

**Health and Well-Being Board
Tuesday, 25 February 2020, 2.00 pm, Council Chamber, County
Hall**

Presentations

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Herefordshire and Worcestershire's Long Term Plan



Our aims

Our Vision:

“Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people.”



1. Improve health and well-being outcomes



2. Reduce health and care inequalities



3. Improve quality and performance enhancing the experience of care



4. Improve productivity and efficiency returning the system to financial sustainability



5. Sustain, develop and engage our workforce

Our core priority areas

As well as specific service developments within these 5 priority areas, we also need to think about how we work to keep people well (prevention), how we ensure care is personalised to each individual's needs, and our individual responsibilities around self-care. Our approach to prevention and personalised care is on the next slide.



Integrated primary and community services



Mental Health



Urgent Care



Elective Care



Cancer Care

Prevention and personalised care



Supporting people to maintain **good health and wellbeing**, as well as helping others to change some aspects of their lifestyle to improve how they feel and reduce the likelihood of becoming ill.

- Social prescribing within our GP practices
- Improving access to advice and information to support people to self-care
- New personalised approach to care so people can make decisions on their own health and care of their long term conditions
- End of life care planning

Integrated primary and community services

We have invested in 'out of hospital' teams to ensure hospital stays are as short as possible, and that admissions to a bed are a last resort

For the first time we have developed teams across our communities which bring together District Nurses, Therapists, Social Workers and GPs – **Neighbourhood Teams**

These teams work together in a more joined up way to provide more proactive and responsive care to people in their own homes.

- Reductions in repeat GP appointments
- Reductions in regular avoidable hospital admissions for this group of patients

Improvements in mental health and learning disability services



The Now We're Talking campaign has had a significant impact increasing awareness of Worcestershire Healthy Minds which is a self-referral service for people experiencing stress, anxiety or depression.



- Identify and manage mental health conditions at an early stage to help prevent crises;
- Parity of esteem, especially for people with long term conditions;
- Improving access to urgent mental health services
- Recovery focused mental health approach
- Reduce health inequalities, such as those experienced by people with a Learning Disability or Autism



Urgent Care

- Improving access to out of hospital care
- More GP appointments
- Proactive care planning for people living with frailty
- Reducing the reliance on bedded care.

Elective care

- Joined up services across primary and secondary care.
- Providing 'virtual' outpatient appointments
- Personalised approach to elective care services and better support to self-manage their own conditions.

Cancer

- Smoking cessation support
- Early detection through screening
- Access to health and wellbeing events for a more holistic approach to recovery.

Our key enablers

Workforce – our biggest asset

Key to a sustainable and resilient service is our ability to retain our existing workforce and then recruit and train new staff.

We are developing a range of new roles including Registered Nursing Associates and Social Prescribers.

Co-ordinated approach to recruitment to ensure organisations are managing our workforce as effectively as possible.

The role of digital

- Increased sharing of information between GPs, hospital colleagues and paramedics
- Digital First Primary Care for example the NHS App or Video Consultations.
- Clearer signposting to Health and Care systems we would recommend.

How we are organising ourselves

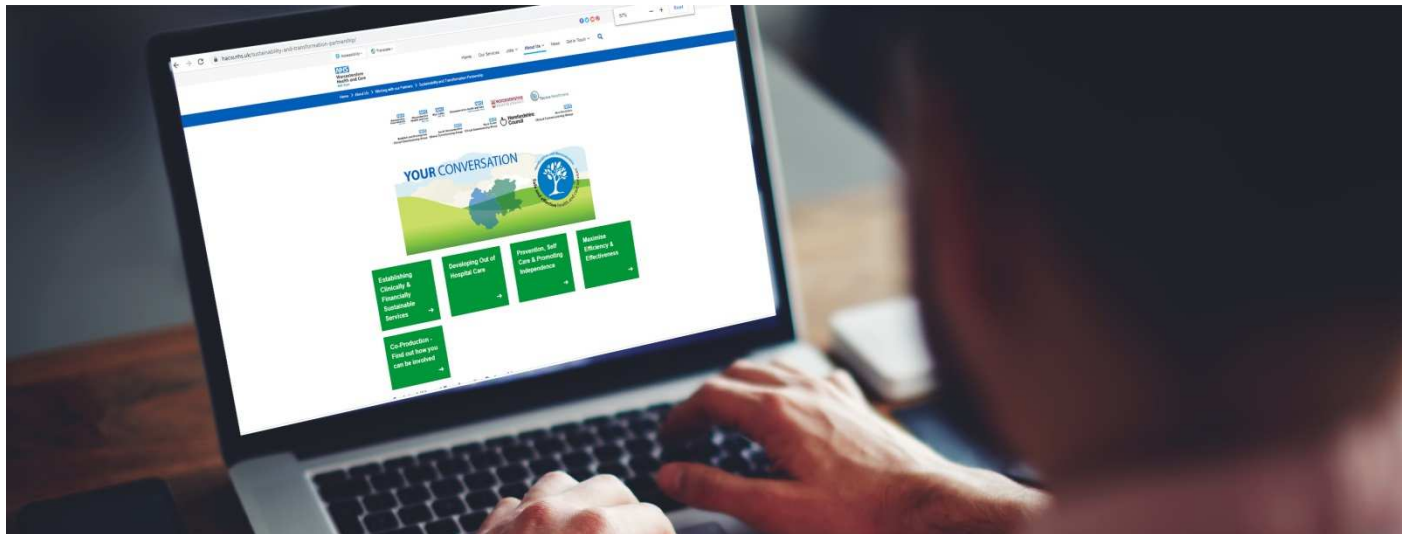
We recognise the importance of all local health and care providers and commissioners **working together to provide the best services we can.**

- In Herefordshire and Worcestershire local healthcare organisations have been working together in partnership (**STP**) for some time
- Now these relationships are in place we are developing even closer ways of working at a system level (**ICS**) to ensure patients get the safest, most effective and efficient services when they are needed.

How to get involved

To keep up-to-date with the latest engagement events and news visit

www.yourconversationhw.nhs.uk



Oral Health in Worcestershire



Rachael Leslie
Public Health Consultant
Worcestershire County Council

“Oral health is a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.”

World Health Organisation

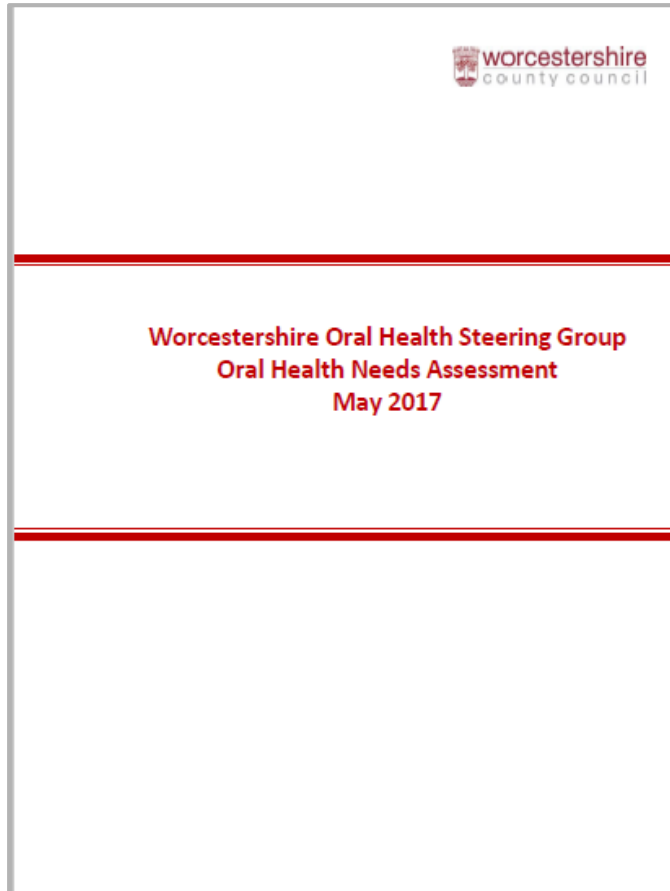
Oral Disease is....

- Preventable
- Costs less to prevent than treat
- Has wider impacts on health and wellbeing
 - Mental wellbeing
 - Pain and discomfort
 - School and work absence
 - Infection and antibiotic prescribing
- Impacts are not felt equally

Prevention Duties

- Health improvement for the whole population
- Reducing health inequalities
- Oral Health Promotion programmes (OHP)
- Oral health population surveys
- Fluoridation of water supplies
- Health and Social Care Act (2008) personal care

Oral Health Needs Assessment 2017



- Available on Worcestershire JSNA website
- http://www.worcestershire.gov.uk/info/20122/joint_strategic_needs_assessment

Evidence Review

NICE National Institute for Health and Care Excellence

NICE
guideline

Oral health: local authorities and partners

Public health guideline
Published: 22 October 2014
nice.org.uk/guidance/ph55

Local Government Association

Public Health England

Tackling poor oral health in children
Local government's public health role



Public Health England

Local authorities improving oral health: commissioning better oral health for children and young people

An evidence-informed toolkit for local authorities

Public Health England
Protecting and improving the nation's health

York Health Economics Consortium

A rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years

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Highlights from the evidence review

- Fluoridation of water supplies
- Tooth brushing schemes in nursery schools/ primary schools
- Whole school approaches with links to healthy food policy in early year settings and primary and secondary schools
- Raising awareness and training domiciliary care providers and nursing home staff on importance of oral health

The extent of water fluoridation

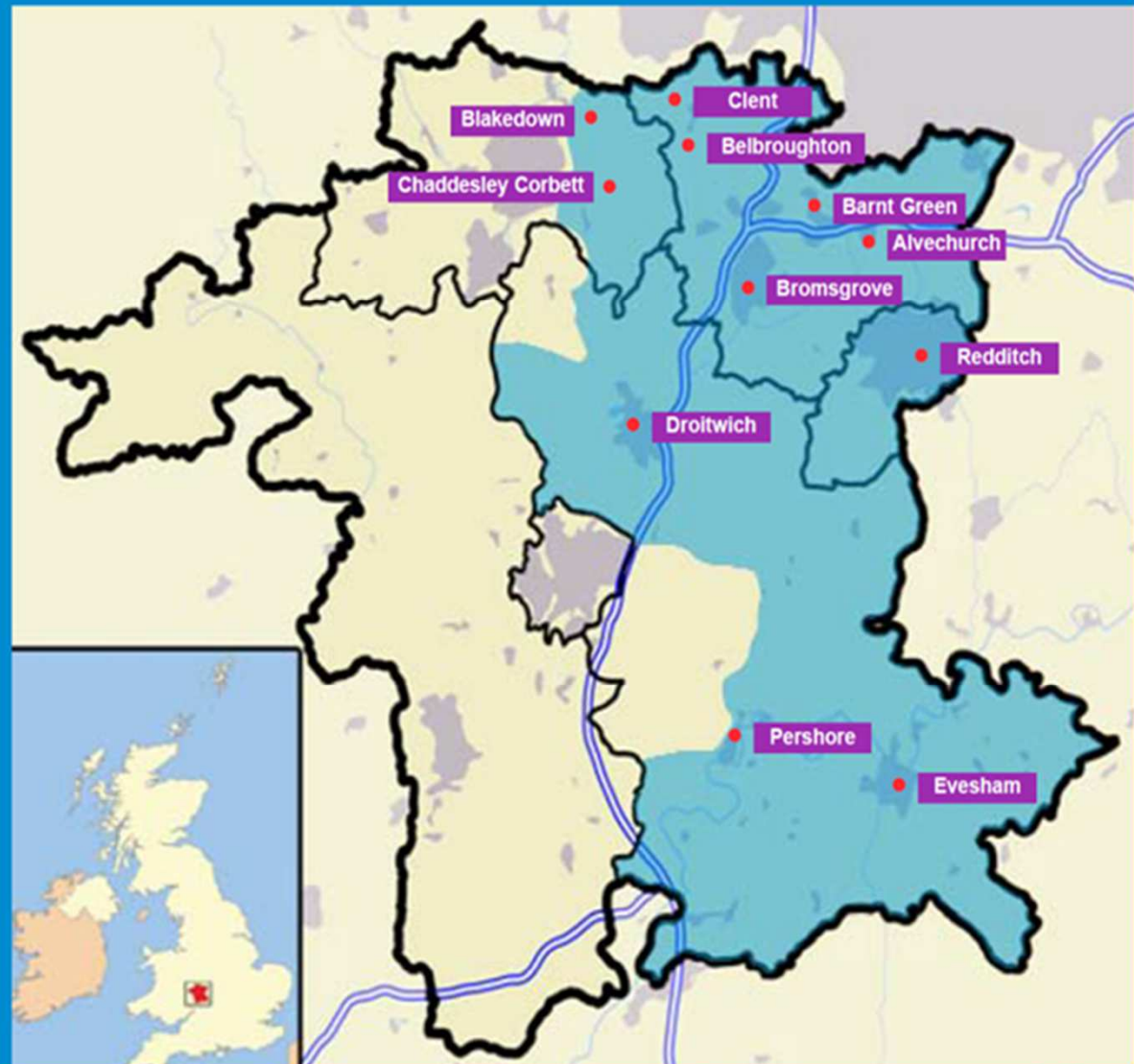
Worcestershire

Around 253,000 people in Worcestershire are supplied with artificially fluoridated water. Fluoridated communities in the county comprise:

- Bromsgrove District, including Bromsgrove itself, Hagley, Belbroughton, Clent, Barnt Green, Alvechurch and Wythall
- Redditch District
- Wychavon District, including Droitwich, Evesham and some of the outskirts of Pershore
- Part of Wyre Forest District, including Blakedown and Chaddesley Corbett

Fluoridation schemes in the county were introduced between 1970 and 1991.

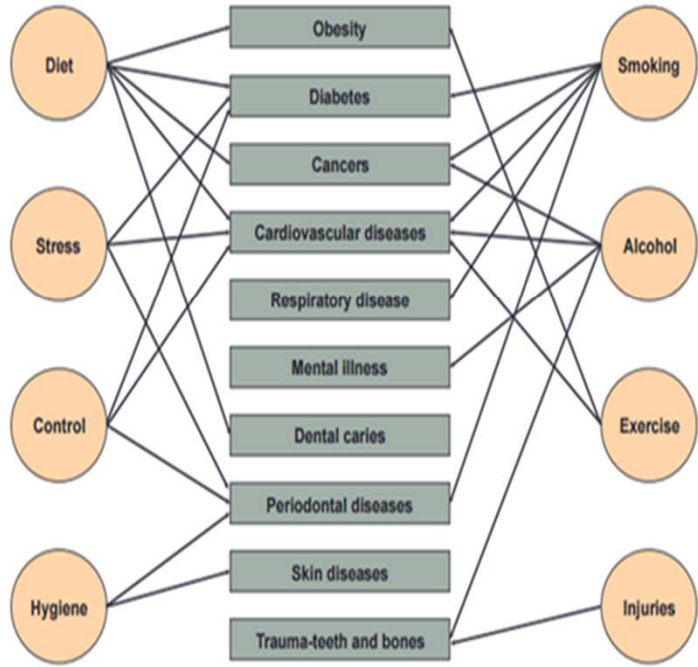
Fluoridation in Worcestershire



Common Risk Factors

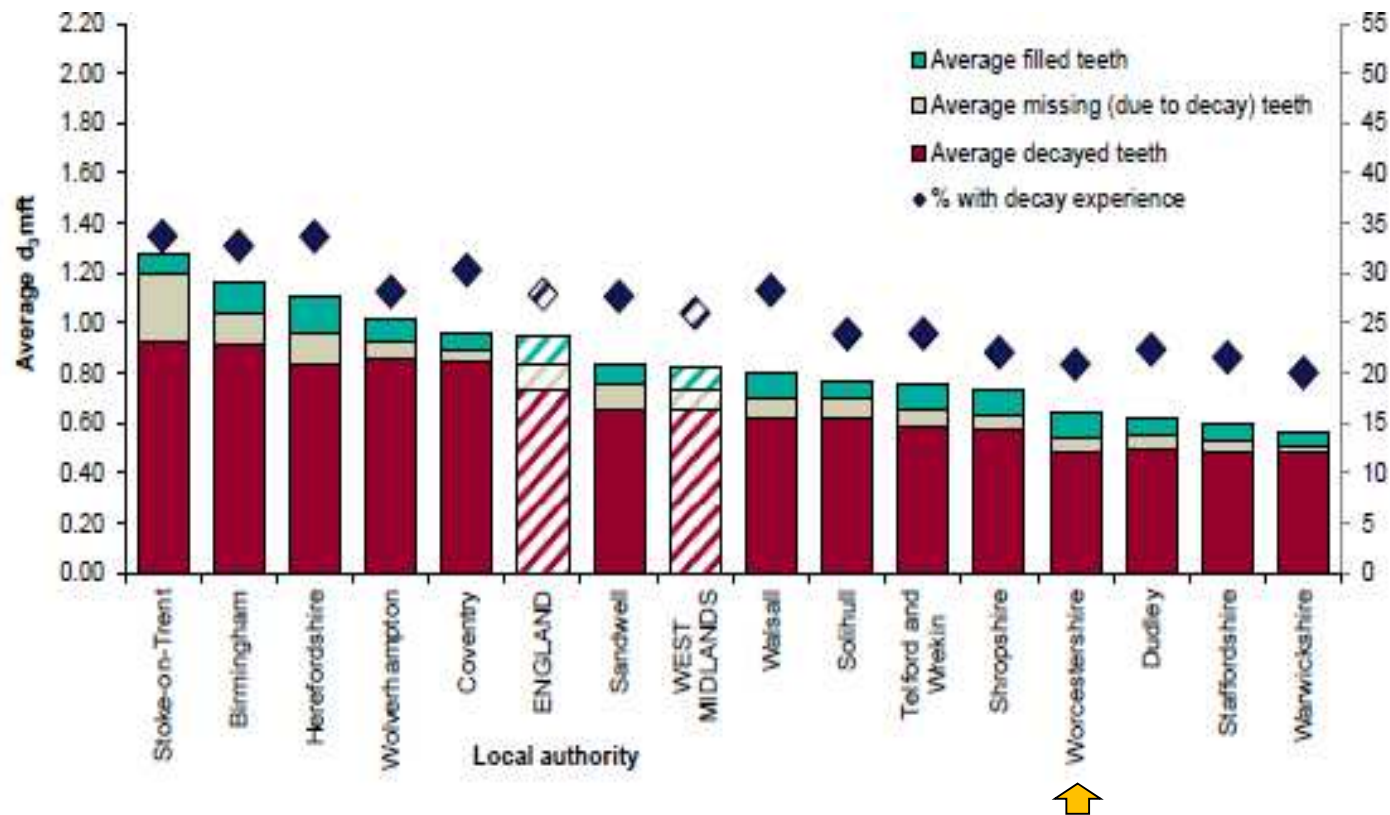


Common Risk/Health Factor Approach

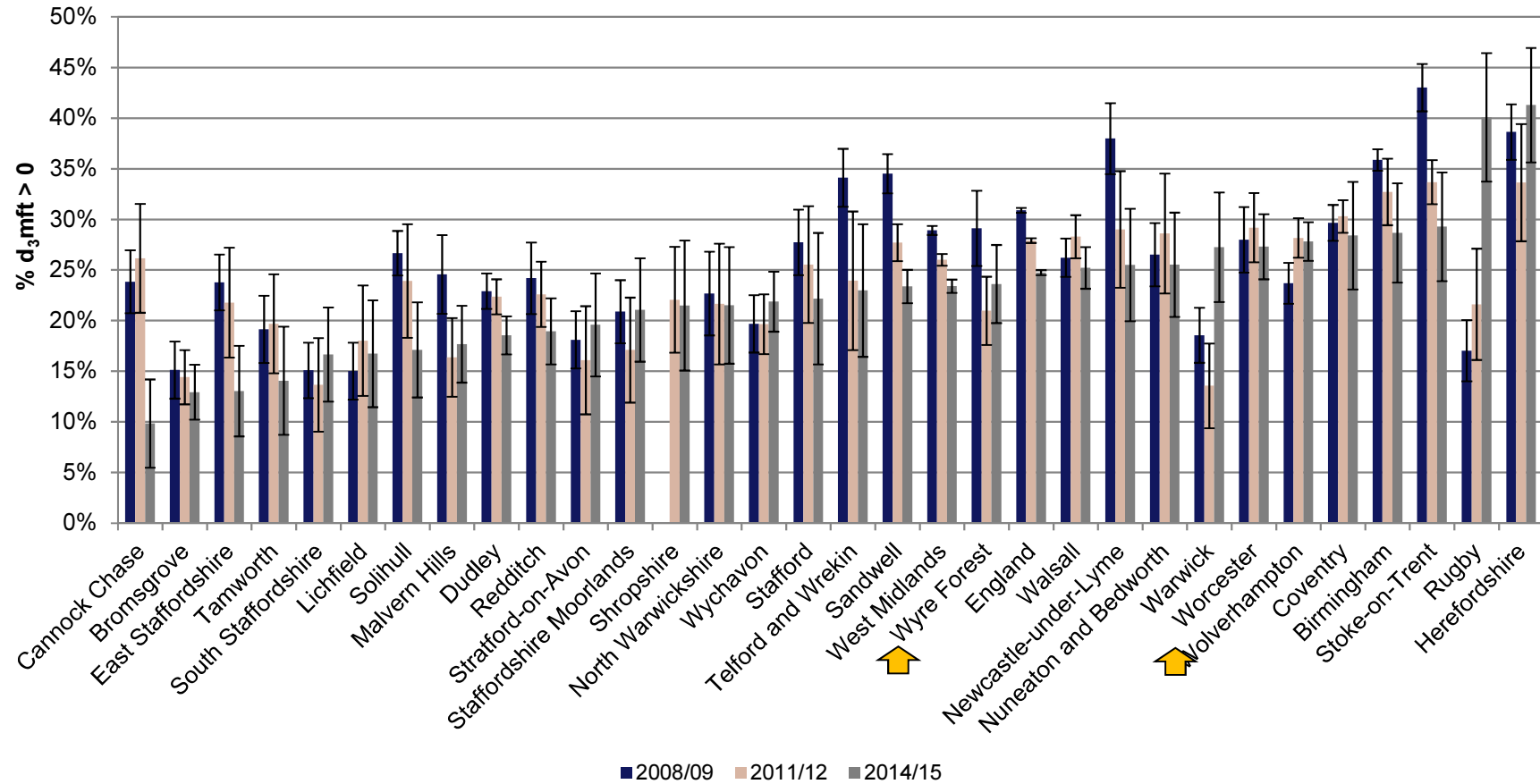


Sheiham A, Watt RG. The Common Risk-Factor Approach: a rational means of promoting oral health. Community Dent Oral Epidemiol 2000; 28: 399-406.

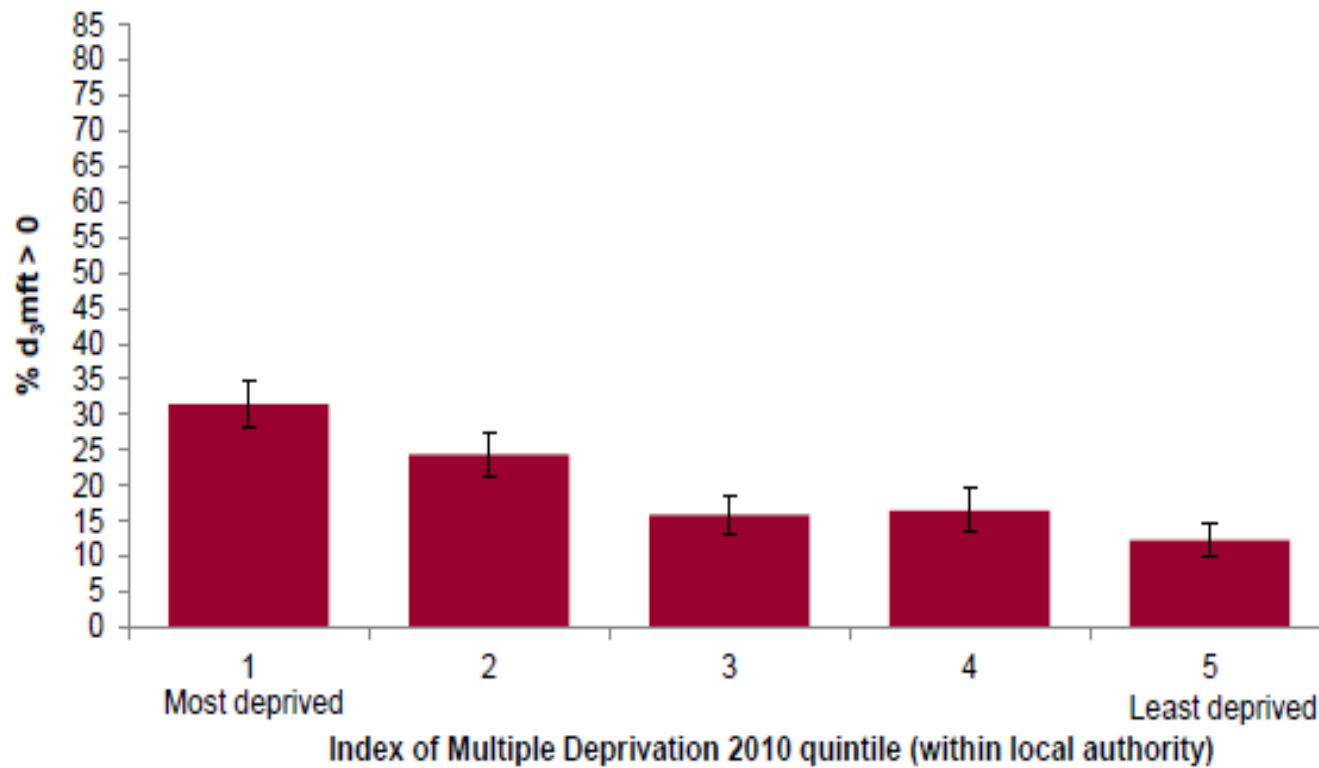
Oral Health at age 5 - West Midlands



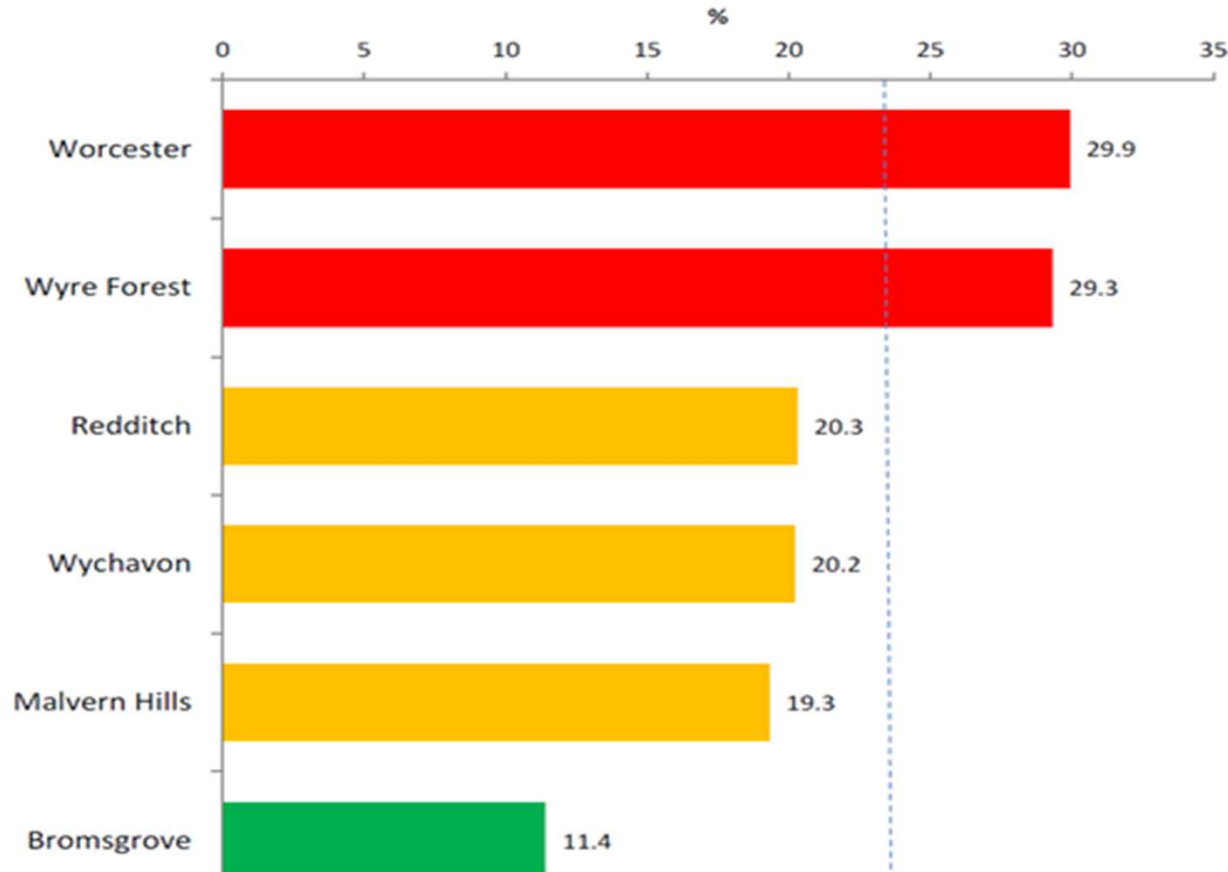
But.....a different story emerges



Inequalities - Deprivation

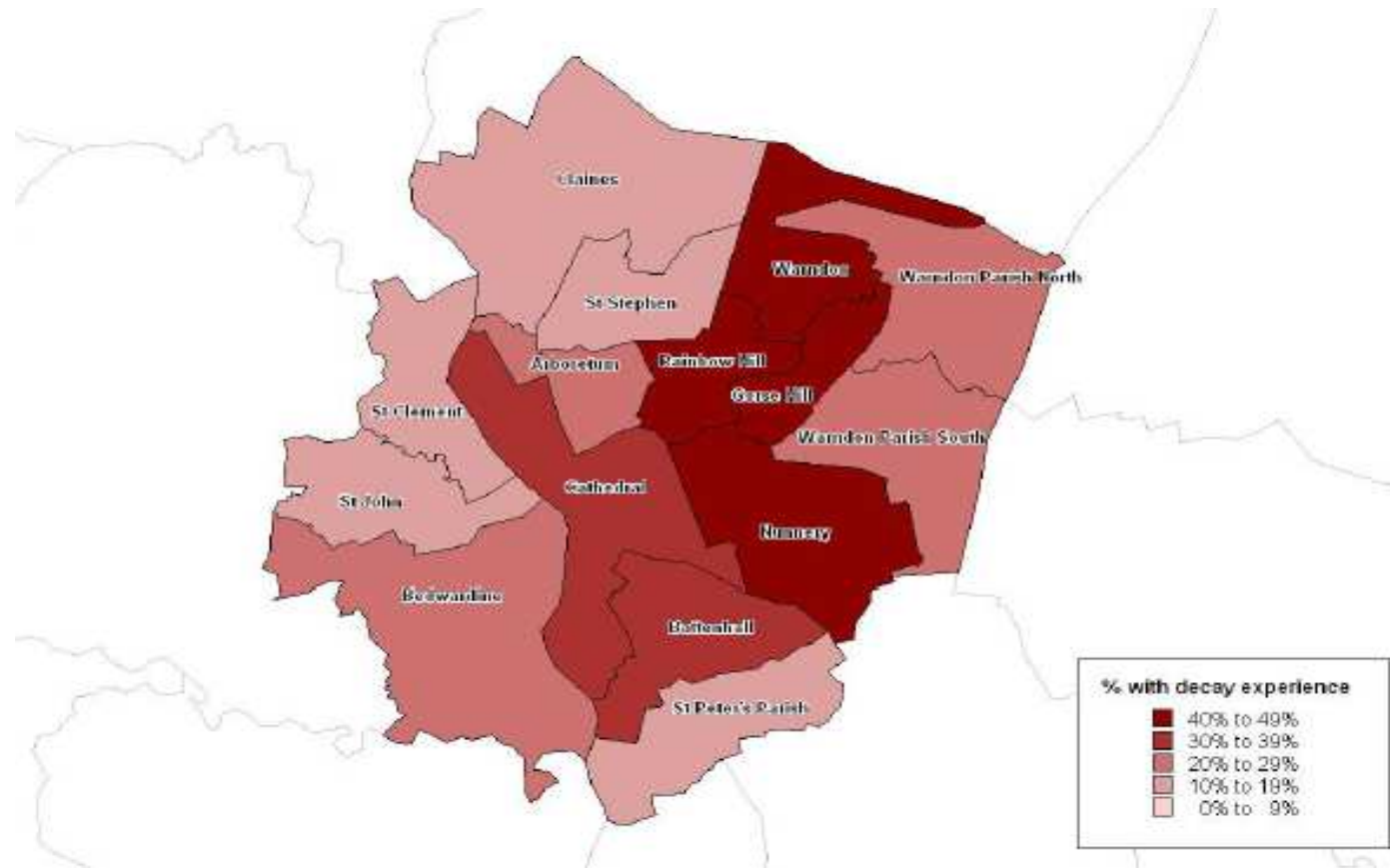


Five year olds with any decay (%)



Source: Dental Public Health Epidemiology Programme:
Oral Health Survey of 5 year olds (2016/17)

Focus on Worcester



Extractions-a day in the life of!

<i>Age of child</i>	<i>Total number of 1st set (deciduous) teeth removed</i>	<i>Number of adult teeth removed</i>	<i>Reason for removal</i>
5	12	0	Decay
6	8	0	Decay
7	6	0	Decay
8	5	0	Decay
9	10	0	Decay
9	3	1	Decay
9	4	0	Decay
<i>Total of all teeth removed from patients on list on 1st March 2017</i>	48	1	48 removed because of Decay



Summary - Children

- Living in IMD1 quintile increases an individual's chance of having any dmft by between **10% to 17%**
- Attending a school in IMD1 quintile increases the chance of any dmft by **6% to 10%**
- Living in a fluoridated area *decreases* the chance of any dmft by **5% to 8%**

There are several Dental Problems as we get older

- Gum Disease
- Missing Teeth
- Mouth Cancer
- Dry Mouth



Older People

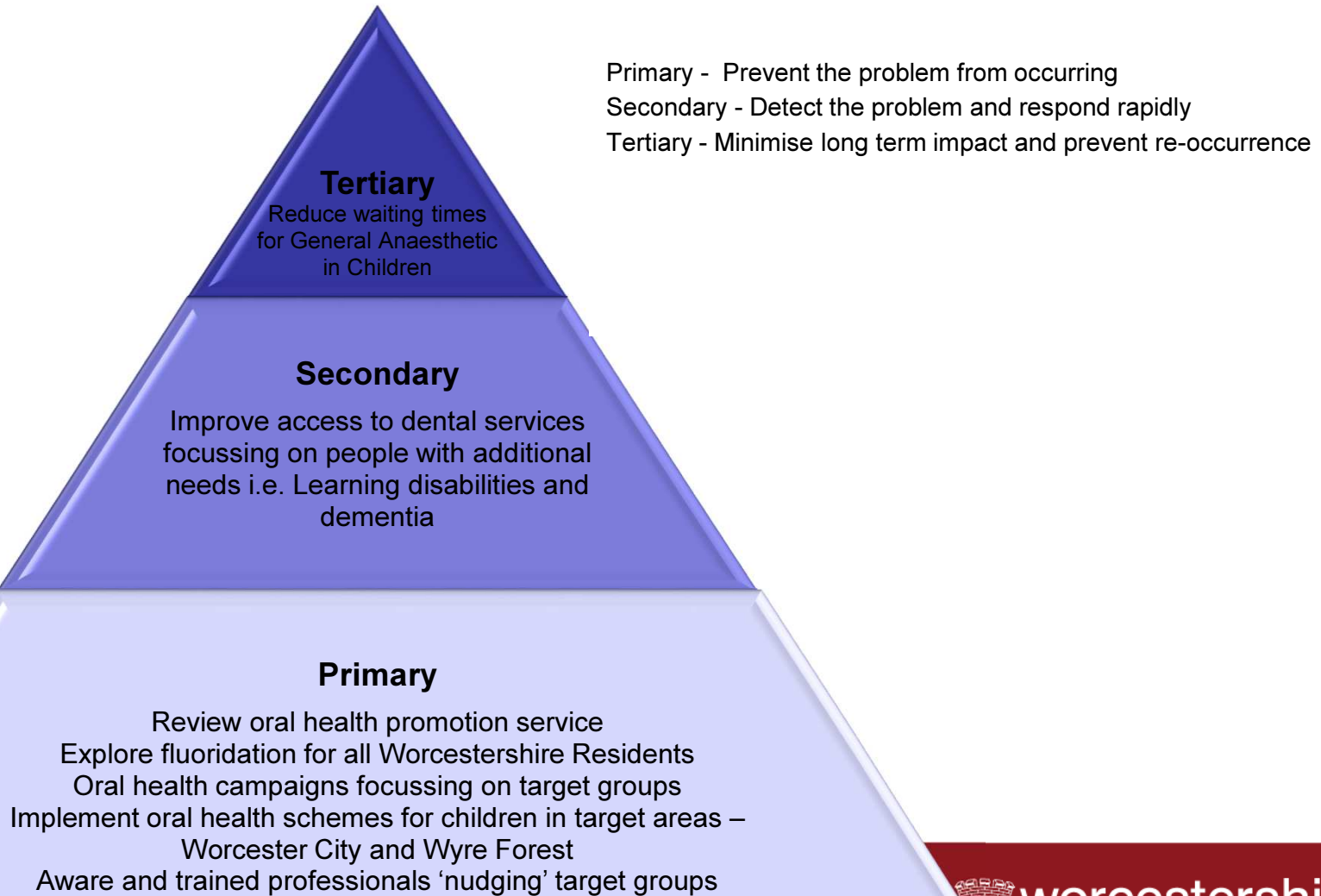
More older people
+
More natural teeth
x
Wider range of clinical issues
=
CHALLENGES



Summary – All residents

- Generally oral health in Worcestershire is good
- Those from more deprived backgrounds are at greater risk of poor oral health (WF, WC, R)
- Fluoridation is protective of oral health
- Older adults retaining teeth and having more complicated dentistry to manage.

Oral Health Action Plan 2019 – 21



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