

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 20th November 2018

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PART I **FOR COMMENT & CONSIDERATION**

ORAL HEALTH IN SLOUGH CHILDREN

1. **Purpose of Report**

To inform the Panel of the picture of oral health in Slough, its links with health inequalities and the current provision for supporting oral health.

2. **Recommendation(s)/Proposed Action**

The Committee is requested to consider the actions being taken to deliver improved oral health, particularly in children in Slough.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

3a. **Slough Joint Wellbeing Strategy Priorities**

The current programme is aimed at supporting local children and their families to improve their health and wellbeing through improved oral health. In particular, this work supports the Joint Wellbeing Strategy priorities:

- Protecting vulnerable children
- Increasing life expectancy by focusing on inequalities

3b. **The JSNA**

The oral health activities have been developed in response to and using the evidence base of the Joint Strategic Needs Assessment.

3b. **Five Year Plan Outcomes**

The primary outcomes where delivery will be enhanced by the paper are:

- Outcome 1: Slough children will grow up to be happy, healthy and successful
- Outcome 2: Our people will be healthier and manage their own care needs

4. **Other Implications**

(a) **Financial**

There are no financial implications directly resulting from the recommendations of this report and outlined activities are within the current budget and resources.

(b) **Risk Management**

There are no identified risks associated with the proposed actions.

(c) **Human Rights Act and Other Legal Implications**

There are no Human Rights Act implications to the content of this report

(d) **Equalities Impact Assessment**

The content of this report does not require an Equalities Impact Assessment.

5. **Summary**

Slough has the highest rates of dental caries and dental decay in the South East of England. These poor oral health rates also have a close associative link with our high rates of obesity due to the link with free-sugars and deprivation.

The Public Health team are providing updates on the key health improvement projects designed to promote better oral health amongst Slough's residents. These key initiatives, detailed further below, include the Healthy Smiles and Starting Well programme, the integration of positive behaviour change for oral health in the Primary School Active Movement programme, and the creation of 2 new coordinators who will lead on healthy early years and healthy schools.

This report details the key interventions and programmes that are being undertaken over the coming 1-2years to support the drive in improving oral health in Slough.

The Wellbeing board is being asked to review the update on Oral Health provision in Slough and to provide comment and consideration.

6. **Supporting Information**

Context

- 5.1 Further to the arrangement agreed in the Health Scrutiny Panel on 28 June 2018, that the chairs of the Panel and Slough Wellbeing Board meet regularly to discuss issues of mutual interest, the chairs have met and an initial topic of oral health (with a focus on childhood oral health) has emerged. This report therefore outlines the picture of oral health in Slough, current provision for supporting oral health and future plans.

Picture of oral health in Slough

- 5.2 Oral health is essential to general health and quality of life for both adults and children. Review of the national data for oral health highlights a strong social gradient where the most socio-economically deprived have the worst oral health (with the least deprived having the best oral health). While specific evidence-based oral health interventions work, it is helpful to view poor oral health as a health inequality 'marker' of other health issues more associated with people in more deprived situations. From a 'prevention' perspective this includes health risk factors such as obesity¹, poor immunisation and screening uptake and greater likelihood of smoking. For this reason, providing a holistic approach to keeping well in addition to specific oral health interventions is key.
- 5.3 In Slough, there is a particular concern about the oral health of children. Slough has more children with teeth affected by decay, on average, than in any other local authority in the South East and one of the highest in England. The most recent data (2016/2017) tells us that 41.5% of children have one or more decayed, missing or filled teeth, compared to 23.3% in England and 16.4% in the South East. This is higher than would be expected even for the level of deprivation in Slough so there are likely to be other factors at play. In Slough, culture, language and home country oral health practice are all likely to be impacting children's oral health.
- 5.4 When tooth decay is severe, children may suffer significant pain leading to school absences, parents and carers seeking advice and pain relief urgently via Accident & Emergency and in some cases, children requiring inpatient oral surgery under general anaesthetic. These all have implications and costs - to the child in lost learning time; to families where they may be an impact on employment and to the NHS in higher cost treatment which could have been avoided.
- 5.5 The main focus of oral health promotion at present for Slough Borough Council (SBC) is children because there is the greatest opportunity for cost-effective, evidence-based early prevention interventions to influence a lifetime of good habits in tooth-brushing and looking after oral health. However, SBC has also invested in an adult oral health survey on a regular basis to monitor the oral health of our adults.
- 5.6 While there may not be dedicated oral health promotion activities aimed at adults, there are opportunities to weave in oral health promotion within the wider 'health and wellbeing' offer for groups of adults known to be at higher risk of poor oral health. These include people with serious mental health conditions, people in residential care, people with a learning disability, people who misuse drugs and people with certain other long term conditions such as diabetes. Poor oral health affects self-esteem and confidence (which may result in reduced mental wellbeing and social isolation), negatively affects a person's ability to achieve employment and also puts them at greater risk for more serious dental disease and even heart disease.

¹ Public Health England. National Dental Epidemiology Programme for England : oral health survey of five-year-old children A report on the prevalence and severity of dental decay [Internet]. London; 2013. Available from: <http://www.nwph.net/dentalhealth/Oral Health 5yr old children 2012 final report gateway approved.pdf>

- 5.7 Specific oral health activities that are running in Slough are described below. These are primarily funded from the SBC Public Health grant but where indicated, are part of a pilot initiative from NHS England who are responsible for NHS dental care. SBC Public Health also work closely with our South East Region oral health experts in PHE.

Current initiatives and successes in oral health

- 5.8 **Oral Health promotion project** – This project is provided by Oxford Health NHS Foundation Trust. It is an SBC Public Health-commissioned project. The project aims to upskill early years staff to be proficient in supervised tooth brushing; and knowledge around good oral health provision. In year 1 (2017-2018), we successfully accredited all Slough Children Centres with the gold award for oral health hygiene. Furthermore, we have trained 62 staff and health care professionals and run 40 community information sessions.
- 5.9 **PHE “Starting Well” initiative** – Slough Public Health are working with PHE (Public Health England) and Slough community dental practices in this NHS England-funded initiative to provide outreach to a minimum of 6-8 primary schools in Slough. The initiative works on 2 levels; to provide support to schools to supervise tooth brushing in Reception Class and Year 1 and for local increase the number of children and families using dental services. This also includes community dental open days (2 in 2018 and 1 in 2019).
- 5.10 **Active Movement** – Through the Public Health grant and our commissioned “Active Movement” programme, we are in the process of integrating an “active” oral health element into this holistic behaviour change inactivity reduction programme, which is currently being rolled out across Slough primary schools.
- 5.11 **Healthy Early Years and Healthy Schools coordinators** – Through the Public Health grant, the Public Health and Schools Quality teams are in the process of establishing two coordinator posts who will support early years settings and schools to develop a broad evidence-based approach to health and wellbeing amongst its students, families and staff. Good oral health will be part of this with the intention of strengthening the relationship with other healthy behaviours and providing greater sustainability of the messages and health behaviours.

7. Comments of Other Committees

A related paper on childhood oral health was presented to the Overview and Scrutiny Panel in August. This paper was presented to Health Scrutiny on 16th October who accepted its recommendations.

8. Conclusion

8.1 Oral health is important to health and wellbeing but also acts as marker of health inequality in certain key groups including children and ‘at risk’ adults. Therefore, in addition to oral health-specific interventions which are cost-effective and evidence-based, it is important to provide individuals and communities a wider, holistic approach to support them to keep themselves well.

8.2 The Public Health team are continuing this work through:

- Extending the commissioned Healthy Smiles programme to a minimum of March 2020
- Working with PHE to explore options of how to extend the Starting Well programme, post March 2019
- Working with PHE to see how we can better integrate our other holistic programmes (such as physical activity and healthy eating) with oral health work.
- Working directly with Slough early years settings and schools to embed healthy behaviours and knowledge amongst students, families and staff.
- Maintaining the monitoring of adult oral health (through formal survey) and as required, working with others with closer links to those people identified to be 'at risk' of poor oral health.

9. **Appendices attached**

None

10. **Background Papers**

None