Nottinghamshire County Council

Report to the Health & Wellbeing Board

8 January 2020

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CHAPTER: ORAL HEALTH

Purpose of the Report

1. To request that the Health & Wellbeing Board approve the new Oral Health Joint Strategic Needs Assessment (JSNA) chapter.

2. This report contains an executive summary of the chapter. The Health & Wellbeing Board is requested to approve the full chapter which is available as an appendix to this report and available for review on Nottinghamshire Insight.

Information

3. The previous JSNA chapter for oral health in Nottinghamshire focused on children and young people's oral health. It has been nearly five years since that chapter was last amended. The refreshed chapter seeks to understand current and future demands, trends and pressures, looking at oral health across the whole life course.

4. The World Health Organisation (WHO) defines oral health as "a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing."

5. National surveys of both adults' and children's oral health indicate improvements in dental health over time, shown by reductions in decayed, missing and filled teeth in children, and by adults keeping teeth longer as they age. However, inequalities persist associated with socio-economic background. For example, more people from managerial and professional occupation households had good oral health (91%) compared with people from routine and manual occupation households (79%) (Adult Dental Health Survey (ADHS), 2009). In children, those eligible for free school meals were less likely to be in good overall oral health (29%) compared to those not eligible (40%) (Children's Dental Health Survey (CDHS), 2013).

6. Overall, Nottinghamshire County is generally similar or better than the rest of the country when considering oral health outcomes; however, there are variations at a sub-county level. For example, five-year-old children in Broxtowe and Rushcliffe had better oral health than the England average. Five-year-old children in Mansfield and Ashfield showed greater

prevalence of tooth decay compared with other districts / boroughs in Nottinghamshire (National Dental Epidemiology Programme, 2017). There were larger numbers of child admissions for hospital dental extractions for districts / boroughs in the north of the county than for the districts / boroughs in the south (PHE, 2018).

7. Oral health diseases continue to be widespread despite being highly preventable. Simple measures such as improved oral hygiene practices, improved diet, use of and access to fluoride, and attending the dentist for regular check-ups to identify problems early, can all help to prevent or reduce the burden of oral diseases. A common risk factor approach also supports oral health improvement. This is because the most common oral diseases – tooth decay and gum disease – as well as oral cancers, share many of the same common risk factors (e.g. smoking, alcohol misuse, obesity and poor diet) as other common diseases, such as cardiovascular disease and other cancers – so addressing these risk factors can benefit more than one aspect of health.

8. The chapter provides information about current performance, local services and interventions, as well as a comprehensive review of research and evidence of what works to improve oral health.

Unmet needs and service gaps

9. Unmet needs and service gaps are explored fully in the JSNA chapter. Gaps and opportunities have been identified in relation to several areas:

    - Certain groups have been identified as having particularly poor oral health, being at increased risk of oral health problems, experiencing difficulties in accessing services, or being less likely to visit the dentist. Groups identified as having poor oral health include children from deprived backgrounds, who are less likely to visit the dentist than children from less deprived backgrounds, and older people. Groups at increased risk of oral health problems include people with learning disabilities and with serious mental illness, people who are homeless or who frequently relocate, such as gypsy, Roma and traveller (GRT) communities, people who misuse drugs or who drink alcohol at levels posing a risk to health, prisoners, and frail older people who may have difficulties maintaining good oral hygiene. Some of these groups also experience difficulties accessing dental services: GRT communities, homeless people, and frail older people.

    - Anticipated changes in demography and in the way in which older people's care is delivered are likely to lead to increased need for older people's dental services and potential changes to the way in which services are delivered.

    - There is a need to integrate oral health promotion within wider social policies (e.g. housing, planning) and other care pathways, to maximise the opportunities for delivering oral health messages.

    - There is a need to systematically follow up children who are admitted to hospital for oral health problems, to reduce the risk of problems occurring in the future.

Recommendations for consideration by commissioners

10. A number of recommendations have emerged following a review of local service provision, performance, research and evidence.

	Recommendation	Lead(s)
Strategy		
1	Oral health impact assessments relating to any intended relevant policy decisions should be systematically considered as part of a Health In All Policies approach.	All public sector agencies
2	Integrate oral diseases into policies addressing non-communicable diseases and general health more broadly to secure health and wellbeing throughout life.	All public sector agencies
Public Health Intelligence and Data Improvement		
3	Include examination of effectiveness of oral health questions in evaluation of Learning Disability Health Checks.	NHS commissioner of LD health checks (NHS England)
Prevention		
4	The approach to delivery of future oral health promotion interventions must consider reducing inequalities in our most vulnerable groups by taking a proportionate universalism approach.	All commissioners
5	Explore how to mitigate the risks associated with the proposed reduction of the oral health commissioned service due to budget constraints, especially in relation to vulnerable adults and older people.	Nottinghamshire County Council
6	Improve the oral health care of older people living in care homes through working with care homes to promote the use of NICE and CQC guidance.	Local authority: Adult Social Care and Public Health commissioners, Public Health England (PHE), Health Education England, care home providers / associations and carers' organisations
7	Integrate oral health within adults' and children's services, for example embedding oral health within the frailty pathway for older people, ensuring oral health is integrated within the early years' service, ensuring dental trauma is considered in the context of avoidable injuries.	Statutory bodies and providers with responsibility, Integrated Care System (ICS) leads

	Recommendation	Lead(s)
8	Scope how systematic processes for following up children who experience hospital admission because of tooth decay could be established. These should comprise follow up for regular dental treatment and appropriate information sharing with other professionals including social care, to ensure that children are safeguarded, as dental neglect may be a feature of wider neglect.	Local authority with support from NHS England and PHE
Service Quality and Accessibility		
9	Plan for anticipated changes to demography and operating context e.g. need for complex treatments in older people, as more people retain their natural teeth for longer, consideration of how best to make oral health services accessible to vulnerable people who have difficulty accessing routine care.	NHS England
10	Improve access for older people to oral health care through further provision of training for care home staff on how to recognise urgent dental problems and how to access urgent dental care for residents, and for dental professionals on treatment of people in care homes.	Local authority with support from care providers, PHE, Health Education England and carer/care home associations
11	Seek to improve access to dental services for other vulnerable groups e.g. continuity of oral health care for people coming out of places of detention; integrate oral health promotion into substance misuse pathway; promote NHS low income scheme and equity of access for those without a fixed address, integrate oral health into Learning Disability care pathways.	Local authority, PHE and NHS

Other Options Considered

11. Not applicable.

Reasons for Recommendation

12. The JSNA chapter has provided an opportunity to consolidate information regarding service provision and local performance data against the latest evidence of what works. Recommendations are for the range of stakeholders and agencies involved in work which can impact on oral health.

Statutory and Policy Implications

13. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below.

Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

14. There are none arising from this report although the findings and recommendations will inform local commissioning decisions.

RECOMMENDATION

1) That the Health & Wellbeing Board approve the new Oral Health Joint Strategic Needs Assessment (JSNA) chapter.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Kay Massingham
Public Health & Commissioning Manager
Telephone: 0115 993 2565
Email: kay.massingham@nottscc.gov.uk

Constitutional Comments (LW 20/12/2019)

15. The Health & Wellbeing Board is the appropriate body to consider the content of the report.

Financial Comments (DG 18/12/19)

16. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Nottinghamshire Health & Wellbeing Board: Joint Health and Wellbeing Strategy 2018-2022

Electoral Division(s) and Member(s) Affected

- All