

Report of Director of Children and Families







Report to Scrutiny Board (Children and Families)

Date: 6th March 2019



Subject: Scrutiny inquiry - is Leeds a child friendly city?

Outcome: Children and young people enjoy healthy lifestyles	Focus areas: Leeds Children and Young People Oral Health Promotion
Story behind the baseline and turning the curve story	
<p>Dental decay is an important aspect of a child’s overall health status. It leads to pain, distress, sleepless nights, and time off school and affects school readiness. Establishing good oral health practice from as soon as a child’s teeth emerge lays the foundation for life. Preventive interventions are therefore concentrated in the early years. Dental caries (tooth decay) is preventable, but is still the most common oral disease in children affecting 23% of 5 year olds nationally (2017) and 31.1% in Leeds. Oral health is improving across the city though we are one of the thirty LA areas in England with the highest levels. The main source of data for children’s oral health are the National Epidemiological Dental Surveys. The Leeds survey of a sample of 5 years olds is commissioned by LCC Public Health, and takes place every 2 years, different target populations are surveyed in the intervening years.</p> <p><u>Key findings from the latest report (2017) are:</u></p> <p>Prevalence of decay experience - In Leeds, 31.1% of children examined had experience of decay, compared with 15.9% in York and 39.8% in Bradford (lowest and highest in region).</p> <p>Dental Decay Severity - The number of teeth affected by decay is a measure of severity. In Leeds this figure per child was 1.1, compared to an England average of 0.8.</p> <p>Incisor Decay - Associated with long term bottle use with sugar-sweetened drinks. Leeds rate was 9.5% of children examined compared to 5.1% in England. National data show high levels in Chinese (21.6%), Eastern European (18.6%) and Asian/Asian British (13.6%) ethnic groups.</p> <p>Extractions - In young children this often involves admission to hospital and a general anaesthetic. Leeds rate was 3.6% compared with an England average of 2.4%.</p> <p>Fluoride Application by Dentists - Applying fluoride varnish twice a year improves oral health in CYP. In Leeds, 47.9% of children had a single case of treatment where fluoride varnish was applied compared with 42.9% England average.</p> <p>Inequalities in Oral Health - Whilst oral health is improving in Leeds and nationally, inequalities remain with the most vulnerable and socially excluded disproportionately affected. Data from the My Health My School survey offers local insight into self-reported lifestyle behaviours in CYP.</p> <p>Tooth Brushing Habits – As soon as teeth erupt they should be brushed twice daily with a fluoridated toothpaste. The survey reports 77.8% of children surveyed achieve this.</p> <p>Intake of sugary drinks - Percentage of CYP who report lower intake of sugary drinks has increased from 13.6% (2013/14) to 21.5% (2017/18).</p>	
Summary of the journey	
Narrative/key milestones	Summary of relevant key actions taken since 2011: The Health and Social Care Act (2012) conferred responsibilities on local authorities (LAs) for oral health improvement. LAs have specific dental public health functions and are statutorily required to provide or commission oral health promotion programmes.
Narrative/key milestones	

	<p>LCC Public Health (PH) commissions the Oral Health Promotion Service (OHPS) which is delivered by Leeds Community Healthcare NHS Trust (LCH). The service delivers tooth brushing schemes, workforce training and the dental epidemiological surveys. The service will become part of the 0-19 Public Health Integrated Nursing Service Contract from April 2019, current budget is £63,600. The Leeds CYP Oral Health Promotion Health Needs Assessment (2014) produced by Public Health informed the development of an Oral Health Strategic Plan for CYP for 2015-2019 with key partners across the city.</p> <p>There are four key objectives with identified priorities and commissioned programmes aligned to them. They are actively monitored and delivered in partnership as part of the role of the Leeds Oral Health Strategy Group.</p>																						
<p>Performance measures 2011 to 2018</p>	<p>The trend data for oral health in CYP is shown in the table below:</p> <table border="1" data-bbox="371 595 1401 1066"> <thead> <tr> <th rowspan="2">INDICATOR</th> <th colspan="2">2011</th> <th colspan="2">2018</th> <th rowspan="2"></th> </tr> <tr> <th>Leeds</th> <th>England</th> <th>Leeds</th> <th>England</th> </tr> </thead> <tbody> <tr> <td>Percentage of 5 year olds with obvious decay experience</td> <td>40.7% (2007/8)</td> <td>30.9% (2007/8)</td> <td>31.1% (2016/17)</td> <td>23.3% (2016/17)</td> <td></td> </tr> <tr> <td>Average dmft where decay is reported</td> <td>3.67 (2007/8)</td> <td>3.45 (2007/8)</td> <td>3.61 (2016/17)</td> <td>3.35 (2016/17)</td> <td></td> </tr> </tbody> </table>	INDICATOR	2011		2018			Leeds	England	Leeds	England	Percentage of 5 year olds with obvious decay experience	40.7% (2007/8)	30.9% (2007/8)	31.1% (2016/17)	23.3% (2016/17)		Average dmft where decay is reported	3.67 (2007/8)	3.45 (2007/8)	3.61 (2016/17)	3.35 (2016/17)	
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<p>Additional Supporting evidence 2011 to 2018</p>	<p>The latest survey of 3 year olds in 2013 showed that the prevalence of decay in Leeds was 19.4% compared to the England average of 12%. Data from the latest survey of 12 year olds (2008/9) show prevalence of decay in Leeds of 45.8% compared with 33.4% in England as a whole. The Children and Families Public Health team have produced a number of other Health Needs Assessments (HNA) which have informed local planning and development of Oral health projects</p>																						
<p>Universal</p>	<ul style="list-style-type: none"> • The Oral Health Promotion (OHP) Service delivers training to front-line practitioners that work with CYP. In 2017/18 129 practitioners participated. • The Brushing for Life Programme is delivered by the Health visiting Service to around 8,000 children each year at the 12month review. Families are given a toothbrush, toothpaste and some brief oral health advice. • Breastfeeding is linked with a decreased risk of tooth decay. Support to breastfeed is available across the city by HV service, CCs and peer support. • The Health and Wellbeing Service have embedded oral health promotion messages into the PHSE Curriculum. • Leeds Dental Institute is a key partner in the Leeds CYP Oral Health Strategy Group and actively lead research to expand the evidence-base on preventative approaches to improve oral health. • Resources to promote Oral Health including the Leeds Smiles website have been developed. National programmes are used locally to promote OH messages to the wider population. • HENRY (Health Exercise and Nutrition for the Really Young) programmes cover healthy eating and drinking messages for under 5's. Families participating report a reduction in sugary drink consumption. Since 2011 over 800 staff have participated in HENRY training and are therefore more confident and skilled in using a collaborative approach to work with families 																						

	<p>on the sensitive issue of weight and healthy lifestyles. There are approximately 400 families accessing the programmes annually.</p> <ul style="list-style-type: none"> • The new Whole School Food Policy (December 2017) embedded sugar recommendations. Catering Leeds have been reducing sugar in meals. • The OHP and Health Visiting Services maximize opportunities to promote the application of fluoride varnish.
Vulnerable	<ul style="list-style-type: none"> • Targeted tooth brushing schemes deliver a £3.66 Return on Investment for every £1 spent. Tooth brushing schemes are delivered in settings that meet the eligibility criteria, such as Band 1* and Band 1 schools. Nearly 5,000 children participate in 14 schools, 15 CCs and 4 private nurseries. National reductions in the PH grant currently prevents expansion of this scheme. • Choose the Cup campaign encouraging open cup drinking is targeted in areas with high levels of decay (Burmantofts and Richmond Hill, City and Hunslet; Gipton and Harehills, Armley; Middleton Park, Beeston and Holbeck; Killingbeck and Seacroft.
Children looked after	<ul style="list-style-type: none"> • The 0-19 Public Health Integrated Nursing Service and Child Looked After Health Team conduct Health Needs Assessments for every Child Looked After. If oral health issues are identified the child or young person is supported to access treatment/services required. • Developed and delivered training in 2018 for foster carers following insight work revealed food and nutrition issues are common. Plan to deliver further courses in 2019 • Discussed content and learning from Food in Care training and adapted course as required.
Next stage of our journey	
Future aspirations	<ul style="list-style-type: none"> • Relaunch of the Leeds Smiles website including a social media campaign • Further work is planned to promote uptake of fluoride varnish with parents and carers. Some local authority's commission community fluoride application programmes as part of a targeted approach, which is underpinned by a strong evidence base. This is a programme intervention we would consider commissioning should additional funds for OHP become available in Leeds. • Continue the rollout and evaluation of the Choose the Cup campaign • Increase participation in the dental surveys for 5 year olds • A key priority for the Leeds Oral Health Strategy Group is to better understand the barriers to preventative treatments and specifically barriers to accessing dental services being offered to children and young people. • Support the oral health promotion team with their aspiration to review their training offer <ul style="list-style-type: none"> - Extend the number of children participating in tooth brushing schemes in targeted areas subject to funding
Challenges and barriers	<p>Existing barriers/challenges and proposed next steps</p> <ul style="list-style-type: none"> • Inequalities remain, with the most vulnerable and socially excluded disproportionately affected. • Within the existing budget envelope expansion of schemes or implementation of additional evidence-based interventions is not feasible (i.e. Community Fluoride Varnish Programmes)
Supporting evidence	
<p>Public Health England. (2018). <i>National Dental Epidemiology programme for England: oral health survey of five-year-old children 2017. A report on inequalities found in prevalence and severity of dental decay.</i> Available from: https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2017</p> <p>Public Health England (2016). <i>Return on investment of oral health improvement programmes for 0-5 year olds.</i> Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560973/ROI_oral_health_interventions.pdf</p>	