

Joint Strategic Needs Assessment 2018-21

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Introduction

- The local authority and clinical commissioning groups (CCGs) have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board and The Health and Social Care Act 2012.
- A JSNA examines the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area.
- ‘should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for **commissioning** which will improve the public’s health and reduce inequalities.’

JSNA Approach

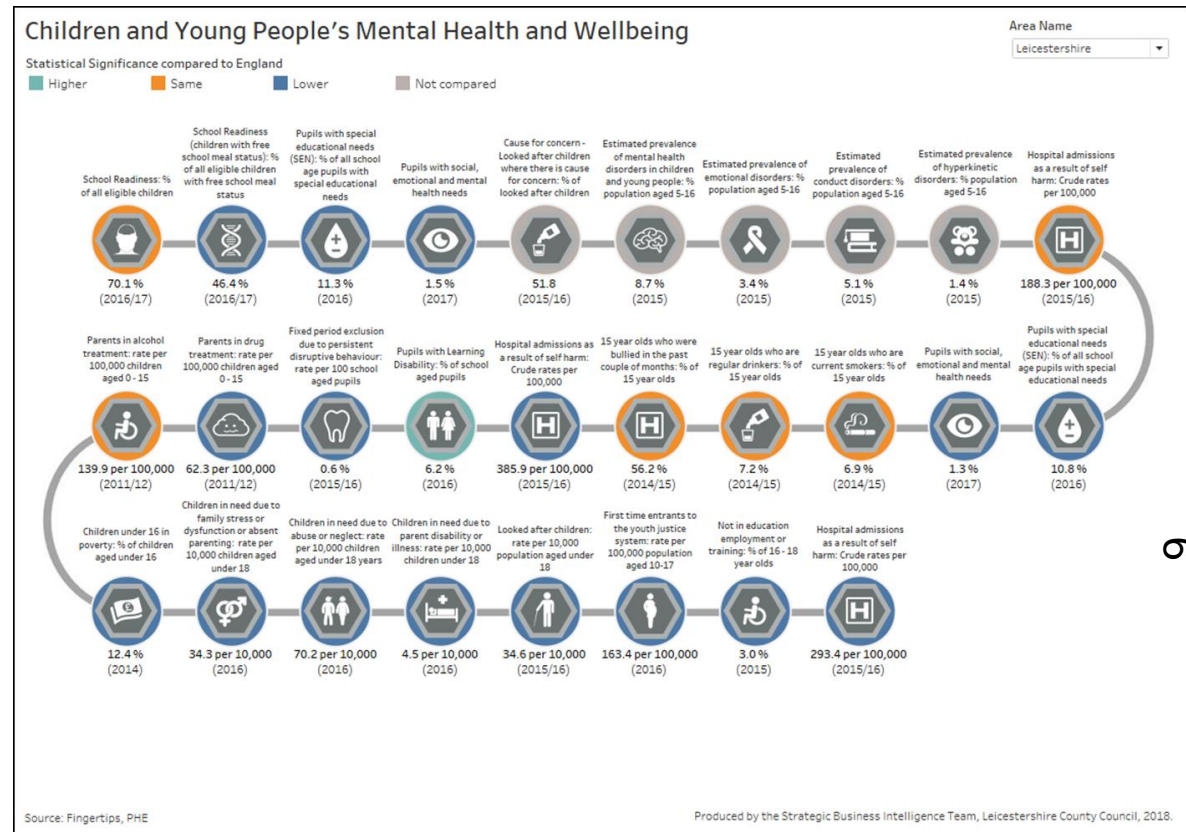
- Last JSNA published 2015
- Due for refresh
- Develop subject-specific chapters over a 3 year time period
 - Online infographic
 - Online Tableau self-serve dashboard (regular update)
 - Narrative with recommendations (pdf format)
- Timetable linked to CCG commissioning cycles and local strategic priorities ↗
- JSNA is evidence base for commissioning local services

Timetable of chapters

- Published in August 2018:
 - Supporting information: Demographics, Deprivation, Economy
 - Mental Health in Children and Young People
 - Children’s Oral Health
 - Mental Health in Adults
 - Oral Health in Adults

- Published by the end of 2018/19:
 - Supporting information: Housing
 - Best Start in Life (0-4 years)
 - Substance Misuse
 - Alcohol

- Provides a one page summary of the most recent data for subject specific areas
- Updated on a quarterly basis
- Available online for anyone to view

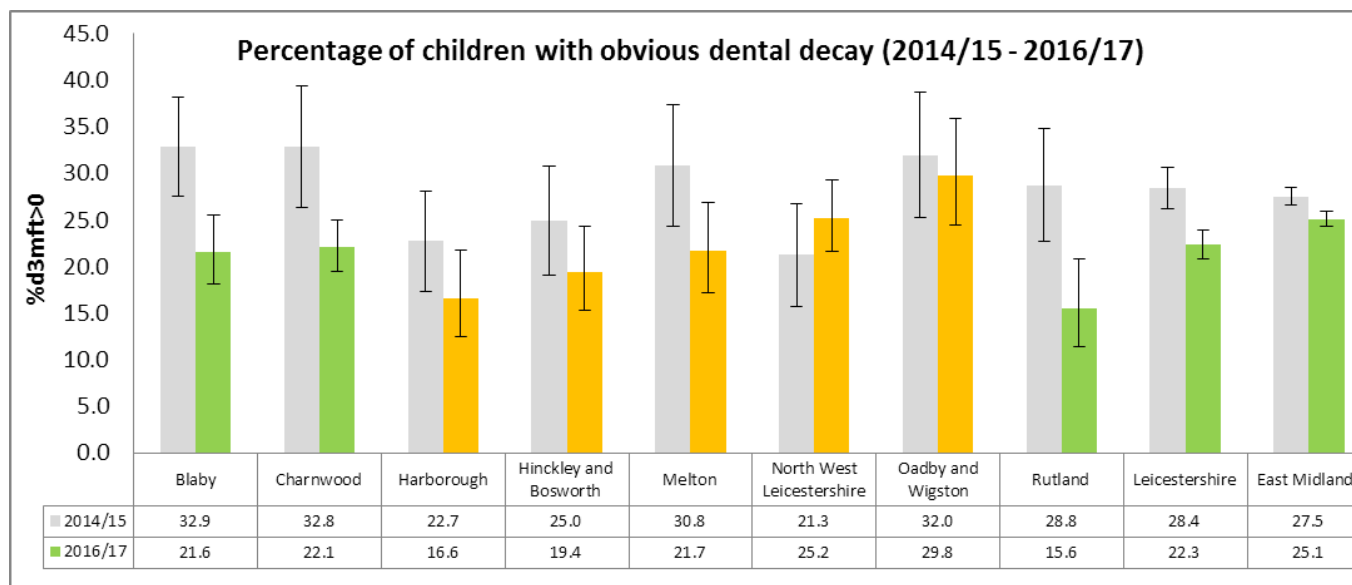


Who is at risk?

- **Children in poverty:** Within Leicestershire the proportions varied from 8.5% in Harborough to 14.3% in Charnwood and 14.4% in North West Leicestershire
- **School readiness:** In 2016/17, the proportion of children with a good level of development at age 5 was 70.1% for Leicestershire. This is statistically similar to the England value of 70.7%. A significant increasing trend has been witnessed over the past five years in the county, this is in line with the national trend.
- **Breastfeeding:** The 2016/17 data shows all districts in Leicestershire, apart from Harborough, have a significantly worse prevalence of breastfeeding initiation than the national average.
- **Excess weight in children:** In 2016/17, the prevalence of overweight (including obese) children in Reception was 20.3% for Leicestershire, this is significantly better than the England value of 22.6%. Harborough (21.9%), Hinckley and Bosworth (20.6%) and Melton (22.0%) perform similar to the national average, whereas all other districts perform significantly better.

Level of need – Oral health survey of five year olds

- From 2014/15 to 2016/17 there has been a significant improvement in the percentage of five year old children with obvious dental decay (%d3mft>0) in Leicestershire (28.4% to 22.3%). The latest data now performs similar to the national average (23.3%), whereas in 2014/15, Leicestershire performed significantly worse.
- When examining Leicestershire districts, Blaby and Charnwood have both seen a significant improvement since the last survey moving from 32.9% to 21.6% and 32.8% to 22.1%. All other districts showed no significant change.

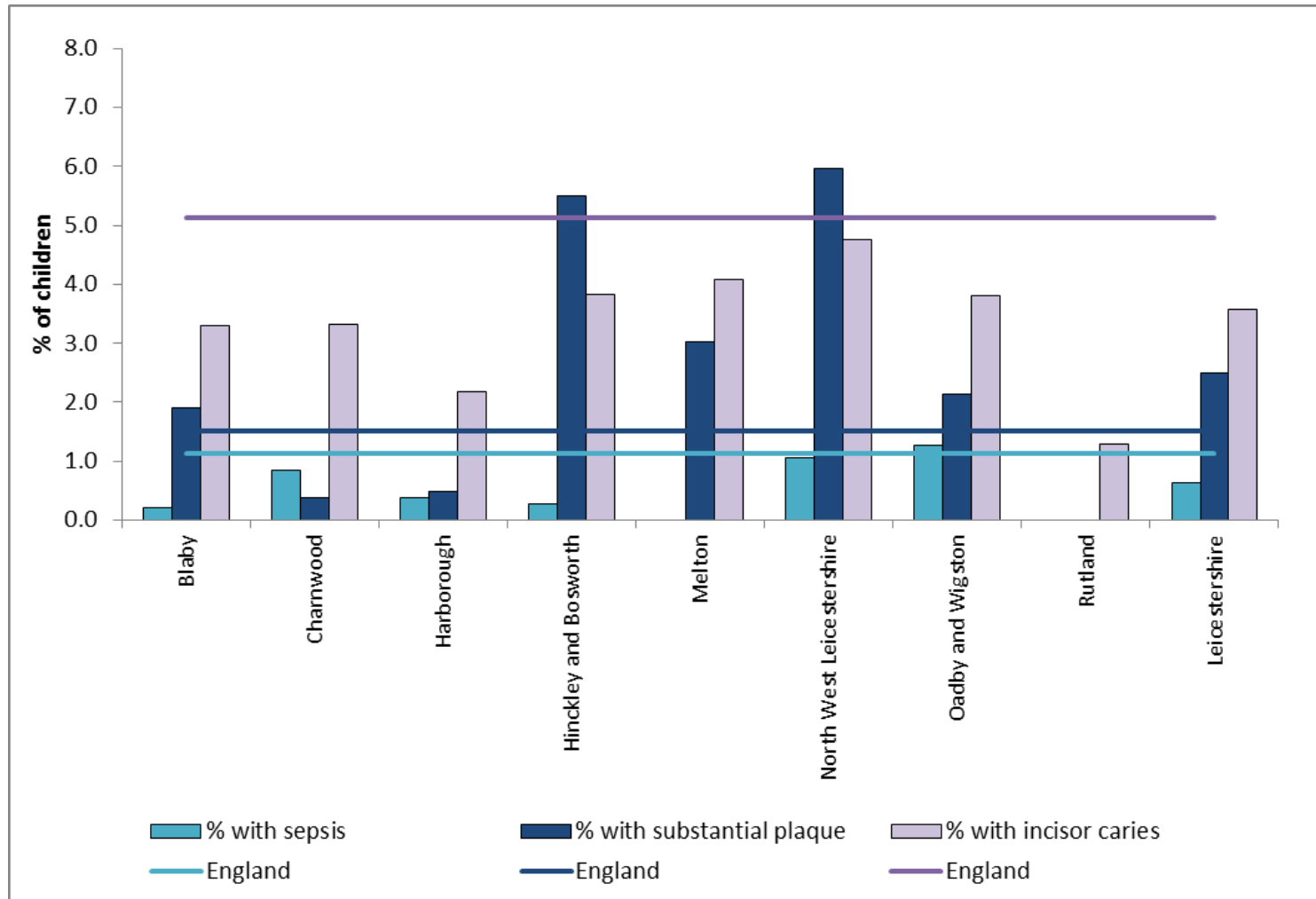


Level of need – Oral health survey of five year olds

- When examining the percentage of five year old children with obvious dental decay (%d3mft>0) by Leicestershire districts in 2016/17, Oadby and Wigston performs significantly worse (29.8%) than the national percentage and Harborough performs significantly better than nationally (16.6%). All other districts perform similar to the national average.
- The average number of teeth affected by decay in Leicestershire is 0.6 which is significantly lower than the England average (0.8). North West Leicestershire and Oadby and Wigston are the only districts in the county to perform similar to the national average at 0.7 and 0.8 respectively.
- Among the children with decay experience, the average number of decayed, missing (due to decay) or filled teeth (mean d3mft (% d3mft > 0)) in England is 3.4. Leicestershire, and all its districts, have a significantly lower average than the national. In the county, the average is 2.6.

Children's Oral Health

Level of need – Oral health survey of five year olds



Level of need – Access to NHS dentistry

- In Leicestershire, 81,067 children saw an NHS dentist in the 12 months to 30 June 2017, representing 59.7% of all children resident in the county. Nationally the percentage was 58.2%.
- When examining by five year age bands, all districts in Leicestershire a higher access percentage than the national average for 0-4, 5-9 and 10-14 years. At the 15-19 years age band, two districts in Leicestershire had an access percentage lower than the national average, these were Charnwood (57.8%) and Oadby and Wigston (60.2%).

Level of need – NHS dental activity

- In Leicestershire, there were 140,851 CoT delivered to children in 2016/17. Of these CoTs, 77.7% (109,441) were Band 1 treatments indicating children are more likely to receive a general check-up than correctional treatments.
- Aside from examinations, fluoride varnish was the most common Band 1 treatment provided to children, with 51,030 CoTs delivered. This represents a 32.2% increase (38,595) from 2015/16.
- Aside from examinations, the most common Band 2 treatment provided to children was permanent fillings and sealant restorations with 21,748 CoTs delivered. This represents a 3.2% decrease (22,468) from 2015/16.
- In Leicestershire, two districts had a higher percentage than the national for fluoride varnish treatment, these are North West Leicestershire (41.2%) and Hinckley and Bosworth (34.3%). Oadby and Wigston had the smallest percentage of all Leicestershire districts with only a quarter (25.5%) of FP17 claims including this treatment.

Current services

- Leicestershire County Council's Public Health currently commission two dental services:
 1. A Dental Epidemiological field work service to provide oral health epidemiological data to inform oral health programmes and NHS Dental services
 2. Oral Health Promotion service to increase awareness and knowledge around oral health promotion amongst the wider public health workforce, including dental practice staff, to ensure they are giving up to date and evidence based oral health messages
- Oral Health has also been included as a 'local high impact area' in the delivery of the 0-19 Healthy Child Programme.
- Oral Health is included as part of the Leicestershire Healthy Tots Programme – it features as part of the healthy eating core theme
- NHS England commissions all NHS Dental Services including General Dental Practice and Specialties including: Oral surgery and Oral Medicine, Orthodontics, Special care dentistry restorative dentistry and paediatric dentistry.

Conclusions

- Many factors affecting oral health are also linked to deprivation. Improving oral health in all children in proportion to their oral health need will contribute to reducing health inequalities.
- Most areas in Leicestershire have seen a reduction in dental decay in 5 year olds, however Oadby & Wigston has seen an increase. Data presented also suggests North West Leicestershire could be prioritised with support.
- In 2016/17, 22.3% of Leicestershire 5 year olds have experience of tooth decay, which means that nearly 1 in 4 of our 5 year olds have decayed, missing or filled teeth. This still represents a substantial burden of oral ill health.
- We need to continually strive to improve the oral health of the children of Leicestershire and reduce the level of decayed, missing and filled teeth in them. Increasing coverage of all child health programmes, whether oral health specific or more general, is an important part of this. This should follow the principle of proportionate universalism, where all children and parents are offered support and programmes to improve children's oral health, with resources targeted at those with greater levels of need, and higher levels of tooth decay.

Any questions?

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