



Oral Health Improvement

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Impact of poor oral health on children's wellbeing & the NHS

Flexible commissioning programme in Y&H

Generic dental pathway for LAC/CiC planned for Y&H



A **quarter** of 5-year-olds have tooth decay with on average **3 or 4** teeth affected



The majority of tooth decay in children under 6 was untreated

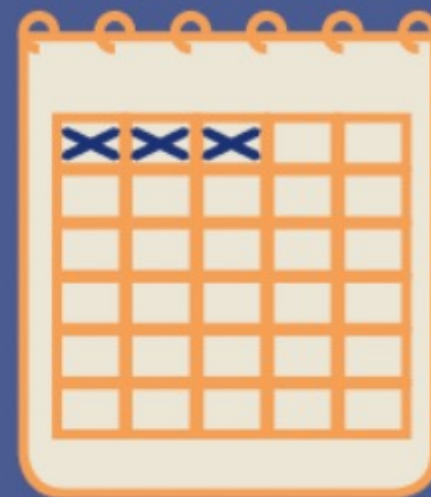
There were **7,926** episodes of children aged under 5 years having 1 or more teeth extracted in hospital because of tooth decay



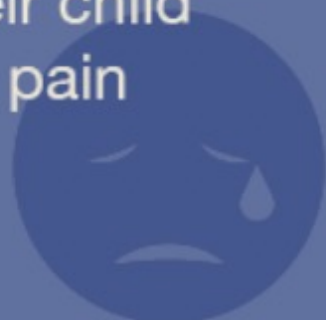
Research about extractions in children in North West hospitals found that **26%** had missed days from school because of dental pain and infection



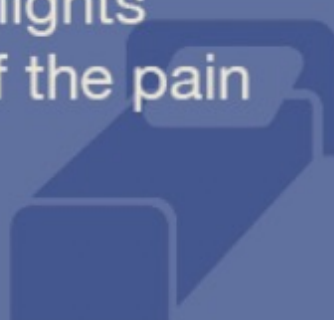
An average of **3 days** of school were missed due to dental problems



67% of parents reported their child had been in pain



38% of children had sleepless nights because of the pain



Many days of work were potentially lost as **41%** of parents/carers were employed

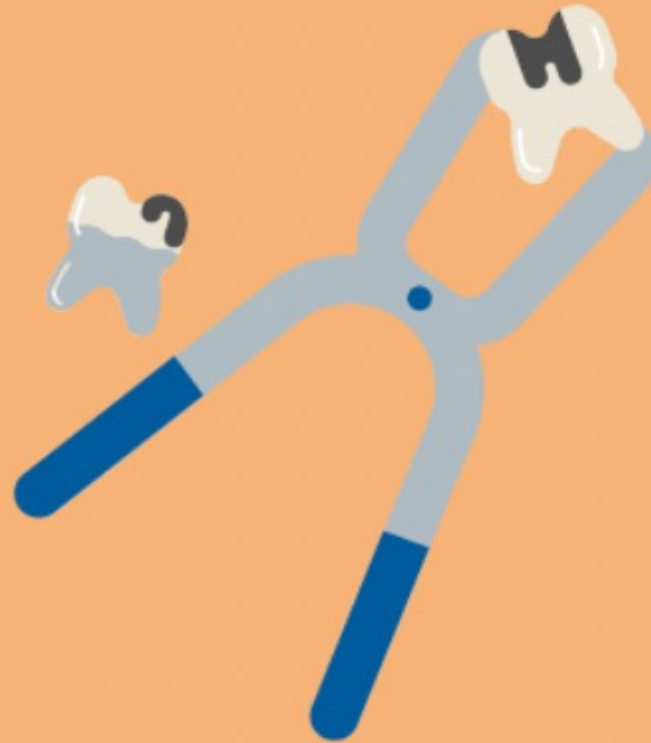
The average cost of a **tooth extraction** in hospital for a child aged 5 and under is

£836



£50.5m

was spent on tooth extractions among those under the age of 19 in 2015 to 2016



£7.8m

was spent on tooth extractions among the **under 5s**



Figure 14: Prevalence of experience of dental decay in 5-year-olds in Yorkshire and The Humber by lower-tier local authority area, 2019.

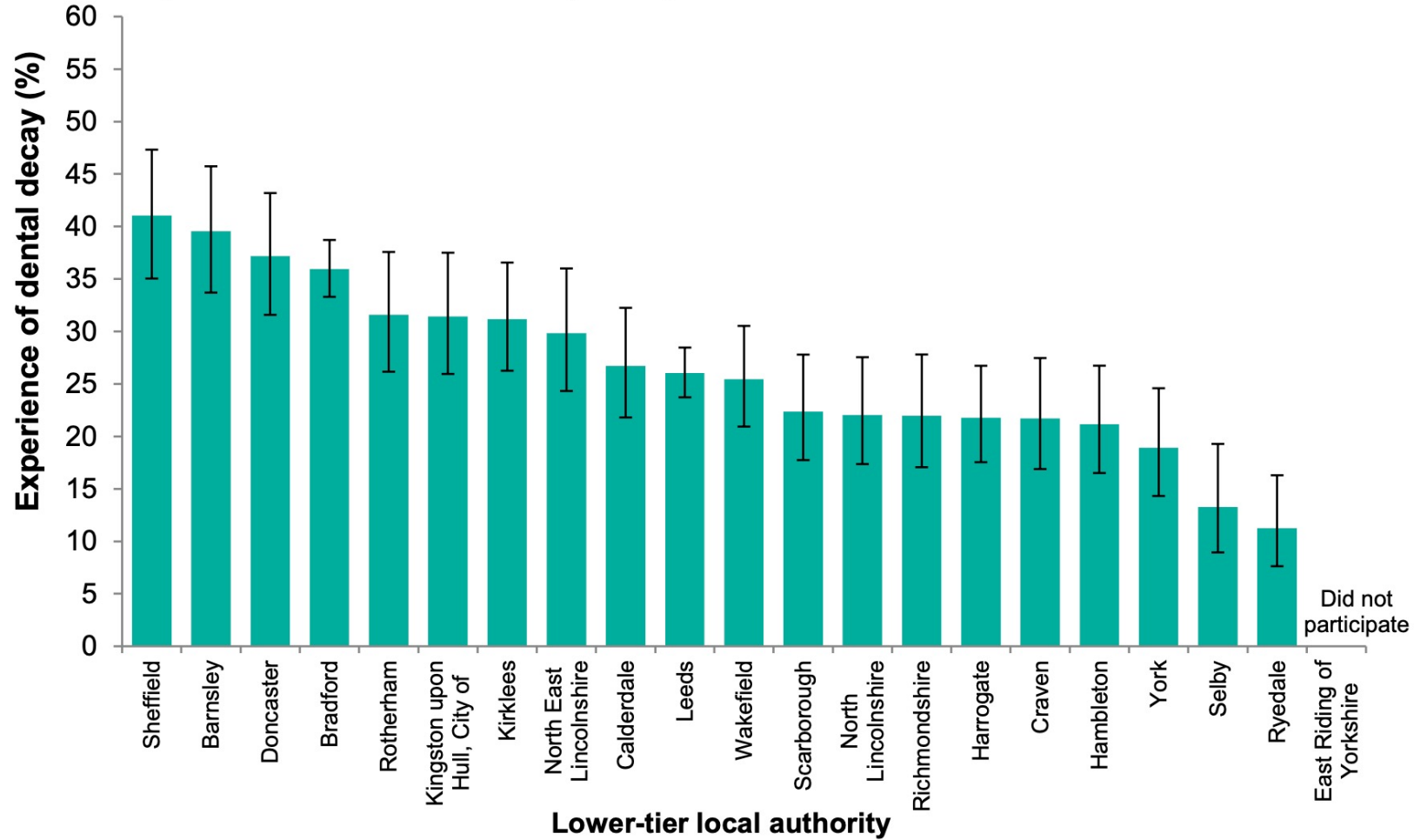
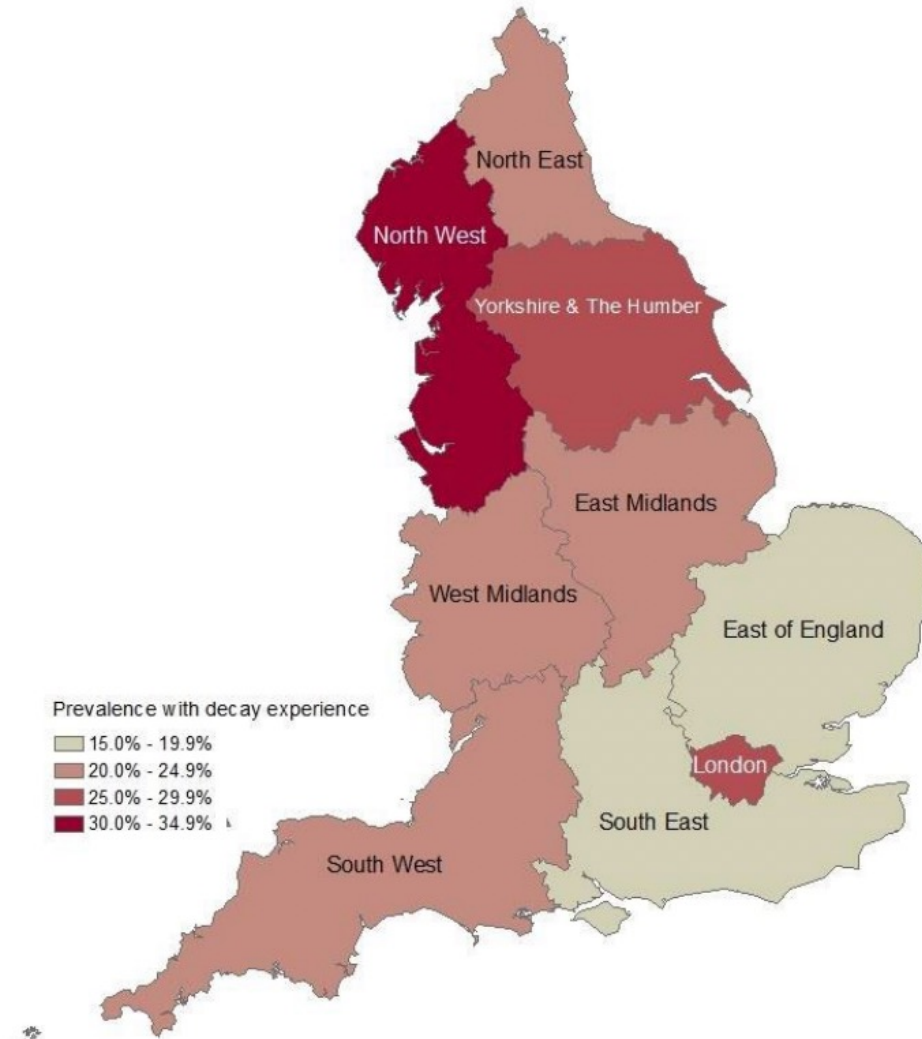
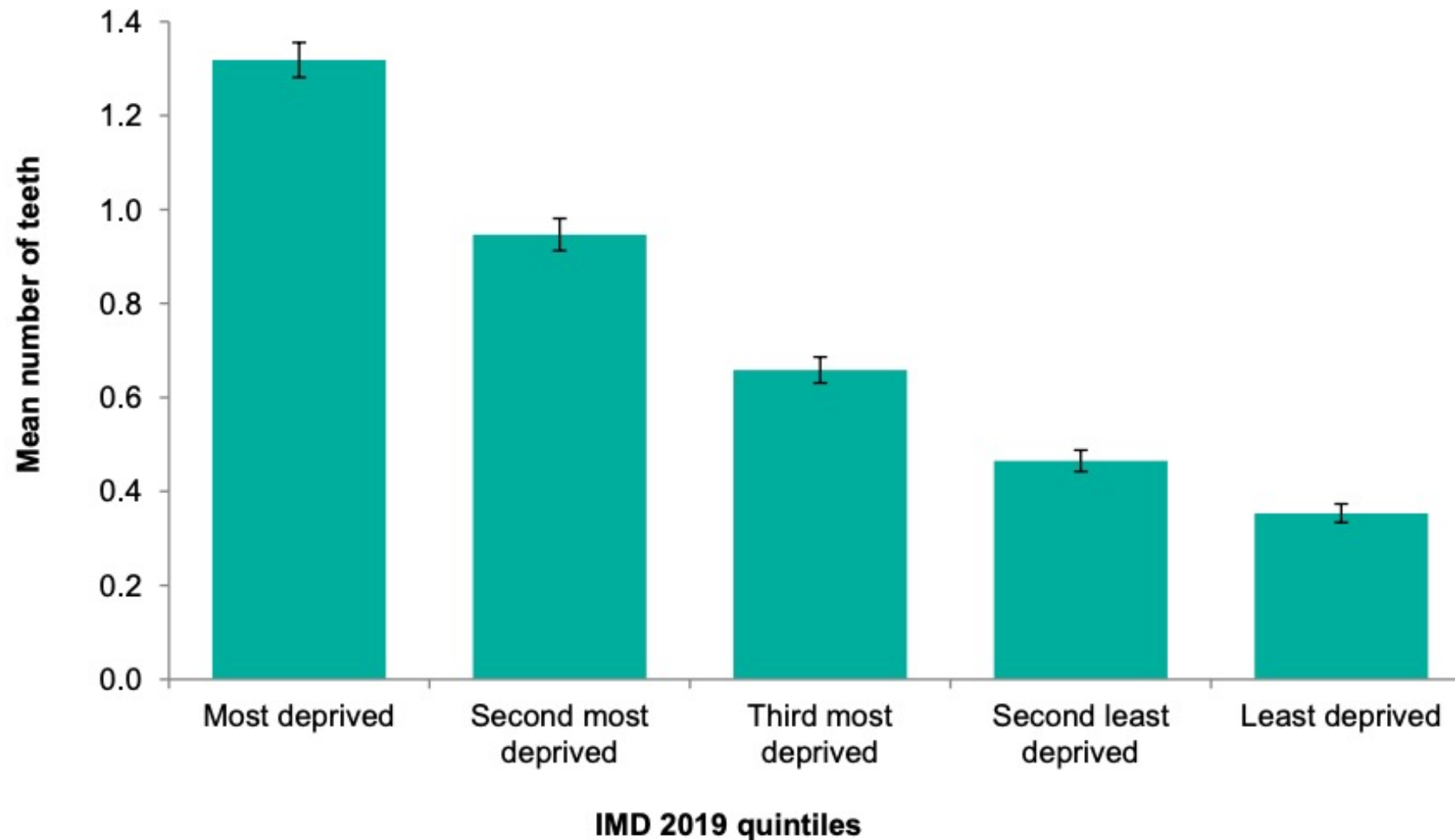


Figure 3.6 Prevalence of tooth decay in 5 year old children in England in 2019, by region



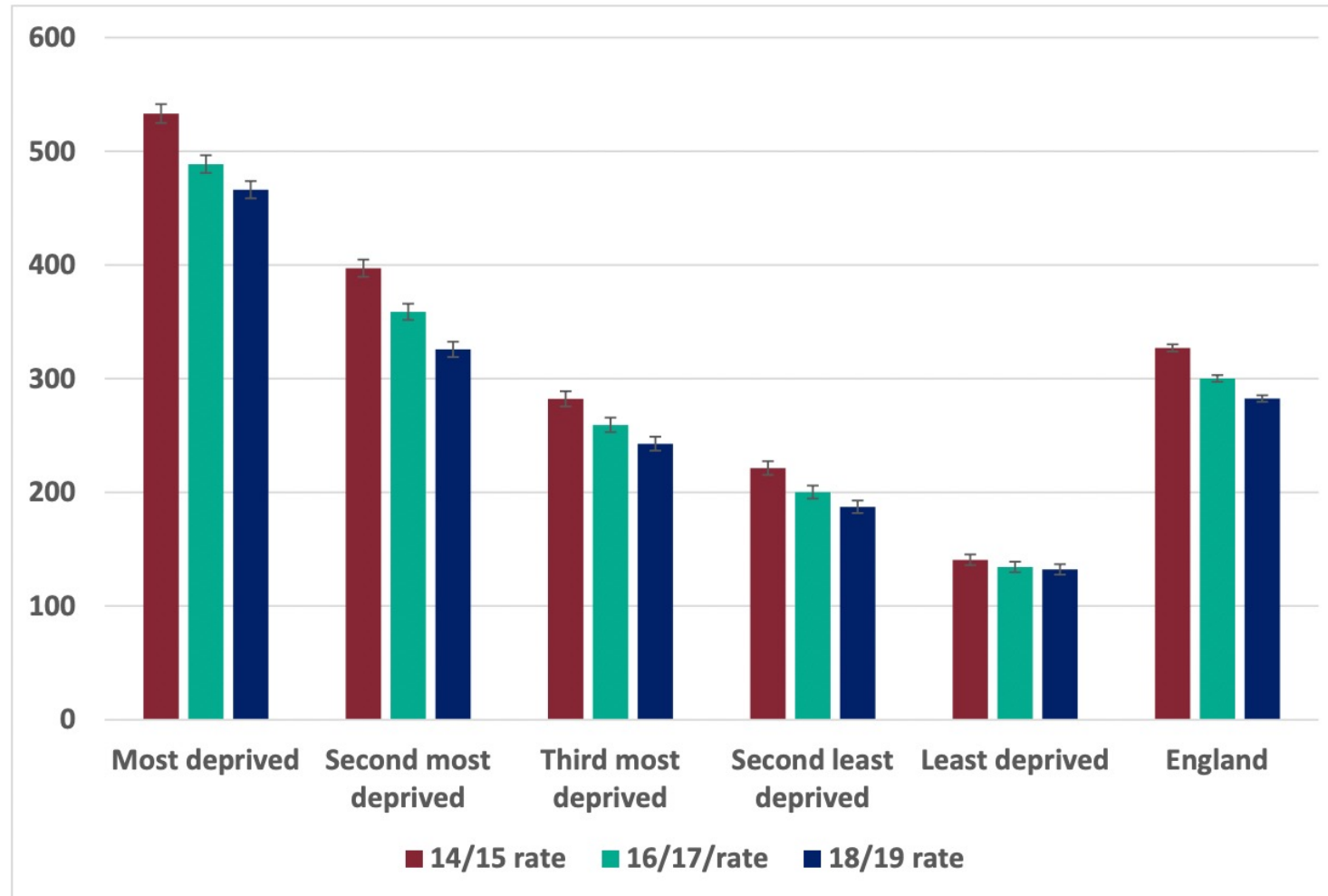
Source: PHE, 2020

Figure 27: Mean number of teeth with experience of dental decay in 5-year-olds in England, 2019 by national Index of Multiple Deprivation (IMD) 2019 quintiles.



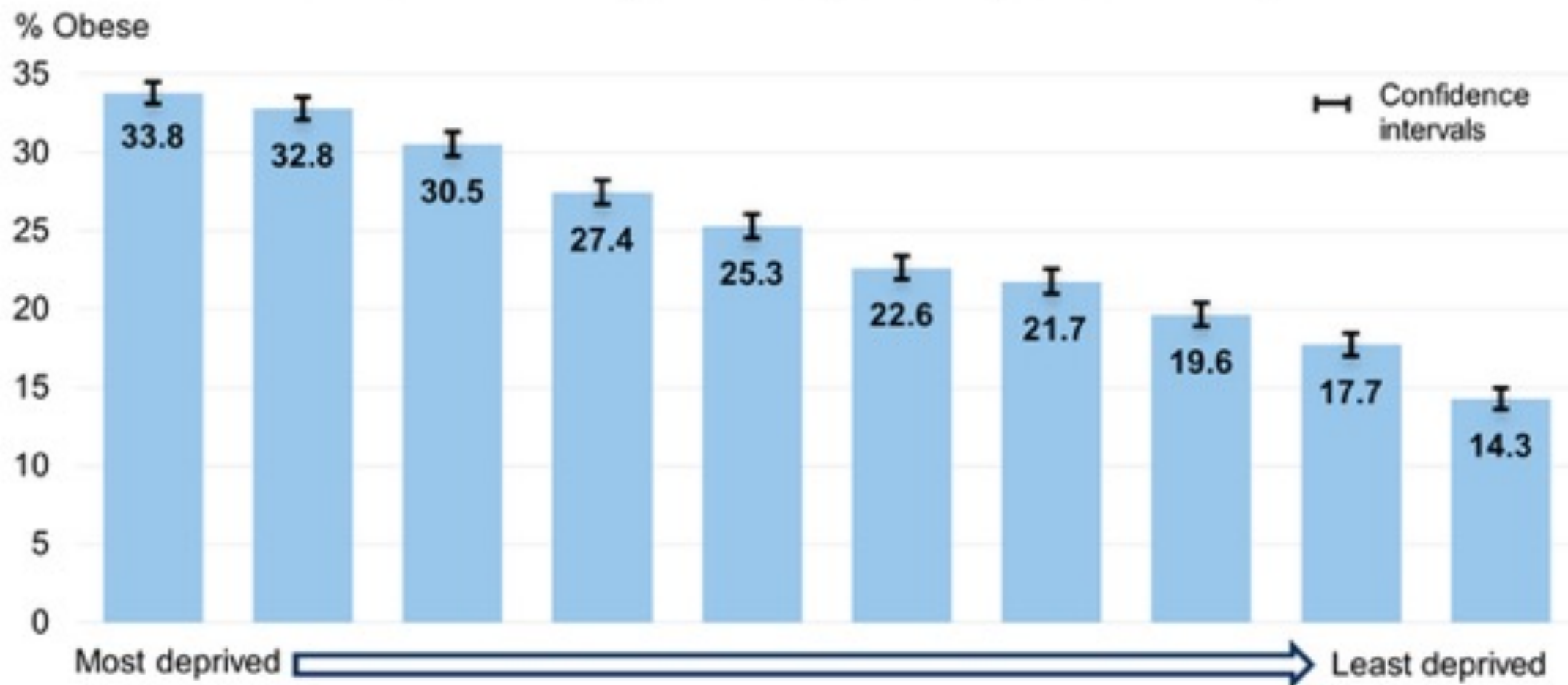
From Department for Health, 2020. 95% confidence limits.

Figure 3.3 Hospital extraction rate due to caries (0 to 19 year olds) by deprivation quintile between 2014 to 2015 and 2018 to 2019



Source: PHE 2020

Prevalence of obese Year 6 children by IMD decile (based on postcode of child)



For more information: Table 8 National Child Measurement Programme, England, 2020/21 school year

Fluoridation schemes in England cover some 6 million people



5-year-olds in fluoridated areas are

28% less likely to have had **tooth decay** than those in non-fluoridated ones



In fluoridated areas there are

55% fewer hospital admissions of very young children for tooth extractions than in non-fluoridated areas

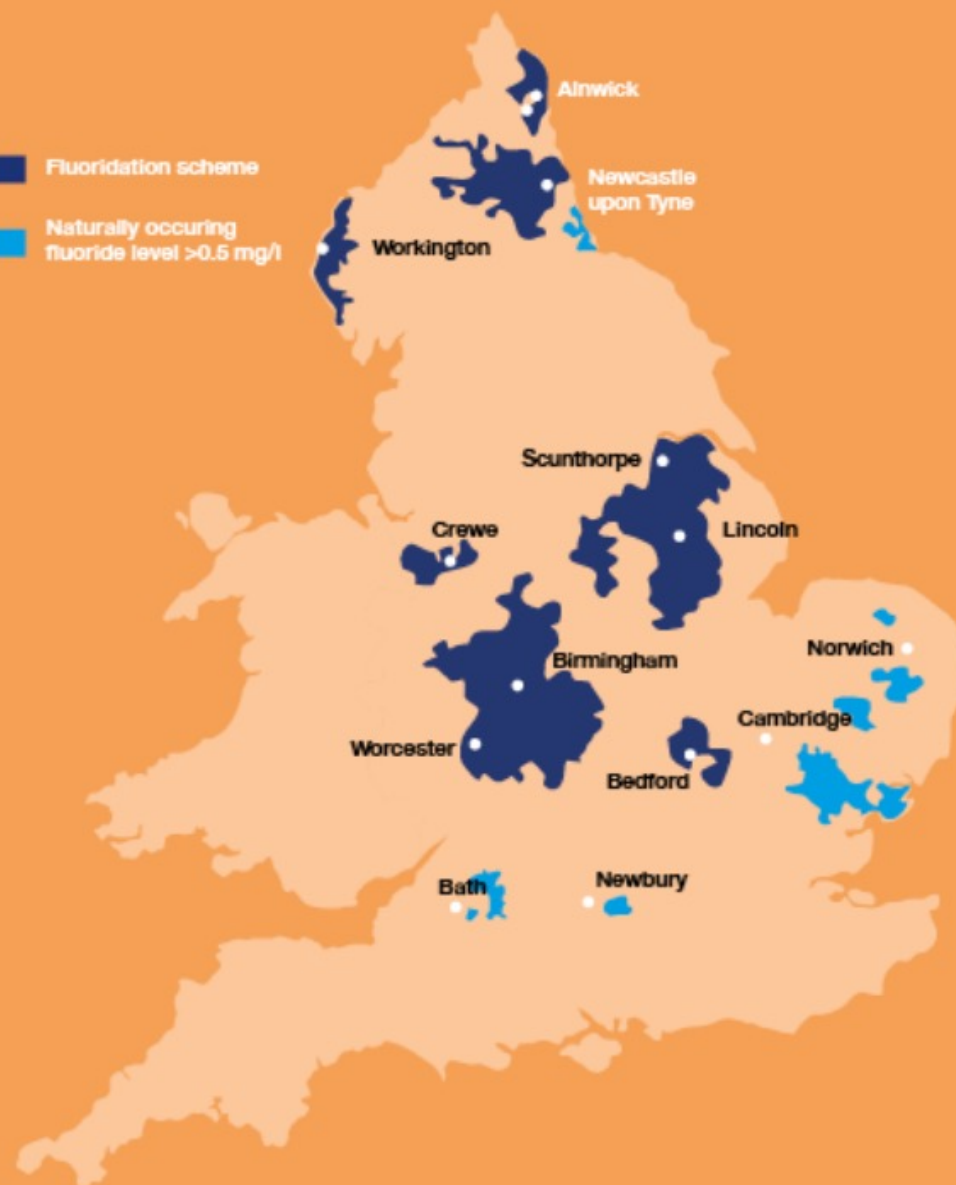


On average, fluoridation schemes in England cost less than **50 pence per person per year** (operating costs)



Water fluoridation has operated effectively for **50 years in England and 70 years worldwide**

Fluoridation scheme
Naturally occurring fluoride level >0.5 mg/l





Targeting supervised tooth brushing to childhood settings in areas with high levels of tooth decay will help reduce oral health inequalities

This helps to encourage children to brush their teeth from a young age and supports home brushing

Fluoride toothpaste has been shown to prevent tooth decay



Top 3 interventions for preventing tooth decay

1



Reduce the consumption of foods and drinks that contain sugars

2



Brush teeth twice daily with fluoride toothpaste (1350-1500ppm), last thing at night and at least on one other occasion. After brushing, spit don't rinse

3



Take your child to the dentist when the first tooth erupts, at about 6 months and then on a regular basis

Under 3s should use a smear of toothpaste



3 to 6 year olds should use a pea sized amount



Parents/carers should brush or supervise tooth brushing until their **child is at least 7**

Flexible commissioning



Flexible commissioning involves varying a dental contract contract to utilise the additional services sections of the contract within the existing financial envelope

Mandatory Services
(UDAs)

Additional Services

Advanced Mandatory Services,
Dental Public Health, Domiciliary,
Sedation, Orthodontic,
Partnership Working

FLEXIBLE
COMMISSIONING

**FACILITATING ACCESS TO
DENTAL CARE**

**TARGETED ENHANCED
PREVENTION**

SKILL MIX DELIVERY

**ENHANCED TRAINING OF
DENTAL NURSES**

FLEXIBLE COMMISSIONING

WHOLE SYSTEM RELATIONSHIPS AND INTERDEPENDENCIES

work collaboratively with local networks

establish key links with Health and Social care providers to enable referrals into the practice from key population groups.

build and evidence strong working relationships with stakeholders which should include the local dental community, social care teams, health visitors etc.

FACILITATING ACCESS TO DENTAL CARE

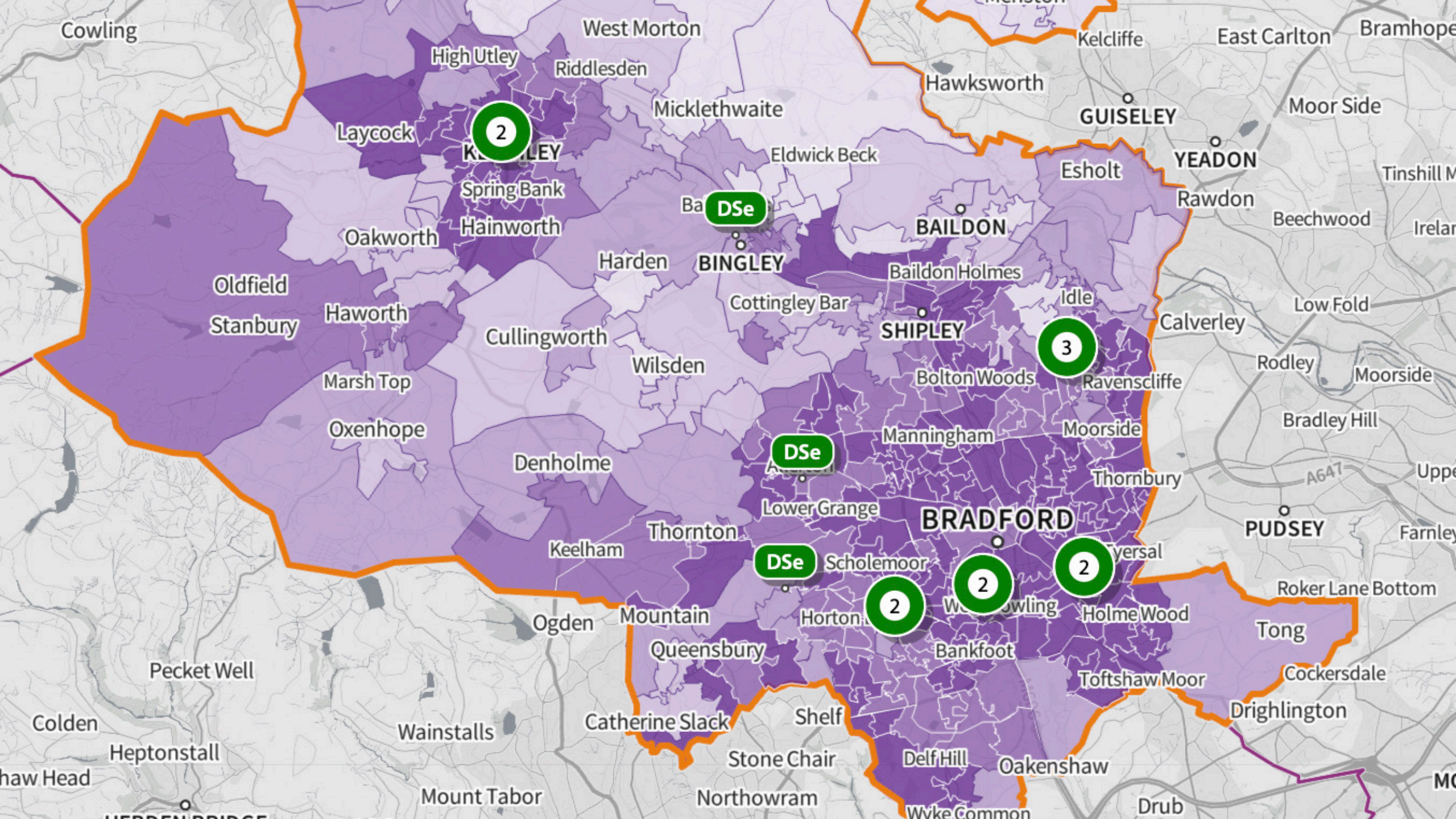
ACCESS PATHWAYS FOR CHILDREN
THROUGH LINKS WITH ;

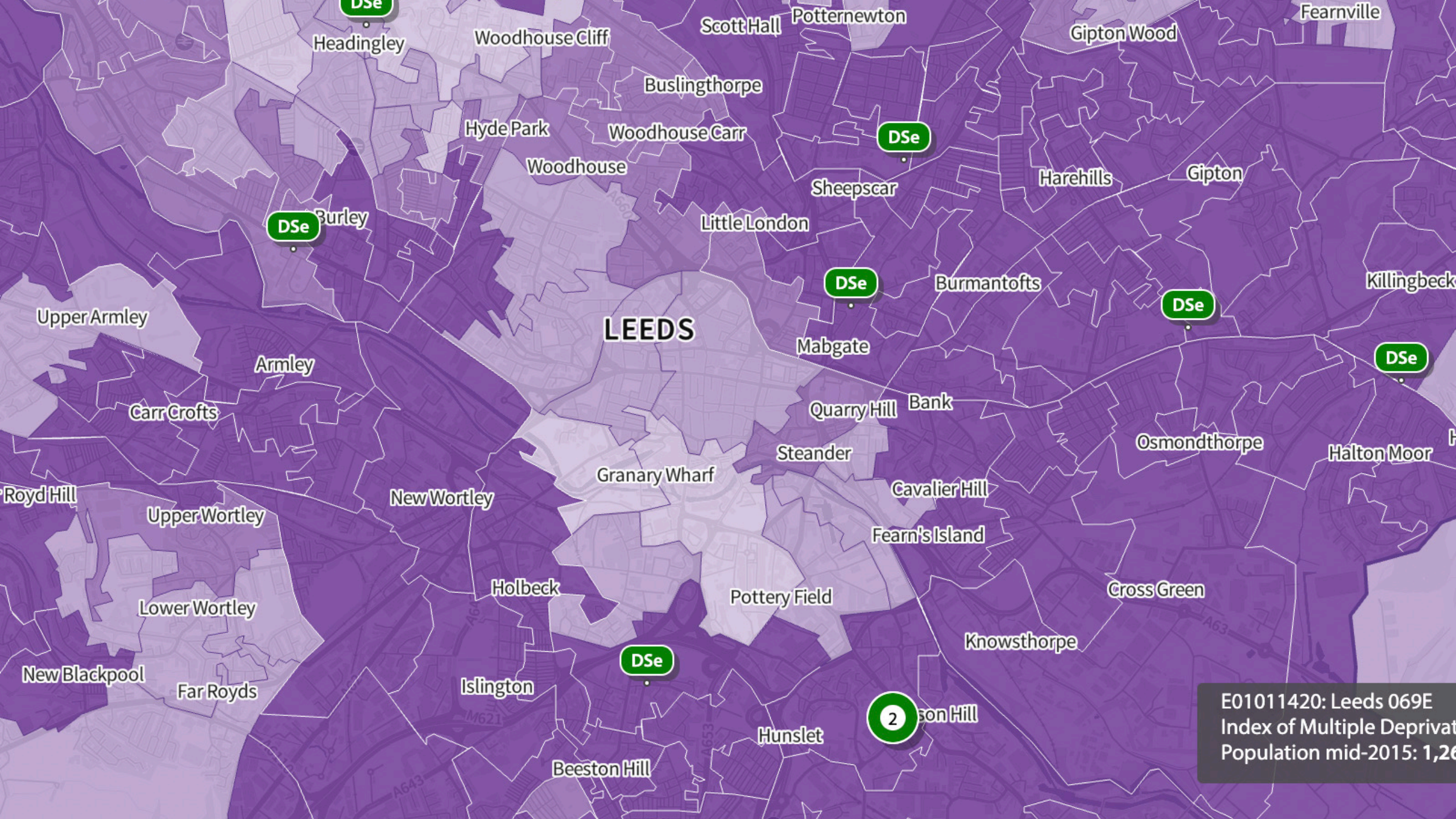
Health Visitor Teams

Social Care Teams

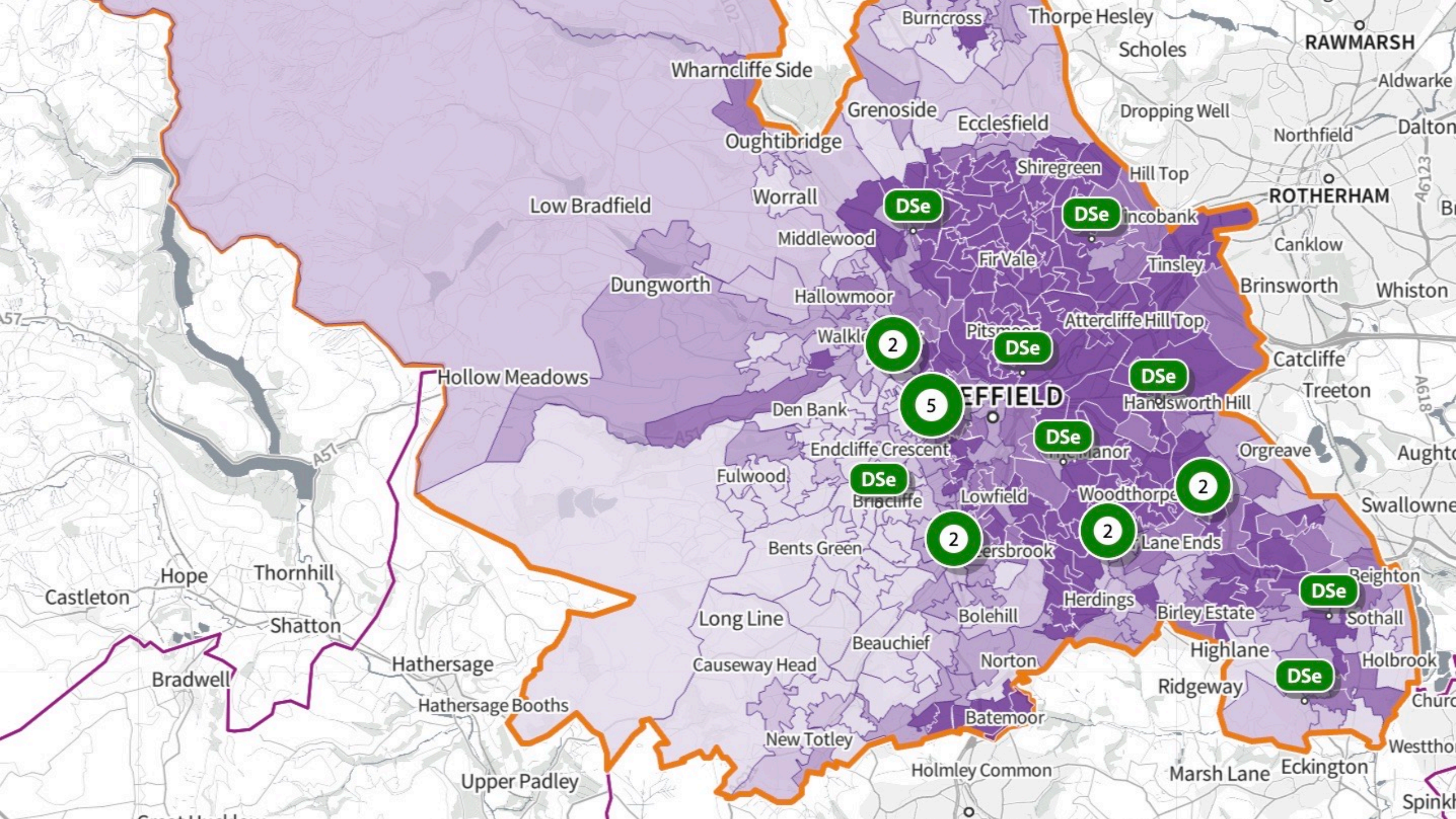
CYP practitioners

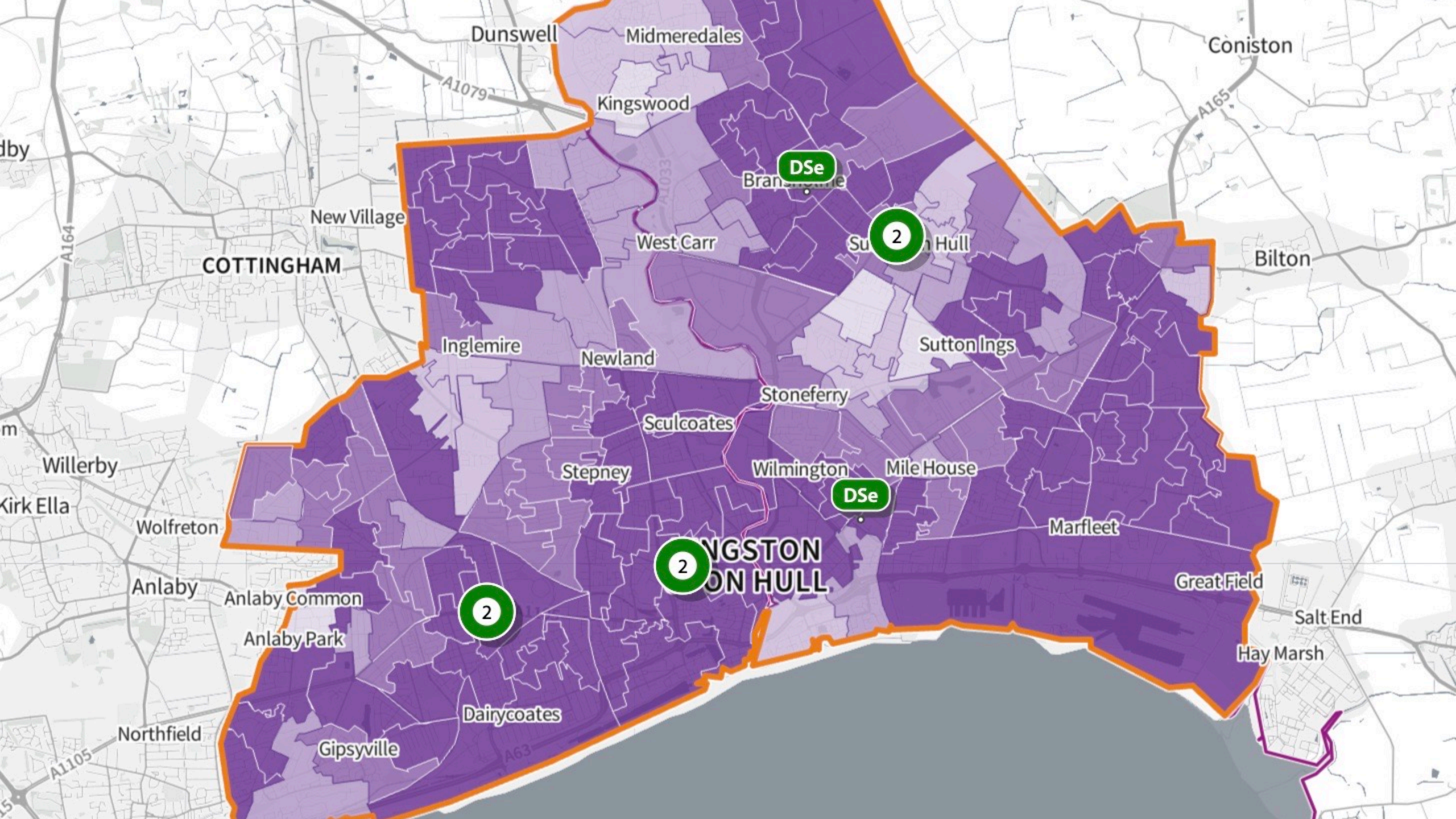
Looked After Children teams





E01011420: Leeds 069E
Index of Multiple Deprivation
Population mid-2015: 1,26





2

2

2

DSe

DSe

COTTINGHAM

2 KINGSTON UPON HULL

Coniston

Bilton

Salt End

Hay Marsh

Dunswell

Midmeredales

Kingswood

West Carr

Suttons

Suttons

Inglemire

Newland

Stoneferry

Sculcoates

Stepney

Wilmington

Mile House

Marfleet

Great Field

Dairycoates

Gipsyville

Northfield

Anlaby

Anlaby Common

Anlaby Park

Willerby

Kirk Ella

Wolfreton

by

m

5

A1079

A164

A165

A63

A1105

**CHILD TARGETED PREVENTION
SESSIONS**

Caries 26,754

GA 2110

TOTAL CHILD SESSIONS = 28,864

**ADULT TARGETED PREVENTION
SESSIONS**

Dry mouth 665

Dementia 227

Osteonecrosis risk 316

Diabetes 1159

High needs 4565

TOTAL ADULT SESSIONS = 10,025

The 146 Flexible
Commissioning
practices in Y&H have
delivered 39,607 new
adult patient
appointments and
18,570 new child
patient appointments

**HEALTH VISITOR
REFERRALS**

1299

**SOCIAL CARE
REFERRALS**

858

“I would like to thank you and the local Hull dental practices involved for the prioritisation which is now offered to one of our most vulnerable groups of children. The quarterly report which went to the Hull Corporate Parenting Board in September describes an incredibly positive picture regarding dental access and provision and was obviously well received.

What a pleasant relief to not have to explain in great detail to the practice, what a vulnerable child is and why we have a duty to ensure a collaborative approach was used by health practitioners to meet their health needs. It felt really good to have made it happen with such ease.”

A 3D maze with a red ball in the center and pink pill-like shapes scattered throughout.

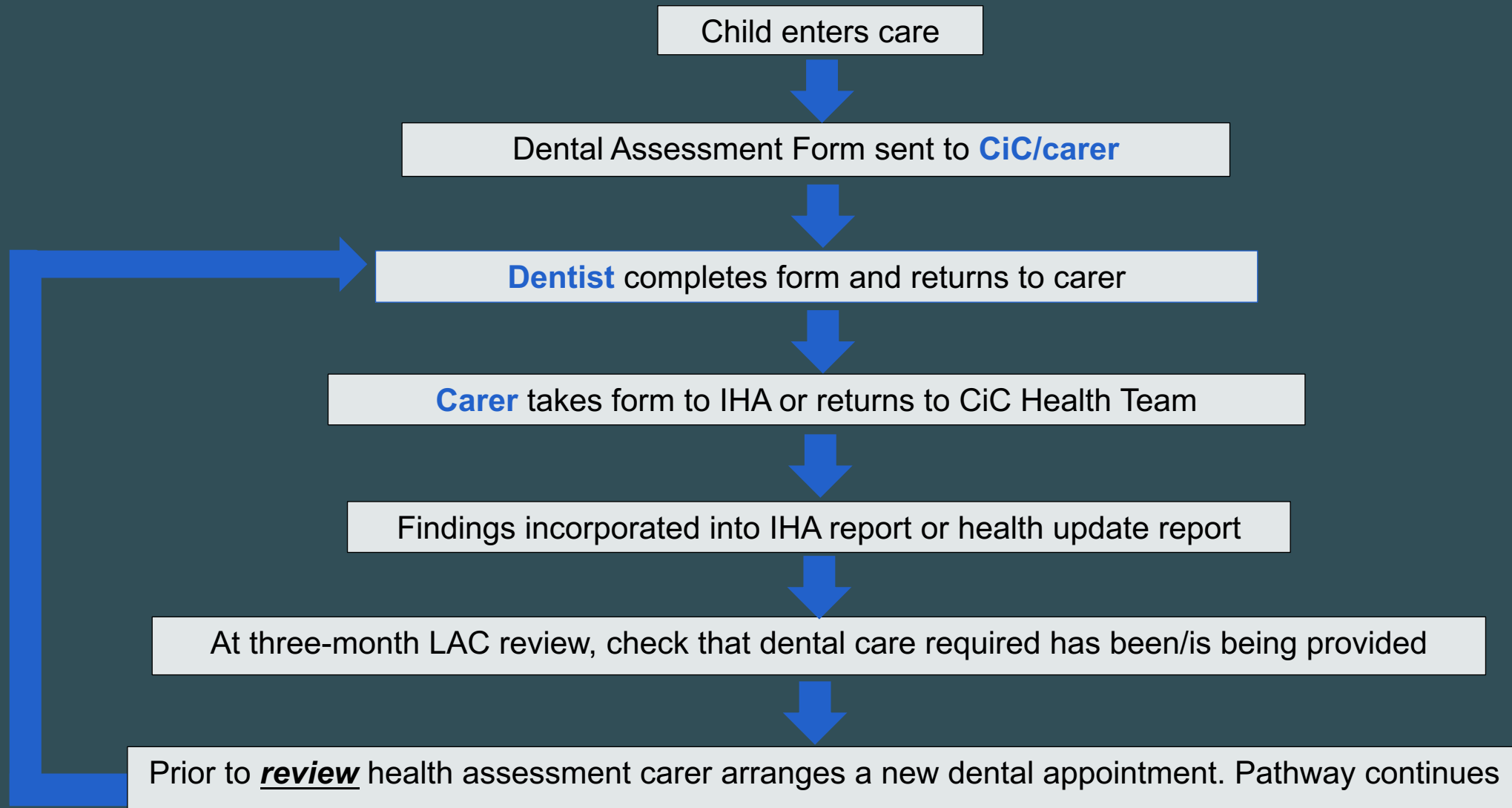
A dental pathway
for looked after
children

Challenges

- Difficulty accessing dental care
- Placements change
- Poorer oral health
- Communication between organisations



Dental care pathway for Children in Care (CiC)



Dental care pathway for Children in Care (CiC)

Child enters care



Dental Assessment Form sent to **CiC/carer**

Dental Assessment Form for Children in Care

REGION

Purpose of this form:

- To ensure Children in Care receive an initial dental assessment and ongoing dental care
- To allow an oral health plan to be incorporated into the child's overall health plan
- To ensure appropriate ongoing dental care for the child, even if they move out of area.

Who should complete the form?

Section 1 should be completed by the carer prior to the dental assessment. Sections 2, 3 and 4 should be completed by the dentist at the child's dental appointment.

For the carer:

- Please arrange a dental assessment for the child as soon as possible
- Complete section 1 of this form prior to the dental visit and take it with you to the appointment
- Please ensure that you bring any paperwork related to consent/delegated authority to the child's dental appointment**
- If the dental appointment is prior to the child's initial health assessment (IHA) then please take the completed form with you to the IHA appointment. If the dental appointment is following the IHA, then please return the form by post to the Children in Care Health Team, ADDRESS
- A copy of this form should also be completed prior to a child's review health assessment (RHA). If the dental appointment is before the RHA, the form should be taken to the RHA appointment. If the dental appointment is after the RHA please return to: Children in Care Health Team, ADDRESS

For the dentist:

A child becomes a Child in Care if they are in the care of the local authority for more than 24 hours. Children can be in care by agreement with parents or by court order. Children in Care have regular health assessments to ensure their health needs are being met. The dental assessment you undertake will help inform their overall health assessment.

Informed consent for dental treatment is needed from an adult with parental responsibility for the child (unless the child can consent for themselves). Section 1 of this form provides the child's details and social worker details which we advise you record. Should you have any questions surrounding consent please contact the named social worker for further support.

For Children in Care who require orthodontic assessment or who present mid-orthodontic treatment and are unable to return to their original orthodontist, please refer to the local secondary care orthodontic unit via ERMS.

Please complete page 2 and 3 of the form and return to the carer at the same visit

This information is confidential and is not to be divulged without authorisation. A copy of this form will be shared with health and local authority teams as appropriate.

1

1. Child/young person's details – to be completed by carer before appointment

First Name(s):		Family Name:	
Date of Birth:		NHS Number (if known):	
Current Carer:			
Current Carer Contact Details:			
Named Social Worker:			
Social Worker Contact Details:			

2. Dental practice details- to be completed by dentist

Dentist name:	
E-mail address (nhs.net):	
Practice telephone number:	
Practice address (please use practice stamp if available):	

3. Dental Assessment	Date:	
Dental/oral findings (please tick all which apply):		
No dental/oral disease noted	<input type="checkbox"/>	
Gingivitis (gum inflammation)	<input type="checkbox"/>	
Decay affecting primary (baby) teeth	<input type="checkbox"/>	Number of teeth affected.....
Decay affecting permanent (adult) teeth	<input type="checkbox"/>	Number of teeth affected.....
Other <u>including dental pain and infection</u> (please avoid use of abbreviations to aid review by non-dental professionals):		
Are x-rays available? (please circle)	Yes	No
Date and type of images:		

2

4. Treatment Plan

Please tick all that apply:

Oral health advice	<input type="checkbox"/>	
Fillings of primary (baby) teeth	<input type="checkbox"/>	Number of baby teeth planned to fill.....
Fillings of permanent (adult) teeth	<input type="checkbox"/>	Number of adult teeth planned to fill.....
Extractions of primary (baby) teeth	<input type="checkbox"/>	Number of baby teeth planned to extract....
Extractions of permanent (adult) teeth	<input type="checkbox"/>	Number of adult teeth planned to extract....

Other (please avoid use of abbreviations to aid review by non-dental professionals):

Has the above treatment been completed at today's appointment? (Please circle)	Yes	No
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Has a further appointment been made with your practice? (Please circle)	Yes	No
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If yes please provide date(s) and details	
---	--

Has/will a referral be made to any other dental providers e.g. Community Dental Service, Orthodontics? (Please circle)	Yes	No
--	-----	----

If yes please provide details of provider referred to:	
--	--

Please state planned recall interval (months):	
--	--

Please circle to confirm that recall has been discussed and agreed by carer/ parent	Yes	No
---	-----	----

Signature of dentist completing assessment

Signature:		Print Name:		Date:	
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We thank you for your support

3

3. Dental Assessment**Date:**

Dental/oral findings (please tick all which apply):

No dental/oral disease noted

Gingivitis (gum inflammation)

Decay affecting primary (baby) teeth

Number of teeth affected.....

Decay affecting permanent (adult) teeth

Number of teeth affected.....

Other **including dental pain and infection** (please avoid use of abbreviations to aid review by non-dental professionals):

4. Treatment Plan

Please tick all that apply:

Oral health advice

Fillings of primary (baby) teeth

Number of baby teeth planned to fill.....

Fillings of permanent (adult) teeth

Number of adult teeth planned to fill.....

Extractions of primary (baby) teeth

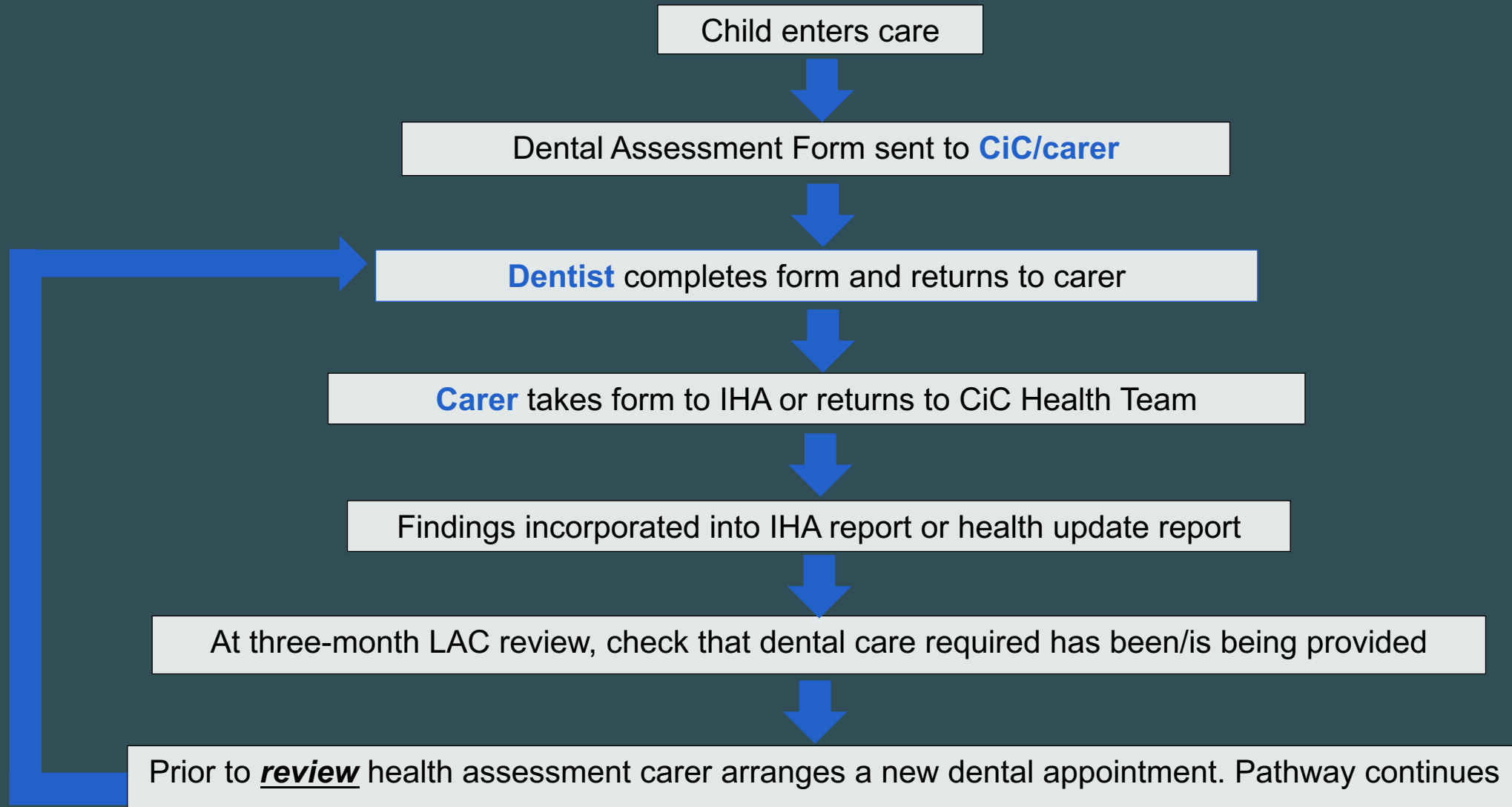
Number of baby teeth planned to extract....

Extractions of permanent (adult) teeth

Number of adult teeth planned to extract.....

Other (please avoid use of abbreviations to aid review by non-dental professionals):

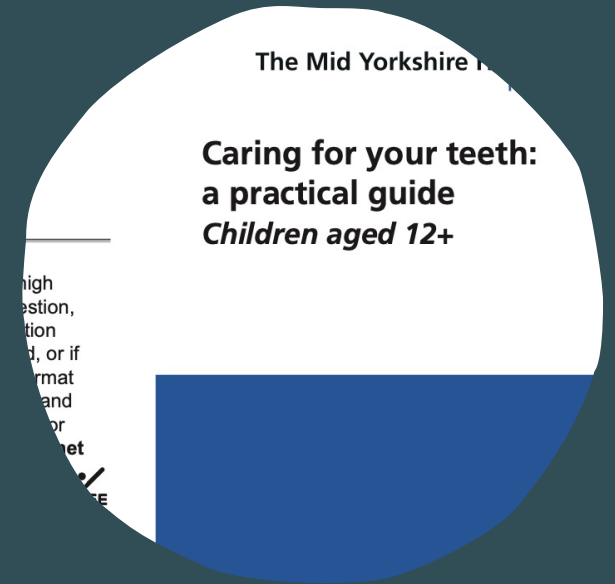
Dental care pathway for Children in Care (CiC)



What's Next?

- Expand implementation
- Digitisation?
- Data

Opportunities



Scan me!

Dental Assessment Form

Pathway



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Lucyridsdale@nhs.net