Joint Strategic Needs Assessment 2015-2016

Executive summary

This factsheet considers oral health in children. The prevalence of dental decay remains higher than the average for London and England for both 3 and 5 year old children. The dental health of looked after children is worse that children in general in Tower Hamlets. There remain areas of unmet need with children with tooth decay not being treated.

Uptake of dental services in children though improving remains much lower than the London and national average.

Effective interventions include the use of topical fluoride to prevent tooth decay, better advice on breastfeeding and weaning and oral health training of primary care teams. The Council is currently delivering some of these programmes. Over 90% of nursery schools are involved in the fluoride varnish programme but the impact will only be realised through sustainability of the programme.

The public health team has adopted an integrated approach with partners for child oral health improvement and is ensuring that the local authority services for CYP have oral health improvement embedded at a strategic and operational level. Improving oral health and dental service particularly among vulnerable children remains a priority.

More information is needed on ethnicity and oral health, the oral health of older looked after and other vulnerable children, barriers to accessing dental services and how dentistry will fit into the emerging primary care networks and clinical commissioning groups.

Recommendations

- To ensure that the local authority services for CYP have oral health improvement embedded at a strategic and operational level
- To maintain funding for the school fluoride varnish and brushing for life programmes
- To carry out a review of the oral health promotion function to enable it to be in line with the new public health structure
- To work towards including an oral health indicator into the Healthy Schools Programme
- To continue to develop and implement strategies to increase access to and uptake of dental services particularly among children with special care needs. This includes routine, specialist and out of hours urgent care dental services
- To implement the recommendations of the research project on looked after children

1 What is oral health?

Oral health is defined as a standard of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, pain, discomfort or embarrassment and which contributes to general well-being[1].

In addition to pain and discomfort poor oral health can result in disruption of family life, loss of sleep, time of work /school, loss of self-esteem and limited food choices.

[1] WHO definition

2 What is the policy context?

A number of policy documents have been issued in relation to improving oral health and commissioning dental services.

- The public health outcomes framework (2013-16) includes “tooth decay in five- year-old children” as an outcome indicator (4.02)

- The NHS outcomes framework (2014-15) includes indicators related to patients’ experiences of NHS dental services and access to NHS dental services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417894/At_a_glance_acc.pdf

- The Children and Young People’s Health Outcomes Forum report published in 2012 and its 2014 annual report recommended improved integration and greater action to reduce variation in child health outcomes.

- Public Health England (2014). Delivering Better Oral Health- an evidence based toolkit for prevention https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367563/DBOHv32014OCTMainDocument_3.pdf

- Public Health England (2014). Local authorities improving oral health: commissioning better oral health for children and young people - An evidence-informed toolkit for local authorities https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf

- Department of Health (2013) Securing Excellence in Dental Commissioning NHS Dental services – guidance on commissioning dental services that are cost and clinically effective, offer patients a positive experience and improve health outcomes http://www.england.nhs.uk/wp-content/uploads/2013/02/commissioning-dental.pdf

- Statutory Instrument 2012 No. 3094 : Dental Public Health functions – Section 4 Local authorities have a responsibility to ‘provide, or make arrangements to secure the provision’ of oral health surveys and oral health promotion and oral health improvement as part of overall population health improvement http://www.legislation.gov.uk/uksi/2012/3094/contents/made

- Department of Health (2007) Valuing people’s Oral Health – a good practice guide for improving the oral health of disabled children and adults http://www.sepho.org.uk/Download/Public/12757/1/valuing_peoples_oral_health%5B1%5D.pdf

3. What is the local Picture?

In 2013 the proportion of children aged 3 in Tower Hamlets who had experienced tooth decay was 17.3% compared to 13.6% for London and 11.7% for England. Early childhood caries is an aggressive form of decay that affects upper incisors in infants and can be rapid and extensive in attack. It is associated with long term bottle use with sugar-sweetened drinks, especially when these are given overnight or for long periods of the day. The proportion of 3 year old children with early childhood caries in Tower Hamlets was 9.1% compared to 5.3% for London and 3.9% for England. Previous studies have shown large and statistically significant differences in decay experience among ethnic groups; Eastern Europeans 44%, Pakistani 32%, Bangladeshi 30%, White British 18%[1,2] .

In 2012 the proportion of 5 year old children experiencing tooth decay was 45.9%, the second highest in London. In comparison the figure for London was 32.9% and England 27.9%[3]. Over the years there have been steady improvements with in oral health with the proportion with disease experience falling from 53.8% in 2002 to 49.4% in 2004 and 46.3% in 2006 and 39.1% in 2008. The proportion with dental abscesses fell from 3.7% in 2008 to 1.7% in 2012[4].

Oral health of 12 year in children in Tower Hamlets is better than the London and England average. In 2009 the proportion who had experienced tooth decay was 21.3% compared to 28.2% for London and 33.4% for England[5]. The findings of a national oral health survey of 12 and 15 year old children were published in March 2015[6]. The sample was too small to report data at borough level but the headline findings were as follows:

- Reduction in the extent and severity of tooth decay in permanent teeth but large proportion of children continue to be affected by dental disease
- Children from lower income families are more likely to have oral disease
- 51% of 12 year olds and 60% of 15 year olds were satisfied with the appearance of their teeth and the majority were positive about their oral health
- 23% of parents said they had taken time off work because of their child's oral health in the previous six months
- More than three quarters of older children reported brushing their teeth twice a day

A study of the oral health of looked after children in Tower Hamlets was carried out in 2014. The study found that 27% of 5-11 year olds and 19% of 12 -15 year olds had untreated tooth decay. Also, 37% of girls aged 12-15 had a tooth fracture compared to 6% of boys. The study identified that foster carers need more practical support and tailored services to support their role as primary care givers[7].

In 2013/14 dental extraction was among the highest cause of hospital admissions for children in London. In Tower Hamlets 469 children were admitted to hospital for dental extractions with 56% in the 5-9 year age group. This represented 0.7% of the 0-19 year old population, similar to that for London[8].

In March 2015 the proportion of children accessing dental services in Tower Hamlets was 50.4% compared to 63% for London and 69.4% for England[9]. There has been a steady rise in the proportion of children in Tower Hamlets accessing dental services from 46.9% in 2006.

1. Public Health England (2014). Oral health survey of 3 year old children 2013 http://www.nwph.net/dentalhealth/reports/DPHEP%20for%20England%20OH%20Survey%203yr%202013%20Report.pdf
2. Marcenes W, Muirhead V, Murray S, Redshaw P, Bennett U, Wright D (2013): Ethnic disparities in the oral health of 3 to 4 year old children in East London, UK. British Dental Journal , 215 (2) E4
3. National Dental Epidemiology Programme, oral health survey of 5 year old children 2012 http://www.nwph.net/dentalhealth/survey-results5.aspx?id=1
4. National Dental Epidemiology Programme, oral health survey of 5 year old children 2008 http://www.nwph.net/dentalhealth/
5. National Dental Epidemiology Programme, oral health survey of 12 year old children 2009 http://www.nwph.net/dentalhealth/
6. Health & Social Care Information Centre (2015) Child Dental Health Survey 2013 http://www.hscic.gov.uk/searchcatalogue?productid=17584&topics=1%2fPrimary+care+services%2fDental+services&sort=Relevance&size=10&page=1#top
7. Vanessa Muirhead, Desmond Wright (2015). The 'Let's talk about teeth' dental health project of looked after children in Tower Hamlets. Local Authority Report.
8. Public Health England. Dental health: Admission to hospital for extraction of one or more decayed primary or permanent teeth 0 to 19 year olds, 2013/14. http://www.nwph.net/dentalhealth/extractions.aspx
9. Health and Social Care Information Centre, NHS Dental Statistics for England 2015

4. What are the effective interventions?

- We should be encouraging children to brush their teeth twice a day with a toothpaste containing fluoride [1]
- We should be applying fluoride varnishes to the teeth of children professionally twice a year as this substantially reduces tooth decay in children [2, 3,4]
- We should organise regular supervised use of fluoride mouth rinses for children with special needs or at high risk of dental caries as this will reduce tooth decay[5]
- We should support home visits that provide new mothers with advice about breastfeeding and weaning as this helps to reduce early childhood caries in infants [6]
- We should ensure that where appropriate dentists cover the molar teeth of children with a resin-based sealant as they are less likely to get dental decay in their molar teeth than children without a sealant[7]
- We should implement policies which reduce sugar consumption in children as they may be helpful in preventing tooth decay[8,9]

1. Walsh T, Worthington HV, Glenny AM, Appelbe P, Marinho VC, Shi X. Fluoride toothpaste of different concentrations for the prevention dental caries in children and adolescents. Cochrane Database Syst Rev. 2010 Jan 20;(1):CD007868. doi: 10.1002/14651858.CD007868.pub2. Review
2. Marinho VC, Worthington HV, Walsh T, Clarkson JE . Fluoride varnishes for preventing dental caries in children and adolescents Cochrane Database Syst Rev. 2013 Jul 11;7:CD002279 doi:0.1002/14651858.CD002279.pub2
3. Richards D(2013) Substantial reduction in caries from regular fluoride varnish application Evid Based Dent. 2013 Sep;14(3):72-3. doi: 10.1038/sj.ebd.6400947
4. Public Health England (2014) Delivering Better Oral Health- an evidence based toolkit for prevention
5. Marinho VC, Higgins et al. (2009) Fluoride mouthwashes for preventing dental caries in children and adolescents Cochrane Database of Systematic Reviews CD 002284 doi:10.1002/14651858.CD002284
6. Valaitis R, Hesch R et al. (2000) A systematic Review of the relationship between breastfeeding and childhood caries. Can J Public Health 91 (6) : 411-417

7. Ahovuo-Saloranta A, Hiiri A et al. (2008) Pit and fissure sealants for the prevention of dental decay in children and adolescents. Cochrane Database of Systematic Reviews CD 001830

8. Burt PA, Pai S (2001) Sugar consumption and caries risk: a systematic review. J Dent Educ 65 (10) 1017-1023

9. Scientific Advisory Committee on Nutrition (2015). Carbohydrates and Health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf

5. What is being done locally to address this issue?

General

- Commissioning for oral health improvement across the life course, giving every child the best start in life and adopting the principle of proportionate universalism
- Adopting an integrated approach with partners for oral health improvement including NHS England, Public Health England and TH Clinical Commissioning Group. Ensuring that the local authority services for CYP have oral health improvement embedded at a strategic and operational level
- Addressing the underlying causes of health inequalities and the causes of poor general and oral health though upstream evidence informed actions.
- Implementing Delivering better oral health- an evidence based toolkit for prevention
- Implementing Commissioning better oral health for children and young people - An evidence-informed toolkit to support local authorities in evidence based commissioning

Specific programmes

- **Brushing for Life** –involves the provision of a pack containing a toothbrush and toothpaste containing fluoride to young children. Tower Hamlets is providing the pack at the 8th month and 2 year health visitor check-up. The scheme also involves training for health visitors and support workers and provision of information on oral health to parents
- **Healthy Teeth in Schools** – a fluoride varnish programme for children aged 3 -6 years. This is the fifth year of the programme which involves screening and the application of fluoride varnish twice a year to the teeth of nursery school children
- **Oral health promotion** programmes targeting schools and children's centres, general dental practices and children with special needs
- **Training** to enable front line staff to routinely include oral health as part of their work
- Supporting **The Baby Friendly Initiative** and **Children's Centres Breastfeeding Coordinator** (see infant nutrition)
- New dental practice at the **Harford Street Health Centre**
- Implementing a new model for the delivery of **out of hours urgent care dental services**
- Working with NHS England to re-commission dental services for people with **special needs**

and primary care specialist dental services

- Working with NHS England, The Local Dental Committee, Queen Mary University and other partners to develop a **paediatric dentistry care pathway**
- Implementing a strategy to increase uptake of dental services in children
- Implementing the **recommendations from the looked after children's project.** These include the development of educational resources for carers and social workers and negotiations are on-going with the CCG with regard to a dental assessment on entry and the implementation of a dental care pathway.

6. What evidence is there that we are making a difference?

In 2014:

- 5,746 (61.8%) of children aged 3-6 in participating schools in the fluoride varnish programme had a dental screening in compared to 50.1% in the previous year
- 5,237 (56.4%) of children aged 3-6 had fluoride application compared to 48.5% in the previous year
- 8,880 Brushing for life packs distributed to children aged 0-2
- Oral health promotion programme delivered in 32 schools
- 4 Oral health training workshops delivered to frontline staff
- 17 oral health training sessions delivered to school health nurses and professional and family carers
- Evaluation reports from the Training the Trainers programmes have demonstrated increased knowledge and confidence by frontline staff in promoting oral health and self-care

7.Impact on Public Health Outcome Framework indicators

PH Outcomes Framework Indicator 4.02 – tooth decay in 5 year old children. Dental surveys on 5 year old children are carried out every two years.

The impact of the programmes will be known when the results of the latest survey (2014/15) are published. Expected publication date March 2016.

8. What is the perspective of the public on the support available to them?

In June 2015

- 91.8% of residents in north east London were satisfied with dental services (92.2% London, 94.1% England)[1]
- 82.4% were satisfied with time waiting for a dental appointment (84.7% London, 89.9% England)[1]

In the GP patient survey (September 2014) the proportion of residents in Tower Hamlets who tried and were successful in getting a dental appointment in the previous twelve months was 85.6% (London 91% and England 95%)[2].

1. NHS Business Services Authority- PCT Vital Signs Report -June 2015. Data only available at NHSE Area Team Level
2. NHS England GP patient survey dental Statistics July to September 2014

9. What more do we need to know?

- What explains ethnicity differences in oral health in children and how can we use this understanding to improve services? Based on recent survey data there is strong evidence of significantly different rates of dental decay between children in different ethnic groups.
- How meaningful is data on oral health at small area level
- Why is uptake of dental services generally lower than elsewhere? What can we do to increase uptake
- Does uptake of dental services improve oral health
- Dental phobia is a key barrier for some children in accessing services. How big a problem is this and what can we do
- Do people living in deprived areas define oral health differently from people in less deprived areas and what influences their oral health behaviour
- How does dentistry fit into primary care networks, Local Government and CCGs and what will be the impact of co-commissioning on dentistry
- What are the oral health needs of older looked after children (aged 16 and 17)

10. What are the priorities for improvement over the next 5 years?

- To work partner organisations to develop of an oral health promotion strategy that is based on the recommendations of Delivering Better Oral Health and Commissioning Better Oral Health and linked to Local Dental Professional Networks.
- With evidence of worse oral health in young children in Tower Hamlets the main programmes of Healthy Teeth in Schools (fluoride varnish scheme) and the Brushing for Life programmes need to be maintained
- Improving oral health, access to dental services and self-care for vulnerable children
- To identify opportunities within existing contracts to 'make oral health everybody's responsibility' and 'every contact count' and integrate oral health into existing programmes commissioned for children following the common risk factor approach
- Exploring the possibility of an oral health indicator for the Healthy Schools Initiative and developing oral indicators for the various categories.

11 Key contacts /stakeholder involvement / links to further information

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12 Communication strategy/plan

- Engagement and training of key frontline staff including local authority CYP teams
- On-going engagement with local dental network including Local Dental Committee
- Presentation to CCG with regard to looked after children's care pathway implementation
- Meetings, workshops and local authority intranet

13 Crosscutting links with other JSNA topics

- JSNA Infant health
- JSNA Diet and nutrition children and young people
- JSNA Looked after children

Factsheet info							
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		Signed off by (LBTH Lead if different to above(name)):					