

TITLE OF REPORT: Review of Children's Oral Health in Gateshead
- Six month update September 2017

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

SUMMARY

The Director of 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 carried out a review of children's oral health in Gateshead. The review was carried out over a six month period and the final report and recommendations were presented to the Committee in April 2017. The final report was also presented to Cabinet on 23 May 2017 by Councillor Oliphant.

Update on recommendations

1. The final report set out four recommendations which were agreed by the Committee. Progress to date against some of the recommendations has been limited due to a number of reasons including the 0 to 19 procurement work that has been ongoing since May 2017. The following paragraphs outline progress to date against each recommendation.

Recommendation 1 – 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):

2. There has been limited progress against recommendation 1 to date due to the development of the specification for the 0 to 19 public health nursing service procurement (health visiting, school nursing and family nurse), which has

included consultation with various committees and stakeholders. However following initial discussions with NHS commissioners oral health promotion has now been included in the 0-19 specification (see paragraph 4 for full details).

3. The Gateshead dental health profile in relation to the National Epidemiology Programme Survey (school dental survey of 5 year olds) which took place in 2015 has just recently been published in July 2017 (see appendix 1). In summary:
 - a. Gateshead has levels of decay that are lower than the average for England;
 - b. The higher levels of decay are concentrated in the South and Centre cluster;
 - c. The prevalence of decay that is related to longer term bottle use is lower than the national level.

Further work will take place with NHS commissioners over the next six months to examine the findings from the 2015 survey and identify how we can work together to address inequalities, particularly in relation to higher levels of decay in the South and Centre cluster.

4. The most recent National Dental Epidemiology Programme Survey was completed at the end of July 2017. Details of the findings from this survey will not be available until summer 2018. As this is a national survey the results for the whole of England will need to be collated.

Recommendation 2 – 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:

5. Oral health promotion work has been embedded in the new specification for the 0 to 19 service public health nursing service and the following are key requirements:
 - a. All staff within the 0 to 19 service promote good oral health and access relevant training that is regularly updated;
 - b. All staff know the evidence based advice and treatment that should be given to improve oral health;
 - c. Staff understand how to help people change behaviour;
 - d. A Making Every Contact Count approach is adopted which focuses on staff working with the public giving appropriate and timely advice on health and wellbeing;
 - e. Service Users are encouraged by their Health Visitor or Family Nurse to take their child's personal child health record to their first 3 dental appointments to obtain completion of the dental visits record by the dental practice

6. In addition the new specification details the key resources that the Provider should use in relation to oral health promotion to ensure good practice and deliver key oral health messages across the life-course. However it should be noted that the new contract will not commence until 1 July 2018.
7. Although oral health promotion work has been embedded in the new specification further work will need to be carried out with NHS England over the next six months to ensure that all commissioners are clear as to the role and remit of the 0 to 19 Public Health Nursing Services in relation to this area of work.

Recommendation 3 – Embed oral health promotion across the early help strategy to ensure a life course approach to oral health improvement:

8. The restructure within early help services and the continued development of the early help strategy has been taking place over the past six months. The strategy has a number of key outcomes one of which is “ensure a strong focus on prevention, health promotion including emotional health and dental health, early identification of needs and clear packages of support”.
9. As the new early help structure is still in the process of being implemented the public health team will work with the Service Director over the next six months to look at how we can ensure that a life course approach is taken in relation to oral health promotion. We will need to equip early help staff with oral health promotion knowledge to enable them to have conversations with families, children and young people and promote attendance at dentists. The emphasis will be on the Making Every Contact Count approach to ensure staff are able to use any contact with families to facilitate discussions about children and young people’s oral health.

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

10. The public health team has recently appointed a number of MECC posts and a public health resource and information assistant who will work together to ensure that they incorporate appropriate Change 4 Life programme materials as part of the MECC training programme. In addition the resource assistant will promote the use of Change 4 Life apps and resources with partners and services and can support anyone who needs help in accessing the apps and resources.

Next steps

1. The committee is asked to note and comment on the update of the oral health review 6 monthly update.
2. The committee is asked to receive a further update in six months time when the recommendations will have been progressed further.

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Public Health
England

Gateshead

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Dental health of five-year-old children

This report provides detail about the oral health of five-year-old children in the area covered by Gateshead local authority. The full results of the 2015 National Dental Epidemiology Programme survey of five-year-old children are available at:

www.nwph.net/dentalhealth

Dental health profile

The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children. In the public health outcomes framework¹ one of the indicators is the proportion of children aged five-years free from dental decay.

In the 2015 National Dental Epidemiology Programme survey, 292 children were sampled in Gateshead of whom 175 (61.3%) parental consent was provided to take part in the survey and were clinically examined at school by trained and calibrated examiners, who used the national standard method².

Figure 1: The average number of decayed, extracted or filled teeth (d_3mft) and the proportion of children affected by dental decay ($\% d_3mft > 0$) among five-year-old children in Gateshead compared with England and local authorities in the North East region.

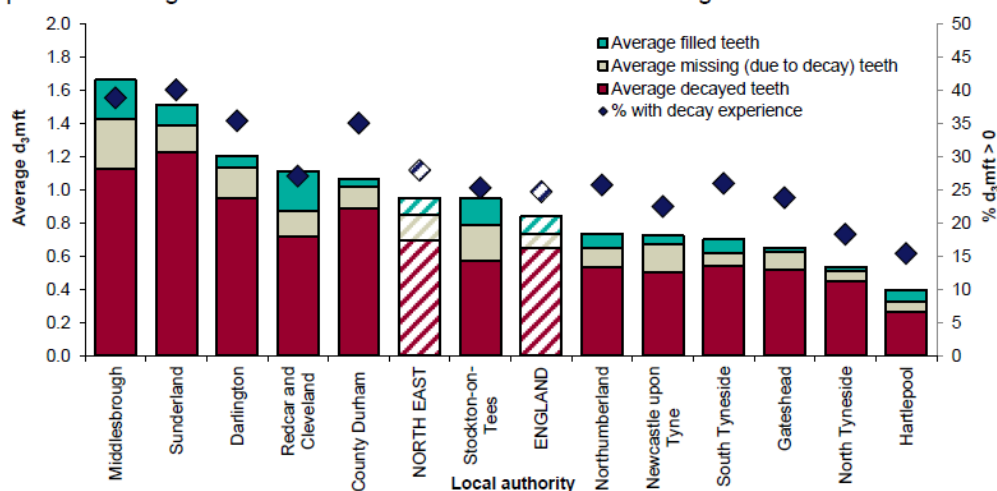


Table 1: The average number of decayed, missing (due to decay) or filled teeth (d₃mft), the proportion of children affected by dental decay along with the average d₃mft in those children with decay experience in Gateshead compared with England and local authorities in the North East region.

Local authority	Average d ₃ mft	% with decay experience	Average d ₃ mft in those with decay experience
Middlesbrough	1.7	38.8	4.3
Sunderland	1.5	40.1	3.8
Darlington	1.2	35.4	3.4
Redcar and Cleveland	1.1	27.1	4.1
County Durham	1.1	35.1	3.0
NORTH EAST	1.0	28.0	3.4
Stockton-on-Tees	0.9	25.3	3.7
ENGLAND	0.8	24.7	3.4
Northumberland	0.7	25.7	2.9
Newcastle upon Tyne	0.7	22.5	3.2
South Tyneside	0.7	26.0	2.7
Gateshead	0.7	23.8	2.7
North Tyneside	0.5	18.3	2.9
Hartlepool	0.4	15.4	2.6

Table 2: A range of measures of oral health among five-year-olds in Gateshead local authority compared with their statistical neighbours,ⁱ England and the North East.

	Gateshead local authority	Statistical neighbour within North East: Sunderland local authority	Statistical neighbour comparator 1: Sunderland local authority	North East	England
Average d ₃ mft	0.7	1.5	1.5	1.0	0.8
% without decay experience	76.2%	59.9%	59.9%	72.0%	75.2%
% with decay experience	23.8%	40.1%	40.1%	28.0%	24.7%
Average d ₃ mft in those with decay experience	2.7	3.8	3.8	3.4	3.4
% with active decay	22.5%	34.9%	34.9%	24.3%	21.5%
% with experience of extraction ⁱⁱ	1.4%	4.8%	4.8%	3.7%	2.5%
% with dental abscess	0.0%	8.3%	8.3%	2.2%	1.4%
% with teeth decayed into pulp	3.3%	7.9%	7.9%	5.3%	3.6%
% with decay affecting incisors ⁱⁱⁱ	3.3%	11.5%	11.5%	6.2%	5.6%
% with high levels of plaque present on upper front teeth ^{iv}	0.4%	6.5%	6.5%	3.4%	1.7%

ⁱ generated by the Children's services statistical neighbour benchmarking tool, within the North East the comparator is "Extremely Close" and comparator 1 is "Extremely Close"³.

ⁱⁱ experience of extraction of one or more teeth on one or more occasions. The majority of children attending hospital for extractions have general anaesthetics for these procedures.

ⁱⁱⁱ decay involving one or more surfaces of upper anterior teeth. This pattern of decay is often linked with long term use of a feeding bottle with sugar-containing drinks.

^{iv} indicative of a non-brusher.

Figure 2: Prevalence of decay by Index of Multiple Deprivation 2015 quintiles for Gateshead local authority (including 95% confidence limits shown as black bars).

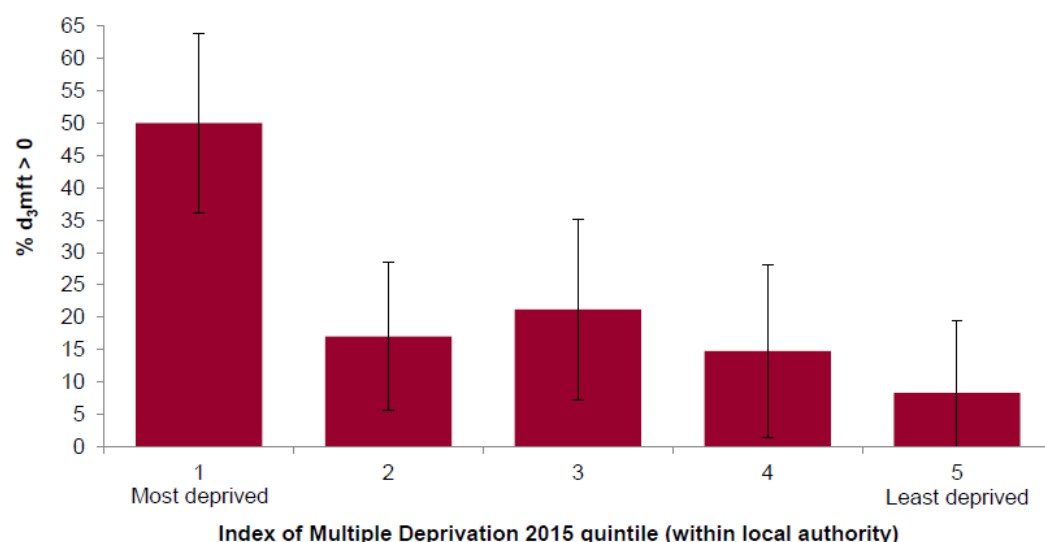


Table 3: Decay severity and prevalence by clusters in Gateshead local authority.

Cluster	Average d ₃ mft	% with decay experience	Average d ₃ mft in those with decay experience
Central	1.0	36.1	2.8
East	0.6	18.4	3.3
Inner West	0.5	16.0	3.0
South	1.2	39.1	3.1
West	0.5	21.6	2.2

Summary

In summary, Gateshead local authority has levels of decay that are lower than the average for England. The higher levels of decay experience are concentrated in the South and Central clusters. This indicates that efforts to improve oral health and reduce inequalities should be targeted at these areas.

The prevalence of decay that is related to long term bottle use is lower than the national level.

If further local analysis is required, contact your local PHE Dental Epidemiology Coordinator:
Kamini Shah, kamini.shah@phe.gov.uk

The small sample sizes in some areas mean it is not possible to provide information at ward level. Future surveys can be commissioned to provide samples large enough to facilitate local analysis.

In 2016 PHE published 'Commissioning High Quality Information to Support Oral Health Improvement: A toolkit about dental epidemiology for local authorities, commissioners and partners' to support commissioning of oral health surveys⁴.

References

1. Public Health England (2014). Public Health Outcomes Framework [Online]. Available at: www.gov.uk/government/collections/public-health-outcomes-framework [Accessed 11 August 2016].
2. Pine, C.M., Pitts, N.B. and Nugent, Z.J. (1997a). British Association for the Study of Community Dentistry (BASCD) guidance on the statistical aspects of training and calibration of examiners for surveys of child dental health. A BASCD co-ordinated dental epidemiology programme quality standard. Community Dental Health 14 (Supplement 1):18-29.
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4. Public Health England (2016). Commissioning high quality information to support oral health improvement. A toolkit about dental epidemiology for local authorities, commissioners and partners [Online]. Available at: www.nwph.net/dentalhealth/2016DentalEpidemiologytoolkit/Commissioning%20High%20Quality%20Information%20to%20Support%20Oral%20Health%20Improvement.pdf

More information is available at www.nwph.net/dentalhealth
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