

Paper on the Oral Health of Children for the HWBB

1 Introduction

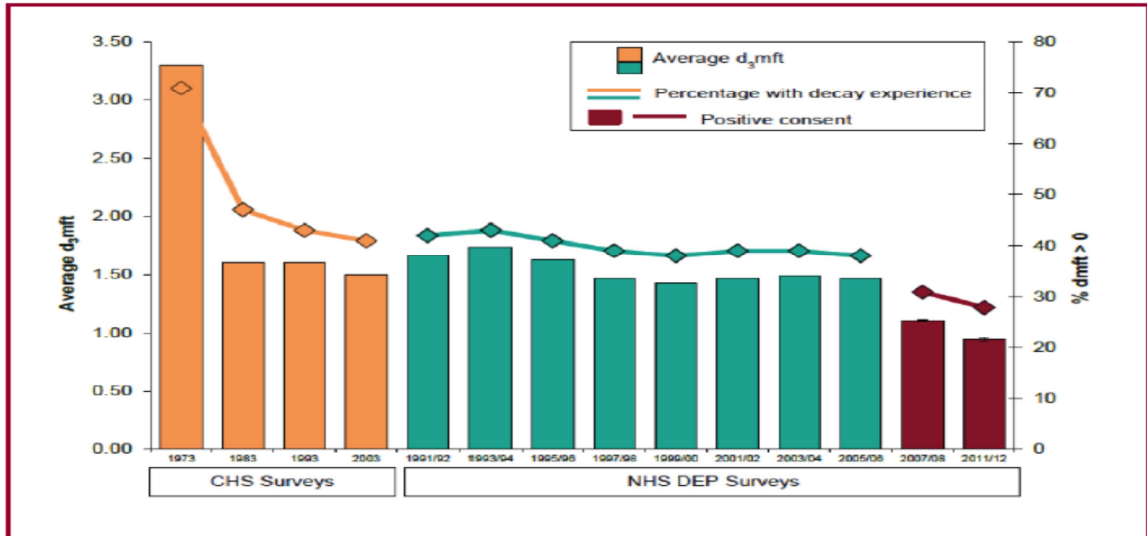
- 1.1 This briefing paper gives an overview of the oral health of children in Tower Hamlets. It provides a background and basis for the targets in the Health and Wellbeing Strategy.
- 1.2 The latest figures on oral health and dental service uptake were derived from the national survey of 5 year old children carried out in 2012 and access figures for 2013 published by the Health and Social Care Information Centre.
- 1.3 Local Authorities have new statutory responsibilities (The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations, Part 4) specifically relating to oral health improvement.
- 1.4 The responsibilities include assessing the oral health needs of their population, developing oral health strategies, commissioning appropriate population-based oral health improvement programmes to meet those needs and commissioning oral health surveys as part of the national dental epidemiology programme or other local surveys.
- 1.5 Local Authorities are also responsible for delivering the PH Outcomes Framework Indicator 4.2 '*Tooth decay in children aged 5*'. The national dental epidemiology programme will provide the data for monitoring this indicator.
- 1.6 All clinical dental services for Tower Hamlets are commissioned by NHS England.

2. National picture

- 2.1 Nationally, there have been significant improvements of the oral health of children over the past 30 years. The latest survey shows reducing levels of dental disease with the exception of London (Figure 1).
- 2.2 National averages mask significant inequalities with the most deprived LAs having the highest decay levels
- 2.2 Improvements are thought to be due to increasing use of fluoride products, dental public health programmes and a focus on prevention in general practice

Figure 1. Oral health of 5 year old children in England 1973- 2012

Results of caries surveys of five-year-olds in England from National Child Health Surveys and NHS Dental Epidemiology Programme surveys, 1973 to 2012

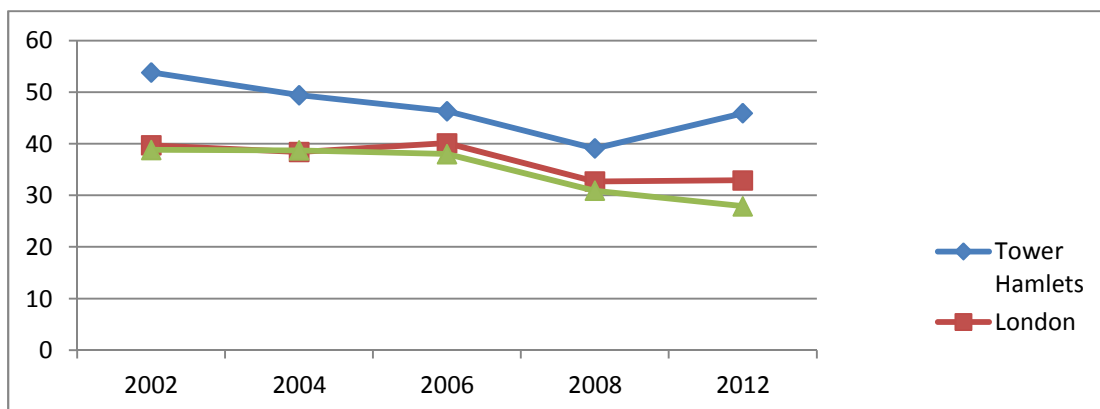


dmft: average number of teeth either decayed, missing (removed due to decay) or filled

3. Dental decay in Tower Hamlets

3.1 In Tower Hamlets 45.9% of 5 year old children have experienced tooth decay compared to 32.9% for London and 27.9% for England. Compared to 2008 oral health has improved nationally but deteriorated in Tower Hamlets (Figure 2).

Figure 2. Proportion of 5 year old children with decay experience



3.2 The average number of teeth affected by decay has remained the same at 1.78 when compared to the 2008 survey. Therefore whilst the

prevalence of tooth decay has increased the severity has stayed the same.

3.3 Dental abscess is a marker of significant decay or neglect. In Tower Hamlets, 1.7% of children have abscesses, similar to the figure for England. This is less than the figure for London of 2.2%. Compared to 2008 with a figure of 3.6% in Tower Hamlets there was a significant reduction in the proportion of children with abscesses.

4. Dental Access

4.1 Figure 3 summarises the trends in dental access for children from 2006 to 2013. The proportion of children accessing dental services has increased from a baseline of 46.9% in 2006 when the current dental contact was introduced to the current figure of 53.4% (2013). This compares to 62.9% for London and 69.1% for England.

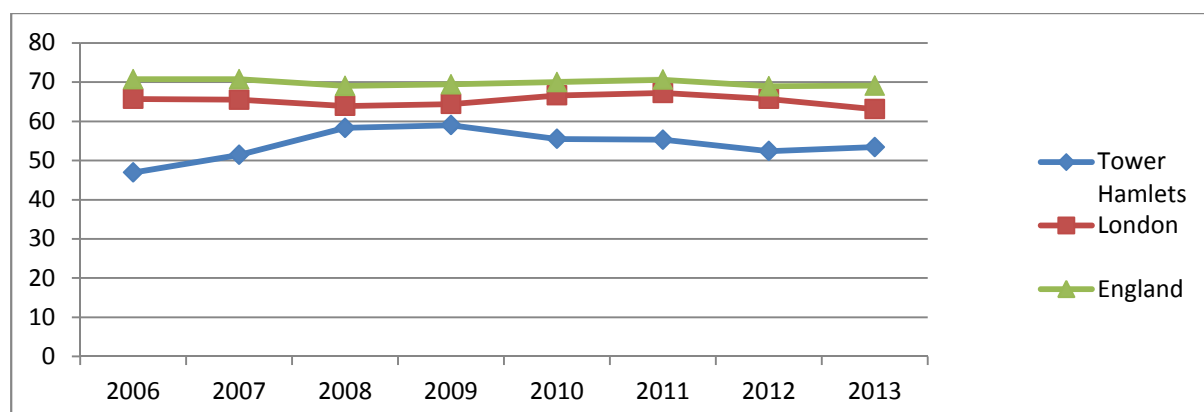
4.2 The steady increase from 2006 to 2009 is associated with a significant investment in dental services.

4.3 Fewer children in Tower Hamlets are accessing dental services compared to London and England.

4.4 Whilst the proportion of children accessing dental services in London and England has decreased the proportion accessing dental services in Tower Hamlets has increased.

4.5 A number of children access primary care dental services at the Dental Institute of Queen Mary University. The figures are not included in the national data. The proportion of children accessing dental services in Tower Hamlets is therefore thought to be much higher than the current figure of 53.4%.

Figure 3. Proportion of children accessing dental services 2006 - 2013



5 National and Local Action

- 5.1 A National Commissioning Better Oral Health Steering Group is working on evidence based guidelines for local authorities to support them in their new role. The group is expected to report in January 2014.
- 5.2 NICE is working on guidelines for local authorities to improve oral health of vulnerable groups.
- 5.3 The Council is implementing a number of programmes targeted at children. These include the Smiling Start, Brushing for Life and School Fluoride Varnish Programmes.
- 5.4 In order to deliver oral health improvements and the PH Outcome Indicator it is essential that these programmes continue to be supported and funded.

6. Dental Targets in the HWBB Strategy

	Target	Actual
Percentage of 5 year old children experiencing tooth decay	30%	45.9%
Percentage of children accessing dental services	62.9%	53.4%

7. Recommendations

- 7.1 Council to engage with NHS England to increase the capacity within general dental practice including the resolution of issues delaying the opening of the new dental practice at the Harford Health Centre.
- 7.2 Maintain the funding for the oral health improvement programmes for children including the school fluoride varnish programme.
- 7.3 Explore the possibility of including figures from the dental school primary care service in monitoring the dental access indicator.

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