

# CAMDEN JSNA: FOCUS ON

## ORAL HEALTH

JUNE 2017

Good oral health is an important part of general health as it contributes to wellbeing and allows people to eat, speak and socialise without discomfort or embarrassment. The most significant oral diseases are periodontal (gum) disease, dental caries (decay), and oral cancer. The consequences can be considerable and include pain, discomfort, sleepless nights and time off work. The populations' oral health has improved considerably in the last 40 years largely due to the widespread use of fluoride toothpaste. But inequalities persist; there is still a significant proportion of the population who experience poor oral health and as the population ages, people are retaining their teeth longer, thus increasing the overall demand for relevant services.

### Facts and figures

- **24% of five year old children in Camden** had dental decay in 2014/15, similar to the London and England averages.<sup>1</sup>
- **50% of Camden residents** had accessed dental services in Camden as of December 2016.<sup>2</sup>
- **15,824 adults** in Camden were estimated to have **pain** related to poor oral health and **90,988** to have **gum disease** in 2016.<sup>3</sup>

### Measures for reducing inequalities

- Local **Fluoride Varnish** and **Brushing for Life** programmes are targeted at Camden's most disadvantaged schools and communities
- Camden's oral health promotion team target training and resources at Camden's most **vulnerable adults**
- NHS dental treatment is free for under 18s and those claiming income support.

### Population groups

- Poorer oral health is strongly correlated with higher **deprivation**.
- **Vulnerable adults**, (e.g. those with physical or learning disabilities, mental health issues, drug and alcohol misuse, the homeless or requiring full time care, all have higher rates of oral disease.)
- The increasing number of **older adults** and those keeping their own teeth is increasing demand on preventative and treatment services.
- Improving **children's** oral health has the most preventative potential.

### National & local strategies

- Public Health England, 2017. Delivering better oral health: an evidence-based toolkit for prevention.
- **NICE** public health guideline **PH55**: Oral health: local authorities and partners, **NICE** guidelines **NG48**: Oral health for adults in care homes, and **NG30** Oral health promotion: general dental practice, **NICE** Quality standard **QS139**: Oral health promotion in the community.

# SETTING THE SCENE: THE CAMDEN PICTURE

## Key Facts

**15,824**

Estimated number of adults in Camden with pain related to poor oral health in 2016.<sup>3</sup>

**90,988**

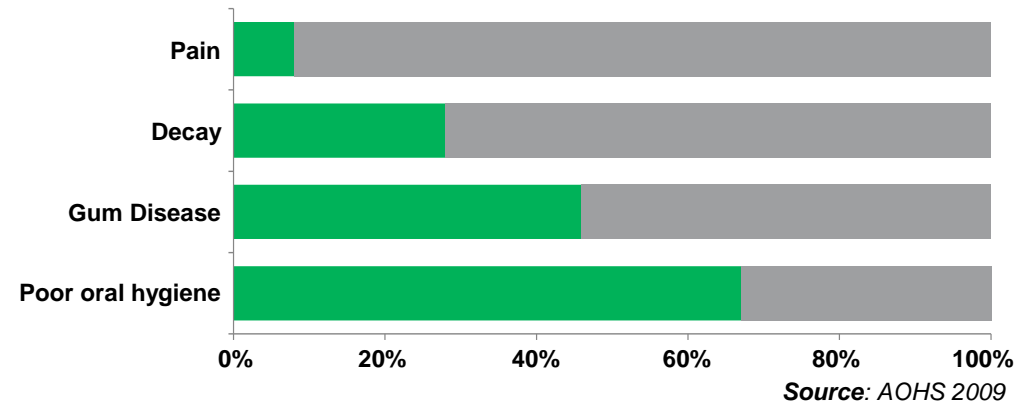
Estimated number of adults in Camden with gum disease in 2016.<sup>3</sup>

**3.8% - 8.2%**

Of surveyed Camden five year olds had incisor caries in 2015, not significantly different from London or England.<sup>7</sup>

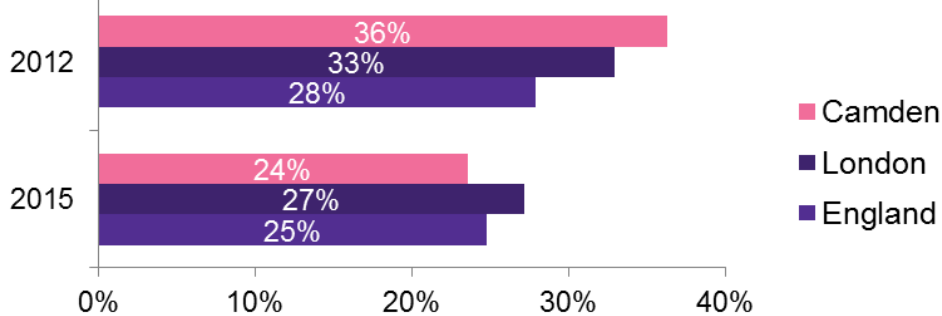
## Oral health among adults

Proportion of adults in London with oral health issues. 2009



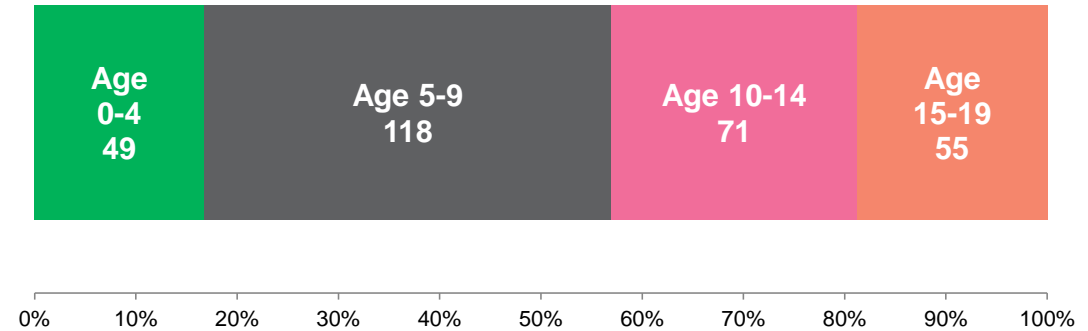
## Oral health among children

Percentage of 5 year olds with tooth decay<sup>4</sup>



24% of Camden five year olds were diagnosed with dental decay in 2015, which was less than both the London average (27%) and England (25%). This was an improvement from 2012, where 36% of five year olds were free from dental decay Camden, a rate much higher than the London and England average.<sup>4</sup>

Hospital admissions for dental extractions in Camden, 2015/16



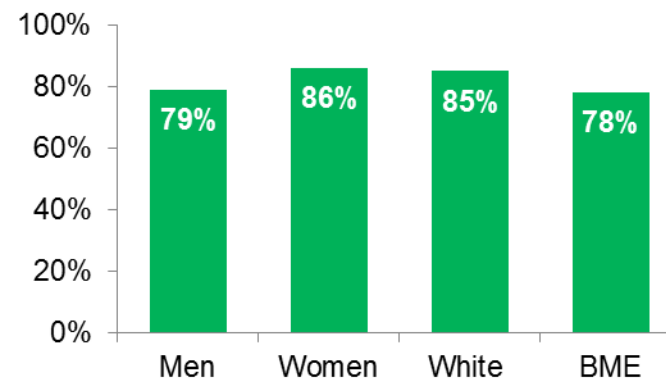
In 2015/16, there were 293 hospital admission for tooth extraction among children aged 0-19 in Camden. This includes 118 admissions of children aged 5-9.<sup>6</sup>

# SETTING THE SCENE: THE CAMDEN PICTURE

## Access to dental services

- 60%** of surveyed Camden **five year olds** had had a **dental exam** in 2015, slightly lower than London (61%) and England (63%).<sup>5</sup>
- 50%** of Camden **adults** had **accessed dental services** in Camden as of December 2016, slightly higher than London (45%).<sup>2</sup>
- 36%** of residents have **never tried** to get an NHS dental appointment.<sup>2</sup>
- 17%** of Camden residents tried but were **not successful** in getting a dental appointment in the two years up until December 2016.

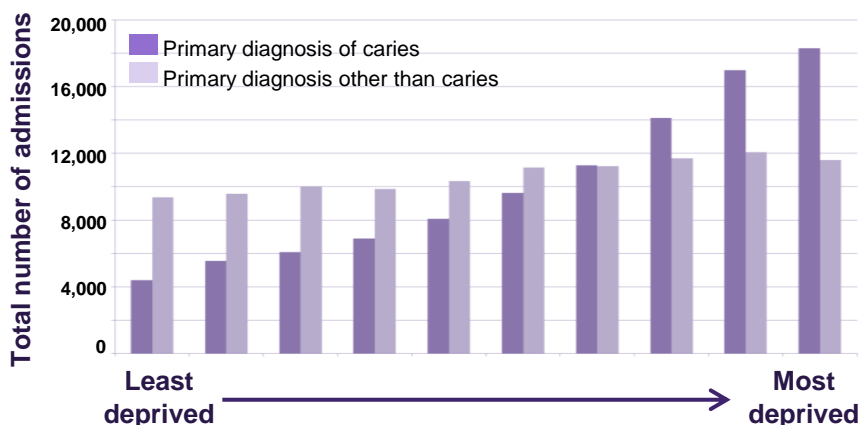
## Percent of Camden residents successful in getting a dental appointment, by sex and ethnicity (2016)<sup>2</sup>



## Oral Health & Deprivation

**Hospital inpatient admissions** for dental caries (tooth decay) are **higher** for those from more deprived populations.<sup>4</sup>

Hospital admissions for tooth decay (vs other illnesses) by socio-economic deprivation, England 2012.



## Low income households



Children from lower income families are **more likely** to have **oral disease** than other children of the same age.

**20%** of 5 year olds and **26%** of 15 year olds eligible for free school meals had severe or extensive tooth decay, compared to **11%** and **12%** respectively for those not eligible.<sup>12</sup>

At the age of 15, **32%** of children eligible for free school meals still had a need for orthodontic treatment and were not receiving it, compared to **17%** of other children.

# FUTURE NEED

## Overall improvement

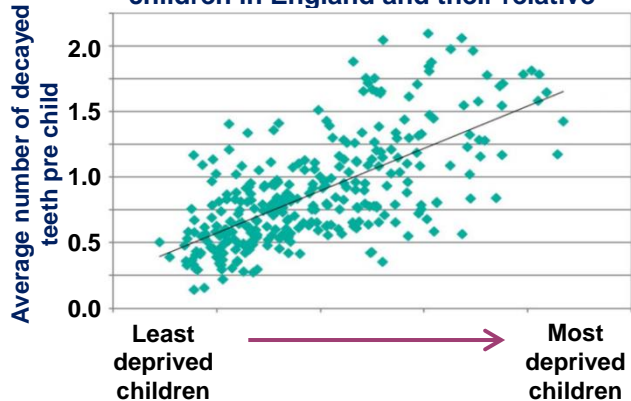


- Over recent years the **overall oral health** of the population has been **improving** nationally and locally, **patient experience** of NHS dentistry has improved and the number of **patients accessing NHS dentistry** has increased steadily since 2008.<sup>4,8</sup>
- However, in Camden **improvements are relatively recent** and poor oral health remains a significant public health issue, especially in certain population groups, so sustained preventative effort is essential to ensure this trend continues.

## Health inequalities

- Whilst overall oral health is improving in Camden, there are still **significant inequalities** between the most and least affluent population groups; where **poor oral health is associated with deprivation**.<sup>4</sup>

Correlation between rate of decay among children in England and their relative



- Vulnerable groups**, such as those with physical, learning disabilities, people requiring full time care, people with mental health issues, the homeless, also all tend to have comparatively poorer oral health.<sup>11</sup>

## Older people



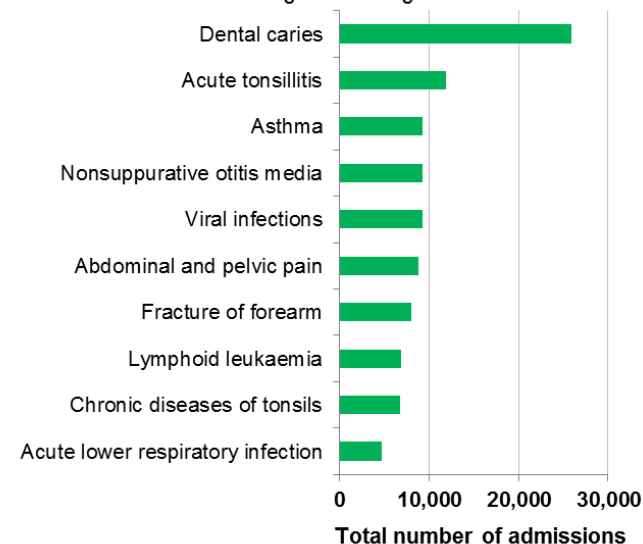
- Camden's population is predicted to rise by **8%** by 2027. The greatest growth is expected to be in people **aged 75+**, increasing by approximately **40%**.<sup>9</sup>

- Dental health surveys have shown that people are keeping their natural teeth for longer. **28%** had no natural teeth in 1978 compared to **6%** in 2009. People still with natural teeth require more dental care than those without.
- A proportion of older people live in care and some will be **dependent on carers** to assist with or clean their teeth and/or dentures. A higher incidence of oral diseases is often associated with care home residents.<sup>10</sup>
- These changes will lead to an increased demand for Camden's oral health services.

## Children and young people

- Dental caries** are a major cause of **hospital admission** in children and are the most common reason for admission in **5-9 year olds**.
- A continued investment in children's oral health is also important, due to the high potential preventative benefits.

Top 10 causes of childhood hospital admissions Ages 5-9, England 2015-16



# WHAT INFLUENCES THIS TOPIC?

## Poor oral hygiene

- Failing to regularly remove plaque by brushing and not using a high-fluoride toothpaste can lead to increased tooth decay, gum disease and tooth erosion.

### Individual factors

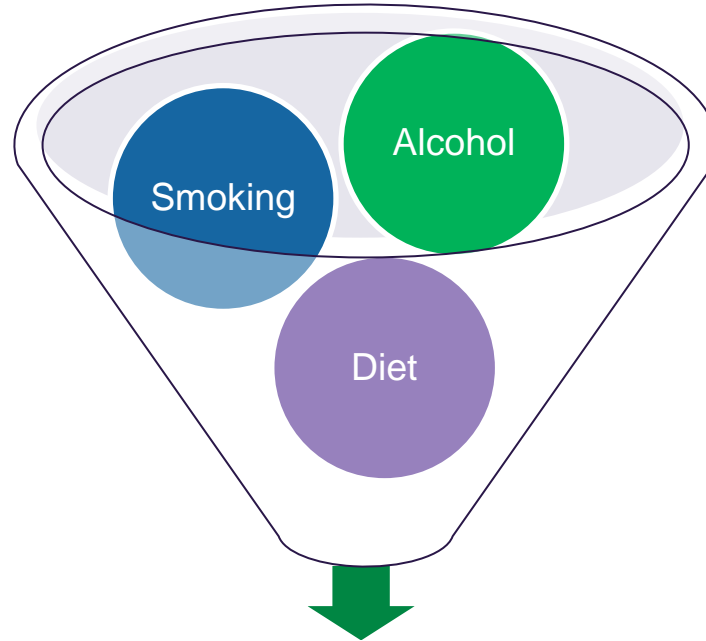
#### Socioeconomic status

- Hospital admissions due to tooth decay are strongly associated with increased socio-economic deprivation. In December 2011 – November 2012 hospital inpatient admissions directly due to tooth decay were more than three times higher in the 20% most deprived of the population compared to the 20% least deprived.<sup>4</sup>

#### Ethnicity

- Contrary to most health inequalities, oral health is often better among non-white groups, in spite of lower use of dental services. The differences may be due to diet and sugar consumption.<sup>13</sup>

### Lifestyle factors



Increased consumption of foods and drinks high in sugar, smoking and drinking more than the recommended levels of alcohol are associated with a higher likelihood of tooth decay, gum disease, tooth erosion and oral cancers<sup>14</sup>.

### Health conditions

Diabetes

Haematological (blood) disorders

Genetic disorders

Conditions affecting a person's ability to care for themselves

Conditions requiring long-term medication

Mental Health Issues

Certain conditions can affect oral health. For example, people with diabetes and Down's syndrome are more prone to periodontal (gum) disease. Certain haematological (blood) disorders can increase the risk of bacterial infections and some medications, e.g. those containing sugar or where dry mouth is a side effect, can also increase risk of tooth decay.<sup>11,15,16,17</sup>

## WHAT WORKS?

- Public Health England guidance recommends the following behaviours and interventions, which evidence indicates to be effective at reducing the risk of tooth decay, oral cancer, dental erosion and gum disease.<sup>14</sup>

	Individual behaviours	Dental care interventions	Public Health interventions
Dental services	<ul style="list-style-type: none"> <li>Attending the dentist for a preventative check up every six months.</li> </ul>	<ul style="list-style-type: none"> <li>Providing quality NHS general dental services for the population.</li> </ul>	<ul style="list-style-type: none"> <li>Health professionals, e.g. Health Visitors, signposting and encouraging use of dental services from when the first tooth erupts.</li> </ul>
Tooth brushing and interdental plaque control	<ul style="list-style-type: none"> <li>Brushing at least twice daily and cleaning between teeth before tooth brushing.</li> <li>Spitting instead of rinsing after brushing.</li> <li>Young children should be supervised – brushing should commence as soon as the first teeth erupt.</li> </ul>	<ul style="list-style-type: none"> <li>Assessing preferences for plaque control.</li> <li>Demonstrating methods and types of brushes / kit.</li> <li>Getting patients to set targets for tooth brushing / interdental plaque control.</li> </ul>	<ul style="list-style-type: none"> <li>Introducing supervised tooth brushing programmes in nurseries. Return on investment after 10 years is £3.66 for every £1 invested<sup>18</sup>.</li> <li>Providing oral health training to professionals working with children and vulnerable adults.</li> <li>Providing packs containing fluoride toothpaste, brushes and advice to children / vulnerable adults.</li> </ul>
Fluoride	<ul style="list-style-type: none"> <li>Using fluoridated toothpaste. Appropriate fluoride concentration may depend on age and whether concerns exist.</li> <li>Where concerns exist using fluoride mouth rinse daily at a different time to brushing (for adults and children aged 7+).</li> </ul>	<ul style="list-style-type: none"> <li>Applying fluoride varnish twice a year to all children's teeth and adult's teeth where concerns exist.</li> <li>Prescribing fluoride rinse and/or toothpaste for adults and children aged over 8-10 with obvious active coronal or root caries.</li> </ul>	<ul style="list-style-type: none"> <li>Introducing fluoride varnish programmes in nurseries and/or primary schools. Return on investment after 10 years is £2.74 for every £1 invested<sup>18</sup>.</li> <li>Introducing water fluoridation schemes. 5 year olds are 28% less likely to have tooth decay in fluoridated areas<sup>19</sup>. Return on investment after 10 years is £21.98 for every £1 invested<sup>18</sup>.</li> </ul>
Diet	<ul style="list-style-type: none"> <li>Reducing frequency and amount of sugary food and drinks consumed and increasing intake of non-starchy vegetables and fruit.</li> <li>Taking sugar free medicines where possible.</li> </ul>	<ul style="list-style-type: none"> <li>Investigating diet and assist to adopt good dietary practice.</li> <li>Consider advising to keep a diet diary.</li> </ul>	<ul style="list-style-type: none"> <li>Incorporating oral health messages into healthy eating education and advice.</li> <li>Provide training to professionals working with children and vulnerable adults.</li> <li>Provide free-flow feeder cups for infants.</li> </ul>
Tobacco and alcohol	<ul style="list-style-type: none"> <li>Avoiding or quitting smoking, or if not ready or willing to stop reducing smoking.</li> <li>Reducing alcohol consumption to recommended levels.</li> </ul>	<ul style="list-style-type: none"> <li>Assessing tobacco use / alcohol consumption and giving brief advice, signposting to stop smoking / GP / alcohol services if appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>Stop smoking and alcohol services incorporate oral health advice and messaging into their offer.</li> </ul>



## ASSETS AND SERVICES

### Oral health promotion service



Camden council commissions Camden's oral health promotion (OHP) service, provided by **Whittington Health**, to work with a range of organisations and groups within Camden to **improve residents oral health**, as well as their **knowledge, attitude and behaviours**. Their main focus is on children, older people and vulnerable adults delivered through the work streams on the following page.

### General dental services



Most NHS dental care is provided by general dental services.

- In **2016** there were **177 NHS dentists** and **44 NHS high street dental practices** in Camden.
- **49.5%** of **adults** in Camden **accessed general dental services** in **2016**

### Community dental service



While the majority of NHS dental care is provided by high street practices, the Camden community dental service provides care to those who may have difficulty in accessing care including:

- Children with **extensive untreated tooth decay** who are particularly **anxious** or **uncooperative**
- Children and adults with **physical** or **learning disabilities, medical conditions or mental health issues**
- Children referred for **specific treatment**
- Children who are **'looked after'** or on the **'at risk register'**
- **Adults** with **complex needs** who have a proven difficulty in accessing or accepting care in general dental services
- **Housebound** and **homeless** people

### Little steps to healthy lives



This Camden programme takes an **integrated approach** to **improve health outcomes for families and young children** through early intervention in the early years. The programme takes a **NICE compliant, whole environment approach** to health and well-being; supporting staff to promote consistent, evidenced-based health messages and effectively signpost and refer families into universal and targeted health improvement services, including oral health. The Oral Health Promotion team works closely with the early years team, in particular Health Visitors to **promote key oral health messages and deliver fluoride to the children and parents**.

### Healthy schools



Oral health is included in the **healthy eating** section of the criteria, which schools must meet to achieve **Healthy Schools recognition**, as part of **cooking and nutrition, packed lunches** and **support and advice** on health and wellbeing to be given to parents.

## ASSETS AND SERVICES



### Oral health promotion (OHP) service

#### Fluoride varnish

- Two applications of fluoride varnish are given per year to children aged 3-7 years old in Camden's **38** most deprived **primary schools**.
- 6,805 fluoride varnish applications** were delivered in 2016/17.
- Children are also encouraged to visit local NHS dental practices for regular check-ups, especially where likely treatment need is identified.

#### Supervised tooth brushing

- The OHP service is working with staff in early years settings and providing training and resources in order to establish daily supervised tooth brushing.
- This is due to be established in all Camden's **children's centres** and many other **early years settings** by end of **2017**.
- Consent rates were **98%** in **March 2017**.

#### Brushing for life

- In 2016/17 **6,868 Brushing for Life packs**, containing a tooth brush, fluoride toothpaste and oral hygiene advice were distributed at Camden early years settings to parents of children under 6 years old.
- 282** frontline staff were given **tailored oral health training**.
- The programme focuses on the more deprived communities in Islington.

#### First tooth, first visit

- Health visitors** and staff in early years settings discuss with parents whether children have a dentist and where appropriate refer them to the OHP team.

#### Special schools

- The OHP team provide **annual training** for staff at special schools.
- Oral health promotion **packs and advice** are provided to students termly.
- Workshops** delivered to parents and carers termly.

#### Care homes

- The OHP team work with carers and staff in **9** care homes in Camden to implement the Care Quality Commission's (CQC) oral health standards and monitor adherence to these.
- They support care homes to provide access to dental care for their residents, provide high concentration fluoride toothpaste and oral health promotion training for staff.
- In 2016/17 **CQC standards** were **met** in **100%** of homes

#### Vulnerable adults

- The OHP team provide twice yearly training to staff caring for vulnerable adults to help them support the people they care for.
- Vulnerable adults include those with physical or learning disabilities, the homeless, people in long term institutional care, refugees and asylum seekers and people with long term medical conditions.
- In 2016/17 **841 staff** were **trained** and **1,339 packs** were distributed to vulnerable adults.

#### Smoking cessation

- In 2017 the OHP team will be **collaborating** with Camden's **stop smoking team** to deliver oral health and stop smoking prevention messages.



## TARGETS & OUTCOMES

- The Public Health Outcomes framework includes a target to:



**Reduce** percentage of five year olds with **current or past experience of tooth decay**. This was **23.5%** of all children in **2015**.

- In addition, the Camden oral health promotion service has a number of locally agreed targets against which the service is monitored.



Provide **6,700 fluoride varnish applications** to the teeth of eligible children aged 3-7 per year.



Establish a **tooth brushing programme** in all of Camden's **children centres**, as well as other **early years settings** by the end of 2017.



Maintain **100%** of Islington **nursing homes** complying with Care Quality Commission oral health standards.



Distribute **2,000 high concentration fluoride** toothpastes in care homes and to other groups of **vulnerable adults** and **8,000 Brushing 4 Life packs** in **children's settings** across Camden.



Deliver **Oral health promotion training** to **840** frontline staff.

## THE VOICE: WHAT DO LOCAL PEOPLE THINK ABOUT THIS ISSUE?

According to the **GP patient survey** dental statistics (Jan-Mar 2016):

**76%** people in Camden had a very **good** or **fairly good experience** of NHS dental services.

**36%** have **never tried** to get an **NHS dental appointment**.

- Of these **18%** did not think they could get an NHS dentist and **33%** preferred to go private

In 2016 **Camden Healthwatch** carried out **two focus groups** and **over 100 surveys** to gather local views on Camden’s dental health services, including a number of hard-to-reach communities, including Bangladeshi and Somali women, homeless people and people with a history of substance abuse.

- Many described **positive experiences** of going to the dentist, them as :



“Wonderful” “Friendly and efficient” “Understanding” “Helpful” “Best in London”

- **Affordability** was a major barrier of many respondents



- **Cost** the most common reason given for **not attending the dentist** more regularly by those who currently go infrequently.
- Fewer than **1/2** those asked were confident what treatments were available to them on the NHS and over **1/3** reported not being helped enough by their dentist to understand this.
- There was a perception amongst some respondents that dentists **prioritised making money above treating patients**.

- Other reasons for **not attending the dentist** included:

- |                               |  |   |   |
|-------------------------------|--|---|---|
| • Not important / necessary   | • Access barriers because of a disability    | • Not been able to find a decent dentist      | • Scared / Don't like going                                 |
| • Hard to get an appointment  | • Concerned about the quality of service     | • Can't get an appointment at a suitable time | • Lack of motivation to attend for preventative health care |
| • Don't how to find a dentist | • Waiting time for appointments is too long. |   |   |

## GAPS: UNMET NEEDS

Area for development	Planned action
Improved access to general dental services and awareness of services provided, costs, NHS treatment availability	Work with general dental services to promote the services available, improve the public's knowledge around how they can find an NHS dentist, what treatment is available on the NHS, how to make an appointment, how long they may be expected to wait and what costs to expect and how this works.
Improved oral health prevention and support for vulnerable and the most in need population groups	<p>Continue to develop local oral health promotion work with the most vulnerable population groups and those with greatest oral health need. This will include increased targeting of homeless people, the most deprived, those with mental health issues, adults who misuse drugs or alcohol, older people and those with physical or learning disabilities.</p> <p>Explore what additional support can be provided to people suffering from certain conditions that are associated with poorer oral health, such as down syndrome.</p>
Oral health prevention messaging for the wider population, not captured by more targeted work	<p>Communication of positive oral health prevention messages through a range of channels including: council and NHS social media, local magazines, bus stop shelters and notice boards in GPs, housing complexes and community locations.</p> <p>Include oral health promotion in the local workplace health policies.</p>
Oral health promotion included in other relevant strategies and services	Work with colleagues in other departments and partner organisations to embed oral health promotion messaging in other relevant strategies and services, e.g. those relating to drugs, alcohol, smoking, healthy eating and obesity.

## FURTHER INFORMATION

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## FURTHER INFORMATION

### Further information:

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## About Camden's JSNA

[Open Data Camden](#) brings together information held across the organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Camden's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

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