Division(s):N/A

OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE – 18 SEPTEMBER 2014

Oral Health of Children in Oxfordshire

Introduction

1. This paper will discuss the oral health of children in Oxfordshire and outline the statutory responsibilities of the Oxfordshire County Council in relation to oral health services.

Exempt Information

2. There is no exempt information contained within this report.

National and local context

3. Oral health is an integral part of overall health. A significant proportion of the population in England experience very good levels of oral health. Successive oral surveys have shown that child and adult oral health has been improving over the past 30 years. However, the vulnerable, disadvantaged and socially excluded groups are at greater risk of oral diseases affecting their teeth, gums, supporting bone, and soft tissues of their mouth, tongue and lips.

   On 1st April 2013 the statutory responsibility for the commissioning of dental public health functions transferred from the NHS to local government.

   The dental public health functions of LAs are described in regulations and include a statutory requirement to provide or secure provision of oral surveys. The statutory instrument states that:

   A local authority shall provide, or shall make arrangements to secure the provision of, the following within its area—
   Oral health surveys to facilitate—

   i. *the assessment and monitoring of oral health needs,*
   ii. *the planning and evaluation of oral health promotion programmes,*
   iii. *the planning and evaluation of the arrangements for provision of dental services as part of the health service, and*
   iv. *where there are water fluoridation programmes affecting the authority's area, the monitoring and reporting of the effect of water fluoridation programmes.*
   v. *The local authority shall participate in any oral health survey conducted or commissioned by the Secretary of State under paragraph 13(1) of Schedule 1 to the 2006 Act (powers in relation to research etc.) so far as that survey is conducted within the authority's area.*

Domain 4 (Healthcare public health and preventing premature mortality) of the Public Health Outcomes Framework includes and indicator relating to “tooth decay in children aged 5.” Continued local dental epidemiology survey provision will be required for the monitoring of this indicator.

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The oral health surveys are carried out as part of the Public Health England (PHE) dental public health intelligence programme (formerly known as the national dental epidemiology programme). Surveys are conducted annually, usually over academic years. They are carried out on randomised stratified samples although the commissioning bodies can opt to commission wider surveys e.g. census surveys. The surveys are co-ordinated and supported by a team from Public Health England (previously the Dental Observatory which was part of the North West Health Observatory). This team develops the survey protocols, delivers examiner training and collates and disseminates the data.

In the 2007/08 and 2011/12 surveys of 5 year old children the primary sampling unit was the district authority. The latest survey of 5-year-old children, for which full results are available, was carried out in 2011/12.

Tooth decay (dental caries) is the most important oral disease in children. Dental caries is commonly measured using the dmft index, which is a record of the number of decayed (d), missing (m) and filled (f) teeth (t). Data are usually expressed as $d_3$mft where a tooth is considered as decayed when there is obvious decay into the dentine of the tooth.

The Oxfordshire data for mean $d_3$mft for the 2011/12 and 2007/08 surveys are shown in figure 1. It can be seen that the average number of decayed, missing and filled teeth ($d_3$mft) for 5yr old children in Oxfordshire is 0.98, which overall is statistically similar than national levels ($d_3$mft = 0.94).

- The mean number of 5yr olds with decayed, missing or filled teeth in Oxfordshire has increased slightly in 2011/12, however is this based on a smaller sample size (approximately 26% of all 5yr olds).
- Cherwell and Oxford City continue to have higher than the national average in terms of numbers of decayed, missing and filled teeth for 5yr olds.
- The rate of decay in 5yr old children in West Oxfordshire increased since the last survey. It is thought that this increase is likely due to a statistical anomaly created by the sampling methods used for surveying the children.
- The mean for South Oxfordshire and the Vale of the White Horse is lower than England.

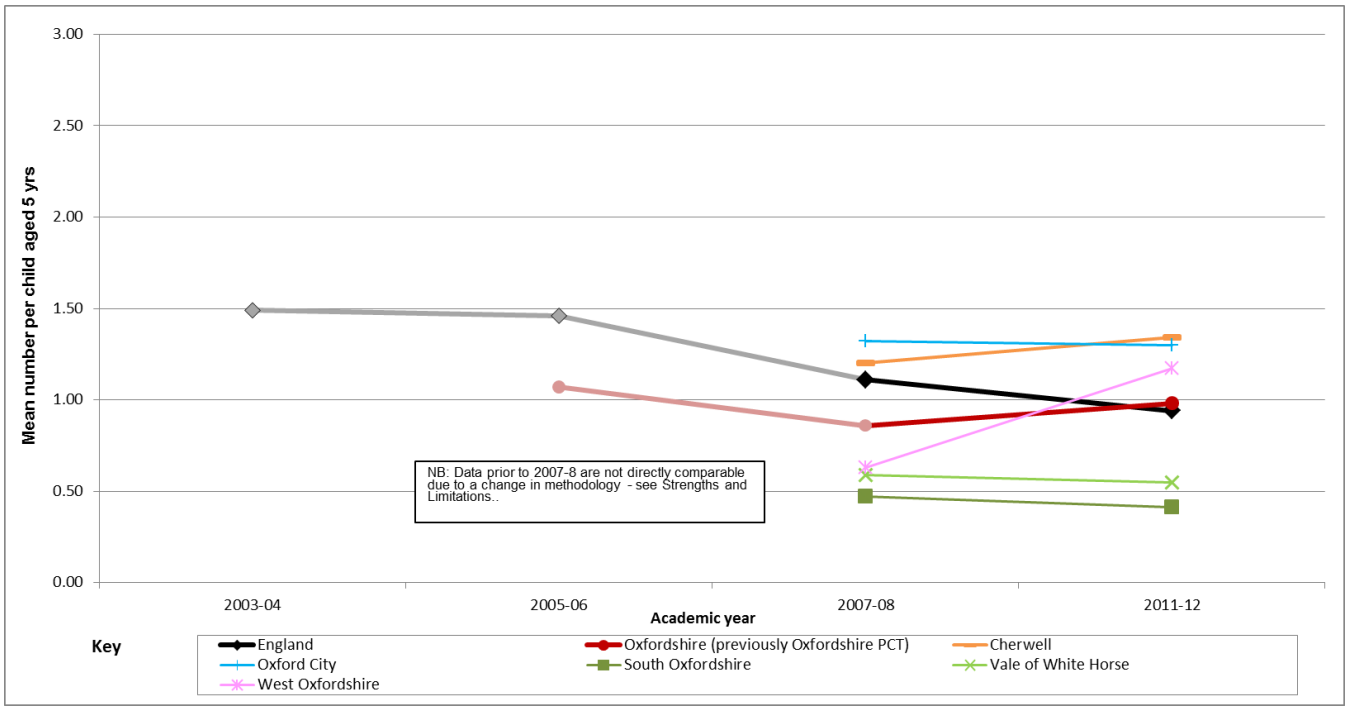

Figure 1 Mean $d_3$mft in 5 year old children in Oxfordshire 2011/12, 2007/08

4. *Actions being taken to address oral health issues in children in Oxfordshire*

- Access to services is an important factor in reducing oral health inequalities. OCC considers access from an early age an important issue and in April ran a campaign in pharmacies promoting the attendance of young children at the dentist to establish a relationship with a family dentist from an early age.

- The public health directorate are consulting with our current provider to deliver a work programme to meet the local need to improve oral health behaviours for the current financial year. Actions being taken include;

    - Provision of training for health and non-health professionals working with children
    - Accreditation of settings for early years and primary school settings
    - Wider oral health promotion including signposting to services, social marketing, resource development and partnership working

The service is prioritising areas of need based on latest survey work and sociological indicators agreed with the commissioners.

- The contractual arrangement for the current services expires 31 March 2015. The services of dental epidemiology and oral health promotion from 1 April 2015 is currently out to tender. The service being tendered will aim to:

1. Provide local oral health data in line with national protocols
2. Improved knowledge of how to access NHS dental services in the wider public
3. Contribute to the reduction in health inequalities relating to dental care, with a priority focus on children, older people and vulnerable groups;
4. Achieve best value and make best use of the dental public health budgets
5. Develop oral health promotion services to meet best practices and population needs

Equalities Implications

5. The public health directorate will continue to work in partnership with NHS England as commissioners of dental services and advocate the provision of services which reduce access barriers to the local community and in turn contribute to the reduction oral health inequalities.

RECOMMENDATION

6. **The Oxfordshire Joint Health Overview & Scrutiny Committee is RECOMMENDED to note the statutory dental public health functions of the Local Authority, the current oral health of five year old children in Oxfordshire and the actions being taken to provide dental public health services for the local community.**

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Background papers:

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