

## **HEALTH AND WELL-BEING BOARD 25 FEBRUARY 2020**

### **ORAL HEALTH IN WORCESTERSHIRE**

---

#### **Board Sponsor**

Dr Kathryn Cobain, Director of Public Health

#### **Author**

Rachael Leslie, Consultant in Public Health

#### **Priorities**

Mental health & well-being	No
Being Active	No
Reducing harm from Alcohol	No
Other (specify below)	Oral Health

#### **Safeguarding**

Impact on Safeguarding Children No  
If yes please give details

Impact on Safeguarding Adults No  
If yes please give details

#### **Item for Decision, Consideration or Information**

Information and assurance

#### **Recommendation**

- 1. The Health and Well-being Board is asked to note the finding of the Oral Health needs assessment and action plan for Worcestershire.**

#### **Background**

2. The World Health Organisation defines good oral health as “a state of being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity.”
3. Oral disease is largely preventable and negatively impacts on overall health and wellbeing. People living in deprived communities consistently have poorer oral health than people living in richer communities.
4. Since the establishment of the General Dental Service in 1948, there have been many improvements in oral health. In the 1940s a large proportion of the population were edentate (toothless); by 1968, 37% of the population had no natural teeth; the

estimated figure in 2007 was only 6%. More recently, the focus of dentistry has switched from pain relief to the provision of preventive care and cosmetic treatment.

5. The NHS Five Year Forward Plan (2019), emphasises the need to focus on prevention, to empower patients to take control of their own oral health and to make the most efficient use of NHS resources. It includes 3 key commitments to improving the oral health of children, people with learning disabilities and autism and people living in care homes.

6. Worcestershire County Council (WCC) has a duty to improve the health of the whole population this also includes oral health as a key factor of overall health (Health and Social Care Act, 2012). WCC has two statutory duties relating to oral health: to provide or commission oral health promotion programmes to improve oral health in the local population and to provide or commission oral health surveys.

7. Worcestershire Health and Care NHS Trust provide an Oral Health Promotion (OHP) service and a Dental Epidemiology Service (DES) to undertake oral health surveys on behalf of WCC. Other services that contribute to wider oral health promotion and improvement include the 0-19 Prevention and Early Intervention Service.

### **Worcestershire Oral Health Needs Assessment (OHNA)**

8. WCC undertook and published an Oral Health Needs Assessment (OHNA) in 2017. The Needs Assessment describes the state of Oral Health in the county and identifies inequalities across the Districts. The OHNA is an important tool for planning and commissioning services, it helps professionals to understand the needs of the population and the interventions with evidence for greatest benefit.

- a. The OHNA identifies that Worcestershire generally enjoys good oral health when compared regionally and nationally, However, people living in Worcester City, Wyre Forest and Redditch are districts are more likely to experience poorer oral health. There is also a clear pattern of poorer oral health amongst deprived communities.
- b. The OHNA made recommendations that have been developed into an Oral Health Action Plan (2019/20). This is available as appendix 1.

### **Worcestershire Oral Health Steering Group**

9. An Oral Health Steering Group has been renewed with cross partner membership. Including WCC Public Health, PHE, Adult and Children's Services, NHSE, Health Watch, the Local Dental Committee and Learning Disability Services. The group aims to improve oral health in Worcestershire and oversees the delivery of the Oral Health Action Plan (2019/20) and take a partnership approach to delivering the objectives of promoting oral health and preventing oral disease.

## **Improving Children's Oral Health**

10. The Government Green Paper, 'Advancing our Health: Prevention in the 2020s', states that 'to give our children a good start in life, we need to do much better on oral health'. Tooth decay is the most common reason for hospital admission for children aged 5 to 9 years old, and it is largely preventable.

11. Overall, 20% of children enter school in Worcestershire with evidence of tooth decay. The percentage of 5-year olds with any dental decay varies by district, and the two worst areas, Worcester and Wyre Forest, have seen an increase between 2014/15 – 2016/17 (from 27.3% to 29.9%, and 23.6% to 29.3% respectively).

12. There is a strong economic case for investment in oral health programmes for children. These include targeted supervised tooth brushing, targeted provision of fluoride varnish, targeted provision of toothbrushes and paste by post and health visitors and community water fluoridation.

13. The Oral Health Action Plan (2019/20) focusses on delivering campaigns for awareness in parents and people that work with children and families, developing targeted supervised toothbrushing schemes in early years settings and reducing waiting times for dental treatment to reduce the risk of further decay.

## **Adults with Learning Difficulties**

14. Nationally, adults with learning difficulties, experience poorer oral health including higher levels of gum (periodontal) disease, higher numbers of missing teeth and poorer access to dental services and less preventative dentistry.

15. Locally, Healthwatch Worcestershire's report 'Going to the Dentist (2019)', highlights the issues that people with learning difficulties experience in the county. The majority of those surveyed had a positive experience of visiting the dentist, however, many still had a fear of the dentist and didn't recognise the importance of good oral health.

16. The Oral Health Action Plan focusses on making easy read information accessible, raising awareness in supported living settings and ensuring that oral health information is included in the annual health check for people with learning disabilities.

## **Older People's Oral Health**

17. By 2030, the number of people aged 65+ in Worcestershire is expected to increase by over 40,000 to 168,800. Whilst many are in good health, others are at risk of poor health due to long term conditions or unhealthy behaviours, that increased the risk of poor oral health or limit the ability to take adequate care of their teeth. Good oral health can also reduce the risk of malnutrition and reduce the risk of acquiring aspiration pneumonia.

18. The Care Quality Commission (CQC) review of oral health in care homes 'Smiling Matters' (2019), found that most had no policy to promote and protect people's oral health and nearly half were not training staff to support daily oral healthcare.

19. The Oral Health Action Plan focusses on including oral health in care plans for older people in residential care and including oral health assessments and mouth care in contracts with Residential care settings.

## **Fluoridation**

20. Around 253,000 people in Worcestershire are supplied with artificially fluoridated water. This includes people living in Bromsgrove and Redditch districts, most of Wychavon and a small area in the east of Wyre Forest. None of the population of Malvern Hills or Worcester City benefit from fluoridated water. The correlation between affluent communities and good oral health could explain why Malvern Hills has better oral health outcomes, despite not being fluoridated. Water fluoridation is an effective and safe measure to reduce the frequency and severity of tooth decay, and narrow inequalities in oral health.

## **Legal, Financial and HR Implications**

21. Public Health Ring Fenced grant allocated to delivering oral health duties.

## **Privacy Impact Assessment**

22. Not applicable

## **Contact Points**

### County Council Contact Points

County Council: 01905 763763

Worcestershire Hub: 01905 765765

### Specific Contact Points for this report

Name: Rachael Leslie, Consultant in Public Health

Tel: 01905 845431

Email: rleslie@worcestershire.gov.uk

## **Supporting Information**

- Appendix 1: Oral Health Action Plan

## **Background Papers**

In the opinion of the proper officer (in this case the Director of Public Health) the following are the background papers relating to the subject matter of this report:

- NHS long Term Plan (2019) <https://www.longtermplan.nhs.uk/>