

Leicester City: Improving Oral Health

Purpose of the report

The purpose of the report is to brief the Health and Overview Scrutiny Commission on the:

- oral health needs of children in Leicester City
- NHS reforms and dentistry
- development of the Oral Health Promotion Strategy for preschool children

Background

Dental health for children in Leicester City is worse than the national and regional averages as well as when compared against all local authority comparators. The most common oral diseases, tooth decay and periodontal (gum) disease can both cause pain and infection as well as eventual tooth loss. This discomfort often results in lost sleep and disruption to family life, leading to time of work and school. Acute dental infection can cause swelling and severe pain. Extensive treatment can still be stressful, especially for the very young. This can lead to children being referred to hospital for dental extractions under general anaesthesia (GA). Such procedures expose children to unnecessary risk of complications which should be prevented.

The causes of poor oral health include:

- **Poor diet and nutrition:** High intake of sugar, fizzy and acidic drinks
- **Poor oral hygiene:** Failure of self-care e.g. regular tooth brushing and flossing
- **Fluoride:** The lack of exposure to fluoride
- **Tobacco and alcohol:** Smoking increases the risk of periodontal disease and is one of the main causes of oral cancer. Smoking combined with alcohol can lead to a 30 times greater risk of oral cancer. Smokeless tobacco also increases the risk of oral cancer
- **Injury:** The health of teeth can be compromised by traumatic injury. Those who play contact sport are at particular risk

Poor oral health occurs more often in vulnerable groups, as evidenced below:

- Leicester is the 20th most deprived local authority in the country with 35.3% of children and young people between 0-19 years living in poverty. Studies show that those from lower socio-economic groups are likely to have the highest levels of dental decay and consequently worse oral health.
- Epidemiological data has shown that the prevalence of dental decay is also much higher in Asian heritage children. This is of particular relevance to Leicester City with a high BME population.

Further points of note:

- Looked after children can miss out on dental check-ups and treatment because they are often relocated.
- People with disabilities and complex health needs are at greater risk of dental disease. It is important that preventative work and access to services are appropriate for this group of vulnerable people.

In 2009, the National Institute for Health and Clinical Excellence (NICE) recognised dental neglect as a type of child neglect. The recommendations relate to two types of dental neglect:

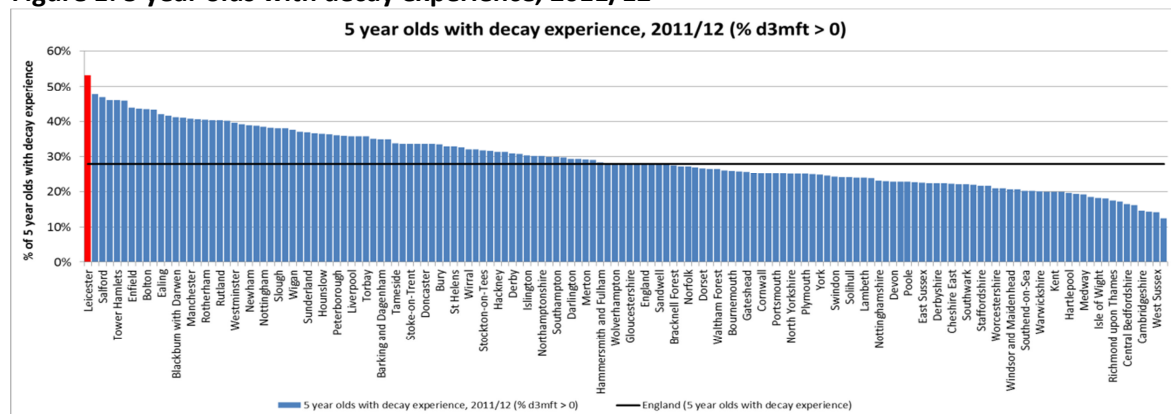
- persistent failure by parents/carers to obtain dental treatment for a child's dental decay
- the possibility of child maltreatment or oral injury.

The consequence of untreated dental diseases for children can be significant. Not only do many children affected experience pain and discomfort, they can lose sleep, confidence and it can restrict their play activities and affect their readiness for nursery and school.

Oral health needs of children in Leicester City

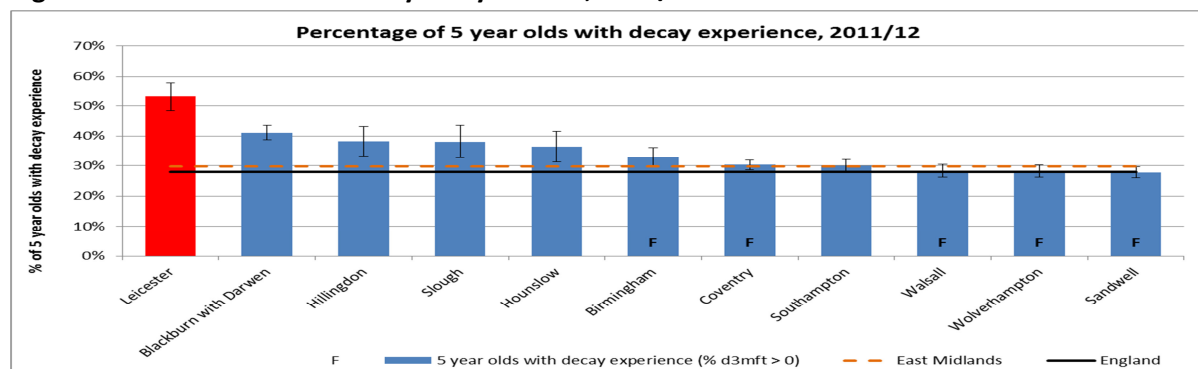
- Five year old children living in Leicester have the highest experience of dental decay observed in England.
- The 2012 results show an increase in the proportion of children with dental decay in Leicester from 48.7% in 2008 to 53.2% in 2012, equating to a percentage point increase of 4.5%.
- At age 5, children normally have 20 primary teeth. On average, 5 year old children in Leicester had just under 4 teeth (3.88) that were decayed, missing or filled.
- The average number of decayed, missing or filled teeth in the whole sample taken in Leicester (including the 46.8% who were decay free) was 2.06. This was more than double the national rate of 0.94.

Figure 1: 5 year olds with decay experience, 2011/12



When comparing the results against local authority comparators, the results reveal wide variation in the amount and severity of dental decay: the areas with poorer oral health tend to be those where the public water supplies are not fluoridated.

Figure 2: Amount of dental decay in 5 year olds, 2011/12



The association between social deprivation and tooth decay is undisputed. These key determinants need to be considered when addressing improvement in oral health and in future service planning. Many families with young children on lower incomes face a number of challenges; some parents find it very difficult to promote good oral health due to affordability of fruit and vegetables as well as toothpaste and toothbrushes; for many it is not the norm to access preventative services in the absence of painful illness and also a lack of information and poor communication about services can be a barrier.

The oral health of young children is an accurate mirror to the quality of their diet, parenting and living conditions in general. Poor oral health is a timely indicator of sub-optimal diet and parenting in early life. Poor baby feeding practices, weaning habits, lack of hygiene and diets high in sugar lead not only to poor dental health but also to higher risks of obesity, diabetes, cardiovascular disease and some cancers in later life. Poor oral health can also lead to a restriction to a child's ability to eat, speak and socialise.

NHS reforms and dentistry

In April 2013, NHS England became responsible for commissioning NHS dental services at a local level (Leicestershire and Lincolnshire Area Team). There is a commitment from the Department of Health to introduce a new NHS dental contract. This is to replace the current contract which is based on treatment activity. The new NHS dental contract will be based on patient registration, capitation and quality to evaluate dentists on the consistency and impact of the services they provide. Performance will be determined by compliance with quality and safety standards and will be informed by patient experience. It is proposed that dentists will be expected to complete a consistent oral health needs assessment on every patient and adhere to a preventive care pathway approach. Contracts will be measured by a Dental Quality and Outcomes Framework (DQOF), based on clinical outcomes and clinical effectiveness, patient safety and patient experience.

At the same time, local authorities were given Public Health responsibilities which includes dental public health services. There is also an oral health indicator of 5 year old children in the Public Health Outcomes Framework. The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 state that each local authority shall provide or make arrangements to secure the provision of:

- Oral health promotion programmes
- Oral health surveys which facilitate:
 - The assessment and monitoring of oral health needs
 - The planning and evaluation of oral health promotion programmes
 - The planning and evaluation of the arrangements for provision of dental services as part of the health service
 - The monitoring and reporting of the effect of water fluoridation programmes (where applicable)

The Regulations also further state that the local authority shall participate in any oral health survey conducted or commissioned by the Secretary of State.

Development of the Oral Health Promotion Strategy for preschool children

The Leicester City Child Poverty Commission reports that more than 26,000 Leicester children (over a third of those in the City) are growing up in poverty. Recommendation 43 from the Commission states that:

- The Health & Wellbeing Board, the NHS Commissioning Board and other partners should work actively to promote oral health ensuring access and take up of preventative dental care for all children across the city.



The City Mayor's Delivery Plan 2013/14 has also stated that a partnership action plan to improve children's dental health should be developed.

The Children's Trust Board has also included the improvement of oral health as one of its priorities in the Children and Young People's Plan.

Progress to date:

- An Oral Health Summary Needs Assessment has been undertaken for Leicester City.
- Non-recurrent funding of £490k has been allocated to improving oral health.
- A project manager for the oral health initiative has been appointed.
- The Oral Health Promotion Partnership Board was established on the 17th. September, 2013. The purpose of the Board is to develop and deliver an oral health promotion strategy for preschool children in the first instance. The Strategy is currently in draft and it is anticipated that this will be finalised by the end of Dec 2013. The intended outcomes are to:
 - Improve oral health
 - Reduce oral health inequalities
 - Improve access to NHS dental services

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APPENDICES		
1.	Joint Strategic Needs Assessment Oral Health chapter	http://www.leicester.gov.uk/your-council-services/social-care-health/jsna/jspna-reports/
2.	Dental Health survey results of 5 year old children 2011/12	 LMB - 5 yr olds.docx
3.	DRAFT Terms of Reference for Oral Health Promotion Partnership Board	 Leicester City Oral Health Promotion Parl