Oral health in Barnet – Recommendations from the Oral Health Working Group

Background

Earlier in 2017, Barnet's public health team presented an oral health update paper to the Barnet Health Overview & Scrutiny Committee (HOSC), recommending a deep dive exercise to understand the challenges and opportunities to improve the oral health of Barnet's children. Public Health established an Oral Health Working group to lead this work, which met on 16th October 2017. This was chaired by a local dentist and with attendees including Public Health, NHS England, Public Health England, Healthwatch and the Chair of the Local Dental Committee. It is widely acknowledged that dental decay is preventable, yet a third of young children in Barnet are suffering from tooth decay. Good oral health is integral to a child's overall general health.

Poor oral condition has an impact on quality of life affecting health and intellectual development through pain, impaired speech, embarrassment in smiling and laughing, poor child growth and low weight gain causing significant morbidity to the child and financially in turn to the family and society . Oral diseases are seen as a marker of wider health and social care issues. The working group has made a number of recommendations for action which its believes will have a positive impact on children's oral health in Barnet.

In 2015, Healthwatch investigated both the issues of accessing a dentist by the residents of Barnet and the transparency of costs of dental treatments. 69% of NHS patients responding to the survey reported that treatment costs were explained prior to treatment, while only 6 out of 44 private practices contacted had a list on display pertaining to treatment costs. In the refresher report published in 2016, it was reported that 47% of practices contacted (25) were unable to offer children an appointment under the NHS.

The data deep dive (Appendix B) conducted by the Barnet Public Health Intelligence team highlighted that 45% of children in Barnet had accessed a dentist in the last year.

There is an upward trend in the number of children being admitted to hospital for tooth extractions under general anaesthesia. This causes distress to children and parents alike, leads to children missing at least 5 days of school and places a significant financial drain on healthcare resources.

Oral health concerns are linked with obesity levels with sugar being the common risk factor. It is also linked to being underweight- possibly indicating neglect, particularly in younger children. Children who are underweight are more susceptible to infectious diseases such as tooth decay due to compromised immune system. Barnet has a higher than national and regional average of underweight children. According to recently published local National Child Management Programme data, the proportion of underweight reception children (aged 4-5 years) in Barnet (1.9%) is higher than the average national rate (1.0%) and the London average (1.5%) (Appendix B). There is evidence to show that children who have decay in primary dentition are also underweight with frequent snacking and sugary drinks consumption.

What does the data tell us?

Appendix B presents an analysis of primary and secondary dental decay and support. It showed that tooth decay affected almost one third of children in Barnet, which was higher than the national average. Although rates of tooth decay are improving in England, they remain constant in Barnet.

The data paper highlighted three areas of concern which are summarised in the analysis.

1. High rates of tooth decay in 5-year olds

2. Increasing rates of admission to hospital for tooth extraction requiring general anaesthesia

3. Lack of children visiting a dentist in the last 12 months

These observations suggest that children in Barnet have poor oral health and oral health related behaviours (low frequency of toothbrushing, low fluoride intake and high sugar in the diet, etc.). Moreover, it suggests that there is a lack of oral health related knowledge in the local population which could be due to the low dental attendance in Barnet.

In addition, stark oral health inequalities exist. Both tooth decay and hospital admissions for tooth decay show wide inequalities, with children from some of the most vulnerable and deprived families suffering the highest level of dental disease. The rate of in-patient tooth extraction was almost four times higher amongst children living in the most deprived areas of Barnet than children living in the least deprived areas.

There is a link between children's diet and their risk of decay including increased consumption of long-term bottle use with sugar sweetened beverages. In Barnet, 8% of 5-year-olds had incisor caries (aggressive dental decay associated with long-term bottle use with sugar-sweetened drinks) (Appendix B).

Breastfeeding exclusively for 6 months and the introduction of complementary foods with continued breastfeeding up to 2 years of age, as recommended by WHO , is a protective factor that can improve dental health . Rates of breastfeeding are higher in Barnet than in London but they are decreasing in comparison to previous years.

The Healthwatch report suggests that residents have difficulty accessing dentists. Following our discussion with the working group it was concluded that there was a problem with the utilsation of Units of Dental Activity (UDAs) and the ability to accept new NHS patients. The current Dental Policy Booklet provides commissioners with the discretion to carry forward or pay a contractor extra income for over delivery. Commissioners may allow a tolerance of up to 2% of UDAs per year (i.e. up to maximum 102% of contracted UDA activity). NHS England confirmed that Barnet utilises 98.5% of its UDAs suggesting that UDA utilisation is not an issue.

Challenges

1. Growing population - It is estimated that between 2017 and 2040 the net population of Barnet's children aged 0-19 years will increase by 11.5 % (11,400), peaking in 2025 to a predicted 106,000 children and young people. This poses a challenge because of the fixed level of UDAs. UDAs have been fixed since contracts were established in 2005. However, the population has increased by 19.3% between 2005 and 2016, with an estimated 98,200 residents now under the age of 20 (the second largest children and young people's population in London .) This has led to the accessibility issue faced by residents that was highlighted in the Healthwatch reports.

2. Level of NHS England (London Region) Primary Care Budget- The budget that NHS England (London Region) has for primary care dental services is based on contracts that are already in place and there is currently no new funding for new or additional services.

3. Poor diet - The increasing availability, accessibility and affordability of sugary foods and sugar-sweetened beverages (SSBs), particularly to children and low-income communities of Barnet, contributes to tooth decay and obesity. There is an established link with SSBs and fruit juices which may often be perceived as 'healthy' options, not recognising that such options are high in sugar content and low in fibre in contrast to eating a whole fresh fruit.

4. Language difficulties - Barnet has a high percentage of households with multiple ethnicities and multiple languages spoken. Not only is the population increasing but the number of residents from minority ethnic groups is also increasing and there will be more languages in the borough. This makes it more complex to communicate health messages to address the issue of lack of knowledge of oral health.

Opportunities

Potential opportunities identified by NHS England

NHS England (London Region) Targeted Areas

NHS England in collaboration with partners is introducing "Starting Well: A Smile4Life Initiative", a programme of dental practice-based initiatives that aim to reduce oral health inequalities and improve oral health in children under the age of 5. Within NHS England (London Region) the borough of Ealing was identified as one of the high priority areas.

In addition to "Starting Well" NHS England (London Region) will be working with Public Health England to identify five boroughs to promote Dental Access. These five areas have not yet been selected and the decision will be based on a range of criteria, it is hoped to explore the possibility that Barnet could be one of these areas. This initiative would include collaborative working with all stakeholders. It will focus on promoting oral health improvement in areas of high oral health need (decay rates and increasing acute referrals for General Anaesthetic extractions), where patient uptake numbers have reduced drastically, especially young children and families.

First Dental Check by One (Starting Well core contract)

This is an initiative that has been proposed by the Office of the Chief Dental Officer whereby all NHS practices will be encouraged to see additional children under the age of one.

“First Dental Check by One” is fundamental to NHS England’s focus on addressing health inequality. The approach is fully aligned with the direction set by the NHS England 2017-18 Mandate and is aligned with the NHS England Five Year Forward View to transform out of hospital care. The proposal supports NHS England’s corporate priorities of ‘Strengthening Primary Care’, ‘Tackling Obesity and Preventing Diabetes’, and “Delivering Better Oral Health”. .Full details for this scheme have not yet been announced however NHS England (London Region) would look to implement this and will provide further details once available.

Other opportunities

1. Providing a map of NHS dentists and when and how to access them. This would have to be updated by NHS England but could be very useful and informative for residents to see where their nearest dentist is, especially if information was available on availability of appointments.

2. Link to 0-19 programme and locality hubs- Early Years Services advocate healthy lunches and snacks and provide information on local dentist services. As part of the Healthy Early Years Awards programme, areas with high rates of dental decay could be encouraged to focus on oral health in order to achieve their award. NHS choices could be promoted to raise awareness of where residents can get information on oral health.

3. Improve dental attendance. It is recommended that a child visits the dentist after the eruption of the first tooth. From then on the child should attend the dentist at least twice a year and up to four times a year if appropriate according to NICE guidelines. It has been shown that people who use dental services more regularly (i.e. their dental attendance is higher), have a higher frequency of toothbrushing than people who do not use dental services more regularly . Moreover, it has also been shown that adolescents who brush their teeth twice a day are more likely to do so throughout their adulthood and have also been shown to attain higher educational achievements in later life.

Key ways to promote dental attendance are:

(i) Promote dental attendance to pregnant women and all parents. Parents who attend the dentist are more likely to bring their child to a dentist.

(ii) Ensure all parents and carers know how to access a local dentist and know that it is free for children and young people.

(iii) Update the E-Redbook to contain a checklist for the health visitor to tick off that a child has been seen by the dentist

4. Link with National Childhood Measurement Programme (NCMP) check in Reception and Year 6 when weight is measured. Teeth could also be checked. This would require training nurses to do the oral health check.

5. Link with local weight management programmes such as 'Alive n Kicking'; work with these providers to include oral health promotion in activities that educate children on the recommended amount of daily sugar intake.

6. Utilising social media - increased social support through social networks and increased reach of health promotion communications. Link with mobile phone apps such as "Change4Life sugar smart" and online forums such as 'Mumsnet' that have access to hard to reach groups in the borough that are potentially more at risk of decay.

7. Dental kit- Provision of a free dental kit containing a toothbrush is a cost-effective intervention. This would include a tube of 1000 ppm fluoride toothpaste and an infographic leaflet. It would be distributed in schools and communities. This could be targeted at the most at risk populations.

8. Oral health champions in children centres are already in place – these should continue to raise awareness of good oral health and supervised tooth brushing. Continue to support targeted oral health promotion in primary schools.

9. Application of fluoride varnishes for children aged 3+ years in the most deprived areas of Barnet. This would greatly reduce the inequalities in dental health in Barnet as shown in a previous national level programme- "Childsmile", initiated in Scotland in 2006.

Recommendations from the Oral Health Working Group

#		Recommendations	Evidence base
1	**Strategic**	Introduce universal dental check by aged 1	**Chief Medical Officer/ LDC** The rationale for this preventive initiative is that decay is appearing in children under the age of 5. General anaesthetic rates are high in Barnet and are costly to the NHS. With improvements in the community, this could reduce the burden of children requiring hospital treatment.
2		Target oral health messages to high risk groups including areas with high levels of deprivation	It is recognised that early visits for children under the age of 3 years are vital for delivering key preventive messages, acclimatisation and beginning a positive, lifelong relationship with NHS dentistry. Chief Dental Officer- England (NHS England) (22nd Sep 2017)[1]

[1] British Society Paediatrics Dentistry: Dental Check by 1 http://bspd.co.uk/For-Patients/Dental-Check-by-One accessed 24th October 2017

3		Dental kit and application of Fluoride varnish.	Fluoride varnish to children aged >3 years in the most deprived areas of Barnet, would greatly diminish oral health inequalities.
4		Targeted oral health promotion in children centres and primary schools including supervised tooth brushing by the school staff.	The schemes of tooth brushing in schools are informed by the experience of similar programmes in Scotland.[2] Health promotion activities in schools can be used in achieving better oral health outcomes in children[3]
5	**Communications**	Develop a communications plan to: - promote increased access to NHS/ free dentistry in pregnant women and nursing mothers (1 year postnatal), include signposting by HVs in child progress checks and GP PN immunisation visits - Increase check up by age 1 - Ensure a multi-disciplinary approach (GPs, healthcare assistants, nurses, neonatal and NCT classes) to support the dental check by aged 1 - Promote PHE guidelines, breastfeeding and weaning and household routines - Promote location of NHS dentists using social media	**PHE guidance** National guidelines from the Public Health England entitled "Delivering better oral health" is an evidence-based toolkit for prevention.

[2] Macpherson LMD, Anopa Y, Conway D, McMahon AD, 2013, National supervised toothbrushing programme and dental decay in Scotland. Journal of dental research 92(2) 109-113.

[3] Curnow MC, Pine CM, Chesters RL et al. A randomised controlled trial of the efficacy of supervised toothbrushing in high- risk children. Caries research 2000, 34 : 349.

6	**Technical**	Explore options in e-Redbook and hard red book to prompt discussion on oral health Explore option of dentist sign off the red book and health visitor check this regularly	**https://www.eredbook.org.uk/** The PCHR is a document that is followed by parents and guides health visitors into what they need to check to ensure baby is growing healthily. Although there are health promotion messages in the red book, we could go a step further and ensure that the dental check by aged 1 is a checkpoint that must be ticked off by health visitors.