

Title of meeting: Health Overview and Scrutiny Panel

Subject:: Update on oral health improvement

Date of meeting: 14th June 2018

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Wards affected: All

1. Purpose

1.1 To update Members of the Health Overview and Scrutiny Panel Members on:

- Oral disease and need for prevention
- Access to Dental Care in Portsmouth
- Oral health promotion in schools
- Oral health in older adults

2. Recommendations

2.1 The Health Overview and Scrutiny Panel note the content of this report

3. Background

3.1 The 2012 Health and Social Care Act deferred responsibility for oral and general health improvement to Local Authorities. The Local Authority requirement is detailed in Section 17 of the NHS Bodies and Local Authorities Regulations, 2012.

4. Oral disease and need for prevention

4.1 Dental decay is still widespread in the population despite being a largely preventable disease through embedding simple advice into a daily routine. Although levels of dental decay have fallen over the last few decades, inequalities still exist with those in most deprived groups experiencing the highest levels of disease.

4.2 18.1% of five year olds in Portsmouth had tooth decay compared to 24.8% in England in 2014/15. This was measured through visual examination on a positive consent basis. As such, data quality may affect how reliably the findings represent true prevalence of tooth decay. Questions have been included in the 2018 survey of year 8 and year 10 school pupils asking about oral health behaviours (e.g. frequency of tooth brushing), school absence related to dental treatment and presence of dental disease.

- 4.3 Inequalities in oral health persist into adulthood. The burden of disease is higher in adults than children as dental decay continues to be a problem and there is the added risk of periodontal (gum) disease. Periodontal disease can lead to tooth loss due to the destruction of soft tissue and bone in the mouth.
- 4.4 Good oral health helps with eating and speaking and is integral to general health and wellbeing. Keeping children healthy is particularly important as they are growing, learning to speak and socialise. Poor oral health can lead to pain, difficulties with eating and sleeping and missed days off school or work.
- 4.5 Substantial healthcare resource is spent each year treating tooth decay. Children who have tooth decay and are unable to cooperate with treatment under a local anaesthesia are referred for dental extractions under a general anaesthesia, which carries its own risks. In 2016/17 over 300 children in Portsmouth had general anaesthesia for dental extractions due to tooth decay.
- 4.6 Portsmouth City Council Public Health Directorate and the University of Portsmouth Dental Academy won a South East 'Dragon's Den' bidding process run by the Research, Translation and Innovation Directorate, Public Health England in March 2018. This secured funds to develop an evidence-based animation to promote good oral health to young families, based on key messages in the 'Delivering Better Oral Health' toolkit. The animation is currently being co-designed with families and the impact on oral health behaviours from showing the animation in a Family Hub setting (i.e. a setting frequented by parents and children up to 19 years of age, but predominantly under 5 year olds) will be evaluated.
- 4.7 To encourage good oral health, Public Health Portsmouth actively supports relevant and trusted national campaigns such as Change4Life's Sugar Smart app. Using a range of routes, including social media, online and print media key oral health messages are delivered to target audiences, particularly families in areas of higher deprivation who we know tend to have poorer oral health.

5. Access to dental care in Portsmouth

- 5.1 Dental access is important as is an opportunity to provide oral health promotion advice as part of regular check-ups. All children should be advised to visit the dentist regularly as soon as the first tooth erupts. Health Visitors play a key role in championing health promotion in the early years which includes oral health promotion. Some Family Hubs in the city also provide free toothbrushes on an ad hoc basis while stocks remain, but provision will not continue.
- 5.2 NHS England – South (Wessex) commissions all NHS General dental services in Portsmouth. Routine dental care is available from 26 general dental practices (high street dentists) in Portsmouth.
- 5.3 Solent NHS Trust dental service provides dental care for children and adults who have additional conditions/ needs. This includes care under sedation and general anaesthesia for those who cannot be treated safely using local anaesthesia as well as domiciliary care to private residences and care homes.

- 5.4 The City is fortunate to have the University of Portsmouth Dental Academy who are commissioned by NHS England to provide routine dental care. Patients are treated by final year dental students from King's College, London alongside the University student dental nurses, student therapists and student hygienists. They are supported by experienced and supervised dental professionals and provide high-quality care for free to more than 2,500 local people every year. In addition the Dental Academy work to improve access to some hard to reach groups.
- 5.5 Dental attendance rates in Portsmouth are similar to national figures. Attendance is generally highest in children between 5 and 17 years of age, when compared to other groups (over 60%). This may be because parents have increased awareness due to messages from schools.
- 5.6 Dental attendance is very low in 0-2 year olds (less than 20% of this population attend in any year) and there is a need to promote dental attendance as soon as teeth erupt to enable children and their carers to get early advice on how to keep teeth healthy.
- 5.7 NHS England - South (Wessex) have designed some pilot innovation projects for General Dental Practice for implementation in 2018/19 where practices have applied to take part. These focus on improving oral health in some hard to reach groups; 1) to offer oral health advice and treatment to those who are homeless, 2) encourage attendance at the dental practices for toddlers, 3) to provide examinations and treatment for residents of specific care /residential homes, 4) to improve the support offered to their dental patients with diabetes as there are clear links with poor oral health and diabetes.

6. Oral health promotion in schools

- 6.1 The University of Portsmouth Dental Academy deliver their 'BrushUp' supervised tooth brushing programme targeted to children from Year R to Year 3 at schools in the more deprived areas of Portsmouth. The Dental Academy helps schools implement the programme, trains teachers and provides ongoing support. In addition, a dentist from the Dental Academy visits the school to conduct dental screening (visual examination for decay) and an application of fluoride varnish of the consented children twice a year. For year 2/3 pupils, healthy eating talks are also offered.
- 6.2 A recent survey of schools in Portsmouth undertaken by the Portsmouth City Council public health team reported approximately a quarter of secondary schools (2 out of 7 respondents (11 schools in total)) and a third of primary schools (9 out of 27 respondents (41 schools in total)) specifically cover oral health as part of their Personal, Social, Health and Economic (PSHE) lessons.
- 6.3 Healthy eating is closely linked to oral health due to the common risk factor of sugar and therefore advice to prevent tooth decay also contributes to the prevention of overweight and obesity. In Portsmouth, although similar to the national average, it remains the case that more than one in four (27.0%) children in Year R and four in ten (40.4%) children in Year 6 at school are overweight or obese. The Portsmouth City Council Education Department work with local authority maintained schools to achieve

Bronze Food for Life accreditation and national nutritional guidelines within school meal provision. This includes promoting water, rather than sugary drinks.

6.4 2018/19 is the first year of the Healthy Pupils Capital Funding (HPCF) where money generated through the Soft Drinks Industry Levy (SDIL) or 'sugar tax' is allocated to schools via the relevant responsible body. Portsmouth City Council is the responsible body for local authority and voluntary aided schools. HPCF guidance encourages spending to increase children's and young people's physical and mental health by improving and increasing availability to facilities for physical activity, healthy eating, mental health and wellbeing and medical conditions.

7. Oral health in older adults

7.1 National reports indicate that more people are keeping their teeth as they grow older. From the last national Adult Dental Health Survey in 2009, 6% of the adult population had no natural teeth (a strong relationship with increasing age and no natural teeth was evident) and 86% of adults had what is considered to be a "functional dentition" that is at least 21 teeth or more. Older adults often have complex fillings, crowns and bridges which require daily cleaning and professional maintenance. Many may have additional health issues creating problems with delivering care. There is no data describing dental health of older people in Portsmouth.

7.2 As people get older, the need to maintain a good state of dental health becomes important in order to maintain a healthy diet which in turn contributes to good health and wellbeing and good quality of life. It is desirable to minimise the risk of need for complex dental treatment procedures when there is a greater likelihood of complicating factors. This is becoming an increasingly bigger problem with the aging population with older patients likely to have more co-morbidities.

7.3 Dementia is increasing within the population and in these vulnerable patients, poor oral health can cause pain and affect eating, which may then affect health and wellbeing. Providing day-to-day care can become increasingly difficult and interventions distressing for individuals. It would therefore be useful for those diagnosed with dementia, to have early discussions with their dentist regarding the long-term care of their dental health. Discussions continue as part of the dementia steering group to embed oral health advice to be offered at or near the point of a dementia diagnosis.

7.4 Domiciliary care is available for those who cannot attend for dental care, whether in their own homes or in residential care settings. This includes patients with dementia. These are generally provided by dental teams specially trained to manage patients with special care requirements. This is an expensive service to provide, but more importantly, the range of treatment which can be provided are limited by the setting, as well as the patient's co-morbidities and ability to cooperate.

8. Key messages

8.1 Tooth decay is preventable. Prevention and early intervention is key to reducing tooth decay in the child and adult populations. Dental treatment costs have a significant impact on the local health economy.

- 8.2 While data shows Portsmouth had a lower prevalence of tooth decay compared to the England average (2014/15), understanding the true prevalence remains difficult to ascertain.
- 8.3 Portsmouth is fortunate to have the Dental Academy, University of Portsmouth, who delivers important oral health promotion targeted toward schools in more deprived areas. Additional initiatives are also in place.
- 8.4 Individuals diagnosed with dementia should be encouraged to have a dental check-up as soon as possible after diagnosis. This enables dental treatment needs to be considered and appropriate treatment plans agreed whilst each person is able to consider their wishes and provide consent.
- 8.5 Creating an environment where healthy foods and drinks, which are low in, or which contain no sugar, are easily available to everyone is important in supporting good oral health and good general health.