

# Adults, Wellbeing and Health Overview and Scrutiny Committee

16 January 2023

## Proposed Oral Health Promotion Strategy County Durham



---

### Report of Amanda Healy, Director of Public Health

#### Electoral division(s) affected:

Countywide

#### Purpose of the Report

- 1 The previous oral health strategy was in place from 2016-2019, the impact of the COVID-19 pandemic halted implementing a new Oral Health Strategy until now.
- 2 To inform OSC on the feedback following the consultation process and provide an opportunity for final comments on the draft strategy 2023-2028 before progressing to Health and Wellbeing Board (HWBB) in March 2023.

#### Executive summary

- 3 Good oral health contributes to overall health and wellbeing. Oral health is an important public health concern because oral diseases have a significant impact on society and individuals.
- 4 Tooth decay is the most common oral disease affecting children and young people in England, yet it is preventable. The relationship between deprivation and poorer oral health is now well established. There is evidence for social gradients in the prevalence of dental decay, tooth loss, oral cancer, oral health related quality of life and service use
- 5 Although oral health is improving in England, the oral health survey of 5 year olds in 2019 showed 26.8% of 5 year olds in County Durham had obvious tooth decay .
- 6 A proportion of these children have serious dental disease which requires admission to hospital for tooth removal under general anaesthetic. The extraction of decayed teeth has become the most

common reason for hospital admission of under-18-year-olds in England.

- 7 There are some groups at high risk of dental disease, these include older people in care homes, people with learning disabilities, SEN children. The oral health strategy aims to improve oral health for all residents, but with a focus on our vulnerable groups.
- 8 A number of community based interventions are available to consider, and a robust evidence base is important to ensure that interventions deliver intended outcomes. We have only considered interventions which are supported by research evidence to give good oral health outcomes eg supervised toothbrushing schemes. There are also action points which link to already existing health and well being programmes eg advice given by health visitors and in schools.
- 9 Primary care dental services and the community specialist dental service are currently commissioned directly by NHS England and local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population.
- 10 We acknowledge the current problems with access to primary care dental services. Prevention of dental disease is key, especially given the current challenges in NHS primary dental care, therefore, a range of evidence based preventive interventions are included in the strategy.
- 11 The strategy relies on working with our communities and partner organisations to promote oral health and contribute towards maintaining good oral health throughout the life course. We hope to achieve an oral health in all policies approach which will reenforce oral health as an integral part of general health and wellbeing.

### **Recommendation(s)**

- 12 Adults, Wellbeing and Health Overview and Scrutiny Committee is recommended to:
  - (a) Provide final comments on the Oral Health Promotion Strategy 2023-2028

## **Background**

- 13 Oral health is an important public health concern because oral diseases have a significant impact on society and individuals. Oral health is a key indicator of overall health, well-being and quality of life. Poor oral health can lead to pain and discomfort, sleepless nights, loss of function and self-esteem, and in turn disrupt family life.
- 14 Several key indicators of oral health are monitored by the Office for Health Improvement and Disparities (OHID) and these provide a picture of oral health in County Durham. In 2018/19 26.8% of 5 year olds in County Durham had obvious tooth decay. Tooth decay can start earlier than age 5, particularly among at risk groups. The survey data for 3 year olds show that in 2020 in County Durham 11.5% of 3 year olds had visually obvious tooth decay. This reinforces the need for early intervention to give children the best start in life.
- 15 The relationship between deprivation and poorer oral health is now well established. There is evidence for social gradients in the prevalence of dental decay, tooth loss, oral cancer, oral health related quality of life and service use.
- 16 Inequalities in oral health are evident in the UK across the social spectrum and across the life course largely reflecting the socio-economic inequalities that impact on general health. The COVID-19 pandemic is likely to have widened these inequalities as well as having a direct impact on dental care provision.
- 17 Dental access has been widely covered in the media over the recent months. This is a national problem which has been building since the dental contract changed substantially in 2006. Primary care dental services are currently commissioned directly by NHS England. The problem has been compounded by the effects of the COVID-19 pandemic. This has resulted in significant challenges accessing an NHS dentist with many not accepting new patients.
- 18 The dental workforce is struggling to meet demand. Recovery from the pandemic has been slow and during this time some dentists have returned NHS contracts and instead started private practice. This combination of factors has severely affected access to primary dental care.

## **Oral Health Promotion Strategy**

- 19 Oral health data builds a picture of oral health in the County. This allows us to determine which evidence based interventions are needed and where. Consideration is given to demography and to vulnerable groups within our communities who are at high risk of dental disease eg those with learning difficulties.

- 20 The multi-agency Oral Health Steering Group has helped shape the strategy and action plan and have had the opportunity to comment and provide feedback at all stages of development.
- 21 Working collaboratively with partner organisations and across relevant services is key to improving oral health for all residents of the County. The aim is to integrate oral health considerations into policymaking and focus on providing evidence based preventive interventions.
- 22 Many oral health interventions and programmes eg supervised toothbrushing schemes were suspended during the pandemic and it is now important to re-establish these.
- 23 The key actions set out ambitions for oral health promotion and oral health improvement focusing on preventive interventions and including oral health in all policies.

### **Key Points of the strategy and actions**

- 24 A number of evidence based interventions are being considered to improve oral health across the County over the next 5 years
- 25 Early intervention is key both in terms of prevention of disease but also for embedding good habits around oral hygiene and diet. Therefore, there a number of interventions aimed at giving children the best start in life. These include:
  - (a) Training on oral health promotion given to front line practitioners e.g. health visitors, school nurses, to enable them to deliver consistent, up to date advice
  - (b) Promoting and supporting delivery of key oral health messages in primary and secondary schools
  - (c) Supervised toothbrushing schemes in Early Years settings in the most deprived areas
  - (d) Oral health training for social care staff eg foster carers
- 26 For adults we will aim to equip frontline health care staff with the skills to provide brief intervention and signposting through a Make Every Contact Count approach.
  - (a) We will also support national campaigns such as oral cancer month
  - (b) We will work with NHSE to support residents in accessing primary dental care

- 27 The strategy includes specific actions for our vulnerable groups who are at high risk of poor oral health:
- (a) Aim to have oral health champions in residential care homes for older people and for people with learning disabilities
  - (b) GRT Specialist nurses to receive OH training via CDDFT
  - (c) Work specifically with special schools and those educated outside of mainstream and explore the needs of SEN families and how we can better support them

### **Risk assessment**

- 28 There is concern that the current problem some residents face with access NHS dentistry may detract from gaining meaningful feedback during the consultation. To ensure that should people raise concerns with access and highlight particular or personal problems with this, a 'dental message' has been prepared in order to signpost people to NHS dental services. This message has been forwarded to local NHS dental commissioners for approval.

### **Water fluoridation note**

- 29 At a population level, water fluoridation is the most effective way of reducing inequalities, as it ensures that people in the most deprived areas receive fluoridated water. Water fluoridation should be part of an overall oral health strategy. Prior to the COVID-19 pandemic DCC was working towards varying the existing community water fluoridation scheme to allow more people to benefit from this intervention. However, the Health and Care Act 2022 has moved the responsibilities for initiating and varying schemes for water fluoridation from local authorities to the Secretary of State.

### **Next Steps**

- 30 The feedback from the 7 week consultation period will collated and presented to relevant DCC senior management teams.
- 31 The strategy and key actions will be amended where necessary to reflect information and views gathered during the consultation
- 32 Submission of OH Strategy to HWBB in March 2023

**Background papers**

- Draft Oral Health Strategy
- OH Survey

**Other useful documents**

- Previous Cabinet reports / None

**Author(s)**

Lucy Devapal

Tel: 07960 347274

---

## **Appendix 1: Implications**

---

### **Legal Implications**

local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population.

### **Finance**

Commission programmes in place. No additional funding required to implement the oral health strategy at this point.

### **Consultation**

7 weeks public consultation with a clear consultation plan in place.

### **Equality and Diversity / Public Sector Equality Duty**

An EIA will be undertaken as part of the strategy development.

### **Climate Change**

The use of plastic toothbrushes and holders are considered and will be reviewed regularly as part of the early years supervised tooth brushing scheme. At present sustainable products are not available to provide the service.

### **Human Rights**

No issues.

### **Crime and Disorder**

No issues.

### **Staffing**

No issues.

### **Accommodation**

No issues.

### **Risk**

Availability of NHS dental provision is limited at the moment with no resolution in the short term. Although this is commissioned by NHS England and not local authorities, this could impact on the feedback received for the consultation.

## **Procurement**

No issues.