

**TITLE OF REPORT:**           **Review of Children’s Oral Health in Gateshead  
– Evidence Gathering**

**REPORT OF:**                 **Alice Wiseman, Director of Public Health,  
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## **SUMMARY**

The purpose this report is to provide an overview of the oral health of the child population in Gateshead and their access to dental services.

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## **Introduction**

1. The implementation of the health service reforms under the 2012 Health and Social Care Act transferred the responsibilities of accessing the health needs of communities from primary care trusts to local government. This responsibility included advice on ensuring access to services including oral health care services. Local authorities are charged with shaping local services with NHS providers to meet the needs of their population.
2. Additionally local authorities have the responsibility to commission oral health care promotion to meet the needs of the population as they see fit. These duties provide a complex interaction of surveillance, health improvement and scrutiny which will all impact upon the delivery of services for children and families<sup>12</sup>.

## **Current picture oral health of children in Gateshead**

3. Public Health England coordinates regular surveys, for various age groups, on children’s oral health with occasional surveys for adults. These are carried out according to standardised protocols which allow accurate comparisons to be made between different local authorities to enable benchmarking of the oral health of children<sup>3</sup>. Depending upon the sample size, of 5 year old children, it is possible to identify variations in oral health amongst different parts of the community within a local authority. This is usually reported as variations in the oral health status of children resident in different wards.
4. The last survey of the 5 years old children’s oral health was carried out in 2015<sup>3</sup>. This survey used a small sample which didn’t facilitate an understanding of differences between wards in Gateshead and instead only facilitated benchmarking between Gateshead as a whole and other local authorities. However this 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.
5. 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 early 70s<sup>4</sup> (funded from the Public Health grant).

6. However, despite low levels of dental disease overall, the last large scale survey of 5 year old children demonstrated significant variations in experience of dental disease between different parts of Gateshead. This has been separately reported to the Director of Public Health. Published in 2013<sup>5</sup> the survey showed that the highest levels of dental disease were in Felling Ward where 47% of children aged 5 years had experienced dental disease while the lowest was in Whickham South and Sunnyside with only 9% of children experiencing any dental disease who took part in the survey.

### **Access to dental services**

7. Work undertaken by Public Health England 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. As such this would have picked up children who are residents of Gateshead but accessed services in areas such as Newcastle, Sunderland, South Tyneside or County Durham. Data was collected over a 12 months period and current NICE guidelines advise that children should be seen at least once every 12 months<sup>6</sup>.
8. There are lower levels of access amongst children aged 0-4 which is largely due to the fact that very young children under 6 months old, are unlikely to be taken by their parents to a dentist while those in the 15-19 year age group include some people who have left home and are attending university. There are also issues regarding the levying of patient charges for individuals in the older teenaged years<sup>7</sup> which often is a barrier to accessing dental services. Overall access rates do vary between different areas of the authority, the lowest levels being 35% of a ward population and the highest being 60%.<sup>8</sup>

### **Orthodontic treatment**

9. Orthodontic treatment deals with misaligned (crooked) teeth. It is usually considered that a third of all children will have both a clinical need for orthodontic treatment and will also demand it. Work undertaken in conjunction with NHS England has demonstrated that there is equitable access to orthodontic treatment within the local economy across the three, South of Tyne authorities with no relationship evident between increasing deprivation and lower access to orthodontic treatment<sup>9</sup>.
10. The standard measure of need and demand for orthodontic treatment is 33%<sup>10</sup> of 12 year old children. In the SOTW area there were 6,159<sup>11</sup> 12 year old children in 2014. Currently NHS England commissions a full course of orthodontic treatment capacity for approximately 39% of 12 year old children across the South of Tyne area that are in regular contact with dental care. This assumes that services running effectively.

### **Travel to services**

11. The evidence available shows that the majority of residents will access dental services close to where they live with over 50% of Gateshead residents accessing services 2<sup>1</sup>/<sub>2</sub> miles or less travelling distance from their home. Additionally the evidence available shows that people living in the most deprived areas travel the shortest distance to access dental services. This is probably related to their reduced social economic autonomy and while dental treatment may well be free for them they still have to incur travel costs.<sup>12</sup>

### **Challenges to Oral Health**

12. The major challenges facing the oral health of children and families are around the development of dental disease due to a poor diet high in sugars.
13. The council has a range of interventions which can be considered to promote good oral health amongst its children and families. This will be synergistic with its broader health improvement programmes to reduce obesity and the likelihood of development of diabetes.

14. Public Health England has produced a set of national guidance to help local authorities consider interventions it might consider promoting to secure further improvements in the oral health of the population, and in particular, targeted in those areas where oral health has been identified as being poor or amongst particular communities where oral health is considered to be poor<sup>13</sup>.
15. It should be noted that as the Council currently commissions water fluoridation. As stated, this is one of the most cost and clinically effective interventions any local authority can provide.

## Recommendations

16. Families Overview and Scrutiny Committee is asked to:
  - a. The committee is asked to note the content of the report and the evidence presented as part of the review of Children's Oral Health in Gateshead.

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## References

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