Haringey Joint Strategic Needs Assessment:
Health of Mothers, Children and Young People

Dental Care in Children
Dental Health in Children

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Introduction

Over the last 30 years there have been great improvements in oral health in England. However, oral diseases are still very common. The most common oral diseases are dental caries (tooth decay), periodontal disease (gum disease) and oral cancer. These diseases are largely preventable and share common risk factors with other general diseases for example tobacco, alcohol and high sugar diet.

Overall children in Haringey experience better dental health than children in London and England. However in the latest survey that trend is now reversed with children in Haringey experiencing poorer oral health (see footnote 1). Dental health and decay experience in Haringey continues to show marked inequalities across the borough, with deprived areas experiencing higher decay rates, and more severe impact of disease. Children living in N17, N15 and N4 in particular suffer from more decayed teeth per child and experience more infections.

Oral health is an integral element of general health and well-being. Good oral health enables individuals to communicate effectively, to eat and enjoy a variety of foods and is important in overall quality of life, self-esteem and social confidence. However oral disease is very common and their impact on both society and the individual are significant. Common impacts of oral disease include pain, discomfort, sleepless nights, limitation in eating leading to poor nutrition and time off school.

This chapter focuses on the oral health of children. Information on the oral health of adults can be found in the adults section of the JSNA. Details on childhood obesity, diet and nutrition, children in care, asylum seekers and refugees and population turnover can be found in other sections.
Key Issues and gaps

- The mean number of decayed, missing or filled teeth (dmft) of a sample of 5 year olds in Haringey was 1.78 compared with the mean for London of 1.23 and England of 0.94. This figure means that on average a 5 year old in Haringey had almost two teeth affected by decay
- 5 year olds in Haringey had worse teeth than the London and England average
- Within Haringey children in the postcode areas N17, N15, N8 and N4 had the highest levels of dental decay experience
- 62% of 5 year olds in Haringey have no dental decay experience
- The majority (83%) of decayed teeth were not treated (see footnote1)

Who is at risk and why

Good oral health is integral to general health as it contributes to general well being and allows people to eat, speak and socialise without active disease, discomfort or embarrassment (see footnote 2). Oral diseases are important public health issues as they are among the most commonly found chronic diseases. Although we have seen considerable reductions in dental disease since the 1970s there are still substantial reductions to be made. Dental decay, for example, is commonly found despite being entirely preventable. Oral diseases reduce quality of life and have multiple impacts on physical and psychological well being. The dental health of adults and children in the UK has improved significantly in recent years. However, whilst the dental health of children in England continues to improve the latest survey shows that there has been no overall change in the dental health of children in London. Population averages mask oral health inequalities with socially deprived and/or vulnerable groups in society tending to have poor health and less access to oral health care services. These groups tend to be symptomatic, irregular dental attendees. Oral health varies by gender, age, socio-economic status and ethnic group and there is a well established association between poor oral health and socio-economic deprivation (see footnote 3). It is therefore an important public health issue for Haringey, as an ethnically diverse borough in London.

This assessment uses data from surveys carried out as part of the NHS Dental Epidemiology Programme. Nationally co-ordinated surveys of child dental health have been carried out across the United Kingdom over the last 20 years. The survey carried out in 2008 was the first survey to use positive consent for all the children examined. Previous surveys used passive (or negative) consent. Direct comparisons with earlier surveys from 1992 to 2006 cannot be made because of response bias introduced by positive consent. The change in the consent protocol led to a decrease in the proportion of children in Haringey who took part in the 2008 and 2012 surveys. This mirrored the national picture. The latest survey was carried out in 2012.

The indicator of the level of tooth decay using the dmft index is obtained by adding up the number of decayed (d), missing (m) and filled (f) teeth. In 5 year old children this score is for the primary (deciduous) teeth. The proportion of children who have experienced tooth decay (dmft>0) is used as a measure of the prevalence of the disease.
Vulnerable groups within society often experience poorer oral health and can have more difficulty in gaining access to primary dental care services. As an example, children in care experience poorer health than other children. There is a statutory requirement to assess and regularly review the health needs of Looked After Children. The health assessment includes dental health. Oral diseases are largely preventable and share common risk factors with other general diseases for example smoking and high sugar diet. The main risk factors for poor oral health in children are diet and nutrition and poor oral hygiene.

**Diet and nutrition**

Diet and nutrition are major determinants of oral health. A diet high in sugary foods and drinks predisposes not only to obesity and diabetes, but is also the main cause of tooth decay. The more frequently sugars are consumed, the greater the time during which the tooth is exposed to acidic conditions at which demineralisation occurs. Less frequent consumption of food and drinks containing sugar means that teeth have a chance to repair themselves. High levels of sugar intake through consumption of fizzy drinks, sweets, chocolate and processed foods causes rapid and serious dental decay.

**Oral hygiene**

Effective twice daily brushing reduces caries and improves periodontal (gum) health. Tooth brushing practices are best learned in early childhood. Twice daily use of a toothpaste containing fluoride (at greater than 1,000 part per million) prevents, controls and arrests dental decay (see footnote 4). Fluoride in drinking water, whether naturally occurring or added, is protective against dental decay (see footnote 5). Currently approximately 10% of England’s population, or about 6 million people, benefit from a water supply where the fluoride content either naturally or artificially is at the optimum level (1 part per million) for dental health. In terms of population coverage, the West Midlands is the most extensively fluoridated area, followed by parts of the North East of England. In 2003 the law was changed enabling Strategic Health Authorities, following a local consultation, to require water companies to increase fluoride concentration in water supplies. The Health and Social Care Act (2012) transferred the responsibility for consultation for fluoridation schemes from Strategic Health Authorities to Local Authorities. Estimates of fluoride concentration in Haringey water are around 0.2 – 0.3 ppm. Fluoride at this sub-optimal level will not have a protective effect. The water distribution system in London is configured in such a way that in order to increase the level of fluoride in the drinking water of Haringey residents a scheme covering the whole of London would need to be implemented.

**The level of need in the population**

Under the 2012 Health and Social Care Act (see footnote 6) Local Authorities have a statutory requirement to “undertake oral health surveys in accordance with the NHS (England) Dental Epidemiology Programme”. Dental health surveys involving children have been carried out across the UK since 1987. The information arising from them allows local NHS commissioners and service providers to plan and target their services to meet the needs of the local population.
provides to plan dental services and oral health promotion programmes to meet the needs of their population.

The following data are taken from the NHS Dental Epidemiological Survey of 5 year old children carried out in 2012 (see footnote 1).

**Experience of dental decay at age 5 (dmft>0)**

In England, the percentage of children who are free from obvious decay (72.1%) is significantly higher than those who have at least one decayed, missing or filled tooth (dmft>0) (27.9%). In Haringey, the percentage of those free of decay (62%) is worse than the national picture, with the percentage suffering from at least one decayed, missing or filled tooth being 38% (see figure 1).

**Figure 1: Proportion of 5 year old children with decay experience (dmft>0)**

This overall picture masks distinct inequalities across the borough. Children attending school in certain postcode areas experience much higher levels of dental decay than those in the rest of the borough.

**Figure 2: The mean number of teeth affected by decay for the NCL boroughs, with England and London comparisons.**
Severity of dental decay at age 5

In England the 2012 survey found that on average 5 year old children have just under 1 (0.94) tooth affected by decay. In Haringey the 5 year old children surveyed had on average 1.78 teeth affected by decay. This is worse than the England average (see figure 2).
Given that across Haringey as a whole, decay affects almost 40% of the population, it is also important to consider the average number of teeth affected by decay among those 5 year old children who have decay experience. In Haringey 5 year old children with decay experience had, on average nearly 5 (4.7) teeth affected. This is higher than London and England (3.74 and 3.38). The number of teeth affected is not the same across the borough with children from the more deprived areas teeth affected and those in the less deprived areas.
In England the majority of teeth in 5 year old children that are affected by decay are not treated. The care index is a measure of the proportion of decayed teeth that are filled. In Haringey fewer teeth are filled than the London and England average (see figure 3).

Figure 3: Proportion of teeth that have been filled (care index)

When compared to the last survey in 2008, Haringey, Enfield and Barnet showed a worsening of the oral health of children (see figure 4)
In summary latest data (2012) on decay experience of 5 year olds in Haringey shows that oral health has worsened since the last survey in 2008 and continues to show marked inequalities across the borough, with children in deprived areas having greater experience of decay and more teeth affected by decay when they do experience it.

**Current services in relation to need**

NHS England commissions a variety of dental services to meet the needs of the population of Haringey. This includes:

- 48 General (high street) dental practices
- Specialist minor oral surgery
- Orthodontics
- Children’s dental service
- Sedation service
- Dental service for adults and children with additional needs
- Endodontic (root treatment) specialist service

Following the implementation of the Health and Social Care Act (2012) oral health improvement services are now directly commissioned by Haringey Council.

**General Dental Practitioners (GDP)**

NHS Haringey has contracts with 48 practices providing general dental services. There is a wide range in the size and type of dental practices. There are a number of single handed practices while the largest practices in Haringey have up to eight dentists working from them.
Haringey’s dental practices are located in a wide range of premises most of which were not purpose-built and many of which are converted residential properties with many above shops. Haringey developed an Oral Health Improvement Plan for 2011-2014. This plan focuses on 0-5 year olds in the most deprived postcode areas of N4, N8, N15, N17 and N22. The plan has three aims:

- To increase the uptake of dental services by encouraging early introduction of children
- To improve oral health by reducing tooth decay experience and encouraging good oral health practice
- To support and train health and social care professionals working with children and parents

**Access to dental services**

Access to primary care dentistry is measured nationally by counting the number of patients accessing NHS dental care within a two-year period. More children in Haringey are accessing dental services compared to London and England. In Haringey the number of child patients as a percentage of the child population accessing a dentist increased steadily from 2006 when the new dental contract was introduced until 2012. Access has however fallen in the four quarters to June 2013 (see figure 6). Access in London and England also dropped during the same period though not as significant as Haringey.
Service users and carers opinion

Nationally the views of children and their carers are not collected however locally a small survey was undertaken by the Community Dental Service (specialising in treating adults and children with special needs) from one of its clinics at Tynemouth Road. 66% of parents said they were ‘very satisfied’ with the care their children received, with a further 22% saying they were ‘satisfied’.

Expert opinion and evidence base

In 2007 the Department of Health in collaboration with the British Association for the Study of Community Dentistry published an evidence based tool kit for the prevention of oral diseases. The second edition of this document was sent to all dentists in England (see footnote 4). A third edition is about to be released. The document is designed to help dental teams provide evidence based preventative dental care.

Delivering Better Oral Health is based on the principal that all patients should be given the benefit of advice regarding their general and dental health, not just those thought to be ‘at risk’. The advice in the document takes account of the common risk factor approach to prevention. The Department of Health is currently working on a patient version of the document.

Projected service use in 3-5 years and 5-10 years

The population of children in Haringey is predicted to grow in future years. This will increase the demand for dental services.
Unmet needs and service gaps
Overall survey results show that children living in the more affluent postcodes experience good oral health. However children living in the more deprived areas (N17, N15 and N4) in particular experience poorer oral health. Commissioners and service providers need to continue to prioritise services (treatment and prevention) in these areas.

Recommendations for Commissioning
- Continue to participate in the NHS Dental Epidemiology Programme
- Increase the size of the survey sample to get better coverage of schools and to enable more detailed local area analysis
- Commission good quality general dental services to meet need and demand
- Participate in the London-wide service redesign programme to ensure that Haringey residents have access to specialist services in a primary care setting
- Participate in the North East and North Central London project to re-commission out-of-hours urgent care dental services
- Refresh and implement an Oral Health Improvement Strategy for Haringey which will:
  - Tackle the social determinants of oral disease
  - Implement the common risk factor approach
  - Target children with additional needs (vulnerable)
  - Actively prevent oral disease through community and practice based prevention
  - Encourage parent/carers to take their children to a dentist as soon as the first tooth appears
  - Integrate dental health promotion into general health promotion

Recommendations for further needs assessments
- Undertake an equality impact assessment
- Explore the attitudes, barriers and enablers to accessing services
- Undertake a needs assessment of domiciliary dental services

Key Contact
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Footnotes

1. NHS Dental Epidemiology Programme for England: 5 year old survey 2008, 2012 (external link)
3. NHS Information Centre (2011) Adult Dental Health Survey 2009 (external link)
5. Fluoridation of drinking water: a systematic review of its safety and efficacy. University of York (external link)