



REPORT TO CHILDREN'S SERVICES AND EDUCATION SCRUTINY BOARD

05 February 2018

Subject:	Children's Oral Health
Cabinet Portfolio:	Adult Social Care, Health and Wellbeing
Director:	Executive Director of Children's Services – Jim Leivers Executive Director of Adult Social Care, Health and Wellbeing- David Stevens Director of Public Health-Ansaf Azhar
Contribution towards Vision 2030:	 
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DECISION RECOMMENDATIONS

That Children's Services and Education Scrutiny Board:

1. Consider the update on Children's oral health in Sandwell, including access to services.
2. Make any comments and recommendations as necessary.

1 PURPOSE OF THE REPORT

- 1.1 To update the board on Children's oral health in Sandwell, including access to services.

2 **IMPLICATIONS FOR SANDWELL'S VISION**

- Sandwell is a place where we live healthy lives and live them for longer.
- Our children benefit from the best start in life

3 **BACKGROUND AND MAIN CONSIDERATIONS**

Good oral health is essential to good general health and achieving a good quality of life. The World Health Organisation defines good oral health as a state of being free from mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing. Poor oral health impacts not just on the individual's health but also their wellbeing and that of their family.

Oral health is an important aspect of a child's overall health status and of their school readiness. Tooth decay is the most common oral disease affecting children and young people in England yet it is largely preventable. Findings from Public Health England's (PHE) *2015 national dental epidemiology survey of 5 year old children* showed that in 2015 in England, approximately a quarter (25%) of 5 year olds had experienced tooth decay. In those children who had experienced decay an average of 3 or 4 teeth were affected. The vast majority of tooth decay was untreated.

Every child who has teeth is at risk of tooth decay. Children are more at risk of developing tooth decay if they are eating a poor diet and brushing their teeth less than twice per day and not using toothpaste containing fluoride. These risks are more common for those living in more deprived areas.

Poor oral health impacts on children's and families' wellbeing and is costly to treat. It suggests wider health and social care issues such as poor nutrition, obesity, the need for parenting support, and in some instances safeguarding and neglect. Children who have toothache or who need treatment may have to be absent from school.



Parents may also have to take time off work to take their children to the dentist. Dental treatment is a significant cost, with the NHS in England spending £3.4 billion per year on all ages primary and secondary dental care (with an estimated additional £2.3 billion on private dental care).

Children who experience high levels of disease that are treated with fillings and other restorations at a very young age will require complex and expensive maintenance as they get older. Those children with a poor oral health regime and unrestricted dietary habits will fare the worst and have treatment which not only maintains their historic decay and poor oral health but also require treatment of new oral problems as they age.

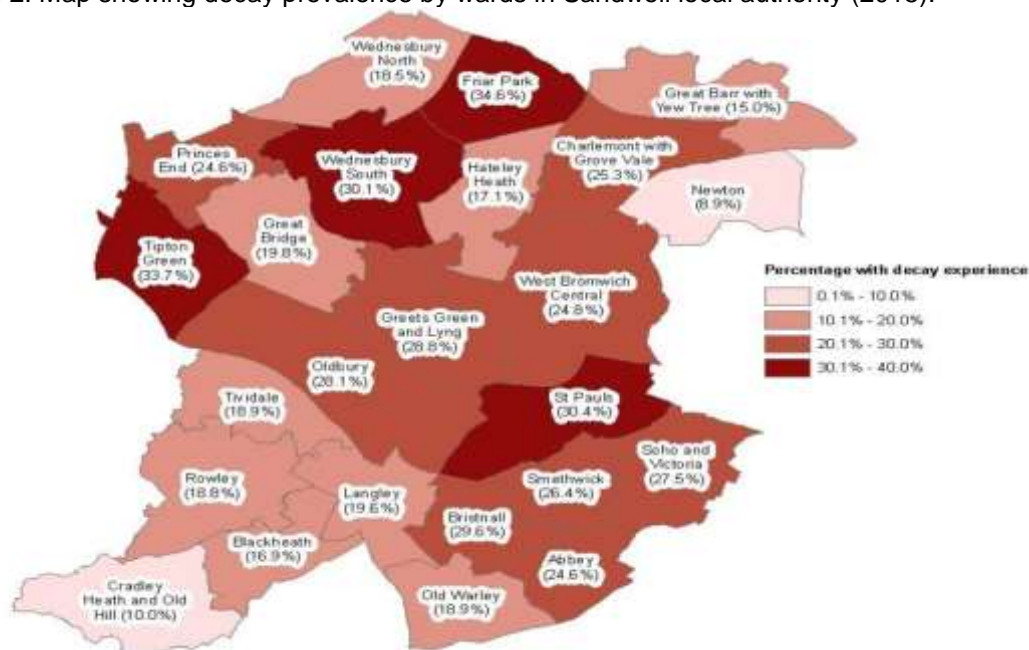
4 THE CURRENT POSITION

4.1 Dental Health of five-year-old children in Sandwell

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 framework one of the indicators is the proportion of children aged five years free from dental decay.

In the 2015 National Dental Epidemiology Programme survey, 4,196 children were sampled of whom 2,568 (62.4%) 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 method. It is important to note that the parents who consented to take part in the service may be more interested in their children's oral health than the general population, which may impact the results of this survey.

Figure 2. Map showing decay prevalence by wards in Sandwell local authority (2015).



Source: Public Health England

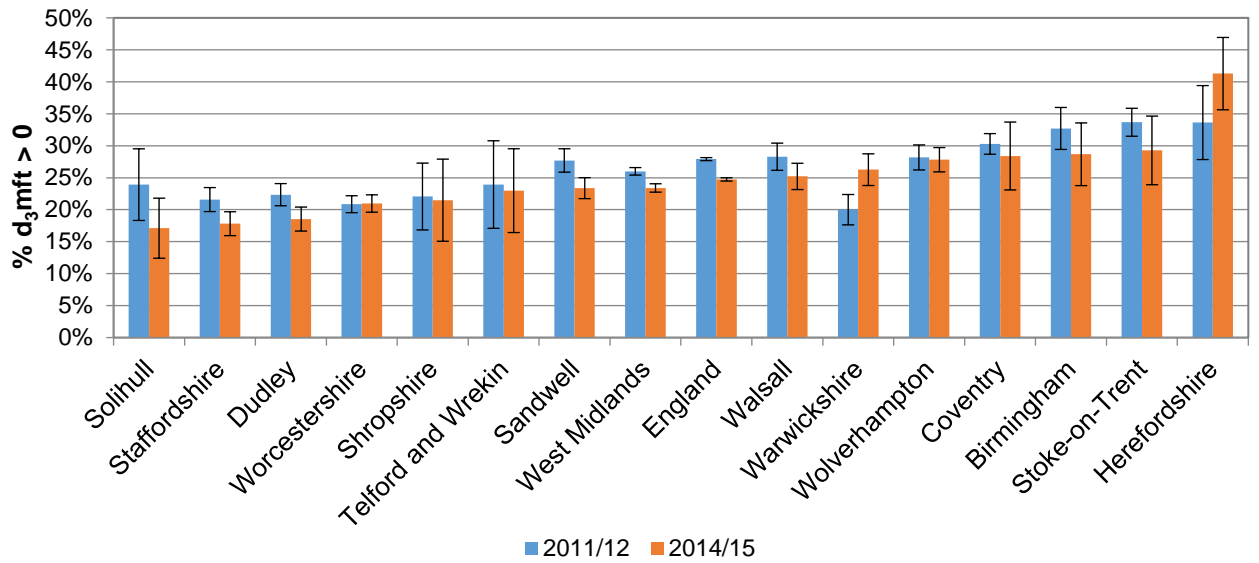
Overall Sandwell local authority has levels of decay that are lower than the average from England (Table 1). The higher levels of decay in Sandwell are concentrated in the wards of Friar Park, Tipton Green, St Pauls and Wednesbury South (Figure 2).

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 Sandwell compared with England and local authorities in the West Midlands region.

LA	Average d3mft	% with decay experience	Average d3mft in those with decay experience
Herefordshire, County of	1.4	41.3	3.5
Stoke-on-Trent	1.2	29.3	4.1
Coventry	1.0	28.4	3.7
Wolverhampton	1.0	27.8	3.6
Telford and Wrekin	0.9	23.0	3.8
ENGLAND	0.8	24.7	3.4
Birmingham	0.8	28.7	2.9
Warwickshire	0.8	26.3	3.1
Shropshire	0.8	21.5	3.7
WEST MIDLANDS	0.7	23.4	3.1
Sandwell	0.7	23.4	2.9
Walsall	0.7	25.2	2.7
Worcestershire	0.6	21.0	3.1
Solihull	0.6	17.1	3.3
Staffordshire	0.5	17.8	2.8
Dudley	0.5	18.5	2.5

Source: Dental Health Profile – Sandwell 2015

Figure 3. Oral Health of 5 years old % across the West Midlands that have experienced decay



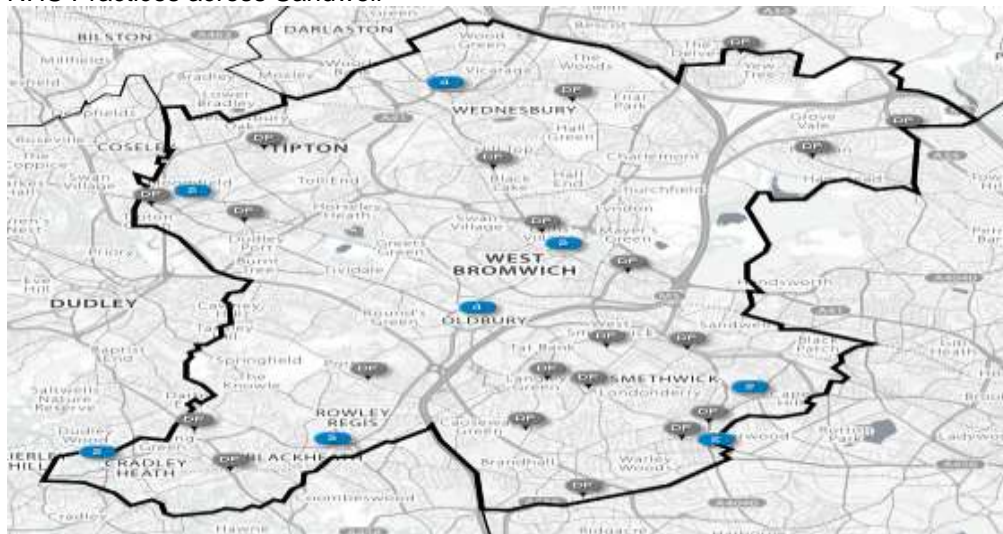
Source: Public Health England

4.2 Access to Dental Services in Sandwell

Dental treatment is free if you are under 18, or under 19 and in full-time education, pregnant or have had a baby in the previous 12 months. It is advised that children should be seeing a dentist as soon as their teeth start to appear. All children over three years should have fluoride varnish applied to their teeth, if younger children are at particular risk of tooth decay the dentist may also apply this.

Within Sandwell there are 44 NHS Dental Practices commissioned widely across the six towns of Sandwell.

Figure 5. NHS Practices across Sandwell



Source: Public Health England

The table below (2015 data) highlights that although access to dental provision in Sandwell is high, uptake from families with small children below five years is quite low although rates do improve when the child grows older.

Table 2: Access to dental services by ward in the Early Years (2015)

Ward Name	Percentage of 0 to 2 year olds	Percentage of 3 to 5 year olds
Abbey	19.8	63.4
Blackheath	17.9	58.4
Bristnall	18.3	63.7
Charlemont with Grove Vale	21.3	67.9
Cradley Heath and Old Hill	13.7	62.3
Friar Park	23.9	68.4
Great Barr with Yew Tree	19.8	70.0
Great Bridge	21.1	74.6
Greets Green and Lyng	21.8	52.9
Hateley Heath	20.5	54.9
Langley	18.3	58.1
Newton	20.1	58.6
Old Warley	18.1	66.3
Oldbury	17.8	59.4
Princes End	14.3	52.4
Rowley	20.5	67.0
Smethwick	12.9	49.7
Soho and Victoria	15.1	58.9
St Pauls	12.7	51.2
Tipton Green	22.1	68.2
Tividale	21.8	53.2
Wednesbury North	22.4	55.4
Wednesbury South	24.6	65.5
West Bromwich Central	17.8	51.8

4.3 INTERVENTIONS TO SUPPORT GOOD DENTAL HEALTH

Return on investment of oral health improvement programmes for 0-5 year olds*



4.3.1 Access to Fluoride

Fluorides are widely found in nature and in foods such as tea, fish and in some natural water supplies. The link between fluoride in public water supplies and reduced levels of tooth decay was first documented early in the last century. Since then fluoride has become more widely available, most notably in toothpaste and is widely recognised as having improved oral health in the UK.

There is abundant evidence that increasing fluoride availability to individuals and communities is effective at reducing tooth decay levels.

4.3.2 Water Fluoridation

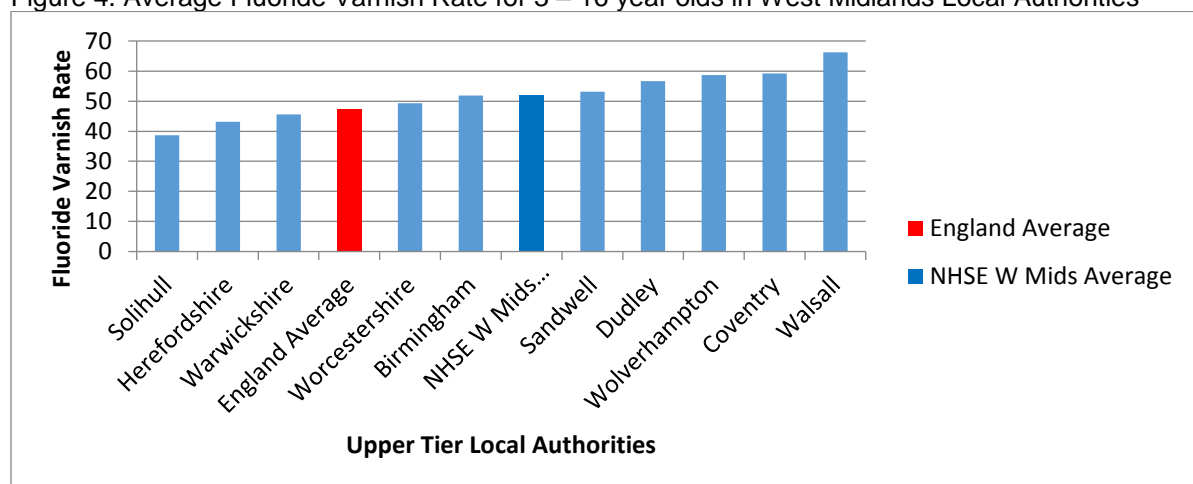


Currently approximately 10% of England’s population or about six million people benefit from a water supply where the fluoride content, either naturally or artificially. All tap water supplied in Sandwell is artificially fluoridated to the optimum level of dental health. Public health funds this fluoridation and we believe it is one of the reasons tooth decay in children in Sandwell is lower than the national average, despite the population having a higher prevalence of a number of risk factors.

4.3.3 Fluoride varnish

Fluoride varnish is one of the best options for increasing the availability of topical fluoride, regardless of the levels of fluoride in the water supply. A number of systematic reviews conclude that applications of fluoride varnish two or more times a year produce a mean reduction in tooth decay of 37% in the primary (milk teeth) and 43% in the permanent. The evidence supports the view that varnish application can also arrest existing lesions on the smooth surfaces of primary teeth and roots of permanent teeth. As fluoride varnish is administered in dental practices, this comparison can also be viewed as a measure of access to dentists in Sandwell.

Figure 4. Average Fluoride Varnish Rate for 3 – 16 year olds in West Midlands Local Authorities



Source: Public Health England

4.3.4 Sugar Reduction

Healthier eating advice is routinely given to families by a number of professionals to promote good oral and general health e.g. development checks, children centre sessions. The main message is to reduce both the amount and frequency of consuming foods and drinks that contain free sugars. Free sugars include monosaccharides and disaccharides that are added to foods and drinks by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups and fruit juices. It does not include sugars found naturally in whole fresh fruit and vegetables and those naturally present in milk and milk products.

In June 2014, Public Health England (PHE) published 'Sugar reduction: Responding to the challenge' which outlined what PHE would do to review the evidence and identify where action was most likely to be effective in reducing sugar intakes. This was followed in 2015 by PHE's 'Sugar reduction: the evidence for action' which reported on the findings from the review and an assessment of the evidence-based actions to reduce sugar consumption.

4.4 SERVICES TO SUPPORT CHILDREN'S DENTAL HEALTH

4.4.1 Oral Health Promotion Team

Within Sandwell there is an Oral Health Promotion team who are part of the Community Dental Service provided by Birmingham Community Healthcare Trust (BCHC) who are commissioned by NHS England. They provide education, support and guidance to children, parents and relevant health professionals across the borough. The team also trains and advises children's centre staff, nurseries, schools, care homes and staff working with groups with additional needs. The team also works closely with Health Visitors and School Health nurses to promote oral health to children across the borough.

4.4.2 Starting Well Initiative

NHS England has launched Starting Well: A Smile4Life Initiative. This programme of dental practice-based initiatives aims to reduce oral health inequalities and improve oral health in children under the age of five years.

A Starting Well event for dental teams has taken place in January and covered context including delivering better oral health, the current picture for oral health access, fluoride varnish rates, examining and treating the very young child and contractual issues.

4.4.3 Public Health Initiatives

- Oral Health is promoted widely in the Changes Antenatal Education Programme which is offered to all expectant women living in Sandwell and runs from local children centres across the borough.
- Dental advice in pregnancy is also highlighted in the My Pregnancy magazine which is distributed to all expectant women during their booking appointment with their midwife.
- Health Visitors and the Best Start Programme (focusing on vulnerable families) promote oral health promotion and signpost parents to local dentists as part of their child's 12 month and 2 year development check.

- A new parenting magazine is currently being developed in conjunction with the Health Visiting service which will be distributed to all new parents, Starting Well and oral health will be promoted throughout the magazine.
- School Nurses work with pupils, parents and schools to promote good oral health and deliver sessions on healthy eating and oral health through their School Ambassador programme.
- The public health department is currently working with local schools and school meal providers on a number of sugar reduction projects including a commitment to reduce total sugar content of school meals by 5% a year until 2020.
- Public Health current funds the fluoridation of all tap water in Sandwell to optimum levels to support dental health.

5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

- 5.1 Necessary consultation has been carried out for children & young people, parents, carers and other stakeholders.

6 ALTERNATIVE OPTIONS

- 6.1 There are no alternative options.

7 STRATEGIC RESOURCE IMPLICATIONS

- 7.1 There are no specific financial and resources implications.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 Legal and governance considerations have not been considered

9 EQUALITY IMPACT ASSESSMENT

- 9.1 All NHS provision is subject to an Equality Impact (EI) assessment.

10 DATA PROTECTION IMPACT ASSESSMENT

- 10.1 There are no data protection implications.

11 CRIME AND DISORDER AND RISK ASSESSMENT

- 11.1 There are no crime and disorder or risk implications.

12 SUSTAINABILITY OF PROPOSALS

- 12.1 There are no sustainability implications.

13 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

13.1 There are no further health and wellbeing implications further to those detailed in the body of the report.

14 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

14.1 There are no implications for any Council managed property or land.

15 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

15.1 This report is to update the Board.

16 BACKGROUND PAPERS

16.1 None

17 APPENDICES:

None.

5. REFERENCES

Public Health England (2014) Public Health Outcomes Framework

Dental Health Profile – Sandwell (2017)

Black Country Starting Well Presentation for Dental Staff (2018)

Delivering Better Oral Health (2017)

Ansaf Azhar
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