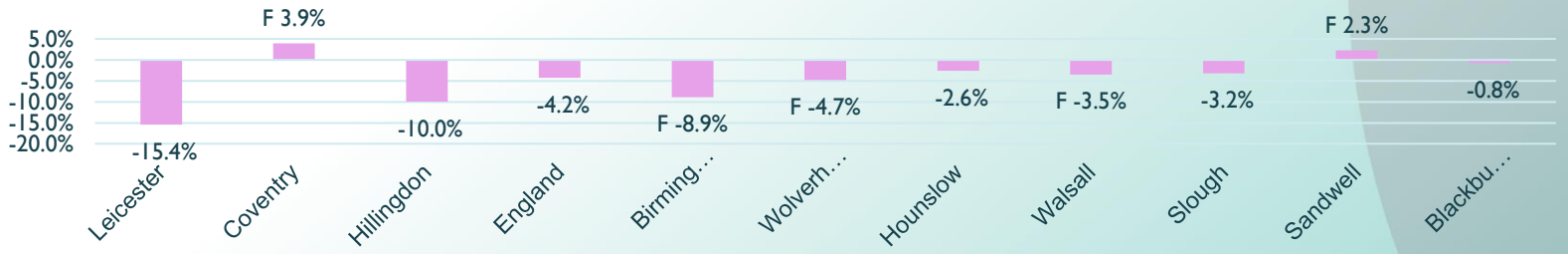
Percentage (%) of 5 year olds with decay experience, 2012-22



4.1 Change in decay experience (% d3mft>0)

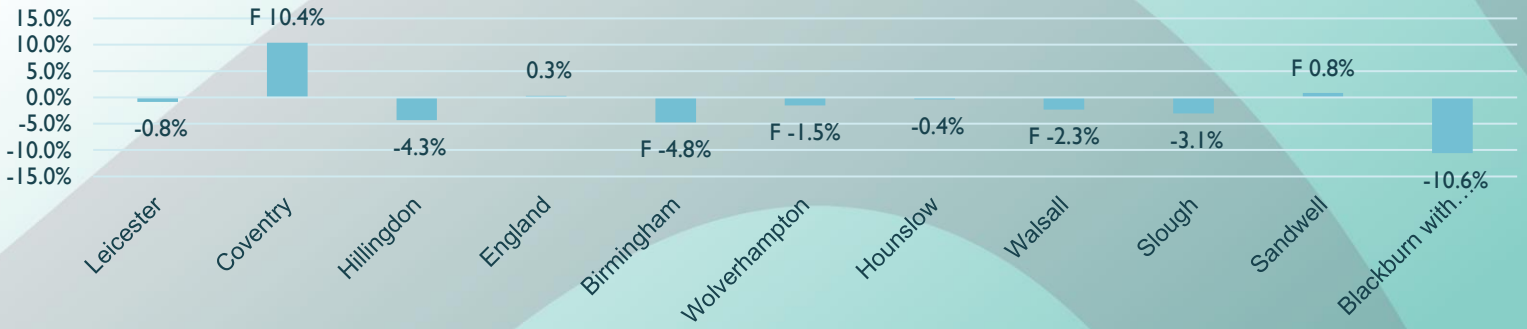
Since 2012, Leicester has experienced the largest percentage decrease in decay experience compared to its child comparator authorities, with the proportion of decay experience decreasing from 53% in 2012 to 38% in 2022, equivalent to a 15.4% percentage point decrease.

Percentage change of 5 year olds with decay experience, 2012 to 2022



While there has been little change in decay experience in Leicester (0.8 percentage point decrease) and England (0.3 percentage point increase) since 2019, some of our comparators have experienced more change.

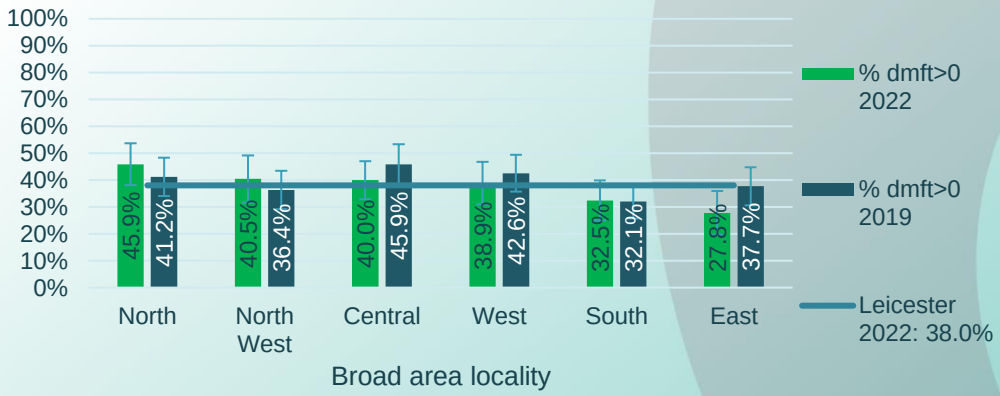
Percentage change of 5 year olds with decay experience, 2019 to 2022



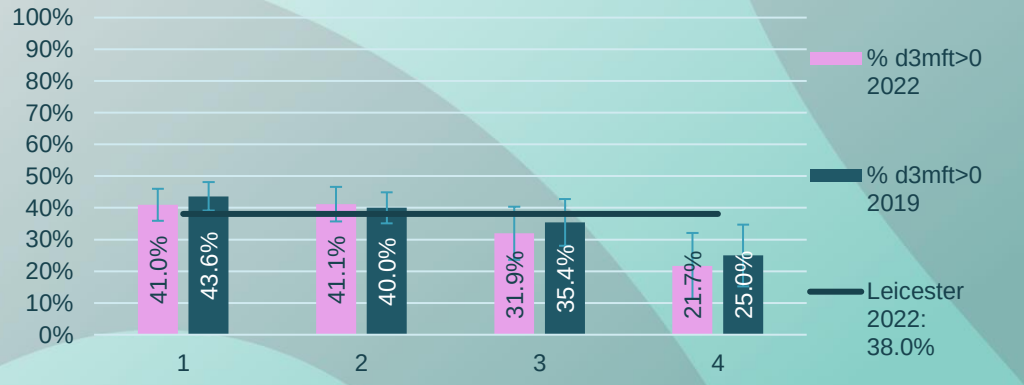
4.1 Local data – decay experience (% d3mft>0)

- 5-year-old children from the north of the city had a higher proportion of decay experience (46%), while those in the east of the city had the lowest (28%).
- 5-year-old children of lower deprivation (quintile 4), as per the Index of Multiple Deprivation (IMD), experienced lower decay experience compared to those of higher deprivation (quintiles 1-3).

Percentage (%) of 5-year olds with decay experience by broad area locality



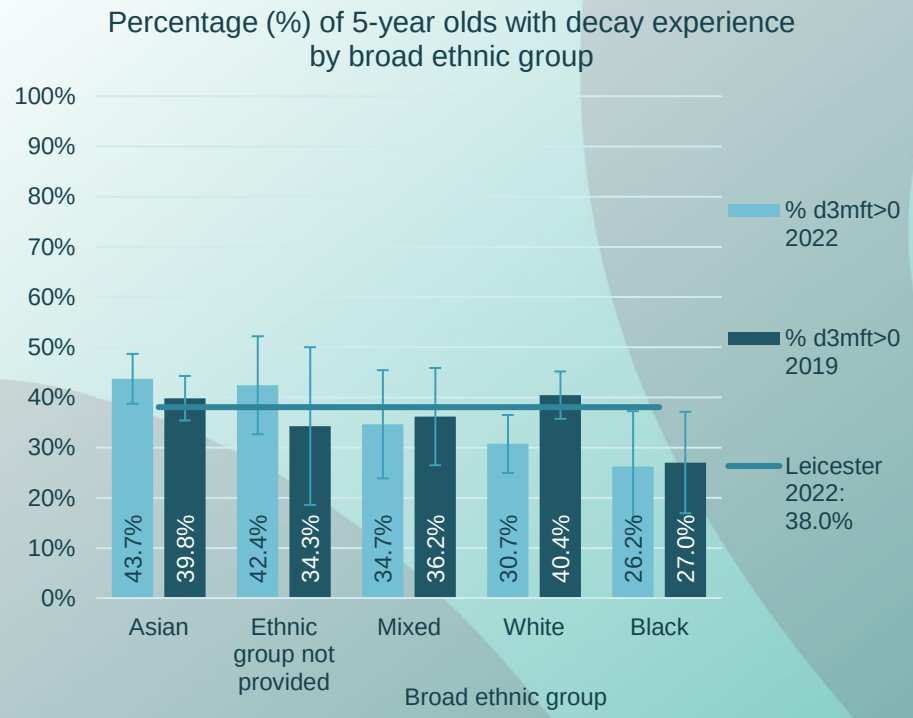
Percentage (%) of 5-year olds with decay experience by IMD



Note:
IMD quintile 5 omitted due to small numbers.

4.1 Local data – decay experience (% d3mft>0)

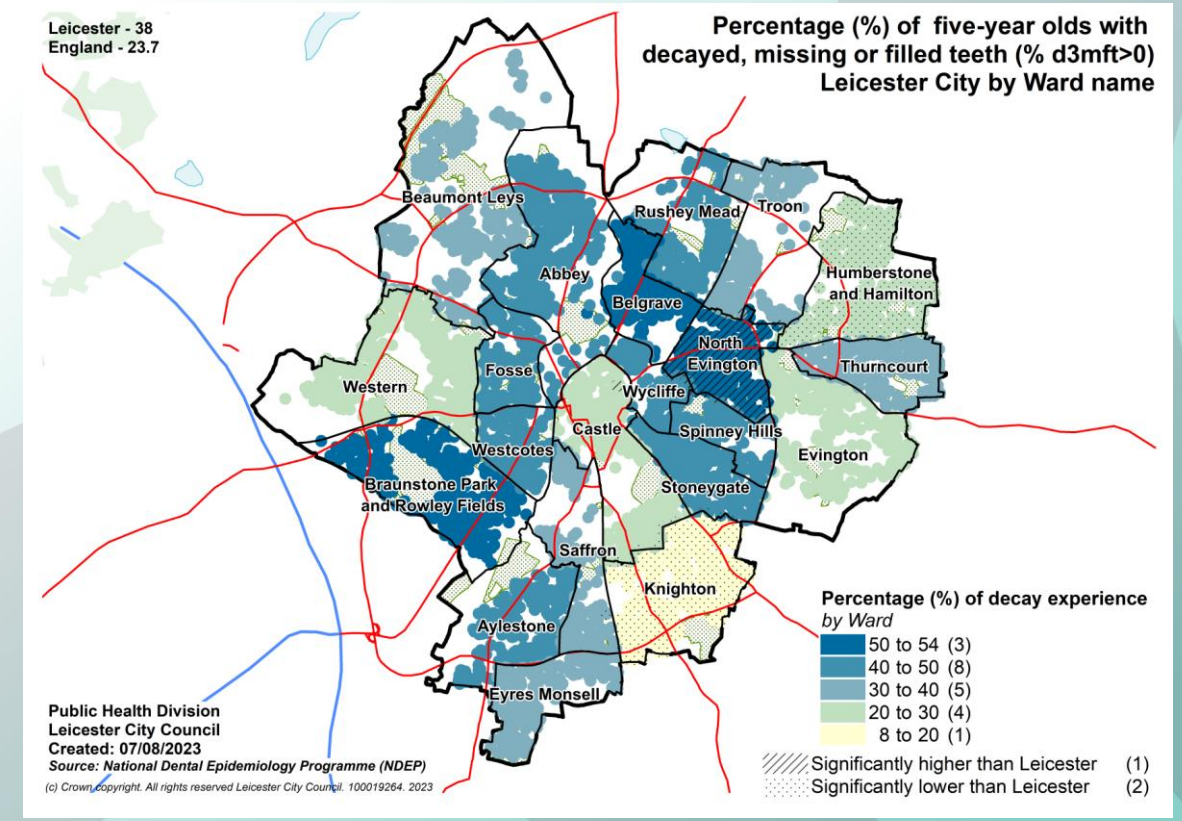
- 5-year-old children of ‘Asian’ ethnicity had the highest proportion of decay experience (44%). The decay experience amongst Asian children has slightly increased since 2019 (40%).
- Those of ‘Black’ ethnicity had the lowest proportion with decay experience compared to any other ethnic group (26%).
- Within ethnic group analysis revealed that those of ‘White British’ had a lower proportion of decay experience (29%) when compared to those of ‘White Other’ ethnicity (38%), although this was not significant.



Notes:
‘Other’ ethnicity omitted due to small numbers.

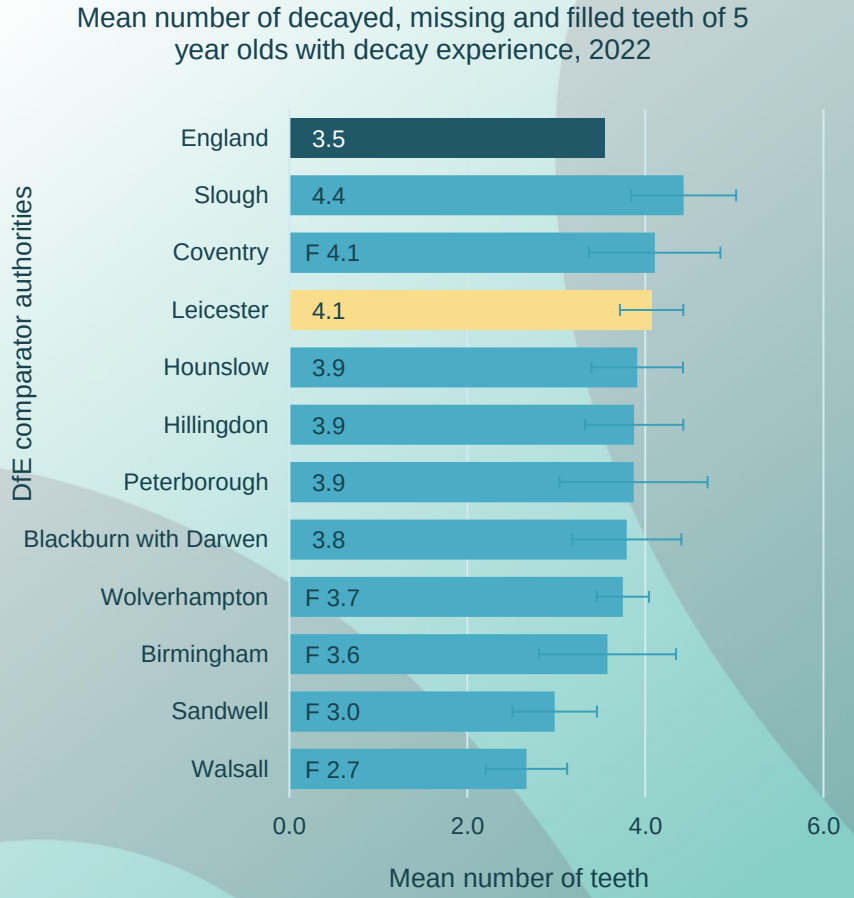
4.1 Map - decay experience (% d3mft>0)

- The percentage of decay experience was highest in the north and north east of the city centre, with significantly higher prevalence in North Evington (52.5%).
- Lower prevalence was found in the south and east of the city, with significantly lower prevalence in Knighton (8.3%) and Humberstone and Hamilton (22%).



4.2 Average number of decayed teeth for children with decay experience (no. of dmft >0)

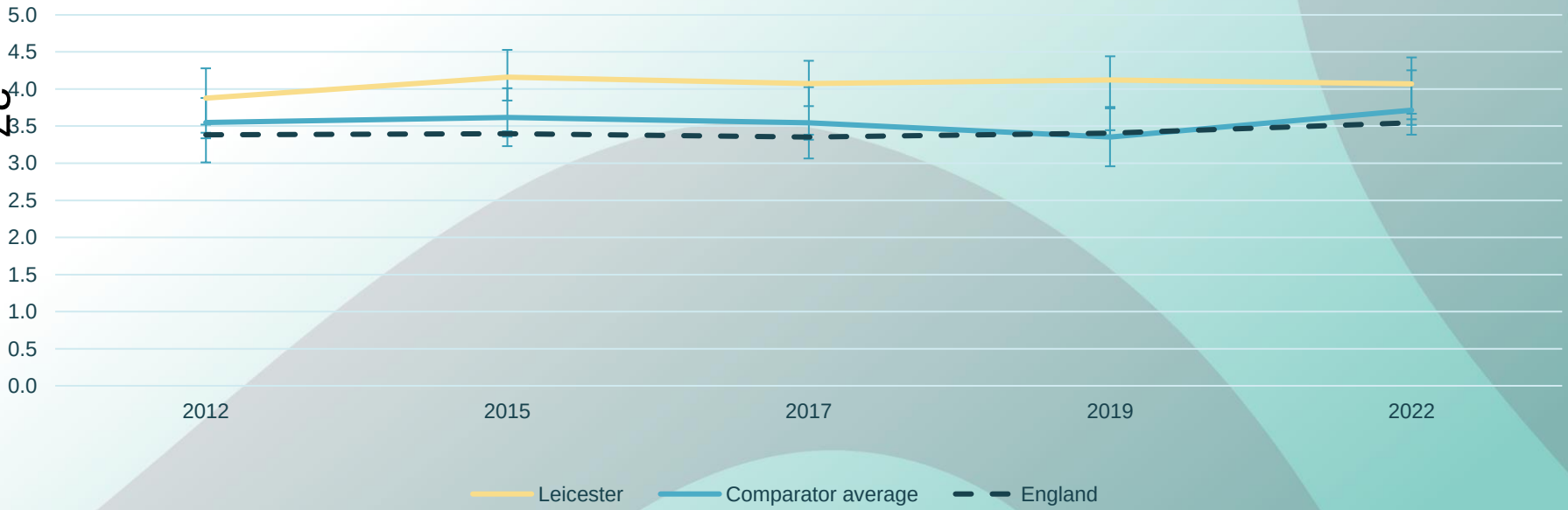
- Among the children with decay experience, the average (mean) number of decayed, missing or filled teeth (due to decay) in England was 3.5. The East Midlands average was also 3.5. The average for Leicester was 4.1, significantly worse than the national and regional average, and many of our comparators.



4.2 Average number of decayed teeth for children with decay experience (no. of dmft >0)

- The mean number of decayed, missing and filled teeth, among children with decay experience, remains similar to findings recorded in previous surveys of 5-year-olds spanning over the past decade, with there being little change in this indicator since 2012.

Average number of decayed, missing and filled teeth of 5 year olds with decay experience, 2012-2022



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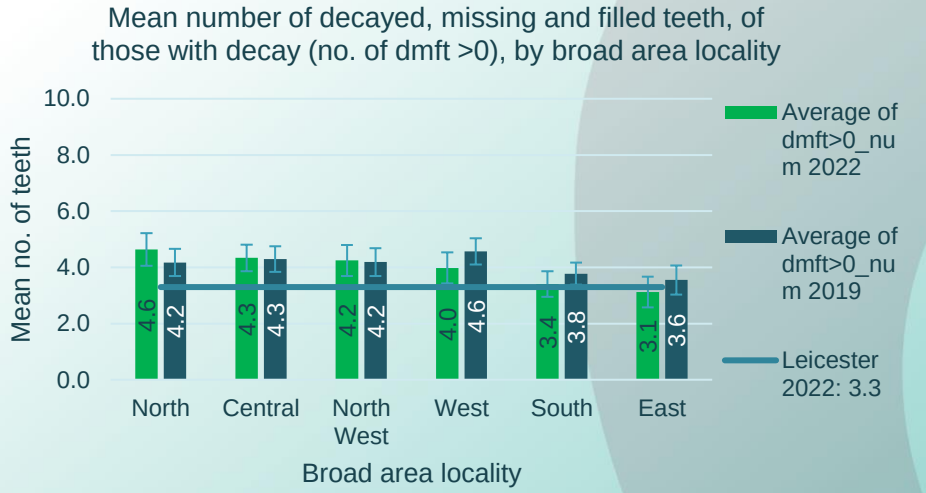
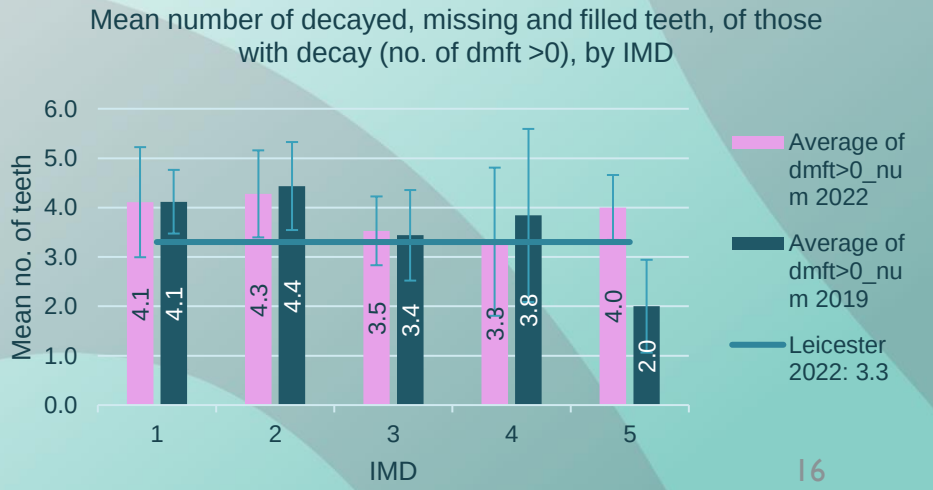
4.2 Average number of decayed teeth for children with decay experience (mean no. of d3mft>0)

- 5-year-old children from the north of the city had a higher mean number of decayed, missing and filled teeth (4.6), while those in the east of the city had on average a lower mean number of decayed, missing and filled teeth (3.1).
- 5-year-old children of lower deprivation (quintile 4), as per the Index of Multiple Deprivation (IMD), had a lower mean number of decayed, missing and filled teeth compared to those of higher deprivation (quintiles 1-2)*.

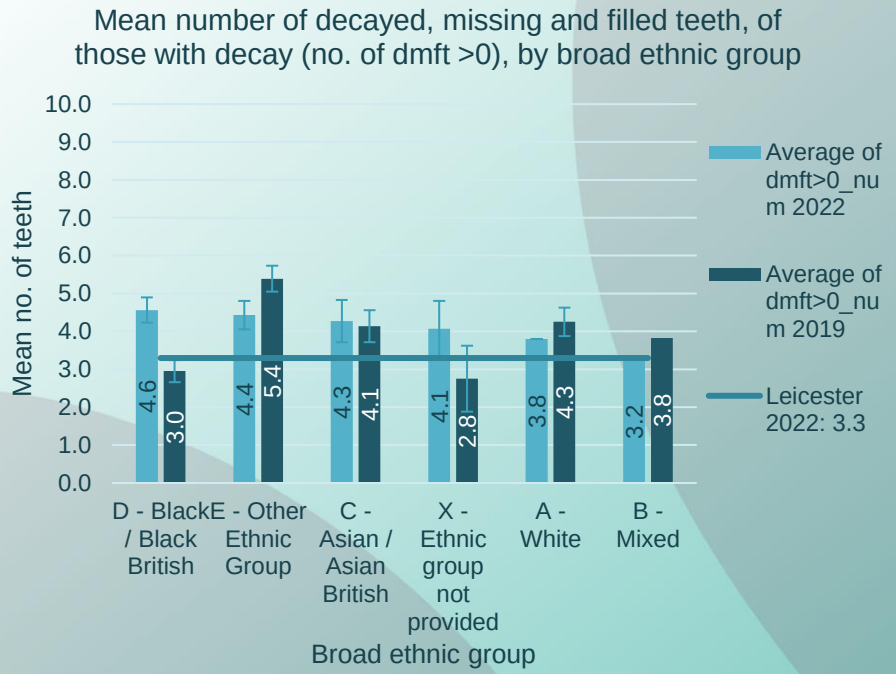




Note:
IMD quintile 5 omitted due to small numbers.

4.2 Average number of decayed teeth for children with decay experience (mean no. of d3mft>0)

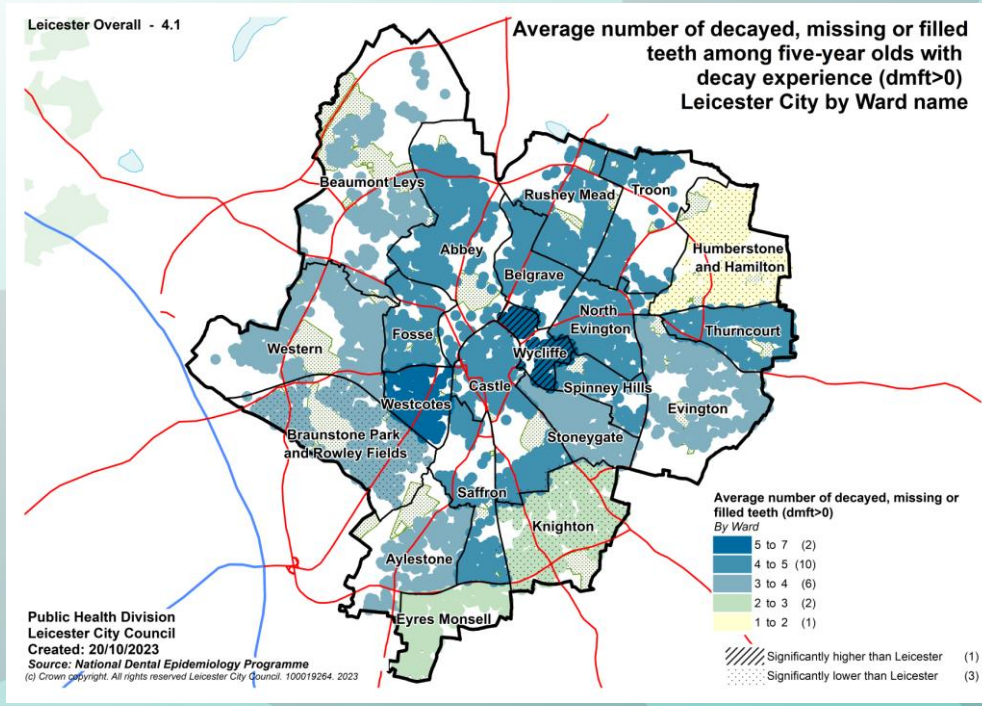
- 5-year-old children of ‘Black’ ethnicity had a higher mean number of decayed, missing and filled teeth (4.6), followed by those of ‘Asian’ ethnicity (4.3).
- Within ethnic group analysis revealed that those of ‘White British’ had a lower proportion of decay experience (3.5) when compared to those of ‘White Other’ ethnicity (4.7), although this was not significant.



Note:
‘Other’ ethnicity omitted due to small numbers.

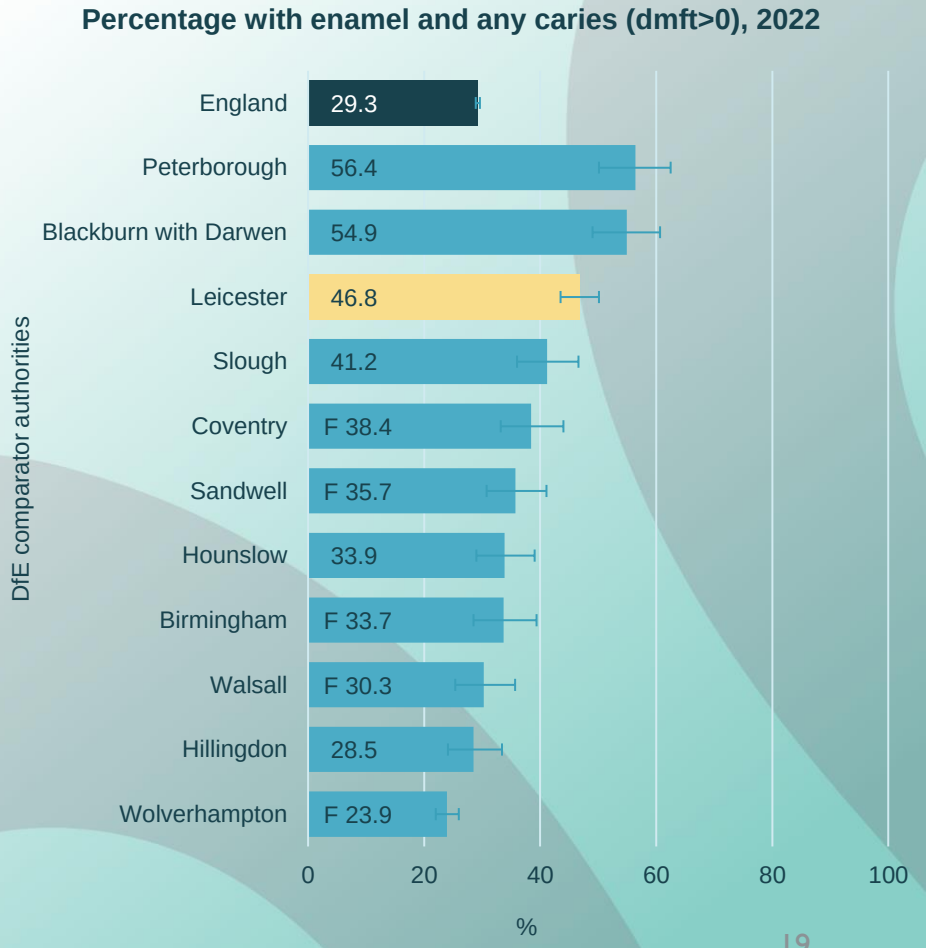
4.2 Map - Average number of decayed teeth for children with decay experience (mean no. of d3mft>0)

- Across the city, among those with decay experience, an average of about 4-5 affected teeth was most common across the city.
- 5-year- old children in Wycliffe had a significantly higher average number of teeth affected (6.4 teeth).
- Wards with a significantly lower number of affected teeth include Humberstone & Hamilton (1.9 teeth), Knighton (2.3 teeth), Braunstone Park & Rowley Fields (3.1 teeth)*.
- *The difference in % dmft and mean no. d3mft in Braunstone Park & Rowley Fields is likely due to a higher number of children in this ward having only one recorded decayed tooth. Unlike other wards, Braunstone Park & Rowley Fields lacked severe dmft cases, keeping the overall average lower.



4.3 Enamel decay and/or any dental caries

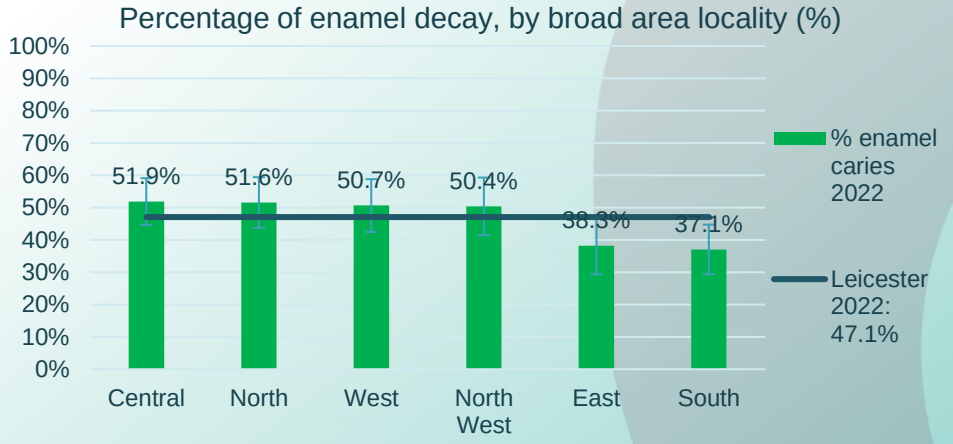
- The prevalence of enamel decay is being reported for the first time in this series. Identifying those with enamel decay is important as with preventative measures, it may help halt the progression of enamel decay to dentinal decay, preventing the need for invasive dentistry to restore loss of tooth structure in the future.
- In England, the rate of enamel decay was 29.3%. In Leicester, it was 46.8%, which is significantly higher.

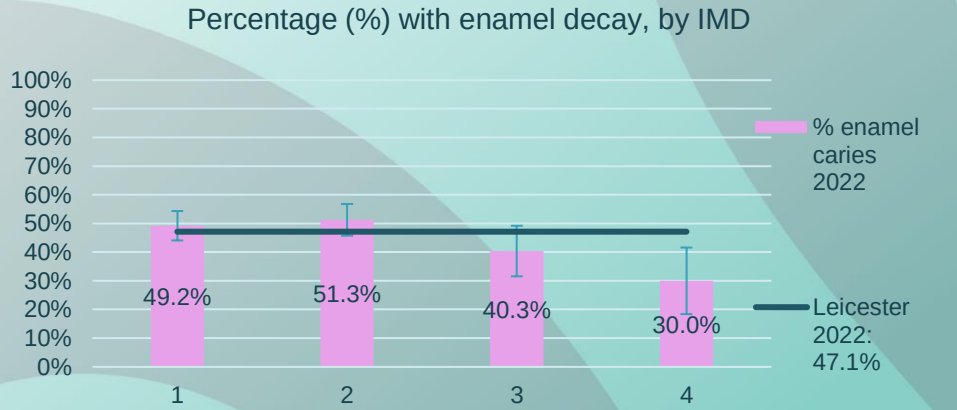


4.3 Enamel decay and/or any dental caries

- 5-year-old children from the north and west of the city had a higher proportion of enamel decay (52% and 51%, respectively), while those in the east and south of the city had the lowest (38% and 37%, respectively).

- 5-year-old children of lower deprivation (quintile 4), as per the Index of Multiple Deprivation (IMD), experienced a lower proportion of enamel decay compared to those of higher deprivation (quintiles 1-3).





IMD deprivation decile (1 being the 10% most deprived and 5 being the 10% least deprived, of areas nationally).

Notes:

- *No comparison to 2019 survey; enamel decay is being reported for the first time in this series*
- *IMD quintile 5 omitted due to small numbers*

4.3 Enamel decay and/or any dental caries

- 5-year-old children of ‘Asian’ ethnicity had the highest proportion of enamel decay (52%). Those of Black and White ethnicity (43% and 40%, respectively) had the lowest.
- Within ethnic group analysis revealed that those of ‘White British’ had a lower proportion of enamel decay and/or dental caries (39%) when compared to those of ‘White Other’ ethnicity (46%), although this was not significant.

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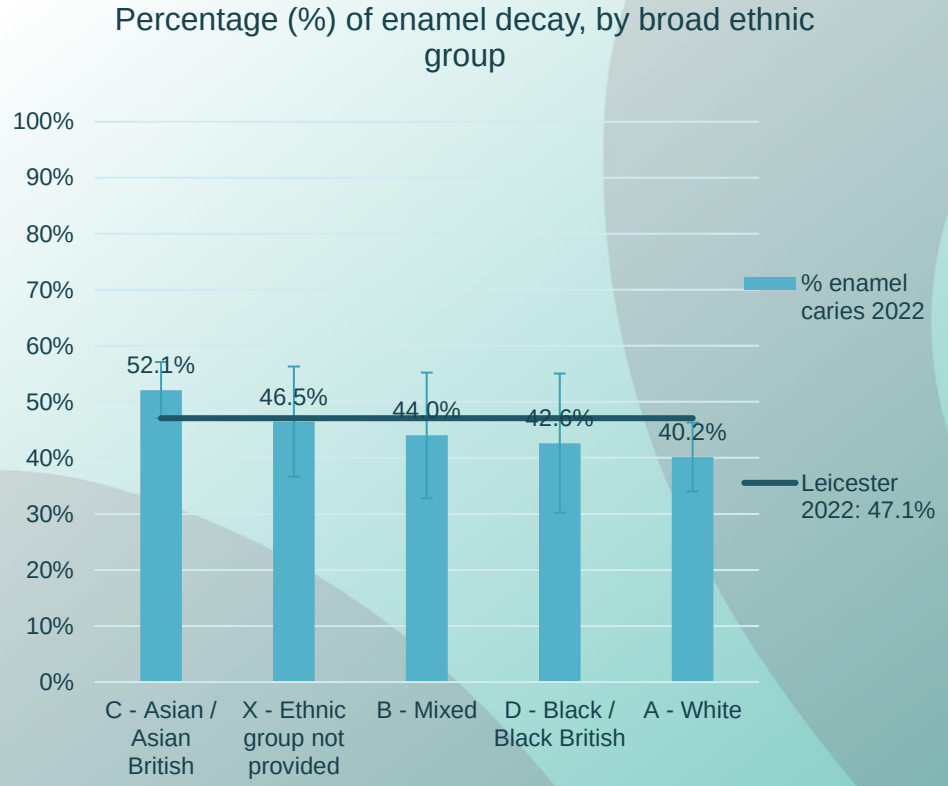
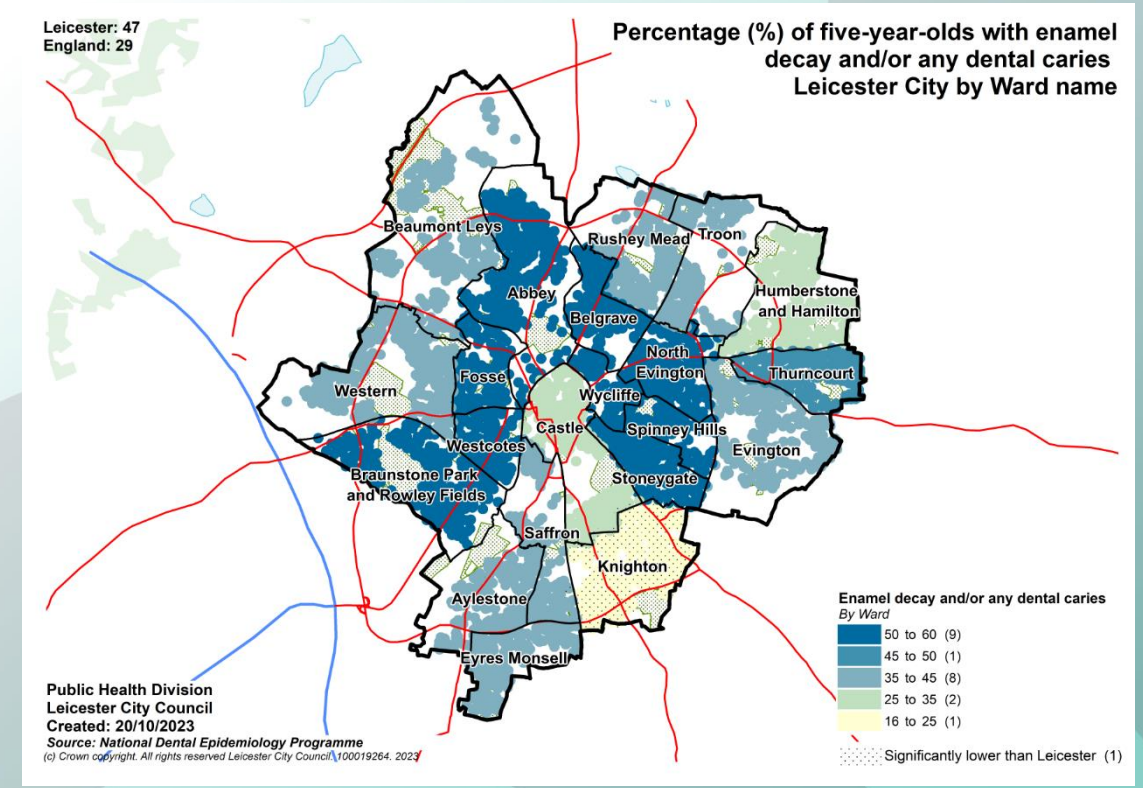


Notes:

- *No comparison to 2019 survey; enamel decay is being reported for the first time in this series*
- *‘Other’ ethnicity omitted due to small numbers*

4.3 Map – Enamel decay and/or any dental caries

- Prevalence of enamel decay and/or any dental caries was highest in the north, north east and north west of the city centre, with the highest prevalence across Wycliffe (59%), North Evington (59%), Stoneygate (58%), and Belgrave (58%), although this was not significant.
- Lower prevalence was found in the south of the city, with significantly lower prevalence in Knighton (16.7%).

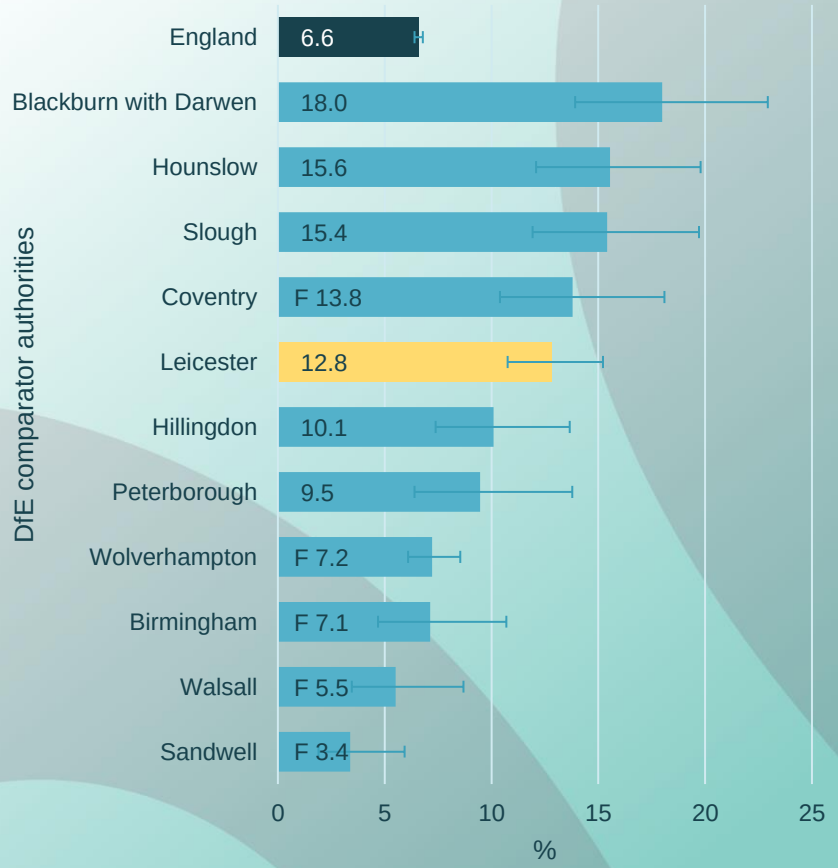


4.4 Children with incisor caries

- It is useful to know what proportion of children had dental decay affecting one or more of their incisor (front) teeth. This type of decay is usually associated with long term bottle use with sugar-sweetened drinks, especially when these are given overnight or for long periods during the day. Overall, the national prevalence of incisor decay was 6.6%; a slight increase from 5.5% in 2019. The south west (5.0%) had the lowest prevalence and London had the highest prevalence (8.6%).

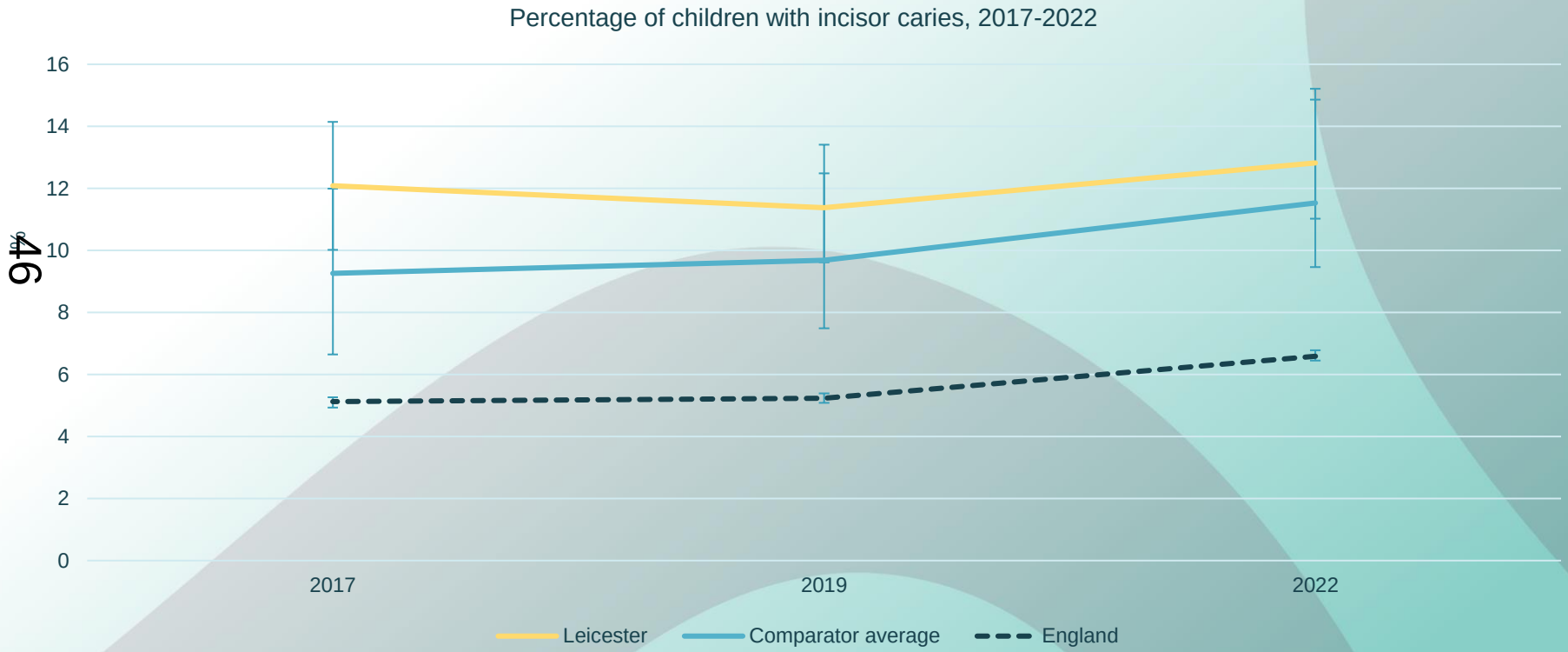
- Within some local authorities there is likely to be marked geographic variation as this type of decay is closely linked with specific health behaviours which are influenced by local cultural norms. Children with incisor decay are likely to have more teeth affected than is the case for general decay, so tackling this problem may lead to relatively higher benefits. In Leicester, 12.8% of children had dental decay affecting one or more of their incisor teeth, this is significantly more than the national rate and many of our comparators. It is also an increase from 2019 (11.4%).

Percentage of children with incisor caries, 2022



4.4 Children with incisor caries

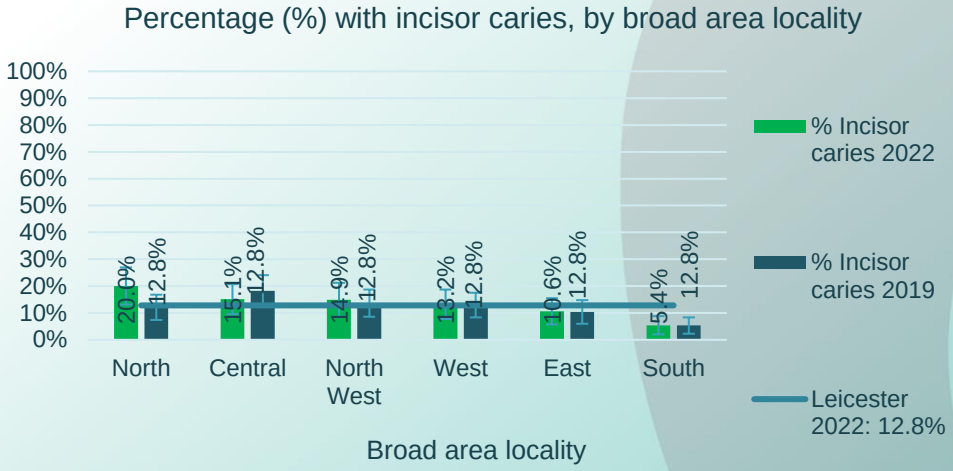
- The percentage of children with incisor caries remains similar to findings recorded in previous surveys of 5-year- olds*, with a modest increase between 2017 and 2022.

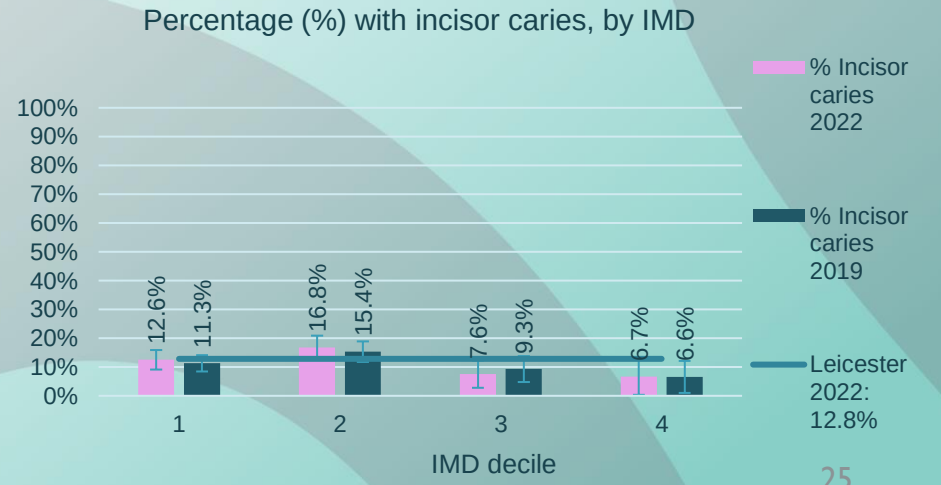


Note:
**No trend data for 2012 survey; incisor caries was not reported until 2017*

4.4 Local data – incisor caries

- 5-year-old children from the north of the city had a higher proportion of incisor caries (20%), while those in the east and south of the city had the lowest (11% and 5%, respectively).
- 5-year-old children of lower deprivation (quintile 4), as per the Index of Multiple Deprivation (IMD), experienced a lower proportion of incisor caries compared to those of higher deprivation (quintiles 1-3).

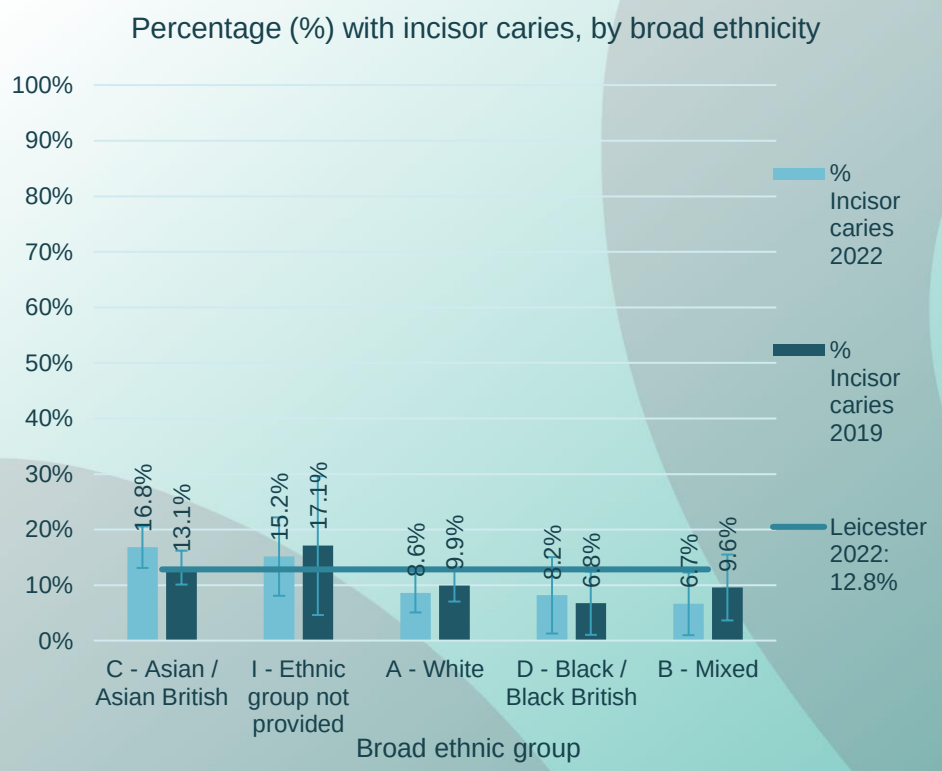




Note: IMD quintile 5 omitted due to small numbers

4.4 Local data – incisor caries

- 5-year-old children of ‘Asian’ ethnicity had the highest proportion of incisor caries (17%). Those of Black and Mixed ethnicity had the lowest proportion of enamel decay (8% and 6%, respectively). Within ethnic group analysis revealed that those of ‘White British’ had a lower proportion of incisor caries (8%) when compared to those of ‘White Other’ ethnicity (12%), although this was not significant.



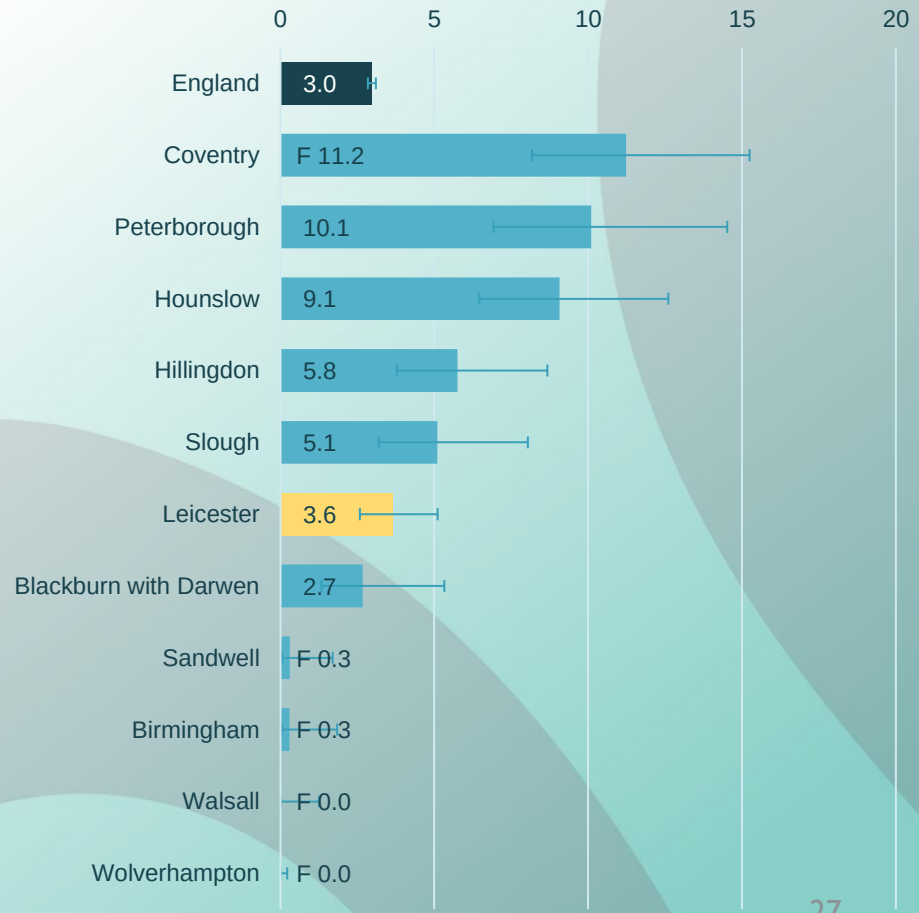
Note: ‘Other ethnicity’ omitted due to small numbers

4.5 Children who have substantial plaque

- The presence of substantial amounts of plaque compared with ‘visible’ or no plaque provides a proxy measure of children who do not brush their teeth, or brush them rarely. Such children cannot benefit from the protective effects of fluoride in toothpaste.

- Substantial plaque was recorded for 3.0% of children in England. A similar rate was recorded in Leicester, with 3.6% of children. This is an increase from 2019 where substantial plaque was around 1% both in England and locally.

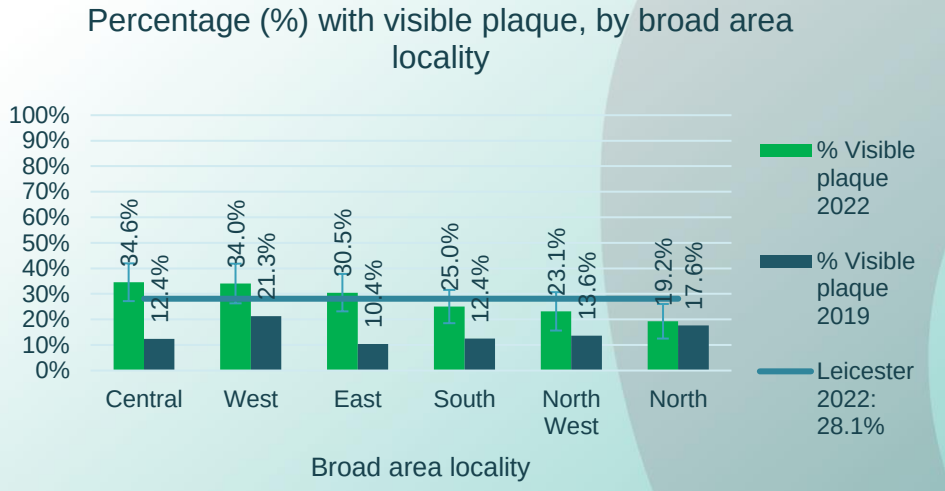
Percentage of children with substantial plaque, 2022

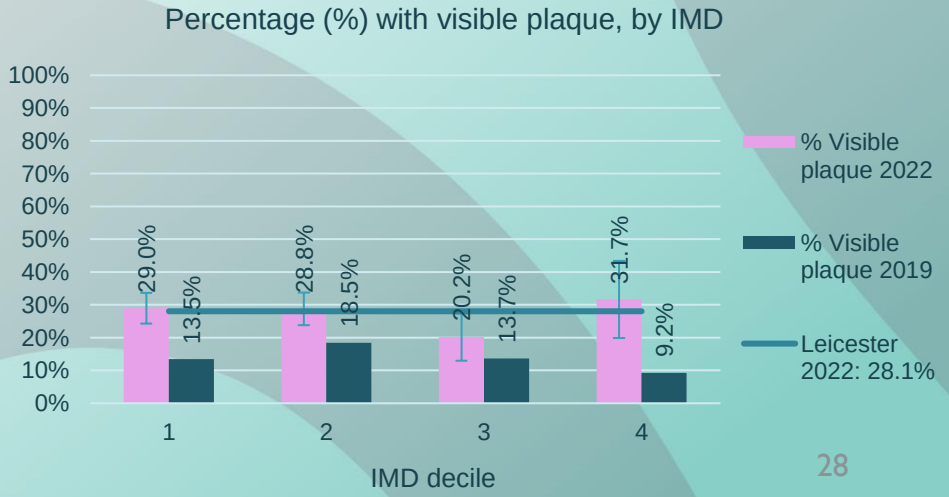


Note: No local data available on substantial plaque.

4.6 Local data – visible plaque

- 5-year-old children from the centre and west of the city had a higher proportion of visible plaque (35% and 34%, respectively), while those in the north of the city had the lowest (19%).
- 5-year-old children of lower deprivation (quintile 4), as per the Index of Multiple Deprivation (IMD), experienced a lower proportion of enamel decay compared to those of higher deprivation (quintiles 1-3).

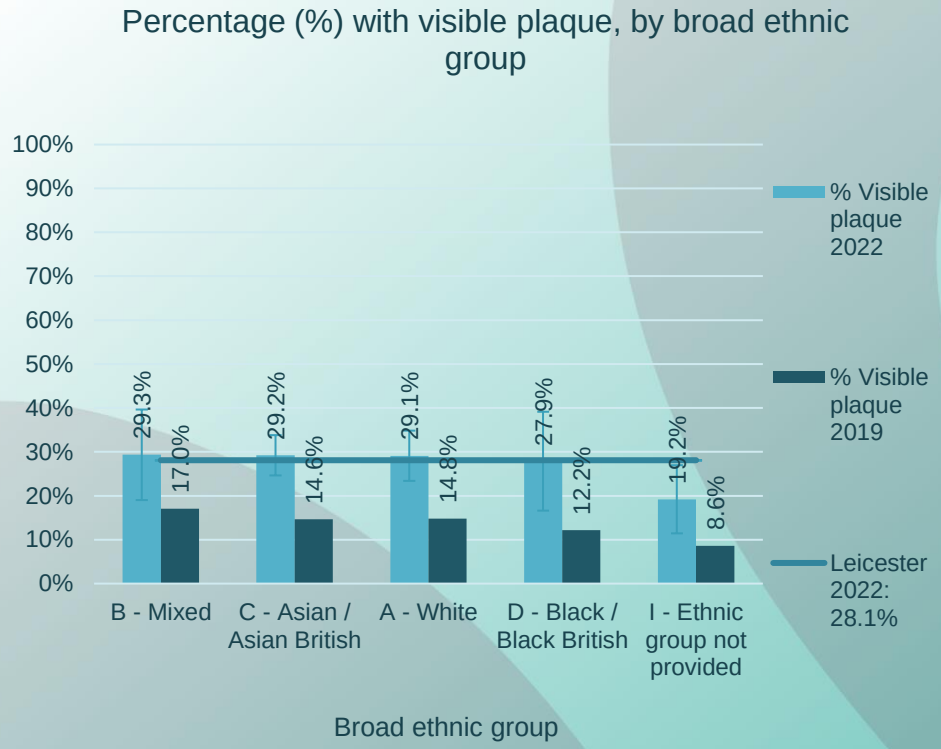




Notes:
No published LA- level data on this indicator; only local data available.
IMD quintile 5 omitted due to small numbers

4.6 Local data – visible plaque

- 5-year-old children of ‘Mixed’ ethnicity had the highest proportion of visible plaque (29%). Those of Black and unknown ethnicity had the lowest proportion of severe decay (28% and 19%, respectively). Within ethnic group analysis revealed that those of ‘White British’ had a lower proportion of visible plaque (26%) when compared to those of ‘White Other’ ethnicity (44%), although this was not significant.



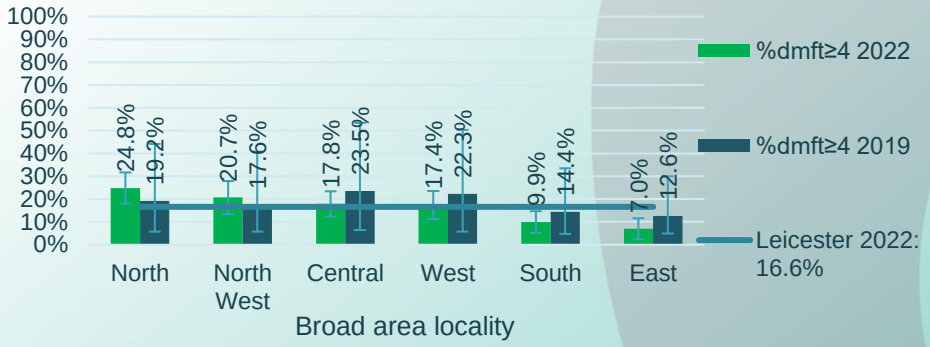
Notes:
No published LA- level data on this indicator; only local data available.
‘Other’ ethnicity omitted due to small numbers

4.7 Local data – severe decay

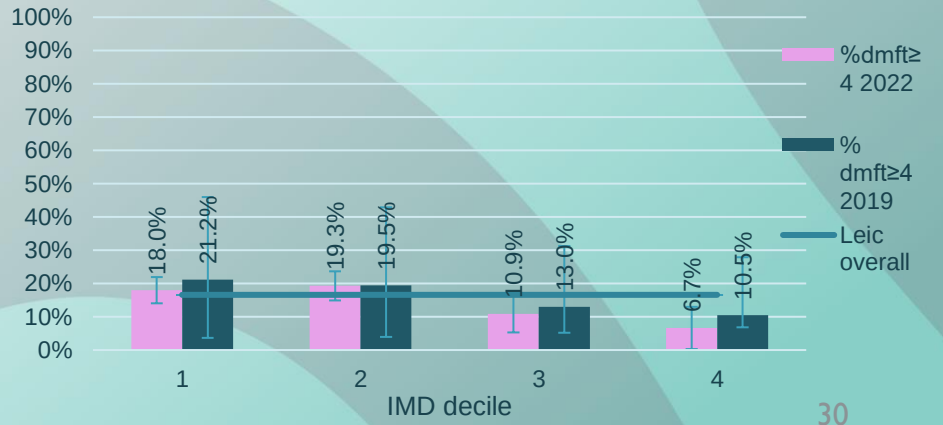
- 5-year-old children from the north of the city had a higher proportion of severe decay (25%), while those in the south and the east of the city had the lowest (10% and 7%, respectively).

- 5-year-old children of lower deprivation (quintile 4), as per the Index of Multiple Deprivation (IMD), experienced a lower proportion of severe decay compared to those of higher deprivation (quintiles 1-3).

Percentage (%) with severe dental decay, by broad area locality



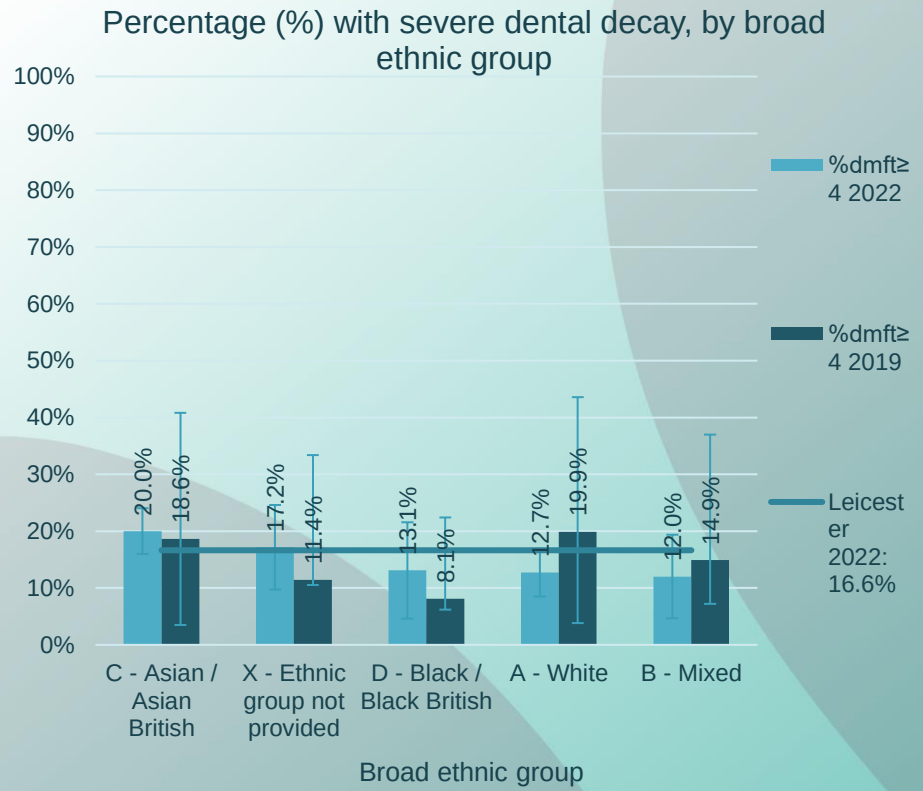
Percentage (%) with severe dental decay, by IMD



Notes:
No published LA- level data on this indicator; only local data available.
IMD quintile 5 omitted due to small numbers

4.7 Local data – severe decay

- 5-year-old children of ‘Asian’ ethnicity had the highest proportion of severe decay (20%). Those of White and Mixed ethnicity had the lowest proportion of severe decay (13% and 12%, respectively). Within ethnic group analysis revealed that those of ‘White British’ had a lower proportion of severe decay (11%) when compared to those of ‘White Other’ ethnicity (20%), although this was not significant.



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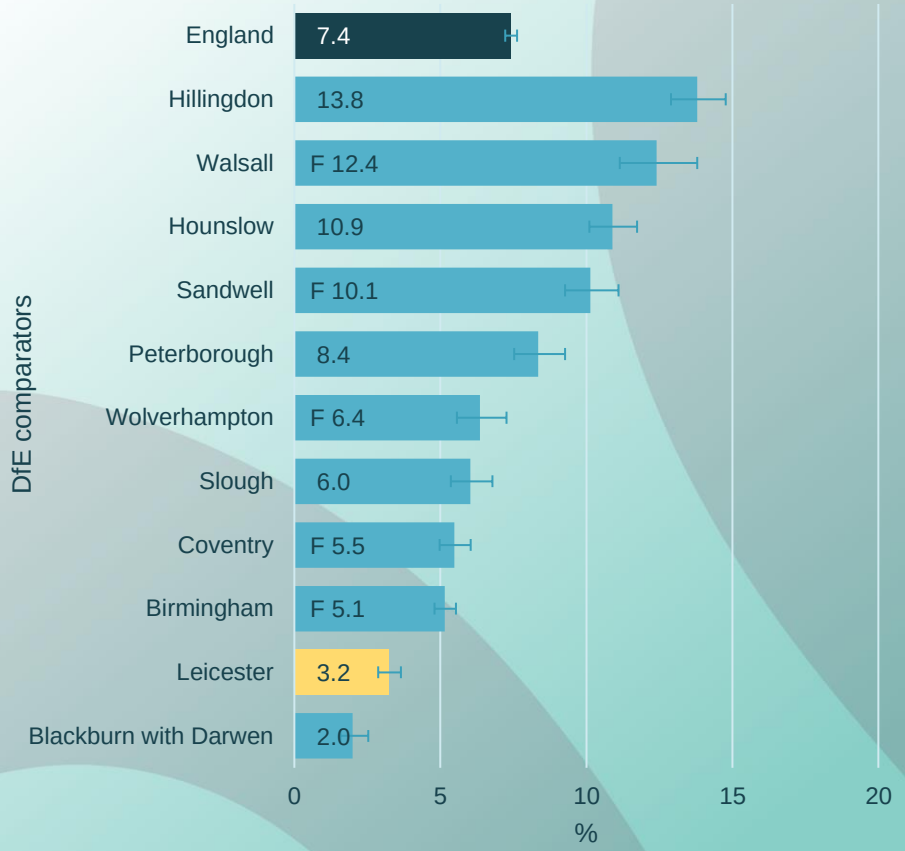
Notes:
No published LA- level data on this indicator; only local data available.
‘Other’ ethnicity omitted due to small numbers

4.8 Care Index

- The Care Index gives an indication of the restorative activity of dentists in each area. It is the percentage of teeth with decay experience that have been treated by filling (ft/d3mft). The proportion of decayed teeth that were filled was 7.4% across England as a whole. This varied regionally from 3.8% in the north west to 12.9% in London.

Percentage of teeth with decay experience that have been filled (ft/d3mft), 2022

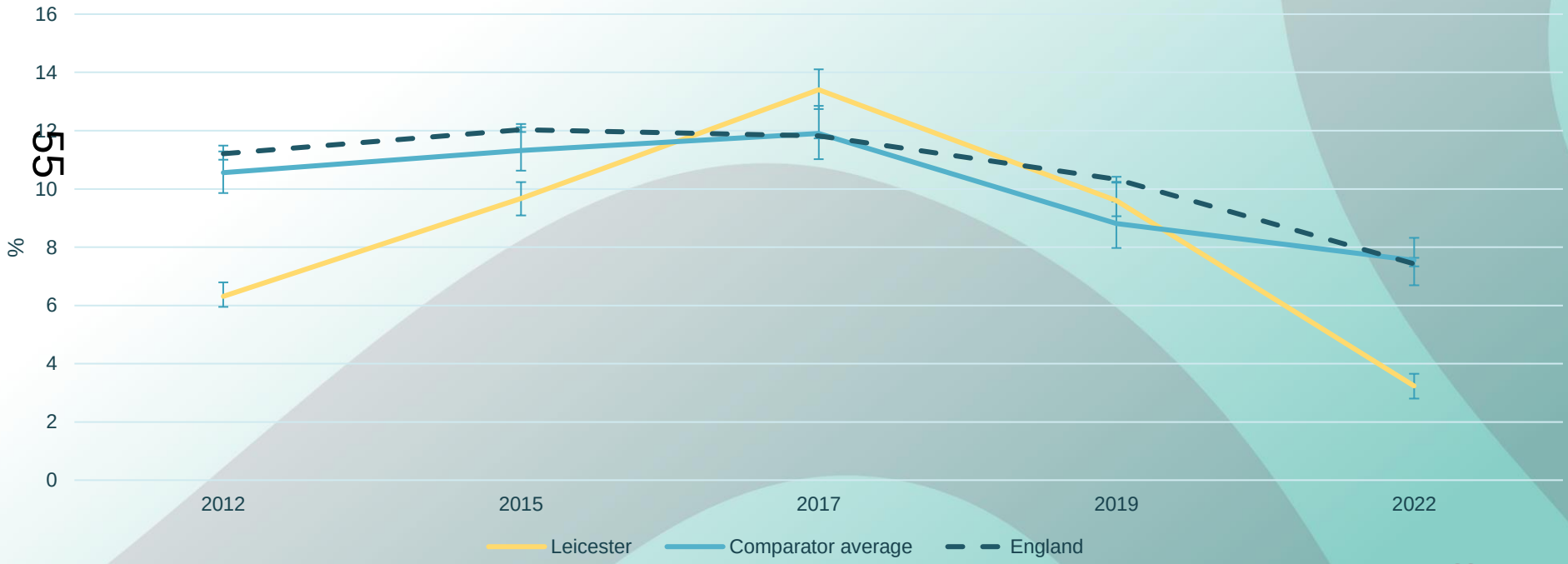


Notes:
No local data on this indicator; only published LA- level data on this indicator available.

4.8 Care Index

- In Leicester, the proportion of decayed teeth that were filled in 2022 was 3.2%, a low proportion considering the rate of decay in the city. There was great improvement between 2012 and 2017 but the proportion of filled teeth has significantly fallen since 2017, to lower levels than when the survey was first conceived in 2012. This may be related to access to dentists during the pandemic.

Percentage of teeth with decay experience that have been filled (ft/d3mft), 2012-2022



5. Ward table

Significantly higher than Leicester

Significantly lower than Leicester

Ward Name	Children Surveyed	% Decay experience	Average decayed teeth	% Enamel	% Incisor caries	% Severe decay	% Plaque visible
Abbey	41	41.5%	4.6	53.7%	17.1%	22.0%	26.8%
Aylestone	38	44.7%	3.2	44.7%	13.2%	10.5%	23.7%
Beaumont Leys	52	32.7%	3.8	44.2%	15.4%	17.3%	13.5%
Belgrave	26	53.8%	4.9	57.7%	34.6%	26.9%	23.1%
Braunstone Park & Rowley Fields	48	50.0%	3.1	56.3%	14.6%	18.8%	35.4%
Castle	28	21.4%	4.8	32.1%	10.7%	10.7%	46.4%
Evington	34	29.4%	3.8	38.2%	2.9%	11.8%	32.4%
Eyres Monsell	33	36.4%	2.9	42.4%	6.1%	6.1%	27.3%
Fosse	42	42.9%	4.6	54.8%	7.1%	21.4%	33.3%
Humberstone & Hamilton	41	22.0%	1.9	34.1%	0.0%	2.4%	22.0%
Knighton	36	8.3%	2.3	16.7%	0.0%	0.0%	33.3%
North Evington	80	52.5%	4.1	58.8%	25.0%	25.0%	36.3%
Rushey Mead	27	40.7%	4.6	44.4%	14.8%	22.2%	14.8%
Saffron	59	32.2%	4.0	39.0%	3.4%	15.3%	22.0%
Spinney Hills	61	41.0%	4.7	55.7%	16.4%	23.0%	31.1%
Stoneygate	50	48.0%	3.5	58.0%	14.0%	14.0%	32.0%
Thurncourt	29	34.5%	4.1	48.3%	17.2%	10.3%	27.6%
Troon	44	34.1%	4.5	38.6%	6.8%	20.5%	9.1%
Westcotes	31	45.2%	5.6	54.8%	22.6%	29.0%	48.4%
Western	51	29.4%	3.5	43.1%	9.8%	9.8%	25.5%
Wycliffe	22	45.5%	6.4	59.1%	18.2%	27.3%	27.3%
Leicester	873	38.0%	4.1	47.1%	12.8%	16.6%	28.1%

6. Local data sample

Row Labels	Grand Total	%
A1 - British	191	21.9%
A2 - Irish	/	/
A4 - White other	50	5.7%
B1 - White Black Caribbean	/	/
B2 - White Black African	/	/
B3 - White Asian	15	1.7%
B4 - Mixed other	36	4.1%
C1 - Indian	278	31.8%
C2 - Pakistani	25	2.9%
C3 - Bangladeshi	24	2.7%
C4 - Chinese	/	/
C5 - Asian other	49	5.6%
D1 - Black African	/	/
D2 - Black Caribbean	/	/
D3 - Black other	44	5.0%
E1 - Arab	/	/
E2 - Any other	/	/
X - Ethnic group not provided	99	11.3%
Grand Total	**873**	**100.0%**

Row Labels	Grand Total	%
1	366	41.9%
2	316	36.2%
3	119	13.6%
4	60	6.9%
5	/	/
Grand Total	**873**	**100.0%**

Row Labels	Grand Total	%
Central	185	21.2%
East	115	13.2%
North	157	18.0%
North West	121	13.9%
South	151	17.3%
West	144	16.5%
Grand Total	**873**	**100.0%**

Row Labels	Grand Total	%
A - White	244	27.9%
B - Mixed	75	8.6%
C - Asian / Asian British	380	43.5%
D - Black / Black British	61	7.0%
E - Other Ethnic Group	14	1.6%
X - Ethnic group not provided	99	11.3%
Grand Total	**873**	**100.0%**

Note: Demographics with counts of <15 have been suppressed

7. Further information

1. National data and reporting is available here: National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)

2. Local information and oral health guidance is available here: https://www.leicester.gov.uk/health-and-social-care/public-health/get-oral-health-advice/healthy-teeth-happy-smiles/

3. The latest oral health needs assessment (2023) for Leicester City is available here: Oral health (leicester.gov.uk)

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Public health and health integration scrutiny committee

Oral Health Survey of 5-year-olds (2021/22)

April 2024

Leicester City Council

The survey

- Office for Health Improvement and Disparities (OHID) National Dental Epidemiology Programme (NDEP) completes the examination of a random sample of 5-year-old children attending state-funded mainstream schools
- These results are from data collection during the 2021/22 academic year across local authorities in England
- The survey routinely takes place every 2 years but was delayed from 2020 to 2021 by the COVID-19 pandemic
- The survey aims to measure the prevalence and severity of dental caries among 5-year-old children.

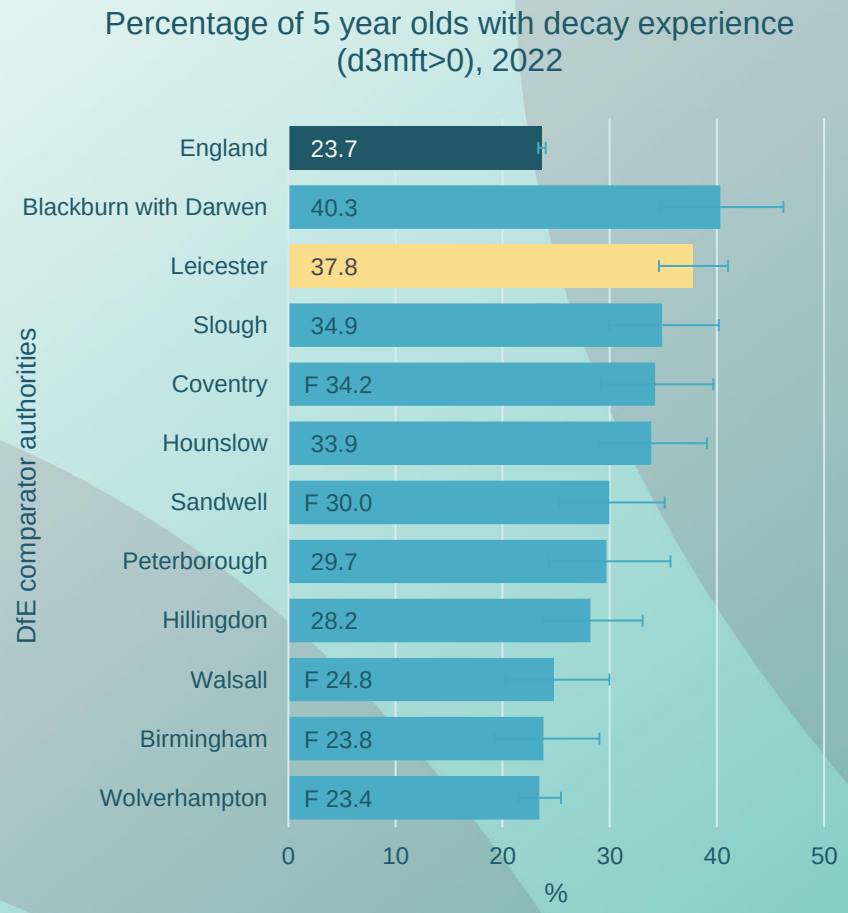
Summary findings in Leicester

- **Participation -** 866 children from maintained schools across Leicester were examined, a participation rate of 73%. 17% of all 5-year-olds attending mainstream city schools
- **Decay experience -** In 2021/22, 37.8% of 5-year-olds in Leicester had dental decay, which is significantly higher than the national average of 23.3% (see table)
- Leicester prevalence of enamel decay and/or any dental caries was 46.8%, significantly higher than the national average of 29.3%, and many DfE comparator authorities.
- **Ranking** - Leicester currently ranks 9th highest among 132 upper-tier local authorities for dental decay.
- **Trend -** The prevalence of dental decay has remained stable in Leicester since 2017
- Comparing to 2019, there is a significant decrease in 5-year-olds receiving dental fillings, likely influenced by the impact of COVID-19 on dental practice. Incisor caries increased since 2019, although not significantly.

Upper-Tier LA Name	d3mft>0 (%)
Brent	46.0
Liverpool	43.5
Bolton	42.8
Blackburn with Darwen	40.3
Rochdale	39.8
Oldham	39.5
Westminster	39.5
Herefordshire	38.7
Leicester	**37.8**
Luton	36.5
England	**23.7**

Comparator areas

- Decay experience is measured as decayed, missing or filled teeth (DMFT)
- When compared against DfE comparator authorities, Leicester has the 2nd highest prevalence of decay experience amongst it's 5-year-olds.
- The presence of water fluoridation schemes in some local authority areas, even with similar deprivation profiles to Leicester such as Wolverhampton (23.4%), Birmingham (23.8%), and Walsall (24.8%), appears to offer a protective advantage over dental decay.



Geographical and ethnic differences

- **Geographical differences:**
- North of the city is worse affected, particularly for d3mft>0, incisor caries, mean no. dmft, and severe dmft, although not significantly.
- Wards with significantly higher decay burdens are North Evington (d3mft>0; 53%) and Wycliffe (mean no. dmft; 6.1 teeth).
- Lower IMD quintiles have less decay experience, especially in quintile 4 for d3mft>0, severe dmft, and enamel decay, where decay experience was significantly lower.

- **Ethnic differences:**
- Asian ethnicity is associated with higher decay burden in d3mft>0, incisor caries, mean no. dmft, severe dmft, and enamel decay, although not significantly.
- Within ethnic groups, 'White Other' ethnicity shows higher decay experience than 'White British,' although not significantly.

Current activity to improve oral health

- **Supervised toothbrushing -** in schools and early years settings
- **Smile Early Years Award -** This scheme is aimed at promoting the importance of oral health and general health in early years settings.
- **Multi Agency Training -** Quarterly Oral Health training sessions are delivered to health professionals to ensure the workforce have up to date knowledge and evidence of key oral health messages.
- **Children, YP and Families Centres/Family Hubs –** The team support events and upskill the workforce at these centres to facilitate the promotion of oral health
- **Foodshare Oral Health Pack distribution -** Oral health packs consisting of age-appropriate toothbrushes, toothpaste and information for families and adults have been delivered to FoodShare for distribution to vulnerable families across Leicester.
- **Healthy Together Team -** The Health Visiting and School Nursing teams distribute universally Oral Health packs and information during key contacts. For children aged 6-8 weeks, 9-12 months, 2-2.5 years, 4 years.

Water Fluoridation in Leicester City

Public Health and Health Integration Scrutiny Commission

Date of meeting: 16th April 2024

Lead director: Rob Howard

Useful information

■ Ward(s) affected: All.

■ Report author: Grace Brough, Acting Consultant in Public Health. Mike Taylor, Public Health Registrar

■ Author contact details: grace.brough@leicester.gov.uk

■ Report version number: 1

1. Summary

This paper describes a proposition for an agreement in principle to water fluoridation being implemented in Leicester City. It also advises our plans to request Leicester City is considered by the Secretary of State for Health and Social Care as an area for which the water supply is fluoridated.

2. Recommended actions/decision

2. Public Health and Health Integration Scrutiny Commission are invited to:

- Note our plans to join other local authorities in the East Midlands to write to the Secretary of State for Health and Social Care to request that we are considered for fluoridation of our water supply in future.

3. Scrutiny / stakeholder engagement

3.1. We have liaised with colleagues from NHS England Midlands, Nottingham City Council and Nottinghamshire County Council about their plans to implement water fluoridation in Nottingham and Nottinghamshire to explore how we can best promote and advocate for water fluoridation in Leicester City. Nottingham and Nottinghamshire local authorities submitted a letter to the Secretary of State for Health and Social Care in January 2024, with the aim of securing their agreement to fluoridation of their local water supply.

3.2. We would wish to collaborate with Leicestershire County Council and Rutland County Council to implement water fluoridation across Leicester, Leicestershire and Rutland. Initial, informal discussions with public health colleagues are at an early stage.

3.3. We have discussed our proposition with the Leicester, Leicestershire and Rutland Oral Health Promotion Partnership Board, who are supportive of this proposal. Members of our Local Dental Network, who are members of the board, are in strong agreement.

3.4. We have discussed this with the lead member Cllr Russell and the City Mayor, who support these plans.

4. Background

When fluoride being present in a water supply at a concentration of one part per million (1mg/L), this reduces likelihood and limits the severity of tooth decay and therefore is beneficial to anyone with any natural teeth[1,2]. In some parts of the UK, the water supply has this level of fluoride naturally. In others where it is lower, water fluoridation programmes may be implemented to raise it to 1mg/L[1].

Dental caries: a preventable public health problem

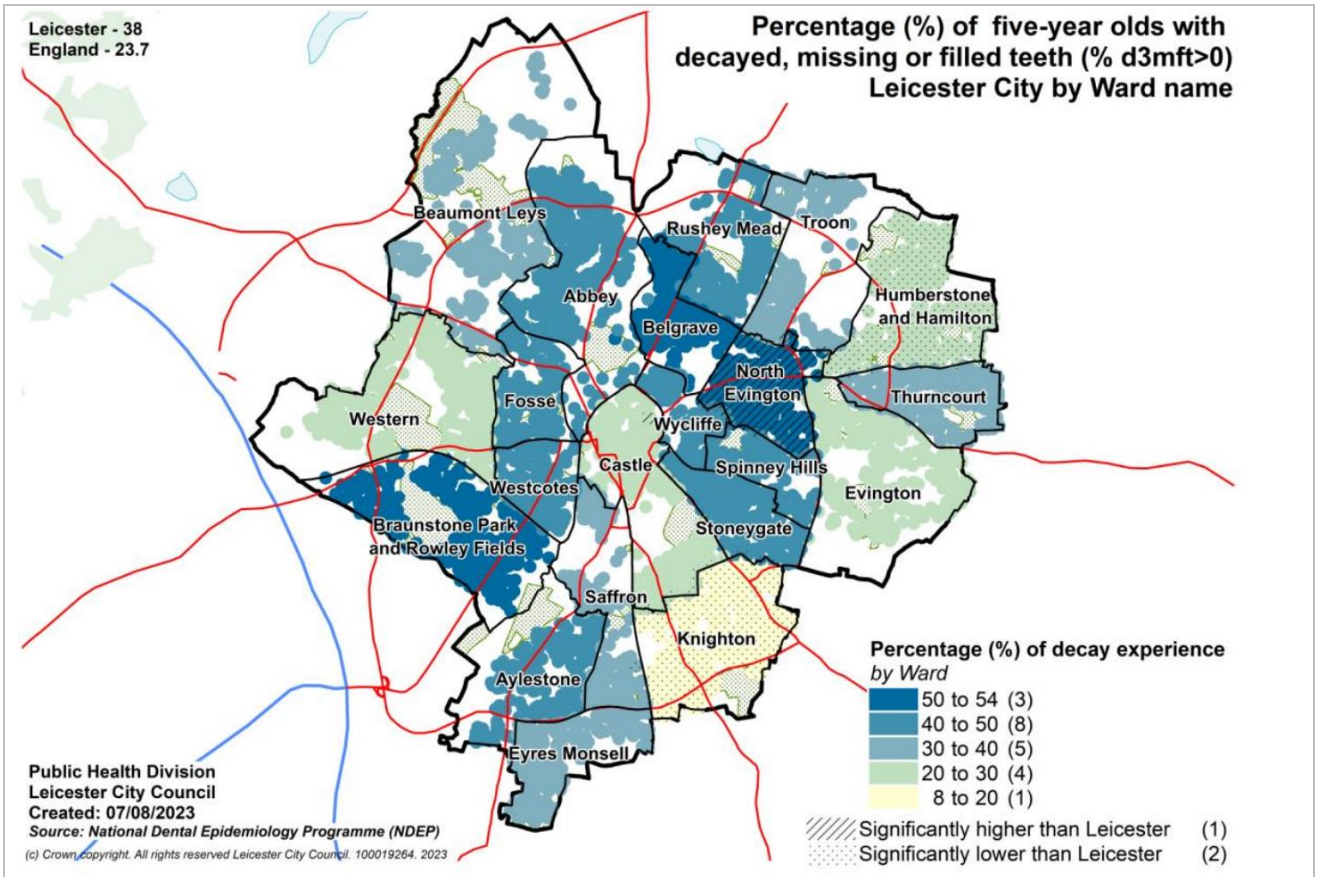
Tooth decay caused by dental caries is associated with high costs, health harms, and an increased risk of a requirement for hospital admission, anaesthesia and time away from school due to tooth extraction[3]. In 2022, 23.7% of 5-year-old children in England had at least one decayed, missing or filled tooth and yet caries is mostly preventable[4]. Furthermore, caries incidence is associated with inequities with the likelihood of decay experience being significantly greater for children living in areas of higher deprivation[5].

Dental caries in Leicester children

Following a concerning finding in 2012 that more than half of Leicester 5-year-olds had at least one decayed, missing or filled tooth (DMFT), prevalence of this metric reduced considerably over the following five years to eventually fall below 40%. It has since plateaued, having been 38.7% in 2017, 38.6% in 2019 and was recently found to be 37.8% in 2022[4]. This prevalence is 9th highest out of the 132 local authorities that provided data and Figure 1 below shows how most of the city has higher local rates of DMFT than the England average of 23.7%.

The most recent of the above findings is from the National Dental Epidemiology Programme for England Oral Health Survey (OHS) 2021/22[4]. This OHS also found Leicester 5-year-olds to be significantly more likely to have decay experience if they lived in a more deprived area (41% prevalence in the most deprived quintile) or if they were of Asian or Asian British ethnicity (44% prevalence)[4].

Figure 1: Proportion of 5-year-olds with 1≥ decayed, missing or filled tooth.



Evidence for effectiveness of water fluoridation in preventing caries.

High quality Cochrane systematic review evidence indicates that water fluoridation is effective for reducing child tooth decay incidence[4]. A key finding was that introducing water fluoridation led to 35% fewer DMFT for baby teeth and 26% fewer for permanent teeth[4]. Further systematic reviews[7,8] and the Office for Health Improvement and Disparities (OHID) 2022 Health Monitoring Report for England suggest water fluoridation to be effective in preventing caries and reducing associated oral health inequallities[7,8].

Evidence for the safety of water fluoridation

The OHID 2022 Health Monitoring Report for England indicated water fluoridation to be safe[9]. No convincing evidence exists that is suggestive of fluoride in drinking water at 1mg/L being harmful to general health[6]. An increase in fluoride levels in drinking water (or ingestion of large amounts of fluoride-containing products such as toothpaste) can increase the chance of fluorosis in developing teeth wherein parts of the teeth become more opaque[6]. When mild, fluorosis causes faint white streaks that may only be identifiable by dental practitioners; when moderate, the white areas are more visible and can cause 'mottling'[6]. Severe fluorosis can cause brown colouring, pitting, and loss of enamel[6] but this is generally only seen in countries with groundwater containing very high levels of naturally occurring fluoride (e.g., India, Sri Lanka, China, Eastern Africa, Middle East, and South America)[10] which is significantly above the 1mg/L present in water fluoridation schemes.

Areas in England with fluoridated water

Around 10% of people in England have a drinking water supply that has been fluoridated[9]. Water fluoridation schemes currently operating in England serve parts of the East and West Midlands, South Yorkshire, the North-West and the North-East. Most of these were set up in the 1960s, 70s or 80s[11] and there has been little further development since then. In addition, around a quarter of a million people in England, such as those living in parts of Suffolk, the South-West and the North-East, have a water supply with a high natural fluoridate concentration of over 0.7mg/L.

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5. Detailed report

Process for water fluoridation being commenced in a new area.

Water fluoridation functions and associated operational costs have been centralised as of 2022, and the decision to fluoridate a new area comes from the Secretary of State (SoS)

for Health and Social Care. The process, which may take a total of 5-10 years, is as follows:

1. The process of fluoridation would start by the SoS or a minister to whom responsibility has been delegated deciding that fluoridation can potentially be implanted in a new area.
2. After this, a feasibility study would be centrally commissioned, which a water undertaker would conduct.
3. If this demonstrated feasibility of the scheme, then public consultation would be organised and this would be conducted by the SoS.
4. After considering this, the SoS would decide whether fluoridation will be implemented in the area.
5. Confirmation that fluoridation can commence would necessitate a legal agreement being developed by the SoS and water undertaker.
6. Once this is in place, the water undertaker would arrange the building of new plants and the implementation of the fluoridation in the water supply.

The public consultation would be legally required for a proposed new scheme, and it is a statutory duty of the Secretary of State to conduct this. This consultation would need to run for at least 12 weeks, be published in appropriate media and include: i) the action being proposed by the SoS; ii) justification for the proposed actions; iii) the affected location. The SoS would then consider the extent of support; cogency of relevant arguments; and strength of scientific evidence in relation to the proposal. As well as the consultation, the SoS would also consider the costs, population health needs and evidence for expected impact of the scheme upon individuals.

Proposal by Nottingham and Nottinghamshire to fluoridate their water supply.

Colleagues from Nottingham City and Nottinghamshire County Council submitted a letter to the SoS in January 2024, with the aim of securing their agreement and commencing the process for fluoridating their water supply (which is expected to take 5-10 years in total). Severn Trent, which supplies much of Nottinghamshire, also supplies Leicester City and Leicestershire.

Engaging with our local communities

In addition to the consultation that the SoS would undertake, it is important that as a local authority, we provide an opportunity for the people of Leicester to engage with the process and have their views heard. It will be important to effectively disseminate our plans regarding fluoridation across all communities of Leicester and that all population groups, including those who are vulnerable or for whom health literacy or English language proficiency are low, are supported to engage.

Risks and controversies to Leicester City Council and these can be addressed.

Concern from communities might be expected, as well as mobilisation of groups opposed to fluoridation. Therefore, it is important we have good quality accessible information on hand that addresses common questions and myths around fluoridation or similar.

Monitoring and evaluation

If water fluoridation for Leicester is agreed, it will be important to adopt this intervention as part of a multifaceted approach to preventing tooth decay in children. It will also be important to monitor its implementation and evaluate its effectiveness. Useful sources will include: The OHID Water fluoridation Health monitoring report for England[9]; epidemiological reports of tooth decay in children (e.g., the OHS); calculations of the number of people receiving the fluoridated water; cost effectiveness analysis including return on investment calculations.

Conclusion

The above proposal by Nottingham and Nottinghamshire local authorities may present an opportunity to expediate water fluoridation in Leicester. We intend to join these local authorities in writing to the Secretary of State for Health and Social Care, to request that we are considered for fluoridation of our water supply in future.

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

The report at this stage outlines plans to request consideration by the Secretary of State for Health and Social Care to fluoridate the water supply in future, as such there are no immediate financial implications. However, if agreed and the proposals would require further intervention, this would need to be revisited to see if there are any financial implications.

Yogesh Patel – Accountant (ext 4011)

6.2 Legal implications

Legal Commercial Implications

The following legal commercial implications must be taken into consideration:

Consultation

As detailed in the report at section 5, a formal process must be carried out prior to implementing any plans and this requires the participation of the secretary of state and a public consultation. The report details the requirements of the consultation in relation to timescales and what information must legally be provided.

In addition to this, the general rule in relation to any consultation undertaken by the Council, is that it should be meaningful and conducted appropriately to ensure it is free from challenge. There is non-statutory government guidance on how to conduct a consultation and a copy of this and the Council's consultation guidance has been provided to clients.

Clients should clarify with the secretary of state whether the consultation will be led by central government or whether it is the responsibility of the Council to carry this out.

Agreement with the Secretary of State and Water Company relating to water fluoridation.

It is likely that the Secretary of State and water company will require the Council to agree to standard government terms and conditions. However, clients should liaise with Legal

Services who can advise on the terms of the agreement and any obligations of the Council and accompanying risks.

Tracey Wakelam
Principal Lawyer
Commercial, Property and Planning

6.3 Equalities implications

When making decisions, the Council must comply with the public sector equality duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

We need to be clear about any equalities implications of the course of action proposed. In doing so, we must consider the likely impact on those likely to be affected by the options in the report and, in particular, the proposed option; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

Protected characteristics under the public sector equality duty are age, disability, gender re-assignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

The paper describes a proposition for an agreement in principle to water fluoridation being implemented in Leicester City. A number of available indicators show that oral health in Leicester compares poorly to England as a whole with various health inequalities. Oral health is a key indicator of overall health, wellbeing and quality of life. Oral health is inextricably linked to general health and wellbeing at every stage of life. A healthy mouth enables nutrition of the physical body, but also enhances social interaction and promotes self-esteem and wellbeing. The mouth can act as an early indicator for the rest of the body, providing signals of general health disorders. As fluoridation would be provided to all members of the population covered, it has the capability to affect all of the population, irrespective of protected characteristic.

In order to identify any potential disproportionate impacts on a particular protected characteristic an equality impact assessment should be undertaken. The Equality Impact Assessment, should influence decision making from an early stage and throughout the decision making process.

It is therefore important to ensure that any consultation is fair and accessible, and involves children and young people as well as parents. The Equality Impact Assessment should inform the development of the consultation, in order that it can be utilised to identify and understand any potential equalities impact. The findings from the consultation should then be used to

further inform the Equality Impact Assessment and in identifying any mitigating actions that are required to lessen or remove any disproportionate negative impact.

Equalities Officer, Surinder Singh Ext 37 4148

6.4 Climate Emergency implications

There are likely to be limited climate emergency implications directly associated with this report. More widely however, this work may have a positive impact, with some research suggesting that water fluoridation is likely to have a lower overall carbon and environmental impact than alternative methods of addressing these issues, particularly where this involves treatment as opposed to prevention.

Aidan Davis, Sustainability Officer, Ext 37 2283

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

Not applicable.

7. Background information and other papers:

None

8. Summary of appendices:

- A PowerPoint document is attached, which outlines key points from this document.

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

No

10. Is this a "key decision"? If so, why?

No

Public health and health integration scrutiny committee

Water fluoridation proposal

April 2024

Leicester City Council

What is fluoridation?

- **Fluoride** is a naturally occurring mineral that is added to toothpaste, drinking water and some foods, which can help prevent tooth decay
- **Water fluoridation** is the controlled adjustment of fluoride levels in a public water supply to reduce tooth decay
- Fluoride concentration of one part per million (1mg/L) in a water supply reduces likelihood and severity of tooth decay
- In some parts of the UK, the water supply has this level of fluoride naturally.

Why do we propose fluoridation?

Need-

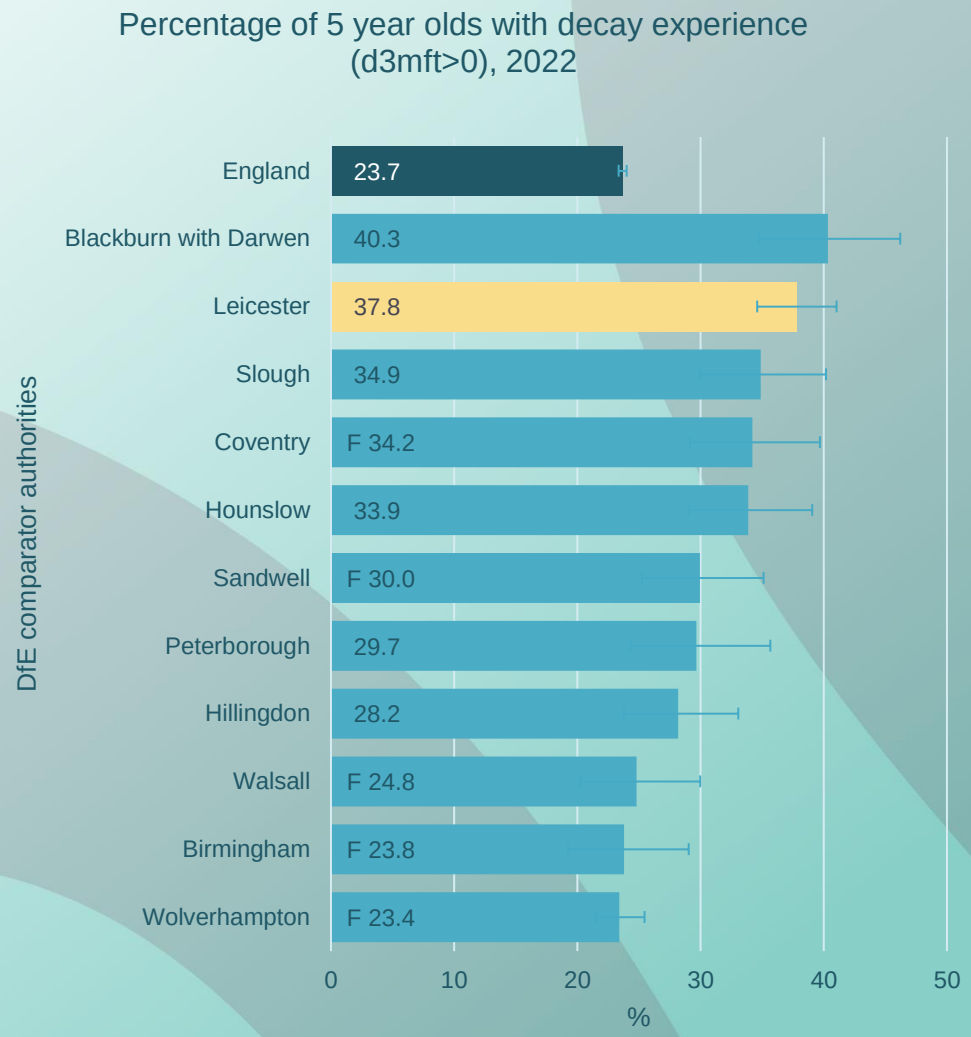
- Dental decay and caries affects much of Leicester's population and inequalities exist
- Leicester is 9th for dental caries amongst 5 year olds

Impact-

- Dental caries and decay can lead to pain, hospital admission, missed school days, sleeping difficulties, poor nutrition and affect speech development in children(1).
- In adulthood, dental decay is associated with cardiovascular and lung disease, poor diabetes control, pain, low self-esteem, employment chances, poor sleep and difficulty eating(2)
- Fluoridation can provide an effective way of preventing dental decay and the associated risk

Is it effective?

- **Systematic review-** indicates water fluoridation is effective for reducing child tooth decay incidence.
- Introducing water fluoridation led to 35% fewer decayed, missing or filled teeth (DMFT) for baby teeth and 26% fewer for permanent teeth
- **Comparator areas** where fluoridation has been introduced show lower incidence of dental decay (Walsall, Birmingham, Wolverhampton) than Leicester



Next steps

The process may take a total of 5-10 years, steps include-

1. Write to Secretary of State (SoS) to request fluoridation be considered. SoS decides fluoridation can potentially be implemented
2. A feasibility study by water undertaker
3. If feasible, public consultation conducted by SoS
4. Considering consultation, SoS decides on fluoridation
5. Confirmation that fluoridation can commence necessitates a legal agreement by the SoS and water undertaker
6. Once legal agreement in place, the water undertaker arranges building of new plants and implementation of the fluoridation in the water supply

Trajectory

- Other local authorities in the region are moving towards fluoridation
- Nottingham and Nottinghamshire have already written to SoS
- We are speaking with Leicestershire and Rutland to understand if this can be a joint endeavour
- Nationally ~10% of the population receive fluoridated water, most operating since 60's, 70's and 80's

Leicester City Mouth Cancer Action Plan

Public Health and Health Integration Scrutiny Commission

Date of meeting: 16th April 2024

Lead director: Rob Howard

Useful information

- Ward(s) affected: All.
- Report author: Grace Brough, Acting Consultant in Public Health. Mike Taylor, Public Health Registrar
- Author contact details: grace.brough@leicester.gov.uk
- Report version number: 1

1. Summary

This paper summarises an action plan to address the high incidence and mortality associated with mouth cancer in Leicester.

2. Recommended actions/decision

Public Health and Health Integration Scrutiny Commission are invited to note the action plan and support where appropriate.

3. Scrutiny / stakeholder engagement

3.1. The action plan was initially developed following a SPARKS meeting at Leicester City Council during which colleagues in breakout groups addressed the following questions: "What opportunities are there for preventing people from getting oral cancer?"; " What opportunities are there to help people get diagnosed early?"; "What do we need to learn?"; "Who else should we involve?"; "We plan to develop an action plan. What should our priorities be?". The answers to these questions were used to create the initial draft of the action plan.

3.2. This work has involved liaising with the East Midlands Cancer Alliance Cancer Research UK Primary Care Lead and LLR Integrated Care Board Cancer Lead to promote training of multiple health practitioner groups to aid early detection.

3.3. This report has been presented to colleagues at the LLR Oral Health Promotional Board who emphasised the awareness raising actions, including those relating to smokeless tobacco, as being particularly important.

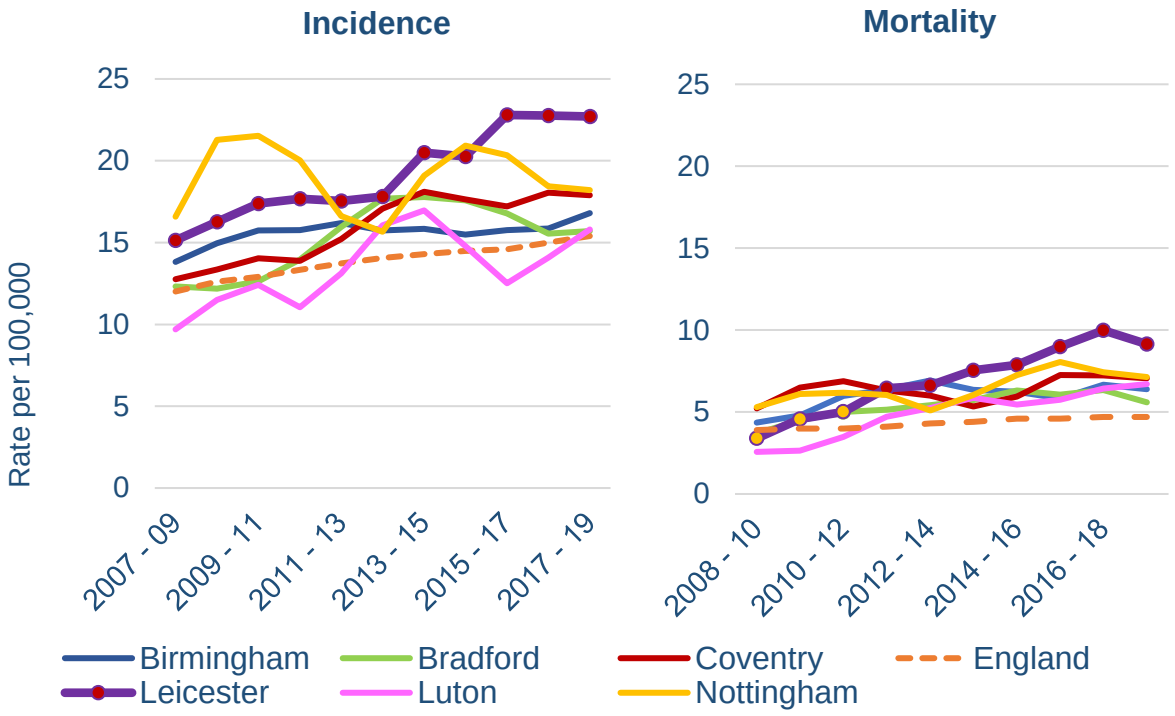
3.4. Internal and external colleagues have agreed to contribute to the implementation of the action plan. This includes public health division colleagues (analysts; colleagues from tobacco control, LiveWell, alcohol harm reduction, screening and immunisation); and external colleagues from the LLR Integrated Care Board and LLR Oral Health Promotion Partnership Board.

3.5. This was presented to our Lead Member on 18th Dec 2023 and again on 17th January following comments and amendments.

4. Background with supporting evidence

Leicester City has the highest rate of oral cancer and the highest level of oral cancer mortality among Local Authority Areas in England. The mortality rate from oral cancer in

Leicester has been rising between 2008 and 2019 and has been increasing more rapidly than other similar parts of the country[1].



The mortality risk, and other health risks, associated with mouth cancer tend to be much lower when it is detected early[2]. There may be many, however, who are unaware of the symptoms to look out for that could indicate mouth cancer[3]. Helping to increase awareness of signs and symptoms, especially to those who are at greatest risk, may help to increase chances of cancers being detected early, and therefore increase chances of survival and successful treatment outcomes[2,3].

Smoking, using smokeless tobacco, or drinking alcohol to excess all significantly increase the risk of developing oral cancer[3]. There are multiple health benefits associated with reducing alcohol and tobacco intake. Therefore, promoting these changes in behaviour may not only reduce the risk of developing mouth cancer, but also improve other health outcomes linked to these behaviours such as blood pressure, heart health, and risks from other cancers.

There is a higher risk of mouth cancer among those who have human papilloma virus (HPV)[4], and we may be able to reduce risk from future cases of oral cancer by enhancing the reach and uptake of the HPV vaccination programme in Leicester City. This, like any interventions that reduce alcohol or tobacco use, would also have wider health benefits by reducing the risk of cervical cancer.

Dentists are trained to recognize the early signs of cancers in the mouth. Leicester, however, has low levels of population oral health access compared to England, and few NHS dentists in Leicester were accepting new adult patients at the time of writing[1]. It will therefore be important to communicate recommendations for ways that Leicester residents can investigate opportunities for accessing an NHS dentist in their area, and that doctors can also diagnose and investigate cancer symptom.

The Strategic Priorities described in the following Detailed Report section outline how we propose to address the situation concerning mouth cancer in Leicester City.

References

1. **Leicester City Council.** Oral Health Needs Assessment 2022 [Online] [Cited: 01 September 2023.] https://www.leicester.gov.uk/media/1ucbbapq/oral-health-needs-assessment-2022.pdf
2. **Brocklehurst PR, Speight PM**. Screening for mouth cancer: the pros and cons of a national programme. British dental journal. 2018 Nov 9;225(9):815-9.
3. **West R, Alkhatib MN, McNeill A, Bedi R**. Awareness of mouth cancer in Great Britain. British dental journal. 2006 Feb;200(3):167-9.
4. **Parkin DM, Bray F**. The burden of HPV-related cancers. Vaccine. 2006 Aug 21;24:S11-25.

5. Detailed report

Targeting actions to areas of highest health need

To have the greatest impact, the action plan will use a targeted approach. The actions of Strategic Priority 1 will aim to raise awareness of mouth cancer signs and symptoms. These will therefore be targeted to the areas for which evidence suggests mouth cancer rates to be high: Beaumont Park, Rushey Mead South, Belgrave, Abbey Park and Spinney Hill Road.

Strategic priority 2 actions will aim to prevent future mouth cancer in those at greater risk due to alcohol, tobacco or HPV. They will therefore focus on areas with the highest level of need for the relevant behaviour. Actions 2.1, 2.2 and 2.3 which address smoking and alcohol consumption will be targeted to the West and South of the city where smoking prevalence and alcohol admissions are highest. Action 2.4, 2.5, and 2.6. focus on smokeless tobacco use and will be delivered in Belgrave where high rates use of smokeless tobacco products has been reported. Actions 2.7 and 2.8. which aim to improve HPV vaccination update will be targeted to areas of lower uptake which provisional data suggest to primarily be in locations to the east such as Spinney Hills, and at areas in New Parks (Western) and Beaumont Leys.

Strategic Priority 3 actions will aim to improve access to medical and dental advice and the areas of highest priority will be where dental access is low: The city centre, Newfoundland, West End, Rowley Fields, Clarendon Park and Abbey Park.

Stakeholders and partners

A range of stakeholders will be involved in delivering these actions, including:

- The following Leicester City Council Public Health Division teams and specialists

    - Public Health Analysts, who have assessed incidence and prevalence of mouth cancer and its risk factors and can help us continue to monitor this.
    - The communications team, who will assist in delivering our key messages.
    - The Oral Health Promotion Service Team, who promote Mouth Cancer Action Month.
    - Screening and immunisation specialists, who are working with Leicester schools to improve engagement and knowledge on the HPV vaccination.
    - Colleagues implementing the Leicester Alcohol Harm Reduction Strategy and Leicester Tobacco Strategy.
    - The Leicester Livewell team provide support with cutting down tobacco and alcohol use.
- Community partners including Turning Point and the Community Wellbeing Champions will help us to improve the reach of our communications.
- The Leicester, Leicestershire and Rutland (LLR) Oral Health Promotion Partnership Board members, to whom we are accountable, will provide technical and system expertise and guidance.
- NHS England Midlands Oral Public Health Consultants and University Hospitals Leicester Maxillofacial Surgeons, from whom we will seek clinical expertise.
- The LLR Integrated Care Board, to whom we will escalate the significant issue of low levels of access to dentists.

Proposed actions are below.

<u>Strategic Priority 1: Improve awareness of signs and symptoms of mouth cancer</u>

Raise awareness of signs and symptoms

1.1 Implement a communication campaign to raise awareness of mouth cancer symptoms, targeted to communities with high mouth cancer rates and support related Mouth Cancer Action Month messaging.

1.2 Use community assets for delivery of campaign messages (e.g., religious buildings, community centres, warm hubs, commercial outlets, food shops, gyms, pubs, public toilets, pubs and bars).

1.3 Explore how we can raise awareness of signs and symptoms and how to access appropriate support amongst refugees and asylum seekers.

Promote self-checks

1.4 Disseminate information about how to do self-checks to the public via a communications campaign.

1.5 Develop information on how to conduct self-checks in more representative and inclusive formats (e.g., different languages).

Support health professionals to make mouth cancer diagnoses

1.6 Collaborate with Integrated Care Board colleagues to promote training for pharmacists, GPs, and physician associates and nurse practitioners working in primary care to identify signs of potential mouth cancer.

1.7 Explore creating a system for GPs that causes an alert to pop up for patients who are at higher risk of mouth cancer, based on information on their record (e.g., demographic information, smoking or alcohol history).

1.8 Include training on mouth cancer risks, self-checks, and signposting to further clinical advice at Multi Agency Training and Oral Health Champions training sessions.
1.9 Work with the Local Medical Committee (LMC) to create resources to help practitioners to recognise mouth cancers with ethnicities other than White.

Strategic Priority 2: Reduce prevalence of risk factors for mouth cancer

Reduce prevalence of smoking and communicate mouth cancer risks to people who smoke and ex-smokers

2.1 Work with Livewell tobacco control services to raise awareness amongst smokers and people who used to smoke of mouth cancer symptoms and the increased risk of mouth cancer associated with smoking.
2.2 With smoking cessation services, raise mouth cancer risk awareness during campaigns such as Stoptober.

Reduce prevalence of harmful levels of alcohol consumption

2.3 Support the Leicester Alcohol Harm Reduction Strategy to communicate symptoms of mouth cancer to those who drink alcohol to excess or have done in the past.

Raise awareness of the link between smokeless tobacco and mouth cancer

2.4 Conduct an information gathering exercise with those who use smokeless tobacco to learn how best to raise awareness of associated mouth cancer risks.
2.5 Work with the tobacco control services to improve the capability, confidence and knowledge of our frontline workforce (e.g., Housing Services, Nurses for Children in Care, School Nurses and Corporate Parenting), and dental practice staff, to promote reduction and cessation of smoking and smokeless tobacco use.
2.6 Work with city wardens to discourage spitting of smokeless tobacco products whilst also communicating the health risks associated with use of these products.

Improve uptake of human papilloma virus (HPV) vaccination

2.7 Work with Leicestershire Partnership NHS Trust school vaccination teams to implement a communication campaign to improve uptake of the HPV vaccination.
2.8 Explore opportunities for collaborative HPV vaccination promotion with cervical screening teams.

Strategic Priority 3: Improve access to medical and dental advice for those with mouth cancer symptoms

Encourage attendance of regular dental check-ups

3.1 Implement a communications campaign that encourages those who are registered with a dentist to ensure that they attend regular check-up appointments.
3.2 Communicate the steps required to register with a dentist.
3.3 Communicate recommendations for steps to take to access an NHS dentist, as part of a communications campaign raising awareness of mouth cancer symptoms. This will also promote the low-income scheme, which enables free dental care.

Increase awareness that doctors, as well as dentists, can diagnose mouth cancer

3.4 Ensure that communications disseminated to raise awareness of mouth cancer signs and symptoms clearly state that doctors, as well as dentists, can assess

patients who are affected by these. This may be particularly helpful for people who are unable to access a dentist.

Create options for dental access for those who are unable to register with a dentist

3.5 Explore with NHS England whether pop-up dental clinics could be funded for those who have been unable to access a dentist. These could be implemented in areas with highest level of health need e.g., food banks, hotels where asylum seekers are being housed temporarily.

6. Financial, legal, equalities, climate emergency and other implications

6.1 Financial implications

Funding of £10,000 for social marketing campaign for prevention and early diagnosis of oral cancer from the NHS England S256 fund has been allocated for this work.

Rohit Rughani, Principal Accountant, Ext. 37 4003

6.2 Legal implications

Any joint working arrangements between the Council, Leicestershire Partnership NHS Trust and any other third parties will require an overarching joint working agreements which facilitate the parties working together. Such arrangements should also contain the necessary data sharing agreements to ensure compliance with Data Protection Legislation. If such agreements are not already in place, then advice should be sought from Legal Services.

The report does not specify whether the Council will be receiving or awarding any grant funding under the project. If this is the case, then it will be necessary to consult Legal Services to ensure that the necessary subsidy control assessment has been carried out and that the Council can comply with any terms and conditions that are attached to the funding and that it puts into place appropriate funding terms and conditions if it is awarding funding to a third party.

If any contracts are being entered into under the project, then advice should be sought from Procurement and Legal Services to ensure compliance with the Council's Contract Procedure Rules and the Public Contracts Regulations 2015 and so that appropriate terms and conditions can be drafted.

Tracey Wakelam
Principal Lawyer
Commercial, Property and Planning

6.3 Equalities implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their activities, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The report provides a summary on the proposed action plan to address the high incidence and mortality associated with mouth cancer in Leicester. There are no direct equalities implications arising from the report as it is for information. The high oral cancer mortality rate may indicate that patients could be presenting and/or being diagnosed late, as earlier diagnosis with cancer reduces the risk of mortality. Continued efforts in raising awareness of risk factors along with the actions under the strategic objectives should lead to positive impacts for people from across all protected characteristics. Understanding the structure of the local population will assist in planning as health needs differ between age, cultural and socio-economic groups. Inequalities reflect broader health differences across the population, both in terms of pattern and cause.

Equalities Officer, Surinder Singh, Ext 37 4148

6.4 Climate Emergency implications

There are no significant climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

6.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

Not applicable.

7. Background information and other papers:

Nil

8. Summary of appendices:

The following have been added as attachments:

- Full mouth cancer action plan document
- Powerpoint presentation summarising key points of this report

9. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)?

No

10. Is this a "key decision"? If so, why?

No

Public health and health integration scrutiny committee

Mouth Cancer Action Plan

April 2024

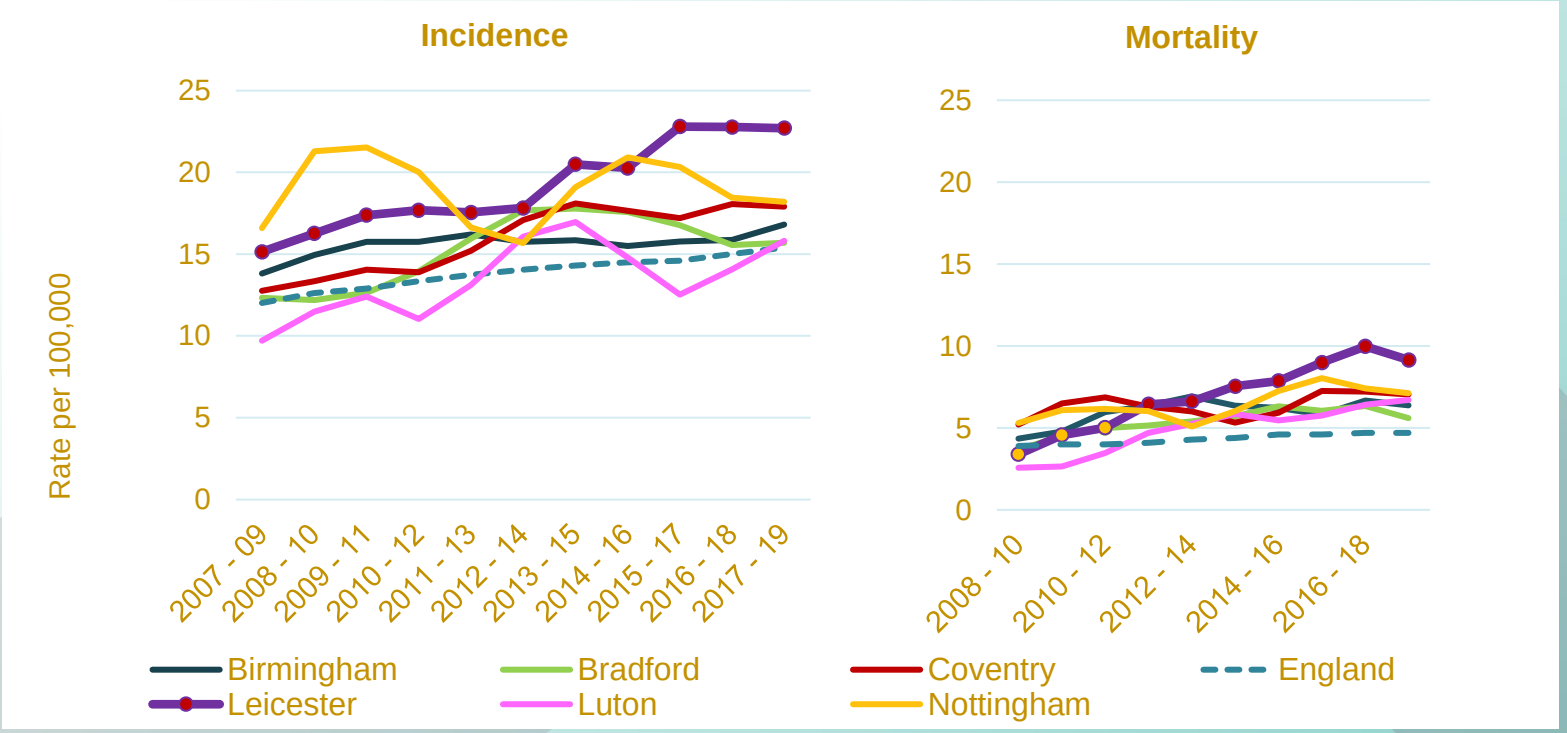
Leicester City Council

What is oral cancer?

- Mouth cancer, also known as oral cancer, appears in areas such as the lips, tongue, cheeks or throat.
- In the United Kingdom (and around the world), the number of people with mouth cancer has been growing considerably.
- Symptoms include – tooth loss, swelling/ lumps, ulcers that won't heal, numbness, white/red patches and changes in speech.

Oral cancer in Leicester

- Leicester City has the highest rate of oral cancer and the highest level of oral cancer mortality among Local Authority Areas in England.
- The mortality rate from oral cancer in Leicester has been rising between 2008 and 2019 and has been increasing more rapidly than other similar parts of the country



The sooner a person's oral cancer is spotted, the better their treatment outcome tends to be

A person with symptoms or signs that might suggest mouth cancer should therefore see their dentist or GP as soon as possible

Poor dental access can reduce the chance of opportunistic identification of oral cancer

Leicester City Council

Modifiable risk factors

SMOKING

SMOKELESS TOBACCO

HEAVY DRINKING

HUMAN PAPILLOMAVIRUS (HPV)

Action plan

Strategic Priority 1: Improve awareness of signs and symptoms of mouth cancer

- Raise awareness of signs and symptoms
- Promote self-checks
- Support health professionals to make mouth cancer diagnoses

Strategic Priority 2: Reduce prevalence of risk factors for mouth cancer

- Reduce prevalence of smoking and communicate mouth cancer risks to people who smoke and ex-smokers
- Reduce prevalence of harmful levels of alcohol consumption
- Raise awareness of the link between smokeless tobacco and mouth cancer
- Improve uptake of human papilloma virus (HPV) vaccination

Strategic Priority 3: Improve access to medical and dental advice for those with mouth cancer symptoms

- Encourage attendance of regular dental check-ups
- Increase awareness that doctors, as well as dentists, can diagnose mouth cancer
- Create options for dental access for those who are unable to register with a dentist

Next steps

- Mouth Cancer Action Plan working group
  - Multi-agency group
  - Meet quarterly
  - First meeting Feb 24
  - Implementing action plan

Leicester City Council

Access to dental services in Leicester City

Public Health and Health Integration Scrutiny Commission

Date of meeting: 16/04/2024

Lead director/officer: Dr Sulaxni Nainani, Deputy Chief Medical Officer, Leicester, Leicestershire and Rutland Integrated Care Board

Useful information

■ Lewis Parker, Commissioning Manager, LLR and Northamptonshire ICB working on behalf of the 5 Integrated Care Boards in the East Midlands

Email: lewis.parker2@nhs.net

■ Report version number:

1. Summary

The purpose of this report is to provide information on dental services and future plans to improve access within Leicester City.

It is important to note that the Leicester, Leicestershire and Rutland Integrated Care Board is committed to improving access to dental services. A Dental Access Plan will be developed as set out in our LLR ICB 5-Year Plan. The initiatives and work areas set out within the main body of this paper are intrinsic to the development of the plan.

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- Not the content of this report and provide feedback accordingly.

3. Detailed report

The Dental Recovery Plan published on 7th February 2024 announced plans to improve access to NHS Dentistry. Nationally, the plan could see up to 2.5 million additional NHS dental appointments delivered for patients over the next 12 months, including up to 1.5 million extra treatments being delivered, referenced in sections 9 and 10.

Background

NHS England was responsible for commissioning of NHS dental services until the end of March 2023. Since 1 April 2023, the East Midlands Integrated Care Boards (ICBs) have taken on the responsibility for commissioning NHS dental services e.g., primary, community and secondary dental care to meet the local population needs as part of delegation arrangements.

A governance structure has been agreed that enables the ICB to set the annual plan and strategic direction of the dental function and make localised decisions where possible, whilst the current dental commissioning team (who are hosted by Nottingham and Nottinghamshire ICB on behalf of the five ICBs in the East Midlands) are enabled to deliver day-to-day contracting and commissioning functions. The process has been designed to ensure minimal disruption and smooth transition to support both services and patients.

Restoration and recovery of NHS dental services since the COVID-19 pandemic has enabled dental practices to deliver increasing levels of dental activity. However, the backlog of NHS dental care which has accumulated during the period where dental services have not operated at full capacity is widely recognised.

On 7th February 2023, the government published The Dental Recovery Plan, proposing a variety of initiatives to increase access to NHS dentistry. More recently on 7th February 2024, further Dental Recovery plans were announced to ensure easier and faster access to NHS dental care across England.

Current Service Provision

1. NHS General Dental and Orthodontic Services

   There are currently 68 general dental contracts across Leicester City. This includes 2 Specialist Orthodontic Practices, 7 GDS Practices that provide orthodontics and 2 Specialist Orthodontic Pathway Providers.

   Extended hours, urgent dental care and out of hours

   There are 2 contracts in Leicester City. The 8-8 NHS dental service provides access to patients from 8am to 8pm every single day of the year (365 days) and delivers both routine and urgent dental care.

   Out of hours dental services only provide urgent dental care. Urgent dental care is defined into three categories as shown in Table 1 along with best practice access timelines for patients to receive self-help or face to face care.

   Table 1: Triage category and associated timescale in relation to dental need

Triage Category	Timescale
Routine Dental Problems	Provide self-help advice and access to an appropriate service within 7 days, if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates
Dental Emergencies	Provide contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

If a person has a regular dental practice and requires urgent dental care:

- During surgery hours, they should contact their dental practice directly.
- Out of hours, they should check their dental practice's answer machine for information on how to access urgent dental care. Most people are signposted to contact NHS 111 (interpreters are available).
- For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay). There is also an online option for contacting NHS 111 that will often be quicker and easier than phoning.

If a person does not have a regular dental practice and requires urgent dental care, they can contact:

- Any NHS dental practice during surgery hours to seek an urgent dental appointment and this would be dependent on the capacity available at each dental practice on any given day. They can use the Find a Dentist facility on the NHS website
- NHS 111, either online or on the phone (interpreters are available). For deaf people, there is also the NHS 111 BSL Service (alternatively, they can also call 18001 111 using text relay).

- Patients with dental pain should not contact their GP or attend A&E as this could add further delays in gaining appropriate dental treatment as both GP and A&E services will be redirecting such patients to a dental service. At times of peak demand, patients may have to travel further for treatment depending on capacity across the system.

Community (Special Care) Dental Service

Community Dental Services provide dental treatment to patients whose oral care needs cannot be met through NHS primary dental services due to their complex medical, physical or behavioural needs. The service uses behavioural management techniques and follows sedation and general anaesthesia (GA) pathways. Dentists and/or health care professionals can refer patients into the service. There are 2 Community Dental Service sites within Leicester City at: Merlyn Vaz and Westcotes Health Centre.

Intermediate Minor Oral Surgery (IMOS) Service

The IMOS service is a specialist referral service in primary care providing complex dental extractions for residents in the LLR system. This service is for patients over the age of 17 years who meet the clinical criteria. There are 10 IMOS providers located across LLR. There is also 1 Acute Trust providing Orthodontics / Oral and Maxillofacial surgery.

NHS Dental Charges

Dentistry is one of the few NHS services where patients pay a contribution towards the cost of NHS care. The current charges are:

- Emergency dental treatment – £25.80 which covers emergency dental care such as pain relief or a temporary filling.
- Band 1 course of treatment – £25.80 which covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- Band 2 course of treatment – £70.70 which covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- Band 3 course of treatment – £306.80 which covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.
- More information on understanding NHS dental charges is available here (enter website details). All NHS dental practices have access to posters and leaflets that should be displayed prominently.

Exemption from NHS charges is when patients do not have to pay these costs for instance when receiving certain benefits. If this is the case, then proof of entitlement would need to be presented at the NHS dental practice. It is the patient's responsibility to check whether they are entitled to claim for free dental treatment or prescription. Financial support is also available for patients on a low income through the NHS Low Income Scheme.

The tables below show the latest dental access data from NHS Business Services Authority (July – December 2022) for LLR, further broken down by local authority, including a comparison to access rates from July – December 2019.

Group	Pop. Accessing NHS Dentistry	Total Pop.	Access Rate	Comparison to National Average
All	302,637	1,121,932	**26.97%**	Higher than national average of 23.97%
Adults	200,374	885,873	**22.62%**	Higher than national average of 20.75%
0-17	102,375	236,059	**43.37%**	Higher than national average of 35.84%

NHS BSA data

LAD_Name	Group	Pop. Accessing NHS Dentistry	Total Pop.	Access Rate July-Dec 2022	Access Rate July-Dec 2019	Current Comparison to National Average
North West Leicestershire	All	31,208	104,706	29.81%	36.11%	Higher
Charnwood	All	48,075	183,978	26.13%	32.88	Higher
Hinckley & Bosworth	All	33,628	113,640	29.59%	38.88%	Higher
Melton	All	11,504	51,751	22.23%	27.51%	Lower
Rutland	All	7,577	41,050	18.46%	29.06%	Lower
Harborough	All	30,075	97,631	30.80%	37.73%	Higher
Oadby & Wigston	All	18,630	57,753	32.26%	37.97%	Higher
Blaby	All	32,342	102,933	31.42%	38.83%	Higher
Leicester	All	89,925	368,569	24.40%	30.14%	Higher

NHS BSA data

Figure 1 - Delivery trend for LLR ICB since the pandemic (April 2021 to February 2024)

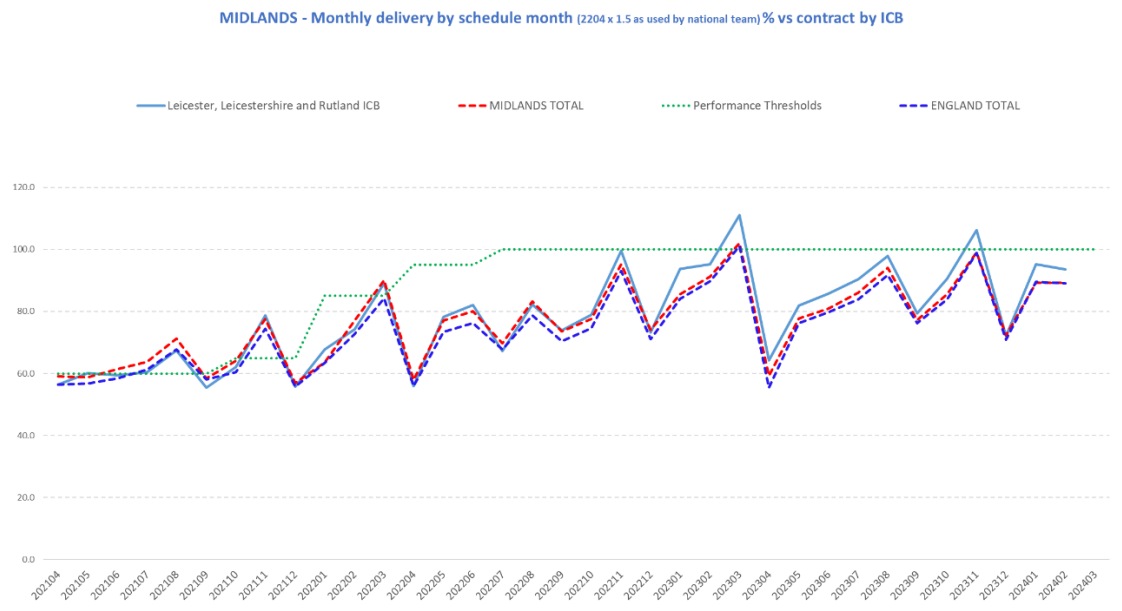


Figure 1 shows the percentage of contracted dentistry delivery per month across LLR. As shown above there has been a gradual increase in the average monthly delivery since the pandemic.

Figure 2 The Number of Unique Dental Patients Seen (March 2018 – January 2024

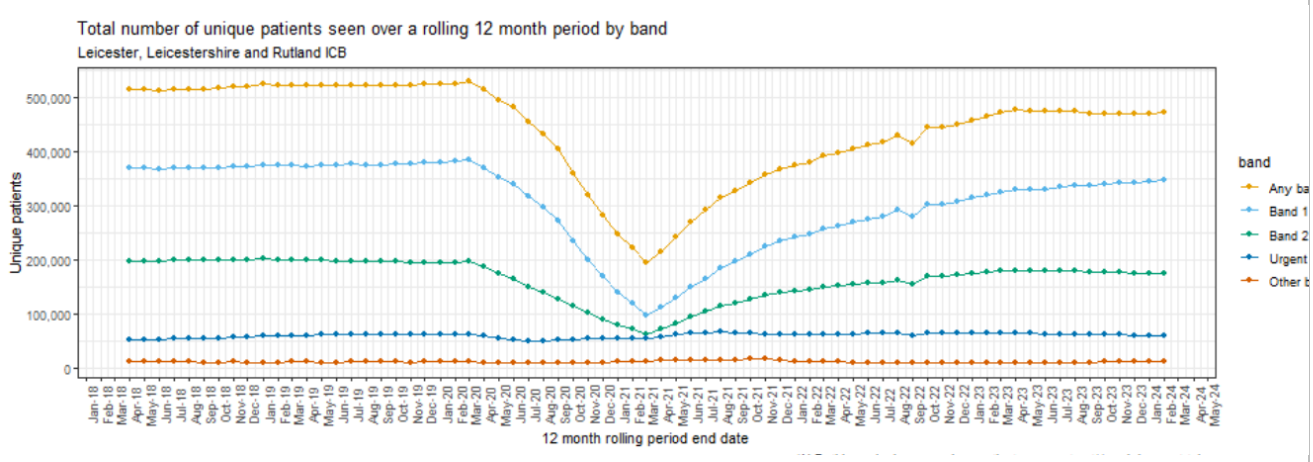


Figure 2 shows the number of unique patients seen over a 12-month rolling period which currently stands at around 89% of pre-pandemic levels. A unique patient refers to if a patient is seen more than once during the reporting period, then for purposes of measurement that patient is only counted once.

Figure 3 The Number of New Patients Seen (April 2022 – February

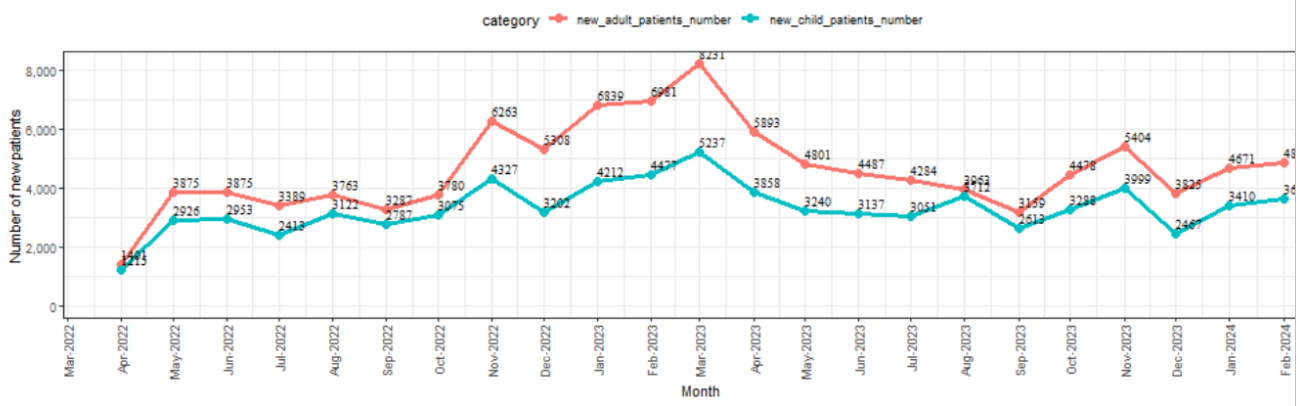


Figure 3 shows the number of new adult and child patients attending dental appointments who previously had no attendance in the last 24 months. For both adults and children, since April 2022, each month, the number of new patients seen has increased with 4859 new adult patients and 3619 new child patients seen in February 2024.

Private Dentistry

Private dental services are not within the scope of responsibility for the LLR ICB. Therefore, the ICB is unable to provide any information on activity uptake within the private dentistry sector.

It should be noted that dental practitioners are independent contractors to the NHS and therefore many dental practices operate a mixed private/NHS model of care.

Some patients who have previously accessed dental care privately may now be seeking NHS dental care due to financial problems related to the cost-of-living crisis. This may place additional pressure on NHS services at a time when capacity is remains constrained. Although these patients are eligible for NHS dental care, they may have difficulty in finding an NHS dental practice with capacity to take them on. Section 10 below highlights some of the ways we are looking to improve access to NHS dentistry.

Dental contract hand-backs

Since February 2021, across Leicester City there have been (enter number) contract terminations.

As part of the dental termination process, any NHS dental practices that are handing back their NHS activity must agree a communication letter for their patients with the commissioner. This letter notifies patients that the dental practice will no longer be providing NHS dental care and provides appropriate signposting to other nearby practices who are able to take on new patients, to continue gaining access to NHS dental care. This provides assurance to the commissioner that there is no inappropriate/forced sign-up to private dental services and enables informed patient choice.

Any dental activity from a terminated contract will not be lost. The ICB, East Midlands Primary Care Team and Dental Public Health colleagues continue to review the

dental access data and understand the impact for patients. The normal process for terminations is to undertake a review and recommission the dental activity by dispersal to local dental practices surrounding the terminated contract or via a full procurement process. Any dental activity that has not currently been able to be dispersed will form part of a wider procurement exercise in 24/25, informed by an Oral Health Needs Assessment due to be released as detailed in section 10 below.

Future Plans to Improve Access/Oral Health

2. Work is underway nationally to transform the NHS Dental contract with the aim of ensuring patients most in need can access NHS dentistry, as set out in the Dental Recovery Plan. This plan is an important next step in improving patient access to NHS dental care and supporting dental services to return to pre-pandemic levels of activity.

   Measures include:

   - NHS dentists will be given a 'new patient' payment of between £15-£50 (depending on treatment need) to treat patients who have not seen an NHS dentist in two years or more. This commenced in March 2024 and is time limited to the end of financial year 2024/2025.
   - Targeted funding to encourage dentists to work in areas which historically have been difficult to recruit to.
   - A further increase in the minimum indicative UDA value from the £23 announced in July 2022 to £28 from April 2024.
   - Improving access in underserved areas through the use of dental vans.

   In addition to these activities, the plan announces a range of government-delivered public health initiatives to improve the oral health of children and recommits to the workforce growth and development outlined in the Long-Term Workforce Plan.

   Further to the measures above, a water fluoridation programme will be rolled out by government, the aim of which is to reduce the number of tooth extractions due to decay in the most deprived areas of the country. Subject to consultation, the programme would enable an additional 1.6 million people to benefit from water fluoridation.

   The East Midlands Primary Care Team, working on behalf of the five East Midlands NHS Integrated Care Boards have worked swiftly to meet national timeframes to enact the required changes to support contractors and patients through the new measures announced within the Dental Recovery Plan:

   New Patient Premium

   In accordance with the issued guidance criteria, the East Midlands Primary Care Team have identified LLR contracts and corresponded with contractors to advise them of their eligibility for the scheme between 1st March 2024 and 31st March 2024.

ICB	**Number of Contracts Eligible for the Scheme (1st March 2024-31st March 2024)**
LLR	96

All eligible contractors (111) have been opted into the scheme for 2024/25, with none choosing to opt out.

Increase in the minimum indicative UDA value

On 12th February 2024, guidance to commissioners were issued for the national process required to be undertaken to introduce the minimum indicative UDA value of £28 from 1st April 2024. This can be achieved through either:

1. A reduction to the number of a contractor's commissioned UDAs; or
2. An increase to a contractor's Negotiated Annual Contract Value (NACV).

LLR ICB assessed the East Midlands Primary Care Team recommendations for contract eligibility and made decisions on whether to reduce activity or invest more money for all impacted contracts.

Table 2: Contracts identified to receive change to NACV

ICB	**Number of contracts identified to receive change to NACV (option 2)**	**£ Increased investment required**
LLR	38	£564,294.80

22 of these providers who received an uplift to their minimum UDA rate are based in Leicester City.

Table 3: Contracts identified to receive a change to annual commissioned UDAs

ICB	**Number of contracts identified to receive change to NACV (option 1)**	**Number of UDAS reduced per annum**
LLR	8	10,969

2 of the 8 providers choosing option 1, a reduction in their commissioned UDA target, were based in Leicester City, totalling a reduction of 10,969 UDA's across LLR and a reduction of 525 UDA's in Leicester City.

Flexible Commissioning

The flexible commissioning scheme aims to make NHS dental contracts more adaptable by allowing a proportion of UDAs to be filled through locally agreed schemes. Flexible Commissioning aims to refocus a section of existing commissioned activity to increase capacity to deliver specific programmes or incentivise activity.

A framework was published on 9th October 2023 by NHS England on the opportunities for flexible commissioning in primary care dentistry which provided an outline to ICBs of the legal requirements of the national dental contractual framework whilst highlighting the key considerations associated with procuring additional and further services which were previously termed 'flexible commissioning'.

LLR ICB is currently reviewing this framework, whilst awaiting further supplementary guidance from NHS England. The review will include working collaboratively with Dental Public Health Consultants and the East Midlands Primary Care Team to determine how best to commission additional NHS dental access within the framework guidance. This review is expected to complete by late Winter 2024.

Levelling Up UDA Rates

Work is currently underway to explore the levelling up of UDA rates to the East Midlands average to further support providers to deliver NHS Dentistry.

ICB Area	ICB Average	Highest UDA Rate	Lowest UDA Rate	Average East Midlands UDA Rate
Leicester, Leicestershire and Rutland	£30.20	£58.31	£25.33	£31.06

This would require a further investment of £2.3m per annum.

Oral Health Needs Assessment (OHNA)

An Oral Health Needs Assessment (OHNA) is set to be published in March 2024, looking to identify local groups of people who are at high risk of poor oral health, and to determine their likely needs. This has been developed in conjunction with the Dental Public Health Consultant and Local Dental Network (LDN) chair.

The review recommendations will inform the general dental services procurement programme and commissioning requirements for LLR ICB which will need to be incorporated into a workplan for 2024/25. This will support evidence-based commissioning decisions regarding future NHS dental provision.

Leicester City Oral Cancer Campaign

An investment of £10k was made to support an oral cancer campaign. Details of the project include:

- A social marketing campaign to raise awareness of the symptoms of oral cancer.
- Messages that reach those at high risk of oral cancer
    - People living in Leicester City, especially in high incidence areas such as Belgrave, Beaumont Park and Rushey Mead.
    - Males and females, especially males aged 40-70
    - Those who smoke or drink heavily (and especially those who do both)
    - People of all ethnic backgrounds and people who speak English as a first language and those who speak Gujarati or Punjabi as a first language.

The campaign is due to commence Autumn 2024.

Investments 2024/25

A 2024/25 dental contract baseline review has been undertaken and identified unallocated units of dental activity and non-recurrent funding available for 2024/25 from terminations along with recurrent funding available from 2025/26. The 2024/25 planning guidance is still awaited. ICBs are currently planning based on the assumption the full dental budget allocation will be ring-fenced to support with commissioning plans for 2024/25.

Individual ICB meetings were held in February 2024 to support with agreeing plans for 2024/25. A commissioning plan on a page will be developed and informed by the Oral Health Needs Assessment due at the end of March 2024. The ICBs are also reviewing the national Dental Recovery Plan announced on 7th February 2024 to ensure that this is incorporated into the 2024/25 investment and commissioning plan.

A review of the 2023/24 investment schemes due to expire is being undertaken and will be discussed with LLR ICB regarding whether they wish to support extending schemes into 2024/25.

Procurement Regulations

The Provider Selection Regime (PSR) regulations came into force on 1st January 2024. This meant that NHS services were decoupled from the existing Public Sector Procurement Regulations 2015 in favour of a more flexible and pragmatic approach.

The PSR is intended to remove unnecessary levels of competitive tendering, removing barriers to integrating care and promote the development of stable collaborations.

Training and Education

As part of the NHS England Workforce, Training and Education (WTE), the School of Dentistry is currently working on different strategies to improve workforce recruitment, retention, training and development. This includes expanding training numbers within the East Midlands, increasing numbers of international dental graduates, expansion of specialist training posts and workforce development.

Future Plans Timeline Summary

- New Patient Premium – 23/24 complete, 24/25 to be completed March 2024
- Increase in the minimum indicative UDA value – completed
- Flexible Commissioning – to be completed Winter 2024
- Levelling up UDA rates – Ongoing
- Oral Health Needs Assessment – to be completed March 2024
- Leicester City Oral Cancer Campaign - to begin Autumn 2024
- Investments 24/25 – Ongoing
- Training and Education – TBC following national guidance

*Timelines may be subject to change.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

These are being taken into consideration as part of the development of the commissioning intentions for 2024/25.

4.2 Legal Implications

None in the context of this report.

4.3 Equalities Implications

Equality Health Quality Impact Assessments are completed as part of pre-procurement planning process. Due consideration has been undertaken as part of developing commissioning intentions. This will be revisited and refreshed where required prior to relaunching the procurement process.

~~4.4 Climate Emergency Implications~~

4.5 Other Implications

Health Implications

As part of pre-procurement planning processes an Equality Health Quality Impact Assessment is completed.

4. **Background information and other papers:**
   Dental recovery plan: everything you need to know. - Department of Health and Social Care Media Centre (blog.gov.uk)

Item 8

Operational improvement 2023, including Critical Incident planning

Public Health and Health Integration Scrutiny Commission

Date of meeting: [16/04/2024]

Lead director/officer: Jon Melbourne

Useful information

- Ward(s) affected: All
- Report author: Jon Melbourne
- Author contact details: Jon.Melbourne@uhl-tr.nhs.uk
- Report version number: 1

1. Summary

This briefing intends to appraise the Public Health and Health Integration Scrutiny Commission on the current pressures faced across the urgent and emergency care pathway.

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- DISCUSS the report content, including the system critical incident summary, and NOTE that performance improvement plans are in place.

3. Detailed report

Report presented via slide pack for ease.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

The commissioning of further unplanned urgent care services across the pathway has impacted on the system financial plan, causing further cost pressure on NHS budgets.

4.2 Legal Implications

N/A

4.3 Equalities Implications

The System Health Equity Committee has been requested to conduct a ‘deep dive’ into longer waits at both the Emergency department and patients waiting for ambulances to assess the impact against protected characteristics. If unwarranted variation is noted, a plan will be agreed to mitigate further risk.

4.4 Climate Emergency Implications

Minimising the movement of patients by ensuring they reach the right place at the right

time, quickly and safely, will support the wider green aims of both the NHS and local government

4.5 Other Implications

Clinical risk has been assessed and managed through the LLR clinical executive, with support from Directors of Public Health.

5. Background information and other papers:

N/a

6. Summary of appendices:

Slide set 1 – operational improvement 2023 summary

University Hospitals of Leicester NHS Trust

Operational improvement 2023 summary, including Critical Incident planning

April 2024 Scrutiny

Summary

Against a backdrop of industrial action, urgent and emergency care (UEC) pressures, a large waiting list and financial challenge, UHL has delivered a great deal of operational improvement in 2023 and teams across UHL should be proud of the progress they are driving in access for the people of Leicester, Leicestershire and Rutland. From a starting position often described as one of the most challenged in the country in both planned care and UEC– including being in Tier 1 of the National support programme for UEC, cancer and planned care at the start of the year - UHL has delivered improvement which has led to being exited from tier 1 support for all three areas in 2023 (moving to tier 2 for cancer and planned care and out of tiering for UEC). Even with this level of improvement we know we have more to do to deliver sustainable change and we do not accept where we are. The foundations for further improvement are embedded to tackle the challenging year ahead. Over the last 12 months we have enabled:

New ways of working

- Increased use of Digital solutions such as the use of AccuRX
- Early adoption of the "Going further Faster" – GIRFT programme
- Mutual aid with other providers and Implemented Patient Initiated Mutual aid in line with National expectations
- Increased clinical confidence in the use of Patient Initiated Follow Ups (PIFU)
- A LLR Planned Care Partnership is in place

New capacity

- Phase one of the East Midlands Planned Care Centre opened in June 2023
- New capital equipment including a second surgical robot in place from October 23 and a replacement Linear accelerator October 23
- Chemotherapy "bus" in place from November 23
- Independent sector support where it has been needed the most
- Additional modular endoscopy unit at the Leicester General from July 23
- Successful international and local recruitment to Imaging teams

New investment for future improvement

- Opening of the second phase of East Midlands Planned Care Centre in December 2024
- Additional ward at the Glenfield (opening March 2024)
- A second CDC at Hinckley – Operational December 24 / Jan 25
- A standalone Endoscopy unit at the Leicester General Hospital Late 24 / Early 25
- East Midlands Cancer Alliance Funding

A Year of Improvement - Planned Care

Cancer

- **60% reduction in patients waiting over 62-day waits** from a peak of 952 in November 2022 to 380 in November 2023.
- **Sustained improvement and achievement of the Faster Diagnosis Standard** from September 2023. 75% or more patients referred as a suspected cancer pathway are having a cancer ruled out or confirmed within 28 days.

Electives

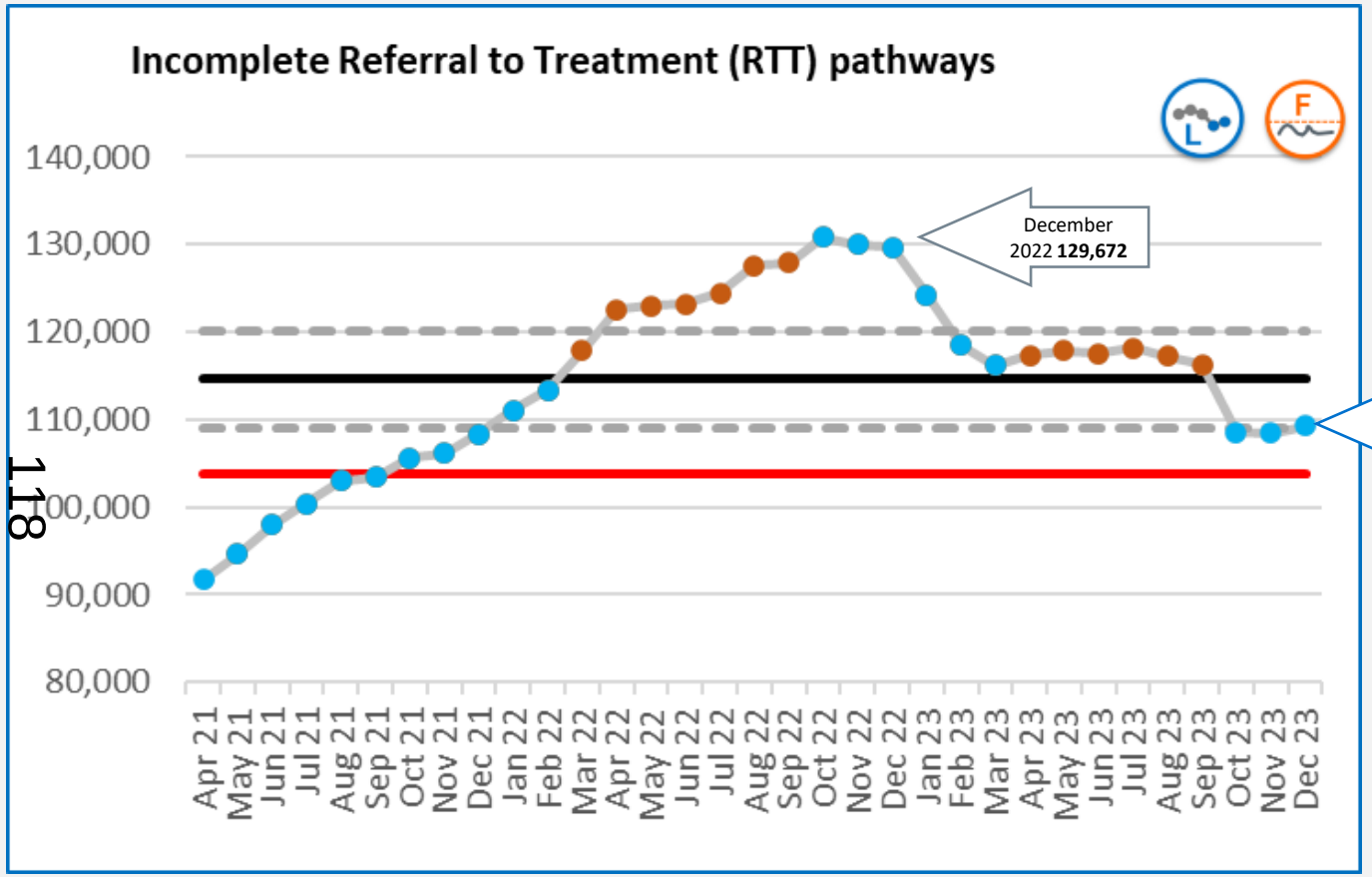
- **Reducing waiting list** when national picture was rising – UHL's waiting list doubled to 130,000 in the first two years of covid. By December 2023 this has reduced by over 20,000 (16%).
- UHL and Leicester, Leicestershire and Rutland Integrated Care System are leading the country in reducing elective waits. Newly released NHS England data shows a 77% reduction in the number of people across LLR waiting more than a year for treatment, the biggest reduction of any system in England. We also saw the largest reduction in people waiting 65 weeks or more, and the second largest overall reduction in people waiting for treatment.
- Delivered **Zero** 104+ waits, expect zero 78+ by March. For 65+ week waits we expect to have less than 200 patients at the end of March and would have been at zero without Industrial action
- Significant **Productivity Improvements** in theatre utilisation leading to **400 more sessions and 900 more operations** by starting on time and **using capacity more effectively**. Early adopter of the "Getting It Right First Time Further Faster Programme".
- **Length of stay reduction** for Hips and Knees **from 4.5 days (22/23) to 2.8 days (Dec 23)** and **First Day Case Hip achieved** November 23
- **Patient Initiated Follow ups increase** from 1.5% In April 22 to **over 4%** by December 23, giving patients more say on when they need a follow up.

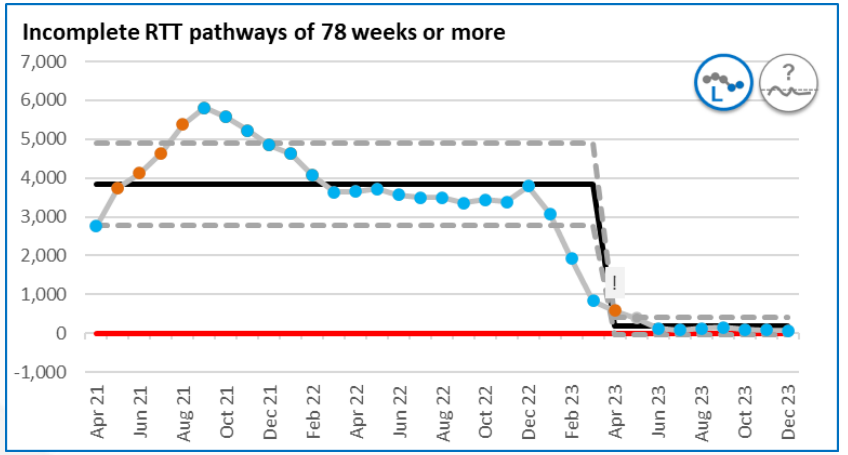
Diagnostics

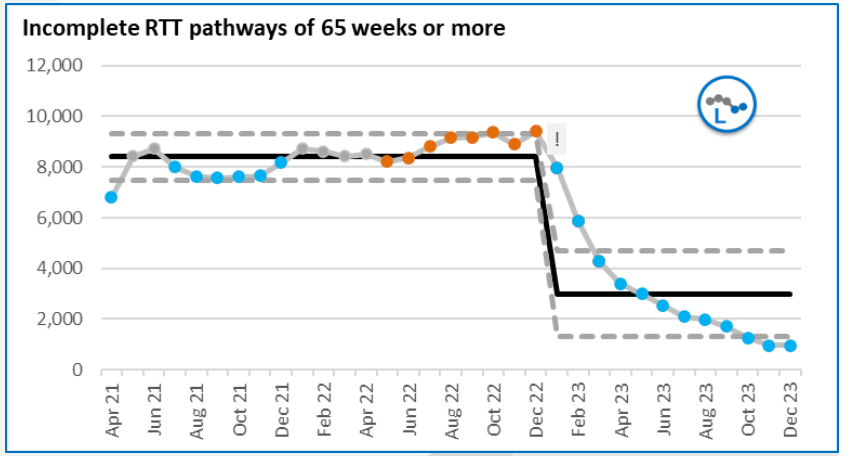
- Since October 22 there has been a **43% reduction in the overall waiting list and long waits have reduced by 71% for 6+ week waits and 80% for 13+ waits. Over 18,000 more tests** completed YTD when compared to 22/23.

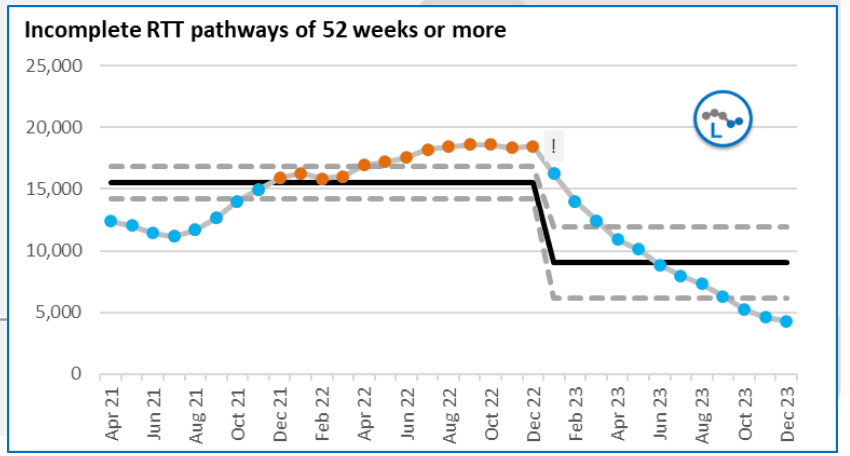
Despite this progress, we have much further to go. The next 12 months will focus on increasing productivity across theatres, outpatients and diagnostics within existing capacity at the three main sites and community hospitals, delivering planned new capacity to enable a sustainable waiting list position, improving on our processes to ensure staff are well trained and well-equipped to manage patient pathways effectively. Reducing our waits further with a focus particularly in cancer by bringing forward first appointments and diagnosing or ruling out cancer and treating patients much faster. And lastly, building on our relationships across LLR and Northamptonshire to reduce inequalities in waits.

RTT Waiting List Long Waiters

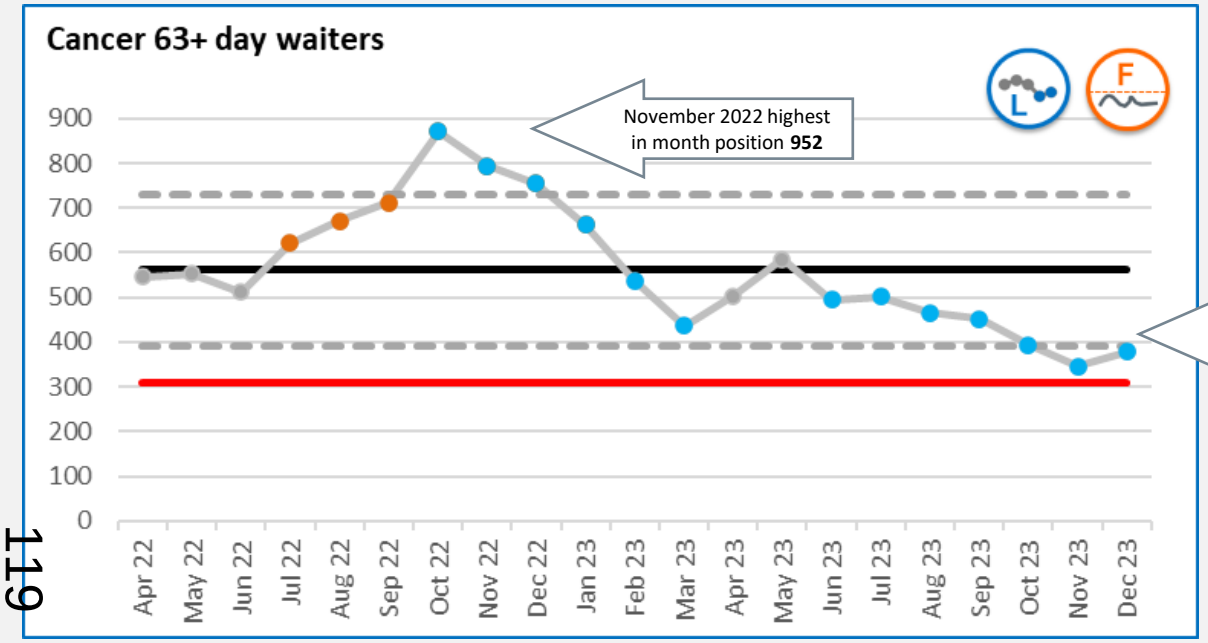








Cancer


Cancer 63+ day waiters
November 2022 highest in month position 952
November 2023 380
900
800
700
600
500
400
300
200
100
0
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
Oct 22
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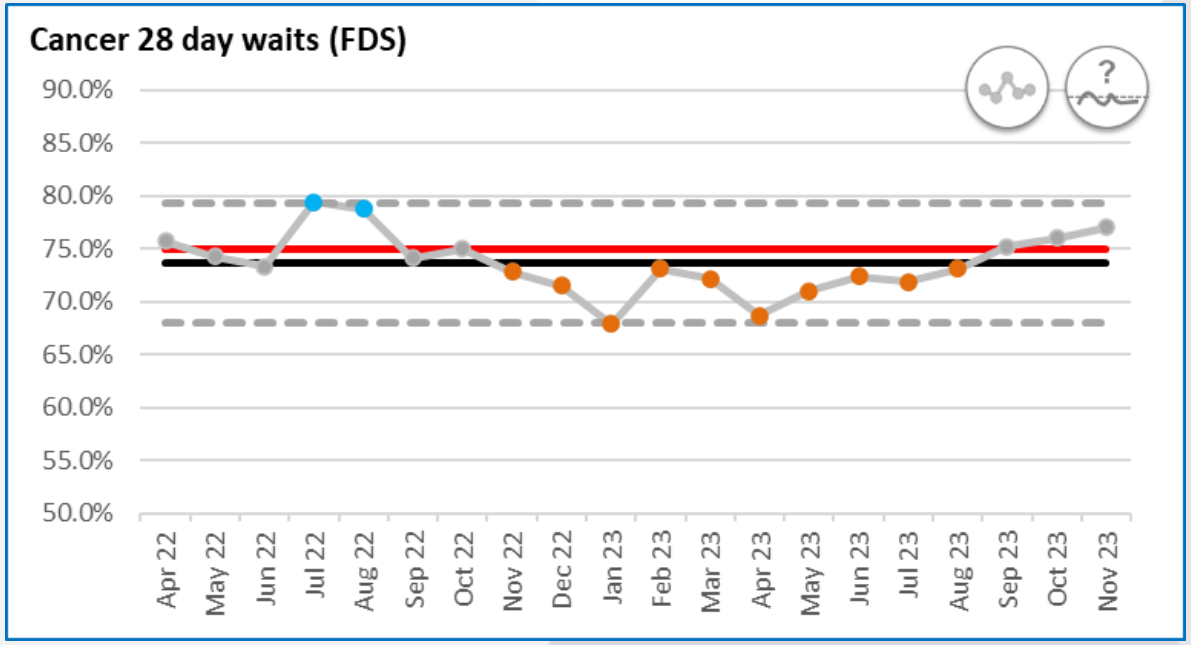
Cancer 28 day waits (FDS)
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
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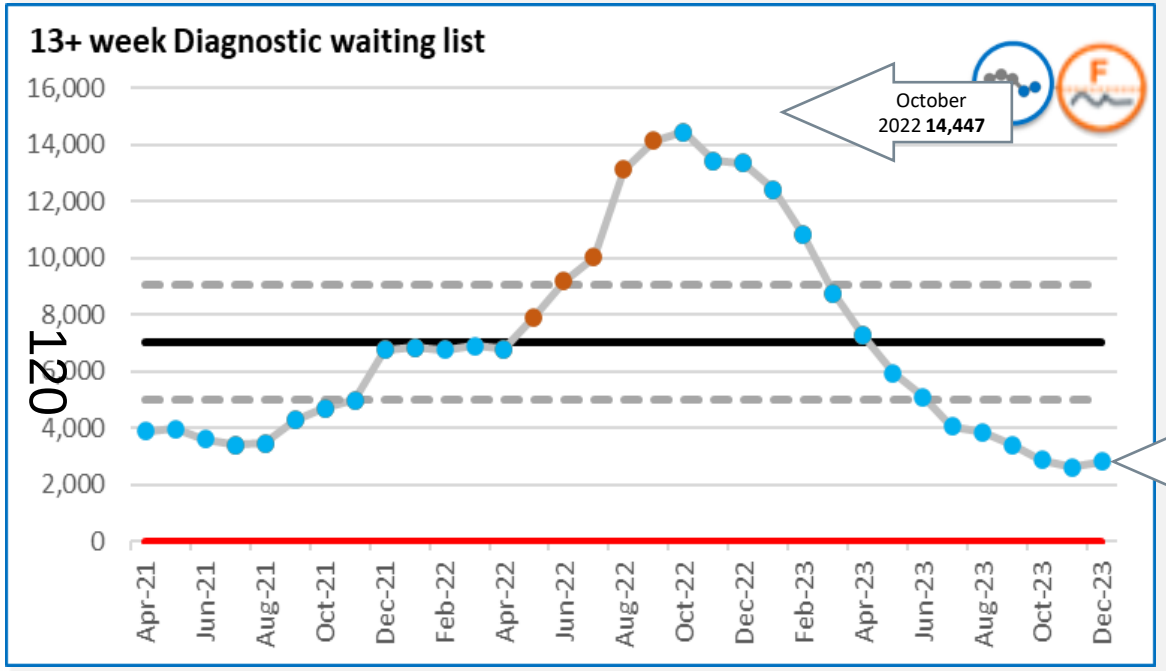
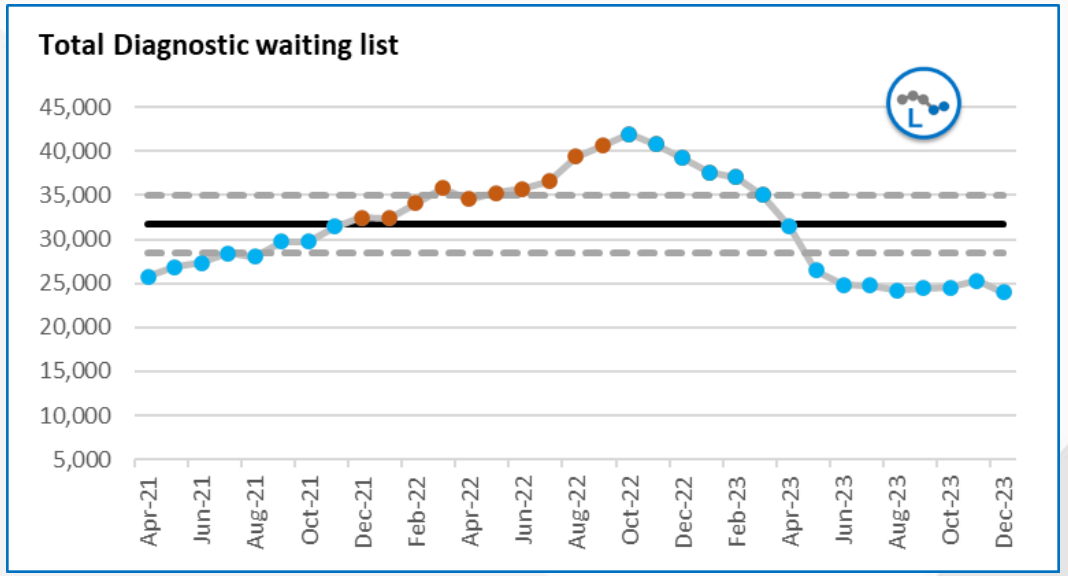
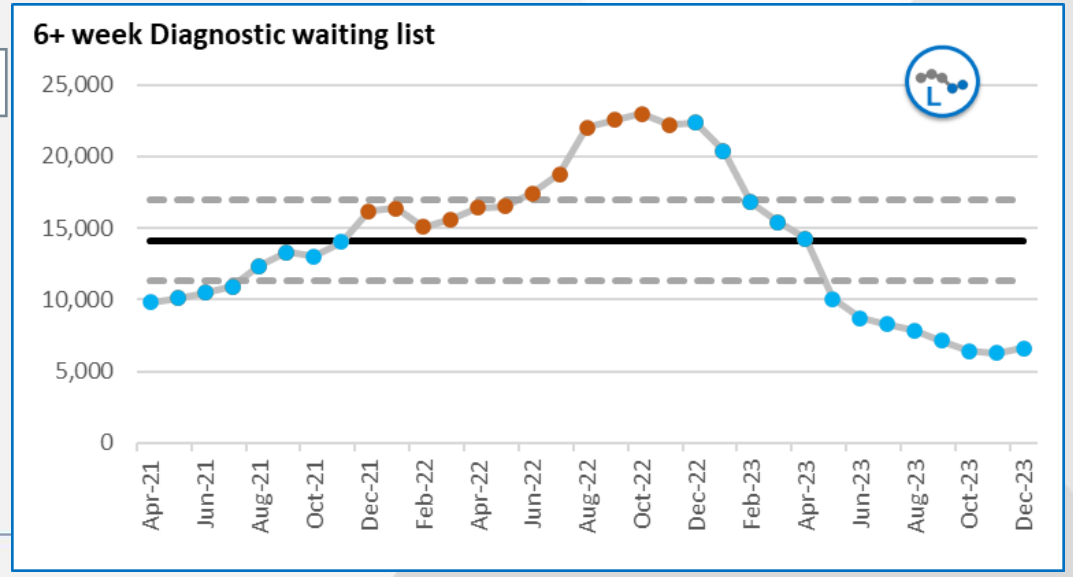
Diagnostics





December 2023 **2,821**



A year of Improvement - Urgent Care

- Every month in 2023 has seen **fewer hours lost to ambulance handovers** than winter 2022 resulting in **improved category 2 response times.**
- In 2023, we have safely discharged an average of **c.700 more patients** per month than in 2022
- We have **sustained or improved our 4-hour response times** in most months for UHL and across LLR

We have achieved this through

- **Expanded SDEC capacity** at our two emergency sites for Medicine, Respiratory and Cardiology
- Improved our **adoption of technology** to support flow of patients across our sites
- Created capacity through the Glenfield Chest Pain Centre
- **Opened an escalation unit** to allow ambulances to safely handover patients
- **Increased capacity** and **improved utilisation to consistently over 80%** for Virtual Wards
- Reconfigured the Children's Hospital bed base
- **Opened the pre-transfer unit** to decompress the Emergency Department
- Built suites of **data to empower clinical teams** to improve processes to discharge patients
- Secured funding and started the build for bedded capacity at the GH
- **Worked in partnership to create community capacity**

We know we are not where we want to be on our urgent care pathways. Over the next 12 months we need to

- **Increase** bedded capacity at the Glenfield Hospital
- Make provisions for patients to receive care in the most appropriate settings,
  - **Develop SDEC** services across all clinical services
  - **Maximising** the use of **Medical Day Case** facilities
  - Collaborate on developing the **Intermediate Care** offer in LLR
- Continue to improve our **partnership working** with our transport provider
- Develop plans for **Urgent Treatment Centre** capacity
- Implement the next stage of the **Childrens bed reconfiguration**.

ED Attendances

	Number Type 1 Departments - Major A&E and Number Type 2 Departments - Single Specialty		
	2022/23	2023/24	Variance
April	20,771	20,285	-486
May	22,742	22,935	193
June	21,945	22,707	762
July	20,415	21,239	824
August	20,358	21,012	654
September	21,007	22,675	1668
October	22,703	23,463	760
November	23,338	23,702	364
December	22,657	22,446	-211
January	20,226	22,611	2385
February	20,020	21,987	1967
March	22,183		

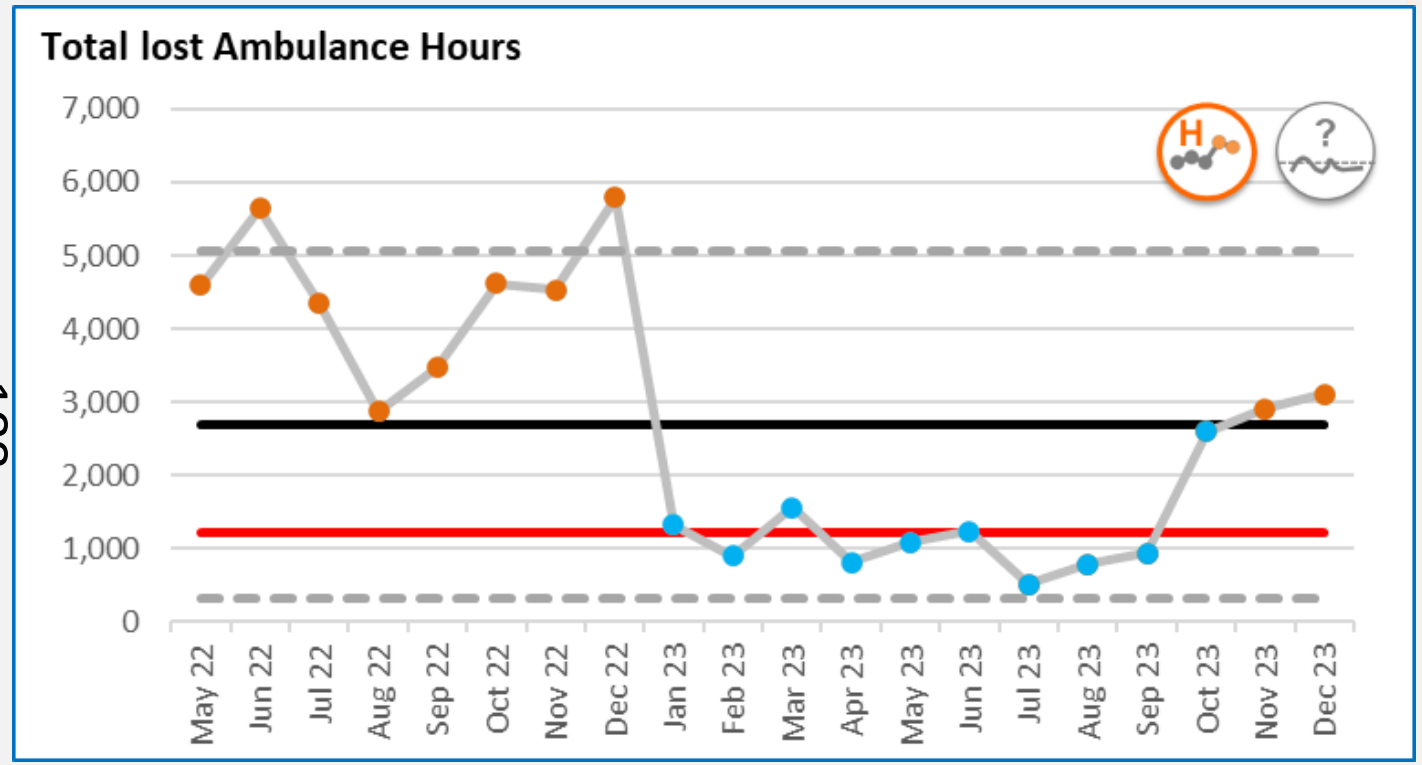
ED has seen a significant increase in ED attendances during January and February this continued into March 2024

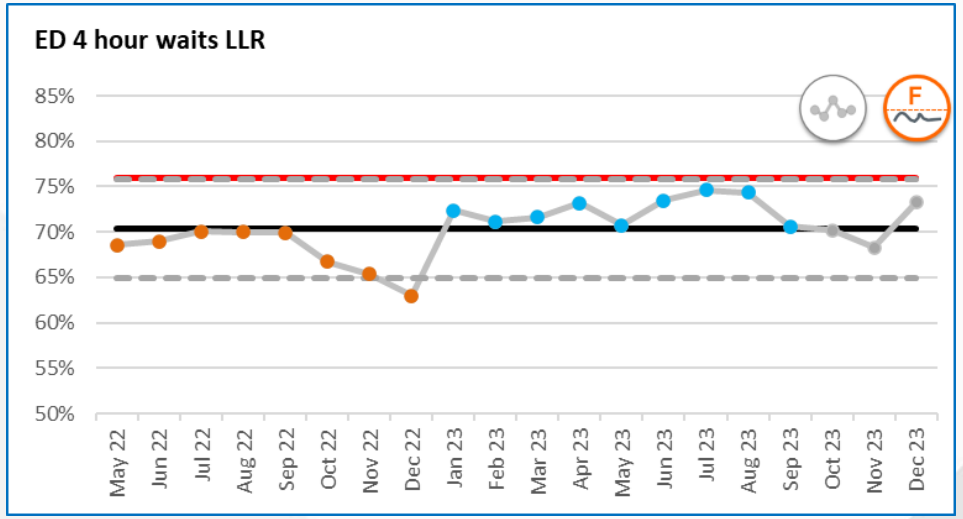
	Total attendances		
	2022/23	2023/24	Variance
April	31,576	31,424	-152
May	34,015	35,493	1478
June	33,861	34,762	901
July	31,832	32,587	755
August	30,931	32,046	1115
September	32,127	34,129	2002
October	33,983	35,701	1718
November	35,457	36,035	578
December	36,045	35,604	-441
January	32,488	36,947	4459
February	31,972	35,732	3760
March	34,675		

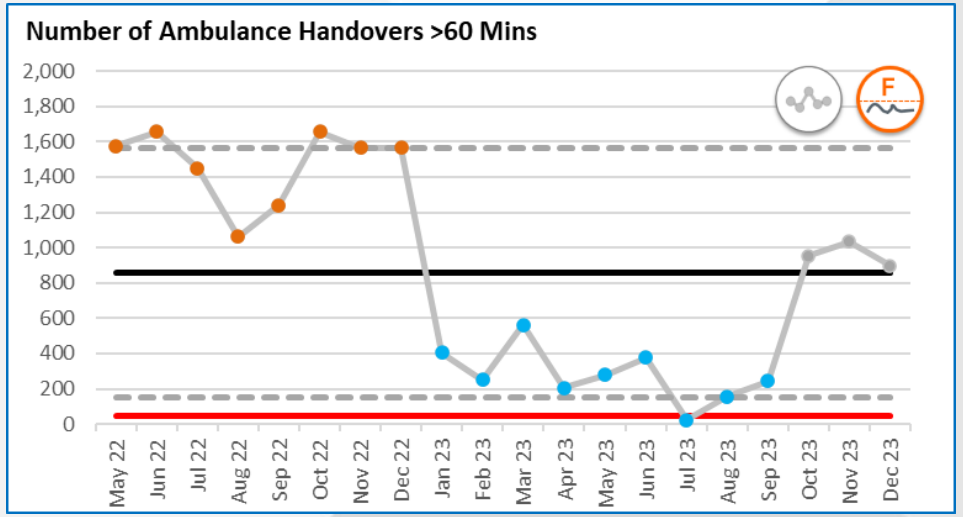
LLR has seen a significant increase in attendances to Urgent Care Services in all months bar 2 in 2023/24

Note this data includes ED, Community UTC and UCC capacity

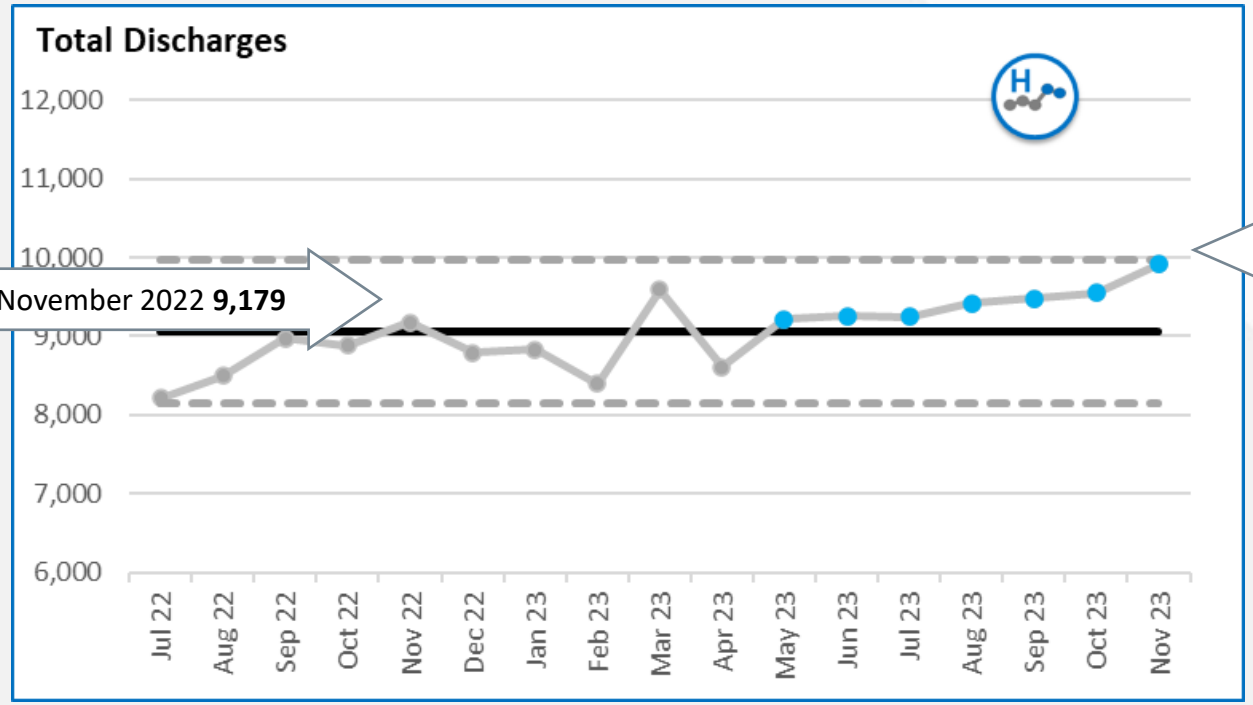
ED Waits / Ambulance Handovers





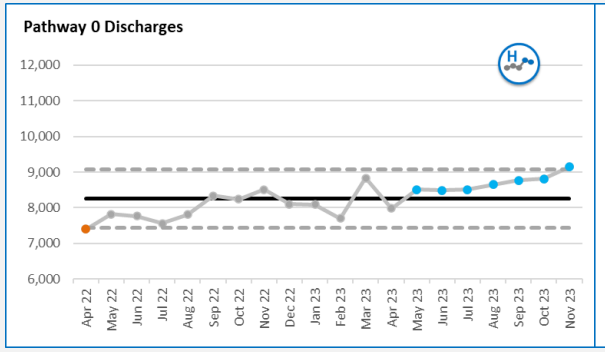


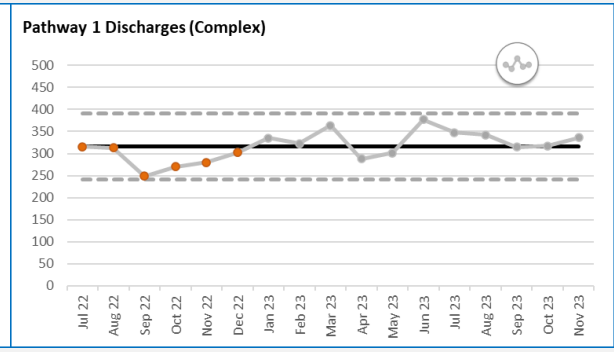
Discharges

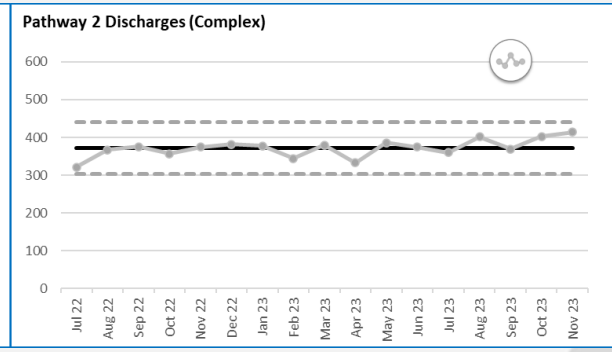


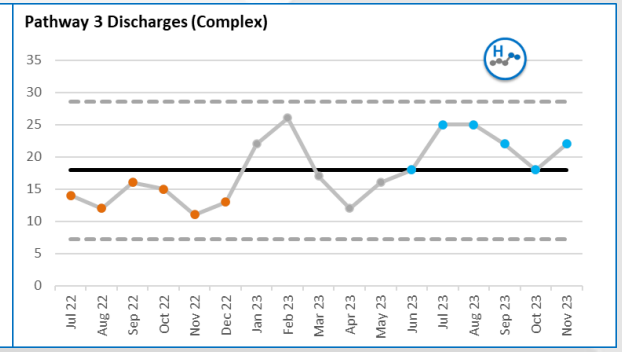
November 2022 **9,179**

November 2023 **9,918**









Critical Incident planning

Summary

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services. This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR).

UHL has polices, plans and procedures for EPRR, including an Incident Response Plan which provides a framework and operational details of how the Trust responds to and recovers from any significant health related incidents.

Broadly, there are three type of incident:
- Business Continuity; an event or occurrence that disrupts or might disrupt an organisation's normal service delivery, below acceptable predefined levels, and requires special arrangements to be put in place until services can return to an acceptable level.
- Critical; any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, or where patients and staff may be at risk of harm.
- Major Incident; an event which presents serious threat to the health of the community or causes such numbers / types of casualties where special arrangements are required to be implemented by one or more emergency responder agency.

There are clear processes in place for declaring and managing an incident in the event one is declared.

UHL work closely with all partners across Leicester, Leicestershire and Rutland in EPRR planning.

Summary

University Hospitals of Leicester NHS Trust (UHL) and Leicester, Leicestershire and Rutland ICB declared a critical incident on 23/01/2024, at 06:30. The decision to call an incident was as a result of the significant pressures faced by the Trust, particularly in the Emergency Department (ED) and Clinical Decisions Unit (CDU). These pressures lead to high volumes of people awaiting a bed and very long ambulance waits.

At the time, the situation included:

- A large volume of patients in ED;
- Over 100 patients waiting for beds in ED;
- Long waits for a bed in ED;
- All escalation capacity was fully utilised;
- Surgical capacity was used to support flow and there was no further available capacity.

For further context, the previous 24 hours prior to UHL declaring an incident, there have been significant pressures with emergency flow pathways, resulting in long waits for ambulance handovers and significant increased risk both within ED and in the community.

Therefore, the main cause of the critical incident was in response to significant operational pressures as a result of patient demand exceeding our bed capacity. The impacts were driven by increased demand for our Urgent & Emergency Care services, as well as challenges to achieve discharges.

Numerous actions were taken, including additional clinical support to facilitate flow and discharge. In total, the Trust and system remained in a critical incident mode for 52 hours and 3 minutes.

The Trust and System have clear EPRR processes which are enacted in situations such as this, and are regularly reviewed to ensure that they meet the needs of organisations.

Public health and health integration scrutiny committee

Measles and TB update

April 2024

Leicester City Council

Measles: current situation
1st October 2023 to 25th March 2024

In Leicester:

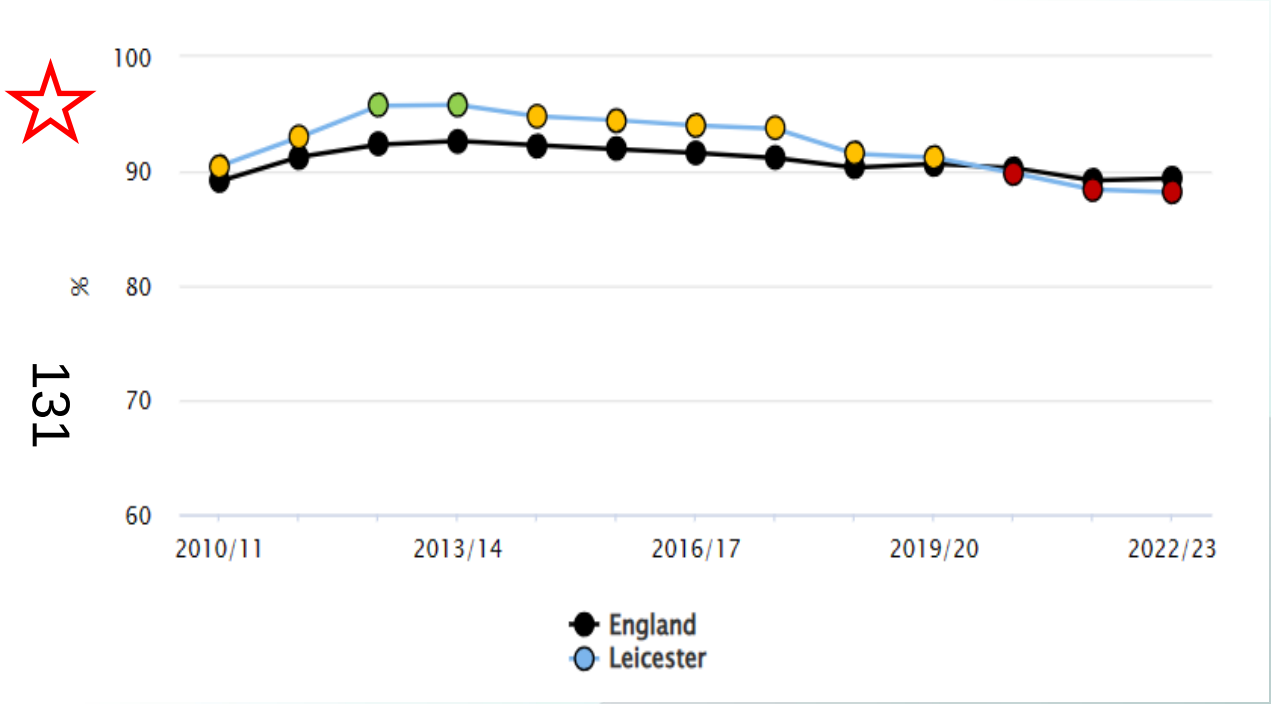
- 60 confirmed cases
- 34 probable cases (more likely to be measles than anything else and usually linked to an existing case).
- Around 35 settings affected, mostly primary schools.

Across the East Midlands:

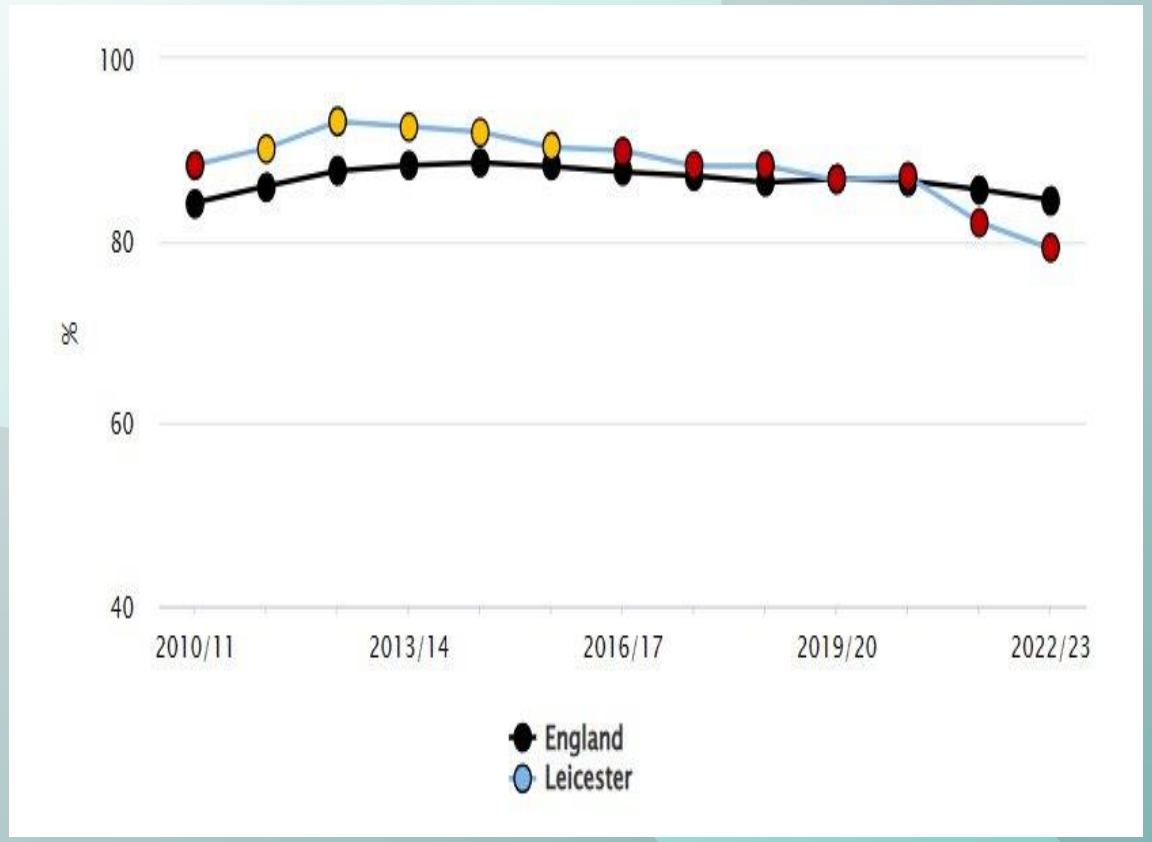
- Just under 50% of cases in primary school age children
- @27% in 1 – 4 year olds
- @18% in 12 – 18 year olds
- Large majority not vaccinated

Overall picture is one of steady infection that is likely to last for several weeks or longer.

Because..



MMR dose 1 (2 years of age)



MMR dose 2 (5 years of age)

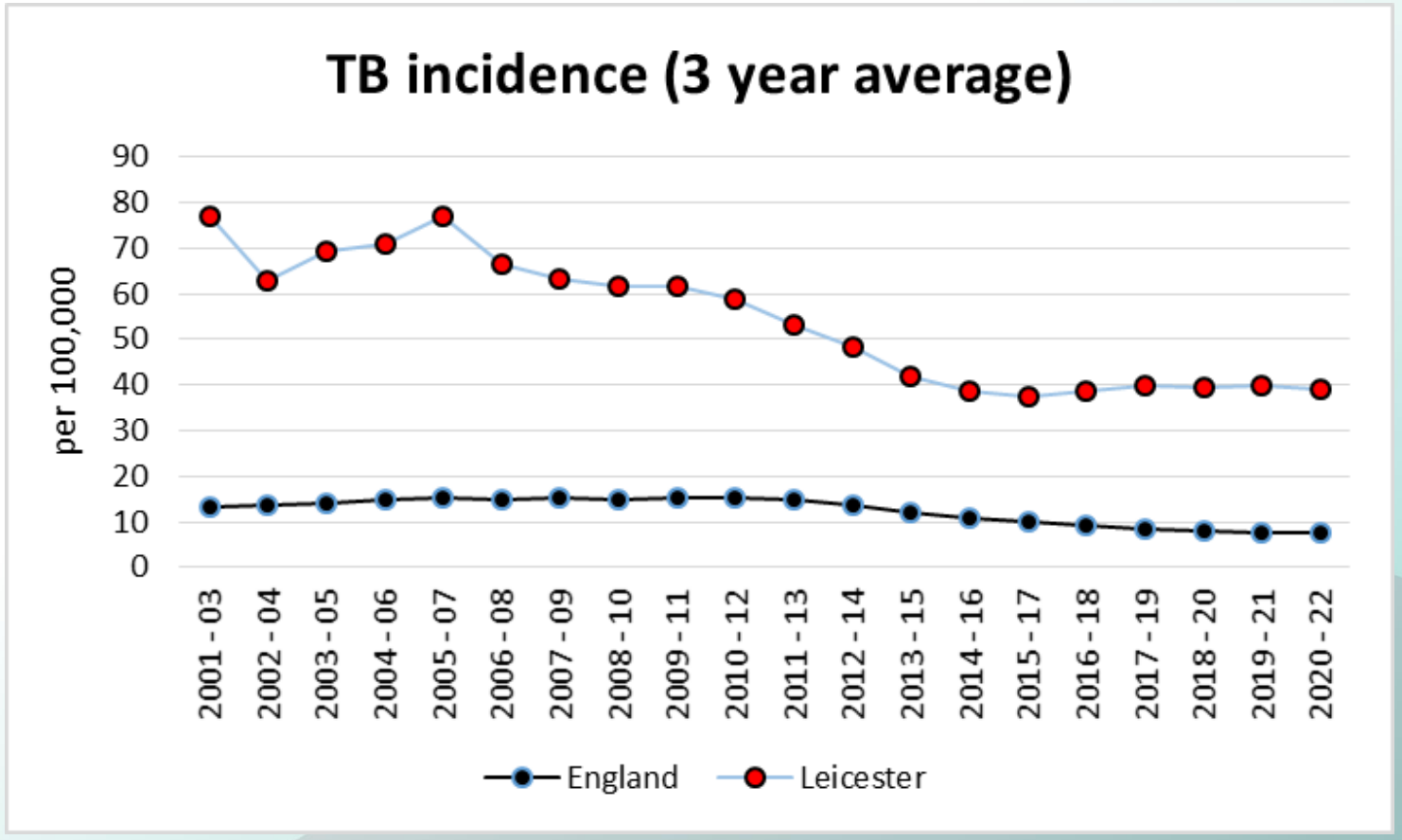
Our traditionally high vaccination rate has been steadily declining for the last ten years.

Source: Fingertips.phe.org.uk

Our response:

- Response to cases (UKHSA lead):
  - Contact tracing and identification of vulnerable contacts
  - Risk assessment of location, information provision and offer of roving unit placement (LCC public health).
- Vaccination (ICB lead):
  - Roving unit in multiple locations dependent on cases/low vaccination: 183 vaccinations given over 21 clinics between 1st Feb and 16th March.
  - Porcine free vaccine as routine on unit.
  - In school vaccination at low uptake schools by school age vaccination team (LPT)
  - Super vaccinator and other support to GP practices.
- Comms and engagement (joint):
  - Package of locally produced material translated into multiple languages in multiple formats.
  - Links and relationship building with schools, mosques, community leaders, faith leaders, voluntary organisations.
  - Social media and other media ongoing presence
  - National childhood imms campaign
- Partnership working across agencies including ICB, NHS England, local authority, UKHSA, UHL, the local voluntary and community sector and our communities.

Tuberculosis (TB) in Leicester



- Leicester has the second highest rate of TB in England.
- Rates in England are highest in populations who were not born in the UK and whose country of origin has high rates.
- Leicester has a screening programme for TB for all new arrivals aged between 16 and 35 years of age.
- In Leicester children born to parents whose country of origin has high rates of TB are vaccinated.

Source: Fingertips.phe.org.uk

Leicester City Council

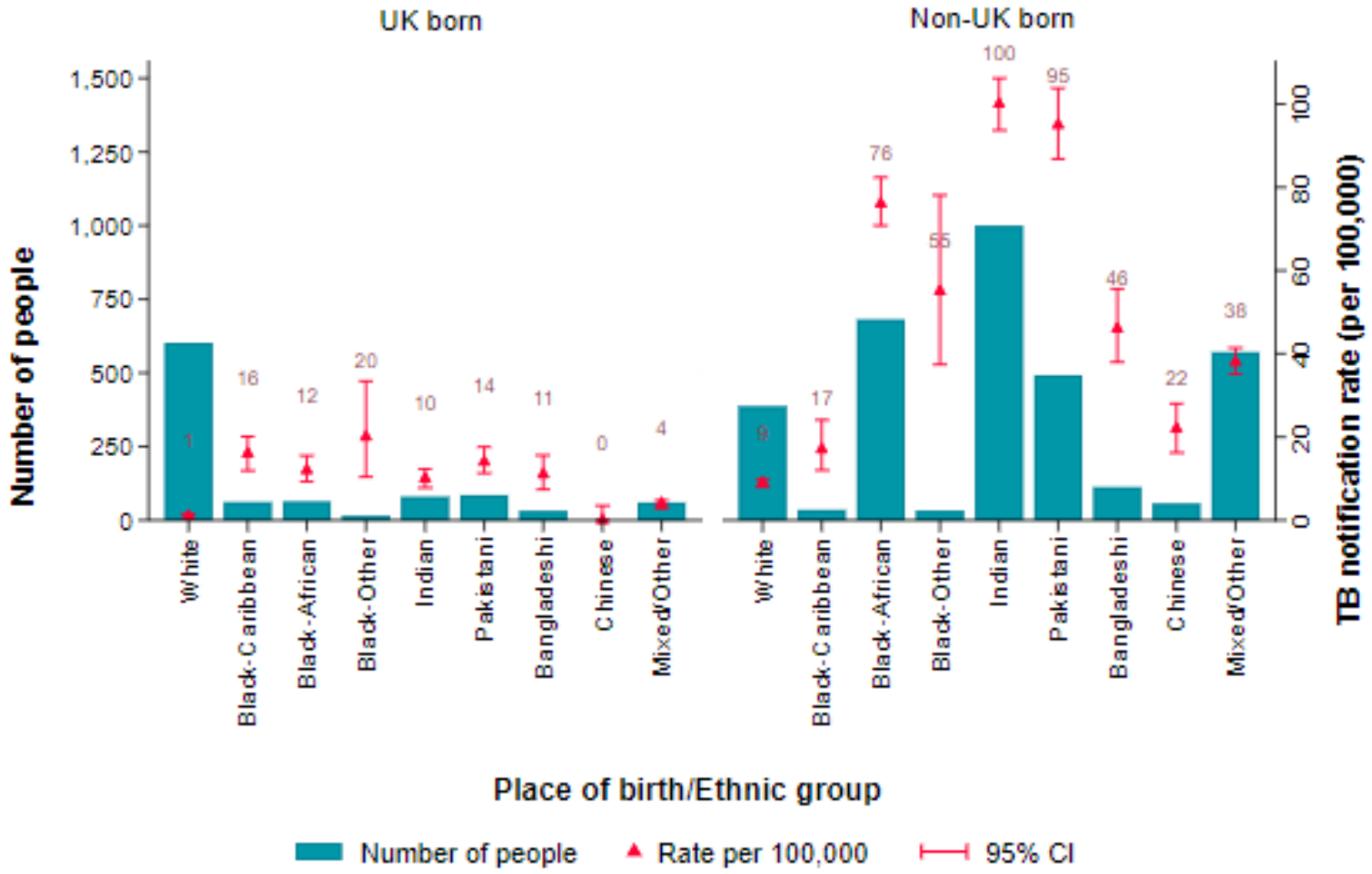
Tuberculosis in England: Ethnicity

For both UK-born and non-UK-born individuals, TB notification rates in England were much higher in those who were recorded as belonging to non-white ethnic groups.

In UK-born individuals, the highest notification rates were in the black-other ethnic group - 19.5 per 100,000 compared with 1.4 per 100,000 for the white ethnic group.

For non-UK-born individuals, notification rates are highest in those who were recorded as being from the Indian ethnic group (99.8 per 100,000) and lowest in the white ethnic group (8.9 per 100,000).

Figure 13. Number of TB notifications and rates by place of birth (UK and non-UK-born) and ethnic group, England, 2021l 95% CI l 95% CI



[TB incidence and epidemiology in England, 2021 - GOV.UK (www.gov.uk)](www.gov.uk) (Published 2023)

Time between entry to UK and notification of TB

Year	Less than 2 years (%)	2 – 6 years (%)	6 – 11 years (%)	Over 11 years (%)
2011	16.2	29.5	22.2	32.1
2012	13.5	31.0	21.0	34.4
2013	9.7	31.1	21.7	37.4
2014	11.1	27.0	20.7	41.1
2015	12.3	22.6	21.3	43.8
2016	13.3	20.6	20.3	45.7
2017	12.1	21.7	19.3	46.9
2018	12.5	22.4	18.2	46.9
2019	14.9	21.4	17.6	46.1
2020	15.7	23.0	14.9	46.5
2021	13.9	26.1	16.4	43.6

Most people are treated for TB after they have been in the UK for more than 6 years

TB incidence and epidemiology in England, 2021 - GOV.UK (www.gov.uk) (Published 2023)

Our response:

- Individual response to cases led by UKHSA and the TB service based at UHL.
- TB conference held on 21st March to raise awareness of TB and its impact.
- A TB workshop to be held on 25th April to develop a TB strategy for Leicester.
- Individual pieces of work in progress to help inform/drive the strategy:
  - An audit of the latent screening programme highlighting the disparity in screening in different practices across the city
  - Analysis of reason for delay in treatment from diagnosis:
    - Delay in seeking help (cough is normal)
    - Repeat presentation (misdiagnosis, loss of trust)
    - Stigma
    - Increased trust in those with positive experience
  - Audit of drop out rates and reasons from initial testing to treatment.
  - Investigation into reasons why some people prefer treatment in their country of origin.
  - Reruitment of a drugs and alcohol and TB Programme Officer
- Partnership working: ICB, UKHSA, National TB Unit, NHS England, local authority public health, TB services, UHL, local communities and community organisations.

Public Health & Health Integration Scrutiny Committee

Work Programme 2023 – 2024

Meeting Date	Item	Recommendations / Actions	Progress
9 August 2023	**Introduction to health** **LCC, ICB, UHL, LPT** **Leicester children's health and wellbeing survey**	Overview presentations to be circulated to all members. Items to be considered for the work programme: - Public Health links to planning and development. - Access to GP Surgeries. - Strategic Priorities of ICB, UHL and LPT - UHL reconfiguration	Two presentations from public health and health partners distributed. Items added to work programme suggested list to consider.

Meeting Date	Item	Recommendations / Actions	Progress
12 September 2023 **Joint meeting with Adult Social Care*	**Winter Planning**	Further information requested on: - Measures taken to support bariatric patients. - Clarity on whether clinicians and other professionals (including those who are recently retired) will be supporting the 111 service - Deaths as a result of Covid-19. - Virtual wards - UHL recruitment and retention figures - Flu vaccination figures for 2022	Information shared with Members.
		Online courses relating to fuel poverty support to be circulated to all members.	Webpages are being finalised and information will be sent to Members.
		All councillors be invited to participate in the training provided on supporting those experiencing cost-of-living/fuel poverty difficulties.	Dates are being explored and invitations will be sent to Members directly.
		Further report on the health impacts of the cost-of-living crisis be brought to a future Public Health and Health Integration Scrutiny Commission meeting.	Added to the work programme.

7 November 2023	**ICB 5 Year Forward Plan – Pledges 10 & 11 Mental Health (ICB / LPT)**	Data to be provided to the Commission for the last 12months on referral numbers by GP's to CAMHS and numbers 'rejected' back to GP's.	Information shared with Members.
		Information to be provided on whether LPT are putting anyone through the available NHSE apprenticeship funding, available until March 24.	Information shared with Members.
		Data to be shared with the Commission on waiting times, particularly longest waiting time from contact to starting treatment and average wait times for conditions.	Information shared with Members.
		Data to be shared with the Commission on the breakdown of referrals, for example, age, ethnicity, gender, disability. It was also requested that future reports contain this level of detail in reports from the outset.	Information shared with Members.
		Members comments and concerns be noted by ICB and LPT.	
	Covid 19 & Winter Pressures Update (Public Health & ICB)	Details of vaccination centres within each ward to be shared with all members to promote to residents.	Information shared with Members.
		The item to remain on work programme for further updates on covid, flu and measles.	Verbal update to be provided at meeting on 12 December and further update on 6 February.
	Maternity Inspection Update (UHL)	Members comments and concerns be noted by UHL. The item to remain on work programme for update on improvement plan progress.	Item listed on the work programme for further update to be provided.

Meeting Date	Item	Recommendations / Actions	Progress
	UHL Reconfiguration (UHL)	Details to be shared with the Commission on increasing beds once the remodelling exercise is complete. A site visit to be arranged to the East Midlands Planned Care Centre at Leicester General Hospital. The item to remain on the work programme for the Commission to be kept updated.	Action to remain on tracker for information to be shared in 2024. Members visited on 13 December 2023 and agreed a further visit when the centre is fully complete and open at the end of 2024. Item listed on the work programme for further update to be provided.
	RAAC Update (ICB)	The Commission requested information be provided as to whether the ICB have confirmed with NHSE that they have no powers to compel GP practices to conduct surveys.	Information provided to Members.
	Sexual Health Re-Procurement (Public Health)	The Commission noted the report.	

12 December 2023	**ICB 5 Year Forward Plan – Pledge 4 GP Access (ICB)**	Future reports to include a table of acronyms to refer to clinical terminology outlined within the main report.	This has been noted and will be included in reports moving forward.
		The Local Authority and Health Partners to continue to work together to promote communication.	Communication and engagement teams continue to work together on various programmes.
		Additional information to be provided to the Commission on the numbers of GP's and increasing staff in surgeries in the city - including overall growth and different roles (if available).	Information circulated.
		Data to be shared on GP practices in the city with only one or two partners that may be nearing retirement.	Information being collated.
		Additional information to be provided to the Commission on self-referral pathways.	Information circulated.
		Health Partners to check whether data is available on city users of the NHS App, and if so for data to be circulated.	Information circulated.
		Local Patient Survey and health inequality plans be added to the work programme for discussion in 2024.	Added to work programme to be allocated.
	LeDeR Annual Report (LPT)	The Commission noted the report.	
	Covid-19, Flu and Measles – Verbal Update (Public Health)	The Commission to receive a detailed report at the next meeting.	Listed on the work programme for the next meeting.

6 February 2024	**Winter Pressures Update (All)**	Additional information to be provided on ambulance handovers and number of deaths due to delayed handover. Virtual wards be added to the work programme. Additional information to be circulated on city residents clinically ready but waiting for discharge compared with the overall number. Vaccination uptake / hesitancy to be added to the work programme. Leicester Energy Action to be added to the work programme.	 Added to the work programme. Updated on the work programme. Added to the work programme.
	Response to Review Recommendations – The experience of black people working in health services in Leicester and Leicestershire (LPT) **ICB 5 Year Forward Plan – Pledge 8 – Elective Care (ICB)**	Meeting to be arranged to discuss details and progress on recommendations. Information to be circulated on accessing links and improvements. Future items to include targets to compare and monitor performance and progress. Item to remain on the work programme for future updates. Information to be provided on the waiting lists for Nottingham who will also be utilising EMPCC. Information to be provided on numbers of staff to be recruited to operate EMPCC.	Meeting arranged. Added to the work programme. Information circulated to Members.

Meeting Date	Item	Recommendations / Actions	Progress
	0-19 Contract (Public Health) **Draft General Fund Budget 2024/25**	The Commission celebrated the success of the service and noted the report. Clarity to be provided on budget savings associated with the 0-19 Health Child Programme.	 Information circulated to Members.
16 April 2024	Suggested items tbc: **Oral Health Services (Public Health and ICB)** **Operational Improvements (UHL)** **Measles / TB Update (Public Health)** **Health and Wellbeing Survey (Public Health)**		

Forward Plan Items (suggested)

Topic	Detail	Proposed Date
Health Inequalities Update – impact of the cost-of-living crisis **Public Health**		
Update on UHL Finances **UHL**		
ICB 5 Year Forward Plan – Pledges **ICB**	The Commission have looked in detail at various pledges throughout the year. Pledge 1 – Improving Health Equity item deferred and to be scheduled in the new municipal year.	
Vaccinations **ICB & Public Health**	Agreed at the meeting on 6 February that the item be scheduled for further discussion on vaccine uptake and hesitancy.	
Mental Health **LPT, Public Health & ASC**	The Commission requested at the joint meeting with Adult Social Care on 30 November that death by suicide be added to the work programme for a future meeting.	30 November 2023 Joint meeting with ASC
Drug and alcohol services **Public Health**	Agreed at the Joint Public Health & Health Integration and Adult Social Care Scrutiny Meeting on 30 November 2023 that the item to remain on the work programme.	30 November 2023 Joint meeting with ASC
Active Leicester **Public Health**	Discussed at Culture and Neighbourhoods Scrutiny Commission.	5 December 2023

Covid-19 and Winter Pressures **Public Health & ICB**	Requested item to remain on the work programme for an update on covid-19, flu and measles.	7 November 2023 12 December 2023 6 February 2024
Maternity CQC Inspection **UHL**	Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates on the improvement plan.	
UHL Reconfiguration **UHL**	Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates.	
Death by Suicide **Public Health & LPT**	Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item be listed on the work programme.	
Workforce – Health Apprenticeships **ICB**	Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item remain on the work programme and there be particular tracking of apprentices.	
Local Patient Satisfaction Survey / Health Inequality Plans / Social Prescribing **ICB**	Agreed at the meeting on 12 December the commission be updated in 2024 with results of local patient satisfaction survey and also information on inequalities plans being drawn up by practices.	
Virtual Wards **UHL**	Agreed at the meeting on 6 February that the item be added to the work programme.	
Leicester Energy Action **Public Health**	Agreed at the meeting on 6 February that the item be added to the work programme.	
Elective Care **UHL**	Agreed at the meeting on 6 February that the item to remain on the work programme for future updates and monitoring of waiting lists.	

CYP Mental Health **ICB**	Agreed update will be provided to Commission on agreed actions from informal scrutiny meeting early in new municipal year.	
Health & Wellbeing Strategy **Public Health**	Item requested to be scheduled for the new municipal year.	
Long Covid	Item requested to be scheduled for the new municipal year.	