From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee - 13 March 2019

Subject: **Oral Health**

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

This report gives an overview of the oral health status of the population of Kent and information about action being taken to improve it.

Poor oral health in the population impacts upon individuals at many levels: socially, emotionally, financially, physically and is associated with poor dietary behaviours and nutrition, mental health outcomes, low self-esteem, social isolation, emergency hospital admissions amongst children and infections.

In Kent, children have better oral health at 5 years old than experienced by the population as a whole, with 16.3% estimated to have one or more missing decayed or filled teeth, compared to 23.3% across England. However, there is significant variation across the Districts of Kent. KCC promotes oral health to Children and Young People through consistent messaging across the partnership and is trialling linking Dentists to Children's Centres.

The available data for the oral health status of adults suggests that those living in Kent have better oral health than the population as a whole, however, it is known that those living in more deprived areas will have worse oral health. The oral health status of adults is changing as the population ages, and more complex dental work has been completed through the life course. KCC is developing a programme of work to promote oral health in those populations most at risk of poor outcomes.

Recommendation:
The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the profile of oral health in Kent and **ENDORSE** the approach being taken by the County Council's Public Health Team. A paper providing a further analysis of the dental health of Thanet children will come back to the committee in due course.

1. Introduction

1.1. Poor oral health in the population impacts upon individuals at many levels: socially, emotionally, financially, physically and is associated with poor dietary behaviours and nutrition, mental health outcomes, low self-esteem, social isolation, emergency hospital admissions amongst children and infections. More deprived areas have greater disease burdens and treatment needs.

1.2. Oral diseases share common risk factors with other diseases such as Obesity, Cardiac disease and Diabetes. Most oral disease is preventable; the main risk factors include high sugar intake and poor oral hygiene, alongside other poor lifestyle factors. Deprived areas are likely to experience more adverse lifestyle outcomes than others and utilise more dental resources with greater financial impact to the services.

1.3. Dental services are commissioned by NHS England, however Local Authorities (LA) have a responsibility for oral health promotion and preventing escalation in oral health needs. They also have a responsibility to undertake an oral health survey of 5-year olds on a biennial basis.

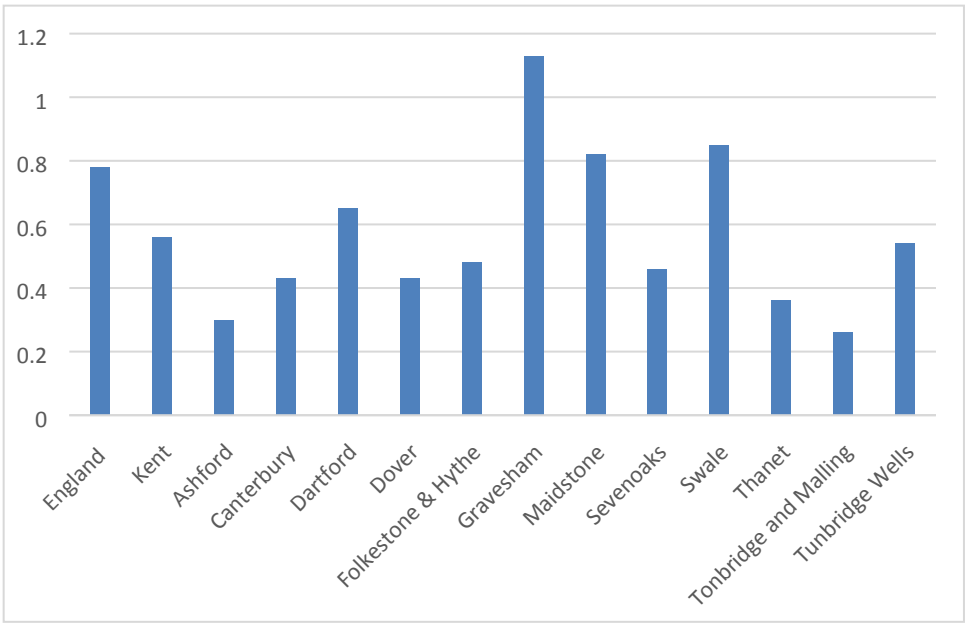
1.4. The methodology of dental health surveillance is nationally prescribed by Public Health England and uses a school-based sampling methodology which requires parental consent and physical examination. The minimum sample size is 250 examined children is required per lower-tier local authority, from a minimum of 20 mainstream schools. The next survey has commenced and is for the academic year 2018 to 2019.

1.5. A number of measures of oral health are used to assess local oral health profiles and this includes the proportion of five-year-old children free from dental decay and the number mean number of decayed, missing, or filled teeth in five-year-olds.

2. Oral Health in Kent -Children and Young People

2.1. Despite improvements in children's oral health over the past few decades, a significant proportion of children still experience tooth decay. In 2017, 23.3% of five-year-olds in England were found to have one or more missing decayed or filled teeth, compared to 16.3% in Kent, the same as found in the South East Region.[1] As figure 1 shows there is significant variation across the county with Gravesham having much higher rates compared with Tonbridge and Malling and Ashford. Gravesham has the third highest rate of any lower tier local authority in the South East.

Figure 1: mean Five-year-olds with one of more missing, decayed or filled teeth by Kent lower tier Local Authority



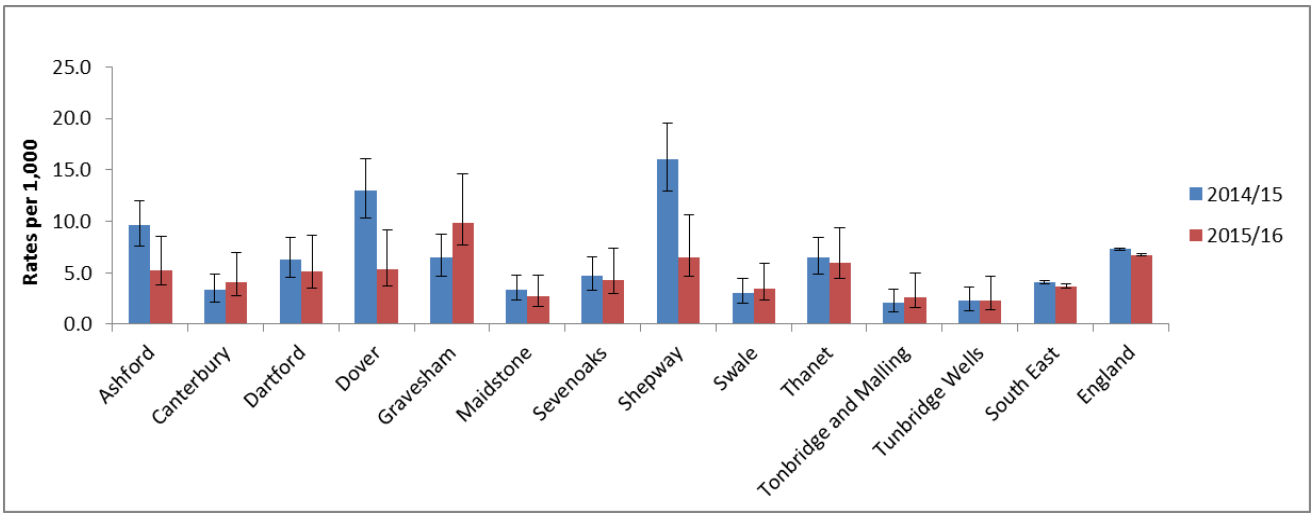
Source: PHE 2017

[1] PHE. (2019). *Oral health survey of 5-year-old children 2017*. Available at: https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2017. [Accessed 20.02.19].

2.2. Interestingly; Thanet shows on all measures to have relatively good dental health in five-year-olds, however this requires much further investigation, as we know there is a high correlation between deprivation and poor oral health. Whilst NHS dental access is relatively good in Thanet, and levels of varnishing are relatively high, this doesn't explain the relative good dental health in relation to the high deprivation of Thanet

2.3. Nationally, 20% of 5-year-olds nationwide experienced obvious untreated dentinally decayed teeth. The figure in Kent was lower at 12.8% of 5-year olds; despite being less than the national average, some areas in the County was much greater. Geographical variation ranged from 5.5% in Ashford to 24.1% in Gravesham.[1] Decay left untreated can consequently result in pain and discomfort on chewing, so impacting children's growth and development. In addition, stress and income loss of the family and school from work and pupil absence affects not just the child but the whole community. This level of disease is often managed as extractions under general anaesthesia (GA). The most common age group experiencing these extractions are 5-9-year olds, with the highest GA access rates in the county due to caries in Dartford (0.8%), Gravesham (0.8%) and Ashford (0.8%), which are equal to the national average (0.8%).[2]

Figure 2: Profile of General Anaesthesia extraction rate in 5 to 9-year-olds with Kent Local Authorities between 2014/15 to 2015/16.



Source: (Kent OHNA 2016 & PHE 2016)

2.4. Key preventative activities include reducing the consumption of food and drinks that contain sugar, brushing teeth daily with a fluoride toothpaste and taking a child to the dentist when the first tooth erupts and then on a regular basis.

2.5. One evidence-based intervention to prevent poor oral health is the application of fluoride varnish. From age 3, children should be offered varnishing treatment at least twice a year. In Kent, 37% of all clinical treatment given to 0-16 year olds was for fluoride varnishing. This ranged from 26.8% in Tunbridge Wells to 51.3% in Thanet.[3]

2.6. Local Authority support in increasing access to dental services and promoting oral health within existing social & health services (Children Centres, GPs, Pharmacies), can reduce dental decay risk factors. KCC is undertaking a range of activities with partners which is outlined below.

[2] Public Health England (2017). *National Dental Epidemiology Programme of 5 year old children*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/708157/NDEP_for_England_oral_health_survey_5yr_2017_report.pdf [Accessed on 21/11/18].

[3] NHS Business Authority (2018). Kent Fluoride Varnishing Statistics – Requested Data.

2.7. Health Promotion: KCC and partners promote the Change4Life oral health and other nationally supported campaigns. These have included the Change4Life sugar and oral health campaigns. Key messaging has been delivered through the Children's Centres and other partners. PHE have also developed teaching resources for Key Stage 1 and 2, using the Tilly the tooth character. This has been promoted to Kent schools and the School Public Health Service. A Dentist on placement with KCC public health has worked with children's centres to identify their training needs to enable them to feel more confident to deliver oral health promotion messaging. Using this information, a training session has been devised which is being piloted in Dover and Folkestone and Hythe with a view to rolling it out to the whole County. This pilot has also included engaging with local dentists to host an open morning for children to receive oral health promotion and to make links with their local dentist.

2.8. Access to dentistry: The British Society of Paediatric Dentists (BSPD)'s Dental Check by 1 campaign promotes dental attendance by the age of one. Posters promoting the campaign are in local children's centres and Health Visitors promote accessing the dentist at each mandated contact. It is planned to further embed this campaign in Kent, through further promotion and to provide a consistent suite of oral health promotion materials using the soon to be published PHE documentation. This campaign included the signing up of Dental Practices who would be happy to receive referrals from health visitors, 45 practices in Kent signed up. Promotional materials will be available shortly to increase awareness in the population about who is entitled to free NHS dental care to increase uptake.

2.9. Fluoride varnishing: Further work will be undertaken to identify areas with lower rates of fluoride varnishing to increase uptake in the community.

2.10. Surveillance: KCC has commissioned KCHFT to undertake the national 5-year old oral health survey in Kent schools to give an up to date picture of oral health in Kent and to feed in to the national picture.

3. Oral Health in Kent - Adults

3.1. Despite population improvements in oral health over the past few decades, not all have benefited. There is insufficient up to date data regarding oral health status and dental access in the Kent adult population, however, data is available for the South East or Kent, Surrey and Sussex. Compared to the national average, the South East population has generally better oral health: 28% of adults in England have untreated tooth decay, compared to 20% in the South East; 45% have moderate gum disease nationally compared to 49% in South East; 15% of adults nationally have moderate tooth wear compared to 10% in South East.[4] With an ageing population, people are living longer, retaining more natural teeth, and have complex restorations (crowns, bridges, dentures, implants).

3.2. Attendance for urgent care to relieve symptomatic oral disease indicates poor adult oral health: if you see a dentist regularly for check-ups you will not attend as often as an emergency. Compared to the national average of 14%, 13% of Kent adults have an urgent dental condition requiring care. Approximately 20% of Kentish adults presenting for urgent care have more extreme signs of oral disease of facial swelling & infection, measured by PUFA index (gross decay, ulceration, abscess & fistula), especially among those in low socioeconomic associated occupations.[5] The most deprived quarter of Kent, Surrey and Sussex's population saw the dentist for Urgent matters and complex restorative treatment (Band 3 treatment) more than for routine check-ups (Band 1 treatment).[6] This emphasises that those from low socioeconomic

[4] Health and Social Care Information Centre / NHS Digital. (2011). *Adult Dental Health Survey 2009, Theme 1: Oral Health and Function*. Available at: https://files.digital.nhs.uk/publicationimport/pub01xxx/pub01086/adul-dent-heal-surv-summ-them-the1-2009-rep3.pdf (Accessed on 21/11/18).
[5] KCC Public Health (unpublished, 2016) Oral Health Needs Assessment for Kent.
[6] PHE (unpublished, 2018) Kent Surrey and Sussex Oral Health Needs Assessment 2018.

backgrounds carry a greater burden of disease and have a greater treatment need than those from higher socioeconomic backgrounds. Those at greater risk of poor oral health, with low uptake of dental services and high treatment needs are the vulnerable population (including the homeless and the dependent in social care). Those attending regularly for check-ups tend to have fewer treatment needs and hence have a lower cost impact to the services.

3.3. Only half the adult population meets an NHS dentist. Compared to the national average of 50.7%, under half of the adult Kent population (40.3%) visited the dentist in the past 2 years.[7] This is significantly less than the national average and is likely due to patient barriers accessing dental services and insufficient dental service distribution and provision. There is variation in age groups accessing dental services: younger adults have a higher access rate than their older counterparts (53% of 18-24-year olds compared to 39% of 75+ years). An exception is shown in Canterbury for 18-24 years which is the lowest access rate in Kent, possibly due to health behaviour pattern of the university population. The East-West Kent divide is shown through a lower access rate of NHS dental services in Sevenoaks of 36.7 compared to Shepway of 50.9.[6] East Kent generally has a higher treatment need compared to West Kent, and West Kent has more accessible dental services and greater capability in accessing services, including private dental services.

3.4 The adults most at risk of developing oral health problems are:

- Adults requiring assisted living who have dementia and or cataracts
- Adults with non-communicable disease such as diabetes, coronary heart disease, cerebrovascular disease have poor oral health
- Adults who have had pneumonia particularly those who have ventilator acquired pneumonia have inadequate mouth care leading to poor oral health.
- Homeless individuals/families

3.5 To increase access to dentists KCC have commissioned KCHFT community dental services to provide some of the oral health promotion activity. This will advise and promote clear unambiguous information about who is eligible for free dental treatment. This is being shared on exemption z cards currently through winter shelters and in food banks. Information on exemption will be made available to disseminate more widely in poster formats for a range of venues to promote oral health across the wider system.

3.6 KCC intend to work with community pharmacies to explore extension of information on eligibility to free dental treatment with exemption to treatment cards being provided with dispended prescriptions.

3.7 KCC has engaged with a local dental committee representative which has enabled promotion of the free PHE resources on oral health for dental practices via the local dentist committee website. These resources are interactive and informative engaging with different age groups.

3.8 Public health is in the early stages of liaising with adult social care to enable, promote and support oral health assessment in practice and oral health promotion with the most vulnerable adults. It is intended that this will include accessible workforce development, available print and visual resources.

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[7] NHS Digital (2018). Dental Activity in Local Authorities. Available at: https://app.powerbi.com/view?r=eyJrIjoiYTRlMzJiYTEtMTgwMi00ZTdiLTgzMWUtZGM5Y2NmMTI5MGE4IiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9 (Accessed on 21/11/18).

3.9 KCC will proactively engage with secondary care providers and primary care to explore opportunities for and ways of promoting oral health.

4. Next Steps

4.1. KCC Public Health will continue to deliver the initiatives outlined above and evaluate their impact. We are continuing to develop a whole systems approach to oral health, with the aim of preventing poor oral health in the most vulnerable groups.

5. Recommendation

5.1. The Health and Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the profile of oral health in Kent and **ENDORSE** the approach being taken by the KCC Public Health Team. A paper providing a further analysis of the dental health of Thanet children will come back to the committee in due course

Background documents: none

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