

AN ORAL HEALTH PROMOTION STRATEGY FOR SUNDERLAND 2023-2028

Report of the Executive Director of Health, Housing and Communities

1.0 Purpose of the Report

- 1.1 The purpose of the report is to request endorsement of the Oral Health Promotion Strategy for Sunderland 2023-2028.

2.0 Background

- 2.1 Oral health varies over the life course from early life to old age, is integral to general health and supports individuals in participating in society and achieving their potential. Oral diseases encompass a range of diseases and conditions that include dental caries, periodontal (gum) disease, tooth loss, oral cancer, birth defects such as cleft lip and palate.
- 2.2 Most oral diseases and conditions share modifiable risk factors with long term conditions and chronic diseases, including, cardiovascular disease, cancer and diabetes. These risk factors include tobacco use, alcohol consumption and unhealthy diets high in sugar.

3.0 National Context

- 3.1 Government statistics from the 2021 Adult Oral Health Survey highlight people from the most deprived areas (57%) are less likely to contact their dentist when they need treatment compared with those from the least deprived (78%). Similarly, the statistics also show that more people in deprived neighbourhoods have pain (41%) or broken or decayed teeth (40%) compared with those living in the least deprived neighbourhoods (25% and 30% respectively).
- 3.2 The 2022 Oral Health Survey of 5-year-old Children, conducted by the National Dental Epidemiology Programme (NDEP) during the 2021-2022 school year, shows the national prevalence of children with enamel or dentinal decay being 29.3%. Overall, 23.7% of 5-year-old children in England in this survey had experience of dentinal decay. This was similar to the finding of the previous survey of 5-year-olds in 2019, where 23.4% of the surveyed children had experience of dentinal decay. Among the 23.7% of children with experience of dentinal decay, each child had on average 3.5 (confidence interval 3.50 to 3.59) teeth with experience of dentinal decay (at the age of 5 years children normally have 20 primary teeth).
- 3.3 Many patients are not aware of what they are entitled to under the current system. Healthwatch England and the Care Quality Commission (CQC) have

called for policymakers to ensure that the public are better informed about NHS dentistry. For example, people are not necessarily aware that dental practices do not operate in the same way as GP surgeries, that they are not formally “registered”, and that they do not need to live in a catchment area to go to a specific practice.

4.0 Sunderland Context

- 4.1 Hospital admissions data for dental caries in those aged 0-5 years shows that in 2018/19 to 2020/21 Sunderland compared well to the North East, with a rate of 131.1 per 100,000 hospital admissions for dental caries in those aged 0-5 years, and had the second lowest rate of admissions within the North East. The Sunderland rate is significantly lower than both the North East (403.8) and England (220.8) averages. However, it is recognised that it is important to continue efforts to improve the rate in Sunderland further.
- 4.2 In the 24 months to 30th June 2022, 44.4% of adults in Sunderland received NHS dental care, compared to 37.4% for England.
- 4.3 During 2017-19 Sunderland had a rate of 20.7 per 100,000 oral cancer registrations compared to the North East (18.2) and England (15.4) averages.
- 4.4 Access to dentists remain a significant national challenge which has progressively got worse since the pandemic as all routine appointments were halted. There appears to be a divide amongst those living in deprived areas compared to those living in more affluent areas and the number of dentists available within a given area.
- 4.5 Many prevention schemes such as the Supervised Toothbrushing Programme were halted during the Covid-19 pandemic as schools and early years settings were closed during lockdowns or access to settings was restricted. The suspension of these programmes and their slow re-establishment is likely to have negatively impacted the oral health of children. Work has begun with settings to re-establish these schemes.
- 4.6 As the size of the older population increases in Sunderland so does the need for oral health provision amongst the elderly population residing in care homes.
- 4.7 There are a number of key population groups who generally have poorer oral and dental health, these groups include: care experienced / cared for children; children with special education needs and disabilities; people with learning disabilities; migrants and asylum seekers; people with experience of homelessness and rough sleeping; and people who have a history of substance misuse.

5.0 Improving Oral Health: Oral Health Promotion Strategy for Sunderland 2023-2028

- 5.1 The vision of the oral health promotion strategy (strategy attached in appendix) is to **improve the oral health** of all people living in Sunderland. It aspires to promote the best available oral health across the life course, reduce oral health inequalities and lay solid foundations for good oral health throughout life.
- 5.2 The strategy has 5 strategic priorities, these are evidence based, informed by what we know works to improve oral health and by Sunderland's oral health needs assessment.

Our aim	How we can achieve our objectives	
Promote oral health through healthy food and drink	1	Support good oral health by encouraging and enabling healthier food and drink options which reduce sugar intake.
	2	Commission interventions that encourage and support breastfeeding and healthy complementary feeding (weaning)
	3	Promote healthy food and drink that are lower in sugar in settings that the local authority delivers or commissions e.g. leisure, education, social and residential care and local food outlets
Promote oral health by improving levels of oral hygiene	4	Increase the take up of supervised tooth brushing programmes for pre-school and primary school children at high risk of poor oral health
	5	Train front line staff to provide demonstrations on how to clean teeth among those at high risk of poor oral health
	6	Commission programmes that provide free toothbrushes and toothpaste to all pre-school and primary school children, prioritising targeted interventions for those at high risk of poor oral health
Improve population exposure to fluoride	7	Support the Department of Health and Social Care in any future consultation on fluoridation of water
	8	Increase the availability of free toothbrushes and toothpaste to pre-school and primary school children, prioritising targeted interventions such as fluoride toothpaste for those at high risk of poor oral health
	9	Commission targeted / universal fluoride varnishing programmes for young children in areas with high rates of tooth decay

Improve early detection, and treatment, of oral diseases	10	Maximise all opportunities for signposting to local NHS dental services
	11	Promote the benefits of visiting a dentist throughout the life course
	12	Raise awareness of eligibility for free check-ups, prioritising those at high risk of poor oral health
Reduce inequalities in oral health	13	Look for opportunities to embed oral health promotion within all health and wellbeing policies, strategies and commissioning.
	14	Promote targeted oral health promotion activities and interventions among vulnerable groups; young children, children in care for accommodation, people with diabetes, people who smoke, consume high quantities of alcohol or use drugs, people with a learning disability, older people and migrant/asylum seeker population.
	15	Equip the wider health and social care workforce with the knowledge and skills to recognise the link with neglect and complex social circumstances and ensure provision of care for those at high risk of poor oral health.

6.0 Delivering the Strategy

6.1 Improving oral health requires embedding oral health promotion within a wide range of health and social care strategies, policy, programme design and delivery mechanisms. Local authorities, Integrated Care Boards, dentists and dental care professionals will need to align their efforts to broaden the reach of oral health promotion within communities. This will include commissioning of services and programme management to achieve the strategic goals, by implementing the objectives of this strategy.

6.2 The strategy acknowledges a number of challenges:

- Dental workforce recruitment and retention
- Access to dental services
- The Dental Contract
- Changing commissioning responsibilities
- Limitations of epidemiological and NHS data

6.3 Key next steps to support the delivery of the strategy are:

- a) Establish a local oral health improvement and advisory group to promote oral health messages to the general population.
- b) Increase the number of children and young people who have access to targeted toothbrushing, including the direct delivery of toothbrushes and toothpaste to individual homes.

- c) Establish the oral health requirements of vulnerable groups within the city, including new arrivals from areas where access to dentistry has been significantly limited as a result of war or displacement.
- d) Review the findings of the Sunderland care home audit when complete, to inform local actions.
- e) Ensure that opportunities to promote measures to improve oral health are maximised in local programmes of work.
- f) Establish a supervised toothbrushing programme in special education needs schools.
- g) Establish a targeted offer for children in special education needs schools to have access to the targeted fluoride varnishing programme.
- h) Prepare to support the Department of Health and Social Care when it comes to any future consultation on fluoridation of water in Sunderland, engaging with communities for their views.

7.0 Recommendation

7.1 Health and Wellbeing Board is recommended to:

- a) endorse the Oral Health Promotion Strategy for Sunderland 2023-2028;
- b) identify any additional actions required, including lead organisation;
- c) nominate representatives for the local oral health improvement and advisory group, as appropriate; and
- d) support receiving progress updates on the delivery of the strategy via the Starting Well Delivery Board.

Appendix - Oral Health Promotion Strategy for Sunderland 2023-28

**** Strategy to follow ****

