



Oral Health in Middlesbrough

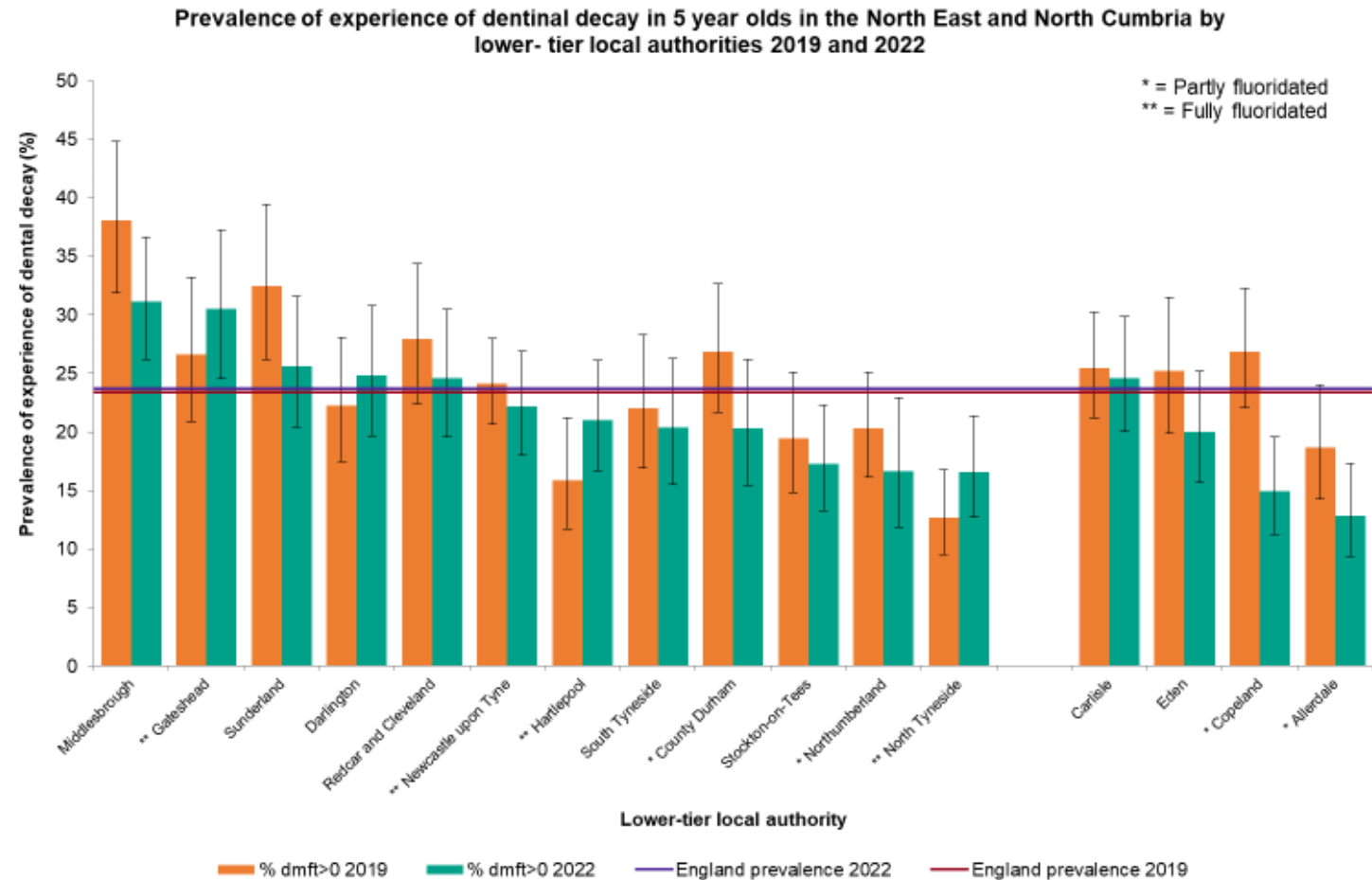
Why is Oral Health Important?

- Oral health is an important public health concern and can have a significant impact on society and individuals.
- Tooth decay is the most common oral disease affecting children and young people (CYP) in England, yet it is largely preventable.
- The extraction of decayed teeth has become the most common reason for hospital admission of under-18-year-olds in England.
- Poor oral health can affect children's and young people's ability to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet, and impaired nutrition and growth.
- Poor oral health also has wider impacts at school and for families if a child misses' school or when a parent must take time off work if their child needs dental treatment. When children are not healthy, this affects their ability to learn, thrive and develop. Good oral health can contribute to “school readiness”.

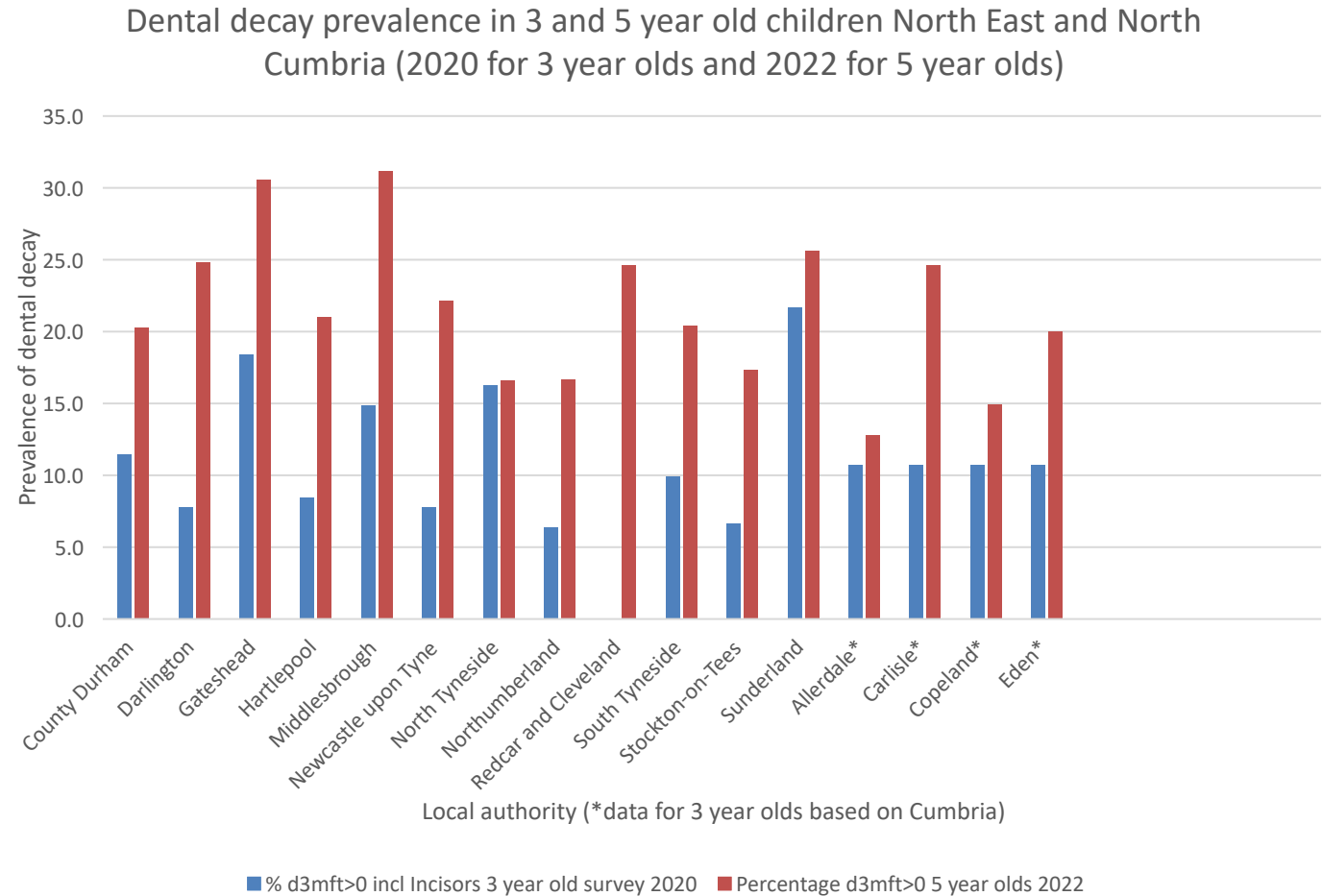
Why is Oral Health Important?

- There is a **significant relationship between deprivation and poorer oral health**, directly impacting many oral health related illnesses (dental decay, tooth loss, oral cancer), as well as the wider impact related to quality of life.
- Poor oral health may be indicative of dental neglect and wider safeguarding issues.
- Dental neglect is defined as “the persistent failure to meet a child’s basic oral health needs, likely to result in the serious impairment of a child’s oral or general health or development”.
- Dental teams can contribute to a multi-agency approach to safeguard children and guidance is available to support this role.
- Tooth extractions under general anaesthetic are not only potentially avoidable for most children but also costly. The cost of extracting multiple teeth in children in hospitals in 2011-2012 was £673 per child with a total NHS cost of nearly £23 million.

- Across NENC there have been no significant improvements in oral health in 5-year-old children.
- Middlesbrough had significantly more dental decay than the England average.
- Oral health inequalities are stark in all NENC areas and closely aligned to deprivation. It's not possible to show the inequalities at ward level due to sample sizes.
- A further census survey of 5-year-old children carried out in 2023/24 will provide a larger sample size and enable analysis at ward level to identify health inequalities and the impact of COVID.



- There is a significant increase in dental decay prevalence from age 3 to 5 years old in all areas of NENC.
- In Middlesbrough, there is a **doubling of decay from 3- to 5-year-olds** from the most recent surveys undertaken in 2020 and 2022.
- The increase in rates of dental disease can be explained by the decay process. It can take 18 months or more from the start of decay (enamel decay) to progress to a stage when a filling is required (dentinal decay).



- Early diagnosis (enamel decay) and treatment with fluoride, can reverse the early decay process.
- Encouraging dental attendance when teeth first come through (check at age 1) can provide opportunities for prevention advice and fluoride intervention to reverse the effect of early decay.
- Optimising fluoride interventions (fluoride varnish) within dental practices and supervised toothbrushing programmes in schools can reduce the significant increases in disease rates in very young children.

- The 2018 oral health survey of adults attending general practice reports 1 in 3 participants living in more deprived areas had untreated tooth decay compared to 1 in 5 in the less deprived areas.
- Poor oral health impacts daily living, including self-consciousness or embarrassment because of problems with teeth, mouth or dentures, difficulty eating any foods and painful aching in the mouth.
- Adults in Middlesbrough (27.9%) suffered more oral health impacts than the average for the North East (22.6%) or England (17.7%).

Upper-Tier LA Name	% with active decay (DT>0)	Average number of decayed teeth (for those with active decay)	% with dentures	% with PUFA	% with any treatment need	% with an urgent treatment need	% suffering any oral health impacts fairly or very often	Local authority IMD ranking (2019)
England	26.8	2.1	15.4	5.2	70.5	4.9	17.7	
North East	27.3	2.2	18.6	5.3	75.4	3.5	22.6	
County Durham	26.8	1.8	16.9	2.8	84.5	7.2	17.6	62
Darlington	27.3	2.4	19.6	3.6	87.3	7.9	21.2	77
Gateshead	26.0	2.8	15.4	2.5	63.1	0.8	22.8	47
Hartlepool	25.9	3.0	11.8	3.2	80.0	2.4	24.5	10
Middlesbrough	28.5	2.9	20.7	10.7	75.7	3.4	27.9	5
Newcastle							11.8	41
North Tyneside								111
Northumberland	43.8	1.8	22.3	1.8	84.8	11.6	13.6	116
Redcar and Cleveland	27.4	2.3	17.9	9.2	80.4	1.7	21.8	40
South Tyneside	18.6	1.8	19.6	6.8	47.9	0.5	25.8	27
Stockton-on-Tees	29.5	1.9	17.5	6.7	87.4	0.0	25.0	73
Sunderland	24.0	2.8	20.0	4.1	64.0	1.3	24.7	35
Cumbria (No data for Eden)	29.9	2.0	17.8	5.1	66.7	4.3	19.0	No data
England	26.8	2.1	15.4	5.2	70.5	4.9	17.7	

- The Health and Social Care Act (2012) amended the National Health Service Act (2006) to confer responsibilities on local authorities for health improvement, including oral health improvement, in relation to the people in their areas.
- 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.
- They are also required to provide or commission oral health surveys. The oral health surveys are carried out as part of the Public Health England (PHE) dental public health intelligence programme (formerly known as the national dental epidemiology programme):
 - assessment and monitoring of oral health needs
 - planning and evaluation of oral health promotion programmes
 - planning and evaluation of the arrangements for the provision of dental services
 - reporting and monitoring of the effects of any local water fluoridation schemes covering their area
- Local authorities also have the power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals.
- NICE Guidelines include improving oral health by developing and implementing a strategy that meets the needs of people in the local community. The strategy should aim to promote and protect people's oral health by improving their diet and oral hygiene, and by encouraging them to visit the dentist regularly.

What are Public Health Delivering? Prevention

- Toothbrushing programmes taking place in primary schools and early years settings, delivered by the Tees Oral Health Promotion.
- Eat Well Schools and Early Years Awards - raising awareness of the importance of oral health, as part of a 'whole-school/settings' approach in all primary and secondary schools, along with early years settings.
- Health Visitors - 2-2.5-year review advising families to register with a dentist

- Care homes:
 - MUST programme – oral health advice included within staff training.
 - MUST involved in the Teesside University ELDER Study – improving the oral health of older adults using milk supplemented with fluoride and probiotics.
 - Implementing Caring for Your Smile Programme

What are Public Health Delivering? Education

- Toothbrushing scheme within primary schools and early years settings. Staff trained to deliver oral health advice and information.
- Midwives and Health Visitors to promote oral health and complete oral health training.
- Train staff working within early years including family hubs, nurseries and childminders in oral health promotion.
- Care homes – staff training and oral health campaigns
- Looked After Children – PH Nurses receive oral health training.

- Health & Social Care staff:

Care delivered at home, Learning disabilities, vulnerable groups e.g., drug alcohol services, travellers, homeless etc. All receive annual oral health training.

Table: Percentage of children and adults accessing NHS primary dental care

- Access to NHS primary dental care for children in March 2022 has not fully recovered to pre-pandemic levels. It is lower (48.5%) than 2020 (67.8%).
- The post COVID recovery position is replicated for adults (39.9% compared to 63.4%) for Middlesbrough.
- Data from the 0-19 Healthy Child Programme in Middlesbrough, shows registrations with a dentist for children aged 2-2.5 years old at the health visiting mandated visit, is now 60%. Pre pandemic this figure was approximately 85%.

Area	Percentage of children (0-17y) accessing dental care in 12 months before:			Percentage of adults (18y+) accessing dental care in 24 months before:		
	31 March 2020	31 March 2021	31 March 2022	31 March 2020	31 March 2021	31 March 2022
England	58.3%	23.1%	45.4%	49.3%	43.1%	34.6%
North East Region	61.1%	21.6%	45.8%	56.2%	48.7%	39.1%
North ICP	63.4%	22.7%	47.4%	56.2%	48.7%	38.9%
Gateshead	64.9%	21.9%	49.2%	57.8%	50.6%	41.2%
Newcastle	65.0%	24.7%	48.6%	57.4%	48.0%	39.3%
North Tyneside	60.1%	19.2%	45.0%	55.0%	47.5%	37.3%
Northumberland	63.1%	23.5%	46.6%	54.8%	49.0%	38.3%
Central ICP	57.6%	18.2%	41.9%	55.1%	47.0%	37.6%
County Durham	54.0%	17.6%	40.7%	50.5%	42.5%	33.8%
Sunderland	61.6%	18.5%	43.0%	59.3%	51.3%	40.7%
South Tyneside	62.9%	19.8%	44.2%	63.8%	55.0%	45.5%
Tees Valley ICP	63.0%	22.8%	48.4%	57.7%	50.9%	41.3%
Darlington	64.0%	26.5%	44.6%	56.6%	49.6%	38.8%
Hartlepool	54.2%	18.6%	42.9%	51.6%	45.6%	38.6%
Middlesbrough	67.8%	20.5%	48.5%	63.4%	53.6%	39.9%
Redcar and Cleveland	61.9%	20.9%	47.0%	61.1%	53.9%	45.1%
Stockton-on-Tees	63.6%	25.9%	53.6%	54.8%	50.0%	42.3%
Cumbria	60.6%	27.0%	48.3%	46.6%	39.8%	30.6%

- At a population level, **Flouridation is the most effective way of reducing inequalities**, as it ensures that people in the most deprived areas receive fluoridated water.
- Water fluoridation should be part of an overall oral health strategy.
- The Health and Care Act 2022 has moved the responsibilities for initiating and varying schemes for water fluoridation from local authorities to the Secretary of State.
- Public consultation will continue to be an important part of any future water fluoridation proposals.

- Acknowledge the statutory requirements placed on the local authority and its partners
- Develop an Oral Health Strategy for Middlesbrough
- Acknowledge Oral Health is a key health and wellbeing priority
- Implementation of the Dental Epidemiology Survey for 5-year-old children in 2023
- Continue to deliver oral health promotion training to all front-line practitioners
- Ensure frontline health and social care staff can give advice on the importance of oral health

- Create healthy environments and to promote oral health – Healthy Weight Declaration (drinking water, sugar free food, breastfeeding).
- Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health, including the continuity of delivering supervised toothbrushing programmes in early years settings and schools.
- Consider fluoride varnish programmes in areas where children are at high risk of poor oral health
- Review evidence-based interventions to improve oral health in Middlesbrough over the next 5 years

Questions?