Oral Health Of 5 year old children in Rochdale

Executive Summary

1 Local authorities have a statutory role to provide or commission oral health promotion programmes to improve the health of the local population, to the extent that they consider appropriate in their areas. Whilst local authorities have a statutory lead role it is recognised that there are roles for oral health improvement across the health, education and voluntary sectors.

Health Matters recently focused on child dental health and highlighted that improving this requires a whole-systems approach. Action is required across the sector, from national and local health policy, to healthcare, families and the food and drink industry.

In the most recent survey of five-year-olds, 47.1% of five-year-old children in Rochdale had experience of obvious dental decay. This is worse than the 2015 survey results 43.5%.

The children have on average 1.9 teeth affected (at age five, children normally have 20 primary teeth), this represents an improvement from 2.1 in 2015.

The percentage of children with incisor caries (bottle decay) stands at 13.2% which is an improvement from the figure of 16.6%.

The regions with poorer oral health tend to be in the north (34% with tooth decay in the North West to 16% in the South East) and these differences are even greater at a local authority level with 47% of five-year-olds having tooth decay in Rochdale compared to 13% in Cambridgeshire. Stark inequalities exist with some of the most vulnerable, disadvantaged and socially excluded children who face significant oral health problems.
Surveys of children aged 5: percentage of children who have had decay (UPDATE May 2018)

The data in the past was completed for Primary Care Trusts. In 2015 this was combined and results in Borough figures.

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<thead>
<tr>
<th></th>
<th>2017</th>
<th>2015</th>
<th>2012</th>
<th>2007/08</th>
<th>2005/06</th>
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<tbody>
<tr>
<td>Heywood &amp; Middleton PCT</td>
<td>47.1%</td>
<td>43.5%</td>
<td>31% (26.8% - 34.8%)</td>
<td>47% (40.4% - 52.8%)</td>
<td>50%</td>
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<tr>
<td>Rochdale PCT</td>
<td>55%</td>
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<tr>
<td>North West Region</td>
<td>33.3%</td>
<td>33.4%</td>
<td>35%</td>
<td>38%</td>
<td>47%</td>
</tr>
<tr>
<td>England</td>
<td>23.3%</td>
<td>24.7%</td>
<td>28%</td>
<td>31%</td>
<td>38%</td>
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This is the fourth consecutive survey of five-year-olds in England

Addressing the problem tackling poor Oral Health in Rochdale

Commissioned services –
1. Locality and transformation fund programmes:-
   A. Borough wide fluoride varnish programme for children aged 3-5 yr. old in both private and LEA nurseries and reception classes, fluoride varnish is applied twice a year to the children's teeth. This programme is funded as part of the Rochdale Transformation Plan.
   B. GM (Public Health England) transformation fund programme for toothbrushing in Schools, taking place in LEA and private day nurseries for children aged 2-5 yr. olds.
   C. “Brushing for Life”, a Health Visitor led family fluoride toothbrushing scheme for children aged 9 month and 2 yrs. This programme is delivered during child assessment visits.

2. Living Well Service, delivery of preventive programmes:-
   A. “Bump to Baby”, a maternity family fluoride toothpaste scheme which helps to create links to promote dental attendance during the ante natal and post-partum periods.
   B. Tooth Time, within both LEA and Private Nurseries. This is a family fluoride toothpaste scheme which children take home promoting good oral hygiene habits with family or significant carer.
   C. The Golden Grin Award scheme is designed for all early years settings. It is based on healthy snacking and none food rewards. The aim is to attain Gold standard, however it is delivered in 3 stages (Bronze Silver or Gold) depending on the outcomes achieved. It allows for the setting to make adjustments and improvements to reach Gold
standard and is linked to the Healthy Schools initiative.
D. Referral programme to Living Well Oral Health specialist, for children and families with additional needs. It delivers 1:1 support to improve oral health and support dental attendance.
E. The design and delivery of Oral health learning packages for LEA staff and private day nurseries to roll out in class.
F. The loan of resources to support the training packages and delivery of programmes in both LEA and private early years settings.
G. Learning packages in oral health for child minders.

3. **Oral health improvement strategy** - This is currently being updated.

4. **Peer review** – The review was facilitated by the Public Health Team in Oldham. A number of actions have been identified and progressed. An Oral Health Steering group has been developed, to ensure actions are taken forward from the peer review and to further develop partnership working and support the Oral Health programmes.

5. **Sugar Smart Borough** – SUGAR SMART is a campaign run by Jamie Oliver and Sustain. It supports local authorities, organisations, workplaces and individuals to reduce the amount of sugar consumed. All organisations, partners, Directorates and teams can sign up to the campaign and pledge to become sugar smart – from councils and schools to restaurants, hospitals and work places. Rochdale has 26 participants signed up to the campaign with 23 pledges to reduce sugar. This is being done in a variety of ways through promoting messages, designing sugar quizzes, encouraging free drinking water rather than fizzy drinks, revising food menus and the content of vending machines.

6. **GULP** – Give Up Loving Pop (GULP) is a campaign led by Food Active. It aims to raise awareness of the health harms associated with the over-consumption of sugary drinks. It involves participants completing a 30 day challenge to give up fizzy drinks and drink water.

   Working closely with teachers, young people and Health colleagues, Food Active has developed a series of resources designed specifically for children and young people to think about sugary drinks, their effect on health, to learn how to identify sugary drinks and to understand the benefits of drinking water. We have delivered GULP in 2 schools in the Rochdale and have identified a further 6 schools to work with during this school year.

7. **Breast Feeding welcome (NCT)** – Rochdale has over 90 Breast Feeding Welcome venues. It is important to encourage and support breast feeding as evidence tells us that breast fed babies are less likely to suffer tooth decay and become obese in later life. This campaign supports the work of our childhood obesity strategy and also the oral health action plan and strategy.
Trends

England and the North West have, broadly speaking, seen reductions in the mean dmft (decayed missing filled teeth) score over the past 4 years, but the figures for Rochdale have remained largely quite high. Most GM districts have seen reductions from 4 years ago and this is also true for Rochdale, but the figure remains high and is the joint highest rate in England.
The proportion of children with some form of dental decay has risen in Rochdale to 47.1%, the highest figure since the current form of survey was introduced in 2008 and the second successive year of increase. This rate is the highest in the country and is well above the North West and England averages, both of which have declined over the last 4 years.

Source of Data: PHE
The percentage of children with incisor caries fell in 2017 to 13.2%, down from 16.6% in 2015. However, this is still much higher than the North West and England averages and is the 5th worst rate in England.

Recommendations

2.1 That action to address oral health outcomes for children are monitored by the Children and Young People’s Partnership Group, Portfolio Holder for Children and Young People and the Portfolio Holder for Culture, Health and Wellbeing.

2.2 To note the performance of oral health outcomes of children and the additional approaches being implemented to improving oral health via our Transformation Plan as well as the Greater Manchester Health and Social Care Partnership Oral Health under 5’s work programme.

2.3 To work closely with Greater Manchester Health and Social Care Partnership, Pennine Care Foundation Trust and the Living Well service to develop and deliver the fluoride schemes for 2-5 yr. olds that is;

a) Duraphate fluoride varnish

b) Toothbrushing in Schools with family fluoride toothpaste
c) Supporting good home routines in terms of toothbrushing and healthy eating.

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<th>Reason for Recommendation</th>
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3. 3.1 Dental caries (tooth decay) is a significant problem for children in England. Our high rates in Rochdale Borough are disappointing, particularly in view of the high profile and focus that Rochdale has been giving to oral health. There are quite wide confidence intervals with caries experience is between 41% and 54% and dmft between 1.51 and 2.30. Rochdale has not had any statistically significant change since 2015 in either measure.

3.2 Significant inequalities exist and dental decay is a common cause of hospital admissions for children and loss of days from school.

3.3 Local action has been taken for many years to improve oral health. These programs are now complemented by the transformation fund, GM program as well as national initiatives. Therefore we can have a greater impact on oral health via our targeted interventions and we expect improvement in the dmft 5yr old children by 2021.

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<th>Key Points for Consideration</th>
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4. • Tooth decay is largely preventable yet it remains a serious problem
• Daily application of fluoride toothpaste reduces the incidence and severity of tooth decay in children.
• Bi Annual application of Duraphate fluoride varnish reduces the incidence and severity of tooth decay by 25%
• Children in more deprived areas are less likely to brush their teeth at least twice a day
• Nice guidance recommends that targeted early years settings can provide a suitable supportive environment for children taking part in a supervised toothbrushing programme
• Dental surveys for 5 year olds are delivered every 2 years, the data is then available approx. 10 months later
• The 2018 19 survey will start to take place later in this school year the results will not be available until 2021
• The 3 year old children who are engaged in the start of the locality plan and GM transformation fund programme will be surveyed in 2020 21 the results will be available in 2022.

4.1 Alternatives Considered

• All Healthcare practitioners should consider how they can influence behaviour to improve the oral health of children as part of Making Every Contact Count.
- Dental teams should have access to training based on the toolkit “Delivering Better Oral Health”.

- Pharmacists offer advice and signpost to dental services.

- Health Visitors and school nurses have an important role to play in providing advice and support as part of the Healthy Child Programme, signposting to dental services and identifying families who need additional support.


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**Costs and Budget Summary**

5. We have good evidence of which population programmes work to improve the oral health of five-year-olds and the return on investment at five and ten years of investing in such programmes. PHE estimates that after 5 years, the ROI for targeted supervised tooth brushing is £3.06 for every £1 spent. After 10 years, this increases to £3.66 for every £1 spent. After 5 years, targeted supervised tooth brushing can result in an extra 2,666 school days gained per 5,000 children.

There is strong evidence of effectiveness of targeted community fluoride varnish programs. The programs involve the application of fluoride varnish to children’s teeth, which is carried out by dental personnel outside dental practices. PHE estimates that after 5 years, the ROI for every £1 spent is £2.29, increasing to £2.74 after 10 years. After 5 years, targeted community fluoride varnish programs can result in an extra 3,049 school days gained per 5,000 children.

The savings include those to the NHS in primary and secondary care but also the wider economy. These include, days lost at work for parents and carers taking their children to the dentist and to the hospital to have teeth taken out. Under general anaesthesia, and in days lost at school for the children. Oral To benefit fully from education, children need to enter school ready to learn, to be healthy and prepared emotionally, behaviourally and socially. School readiness ensures that all children are able to participate fully in all school activities in order to be successful at school. Oral health is therefore an important aspect of overall health status and critical to children’s school readiness.

Budgets are from :-

1. Public Health budget – commission the integrated Community and
Family Services programme (Living Well) from The Big Life Group.
2. Rochdale Locality Plan
3. GM Transformation fund
4. Core Dental Contract

## Risk and Policy Implications

6.
6.1 Provider unable to maintain staffing levels with relevant GDC qualifications and registrations.
6.2 Unable to access early years venues for fluoride programmes.
6.3 Teaching staff unclear of new GDPR regulations may hinder access to patients.
6.4 Poor uptake for fluoride varnish programmes.
6.5 Behaviour change programmes not successful.

### Background Papers | Place of Inspection

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<td>3. Local Authority area variation in the Oral Health of five year olds</td>
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