

All Age Oral Health Improvement

Portfolio Holder: Cllr Zahid Chauhan

Officer Contact: Katrina Stephens, Joint Acting Director of Public Health

Report Author: Mike Bridges VR, Public Health Specialist **Ext. 4681**

18th December 2018

Purpose of the Report

This report is to brief the Health Scrutiny Sub-Committee on all age oral health improvement activity currently being delivered across Oldham.

Executive Summary

Good oral health has an important role in general health and wellbeing of individuals. Oral diseases are highly prevalent and their impact on both society and the individual is significant. Poor oral health in young children can affect their ability to sleep, eat, speak, play and socialise with other children. Although this is the same for older adults it can also affect their overall quality of life, self-esteem and social confidence.

The latest oral health survey of five-year-old children living in Oldham shows that dental decay levels have improved significantly from five in ten children (50%) having decayed, missing or filled teeth by age five in 2012/13, to three in ten children (34.8%) in 2016/17. Oral health is also an emerging public health issue amongst vulnerable older adults. The number of older adults in Oldham is increasing, with an increase in the prevalence of Alzheimer's and other dementias, which has implications for both personal oral health care and access to dental service provision.

Recommendations

- To note the progress and the actions in the Pre-school Children's Oral Health Improvement Strategy.
- To support the actions identified in the oral health improvement programme for vulnerable older people in care homes, care at home, intermediate care and secondary care.
- Continue to support the implementation of evidence based oral health interventions and national guidance across all ages in Oldham.

All Age Oral Health Improvement

1 Background

- 1.1 Good oral health has an important role in general health and wellbeing of individuals. Oral diseases are highly prevalent and their impact on both society and the individual is significant. Poor oral health in young children can affect their ability to sleep, eat, speak, play and socialise with other children. Whilst in older adults it can affect their overall quality of life, self-esteem and social confidence. Healthy teeth are essential for effective chewing and swallowing and therefore for good nutrition.
- 1.2 The Health and Wellbeing Board identified poor oral health of children under the age of five as a priority in 2013. In 2012/13 approximately five in ten (50%) five year olds living in Oldham had experience of dental decay. The latest Public Dental Health Epidemiology Programme for England, oral health survey of five-year-old children (2016/17) living in Oldham shows that dental decay levels have decreased significantly to three in ten (34.8%).
- 1.3 Tackling children's oral health is complex and inextricably bound up with issues of culture, lifestyle and deprivation. The Oldham Pre-school Oral Health Strategy 2018 to 2021 promotes initiatives and actions to tackle a broad range of inequalities in oral health, which reflect broader health inequalities. The strategy recommends whole population and behaviour change approaches in an attempt to address some of the common risk factors associated with poor oral health. The actions in the strategy involve upstream, midstream and downstream interventions based on the best available evidence that use both targeted and universal approaches. These are weighted towards communication, culture and behaviour change.
- 1.4 Oral health is an emerging issue amongst vulnerable older people. The number of older adults in Oldham is increasing, with the largest % increase in the 85-years and over age group, which has implications both for personal oral health care and for dental service provision. National data shows that dental health patterns and oral health status of older people in later life is changing across the United Kingdom. The general trend shows an increase in the retention of natural teeth which are often heavily filled and require complex dental/oral care. Alongside this, oral cancer is on the increase nationally with evidence suggesting that tobacco, not eating enough fruit and vegetables, and drinking alcohol, all increase the risk. Other non-dental factors also have an impact, such as an increase in the prevalence of Alzheimer's and other dementias and long-term conditions.
- 1.5 The two main oral diseases, dental decay and periodontal disease, share the same risk factors as other chronic diseases and conditions, such as heart disease, cancer, strokes, diabetes and obesity. A life-course approach to chronic disease development highlights the importance of early childhood factors in the development of chronic ill-health, including oral diseases.

2 Current Position: Children 0 to 5 years of age

- 2.1 In 2012/13 approximately five in ten (50%) five year olds living in Oldham had experience of dental decay. The target was to reduce this rate to three in ten (34%) by 2017 which was achieved, with the rate of dental decay in the 2016/17 survey falling to 34.8%.
- 2.2 Oral health improvement interventions have been aimed at the whole child 0 to 5 year old population and at specific groups at risk of dental decay. The approach taken has focused on delivering oral health improvement activity at scale across the population with additional focus in areas and populations where outcomes are poorest. The Pre-school Oral Health Improvement Strategy embeds oral health improvement activity across the Right Start Service, School Nursing and pre-schools as well as the wider public health workforce (e.g. education, health and social care and community pharmacy) and settings.
- 2.3 The Pre-School Oral Health Improvement Strategy identifies the following high level priorities:
- Establish a culture that supports good oral health across Oldham.
 - Increase attendance at dentists where a preventive treatment can take place, including fluoride varnishing.
 - Changing the culture so that there is a reduction in the use of feeding bottles containing sugared drinks, especially at night.
 - Increasing preschool children's exposure to fluoride.
 - Increase the numbers of children who are brushing their teeth twice a day, and particularly before bed.
 - Social marketing programmes to promote oral health and uptake of dental services among preschool children and families.
- 2.4 In addition to the ongoing oral health improvement activity commissioned through the Right Start Service, the Greater Manchester Health and Social Care Partnership (GM H&SCP) have established a supervised tooth brushing programme which will be delivered across all early years settings and reception classes in Oldham. Funding for the programme is held and managed by the GM H&SCP but co-ordinated by an oral health improvement project worker working jointly with Oldham Council and the Right Start Service.
- 2.5 The high level strategy is co-ordinated and monitored by an Oral Health Steering Group chaired by a Public Health Specialist with representation from Public Health England, General Dental Practice, Communications Team, Community Dental Service (PCFT) and Oral Health Improvement (Bridgewater Community Health Care Foundation NHS Trust).

3 Performance against Pre-school Oral Health Strategy

3.1 The following oral health improvement and general dental practice activity has been delivered successfully by Oldham Council, Right Start Service, NHS England Commissioners and General Dental Practices in Oldham:

- Training and update sessions have been delivered to all Right Start staff to promote consistent, accurate oral health messages as part of a healthy lifestyle.
- Free family fluoride toothpaste, brushes packs (Q1 18/19 1,892) and free flow cups are given out with oral health advice / written information at 6 – 8 weeks, 9 months and 2 year health visitor assessments. 585 free flow cups were given out at 6 – 8 weeks assessment in (Q1 18/19).
- Community midwives – Oral health advice and information packs provided for pregnant women at first antenatal visit (Q2 18/19 – 306 packs were given out).
- Postnatal – oral health packs, information and advice given to new parents on discharge from hospital, 3,000 allocated packs per year (Started May 2017, Q1 18/19 – 96 packs given out).
- Action for Sick Children Dental Play Box – oral health education sessions aimed at early years children using play, with the aim of increasing toothbrushing, reducing sugar consumption, and increasing dental attendance, provided across 100 early year settings in areas with high levels of dental decay amongst 0 – 3 year olds.
- General dental practices (primary care) – Ongoing engagement to increase application of fluoride varnish to children, including distribution of resources and oral health materials. Fluoride varnishing application across Oldham increased from 58.5% in 17/18 to 71% in Q1 2018 /19.
- There are now 82% (88 out of 107) early years settings that have a healthy eating award.
- Oldham Big Brush Campaign was delivered across pre-schools, schools and other early years settings, as well as social media and video links offering advice and support.

3.2 In the 12 month period ending the 30th June 2018 37,451 children were seen by an NHS dentist in Oldham. This equates to 63.6% of the child population and is above the England average of 58.7% of the child population but below the Greater Manchester average of 64.3%.

3.3 Of those children seen by an NHS dentist in quarter two (1st July to 30th September 2018) 71.1% (9917) received fluoride varnish treatment.

3.4 To increase the numbers of under 5s attending dental practices in Oldham where preventive treatment can take place, the following activities have taken place:

- Delivered targeted dental visits to pre-school settings in areas with high levels of dental decay through the practice buddy pilot scheme.
- Targeted oral health education visits to pre-school settings in areas with high proportions of dental decay amongst 3 year olds.
- Promoted the importance of preschool children attending the dentist for preventive treatment including fluoride varnishing, through oral health education and campaigns such as the Oldham Big Brush.
- Encouraged parents and carers to regularly visit the dentist from when a child gets their first tooth, through the Right Start team and early years settings.

4. Current position: Vulnerable Older Adults

4.1 Many older adults have good oral health and access to dental services, however vulnerable older adults are at risk of experiencing poor access to routine preventive oral health and expert dental care. This can lead to poor oral health outcomes and have an adverse impact on their overall health.

4.2 In line with NICE guidance *Oral Health Promotion in the Community (2016)* Oldham is working in partnership with Rochdale and Bury Councils to ensure that oral health is in care plans of people who are receiving health or social care support and at high risk of poor oral health. In Oldham this will be achieved by developing an oral health improvement programme involving Oldham Council, Oldham Cares, Oldham CCG, GM H&SCP, Health Education England and social care providers.

4.3 Activity undertaken as part of this programme will include:

- Coordinate and carry out training activities to raise awareness of oral health and links to nutrition and hydration across the borough for elderly in care homes, cared for in their own home, intermediate care and secondary Care.
- Generate support for the implementation of interventions that will improve oral health and reduce aspirating pneumonia in care homes and hospital acquired pneumonia.
- Generate support for oral health assessment on admission to care homes and secondary care settings.
- Empower carers, nursing staff and individuals to make personalised oral care plans that will enhance and safeguard oral health and help improve health more generally for the elderly.
- Deliver evidence-based programmes to improve oral health in agreed settings.
- Monitor and evaluate the effectiveness of oral health programmes in care homes, intermediate and secondary care settings.
- Deliver evidence-based information to improve infection control to reduce any risk of infection transfer when delivering oral health improvement techniques

4.4 The GM Oral health for vulnerable older people steering group along with the local oral health steering group, the providers and commissioners will work in collaboration with other networks and partnerships to:

- Link with GP clusters and Oldham Cares to look at preventative approaches when assessing frail older people.
- Link oral health with lifestyle risks and wider determinants of health through Healthy Living Pharmacies, Making Every Contact Count and smoking cessation programmes.
- Ensure resources to raise awareness of good oral health are distributed via community settings including libraries, sheltered housing hubs and GP practices.
- Ensure there are mechanisms in place to alert primary care staff to signpost older people to dentist for regular check-ups and screening.

5 Key Questions for Health Scrutiny to Consider

- 4.1 Health Scrutiny sub-committee may wish to consider current activity to improve oral health and identify opportunities to further promote oral health messages and improve oral health in the borough.

5. Links to Corporate Outcomes

5.1 Objective 1:

- Healthy Communities – we will work with residents and promote health, independent lifestyles.
- Best Start in Life - Support families to give their children the best start in life.
- Public Health - Run effective public health campaigns that encourage people to take more control over their own health.

6 Additional Supporting Information

- 6.1 None.

7. Recommendations

- 7.1 To note the progress and the actions in the Pre-school Children's Oral Health Improvement Strategy.
- 7.2 To support the actions identified in the oral health improvement programme for vulnerable older people in care homes, care at home, intermediate care and secondary care.
- 7.3 Continue to support the implementation of evidence based oral health interventions and national guidance across all ages in Oldham.