Title: Options for Health Scrutiny – Oral Health Promotion Programmes

Report of the Director of Public Health

Open Report

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Summary:

In January 2017, an oral health promotion strategy was taken to the Council’s Health and Wellbeing Board. The strategy states that based on the evidence of need for oral health services, the recommendation is to focus on children (pre-school and school age), young people and adults whose economic, social, environmental circumstances or lifestyle place them at high risk of poor oral health or make it difficult for them to access dental services.

The Key Priorities (as set out in the strategy)

Priorities for oral health promotion and service delivery in Barking and Dagenham are to:

A. Promote and protect oral health by raising awareness about oral health;
B. Improve diet and reduce consumption of sugary food and drinks, alcohol and tobacco (and thereby improve general health as well);
C. Encourage people to go to the dentist regularly;
D. Address inequalities in oral health;
E. Improve access to local dental services particularly for priority groups;
F. Improve oral hygiene;
G. Promote the provision of preventive dental care;
H. Increase early detection of mouth cancer and dental decay;
I. Increase exposure to fluoride.

Three options for inquiry

- **Option one is to scrutinise oral health in early years.** Target the most deprived communities populated with young families which will offer the best opportunity to tackle dental disease in children which is where the greatest difference can be made. There is potential for scrutiny of the oral health messages and signposting given by professionals who have contact with these families, e.g. community paediatricians, health visitors, children’s centre staff and nursery staff.

- **Option two is to scrutinise oral health in children and adults with learning disabilities.** Scrutiny of dental services that serve special educational needs may
help to understand how we could improve the oral health of this group. This would mean less costly complex treatment later on, with all the attendant anxiety that it would also bring.

- **Option three is to scrutinise the level of training that is provided to the wider workforce who support oral health improvement in individuals with learning disabilities in Barking and Dagenham.** Scrutiny around the training that professionals working with the young and learning disabilities currently have and then to identify any gaps in their knowledge, training and the messages they are giving.

**Recommendation**

The Committee is recommended to discuss and choose one line of inquiry from the three options presented in the report.

**Reason(s)**

Barking and Dagenham Council has a statutory responsibility to provide, or commission an appropriate service to secure the provision of oral health surveys, oral health promotion and oral health improvement as part of overall population health improvement. Good oral health is important for general health and wellbeing. On the other hand, poor oral health can affect an individual’s ability to eat, speak, smile and socialise normally due to embarrassment about the appearance of one’s teeth and it can also restrict food choices. Poor oral health can increase the gravity of existing health conditions and it can also be an indicator of neglect or difficult social circumstances.

1. **Introduction and Background**

1.1 Oral health refers to the physical condition and hygiene of an individual’s teeth, gums, supporting bone and soft tissues of the mouth, tongue and lips. The World Health Organisation defines good oral health as being free from diseases and disorders that affect the oral cavity. Good oral health is important for general health and wellbeing and development. In contrast, poor oral health can affect an individual’s ability to eat, speak, smile and socialise normally due to embarrassment about the appearance of one’s teeth and can restrict food choices. Poor oral health can aggravate existing health conditions. It can also be an indicator of neglect or difficult social circumstances. Oral health problems include gum (periodontal) disease, tooth decay (dental caries), tooth loss and oral cancers.

1.2 In 2012/13 dental extraction was the highest cause of hospital admissions for children in London. In Barking and Dagenham 310 children were admitted to hospital for dental extractions with 40% in the 5 - 9 year age group. This represented 0.5% of the 0 -19 year old population, similar to that for London.

1.3 Data published in March 2017 by the Faculty of Dental Surgery at the Royal College of Surgeons shows that hospitals in England are treating thousands of very young children each year that need baby teeth removed. The figures show that there were 9,206 extractions carried out on children aged 4 and younger between April 2015 and March 2016. A decade earlier, the figures were closer to 7,400 extractions. The faculty reported that these alarming figures are the result of very young children consuming a diet that is far too high in sugar.
2. Issues

2.1 With data for London and England at 13.6% and 11.7% respectively, oral health was found to be much worse in 3-year-old children in Barking and Dagenham. For those with disease, each child had on average 3.49 decayed, missing or filled teeth compared to 3.11 for London and 3.08 for England. There were higher rates of dental abscess at 1.9% compared to 0.5% for London.

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3. Areas of options for review

3.1 The Committee is asked to consider one of three areas of scrutiny initiatives that would contribute to improving the oral health of people that are resident in Barking and Dagenham. They are recommended with strong evidence of effectiveness in the document *Local authorities improving oral health: commissioning better oral health for children and young people* (Public Health England 2014).

3.1.1. Option 1 - Oral health in early years

Option one is to scrutinise oral health in early years. Dental diseases can have a considerable impact on a child’s general health and wellbeing. Poor dental health is associated with being underweight and a failure to thrive. It also affects a child’s ability to sleep, speak, play and socialise with other children. Children with dental problems may not be able to gain the full benefit of their education due to increased school absenteeism as the result of hospital appointments, leading to decreased academic performance. Therefore, to focus on improving dental health in a child’s early years will have a multi factorial positive effect on their wellbeing and prospects.

Barking and Dagenham has more dental capacity compared to London and England and there has been a steady increase in the number of children accessing dental services in Barking and Dagenham from 2011 to 2014.

However, lack of attendance at dental appointments and other factors such as poor diet and over consumption of sugary food and drink, combined with poor oral hygiene is likely to have a direct correlation with social deprivation. Therefore, to target the most deprived communities populated with young families offers the best opportunity to tackle dental disease in children and is where the greatest difference can be made. There is potential for scrutiny of the oral health messages and signposting being given by professionals who have contact with these families e.g. community paediatricians, health visitors, children’s centre staff and nursery staff.

3.3 Option 2 - Oral health and special educational needs

Option two is to scrutinise oral health in children and adults with learning disabilities. The 2010 survey found that people with learning disabilities had more missing teeth, fewer filled teeth and more untreated diseased teeth than the general adult population surveyed. This suggests that, when people with learning disabilities do
access dental services, they are more likely to have teeth extracted instead of restorative treatment such as fillings or crowns due to the extent of the oral health problem.

Those who have a learning disability and/or physical impairment may have reduced manual dexterity which increases their difficulty in cleaning their teeth properly; they may also have reduced understanding of the importance of dental health and the factors that affect it.

Some scrutiny of dental services that serve special educational needs may help to understand how we could improve the oral health of this group. This would mean less costly, complex treatment later on, with all the attendant anxiety that it would also bring.

3.4 Option 3 - Oral health training and the wider professional workforce

Option three is to scrutinise the level of training that is provided to the wider workforce who support oral health improvement in individuals with learning disabilities in Barking and Dagenham. Scrutiny may be required around the training that professionals working with the young and learning disabilities currently have and then to identify any gaps in their knowledge, training, and the messages that they are providing. The target groups for scrutiny would be health visitors, school nurses, children’s centre staff, Community/Nursery Nurses, foster care and childminder leads and carers of older or vulnerable people. If there was a case for improving training this would aid the drive to reduce early onset of dental disease among children through using people that work with early years by providing the knowledge and skills to enable them to deliver consistent evidence informed oral health interventions within their work role.

4. Legal Implications

Implications completed by Dr. Paul Field, Senior Governance Lawyer

4.1 The Health and Social Care Act (2012) conferred the responsibility for health improvement, including oral health improvement to local authorities. This Select Committee’s terms of reference establish its function to scrutinise any matter relating to the planning, provision and operation of the health services in the borough. The proposals are in keeping with this Committee’s function.

Background Papers Used in the Preparation of the Report:

Developing an oral health strategy in Barking and Dagenham
Implementing the oral health strategy in Barking and Dagenham

List of appendices:

Appendix 1 – Oral Health Promotion Strategy