

Appendix A

Children and Young People's Oral Health in Barnet

Introduction

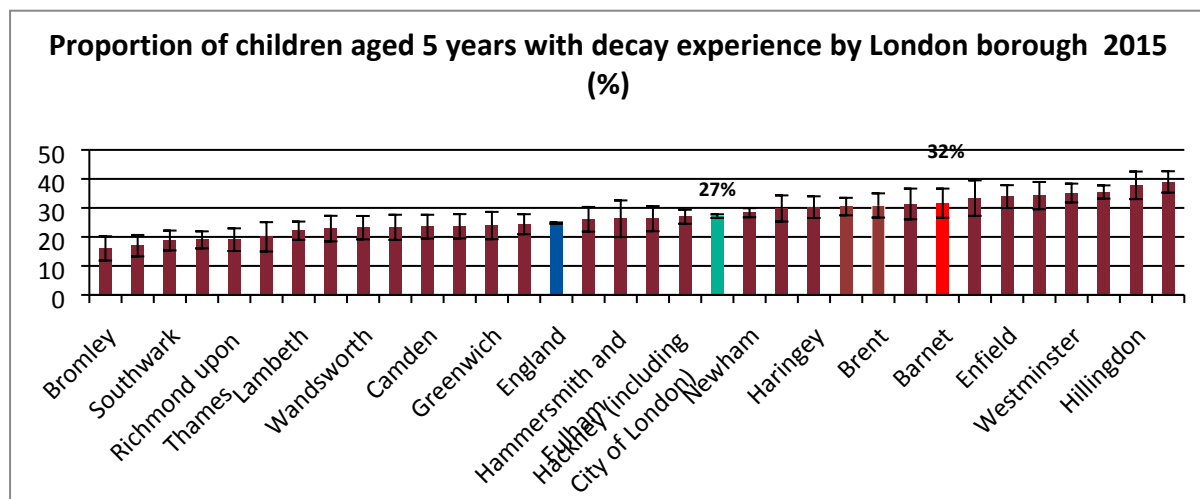
Good oral health is integral to a child's general health and well-being, and affects how children grow, enjoy life, look, speak, chew, taste food, and socialise. Pain, infection, and tooth loss can cause sleepless nights, poor concentration, time off from school, reduced nutrition and growth, and delays to speech development. Psycho - social wellbeing and self-esteem can also be affected by bad breath and the unsightly appearance of decayed or missing teeth.

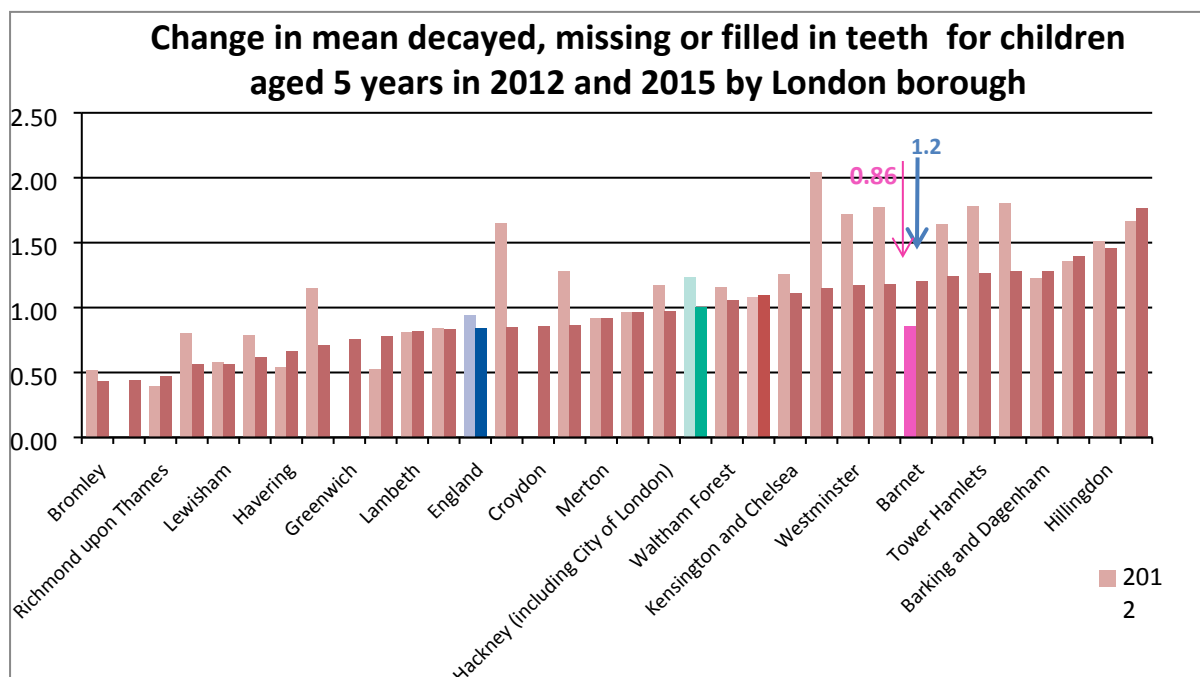
Fortunately tooth decay is almost entirely preventable. Therefore, establishing good oral health behaviours early is part of giving every child the best start in life. This includes reducing sugary foods and drinks as part of promoting a healthy diet, drinking water and milk, encouraging twice daily tooth-brushing with fluoride toothpaste, improving access to dentists early for preventive advice including the application of fluoride varnish at least twice a year from aged 3 years.

This briefing provides an update on oral health promotion activity in Barnet for Health Overview and Scrutiny Committee.

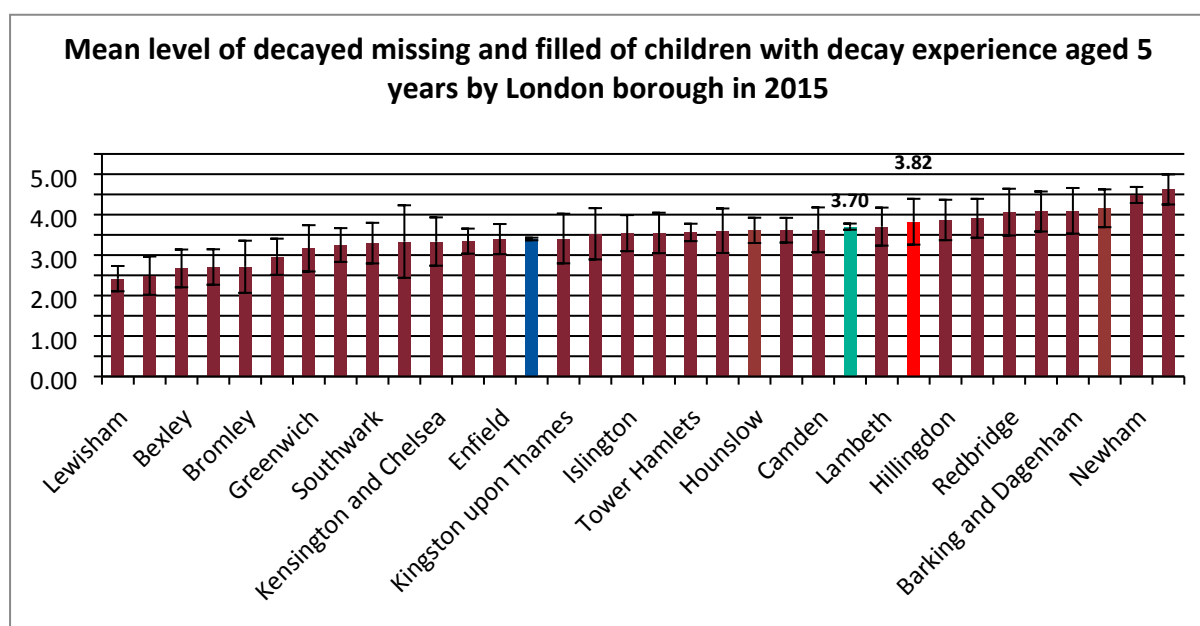
Children and Young Peoples Oral Health in Barnet

Children and Young People under the age of 20 years make up 25.5% of the population of Barnetⁱ. The health and wellbeing of children in Barnet is generally better than the England average, however there are a few indicators we are failing on, one of these is child tooth decay. From the 2015 National Dental Epidemiology Surveyⁱⁱ it shows Barnet has some of the highest rates of child tooth decay experience in London with 32% of 5 year children having experienced dental decay, greater than the London (27.2%) and England (24.7%) averages. There was a worsening in the level of decay experience between 2015 compared to the 2012 results, (0.86 decayed, missing and filled teeth (dmft) in 2012 to 1.21 in 2015) and Barnet still has a considerably higher rate of 5 year olds with decayed teeth, compared to those in London and England.





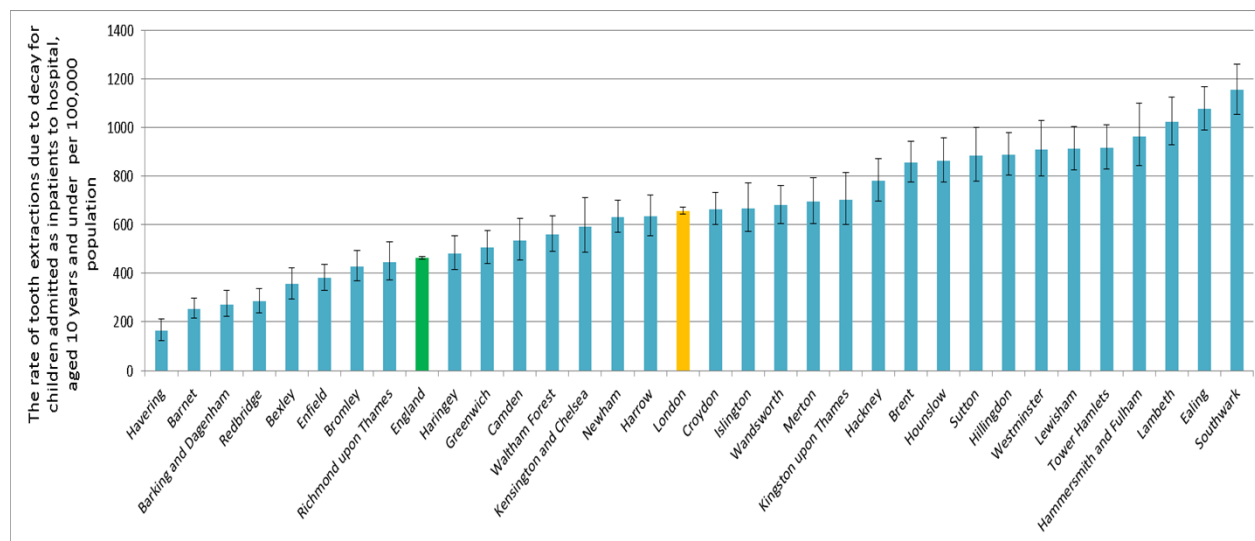
Of those children who experience dental decay at aged 5 years, on average they have almost four or more teeth affected.



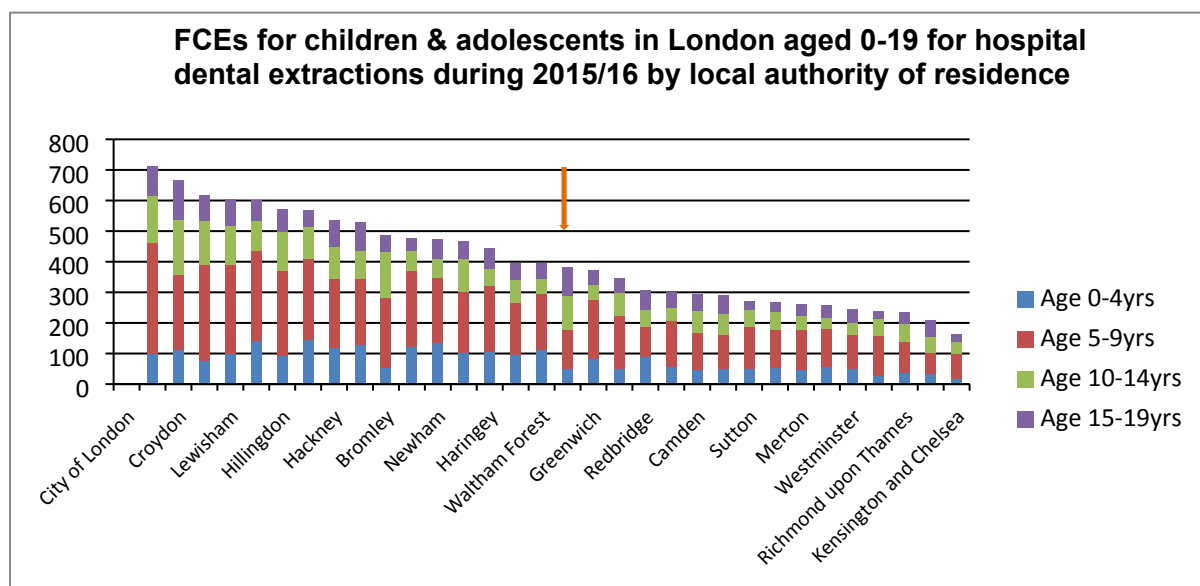
Tooth decay is the most common oral disease affecting children and the number one reason for non-emergency hospital admissions in children aged over 5-9 years in England, despite being a preventable disease.

In 2014/15 the rate of hospital extractions for children 10 years and under in Barnet was the second lowest for London boroughs which was lower than both London and England averages.

Tooth extraction due to decay aged 10 years and under per 100,000 population by London borough 2014/15 (data source: HSCIC).

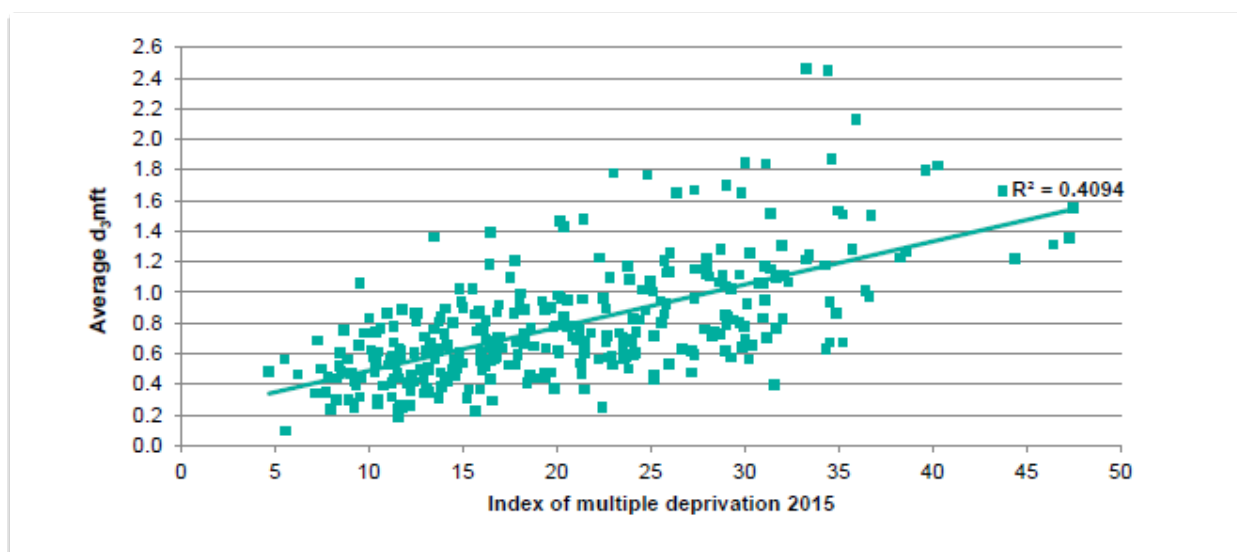


Recently published data shows that in 2015/16 382 Barnet children (0-19 years) received a hospital episode for dental extractions out of a total of 12,987 Finished Consultant Episodes (a way of counting people receiving hospital treatment) for London.



People living in deprived communities consistently have poorer health than people living in richer communities and these inequalities run from the top to the bottom of the socioeconomic ladder creating a social gradient. Similarly tooth decay follows this gradient as those five year old children living in areas with higher Index of Multiple Deprivation (IMD) scores display higher numbers of decayed, missing (due to decay) and filled teeth (dmft)ⁱⁱⁱ.

Correlation between numbers of decayed, missing (due to decay) and filled teeth (d3mft) among five-year-old children and Index of Multiple Deprivation (IMD 2015) score.

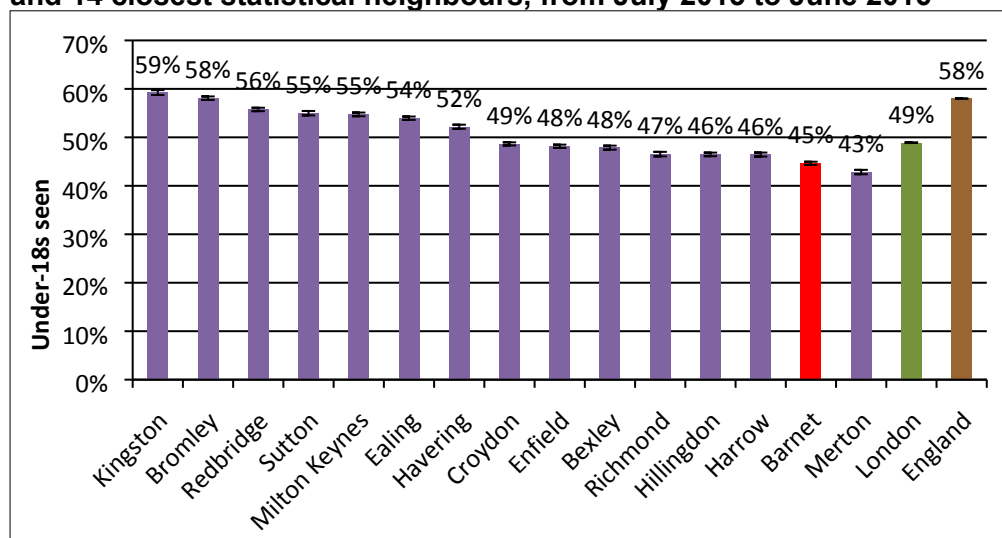


Attendance at an NHS Dentist in Barnet

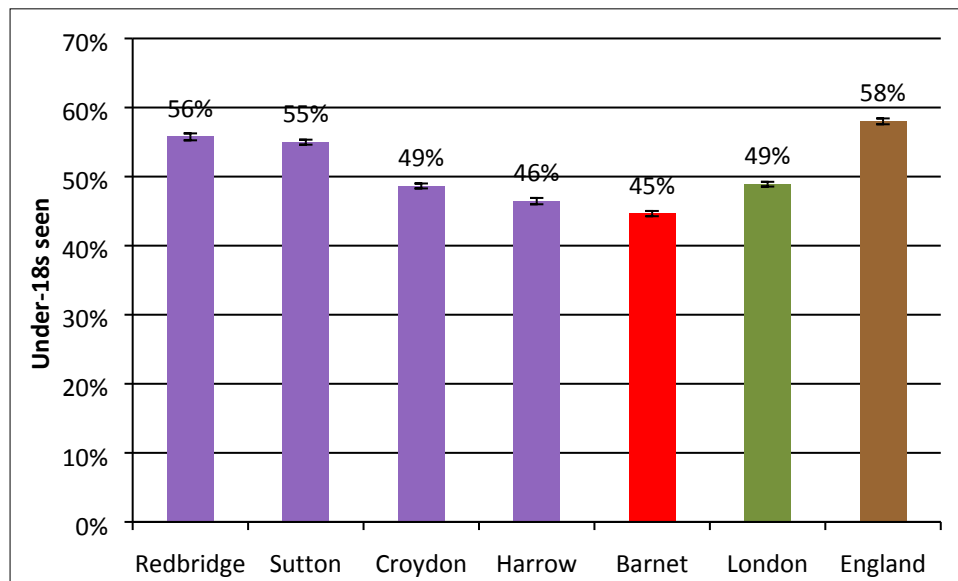
Everyone should be able to access good quality NHS Dental Services. There is no need to register with a dentist in the same way as with a GP because you are not bound to a catchment area. NHS dental care for children is free and regular attendance can help prevent decay and help identify problems early on.

In the 12 months from July 2015 to June 2016, 45% of Barnet under-18-year-olds were seen by an NHS Dentist. This is statistically significantly less than levels for England (58%), London (49%) and all but one of Barnet's 14 closest 'statistical neighbours'. Compared with its closest four statistical neighbours, Barnet had the lower level of under-18s dental attendance^{iv}.

Percentage of under-18-year-olds seen by NHS dentists in Barnet, London, England and 14 closest statistical neighbours, from July 2015 to June 2016 *



Percentage of under-18-year-olds seen by NHS dentists in Barnet, London, England and 4 closest statistical neighbours, from July 2015 to June 2016 *



* Children seen by non-NHS dentists and hospital dental services are not included. Geography is ascribed based on dental surgery postcode, so data will include some children who live out-of-borough, but NHS Digital consider the effect of this discrepancy to be minimal. Data represents children seeing a dentist at least once within the time period (multiple attendances are not considered), and includes children receiving orthodontic treatment.

From the age of three, children should be offered fluoride varnish application at least twice a year. Fluoride varnish is a concentrated topical fluoride application which is applied professionally and has been found to substantially reduce tooth decay in children by up to 46%^v. Overall in Barnet, there has been a year on year increase in the proportion of the resident child population receiving fluoride varnish applications from NHS dental practice teams 2010 to 2016. There are ward level inequalities in dental access, fluoride varnish application and availability of NHS dental services. Thus further action is required to address these issues.

Tooth decay is largely preventable by reducing the amount and frequency of sugar in the diet and optimising exposure to fluoride. In Barnet there are a number of initiatives in place which employ these evidence based recommendations surrounding making oral health everybody's business and every contact count, integration of oral health with other Public Health and Children's Programmes and increasing children's exposure to fluoride.

Oral health promotion

Central London Community Healthcare (CLCH) delivers oral health promotion for London Borough of Barnet. They do this in three work streams.

Schools

- Tooth brushing programme in targeted primary schools for children 5 years and under
- Coffee mornings in schools delivering oral health advice to parents and providing an opportunity to:
 - signpost to primary care General Dentistry Practitioner and

- to increase uptake of the consent rate for the tooth brushing programme
- Oral Health workshops in schools supporting their health awareness week
- Oral health workshops in special needs schools, delivering oral health for children with specific needs. Additional resources ordered for special needs schools, e.g. adapted toothbrush, disability oral aids
- Providing tooth brushing packs and resources to schools for their oral health sessions

Health professionals

- Working with The Family Nurse Partnership team (FNP) supporting the young parents and families oral health needs
- Supplying oral health resources such as sippy cups and demonstration models to Health Visitors, FNP, children centre staff, and Breast Feeding Co-ordinator and peer supporters
- Working with breastfeeding counsellors
- Oral health training to professionals - Health Visitors, FNP, School Nurses, Breast Feeding Co-ordinators, Children's Nurses Supplying tooth brushing packs to Health Visitors for the 9 month and 2 year developmental checks

Children's centres

- Training staff at the Children's Centres and working with the nominated Tooth champions
- Providing toothbrush packs and resources e.g. tooth brush charts to Children's centres for parent workshops
- Attending targeted groups at children's centres delivering oral health advice to parents
- Membership of the Healthy Children's Centre quality assurance panel who meet to assess and review folders (that focus on health priority areas, of which oral health is one of these) and influence recommendations in oral health
- Providing resources to Children Centres to ensure regular updates on the display boards, sample sippy cups and sugar app and toothbrush app details.

Barnet performance summary

CLCH have successfully met their contract KPI's and have delivered:

- Tooth brushing programmes in 3 schools per term i.e. 12 per annum
- Training provided to 31 Children's Centre staff so far this year – it is important to note there have been staff changes with restructuring of the Children Centre management
- Support to 36 parent workshops at Children Centres by the end of March 2017 i.e. minimum of 3 workshops per term per Children Centre (as well as supporting ad hoc additional workshops with advice and resources) Rolling programme of training to 0-19 CLCH staff
- Brushing for Life (BfL) packs and 1000 sippy cups supplied to Health Visiting teams (from one off funding last year from the Local Authority) to support very brief oral health intervention at child progress checks

Future Outlook

Due to Local Authority cost saving the oral health promotion activity that has been taking place across Barnet will be greatly reduced in 2017/18. This will result in further impact on levels of poor dental health for children and young people. Instead of being able to offer a universal service the offer will become more streamlined and delivery will be based on a targeted response.

For the most sustainable gains in oral health and reductions in inequalities, interventions should tackle the social determinants of health, adopting a whole population approach with varying degrees of effort and intensity depending on level of disadvantage.

Oral health efforts should not be carried out in isolation but should be integrated with broader children's public health programmes such as those tackling obesity, improving diet and lifestyles, breastfeeding and weaning, following a common risk factor approach. Interventions should start at an early age and continue throughout the life of a child, because what happens in early childhood has an impact on later life (life course approach).

ⁱ Child Health Profile for Barnet 2017 <https://files.datapress.com/sport/dataset/child-health-profiles-2017/2017-01-26T18:50:00/LSR223%20Barnet.pdf>

ⁱⁱ National Epidemiology Survey 2015
http://www.nwph.net/dentalhealth/14_15_5yearold/14_15_16/DPHEP%20for%20England%20OH%20Survey%205yr%202015%20Report%20FINAL%20Gateway%20approved.pdf

ⁱⁱⁱ PHE. 2014/15 Survey of 5 year old children, Public Health England 2016. Available from:
[http://www.nwph.net/dentalhealth/survey-results%205\(14_15\).aspx](http://www.nwph.net/dentalhealth/survey-results%205(14_15).aspx).

^{iv} NHS Digital (NHS Dental statistics for England - 2015-16); Chartered Institute of Public Finance Accountants (CIPFA; Nearest Neighbours data tool)

Whiskers indicate 95% confidence intervals. Statistical neighbours calculated using all 39 CIPFA variables. Barnet and statistical neighbour data represents Local Authorities, while London data represents NHS commissioning region. Prepared by Lisa Colledge 11/5/17

^v Marinho VC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. The Cochrane database of systematic reviews. 2013(7):Cd002279.