Gateshead Council

REPORT TO CABINET
23 May 2017

TITLE OF REPORT: Review of Children and Young People's Oral Health

REPORT OF: Alice Wiseman, Director of Public Health

Purpose of the Report

1. This report sets out the findings and recommendations of a review by Families Overview and Scrutiny Committee (OSC) in relation to children and young people's oral health. The recommendations aim to ensure that the Council will work collaboratively with all commissioners of oral health services to ensure that services are meeting the needs of the population and addressing inequalities in oral health.

Background

2. The Council agreed that the OSC should carry out a review of children and young people's oral health. Many general health conditions and oral diseases share common risk factors such as smoking, alcohol misuse and poor diet. Oral diseases are largely preventable; and there is a need to develop interventions to achieve sustained and long-term improvements in oral health and reduce inequalities. To do so, requires partnership action to address the wider determinants of health, ranging from economic and social policy change (creating healthier environments), to the adoption of healthier behaviours by individuals in the population

3. This report sets out the findings and recommendations of the OSC which were developed from evidence provided by officers of the council, Public Health England, NHS England and service providers.

Proposal

4. Cabinet is asked to endorse the recommendations of Families OSC as set out in appendix 2.

Recommendations

5. It is recommended that Cabinet endorse the recommendations, findings and analysis of evidence outlined in Appendix 2.

   For the following reason:

   To ensure that the Council is able to meet its statutory duties and responsibilities in relation to oral health.

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APPENDIX 1

Policy Context

1. Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to the extent that they consider appropriate in their areas.

2. They are also required to provide or commission oral health surveys. The oral health surveys are carried out as part of the Public Health England dental public health intelligence programme. Local authorities are also required to participate in any oral health survey conducted or commissioned by the secretary of state.

3. Local authorities also have the power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals.

4. In relation to the policy context for oral health improvement in children and young people the government made a commitment to oral health and dentistry with a drive to:
   - Improve the oral health of the population, particularly children
   - Introduce a new NHS primary dental care contract
   - Increase access to NHS primary care dental services

5. The recommendations support Vision 2030 and the Council Plan priorities.

Background

6. Local authorities' statutory responsibilities for public health services are set out in the Health and Social Care Act 2012. The Act conferred new duties on local authorities to improve public health. From 1 April 2013 local authorities have had a new duty to take such steps as they consider appropriate for improving the health, including oral health, of the people in their areas.

7. The Council agreed that the OSC should carry out a review into children and young people's oral health. Many general health conditions and oral diseases share common risk factors such as smoking, alcohol misuse and poor diet. Oral diseases are largely preventable; and there is a need to develop interventions to achieve sustained and long-term improvements in oral health and reduce inequalities. To do so, requires partnership action to address the wider determinants of health, ranging from economic and social policy change (creating healthier environments), to the adoption of healthier behaviours by individuals in the population.

Consultation

8. In carrying out this review the OSC gathered evidence from a range of sources and partner organisations including:

   - Public Health England
   - NHS England
   - South Tyneside Foundation Trust – Community Dental Services

- General Dental Practitioner – InDental Group Gateshead

Alternative Options

9. There are no alternative options with regard to the recommendations as they support the Councils responsibility for health improvement, including oral health improvement.

Implications of Recommended Option

10. Resources:

a) Financial Implications – The Strategic Director, Corporate Resources confirms there are no financial implications arising directly from this report.

b) **Human Resources Implications –** There are no human resource implications arising directly from this report.

c) Property Implications - There are no property implications arising directly from this report.

11. Risk Management Implication - There are no risk management implications arising directly from this report.

12. Equality and Diversity Implications - There are no direct equality and diversity implications arising from this report.

13. Crime and Disorder Implications – There are no direct crime and disorder implications arising directly from this report.

14. Health Implications – There are no direct

15. Sustainability Implications - There are no direct sustainability implications arising directly as a result of this report.

16. Human Rights Implications - There are no direct human rights implications arising directly as a result of this report.

17. Area and Ward Implications - There are no direct area and ward implications arising directly as a result of this report.

Background Information

18. The minutes of the following OSC meeting items were used as background information in the preparation of this report:

16 June 2016	Agree scope
8 September 2016	Evidence gathering session 1
20 October 2016	Evidence gathering session 2
1 December 2016	Evidence gathering session 3
26 January 2017	Evidence gathering session 4
2 March 2017	Interim report
6 April 2017	Final report

APPENDIX 2

FAMILIES OVERVIEW AND SCRUTINY COMMITTEE

TITLE OF REPORT: **Review of Children's Oral Health in Gateshead - Final Report**

REPORT OF: **Alice Wiseman, Director of Public Health, Care Wellbeing and Learning**

SUMMARY

The Director or Public Health's Annual Report 2015 reinforced that ensuring that children have the best start in life is firmly established in public health thinking as the most important issue for improving health and tackling health inequalities.

The Annual Report 2015 and the Joint Strategic Needs Assessment have highlighted how poor oral health impacts on children and families health and wellbeing and how oral health is an integral part of overall health in children and young people. Good oral health can also contribute to school readiness.

Background

Following consultation with councillors the Committee agreed its annual work programme for 2016/2017 and that as part of this programme it would carry out a review of children's oral health in Gateshead. The review has been carried out over a six month period and this final report has been prepared on behalf of the Committee setting out the main findings / conclusions and recommendations.

Report structure

1. This final report sets out the findings of the Families Overview and Scrutiny Committee in relation to the Local Authorities responsibility for improving the oral health of children and young people.

2. The report includes details of:

    - Scope and aims of the review
    - Areas of responsibility and policy context
    - How the review was carried out – methodology and involvement from partner agencies and overview of evidence gathering sessions
    - Analysis of evidence – issues / challenges emerging from review
    - Emerging Recommendations

Scope and aims of the review

3. The scope of the review was to identify and examine:

- Inequalities in access/ward variations and potential gaps in services, what services are provided
- Prevalence of dental decay in five year olds and levels of hospital admissions for extraction of teeth under general anaesthetic
- Responsibilities, policy context and commissioning and planning arrangements and evidence base
- Opportunities for partners to work together more effectively to improve oral health promotion in Gateshead

Responsibilities and policy context

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5. They are also required to provide or commission oral health surveys. The oral health surveys are carried out as part of the Public Health England dental public health intelligence programme. Local authorities are also required to participate in any oral health survey conducted or commissioned by the secretary of state.

6. Local authorities also have the power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals.

7. In relation to the policy context for oral health improvement in children and young people the government made a commitment to oral health and dentistry with a drive to:

    - Improve the oral health of the population, particularly children
    - Introduce a new NHS primary dental care contract
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Review methodology

8. The review consisted of four evidence gathering sessions. During these sessions the committee heard from a number of key partners in relation to:

    - Prevalence of problems in Gateshead
    - Factors shaping and influencing children's oral health,
    - Principles of commissioning better oral health for children and young people
    - Responsibility for commissioning services
    - Overview of the evidence for oral health improvement and toolkit interventions
    - What services are provided and who they are provided by
    - Issues for local services and the challenges they face

First evidence gathering session summary

9. Focus – Presentation on dental health and dental services in Gateshead - David Landes, Public Health England. The key points included:

    - 2015 survey of children's oral health used a small sample which showed that children aged 5 years old within Gateshead had one of the lowest levels of dental disease when compared to the average for children across the North East (23.8%)

- Evidence shows that the main reason for the relatively low levels of dental disease is that Gateshead has been artificially fluoridated since the late 1960s (funded from the Public Health grant).
- Large scale survey of 5 year olds published 2013 demonstrated significant variations in experiencing any dental disease across Gateshead. Highest levels were in Felling Ward (47%) while the lowest was in Whickham South and Sunniside (9%).
- Public Health England work has shown that approximately 70% of children have accessed NHS dental services. This analysis was based upon data from NHS contracted practices irrespective of where a child had accessed to dental services.
- Overall access rates vary between areas across Gateshead – lowest 35% and highest 60%. Lower levels of access amongst children age 0-4 largely due to the fact that children under 6 months old are unlikely to be taken by their parents to a dentist
- Over 50% of Gateshead residents access services within 2 ½ miles or less from their home. Evidence available shows majority of residents will access dental services close to where they live. Additionally evidence shows that people living in the most deprived areas travel the shortest distance to access dental services.

Second evidence gathering session summary

10. Focus - Presentation on commissioning dental care services – Stuart Youngman, NHS England. The key points included:

- NHS England's dental commissioning responsibilities include primary dental care and community services including urgent and emergency care and secondary dental care and dental hospital services
- The regulations do not require patients to be registered with a practice – they operate on a demand led basis. The patient is only the direct responsibility of the provider whilst they are in an open course of treatment
- The regulations set out the contract currency which is measured in units of dental activity (attributable to "banded " courses of treatment)
- June 2016 NHS England dental statistics show the 61.9% of Gateshead resident population accessed a dentist in previous 24 months compared to North East England 61.1% and all England 55.1%
- NHS dental access is demand led and therefore impacted positively or negatively by individual or family oral health seeking behaviour
- 26 NHS general dental practices in place across Gateshead
- April 2015 to March 2016 104,000 people received NHS primary dental care – approximately 27,000 (26%) were children and young people age 0-18
- Audit September 2016 of practices across Gateshead identified that 93% could offer a routine appointment within 2 weeks. 100% of practices stated they would prioritise child patients in pain

Third evidence gathering session summary

11. Focus - Overview of evidence for oral health improvement and toolkit interventions – Moira Richardson, Public Health. The key points included:

- Principles of commissioning – life course approach, children, young people and families at the heart of commissioning, partnership working, information sharing,

support in a range of settings, workforce development, leadership and advocacy, access to quality local dental services
- Assessing the evidence – range of interventions, target population, strength of evidence, impact on equalities, overall recommendation
- Toolkit interventions – 5 key areas: supporting consistent evidence informed oral health information, community based preventive services, supportive environments, community action, healthy public policy

Fourth evidence gathering session summary

12. Focus - General Dental Practitioners Perspective – Shiv Pabary, InDental Group Gateshead. The key points included:

- InDental Group – operate from 3 practices – Leam Lane, Old Durham Rd and Low Fell
- Dentistry involves treatment of mainly 2 disease processes: caries (decay) or gum problems (periodontal disease)
- Main problem for children is decay – related to poor dietary habits and oral hygiene
- Services provided – routine dental care (regular checks and 3-12 monthly risk based recalls), focus on prevention, fluoride applications 3-18 years of age, trained fluoride nurses, oral hygiene instruction and dietary advice, school talks, relative analgesia sedation (gas and air) for anxious children/young people, orthodontics (braces)
- 49,359 patients across 3 practices (3,751 under 18)
- Commitment to young patients – decay is preventable, partnership with parents and getting the message home
- 3 main messages (mainly diet focused) - no sweet snacks between meal times, nothing sweet to eat 1 hour before bedtime, cheese at the end of a meal. Plus brushing twice a day/disclosing tablets/fluoride toothpaste

13. Focus **-** Community dental service and oral health promotion team – Marie Holland and Joanne Purvis, South Tyneside NHS Foundation Trust. The key points included:

Community Dental Service

- Provides services to children, young people and families with special care needs (physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or a combination of these)
- 3 service delivery sites across Gateshead – Queen Elizabeth Hospital, Wrekenton Health Centre, Blaydon Primary Care Centre
- 212 core patients were young people resident in Gateshead
- 2015/16 – 741 referrals for new patients in Gateshead – 40% were aged under 16
- 65% of all new patient referrals are for some form of behaviour or anxiety management
- Use of inhalation sedation (happy air) can be very effective in helping children have their treatment carried out – 1103 episodes of this in Gateshead clinics during 2015/16
- Majority of children's admissions to hospital are for tooth removal

Oral Health Promotion Team

- Role is to develop, deliver and evaluate effective and efficient oral health programmes/projects raising awareness and improving oral health of people living in the area
- Target areas – schools identified in the survey where the average number of decayed, missing or filled teeth (DMFT) for children is greater than 1, all special schools, vulnerable groups (e.g. women's refuges, Jewish community, people with drug and alcohol misuse issues)
- Oral health programme – supporting schools in development of policies and guidelines to reflect good oral health – 20 schools with DMFT greater than 1 were targeted and 15 schools achieved the award, 5 declined
- Training for health professionals and education staff
- Pilot tooth brushing and fluoride varnish programmes

Issues/challenges emerging from the review

14. During the course of the evidence gathering sessions a number of key issues and challenges were identified. The review also demonstrated the complex commissioning landscape and the various organisations that are involved and have key roles and responsibilities for improving oral health in children and young people.

15. Joined up working with local dental practices, local dental committees, commissioners of services and the local authority is crucial to understanding need and improving service provision. NHS England is keen to work with partners to improve oral health and connect with local communities. This is particularly important in the light of the challenges faced in relation to the funding pressures all organisations are currently facing.

16. A school dental survey and examination of five year olds is currently underway in primary schools across Gateshead with an expected completion date of the end of June 2017. The results of this survey will be used to assess and monitor oral health needs for children. The survey will show how Gateshead's population is faring with regard to general and dental health and can help inform the design, reach and coverage of oral health improvement programmes.

17. Prevention and early and regular attendance at a dentist is seen as key to improving children's oral health. However the challenges that present in relation to this include reliance on parents to take children to the dentists themselves, particularly if the parents do not attend a dentist regularly. It has also been suggested that some dental practices do not accept children before the age of two – however this is anecdotal and we do not have confirmation of this.

18. Education for children and young people, parents, grandparents and the children and young people's workforce is seen as one key element to improve oral health. However the oral health promotion team is a small team covering Gateshead, Sunderland and South Tyneside and therefore cannot reach all schools, and the wider workforce and population.

19. There are wide variations across Gateshead in relation to dental disease for 5 year olds and therefore there are health inequalities. It was noted that challenges continue in terms of tackling dental disease in the population. The committee was advised that there is a need to ensure oral health is integrated into all strategic plans and that the JSNA reflects the need and is used to address inequalities and consider service provision.

20. It was noted during the review that previously dental vans came to schools to check children's teeth which was seen as a way to ensure that children with poor oral health were identified early. Discussions during the course of the evidence gathering sessions highlighted the issues in relation to this type of service provision including CQC registration, funding, waste management and cross infection. A report published in 2006 concluded that school dental screening had a minimal impact on dental attendance and only a small proportion of screened positive children received appropriate treatment. However in Gateshead the community dental service still carry out screening in special schools because of the profound effect poor oral health has on those children and young people.

21. It was suggested that Gateshead must ensure the water supply in Gateshead remains fluoridated as there is evidence that this prevents decay.

22. Provision in schools such as tuck shops and fizzy drinks machines were also discussed as part of the review. It was noted that these are not present in primary or special schools.

23. The interventions and recommendations in the Public Health England evidence informed toolkit (commissioning better oral health for children and young people) will be considered as part of the review of early help provision.

Final recommendations for the review

24. Work collaboratively with all commissioners of oral health services to ensure that services are meeting the needs of the population and addressing inequalities as detailed in the JSNA and the findings from the school dental survey (June 2017).

25. Review oral health promotion work in line with the transfer of responsibility from NHS England (April 2018) as part of the 0-19 public health services review.

26. Embed oral health promotion across the early help strategy to ensure a life course approach to oral health improvement.

27. Ensure Making Every Contact Count approach incorporates Change 4 Life programme (e.g. sugar smart, food smart).

Next steps

1. The committee is asked to agree the final recommendations for the review
2. The findings from the review and the recommendations will be presented to Cabinet on 23rd May 2017 by Councillor Bernadette Oliphant (Chair of Families Overview and Scrutiny) and Alice Wiseman (Director of Public Health)
3. An update on the final recommendations for the review will be given to OSC in September 2017 and April 2018.

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