
Dentistry

Public Health and Health Integration Scrutiny Commission

Date of meeting: 30th June 2026

Lead Director/Officer: Rob Howard, Director of Public
Health, Leicester City Council
Julie Lemmy, Director of Primary Care, LNR ICB Cluster

Useful information

■ Ward(s) affected: All

■ Report author:

- Liz Rodrigo Consultant in Public Health
- Chirag Ruda Programme Officer (Children's)
- Jo Grizzell, Senior POD Strategic Commissioning Manager, LNR ICB Cluster
- Lewis Parker, Commissioning Manager, East Midlands Primary Care Team

■ Author contact details:

- Liz.rodrido@leicester.gov.uk
- Chirag.ruda@leicester.gov.uk
- Jo.Grizzell@nhs.net
- Lewis.Parker8@nhs.net

■ Report version number: Version 1.0

1. Summary

1. Children's dental decay has shown some signs of improvement, however, continues to be remain higher than the English rates.
2. Leicester reports the third highest oral cancer mortality rate in England.
3. Members are invited to note the contents of the report, describing the data related to oral health providing information on joint working between Leicester City Council and Leicester City ICB place, Public Health and health promotion, current dental service provision and future plans to improve access to NHS dental services.
4. NHS dental commissioning in the East Midlands transferred from NHS England to local Integrated Care Boards (ICBs) in April 2023, enabling more responsive, locally driven planning supported by a central operational team. In Leicester, Leicestershire, and Rutland (LLR), mid-year activity for 2026/27 shows improved performance.
5. Significant expansion in urgent care has been achieved, exceeding national targets and supported by financial incentives to increase capacity further. Plans include the procurement for oral surgery (Intermediate Minor Oral Surgery [IMOS]), plus schemes enabling providers to deliver additional activity, contract rebasing to reinvest underused funding, expanded General Anaesthetic capacity for paediatrics, and targeted pilots for high-needs patients.

2. Recommended actions/decision

6. To note.

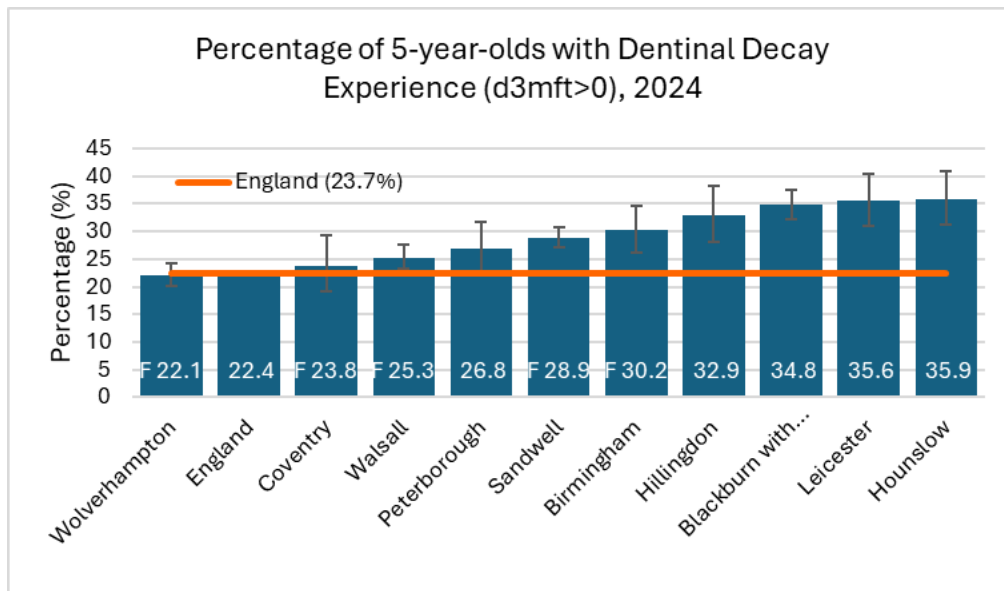
3. Scrutiny / stakeholder engagement

4. Detailed report

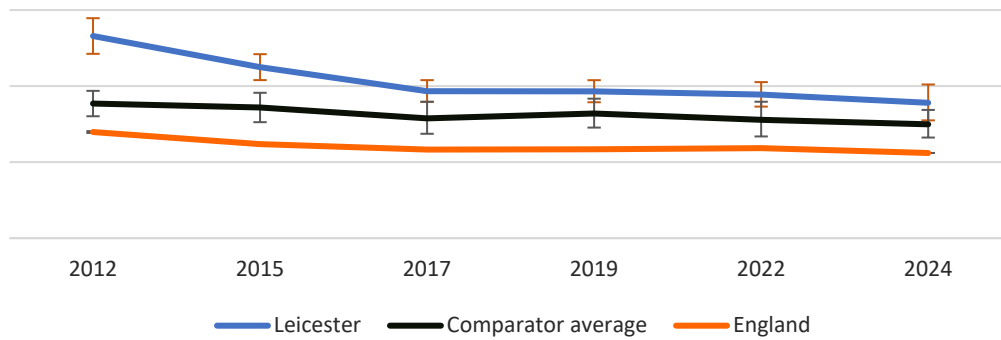
Data regarding oral health need is limited. There is a sample survey of 5-year-olds dental health including a physical examination that is undertaken bi-annual. This data is presented below and shows the progress that has been made in Leicester since 2012.

Leicester has reported poor oral health amongst children for many years. Currently, over one in three (35.6%) of children examined were found to have decay experience. This is a fall from the 9th highest prevalence to 13th of all participating local authorities and is significantly higher than the national average (23.7%).

Nevertheless, this figure follows the slight decrease observed in the previous survey and is significantly lower than a decade ago (53.2% in 2012). Further analysis shows that children in the most deprived areas are significantly more at risk.



Percentage of five-year-olds with decay experience
2012-24



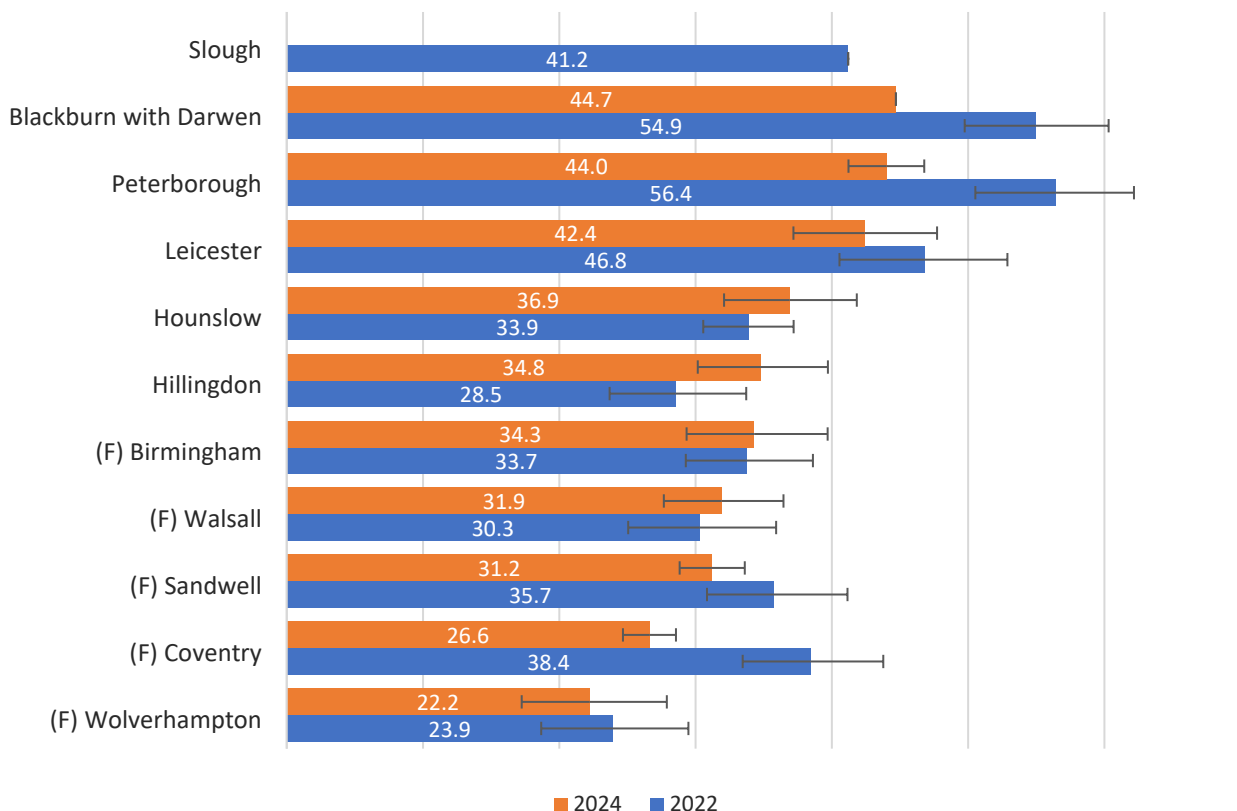
To understand the early signs of decay a new indicator was introduced (in 2022) looking at both enamel and dentinal decay.

In Leicester, more than four in every ten children (42.4%) examined were found to have enamel or dentinal decay.

Amongst all participating local authorities, Leicester has the 13th highest prevalence of enamel or dentinal decay for 5-year-olds.

Both these indicators of child oral health show the lower prevalence reported in local authorities with fluoridated water.

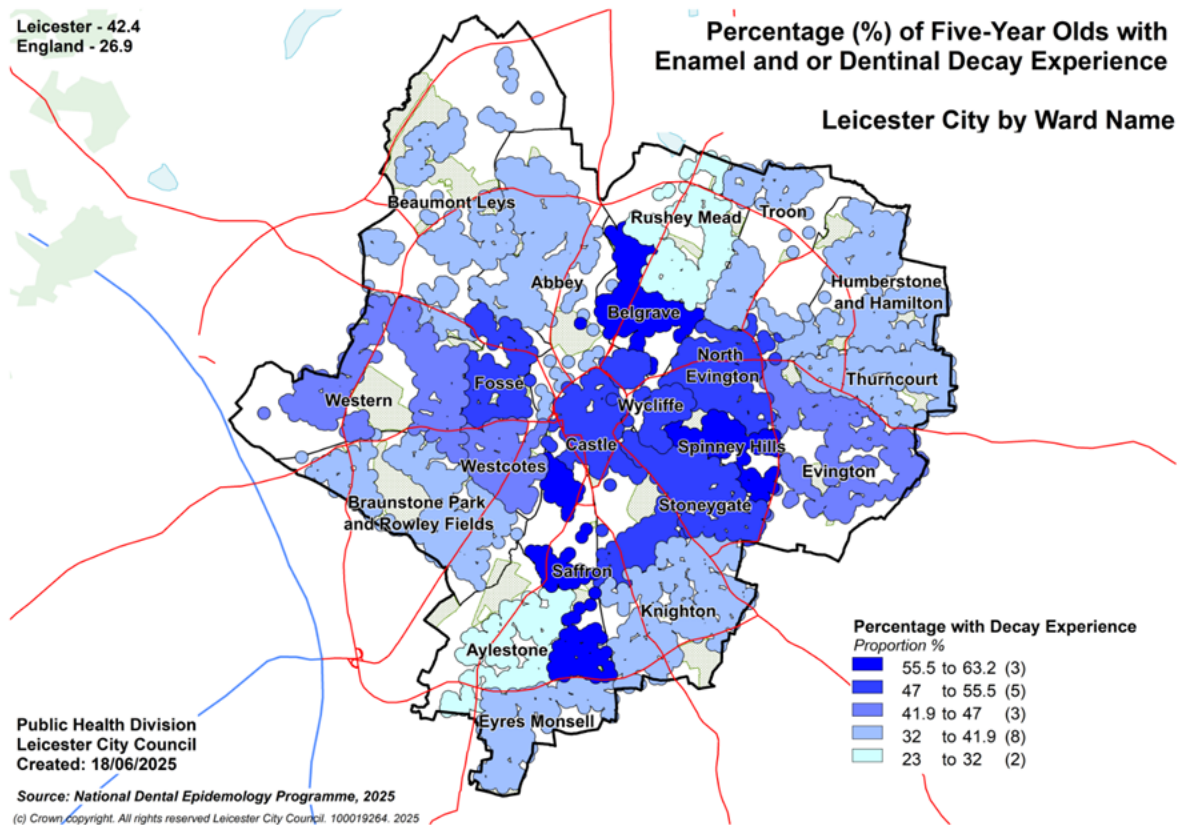
Prevalence of enamel and or dentinal decay
2022 & 2024



Higher prevalences of enamel and decay experience by Leicester Ward are concentrated in the city's Centre and East.

Spinney Hills had the highest prevalence with nearly two thirds (63%) of 5-year-olds examined found to have visible signs of enamel or dentinal decay. Meanwhile Aylestone, the prevalence was 23%. This was the lowest of all wards.

While there are a range of values represented in this map, no Ward has been calculated as significantly different to the overall prevalence.



Members are advised that NHS England was responsible for the commissioning of NHS dental services until 31 March 2023. Effective 1 April 2024, responsibility for commissioning NHS dental services including primary, community, and secondary dental care was formally delegated to the East Midlands Integrated Care Boards (ICBs). This transition empowers the ICBs to address local population needs through localised commissioning which are aligned to its Oral Health Needs Assessment (OHNA).

With support from the East Midlands Primary Care Team (currently hosted by Nottingham & Nottinghamshire ICB), the ICB has developed plans to improve not only general access to NHS dental services, but also specific initiatives tailored to the needs of the local population.

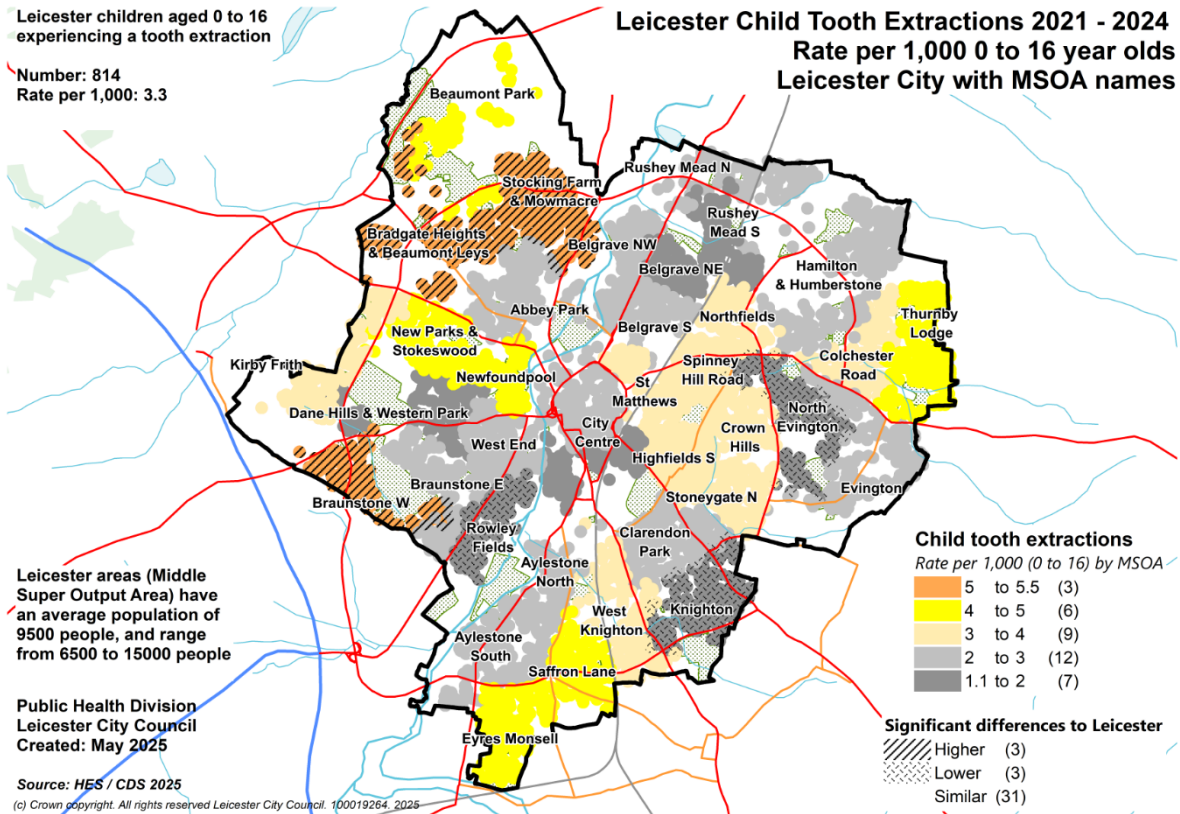
Child tooth extractions in Leicester by MSOA

Data for tooth extractions in children is provided by both the Community Dental Service (CDS) and University Hospitals of Leicester UHL).

Currently CDS provide the majority of the extractions however the nationally reported data only comes from UHL. This results in an incomplete picture in published data and underrepresents the level of decay in Leicester Children. Please note that not all extractions are due to decay and some may be following trauma (e.g. falls or sporting accidents).

Some of the most deprived MSOAs in the city are reporting significantly higher rates of child tooth extraction including Braunstone, Stocking Farm and Mowmacre, and Beaumont Leys.

Other deprived areas including Eyres Monsell, Saffron, New Parks, and Thurnby Lodge also report high rates.



Adult Data

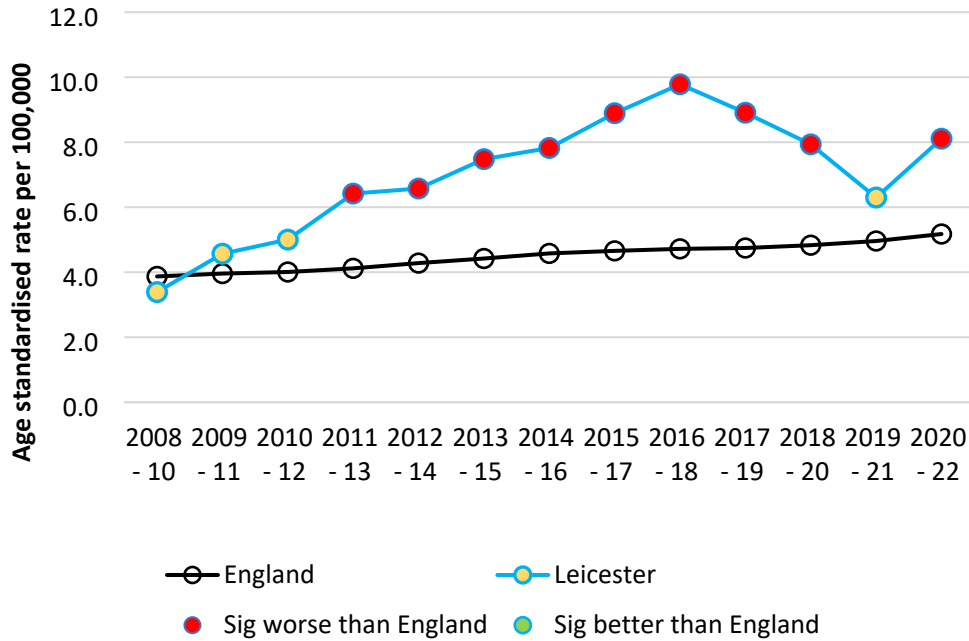
We do not have any data related to the health of teeth in adults. There is no centralised data collection, dentists use a variety of data collection systems and there is a mix of NHS and Private provision.

Oral Cancer

Leicester reports the third highest oral cancer mortality rate in the country. The chart below shows that Leicester has reported significantly higher rates of oral cancer compared to England for many years.

The risk factors for oral cancer include smoking, alcohol consumption, Paan chewing.

Mortality rate from oral cancer, all ages



Further local analysis of admissions for Oral Cancer reveal:

- Highest among individuals aged 55-74
- Males have significantly higher oral cancer admission rates than females in most of the age groups.
- White British individuals have the highest overall admission rates, particularly between ages 55-74.
- Higher number of admissions in younger age groups (under 55) in BAME communities than in White: British populations.

Public Health Actions and Partnership work

Leicester City Council chair the Oral Health Promotion Partnership Board that works with the ICB, Local Dental Committee, CDS, UHL, and Healthwatch and others to develop approaches to address health needs across Leicester. Efforts are made to ensure a collaborative approach is taken.

- There is close work with the ICB supporting their dental with data and support to access communities.
- Public Health are working with UHL to look at clinical data so we can better understand the risk factors that have caused oral cancer in the local communities and prevent further cases.
- Supporting efforts to increase dental activity at the Bridge.

This group have agreed that Fluoridation of water is a key approach to prevent dental decay and a letter from the ICB and Leicester City council was sent to Secretary of State requesting that Leicester, Leicestershire and Rutland (LLR) is considered for fluoridation in 2024.

Promotion of Health Improvement

Diet, Smoking and Alcohol consumption all affect dental health, and some contribute to oral cancer. The wider Public Health team provide lifestyle and nutrition advice, stop smoking services and commission Turning Point to provide advice and support to people who consume alcohol. LiveWell Leicester offer support for residents to,

- eating well
- reducing alcohol
- reduce tobacco use including smoking and smokeless tobacco (Paan)
- improve physical activity

Campaign Support

The Healthy Teeth, Happy Smiles! (HTHS!) Team supports several key campaigns throughout the year to support individuals to improve their oral health. These campaigns include,

- Mouth Cancer Action Month – during the whole month of November, the support residents to improve their awareness of the risk factors, signs and symptoms and support available for mouth cancer.
- National Smile Month - a charity campaign set up by the Oral Health Foundation to promote good oral health and the value of a healthy smile. The four key messages of National Smile Month are:
 - Brush teeth for two minutes, last thing at night and one other time during the day, with a fluoride toothpaste
 - Clean between your teeth every day
 - Cut down how much and how often you have sugary foods and drinks.
 - Visit the dentist regularly.
- Fizz Free February - a campaign launched by Southwark Council with the aim of reducing sugar intake by cutting out fizzy drinks. The HTHS! Team raises awareness of the health implications of drinking fizzy drinks which often contain high amounts of sugar.

Oral Cancer

To ensure a collaborative approach is taken to address the high rates of oral cancer, Leicester City Council host the Mouth Cancer Action working group. Key updates include,

- Working with University Hospital of Leicester to understand the risk factors impacting Leicester.
- Community support to improve risk factor awareness and behaviour change that are associated with mouth cancer e.g. Chewing tobacco and betel nut.

- Co-production of promotional assets for Mouth Cancer Action Month.
- Mouth Cancer Action Plan including training pharmacists to recognise oral cancers, refresh training with GPs, improved data collection across the health system, improving HPV vaccination uptake,

Supervised Toothbrushing Programme

An evidence-based programme to reduce decay amongst children. This is universally offered for free to all Early Years Settings including nurseries, childminders and pre-schools and Primary Schools in Leicester.

Currently 60 early years settings (nurseries, childminders and pre-schools) participate in the STB programme. Resulting in 2694 children participating a daily toothbrushing activity. 40 of these early year's settings are located within IMD decile 1&2.

26 primary schools currently participate in the STB programme, totalling 1822 children participating in a daily toothbrushing activity. 18 of the schools are from IMD deciles 1&2.

Smile Early Years Award (SEYA)

The Smile Early Years Award is an accreditation scheme which aims to ensure that a whole setting approach is taken to improve oral health, promote a healthy lifestyle and ensure school readiness of children within Leicester. Early years settings who join the yearlong accreditation are encouraged to demonstrate how they meet a set of criteria covering three key themes.

Training for health professionals and community organisations

To support community and health professional empowerment the HTHS! Team delivers quarterly oral health training sessions. This training enables attendees to be aware of basic oral health messages and hygiene routines to maintain good oral health across the life course.

Funding

Leicester City Council received an additional £119,088 for 25/26 to enhance the supervised toothbrushing programme for children aged 3, 4 and 5 in the most deprived communities.

Funding eligibility and allocations are based on the number of 3- to 5-year-old children living in the 20% most deprived Lower Super Output Areas according to the Indices of Multiple Deprivation.

Leicester City Council have also received toothbrushes and toothpaste through a donation from Colgate-Palmolive. This is a commitment for 5 years starting in 2025/26.

As a result of this additional funding, Public Health have been able to,

- Increase the number of early years settings and schools participating in the STB programme within IMD 1&2.
- Create Video resources created to support and increase participation in STB. Distribute Colgate resources via Healthy Together programme, Family Hubs and Libraries.

- Increased team capacity and support to participating settings,
 - Parents evenings
 - Workshops
 - Training
- Childminders now included in the STB offer.
- Toothbrushing activity within community settings.
 - Family Hubs
 - Femina

Care Homes

Maintaining good oral health throughout life and into older age improves general health and wellbeing and plays an important part in helping people stay independent.

The Care Quality Commission Report Smiling matters: oral health in care homes showed that too many people living in care homes were not being supported to maintain and improve their oral health.

Leicester City Council offer training support for Care home staff to ensure good oral health practices are maintained with residents, oral health assessments are carried out and teams are supported to access dental support.



Free oral health training for care homes

Leicester City Council are pleased to offer free oral health training and support to care homes in Leicester City, to enable your care team to effectively support residents with their daily oral hygiene.

Training includes:

- CQC requirements for oral health care
- Causes and prevention of dental diseases
- Practical guidance on how to assist residents with oral hygiene
- How to complete oral health assessments



To book a session:

Email us:  HealthyTeethHappySmiles@leicester.gov.uk



Patient Access and Prioritisation

It is important to acknowledge that the concept of patient registration with an NHS dentist has been superseded since 2006. While many practices maintain a list of NHS patients for recall purposes, patients are unable to register with an NHS dentist in the same manner as with a General Practitioner (GP). Dentists are commissioned to deliver a defined level of dental activity (e.g., Units of Dental Activity - UDAs) rather than to provide care for a specific cohort of registered patients.

In the context of service demand, dentists may need to prioritise patients presenting with acute dental problems over routine check-ups. Furthermore, it should be noted that a six-monthly review is not routinely required. Clinical guidance recommends that adult patients with good oral health be reviewed less frequently, typically on an annual or biennial basis, while the recommended interval for children is between three and twelve months. It is also important to note that NHS dental funding has only ever been intended to provide care for around half of the population. ICBs commission a fixed volume of activity each year; the contract has never funded universal access.

Current Provision in Leicester City

Within Leicester City there are currently 132 general dental contracts in place. This total comprises:

Current Provision in Leicester City

Within Leicester City there are currently 132 general dental contracts in place. This total comprises:

- 6 Specialist Orthodontic Practices
- 13 General Dental Service (GDS) Practices providing orthodontics
- 7 Specialist Orthodontic Pathway Providers

Activity Delivery (2025/26)

Performance data continues to show a year-on-year improvement with delivery within Leicester City in the 2025/26 financial year showing at 100.06% of UDAs with adult and child dental access surpassing national averages across LLR. This equates to 623,311 of 622,950 target. In 2024/25 delivery was 88.8%.

Commissioning Plans

Urgent and unscheduled Care (8.2%)

In line with the 8.2% government directive, all high street dental practices must have specified urgent care slots. This equates to 22,931 appointments commissioned for Leicester City providers across 56 contracts.

Annual Contract Rebasing exercise

Following the contract rebasing process, 6,562 UDAs have been recovered from underperforming dental providers. This activity will be redistributed within Leicester City to providers with a strong track record of delivery. The process is due to commence in July 2026.

110% Overperformance Scheme

The 110% overperformance scheme commissions additional UDAs from high performing providers. The expressions of interest exercise for 2026/27 was completed on 14 June 2026 and as expected uptake has increased compared to 2025/26 when an additional 24,726 UDAs were awarded within Leicester City.

High Needs Patients Pilot

Oral cancer incidence in Leicester City is around 22.7 per 100,000, well above the England average of 15.4, with some of the highest oral cancer mortality in the country. Risk is heightened by habits such as shisha smoking and chewing paan or betel nut, and by deprivation. High needs patients remain the least likely to access NHS dentistry regularly, despite having the greatest need.

As such a High Needs Patients (Dental) Pilot is in progress. It mirrors that of a successful pilot currently active in the West Midlands (Staffordshire & Stoke-On-Trent). We know that in the West Midlands 2,300+ referrals have been received, reducing A&E admissions. The pilot has been tailored to meet the needs of our population by Jenny Oliver, Consultant in Dental Public Health (Jenny Oliver).

We have commissioned 12,000 UDAs on a non-recurrent basis. Working with identified community partners such as food banks, homelessness services or drug and alcohol services, those volunteering act as referrers and complete a low barrier MS Form referral is completed at the point of contact. The ICB allocates the referral to a provider with capacity. The provider contacts the patient and books the appointment; family may also attend. There are 7 providers within a 5-mile radius of LE1. The pilot will run until the end of this financial year. A robust evaluation will need to be undertaken to determine whether it is feasible to commission the service on a recurrent basis.

Intermediate Minor Oral Surgery (IMOS) Procurement

This procurement is due to be awarded imminently with 3 lots live across Leicestershire.

IMOS provides specialist led oral surgery in a community setting, bridging the gap between general dental practice and hospital based oral and maxillofacial surgery. Procedures include surgical extractions, removal of impacted or buried teeth and retained roots, soft tissue biopsies and the removal of cysts. Patients are referred by their dentist, reducing pressure on hospital services and improving access to care closer to home.

Orthodontics Procurement

Orthodontics Procurement

An orthodontic procurement is due to begin across the East Midlands in 2026. Current orthodontic contracts will be extended in the interim to maintain continuity of patient care.

The ICB is finalising the additional orthodontic activity to be included within the procurement. A two-stage approach will first stabilise existing providers, then new services will be commissioned in areas of high need.

Community Dental Service (CDS CiC) and the CDS Support Practice Scheme

The service is commissioned and delivered by Community Dental Services CIC (CDS-CIC) for patients whose needs cannot be met in general dental practice due to additional medical, physical or behavioural needs.

Services are delivered from practices in Westcotes, Merlyn Vaz, Loughborough Hospital, Melton Mowbray Hospital and Hinckley Health Centre (under review).

Performance is outlined within the associated slide deck. The service receives excellent patient and carer feedback.

The CDS Support Practice Scheme is a commissioned pilot whereby less complex referrals received by the Community Dental Service are onwardly referred to a designated Leicester City Based support practice, ensuring patients can access treatment sooner. The pilot will run until the end of this financial year with 52 sessions being commissioned.

NHS Dentistry Quality Improvement Programme

This is a new national NHS dentistry quality improvement (QI) programme which began in April 2026. It is a voluntary, structured three-year programme, with each year focusing on a different nationally selected topic. Year 1 focuses on assigning dental recall intervals in line with NICE guidelines, supporting consistent, evidence based and risk-based decisions for each patient. This reduces clinically unnecessary check-ups for lower risk patients, protects access for those with greater need, and helps tackle health inequalities. Practices use structured improvement (PDSA) cycles, monthly national data packs and peer review to test, measure and embed changes. 58 practices signed up across LLR with 27 of those situated in Leicester City.

Financial, legal, equalities, climate emergency and other implications

5.1 Financial implications

- The Public Health Grant received by Leicester City Council supports provision of supervised toothbrushing, some of the work related to oral cancer and the lifestyle services that support healthier eating and smoking cessation services.
- All costs related to the initiatives clinical services set out within this report are funded through the ICBs allocated budget

- Recurrent costs (e.g., GA expansion, future IMOS contracts) · Non-recurrent investments (urgent care uplift, pilots, contract uplifts)
- Recurrent savings (contract rebasing)
- Targeted reinvestment aimed at improving access in high-need areas

These implications are typical for a dental commissioning programme undergoing expansion and redesign.

Signed: Julie Lemmy, Director of Primary Care

Dated:

Signed:

Dated:

5.2 Legal implications

There are no direct legal implications arising from this report.

Signed: Julie Lemmy, Director of Primary Care

Dated:

Signed:

Dated:

5.3 Equalities implications

Several groups experience disproportionate challenges accessing NHS dental care, including:

- People with learning disabilities or autism
- People with severe dental phobia
- Children and very young families
- Older residents, particularly those in care homes
- People living in deprived areas
- Groups with language or cultural barriers
- Individuals who have not accessed dental care for over two years

The commissioning plans specifically target these groups through:

- Additional General Anaesthetic (GA) sessions
- The High Needs Patient Pilot
- Targeted contract rebasing in areas of significant need as identified in the ICBs OHNA.

This approach aligns with equality duties to reduce health inequalities for deprived and marginalised communities.

These initiatives are expected to reduce inequalities in access and outcomes.

The ICB continues to meet its statutory obligations under:

- The Equality Act 2010, including the Public Sector Equality Duty (PSED)
 - The Health and Care Act 2022, which requires action on health inequalities
- Equality, Quality Impact Assessments (EQIAs) are routinely completed or updated for major procurements such as IMOS and the High Needs Patient Pilot.

Signed: Julie Lemmy, Director of Primary Care

Dated:

Signed:

Dated:

5.4 Climate Emergency implications

There are no climate emergency implications arising from this report.

Signed: Julie Lemmy, Director of Primary Care

Dated:

Signed:

Dated:

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

Not applicable

6. Background information and other papers:

An associated slide deck has been produced that will be shared at the meeting.

7. Summary of appendices:

Not applicable

8. 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)?

9. Is this a “key decision”? If so, why?

No decisions required as the paper is to note only.