READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**13 JULY 2018**	**AGENDA ITEM:**	**12**
REPORT TITLE:	**CHILDREN'S ORAL HEALTH IN READING**		
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ORGANISATION:	**READING BOROUGH COUNCIL**		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents an analysis of the 2015 children's dental health survey data for Reading (published 2017), and makes the case for the development of an oral health strategy for Reading to complement the Healthy Weight Strategy and provide a framework for raising the profile of oral health across other relevant policies and service specifications.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board accepts the proposal to develop an oral health strategy for Reading, and instructs officers to report back on progress to a future meeting of this Board.

3. POLICY CONTEXT

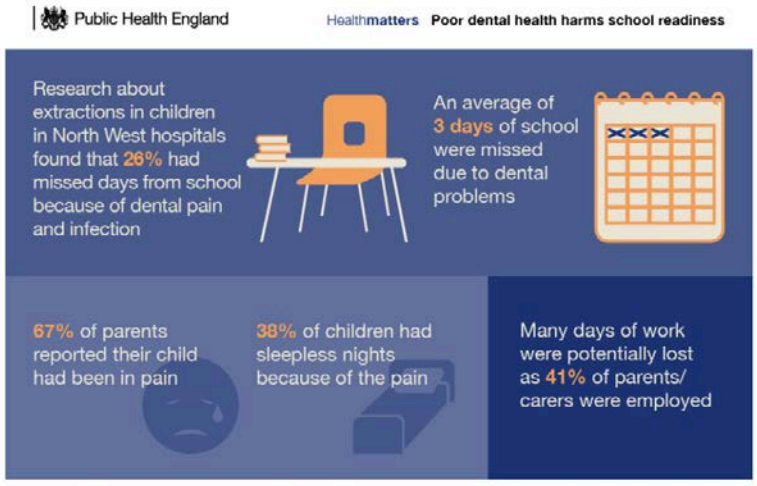
3.1 Oral health is important for general health and wellbeing. Poor oral health can affect someone's ability to eat, speak, smile and socialise normally, for example, due to pain or social embarrassment (see the Department of Health's Dental quality and outcomes framework). Oral health problems include gum (periodontal) disease, tooth decay (dental caries), tooth loss and oral cancers.

3.2 The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children. In the Public Health Outcomes Framework, one of the indicators is the dental decay level in children aged five years (PHE, 2014). Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Although oral health is improving in England almost a quarter (24.7%) of 5 year olds have tooth decay, so 1 in 4 children will have tooth decay when they start school. Each child with tooth decay will have on average 3 to 4 teeth affected (Applying All our Health, PHE)

3.3 There is a strong relationship between deprivation and both obesity and dental caries in children. Obesity rates are highest for children from the most deprived areas and this is getting worse. (Health and Social Care Information Centre (2015) National Child Measurement Programme, England 2015/16) Children aged 5 and from the poorest

income groups are twice as likely to be obese compared to their most well off counterparts and by age 11 they are three times as likely (Goisis, A., Sacker, A. and Kelly, Y. 2016). The European Journal of Public Health. Similarly, data from the National Dental Epidemiology Programme for England shows that IMD scores explain 44% of the variation in the severity of tooth decay across local authorities. (The relationship between dental caries and obesity in children; an evidence review, PHE 2015).

3.4 Research undertaken in the North West hospitals found that many children had missed days from school because of dental health pain and infection. Children in more deprived areas have been found to have more dental decay those living in wealthier areas.



Source: Health matters: child dental health https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health

3.5 Poor oral health can be caused by many factors including:

- social inequalities where the imbalance in income, education, employment and neighbourhood circumstances affect the life chances of children's development
- poor nutrition and infant feeding with high and frequent consumption of free sugars
- lack of access to fluoride including late commencing or infrequent tooth brushing with low or no fluoride toothpaste

Children who already have evidence of oral disease including previous decay experience or previous extractions under general anaesthesia and those with medical conditions such as cardiac problems, cleft lip and palate and childhood cancers are also at increased risk of poor oral health.

3.6 Regularly consuming foods and drinks high in free sugars increases the risk of obesity and tooth decay. Ideally, no more than 5% of the energy we consume should come from free sugars. Currently, children and adults across the UK are consuming 2 to 3 times that amount. The Scientific Advisory Committee on Nutrition (SCAN) Carbohydrates and Health report (2015) found that high levels of sugar consumption are associated with a greater risk of tooth decay. This report recommends that for all age groups from 2 years upwards, the average intake of free sugars should not exceed 5% of total dietary energy intake. Younger children should have even less than this.

3.7 Increasing the percentage of total dietary energy consumed as free sugars leads to increased total energy intake. For children and adolescents, the consumption of sugar-sweetened beverages was found to lead to greater weight gain and increases in body mass index.

The recommended intake of free sugars is no more than:

- 19g (5 sugar cubes) per day for 4 to 6 year olds
- 24g (6 sugar cubes) per day for 6 to 10 year olds
- 30g (7 sugar cubes) per day for 11 years and older

3.8 A 2015 review of the evidence for action on Sugar Reduction published by PHE, summarised eight actions that are most likely to reduce population-level sugar consumption, some of these are at national level and others at local level.

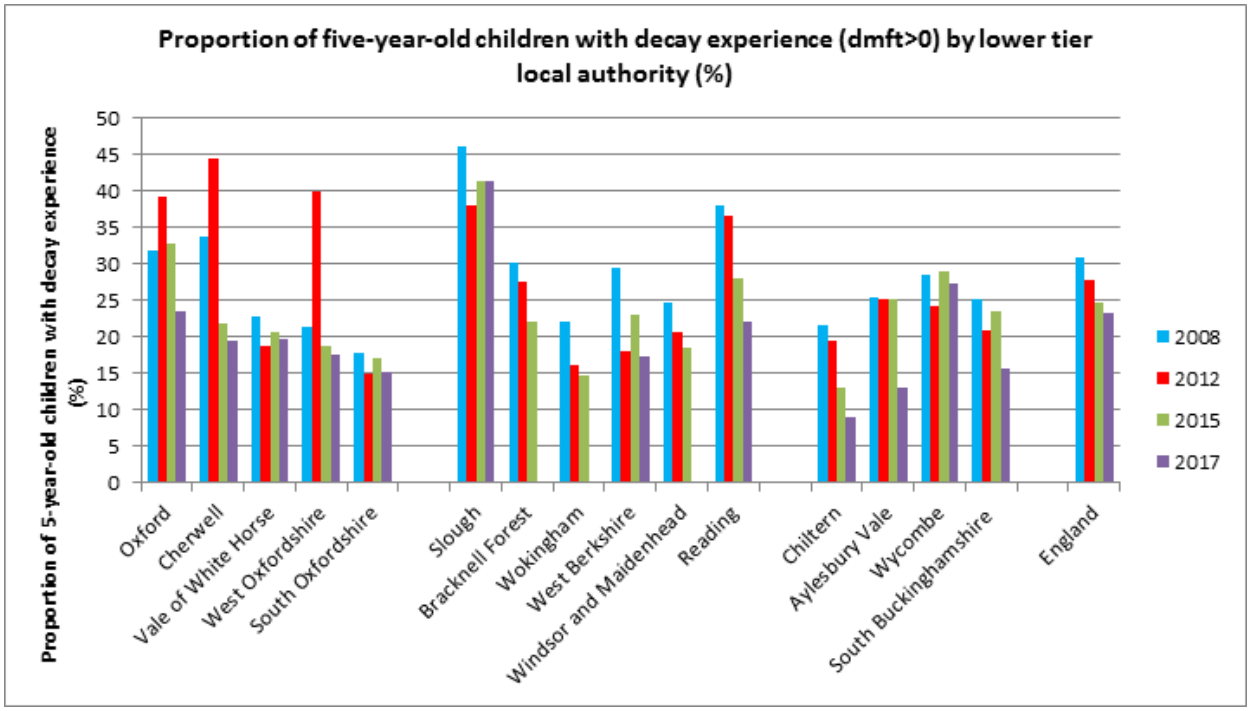
- clearly defining what constitutes a high sugar food;
- restricting marketing and advertising and price promotions for high sugar foods
- taxing sugar-sweetened drinks and high-sugar foods
- reducing sugar content and portion size
- implementing government buying standards across the public sector to provide healthier foods
- improving professional diet and health training
- continuing to raise awareness and provide practical steps to help people reduce their sugar intake

3.9 The National Childhood Obesity Strategy, published in 2017 builds on this and other evidence and aims to reduce sugar consumption through the introduction of a soft drinks industry levy on producers and importers to create incentives for action, and by implementing a broad structured sugar reduction programme to remove sugar from the products eat most. This involves challenging the food and drinks industry to reduce overall sugar across a range of products by 20% by 2020. Additionally the strategy commits to supporting early years settings by producing revised menus and voluntary guidelines for early-years settings to help them meet Government Dietary recommendations. The "Sugar Smart" campaign part of the PHE 'Change 4 Life' campaign provides families with the knowledge and tools to help cut down on sugar. The Sugar Smart mobile App uses technology to help people make the best use of information to inform eating decisions.

4. THE PROPOSAL

Current Position

4.1 Since 1973, a survey has been carried out every ten years into the dental health of 5, 8, 12 and 15 year old children in England, Wales, and Northern Ireland. The most recent survey (2015) was published in March 2017 by Public Health England. There has been a trend showing a reduction in dental caries in the South East. Reading has shown the greatest reduction in the proportion of five-year old children with decayed, missing or filled teeth as shown below. However, we remain third highest in the region.



4.2 In the 2015 National Dental Epidemiology Programme survey, 398 children were sampled in Reading. Parental consent was provided for 295 (67.1%) to take part in the survey, and they were clinically examined at school by trained and calibrated examiners, who used the national standard. Just under 72% of children in the survey were free from obvious dental decay.This has improved from 62.3% in 2008 and 63.5% in 2012, and is slightly lower but not statistically different from the England levels - but significantly worse than the South East. On average, five year olds in Reading have just under one (0.95) decayed, missing or filled (DMF) teeth. This compares with 0.84 DMF teeth for five year olds in England as a whole. These and a range of other indicators are shown in Table 1.

4.3 At the time of the 2012-13 survey, incisor caries prevalence, proportion of three year olds free from decay and the average number of decayed missing or filled teeth in three year olds in Reading were all significantly worse than England. In 2008/9 the proportion of twelve year olds free from dental decay and the average number of decayed, missing or filled teeth among children in Reading were worse than the England level but not significantly so.

Table 1: Results of dental survey of 5 year-olds 2015

	Reading Local Authority	Statistical neighbour within South East (Milton Keynes Local Authority)	South East England	England
4.02 Proportion of five year old children free from dental decay	71.9%	78.3%	79.9%	75.2%
Proportion of five year old children with decay experience	28.1%	21.5%	20.0%	24.7%
Average number of decayed missing or filled teeth in five year olds	0.95	-	0.84	0.84
Average number of decayed	3.4	3.0	3.2	3.4

missing or filled teeth in those with decay experience				
Proportion with active decay	24.5%	18.6%	16.8%	21.5%
Proportion with experience of extraction	3.1%	2.1%	1.9%	2.5%
Proportion with dental abscess	1.7%	0.9%	0.8%	1.4%
Proportion with teeth decayed into pulp	2.3%	4.3%	2.4%	3.6%
Proportion with decay affecting incisors	7.5%	4.7%	3.6%	5.6%
Proportion with high levels of plaque present on upper front teeth	0.3%	0.6%	0.9%	1.7%

Source: Dental health of five-year-old children, PHE 2017

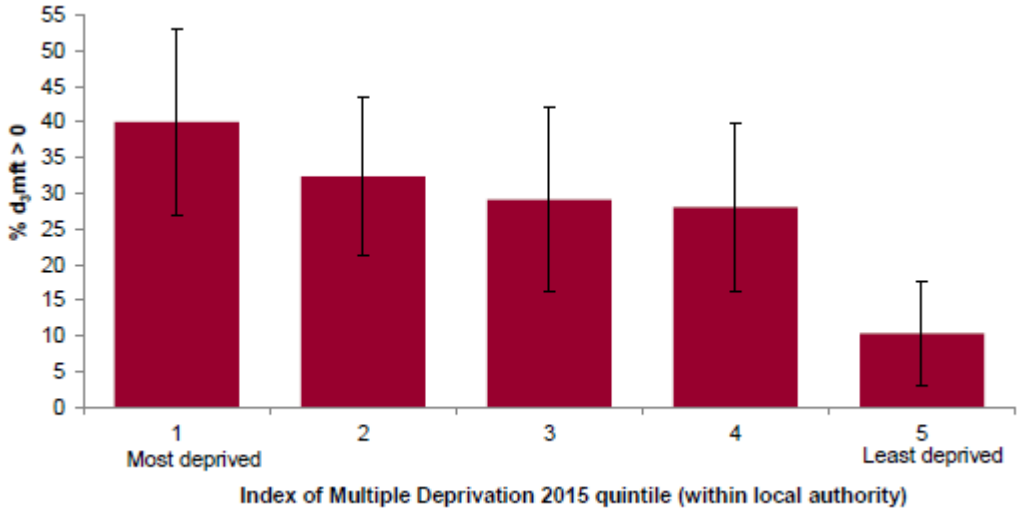
4.4 Other indicators of children's oral health for Reading, taken from previous surveys are shown in Table 2.

	Period	Reading Local Authority	South East England	England
Incisor caries prevalence in three year olds	**2012/13**	10.6%	3.1%	3.9%
Proportion of three year olds free from dental decay	**2012/13**	82.6%	91.6%	88.4%
Average number of decayed missing or filled teeth in three year olds	**2012/13**	0.74	0.27	0.36
Proportion of twelve year olds free from dental decay	**2008/9**	64.4%	66.4%	43.4%
Average number of decayed missing or filled teeth in twelve year olds	**2008/9**	0.82	0.74	1.61

Source: PHE Oral Health Profile, accessed December 2017

4.5 Figure 1 shows the percentage of decayed, missing or filled teeth by deprivation decile for Reading

Figure 1: Prevalence of decay by Index of Multiple Deprivation 2015 quintiles for Reading local authority (including 95% confidence limits shown as black bars).



Source: Dental health of five-year-old children, PHE 2017

It is important to consider deprivation when looking at oral health. It is apparent from Figure 1 that the south of Reading has more dental health problems than that of the north. Targeting of oral health promotion can be made towards the children that are at higher risk of dental caries.

4.6 In Reading the estimated number of hospitalisations for tooth extractions in 2015/16 is shown below:

Table 1: Estimated number of admissions for tooth extractions in 2015/16

Berkshire West CCG	Estimated number of admissions	Estimated crude rate per 100,000
South Reading locality	52	202
North and West Reading locality	30	154

This is an estimate as extractions are not carried out in the acute setting but through the community health trust. This means that the data is not available through Hospital Episode Statistics and hence it being necessary to work out an estimate using national level data.

Options Proposed

4.7 The National Institute for Clinical Excellence (NICE) has published a series of recommendations for local authorities on undertaking oral health needs assessments, developing a local strategy on oral health and delivering community-based interventions and activities. Reading's progress against these recommendations is summarised in the table below.

Recommendation	Reading position
1 Ensure oral health is a key health and wellbeing priority	In the Health and Wellbeing Strategy

	Priority for Children's Centres
2 Carry out an oral health needs assessment	An oral health needs assessment (NA) has been undertaken
3 Use a range of data sources to inform the oral health needs assessment	A range of data sources have been used to inform the NA
4 Develop an oral health strategy	It is recommended that Reading now develops an oral health strategy
5 Ensure public service environments promote oral health	**Promoted in Children's Centres** This would be part of the strategy
6 Include information and advice on oral health in all local health and wellbeing policies	Once strategy is developed this would be developed in tandem
7 Ensure frontline health and social care staff can give advice on the importance of oral health	**Information and advice already given in Children's Centres** With the development of the Integrated Wellbeing service this could be incorporated
8 Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health	**Oral Health promotion included in Children's Centres planning and activities** As in 7
9 Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health	It is recommended that training should be commissioned
10 Promote oral health in the workplace	It is recommended that oral health is promoted in the workplace
11 Commission tailored oral health promotion services for adults at high risk of poor oral health	This is recommended and will be discussed with the DACHS commissioner
12 Include oral health promotion in specifications for all early years services	**Included in 0-19 health contract** A review will be undertaken and oral health promotion can be included in all service specifications where appropriate
13 Ensure all early years services provide oral health information and advice	**Provided in all Children's Centre activities** As in 7
14 Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health	**Provided in all Children's Centre targeted groups and 1-1 work with families** As in 7

15 Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health	This will be considered within the oral health strategy
16 Consider fluoride varnish programmes for nurseries in areas where children are at high risk of poor oral health	As above
17 Raise awareness of the importance of oral health, as part of a 'whole-school' approach in all primary schools	As above
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	As above
19 Consider supervised tooth brushing schemes for primary schools in areas where children are at high risk of poor oral health	As above
20 Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health	As above
21 Promote a 'whole school' approach to oral health in all secondary schools	As above

4.8 Reading already has a good foundation for the development of an oral health strategy, starting with its Health and Wellbeing Strategy and then significantly enhanced by the Council's position statement on healthy weight.

The vision Reading has is to ensure children and adults in Reading to have the opportunity to achieve and maintain a healthy weight throughout their lives, by supporting them to make healthy diet choices and choose a physically active lifestyle.

The objectives of this document are to:

- provide a framework for the co-ordination of our work to tackle obesity.

- enlist the support and commitment of the whole Council and partners in the public, private and voluntary sectors to help people in Reading to:
  - recognise the importance of a healthy weight and be able to identify what a healthy weight is.
  - have access to accurate, relevant information and support to help them to achieve and maintain a healthy weight across the life course.
  - be physically active in every-day life and choose active travel as a safe, attractive and convenient option.
  - access acceptable, enjoyable, healthy food for themselves and their families both inside and outside the home.

4.9 Health Education England (HEE) and PHE have launched a suite of resources aimed at supporting the health care and wider workforce to "Make Every Contact Count". These resources include training on influencing behaviour change and initiating difficult conversations about health and wellbeing, as well as targeted training for Health Visitors and School Nurses given their unique position. Reading Borough Council is working with partners on the rollout of a local Make Every Contact Count (MECC) programme to help take healthy lifestyle messages and support to a wider audience, which will include support to protect children's oral health.

4.10 The logical next step is for Reading Borough Council to take the lead on developing a partnership strategy for oral health. This would address:

- incorporating the importance of oral health into all relevant policies and service specifications;
- developing training for frontline staff that emphasises the importance of oral health and enables them to give appropriate advice;
- promoting good oral health in the workplace;
- deciding on priorities for schools and how services might be most effectively targeted to those that need them the most.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The first priority set out in Reading's Health and Wellbeing Strategy 2017-20 is supporting people to make healthy lifestyle choices - with a focus on tooth decay alongside obesity, physical activity and smoking

5.2 Many of the risk factors for oral health – diet, oral hygiene, smoking, alcohol, stress and trauma – 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 (taking a 'common risk factor approach') will improve general health as well as oral health

5.3 The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. These would be included in the proposed oral health strategy.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

6.2 The development of an oral health strategy for Reading will involve consultation with partners and members of the public to agree local priorities and approaches, building on the public consultation feedback which led to oral health being adopted as one of the 2017-20 Health and Wellbeing Strategy goals, within the 'healthy lifestyles' priority.

7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 An Equality Impact Assessment (EIA) will be prepared as part of the process of developing an oral health strategy and presented to this Board to inform its decision on whether to adopt the strategy.

8. LEGAL IMPLICATIONS

8.1 There are no direct legal implications arising from this report.

9. FINANCIAL IMPLICATIONS

9.1 The costs of developing an oral health strategy will be met from existing resources. The strategy will set out the financial implications of implementation which will be presented to this Board for consideration.

10. BACKGROUND PAPERS

Reading Health and Wellbeing Strategy 2017-20

Public Health England. Local authorities improving oral health: commissioning better oral health for children and young people. An evidence-informed toolkit for local authorities. 2014; Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf

Health Matters: Child dental health Posted by:Sandra White, Posted on:14 June 2017 - Categories:Health Matters https://publichealthmatters.blog.gov.uk/2017/06/14/health-matters-child-dental-health