

**Draft Leeds Children and Young People Oral  
Health Promotion Plan**

**2015-2019**

**(Long Version)**

DRAFT

## 1. Summary

The Leeds Children and Young People Oral Health Promotion Plan (Appendix A: Plan on a Page) outlines a preventative programme from 0-18 which aims to ensure that every child in the city has good oral health. Parents, carers, children and young people (CYP) 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.

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.

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

## 2. Why a Children and Young People's Oral Health Promotion plan?

- 2.1 Oral health is integral to general health and quality of life. Good oral health is maintained by effective oral hygiene and by maintaining a healthy and varied diet low in sugars and acids (1). Oral health is more than having 'good teeth' as it affects how children look, speak, taste food and socialize. Dental caries, also known as tooth decay, is the most prevalent oral disease and is caused by a complex interaction of tooth susceptibility and sugars present in foods and drinks. Dental caries causes children and young people pain and may cause them to be absent from school or requiring dental interventions which can include a general anaesthetic for worse cases of tooth decay (2, 3). Dental caries in children's primary teeth affect the health of their permanent teeth. Children and young people who experience poor oral health can also develop tooth erosion, gum disease, oral infection and sores.
- 2.2 In April 2013, Local Authorities became responsible for oral health improvement through the Public Health function. Guidance for Local Authorities about oral health improvement work has been issued by the National Institute for Health and Clinical Excellence (NICE, 2014) (4) and Public Health England (2014) (5). National policies from the Department of Health complement this guidance (6,7,8,9). These documents describe how a multi sector approach is essential to promoting oral health. An overarching Plan is recommended to ensure all opportunities are maximised.
- 2.3 It is important to understand the oral health of children and young people in Leeds and this information comes from the National Dental Epidemiological Surveys. These are led by Public Health England. 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 the 2011/12 survey <sup>(10)</sup> and for twelve year olds this was the 2007/8 survey <sup>(11)</sup>.

The overall trend of children and young people's oral health in the UK is a slowly improving one. The oral health of children and young people in Leeds mirrors this trend and is similar to core cities and statistical neighbours.

- 2.4 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% <sup>(10)</sup>. The prevalence of DMFT in twelve year old children is 45.8% compared to the average DMFT in England of 33.4% <sup>(11)</sup>. This shows that significantly more children and young people experience tooth decay in Leeds than the average for England.
- 2.5 There are significant inequalities in the distribution of tooth decay in children and young people within 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 has an average of 3.54 teeth with decay <sup>(10)</sup>. 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. Twelve year olds who experience tooth decay in Leeds have an average of 2.4 teeth affected. The average for twelve year olds in England is 2.2 <sup>(11)</sup>. Twelve year old children have permanent (adult) teeth. It is concerning that by age twelve; three of the permanent teeth are experiencing decay.
- 2.6 Inequalities in the distribution of tooth decay in children and young people are 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 <sup>(12, 13)</sup>. This strong association between tooth decay and social deprivation is evident in Leeds. Nationally the links between dental caries in children and ethnicity are 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 or do not use health services <sup>(12,13)</sup>. 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 <sup>(14)</sup>. Children with long term health conditions and children with learning and developmental difficulties can be at risk of oral health inequalities <sup>(15, 16)</sup>.

### **3. What should we be doing? Using the evidence base**

- 3.1 A review of the evidence base, national policy and guidance describes the most effective ways to improve the oral health of children and young people. The evidence base is extensive and is summarised in six themes: increase fluoride exposure; promote a healthy and varied diet; develop an oral health promoting workforce; improve dental attendance; reduce dental injuries and reduce use of tobacco and alcohol products.
- 3.2 Fluoride disrupts the process of tooth decay by changing the structure of developing enamel, making it more resistant to acid attack. It is recommended

that all children and young people brush their teeth twice a day with fluoride toothpaste (9). The 'My Health, My School' survey (previously known as 'Growing up in Leeds' Survey (17) shows only 73.5% of children and young people brush their teeth twice a day. Several interventions have been shown to increase regular toothbrushing. Distribution of free toothbrush and fluoride toothpaste is recommended (9). 'Brushing for Life' is a health visitor led programme distributing toothpaste, brush and education at a child's 7-9 month contact. Supervised toothbrushing schemes are where a nursery or primary school agrees to supervise toothbrushing one time during the school day (9). In Leeds 13 children's centres and 8 primary schools have schemes. Exposure to fluoride also occurs through application of fluoride varnish. It is recommended that all 3-16 year olds should have fluoride varnish applied twice yearly by their dentist (9). In 2013/14 only 33.6% of children who attended a dentist received fluoride varnish application. Public water fluoridation reduces dental caries (18). Leeds does not have a public fluoridated water supply.

- 3.3 Every child and young person needs a varied and healthy diet to sustain their general health and oral health (19). 'My School, My Survey' data (17) showed that the diet of children in Leeds requires improvement. On average only 20% of children and young people eat five portions of fruit and vegetables per day and the majority had between two and four sweetened drinks per day. 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.
- 3.4 The wider children's workforce is an important resource to promote oral health. Examples of this workforce are health visitors, school nurses, schools, child minders, children's centres and specialist children's health and social services. An Oral Health Promotion team (Leeds Community Healthcare Trust) is commissioned to train the wider children's workforce in oral health promotion knowledge and skills.
- 3.5 It is recommended that a child visits the dentist after the eruption of the first tooth (9). From then on the child should attend the dentist twice a year for preventative advice and interventions. 'My Health, My School' survey shows that only 56% of children and young people attended a dentist twice per year.
- 3.6 Tobacco use whether it is smoked, chewed, sucked or inhaled significantly increases the risk of developing oral cancer, periodontal (gum) disease and tooth decay (9). 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 and 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 (9). Currently in Leeds there is a citywide action plan to reduce the impact of alcohol and drug misuse among children, young people and families.
- 3.7 A high proportion of dental injuries occur during leisure activities at home, in playgrounds and in schools and nurseries (20). Parenting advice and support and

information about home safety is available through health visiting services and children's centres. Teenagers are more likely to have dental injuries due to sporting activities, traffic accidents and violent incidents (20). Gum shields and cycle helmets can be promoted to teenagers taking part in sports.

#### **4. How was the plan developed?**

- 4.1 The Children and Families Team in Public Health undertook the Leeds Children and Young People's Oral Health Promotion Health Needs Assessment (October 2014) and the Oral Health Promotion Engagement report (October 2014). These reports provided essential information to form the basis of the plan. The Health Needs Assessment and Engagement report were supported by a steering group including representatives from Dental Public Health at Public Health England (PHE); Leeds Community Dental Service and the Oral Health Promotion team. The Oral Health Promotion Health Needs Assessment provided an analysis of oral health data and a review of the evidence base. The Engagement plan involved understanding the people's experience of caring for their oral health. Engagement exercises included parents, carers, children and young people and took place in a variety of settings and groups to ensure a diversity of experiences were captured. For example engagement exercises took place at Leeds Youth Council, Parklands Children's Centre, Asha Bangladeshi Centre and the Cupboard Project. Carers with children with additional needs and children and young people requiring specialist dental services from the Community Dental Service were included in the engagement work.
- 4.2 To develop a Plan for this programme of oral health promotion work, key stakeholders were invited to be members of the Oral Health Promotion strategy group. The strategy group's membership includes Dental specialists, Public Health and the wider children and families' public health promoting workforce from NHS, LCC, PHE and Third sector. Public Health chairs the Children and Young People Oral Health Promotion Strategy group and the group has met quarterly since November 2014.
- 4.3 The Draft Leeds Children and Young People Oral Health Promotion Plan is a five year plan. It was produced in March 2015 and was sent out for wide consultation from April to June 2015. Amendments have been made to the plan following this consultation. The Draft Plan was discussed at Health Scrutiny in July 2015.

#### **5. What will we do next?**

An implementation plan is currently being developed by the strategy group and wider stakeholders. The strategy group are responsible for ensuring the implementation plan is taken forward.

#### **6. How will we measure progress?**

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

## **APPENDIX A**

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

**Outcome:** All children and young people have good oral health

**Vision:** Every child in Leeds and their parents and carers have access to effective oral health support and advice through a well-informed workforce delivering evidence based advice and interventions. Targeted interventions support parents and carers and children and young people to reduce oral health inequalities.

**Headline Indicators:** Mean number of teeth with dental caries and restoration rates in five and twelve year olds; extraction rates.

<b>Objectives</b>	<b>Priorities</b>	<b>Indicators</b>
<b>1. Children and young people (CYP), parents and carers are supported to care for oral health.</b>	1. Support the children and young people's health promoting workforce to work effectively with parents and CYP to improve oral health behaviours 2. Provide a range of opportunities when parents and CYP will be informed about how to care for oral health 3. Support childcare settings and schools to provide environments that promote good oral health 4. Include oral health in the delivery of public health programmes and services for CYP and parents.	1. Number of staff in the wider children and young people's workforce attending evidence based oral health promotion training. 2. Number of 'Brushing for Life' packs distributed. 3. Number of children receiving a Health Visitor 7-9 month and 2 year check.
<b>2. Children and young people's intake of sugar is reduced.</b>	5. Promote awareness of the impact of sugary drinks, snacks and medicines on oral health. 6. Support the work of the 'Childhood Obesity Management Board' to promote healthy eating.	4. Breastfeeding initiation and maintenance. 5. Obesity levels in Reception and Year 6. 6. Number of CYP who report lower intakes of sugar loaded drinks and snacks.
<b>3. Every child's teeth are exposed to adequate amounts of fluoride.</b>	7. Promote toothbrushing schemes in children's centres, nursery and primary schools to target inequalities. 8. Support the delivery of high quality oral health promotion in schools. 9. Increase the uptake of fluoride varnish application. 10. Raise the general awareness of water fluoridation.	7. Percentage of CYP receiving fluoride varnish application. 8. Percentage of CYP reporting good toothbrushing habits. 9. Number of schools and number of children taking part in toothbrushing schemes.
<b>4. Children and young people access preventative services from their dentist.</b>	11. Raise awareness about the importance of dental attendance. 12. Support the delivery of preventative care by dental practices.	10. Percentage of CYP attending a dentist. 11. Percentage of CYP who report attending a dentist annually.

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