Public Agenda

Title of Meeting:	**Rotherham Place Board: Partnership Business**
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 16 April 2025
Venue:	**John Smith Room, Town Hall, Rotherham**
Chair:	Ian Spicer
Contact for Meeting:	Lydia George: lydia.george@nhs.net Wendy Commons: wcommons@nhs.net

Apologies:	C Edwards, Rotherham Place Director, NHS SY ICB R. Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T. Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust S Kemp, Chief Executive, Rotherham Council
Conflicts of Interest:	
Quoracy:	No Partnership Business shall be transacted unless the following are present as a minimum: a) one Member from each of the ICB and RMBC; and b) two Members from any of the following Partners: TRFT, VAR, RDASH or RPCLG

Item		Time	Pres By	Encs
1	Public & Patient Questions: *The Chair will take questions in writing prior to meetings and will try to respond during the meeting. However, there may be occasions when a response has to be issued in writing afterwards. This being the case, responses will be published as an item for information at the next meeting.*		*Chair*	*Verbal*
	Business Items			
2	Oral Health Needs (OHNA) Assessment – OHNA Executive Summary – OHNA Full Report – OHNA Appendices	*10 mins*	*Alex Hawley Sue Turner Sam Watts*	*Enc 2i Enc 2ii Enc 2iii Enc 2iv*
3	Prevention and Health Inequalities Update	*10 mins*	*Sue Panesar*	*Enc 3*
4	Mental Health Update	*10 mins*	*Kate Tufnell*	*Enc 4*
	Standard Items			
5	Communication to Partners/ Promoting Events & Consultations	*5 mins*	*Chair*	*Verbal*
6	Draft Minutes and Action Log from Public Place Board from 19 March 2025 – *for approval*	*5 mins*	*Chair*	*Enc 6i & 6ii*
7	Risks and Items for escalation to appropriate board *(e.g. Health & Wellbeing Board, ICB Board)*		*Chair*	*Verbal*
8	May Agenda Items: • Public Health Director's Update – Alex Hawley Standing Items: • Updates from all Groups (as scheduled) • Achievements (as and when received) • Feedback from SY ICP Meeting – Bi-Monthly • Bi-Monthly Place Partnership Update			
9	Date of Next Meeting: Wednesday **21 May 2025** at 9.30am –10.30am – **John Smith Room, Rotherham Town Hall**			

GLOSSARY	
A&E	Accident and Emergency
BAME	Black Asian and Minority Ethnic
BCF	Better Care Fund
C&YP	Children and Young People
CAMHS	Child and Adolescent Mental Health Services
CHC	Continuing Health Care
COI	Conflict of Interest
CQC	Care Quality Commission
DES	Direct Enhanced Service
DTOC	Delayed Transfer of Care
EOLC	End of Life Care
FOI	Freedom of Information
H&WB	Health and Wellbeing
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IDT	Integrated Discharge Team
JFP	Joint Forward Plan
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
KLOE	Key Lines of Enquiry
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review
LES	Local Enhanced Service
LIS	Local Incentive Scheme
LOS	Length of Stay
LTC	Long Term Conditions
MMC	Medicines Management Committee
MOU	Memorandum of Understanding
NHS LTP	NHS Long Term Plan
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OD	Organisational Development
OOA	Out of Area
PCN	Primary Care Network
PTS	Patient Transport Services
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Performance
QOF	Quality Outcomes Framework
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
RHR	Rotherham Health Record
RLSCB	Rotherham Local Safeguarding Childrens Board
RMBC	Rotherham Metropolitan Borough Council
RPCCG	Rotherham Primary Care Collaborative Group
RTT	Referral to Treatment
SATOD	Smoking at Time of Delivery
SEND	Special Educational Needs and Disabilities
SIRO	Senior Information Risk Officer
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent and Emergency Care Centre
VAR	Voluntary Action Rotherham
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community and Social Enterprise sector
YAS	Yorkshire Ambulance Service

Rotherham Oral Health Needs Assessment 2025

Wednesday 16th April 2025

South Yorkshire
Integrated Care Board

Rotherham, Doncaster and South Humber
NHS Foundation Trust

The Rotherham
NHS Foundation Trust

Samantha Watt – Specialty Registrar in Dental Public Health
Sarah Robertson – Consultant in Dental Public Health
NHS England North East and Yorkshire

Background to the new OHNA

- Previous OHNA in 2018
- Update requested by Rotherham Oral Health improvement Group in response to:
  - New national and local data
  - Changes around organisational roles and responsibilities for improving oral health and reducing oral health inequalities
  - Building in a systems approach in Rotherham Place
- Life course approach

What does the new OHNA cover?

- risk factors for poor oral health.
- state of health and oral health of Rotherham
- vulnerable groups with poor oral health and inequalities in oral health
- an overview of dental services
- an overview of oral health improvement programmes/activities provided by dental services and RMBC
- an audit of oral health improvement programmes/activities against National Institute for Health and Care Excellence (NICE) guidance recommendations
- recommendations for oral health improvement in Rotherham to be incorporated into an action plan.

Oral Health in Rotherham

- The 2023/24 national dental epidemiology survey found **23.5% of 5-year-olds** in Rotherham had visually obvious **dentinal decay**, which was higher the national average (22.4%).
- In 2022/23 **23.4% of children in Year 6** surveyed in Rotherham had experience of tooth decay in at least one permanent tooth. This is similar to the South Yorkshire ICB and Yorkshire and the Humber regional average, however **higher than the England value of 16.2%.**
- Rotherham consistently has one of the **highest levels of hospital tooth extractions** nationally. Tooth decay is still the most common reason for hospital admission in children aged between 5 and 9 years.
- **Data on the oral health of adults at Rotherham place level is limited.**
- **Head and neck cancer incidence and mortality are increasing nationally**, with the incidence and late/emergency presentation of head and neck cancer in **South Yorkshire higher than the national average.**

Dental Services in Rotherham

- All **dental services** (including primary, community and secondary care dental services) are **commissioned by South Yorkshire Integrated Care Board (ICB).**
- Access to primary dental care in Rotherham for adults and children is higher than nationally. In March 2024 **51.9% of adults in Rotherham** had seen an NHS dentist in the past 24 months compared with 40.3% nationally and **57.3% of children in Rotherham** had seen an NHS dentist in the past 12 months compared with 55.4% nationally.
- NHS Dental practices in Rotherham support access to dental services through **high delivery of commissioned Units of Dental Activity (UDAs) in the area.**
- Flexible commissioning involves changing how the dental contract is delivered (swapping UDAs for sessions of care and prevention) to improve access and prevention for children and adults most in need of care. There are **8 flexible commissioning practices in Rotherham.** A new scheme is being introduced in April 2025.

Oral health improvement in Rotherham

- Rotherham Council hold statutory duty for oral health improvement programmes and oral health surveys
- TRFT delivers the key parts of the Healthy Child Programme through the 0-19 integrated PH Nursing Service (0-19 team)
- Oral health improvement activities in Rotherham are commissioned from the 0-19 team by RMBC.
- Distribution of oral health packs and free flow beakers: universal and targeted approaches with key oral health messaging
- Supervised tooth brushing clubs (STCs) have been delivered for more than 20 years in Rotherham, across all areas and with a focus on those settings in the most deprived parts of the borough. In April 2024 61 sites (school, nursery and childminder settings) were operating a STC with over 2,655 children participating.
- Screening, full assessments and daily mouth care recording templates based on the Mouth Care Matters documentation are set up on hospital electronic records with opportunities for auditing.

Oral health improvement in Rotherham

- **Oral health training sessions** have been delivered for staff working in care homes for older people, domiciliary care providers and those working with people with learning disabilities. The training is currently delivered by a local general dental practitioner (GDP).
- Flexible commissioning pathway
- Healthy Foundations Award
- Targeted work with schools
- Family hubs and Best Start in Life
- Additional needs, Roma and MECC resources

Recommendations of the OHNA - Themes

• Strategic system-wide ownership of oral health improvement in Rotherham • Breastfeeding and weaning • Children and young people in education and other settings • Commercial Determinants of Health	• Commissioning of epidemiological surveys • Data • GPs and Pharmacies • Head and neck cancer • Healthy eating policy • Hospitals, hospices and care homes	• Patient and public involvement and engagement • Promotion of key oral health messages • Mental health • Vulnerable groups • Water Fluoridation

Recommendations of the OHNA

- **Whilst some of the recommendations fall within the commissioning responsibilities of Rotherham Council and South Yorkshire ICB, others may require more partnership working across the system.**
- Place Board to consider the governance of the Rotherham Oral Health Improvement Group (OHIG) and review membership to ensure it has right representation to deliver on recommendations.
- OHIG to review the OHNA and incorporate recommendations into action planning.
- A **systems approach to oral health**, considering **common risk factors.**

What needs to happen next

- Support from Rotherham Place Board for Rotherham OHNA 2025 including recommendations.
- This oral health needs assessment and its recommendations can help inform future action and strategic planning for oral health improvement activity across the life course in Rotherham.
- Utilise the OHNA to update the online Rotherham Joint Strategic Needs Assessment
- The OHNA will be due to be updated by 2030.

Rotherham Oral Health Needs Assessment

Executive Summary

March 2025

Version: 1.0

Introduction

This OHNA has been developed by the Dental Public Health team at NHS England (North East and Yorkshire Region) on behalf of Rotherham Place Board. The needs assessment describes the oral health of Rotherham place and provides recommendations for a systems approach to oral health improvement in Rotherham.

The Rotherham Place Partnership consists of the key partners in the commissioning and delivery of health and care services in the Borough. The partnership members work together to ensure care pathways are integrated and are able to meet local needs to best effect within the financial constraints of the system. Partners recognise the added value of working together closely to support the delivery of the Place Plan and the health and care aspects of the wider Rotherham Health and Wellbeing Strategy and South Yorkshire Integrated Care Strategy.

Risk factors for poor oral health

Poor oral health is almost entirely preventable, however, despite progress in oral health improvement unacceptable inequalities exist with more vulnerable, disadvantaged and socially excluded groups experiencing the poorest oral health. Oral health inequalities are not inevitable. They stem from inequalities in income, education, employment and neighbourhood circumstances throughout life and can be reduced.

There is clear and consistent evidence of the strong relationship between deprivation and poor oral health in head and neck cancers, and the presence of other dental conditions (e.g. tooth decay). Deprivation also influences the impacts of poor oral health (e.g. infections) and service use (seeking urgent care rather than regular routine dental care).

Excessive sugar consumption (high volume and frequency) is a common risk factor for tooth decay and obesity.

Breastfeeding contributes to infant and lifelong health. The oral health benefits of breastfeeding until 12 months include a reduced risk of tooth decay.

Oral health implications of smoking and tobacco use include gum disease, tooth loss, impaired wound healing and increased risk of head and neck cancers. Use of vapes is becoming more widespread with further research needed into the oral health impacts of vaping and vaping products. The long-term effects of vaping on gum disease, tooth decay and head and neck cancer are yet to be established.

The risk of poor oral health is higher in those with mental health conditions, reasons for this include side-effects of medication, reduced oral health self-care measures, increased sugar consumption, increased smoking prevalence and reduced attendance for routine dental care.

The Human Papilloma Virus (HPV), especially HPV types 16 and 18, is associated with sexual behaviours (performing oral sex and number of sexual partners) and is a risk factor for head and neck cancer. HPV Vaccination rates for adolescent males and females in Rotherham are above regional and national values.

Oral health of people living in Rotherham

The 2023/24 national dental epidemiology survey found 23.5% of 5-year-olds in Rotherham had visually obvious dentinal decay, which was higher the national average (22.4%). In 2021/22 5-year-old survey data was analysed by council service delivery area. There were differences by council service delivery area, with the highest prevalence clustered around the North Council service delivery area, which experiences high levels of deprivation. Five-year-olds living in the most deprived areas of Rotherham experience greater levels of tooth decay than the least deprived.

In 2022/23 23.4% of children in Year 6 surveyed in Rotherham had experience of tooth decay in at least one permanent tooth. This is similar to the South Yorkshire ICB and Yorkshire and the Humber regional average, however higher than the England value of 16.2%. Rotherham has one of the highest hospital admission rates nationally for tooth extractions. Rates for those in the most deprived communities were nearly 3 and a half times that of those living in the least deprived communities.

Data on the oral health of adults at Rotherham place level is limited.

Head and neck cancer incidence and mortality are increasing nationally, with the incidence of head and neck cancer in South Yorkshire higher than the national average.

The percentage of head and neck cancers diagnosed at a late-stage and diagnosed after emergency presentation in South Yorkshire between 2013 and 2020 was significantly higher than the national average.

Vulnerable groups and inequalities in oral health

Children in care are at higher risk of poor oral health. They can receive dental care by attending their foster carer’s local general dental practice, be referred to a flexible commissioning practice through the 0-19 service or be referred to the community dental service (if the child has additional needs).

Evidence suggests people experiencing homelessness have high levels of dental need including higher levels of untreated decay, gum disease and untreated dental infections. South Yorkshire ICB have commissioned a pilot service to increase access to dental services for people experiencing homelessness utilising partnership working with the charity organisation Shiloh.

The Roma community in Rotherham is relatively small but concentrated in Eastwood, Ferham, Wellgate and Rotherham Town Centre. Data on the oral health and oral health outcomes of the Gypsy Roma Traveller Show (GRTS) community is exceptionally limited; anecdotal evidence suggests that the GRTS community has a high sugar diet, with particularly high consumption of high sugar drinks. Prevalence of smoking is also estimated to be higher.

Adults and children living with long-term disabilities have been found to have poorer oral health compared with those who do not have a disability. In Rotherham 9.9% of people self-reported that they had a disability and were limited a lot. 11.4% reported having a disability and were limited a little.

Dental Services in Rotherham

All dental services (including primary, community and secondary care dental services) are commissioned by South Yorkshire Integrated Care Board (ICB). Access to primary dental care in Rotherham for adults and children is higher than nationally. In March 2024 51.9% of adults in Rotherham had seen an NHS dentist in the past 24 months compared with 40.3% nationally and 57.3% of children in Rotherham had seen an NHS dentist in the past 12 months compared with 55.4% nationally. NHS Dental practices in Rotherham support access to dental services through high delivery of commissioned Units of Dental Activity (UDAs) in the area.

The following wards do not have an NHS dental practice: Rotherham East (IMD 1), Hoober, Silverwood (IMD 3), Anston and Woodsetts, Hellaby, Sitwell (IMD 6).

Flexible commissioning involves changing how the dental contract is delivered (swapping UDAs for sessions of care and prevention) to improve access and prevention for children and adults most in need of care. There are currently 8 flexible commissioning practices in Rotherham with a new programme due to be rolled out from April 2025.

South Yorkshire ICB has commissioned initiatives for the following vulnerable groups: those experiencing homelessness, transient and inclusion groups (asylum seekers and refugees; sex workers; Gypsy, Roma, Traveller and Show People communities) and 0-5s plus their parents/carers. These pilot initiatives are currently being evaluated. These groups may be included in future flexible commissioning programmes.

The Community Dental Services provides dental care in community settings for children and adults who find it difficult to receive treatment in a regular general dental practice, due to their additional needs. They look after people with severe learning and/or physical disabilities or mental illness, patients who are elderly or housebound or those who have a medical condition which affects their dental care.

Rotherham Oral Health Improvement Programmes

The Rotherham NHS Foundation Trust (TRFT) delivers the key parts of the Healthy Child Programme in Rotherham, through the provision of universal Health Visiting, School Nursing, and other more targeted services. Oral health packs are provided universally to the Health Visitors and Nursery Nurses to distribute to families at mandated visits. The packs consist of a baby toothbrush and 100ml toothpaste containing 1450ppm Fluoride. Key oral health messages are also provided at these visits.

Oral health improvement activities in Rotherham are commissioned by Rotherham Metropolitan Borough Council (RMBC). The Oral Health Lead provides training and guidance across the health and social care workforce.

Supervised tooth brushing clubs (STCs) have been delivered for more than 20 years in Rotherham, across all areas and with a focus on those settings in the most deprived parts of the borough. Child Minders, Early Years settings and School Foundation Stages all take part in the programme. In April 2024 61 sites (school,

nursery and childminder settings) were operating a STC with over 2,655 children participating.

The flexible commissioning referral pathway enables health visitors, school nurses, looked-after children's teams and other agencies associated with 0-19 service to refer children at high risk of poor oral health who do not have a dentist to 8 dental practices.

Opportunities to provide oral health promotion are regularly sought for example during National Smile Month, health events such as the Clifton Learning Partnership and councillor collaborations.

An oral health Make Every Contact Count (MECC) fact sheet has been developed with key oral health messages for adults and children and signposting information to local services in Rotherham. Resources have also been developed for those with additional needs and those who care or support them with key oral health messages and information on accessing dental services.

Oral health training sessions have been delivered for staff working in care homes for older people, domiciliary care providers and those working with people with learning disabilities. The training is currently delivered by a local general dental practitioner (GDP).

Screening, full assessments and daily mouth care recording templates based on the Mouth Care Matters documentation are set up on hospital electronic records with opportunities for auditing.

There is no regular oral health improvement activity within drug and alcohol. Services.

High Level Recommendations for Action

(See main report for detail)

This oral health needs assessment (OHNA) has identified opportunities for further developments to improve oral health and reduce oral health inequalities as described below. Rotherham place partnership is ideally placed to provide oversight of these recommendations to ensure a systems approach to improving oral health. Whilst some of the recommendations fall within the commissioning responsibilities of Rotherham Council and South Yorkshire ICB, others may require more partnership working across the system.

- Place Board to consider the governance of the Rotherham Oral Health Improvement Group (OHIG) and review membership to ensure it has right representation to deliver on recommendations.
- OHIG to review the OHNA and incorporate recommendations into action planning.
- OHIG to encourage incorporation of oral health into current breast-feeding offer and promote uptake within dental settings.
- Promote and communicate key oral health messages for children, young people and families.
- Seek further opportunities to engage with nurseries, childminders and schools to set up toothbrushing clubs.
- Promote a whole school approach to oral health improvement in primary and secondary schools in Rotherham.
- Increase awareness of the commercial determinants of health and the impacts these have on oral health with a specific focus on sugar sweetened beverages and access to affordable oral hygiene products.
- Continue to routinely commission the biennial oral health survey of 5-year-olds as part of the Public Health Outcomes Framework (PHOF) and the intervening year surveys covering specific groups e.g. older people in care homes.
- Adopt the OHNA into Rotherham joint strategic needs assessment (JSNA) to inform strategic planning.
- Improve awareness of head and neck cancers among the public and health professionals, and access to dental care to facilitate early diagnosis of head and neck cancers.
- OHIG to support inclusion of oral health messages in policies and activity which support health eating.
- Encourage council and public venues in Rotherham to reduce the sales of high-sugar foods/drinks and promote access to free drinking water.
- Support collaborative working with Voluntary, Community, and Social Enterprise (VCSE) organisations to prioritise prevention and service provision for those at the greatest risk of poor oral health, including Gypsy, Roma, Traveller and Show people communities, asylum seekers and refugees and children in care.
- Improve the oral health of those suffering with mental health conditions.
- Develop links between dental practices, GPs, pharmacies and other health professionals to promote oral health utilising primary care networks.

- Seek and incorporate the views of Rotherham residents in plans to improve oral health.
- Use national campaigns such as Mouth Cancer Action Month, Stoptober and Change4Life to promote oral health in public places.
- Cascade information to people and workplaces through a range of media on oral health and how to access dental care.
- Encourage collaboration and partnership working with stop smoking, drug and alcohol services.
- Support the implementation of community water fluoridation process along with other LA colleagues in South Yorkshire.

This oral health needs assessment and its recommendations should inform future action planning for oral health improvement activity across the life course in Rotherham.

Rotherham Oral Health Needs Assessment

DRAFT

March 2025

Version: 1.0

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Opportunities to provide oral health promotion are regularly sought for example during National Smile Month, health events such as the Clifton Learning Partnership and councillor collaborations.

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High Level Recommendations for Action

(See main report for detail)

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- Place Board to consider the governance of the Rotherham Oral Health Improvement Group (OHIG) and review membership to ensure it has right representation to deliver on recommendations.
- OHIG to review the OHNA and incorporate recommendations into action planning.
- OHIG to encourage incorporation of oral health into current breast-feeding offer and promote uptake within dental settings.
- Promote and communicate key oral health messages for children, young people and families.
- Seek further opportunities to engage with nurseries, childminders and schools to set up toothbrushing clubs.
- Promote a whole school approach to oral health improvement in primary and secondary schools in Rotherham.
- Increase awareness of the commercial determinants of health and the impacts these have on oral health with a specific focus on sugar sweetened beverages and access to affordable oral hygiene products.
- Continue to routinely commission the biennial oral health survey of 5-year-olds as part of the Public Health Outcomes Framework (PHOF) and the intervening year surveys covering specific groups e.g. older people in care homes.
- Adopt the OHNA into Rotherham joint strategic needs assessment (JSNA) to inform strategic planning.
- Improve awareness of head and neck cancers among the public and health professionals, and access to dental care to facilitate early diagnosis of head and neck cancers.
- OHIG to support inclusion of oral health messages in policies and activity which support health eating.
- Encourage council and public venues in Rotherham to reduce the sales of high-sugar foods/drinks and promote access to free drinking water.
- Support collaborative working with Voluntary, Community, and Social Enterprise (VCSE) organisations to prioritise prevention and service provision for those at the greatest risk of poor oral health, including Gypsy, Roma, Traveller and Show people communities, asylum seekers and refugees and children in care.
- Improve the oral health of those suffering with mental health conditions.
- Develop links between dental practices, GPs, pharmacies and other health professionals to promote oral health utilising primary care networks.

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- Seek and incorporate the views of Rotherham residents in plans to improve oral health.
- Use national campaigns such as Mouth Cancer Action Month, Stoptober and Change4Life to promote oral health in public places.
- Cascade information to people and workplaces through a range of media on oral health and how to access dental care.
- Encourage collaboration and partnership working with stop smoking, drug and alcohol services.
- Support the implementation of community water fluoridation process along with other LA colleagues in South Yorkshire.

This oral health needs assessment and its recommendations should inform future action planning for oral health improvement activity across the life course in Rotherham.

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2. Introduction

2.1 Roles and responsibilities

Local authorities have been responsible for improving the health of their local population and for public health services since 1st April 2013. The statutory duty for public health was conferred to local authorities by the Health and Social Care Act 2012. This duty also includes oral health improvement of the local population and the provision of oral health surveys to observe trends in oral health amongst the local population and guide targeting of oral health improvement programmes according to need.

The Rotherham Place Partnership consists of the key partners in the commissioning and delivery of health and care services in the Borough. The partnership members work together to ensure care pathways are integrated and are able to meet local needs to best effect within the financial constraints of the system. Partners recognise the added value of working together closely to support the delivery of the Place Plan and the health and care aspects of the wider Rotherham Health and Wellbeing Strategy and South Yorkshire Integrated Care Strategy.

In Rotherham Metropolitan Borough Council (RMBC), oral health improvement has been embedded within the 0-19 Integrated Public Health Nursing Service (0 to 19 service), which delivers public health-based services across Rotherham from late pregnancy up to 19 years old (special education needs and disabilities up to 25 years) including oral health improvement.

The Health and Care Act 2022 established integrated care boards (ICBs). South Yorkshire ICB is statutory organisation which commissions services for South Yorkshire and works with local services, including RMBC and wider partners, to improve population health and establish shared strategic priorities. The responsibility for dental commissioning (commissioning of dental services) was delegated from NHS England to Integrated Care Boards on the 1st of April 2023.

Rotherham NHS Foundation Trust is a combined acute and community Trust providing services at Rotherham Hospital and across the borough, the Community Dental Services, including secondary care dental services (oral and maxillofacial surgery and orthodontics) and the 0-19 Integrated Public Health Nursing Service.

The Rotherham Oral Health Improvement Group (OHIG) provides a system to drive forward oral health improvement and reduce oral health inequalities across the borough of Rotherham in line with the RMBC Oral Health Improvement priorities. The group meets quarterly with membership including representatives across the health system and wider community (See **Appendix 1** for further information). The OHIG is chaired by the Public Health Specialist Practitioner and administered by Public Health RMBC.

The Rotherham Health and Wellbeing Board is responsible for producing the joint strategic needs assessment (JSNA) and all members are required to participate in its preparation.

The JSNA provides a comprehensive summary of information from a wide range of sources relevant to health and wellbeing in Rotherham. The JSNA includes oral

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health information. It is anticipated that findings from this oral health needs assessment will be integrated into the JSNA.

Previously, local authorities had the power to make proposals regarding water fluoridation schemes and the duty to conduct public consultations in relation to these and pay for operating costs. However, water fluoridation provisions of the Health and Care Act 2022 came into force on 1st November 2022, and in doing so transferred the power to initiate new schemes or to vary or terminate existing schemes, from local authorities to the Secretary of State for Health and Social Care.

2.2 Scope of document

This document includes:

- risk factors for poor oral health.
- state of health and oral health of Rotherham
- vulnerable groups with poor oral health and inequalities in oral health
- an overview of dental services
- an overview of oral health improvement programmes/activities provided by dental services and RMBC
- an audit of oral health improvement programmes/activities against National Institute for Health and Care Excellence (NICE) guidance recommendations
- recommendations for oral health improvement in Rotherham to be incorporated into an action plan.

The Rotherham OHNA should be read in conjunction with local and national documents and resources to further understand the general and oral health of the population of Rotherham.

2.3 Key local documents and resources

This oral health needs assessment should be read in conjunction with the following key local documents:

- The Rotherham Joint Strategic Needs Assessment (JSNA)
- The Rotherham Oral Health Needs Assessment 2018
- The Rapid Oral Health Needs Assessment for Yorkshire and the Humber and South Yorkshire supplement May 2022
- The Rotherham Locality Profile 2023
- The Rotherham School Lifestyle Survey for Year 7 and 10 pupils

See **Appendix 2** for further information.

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2.4 Key national guidance

See **Appendix 3** for key national guidance to support and improve the oral health of the population of Rotherham.

3. Risk factors for poor oral health

Poor oral health is almost entirely preventable, however, despite progress in oral health improvement over the past few decades oral health inequalities remain a significant public health problem. Unacceptable inequalities exist with more vulnerable, disadvantaged and socially excluded groups such as those experiencing homelessness, prisoners, asylum seekers and refugees, those struggling with substance misuse, sex workers and children in care with more oral health problems.

As with health inequalities, oral health inequalities are not inevitable. They stem from inequalities in income, education, employment and neighbourhood circumstances throughout life and can be reduced. Focusing on the wider determinants (including social and commercial determinants) of health is essential to achieve sustainable improvement in oral health.

The two main oral diseases are tooth decay (dental caries) and gum (periodontal) disease. Whereas tooth decay tends to be a problem in the general population, gum disease is more prevalent in the older population. Both these diseases can lead to loss of teeth and both conditions are preventable.

There are other oral conditions that are not as widespread but do impact, sometimes significantly, on the population. Conditions such as head and neck cancers and congenital abnormalities, such as cleft lip and palate, can be debilitating and may result in a significant reduction in quality of life. Other oral conditions include orthodontic problems e.g. crowded and misaligned teeth, and tooth surface loss e.g. erosion due to dietary acids.

Tooth decay may be prevented by reducing the amount and frequency of consumption of sugary foods and drinks and optimising exposure to fluoride. Gum disease may be prevented by good oral hygiene and stopping smoking. The risk of head and neck cancers can be reduced by stopping smoking, drinking alcohol within recommended safe limits, eating a healthy diet and immunisation with the Human papillomavirus (HPV) vaccine.

Poor oral health also impacts on general health, it has been associated with poor diabetic control. It has also been associated with lung disease, mainly pneumonia, among the frail and elderly, living in community care facilities or in hospital (Office for Health Improvement and Disparities, 2022a). The association between chronic gum disease and cardiovascular diseases is recognised however, there is uncertainty regarding the clinical mechanism that causes this.

Oral diseases and conditions share common risk factors with other diseases such as diabetes, cardiovascular disease, cancer and obesity. A common risk factor approach (Figure 1) aims to control the shared risk factors thereby impacting a multitude of conditions and diseases (Sheiham and Watt, 2000).

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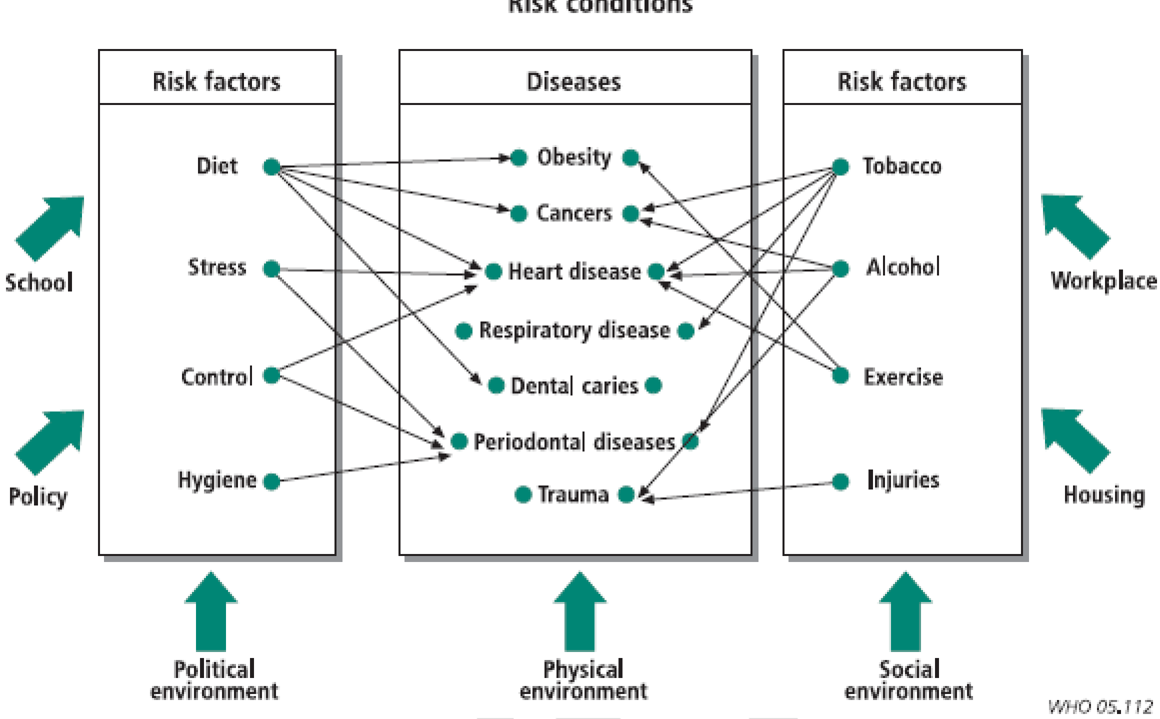
Figure 1: Common risk factors for diseases including tooth decay (dental caries), periodontal disease and trauma (Sheiham and Watt, 2000).



It is important to address the common risk factors for poor oral and general health, adopting a compassionate approach. A compassionate approach is defined as: 'An approach that promotes health gains for all people, without stigma or judgement, and which takes into account the wider context of their lives'.

This approach involves:

- Focussing on healthy habits and sustained behaviour change over time.
- Emphasising the importance of social change over individual 'lifestyle choices'
- Taking a person-centred and holistic approach
- Addressing the wider social and commercial determinants

Commercial determinants of health are a key social determinant, and refer to the conditions, actions and omissions by commercial actors that affect health (World Health Organisation, 2023). Commercial determinants arise in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place. They can have beneficial or detrimental impacts on oral health.

Key methods of managing common risk factors for poor oral health include addressing sugar consumption, weaning practices, tackling tobacco and alcohol use through support services, and preventing Human Papilloma Virus (HPV) infection through vaccination. Other factors which influence oral health are deprivation and mental health.

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3.1 Consumption of free sugars

Sugar in foods and drinks is metabolised by bacteria within dental plaque, producing acid which damages teeth, causing tooth decay. Surveys nationally consistently find the population consume too many free sugars, too much saturated fat and salt and not enough fruit, vegetables, fibre and oily fish (Office for Health Improvement and Disparities, 2021).

Free sugars include all sugars (monosaccharides and disaccharides) added to foods and drinks by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups, smoothies, and fruit juices. Free sugars, if consumed, should only be consumed in small amounts. It is recommended that the average population intake of free sugars should not exceed 5% of total dietary energy for age groups from 2 years upwards.

Excessive sugar consumption is a common risk factor for tooth decay and obesity.

Tooth decay data from individual 5-year-old children, collected as part of the 2016/17 National Dental Epidemiology Programme, were linked to individual height and weight data, which had been collected as part of the 2016/17 National Child Measurement Programme for reception age (Public Health England, 2019b). The report found that "overweight and very overweight in children may be an indicator of tooth decay and public health practitioners and dental teams should provide appropriate interventions to promote good oral health in these children as well as interventions to support the adoption of healthy diets." Although consuming healthy food and drinks is important for good oral health and a healthy weight in children, it is recognised that the environment and wider social and commercial determinants have a key role in influencing families' choices.

In 2022/23 in Rotherham 22.2% of 4–5-year-olds were overweight (including obesity) compared with 21.3% nationally, and 41.1% of 10–11-year-olds compared with 36.6% nationally (Department of Health & Social Care, 2025). Local initiatives to reduce sugar consumption will help to prevent tooth decay and obesity through a common risk factor approach.

Wider work in Rotherham which utilise sustainable food approaches include:

- Governance and Strategy
- Good Food Movement – engaging with the public
- Healthy Food for All – food poverty and healthy eating
- Food Economy
- Catering and Procurement
- Food for Planet – climate change and Reduce, Reuse, Recycle

The Rotherham Food Network (RFN) was established in April 2022 and continues to grow and develop. It was initially formed in response to a call for a 'systems approach' to tackling food issues in the borough, which were highlighted when the

Local Authority signed the Local Authority Declaration on Healthy Weight in 2020, and to address issues highlighted by the COVID-19 pandemic, particularly food poverty. Members represent a wide range of food issues, sectors, and communities, including members with direct experience of working with people on food issues including crisis provision. To date, the network has 77 members and 25 stakeholder organisations including VAR, RUCT, Rotherfed, and the Healthy Hospital team.

Rotherham became a Sustainable Food Place member in 2023 and achieved bronze status in July 2024. The award recognises Rotherham Food Network's work to promote healthy, sustainable and local food and to tackle some of today's greatest social challenges; from food poverty and diet-related ill-health to the loss of independent food retailers. This is testament to the hard work across the borough making innovative changes to Rotherham's food sector and food system.

Working groups have also been set up which consist of: Food Growing (community, composting, and green spaces), Healthy Eating, Food in Crisis Partnership (an existing group focused on emergency and poverty food provision), and Commercial Food (catering and procurement).

Sugar-sweetened beverages (including sports and energy drinks)

Sugar-sweetened beverage (SSB) is a term used to describe drinks that contain added sugar, these drinks often have low nutritional quality and include carbonated and non-carbonated soft drinks, fruit drinks and sports and energy drinks. Frequent consumption of SSB causes tooth decay and erosive tooth surface loss but also has wider health implications including type II diabetes, poor mental health, and obesity (Keller et al., 2015; Moynihan, 2016; Valenzuela et al., 2021).

SSBs are a major source of dietary added sugar for children and young people. Nationally SSB beverage is increasing, with 11–18-year-olds found to be the highest consumers of SSBs (Public Health England, 2020b).

In the Rotherham Year 7 and 10 lifestyle survey 2023 students were asked about fizzy drink consumption:

- 1,831 (40.5%) respondents stated they do not drink regular sugary fizzy drinks
- 1,420 (31.4%) drink one per day
- 740 (16.4%) drink 2 per day,
- 197 (4.4%) drink 3 per day,
- 337 (7.5%) drink more than 3 per day.

Responses show that a higher proportion of year 7 respondents consume 1, 2, or 3 sugary fizzy drinks per day in comparison to year 10.

Students were asked about high-energy drink consumption and the results are shown below:

- 2,728 (60.3%) respondents stated they do not drink high-energy drinks,
- 1,359 (30.0%) drink between 1 and 3 per week,
- 273 (6.0%) drink between 4 and 7 per week,
- 63 (1.4%) drink between 8 and 10 per week,
- 102 (2.3%) drink more than 10 per week.

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3.2 Infant Feeding and Weaning Practices

Breastfeeding contributes to infant and lifelong health. It provides infants with the best start in life (Public Health England, 2019c).

The oral health benefits of breastfeeding until 12 months include a reduced risk of tooth decay and a reduction in malocclusions (teeth not aligned properly) compared with never breast-fed infants. The evidence on the oral health impacts of breastfeeding after 12 months is not conclusive and further research is required to inform recommendations, particularly around breastfeeding for 12-24 months.

Delivering Better Oral Health: an evidence-based toolkit for prevention (Office for Health Improvement and Disparities, 2021) provides guidance to dental teams and key evidence-based recommendations for members of the dental team regarding infant feeding and weaning practices.

The British Society of Paediatric Dentistry (BSPD) recommends that early withdrawal of a dummy or digit habit (e.g. thumb sucking) is to be encouraged to prevent malocclusion (mis-aligned teeth), ideally before 1 year when psychological attachment can be formed (British Society of Paediatric Dentistry, 2018).

Breastfeeding support is provided through the Healthy Child Programme (HCP), delivered by the 0 to 19 Service. Health visitors with additional skills and knowledge in breastfeeding and weaning support have been shown to be effective in improving breastfeeding rates.

As part of the HCP, every family is offered five visits between the ages of 0-5 years to check on development and give parents information and support. In Rotherham families also receive an additional 3-4 month visit through Family Hubs funding. Oral health and accessing dental care are discussed through these, with provision of oral health packs and free flow beakers.

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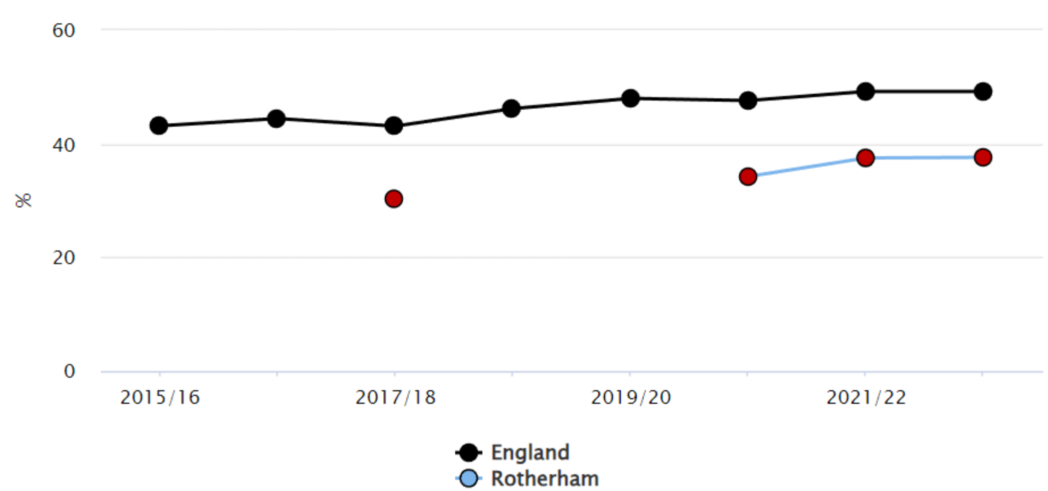
Figure 2: Breastfeeding prevalence at 6 to 8 weeks in Rotherham and England from 2015/16 to 2022/23 (Department of Health & Social Care, 2025)



Recent trend: Could not be calculated

Period	Rotherham					England
		Count	Value	95% Lower CI	95% Upper CI	
2015/16		800	*	-	-	43.2%*
2016/17		853	*	-	-	44.4%*
2017/18	●	930	30.4%	28.8%	32.1%	43.1%*
2018/19		885	*	-	-	46.2%*
2019/20		914	*	-	-	48.0%*
2020/21	●	916	34.2%	32.5%	36.0%	47.6%*
2021/22	●	1,051	37.5%	35.7%	39.3%	49.2%*
2022/23	●	975	37.6%	35.8%	39.5%	49.2%*

Source: Office for Health Improvement and Disparities (formerly Public Health England) interim reporting of health visiting metrics

In Rotherham, there has been an increase in breastfeeding prevalence. In 2017/18 breastfeeding prevalence at 6 to 8 weeks was 30.4%, and this increased to 37.6% in 22/23 (Figure 2) (Department of Health & Social Care, 2025). However, the breastfeeding prevalence in Rotherham in 22/23 is lower than the England value of 49.2%.

The infant feeding team in the Children and Young People Public Health services offer additional breastfeeding support tailored to the needs of the mother and child. In addition, the midwifery team provides breastfeeding support to mothers in Rotherham for the first 14 days of a baby's life.

Support for breastfeeding in Rotherham includes:

- A breastfeeding drop-in service, three times a week in different areas in Rotherham.
- Specialist breastfeeding clinics (midwifery and infant feeding teams) which include assessment for tongue ties and early referral.
- Breast pump loans for the infant feeding team and family hubs
- Targeted support for certain groups, for example, the infant feeding team now regularly attends a mother-baby and toddler group at a local mosque where breastfeeding support is provided and facilitates home visits for more tailored and individual support. They also recruit mothers to provide voluntary peer support.

Other local breastfeeding initiatives include:

- Training by the infant feeding team to mothers for a volunteer peer support service, which enhances currently available universal breastfeeding services.
- Rolling out breastfeeding-friendly public spaces.
- Endorsement from Rotherham Health and Wellbeing Board of the Rotherham Breast feeding-friendly borough declaration which includes supporting 0-19 scheme around their breastfeeding work, family hub work and HR policy.
- Several teams are working towards the UNICEF: Baby friendly initiative accreditation. The initiative is an external accreditation programme for maternity units, healthy visiting services, neonatal units, children's centres and universities. The accreditation sets best practice in infant feeding.
- Participation in national campaigns such as 'the Big Latch' and World Breastfeeding Awareness Week (August).
- Infant feeding teams engage in community activities such as the Rotherham show and raising awareness of breastfeeding.
- There is currently further investment in data collection regarding breastfeeding in Rotherham.
- Identification of groups not attending breastfeeding services which has led to targeted support groups e.g. Asian mothers who are now offered to attend a tailored mother-baby and toddler session.

There are opportunities for the promotion of breastfeeding-friendly practices amongst dental services in Rotherham.

3.3 Substance misuse

3.3.1 Smoking and Tobacco Use

Despite a huge decrease in the number of people who smoke in the last 10 years, smoking remains the leading cause of preventable and early deaths in the UK and Rotherham. Smoking and chewing tobacco products are significant causes of ill health and health inequalities, with both presenting a significant risk to both general and oral health. Oral manifestations of smoking and tobacco use include periodontal disease, tooth loss and impaired wound healing (Office for Health Improvement and Disparities, 2021). Tobacco smoking is also an established risk factor for head and neck cancer and pre-cancerous lesions.

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Approximately 14% of Rotherham adults (around 29,500 people) smoked in 2022, this is broadly in line with the national smoking prevalence of 12.7%.

As highlighted in the Rotherham tobacco control health needs assessment when considering the impact of smoking on population health Rotherham performs significantly worse than all of England for many indicators.

In the Rotherham Year 7 and 10 lifestyle survey 2023 1,977 respondents (96.4%) of year 7 students have never smoked a cigarette, 61 tried smoking but no longer smoke (3.0%), and 12 smoke on a regular basis (0.6%). In year 10, 1,376 (88.2%) respondents had never smoked a cigarette, 133 (8.5%) had tried smoking but no longer smoked, and 52 (3.3%) smoked on a regular basis. Respondents who smoked were asked where they obtain their cigarettes from; of the 58 who answered this, 19 stated they get them from friends, 19 bought them from local supermarkets or shops, and 7 got them from a family member.

Current tobacco control work in Rotherham includes primary prevention, promoting quitting and smoking cessation services, enforcement of illicit and illegal tobacco control measures and policy and governance.

Dental teams in Rotherham are encouraged to Make Every Contact Count (MECC) by encouraging prevention, cessation and promotion and signposting patients to the local smoking services. An oral health MECC factsheet has been developed for Rotherham which contains information on supporting stop-smoking services in Rotherham (Appendix 4).

3.3.2 Vaping

Most of the current evidence looking at the effects of vaping on oral health suggests there may be some impacts, however, the evidence is inconclusive at present. The long-term effects of vaping on gum disease, tooth decay and head and neck cancer are yet to be established. However, analysis of the content of vaping aerosols has found compounds similar to those in tobacco smoke present, thus vaping is likely to negatively impact oral health, but longer-term studies are needed to ascertain the severity of damage.

If a person switches from smoking cigarettes to vaping, the evidence suggests that both their general and oral health is likely to improve (Wasfi et al., 2022). This is because the evidence for quitting smoking using any method is well-established, and vaping exposes a person to comparatively fewer harmful chemicals.

However, if a non-smoker were to take up vaping, it is likely that their oral health may suffer, particularly in terms of oral discomfort and increased gum inflammation. As such, it is important to prevent children who have never previously been smokers from taking up vaping.

The Action on Smoking and Health (ASH) group reported in July 2024 that the rates of vaping among children and young people (aged 11 to 17) had stabilised after a period of increase (Action on Smoking and Health, 2024). In 2013, the ASH survey found that 3.8% of 11-17-year-olds in Great Britain had ever vaped, and 0.8% were

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current vapers. By 2023, 20% of 11-17-year-olds had ever vaped, and this figure slightly decreased to 18% in 2024. The proportion of current vapers, which includes those vaping less than once a month, was 7.2% in 2024, a figure that has not significantly increased since 2022. Additionally, in 2024, 72% of 11-17-year-olds reported exposure to some form of vape promotion, with the main sources being shops (55%) and online (29%).

The Rotherham Year 7 and 10 lifestyle survey undertaken in 2023 asked questions for the first time on vaping behaviour. 78.5% (2,821) of respondents had not tried vaping, 12.7% have tried vaping once or twice, 3.3% vaped but not as frequently as once a week, 4.5% (161) respondents vaped once a week or more, and 1% (36) vaped regularly to support smoking cessation.

3.3.3 Alcohol

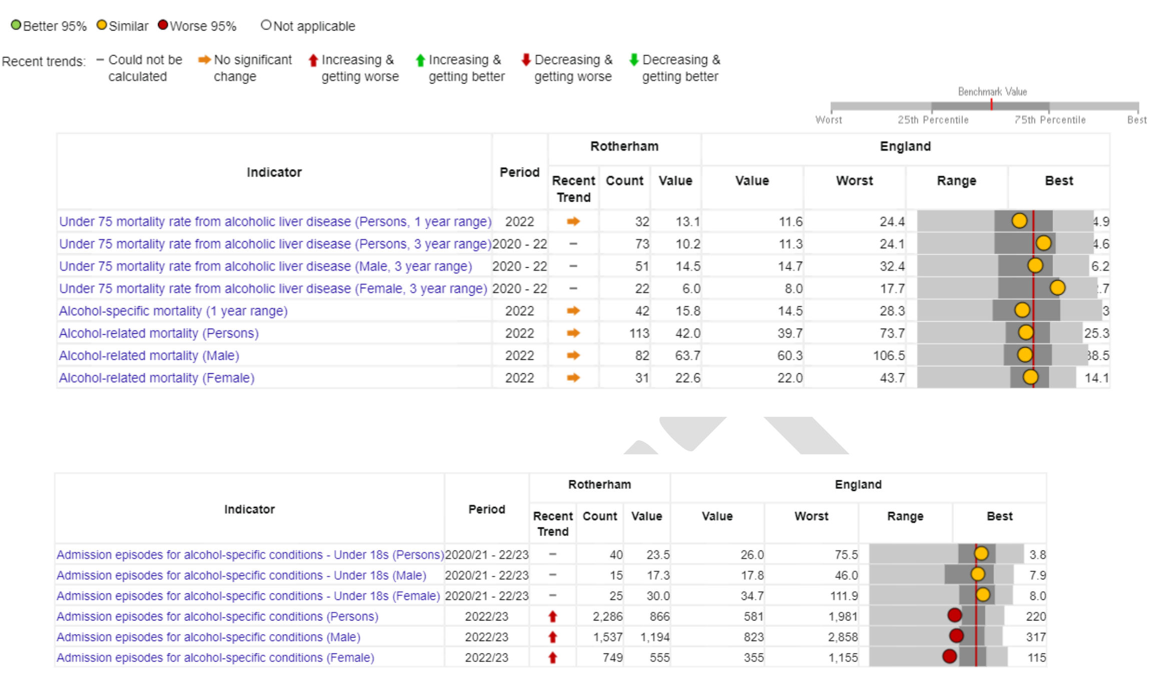
Alcohol misuse is a significant public health issue. It is the leading cause of ill health, disability and death in people aged 15-49 in England and the fifth biggest risk factor across all ages (Office for Health Improvement and Disparities, 2021). High alcohol consumption is an established risk factor for head and neck cancer. Health impacts of alcohol consumption include cardiovascular disease and cancers, and drinking during pregnancy can lead to long-term risks to infant health.

In England, it is recommended that adults should not regularly drink more than 14 units of alcohol per week (UK Chief Medical Officers). However, there is no definitively ‘safe’ lower limit and no level of regular alcohol consumption improves health. For alcohol, frequency of consumption is more important than duration, with a higher consumption over a shorter duration increasing the risk of head and neck cancers compared with a lower intake over many years. Additionally, there is a significantly increased risk of head and neck cancers among alcohol drinkers when combined with smoking or any form of tobacco use.

The Rotherham data hub and drugs and alcohol health needs assessment included an in-depth description of alcohol consumption in Rotherham (Rotherham Metropolitan Borough Council, 2024). Figure 3 provides a summary of key alcohol-related data that is calculated by OHID for Rotherham. The headline statistics are as follows:

- Latest estimates indicate 1.75% of Rotherham adults are living with alcohol dependency (2018/19). The proportion of alcohol-dependent adults in Rotherham is higher than the England value and has been so since 2015/16.
- In 2021/22 there were 1017 admission episodes for alcohol-specific conditions in males and females per 100,000 population compared with 626 per 100,000 in England. Admission episodes for alcohol-specific conditions are significantly higher in Rotherham compared to the England value.
- Admission episodes for under-18s in Rotherham was 17.6 per 100,000 (2018/19-20/21). The rate of admission episodes for alcohol-specific conditions is significantly better (lower) than for England.
- Alcohol-related mortality in Rotherham (2022) was 42.0 per 100,000 this is similar to the England value (39.7).

Figure 3: OHID alcohol profile data for Rotherham (Department of Health & Social Care, 2025)



Better 95% | Similar | Worse 95% | Not applicable

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

Indicator	Period	Rotherham			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Under 75 mortality rate from alcoholic liver disease (Persons, 1 year range)	2022	→	32	13.1	11.6	24.4		4.9
Under 75 mortality rate from alcoholic liver disease (Persons, 3 year range)	2020 - 22	–	73	10.2	11.3	24.1		4.6
Under 75 mortality rate from alcoholic liver disease (Male, 3 year range)	2020 - 22	–	51	14.5	14.7	32.4		6.2
Under 75 mortality rate from alcoholic liver disease (Female, 3 year range)	2020 - 22	–	22	6.0	8.0	17.7		.7
Alcohol-specific mortality (1 year range)	2022	→	42	15.8	14.5	28.3		3
Alcohol-related mortality (Persons)	2022	→	113	42.0	39.7	73.7		25.3
Alcohol-related mortality (Male)	2022	→	82	63.7	60.3	106.5		38.5
Alcohol-related mortality (Female)	2022	→	31	22.6	22.0	43.7		14.1

Indicator	Period	Rotherham			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	2020/21 - 22/23	–	40	23.5	26.0	75.5		3.8
Admission episodes for alcohol-specific conditions - Under 18s (Male)	2020/21 - 22/23	–	15	17.3	17.8	46.0		7.9
Admission episodes for alcohol-specific conditions - Under 18s (Female)	2020/21 - 22/23	–	25	30.0	34.7	111.9		8.0
Admission episodes for alcohol-specific conditions (Persons)	2022/23	↑	2,286	866	581	1,981		220
Admission episodes for alcohol-specific conditions (Male)	2022/23	↑	1,537	1,194	823	2,858		317
Admission episodes for alcohol-specific conditions (Female)	2022/23	↑	749	555	355	1,155		115

The Rotherham Year 7 and 10 lifestyle survey included questions on alcohol use. Respondents were asked if they had ever had an alcoholic drink (a full drink not just a sip) and 64.6% said no; 2,292 respondents. For year 7, this was 77.6%, and for year 10, this was 47.32%. Comparatively, in 2022, 24% of Year 7 said they had tried an alcoholic drink, compared to 23% in 2019 and 55% of Year 10 said they had tried an alcoholic drink in 2022, compared to 59% in 2019.

Opinions on whether it is ok for young people of the same age to get drunk differed from year 7 to year 10 with 89.5% stating ‘no’ in year 7 and 54.3% in year 10. Year 7 respondents in the majority have tried alcohol but never drink it now (30.6%) or only drink it a few times a year (40.4%) whereas year 10 predominately only have it a few times a year (39.6%) or about once a month (23.4%). Alcohol was reported to be obtained from home with family/carers aware of the consumption in 64.2% of responses (709 respondents). Comparatively, in 2022, 62.5% said they consumed alcohol at home with parental consent, compared to 65.5% in 2019.

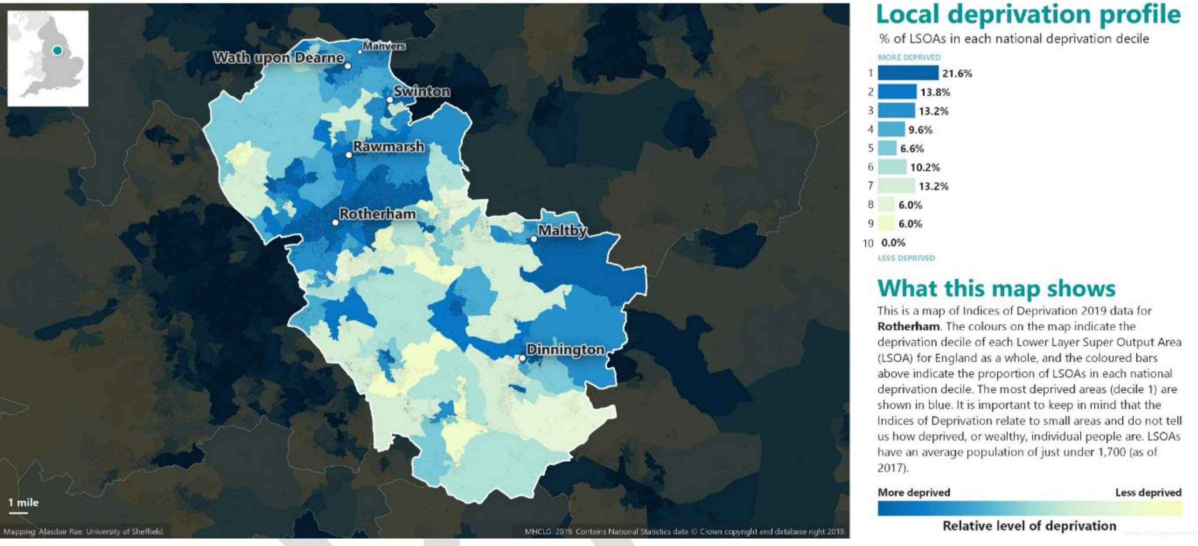
Through MECC, dental teams are encouraged to promote and signpost patients to appropriate local alcohol and drug use services. The oral health MECC resource (Rotherham Metropolitan Borough Council, 2023b) developed in Rotherham for dental teams includes a description and information on alcohol consumption and drug use services in the area (Appendix 4).

3.4 Deprivation

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England at a small local area (Lower-Layer Super Output Areas, LSOAs). Combining the following seven domains of deprivation produces IMD, an overall relative measure of deprivation. The domains and weightings are as follows:

- Income deprivation (22.5%)
- Employment deprivation (22.5%)
- Education, skills and training deprivation (13.5%)
- Health deprivation and disability (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

Figure 4: Index of Multiple Deprivation in Rotherham (mySociety)



Rotherham is one of the 20% most deprived districts/ unitary authorities in England. The IMD data for Rotherham is as follows:

- 36/167 (over 20%) of LSOAs in Rotherham are in the top 10% most deprived LSOAs in England
- There are no LSOAs in Rotherham in the top 10% least deprived LSOAs in England (decile 10)
- 9/167 LSOAs in Rotherham are in the top 20% least deprived LSOAs in England

Inequalities in oral health in both area deprivation and socio-economic position exist. There is clear and consistent evidence in social gradients by deprivation in the presence of dental conditions, impact of poor oral health and service use.

A review of inequalities in oral health in England in 2021 found in children, adolescents and adults' social inequalities in tooth decay, most notably stark inequalities between children from the most and least deprived areas (Public Health England, 2021a). This is evident in Rotherham and will be discussed in section 5.1. There were differences in the prevalence and severity of dentinal decay in 5-year-olds in Rotherham 2021/22 by council service delivery area, with the highest

prevalence clustered around the North Council service delivery area (Table 1), which experiences high levels of deprivation.

The inequalities in oral health review also found that children and adults in more deprived areas were more likely to present with infection and social gradients in tooth loss and edentulism (having no teeth) (Public Health England, 2021a).

Inequalities in head and neck cancer incidence and survival by deprivation were evident, in addition, evidence was found that patients living in the most deprived areas were more likely to be diagnosed following emergency presentation and experience professional delays in referral.

Inequalities in oral health-related quality of life by social gradient also exist with those experiencing higher levels of deprivation experiencing poorer self-reported oral health and increased risk of facial and chronic pain.

Furthermore, oral health-related behaviours were also socially patterned with parents of young children in less deprived areas more likely to brush twice daily, assist with brushing and to have started brushing their child's teeth before the age of 1 than parents from more deprived areas. Adolescents from less deprived areas had higher odds of twice a day brushing compared with those from more deprived areas.

Social inequalities in sugar consumption were also found, particularly in children, with those living in more deprived areas having a higher percentage of daily energy coming from free sugars.

3.5 Mental health conditions

Mental health issues are a growing public health concern, the most common being anxiety and depression. The World Health Organisation defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community."

There are oral and dental manifestations associated with mental health conditions (Hudson, 2021). Stress is a recognised risk factor of periodontal health with both physiological and behavioural effects proposed. Xerostomia (dry mouth) is a common side effect of some antidepressants and antipsychotics, this increases the risk of tooth decay, increases the risk of candida infections, can impair denture retention and cause altered taste. The risk of tooth decay is also increased with mental health conditions due to reduced oral health self-care measures and poor eating and drinking habits. The risk of tooth surface loss (loss of tooth structure caused by factors other than those responsible for tooth decay) increases in those with eating disorders. Chronic facial pain conditions such as Temporomandibular Joint Disorder (a condition affecting the movement of the jaw), atypical facial pain (unclassifiable pain syndromes of the face) and burning mouth syndrome are associated with mental health conditions, in particular depression.

In addition, smoking prevalence is higher in adults with long-term mental health conditions compared with the general population (UK Health Security Agency, 2020). In 2019 smoking prevalence was 14.5% in the general population compared with 26.8% in those with long-term mental health conditions. The life expectancy of

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people with poor mental health is 10 to 20 years less compared with the general population, with smoking the biggest cause of this life expectancy gap.

Oral health issues are also more prevalent in those experiencing severe mental illness (SMI). SMI is an umbrella term which encompasses those who experience serious functional impairment due to mental illness, it includes schizophrenia and bipolar disorder. Dental caries is significantly more prevalent in people with SMI and it has been shown that people with SMI are four times more likely to have periodontal disease. Although poor oral health can also adversely affect mental health, there is also a reduced likelihood that people with SMI will visit a dentist or brush their teeth. These factors can all contribute to a limited oral health related quality of life 18 and to acute hospital admissions. Health checks for those experiencing SMI should include oral health (NHS England, 2019; British Society of Special Care Dentistry, 2024). An oral health leaflet was developed for dissemination at SMI health checks in Rotherham, and funding was also previously made available to provide an oral health containing a toothbrush and toothpaste.

The Rotherham Data Hub describes the mental health of the population of Rotherham however some headline statistics are (Rotherham Metropolitan Borough Council, 2024):

- 17.3% of adults aged 18 years and over were living with depression in 2022/23
- 24.3% of adults aged 16 years and self-reported high anxiety
- The Year 7 and 10 lifestyle survey in 2023 found that 19% of respondents were deemed at risk of depression.

RotherHive was developed by the Rotherham Place Partnership (Previously Rotherham CCG) and is an online resource that provides support and verified information for the local adults within Rotherham who require support for addictions, well-being and mental health services. It has practical tips, national, local, and online services, organisations and groups that adults in Rotherham can access for expert advice to support the mental health and wellbeing of the people of Rotherham.

A separate initiative, With Me in Mind, is available for children and young people aged 18 years and under from selected schools in Rotherham. Children and young people may also be signposted to Kooth, online support and counselling.

3.6 Human Papilloma Virus

Human Papilloma Virus (HPV), especially HPV types 16 and 18, is associated with sexual behaviours (performing oral sex and number of sexual partners) and is a risk factor for head and neck cancer. Adolescent females in England have been offered the HPV vaccine since 2008 to reduce cervical cancer incidence by preventing infection with the common high-risk types of HPV 16 and 18. The HPV vaccine is most effective before exposure to viruses, therefore the vaccination programme targets adolescents before sexual activity. In 2008 the HPV vaccine was offered to

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females aged 12 to 13 years (school year 8). A catch-up service was offered to girls aged 14 to 18 years between 2008 and 2010. (UK Health Security Agency, 2023)

From September 2019, males aged 12 to 13 were also made eligible for HPV immunisation to offer direct protection against HPV-related cancers including oropharyngeal cancer. From September 2023, the HPV school vaccination programme changed from a two-dose to a one-dose schedule and was also offered to men under 25 years who have sex with men. Men aged 25 to 45 years who have sex with men continued on a two-dose HPV vaccination schedule.

In Rotherham in 2022/23 female HPV population vaccination coverage for one dose (12- to 13-year-olds) was 87.9%, this is higher than the region value (74.0%) and England value (71.3%) (Department of Health & Social Care, 2025). The percentage of females aged 13 to 14 who received their second (completing) dose of the HPV vaccine was 78.4% in Rotherham, compared with 67.8% in Yorkshire and the Humber and 62.9% in England, however, this was also a decrease from previous years.

Male population vaccination coverage for one dose (12- to 13-year-olds) was 85.1% in Rotherham. This was higher than the region and England values.

Risk factors for poor oral health

- Poor oral health is almost entirely preventable, however, despite progress in oral health improvement unacceptable inequalities exist with more vulnerable, disadvantaged and socially excluded groups experiencing the poorest oral health.
- Oral health inequalities are not inevitable. They stem from inequalities in income, education, employment and neighbourhood circumstances throughout life and can be reduced.
- There is clear and consistent evidence of the strong relationship between deprivation and poor oral health in head and neck cancers, and the presence of other dental conditions (e.g. tooth decay). Deprivation also influences the impacts of poor oral health (e.g. infections) and service use (seeking urgent care rather than regular routine dental care).
- Excessive sugar consumption (high volume and frequency) is a common risk factor for tooth decay and obesity.
- Breastfeeding contributes to infant and lifelong health. The oral health benefits of breastfeeding until 12 months include a reduced risk of tooth decay.
- Oral health implications of smoking and tobacco use include gum disease, tooth loss, impaired wound healing and increased risk of head and neck cancer.
- Use of vapes is becoming more widespread with further research needed into the oral health impacts of vaping and vaping products. The long-term effects of vaping on gum disease, tooth decay and head and neck cancer are yet to be established.
- High alcohol consumption is an established risk factor for head and neck cancer.
- The risk of poor oral health is higher in those with mental health conditions, reasons for this include side-effects of medication, reduced oral health self-care measures, increased sugar consumption, increased smoking prevalence and reduced attendance for routine dental care.
- Human Papilloma Virus (HPV), especially HPV types 16 and 18, is associated with sexual behaviours (performing oral sex and number of sexual partners) and is a risk factor for head and neck cancer. Vaccination rates for adolescent males and females in Rotherham are above regional and national values.

4. Oral health of people living in Rotherham

RMBC has a statutory duty to secure the provision of oral health surveys to facilitate: the assessment and monitoring of oral health needs; and the planning and evaluation of oral health promotion programmes.

Annual surveys are carried out as part of the National Dental Epidemiology Programme coordinated by OHID with surveys of 5-year-old school children in mainstream schools being carried out every 2 years, and other population groups being surveyed in intervening years. These provide national, regional and local data. The 5-year-old data is required for the Public Health Outcomes Framework (PHOF).

The South Yorkshire local authorities co-commission the national dental epidemiology surveys from the University of Sheffield, which are used to help inform and target oral health promotion programmes.

In addition to these surveys, there are separately commissioned national decennial child and adult surveys undertaken. See Appendix 5 for further information.

4.1 Oral health of children in Rotherham

Tooth decay in children remains an important public health problem. It can lead to pain, distress, sleepless nights and school absence (Office for Health Improvement & Disparities, 2022a).

A commonly used indicator of unhealthy teeth is the dmft index. The average number of decayed (d), missing due to decay (m) and filled due to decay (f) teeth (t) may be calculated for a population. In 3- and 5-year-old children, this score will be for the baby or deciduous teeth (denoted dmft) and in 10–11-year-old-children and adults this will be for the adult or permanent teeth (and denoted in uppercase as DMFT). Anyone who has one or more 'actively decayed teeth, teeth missing due to decay or filled teeth due to decay' (dmft >0) is referred to as someone with 'obvious tooth decay experience'. The proportion of the population with decay experience is the proportion with 'unhealthy teeth'.

It is important to note that parental consent is required for a child to participate in oral health surveys therefore it is likely that non-response bias applies and should be considered when drawing conclusions.

4.1.1 Oral health of 3-year-old children

In 2019/20 14.7% of 3-year-olds in Yorkshire and the Humber had visually obvious dentinal decay compared with an England value of 10.7% (Public Health England, 2021b). It is important to note that the 3-year-old survey was significantly disrupted by the COVID-19 pandemic, consequently, the required sample size for South Yorkshire was not achieved and valid LA-level comparisons could not be made.

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The prevalence of tooth decay in children aged 3 was also measured in the 2013 Child Dental Health survey, where the prevalence of tooth decay experience was 12.6% in Yorkshire and the Humber and 11.7% in England.

4.1.2 Oral health of 5-year-old children

Rotherham and Yorkshire and the Humber as a whole saw a reduction in the percentage of 5-year-olds with visually obvious decay from 2007/08 to 2021/22. In 2023/24 levels remained the same in Rotherham and there was a slight increase in Yorkshire and the Humber. A representative sample of around 250 children from mainstream schools is examined for each survey.

In 2023/24, 264 five-year-old children were examined at schools in Rotherham. 23.5% of 5-year-olds in Rotherham had visually obvious dentinal decay, which is higher than the England value (22.4%) (Office for Health Improvement and Disparities, 2025a). See Table 1 for comparison with other South Yorkshire local authorities, regional and national values. Of the children who had visually obvious dentinal decay they had on average (mean) 3.5 teeth with decay. This was the same as the England value (3.5) but lower than the Yorkshire and the Humber value (3.9).

Almost one-third of children surveyed (29.7%) had experience of enamel and/ or dentinal decay, this was lower than the Yorkshire and Humber average (30.7%) but higher than the England value (26.9%).

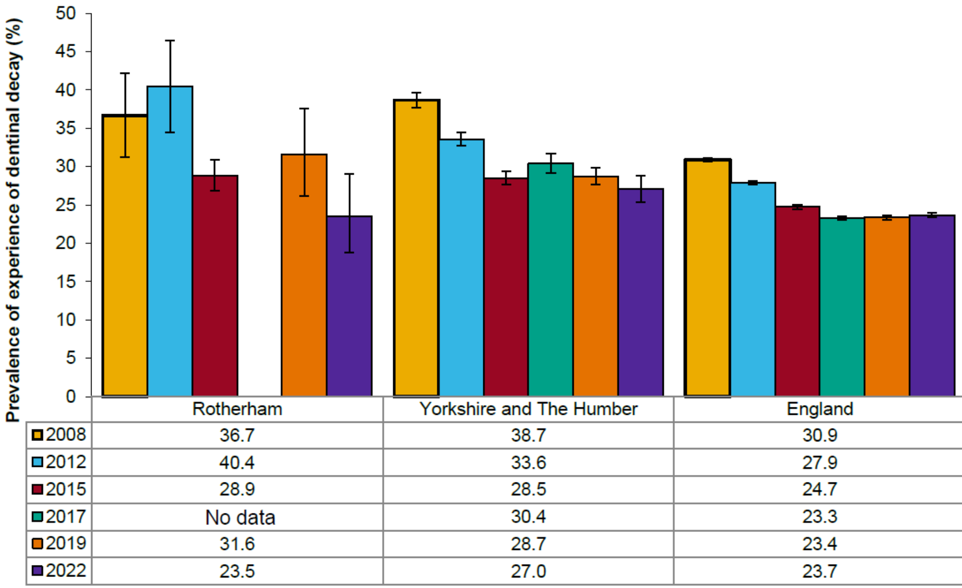
The publication of the 2023/24 5-year-old survey results was in early February 2025, Rotherham specific tables and figures were not available for the 2023/24 survey at the time of the development of this OHNA. Therefore, tables and figures with detailed oral health information of 5-year-old children in Rotherham compared with other areas are provided for 2021/22 (Figure 5 and Table 2).

Rotherham had the lowest prevalence of dentinal decay of all local authorities in Yorkshire and the Humber (Table 3).

Table 1: Percentage of 5-year-olds with experience of tooth decay (dentinal decay) from 2007/08 to 2023/24 (Department of Health & Social Care, 2024a; Office for Health Improvement and Disparities; 2025a)

Area Name	2007/08	2011/12	2014/15	2018/19	2021/22	2023/2024
Rotherham	36.6	40.4	28.9	31.6	23.5	23.5
Barnsley	39.5	41.0	30.2	39.6	29.4	30.2
Doncaster	47.2	33.6	31.0	37.2	32.7	25.4
Sheffield	40.7	35.8	31.4	41.0	30.8	28.5
Yorkshire and the Humber	38.7	33.6	28.5	28.7	27.0	27.5
England	30.9	27.9	24.7	23.4	23.7	22.4

Figure 5: Prevalence of experience of dentinal decay in 5-year-olds in Rotherham, Yorkshire and The Humber and England, by year from 2008 to 2021/22 (Department of Health and Social Care, 2024a)



	Rotherham	Yorkshire and The Humber	England
2008	36.7	38.7	30.9
2012	40.4	33.6	27.9
2015	28.9	28.5	24.7
2017	No data	30.4	23.3
2019	31.6	28.7	23.4
2022	23.5	27.0	23.7

Note: error bars represent 95% confidence intervals.

Table 2: Measures of oral health among 5-year-olds in Rotherham, its statistical neighbours, Yorkshire and The Humber and England in 2021/22. (Department of Health and Social Care, 2024a)

Indicator	Rotherham	Statistical neighbour within Yorkshire and The Humber: Doncaster	Statistical neighbour comparator 1: Doncaster	Yorkshire and The Humber	England
Prevalence of experience of dentinal decay	23.5%	32.7%	32.7%	27.0%	23.7%
Mean number of teeth with experience of dentinal decay	0.9	1.3	1.3	1.0	0.8
Mean number of teeth with experience of dentinal decay in those with experience of dentinal decay	3.6	4.0	4.0	3.7	3.5
Mean number of decayed teeth in those with experience of dentinal decay	2.9	3.3	3.3	3.2	3.1
Proportion with active decay	21.7%	30.0%	30.0%	25.4%	21.8%
Proportion with experience of tooth extraction (note 2)	2.8%	2.4%	2.4%	2.2%	1.6%
Prevalence of enamel and/or dentinal caries	30.9%	38.8%	38.8%	32.2%	29.3%
Prevalence of enamel and no dentinal caries	7.4%	6.1%	6.1%	5.2%	5.6%
Proportion with dentinal decay affecting incisors (note 3)	5.5%	10.8%	10.8%	7.4%	6.6%
Proportion with pufa	2.8%	2.6%	2.6%	2.5%	2.0%
Proportion with high levels of plaque present on upper front teeth (note 4)	0.5%	1.0%	1.0%	5.3%	3.2%
Proportion with teeth decayed into pulp	6.9%	8.9%	8.9%	6.6%	4.1%

Table 3: Experience of dentinal decay in 5-year-olds in Rotherham, other local authorities in Yorkshire and The Humber and England in 2021/22. (Department of Health and Social Care, 2024a)

Area (n = number examined)	Prevalence of experience of dentinal decay %	Mean number of teeth with experience of dentinal decay in all examined children (95% confidence intervals)	Mean number of teeth with experience of dentinal decay in children with any dentinal decay experience (95% confidence intervals)	Median number of teeth with experience of dentinal decay in children with any dentinal decay experience (interquartile range)
Doncaster (n=314)	32.7	1.3 (1.02 - 1.58)	4.0 (3.36 - 4.57)	3 (2 - 5)
Bradford (n=409)	32.4	1.2 (0.93 - 1.45)	3.7 (3.13 - 4.22)	3 (1 - 5)
Kingston upon Hull, City of (n=300)	32.4	1.1 (0.82 - 1.29)	3.3 (2.76 - 3.76)	3 (1 - 4)
Sheffield (n=304)	30.8	1.4 (1.05 - 1.76)	4.6 (3.79 - 5.33)	3 (2 - 6)
North Lincolnshire (n=256)	30.4	1.3 (0.92 - 1.62)	4.2 (3.29 - 5.05)	2 (1 - 6)
Barnsley (n=251)	29.4	1.2 (0.85 - 1.55)	4.1 (3.31 - 4.84)	3 (2 - 5)
North East Lincolnshire (n=330)	24.4	0.9 (0.66 - 1.20)	3.8 (3.07 - 4.58)	3 (1 - 4)
Rotherham (n=263)	23.5	0.9 (0.58 - 1.13)	3.6 (2.84 - 4.43)	3 (1 - 5)
Yorkshire and The Humber (n=2,439)	27.0	1.0 (0.92 - 1.10)	3.7 (3.51 - 3.96)	3 (1 - 5)
England (n=62,649)	23.7	0.8 (0.82 - 0.86)	3.5 (3.50 - 3.59)	2 (1 - 5)

Note: Calderdale, East Riding of Yorkshire, Kirklees, Leeds, North Yorkshire, Wakefield and York local authorities did not participate.

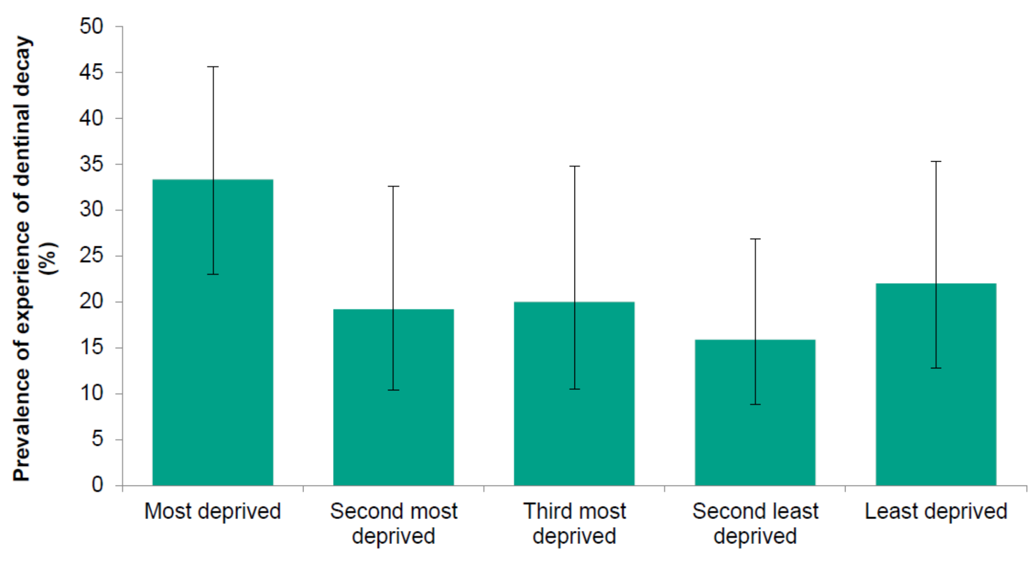
There were differences in the prevalence and severity of dentinal decay in 5-year-olds in Rotherham 2021/22 by council service delivery area, with the highest prevalence clustered around the North Council service delivery area, which experiences high levels of deprivation (Table 4).

Table 4: Prevalence and severity of experience of dentinal decay in 5-year-olds in Rotherham 2021/22, by council service delivery area (Department of Health & Social Care, 2024a).

Council service delivery area (n = number examined)	Prevalence of experience of dentinal decay %	Mean number of teeth with experience of dentinal decay in all examined children (95% CI)	Mean number of teeth with experience of dentinal decay in children with any dentinal decay experience (95% CI)
Central (n = 59)	20.3	0.7 (0.28 - 1.15)	3.5 (2.28 - 4.72)
North (n = 97)	26.8	0.9 (0.49 - 1.37)	3.5 (2.26 - 4.66)
South (n = 107)	19.6	0.7 (0.36 - 1.08)	3.7 (2.49 - 4.84)

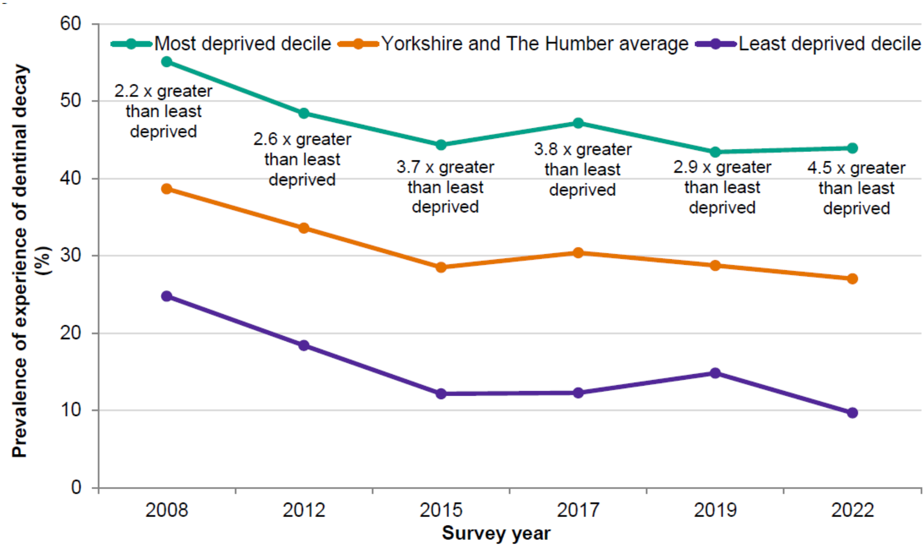
Figure 6 shows there is a higher prevalence of experience of dental decay in 5-year-olds 2021/22 in the most deprived compared with the least deprived quintile in Rotherham. Figure 7 highlights that inequalities in the experience of tooth decay in Yorkshire and the Humber have widened between 2008 and 2022.

Figure 6: Prevalence of experience of dental decay in 5-year-olds in Rotherham in 2021/22, by local authority Index of Multiple Deprivation (IMD) 2019 quintiles (Department of Health and Social Care, 2024a).



Note: error bars represent 95% confidence limits.

Figure 7: Differences in the prevalence of experience of dentinal decay between the least and most deprived IMD deciles in 5-year-olds in Yorkshire and The Humber, by year from 2008 t0 2021/22 (Department of Health and Social Care, 2024a).



4.1.3 Oral health of children in Year 6 (10-11 years old)

In 2022/23 23.4% of children in Year 6 surveyed in Rotherham had experience of tooth decay (Office for Health Improvement and Disparities, 2024b). This is similar to the South Yorkshire ICB and Yorkshire and the Humber regional average, however higher than the England value of 16.2%.

Table 5: Percentage of children in Year 6 who had experience of tooth decay and the average number of permanent teeth affected. (Office for Health Improvement and Disparities, 2024b)

Area Name	Percentage of Y6 children who had experience of tooth decay (i.e. one or more decayed, missing or filled teeth) %D3MFT>0	Average number of teeth affected in those children who had experience of tooth decay. Mean D3MFT (D3MFT>0)
Rotherham	23.4	1.9
Barnsley	29.6	1.7
Doncaster	19.7	2.1
Sheffield	21.3	1.7
SY ICB	23.1	1.8
Yorkshire and the Humber (government region)	23.3	1.9
England	16.2	1.8

4.1.4 Hospital Dental Extractions

Children in Rotherham have teeth extracted in hospitals mainly because they require a general anaesthetic for the procedure. This may be because they are very young or unable to cooperate, require multiple teeth to be taken out or have very broken down or infected teeth.

There has been a 3% increase in the total number of tooth extractions with a 2% decrease in the number of episodes of decay-related tooth extractions in hospital for 0- to 19-year-olds compared to the previous financial year ending 2023. The number of non-carious (non-decay-related) extractions has increased by 13% compared to the previous financial year.

Yorkshire and the Humber has the highest rate of tooth decay-related hospital extractions across all regions in England, with the rate in South Yorkshire local authorities even higher. In Rotherham, in the 2023/24 financial year, there were 1005.1 Finished Consultant Episodes per 100,000 population of 0- to 19-year-olds. This was comparable to other local authorities in South Yorkshire however higher than the Yorkshire and the Humber value (453.5 per 100,000) and England (229.2 per 100,000).

The decay-related tooth extraction episode rate for children and young people living in the most deprived communities was nearly 3 and a half times that of those living in the most affluent communities.

Tooth decay is still the most common reason for hospital admission in children aged between 5 and 9 years.

The costs to the NHS of hospital admissions for tooth extractions in children aged 0 to 19 years have been estimated based on the latest NHS national cost collection data. The costs were £74.8 million for all tooth extractions and £45.8 million for decay-related tooth extractions in the financial year 2023 to 2024. This is an increase compared with the costs in the previous financial year ending 2023 and is due to an increase in both non-carious tooth extractions and NHS unit costs for all tooth extraction procedures (there was a 17.5%-unit cost increase for the most common tooth extraction procedure).

Table 6: Trend data for South Yorkshire on the rate per 100,000 population of finished consultant episodes (FCEs) for tooth extraction with caries (tooth decay) as the primary diagnosis for 0–19-year-olds (Office for Health Improvement and Disparities, 2025b).

Area name	0–19-year-olds				
	19-20	20-21	21-22	22-23	23-24
Barnsley	889.2	427.4	769.6	570.3	795.3
Doncaster	1172.8	245.9	713.7	848.1	795.3
Rotherham	1167.4	367.0	792.6	774.2	1005.1
Sheffield	943.0	620.2	882.2	982.7	1145.0
South Yorkshire ICB				824.0	993.7
Yorkshire and the Humber	595.7	212.2	378.0	404.8	453.5
England	264.9	109.9	205.1	236.0	229.2

Table 7: Trend data for South Yorkshire on the rate per 100,000 population of finished consultant episodes (FCEs) for tooth extraction with caries (tooth decay) as the primary diagnosis by age category (Office for Health Improvement and Disparities, 2025b).

LA/Region	0 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		0-19 years	
	22-23	23-24	22-23	23-24	22-23	23-24	22-23	23-24	22-23	23-24
Barnsley	261.9	224.3	1153.4	2173.8	643.4	636.1	195.3	74.7	570.3	795.3
Doncaster	378.0	314.7	2293.8	2127.8	521.0	616.2	123.0	58.8	848.1	795.3
Rotherham	440.9	570.7	1988.3	2556.0	472.8	732.8	167.9	96.9	774.2	1005.1
Sheffield	633.4	618.5	2495.8	3079.0	775.0	833.6	148.1	184.3	982.7	1145.0
South Yorkshire ICB	450.2	478.8	1998.8	2615.7	625.4	729.6	157.0	129.2	824.0	993.7
Yorkshire and The Humber	248.1	248.6	986.4	1151.1	298.2	336.2	80.2	80.9	404.8	453.5
England	142.9	124.9	541.1	527.5	190.0	195.2	62.6	64.8	236.0	229.2

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It is important to note that there are issues associated with the hospital episode statistics which are used to calculate the number of finished consultant episodes, which regard the accuracy and consistency of coding, so this data must be interpreted with caution.

Please note that there are some caveats with the data:

• The data reported on may be an underestimation of child tooth extractions conducted in a hospital setting.

• It is recognised that there are tooth extractions conducted by community dental services in hospital settings, and that this activity is not always included in the Hospital Episode Statistics (HES) data.

• No assumptions can be made about the method of anaesthesia provided for these procedures, but it is likely that the majority of episodes involved general anaesthetic.

• It is possible that different clinical coding protocols are applied at some sites and this could explain some of the variation in different geographical areas.

• Ethnicity is recorded as either ‘not known’ or ‘not stated’ for a quarter of episodes of tooth extractions for 0 to 19 year olds. This has not changed since the previous year, which is why a breakdown of activity for this characteristic is not presented. The recording of accurate ethnicity will be reviewed each year.

The South Yorkshire and Bassetlaw Acute Federation has been undertaking a paediatric innovator programme which seeks to improve access to and quality of paediatric dental general anaesthetic services across South Yorkshire to reduce waiting times and minimise repeat general anaesthetics.

4.2 Oral health of adults in Rotherham

Data on the oral health of adults at Rotherham place level is limited.

4.2.1 Adult Oral Health Survey 2021

The 2021 adult oral health survey was commissioned by Public Health England (PHE), now the Office for Health Improvement and Disparities (OHID). There are a suite of reports relating to this survey. The first described access to dental care during COVID-19 (Office for Health Improvement and Disparities, 2023a). This was followed by a survey covering self-assessed oral health, oral health behaviours, service use, barriers to care and impacts of oral health. Interviews and dental examinations which commenced in 2023 are yet to be published and will be compared with previous surveys to allow changes in oral health over time to be understood (Office for Health Improvement and Disparities, 2024c).

The main findings from the self-reported survey were as follows:

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- two thirds (66%) of adults reported they had very good or good oral health. Twenty-six per cent reported they had fair oral health and 7% reported they had bad or very bad oral health.
- ninety-five per cent of adults in England had at least one natural tooth (were dentate). Dentate adults had on average 25.4 natural teeth.
- seventy-seven per cent of adults with natural teeth brushed their teeth at least twice a day, in accordance with the current guidance. More than half of adults (59%) who brushed their teeth used an electric toothbrush.
- sixty-three per cent of adults said they went to the dentist for regular check-ups, 15% went for occasional check-ups and 18% went to the dentist only when they had trouble with their mouth, teeth or dentures.
- a third of adults (33%) said that the cost of dental care had affected the type of dental care or treatment they had received. A quarter (25%) of adults reported they had had to delay dental care or treatment because of the cost.
- nearly half of all adults (47%) said they had experienced one or more oral health impacts in the previous 12 months. The most commonly reported impacts were being self-conscious (28%), finding it uncomfortable to eat any foods (24%) and having had painful aching in their mouth (20%).
- 1 in 5 (21%) adults reported at least one severe oral impact that had affected their daily life in the previous 12 months. Performances that were most likely to be severely impacted were avoiding smiling, laughing and showing teeth without embarrassment (12%) and difficulty eating (9%).

4.2.2 Oral health survey of adults attending general dental practices, 2018.

It was identified that there was a paucity of information regarding the oral health of adults, therefore, to address this gap adults were selected as the survey population of the 2017/18 oral health survey (Public Health England, 2020c). The survey population was adults aged 16 years and over attending NHS, private or mixed NHS and private general dental practices. The oral health survey consisted of a survey questionnaire and clinical examination. Unfortunately, Rotherham LA did not participate in the survey as a fieldwork team could not be commissioned. Within Yorkshire and the Humber:

- 81.9% of participants had a functional dentition
- 26.8% of participants have active decay, with an average of 2.1 teeth decayed
- 90.2% of participants had filled teeth
- 15.4% of participants had dentures

4.2.3 Mildly Dependant Older Adults (2016)

As part of the National Dental Epidemiology Programme, examinations and questionnaires of a random sample of older people (aged 65 and above) living in supported housing were undertaken in 2015/16 (Public Health England, 2019d). As this was the first survey of its kind this was considered a national pilot survey and was undertaken in response to the lack of information on the oral health of this group.

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Key findings from the survey for Rotherham include:

- 10.9% of those who volunteered to participate in the survey had oral health impacts either fairly or very often.
- 32.7% had not seen a dentist within the past 2 years
- 5.4% of volunteers reported they were experiencing current pain in the mouth
- Of those surveyed who were dentate (one tooth or more) 27.0% were found to have signs of a dental infection (an open pulp, ulceration, fistula or an abscess) compared with 10.7% in Yorkshire and the Humber and 8% in England.

4.3 Head and neck cancer

In the UK there are around 12,800 new head and neck cancer cases every year, that's 35 every day (according to data from 2017-2019) (Cancer Research UK). Head and neck cancer is the 8th most common cancer in the UK, accounting for 3% of all new cancer cases (2017-2019).

In 2017 to 2019 there were 17.0 oral cancer registrations per 100,000 in Rotherham. This was similar to the Yorkshire and the Humber regional and England value (Department of Health & Social Care, 2025). The mortality rate from oral cancer in Rotherham was 5.5 per 100,000, this was also similar to the region and England value.

A national report the ‘Atlas of health variation in head and neck cancer in England’ describes geographical variation and inequalities in head and neck cancer incidence, mortality, late-stage diagnosis and routes to diagnosis by Integrated Care Board (Office for Health Improvement and Disparities, 2024d).

The key findings of the report were:

- It found that head and neck incidence and mortality rates are increasing in England.
- Prior to the pandemic, annual new cases in England had reached 10,735 in 2019. Data for 2021 suggests the trend has continued with over 11,000 new cases recorded. This increase is largely driven by an increase in oropharyngeal cancer, with 3,834 new cases in 2019, a 47% increase since 2013.
- The highest incidence rates were in people aged 70 years and over, with an incidence rate over three and half times higher than for those aged under 70 years.
- Males have more than double the incidence rate of head and neck cancers than females.
- People living in the most deprived areas have almost double the incidence rate of head and neck cancer compared to those living in the least deprived areas.
- In England 53% of head and neck cancers were diagnosed at a late stage. Diagnosis at a late stage is associated with greater treatment complexity and poorer outcomes.

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- People living in the most deprived areas were more likely to be diagnosed with head and neck cancer at a late stage than those living in the least deprived areas. Reasons may include lower health literacy, poorer communication of healthcare needs and poorer access to dental services.
- In 2020, 3,469 people died of head and neck cancers in England, an increase from 3,313 deaths in 2019. The mortality rate for head and neck cancer continued to increase in 2020 while for all cancers the mortality rate decreased.
- There was significant geographic variation in mortality rates across England. The ICB with the highest mortality rate was double the rate of the ICB with the lowest rate and people living in the most deprived areas have more than double the mortality rate of those living in the least deprived areas.

The report found from 2013-2020 the incidence rate of head and neck cancers in South Yorkshire in people aged 0 to 69 years was 15.79 (directly standardised rate [DSR] per 100,000), which was higher than the England value (14.23) at the 98% significance level (See Appendix 6A). People over 70 years in South Yorkshire had an incidence rate of 56.78 (DSR per 100,000), this was also higher than the England value (51.45) at the 98% significance level (Appendix 6B).

The mortality rate from head and neck cancer for people aged 0 to 69 years was 3.69 (DSR per 100,000) in South Yorkshire, and the England value was 3.39 (DSR per 100,000). For people aged 70 years and over the mortality rate was 24.79 (DSR per 100,000) compared with an England rate of 24.41. While mortality rates from head and neck cancer were higher in South Yorkshire than the England value, they were not significantly higher.

South Yorkshire had a high percentage of head and neck cancers diagnosed at a late stage (stage 3 and 4) with 57.52% compared with 52.71% nationally. The percentage of head and neck cancer diagnosed following an emergency presentation in South Yorkshire was also high, at 10.04% compared with 7.28% nationally.

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Oral health of people living in Rotherham

- The 2023/24 national dental epidemiology survey found 23.5% of 5-year-olds in Rotherham had visually obvious dentinal decay, which was higher the national average (22.4%). In 2021/22 5-year-old survey data was analysed by council service delivery area. There were differences by council service delivery area, with the highest prevalence clustered around the North Council service delivery area, which experiences high levels of deprivation. Five-year-olds living in the most deprived areas of Rotherham experience greater levels of tooth decay than the least deprived.
- In 2022/23 23.4% of children in Year 6 surveyed in Rotherham had experience of tooth decay in at least one permanent tooth. This is similar to the South Yorkshire ICB and Yorkshire and the Humber regional average, however higher than the England value of 16.2%.
- Rotherham has one of the highest hospital admission rates nationally for tooth extractions. Rates for those in the most deprived communities were nearly 3 and a half times that of those living in the least deprived communities.
- Data on the oral health of adults at Rotherham place level is limited.
- Head and neck cancer incidence and mortality are increasing nationally, with the incidence of head and neck cancer in South Yorkshire higher than the national average.
- The percentage of head and neck cancers diagnosed at a late-stage and diagnosed after emergency presentation in South Yorkshire was significantly higher than the national average.

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5. Vulnerable groups and inequalities in oral health

A 2021 report by Public Health England (now OHID) described vulnerable groups (disadvantaged groups) as including, but not limited to homeless people, prisoners, travellers, people with long-standing medical conditions, refugees, looked-after children and sex workers (Public Health England, 2021a).

5.1 Children in Care (Also referred to as Looked After Children or Children Looked After)

Children in care, as defined under the Children Act 1989, are children and young people (CYP) who have been placed under the care of a local authority for more than 24 hours. They have a statutory right to initial and ongoing review health assessments, which must include dental health, and the local authority has a duty to take reasonable steps to ensure health care is provided to meet a child's individual health plan, which again includes dental care.

Currently, there is little evidence available about the oral health of children in care, as they are not identified as an individual group in local or national dental health surveys (Ridsdale *et al.*, 2023). Local projects undertaken in Tower Hamlets and East London found children in care had higher levels of untreated tooth decay compared with the general population and neglect in the prevention of oral disease and seeking dental treatment. Other research into the oral health of children in care found they had poor dental attendance, oral hygiene and diet, with poor dental attendance contributing to anxiety about dental appointments (Hurry *et al.*, 2023).

In Rotherham, foster carers should ideally take children in care to their own local general dental practitioner for regular dental care. If a foster carer is unable to secure a dental appointment, children in care can be referred to one of the flexible commissioning practices for treatment through the 0-19 service.

In addition, if the foster carer has no dentist to take the child to, or the child has special needs, they can also be referred to the Community Dental Service.

Data on the number of children in care is given below.

Figure 8: Dental assessment summary from August 2022 to August 2023

No. **Dental** assessments up to date:	**281**	**% dental** assessments up to date:	**71.1%**
No. **Dental** assessments overdue:	**114**	**% dental** assessments overdue:	**28.9%**

No. of *Eligible LAC ***As At: 31/08/2023***	**395**

Dental assessment not recorded: *(also counted as overdue - see breakdown above)*	**24**	% **dental** assessment not recorded:	**6.1%**

The number of children in care referred to dentists (supported by the 0-19s Oral Health Lead) is given below.

Table 8: The number of children in care referred to dental services in 2021/22 and 2022/23

Year	Number of children in care referred by the Looked After Children's Team	Number of children in care referred by others	Total
2021/22	67	1	68
2022/23	44	38	82

The British Society of Paediatric Dentistry (BSPD) proposed the following recommendations for Local Authorities and Social Care Teams to support the oral health of children in care (British Society of Paediatric Dentistry, 2024):

- Commission and undertake relevant oral health surveys and oral health needs assessments (to include children in care) to assess and monitor oral health needs of this cohort.
- Plan, commission and evaluate oral health improvement programmes and dental pathways for children in care.
- Lead scrutiny of delivery of NHS dental services to local populations – to include children in care and care leavers.
- Evaluate the existing dental care pathways to inform the development of national or regional dental care pathways.
- Receive supervision, training, guidance, and support for oral health promotion for teams and foster carers.
- Work with dental teams within the ICS to promote information sharing and integrated care and be aware of local dental services.
- Support dental teams in obtaining consent, including delegated authority, to prevent treatment delays. Share children in care oral health plans and relevant information on oral health and dental care when moving placements or moving back home

5.2 Homelessness in Rotherham

There are oral health inequalities in people experiencing homelessness. A review of inequalities in oral health found very few peer-reviewed studies regarding the oral health outcomes among homeless people in the UK (Public Health England, 2021a). The evidence that was available found high levels of need among this vulnerable population including higher levels of untreated decay, gum disease and poorer oral health related quality of life. This group were also found to experience more dental infections and reduced utilisation of services; however, data was limited.

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In 2017-19 the crude rate of statutory homeless in Rotherham was 0.3 per 100,000 compared 0.8 per 100,000 in England (Department of Health & Social Care, 2025).

A board paper describing dental services across South Yorkshire and seeking support on key principles was taken to the South Yorkshire ICB board. The paper described dental services for those experiencing homelessness which are currently being piloted in Doncaster and Sheffield, which involves partnership working with local homeless charities/ organisation which support homeless patients to make appointments and to be chaperoned to dedicated sessions. Early uptake and feedback was described as positive. In the South Yorkshire investment plan 2024/25 the paper states "further pilots can be explored in Barnsley and Rotherham pending the review and evaluation of the first two. Early indications are these are already making a positive impact." Since then, funding and a centrally located dental practice have been identified to roll out a service for Rotherham.

The dental service for those experiencing homelessness in Rotherham was set up in Autumn 2024 in partnership with local charities and organisations supporting those experiencing homelessness in Rotherham.

One such partner charity is Shiloh, which offers support to adults who are homeless or at risk of becoming homeless, their clientele comprises approximately 50% homeless and 50% at risk of being homeless, predominantly aged over 35. About half of the people using the service have substance misuse issues, which are often associated with high rates of tooth decay and they experience difficulties accessing a dentist.

5.3 Gypsy, Roma, Traveller and Show People Communities

The terms Gypsy, Roma and Traveller describe "a range of ethnic groups or those with nomadic ways of life who are not from a specific ethnicity. In the UK, it is common to differentiate between Gypsies (including English Gypsies, Scottish Gypsy/Travellers, Welsh Gypsies and other Romany people), Irish Travellers, who have specific Irish roots, and Roma, understood to be more recent migrants from Central and Eastern Europe" (UK Parliament, 2019; Jess Dunphy, 2023).

The 2018 Rotherham Oral Health Needs Assessment provides an in-depth description of the Roma Community in Rotherham. The Roma community is relatively small but concentrated in Eastwood, Ferham, Wellgate and Rotherham Town Centre.

There are difficulties in determining the number of individuals in England who consider themselves to be Gypsy, Roma, Travellers or Show people (GRTS). The England and Wales census, for example, only included Roma as an ethnicity for the first time in 2021. In the 2021 Census 805 respondents in Rotherham either selected the "Roma" under the "White" high level ethnic group category or reported a Roma ethnic group through a write in response.(Office for National Statistics, 2023a). In the 2022/23 academic year 1.4% of pupils in Rotherham were described as White Gypsy/Roma ethnicity, compared with 0.3% nationally (GOV.UK, 2023) . This population is migratory in nature; therefore census and pupil characteristic data may

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under-represent the Gypsy, Traveller, Roma and Show people population in Rotherham.

A report describing the oral health in inclusion health groups in Yorkshire and the Humber (Jess Dunphy, 2023) described risk factors for poor oral health and the evidence of poor oral health in the GRTS community.

Anecdotal evidence suggests that the GRTS community has a high sugar diet, with particularly high consumption of high sugar drinks. Prevalence of smoking was also found to be higher in the population, with a local survey of Gypsies and Travellers in Hampshire found 66% of adults reported smoking, with 25% who smoked over 30 cigarettes per day and a 2008 survey from the East of England estimating smoking prevalence to be 47%. Prevalence of drug misuse was found to be lower in the GRTS communities, however, there are concerns that prevalence may be increasing in the young and unemployed members of the GRTS community. Prevalence of poor mental health in the GRTS community was found to be higher than the general population.

Data on the oral health and oral health outcomes of the GRTS community is exceptionally limited. A small peer reviewed study of traveller children (under 16s) in London found that 66% (23/35) children had visually obvious tooth decay, 92% were considered at moderate to high risk of developing tooth decay. Other needs assessments found that 40-55% of the sample of the GRTS community accessed dental care.

5.4 Disability in Rotherham

The Equality Act 2010 defines disability *as "having physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities".*

Adults and children living with long-term disabilities have been found to have poorer oral health compared with those who do not have a disability (Scambler and Curtis, 2019). Tooth decay levels in children and adults with a disability are comparable to those without a disability however the decay is less likely to be treated and when treated more likely to lead to the tooth being extracted (Scambler and Curtis, 2019). Poor oral hygiene, higher plaque levels and an increased prevalence and severity of gum (periodontal) disease has been found in people with learning disabilities (Kaka et al., 2017). Individuals living with disability face barriers to oral healthcare. Barriers are both at an individual and organisational level (El-Yousfi et al., 2019).

People with learning disabilities have poorer oral health and more problems accessing dental services. A person with learning disabilities has:

- a significantly reduced ability to understand new or complex information and to learn new skills
- a reduced ability to cope independently

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These will have started before adulthood, with a lasting effect on development. Research has shown that people with learning disabilities have (Public Health England, 2019e):

- higher levels of gum (periodontal) disease
- greater gingival inflammation
- higher numbers of missing teeth
- increased rates of toothlessness (edentulism)
- higher plaque levels
- greater unmet oral health needs
- poorer access to dental services and less preventative dentistry

In England, the proportion of people with a disability was 17.7%. In Rotherham (Office for National Statistics, 2023):

- 9.9% of respondents to the 2021 census had a disability and were limited a lot and 11.4% had a disability and were limited a little.
- 6.7% of pupils of school age had a learning disability compared with 5.6% in England

The Dental Public Health team at NHS England, in liaison with charities and RMBC, has developed an information leaflet for people with additional needs and organisations who support them. The leaflet contains key information for adults and children with additional needs on how to look after their teeth, how and when to see a dentist in Rotherham and information on Community Dental Services.

The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training (NHS England Workforce, Training and Education, 2024). The Health and Care Act 2022 introduced a statutory requirement that regulated service providers must ensure their staff receive learning disability and autism training appropriate to their role.

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Vulnerable groups and inequalities in oral health

- Children in care are at higher risk of poor oral health. They can receive dental care by attending their foster carers local general dental practice, be referred to a flexible commissioning practice through the 0-19 service or be referred to the community dental service (if the child has additional needs).
- Evidence suggests people experiencing homelessness have high levels of dental need including higher levels of untreated decay, gum disease and untreated dental infections. South Yorkshire ICB have commissioned a pilot service to increase access to dental services for people experiencing homelessness utilising partnership working with the charity organisation Shiloh.
- The Roma community in Rotherham is relatively small but concentrated in Eastwood, Ferham, Wellgate and Rotherham Town Centre. Data on the oral health and oral health outcomes of the Gypsy Roma Traveller Show (GRTS) community is exceptionally limited; anecdotal evidence suggests that the GRTS community has a high sugar diet, with particularly high consumption of high sugar drinks. Prevalence of smoking is also estimated to be higher.
- In Rotherham 9.9% of people self-reported that they had a disability and were limited a lot. 11.4% reported having a disability and were limited a little.
- Adults and children living with long-term disabilities have been found to have poorer oral health compared with those who do not have a disability.

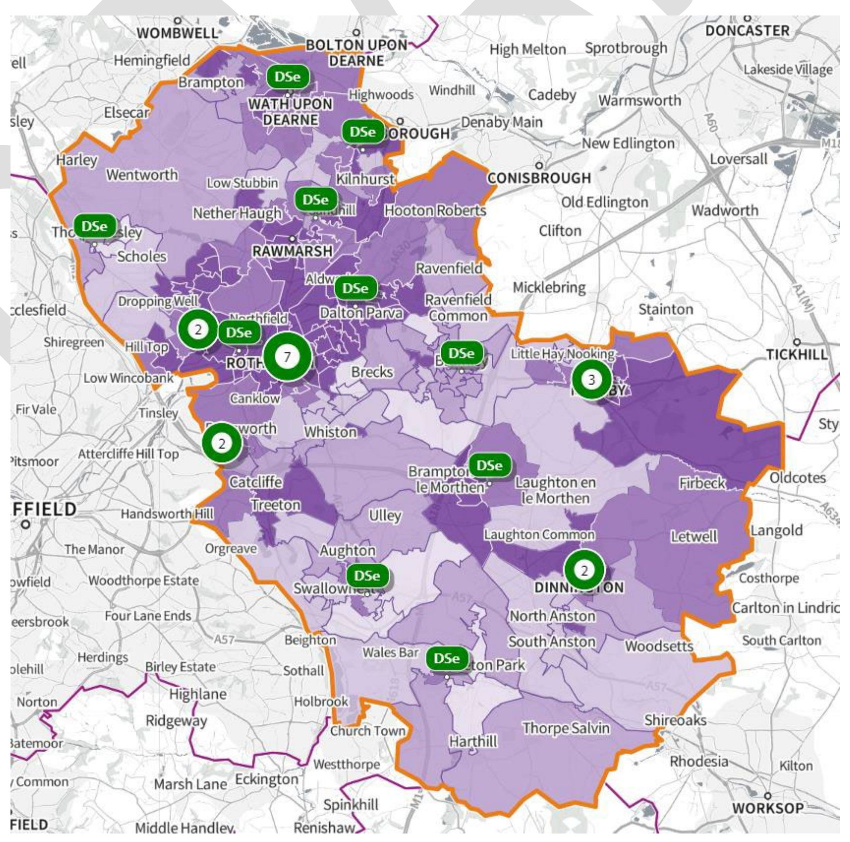
6. Dental Services in Rotherham

The responsibility for commissioning dental services in Rotherham lies with the South Yorkshire Integrated Care Board.

6.1 Key information regarding primary dental services in Rotherham

- There are 1.68 UDAs commissioned per capita in Rotherham, which is higher than the Yorkshire and Humber value (1.6) but less than SY ICB (1.78), with 454,347 UDAs commissioned in Rotherham in 2024/25.
- There is high delivery of commissioned UDAs in the area (more than 96% in 2019/20).
- There are 26 providers of General Dental Services (GDS) in Rotherham. One of these providers is also contracted to provide domiciliary dental care.
- Currently in Rotherham the following wards do not have an NHS dental practice: Rotherham East (IMD 1), Hoober, Silverwood (IMD 3), Anston and Woodsetts, Hellaby, Sitwell (IMD 6). New dental services can only be commissioned when existing dental practices hand back some or all of their contract. This means there is limited scope to set up new practices in areas without a current service.

Figure 9: NHS GDS providers in Rotherham superimposed on deprivation (IMD, 2019) (darker = more deprived).

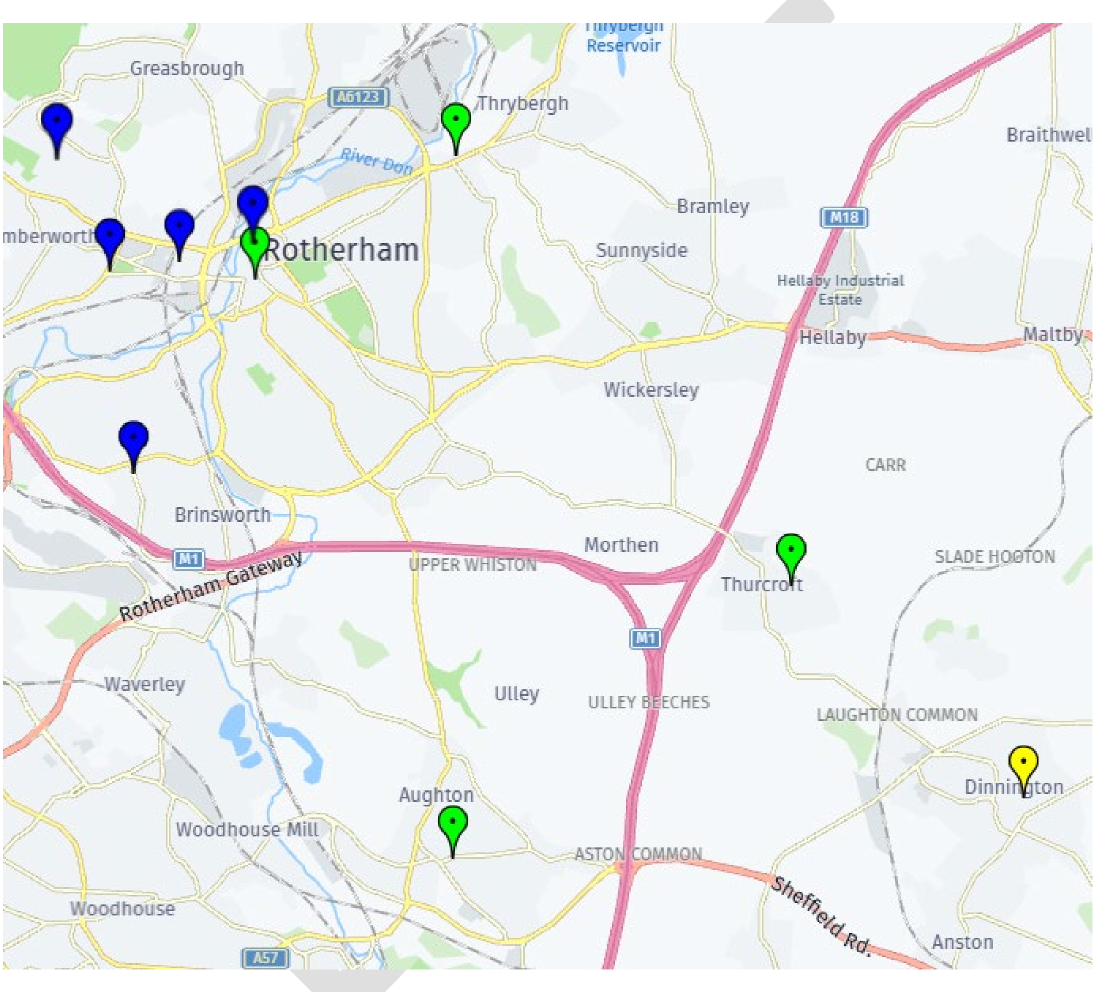


6.2 Urgent Dental Care in Rotherham

Urgent dental care for Rotherham residents is provided through (Figure 10);

- A core urgent dental care service which covers South Yorkshire, with clinic bases at a number of locations across South Yorkshire including the Dinnington Dental Practice.
- A number of urgent access sessions provided as an additional service by general dental practices.
- Urgent dental care sessions included within dental practice core contracts

Figure 10: Location of urgent dental care sites in Rotherham



Key:
Green = Dental Practices providing Urgent Care Access Sessions
Blue = Dental Practices with NHS111 urgent care appointments in core contracts
Yellow = Core Urgent Dental Care Provider deliver sites

6.3 Secondary and Tertiary Dental Care in Rotherham

The following secondary care services are provided through Rotherham NHS Foundation Trust:

- Oral and Maxillofacial Surgery
    - This also includes outpatient paediatric general anaesthetic exodontia (dental extraction service)
- Orthodontics

Tertiary dental care services are provided by Charles Clifford Dental Hospital in Sheffield.

6.4 Community Dental Services in Rotherham

The Rotherham NHS Foundation Trust (TRFT) provides a Community Dental Service (CDS) based at Rotherham Community Health Centre with satellite clinics at Maltby and Aston (Swallownest) . CDS provides dental care in community settings for children and adults who find it difficult to receive treatment in a regular general dental practice, due to their additional needs. They look after people with severe learning and/or physical disabilities or mental illness, patients who are elderly or housebound or those who have a medical condition which affects their dental care.

The CDS also provides dental comprehensive care for children and adults with additional needs under general anaesthesia list at Rotherham General Hospital. They do not provide a dental anaesthetic service for children/adults without additional needs.

6.5 Dental access in Rotherham

Access rates to NHS primary dental care services for both adults and children in Rotherham are higher than the national rates.

In March 2024 51.9% of Adults in Rotherham saw an NHS dentist in the previous 24 months and 57.3% of Children in Rotherham saw an NHS dentist in the previous 12 months. This does not include the proportion of adults and children who saw a private dentist. (See Table 9)

The recommended interval between oral health reviews for patients is determined specifically for each patient and tailored to meet their needs, on the basis of an assessment of disease levels and risk of or from dental disease. The longest interval between oral health reviews for patients younger than 18 years should be 12 months. The longest interval between oral health reviews for patients aged 18 years and older should be 24 months.

Due to the COVID-19 back-log of care, demand for NHS care is now significantly higher than pre-pandemic levels at all practices. While the number of available appointments for regular and routine treatment is increasing, and access figures have improved, dental practices continue to balance the challenge of clearing any backlog with managing new patient demand, and there are long waiting lists for new patients at many practices. In addition, dental teams are facing significant workforce challenges as staff are continuing to leave the NHS, and there is a limited dental budget to commission additional units of dental activity (UDAs), which hinders opportunities to increase appointment levels further. Despite this, South Yorkshire currently has several access pilots in place targeting 0-5s and their parents/carers living in the most deprived areas, and homeless and transient/inclusion groups.

Table 9: Adult patients seen by an NHS dentist in the last 24 months and child patients seen in the last 12 months as a percentage of the population for local authorities in South Yorkshire and England overall. (NHS England Digital, 2020, 2022a, 2022b, 2023, NHS Business Service Authority, 2024)

LA	% seen to 31 Dec 2019		% seen to 31 Dec 2020		% seen to 30 June 2021		% seen to 31 Dec 2021		% seen to 30 June 22		% seen to 30 June 23		% seen to 31st March 2024	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Barnsley Metropolitan Borough Council	61.4	68.0	55.5	29.8	51.4	31.9	43.7	47.1	45.4	52.8	51.1	59.1	51.1	60.2
Doncaster Council	66.2	66.0	58.7	31.6	53.3	32.7	45.6	45.6	47.6	50.4	63.4	60.5	64.1	64.7
Rotherham Metropolitan Borough Council	59.6	61.7	55.7	28.7	51.4	32.3	44.8	42.9	46.8	46.8	51.9	55.0	51.9	57.3
Sheffield City Council	59.4	68.0	55.2	32.8	52.5	36.4	46.3	49.6	48.6	54.1	50.3	61.2	53.6	66.3
SY ICB											**53.6**	**59.5**	**55.7**	**63.6**
England	**49.6**	**58.4**	**44.3**	**29.6**	**40.8**	**32.5**	**35.5**	**42.5**	**36.9**	**46.2**	**40.7**	**52.7**	**40.3**	**55.4**

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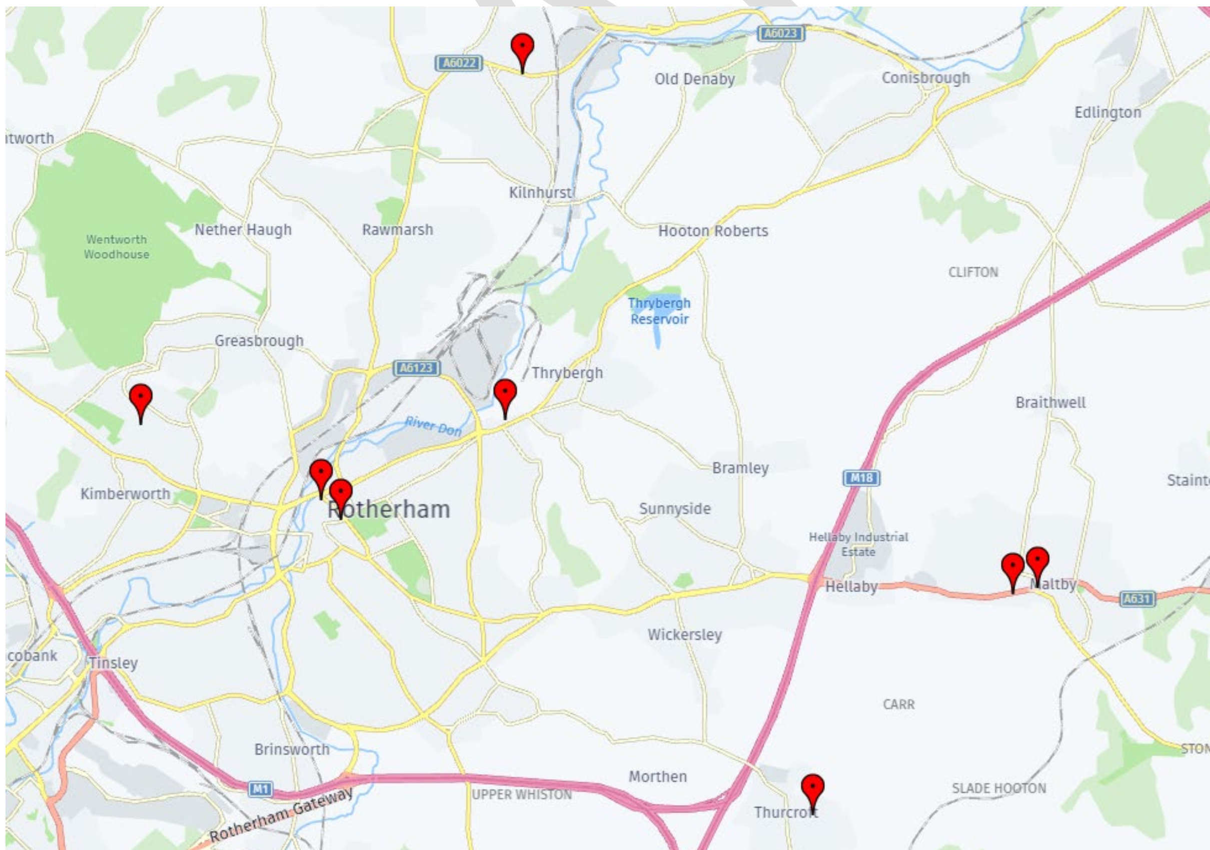
6.6 Flexible commissioning in Rotherham

Flexible commissioning provides a different way of contracting for providing dental services to maximise the use of the dental budget. It substitutes part of the dental contract for more targeted activity aimed improving access and prevention for those children and adults most in need of care. It promotes skill mix, using dental care professionals trained as Oral Health Champions to lead on prevention.

As part of the programme, referrals can be made to one of 8 flexible commissioning dental practices in Rotherham from health and social care teams (e.g. health visitors, school nurses, looked after children's team) for children and young people at high risk of poor oral health who do not have a dentist (figure 11).

The flexible commissioning scheme is currently undergoing change, with a new programme due to commence in April 2025, and in future seeks to incorporate some of the other pilots schemes across Yorkshire and the Humber to potentially include access for: looked after children; referrals from health and social care, GMPs and secondary care for those with associated medical needs (e.g. oncology patients); CDS level 1 patients; those requiring urgent dental care; homeless, asylum seekers and refugees; travelling communities; and care home residents.

Figure 11: Flexible commissioning sites in Rotherham



6.7 Additional ICB funded initiatives

The following initiatives are currently funded by the ICB to improve access to dental services for the following vulnerable groups:

- Dental service for those experiencing homelessness in Rotherham
- Dental service for transient and inclusion groups (asylum seekers and refugees; sex workers; Gypsy, Roma, Traveller and Show People communities)
- 0-5s plus their parents/carers with oral health promotion pop-up events targeting IMD 1+2 areas.

Dental Services in Rotherham

- All dental services (including primary, community and secondary care dental services) are commissioned by South Yorkshire Integrated Care Board (ICB). Access to primary dental care in Rotherham for adults and children is higher than nationally. In March 2024 51.9% of adults in Rotherham had seen an NHS dentist in the past 24 months compared with 40.3% nationally and 57.3% of children in Rotherham had seen an NHS dentist in the past 12 months compared with 55.4% nationally.
- NHS Dental practices in Rotherham support access to dental services through high delivery of commissioned Units of Dental Activity (UDAs) in the area.
- The following wards do not have an NHS dental practice: Rotherham East (IMD 1), Hoober, Silverwood (IMD 3), Anston and Woodsetts, Hellaby, Sitwell (IMD 6).
- Flexible commissioning involves changing how the dental contract is delivered (swapping UDAs for sessions of care and prevention) to improve access and prevention for children and adults most in need of care. There are currently 8 flexible commissioning practices in Rotherham with a new programme due to be rolled out from April 2025.
- South Yorkshire ICB has commissioned initiatives for the following vulnerable groups: those experiencing homelessness, transient and inclusion groups (asylum seekers and refugees; sex workers; Gypsy, Roma, Traveller and Show People communities) and 0-5s plus their parents/carers. These pilot initiatives are currently being evaluated. These groups may be included in future flexible commissioning programmes.
- The Community Dental Services provides dental care in community settings for children and adults who find it difficult to receive treatment in a regular general dental practice, due to their additional needs. They look after people with severe learning and/or physical disabilities or mental illness, patients who are elderly or housebound or those who have a medical condition which affects their dental care.

7. Rotherham Oral Health Improvement Programmes

There are specific work programmes focussed on oral health improvement, these complement other work in Rotherham which improves oral health through wider determinants and a common risk factor approach (described in Section 10).

7.1 Children

Integrated Public Health Nursing Service (0-19 team)

The Rotherham NHS Foundation Trust delivers the key parts of the Healthy Child Programme in Rotherham, through the provision of universal Health Visiting, School Nursing, and other more targeted services, which include Young Parents, Vulnerability and Children in Care teams. Oral health improvement is carried out across the whole of the 0-19 Service and is embedded in the work of staff. There is also a dedicated Oral Health Lead and wider 0-19 practitioners whose work includes and contributes to this agenda.

The 0-19 team oral health lead's role is to provide oral health improvement knowledge, facilitate interventions, provide oral health training for staff and provide guidance to enable a reduction in inequalities in oral disease experienced by Rotherham families.

Oral health packs

Oral health packs are provided universally to the Health Visitors and Nursery Nurses to distribute to families at the mandated 6–8-week assessment, all stages questionnaire (ASQ) visits at 9 months – 12 months and 2-to-2-and-a-half-years visit. These packs are given with basic advice around dental care. Oral health packs are also provided for the vulnerability team on request and are also given out by Health Improvement staff through the Introducing Solid Food sessions where participants haven't already received a pack. The packs consist of a baby toothbrush and 100ml toothpaste containing 1450ppm Fluoride.

There are two feeder cups distributed through the service to encourage moving from bottle to cup - Doidy and a Free-Flow cup. Cups are provided at Introducing Solid Food sessions and when families cannot afford an appropriate cup.

Oral health key messages are given out at all the mandated health visiting team visits and also when the issue arises at other contacts.

There is an additional universal 3-to-4-month visit, in place until March 2025, where oral health and weaning are discussed, as part of the family hubs initiative via home visits and group sessions.

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Training

The Oral Health Lead provides **training and guidance** to health visiting teams, school nurses, nursery nurses, looked after children's team, foster carers, early years (including family hubs) and wider services (including GPs and pharmacists).

This ensures a knowledgeable, well-informed workforce. This role also acts as the point of contact for all dental issues and as a link between the 0-19 service, the General Dental Services, the Community Dental Service and the Rotherham Hospital Dental General Anaesthetic Service (Rotherham outpatient paediatric GA exodontia)

Supervised toothbrushing

Supervised tooth brushing clubs (STCs) have been delivered for more than 20 years in Rotherham, across all areas and with a focus on those settings in the most deprived parts of the borough. The aim is to provide the opportunity for children to brush their teeth using an appropriate level of fluoride toothpaste once a day whilst in the setting. Child Minders, Early Years settings and School Foundation Stages all take part in the programme. Participating settings are identified through the Healthy Foundations Award Scheme.

Staff are given training and associated resources by the 0-19 team to safely run a STC in line with national guidance. Initial start-up equipment (toothbrush racks, covers, toothbrushes and rack and toothbrush stickers) are provided. New toothbrushes are also supplied every term, along with replacement brushes, stickers and other equipment as required. Settings can also give support to help families to access dental services.

In April 2024 61 sites (school, nursery and childminder settings) were operating a STC with over 2,655 children participating.

STCs are audited annually by the oral health lead using a quality assurance checklist to ensure they are following national and local guidance. In addition, sites also complete a self-audit every term.

STCs are being delivered in 12 wards in Rotherham. See Appendix 7 for further information.

Flexible commissioning

The flexible commissioning referral pathway enables health visitors, school nurses, looked-after children's teams and other agencies associated with 0-19 service to refer children at high risk of poor oral health who do not have a dentist to 8 dental practices. A referral protocol has been developed for the referral of children and young people from health and social care (including CLAs). This guidance was piloted in Rotherham, and it has since been successfully launched across Yorkshire and the Humber.

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Early Years Foundation Stage

The Early Years Foundation Stage (EYFS) 2021 reforms added an oral health component to its safeguarding and wellbeing requirements, with the aim to reduce tooth decay and related hospital admissions (Department of Education, 2024). Settings are now required to promote the good oral health of children.

Healthy Foundations Award Scheme

This is an Award scheme run by the Children and Young People Service and provided borough wide. It is a framework for all aspects of health for young children aged 0-3 years and available for all settings involved with the care of early years children. It is a voluntary scheme, which has three award levels (Bronze, Silver, Gold), which are renewable every three years. Oral health is now embedded as a key element of the Bronze Award.

There have been four cohorts of settings on the award scheme since its inception (including the pilot cohort of just 5 settings in 2017). All cohorts attended a number of training programmes: Oral Health; Moving Onto Solid Foods - No Rush to Mush; Fuelling Little People (Healthy Eating); Let's Get Moving (Physical Development); and Let's Get Green (Sustainability & the Environment).

There have been three more cohorts with around 80 settings who have taken part since 2017.

There are plans for the programme to move online.

School Work - Councillor Collaboration

Targeted work with Coleridge, East Dene, St Anns and Eastwood Village Councillor Collaboration

Work was carried out in collaboration with Councillors in the Central area of Rotherham. They wanted to support oral health within their area and provided funding for toothbrush and toothpaste packs for pupils in Key Stage 1 in schools in high-need areas (Coleridge, East Dene, St Anns and Eastwood Village). These schools have a high population of Roma pupils.

The 0-19s Service Oral Health Lead provided programmes covering the whole school including the Foundation stage for two schools, with targeted classes in the others. Provision included training staff, providing lesson plans, support for food and drink policies, a session with parents, coffee morning and delivering key oral health messages in school assemblies. The oral health lead also continues to provide personalised support to schools as required.

Opportunist work with schools

Further opportunist work with Wath's Victoria and Aughton primary schools has been carried out including coffee mornings with family and parents around oral health and fayres (summer and Easter).

Core20PLUS5

In December 2022 NHSE launched the Children and Young People Core20PLUS5 approach to inform priorities for children and young people for integrated care boards (NHS England, 2023b). The approach mirrors the approach for adults (targeting the 20% most deprived communities, plus target groups identified with local need, across five clinical priorities), but has different priorities – it focuses on oral health, asthma, diabetes, epilepsy and mental health.

The South Yorkshire Children and Young People's Alliance successfully bid for £59,000 for a Core20PLUS Connectors programme focusing on oral health. Around 3 schools in each South Yorkshire Place have been approached to take part. Initial focus groups with children from years 7-10 led by facilitators will ascertain the concerns and understanding of teenagers regarding oral health and dental care. Children will be encouraged to volunteer to become 'core connectors', who will attend a training session on key oral health messages. It is anticipated that the facilitator will then support the children to develop resources to share these key oral health messages with their peers. Oral health packs will also be distributed at each school. Outwood academy is taking part in Rotherham.

Introducing Solid Food (Weaning)

Oral health is a key component included in the work provided around introducing solid foods. Group sessions, home visits and any training provided for this area of work will cover the key oral health messages.

Family Hubs and Best Start in Life

Rotherham was identified to receive £3.4 million in additional funding from the government to support work with children and families. Family Hubs operate in Rotherham Children's Centres and Early Help buildings. Local families can visit with their children and receive information, advice and support for all things related to raising a family.

Family Hubs bring lots of services together, to work with families from pregnancy and through childhood to the teenage years and up to 25 with special educational needs and disabilities. There are 10 family hub centres and networks in Rotherham.

At the additional universal 3-to-4-month visit, in place until March 2025, oral health and weaning are discussed. In addition, the Rotherham family hubs provide further information and support, advocate for good oral health for all the family and signpost to resources to promote good oral health.

7.2 General Opportunist Work

During National Smile Month 2024, oral health promotion activities at Riverside Council offices included:

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- sharing library oral health resources,
- sharing information on healthy lifestyles (including healthy eating), how to access the 0-19 service, stop smoking, weight management and how to access a dentist (including signposting to Flexible Commissioning practices where appropriate).
- distributing Macmillan head and neck cancer leaflets.

Oral health promotion activities were also delivered in Rotherham Hospital during National Smile Month.

Opportunities for oral health promotion are regularly explored, the oral health improvement lead attended a health event supported by the Clifton Learning Partnership in October 2024, the event was aimed at supporting the health of Roma families. Translators and interpreters were present to improve communication and dissemination of health information to Roma families. As an outcome of the event, a number of families requested signposting to dental services.

7.3 Making every contact count (MECC)

An oral health MECC fact sheet has been developed with key oral health messages for adults and children and signposting information to local services in Rotherham (Appendix 4).

There is also a South Yorkshire MECC resource which includes information about Rotherham (Yorkshire and the Humber Public Health Network).

MECC is also embedded into all oral health training for all stakeholders.

7.4 Services for vulnerable adults relevant to oral health

Oral health training for Rotherham care home staff

Oral health training sessions have been delivered for staff working in care homes for older people, domiciliary care providers and those working with people with learning disabilities. The training is currently delivered by a local general dental practitioner (GDP). This training is based on a previous Rotherham initiative called 'Keeping Care Homes Smiling' and the PHE oral health for adults in Care homes toolkit (Public Health England, 2020a).

A local GDP last delivered oral health training sessions to the wider Adult Care Workforce in May and November 2023. This was aimed at care home staff who support people with learning disabilities, autism, older people in residential/nursing homes and domiciliary care providers. Rotherham Council's own In-House Provider staff have also received updated training in April and June 2024. Two more dates are scheduled for November 2024 for RMBC's own provider staff.

Whilst face-to-face oral health training was previously commissioned for all adult care providers (including care home staff and those providing homecare) to access, this has recently been restricted to Rotherham Council In-House Provider Services

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staff only and is not available to private and voluntary sector providers as there is a cost associated with the delivery. This means that many staff are now unable to access this training.

Independent sector care providers are able to access Oral Health Care eLearning training, for free, via access to the Flourish eLearning platform funded by the Council.

Oral health in Rotherham care homes

Oral health in care homes is supported by the hospital’s speech and language Care Homes Team. Incidents of poor oral health are documented and reported. If there are significant issues, homes are signposted to the community dental service team.

An oral health audit was carried out in four care homes in 2021, alongside sessions of informal training. Care homes have also been encouraged to complete self-audits for oral health, which some have complied with. Oral health remains a challenge for residents in care homes, particularly for those with complex cognitive needs and high levels of dependency for care.

Adults receiving hospital care (Mouth Care Matters)

TRFT have created a mouth care training video based on the Mouth Care Matters information. The video is available via a Mouth Care Hub page, which is accessible to staff at any time. Screening, full assessments and daily mouth care recording templates based on the Mouth Care Matters documentation are set up on the hospital electronic record, Meditech, and this can be audited via reports. Mouth Care falls within the remit of the monthly trust-wide Nutrition and Hydration Steering Group – related issues brought to that forum can be tackled at a senior level.

Drugs and alcohol services

The drugs and alcohol service does not currently have any specific provision for oral health care for its clients, or any regular oral health promotional activities. Currently, services respond to need and make use of available resources on an ad hoc basis.

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Rotherham Oral Health Improvement Programmes

- The Rotherham NHS Foundation Trust (TRFT) delivers the key parts of the Healthy Child Programme in Rotherham, through the provision of universal Health Visiting, School Nursing, and other more targeted services
- Oral health improvement activities in Rotherham are commissioned by Rotherham Metropolitan Borough Council (RMBC).
- Oral health packs are provided universally to the Health Visitors and Nursery Nurses to distribute to families at mandated visits. The packs consist of a baby toothbrush and 100ml toothpaste containing 1450ppm Fluoride. Key oral health messages are also provided at these visits.
- The Oral Health Lead provides training and guidance across the health and social care workforce.
- Supervised tooth brushing clubs (STCs) have been delivered for more than 20 years in Rotherham, across all areas and with a focus on those settings in the most deprived parts of the borough. Child Minders, Early Years settings and School Foundation Stages all take part in the programme. In April 2024 61 sites (school, nursery and childminder settings) were operating a STC with over 2,655 children participating.
- The flexible commissioning referral pathway enables health visitors, school nurses, looked-after children's teams and other agencies associated with 0-19 service to refer children at high risk of poor oral health who do not have a dentist to 8 dental practices.
- Opportunities to provide oral health promotion are regularly sought for example during National Smile Month, health events such as the Clifton Learning Partnership and councillor collaborations.
- An oral health MECC fact sheet has been developed with key oral health messages for adults and children and signposting information to local services in Rotherham. Resources have also been developed for those with additional needs and those who care or support them with key oral health messages and information on accessing dental services.
- Oral health training sessions have been delivered for staff working in care homes for older people, domiciliary care providers and those working with people with learning disabilities. The training is currently delivered by a local general dental practitioner (GDP).
- Screening, full assessments and daily mouth care recording templates based on the Mouth Care Matters documentation are set up on hospital electronic records with opportunities for auditing.
- There is no regular oral health improvement activity within drug and alcohol services.

8. Water fluoridation in Rotherham

South Yorkshire local authorities have been working with Yorkshire Water for a number of years to develop costed proposals for a community water fluoridation scheme. Due to recent legislative changes, the responsibility for consulting on and funding such schemes no longer sits with local authorities. It is now the responsibility of the Secretary of State for Health and Social Care.

Nevertheless, the work already done in South Yorkshire has established that an operable and efficient scheme could be established to provide fluoride in the drinking water for the whole of South Yorkshire, which has the potential to inform any future decisions made by the Secretary of State in this regard.

RMBC has supported and responded to the 2024 water fluoridation consultation process in the North East of England, as this may inform the future rollout of schemes in other areas.

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9. Rotherham Oral Health Improvement activities

Table 10: Evidence-based Oral Health Improvement Interventions (Public Health England, 2014a)

Ottawa Charter Principle	Oral health improvement intervention	Overall level evidence-based recommendation in CBOH	Details of any interventions taking place in Rotherham
Reorienting health services	Targeted community-based fluoride varnish programmes	Recommended	No community fluoride varnish programme
	Targeted provision of toothbrushes and toothpaste (through postal schemes or through health visitors)	Recommended	Provision of oral health packs (toothbrush, fluoride toothpaste, leaflet with key oral health messages) provided by health visitors to all children at 6–8-week assessment, all stages questionnaire (ASQ) visits at 9 months – 12 months and 2-to-2-and-a-half-years visit and at Introducing Solid Food sessions (for those who didn't already receive one at 6-8 weeks). Tommee Tippee free-flow cups and Doidy Cups are also provided for vulnerable families. Oral health packs are provided at workshops and coffee mornings, in community settings and schools for families (which are delivered by the oral health Improvement manager). All Oral Health Packs commissioned by Rotherham Council.
	Targeted community-based fissure sealant programmes	Limited value	No activity
	Targeted community-based fluoride rinse programmes	Limited value	No activity
	Facilitating access to dental services	Limited value	Flexible commissioning referral pathway for health and social care workforce Dental service pilots to increase access for: • those experiencing homelessness • transient/inclusion groups (asylum seekers and refugees; sex workers; and Gypsy, Roma, Traveller and Showpeople communities) • 0-5s plus parents/carers from IMD 1+2 areas

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			Liaison with dental commissioning colleagues to provide advice to the public and SY ICB online communications on how to access dental care. Promotion of the NHS Find a Dentist website by the oral health promotion lead, including QR codes distributed at home visits. Information for people with additional needs and organisations who support them has been developed with information on services in Rotherham Roma Slovak oral health resource The Rotherham Foundation Trust Children's Health Service App
	Using mouth guards in contact sports	Limited value	No activity
Developing personal skills	Oral health training for the wider professional workforce (e.g., health education)	Recommended	Training for wider professionals within family hubs to support the awareness of oral health which fits in with the current neglect strategy for Rotherham. These professionals include: health visiting team, school nurses, nursery nurses, children in care team, foster carers, early years (including family hubs) and wider services.
	Integration of oral health into universal/ targeted home visits by health/social care workers	Recommended	Oral health packs are provided universally to the Health Visitors and Nursery Nurses to distribute to families at the mandated 6–8-week assessment, all stages questionnaire (ASQ) visits at 9 months – 12 months and 2-to-2-and-a-half-years visit. These packs are given with basic advice around dental care. The packs consist of a baby toothbrush and 100ml toothpaste containing 1450ppm Fluoride. There are two feeder cups distributed through the service to encourage moving from bottle to cup (free flow beaker and Doidy cup). Oral health key messages are given out at all the mandated health visiting team visits and also when the issue arises at other contacts. There is an additional universal 3-to-4-month visit, in place until March 2025, where oral health and weaning are discussed, as part of family hubs initiative via home visits and group sessions. Oral health is included in the targeted 6 month visit on a need's basis. There are pathways under development to widen the work of the Health Improvement Team to provide targeted work to families around oral health and weight management.

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	Social marketing programmes to promote oral health and uptake of dental services by children	Limited value	There is a Facebook page and other social media resources for users of the 0-19 service with regular oral health information. Access to dental services is also included in the TRFT app, as well as oral health information
	Person-centred (one-to-one) counselling based on motivational interviewing outside of dental practice settings	Limited value	No activity
	One off dental health education by dental workforce targeting the general population	Discouraged	Oral health promotion 'pop-up' clinics in the more deprived areas of the community (IMD 1+2) as part of the 0-5s plus parents/carers pilot.
Creating supportive environments	Supervised toothbrushing in targeted childhood settings	Recommended	Supervised toothbrushing programme in nurseries and primary schools, for children aged 2 to 7. Commissioned by Rotherham Council and delivered by the oral health improvement manager within the 0-19 Integrated Public Health Nursing Service (part of Rotherham NHS Foundation Trust).
	Healthy food and drink policies in childhood settings	Recommended	Food and drink policies in some early years and school settings involved in oral health initiatives e.g., Healthy Foundation Award, Whole school approach
	Fluoridation of public water supplies	Recommended	South Yorkshire local authorities have been working with Yorkshire Water for a number of years to develop costed proposals for a community water fluoridation scheme. Due to recent legislative changes, the responsibility for consulting on and funding such schemes no longer sits with local authorities. Nevertheless, the work already done in South Yorkshire has established that an operable and efficient scheme could be established to provide fluoride in the drinking water for the whole of South Yorkshire, which has the potential inform any future decisions made by the Secretary of State in this regard.
	Provision of fluoridated milk in schools	Limited value	No activity
	Fluoride toothpaste and toothbrushes provided in food banks	Recommended	In September 2023 oral health packs were distributed to 5 food banks by Rotherham Local Dental Committee. Each received 100 adult toothbrushes, 100 children's toothbrushes, 100 toothpastes suitable for use by adults and 100 toothpastes suitable for use by children.

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Build healthy public policy	Influencing local and national government policies	Recommended	The Change4Life sugar swap programme has been implemented locally. Rotherham Food Network (RFN) is an established food network aiming to address the wider determinants of health. Supporting restricting HFSS advertising, current consultation to respond too.
	Fiscal policies to promote oral health	Emerging	Soft drinks sugar levy introduced nationally in April 2018.
	Infant feeding policies to promote breast feeding and appropriate complementary feeding practices	Emerging	Breast feeding support is provided through the Healthy Child Programme. In addition, there is dedicated Infant Feeding Team within the Rotherham Children's Public Health Nursing Service that provides ongoing breastfeeding support beyond Universal Healthy Child Programme mandated contacts. Health visitors with additional skills and knowledge in breastfeeding and weaning support have been shown to be effective in improving breast feeding rates. As part of the Healthy Child Programme every family is offered five visits between the ages of 0-5 years to check on development and give parents information and support. In Rotherham families also receive an additional 3-4 month visit through the family hubs.
Strengthening community actions	Targeted peer (lay) support group/peer oral health workers	Recommended	Breast feeding peer support; Early help workers support families Targeted support for certain groups, for example, the infant feeding team now regularly attends a mother baby and toddler group at a local mosque, here breastfeeding support is provided and facilitation of home visits for more tailored and individual support. Here the infant feeding teams also recruits mothers to provide voluntary peer support.
	School or community food cooperatives	Emerging	No activity

An audit of oral health improvement programmes in Rotherham has been completed (Appendix 8) against the 2014 NICE guidance. It has identified gaps in provision and opportunities to address them, which are outlined within the recommendations section.

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10. Recommendations

This OHNA has identified opportunities for further developments to improve oral health and reduce oral health inequalities as described below. Rotherham place partnership is ideally placed to provide oversight of these recommendations to ensure a systems approach to improving oral health. Whilst some of the recommendations fall within the commissioning responsibilities of Rotherham Council and South Yorkshire ICB, others may require more partnership working across the system.

Strategic system-wide ownership of oral health improvement in Rotherham

- Place Board to consider the governance of the Rotherham Oral Health Improvement Group (OHIG) and review membership to ensure it has right representation to deliver on recommendations
    - Encourage representation from secondary care, education and other groups which aren't currently represented.
- Oral Health Improvement Group to review the OHNA and incorporate recommendations into action planning.

Breastfeeding and weaning

- OHIG to encourage incorporation of oral health into the current breast feeding offer and promote uptake within dental settings.
    - To encourage dental practices to apply and become part of the breastfeeding-friendly practice initiative.
    - Promote transition from bottle to cup from the age of 6 months through weaning advice and inclusion of appropriate cup in the Rotherham Baby Pack.
    - To encourage partnership working between midwifery, infant feeding teams and dental teams to ensure mothers are aware of their entitlement to free NHS dental treatment during pregnancy and 12 months after the birth of their child.
    - To develop and disseminate a breastfeeding and weaning bulletin to dental teams including local breastfeeding initiatives (e.g. Rotherham Breastfeeding friendly borough declaration and breastfeeding-friendly public spaces), myth-busting (for example the impact of breastfeeding on maternal oral health) and key evidence-based messages on breastfeeding and weaning.

Children and young people in education and other settings

- Promote and communicate key oral health messages for children, young people and families.
    - Promote fluoride varnish, including encouraging parents to ask at dental visits for their dentist to provide fluoride varnish.
    - Development of conversation guides for health visitors to use at mandated health assessments.

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- Seek further opportunities to engage with nurseries, childminders and schools to set up toothbrushing clubs.
  - Consider setting up a community fluoride varnish scheme as part of the dental recovery plan via the SY ICB.
  - Consider a universal, consistent approach to distributing oral health packs to children attending toothbrushing clubs and family centres for home use.
- To promote a whole school approach to oral health improvement in primary and secondary schools in Rotherham.
  - To work with secondary schools in Rotherham to implement BRIGHT lesson plans regarding toothbrushing.
  - Oral health improvement lead to be involved in the Core20PLUS5 connectors programme.
  - To work with holiday activities and food programmes regarding the feasibility of providing oral health promotion and distributing oral health packs.
  - Promote classroom activities and whole-school food policies.
  - Engage schools with national campaigns such as National Smile Month and Change4Life.
  - To lend oral health resource boxes to schools for oral health promotion activities.
  - Utilise national resources which have been developed (e.g. Bright Bites, Tilly the Tooth and Dental Buddy).
  - Incorporate oral health into new starter events, possibly provide oral health packs for children to take home and involve parents/carers in developing school food policies.
  - To work with schools and nurseries to develop healthy food policies such as healthy lunch boxes, access to water.
  - Utilise and disseminate the Milk and Water Kind to Teeth resource.
  - Advertise the oral health pages on SYB Healthier Together website: https://sybhealthiertogether.nhs.uk/parentscarers/general-wellbeing/oral-health

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Commercial Determinants of Health

- Increase awareness of the commercial determinants of health and the impacts these have on oral health with a specific focus on sugar sweetened beverages and access to affordable oral hygiene products.
  - To explore opportunities to restrict advertising and marketing of high-in-fat, sugar and salt (HFSS) products, starting with council advertising.
  - Use trading standards or other local policy levers to influence the purchasing of energy drinks, tobacco, vapes and alcohol.

Commissioning of epidemiological surveys

- To continue to routinely commission the biannual oral health survey of 5-year-olds as part of the Public Health Outcomes Framework (PHOF) and the intervening year surveys covering specific groups e.g. older people in care homes.

Data

- Adopt the OHNA into Rotherham Joint Strategic Needs Assessments (JSNA) to inform strategic planning.
    - To feed this oral health needs assessment into the South Yorkshire ICB oral health strategic planning and other reports.

GPs and Pharmacies

- To develop links between dental practices, GPs, pharmacies and other health professionals to promote oral health utilising primary care networks.
    - To promote flexible commissioning dental practices and the potential for primary care to refer and signpost patients requiring dental care to these practices.

Head and neck cancer

- Improve awareness of head and neck cancers among the public and health professionals, and access to dental care to facilitate early diagnosis of head and neck cancers.
    - Encourage utilisation of a common risk factor and MECC approach to head and neck cancer risk factors by promoting tobacco cessation and substance misuse services.
    - To promote the benefits of HPV vaccination for decreased risk of head and neck cancer.
    - Raise awareness of head and neck cancer among the public and health professionals.

Healthy eating policy

- OHIG to support inclusion of oral health messages in policies and activity which support health eating
- Encourage council and public venues in Rotherham to reduce the sales of high-sugar foods/drinks and promote access to free drinking water.
    - Explore opportunities to work with the Rotherham food network.

Hospitals, hospices and care homes

- Improving oral health within Rotherham's hospitals, hospices and care homes.
    - Work with the healthy hospital team to identify opportunities to promote good oral health.
    - Build oral health into care plans for those in residential care and hospitals.
    - Provide training of hospital healthcare professionals aimed at improving the oral health of hospitalised child patients in the area and dissemination of mini mouth care matters resources for the assessment and recording of mouth care.

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- Promotion of oral health using Mouth Care Matters and PHE oral health for adults in care homes toolkit.
- Encourage NHSE to develop a Residential Oral Care Scheme (ROCs).
- To provide oral health promotion for families of children attending for extractions under general anaesthetic. To raise awareness of dental neglect being a sign of wider neglect.

Patient and public involvement and engagement

- Seek and incorporate the views of Rotherham residents in plans to improve oral health.
  - Develop Rotherham OHIG's patient and public involvement and engagement through Healthwatch and other local organisations (including patient representatives).

Promotion of key oral health messages

- Use national campaigns such as Mouth Cancer Action Month, Stoptober and Change4Life to promote oral health in public places.
- Cascade information to people and workplaces through a range of media on oral health and how to access dental care.
- Further collaboration and partnership working with stop smoking, drug and alcohol services.

Mental health

- To improve the oral health of those suffering with poor mental health.
  - Oral health professionals to engage with residential settings with residents with long-term mental health conditions or severe mental illness to provide key preventative messages regarding oral health and diet.
  - To work with local dental practices to promote trauma-informed dental care.
  - To include information on mental health services in the Rotherham oral health MECC resource.
  - Incorporate oral health improvement in Rotherham's mental health service provision.
  - To strengthen links and promote the community dental services
  - To develop the knowledge and training of oral health professionals related to eating disorders.

Vulnerable groups (including children in care, adults in residential care and hospitals, those experiencing homelessness and refugees and asylum seekers)

- Support collaborative working with Voluntary, Community, and Social Enterprise (VCSE) organisations to prioritise prevention and service

provision for those at the greatest risk of poor oral health, including Gypsy, Roma, Traveller and Show people communities, asylum seekers and refugees and children in care

- Further distribution of oral health packs via foodbanks
- Work with the ICB on targeted interventions for vulnerable groups in particular asylum seekers, refugees and people experiencing homelessness.
- Update oral health resources for the Roma Slovak community.
- Ongoing oral health training for foster carers. Encourage them to take children to their general dentist, flexible commissioning practices or, if appropriate, access the community dental service.
- To work with charity organisations which support health inclusion groups such as those experiencing homelessness and refugees and asylum seekers to better understand their oral health needs.
- Consider developing plain English summaries of the additional needs leaflets for use by the general public on how to access dental services and key oral health messages.
- Encourage health and social care teams to undertake Oliver McGowan Training on Learning Disability and Autism.

Water Fluoridation

- Ensure Rotherham continues to support the implementation of community water fluoridation process along with other LA colleagues in South Yorkshire.

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11. Next Steps – action planning

This oral health needs assessment and its recommendations should inform future action and strategic planning for oral health improvement activity across the life course in Rotherham.

The OHNA should be revisited and updated no later than 2030.

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Appendices for Rotherham Oral Health Needs Assessment 2025

Appendix 1 – Rotherham Oral Health Improvement Group Terms of Reference

The OHIG membership spans across the health and wider community and includes:

- Public Health Specialist (oral health improvement lead), RMBC (Chair)
- Consultant in Dental Public Health, Public Health England
- Oral health lead 0-19 integrated public health nursing service
- Chair/Secretary of Local Dental Committee
- Community Dental Services representative
- Rotherham hospital representative
- Adult and social care learning and development officer
- Children and young people's representative, RMBC
- Healthwatch
- Public Health Commissioning Lead, NHS England
- Healthy Schools Consultant

Co-opted attendees may be invited as required for specific areas of work.

The OHIG will be chaired by the Public Health Specialist Practitioner and administered (by way of agenda preparation, production and circulation of minutes) by Public Health RMBC.

Functions

- Provide a partnership group for organisations external to RMBC which have oral health and dental services as their remit.
- To identify priorities for effective partnership working.
- Contribute to the development of an Oral Health Needs Assessment and Oral Health Improvement Strategy and Action Plan across the life course for Rotherham.
- To inform and update the Oral Health Improvement Action Plan, and hold it to account.
- Members will report work of the group back into their respective organisations.

Governance arrangements

The OHIG will report to Public Health Department Leadership Team.

Appendix 2 – Key local documents and resources

The Rotherham Joint Strategic Needs Assessment (JSNA) (Rotherham Metropolitan Borough Council, 2024) is the Rotherham Data Hub which provides an assessment of current and future health and social care needs of the local

community. Included in the data hub is an Oral Health theme which describes the local picture of oral health in Rotherham and describes trends in oral health including tooth decay in children and oral cancer.

The Rotherham Oral Health Needs Assessment 2018 (Public Health Directorate, 2018) provides a detailed description of the population of Rotherham, describes the oral health of Rotherham up to 2018 and describes and audits oral health improvement programmes activities provided by Rotherham and RMBC in 2018.

The Rapid Oral Health Needs Assessment for Yorkshire and the Humber and South Yorkshire supplement May 2022 (NHS England, 2022a, 2022b) describes the oral health inequalities in the region and the evidence base. The Rapid OHNA provides recommendations for reducing oral health inequalities in South Yorkshire aligned with a life course approach and provides recommendations for the Integrated Care System (ICS).

The Rotherham Locality Profile 2023 (NHS England, 2023a) describes NHS England workstreams at the time of publication, now the workstreams will be delivered by the Integrated Care Board (ICB). The locality profile also describes the oral health needs of the population of Rotherham and commissioned dental services.

The Rotherham School Lifestyle Survey for Year 7 and 10 pupils (Rotherham Metropolitan Borough Council, 2023a) is a survey open to all students in Year 7 (aged 11 to 12) and Year 10 (ages 14 to 15) at secondary schools and pupil referral units, those who are elective home-educated and special schools in Rotherham. In 2023, 15 out of 16 secondary schools in Rotherham participated in the survey along with 3 pupil referral units, and students who are electively home educated. The survey had a participation rate of 66.6% with 4,919 students participating, 2,754 Year 7 students and 2,165 Year 10. This was compared to a registered school population of 7,383. The lifestyle survey describes the health and practices of children and young people in years 7 and 10, however, as with all questionnaires it will be prone to reporting bias and did not have a 100% response rate, thus cannot be deemed fully representative of all year 7 and 10 students in Rotherham.

Appendix 3 – Key National Guidance and Local Resources

Key national guidance to support local authorities to meet the needs of their local population is listed below:

- Oral health: local authorities and partners. Public health guideline [PH55] (NICE, 2014)
- Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline [NG209] (NICE, 2021)
- Tackling poor oral health in children Local government's public health role (Local Government Association, 2016)
- Improving the oral health of children: cost-effective commissioning (Public Health England, 2016)
- Improving oral health: an evidence-informed toolkit for local authorities (Public Health England, 2014a)
- Delivering better oral health: an evidence-based toolkit for prevention (Office for Health Improvement and Disparities, 2021)

- Commissioning better oral health for vulnerable older people (Public Health England, 2018)
- Improving oral health: supervised tooth brushing programme toolkit (Public Health England, 2016a)
- Inequalities in oral health in England (Public Health England, 2021a)
- Oral health for adults in care homes. NICE guideline [NG48] (NICE, 2016a)
- Oral health promotion in the community. Quality standard [QS139] (NICE, 2016b)
- Oral health in care homes. Quality standard [QS151] (NICE, 2017)
- Oral health promotion: general dental practice. NICE guideline [NG30] (NICE, 2015)
- Guidance. Early adolescence: applying All Our Health (Office for Health Improvement and Disparities, 2024a)
- Guidance. Adult oral health: applying All Our Health (Office for Health Improvement and Disparities, 2022a)
- Guidance. Child oral health: applying All Our Health (Office for Health Improvement and Disparities, 2022b)
- Guidance. Smokefree and smiling (Public Health England, 2014b)
- Guidance. Oral care and people with learning disabilities (Public Health England, 2019a)
- Guidance. Adult oral health in care homes: toolkit (Public Health England, 2020a)
- Policy paper. Health and Care Bill: water fluoridation (Department of Health & Social Care, 2022)
- Local Oral Health Profile: Department of Health & Social Care Rotherham 5yr 2022 Profile (Department of Health & Social Care, 2024a)

Key documents relating to the oral health of people in Rotherham:

Rotherham Oral Health Needs Assessment 2018

Rotherham data hub (https://www.rotherham.gov.uk/data/)

Rotherham data hub: Oral health (https://www.rotherham.gov.uk/data/health-behaviours/oral-health-1/1)

South Yorkshire Rapid Oral Health Needs assessment 2022

Rotherham Locality Profile 2023

Rotherham School Lifestyle Survey 2023 (https://moderngov.rotherham.gov.uk/documents/s144061/Rotherham%20School%20Lifestyle%20Survey.pdf)

Healthy eating and drinking

RotherHive https://rotherhive.co.uk/

Drink Coach https://drinkcoach.org.uk/

SY Healthier Together website https://sybhealthiertogether.nhs.uk/

Children and young people

Family Hubs https://www.rotherham.gov.uk/family-hubs

Mental Health

QWELL https://www.qwell.io/

With Me In Mind Rotherham – With Me In Mind

Kooth Home - Kooth

NHS Talking Therapies About NHS Rotherham Talking Therapies – NHS Talking Therapies (rdash.nhs.uk)

Make Every Contact Count

MECC for dental teams (Appendix 1)

South Yorkshire Healthier Together
https://sybhealthiertogether.nhs.uk/parentscarers/general-wellbeing/oral-health

Yorkshire and the Humber Public Health Network
https://www.mecclink.co.uk/yorkshire-humber/

Oral health education

BrightBites oral health education scheme.
https://www.dentaid.org/brightbites/#:~:text=The%20BrightBites%20package%20comes%20with,toothpaste%20for%20all%20the%20children.

Delivering better oral health: an evidence-based toolkit for prevention
https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention

Oral Health Foundation: Dental Buddy https://www.dentalhealth.org/dentalbuddy

PSHE Association https://pshe-association.org.uk/resource/bright-dental-health

Breastfeeding and weaning

British Society of Paediatric Dentistry Position Statement on Infant Feeding.
https://www.bspd.co.uk/Portals/0/BSPD%20statement%20on%20Infant%20feeding%20Jan%202018i.pdf

First Steps nutrition trust https://www.firststepsnutrition.org/

Care homes

Public Health England: Oral health toolkit for adults in care homes https://www.gov.uk/government/publications/adult-oral-health-in-care-homes-toolkit/oral-health-toolkit-for-adults-in-care-homes

Caring for Smiles. Guide for care homes https://www.scottishdental.nhs.scot/wp-content/uploads/2021/08/Caring-for-smiles-Guide-for-Care-Homes-2020.pdf

Appendix 4 – Rotherham Make Every Contact Count Factsheet

Did you know…

One in four adults do not brush their teeth twice a day

There are over 8,700 new cases of mouth cancer each year

One bottle of Coca Cola has 10 teaspoons of sugar

Top Tips:

- **Dental check-ups:** Visit your dentist at least once every two years, even if you have no natural teeth or have dentures.
- **Two Minutes and Twice a Day:** You should be brushing for at least two minutes last thing at night and at one other time during the day with a fluoride toothpaste. Fluoride in toothpaste helps to strengthen teeth and stop tooth decay. Brushing away plaque can prevent gum problems.
- **Fluoride:** Toothpaste containing 1,350 to 1,500ppm fluoride is the most effective. This information can be found on the back of the packaging. Most 'own brand' toothpastes are suitable and more affordable. Your dentist may prescribe you an even higher strength fluoride toothpaste.
- **Toothbrush:** Make sure it is small enough to reach to the back of your mouth and remember to brush all surfaces of the teeth especially where the gum meets the tooth. Remove dentures before brushing any natural teeth. Replace your brush at least every 3 months
- **Spit don't rinse:** Do not rinse your mouth after brushing, because this would wash away the fluoride which helps to protect teeth. If you use a mouthwash, use it at a different time to brushing.
- **Dentures:** Don't forget to keep your dentures clean too, and leave them out at night to prevent infections. Rinse dentures after every meal; and take them out and brush them at least once a day with a denture brush (or a toothbrush which is only used for your denture) and denture cleaning paste/ unperfumed

liquid soap and water. In addition, you may soak your dentures in a denture cleaning solution.

- **Sugar causes tooth decay:** Avoid sugary foods and drinks between meals and near bedtime.
- **Quit smoking:** Tobacco can cause gum disease and mouth cancer. Smoking and drinking alcohol regularly put you at greater risk of getting mouth cancer.

Signposting information to local services in Rotherham

Dental team members can make every contact count (MECC) by encouraging prevention and promoting and signposting patients to appropriate local services:

See: https://www.gov.uk/government/publications/delivering-better-oral-health-anevidence-based-toolkit-for-prevention

Information and support can be found at Rotherhive on topics such as alcohol, eating well, and smoking - https://rotherhive.co.uk/

Stop Smoking and Use of Tobacco			
Service	**Description**	**Type**	**Contact Information**
Rotherham Healthwave	Provides free support and advice to help you quit smoking	• In person • Phone call • Online	• Address: 2nd Floor Valley, Health Centre, Saville Street, Dalton, S65 3HD • Telephone: 01709 850427 • Website: https://rotherhamhealthwave.connect healthcarerotherham.c o.uk/stop-smoking/
Smoking in Pregnancy Team	Provides specialist support for pregnant women who are looking to quit smoking.	• Phone call	• Telephone: 01709423729

Reduce Alcohol Consumption and Drug Use			
Service	**Description**	**Type**	**Contact Information**
Drink Coach	A professional, convenient, and confidential way to discuss your drinking and receive expert guidance from an alcohol treatment specialist	• Online (Mobile Phone App FREE)	• Website: https://drinkcoach.org.uk/
ROADS	ROADS offers free, confidential support with alcohol and drugs. They work with you on your own goals, whether that's cutting down your drug and alcohol use, stopping completely or just getting a bit of advice.	• In person • Phone call • Online	• Carnson House, 1 Moorgate Road, Rotherham S60 2EN • Telephone: 0808 1753981 (Freephone) • Website: https://www.wearewithyou.org.uk/serv ice s/rotherham-roads-rotherham-alcoholand-drug-service/

Healthy Eating			
Service	**Description**	**Type**	**Contact Information**
Rotherham Healthwave	Provides free support and advice to help you eat healthily.	• In person • Phone call • Online	• Address: 2nd Floor Valley, Health Centre, Saville Street, Dalton, S65 3HD • Telephone: 01709 850427 • Website: https://rotherhamhealthwave.con necthealthcarerotherham. co.uk/lose-weight/

Children's Oral Health

- Tooth extraction is the most common reason for a child aged 6 to 10 years to attend hospital
- Children are having over twice as much sugar as recommended
- On average, 3 days of school are missed due to dental problems
- 4–6-year-olds of school are should have a maximum of 5 sugar cubes a day

Top Tips

- **Oral Health = General Health:** Poor oral health impacts on both health and well-being influencing how children grow, speak, chew, eat, smile, and socialise.
- **Check-ups:** Parents should take their children for regular dental check-ups, at least once a year. It is important to be positive about it and make the trip fun. Fluoride varnish can be painted onto teeth at the dentist's to prevent tooth decay. NHS dental care is free for children, up until the age of 18 years old (or under 19 and in full time education), pregnant women and new mums. https://www.nhs.uk/nhs-services/dentists/who-is-entitled-to-free-nhs-dental-treatment-in-england/
- **First Tooth:** Take your child to the dentist when the first tooth erupts, at about 6 months and then on a regular basis so they become familiar with the environment and get to know the dentist.
- **Supervision:** Parents or carers should brush their children's teeth or supervise their child whilst brushing up to the age of 7 years, to help them learn brushing skills, and ensure toothpaste is not eaten.
- **Brushing:** Use a toothpaste containing 1350-1500 ppm fluoride for maximum prevention against tooth decay and a small-headed brush. Just a smear of toothpaste is needed for under 3's and pea-sized amount for 3-6 year olds. Encourage children to spit and not rinse after brushing, so the fluoride doesn't get washed away.
- **Don't give up**: Keep at it even if the child is uncooperative at first, you will get there!
- **Sugar causes tooth decay:** Avoid sugary foods and drinks between meals and near bedtime. Milk and water are the safest drinks for children's teeth.

Signposting information to local services in Rotherham

Dental team members can Make Every Contact Count (MECC) by encouraging prevention and promoting and signposting patients to appropriate local services. See: https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-forprevention

Information and support can be found at Rotherhive on topics such as alcohol, eating well, and smoking - https://rotherhive.co.uk/

Children and Young People Services/Resources			
Service	**Description**	**Type**	**Contact Information**
School Nurse/ Health Visitor	Promotes healthy lifestyles, provides advice and support for children, young people, families, and carers. We hope to empower them to achieve their full potential, be healthy, and stay safe.	Online Telephone Facebook	https://www.therotherhamft.nhs.uk/services/c hildrens-public-health-nursing-service Telephone: 01709 423333 The central helpline is open Monday to Friday, 9am to 5pm (excluding bank holidays) https://www.facebook.com/Rotherham019

NHS	Provides information on children's oral health and a tool to help you find your nearest NHS dentist	Online	https://www.nhs.uk/Live-well/healthy-teethand-gums/taking-care-of-childrens-teeth/ NHS Live well https://www.nhs.uk/service-search/find-a-dentist
Change4Life	A range of information and resources to support families to make healthier food/drink choices. The platform provides information on improving diet, and a food scanner to support better choices. There are also Top Tips for Teeth resources.	Online Mobile APP	https://www.nhs.uk/healthier-families/ be food smart change 4 life Food Scanner (for healthier swaps) Food scanner https://campaignresources.dhsc.gov.uk/campaig ns/top-tips-for-teeth/
Rotherham Tiny Talkers	Speech, language, and communication (SLC) skills are critical to children's overall development. Helping children to learn these skills can be as easy as talking, listening, and playing with them whenever you can, but sometimes it can be hard to know where to start.	Online Facebook	www.tinytalkers.co.uk Follow Tiny Talkers Rotherham on Facebook for more tips, ideas, and inspiration - https://www.facebook.com/tinytalkersrotherh am

Further information and support can be found at South Yorkshire Healthier Together -
https://sybhealthiertogether.nhs.uk/parentscarers/oral-health

This website includes information on how to encourage good oral health.

Improving the health and wellbeing of pregnant women, babies, children and young people in South Yorkshire and Bassetlaw

BARNSLEY | BASSETLAW | DONCASTER | ROTHERHAM | SHEFFIELD

Appendix 5 – Oral health epidemiological surveys

The South Yorkshire local authorities co-commission the national dental epidemiology surveys from the University of Sheffield, which are used to help inform and target oral health promotion programmes.

The following surveys have been carried out in recent years:

- Children in year 6 in 2022/23
- 5-year-olds were surveyed in 2014/15, 16/17(Rotherham didn't participate), 18/19, 21/22 and 23/24
- 3-year-olds were surveyed in 2020
- Oral health survey of adults attending dental practices in 2018 (Rotherham didn't participate)
- Oral health survey of mildly dependent older people 2016

Data is submitted by Providers and analysed by OHID. The data is publicly available via the gov.uk oral health collection from OHID.

In addition to these surveys, there are separately commissioned national decennial child and adult surveys undertaken and a health survey with a dental component:

Adult Dental Health Survey 2009 - Summary report and thematic series (NHS England Digital, 2011)

Child Dental Health Survey 2013, England, Wales and Northern Ireland (NHS England Digital, 2015)

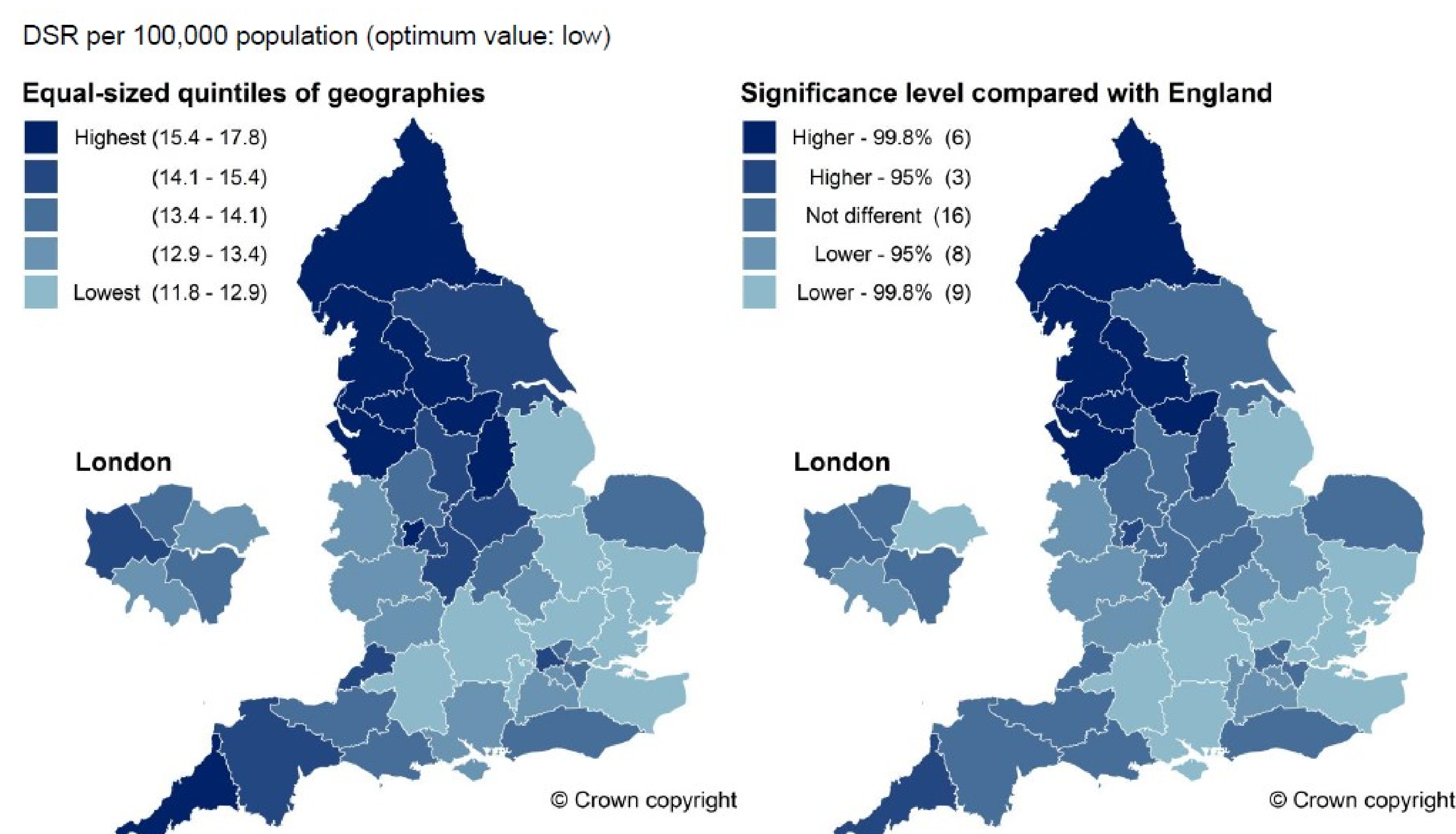
Health Survey for England 2019: Supplementary analysis of dental health (NHS England Digital, 2021)

Adult Oral Health Survey 2021 (Office for Health Improvement and Disparities, 2024c)

The impact of COVID-19 on access to dental care (Office for Health Improvement and Disparities, 2023a)

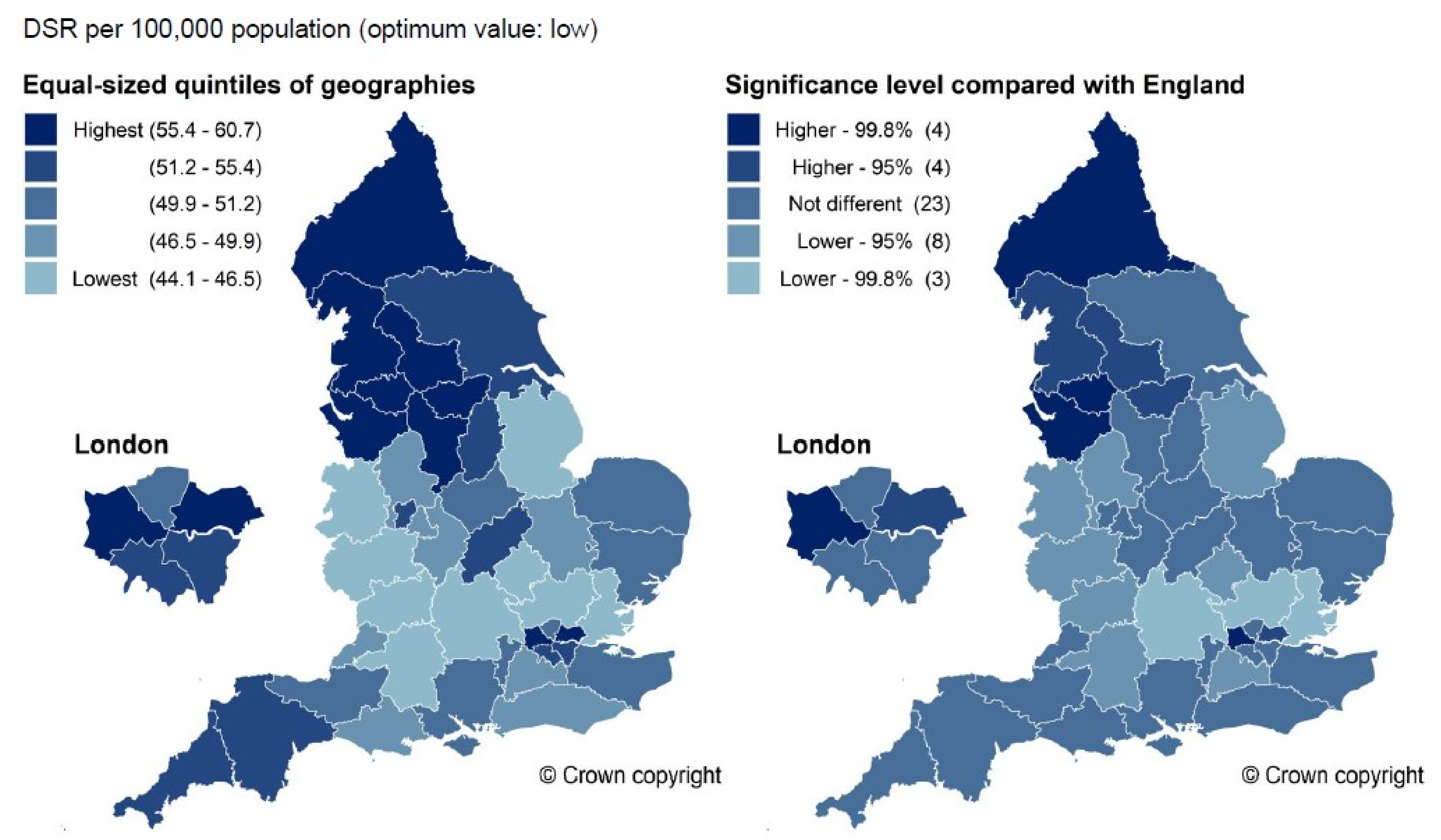
Appendix 6A: Variation in the incidence rate of head and neck cancer in people aged 0 to 69 years by ICB (2013 to 2020 pooled)

Source: Office for Health Improvement and Disparities, 2024d



Appendix 6B: Variation in the incidence rate of head and neck cancer in people aged 70 years and over by ICB (2013 to 2020 pooled)

Source: Office for Health Improvement and Disparities, 2024d



Appendix 7 – Supervised toothbrushing clubs in Rotherham

STCs are being delivered in the following wards in Rotherham:

- Aston and Todwick
- Aughton and Swallownest*
- Dalton and Thrybergh
- Dinnington
- Greasbrough
- Maltby East
- Rotherham East
- Swinton Rockingham
- Thurcroft and Wickersley South
- Wales
- Wath
- Wickersley North

*Limited activity – only 1 provider

Appendix 8 - Audit of OH improvement programmes in Rotherham (NICE, 2014)

Recommendation	Sub-recommendation	Rotherham activities	
1. Ensure oral health is a key health and wellbeing priority	Oral health is a core component of the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWS)	Data on the prevalence of tooth decay among 5-year-old school children is part of the Public Health Outcomes Framework. Oral health underpins the council's vision to give every child the best start in life. There is a designated oral health section under health behaviours on the Rotherham data hub (JSNA). Health Scrutiny committee review sessions were conducted on children's and adults' oral health in March 2023 (two separate sessions).	Ensure oral health continues to be included in future Rotherham Joint Strategic Needs Assessments and Health and Wellbeing Strategies. Ensure these feed into SY ICB dental strategy and other SY ICB reports. Ensure oral health data on the data hub is updated regularly.
	Set up a stakeholder group that has responsibility for an oral health needs assessment and strategy.	Oral Health Improvement Group (OHIG) meets quarterly	Encourage representation from secondary care and education and other groups which aren't currently attending.
2. Carry out an oral health needs assessment	Define scope	An oral health needs assessment was undertaken in 2018. In addition, the South Yorkshire Rapid Oral Health Needs assessment was undertaken in 2022 and a Rotherham Locality Profile detailing dental services in Rotherham was completed in 2023. The direction and content of this local Rotherham OHNA are decided by RMBC in consultation with OHIG.	Consult with key partners and the public on updated Rotherham OHNA 2024.
	Integrate into JSNA and Health and Wellbeing Strategy (HWBS)	Oral health is included in the Rotherham DataHub (JSNA). The OHNA and updates to the JSNA are happening simultaneously.	This Rotherham OHNA will need to inform the JSNA and HWBS.

	Practise cyclical planning		This Rotherham OHNA will inform the oral health action plan.
3. Use a range of data sources to inform the OHNA	Use of demographic and deprivation profiles	Current data in this OHNA	
	Use national oral health surveys	Current data in this OHNA	Rotherham should participate in the Care Home survey 2024/25 to gain data on this vulnerable group. Continue to engage with the 5-year-old survey every 2 years. Ensure funding is protected to enable continuity for the dental epidemiology programme of oral health surveys.
	Use of demographic and socioeconomic data to determine the need	Data used in this OHNA	
	Use local expertise and lifestyle surveys.	Data from the Rotherham School Lifestyle Survey 2023 is included in this OHNA.	Engage with Healthwatch
	Seek advice on survey design and collection, analysis and interpretation	RMBC Public Health Information Team, Consultant in Dental Public Health and national dental epidemiology team provide advice	
4. Develop an oral health strategy	Strategy based on OHNA		The OHNA will inform the oral health action plan.
5. Ensure public service environments promote oral health	Free drinking water; providing sugar-free food, drinks and snacks, including from vending machines; encouraging breastfeeding.	Vending machines were removed from Rotherham Community Health Centre and water machines are available in all staff and public places. NHS ban on sale of sugary drinks in NHS hospitals from July 2018. Endorsement of healthy food policies in council and other establishments, including gyms and care homes. National smile month campaign in Rotherham hospital.	Encourage dental practices to become part of the breastfeeding-friendly initiative. Provide evidence-based messages on breastfeeding and weaning for dental teams. Encourage partnership working between midwifery, infant feeding and dental teams to promote free NHS dental care during pregnancy and 12 months after birth. Use national campaigns such as National Smile Month, Mouth Cancer Action Month, Stoptober and Change4Life to promote oral health in public places. Encourage partnership support through the OHIG to work with the council to reduce the sales of high-sugar

			food/drinks on council premises and promote access to water.
	Use levers to address oral health and wider determinants of health e.g. local planning decisions for fast food outlets.	RMBC liaises with planning permission and prevents the placement of fast-food outlets within a set radius of schools. Trading standards seize illicit tobacco, illegal vapes and selling of vapes to under 18s. Support the Tobacco and Vapes Bill	Work with the healthy hospital team to identify opportunities to promote good oral health.
	Linking in with other sectors e.g. supermarkets to promote oral health		Work with supermarkets and local corner shops regarding sugar-sweetened energy drink purchases within legislation through Trading Standards.
6. Include information and advice on oral health in all local health and wellbeing policies	Advice for children and adults based on Delivering Better Oral Health and common risk factors	Food, drink and snack policies for children's centres and the Healthy Foundation stage award. Toothbrushing Club Policies Based on Delivering Better Oral Health (Office for Health Improvement & Disparities, 2021), and national guidance on supervised toothbrushing schemes (Public Health England, 2016a, 2020d) Early Help Assessments use the 'Signs of Safety' Assessment which allows staff to pick up on health issues and ascertain what help is needed. It is a custom practice for all family workers to ask and record whether families see a dentist. If the family needs help finding a dentist, this is included in the action plan and is followed through where possible. Linking in with Flexible	More progress possible e.g. policies on infant feeding (advising only milk or water are used in bottles); obesity; childcare services; primary and secondary education; safeguarding; care at home; health and social care assessments; food policies and model examples for schools/nurseries, drop-in centres, lunch clubs, leisure centres, and food banks; carer centres and adult care services.

		Commissioning practices through this programme.	
7. Ensure frontline health and social care staff can give advice on the importance of oral health	Training for frontline staff, including understanding the link between health inequalities and oral health and high-risk groups; and being able to advise carers on oral care	Oral health improvement team training for health visitors, school nurses, early years and schools, and childcare students. MECC training to all early help staff representatives and representatives in 0-19 service who will champion rolling it out to the rest of the staff team, with a focus on tobacco and alcohol.	Development of conversation guides for health visitors to use at mandated health assessments. Training for care home staff for older people and children. Develop links with GPs and pharmacies to promote oral health. Further work within secondary schools to promote oral health. Oral health promotion manager to be involved in the Core20PLUS5 connectors programme Promote fluoride varnish, including encouraging parents to ask at dental visits for their dentist to provide fluoride varnish.
8. Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health	Ensure oral health in care plans and in line with safeguarding policies	Oral health embedded in 0-19 Healthy Child Programme. Healthy Foundation Award scheme. Health improvement teamwork with 'Families in crisis' National Smile Month campaign involving donations of toothbrushes and fluoride toothpaste distributed to vulnerable families through foodbanks by the Rotherham Local Dental Committee.	More progress is possible e.g. building oral health into all care plans for those in residential care and hospitals. Promotion of oral health using Mouth Care Matters and Caring for Smiles. Encourage NHSE to develop a Residential Oral Care Scheme (ROCs). More work is required to understand the needs of vulnerable adults. Work with paediatric GA providers to provide oral health promotion for families of children attending for extractions under general anaesthetic. Raise awareness of dental neglect being a sign of wider neglect. Further distribution of oral health packs via foodbanks

			Ongoing oral health training for foster carers. Encouraging them to take children to their general dentist, flexible commissioning dental practices or access the community dental service. Ensure access to dental care is being consistently recorded for looked-after children of all ages. Use holiday activities and food programmes as opportunities to promote oral health and provide oral health packs.
	Ensure service specifications promote oral health.	Oral health improvement part of 0-19 service specification	Ensure specific reference in service specifications for oral health improvement programmes, monitoring and quality assurance.
9. Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health	Based on Delivering Better Oral Health	Oral health training is provided for the 0-19 service staff, for school staff as part of the 'whole school approach' and staff involved in supervised toothbrushing clubs. Use of e-learning for health oral health resource encouraged for early years	Develop a conversation guide on oral health for health visitors to use at mandated health assessments. Seek opportunities for training these working with adults e.g. oral health training for care home workers.
10. Promote oral health in the workplace	Work with occupational health services to promote and protect oral health		No current activity – seek opportunities.
	Provide information and advice on oral health and accessing dental care	Training of 0-19 workforce in oral health.	Cascade information to people and workplaces through a range of media on oral health and how to access dental care.
	Allow employing paid time off work for dental appointments.		Investigate opportunities for more flexible arrangements.
	Ensure the workplace environment promotes oral health.	Be Well at Work workplace award in Rotherham Sugary drinks will not be sold in NHS hospitals from July 2018.	To review the Be Well at Work award.

<table>
<tr><td rowspan="4">11. Commission-tailored oral health promotion services for adults at high risk of poor oral health</td><td>Use OHNA to identify areas and groups.</td><td></td><td>Limited by lack of Rotherham level oral health survey data on adults</td></tr>
<tr><td>Tailored interventions</td><td>Bespoke dental services set up for:
• Those experiencing homelessness
• Transient and inclusion groups (asylum seekers and refugees, sex workers, Gypsy, Roma, Traveller and Show People communities</td><td>Update oral health resources for the Roma Slovak community.</td></tr>
<tr><td>Ensure services promote and protect oral health.</td><td>Brief intervention and signposting through the local dental MECC resource.</td><td>Further collaboration and partnership working with stop smoking, drug and alcohol services.</td></tr>
<tr><td>Ensure local care pathways encourage people to use dental services.</td><td></td><td>Partnership working with NHS England and SY ICB through OHIG, NHSE’s oral health and access to dental services improvement group and LDN to ensure appropriate services.
Partnership with local charities and organisations in Rotherham supporting:
• Those experiencing homelessness
• Transient and inclusion groups (asylum seekers and refugees, sex workers, Gypsy, Roma, Traveller and Show People communities)</td></tr>
<tr><td>12. Include oral health promotion in specifications for all early years services</td><td>Promotion of oral health and training of staff</td><td>Training in oral health and nutrition to 0-19 Workforce

Oral health is a part of the 0-19 service specification.</td><td></td></tr>
<tr><td>13. Ensure all early years services provide oral health information and advice</td><td>Based on Delivering Better Oral Health; understanding that good oral health contributes to better overall health</td><td>Advice has been updated in line with Delivering Better Oral Health: promotion of breastfeeding; moving onto solids; moving from bottle to cup; healthy food; role of fluoride in preventing tooth decay; sugar-free medicines, accessing dental care.</td><td>Utilise the Milk and Water Kind to Teeth resources to support parents/carers of 0-5s.</td></tr>
</table>

		Moving onto Solid Foods programme which includes oral health promotion. This is offered to all parents when their baby is 3-4 months. There is a rolling programme of dates and venues across the borough. Healthy Foundation Award Dedicated Infant Feeding Team within the Rotherham Children's Public Health Nursing Service that provides ongoing breastfeeding support beyond Universal Healthy Child Programme mandated contacts.	
14. Ensure early years services provide additional tailored information and advice for groups at high risk of poor health	Identify high-risk areas and groups in OHNA	0-19 team including health visitors can refer children at high risk of poor oral health to flexible commissioning dental practices.	It is essential that in future the 5-year-old survey is routinely commissioned as part of the PHOF with recurrent budget allocation.
	Tailored and culturally appropriate advice for families	Opportunities for targeted oral health promotion are regularly explored, the oral health improvement lead attended a health event supported by the Clifton Learning Partnership in October 2024, the event was aimed at supporting the health of Roma families.	Update Roma Slovak oral health resources.
	Provide toothbrushing packs e.g. through midwives and health visitors.	Oral health packs are provided universally to the Health Visitors and Nursery Nurses to distribute to families at the mandated 6–8-week assessment, all stages questionnaire (ASQ) visits at 9 months – 12 months and 2-to-2-and-a-half-years visit. Oral health packs are also provided for the vulnerability team on request and are also given out by Health Improvement staff through the Introducing Solid	Consider a universal, consistent approach to distributing oral health packs to children attending toothbrushing clubs and family centres for home use. To work with holiday activities and food programmes regarding: the feasibility of distributing oral health packs. Provide a conversation guide to ensure key oral health messages are provided along with the packs.

		Food sessions where participants haven't already received a pack. National Smile Month campaign involving donations of toothbrushes and fluoride toothpaste to be distributed to vulnerable families through food banks. Toothbrushes and toothpaste are included on the general list for recommended donations. Oral health packs distributed to target schools as part of Councillor collaboration work.	
15. Consider supervised toothbrushing schemes for nurseries in areas where children are at high risk of poor oral health	Use OHNA to identify areas where children are at the highest risk of poor oral health.		It is essential that in future the 5-year-old survey is routinely commissioned as part of the PHOF.
	Commission scheme in early years settings in high-risk areas	Developed Rotherham Toothbrushing Club toolkit and policy documents and updated local training. April 2024 61 sites (school, nursery and childminder settings) were operating a STC with over 2,655 children participating. Quality assurance assessments of toothbrushing clubs are carried out termly by settings and once a year by RMBC. Toothbrushing clubs are set up in early years and childcare settings.	Expand provision in child-care and early years settings.
16. Consider fluoride varnish programmes for nurseries in	Target to areas of high risk of poor oral health, monitor and evaluate		Consider setting up a community fluoride varnish scheme as part of the dental recovery plan via the SY ICB.

areas where children are at high risk of poor oral health			
17. Raise awareness of the importance of oral health as part of a 'whole school approach' in primary schools	Policies and procedures promote oral health e.g. food and drink	Healthy Foundation award includes oral health. Targeted work in 4 areas (Coleridge, East Dene, St Anns and Eastwood Village) and The Willows Schools involved in a 'whole school approach': training staff; raising awareness of the importance of oral health for general health and wellbeing; provision of lesson plans; offer support for food and drink policies; setting up and monitoring toothbrushing clubs; and loaning oral health resources. Resource boxes are lent to schools for oral health promotion activities.	Seek more opportunities to engage with schools to set up toothbrushing clubs, promote classroom activities and whole-school food policies. Engage schools with national campaigns such as National Smile Month and Change4Life. Encourage more schools to utilise available oral health promotion resources.
	Displaying oral health information for children and carers including how to access dental care	Undertaken by some local settings. QR codes with the Find a Dentist website distributed at health visits. Childminders and child support groups display more information regarding how to access dental services and oral health information. Local resources developed such as an information leaflet for people with additional needs, those who support them and professionals which includes	Seek further opportunities. Utilise national resources which have been developed (e.g. Bright Bites, Tilly the Tooth and Dental Buddy) Promote the updated SYB Healthier Together oral health website pages: https://sybhealthiertogether.nhs.uk/parentscarers/general-wellbeing/oral-health Consider developing plain English summaries of the additional needs leaflets for use by the general public on how to access dental services and key oral health messages.

		information on how to access dental care. School nurses can refer children to flexible commissioning dental practices.	
	Teaching oral health in the curriculum based on Delivering Better Oral Health	Oral health improvement team providing training for school staff including school nurses.	Utilise e-learning resources such as e.g. Bright Bites, Tilly the Tooth, and Dental Buddy.
18. Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health	Train staff in oral health	Oral health improvement team providing training for school staff. Deliver oral health training alongside other staff health updates e.g. epi pen training.	
	Set up toothbrushing schemes or fluoride varnish programmes	Toothbrushing clubs in a small number of foundation stage settings.	Ongoing plan for recruitment of more schools.
	Opportunities for parents to learn about oral health	Part of the whole school approach. Toothbrushing club paperwork for parents/carers included general oral health information.	Engage parents as part of a 'whole school approach'. Incorporate oral health into new starter events, possibly provide oral health packs for children to take home, and involve parents/carers in developing school food policies.
19. Consider supervised toothbrushing schemes in schools where children are at high risk of poor oral health	OHNA to identify areas	In April 2024 61 sites (school, nursery and childminder settings) were operating a STC with over 2,655 children participating.	Plan to roll out the toothbrushing scheme to more schools.
20. Consider fluoride varnish schemes for primary schools in areas where	Target to areas of high risk of poor oral health		Consider setting up a scheme once the community fluoride varnish toolkit is published and in liaison with SY ICB.

children are at high risk of poor oral health			
21. Promote a ‘whole school’ approach to oral health in all secondary schools	Policies and procedures promote oral health e.g. food and drink	Core20PLUS5 connectors programme	Seek further opportunities
	Incorporate oral health into the curriculum.		To work with secondary schools in Rotherham to implement BRIGHT lesson plans regarding toothbrushing https://pshe-association.org.uk/resource/bright-dental-health Engage schools in national campaigns e.g. National Smile Month, Change4Life and Give up Loving Pop (Food Active).
	School nurses to encourage good oral health	Training provided by the oral health improvement team for school nurses School nurses can refer children to flexible commissioning dental practices.	
	School leavers are informed about accessing dental services.		Action required - seek opportunities
	Oral health training for school staff		Action required. Link in with diet, alcohol, sexual health
	Influence planning decisions e.g. location of fast-food outlets near schools	RMBC liaises with planning permission and speaks up against the placement of fast-food outlets within a set radius of schools	Action required – seek opportunities

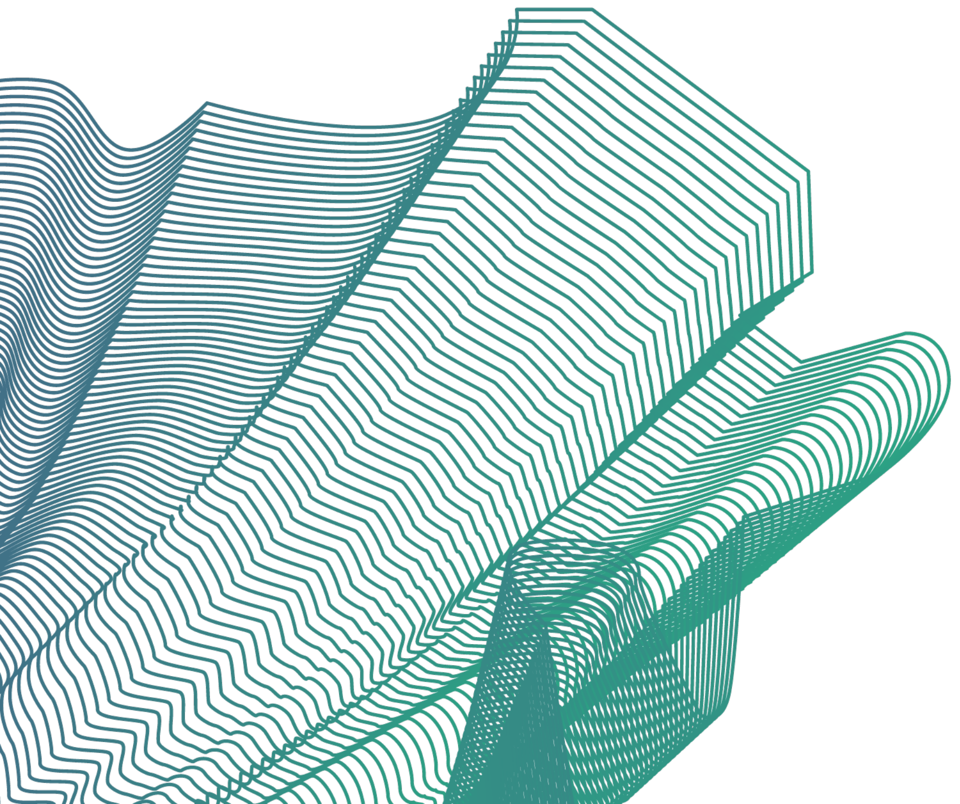
Rotherham Place Board
Spotlight – Prevention and Health Inequalities

Wednesday 16th April 2025

South Yorkshire
Integrated Care Board

Rotherham, Doncaster and South Humber
NHS Foundation Trust

The Rotherham
NHS Foundation Trust



yourhealthrotherham.co.uk

ROTHERHAM
PLACE PARTNERSHIP | HEALTH AND CARE

What's working well

- Engagement with partners around the refresh of the Prevention and Health Inequalities Action Plan for 25/26
- Engagement with partners around chronic pain
- Stronger links have been established for the programme with Housing and Neighbourhoods
- Cabinet on 17th March approved spend for Sport England Place Expansion Programme
- Work undertaken around the rural health toolkit
- Development of Humanitarian Group Action Plan

ROTHERHAM
PLACE PARTNERSHIP | HEALTH AND CARE

Challenges and Risks

- Impact of poverty and the cost of living
- Financial position across the system
- Organisational leadership changes across the system
- Maintaining momentum across the system
- Data-sharing and having a single narrative around health inequalities

What needs to happen next

- Development session with partners on the 28th April
- Produce a new Action Plan which includes accountability
- Build on work around chronic pain and partnership working

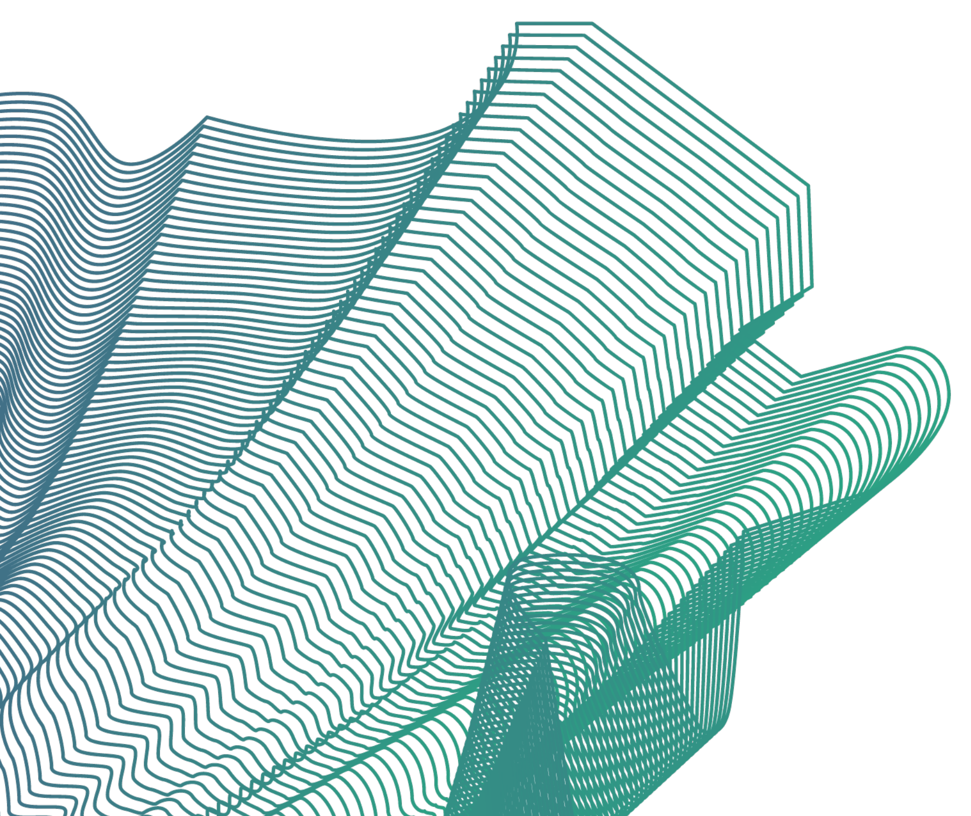
Rotherham Mental Health, Learning Disability and Neurodiversity Transformation Group – Mental Health Update

Wednesday 16th April 2025

South Yorkshire
Integrated Care Board

Rotherham, Doncaster and South Humber
NHS Foundation Trust

The Rotherham
NHS Foundation Trust



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What's working well

- Primary / Secondary care Integrated Community Care Pathway and enhanced workforce established.
- Building stronger partnership working across Rotherham and South Yorkshire ICB.
- Building community capacity (Small grants, Mental Health Alliance), Patient Voice (peer support) and Personalisation.
- Delivery of a wide range of suicide prevention and self-harm training across the borough.
- Strong Partnership working across SYICB and the 4 Local Authorities (Amparo, Real-time data and SYICB Plan on a page action plan developed).
- Improving the Mental Health Crisis offer (YAS MH Vehicle, Crisis Grants, Text Lines, Expansion of Crisis Team).
- Review / Transformation of Social Care pathway.
- Rotherham Dementia Network established
- Adult ADHD Physical Health Check / Medication pathway
- Strong Mental Health Communication (Rotherhive, Carers Directory, Dementia Prevention poster)

Challenges and Risks

- Demand and Complexity of individual continues to increase.
- Embed the primary / secondary care community pathway (Cultural, Recruitment and Retention).
- Improve the support available for those individual's who have attempted suicide due to a life event.
- Improve Dementia pathway (prevention, post-diagnostic and end of life).
- Improve Eating Disorder pathway across SYICB.
- Alignment of the various Mental Health Strategies and Action Plans to be refreshed over the next 9 months.
- Adult ADHD Physical Health Check / Medicine Monitoring Pathway Delayed to drug shortages.
- Lots of activity planned for 2025-26 versus capacity to deliver

What needs to happen next

- Continue to embed Primary / Secondary care Integrated Community Care Pathway and workforce in primary care (25/26).
- Consultation and mobilisation of the SYICB Community Eating Disorder Pathway (May / June 2025).
- Complete the All Age Neuro engagement plan (May 2025).
- Launch of Rotherham Vista Project (to support those people who have attempted suicide due to a life event (15 months) 14th April 2025.
- Refresh of the Suicide prevention and Self Harm Action Plan, Better Mental Health for All and Loneliness Plan (next 9 months).
- RMBC Mental Health Strategy (December 2025).
- Undertake the Rotherham Dementia Pathway Review (March 2026).

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.30am – 10.30am
Date of Meeting:	Wednesday 19 March 2025
Venue:	John Smith Room, Rotherham Town Hall
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Wendy Allott, NHS SY ICB Anand Barmade, Connect Healthcare Rotherham Richard Jenkins, The Rotherham NHS Foundation Trust Toby Lewis, Rotherham, Doncaster and South Humber NHS Foundation Andrew Russell, NHS SY ICB Ian Spicer, RMBC Gordon Laidlaw, NHS SY Integrated Care Board
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members:
Chris Edwards (**CE**), Executive Place Director, Rotherham Place, NHS South Yorkshire Integrated Care Board (NHS SY ICB
Sharon Kemp (**SK**), Rotherham Metropolitan Borough Council
Claire Smith (**CS**), Director of Partnerships Rotherham Place, NHS SY ICB
Wendy Allott (**WA**), Director of Financial Transformation - Rotherham, NHS SY ICB
Alex Hawley (**BA**), Acting Director of Public Health, Rotherham Metropolitan Borough Council
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Bob Kirton (**BK**), Managing Director, Rotherham NHS Foundation Trust (deputising)
Julie Warren Sykes (**JWS**)l, Deputy Chief Nurse, Rotherham, NHS SY ICB
Julie Thornton (**JT**), Care Group Director, Rotherham, Doncaster and South Humber NHS Foundation Trust (deputising)

Participants:
Cllr Joanna Baker-Rogers (**JBR**), Health & Wellbeing Board Chair, RMBC
Mat Cottle-Shaw (**MCS**), Chief Executive Officer, Rotherham Hospice
Kym Gleeson (**KG**), Service Manager, Healthwatch Rotherham
Dr Jason Page (**JP**), Medical Director, Rotherham Place, NHS SY ICB
Shahida Siddique (**SS**), Non-Executive Member, NHS SY ICB
Lydia George (**LG**), Transformation & partnership Portfolio Manager, NHS SY ICB

In attendance:
Jude Archer (**JA**), Asst Director of Transformation, NHS SY ICB
Michael Draffan (**MD**), Place Workforce Development Lead, RMBC
Tim Hartley (**TH**), Head of Property, RMBC (for Item 2 only)
Jo Martin (**JM**), Programme Lead – Transformation & Delivery, NHS SY ICB (Items 4 & 5 only)
Karen Smith, Director of Partnership, NHS SY ICB - Observing

Minute Taker:
Wendy Commons, Business Support Officer (Rotherham), NHS SY ICB

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Item Number	Discussion Items
124/03/25	**Public & Patient Questions**

There were no questions from members of the public.

125/03/25	**Estates Update**

Tim Hartley advised that the group meets six times a year and is continuing discussions around Town centre regeneration initiatives, Asset Management Planning and estates strategies, accommodation requirements across the public sector and asset mapping and data.

RDaSH representation is still being sought and JT will follow up.

TH updated on the work being undertaken on the six workstreams namely, collaboration, Olive Lane Medical Centre, Data, Land and Assets, Voluntary Sector, Badsley Moor Lane and Climate Change. Members were informed that the new medical centre at Olive Lane will begin delivering services from Spring 2025 and is surrounded by new retail properties that are in the process of being fitted out.

Progress is being made toward the Rotherham wide Health Estates Strategy with agreement for a high level vision to allow the alignment of service and estates planning, whilst developing a primary care network estates strategy will also enable the procurement of the best solution bringing Rotherham in line with partner organisations and being more proactive.

TH gave a brief update of progress with the development of Forge Island and the businesses that are due to occupy vacant units in the coming months.

MCS advised that the Hospice aspires to become a 30-bed facility in the future. However, it is not an option to remain in the current premises. It was agreed that the Hospice will be invited to join the Strategic Estates Group.

Action: TH

CE thanked TH for the update and he left the meeting at this point.

126/03/25	**Workforce Update**

Michael Draffan commenced by thanking partners for assisting with partnership working and the employment opportunities they have provided to support the programmes in place across Rotherham.

He went on to say that partnership working in Rotherham is excellent and the group is well connected with all key employers and partners. Participation programmes are being widened and work with schools and colleagues has included the ambassador programme and the Rotherham College market place event. It was noted that Skill Street is due to open on 1st April raising a good profile for the sector and the SYREC Website now contain a dedicated Rotherham page.

A number of opportunities and risk were highlighted including:

- Pathways to Work – Trailblazer/Growth accelerator
- Learning disability and autism development
- Supported internship placements
- Developing work with primary care
- NEET inclusion/reduction
- Developing apprenticeships
- Experience in the workplace

Work is now taking place to roll out the SWAP programmes with TRFT and RMBC for 18-24 NEET clients and with the rollout of the Pathways to Work Programmes to ensure connectivity between the trailblazer and growth accelerator. Further work will also take place to develop

NEET inclusion work and develop the partnership with Rotherham Hospice where there are a number of volunteer opportunities available.

Following discussion about pathways to work trailblazer and how it is high this issue is high on the government agenda. It was agreed that MD and CS will discuss what having the project will mean for Rotherham and how best it can be taken forward using the resources already available including the award winning employment solutions team. Having seen the benefits of the project in Barnsley, BK will also be included.

JWS will also link up with MD on care leavers.

JBR thanked MD for the work done on NEET inclusion which she said was working well and has had a big impact.

Discussion followed around the possibility of holding a future Health and Wellbeing Board at Skill Street to give Members an insight.

Members thanked Michael for the positive update and his enthusiastic approach.

127/03/25	**Proactive Care Update**

JM reminded members that proactive care is personalised and co-ordinated multi-professional support and intervention for people living with complex needs, usually focussed upon frail patients who have long term conditions. Jo advised that since attending Place Board last October, the model has been tested with changes made. It has been challenging to bring together but monthly meetings with partners attending are taking place. Lessons have been learnt along the way with adjustments made as we went.

Designated leads are in place with named leads for PCNs and a lead social worker and social prescriber with good effective collaboration and relationships growing across teams and services. This approach has led to good care plans being developed for individuals with cross professional learning, enhancing education and shared knowledge.

The focus is now moving from a medical approach to more holistic to include the needs of the patient and their family with patients taking more ownership and able to manage their conditions better, as well as them know who to contact when necessary and thereby preventing admission to hospital.

There have been 363 patients referred into social prescribing with exceptional care reported from Voluntary Action Rotherham. Care for 216 patients has been better optimised on a non MDT route and 25 patients were found to be really complex and taken through the pilot on the highly complex pathway. Previously, care for these would have been reactive and more likely resulted in hospital admission.

JM outlined some of the challenges, particularly around shared ownership and commitment to ensure active participation from all partners and making sure of the right level of expertise is available for effective MDTs.

Following discussion, it was agreed that BK would link Sara Atkinson in community nursing at TRFT with JM. JM will contact IS/SK regarding social care representation and MCS will share Jo's details with Jane Lowe, Director of Clinical Services at the Hospice to discuss Hospice involvement.

JM advised that going forward it is important to ensure momentum is sustained and adaptability is key. Work will continue to ensure engagement is boosted to improve attendance and participation in MDTS whilst also strengthening connections to align with neighbourhood working, prevention strategies and the community service review.

The Chair thanked JM for the presentation and the good progress.

127/03/25	**Covid Spring Booster Campaign**

JM advised that covid vaccinations will commence from 1 April 2025 for those eligible. The cohort for the 2025 programme is:

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- Adults aged 75 and over
- Residents in a care home for older adults
- Individuals aged 6 month and over who are immunosuppressed.

In Rotherham, priority will be given to older adult care homes and eligible house bound patients.

All primary care networks (PCNs) have signed up to deliver the scheme. The district nurse team will support housebound vaccinations and work in taking place with community pharmacy to address any potential gaps.

The campaign will run until 17 June 20205.

The Chair thanked JM for outlining the plan after which JM left the meeting.

128/03/25 Rotherham Place Partnership Update

The Place Partnership newsletter for January/February 2025 was shared with partners for information and distribution within their own organisations.

129/03/25 Place Achievements

Members were informed about two achievements around dementia. One was a collaboration between TRFT and RDaSH to provide support in prescribing decisions for people with dementia. The second, again highlighted collaborative working with RDaSH hospital liaison team and TRFT holding its first dementia focus week on Ward B5 at Rotherham hospital with the aim or making the ward more dementia friendly.

The achievements were noted.

130/03/25 Communications to Partners/Promoting Events & Consultations

- KG had shared communication cards that had been produced to improve communication with health professionals for the deaf community and people with learning disabilities.
- RMBC has launched a new carers directory which provides comprehensive information and support for carers. It will be shared with partners.

131/03/25 Draft Minutes and Action Log from Public Place Board

The minutes from the meeting held on 19 February 2025 were agreed as a true and accurate record.

The action log was reviewed. There were no outstanding actions.

132/03/25 Risks and Items for Escalation to Appropriate Board

There were no new risks to note and nothing for escalation.

133/03/25 Future Agenda Items:

April Agenda Items:

- Oral Health Needs Assessment – A Hawley

Standing Items

- Updates from all groups (as scheduled)
- Bi-Monthly Place Partnership Briefing
- Feedback from SY ICP Meetings – Bi Monthly
- Place Achievements (as and when)

134/03/25 Date of Next Meeting

The next meeting will take place on ***Wednesday 16 April 2025*** in the John Smith Room, Town Hall, Rotherham.

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Members

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair) Quarterly attendance)	Chief Executive	Rotherham Metropolitan Borough Council
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health/Deputy CE	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Bob Kirton	Managing Director	The Rotherham NHS Foundation Trust
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust
Dr Anand Barmade	Medial Director	Connect Healthcare Rotherham (GP Federation)

Participants

Cllr Joanna Baker-Rogers	Chair of H&WB Board	Rotherham Health and Wellbeing Board
Claire Smith	Director of Partnerships, Rotherham Place	NHS South Yorkshire Integrated Care Board
Andrew Russell	Director of Nursing, Rotherham & Doncaster Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Director of Financial Transformation Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Nicola Curley	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Matt Cottle-Shaw	Chief Executive	Rotherham Hospice
Kym Gleeson	Service Manager	Healthwatch Rotherham
Lydia George	Transformation and Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust

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PUBLIC ROTHERHAM PLACE BOARD ACTION LOG - 01 April 2024 - 31 March 2025

Mtg Date	Item No.	Agenda Item Title	Action Description	Timescale for Completion	Lead Officer	Action Status	Date Completed	Comments
19.03.25	125/03/25	Estates Update	TH to invite Rotherham Hospice representation to the Strategic Estates Group	16.4.25	TH	Green	02.04.25	