

REPORT TO: Executive Board

DATE: 2 April 2009

REPORTING OFFICER: Strategic Director, Children and Young People

SUBJECT: Children's Oral Health in Halton

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

- 1.1 To receive the report on Children's Oral Health in Halton recently endorsed by both the Children and Young People, and Healthy Halton Policy and Performance Boards, and support its recommendations

2.0 RECOMMENDATION: That

- (1) Executive Board be requested to approve the recommendations contained in 2.1 to 2.3 below**
- (2) Halton and St Helen's PCT should, subject to parental consent and outcomes of the 'Lancashire Trial', support the administering of fluoride varnish to children, to take place in school settings;**
- (3) Halton and St Helen's PCT should take steps to support the take up of dental services by vulnerable young people who may not have regular access to dental services or be registered with a dentist; and**
- (4) The Children and Young People's Policy and Performance Board should keep under review the implementation of the Oral Health Strategy.**

3.0 SUPPORTING INFORMATION

- 3.1 On the 27th November 2007 the Children and Young People's Policy and Performance Board agreed that children and young people's oral health should provide the focus for scrutiny during 2008. The Council's Annual Performance Assessment of services for children and young people Halton reported that "The local authority's performance on oral health is weaker than national and remains an area of development". It recommended that the local authority should "accelerate plans to improve oral health".

3.2 The Oral Health Scrutiny Group was a joint scrutiny topic comprising the following Members from both the Healthy Halton and Children and Young People's Policy Performance Boards: Cllr M Dennett, Cllr P Wallace, Cllr R Gilligan, Cllr E Cargill, Cllr M Lloyd-Jones and Cllr M Horabin.

3.3 It was agreed that the Scrutiny Group would:

Receive and consider evidence presented on the state of children's oral health in the Borough;
Consider the information in relation to statistical neighbours and national and regional benchmarks; and
Consider future strategies for securing improvement

3.4 The Scrutiny Group met on a few occasions and considered evidence presented by Dr K Milsom, Consultant in Dental Public Health, regarding the state of dental health experienced by children and young people in the Borough. Members interrogated the evidence presented. Detailed below is a summary of the Group's findings.

3.5 Dental health in Halton is poor. Using data from epidemiological studies of child dental health we know that in 16 of the 21 electoral wards that comprise Halton Local Authority, dental health of 5-year-olds is worse than the national average. In England, 34% of children aged 5 years have experienced tooth decay, the figure in Halton is 51%, with each Halton 5-year-old having, on average 2 decayed, missing or filled teeth. There are only 4 Halton electoral wards in which the proportion of 5-year-olds with tooth decay is lower than the national average (Beechwood, Birchfield, Daresbury, Farnworth). The position is similar amongst the 12-year-old population. (Appendix 1)

3.6 Detailed dental health data on the adult population is not readily available. However, the decennial adult dental health surveys repeatedly confirm that the Northwest has the worst dental health in England.

3.7 Against this background Halton and St Helens PCT have developed a dental commissioning strategy that aims to:

Reduce population prevalence of dental disease;
Reduce inequalities in dental caries prevalence;
Ensure that access to NHS services for urgent, out of hours and elective care is available for all; and
Ensure evidence based services according to need

3.8 The dental commissioning strategy was accepted by the PCT Board in March 2008 and funding was provided to ensure that key dental health

objectives identified within the strategy were addressed. In 2008-9 The PCT elected to focus on the priority issues:

1. Improving child dental health and reducing dental health inequality
2. Improving access to primary dental care

3.9 Improving child dental health and reducing dental health inequality

- 3.9.1 The Department of Health document *Delivering better Oral health: An evidence-based toolkit for prevention* has identified a number of evidence based interventions that, if implemented, will prevent dental decay in the child population. Of significant importance is the use of fluoride varnish. There is robust evidence to indicate that if fluoride varnish is painted twice/three times per year onto the biting surfaces of teeth, a reduction of 30%-40% in prevalence of tooth decay can be achieved.
- 3.9.2 In 2008, Halton and St Helens PCT are purchasing fluoride varnish for dentists to use in their surgeries and dentists are being asked to apply the varnish three times a year to all children aged 3-17 years. Given that approximately 70% of children attend a dentist on a regular basis, there is an expectation that this primary care based intervention will have a major impact on child dental health.
- 3.9.3 However, thirty per cent of children in Halton do not attend a dentist regularly. Often these children come from communities that have the poorest dental health.
- 3.9.4 Clearly dental practice based initiatives are unable to reach these children and other strategies have to be considered. One possibility is to take the fluoride varnish into the school setting. By applying the fluoride varnish to the teeth of children in schools, the most disadvantaged children in our community will have the opportunity to benefit. The evidence base for this school based intervention is not strong, although a large randomised controlled trial currently ongoing in Lancashire is likely to provide definitive evidence of effectiveness (or otherwise). The results of this study will be known in spring 2009. Health authorities in Scotland have already begun to roll out school based fluoride varnish schemes. Should the research evidence prove school based fluoride varnish to be effective in the school setting, then implementing such programmes would be a priority for Halton and St Helens PCT.
- 3.9.5 In addition to stimulating the use of fluoride varnish, Halton and St Helens PCT is preparing to distribute fluoride toothpaste (1450 ppm) and a tooth brush to every child aged 3-11 years, living within the PCT boundary. It is anticipated that twice yearly distribution will take place

for the next 3 years. Fluoride toothpaste is effective at reducing the prevalence of tooth decay and this initiative, in conjunction the fluoride varnish programme, is expected to have a significant impact on the dental health of local children.

3.10 Improving access to primary dental care

3.10.1 Access to NHS dental care is a major priority both nationally and locally. Whilst only 50%-60% of the population of England attend a dentist on a regular basis, changes to the dental contract in 2006 have 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 recognises the problem and has provided additional funding for PCTs to expand their dental services. Halton and St Helens PCT, as part of its dental commissioning strategy, has well developed plans to increase the number of dentists working locally. These developments have a necessary lead in time, (extra surgeries have to be built and equipped, dentists have to be recruited etc), but the PCT is confident that in 2009, the equivalent of 6 new dentists will be available locally to provide NHS dental care.

3.10.2 The PCT is also currently reviewing the role of the 2 Dental Access Centres (DACs) one in Halton and one in St Helens. The DACs offer an NHS dental service to those that do not wish to seek long term care with a 'High Street' dentist. The service includes relief of pain, dental extractions and simple fillings.

3.10.3 In 2008, the PCT commissioned a piece of work that confirmed that the DACs were seeing and treating disadvantaged groups. Building on this review, a more detailed review of activity has been commissioned, the results of which are expected to pave the way for service developments within the 2 DACs. Whilst it is premature to guess at what the review's outcome will be, there is an expectation that the review will lead to enhanced NHS dental services for the disadvantaged in our community. (On this point it is worth noting, that in another scrutiny topic, focussing upon access to services by homeless young people in the Borough access to dentists has emerged as a recurring theme).

3.11 Halton and St Helens PCT's dental commissioning strategy is the driving force for the improvements in dental health that are needed locally. In its first year, key objectives contained within the strategy have been addressed and monitoring systems are in place to ensure that the expected progress is delivered. The outcomes of interest-improved dental health, reduced dental health inequality and improved access to NHS care are difficult to achieve, yet the PCT is confident that by building its dental commissioning strategy on evidence based intervention, improvements are possible. The strategy is now almost

one year old and will be reviewed over the next 3 months. The review will reflect upon what has been achieved, and what more is required in order to sustain the forward momentum.

4.0 POLICY IMPLICATIONS

4.1 None. The Oral Health Strategy has been approved by Halton and St Helen's PCT. The recommendations contained in this scrutiny report would support the implementation of that Strategy.

5.0 OTHER IMPLICATIONS

5.1 Parental consent would need to be secured to enable the administering of fluoride varnish to pupils in school settings.

5.2 The recommendations contained in this report should inform the future dental commissioning strategy of the PCT.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

Securing good dental health of **all** of the children and young people in Halton would be a positive step in reducing the health inequalities in the Borough.

6.2 Employment, Learning and Skills in Halton

None

6.3 A Healthy Halton

Reducing poor dental health of all members of the community is a priority contained within the Dental Health Commissioning Strategy for Halton and St Helen's PCT.

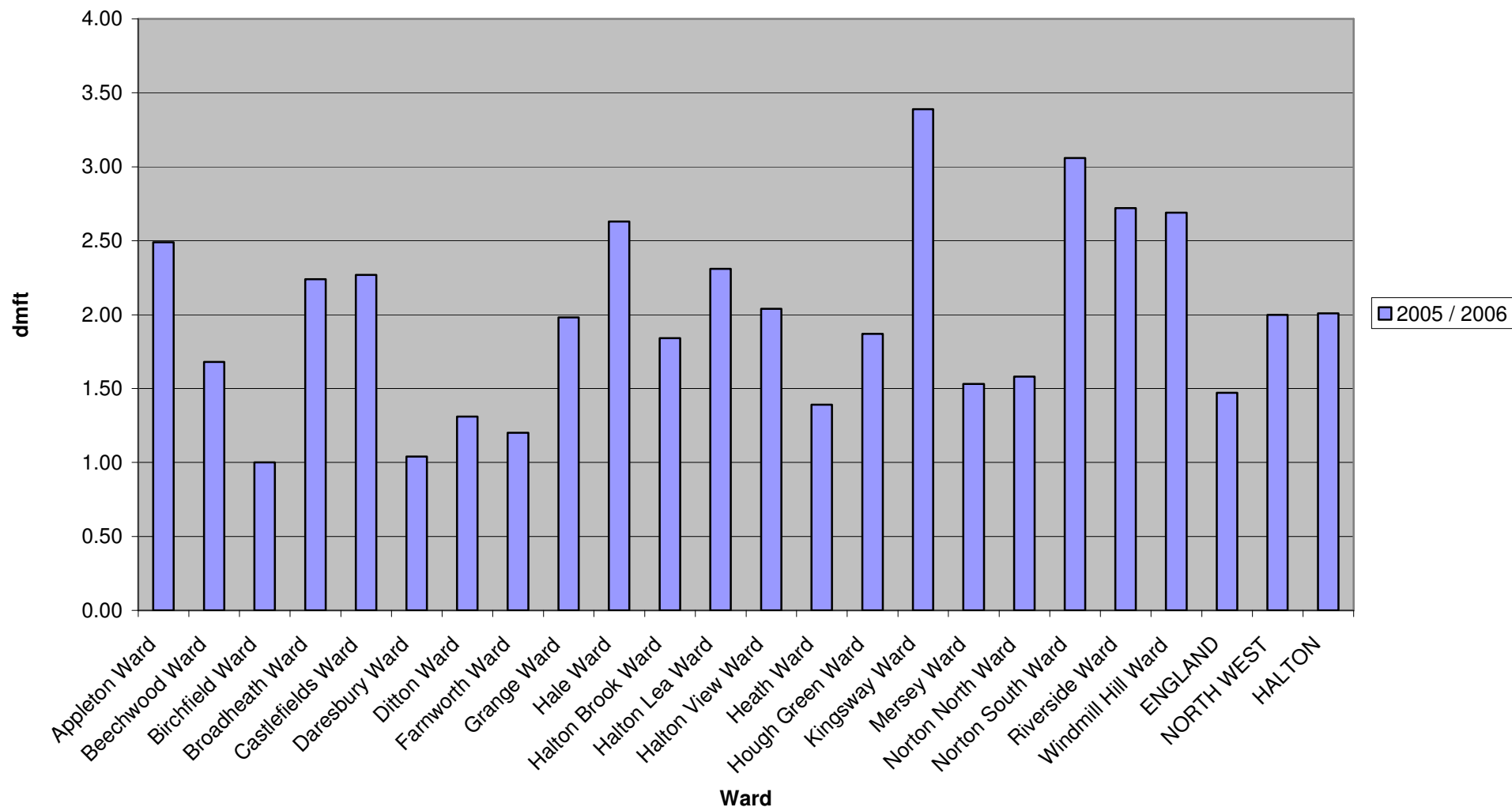
6.4 A Safer Halton

None

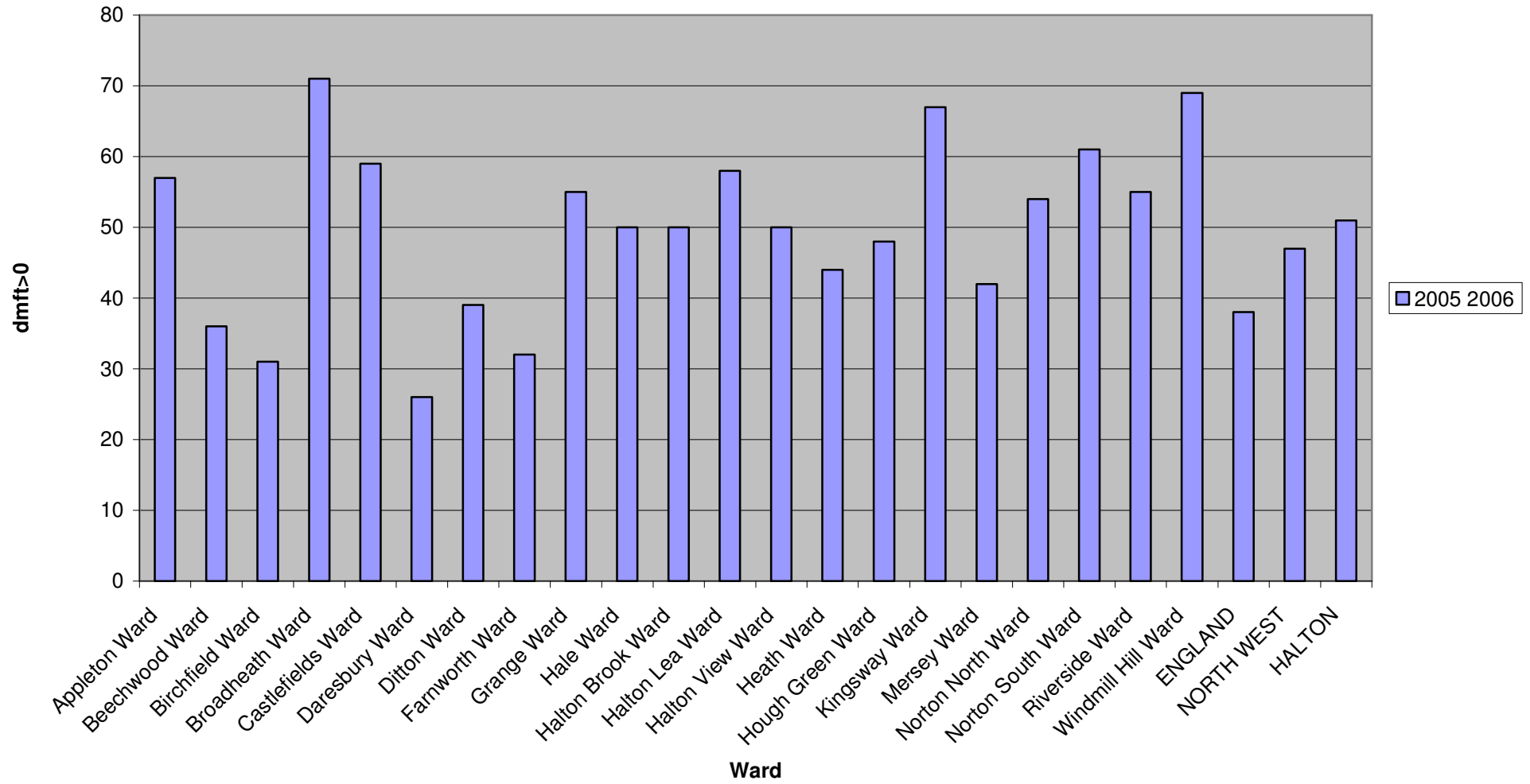
6.5 Halton's Urban Renewal

None

5yr old BASCD survey 2005 / 2006
Mean decay experience (dmft) in Halton by electoral ward



5 year old BASCD survey 2005 / 2006
Proportion of children with decay experience (% dmft>0) in Halton by electoral ward



5yr old BASCD survey 2005 / 2006
Proportion of children with active decay (% dt>0) in Halton by electoral ward

