



## Community and Wellbeing Scrutiny Committee

19 July 2017

### Report from the Director of Public Health

For information

Wards affected: ALL

## Children's Oral Health in Brent

### 1.0 Summary

- 1.1 The report outlines the poor oral health outcomes for children in Brent and the local authority plan for 2017 to tackle oral health issues. The local Community Dental Service has recently been tendered by NHSE with a new specification for oral health promotion. Brent Council have become co-commissioners with NHSE of the oral health promotion service. This arrangement provides new opportunities to influence children's oral health.

### 2.0 Recommendations

- 2.1 Members of the Scrutiny Committee are recommended to note the progress being made by the Council with respect to children's oral health.

### 3.0 Background

- 3.1 Brent children have some of the worst oral health outcomes in England, with dental extractions remaining the top cause for elective hospital admissions in children.
- 3.2 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 and school readiness. Psycho-social wellbeing and self-esteem can also be affected by bad breath and the unsightly appearance of decayed or missing teeth.
- 3.3 The impacts of poor oral health are not only on the individual child, but also on their families through sleepless nights and parents needing to take time off work for visits to the dentist or hospital dental treatment

3.4 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 early access to dentists for preventive advice and the application fluoride varnish at least twice a year from aged 3 years.

3.5 Following the Health and Social Care Act 2012 the responsibility for commissioning dental services lies with NHS England. Local authorities have a responsibility for oral health promotion as part of their public health duties.

#### **4.0 Detail**

4.1 NHS England commission both General Dental Services (GDS – high street dentists) and Community Dental services (CDS). The CDS, which provide dental services for vulnerable and high risk populations, for example people with learning disabilities, which conduct periodic surveys to assess oral health needs and are to act as the gate keeper for child dental general anaesthetics.

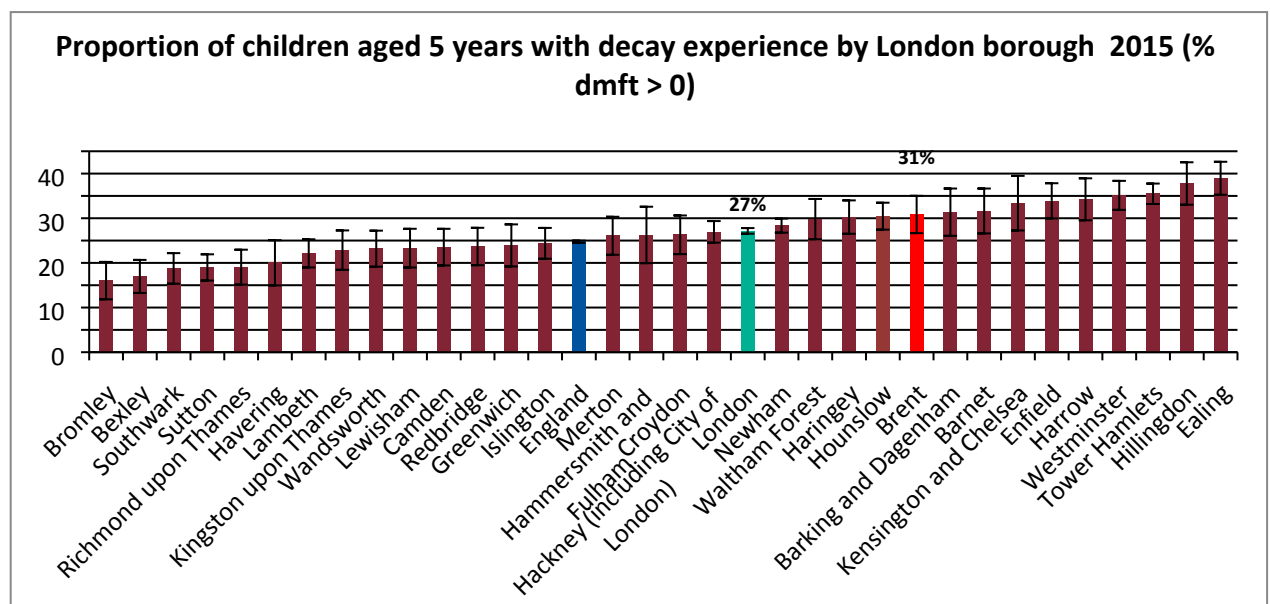
4.2 Historically oral health promoters have been located within Community Dental Services. For Brent the funding for the staff involved remained within NHSE's block contract with London North West Healthcare NHS Trust and NHSE managed this contract.

4.3 During 2015/17, NHSE undertook a re-tendering of CDS services across London and offered local authorities the opportunity to become associate commissioners to the new CDS contracts. Associate commissioner status gives the Council the opportunity to influence the service specification, to specify the annual work programme for the oral health promotion function (appendix 1) and to participate in NSHE's contract management.

4.4 NHSE have awarded the new five year CDS contract to Whittington Health from 1 April with the possibility of a further five year extension. The funding for the oral health promotion staff (£80,000 for 1.8 wte) remains with NHSE with a section 75 agreement being put in place and for 17/18 Brent public health are providing £20,000 for resources.

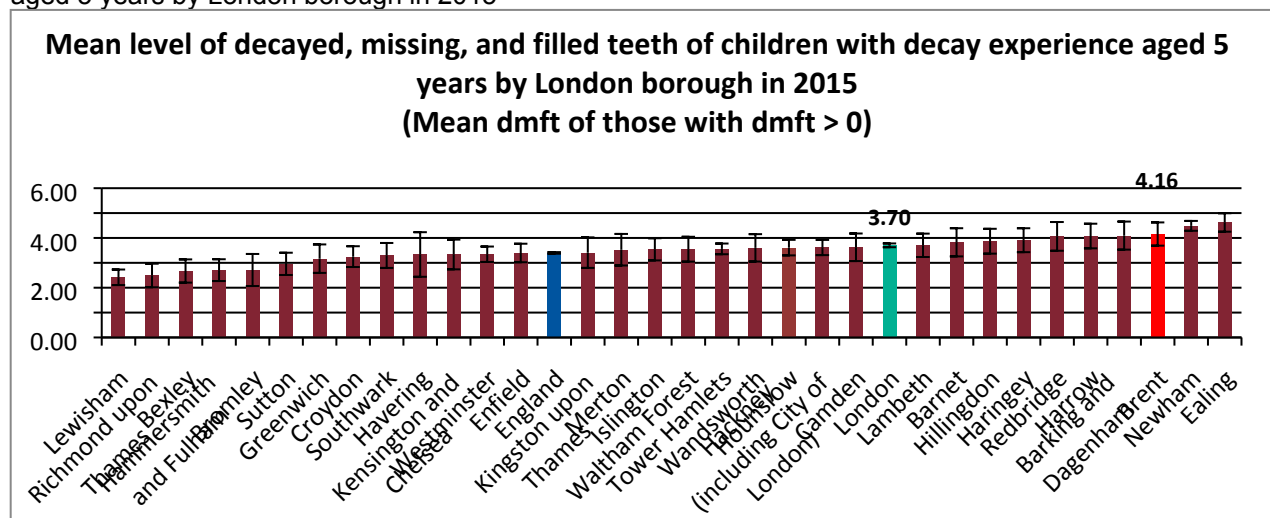
4.5 From the 2015 PHE National Dental epidemiology survey over 31% of Brent 5-year-olds had experience of decay, compared with 27% in London and 24% in England. Although this was an improvement compared to the 2012 results, Brent still has a considerably higher rate of 5 year olds with decayed teeth, compared to the London and England rates.

**Graph 1:** Proportion of children aged 5 years with decay experience by London Public Health England (PHE) National Dental epidemiology survey (2015)



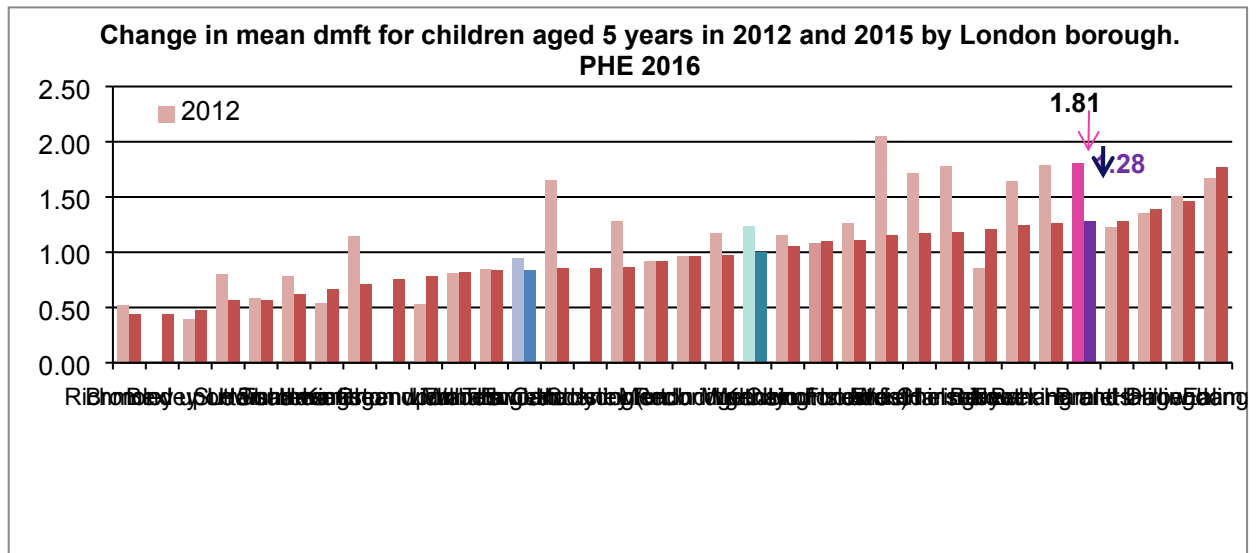
4.6 Of those children who experience dental decay at aged 5 years, on average they have four or more teeth affected.

**Graph 2:** Mean level of decayed, missing, and filled teeth of children with decay experience aged 5 years by London borough in 2015



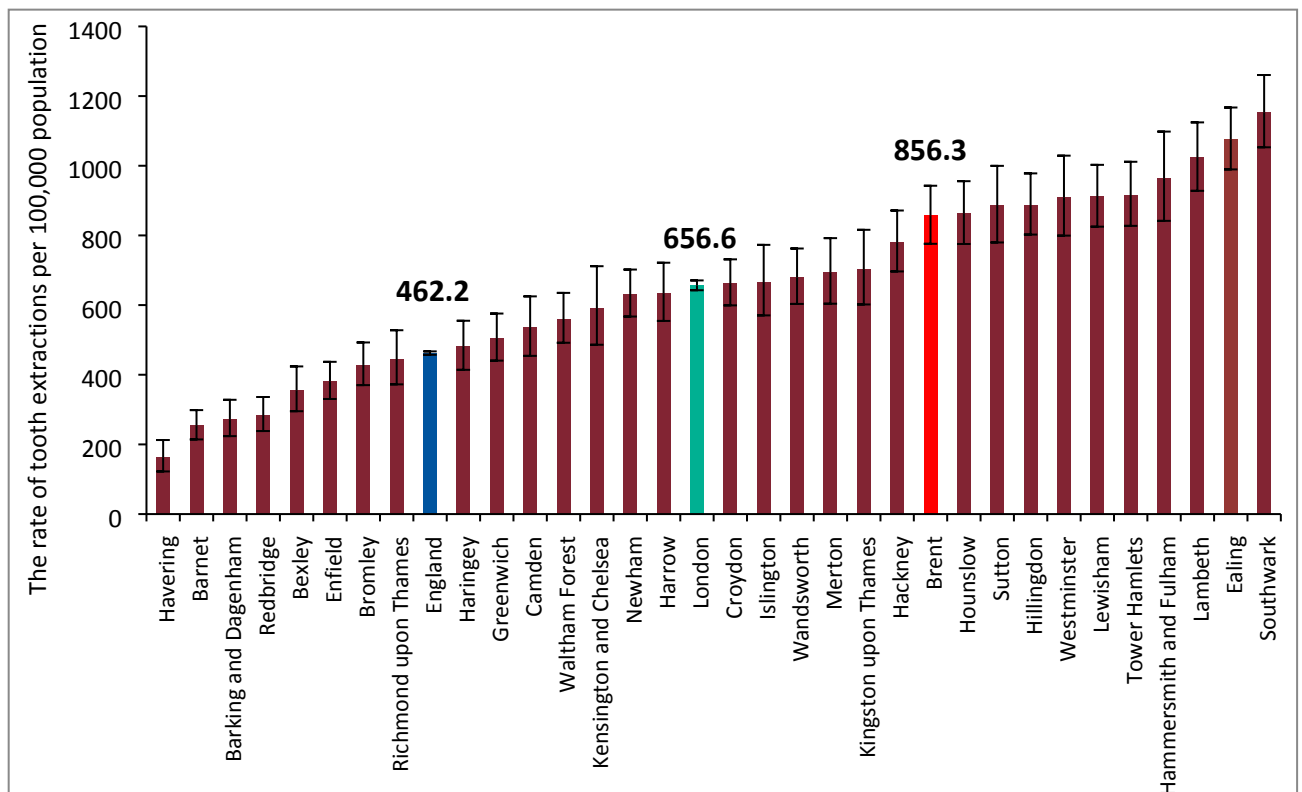
However, between the 2012 and 2015 surveys there has been improvement in the average level of decayed, missing and filled teeth (dmft) which has dropped in Brent from 1.81 to 1.28.

**Graph 3:** Change in mean dmft for children aged 5 years in 2012 and 2015 by London borough.



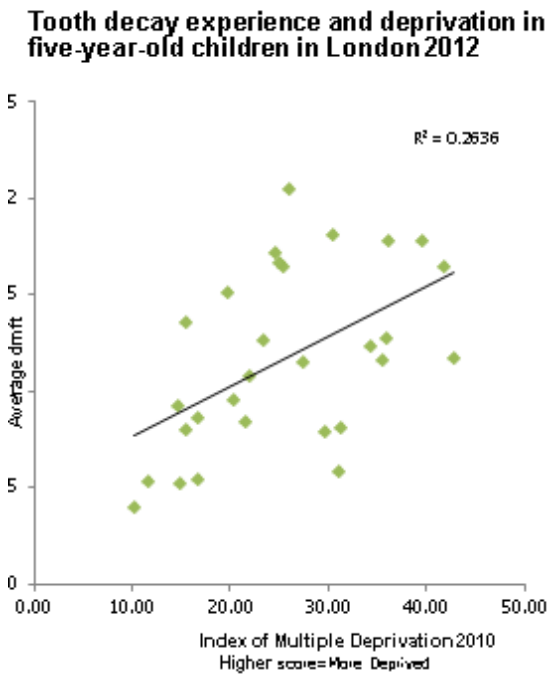
4.7 In 2014/15 the rate of hospital extractions for Brent children 10 years and under was 856 per 100,000 population, which was higher than both London and England averages.

**Graph 4:** Tooth extraction due to decay aged 10 years and under per 100,000 population by London borough 2014/15 (data source: HSCIC).

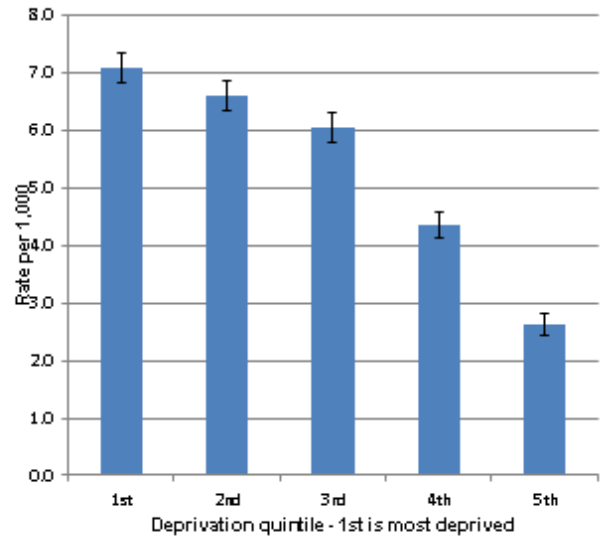


4.8 Dental decay experience and its impact (hospital admissions for tooth extractions under GA) are closely correlated to deprivation and social disadvantage.

Graphs 5 and 6:



**Rates of child (1-18 years) hospital admission for dental caries and deprivation at LSOA level across London (2012/13 SUS data source)**

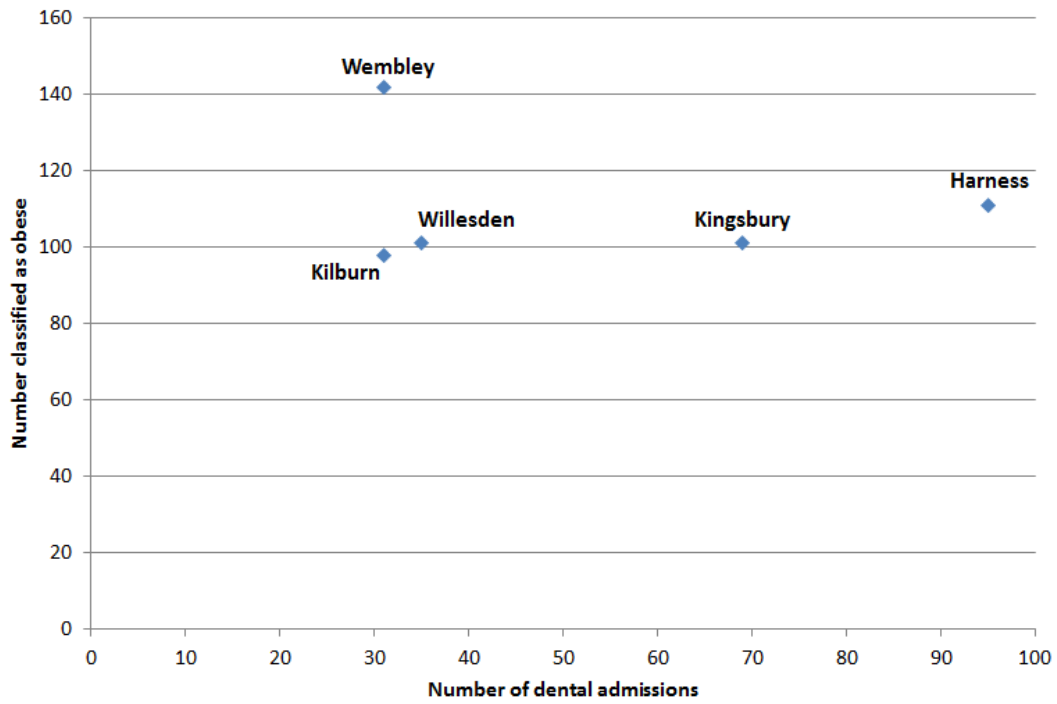


4.9 It is estimated from the most recent survey (2015) that 41% of variation in 5 year old decay experience can be explained by deprivation.

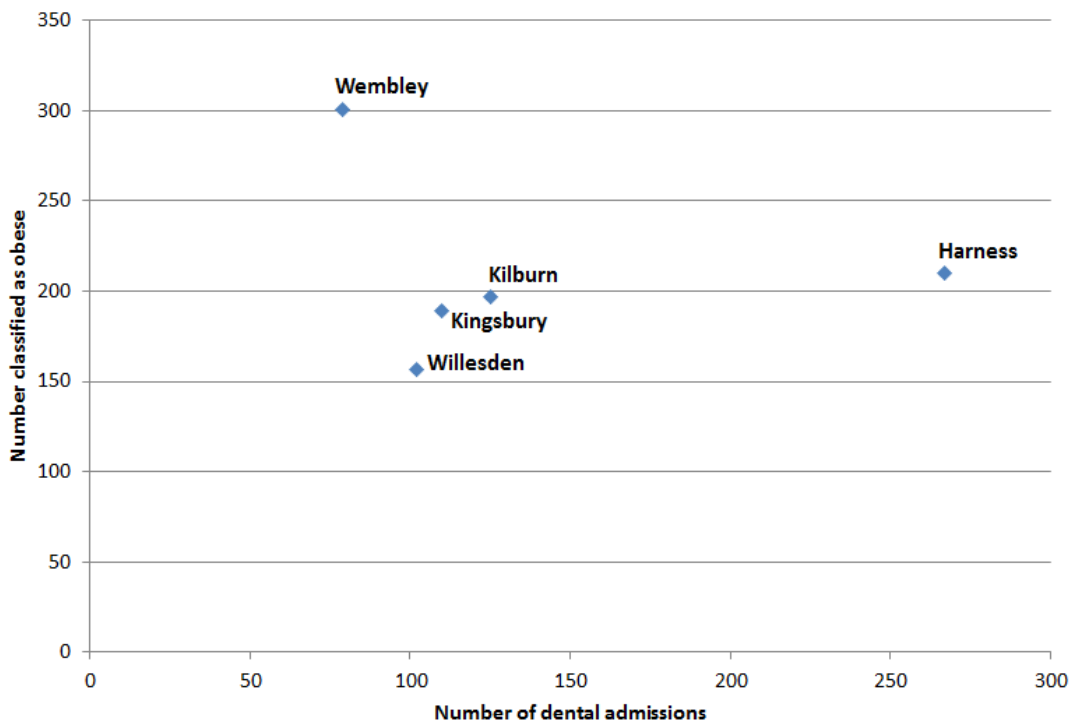
4.10 Since poor oral health and a number of chronic diseases share the common risk factor of diets high in sugary foods and drinks, oral health is potentially a key indicator of wider health and social care issues such as obesity. Since social deprivation and high levels of sugar consumption are risk factors for dental decay and obesity, it has been suggested that these two outcomes may be more likely to co-exist with the same individuals or populations.

4.11 Using the National Childhood Measurement Programme data 2015/2016 for children in reception class and the number of dental admissions in the population aged 0-4 shows Harness (Harlesden locality) as the area of greatest need.

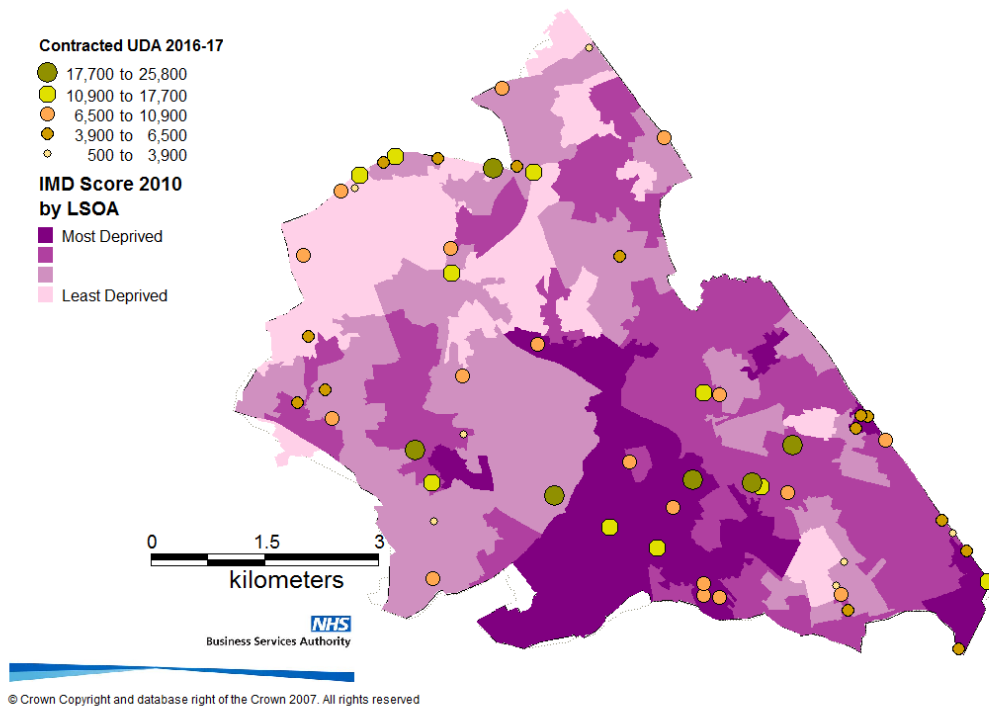
**Figure 1:** Obesity by dental admissions for children aged 0 – 4



**Figure 2:** Obesity by dental admissions for children aged 5 -19



4.12 The map shows contracted activity (UDAs - units of dental activity) commissioned by NHS England from Brent Provider dental practices against Index of Deprivation by SOA.



## Uptake of dental care

- 4.13 The latest national Children’s Dental Health Survey (2013) found that at least 6% of parents said that their 5 year old had never visited the dentist. As this is self-reported data it is likely that this is an under estimate of attendance.
- 4.14 As part of the Best Start in Life programme which operates in Brent, “Check by One” encourages early access to Dentists. The table below describes uptake for NHS dental services by Brent children and that of Brent adults at the ward resident postcode level. There are very low levels of dental uptake in the under 5s, these range from 30.5% in Kenton Ward to 22% in the Welsh Harp ward (22.4% in Queen’s Park ward.)

**Table 1:** Access: Dental uptake for Brent resident children and adults by ward of resident postcode (year ending March 2017) Source: NHS BSA data

Ward Name	% uptake resident children 0-4 years	% uptake resident children 0-17 years	% uptake resident 18 or over (Adults)
Alperton	26.2	55.9	37.2
Barnhill	29.8	66.5	43.5
Brondesbury Park	26.8	62.4	39.1
Dollis Hill	24.0	67.3	50.6
Dudden Hill	29.4	64.5	46.3
Fryent	27.7	66.0	39.6
Harlesden	32.2	66.4	52.4
Kensal Green	26.7	60.5	42.6
Kenton	30.5	65.3	43.8
Kilburn	26.4	62.9	44.9
Mapesbury	25.5	60.8	37.8
Northwick Park	26.5	63.5	40.1
Preston	27.0	63.4	42.2
Queens Park	22.4	55.6	37.9
Queensbury	26.0	63.6	42.8

Stonebridge	28.5	63.7	55.7
Sudbury	29.2	63.5	40.5
Tokyngton	25.4	58.1	39.6
Welsh Harp	22.0	59.4	40.7
Wembley Central	26.3	55.7	36.3
Willesden Green	25.3	61.6	43.8
<b>Brent Average</b>	<b>27.0</b>	<b>62.3</b>	<b>42.7</b>
<b>London Average</b>	<b>30.4</b>	<b>63.9</b>	<b>45.4</b>
<b>England Average</b>	<b>38.6</b>	<b>70.1</b>	<b>51.5</b>

4.15 Patients seen by Brent Providers may not necessarily be Brent residents since patients may access NHS Dental Services wherever they chose and not necessarily near home. Dental Providers in the Kenton Ward are seeing large numbers of adults (21,284) and children (8,002) in their practices.

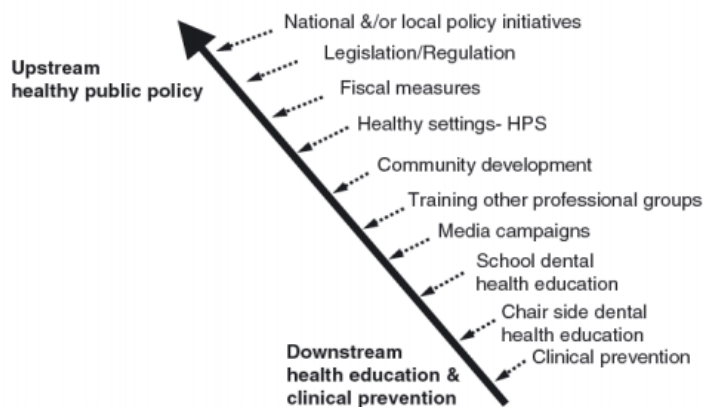
**Table 2:** Access: Dental uptake for adults and children by Brent ward of contract provider postcode (year ending March 2017). Source: NHS BSA data

Ward Name	Number of Patients 0-4 years old 2 Years ending March 2017	Number of Current Child Patients 2 Years ending March 2017	Number of Current Adult Patients 2 Years ending March 2017
Alperton	75	670	1,883
Barnhill	641	3,969	6,781
Dudden Hill	912	6,882	15,034
Fryent	291	2,201	3,811
Harlesden	352	2,234	5,532
Kensal Green	183	1,325	3,180
Kenton	1,151	8,002	21,284
Kilburn	253	1,979	6,796
Mapesbury	296	2,040	4,767
Northwick Park	213	1,363	4,154
Preston	147	1,155	2,055
Queensbury	240	1,592	2,916
Queens Park	376	2,535	5,053
Stonebridge	400	2,750	4,671
Sudbury	443	2,828	4,886
Tokyngton	257	1,944	4,448
Wembley Central	704	4,375	9,736
Willesden Green	446	3,420	10,226

#### 4.16 Evidence of what works for prevention

Dental decay is a multi - factorial disease and requires a whole systems, multi-stranded approach to improve oral health and reduce inequalities across the population.

**Figure 3:** Upstream/downstream options for oral disease prevention



*Upstream / downstream options for oral disease prevention Adapted from Watt et al*

The risk of dental decay is higher for children who have poor diets high in sugary foods and drinks. **Making Every Contact Count and Making Oral Health Everybody's Business** to integrate oral health promotion, especially evidence-informed sugar reduction programmes, across services for children will not only improve oral health but will also tackle obesity. Uptake of dental services is low in very young children and it is not until about the age of about 7 years that the majority of children in Brent visit the dentist. Oral health problems at aged 5 years are an indication of a failure of early prevention and therefore it is essential that oral health is embedded in the Healthy Child Programme and other commissioned programmes in contact with families of young children to provide very brief oral health intervention and signpost to local dental practices.

#### 4.17 Increasing exposure to fluoride

There is strong evidence to support increasing exposure to fluoride (toothpaste and fluoride varnish) is effective for improving oral health. Daily brushing (twice a day) with an appropriate level of fluoride toothpaste reduces the incidence and severity of tooth decay. However, children in more deprived areas are less likely to be doing this.

The NICE guidance on oral health and PHE recommends that targeted supervised tooth brushing programmes in early years settings are considered in order to encourage the development of brushing skills to support brushing at home and establish life-long oral healthy behaviours. PHE estimates that after 5 years, the ROI for targeted supervised tooth brushing is about £3.06 for every £1 spent. In addition, after 5 years of running this programme can result in an extra 2,666 gained school days per 5,000 children.

There is strong evidence to support the application of fluoride varnish by the dental team at least twice a year (and 3-4 times for those at higher risk) as part of a child's continuing care. However, many children in Brent are not receiving the recommended applications. Below is a table showing the variation in

fluoride being applied by dental practice teams by age groups for those children accessing NHS dental services.

**Table 3:** FP17s with a fluoride varnish application for Brent children, year ending March 2017.  
Source NHS BSA data

Ward Name	Fluoride Varnish rate per 100 FP17s 3-5yrs	Fluoride Varnish rate per 100 FP17s 6-9yrs	Fluoride Varnish rate per 100 FP17s 10-14yrs
Alperton	64.3	65.4	58.3
Barnhill	45.0	41.2	35.8
Bondesbury Park	56.8	60.6	52.0
Dollis Hill	31.5	39.2	35.6
Dudden Hill	43.2	52.9	46.9
Fryent	29.2	33.4	29.0
Harlesden	48.6	51.3	47.0
Kensal Green	41.1	49.2	43.6
Kenton	44.7	45.3	33.0
Kilburn	41.3	57.1	51.8
Mapesbury	51.2	58.5	55.5
Northwick Park	43.2	53.6	40.4
Preston	44.7	51.3	37.6
Queens Park	53.0	59.5	52.6
Queensbury	38.2	35.1	33.8
Stonebridge	37.2	41.4	35.5
Sudbury	48.2	57.1	47.2
Tokyington	28.2	49.0	44.8
Welsh Harp	35.9	41.2	38.4
Wembley Central	62.9	60.4	47.1
Willesden Green	54.5	58.9	53.0
<b>Brent Average</b>	<b>44.8</b>	<b>50.2</b>	<b>43.1</b>
London Average	38.6	47.4	41.6
England Average	39.9	51.1	45.7

#### 4.18 Action taken by Brent Public Health Team to date

The Council public health team have worked with the Dental Public Health Consultant in PHE to undertake the following:

- A new 0-19 years children's public health contract has been procured which started on 1 June 2017. The specification includes a requirement for all staff to be trained to offer advice to children and families on oral health.
- The public health team have developed an approach for Council and health front line staff **Making Every Contact Count** which is designed to capture and make use of opportunities for front line staff from all services to bring public health approaches, information, advice and signposting to their routine contacts with residents. Oral health is one of the priorities identified and training has been provided for school nursing

service and will be offered to all front line staff in the Community and Wellbeing Department on oral health promotion.

- The “Now you have teeth” scheme has been rolled out in 10 children centres in Brent. This is a joint initiative with PHE and with the Postgraduate Dental Deanery in which newly qualified dentists spend time in children’s centres. They engage staff, parents, carers and the children in oral health promotion and present a ‘friendly face’ of local dentistry to encourage parents and carers to take their children to the dentist. The scheme has proved popular with families, children and staff.
- The Healthy Early Years (HEY) award scheme has been running in Brent since 2013 during which time 104 awards (including 12 renewals of awards) have been made to nurseries, childminders and children’s centres who have demonstrated action to ensure every child has the best start in life by:
  - focussing on the most important years of a child’s life,
  - encouraging behavioural changes that will have a positive effect
  - ensuring the longer term health and wellbeing of a child’s life.
  - giving the best advice and information to parents to help support them

Oral health is one of the priority areas for action and the 2015/16 evaluation of the HEY awards showed a 19% increase in the number of children that had been to the dentist in the last 6 months from baseline.

- A targeted community fluoride varnish programmes was commissioned previously from dental practices in Brent between June 2014 and July 2015. Delivery was in 10 Brent schools, with the involvement of six Brent NHS dental practices.

Objectives	Impact
To increase exposure to fluoride varnish for three to seven year olds in a school setting	<ul style="list-style-type: none"> <li>• 1,745 pupils out of a possible 2,704 pupils (64.5%). gave consent for their child to take part</li> <li>• 1,620 (92.8%) went on to have fluoride varnish applied.</li> <li>• Consent rates varied from school to school, 95.1% (195 children) - 41.0% (143 children)</li> <li>• Average consent rate for girls was 63.7%, compared to 65.6% for boys</li> <li>• 420 pupils were not registered with a dentist with consent (24.1%)</li> <li>• 1,022 (58.6%) were registered with a dentist.</li> <li>• 590 pupils (33.8%) were assessed as requiring further treatment</li> </ul>

#### 4.19 Planned action by Brent public health team

- A work programme has been agreed with the new providers of oral health promotion (OHP) in Brent (Whittington Health) and is attached as

appendix 1. Given the limited specialist resource available, there is a focus on train the trainer approaches with the OHP service being commissioned to train frontline health, early help, early years and education staff.

- A settings based approach has been taken in order to best target resources and early years settings and schools have been prioritised. Supervised brushing is to be introduced into primary schools and nurseries. Based upon analysis of need, Harlesden will be prioritised.
- While dental services are commissioned by NHSE, the OHP service – and indeed early years and children’s public health services – will signpost and promote dental registration.
- Reflecting the greater oral health needs of children with special needs, the work programme prioritises work in the special schools
- The delivery of the work programme will be co-ordinated by a multidisciplinary oral health partnership and monitored through contract management of the CDS contract jointly with NHSE.

## **5.0 Financial Implications**

- 5.1 The are no specific implications within this report other than to note the value of the CDS contact contract awarded by NHSE to Whittington Health from 1st April. The funding for the oral health promotion staff of £80k remains with NHSE with a section 75 agreement being put in place and for 17/18 Brent public health are providing £20k for resources.

## **6.0 Legal Implications**

- 6.1 These are covered in the body of the report.

## **7.0 Diversity Implications**

- 7.1 These are covered in the body of the report

## **8.0 Staffing Implications**

- 8.1 None

### **Contact Officers**

Dr Melanie Smith  
DIRECTOR OF PUBLIC HEALTH

## Appendix 1

### BRENT ORAL HEALTH PROMOTION WORK PROGRAMMME 2017 - 2018

Objectives	Area of Work	Key tasks	Outcome  By 31 <sup>st</sup> March 2018
<p><b><i>Promote oral health by improving levels of oral hygiene awareness to the general population through training for frontline staff</i></b></p>	<p>Maternity  Health visitors  School Nursing  Children Centres  Nurseries  Special Schools  Schools</p>	<ol style="list-style-type: none"> <li>1. Ensure the provision of oral health information and signposting to all pregnant women by midwives.</li> <li>2. Training of health and non-healthcare professionals in children's settings to deliver key oral health messages and guidance and provide demonstrations on how to clean teeth</li> <li>3. Brushing for Life (BfL) programmes (delivered by HVs) that provide free toothbrushes and toothpaste to pre-school and primary school children, aimed at parents at 8 months and 2 ½ year reviews.</li> <li>4. Link together with initiatives that focus on improving diet, nutrition and exercise such as outlined through the Obesity strategy for Brent, Healthy Schools London Awards, Healthy Early Years Awards and Smash Sugar campaign.</li> <li>5. Identify and train oral health champions from each service to collect data and update teams.</li> <li>6. Provide follow up support and quality assurance for the training</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase the proportion of pregnant women and children accessing NHS dental services.</li> <li>2. 100% of all Health visiting (HV) and School nursing (SN) teams to be trained by 31 March 2018</li> <li>3. 40% of Child Looked After (CLA) nurses, maternity staff, Children's Centre Staff, nurseries, Troubled families team, social care professionals, special school staff, Early help teams and library staff to be trained by 31 March 2018</li> <li>4. 1 oral health champion to be identified per service</li> <li>5. 6 sessions to be delivered to families visiting the under 5's sessions in</li> </ol>

Objectives	Area of Work	Key tasks	Outcome By 31 <sup>st</sup> March 2018
		<p>programmes to people who attended the training</p> <p>7. Promote key oral health message and coordinate training at under 5's sessions in libraries</p>	libraries
<p><b><i>Improve oral health promotion in Early years settings and schools</i></b></p>	<p>3 – 6 years olds / parents / staff in maintained infant or primary schools</p> <p>Children Centres</p> <p>Nursery schools other than those attached to primary schools</p> <p>Libraries</p>	<ol style="list-style-type: none"> <li>1. Coordinate and deliver supervised tooth brushing programme in nurseries and to reception aged children</li> <li>2. Support the trainee dentists delivering Now You Have Teeth (NYHT) programmes in Children's Centres</li> <li>3. All maintained Primary schools to receive communications relating to agreed key messages, apps, sponsorship, training opportunities, lesson plans, surveys, assembly plans, etc.</li> <li>4. Promote and monitor key opportunities for targeted schools to collect dental access data – SIMS, admission forms, parent feedback.</li> <li>5. Identify children at risk of dental caries and signpost to local dentists.</li> <li>6. Coordinate pathways for schools nurse and school staff to follow up oral health needs.</li> <li>7. Advise and support schools to achieve an oral health plan for</li> </ol>	<ol style="list-style-type: none"> <li>1. Target 20% of reception class in schools and nurseries across Brent.</li> <li>2. Of the 20%, target 90% of primary schools and nurseries in Harlesden locality with supervised tooth brushing programme (highest tooth extraction admissions in Brent)</li> <li>3. Offer the Supervised tooth brushing programme three times a year in targeted school and nurseries</li> <li>4. Number of children centres tbc following discussion with provider</li> <li>5. NYHT programme to be provided with OHP across Brent</li> <li>6. 100% primary schools receive a</li> </ol>

Objectives	Area of Work	Key tasks	Outcome By 31 <sup>st</sup> March 2018
		their Healthy Schools Award	<p>minimum of 2 newsletters / information sheets a year.</p> <p>7. Develop a programme on oral health messages into core information for educational staff</p> <p>8. Number of Healthy Schools who report support for their oral health action plan.</p>
<b><i>Improve early detection, and treatment, of oral diseases</i></b>	Maternity Pre - school Early years Schools	<ol style="list-style-type: none"> <li>1. Maximise all opportunities for signposting to local NHS dental services</li> <li>2. Promote the benefits of visiting a dentist throughout the life course</li> <li>3. Raise awareness of eligibility for free check-ups, prioritising those at high risk or poor oral health</li> </ol>	<ol style="list-style-type: none"> <li>1. Increased number of children under 5 registered with a dentist</li> <li>2. Increased number of pregnant women registered with a dentist</li> </ol>

Objectives	Area of Work	Key tasks	Outcome By 31 <sup>st</sup> March 2018
<b><i>Children with special needs</i></b>	4 Special schools and Brent short stay centre	<ol style="list-style-type: none"> <li>1. Coordinate and provide Oral Health promotion and support as part of an integrated oral health programme</li> <li>2. Set up a sustainable tooth brushing programme</li> <li>3. Identify, train and support staff willing to act as Oral health champions.</li> </ol>	<ol style="list-style-type: none"> <li>1. 95% of children/parents and carers to attend an oral health training session</li> <li>2. 100% special schools receive support</li> <li>3. 1 trained oral health champions per special school.</li> </ol>
<b><i>Partnerships and support for other relevant plans to ensure a coordinated delivery programme of oral health in Brent</i></b>		<ol style="list-style-type: none"> <li>1. Support for CDS for an integrated special school screening and prevention (tooth brushing and FV) programme and onward referral and collection of data.</li> <li>2. Support and facilitate Dental public health epidemiology programme</li> <li>3. Support the development of specific information related to oral health preventative information</li> <li>4. Use digital technology to promote oral health and dental access through schools newsletter, social media (twitter, Facebook, You Tube)</li> <li>5. Support publicity through Brent Magazine and Your Brent (e newsletter)</li> <li>6. Sharing of health intelligence and other data as appropriate to</li> </ol>	<ol style="list-style-type: none"> <li>1. Regular analysis and reporting of social media posts about oral health through Brent Council</li> <li>2. Baseline data to be provided on increasing Impressions, Likes and Retweets</li> <li>3. Steering Groups four times a year</li> </ol>

<b>Objectives</b>	<b>Area of Work</b>	<b>Key tasks</b>	<b>Outcome</b> <b>By 31<sup>st</sup> March 2018</b>
		determine need or programme evaluation	