Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

AGENDA ITEM 7

Oral health of Children in Bristol – issues paper	
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Report for Information	

1. Purpose of this Paper

The purpose of this paper is to brief the Health and Wellbeing Board (HWB) on the oral health of children in Bristol, to assure the Board of the current work in this area, and to seek the Board's support in developing an oral health strategy.

2. Executive Summary

Dental decay is one of the most common chronic childhood diseases affecting over a quarter of five year olds, yet it is entirely preventable. Poor oral health can have a significant impact on a child's health, wellbeing and development, and is a cause of distress. There are marked inequalities in children's oral health, with a strong association between oral health and social deprivation.

The local authority has a statutory responsibility to provide or commission oral health promotion programmes and oral health surveys to understand health needs. This is supported by the dental public health expertise within Public Health England. NHS England is responsible for commissioning primary care and hospital dental services.

Oral health promotion in Bristol is provided by a team from University Hospitals Bristol, and through the work of the public health team within the local authority. An oral health needs assessment has been completed for the South West region and local authority level oral health profiles are under development.

National Institute for Health and Care Excellence (NICE) guidelines recommend that oral health should be a health and wellbeing priority and an oral health strategy should be in place for each area. The Board is asked to consider the inclusion of oral health when refreshing the Bristol Health and Wellbeing Strategy, and to support the development of an oral health strategy for Bristol.

3. Context

This issues paper was requested following the release of the national survey of dental health in 3 year olds in the autumn. This survey showed a considerable burden of poor oral health both nationally and in Bristol. In this paper, we are able to add data about local health inequalities, and information about how work in this area is being taken forward.

4. Main body of the report

i) Why is oral health important?

The World Health Organisation defines oral health as being free from diseases and disorders that affect the oral cavity. The most common oral disease in children is tooth decay. Tooth decay occurs when acids produced from the breakdown of sugars, dissolve the outer layers of teeth. It is entirely preventable, but still one of the most common chronic childhood diseases. Over a quarter of all five year olds in England had tooth decay in 2012.

Oral diseases can have a considerable impact on a child's general health and wellbeing. Poor oral health is associated with being underweight and a failure to thrive. It also affects a child's ability to sleep, speak, play and socialise with other children. Children with dental problems may not be able to gain the full benefit of their education. Children with poor oral health may have increased school absenteeism, and decreased school performance.

The impact of dental decay on individual children is exemplified by a case study included in the box below.

CASE STUDY (provided by the Primary Care Dental Service)
A four year old girl was brought to Charlotte Keel Dental Department for her first ever dental examination. Her mum said she was having trouble eating, and would often take a couple of hours to eat her breakfast. The girl was very quiet and seemed a little withdrawn.

At four years of age all the baby teeth are present (20). On examination of her mouth, there was gross decay in all but four of her teeth, which probably goes some way to explaining why she took so long to eat breakfast. Mum also stated that she had, until she was three, drunk milk from a bottle fairly regularly throughout the day and night. While this had now stopped she was aware that her daughter's teeth were in a bad state.

Following a long discussion with her mother about how and why the teeth had developed so much decay, it was agreed that she would be referred to Bristol Dental Hospital for extraction of all the decayed teeth (16) under general anaesthetic.

When children have had multiple teeth extracted as this little girl had, it can become quite difficult for them to eat, although she will have her second deciduous molars remaining so she will still be able to chew food, though not so easily bite into it.

ii) What do we know about the oral health of children in Bristol?

a. The burden of poor oral health in Bristol compared to elsewhere

In autumn 2014 the results were reported of the 2013 survey of oral health in 3 year old children. It is the first time this age group has been surveyed. The results for Bristol show that the proportion of 3 year olds with decay (15.3%) is higher than the England average (11.7%). However, the Bristol sample was small and the consequent broad confidence intervals highlight the lack of precision in this estimate and may explain some of the variation compared to other areas. Nonetheless, the survey results highlight the importance of improving oral health in this vulnerable age group.

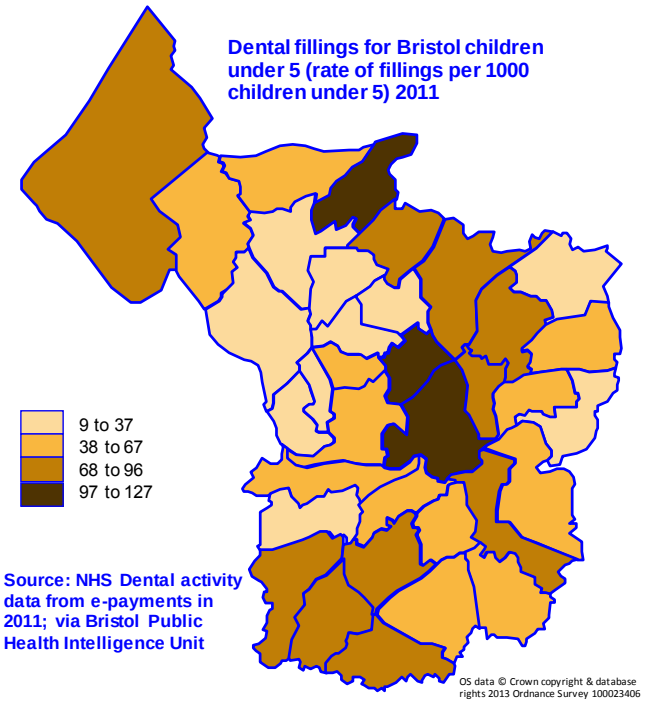
In March 2015 the results of the 5th Decennial National oral health survey were published. Key findings included:

- Reductions in the extent and severity of dental decay in permanent teeth for 12 and 15 year old children compared to 2003
- Persistence of oral health inequalities with 26 per cent of 15 year olds eligible for free school meals having severe or extensive dental decay compared to 12 per cent of 15 year olds who were not eligible.
- More than a third (35 per cent) of the parents of 15 year olds reported that their child's oral health had impacted on family life in the last six months; 23 per cent of the parents of 15 year olds took time off work because of their child's oral health in that period.
- Overall, 45% of 12 year olds and 28% of 15 years olds reported that they were not happy with the appearance of their teeth and would like to have them straightened.

This year there is a new survey of the dental health of 5 year old children. The most recent results for this age group from the 2012 survey show 75% of 5 year olds in Bristol have no dental decay compared to a South West average of 74% and an England average of 72%. The public health outcomes framework (2013-16) includes 'tooth decay in five year old children' as an outcome indicator.

b. Inequalities in oral health within Bristol

Population averages can mask inequalities in oral health. A polarisation in disease experience is occurring, with an increasing number of children remaining tooth decay free, and the disease becoming concentrated in a diminishing number of socially deprived children.



Local payments data (2011) shows that the rate of dental fillings by ward (see figure) ranges from around 10 fillings per 1000 children under 5 in St George East, Bishopston and Redland to over 100 (fillings per 1000 children under 5) in Southmead, Lawrence Hill and Ashley (highest at 127 fillings per 1000 children). (Note, this is partly a measure of service usage as it reflects fillings completed at dentist, not tooth decay itself).

c. Risk factors for poor oral health

Influences determining oral health include:

- Environmental influences, including exposure to fluoride through toothpaste, water fluoridation or other sources reduces the risk of dental decay.
- Behavioural risk factors, including dietary sugar, oral hygiene, and attending dental check-ups.
- Service factors such as access to dental care.

In children, dietary sugar is the main behavioural risk factor and fluoride the main protective factor.

Poor oral health is clearly linked to deprivation in childhood.

iii) What work is currently going on in Bristol?

a. Organisational responsibilities

Several organisations have responsibilities around oral health.

The local authority is responsible for:

- providing or commissioning oral health promotion programmes to improve the health of the local population
- providing or commissioning oral health surveys. The oral health surveys are carried out as part of the Public Health England dental public health intelligence programme (formerly known as the national dental epidemiology programme).

NHS England is responsible for commissioning all primary care and hospital dental services

Public Health England is responsible through their core offer for providing dental public health support to NHS England and Local Authorities.

Local partnership arrangements
Bristol City Council is a member of the West of England Public Health Partnership. This Partnership was set up in 2012 to oversee programmes which require scarce specialist knowledge and skills where there is added value in sharing resources. Oral Health improvement is one of the work streams with input from Local Authority leads and support from PHE dental public health. In April the Partnership Board approved a work programme for 2015-16 that includes suggesting local oral health priorities and advising on potential effective interventions.

Collaboration through Bristol Health Partners
Reducing health inequalities in oral health in the early years is a workstream of the BoNEE (Bristol Network for Equality in Early Years Health and Wellbeing) Health Integration Team (www.bonee.org). This group brings together dentists, oral health promotion specialists, researchers and commissioners to address oral health in young children. Current work includes analysis of data on extractions under general anaesthetic to better understand the burden of need and inequalities in Bristol, and qualitative research with families and dentists to understand barriers to improving oral health.

b. Oral health improvement services

The oral health promotion service is provided as part of the primary care dental service of University Hospitals Bristol. This small team of three part time dental care professionals who have additional qualifications in oral health education is managed by a senior dental officer. This team responds to requests to provide oral health advice to high priority groups. The team provides face-to-face visits to settings, sends out information, and supports other staff, eg training children's centre staff in giving oral health promotion messages. The team also provides training in oral health promotion for health visitors and speech and language therapists.

In addition, the public health team in the local authority deliver oral health promotion through:

- Providing weaning workshops in children's centres
- Promoting healthy eating, smoking prevention, substance misuse services for young people.
- Work on school food standards
- Healthy schools awards and Personal Health and Social Education in schools
- Through the public health resources and information service to provide materials and training resources with key health promotion messages

Work of other council teams and the CCG is crucial around improving the oral health of vulnerable groups, for example through annual health assessments and dental checks for looked after children.

c. Work to understand health needs and define priorities

An oral health needs assessment has been completed for the South West region. Oral health profiles will be published to highlight key oral health indicators for each local authority and enable comparison between local and National performance. An oral health steering group will be convened for the West of England Public Health partnership and will use the needs assessment to make recommendations for local priorities and develop a high level oral health strategy.

iv) Areas for development

Public Health England advice[1] and NICE guidelines (PH55)[2] were issued in 2014 to support local authorities and their partners in their role to improve health in local communities and recommendations include:

- Ensuring that oral health is a health and wellbeing priority and included in the Health and Wellbeing Strategy
- Carry out an oral health needs assessment, using a range of sources
- Develop an oral health strategy
- Detailed advice about implementation of a strategy, e.g. ensure that frontline health and social care staff can give advice on the importance of oral health; promote a whole school approach to oral health in primary and secondary schools.

The next step is to develop an oral health strategy for Bristol within the work of the West of England Public Health Partnership incorporating community-based interventions and activities to:

- Raise awareness about oral health
- Promote and protect oral health by improving diet and reducing consumption of sugary food and drinks, alcohol and tobacco (and so improve general health too)
- Improve oral hygiene
- Increase the availability of fluoride
- Encourage people to go to the dentist regularly
- Increase access to dental services

The strategy will include universal actions for all communities and actions targeted to the address the needs of the most vulnerable groups.

5. Key risks and Opportunities

The organisational responsibilities for oral health are statutory and there is a risk of challenge if organisations do not fulfil their responsibilities as outlined above.

There are significant opportunities to improve children's oral health and to reduce health inequalities, as dental decay is preventable.

6. Implications (Financial and Legal if appropriate)

Not applicable

7. Conclusions

Poor oral health not only affects many children and young people, but it is preventable. There are significant health inequalities in the experience of poor oral health in Bristol.

There are clear organisational responsibilities for oral health. Bristol has good partnership arrangements to deliver on these responsibilities and through the support of Public Health England, has a good understanding of the oral health needs of children in Bristol.

The next step is to develop an oral health strategy for Bristol and an action plan to implement the strategy.

The Health and Wellbeing Board is asked to support raising the profile of oral health, in particular through considering the inclusion of oral health in a future refresh of the Health and Wellbeing Strategy.

8. Recommendations

The HWB is asked to:

1) Consider inclusion of oral health when refreshing the Bristol Health and Wellbeing Strategy

2) Support the development of an oral health strategy for Bristol as set out at the end of section 4, and recommend whether this should be presented at a future Health and Wellbeing Board meeting.

References

[1] Local authorities improving oral health: commissioning better oral health for children and young people. June 2014. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf

[2] Oral health: approaches for local authorities and their partners to improve the oral health of their communities. Issued: October 2014. NICE public health guidance 55 guidance.nice.org.uk/ph55