

## Appendix 2

### Oral health in Peterborough. 7<sup>th</sup> December 2016

#### 1. Oral health of children in Peterborough

Oral health in children and young people in Peterborough is generally good although it compares unfavourably with other areas in East Anglia and with the national picture. In the most recent 2014/2015 National Dental Epidemiology Programme (NDEP) survey 70% of five year olds in Peterborough were seen to be free from dental decay. This compares with averages for East of England of 79.7% and England 75.2%. The average number of decayed missing and filled teeth (dmft) in 5 year olds was 1.1 compared with East of England 0.7 and England 0.8.

Population averages can mask oral health inequalities. Five year old children who suffer from dental decay in Peterborough have on average 3.8 decayed missing or filled teeth. This compares with an average of 3.2 for East of England and 3.4 for England.

Figure 1 shows the mean dmft in 5 year olds by lower tier local authority when children who are free from decay are excluded. There is a strong association between dental decay in children and social and material deprivation.

**Figure 1: mean dmft for deciduous teeth in 5 year olds where dmft>0 and compares Peterborough with the rest of East Anglia**

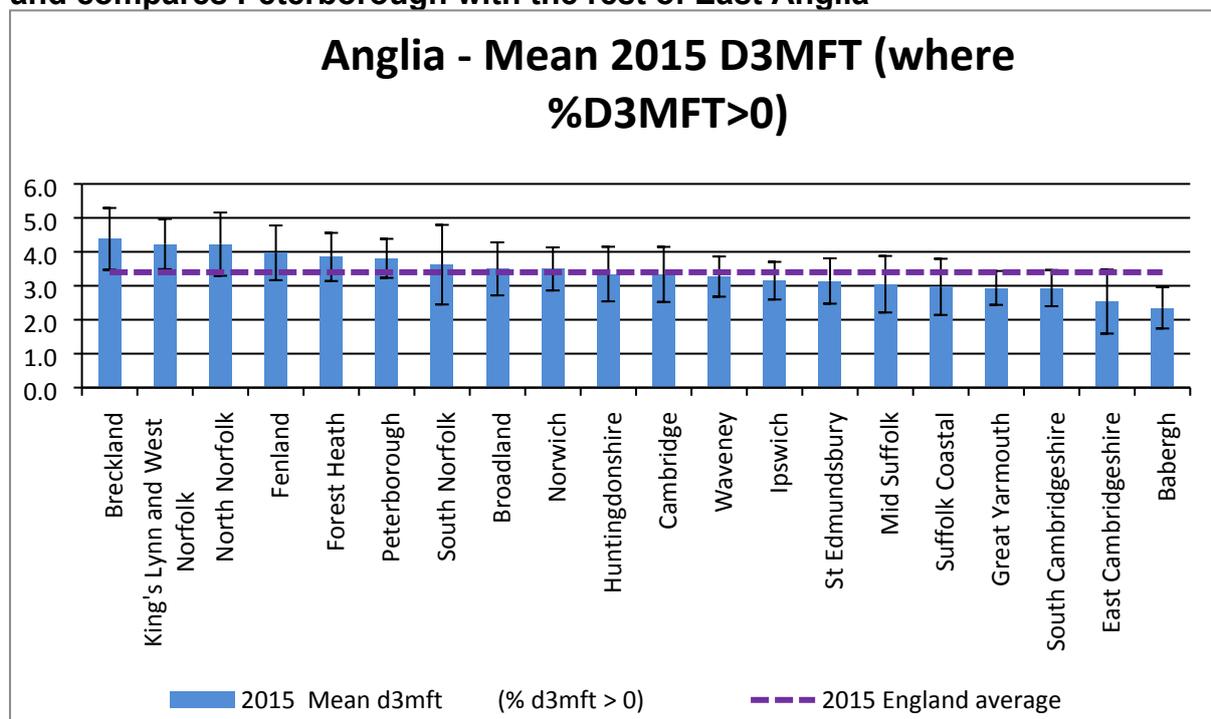
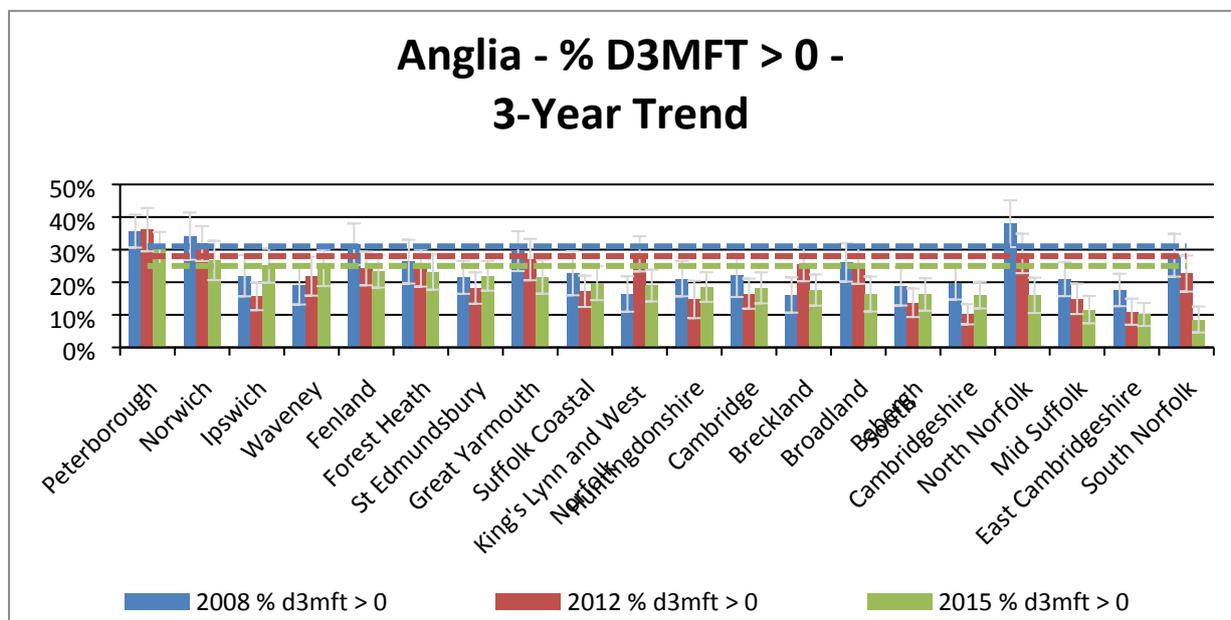


Figure 2 shows the trend in decay experience of five year olds in East of England between 2008 and 2015 by lower tier local authority. There has been an improvement in Peterborough and the percentage of children with

decay experience aged 5 years is falling. However Peterborough is still worse than most of the rest of East Anglia.

**Figure 2: Percentage of five year old children with decay experience by Lower Tier Local Authority Area in East of England 2008/9, 2011/12 and 2014/2015**



Source: National Dental Epidemiology Programme for England 5 year old survey

The pattern for twelve year old children in Peterborough is generally similar to that of the five year olds. In 2007/08, the prevalence of decay was 35.5%, higher than the national average of 33.4% with 64.5% of children free from decay in their permanent teeth. In terms of severity of dental decay at age twelve, oral health in the twelve year old population in Peterborough is slightly better than the England average. In Peterborough the average number of decayed missing and filled teeth (DMFT) is 0.7 compared with an England average of 0.74.

In terms of disease burden in those twelve year old children who already have decay, the value for Peterborough is DMFT 1.98, slightly better than the average for England DMFT 2.21. This reiterates how poor oral health is linked with socio-economic deprivation, as these results indicate that a polarisation in caries experience is occurring with an increasing number of children remaining caries free, and the disease becoming concentrated in a diminishing number of socially deprived children.

In both age groups, there are indications that children may not be gaining the appropriate access and / or dental treatment that are required.

## 2. Oral health of adults in Peterborough

Local data on adult oral health are not routinely collected in the UK. The decennial national surveys do however collect data to regional level.

Overall, in the most recent Adult Dental Health Survey 2009, twenty per cent of dentate adults in the East of England were found to have excellent oral health. That is they had twenty one or more natural teeth, 18 or more sound and untreated teeth, no active decay at any site, no periodontal pocketing or loss of attachment above 4mm and no plaque or calculus. This is the highest percentage in England and compares with an England average of ten per cent.

**Table 1: Proportion of adults with excellent oral health by English Strategic Health Authority- England 2009**

<b>Dentate Adults</b>	<b>Percentage with excellent oral health</b>
All	10
North East	10
North West	7
Yorkshire and Humber	8
East Midlands	7
West Midlands	4
East of England	20
London	11
South East Coast	17
South Central	7
South West	6

Source: The Information Centre Adult Dental Health Survey 2009- England Key Findings. Chenery, V. published March 2011

The findings of the ADHS survey (2009) suggests that oral health inequalities continue to be geographically clustered however as table 2 shows, adults in the South of England tend to have better oral health than adults in the North. More adults are retaining more of their natural teeth and East of England compares favourably to the rest of England and has improved between 1998 and 2009. The percentage of adults who are edentulous has more than halved in the same time period from eleven to four per cent.

**Table 2: Dental status by characteristics of adults- ADHS 2009**

<b>English Strategic Health Authority</b>	<b>Dental Status</b>	
	<b>% dentate</b>	<b>% edentate</b>
<b>North East</b>	<b>92</b>	<b>8</b>
<b>North West</b>	<b>93</b>	<b>7</b>
<b>Yorkshire and The Humber</b>	<b>93</b>	<b>7</b>
<b>East Midlands</b>	<b>94</b>	<b>6</b>
<b>West Midlands</b>	<b>91</b>	<b>9</b>
<b>East of England</b>	<b>96</b>	<b>4</b>
<b>London</b>	<b>96</b>	<b>4</b>
<b>South East Coast</b>	<b>95</b>	<b>5</b>
<b>South Central</b>	<b>98</b>	<b>2</b>
<b>South West</b>	<b>94</b>	<b>6</b>

### **Dental Caries in Adults in East of England**

- Adults in the East of England had on average 0.5 carious teeth compared with 1.1 carious teeth for dentate adults in the North East and South West.
- Adults in the East of England with at least one carious tooth had on average 2.2 carious teeth compared with 3.2 among adults in the North East and South West.
- Fifteen per cent of dentate adults had primary caries in the East of England compared with 28 per cent of dentate adults in the West Midlands.

### **3. Priorities to improve oral health outcomes in Peterborough**

Oral diseases are largely preventable; and there is a need to develop interventions to achieve sustained and long-term improvements in oral health and reduce inequalities. Improvements in oral health over the past 30 years have been largely unrelated to clinical treatment. The greatest impact has been made by social, economic and environmental factors, alongside the widespread use of fluoride toothpaste.

In moving forward, priorities in Peterborough should include:

- Commissioning specific oral health programmes based on the evidence base and needs of the local population.
- On-going commissioning of dental epidemiological surveys by local authorities as part of their statutory requirements is necessary to monitor oral health and progress against the Public Health Outcomes Framework (2013-16) indicator relating to “tooth decay in five year old children”
- Using the principles of proportionate universalism a combination of both universal and targeted activities, alongside specialist services, should be employed. Opportunities within existing services should be explored to include oral health promotion activities for example using health visitors at the 12 month and two and a half year check.
- Areas with children with high levels of tooth decay should be identified, and preventive services should be targeted to these locations. Children, particularly those living in material and social deprivation, may benefit from targeted interventions such as brushing schemes with fluoride toothpaste or other fluoride interventions such as fluoride varnish schemes.
- Local authorities should work towards improving oral health and reducing oral health inequalities through the commissioning of evidence-based oral and general health promotion programmes. This could involve integrating oral health messages into all health promotion strategies to reduce oral diseases in parallel with other chronic diseases such as obesity, cancers, heart disease and diabetes. The ‘common risk factor’ approach focuses

on generic prevention by reducing tobacco and alcohol use, improving diet and hygiene, and minimising stress and trauma.

- Local authorities have a responsibility to engage in the planning and evaluation of local dental services and can therefore influence the culture of health services. They have unique powers around health scrutiny in particular, which enable them to review the planning, provision and operation of health services in their area
- Health and Wellbeing Boards need to work in partnership with NHS England, Local Dental Professional Networks, and providers, to ensure that both preventative and treatment services meet the needs of the local population
- Ensuring that all JSNAs in Peterborough include a section on the oral health needs of the local population, highlighting inequalities, and identifying the strategic direction of service delivery to meet those needs.

#### **4. Local initiatives in Peterborough**

Tooth decay is the most common oral disease affecting children in England, yet it is largely preventable. Despite substantial general improvements in the oral health of children across the UK, marked inequalities remain, with the major burden of disease falling particularly on children from socially disadvantaged or excluded groups. Good oral health is fundamental to general health and wellbeing, and the consequences of dental decay include: pain, time off school, loss of sleep, reduced nutrition, problems with speech and chewing, self-consciousness and embarrassment.

Peterborough is running an oral health promotion programme using health visitors to deliver oral health promotion messages at the 12 month old check. They are also distributing tooth brush and fluoride toothpaste packs. There are plans to engage with local dentists to encourage parents to take child to the dentist regularly. Peterborough LA is working closely with the East Anglia Local Professional Network to strengthen clinical engagement and promote child friendly dental practices in the area.

#### **The role of local authorities in improving the oral health of children and young people**

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.

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