

TITLE OF REPORT: Review of Children's Oral Health in Gateshead
– Scoping Report

REPORT OF: Alice Wiseman, Director of Public Health,
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Summary

The Director of Public Health's Annual Report 2015 highlighted that ensuring 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.

It must be understood in the context of the wider socio-economic issues which influence health throughout the life course. The Annual Report 2015 and Joint Strategic Needs Assessment 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.

Families Overview and Scrutiny Committee have agreed that the focus of its review in 2016/17 will be Children's Oral Health.

Background

1. It is well recognised that oral health is an important part of general health and wellbeing. Whilst there have been welcome improvements in the oral health of children in England, significant inequalities remain. Many general health conditions and oral diseases share common risk factors such as poor diet linked to the consumption of sugary foods and drinks.
2. 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 e.g. supplementary planning document on hot food take aways,, school food policies), to the adoption of healthier behaviours by individuals in the population. It is fundamentally important to focus also on upstream factors that create inequalities and that cause both poor general and oral health.

3. The oral health of the UK has improved significantly over the last few decades, however significant inequalities remain. Although oral diseases are largely preventable they remain a significant public health problem. Dental disease is highest in the most deprived populations and this inequality needs to be addressed. Overall Gateshead has levels of dental decay that are lower than the average for England.
4. These lower levels of dental decay are due to the fact that Gateshead has benefitted from an optimally fluoridated water supply for 40 years. Fluorides are widely found in nature and in foods such as tea, fish and naturally in some water supplies. The link between fluoride in public water supplies and reduced levels of tooth decay was first documented early in the last century. Although some members of the community do not support water fluoridation, there is abundant evidence that increasing fluoride availability to individuals and communities is safe as well as effective at reducing caries levels.
5. However, population averages mask oral health inequalities. A well-recognised association exists between socioeconomic status and oral health and evidence suggests that oral diseases are increasingly concentrated in the lower income and more excluded groups. Good oral health is integral to general health as it 'contributes to general well-being' and allows people to 'eat, speak, and socialise without active disease, discomfort or embarrassment'.
6. From April 2013 Local Authorities (LA) were given the responsibility for improving the oral health of their populations. Part of the planning for this involves an assessment of the local oral health needs of the population, followed by the development of an oral health strategy. The local oral health strategy must incorporate the national priorities detailed in Choosing Better Oral Health – an Oral Health Plan for England as well as other key policy drivers. The Health and Social Care Act (2012) amended the National Health Service Act (2006) and placed responsibilities on local authorities for health improvement, including oral health improvement, in relation to the people in their areas.
7. 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. Local Authorities are also required to provide or commission oral health surveys in order to facilitate: the:
 - assessment and monitoring of oral health needs,
 - planning and evaluation of oral health promotion programmes
 - planning and evaluation of the arrangements for the provision of dental services, and
 - reporting and monitoring of the effects of any local water fluoridation schemes covering their area

8. The oral health surveys are carried out as part of the PHE 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
9. At the same time NHS England (NHSE) was given the responsibility for commissioning primary care dental services through the local Area Teams. Specialist dental public health advice is provided by Public Health England to NHSE and Local Authorities.

Children's Oral Health in Gateshead: Scope of the Review

10. Gateshead's Joint Strategic Needs Assessment (JSNA) and the Director of Public Health's Annual Report 2014/15 set out the main children's oral health issues in Gateshead which will form the scope of the Review. Potential areas of focus include:

- inequalities in access / ward variations,
- prevalence of dental decay in five year olds,
- levels of hospital admissions, the high rates of admissions for General anesthetic's for extraction of teeth in 0-19 year olds
- commissioning and planning arrangements
- the approach to sugar reduction in Gateshead

Progress of the Review

11. The Review process and timescales are set out at Appendix A. While the Review is led by the Council, partner organisations will be involved to ensure an approach that reflects the complexity, prevalence and extent of the response.

Involvement

12. The Review will involve:
 - The Council, NHS England and Public Health England.
 - Members of the Local Dental Committee and Local Professional Network
 - Providers
 - If appropriate, individuals, carers and families

Outcomes

13. The Overview and Scrutiny Committee work will identify:
 - Improvements in Oral Health Promotion for children and young people, individuals and families of Gateshead

- Opportunities for partners to work together more effectively to improve oral health promotion in Gateshead.
- Potential gaps in services e.g. assessing Orthodontic treatment need to determine if sufficient effective Orthodontic care is currently commissioned for the local population
- Potential improvements in services specifically for oral health
- Revision of the Council's strategies and plans and those of partners to address children's oral health in Gateshead

Recommendation

14. Overview and Scrutiny Committee is asked to:

- (i) Note the background to the Review and the current issues identified in the JSNA and Director of Public Health's Annual Report 2014/15.
- (ii) Agrees the process set out at Appendix A.

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Progress of the Review

Stage 1

The scope, purpose and intended outputs of the Review should firstly be agreed by the Cabinet and relevant Overview and Scrutiny Committee (OSC). The recommendations of Advisory Groups may also be considered if appropriate.

Proposal

- 16th June 2016 – Scoping report to OSC.

Stage 2

Evidence may be gathered by the OSC making visits as necessary or inviting persons and organisations to give evidence before it. Relevant Group or Strategic Directors and the Chief Executive will assist the OSC as necessary. The evidence gathered by OSC will be written up by officers.

Proposal

- 8th September 2016 – prevalence of problems (what does the data tell us), measures and indicators, the national policy context, factors shaping and influencing children's oral health.
- 20th October 2016 – evidence from partners, access to services and current patterns of commissioning and service delivery, prevention and evidence from partners in the NHS, Public Health England, and Local Dental Committee.
- 1st December 2016 – examining the evidence base around children's oral health promotion.
- 26th January 2017 – a dentists perspective on children's oral health.
- Visits – OSC will be invited to visit The Oral Health Promotion Team which is based within the Community Dental Service provided by South Tyneside NHS Foundation Trust. They have Oral Health programmes running in a variety of settings such as mainstream schools with high rates of decay, special schools, vulnerable groups (e.g. LAC). They also support national campaigns such as National Smile Month and provide training to Health Visitors, school nurses and voluntary organisations. Visit to be scheduled between 9 September 2016 and 20 January 2017.

Stage 3

2nd March

The OSC will then meet to consider an interim report prepared by the Lead Officers and to analyse the evidence presented and the information gathered and to prepare its conclusions.

Stage 4

6th April 2017

Officers will then prepare a report on the issue based on the views of the OSC. Officers will submit this report to the OSC to secure agreement that the report is a fair, accurate and complete reflection of the OSC's conclusions.

Stage 5

The Chair of the OSC will then present this report to the Cabinet. The Cabinet may take note of the report, approve all or some of the report's recommendations or refer the report to full Council or to an Advisory Group for further consultation. Date (subject to confirmation).