

TO EXAMINE CHILD ORAL HEALTH IN HILLINGDON WITNESS SESSION

REASON FOR ITEM

Briefing on child oral health in Hillingdon

1. Introduction

Dental caries remains the main cause of hospital admissions for children aged under 18 years. Recently published results of the Child Oral Health Survey for 3 year olds show that dental health of children is particularly poor in Hillingdon with the highest rate of early childhood caries amongst London boroughs. Local authorities are statutorily required to improve health of its population which includes oral health. Transition of Public Health to local authority in 2013, has provided new opportunities for health visitors and Community Dental Health team to work closely with the Children's Centres for better targeting of families at higher risk.

2. Background

Large numbers of children in Hillingdon experience dental disease, the majority of which is preventable (related to diet, oral hygiene and lack of exposure to fluoride). Tooth decay remains a significant problem, and is the largest cause of hospital admissions, particularly among young children in disadvantaged communities. In addition to hospital admissions, school absence due to toothache and dental treatments, impacts of bad teeth on self esteem and diet / eating.

The latest survey data shows that :

- For 3 year olds (2013) in Hillingdon, the **decayed, missing and filled teeth** (dmft) is 0.91(in comparison to 0.42 London average) and those with decay experience had on average 3.59 decayed, missing or filled teeth (including front teeth)
- Early childhood decay (see below) of 3 year olds in Hillingdon is 16.1% (the highest of all boroughs in London) and the London average is 5.3%
- 38.2% of 5 year olds in Hillingdon (2012) have experience of tooth decay
- Across all 5 year old children surveyed in Hillingdon, the average number of dmft was 1.51 (London average of 1.23 dmft, England 0.94)
- 5 year olds with decay have on average 3.96 decayed, missing (extracted) or filled teeth (dmft).

3. Impacts

Impacts of poor oral health in children are as follows:

Social Services, Housing and Public Health Policy Overview Committee
24 February 2015

- 3.1. School readiness and education:** Poor oral health can affect children's ability to sleep, eat, speak, play and socialise with other children. Bad teeth cause pain, infections, impaired nutrition and growth. As part of the overall health and wellbeing of a child, good oral health contributes to children 'Getting the Best Start in Life' and school readiness. When children have toothache or need treatment, this can mean school absence and that families and parents have to take time off work.
- 3.2. Hospital admissions:** Dental caries is the cause of highest number of hospital admissions for children aged 1-18 years in the borough, they represent: 6% admissions for 1-18 year olds; 15% admissions for 5-9 year olds. Almost all these admissions are elective admissions, with many young children attending hospital to have teeth extracted or filled under general anaesthetic.
- 3.3. Illness prevention:** Since poor oral health shares the same common risks as other chronic diseases any action to reduce these risks (in particular sugars in the diet) will improve oral health as well as general health, especially excess weight and obesity. Oral health is an integral part of overall health. When children are not healthy, this affects their ability to learn, thrive and develop.
- 3.4. Socio-economic variation:** People living in deprived communities consistently have poorer oral health than people living in affluent communities. These inequalities in oral health run from the top to the bottom of the socioeconomic ladder creating a social gradient. Some vulnerable groups have poorer oral health. Many general health conditions and oral diseases share common risk factors such as smoking, alcohol misuse and poor diet.

4. Causes

Tooth decay is caused by consuming too many sugary foods and drinks too often and poor oral hygiene. Unless this lifestyle issue is addressed, there is a much higher risk of further tooth decay in permanent adult teeth and throughout later life. It can be prevented by eating a healthy balanced diet which limits the amount of foods and drinks high in sugar, and also by brushing teeth for two minutes twice a day, once before bed, using fluoride toothpaste.

In the survey of 3 year olds, a particular type of decay called 'Early Childhood Caries' was found and the level for children in Hillingdon was the highest in London (16% against the London average of 5.3%). This affects the upper front teeth spreading rapidly to other teeth and is related to the consumption of sugary drinks in baby bottles or sipping cups. There is a much higher risk of tooth decay if sugary drinks are given to children so they should be avoided. Breast feeding provides the best nutrition for babies and the best drinks for young children aged 1 to 2 are full fat milk and water and from 2 years old, semi-skimmed milk and water as long as they are a good eater.

5. Responsibility for Dental Healthcare and Prevention

Roles and responsibilities of the key organizations involved with improving oral health in children and young people are as outlined by Public Health England¹:

5.1. NHS England (NHSE):

- Since 1 April 2013, NHS England has had the responsibility for commissioning all NHS dental services - both primary and secondary care. This includes developing and negotiating contracts with dentists, designing policies, procedures, guidance and care pathways.
- Responsibility for planning dental services on the basis of needs and providing clinical leadership at regional level.
- Supporting CCGs to assess and assure performance
- Direct and specialised commissioning
- Managing and cultivating local partnerships and stakeholder relationships, including representation on local health and wellbeing boards
- local area team director of nursing responsible for supporting and providing assurance on safeguarding children

Local Position: Currently in Hillingdon, there are 36 dental practices offering NHS dental services. In 2009 there were 44 dental practices with NHS Commitment ranging from 10% to 100%. The resulting apparent shortfall in NHS provision has allowed reinvestment locally to increase NHS Commitment in existing practices through stabilization and enable the planned procurement of 2 new practices in Hillingdon by NHS England.

5.2. Public Health England (PHE):

- Provide dental public health and health improvement support for local authorities and NHS England, including collaborative commissioning of oral health improvement programmes.
- Contribute to joint strategic needs assessments (JSNA), strategy development, oral health needs assessment
- Addressing oral health inequalities
- Ensuring patient safety and governance systems
- Inform and develop national oral health policies and clinical guidelines
- Support local authorities to understand their role in relation to water fluoridation

Local Position: The NHSE Area Teams employ Specialist Dental Public Health Workforce (i.e. Consultants in Dental Public Health) who support local authorities to deliver their functions. As per the PHE guidance¹, local authorities can expect the specialist dental public health workforce based in PHE to advocate and lead oral health needs assessments, oral health policy and strategy development, review oral health

¹ Public Health England(2014) Local Authorities improving oral health: commissioning better oral health for children and young people. PHE Publications gateway no. 2014147

programmes, support commissioning of such programmes. Currently, there are 2 Dental Public Health Consultants employed by PHE to work across all of London.

5.3. Local Authorities:

- Jointly statutorily responsible with CCGs for JSNAs
- Participate in oral health surveys to assess and monitor oral health needs
- Responsible for reducing health inequalities
- Planning, commissioning and evaluating oral health improvement programmes
- Leading scrutiny of delivery of NHS dental services to local populations
- Local authorities also have the power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals.
- Lead responsibility for the healthy child programme 5-19 years (and HCP 0-5 years from 2015), the national child measurement programme and the care of vulnerable children and families (ie. looked after children, the troubled families programme)
- Safeguarding children
- Commissioning local healthy schools, school food and healthier lifestyle programmes

Local Position: Hillingdon council's approach to prevention is through

- a) **Action on common risk factors** like improvements in diet and reducing consumption of sugary food and drinks; reduction in alcohol and tobacco consumption (these risk factors are the same as for many chronic conditions, such as cancer, diabetes and heart disease. As a result, interventions that aim to tackle these risk factors will improve general health as well as oral health (Watt and Sheiham 2012). Implementation of infant feeding policy and a new Early Years Charter based on Healthy Schools Programme with specific standards for improving food and drink available to children via childrens settings. The Public Health Team also commissions improvement in dental hygiene through 'brushing for life' programme (described below).
- b) **Participation in oral health surveys**, which are carried out as part of the Public Health England's dental public health intelligence programme. There is a duty on local authorities to participate in any oral health survey conducted by the Secretary of State.
- c) **The assessment and monitoring of oral health needs** with help from Consultant in Dental Public Health. The last full oral health needs assessment was done in 2010 under Hillingdon PCT, although a number of updates in specific areas have been produced to inform both LA and NHS England commissioning.

Further details about local action are detailed below.

6. Action to date

6.1. Joint Working:

Hillingdon Public Health works with Children's Centres, Early Years Team and the local Community Dental Service (CDS) to prevent dental decay in children aged 0-5 years of age. This partnership is responsible for implementing programmes like Brushing for Life, Infant Feeding Policy and Early Years Charter as described below.

6.2. Brushing For Life: 2013 to now

Brushing for Life is intended to promote regular brushing of children's teeth with fluoride toothpaste. A pack with information on brushing, a tube with 1,000 ppm fluoride toothpaste and a child's toothbrush is provided to the parents carers. The advice given on a 1-1 basis aims to encourage the habit, from the earliest possible age, of appropriate toothbrushing twice a day using a fluoride-containing toothpaste.

In 2013 a successful business case was put in place through the Public Health and Early Years group to secure funding to re-implement the 'Brush for Life' programme in Hillingdon.

The following actions took place:

- Training across all children's centres of staff to be able to provide early intervention support for families regarding oral health in either group or one to one sessions
- Parent activities in centres following a launch and the 'Brushathon' – this involved children and families across all centres holding a dental session at the same time and over the 18 centres families brushing together.
- Existing families across children's centres received the intervention and a pack. The funding provided the packs that could be given to parents to reinforce the learning at the sessions.

The evaluation of the programmes across Hillingdon in 2014 have shown that:

- Knowledge about visiting dentists had improved with 79% of parents thinking that children should attend the dentist before the age of 2 years (60% before BFL initiative)
- A 21% increase has been reported in visits to dentists since the BFL initiative.
- A 13% increase in the number of parents reporting brushing their children's teeth twice daily.
- There did not appear to be a significant change in overall knowledge of age to start brushing (57% when the teeth erupt).
- More parents appeared to be aware of the correct amount of toothpaste and there was a reduction in the number of parents using too much paste from 27% to 15% with no parents reporting using no paste after the training.

The benefits of the programme are:

- Improve life chances for children in areas of deprivation by giving information, advice and training to parents and working actively to prevent decay and reduce morbidity in teeth.

- Establish prevention in the Paediatric Dental Care Pathway so that children who do not at present attend a dentist are less likely to suffer as a result.
- Promote the use of correct use of Fluoride toothpaste which is proven to be a major factor in preventing dental decay.
- Reduce the fear of visiting the dentist which is a major barrier to seeking care early.
- Encourage regular and early attendance at a dentist in order to catch disease earlier and reduce the likelihood of long term effects. Currently late uptake of care generates increased episodes of pain and sepsis requiring more urgent treatment. This also increases the likelihood of the need for treatment in hospital and under general anaesthesia.

Funds have been made available for 2014-15 through the Health Promotion team in Public health based on the new births numbers within the borough to ensure new parents have this information as a core part of the Children's centre offer. Pilot pathway being developed for Health visitors to start in December that shows the actions health visitors can refer to explore dental health.

6.3. Infant feeding policy for Hillingdon

As part of applying for Baby Friendly Status the maternity and health visiting services in Hillingdon have developed an Infant Feeding policy. Public Health have briefed Cllr Corthorne on this for LBH support and the delivery via early years settings.

6.4. Healthy Early Years

In November 2013 the Hillingdon Early Years Award was launched. Following the Healthy Schools model this scheme enables early year's settings to review themselves against set criteria incorporating questions on food, drinks and oral health. The award has been embedded in the Childcare and Early Years team as part of the support they offer settings to achieve quality standards. To date 5 settings have achieved 'Healthy' status across nurseries and Children's Centres.

6.5. Hillingdon Early Years Nutrition Network (HEYN)

HEYN have developed the 'Hillingdon Early Years Nutrition Framework' which settings have to endorse and demonstrate in order to achieve healthy early Years status. Alongside this there is the 'Healthy Early Years Menu Checklist' for them to work through in order to service food that fits with current nutritional guidance and advice. 10 settings have submitted their menus and have achieved the HEYN award

6.6. Monthly dental drop-ins

Community Dental Health Promotion Team is offering targeted monthly drop-ins at Cornerstone; Harefield; Nestles; Charville Children's Centres. Any parents experiencing problems / looking for information can be directed to these sessions.

6.7. Dentist / Children Centre pilot

Community Dental Health Team engaging dental practice to model a partnership working between dentists and local children centre and potentially other settings over time. Letter sent to 3 practices - West Drayton; Yeading; Hayes.

6.8. Dental messages

Public health and Community Dental Health Promotion Team are working together to develop publicity with key messages and signposting families to the Children's Centres as places that can support around dental information.

Money from the BFL budget held by health promotion would be used to develop these.

6.9. CC/GDP Map - Public Health developing a map that shows the Children's Centres in relation to NHS dentists / GDPs (General Dental Practices) so each service can signpost to each other and have a visual reference to show parents.

6.10. Feed My Family Training

Children's centre staff have been trained to deliver the 6 week feed my family course that includes within it activities and information around sugar and oral health. Staff are trained across all 3 localities and are planning to embed the sessions within their programmes.

7. Gaps

The following gaps have been identified:

- Access to NHS dentistry is poor in certain parts of the borough e.g. Since the retirement of the dental practitioner, there are no dentists in Harefield - this issue is being raised at Early Years and schools meetings as issues for the families of Harefield as they are less likely to travel to other areas of the Borough.
- Uptake of dental services by young families is poor despite the fact that dental care for children is free. Families are not registering children with dentists.
- Some parents have reported to Community Dental Health Team that they are being turned away by dentists when they try to make an appointment for their under 3 year olds. Mystery calling and shopping by the Community Dental Services Team has also demonstrated this. This has been raised at the Local Dental Committee and the Community Dental Health Team are awaiting a response.
- Uptake of preventative treatment: fluoride varnish (FV) once a year for every child over 3, especially those at higher risk is also poor. Parents do not recognise risk factors early enough to take children for FV.
- Diets need to be approved for families, especially those with young children who may need help with cookery skills, knowledge and awareness about harms of sugary foods, home economics to plan low cost healthy meals.
- Training and consistent messaging via frontline staff working with young families needs to be supported on an ongoing basis.

8. The Current Policy drivers:

The following policy drivers exist to support and encourage local action:

- 8.1.** The recent national guidance for Local authorities in their Commissioning Better Oral Health for Children and Young People - CBOH (2014)¹ recommends adopting a range of integrated interventions across partner organisations throughout the life course using both universal and targeted approaches to meet local needs. There is specific emphasis on improving the oral health of children.
- 8.2.** PHE and NHS also produced an evidence based toolkit for prevention² to target clinical teams with evidence based prevention, improved methods of self-care and equity of care.
- 8.3.** National Institute for Health and Clinical Excellence (NICE) has produced public health guidance³ which made 21 recommendations for local authorities and their partners on undertaking oral health needs assessments, developing a strategy and delivering community based interventions and activities.
- 8.4.** The current North West London Child Oral Health Strategy 2011 has three overarching priority areas:
 - 'Making oral health everybody's business and every contact count'
 - Integration of oral health with other Public Health and Children's Programmes
 - Increasing children's exposure to fluorideThis strategy is being updated to ensure it aligns with the latest guidance

9. Partnership Plan for 2015/16

Hillingdon Council is working on the following areas with PHE, NHSE (London) and NHS providers (e.g. CNWL), to address the gaps (section 7) and issues raised above.

- 9.1.** Brushing for life – Cost for this programme is covered for 2015/16 via Public Health Team, which provides the toothbrush packs, and leaflets for Children's Centres Teams; who will distribute age-appropriate toothbrush and toothpaste packs with evidence-based oral health messages.
- 9.2.** Schools FV Outreach Programme – This is an evidence-based dental health programme, including the application of fluoride varnish, tooth brushing sessions and signposting to dental practices. NHS England has agreed to commission it for

² Public Health England (2014) Delivering better oral health: an evidence based toolkit for prevention. Third Edition. PHE gateway no. 2014126

³ National Institute for Health and Care Excellence (2014) Oral Health: approaches for local authorities and their partners to improve the oral health of their communities.

delivery on an outreach basis to 3-7 year olds in targeted primary schools across the borough from local dental practices. Ten schools would be targeted based on the proportion of their pupils eligible for free school meals (a marker of deprivation and a proxy for oral health need).

- 9.3.** Healthy Schools Partnership (HSP) – Oral health is a focus area within HSP. To receive a Bronze award, schools need to meet objectives around healthy eating and drinking which are consistent with improving oral health. Oral health could be offered as one of the specialist areas schools can work towards to achieve their Silver Award.
- 9.4.** Promotion of access to NHS dental services including fluoride varnish – an article about promoting the access to NHS dental services and outlining the benefits of fluoride is proposed to be circulated in local papers such as the Informer and Leader. Action by NHS England in collaboration with PHE would be to provide practices with training for Fluoride application for staff and increase capacity in practices.
- 9.5.** Training and consistent messaging – Community child health staff have been trained to provide evidence based and consistent oral health messages and to signpost families to dentists as part of an integrated approach to reducing children’s dental decay. Oral health resources including borough-specific ‘Finding an NHS dentist’ leaflets and ‘Healthy Teeth, Healthy Smiles’ leaflets will continue to be distributed.
- 9.6.** Dental screening in special schools – The Community and Specialist Dental Service (CNWL), commissioned by NHS England, continues to provide annual dental screening at the special schools in Hillingdon alongside a tooth brushing and oral health programme for pupils at the schools.
- 9.7.** Paediatric dental pathway – NHS England has set up a working group to look at the Paediatric Dental Pathway in North West London. This aims to develop and implement a pathway which incorporates oral health promotion, primary, community and secondary care to ensure that children and families receive the right oral health advice in the most appropriate environment. The first meeting was held in March 2014, where learning from the oral health improvement work in NWL was shared as part of the process. A further network meeting was held in January 2015 between providers from both acute trusts and Community Dental Services for North London to co-develop interim solutions to the capacity and hence waiting time issues faced by paediatric dental referrals.

10. Investment by partners:

The following funding support from partners has been agreed.

NHS England contribution:	Hillingdon Local Authority contribution:
<ul style="list-style-type: none"> • Access Project Manager and resources eg. Finding an NHS Dentist leaflet for adults and children to be distributed around the Hillingdon Borough. Posters for GP practices and Pharmacies. • Increase UDA activity in NHS Dental Practices for families as a result of access promotion – (NHS England is investing a total of £500k in Hillingdon (2 new practices) and stabilisation funds for other practices to increase access. • Dental Practice Team capacity to provide Schools Outreach Pilot Programme in 10 targeted schools – contract management, capacity, fluoride varnish/sundries for programme and programme launch with dentists 	<ul style="list-style-type: none"> • ‘Brushing for Life’ toothpaste and brush packs (funding in place for 2015/16) • ‘Healthy Teeth Healthy Smiles’ Leaflet (small cost photocopying and distribution) • £5k contribution for Dental Project Manager – partnership projects (between Ealing, Hounslow Hillingdon and Brent).
£800,000	£5,000

11. Summary

- Oral health in children aged under 5 continues to be bad and is the highest cause of hospital admissions in children. This impacts negatively on school readiness, children's social life, self perception and confidence, general health and education.
- Prevention across the Life Course is simple, low cost and cost effective, especially when started early. Risk factors like dental caries can be tackled early in life through simple measures. Hillingdon has initiated work on several fronts, but as shown by local data, more action is required to encourage parents to access dental services for children and improve diets.
- NHS England recognizes the issues within Northwest London and has set aside monies (800K) to improve services and work with boroughs to improve oral health of children. Some parts of Hillingdon have poorer access than the others which is being addressed through planned procurements. Evidence from

children's centres, and schools shows that parents have difficulties accessing NHS services. Further work is needed with NHS Dental Practices to increase access for young families early and for them to receive prevention in line with best practice. Refresh the Hillingdon Oral Health Needs Assessment to provide evidence for deciding priorities across partners

- There is a need to continue to support and promote the delivery of the National Dental Public Health Epidemiological Survey programme to ensure schools selected for the survey are encouraged to participate and maximum child consent rates are achieved.
- Currently, to promote oral health and reduce inequalities across the Borough of Hillingdon, there is support for Brushing for Life (toothpaste and brush packs and associated information), fluoride varnish as well as brief oral health intervention by health and social care professionals
- Further develop collaborative approaches to promote oral health improvement, reduce inequalities and increase access to quality dental services