SOCIAL SERVICES, HOUSING AND PUBLIC HEALTH POLICY OVERVIEW COMMITTEE REPORT: *CHILDREN'S ORAL HEALTH*

Cabinet Member	Councillor Philip Corthorne
Cabinet Portfolio	Cabinet Member for Social Services, Health and Housing
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Papers with report	Appendix 1 - NICE recommendations.

1. HEADLINE INFORMATION

Summary	Following the Social Services, Housing and Public Health Policy Over Committee's single meeting review of child oral health on 24 February 2015, this report sets out the Members' findings.
Contribution to our plans and strategies	**Putting our Residents First***: Our People* This report contributes to the Joint Health and Wellbeing Strategy where children's dental health has been identified as one of the nine priority need areas for Hillingdon residents.
Financial Cost	The cost of improving dental hygiene (providing brush for life - £6K), and diet improvement (£24k) is currently covered through the health promotion budget. The cost of continuing these programmes might require marginal uplift proportionate to the increase in the number of births. Cost of fluoride varnish programme was been covered by NHS England for 2015 as a one off and not included in the above estimate.
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Ward(s) affected	All

2. RECOMMENDATIONS

That Cabinet welcomes the report from the Social Services, Housing and Public Health Policy Overview Committee and:

1. **Notes and commends the preventative work currently being taken; and agrees that this work should continue, such as the Early Years Programme and Brushing for Life campaign.**

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2. **Notes the current delivery of a partnership project (between NHS England, Hillingdon Council and Public Health England) to improve the uptake of dental services by young children.**

3. **Asks officers to prepare a report (incorporating key performance indicators) in partnership with Public Health England and NHS England on the uptake and effectiveness of dentistry services for children and for this to be referred to the Cabinet Member for Social Services, Health and Housing and to the External Services Scrutiny Committee or Health and Wellbeing Board as appropriate for consideration in 2016.**

Reasons for recommendation

During this single meeting review, Members considered information from witnesses about the work that is being undertaken in child oral health in the Borough. The Committee looked at the National Institute for Health and Care Excellence (NICE) recommendations (see Appendix 1), work that is already taking place, planned, as well as possible improvements.

These recommendations have been formulated to help improve child oral health provision in the Borough.

Alternative options considered / risk management

The Cabinet could decide to reject or amend some or all of the Committee's recommendations.

3. INFORMATION

INFORMATION

Supporting Information

1. The Social Services, Housing and Public Health Policy Overview Committee, held a single meeting review on 24 February 2015. At this meeting, Members investigated the causes of poor oral health amongst children and the health implications if this was not addressed. The meeting also looked at the remedial action being taken by the Council in conjunction with partners and what might be done in the future.

The causes of poor child oral health

2. Tooth decay is caused by a combination of excess consumption of sugary foods and drinks and poor oral hygiene. If these lifestyle choices are not addressed, there is a much higher risk of further tooth decay in permanent adult teeth and throughout later life. The key point which needs to be recognised, is that tooth decay is preventable. This can be significantly reduced by eating a healthy balanced diet, limiting sugar intake, and also by brushing teeth for two minutes twice a day, using fluoride toothpaste.

Why Is It Important?

3. Dental caries[1] remains the main cause of hospital admissions for children aged under 18 years. Given the seriousness and potential ramifications of the problem, the Parliamentary Health Select Committee held a one off evidence session on Tuesday 24 February 2015 to examine child oral health in England and its findings are awaited with interest[2].

4. Recently published results of the Child Oral Health Survey (September 2014, revised January 2015) 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 (16% against the London average of 5.3%). Since 1 April 2013, Local Authorities are statutorily required to improve the health of their population which includes oral health and the Committee welcomed the opportunities for health visitors and the Community Dental Health team to work closely with the Borough's Children's Centres for better targeting of families at higher risk.

5. Should poor oral health go unchecked, the Committee recognised this could manifest itself in a number of ways including:

   - *Affecting school readiness and education*: Whereby poor oral health could affect children's ability to sleep, eat, speak, play and socialise with other children. Bad teeth cause pain, infections, impaired nutrition and growth. It was noted that undergoing treatment would necessitate school absence and parents would be obligated to take time off work.

   - *Hospital admissions*: As previously eluded to, dental caries is the cause of highest number of hospital admissions for children aged 1-18 years in the Borough. Based on the hospital episodes data, they represent: 6% admissions for 1-18 year olds; 15% admissions for 5-9 year olds. The Committee noted that almost all these admissions were elective admissions, and were especially concerned by the high numbers of young children attending hospital to have teeth extracted or filled under general anaesthetic.

   - *Chronic Illness:* Since poor oral health shares common risk factors as other chronic diseases, officers highlighted that any action to reduce these risks (in particular sugars in the diet) would improve oral health as well as general health, especially excess weight and obesity. Good oral health is therefore vital and is an integral part of overall health.

Responsibility for Dental Healthcare and Prevention

6. NHS England (NHSE), Public Health England (PHE) and the Local Authority have joint responsibility for improving oral health. Since 1 April 2013, NHSE has had 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.

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[1] Also known as tooth decay, cavities, or caries, is breakdown of teeth due to the activities of bacteria.
[2] http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/childrens-oral-health/oral/18366.pdf

7. PHE provide dental public health and health improvement support for local authorities and NHS England, including collaborative commissioning of oral health improvement programmes.

8. Local authorities role includes:

- Joint statutory responsibility with Clinical Commissioning Groups (CCGs) for Joint Strategic Needs Assessments (JSNAs).
- Participating in oral health surveys to assess and monitor oral health needs.
- Responsibility for reducing health inequalities.
- Planning, commissioning and evaluating oral health improvement programmes.
- Leading scrutiny of delivery of NHS dental services to local populations.
- 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 (HCP) 5-19 years (and HCP 0-5 years from October 2015), the national child measurement programme and the care of vulnerable children and families (i.e. looked after children, the troubled families programme).
- Safeguarding children.
- Commissioning local healthy schools, school food and healthier lifestyle programmes.

Current action being taken by the Council to prevent tooth decay

9. At a local level, this means the Council's preventative agenda is being taken forward through a) action on common risk factors, and b) improving oral hygiene. Improving diet and nutrition includes providing information, reducing the consumption of sugary food and drinks and the reduction in alcohol and tobacco consumption (these risk factors are the same as for many chronic conditions, such as cancer, diabetes and heart disease). Further work includes the implementation of the infant feeding policy and a new Early Years Charter based on Healthy Schools Programme which improves food and drink standards in children's settings.

10. Improving oral hygiene includes the commissioning of 'The Brushing for Life' (BFL) programme by Public Health Team as described below.

11. The Committee were encouraged that Hillingdon Public Health were working with Children's Centres, the Early Years Team and the local Community Dental Service (CDS) to prevent dental decay in children aged 0-5 years of age. In November 2013, the Hillingdon Early Years Award was launched, which 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 ongoing support they offer.

12. Additional work includes: the Hillingdon Early Years Nutrition Network (HEYN), which is implemented in an early years' setting, where they have to meet set nutritional standards 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 serve food that fits with current nutritional guidance and advice. Monthly dental drop-ins are offered by the Community Dental Health Promotion Team at Cornerstone; Harefield; Nestles; Charville Children's Centres and any parents experiencing problems or searching for information can be directed

to these sessions. The Community Dental Health Team pilot is currently under way for engaging dental practices to model a partnership working between dentists and local children centres and potentially other settings over time.

13. At the Committee meeting, Members were provided with Brushing for Life packs which provide a toothbrush, fluoride tooth paste (of varying strength according to age) and information of brushing, including frequency and duration. The benefits of the programme are:

   - Improving the 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.
   - Establishing prevention in the Paediatric Dental Care Pathway so that children who do not at present attend a dentist are encouraged to attend; and less likely to suffer as a result.
   - Promoting the correct use of fluoride toothpaste which is proven to be a major factor in preventing dental decay.
   - Reducing the fear of visiting the dentist which is a major barrier to seeking care early.
   - Encouraging the regular and early attendance at a dentist in order to identify 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.

14. In view of the current action, the Committee recommended that:

Cabinet notes and commends the preventative work currently being taken; and agrees that this work should continue, such as the Early Years Programme and Brushing for Life campaign

15. In 2014, an evaluation of these programmes showed 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 Brushing for Life 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 the 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.

16. Stemming from this assessment, the following gaps were identified and earmarked as future priorities:

   - Access to NHS dentistry is poor in certain parts of the Borough. For example, there are currently no dentists in Harefield.
   - 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 the 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. Some parents do not recognise risk factors early enough to take children for FV.
- Diets need to be improved 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.

Raising Awareness and Possible Future Action

17. At the meeting, the Committee heard how NHS dental practice numbers had declined in the Borough from 44 in 2009 to 36 in 2015. Anecdotal evidence was also cited suggesting that some parents had experienced difficulty registering their children with a dental practice. However, contrary to the perception there might be capacity issues, Kelly Nizzer, Regional Lead (North West London, NHSE) Dental and Ophthalmic Services, confirmed that sufficient dental units are in place to provide dental services to residents. This assertion illustrates that the main reason why children's oral health has declined is not service related, but appear to indicate that parents lack sufficient information, advice and guidance to make informed choices and to begin a dental hygiene regime for their children at an earlier / appropriate age. Taking this forward, the Committee made a number of observations, including the opportunities to integrate dental information (such as dental registration, fluoride varnishing and brushing advice) into 'Bounty Packs' (provided to expectant mothers) and other carriers such as NHS registration letters or even stamping reminders onto envelopes, so diffusing this message would be cost neutral. Further suggestions included investigating how the Council's existing resources, such as the website and Hillingdon People might be used to improve oral health in the future.

18. Claire Robertson, from PHE, highlighted that PHE had arranged for a pilot to begin in 10 schools across the Borough and pending the analysis of these results there was the opportunity to consider how this initiative might be expanded. Reference was made by both witnesses to the collaborative work which had been undertaken and how both NHSE and PHE had contributed to the Council's public health and preventative role.

19. On this basis, the Committee agreed the following recommendation:

Notes the current delivery of a partnership project (between NHSE, Hillingdon Council and PHE) to improve the uptake of dental services by young children.

20. Discussing how oral health in children could be improved, the Committee raised a number of salient points and asked those present about the current performance of dental services. In particular, it was noted that there was a lack of a Strategic Plan linking the three organisations responsible for dental health together. The Committee enquired about what performance indicators were in place, how these were measured and what action plans were either in place or being developed to monitor service uptake and effectiveness. From

the discussions which took place, it was evident there was scope to improve and develop performance information across all three organisations responsible for oral health and the Committee requested that a baseline, beginning in early 2015 should be established so this could be used as a yard stick to monitor future progress. To take this important request forward, the Committee recommended that:

Cabinet asks officers to prepare a report (incorporating key performance indicators) in partnership with PHE and NHSE on the uptake and effectiveness of dentistry services for children and for this to be referred to the Cabinet Member for Social Services, Health and Housing and to the External Services Scrutiny Committee or Health and Wellbeing Board as appropriate for consideration in 2016.

Proposed Implementation of Recommendations

This review led to a number of recommendations covering improvements to child oral health. In discussion with the Cabinet Member for Social Services, Health and Housing and officers, it is proposed to implement the Committee recommendations: should Cabinet agree them, through existing health promotion work and partnerships.

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Financial Implications

The Public Health Promotion budget for 2015-16 is fully funded from the £15.7m Public Health Grant allocation provided by Department of Health. A budget of £26k is available for health promotion activities during the year (excludes staffing costs). The 'Brush for Life' packs are currently funded through the Public Health Promotion budget, at a cost of £1 per pack, for around 6,000 live births each year.

The diet management aspect of this service costs approximately £24k per annum (including the cost of staff time which is budgeted separately), funding a variety of programmes for the promotion of diet improvement to avoid consumption of foods that can contribute to tooth decay and eating a balanced and healthy diet, which also contribute to the wider health improvement agenda.

Any increase in demand, in relation to an increase in the number of births in the Borough, can be contained within current Public Health budgets.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The recommendations in this report seek to raise awareness of the importance of good oral health and to ensure going forward, that appropriate measures are in place to increase the uptake of dental services throughout the Borough.

Consultation Carried Out or Required

The Committee heard evidence from several witnesses during this single meeting review:-

- Claire Robertson, Consultant in Public Health, Public Health England.
- Kelly Nizzer, Regional Lead (North West) Dental and Ophthalmic Services, NHS England.
- Shikha Sharma, Consultant in Public Health

5. CORPORATE IMPLICATIONS

Corporate Finance

Corporate Finance has reviewed this report and concurs with the financial implications outlined above, noting that recommendations contained therein can be met from existing allocated Public Health resources. As noted in the financial implications any increase in the required number of 'Brush for Life' packs, currently budgeted at 6,000 births, will continue to be funded from Public Health budgets.

Legal

Under the Council's Constitution, Cabinet has the appropriate power to agree recommendations proposed at the outset of this report.

There are no other significant legal implications arising from this report.

6. BACKGROUND PAPERS

Local authorities improving oral health: commissioning better oral health for children and young people - June 2014

Evidence to the Health Select Committee - February 2015

Appendix 1

The National Institute for Health and Care Excellence (NICE) recommendations

Recommendation 1 - Ensure oral health is a key health and wellbeing priority

Recommendation 2 - Carry out an oral health needs assessment

Recommendation 3 - Use a range of data sources to inform the oral health needs assessment

Recommendation 4 - Develop an oral health strategy

Recommendation 5 - Ensure public service environments promote oral health

Recommendation 6 - Include information and advice on oral health in all local health and wellbeing policies

Recommendation 7 - Ensure frontline health and social care staff can give advice on the importance of oral health

Recommendation 8 - Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health

Recommendation 9 - Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health

Recommendation 10 - Promote oral health in the workplace

Recommendation 11 - Commission tailored oral health promotion services for adults at high risk of poor oral health

Recommendation 12 - Include oral health promotion in specifications for all early years services

Recommendation 13 - Ensure all early years services provide oral health information and advice

Recommendation 14 - Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health

Recommendation 15 - Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health

Recommendation 16 - Consider fluoride varnish programmes for nurseries in areas where children are at high risk of poor oral health

Recommendation 17 - Raise awareness of the importance of oral health, as part of a 'whole-school' approach in all primary schools

Recommendation 18 - Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health

Recommendation 19 - Consider supervised tooth brushing schemes for primary schools in areas where children are at high risk of poor oral health

Recommendation 20 - Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health

Recommendation 21 - Promote a 'whole school' approach to oral health in all secondary schools