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.\(^1\)
- **50% of Camden residents** had accessed dental services in Camden as of December 2016.\(^2\)
- **15,824 adults** in Camden were estimated to have **pain** related to poor oral health and **90,988** to have **gum disease** in 2016.\(^3\)

### 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

- **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 2016.³

90,988
Estimated number of adults in Camden with gum disease in 2016.³

3.8% - 8.2%
Of surveyed Camden five year olds had incisor caries in 2015, not significantly different from London or England.⁷

Oral health among adults

Proportion of adults in London with oral health issues. 2009

- Pain
- Decay
- Gum Disease
- Poor oral hygiene

Source: AOHS 2009

Oral health among children

Percentage of 5 year olds with tooth decay⁴

- 2012
  - Camden: 36%
  - London: 33%
  - England: 28%
- 2015
  - Camden: 24%
  - London: 27%
  - England: 25%

Hospital admissions for dental extractions in Camden, 2015/16

- Age 0-4: 49
- Age 5-9: 118
- Age 10-14: 71
- Age 15-19: 55

In 2015/16, there were 293 hospital admissions for tooth extraction among children aged 0-19 in Camden. This includes 118 admissions of children aged 5-9.⁶

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.⁴
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%).

50% of Camden adults had accessed dental services in Camden as of December 2016, slightly higher than London (45%).

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

17% of Camden residents tried but were not successful in getting a dental appointment in the two years up until December 2016.

Oral Health & Deprivation

Hospital inpatient admissions for dental caries (tooth decay) are higher for those from more deprived populations.

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.

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.\(^4\)\(^8\)
- 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.\(^4\)

![Correlation between rate of decay among children in England and their relative deprivation, 2012\(^4\)](chart)

- 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.\(^11\)

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%.\(^9\)
- 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.\(^10\)
- 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 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](chart)

- Correlation between rate of decay among children in England and their relative deprivation, 2012\(^4\)

<table>
<thead>
<tr>
<th>Average number of decayed teeth per child</th>
<th>Least deprived children</th>
<th>Most deprived children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.0</td>
<td></td>
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<tr>
<td>0.5</td>
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<tr>
<td>2.0</td>
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</tbody>
</table>

- Key facts
- Setting the scene
- Future need
- What influences?
- What works?
- Assets & services
- Targets & outcomes
- The Voice
- Gaps
- Further info
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.4

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.13

Lifestyle factors

Alcohol
- 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 cancers14.

Smoking

Diet

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.11,15,16,17

Key facts
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Further info
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.14

<table>
<thead>
<tr>
<th>Individual behaviours</th>
<th>Dental care interventions</th>
<th>Public Health interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending the dentist for a preventative check up every six months.</td>
<td>Providing quality NHS general dental services for the population.</td>
<td>Health professionals, e.g. Health Visitors, signposting and encouraging use of dental services from when the first tooth erupts.</td>
</tr>
<tr>
<td><strong>Tooth brushing and Interdental plaque control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brushing at least twice daily and cleaning between teeth before tooth brushing.</td>
<td>Assessing preferences for plaque control.</td>
<td>Introducing supervised tooth brushing programmes in nurseries. Return on investment after 10 years is £3.66 for every £1 invested18.</td>
</tr>
<tr>
<td>Spitting instead of rinsing after brushing.</td>
<td>Demonstrating methods and types of brushes / kit.</td>
<td>Providing oral health training to professionals working with children and vulnerable adults.</td>
</tr>
<tr>
<td>Young children should be supervised – brushing should commence as soon as the first teeth erupt.</td>
<td>Getting patients to set targets for tooth brushing / interdental plaque control.</td>
<td>Providing packs containing fluoride toothpaste, brushes and advice to children / vulnerable adults.</td>
</tr>
<tr>
<td><strong>Fluoride</strong></td>
<td></td>
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<tr>
<td>Using fluoridated toothpaste. Appropriate fluoride concentration may depend on age and whether concerns exist.</td>
<td>Applying fluoride varnish twice a year to all children's teeth and adult's teeth where concerns exist.</td>
<td>Introducing fluoride varnish programmes in nurseries and/or primary schools. Return on investment after 10 years is £2.74 for every £1 invested18.</td>
</tr>
<tr>
<td>Where concerns exist using fluoride mouth rinse daily at a different time to brushing (for adults and children aged 7+).</td>
<td>Prescribing fluoride rinse and/or toothpaste for adults and children aged over 8-10 with obvious active coronal or root caries.</td>
<td>Introducing water fluoridation schemes. 5 year olds are 28% less likely to have tooth decay in fluoridated areas19. Return on investment after 10 years is £21.98 for every £1 invested18.</td>
</tr>
<tr>
<td><strong>Diet</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reducing frequency and amount of sugary food and drinks consumed and increasing intake of non-starchy vegetables and fruit.</td>
<td>Investigating diet and assist to adopt good dietary practice.</td>
<td>Incorporating oral health messages into healthy eating education and advice.</td>
</tr>
<tr>
<td>Taking sugar free medicines where possible.</td>
<td>Consider advising to keep a diet diary.</td>
<td>Provide training to professionals working with children and vulnerable adults.</td>
</tr>
<tr>
<td><strong>Tobacco and alcohol</strong></td>
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<td></td>
</tr>
<tr>
<td>Avoiding or quitting smoking, or if not ready or willing to stop reducing smoking.</td>
<td>Assessing tobacco use / alcohol consumption and giving brief advice, signposting to stop smoking / GP / alcohol services if appropriate.</td>
<td>Stop smoking and alcohol services incorporate oral health advice and messaging into their offer.</td>
</tr>
<tr>
<td>Reducing alcohol consumption to recommended levels.</td>
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</tr>
</tbody>
</table>

14. Reference to the specific guidance and its effectiveness in reducing dental health risks.
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 ½ 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
  - Hard to get an appointment
  - Don't how to find a dentist
  - Access barriers because of a disability
  - Concerned about the quality of service
  - Waiting time for appointments is too long.
  - Not been able to find a decent dentist
  - Can’t get an appointment at a suitable time
  - Scared / Don’t like going
  - Lack of motivation to attend for preventative health care
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

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.

Explore what additional support can be provided to people suffering from certain conditions that are associated with poorer oral health, such as down syndrome.

Oral health prevention messaging for the wider population, not captured by more targeted work

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.

Include oral health promotion in the local workplace health policies.

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.
References:
2. Internal communication from Desmond Wright (PHE) on 24 April 2017
FURTHER INFORMATION

Further information:

- NICE guidelines NG48: Oral health for adults in care homes: [https://www.nice.org.uk/guidance/ng48](https://www.nice.org.uk/guidance/ng48), and NG30 Oral health promotion: general dental practice: [https://www.nice.org.uk/guidance/ng30](https://www.nice.org.uk/guidance/ng30)
- NICE public health guideline PH55: Oral health: local authorities and partners: [https://www.nice.org.uk/guidance/ph55](https://www.nice.org.uk/guidance/ph55)
- NICE Quality standard QS139: Oral health promotion in the community: [https://www.nice.org.uk/guidance/qs139](https://www.nice.org.uk/guidance/qs139)

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.

This factsheet was produced by Jennifer Millmore, Assistant Public Health Strategist, Tanvi Barreto, Public Health Strategist, and Mustafa Kamara, Intelligence & Information Analyst, and approved for publication by Jason Strelitz, Public Health Consultant, in June 2017.

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