

Health & Wellbeing Board Oral health update

25th October 2023

Oral Health

Oral health needs assessment

- Developed by the Integrated Care Board (ICB) – North East and North Cumbria footprint
- On behalf of Integrated Care System across the region, of which SBC is part – evolution of NHS system; Strategy published 2023 *Better Health and Wellbeing for All*; regional groups supporting the ICB inc. oral health
- ICB responsible for commissioning dental services (since 2022); oral health promotion is LA responsibility
- Dental public health colleagues (NHSE) have produced a needs assessment for the system

North East
North Cumbria
Health & Care
Partnership



Better health and wellbeing for all

a strategy for the
North East and North Cumbria

16 December 2022

Oral health - context

Public Health England

Healthmatters Poor dental health harms school readiness

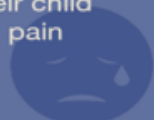
Research about extractions in children in North West hospitals found that **26%** had missed days from school because of dental pain and infection



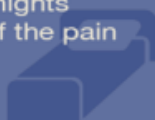
An average of **3 days** of school were missed due to dental problems



67% of parents reported their child had been in pain



38% of children had sleepless nights because of the pain



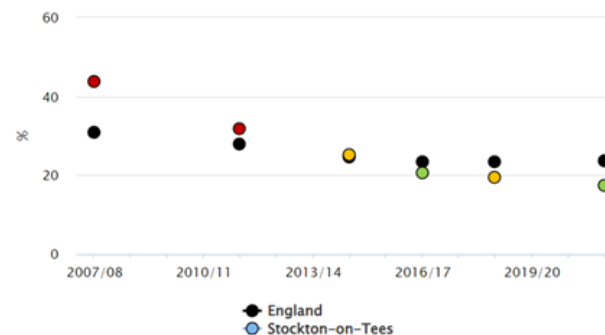
Many days of work were potentially lost as **41%** of parents/carers were employed

Percentage of 5 year olds with experience of visually obvious dental decay

Proportion - %

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



inequalities

Recent trend: Could not be calculated

Period	Count	Stockton-on-Tees			England
		Value	95% Lower CI	95% Upper CI	
2007/08	-	43.9%	37.3%	50.4%	30.9%
2011/12	-	31.9%	29.6%	34.1%	27.9%
2014/15	-	25.3%	20.2%	30.4%	24.7%
2016/17	-	20.6%	18.3%	23.1%	23.3%
2018/19	-	19.5%	14.8%	25.1%	23.4%
2021/22	-	17.3%	13.2%	22.3%	23.7%

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Biennial publication - latest report 2022) <https://www.gov.uk/government/collections/oral-health-surveys-and-intelligence-children>

[Indicator Definitions and Supporting Information](#)

Needs assessment recommendations

NENC ICB Recommendations	What needs to be done
Addressing Oral Health Inequalities	<ul style="list-style-type: none"> Supervised toothbrushing schemes Fluoride varnish programmes Levelling up: targeting the 20% most deprived areas for new patient access Extension of water fluoridation in the North East
Improving access for: <ul style="list-style-type: none"> Children (particularly under 2s) Adults New patients 	<ul style="list-style-type: none"> Continue additional access sessions to improve access for urgent care and new high needs patients Promote dental check by one initiative
Improve access to general anaesthetic services (children)	<ul style="list-style-type: none"> Improve waiting times Reduce travelling and waiting times for children with complex needs
Improving access for older adults living in care home settings	<ul style="list-style-type: none"> Continue Caring 4 your Smile programme Fluoride varnish programmes for older people
Early identification and intervention for oral cancers	<ul style="list-style-type: none"> Sign posting to stop smoking services and alcohol reduction services
Workforce recruitment and retention	<ul style="list-style-type: none"> Initiatives to incentivise recruitment Financial enhancements to maintain NHS dentistry sustainability

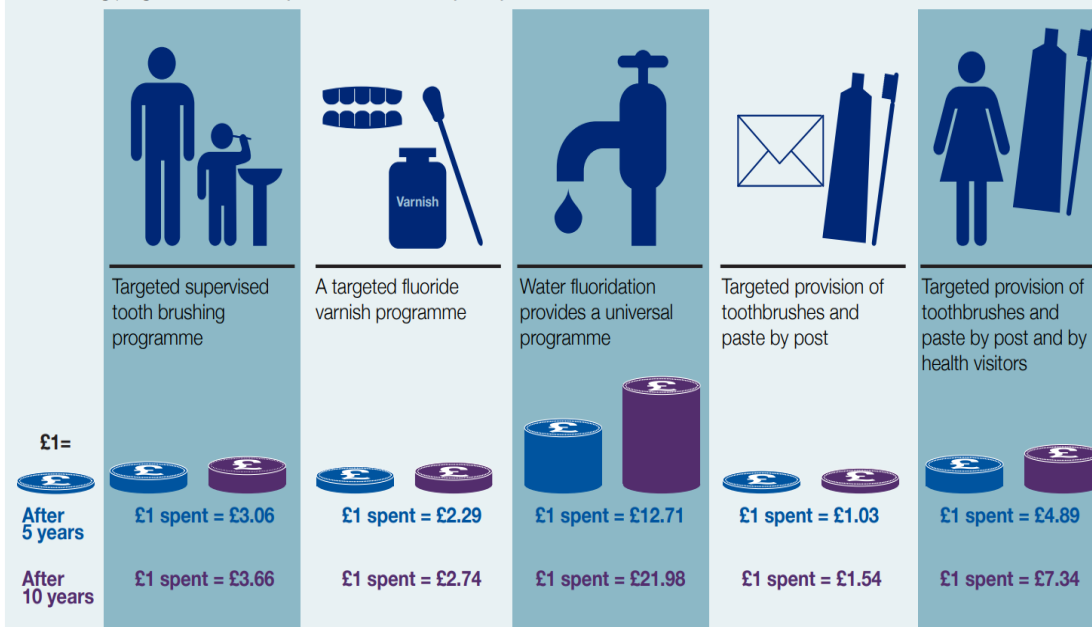
Evidence Base for Prevention Programmes



Public Health
England

Return on investment of oral health improvement programmes for 0-5 year olds*

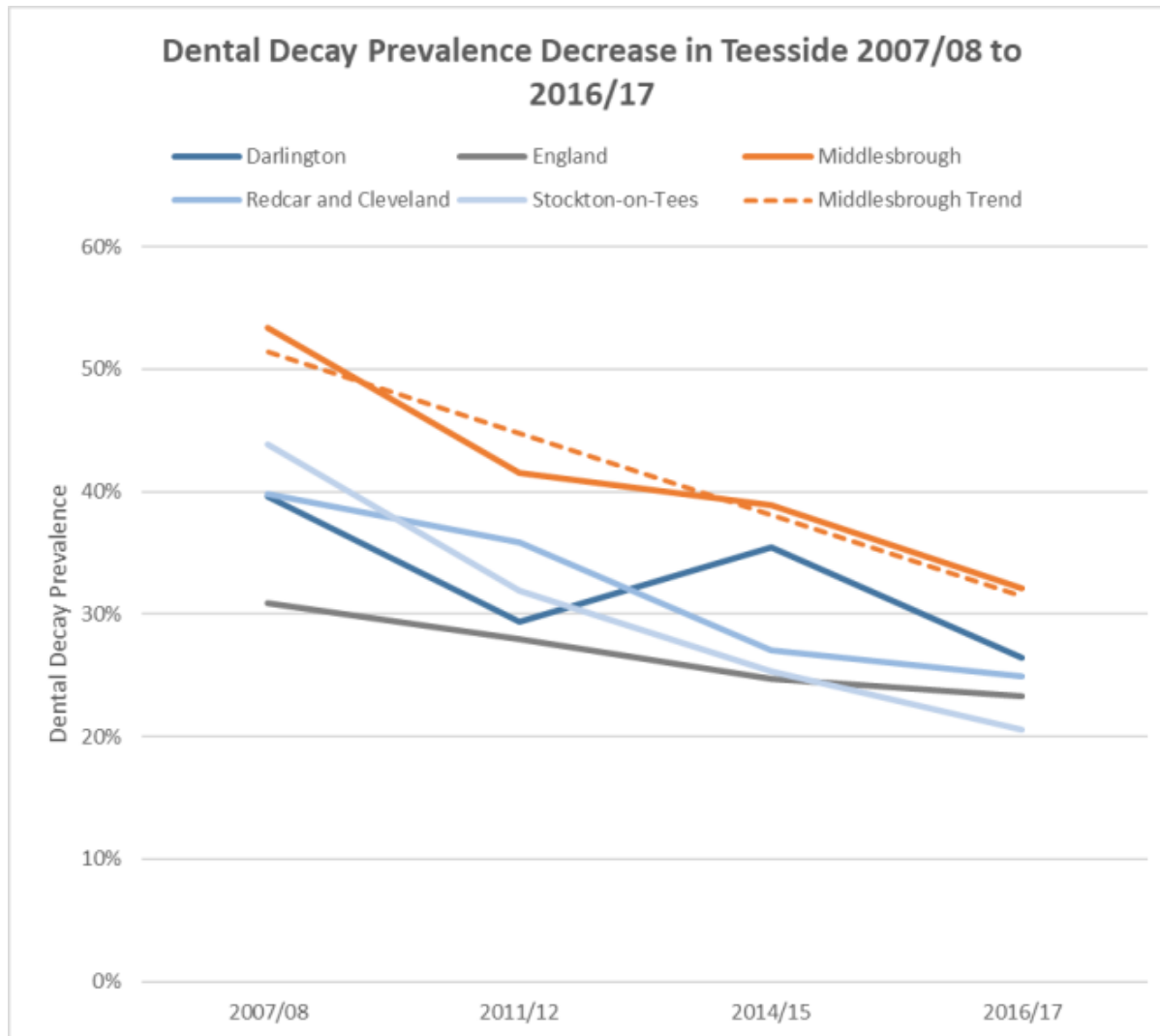
Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated
PHE Publications gateway number: 2016321

Existing work – oral health promotion

- Oral health promotion protects the health of teeth and gums - good oral hygiene including tooth brushing, restricting sugary foods and drinks
- SBC supports school-based tooth brushing and fluoride varnish schemes focused on primary schools in the most deprived areas - stopped in 2020-21 due to pandemic
- Health Visitors supply oral health packs at routine 8 months checks
- Tooth brushing resumed in 2022, discussions are underway on resuming the fluoride varnish scheme



Please be wary of the periods used in this chart, as the time elapsed between data collection points is inconsistent.

Community water fluoridation

- Government have adopted CWF as policy and identified NE as initial region of focus for community water fluoridation due to oral health picture and will provide capital and maintenance funding
- Proposed level of fluoridation through the scheme would be 1mg/l
- Chief Medical Officer: due to weak and conflicting evidence, there is no significant association between water fluoridation and key health harms
- PHE water fluoridation health monitoring reports from 2014, 2018 and 2022 support this (OHID, has legal duty to monitor effects of water fluoridation schemes on health - reports every 4 years), plus other international research evidence
- Government will lead programme; LAs asked to support with links to communities / local comms
- Timescales to be confirmed; national comms approach expected late 2023

