REPORT TO:	Health & Wellbeing Board
DATE:	12th March 2014
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Dental Health in Halton
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board of the progress made in dental public health

2.0 **RECOMMENDATION: That the Board**

1. recognises oral health improvement since 2006; and

2. agrees the dental prevention programme continues.

3.0 **SUPPORTING INFORMATION**

3.1 Dental decay is a preventable disease yet 40% of children in the UK have the condition. Childhood decay rates in the Northwest are the highest in England and historically Halton has always reported highr dental decay rates than the Northwest average.

3.2 This report considers:

1. The dental health of the child population over a 6 year period from 2006-2012 and sets out the impact that local dental preventive measures have had on the dental health of the child population

2. The current position with regard to NHS dental access both for regular and irregularly attending patients in Halton.

3.3 In 2006, child dental health in Halton was poor. In England at that time, 38% of children aged 5 years had experienced tooth decay, the figure in Halton was 51%, with each Halton 5-year-old having, on average 2.01 decayed, missing or filled teeth. There were only 4 Halton electoral wards in which the proportion of 5-year-olds with active tooth decay was lower than the national average (Birchwood, Birchfield, Daresbury, Farnworth). The position was similar amongst the 12-year-old population.

3.4 Against this background in 2008, Halton and St Helens PCT introduced a dental commissioning strategy that aimed to:

- Reduce childhood population prevalence of dental disease
- Reduce inequalities in dental caries prevalence

3.5 A key element of the dental strategy was a programme that distributed fluoride toothpaste (1450 ppm) and a tooth brush, twice yearly, to every child aged 3-11 years, living within the PCT boundary. It was anticipated that the twice yearly distribution would take place for 4 years. Fluoride toothpaste is effective at reducing the prevalence of tooth decay and this initiative was expected to have a significant impact on the dental health of local children.

3.6 Dental epidemiological data allow us to monitor the changes in the dental health amongst Halton 5-year-olds in the period 2006 and 2012 and there have been substantial improvements. In 2006 the average 5-year-old in Halton had 2.01 teeth affected by dental decay and 51% of children were affected. By 2012, decay levels had fallen by 46% to 1.09, with 33.6% of children affected. During the same period there have been improvements nationally in levels of child dental health but these improvements are not as great as those found in Halton.

3.7 It is possible to examine the changes in dental health between 2006 and 2012 at electoral ward level in Halton and these are set out below.

Electoral Ward	%age of 5-year-olds with active decay 2005	%age of 5-year-olds with active decay 2012	Change in %age of 5-year-olds with active decay
Appleton	54.0	40.0	14
Beechwood	36.0	13.0	23
Birchfield	29.0	12.8	16.2
Broadheath	63.0	37.1	25.9
Halton Castle			
Daresbury	26.0	12.8	13.2
Ditton	37.0	38.5	-1.5
Farnworth	32.0	20.5	11.5
Grange	49.0	35.7	11.3
Hale	50.0	NSD	
Halton Brook	48.0	28.0	20
Halton Lea	56.0	45.7	10.3
Halton View	50.0	24.4	25.6
Heath	37.0	30.4	6.6
Hough Green	46.0	34.2	11.8
Kingsway	63.0	40.0	23
Mersey	39.0	32.3	6.7
Norton North	48.0	33.3	14.7

Norton South	61.0	34.7	26.3
Riverside	52.0	36.8	15.2
Windmill Hill	69.0	NSD	

3.9 Over a six year period, the dental health of children in Halton has been transformed. The responsibility for commissioning oral health promotion in Halton now rests with Public Health.

3.10 Access to NHS dental care has been a major priority both nationally and locally. Whilst only 50%-60% of the adult population of England attend a dentist on a regular basis, changes to the primary dental contract in 2006 put pressure on the NHS primary dental care service, with many of those wishing to secure access to an NHS dentist being unable to do so. Central government recognising the problem provided additional funding for PCTs to expand their dental services. Halton and St Helens PCT, as part of its dental commissioning strategy, expanded the number of NHS dentists working locally by the equivalent of 11 whole time equivalents between 2006 and 2012. In Halton, currently there are 14 'High Street' NHS dental practices (7 Runcorn, 7 Widnes. In Autumn 2012, at any one time 70% of Halton dentists were accepting new NHS patients. This suggests that NHS dental access was good and in addition, patients were in a position to choose where they attended for dental care. Following the NHS reorganisation in 2013, the facility to monitor NHS dental access levels was lost, however NHE England Mersey suggest that currently there does not appear to be an access problem in Halton.

3.11 At the same time that the PCT expanded its access to routine dental care, it also redesigned the provision of the emergency 'in hours' dental service which further improved dental access. As a consequence of this latter redesign, those patients who do not wish to avail themselves of regular dental care also have a choice of dentists who, every day, are prepared to offer an urgent care appointment.

3.12 Emergency 'out of hours' dental care is provided by Bridgewater Community NHS Trust. Rotas of dentists provide a service that complies with national standards. Currently 13 of the 14 'High Street' practices are accessible to wheelchair bound patients.

4.0 POLICY IMPLICATIONS

4.1 LA now has responsibility for planning and evaluating oral health promotion [National Health Service, England Social Care Fund, England Public Health, England. The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012. SI 3094]

5.0 FINANCIAL IMPLICATIONS

5.1 Cost of toothpaste distribution which is in the Public Health budget.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Average level of decay experience in 5-year-olds is a LA PHOF indicator

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

Dental health is a prerequisite to general good health.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 The Local Authority is maintaining support for an evidence based public health preventive intervention which has been associated with reduced decay levels in the child population. Fluoride toothpaste is a safe and effective way to prevent dental decay. The risks of associated with this programme are purely financial. Because the programme involves the posting of toothpaste and a toothbrush to individual households, the Local Authority retains total control of the spend.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

There are none within the meaning of the Act.