Title: The Oral Health in Early Years Scrutiny Review – Draft Report and Recommendations

Report of the Director of Public Health

Open Report

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Summary:

At the 20 September 2017 HASSC meeting, it was agreed that the following three key questions should form the Terms of Reference of the oral health mini-scrutiny review:

i. What are the reasons for young children in Barking and Dagenham having poor oral health?
ii. What is the quality of services that are available to residents and what do they deliver to improve oral health?

What are the best ways of getting the right messages out to parents about looking after their children’s oral health? This draft report presents the findings of the scrutiny review and makes 8 recommendations to improve the oral health of children in the London Borough of Barking and Dagenham.

Recommendation(s)

The HASSC is recommended to review the appended draft scrutiny report and the draft recommendations and provide commentary to officers at the meeting to help inform the final version of the report.

Reason(s)

It is good scrutiny practice to provide members of the Committee, as well as interested members of the public, an opportunity to comment on draft scrutiny reports.

The topic of Oral Health in Early Years relates to the Council’s priority to ‘Enable Social Responsibility’ and the objectives to ‘protect the most vulnerable, keeping adults and children healthy and safe’ and ‘ensure everyone can access good quality healthcare when they need it’.
1. Introduction and Background

1.1 For 2017/8, the HASSC agreed that Oral Health in Early Years would be the topic on which to undertake a scrutiny review on. Due to the number of meetings scheduled for the year and the last meeting being scheduled for 21 February 2018, it was agreed that the review would be a ‘mini’ one, as opposed to an in-depth review.

1.2 Whilst considering the possible topic options for scrutiny review, Members noted that in 2012/13 dental extraction was the highest cause of hospital admissions for children in London and 18% of Barking and Dagenham children had experienced dental disease, compared with figures of 13.6% for London and 11.7% for England; The oral health survey of 2015 revealed that 9.9% of 5-year-olds in Barking and Dagenham (compared with 8.2% in London and 5.6% in England) experienced an aggressive form of dental caries. Also noted was that the numbers of children with dental disease rise significantly between the ages of 3 and 5 years of age. For these reasons, it was agreed that Oral Health in Early Years met the criteria for a good topic for scrutiny review.

2. Title and Terms of Reference

2.1 At the 20 September 2017 HASSC meeting, it was agreed that the following three key questions should form the Terms of Reference of the review:

i. What are the reasons for young children in Barking and Dagenham having poor oral health?

ii. What is the quality of services that are available to residents and what do they deliver to improve oral health?

iii. What are the best ways of getting the right messages out to parents about looking after their children’s oral health?

2.2 In the next sections, the findings and the potential recommendations of the scrutiny review are set out, for members’ consideration.

3. What are the reasons for young children in Barking and Dagenham having poor oral health?

Members noted that:

3.1 Some parents think caring for milk teeth isn’t important as the teeth will fall out.

3.2 For some parents, there still exists a ‘dread’ factor in going to the dentist, often borne from their own childhood experience which they then pass on to the child.

3.3 Some foods that have a significantly high sugar content are consumed as part of a normal diet in some Asian communities, which can badly affect children’s teeth.

3.4 Lack of routine with tooth brushing, particularly at night time and lack of awareness that milk given in bottles at night also adds to dental decay.

3.5 Borough demographics of some transient families and families in hostels or living in very challenging situations make it difficult for them to care adequately for their children’s teeth.
3.6 Draft recommendations are that:

1. The Health and Wellbeing Board (HWB) takes action to support an integrated approach to oral health promotion across all children’s services and that contract specifications for all early years’ services include a requirement to promote oral health.
2. The Committee urges NHS England to actively support the teaming up of dentists with children’s centres to encourage engagement with dental services from an early age, so that dental disease can be detected early and children get used to going to the dentist.
3. The HWB is asked to monitor and report back on the progress of the oral health strategy, including the results of the ‘Teeth for Life’ (tooth-brushing) project

4. What is the quality of services that are available to residents and what do they deliver to improve oral health?

Members noted that:

4.1 The current dental NHS contract provides no incentive to increase activity and provide for more patients, once the stipulated contract activity is achieved.
4.2 There are dentists in the borough who have not completed their contract activity
4.3 Oral health in early years has improved over the years but this can be attributed to the promotion of fluoride toothpaste and that dentists have more of a preventative role to play, if they can get families to attend their practices. go to the practice.
4.4 Draft recommendations are that:

4. The Committee urges NHS England to implement the initiative proposed by the Chief Dental Officer and increase dental activity by 2%, so that dentists can see children at 1 year of age.
5. The Committee urges NHS England to actively support those dentists who underperform in activity to utilise their spare capacity to target young families to engage with their dental service.
6. The Integrated Commissioning Board look at the impact of dental emergencies on paediatric A & E attendance and challenge the system (Clinical Commissioning Groups) as to what is being done to address this.

5. What are the best ways of getting the right messages out to parents about looking after their children’s oral health?

Members noted that:

5.1 Some parents think that taking their children to the dentist will be expensive when it is free.
5.2 It can be a challenge to get information across to communities for whom English is not the first language. People may not understand that they are entitled to free dental care and other benefits.
5.3 **Draft recommendations are that:**

7. The HWB, in collaboration with the British Dental Association, takes action to raise awareness of the importance of taking young children to the dentist and that it is a free service. This could include communication through images to help address the need for information in languages other than English.

8. The HWB supports action around food outlets, cafes and restaurants as part of the drive to decrease sugar consumption and improve oral health; for example, the ‘Sugar Smart’ campaign;

6. **Reading List**

6.1 Officers and members drew on the following papers throughout the review to inform the report and assist with producing recommendations:

- Improving Oral Health in Barking and Dagenham: Oral Health Promotion Strategy 2016-2020


- Paediatric Dentistry Orthodontics
  http://www.pediatricdentistryorthodontics.com

7. **Implications**

7.1 There are no implications arising directly from this report at this time.

**Background Papers Used in the Preparation of the Report:**

None.

**List of appendices:**

Appendix 1 Draft HASSC Oral Health in Early Years Scrutiny Report