At the HASSC of 21 February 2018 the final report of the scrutiny review into oral health in early years was presented. The purpose of the review was to address 3 key questions;

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?

Based on scrutiny of current services the review made 8 recommendations.

An action plan supports the scrutiny review to improve the oral health of young children in Barking and Dagenham.

**Recommendation(s)**

The Health and Wellbeing Board is recommended to:

1. Accept the Oral Health in Early Years Scrutiny Review findings and report of the Health and Adult Services Select Committee, as set out in the appendices to the report.

2. Accept the action plan as set out in the appendices.

3. Agree to receive six-monthly progress reports on the delivery of the action plan.

**Reason(s)**

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 The Barking and Dagenham Oral Health Strategy was approved by HWB in January 2017, but that this review sought to supplement this and not duplicate.


2. Proposal and Issues

2.1 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 number 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.

2.2 Appended to this briefing is the final scrutiny review report which provides further background information as to why the HASSC chose to review this area, the methodology for the scrutiny, what the scrutiny found in relation to early years oral health, for the children of Barking and Dagenham and the evidence base for the recommendations made.

2.3 The scrutiny review answered the following 3 questions:

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?
3. Consultation

3.1 The HASSC was consulted on the draft report in December 2017 and Councillor Worby, the Cabinet Member for Health and Adult Social Care, and Chair of the Health and Wellbeing Board, also had an opportunity to view the recommendations.

3.2 The HASSC consulted with professionals from a Children’s Centre and day nursery, parents of young children in Barking and Dagenham and with the Local Dental Committee to get each of their perspectives on the problem and the possible solutions.

The scrutiny report makes 8 recommendations:

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; this should include very early oral health promotion by health visitors to help prevent tooth decay from sweetened dummies, prolonged use of milk in bottles and other sweet foods.

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. 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 A & E Delivery 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.

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

3.3 An action plan to deliver the recommendations is attached as appendices
In line with standard scrutiny practice, a monitoring report will be presented to the HASSC providing an update on the progress of the 12 recommendations in approximately six months’ time to help the HASSC evaluate the effectiveness of this scrutiny review and to what extent it has helped improve services for our borough’s residents.

4. Mandatory Implications

Joint Strategic Needs Assessment

4.1 The Barking and Dagenham JSNA highlights the negative consequences of inequality on health, including oral health that affect the children of Barking and Dagenham, as residents of one of the poorest boroughs in London.


The scrutiny review and linked action plan addresses the ambitions of the Council that all children should have the best possible start in life and have access to good health care services, including dental.

Health and Wellbeing Strategy

4.2 The scrutiny review supports the ambitions of the borough’s Health and Wellbeing Strategy for children and adults: having the best possible start in life from conception, so breaking the link between early disadvantage and poor outcomes throughout life.


Financial Implications

4.3 Implications completed by: Katherine Heffernan - Group Manager, Finance

This report is mainly for information and sets out to present the findings of scrutiny review and recommendations to improve the oral health of children in the London Borough of Barking and Dagenham. As such, there are no financial implications arising directly from the report.

Legal Implications

4.4 Implications completed by: Dr. Paul Feild Senior Governance Lawyer

There are no specific legal implications arising from this report at this time

Risk Management – not applicable

Public Background Papers Used in the Preparation of the Report:
List of Appendices:

- **Appendix A**  
  Report of the Health and Adult Services Select Committee: Oral Health in Early Years, Scrutiny Review 2017/18  
  *Proposed Action plan*

- **Appendix B**  
  Report of the Health and Adult Services Select Committee: Oral Health in Early Years, *Scrutiny Review 2017/18*