

Report of the Assistant Director of Public Health

**Children's Oral Health Improvement Strategy**

**Summary**

1. A previous performance report to Scrutiny Committee highlighted that hospital admissions for dental caries for children aged 0-4 in York were higher than the England average.
2. Scrutiny Committee requested that further work be carried out to understand the reasons for this and what recommendations might be needed to improve this.
3. This report outlines the work that has been undertaken by the Oral Health Improvement Advisory Group (OHIAG) in developing a strategy to improve oral health for children within the City of York.

**Background**

4. An Oral Health Improvement Advisory Group (OHIAG) was established for York in December 2017. The main purpose of the OHIAG was to bring partners together from across the City of York to drive oral health improvement, address oral health inequalities and promote population oral health prevention across the city.
5. The OHIAG identified their first priority as being children. This was in response to the Joint Health and Wellbeing Strategy for York, which stated the Board would monitor progress on 'reducing hospital admissions for tooth decay in children' and in response to the request from this Scrutiny Committee to have a better understanding of the reasons for high admissions for dental caries in the 0-4 age group and develop an action plan to address this.

6. To achieve the aims and objectives of the group, membership constituted representatives from a wide range of organisations with a particular interest and focus on oral health in the City of York.
7. An oral health needs assessment of children in York was undertaken by OHIAG. This explored the oral health needs of children in York and identified any areas of concern in order to target resources towards improving the oral health of those at specific risk. The needs assessment had a specific aim of understanding the high admission rates for dental caries in 0-4 year olds in York.
8. The data examined as part of the oral health needs assessment showed an emerging picture of the oral health of our children in York; suggesting that in five year olds in York oral health is good. There is data that suggests that oral health by age 12 has declined, but this data is almost ten years old.
9. Attendance at a dentist for young people in York is high, although improvements could be made in the 0-2 age group. This is likely to be achieved through better education of parents about when to start taking your child to see a dentist and will fit with regional work being led by NHS England.
10. Referral to hospital for tooth extractions for any cause is in line with England rates overall for children in York, although it is slightly higher for the under 10 age groups. This is not a dissimilar picture to that seen for the Yorkshire and Humber region as a whole.
11. The high rates of extractions under general anaesthesia for dental caries in the 0-4 age group has not fully been explained to date, but the data highlighted suggests that this is not due to poorer oral health of children in York.
12. Using this data, the OHAIG led the development of the Children's Oral Health Improvement Strategy. This strategy presents the first strategic approach to oral health improvement within the City of York, supporting prevention and promotion of good oral health in children and young people.
13. It is aimed at improving the oral health of all children in York, with a particular focus on those children who are most vulnerable by addressing inequalities in oral health which were identified in the Oral Health Needs Assessment.
14. The implementation of this strategy will assist in ensuring that all children establish a solid foundation for good oral health in the early years, which

it is hoped will continue into adulthood and throughout the life course. Establishing good oral health behaviours early in life can reduce the burden of restored or treated teeth into adulthood and minimise the number of adults recalling negative childhood dental experiences. Individuals who are willing to seek treatment will reduce the lost productivity in the workforce due to days off as a result of dental pain.

15. The strategy has been developed using an evidence base toolkit: Local Authorities Improving Oral Health: Commissioning Better Oral Health for Children and Young People (CBOH) (PHE, 2014) which outlines the efficacy and cost effectiveness of evidence based oral health interventions.
16. There are six main objectives of the strategy:
  - Promote oral health in children and young people;
  - Strengthen community actions that will support improved oral health;
  - Ensure the reorienting of health services for prevention;
  - Develop the oral health knowledge base of the professional workforce;
  - Create environments that support individuals with good oral health;
  - Integration of oral health policy into wider strategic priorities.
17. The OHIAG will lead the implementation of this strategy and ensure engagement with other partners as required and in line with any actions undertaken as part of the strategy.
18. An action plan will be created, to sit alongside the strategy, which will translate the following improvement principles into tangible actions.

## **Consultation**

19. Initial consultation that has taken place through the OHAIG, membership of which includes:
  - Public Health Lead, City of York Council
  - Members of the Local Dental Committee
  - Local Dental Network Chair and Dental Commissioner, NHS England
  - Community Dental Service

- Consultant in Dental Public Health, Public Health England
- Specialist Registrar in Dental Public Health, Public Health England
- Representative of Dental Care Professionals
- Oral Health Promotion leads
- Patient Representative: Healthwatch
- CCG representative
- Acute NHS trust
- CYC: Healthy Child Service and Adult Social Care

### **Council Plan**

20. The work of the OHIAG and the associated strategy relate to the Council Plan priority to focus on frontline services for residents.

### **Implications**

21. There are no implications associated with the recommendation of this report.

### **Financial**

22. There are no financial implications to this report. The OHIAG is undertaken within the budget of Public Health.

### **Human Resources (HR)**

23. There are no HR implications.

### **Equalities**

24. The aim of the OHIAG is to improve oral health for all residents of the City of York and to reduce health inequalities.

### **Legal**

25. There are no legal implications.

### **Information Technology (IT)**

26. There are no IT issues relating to this report.

### **Property**

27. There are no property issues relating to this report.

### **Risk management**

28. The recommendations within this report do not present any risks which need to be monitored.

### Recommendations

29. Scrutiny Committee are asked to:

- a. Receive the update on the work being carried out to understand the oral health of children in York.
- b. Receive the Children's Oral Health Improvement Strategy and support its implementation.
- c. Consider inviting NHS England to report to scrutiny on the work they are undertaking on tooth extractions under anaesthesia across the region.

30. Reason: To keep the committee informed of issues relating to the oral health of children in York and provide assurance that action is being taken to address any areas where concerns are raised.

### Contact Details

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**Wards Affected:** *List wards or tick box to indicate all*

**All**

**For further information please contact the author of the report**

### Annexes

Annex 1 Children's Oral Health Improvement Strategy

### Abbreviations

CBOH - Commissioning Better Oral Health for Children and Young People  
OHIAG - Oral Health Improvement Advisory Group

NHS –National Health Service  
PHE – Public Health England