Leeds CITY COUNCIL

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**Report of Director of Public Health**

**Report to Scrutiny Committee (Health and Wellbeing)**

**Date: 28th July 2015**

**Subject: Leeds Children and Young People Oral Health Promotion Draft Plan 2015-2019**

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| Are specific electoral Wards affected?<br>If relevant, name(s) of Ward(s): | ☐ Yes | ☒ No |
| Are there implications for equality and diversity and cohesion and integration? | ☒ | ☐ No |
| Is the decision eligible for Call-In? | ☐ Yes | ☒ No |
| Does the report contain confidential or exempt information?<br>If relevant, Access to Information Procedure Rule number:<br>Appendix number: | ☐ Yes | ☒ No |

## Summary of main issues

1. The Leeds Children and Young People Oral Health Promotion Plan (Appendix A: Plan on a Page) outlines a preventative programme from 0-19 which aims to ensure that every child in the city has good oral health. Parents, carers, children and young people will have access to effective oral health support and advice through a well-informed public health promoting workforce. Targeted interventions will support families with children and young people at risk of oral health inequalities.

## Recommendations

2. Scrutiny Board is asked to consider the content of the work to date and make suggestions regarding future actions.

3. Scrutiny Board is asked to consider the content of the plan and note the process of discussion and engagement that has taken place.

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## 1. Purpose of this report

1.1 The purpose of this report is to outline the Children and Young People Oral Health Promotion Plan. The report describes why and how it has been developed and the next stages of the plan's development.

This report describes:

- The importance of good oral health in children and young people.
- Leeds children and young people's oral health.
- The views of parents, carers and young people about their oral health
- The evidence base to improve oral health.
- The development of the Leeds Children and Young People Oral Health Promotion Plan and next stages.

## 2. Background information

2.1 In April 2013, Local Authorities became responsible for oral health improvement through their new public health function. Public Health England provides national support to oral public health agendas and NHS England commissions NHS dental services.

2.2 A number of national policies have contributed to the development of oral health promotion over the past decade. 'Choosing Better Oral Health – an Oral health Plan for England' (Department of Health, 2005) discusses the impact of poor dental and oral health on the population and demonstrates why there is a strong link between poor oral health and people living in areas of social deprivation. 'Delivering Better Oral Health: An evidence-based toolkit for prevention' (Dept of Health, 2014) outlines evidence-based guidance for oral health promotion for clinicians and the wider workforce who can be oral health promoters.

2.3 Guidance for Local Authorities and oral health improvement work has been issued by NICE and PHE: 'Oral Health: Local Authority oral health improvement strategies' (NICE, 2014) and 'Local Authorities improving oral health: commissioning better oral health for children and young people. An evidence informed toolkit for Local Authorities' (PHE, 2014).

2.4 This national policy and guidance is included in the Leeds Children and Young People's Oral Health Promotion Needs Assessment (OHP HNA) which was completed by Public Health in October 2014. The key findings and recommendation from the OHP HNA are discussed in this report.

2.5 Leeds Health and Wellbeing Board has identified the Best Start in life as one of four top commitments. Improving children's oral health makes a contribution to enabling children to have the best start in life.

2.6 The Children and Young People Oral Health Promotion strategy group has been established since Nov 2014. The group's remit is to develop the CYP Oral Health Promotion Plan and a detailed implementation plan for the city and to monitor its progress.

## 3. Main issues

Oral Health and General Health

3.1. Oral health is integral to general health; it is essential to general health and quality of life. Oral health is more than having 'good teeth'. It influences how children grow, enjoy life, look, speak, taste food and socialize. Good oral health in childhood can prevent tooth decay, tooth loss, tooth erosion and gum disease, oral infection and sores. Good oral health is maintained by good oral hygiene and maintaining a healthy and varied diet low in sugars and acids.

3.2. Dental caries, also known as tooth decay, is the most prevalent oral disease. Dental caries is caused by a complex interaction of tooth susceptibility, nutrition (sugars present in foods and drinks) and the oral environment.

3.3 Dental caries causes children and young people pain and it affects how they can speak, chew nutritional food, and socialise normally. Dental caries cause children and young people to be absent from school due to the pain they are experiencing. Dental caries in children's primary teeth affect the health of their permanent teeth.

The oral health of children and young people in Leeds

3.4 Public health undertook a citywide Oral Health Promotion Health Needs Assessment (October, 2014) to understand the oral health of Leeds children and young people and the trends in dental caries. This work was supported by a steering group which included Public Health England, Leeds Community Dental Service and Leeds Oral Health Promotion team.

3.5 The most reliable data came from the National Dental Epidemiological Surveys (led by Public Health England, commissioned by Local authorities). The national surveys examine five year old and twelve year old teeth every four to five years. The survey reports contain data for all local authorities in England which means that comparison can be made with core cities and statistical neighbours. The main index used to measure the extent and prevalence of tooth decay is dmft/DMFT (lower case for primary teeth, upper case for permanent teeth). Dmft is the number of decayed, missing teeth due to decay and filled teeth. The data quoted in this report is from the most recent national surveys published. For five year olds this was 2011/12 and for twelve year olds this was 2007/8.

3.6 The overall trend for oral health of children and young people in the UK is a slowly improving one. Leeds children and young people mirror this slowly improving trend too.

3.7 However, the oral health of children and young people in Leeds is worse than the average for England. The prevalence of dmft in five year children in Leeds is 33.7% and the average dmft for England is 27.9%. The prevalence of DMFT in twelve year old children is 45.8% compared to the average DMFT in England of 33.4%.

3.8 The severity of dental decay is the average number of decayed, missing or filled teeth in all children surveyed. In Leeds the severity of decay was 1.19 for a five year old child. In England the average was 0.94. In Leeds the severity of decay was 1.08

for a twelve year old child compared to the average for England of 0.74. The oral health of children and young people in Leeds is similar to core cities and statistical neighbours.

3.9 There are significant inequalities in the distribution of tooth decay in children and young people in Leeds. The surveys measure the average dmft for children who do experience tooth decay. This shows that a five year old in Leeds with decay experience on average has 3.54 teeth with decay. Children at age five have approximately 20 teeth. This means that one fifth of the teeth experience decay. For England the average decay experience for a five year old is 3.38 teeth with decay.

3.10 Twelve year olds who experience tooth decay in Leeds have on average 2.4 teeth affected. The average for twelve year olds in England is 2.2. Twelve year old children have permanent (adult) teeth. It is concerning that by age twelve, three of the permanent teeth are experiencing decay.

3.11 Inequalities in the distribution of tooth decay in children and young people is strongly associated with deprivation nationally and internationally. The association between inequalities in tooth decay and social deprivation is due to a complex interaction of factors such as poverty, access to services and environmental influences. This strong association between tooth decay and social deprivation is evident in Leeds. The four wards with the highest mean dmft all have indices of multiple deprivation rankings in the top 20% of the city. The four wards are Gipton and Harehills, Beeston and Holbeck, Middleton Park and Armley.

3.12 Nationally the links between dental caries in children and ethnicity are not straightforward and not as strongly associated as the links between social deprivation and dental caries. Studies suggest children of Black, Minority and Ethnic groups are at higher risk of dental caries if their parents are new to the UK; speak limited English; are part of a large family; do not use health services.

3.13 Children who are 'looked after' by the Local Authority may be at higher risk of oral health inequalities than their peers due to previous neglect of their oral health. There is no national or local data about the levels of dmft in children who are looked after by the Local Authority.

3.14 Data will become available about the oral health of children with additional needs when the results of the National Dental Survey for children attending special schools (2013-14) are published. Children with long term health conditions can be at risk of dental disease due to sugar loaded medicines, diet and abnormalities linked to the condition. Children with learning and developmental difficulties often need additional support to maintain effective oral hygiene.

<u>Engagement with parents, carers, children and young people</u>

3.15 It is important to understand how Leeds' children and young people, parents and carers experience their oral health and to learn about what contributes to healthy and unhealthy habits. There are two reports which provide this insight. These are the reports of the 'Growing up in Leeds Survey' 2012/13 and the 'Leeds Oral Health Promotion Children and Young People engagement report 2015'.

3.16 Every year Leeds children provide information about their health through the 'My Health, My School' survey (previously called 'Growing Up in Leeds'). Aspects of this extensive survey that are most relevant to oral health are information about dental attendance, tooth brushing habits and aspects of dietary intake.

3.17 It is recommended that children and young people attend the dentist twice per year. Oral health promotion advice, a dental examination and required treatment is provided at these appointments. Primary and secondary school children reported that on average:

- 56% attended a dentist twice per year
- 10.5% attended only if there was something wrong with their teeth
- 2.75% never visited the dentist.
- Fewer children who are eligible for free school meals (an indicator of poverty) attended the dentist twice a year (42%). 19% attended only if there was something wrong and a higher proportion never visited the dentist.

3.18 Toothbrushing with fluoride toothpaste twice a day for two minutes is the most effective activity children and young people can undertake to protect their teeth. Primary and secondary school children reported that on average:

- 73.5% of children and young people brush their teeth twice per day.
- 21% brushed their teeth once per day
- 4% did not regularly brush their teeth

3.19 Nutrition affects the teeth in all stages of their development. Dental caries disease occurs due to a complex interaction between sugars, dietary carbohydrate and bacteria in the mouth. The sugars that are particularly harmful to teeth are often called 'free sugars'. Free sugars refer to all sugars added to foods by a manufacturer, a cook or a consumer. Most free sugars are contained in processed and manufactured foods and drinks. Epidemiological studies show that people who eat a balanced diet with a variety of foods and low sugar generally have low caries experience. Dental erosion is another oral disease which children and young people experience. Erosion occurs when the tooth surfaces are etched away by acids. Sugar and acids in soft drinks (fizzy drinks, milkshakes, sweetened juices, smoothies and cordials) are a cause of tooth decay and erosion. The dietary sections of the 'Growing up in Leeds' survey showed that:

- 26% of primary school children eat five or more portions of fruit and vegetables per day.
- 13% of secondary school children eat five or more portions of fruit and vegetables per day.
- 56% of primary school aged children drink 2-3 sweetened drinks per day
- 74% of secondary school aged children drink 2-4 sweetened drinks per day

3.20 Leeds Oral Health Promotion Children and Young People Engagement Report describes engagement undertaken by Public Health and supported by a steering group including Public Health England, Leeds Community Dental Service, Leeds Oral Health Promotion team. The engagement included parents, carers, children and young people. It took place in a variety of settings with different styles to ensure voices from different parts of the diverse city of Leeds were heard. Engagement was undertaken at Parklands Children's Centre, Asha Community Centre, The Cupboard project, Leeds Youth Council, Leeds Community Dental service and a focus group of parents with children with additional needs. The key themes from the engagement were:

(i) There are barriers in attending the dentist. These include waiting list, travelling times and distances to a dentist; no language interpreting services in dental practices. If children and young people were fearful of attending, it was not helped by not consistently seeing the same dentist.

(ii) Parents and carers showed they did not know the main oral hygiene messages. They did not know how to find the key messages. Parents said they need regular reminders about how to look after their children's teeth especially when the children were younger.

(iii) Parents said they found it difficult to brush their child's teeth and they needed support to learn how to do this.

(iv) Parents felt that sweetened drinks and foods were so available that a 'whole community approach' was needed to limit children and young people's intake. Parents need support to encourage healthy eating behaviours.

(v) Young people said they relied on their parents and carers for oral health messages and did not directly receive messages about oral health from other sources. They said they wanted practical demonstrations about how to brush and floss effectively.

(vi) Young people said eating sweet snacks was the easiest way of getting a snack when they were hungry.

<u>What should we be doing? Using the evidence base</u>

3.21 The Leeds Children and Young People Oral Health Promotion Health Needs Assessment (2014) reviewed the research base and national policy and guidance to assess the most effective ways to improve the oral health of children and young people. The evidence base is extensive and is summarised in these six themes.

3.21.1 Increase fluoride exposure

Fluoride disrupts the process of tooth decay by changing the structure of developing enamel, making it more resistant to acid attack. These structural changes occur if a child's teeth are exposed to fluoride during the period when enamel develops (mainly up to seven years of age). Fluoride reduces the ability of plaque bacteria to produce acid, which is the cause of tooth decay. Fluoride decreases caries

risk but it does not always balance out the dietary factors involved in caries formation. Teeth can be exposed to fluoride through:

(i) Toothbrushing with a fluoride toothpaste twice a day for two minutes. Regular toothbrushing removes the plaque on the teeth and the fluoride in the toothpaste serves to prevent, control and stop the development of caries. Parents should supervise their child brushing their teeth until they are seven years of age.

(ii) Supervised toothbrushing schemes are highly recommended. A supervised scheme is where a nursery or primary school agrees to supervise the toothbrushing of the children one time during the school day. In Leeds there are schemes in targeted areas and 13 children's centres take part and 8 primary schools.

(iii) Free distribution of toothbrush and paste has shown to increase toothbrushing and reduce dental caries. In Leeds 'Brushing for Life' is a health visitor led programme distributing toothpaste, brush and an educational leaflet and professional advice. This is a universal intervention delivered at the Health Visiting 7-9 month contact.

(iv) Fluoride varnish is a varnish that dental practices can apply. It is a clear and taste free varnish. It is recommended that all 3-16 year olds should have fluoride varnish applied twice yearly by their dentist. It is a cost effective way to prevent caries in children and young people. The proportion of Leeds children attending a dentist in 2013/14 who received fluoride varnish was 33.6%. Fluoride varnish community programmes could be delivered in venues other than dentists, for example schools. Currently there are no community fluoride varnish programmes in Leeds.

(v) Water fluoridation. Currently Leeds does not have public water fluoridation.

3.21.2 Promote a healthy diet

Oral health depends on a child and young person having a good nutritional diet. Every child and young person needs to:

(i) Eat a minimum of five portions of fruit and vegetables per day.

(ii) Reduce intake of foods and drinks high in sugar and acid. Sugary foods are best eaten at meal times. Food and drinks with added sugars should be limited to a maximum of four times a day.

(iii) Consume sugary foods only at mealtimes.

(iv) Use sugar-free medications.

Two Leeds public health strategies and implementation plans support oral health improvement because of the common risk factors between oral health and the importance of healthy diets for all children and young people. 'Leeds Childhood Obesity Prevention and Weight Management' strategy is a citywide strategy to support children and young people to achieve a healthy weight. It has resulted in interventions to increase healthy diet and reduce the consumption of sugary foods and drinks. 'Leeds Breastfeeding Strategy - Food for Life' aims to increase breastfeeding rates. Breastfeeding provides excellent conditions for the primary teeth to develop.

Examples of interventions which support healthy diet and oral health improvement are campaigns such as the 'Five a day' campaign and the 'Change for Life' campaign. Examples of locality work in disadvantaged areas which increase fruit and vegetable consumption is The Food Dudes Programme and the Ministry of Food Cooking skills intervention. Food Dudes works with 12 primary schools across West and North West Leeds. Early results from the programme show increases in fruit and vegetables. Community Health Development contracts in disadvantaged areas funding by Public Health provide other food related activity including food introduction sessions, shopping and budgeting advice and cooking skills which also contribute to increasing fruit and vegetable consumption in families.

3.21.3 Children and families workforce to be an oral health promoting workforce.

Oral health is an important part of general health and is the responsibility of a wide range of the workforce working with children, young people and families. This workforce includes children's centres, health visitors, school nurses, schools and specialist children's health and social services. There are four key ways to ensure oral health has a priority within these services:

(i) Ensure the workforce is trained to promote oral health. The workforce should be trained to give the correct information and to support behaviour change in children and families. An Oral Health Promotion team is commissioned to promote oral heath to the wider children's workforce and provide training.

(ii) Include information and advice on oral health in local services' health and wellbeing policies

(iii) Ensure service specifications include a requirement to promote oral health.

(iv) Create environments that promote oral health. This includes encouraging and supporting breastfeeding; making plain drinking water freely available; offering a choice of food, drinks and snacks that support good oral health and a healthier diet; display information about local dental services. Many settings have improved their healthy environment eg. many schools have healthy lunchbox policies and a ready supply of fresh drinking water.

3.21.4 Improve dental attendance.

It is recommended that a child visits the dentist after the eruption of the first tooth. From then on the child should attend the dentist twice a year. Attending the dentist sets up a lifetime of oral care habits as the dentist provides preventative advice and interventions and the child is acclimatised to the dental surgery. Key ways to promote dental attendance are:

(i) Promote dental attendance to pregnant women and all parents. Parents who attend the dentist are more likely to bring their child to a dentist.

(ii) Ensure all parents and carers know how to access a local dentist and know that it is free for children and young people.

3.21.5 Reduce dental injuries

A high proportion of dental injuries occur during leisure activities at home, in playgrounds and in schools and nurseries. Teenagers are mostly injured during sporting activities, traffic accidents and in violent incidents. Dental injuries are difficult to prevent because they are accidents. However there are key ways to support their reduction:

(i) Provide effective parenting support and advice to all parents of younger children. Parenting advice and support is provided through health visiting services to all families. Children's centres provide parenting support.

(ii) Promote the use of gum shields in high risk sports.

(iii) Promote the use of cycle helmets.

(iv) Give key messages about how to care for a tooth if it is knocked out prematurely during an accident.

3.21.6 Reduce use of tobacco and alcohol products.

Tobacco use whether it is smoked, chewed, sucked or inhaled significantly increases the risk of developing oral cancer, periodontal (gum) disease and tooth decay. By the age of 15 more than a quarter of boys smoke and a third of girls in England smoke. In England the highest proportion of self-reported chewing of tobacco is in the Bangladeshi community. Water pipe smoking is an emerging risky health behaviour amongst young people of all ethnicities but particularly amongst South Asian communities.

Leeds tobacco control action plan oversees the continuing development of initiatives to reduce tobacco use in the city.

Alcohol is a causal factor of oral cancer. It also increases the risk of accidents which can cause dental trauma. Many popular alcoholic drinks contain a lot of sugar which is as harmful to teeth as sugars in foods.

Currently in Leeds there is a citywide action plan to reduce the impact of alcohol and drug misuse among children, young people and families.

The development of the Leeds children and young people oral health promotion plan

3.22 The evidence from the Children and Young People Oral Health Promotion Health Needs Assessment is clear that to improve oral health a co-ordinated programme of partnership work needs to be developed throughout many sectors. To develop a Plan for this programme of work, stakeholders were invited to be part of an Oral Health Promotion strategy group. The terms of reference for this group state that: stakeholders will support the development of the citywide Plan; and will take responsibility to drive forward the subsequent implementation plan and evaluate it annually.

3.23 The strategy group involves specialist services and the wider children and families public health promoting workforce. Strategy group members are representatives from:

- Public Health England
- Leeds Dental Network
- Leeds Dental Institute
- Leeds Community Dental Service
- Leeds Oral Health Promotion team
- Public Health, Leeds City Council
- Children's Centres, Leeds City Council
- Health and Well-being Service, Leeds City Council
- School Nursing Service, Leeds Community Healthcare Trust
- Health Visiting Service, Leeds Community Healthcare Trust
- Children Looked After and Safeguarding, Leeds Community Healthcare Trust
- Third sector in Leeds

3.24 The Draft Leeds Children and Young People Oral Health Promotion Plan is a five year plan that has been developed through the Oral Health Promotion strategy group. The draft Oral Health Promotion Plan was produced in March 2015 and went out to wide consultation April- June 2015. Amendments have been made to the plan following this consultation.

3.25 The overall outcomes of the CYP Oral Health Promotion Plan are:

- Children and young people, parents and carers are supported to care for oral health through the promotion of oral health messages and environments that are healthy to children's teeth
- Children and young people's intake of sugar is reduced
- Every child's teeth are exposed to adequate amounts of fluoride.
- Children and young people access preventative services from their dentist.

3.26 The headline indicators for the plan are: the mean number of teeth with dental caries; and the restoration rates and extraction rates in children and young people

The next stages for the Plan

3.27 The draft plan will be considered by Health Scrutiny in July 2015, and will go to Health and Wellbeing Board ion 30th September 2015 for ratification.

3.28 An implementation plan is currently being developed. It will a two year implementation plan initially. A workshop to develop the two year implementation plan took place on 19th June. Initial actions from the workshop suggest that the focus over the next year will be to:

- Promote LeedsSmiles website resource to parents, carers and the workforce.
- Promote toothbrushing schemes in more nurseries and schools
- Increase the participation of parents in the toothbrushing schemes.
- Develop oral health promoting policies in key services who deliver to children and young people.
- Explore where service specifications can be changed to ensure oral health is a priority.

Measuring the progress of the plan

3.29 A dashboard of indicators will be developed which will be reviewed on an annual basis.

## 4. Corporate Considerations

### 4.1 Consultation and Engagement

The work cited in this report references a range of consultation and engagement undertaken by services with children, young people and their families. Both NHS and Council services have structures and mechanisms in place for ongoing engagement.

### 4.2 Equality and Diversity / Cohesion and Integration

The paper refers to key issues around inequalities, and describes a proportionate universal approach to delivery of services in order to target increasing resource on those with greatest need. An equality impact assessment has been undertaken and demonstrated that the needs assessment and Plan have appropriately taken inequalities into consideration

### 4.3 Council policies and the Best Council Plan

Issues covered relate to key priorities in the Health and Wellbeing Strategy. CYP oral health is an aspect of Best Start which is a top commitment of the Health and Wellbeing Strategy, and is closely aligned to the Children and Young People's Plan outcome that 'children and young people enjoy healthy lifestyles.'

### 4.4 Resources and value for money

The evidence based recommendations for actions to improve oral health are contained in National Institute for Health and Care Excellence (NICE) guidelines. The guidelines take account of cost effectiveness and value for money.

### 4.5 Legal Implications, Access to Information and Call In

None

### 4.6 Risk Management

None

## 5. Conclusions

5.1 Leeds Children and young people have worse oral health than their peers in England and this is an unacceptable inequality that requires action across the city. Within Leeds there are oral health inequalities which require targeted interventions. The evidence base shows there are cost effective interventions to improve oral health. The Children and Young People Oral Health Promotion Plan will provide structure to a programme of work across multiple agencies and sectors. Engagement in the Plan by a wide cross section of shows a commitment to make oral health improvement of children and young people a priority.

## 6. Recommendations

6.1 Scrutiny Board is asked to consider the content of the work to date and make suggestions regarding future actions.

6.2 Scrutiny Board is asked to consider the content of the plan and note the process of discussion and engagement that has taken place.

## 7. Background documents[1]

Growing up in Leeds. Trend data 2009-13. Leeds city council (www.schoolwellbeing.co.uk)

Leeds Children and Young People Oral Health Promotion Health Needs Assessment 2014. Public Health, Leeds City Council (www.observatory.leeds.gov.uk)

Leeds Health and Wellbeing Strategy, Leeds City Council.

[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.