



<b>Title of paper:</b>	CYPP Priority Healthy Living: Oral Health Promotion in Nottingham City	
<b>Report to:</b>	Nottingham Children's Partnership	
<b>Date:</b>	14/11/2013	
<b>Relevant Director:</b>	Lynne McNiven	<b>Wards affected:</b> All
<b>Contact Officer(s) and contact details:</b>	Sarah Quilty: <a href="mailto:Sarah.Quilty@nottinghamcity.gov.uk">Sarah.Quilty@nottinghamcity.gov.uk</a> Lynne McNiven: <a href="mailto:Lynne.McNiven@nottinghamcity.gov.uk">Lynne.McNiven@nottinghamcity.gov.uk</a>	
<b>Other officers who have provided input:</b>		

**Relevant Children and Young People's Plan (CYPP) objectives(s):**

<b>Stronger safeguarding</b> – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.	
<b>Healthy living</b> – With a key focus on increasing the proportion of children and young people who have a healthy weight.	x
<b>Reducing substance misuse</b> – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.	
<b>Raising attainment</b> – Raising the attainment levels and increasing engagement in employment, education and training.	
<b>Improving attendance</b> – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.	x

**Summary of issues (including benefits to customers/service users):**

The National Dental Epidemiology Programme for England, Oral Health Survey of Five year old Children completed in 2012 demonstrated that: in England 27.9% of 5 year old children surveyed had experienced dental decay, in Nottingham City 38.5% of those sampled showed signs of decay. The average number of decayed, missing or filled teeth (DMFT) in the whole English sample was: 0.94. However, in Nottingham City the average DMFT was recorded as 1.32. In the East Midlands the recorded average DMFT in 2012 was: 0.92 with Leicester City recording the greatest number of DMFT: 2.06. Birmingham and Sandwell Local Authorities both achieved lower average DMFT than Nottingham City at 1.17 and 0.84 respectively. Although an average of 1.32 DMFT is still significantly above the national average there have been some improvements made to dental health across the City over the last 8 years. In 2005/2006 the average DMFT in Nottingham was recorded as 3.10, this has continued to reduce and was recorded locally in 2010 as an average of 1.7 DMFT.

Dental health is closely linked to poverty; with a third of Nottingham's children currently living in poverty it is easy to see why reducing this important Public Health issue is complex and will take considerable effort and time.

There are many evidence based programmes currently running across Nottingham City: 'City Smiles'. For example: application of fluoride varnish to school children's teeth in the 10 most deprived schools in the City, Teeth Tools for Schools packs for Primary Schools, Special Schools oral health support, increasing dental access for pregnant women, supporting Children's Centres oral health promotion work, there is also a mobile dental unit, commissioned over the summer which will be supporting the extension of the fluoride varnish programme in schools.

Nottingham has made some progress in reducing dental decay. Nevertheless, continued support to ensure regular tooth brushing using fluoride toothpaste, reducing sugary snacks and fizzy drinks and increasing dental access is necessary to continue to improve dental health in children.

<b>Recommendations:</b>	
<b>1</b>	Note the content of the report, including the most recent DMFT results from the national Oral Health Survey of Five year old Children in 2012
<b>2</b>	Note that the Oral Health Promotion Service is currently under review by Nottingham City Council and Nottinghamshire County Council Public Health. The development of a joint Dental Health Promotion service specification would ensure increased efficiency and effectiveness pan-Nottinghamshire when the service is re-commissioned in 2015.
<b>3</b>	Ask all partner organisations to continue to work closely with Public Health Nottingham City and Nottinghamshire County Public Health team to promote regular children's tooth brushing with fluoride toothpaste, reducing sugary snacks and fizzy drinks and support access to dental services.

## **1. BACKGROUND AND PROPOSALS**

Oral health was defined by the Department of Health in 1994 as the 'standard of health of the oral and related tissues which enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and which contributes to general well-being'.<sup>1</sup> Oral health is integral to general health and should not be considered in isolation. Oral disease has detrimental effects on an individual's physical and psychological well-being and reduces quality of life. A range of conditions are classified as oral diseases. The commonest disease is dental caries (or tooth decay). Other important conditions are periodontal (gum) disease and oral cancers. As well as pain or infection, poor oral health is associated with low weight and failure to thrive in infancy.

Oral diseases are among the most common chronic diseases, making them important public health issues<sup>2</sup>. Oral diseases have considerable effects on both the individual and society. Despite significant improvements during the past three decades, prevalence remains high in some groups and millions of pounds are spent annually on dental treatment in the UK.

A well-recognised association exists between socio-economic status and oral health, and trends suggest that disease is increasingly concentrated in the lower income groups. Surveys of the teeth of Nottingham City children demonstrate a wide variation in oral health across the city. The 2011/12 National Child Measurement Programme (NCMP) identifies a similar relationship between childhood obesity and deprivation. Many common factors exist between the leading causes of childhood obesity and dental decay: high intake of sugary foods and snacks along with fizzy high calorie drink consumption. These predisposing factors must be addressed together to maximise the effects of all preventive strategies.

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Public Health Nottingham City and Nottinghamshire County commission the Oral Health Promotion Service which works across both areas. Within Nottingham City the 'City Smiles' branding is used and the Oral Health Promotion service undertake a wide range of activities.

<sup>1</sup> Department of Health. An Oral Health Strategy for England. London: Department of Health; 1994.

<sup>2</sup> Sheiham A. [Oral health, general health and quality of life](#) Bull World Health Organ website 2005;83(9):644

These include:

- Application of Fluoride Varnish to school children within the 10 most deprived schools in the City (Bentinck Primary & Nursery School Radford, Edale Rise Primary & Nursery School Sninton, Forest Fields Primary School, Greenfields Community School, The Meadows, Huntington Primary School St. Anns, Northgate Primary and Nursery School New Basford, Radford Primary School, The Nottingham Nursery School and Wellbeck Primary and Nursery Schools, The Meadows)
- Working with all city schools to deliver the Teeth Tools for school packs which is a curriculum based teaching resource for all key stages within Primary schools
- Working within all the special schools in Nottingham City to promote the importance of good oral health
- All pregnant women receive an Oral Health promotion pack to promote good oral health in pregnancy
- All children aged between 6 to 8 months old receive an oral health pack and brief advice is given to the parent and carer on the importance of good oral health
- All school entrants are given oral health advice including an oral health promotion pack
- All Children Centres within the city get support to deliver Oral Health sessions to its users
- The oral health resource centre is open to all city health professionals, school teachers and children centre workers
- The mobile dental unit has started to work in schools where the oral health team does not currently work in applying fluoride varnish

## **2. RISKS**

The economic climate and welfare reforms could reduce household income leading to less frequent purchasing of tooth brushes and toothpaste, poorer quality high calorie foods, reduced adult access to dental services with subsequent reduction in accessing free care for children or pregnant women. Public Health support to ensure the continued improvement of children's dental health in Nottingham City is increasingly essential to provide a targeted strategic approach, developing an integrated strategy across all agencies.

## **3. FINANCIAL IMPLICATIONS**

The Oral Health Promotion Service is currently under review by Nottingham City Council and Nottinghamshire County Council Public Health. The development of a joint Dental Health Promotion service specification would ensure increased efficiency and effectiveness pan-Nottinghamshire when the service is re-commissioned in 2015.

## **4. LEGAL IMPLICATIONS**

**N/A**

## **5. CLIENT GROUP**

- Pregnant women
- 0 to 5 years
- School aged pupils 5 to 19 years

## 6. IMPACT ON EQUALITIES ISSUES

Oral Health Promotion is a universal service working in all wards with a targeted service providing a Fluoride Varnish scheme to the most deprived areas of Nottingham City. The vulnerable groups directly affected by the Oral Health Promotion Service include: BME groups, traveller, migrant and asylum seeker families, children with special / complex needs along with the most deprived children living in the City.

## 7. OUTCOMES AND PRIORITIES AFFECTED

**Healthy living** – With a key focus on increasing the proportion of children and young people who have a healthy weight

**Improving attendance** – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes

## 8. CONTACT DETAILS

Lynne McNiven- Consultant in Public Health

[Lynne.McNiven@nottinghamcity.gov.uk](mailto:Lynne.McNiven@nottinghamcity.gov.uk)