Health Overview Panel

30 April 2019

Dental Health Services and Oral Health in Kingston

Report by the Director of Public Health

Purpose

To inform the Panel of current arrangements regarding general dental services and oral health promotion in Kingston, highlighting gaps in provision and identifying future areas of work.

Recommendation - the Panel

1. Considers the contents of this report;
2. Scrutinises the work to date against the recommendations of the JSNA and Children's Oral Health Survey; and
3. Make recommendations regarding any other actions that the Panel feels are needed to ensure we are targeting the right groups in Kingston.

Key Points

A. This report presents an overview of how general dental and oral health promotion services are commissioned and organised locally.

B. A summary of the Joint Strategic Needs Assessment (JSNA) chapter on children's oral health and the Children's Oral Health Survey is provided along with links to the full reports.

C. An update on progress against the recommendations from the JSNA and survey is provided together with plans for future work.

Introduction

1. Poor oral health can lead to pain and discomfort, sleepless nights, loss of function and self-esteem, and in turn affect quality of life and overall wellbeing. Oral health is also linked to chronic diseases. Tooth decay and obesity may be more likely to occur together and poor oral health is associated with poor diabetic control and lung diseases among the frail and elderly.

2. The impact of disease, and treatments such as fillings, can last a lifetime. Dental decay and gum disease are the most common oral conditions, and are largely preventable. The cost to the NHS of treating oral health conditions is around £3.4 billion per year.

3. Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to an extent that they consider appropriate in their areas. The risk factors for poor oral health overlap with those for other public health issues so it is important that oral health is not promoted in isolation, but as part of a comprehensive approach to improving overall population health.

Commissioning of Dental Services

4. NHS England is responsible for commissioning NHS dental services in England, including community, specialist and out of hours services to cover both routine and urgent care. This does not include private dentists, although many dentists will offer a mixture of NHS and private care.

5. Any treatment that, in the dentist's opinion, is clinically necessary to protect or maintain good oral health is available on the NHS, however most people will pay a contribution towards this. Information regarding the charges and how these are calculated can be found on the NHS Website. The following groups of people are entitled to free NHS dental care:
    - under 18, or under 19 and in full time education
    - pregnant or have had a baby in the past 12 months
    - being treated in an NHS hospital and care is provided by the hospital dentist (except dentures and bridges)
    - receiving low income benefits or if under 20 and a dependent of someone receiving low income benefits.

6. You do not need to register with a dentist in the same way as with a GP because there is no catchment area for dental practices. However, there is disparity across the country in terms of accessibility of dentists and therefore some people may experience long waiting times. Locally, there are approximately 26 dental practices in Kingston offering NHS dental care and, according to a recent child dental survey in the borough (see below), access to these is relatively easy for the majority of respondents.

Oral Health Promotion and Tackling Inequalities

7. While NHS England, as commissioner of dental services, has some responsibility for tackling inequalities, the main responsibility for oral health promotion rests with local authorities.

8. In response to this, a number of boroughs across South London, including Kingston, have funded an oral health promotion service. This service is commissioned by NHS England on behalf of these boroughs and is delivered by Kings College Hospital. The service provides oral health promotion interventions targeting those at greatest risk of poor health outcomes. In Kingston, commissioners have recently begun meeting with the leads for this service to monitor progress and ensure the service is meeting local need.

9. Traditionally, the local oral health promotion service has focussed on direct delivery of oral health promotion messages to children and families in early years settings and schools. However, in Kingston we have encouraged a move towards more sustainable approaches that involve this service training professionals within child health services to deliver universal oral health messages themselves to enable the oral health experts to focus their efforts on more targeted work with those who are more vulnerable. Progress on this is still in the early stages.

Children's Oral Health

10. Tooth decay in children can lead to a range of complications, such as chronic pain, speech difficulties and missed days from school, that may impact throughout a

child's life and even into adulthood. In the UK tooth extractions are the commonest reason for hospital admissions amongst 5 to 9 year olds and, in 2015/16, cost the NHS in England approximately £50.5m.

11. In August 2018, Kingston Public Health published a joint strategic needs assessment (JSNA) chapter on children's oral health. This was undertaken in response to data showing a decline in the oral health of children in Kingston. The aim was to better understand the local data, identify gaps in service provision and establish the needs of this population group going forwards (see Appendix 1 for the full JSNA chapter). Key issues from this needs assessment included:

    a. *Kingston has some scope to improve outcomes for children.*
    Whilst Kingston has a similar amount of tooth decay experience to the national average and is better than the London average, there is a higher rate of hospital admissions for tooth extraction.

    b. *Preventative advice could reach some families earlier and could be more comprehensive.*
    There is low uptake of dental services among younger children, and preventative advice may not be reaching parents early enough. In particular, some parents say they have not been advised about what foods and drinks are best to keep children's teeth healthy.

    c. *The local environment is not always helpful for oral health.*
    Parents find it difficult to restrict their child's sugar intake, especially when they are in school.

    d. *Kingston's demography and ethnically diverse population mean it is important to ensure systems are in place for oral health advice to reach all Kingston's communities*.

12. To further inform the JSNA chapter, Public Health Kingston conducted a survey with parents in the borough to gather their views and experiences of the impact of children's oral health on local families, their confidence in managing the oral health of their children and the experiences of and levels of satisfaction with local dental services (see Appendix 2 for the full report on this survey). Key issues from this included:

    a. Almost half of local parents (46%) said their child had had at least one problem with their oral health over the past six months. The commonest reported were problems with the appearance of their teeth, mouth or gums.

    b. Just under one in three parents (32%) had felt stressed or anxious about their child's oral health in the last six months.

    c. Although 75% of parents said that it was easy to access dental care in Kingston, only 60% thought that it was easy to access oral health advice. Parents of younger children were less likely to say that it was easy to access dental service or oral health advice. Participants who found it difficult to access services commented that there was a limited choice of NHS dentists, that it was necessary to travel to be able to access an NHS dentist and that there was a long waiting time to see an NHS dentist.

d. Parents of younger children were less likely than others to say they had been given the right oral health advice and less confident than others about how to look after their child's oral health. Only seven in ten parents of 1 - 4 year olds had been given advice about how often to visit the dentist.

e. Only 55% of parents said they had been given advice about what kinds of food and drink their child should be consuming.

f. Seven in eight parents said their child had been to the dentist at least once. The commonest age to start going to the dentist was two years old, which is older than the age recommended by Public Health England for a first visit. More than a third did not go to the dentist until they were three or older.

g. Among those who had used dental services, nine in ten said that their child's experience had been good or very good. The aspects of dental services with the most scope for improvement were length of wait for a routine appointment, and the child-friendly nature of the practice.

13. Recommendations arising from the JSNA chapter on children's oral health included:

a. Health Visitors, GPs, pharmacists and other healthcare professionals should ensure proactive oral health advice is incorporated into routine appointments and visits for young children.

b. Schools and children's centres should incorporate oral health advice and a good environment for oral health as part of their work towards Healthy Schools and Healthy Early Years accreditation.

c. All those who offer oral health advice should ensure it includes advice about what foods and drinks a child should be consuming and when to visit the dentist for the first time, as well as about toothbrushing and frequency of visits to the dentist.

d. Dentists should prioritise prevention of decay for young children by ensuring routine appointments are available for families, including those with young children, and considering how to make their practices more child-friendly.

Access to a Dentist by People who are in Urgent Housing Need/No Fixed Abode

14. A needs assessment of 248 'help seeking' (i.e. contacting local services for advice and support) individuals in 2011/12, assessed their access to health services. The locations used were:RBK drop-in centre, resettlement and Job Centre Plus; Drug and alcohol treatment and recovery services (DIP, RISE, CRI, YP services); Local charities for vulnerable adults (YMCA, St Peter's Church, MIND Kingston, KCAH)

15. 28% (65 individuals) of this cohort had an urgent housing need with No Fixed Abode (NFA), 90% of whom were aged 20-59 years, and two-thirds were men.

16. 71.3% of all help-seeking respondents had a dentist. The average time since last visit to dentist (if registered) was 10.9 months. Amongst people with housing problems/NFA, this percentage was 68.2% with an average time since last visit of 10.7 months. If all people with housing problems/NFA were looked at, regardless of registration with dentist, the average time since last visit was 19.8 months.

17. This frequency of access in 2011/12 is slightly higher than the frequency of visits to a dentist by children, with three in five (63.4%) children aged under 18 in Kingston having visited an NHS dentist in the last two years (up to March 2017).

What has changed?

18. In response to the findings of the JSNA and parental survey, Kingston Public Health has worked closely with colleagues from the Oral Health Promotion Service and 0-19s team to:

    a. Ensure Health Visitors (registered nurses and midwives who have additional training in community public health nursing to provide a proactive, universal service for children aged 0-5 years) distribute toothbrush packs:

        i. at the mandated 1 year and 2.5 year health checks.

        ii. at other appropriate times, for example during talks on weaning and introducing solids, during drop-in clinics where oral health is discussed

        iii. to all families considered to be more vulnerable to health inequalities and where more intensive work is being undertaken

    b. Ensure targets around the reduction of tooth decay are introduced into the specifications for school health and health visiting.

    c. Ensure colleagues from the school health and health visiting teams are trained to deliver evidence based interventions with consistent and up to date messaging.

    d. Ensure colleagues in school health are equipped with the skills to deliver messages to schools regarding healthy food and drink policies and lesson plans around this topic.

Plans for the Future

19. Plans for future work around this area include:

    a. Further investigation of the needs of other vulnerable population groups in Kingston, such as Black, Asian and Minority Ethnic (BAME) and Gypsy Roma Traveller (GRT) communities and the homeless population.

    b. The oral health promotion service are continuing to develop their ‘train the trainer’ model to ensure more services are able to deliver universal oral health promotion messages themselves and free the capacity of colleagues in this service to focus their efforts on the most vulnerable children and families.

    c. Further links need to made with the Healthy Schools and Healthy Early Years London initiatives to embed oral health as a key priority area for local settings.

    d. Continue to deliver on the recommendations of the JSNA chapter on children’s oral health - adopting the strategic approach to children’s oral health in Kingston to create an oral-health friendly environment, strengthen

individual and community skills to support oral health and ensuring dental services take a preventative approach.

e. Continue to promote access to health services, including dental services to people with an urgent housing need/NFA, using drop-ins and health days as mechanisms to engage with this harder-to-reach population.

Author of Report - Amy Leftwich, 0-19 Public Health Services Commissioner, Kingston Public Health, amy.leftwich@kingston.gov.uk; Tel: 020 8547 6810

Weblinks for Further Information

Kingston

Dentists in Kingston (Kingston CCG leaflet)
https://www.kingstonccg.nhs.uk/Downloads/Publications%20folder/Leaflets/Kingston%20dental%20leaflet.%20pdf

Kingston Joint Strategic Needs Assessment - Children' Oral Health (2018)
https://data.kingston.gov.uk/jsna-childrens-oral-health/

Kingston Children's Oral Health Survey (2017-18)
https://data.kingston.gov.uk/wp-content/uploads/2018/09/JSNA_childrensoralhealthsurvey201718.pdf

NHS

Which dental treatments are available on the NHS?
https://www.nhs.uk/common-health-questions/dental-health/which-dental-treatments-are-available-on-the-nhs/

Dental Charges
https://www.nhs.uk/common-health-questions/dental-health/how-much-will-i-pay-for-nhs-dental-treatment/

Further general information
https://www.nhs.uk/common-health-questions/dental-health/which-dental-treatments-are-available-on-the-nhs/#further-information

Public Health England

Oral Health Improvement Programmes Commissioned by Local Authorities, Public Health England, 15 May 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/707180/Oral_health_improvement_programmes_commissioned_by_local_authorities.pdf

Parliament

Child Oral Health, Parliamentary Research Briefing, 27 October 2017
http://researchbriefings.files.parliament.uk/documents/CDP-2017-0201/CDP-2017-0201.pdf