

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

NORTHERN LINCOLNSHIRE ORAL HEALTH STRATEGY 2016/20

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 The purpose of this report is to provide the Health & Wellbeing Board with an overview of the main elements of the Northern Lincolnshire Oral Health Strategy.

2. BACKGROUND INFORMATION

- 2.1 Local authorities have a statutory responsibility for improving oral health in the population by commissioning actions and programmes to tackle poor oral health and reduce inequalities. North and North East Local Authorities set up the Northern Lincolnshire Oral Health Partnership Group to take this agenda forward and jointly produced a North and North East Oral Health Improvement Strategy 2016/20 (attached).

- 2.2 Aims
Despite significant improvements in oral health in the last 40 years at national level, there are still high levels of disease affecting (especially) the most vulnerable groups in our society. The main reason for children of primary school age for being admitted to hospitals in England is for extraction of one or more primary or permanent teeth. This places a significant burden on children, their families and the health service, especially as most oral disease are highly preventable. Although it is acknowledged that poor oral health affects all ages, it is recognised that effective behaviour change in the early years will provide solid foundations for good oral health throughout life.

- 2.3 Needs Assessment
National data sources have recently been updated as part of a review of the Oral Health Promotion Service, currently commissioned by NHSE on behalf of both Local Authorities (until the existing contract ends in 2019). Key issues for North and North East Lincolnshire are summarised below:

- The percentage of 5-year-old children with decayed missing and filled teeth is still a significant issue with North-East Lincolnshire at 30% and North Lincolnshire at 18%. This situation is even worse in some of the more deprived wards in North-East Lincolnshire, the levels of oral disease reaching over 45%.

Findings directly relevant to North and North-East Lincolnshire include:

- children living in North Lincolnshire experienced good oral health which may be related to water fluoridation and lower levels of deprivation

- five-year-old children in North-East Lincolnshire experienced relatively higher levels of tooth decay and yet a smaller proportion of these decayed teeth were treated with fillings demonstrating an inverse care relationship
- fewer decayed teeth in 12-year-olds were filled in North-East Lincolnshire than in England and Yorkshire and The Humber.
- people living in North-East Lincolnshire were more likely to report poorer oral health compared with those living in other local authority areas
- people in North Lincolnshire were more likely to report a perceived need for treatment – with low levels of access to NHS dentists.

2.4 Current Provision of Oral Health Services

Oral health provision within northern Lincolnshire is comprised of a number of interrelated services:

- Maxillo facial / orthodontics
 - Specialist hospital based services
 - Commissioned by NL Clinical Commissioning Group (CCG) / provided by Northern Lincolnshire & Goole Hospitals (NLaG)
- Community dental practices
 - Providing access to NHS dentists, although they may also provide private dental care (we have limited information about private provision)
 - Commissioned by NHSE
- Community dental service
 - Provides a service for those who do not have access to an NHS or private dentist (includes provision for home visits etc.)
 - Commissioned by NHSE – to be re-commissioned during 2019. Currently provided by NLaG
- Dental epidemiological surveys
 - Commissioned by NHSE on North and NE Lincs. LA behalf
 - Provided by NLaG (as part of community dental service)
- Oral health promotion
 - Commissioned by NHSE North and NE Lincs LA behalf
 - Provided by NLaG (as part of community dental service)
- Fluoridation – commissioned by Public Health England (funded by NLC)
 - Currently all the wards in North Lincolnshire are served with fluoridated water with the exception of the three wards to the west of the Trent; Axholme Central, Axholme North and Axholme South.

2.5 Key themes

The Oral Health Strategy contains a number of recommendations and actions but these can be summarised by the themes set out below:

- Optimising exposure to fluoride
- Healthy nutrition/ diet
- Reducing smoking / alcohol
- Improving access to dental services and prevention
- Workforce development
- Embedding oral health improvement into public health programmes
- PHE Recommendations

2.6 Current Work Programmes

Work has been progressing in all of the above areas but recent efforts have centred on a review of the Oral Health Promotion (OHP) service. This service is currently commissioned by NHSE (reflecting historic commissioning responsibilities) on behalf

of both N and NE councils, along with the provision of epidemiological surveys. These services are “nested” within the overall Community Dental Service (CDS) provided by NLaG.

NHSE will be recommissioning the overall CDS service (likely to be during 2019) and at this point N and NE Local Authorities will pick up responsibility for commissioning (or providing) oral health promotion. The review of the existing oral health promotion service is intended to inform this recommissioning process to ensure the service meets current guidance and local needs.

The OHP review process included a refresh of the underpinning analysis of health needs and a limited stakeholder survey. The review will be completed and report within the next few weeks.

3. OPTIONS FOR CONSIDERATION

- 3.1 HWB to note the key elements of the Northern Lincolnshire Oral Health & Wellbeing Strategy and the review of the Oral Health Promotion Service due to be completed shortly.

4. ANALYSIS OF OPTIONS

- 4.1 NA.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 5.1 The production of the Northern Lincolnshire Oral Health Strategy has required resources from partner organisations, and LA directorates, in terms of staff time.

6. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 6.1 NA

7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 7.1 No conflicts of interest declared.

8. RECOMMENDATION

- 8.1 HWB members are asked to note the Oral Health Strategy and that the review of the oral health promotion service is nearing completion..

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