



Public Health
England



Kirklees Council: opportunities for oral health improvement

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Overview

- Regulatory Framework
- Impact of good oral health on life course approach
- Oral health needs assessment
- Evidence base
- Current activities and opportunities for working together



Regulatory framework

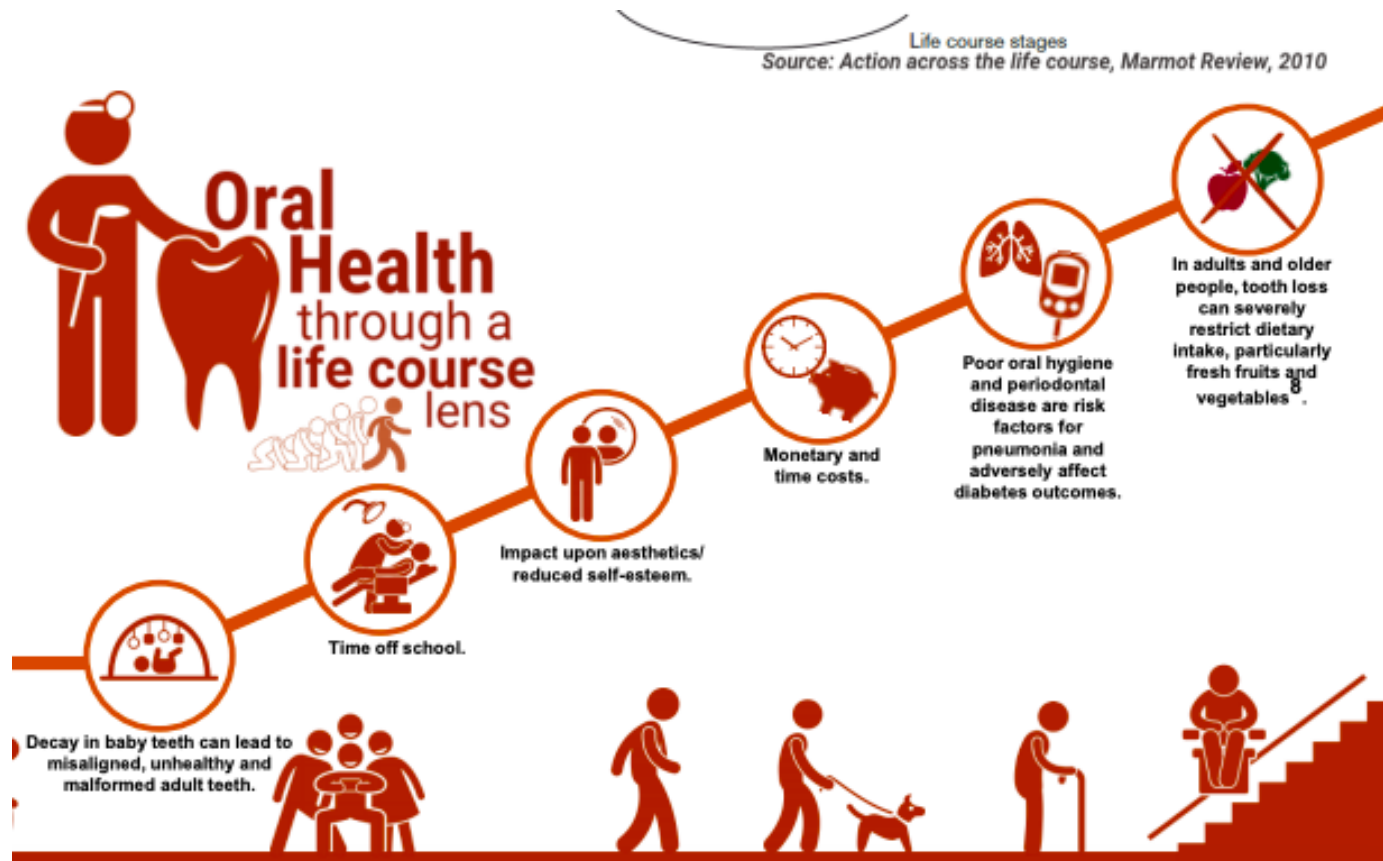
Statutory dental public health responsibilities of local authorities include:

- securing the provision of oral health improvement programmes to improve the health of the local population to the extent that they consider appropriate in their areas
- securing the provision of oral health surveys
- participation in any oral health survey conducted or commissioned by the secretary of state
- making proposals regarding water fluoridation schemes, including a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals

The Health and Social Care Act 2012

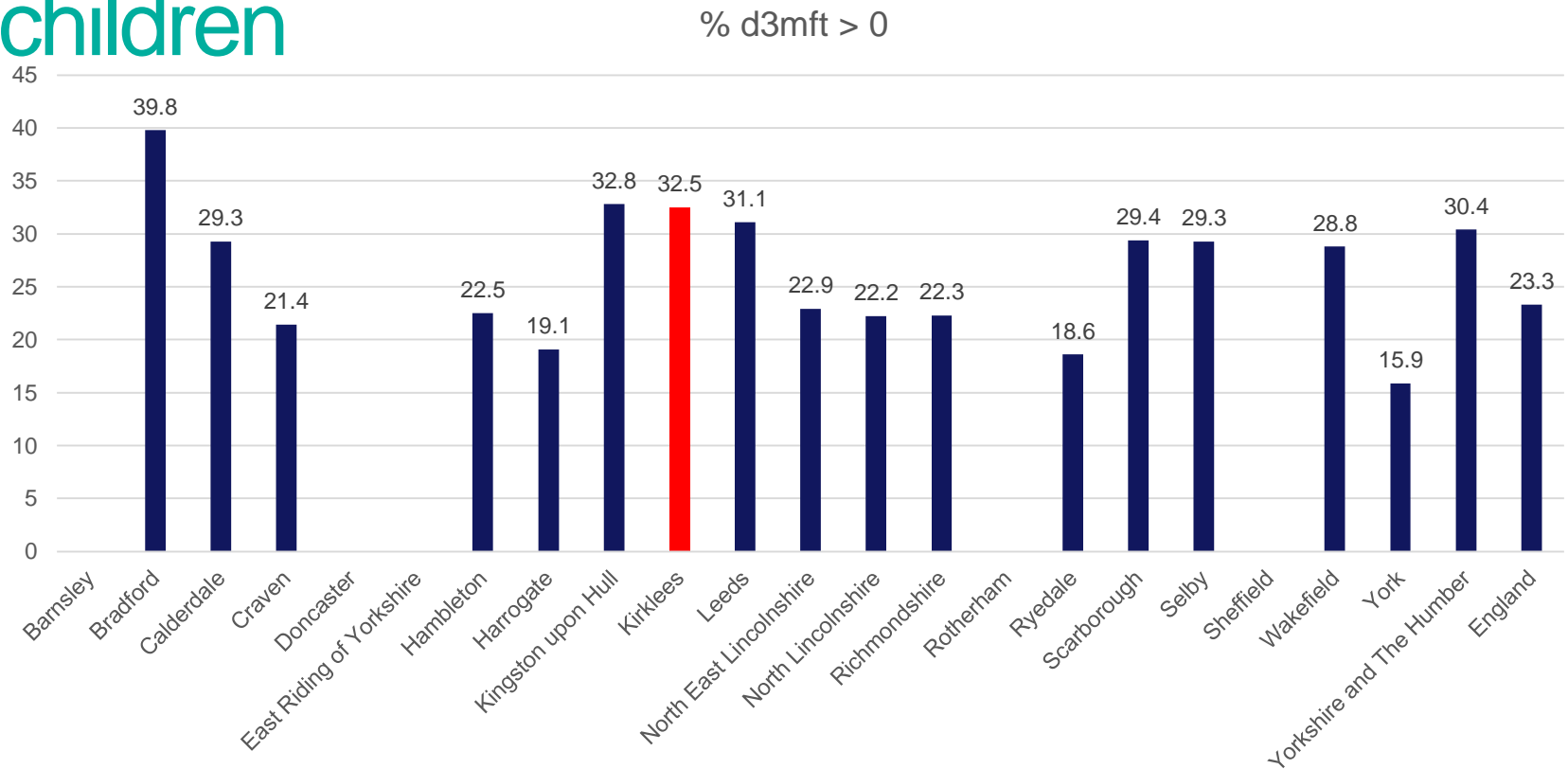


Impact of good oral health life course approach





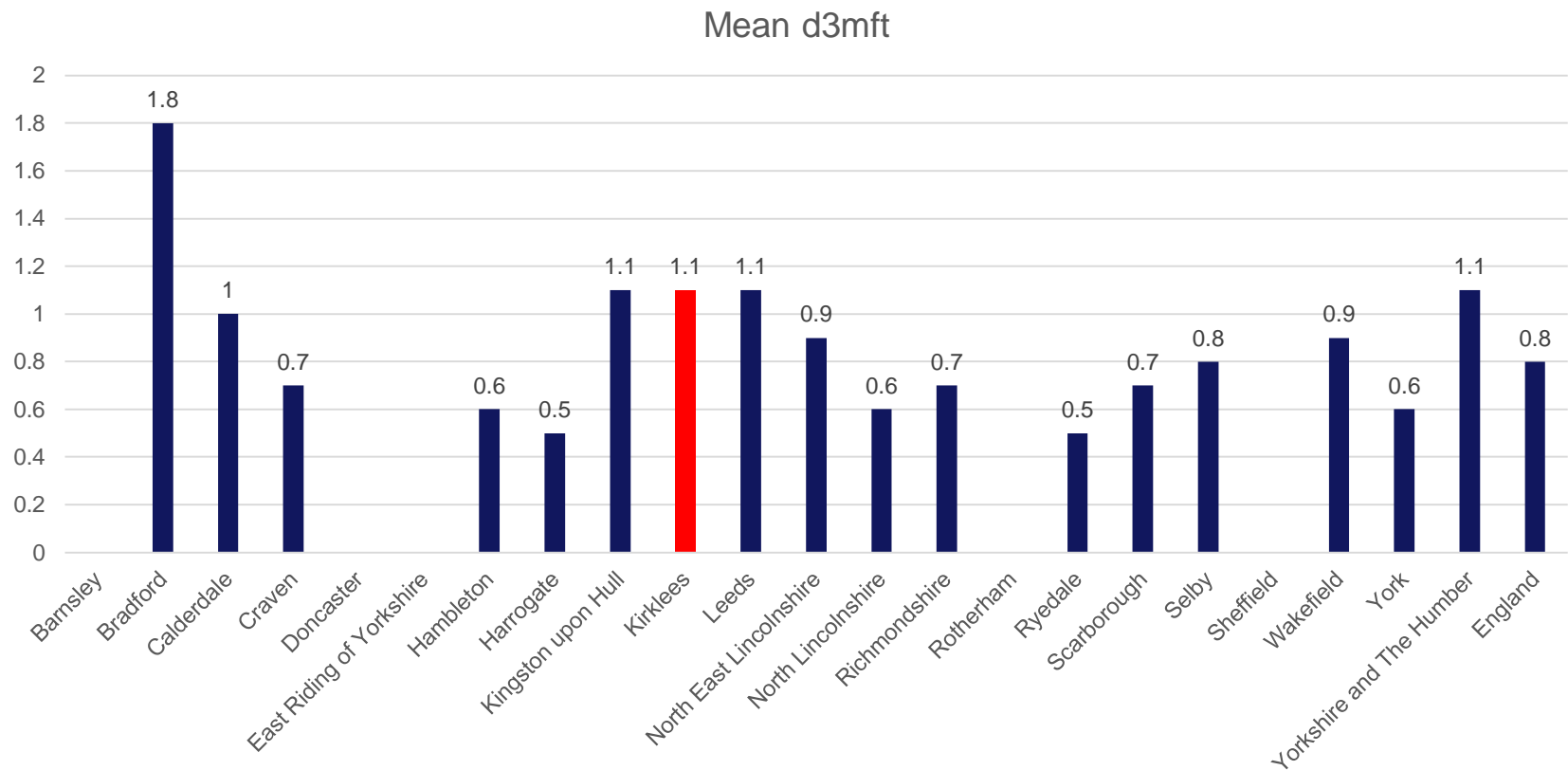
Prevalence of tooth decay in 5 year old children



National Dental Public Health Epidemiology Survey 2017



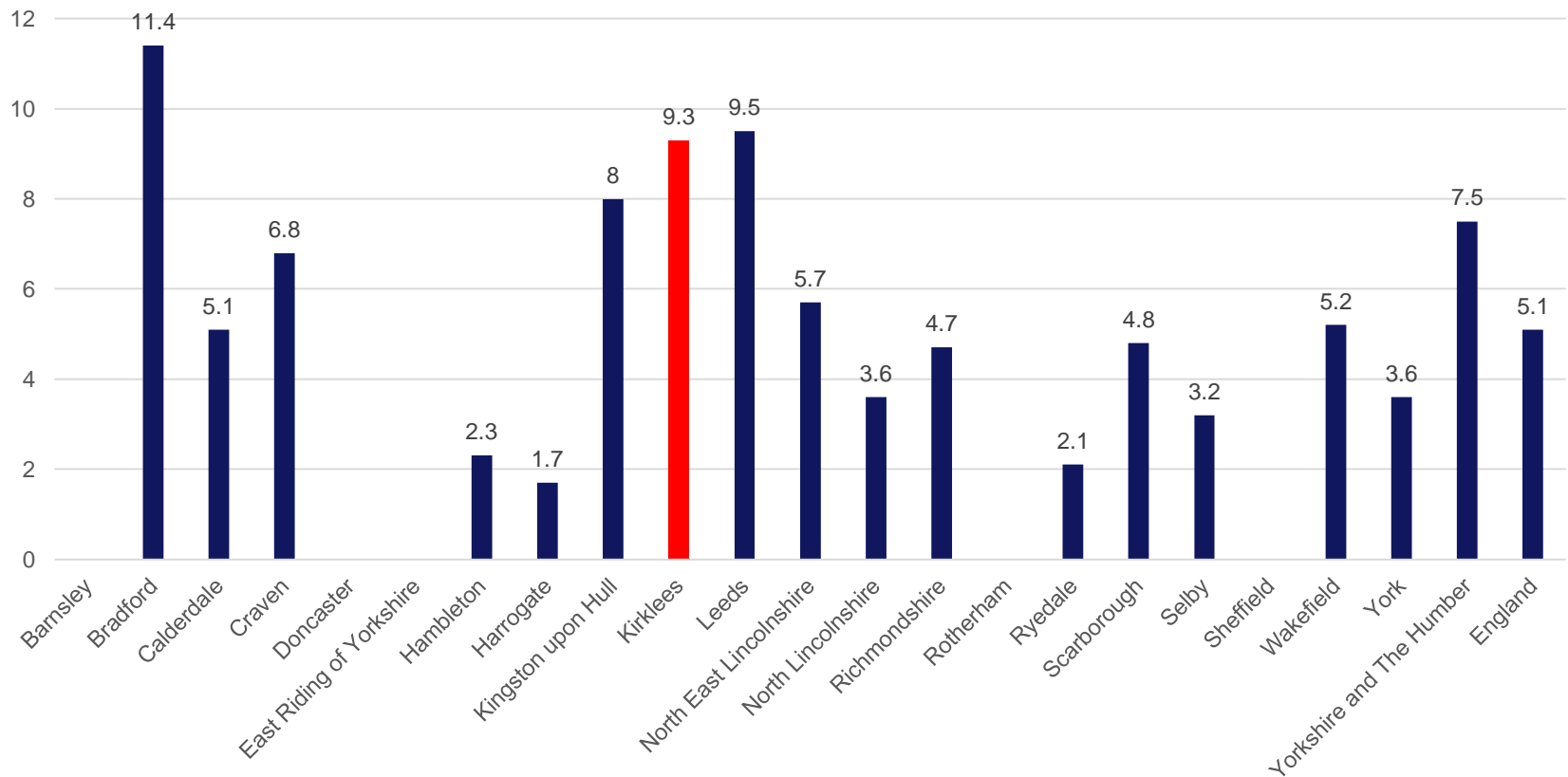
Mean d3mft (total) 5 year olds



National Dental Public Health Epidemiology Survey 2017



% with incisor caries 5 year olds



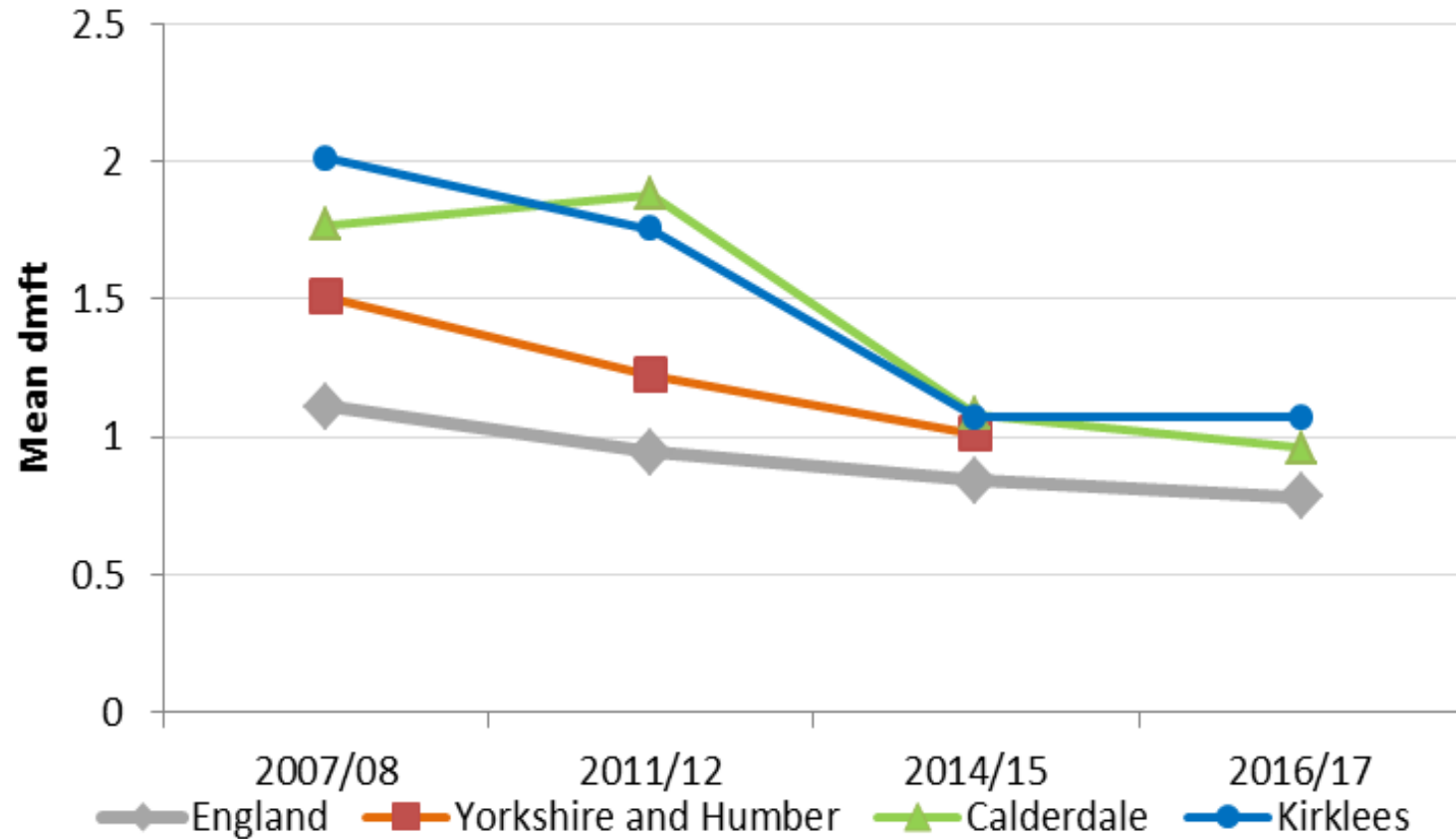
National Dental Public Health Epidemiology Survey 2017



Ward	Prevalence (%)	Average dmft (n)
Dewsbury West	51.5	4.79
Batley West	43.8	5.19
Newsome	40	3.2
Dewsbury South	38.9	3.22
Dewsbury East	33.3	2.33
Heckmondwike	33.3	1.93
Crosland Moor and Netherton	25	2.75
Liversedge and Gomersal	24.4	0.93
Ashbrow	20	0.2
Holme Valley North	20	0.95
Cleckheaton	19.4	1.65
Colne Valley	16.7	0.75
Golcar	16.7	4.17
Mirfield	10.5	0.37
Denby Dale	7.7	0.15
Holme Valley South	5	0.3
Almondbury	0	0
Birstall and Birkenshaw	0	0
Kirkburton	0	0
Kirklees	28.9	1.1
Yorkshire and Humber	28.5	1
England	24.7	0.8



dmft (decayed, missing or filled teeth) in 5 year olds





Other vulnerable groups

- People living with dementia
- People living in care homes
- Looked after children
- Refugees
- Homeless

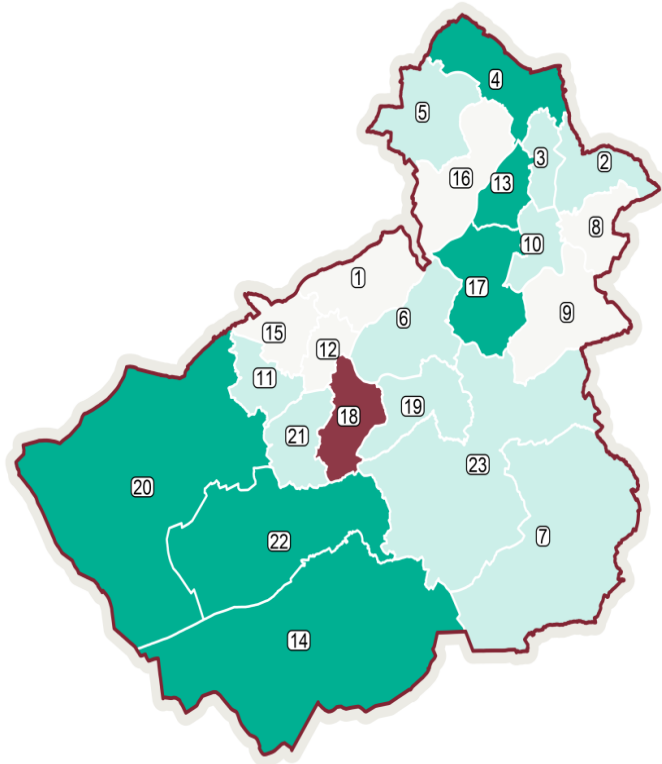


Access to dental services

Local Authority	Population (ONS Mid-2015 Estimates)	Number of Contracts	Patients Seen in Previous 24 Months (at March 2017)	Patients Seen in Previous 24 Months as % of Population
Calderdale	208,402	25	128,807	62%
Kirklees	434,321	52	254,491	59%
Yorkshire and the Humber	5,512,158	651	3,173,133	57.6%
England	54,786,327	NA	NA	55.4%



Dental access rate by ward 2016/17: Kirklees



Access (%) <50 50-54 55-59 60-64 65+

Kirklees

- | | |
|----------------------------|--------------------------------|
| 1 Ashbrow | 21 Crosland Moor and Netherton |
| 2 Batley East | 22 Holme Valley North |
| 3 Batley West | 23 Kirkburton |
| 4 Birstall and Birkenshaw | |
| 5 Cleckheaton | |
| 6 Dalton | |
| 7 Denby Dale | |
| 8 Dewsbury East | |
| 9 Dewsbury South | |
| 10 Dewsbury West | |
| 11 Golcar | |
| 12 Greenhead | |
| 13 Heckmondwike | |
| 14 Holme Valley South | |
| 15 Lindley | |
| 16 Liversedge and Gomersal | |
| 17 Mirfield | |
| 18 Newsome | |
| 19 Almondbury | |
| 20 Colne Valley | |

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Access 0-4 year olds

Wards in Kirklees	0-4 years (%)
Colne V	58
Holme V North	57.5
Mirfield	56.8
Golcar	56.3
Birstall&birke	55.8
Holme v south	53.7
Liversedge	52.4
Heckmondwike	51.9
Lindley	51.6
Cleckheaton	51.4
Dews South	50.6
Kirkburton	50.1
Almondbury	48.9
Batley East	48
Dalton	47.6
Dewsbury East	47.1
Newsome	47
Greenhead	46.5
Batley W	46.3
Dewsbury West	45.2
Denby Dale	44.4
Crossland Moor	42.2
Ashbrow	41.8

NHS BSA Data 2017

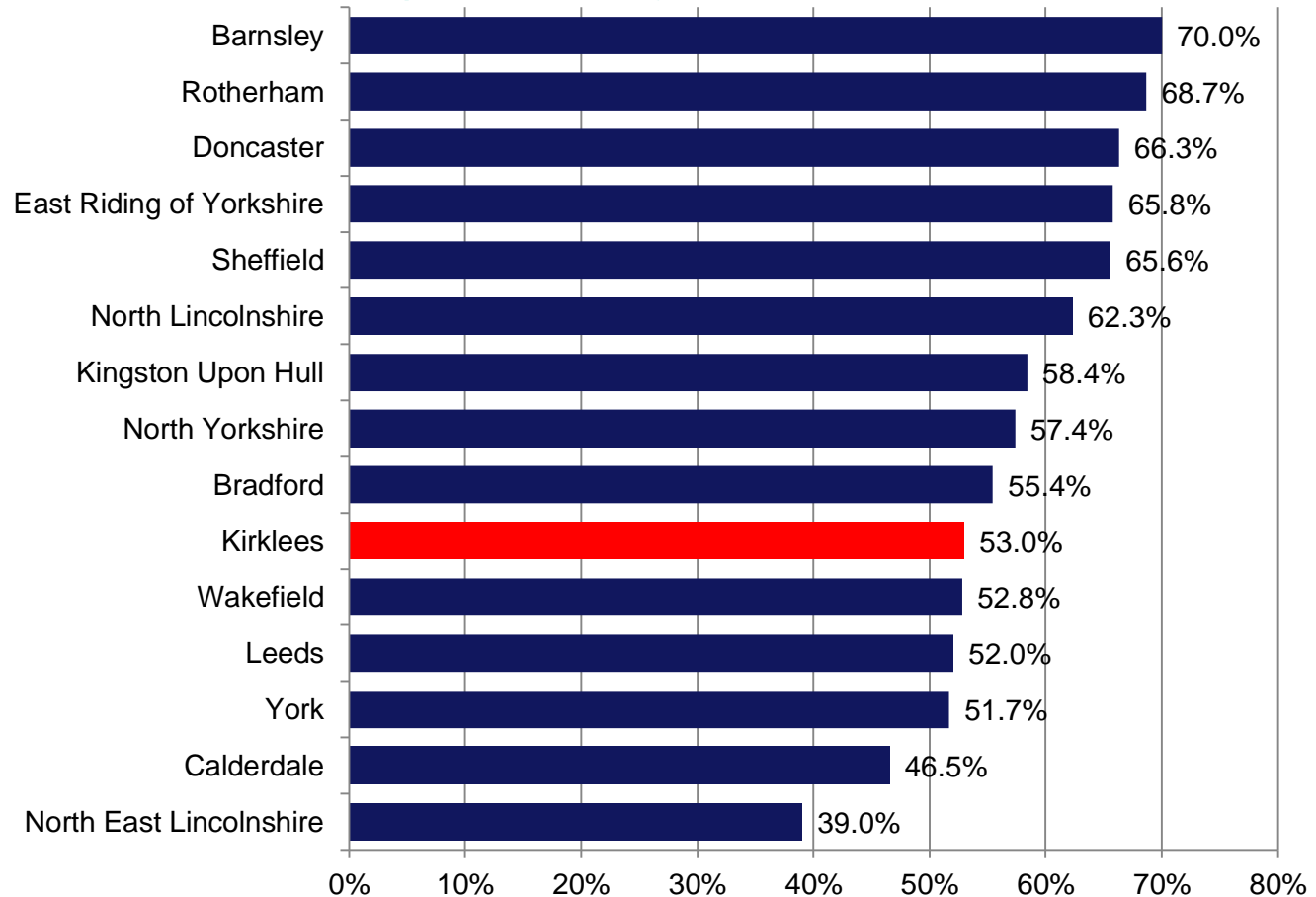


Hospital extraction data

	Age 0-4 years (%)	Age 5-9 years (%)	Age 10-14 years (%)	Age 15-19 years (%)	Total (n)
Calderdale	22.1	61.4	14.2	2.2	402
Kirklees	20.7	60.9	14.1	4.3	668
England	19.3	58.2	15.0	7.5	39,010



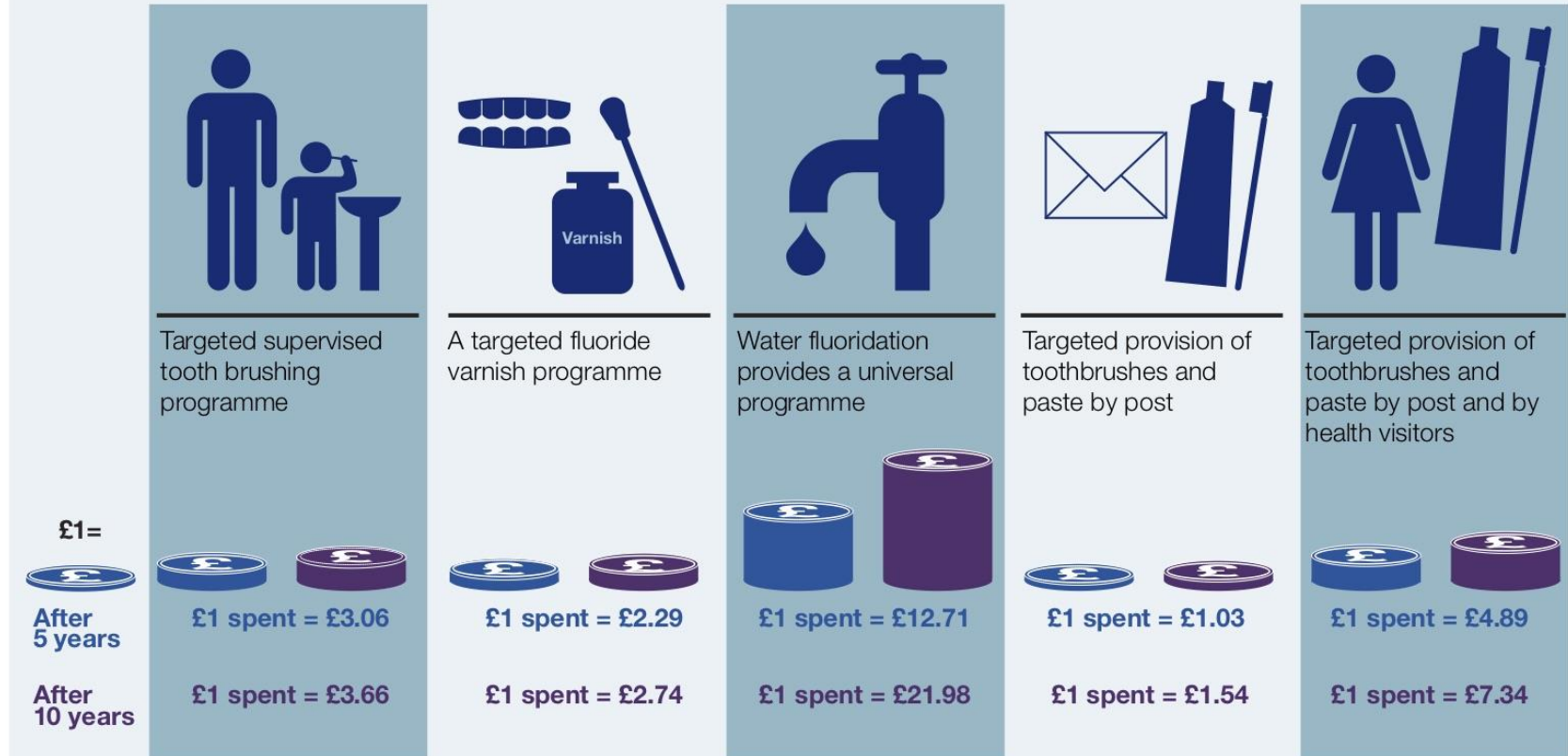
Percentage of FP17s for 3-16 year olds which include fluoride varnish (2016-17)





Return on investment of oral health improvement programmes for 0-5 year olds*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated
PHE Publications gateway number: 2016321



Current activity

- Whole systems approach to tackling obesity, which will take a multi-pronged approach to reducing sugar consumption amongst C & YP.
- Oral health advice provided to parents at all core 0-19 Practitioner contacts, including:
 - Breastfeeding
 - Infant feeding
 - Diet and nutrition
 - Dental check by one
 - Importance of regular dental check-ups
 - Importance of early introduction of effective brushing of teeth with fluoride toothpaste

This advice is given in line with PHE Guidance:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf



Opportunities for working together

- Integration of oral health in all policies
- Training of the workforce in the latest evidence based information
- System leadership
- Oral health advisory group: access (NHSE), FV GDPs, FC