Southend-on-Sea City Council

Oral & Dental Health Inequalities

Southend Public Health

with support from the MSE ICB

Why is Oral Health Important Over the Life Course

- Tooth decay - once filled - will need ongoing maintenance throughout life. Therefore, preventing teeth from becoming decayed through regular toothbrushing with fluoride toothpaste and minimising the amount and frequency of consumption of sugar-containing foods and drinks is key
- Lifestyle choices also impact on a person's oral health - for example, tobacco use and drinking alcohol above the recommended levels are risk factors for oral cancer
- Poor oral health is almost entirely preventable and despite good progress over the last few decades, oral health inequalities remain a significant public health problem in England

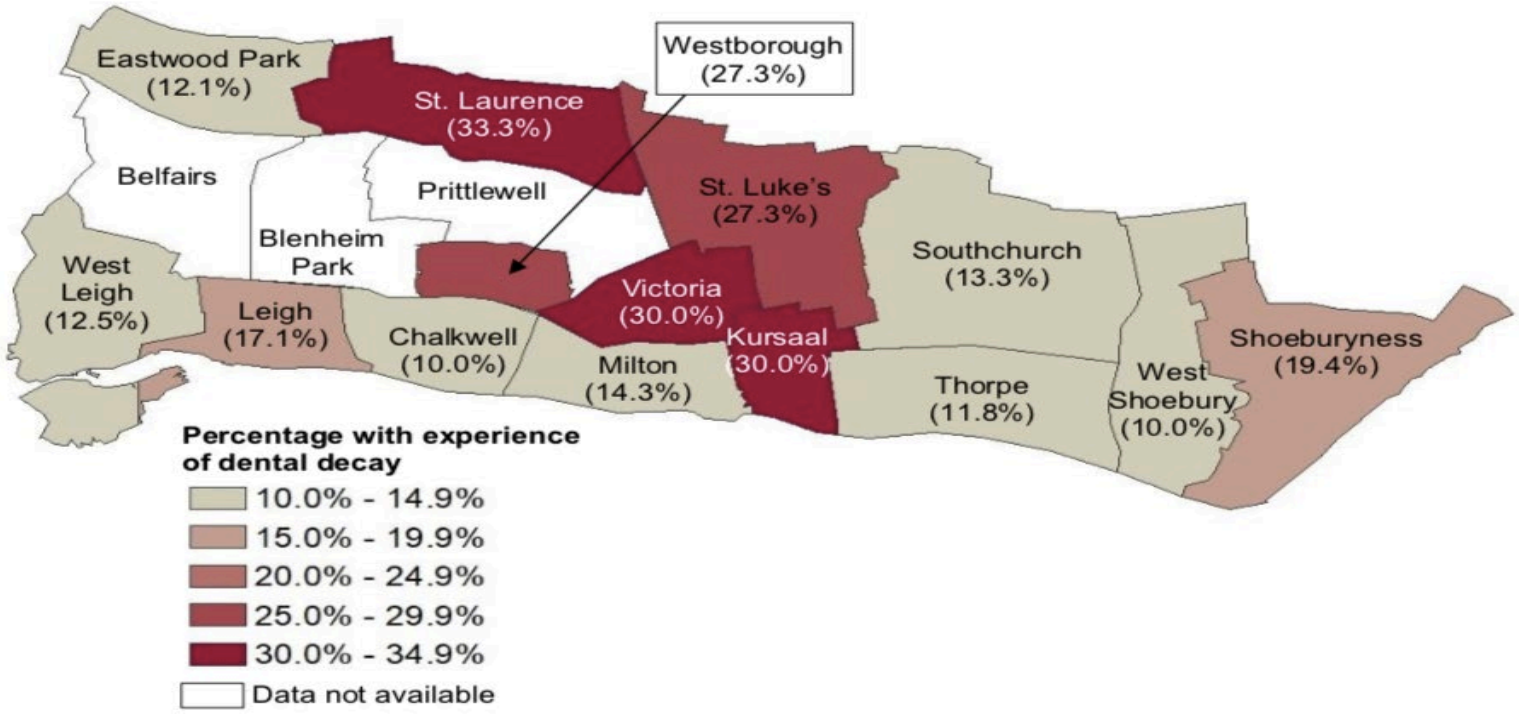
Inequalities and Oral Health

The relative inequalities in the prevalence of dental caries in 5-year-old children in England increased from 2008 to 2019

- Local priority groups:
  - ✓ Veterans
  - ✓ Leaning disability
  - ✓ Refugee groups
  - ✓ Children (Core20+5)
- Vulnerable groups identified nationally for oral health include:
  - Homeless people
  - Prisoners
  - Travelling Communities
  - Looked After Children (LAC)

Southend Data – Children & Dental Decay

Figure 6: Prevalence of experience of dental decay in 5-year-olds in Southend-on-Sea, by ward, 2017.



Tooth Extractions for Children- MSE

For 2021-22, in England, there has been an 83% increase in the number of episodes of caries-related tooth extractions in hospital for people aged 0 to 19 years compared to the previous year. This increase is likely to reflect the recovery of hospital services following the COVID-19 pandemic.

The caries-related tooth extraction episode rate for children and young people living in the most deprived communities was nearly 3.5 times that of those living in the most affluent communities.

Tooth decay was the most common reason for hospital admission in children aged between 6 and 10 years.

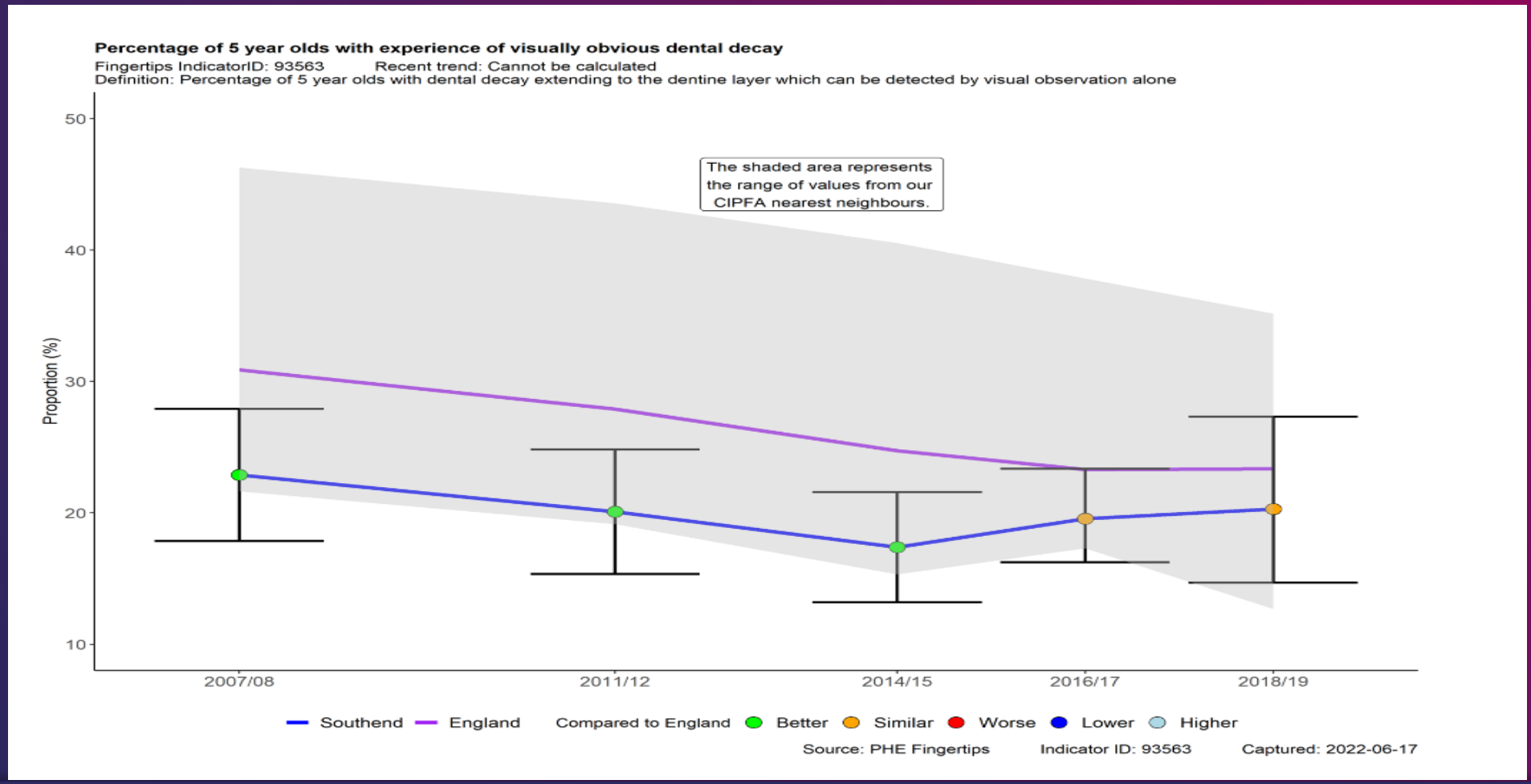
Table 3: FCE tooth extraction rate (all diagnoses) per 100,000 target population

LA Name	Age 0-5yrs	Age 6-10yrs	Age 11-14yrs	Age 15-19yrs	Total 0-19yrs
Southend-on-Sea	0.1%	0.2%	0.3%	0.3%	0.2%
Thurrock	0.1%	0.2%	0.4%	0.3%	0.2%
Basildon	0.1%	0.3%	0.3%	0.2%	0.2%
Braintree	0.1%	0.4%	0.5%	0.3%	0.3%
Brentwood	c	0.2%	0.3%	0.4%	0.2%
Castle Point	c	c	0.5%	0.2%	0.2%
Chelmsford	0.2%	0.3%	0.3%	0.3%	0.2%
Maldon	0.3%	0.3%	0.5%	0.3%	0.3%

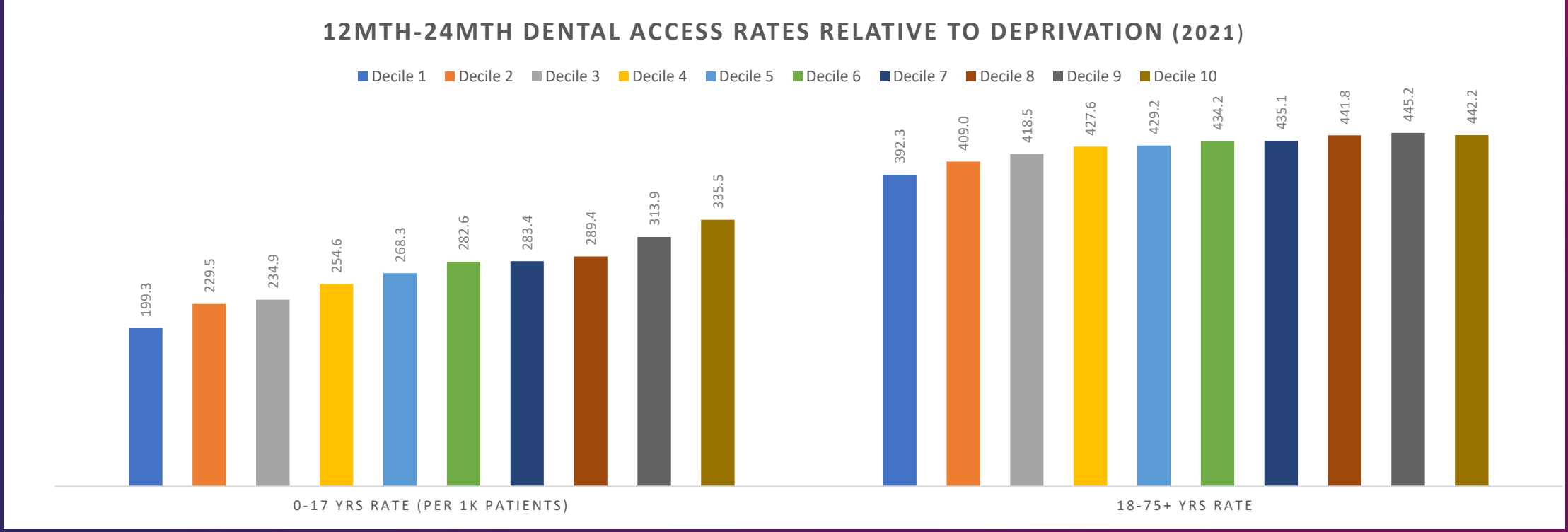
Extractions in Actual Numbers in Southend Children

Table 1: FCEs for extraction - all diagnoses					
LA Name	Age 0-5yrs	Age 6-10yrs	Age 11-14yrs	Age 15-19yrs	Total 0-19yrs
Number of Finished Consultant Episodes (FCEs) for children and adolescents aged 0-19 in England for hospital dental extraction during 2018-19, by England lower tier local authority					
Southend-on-Sea	15	20	25	25	80
Thurrock	20	20	40	25	105
Basildon	15	35	25	25	100
Braintree	15	40	35	25	115
Brentwood	c	10	10	15	35
Castle Point	c	c	20	10	40
Chelmsford	20	30	25	25	100
Maldon	10	10	15	10	40

Southend and England Comparative Trends



Rate per 1,000 relative deprivation



Rates of dental access per 1000 pop for 0-17 year olds in Essex CCs/DCs, Thurrock and Southend-on Sea - 2017-21

LTLAs of Essex/Unitary LA of Thurrock/Unitary of Southend-on-Sea	Dental Access rates per 1000 in 0-17 yrs age group by each financial year April –March (please note some years where data has been extrapolated)				
	2017	2018	2019	2020 (April-Nov 2020 extrapolated)	2021 (Dec-Mar 2021 extrapolated)
Basildon	584.78	591.06	589.46	181.73	354.30
Braintree	598.63	611.72	610.57	152.03	421.25
Brentwood	566.36	579.09	579.21	150.06	351.65
Castle Point	661.96	667.97	662.17	134.03	435.31
Chelmsford	616.91	614.88	619.47	198.05	406.89
Colchester	581.13	591.09	598.22	175.69	439.41
Epping Forest	578.37	570.82	573.35	154.26	337.17
Harlow	580.24	589.46	593.58	198.50	410.58
Maldon	621.65	619.85	640.72	188.46	376.92
Rochford	627.59	638.19	631.17	141.83	385.48
Tendring	550.50	537.09	523.13	116.77	350.18
Uttlesford	601.70	589.33	610.44	224.81	506.97
Thurrock	515.32	522.76	529.59	132.11	321.35
Southend-on-Sea	558.07	570.18	570.44	109.51	329.25
EoE for <u>All</u> Ages	**451.34**	**449.32**	**444.42**	**143.00**	**303.57**

GDS dental access data, analysed by C&P ICS and LKIS

Oral Cancer

2017-19 Oral cancer registration data shows Southend to have a lower mortality rate/100,000 than England and has the one of lowest rates in comparison to CIPFA neighbours.

Indicator

Mortality rate from oral cancer, all ages 2017 - 19 Directly standardised rate - per 100,000

Show me the profiles these indicators are from

▶ Legend ▶ Benchmark ▶ More options

Geography version: Districts & UAs (2021/22-2022/23)

☑ CIPFA nearest neighbours to Southend-on-Sea

Areas: **Southend and neighbours** | All in England

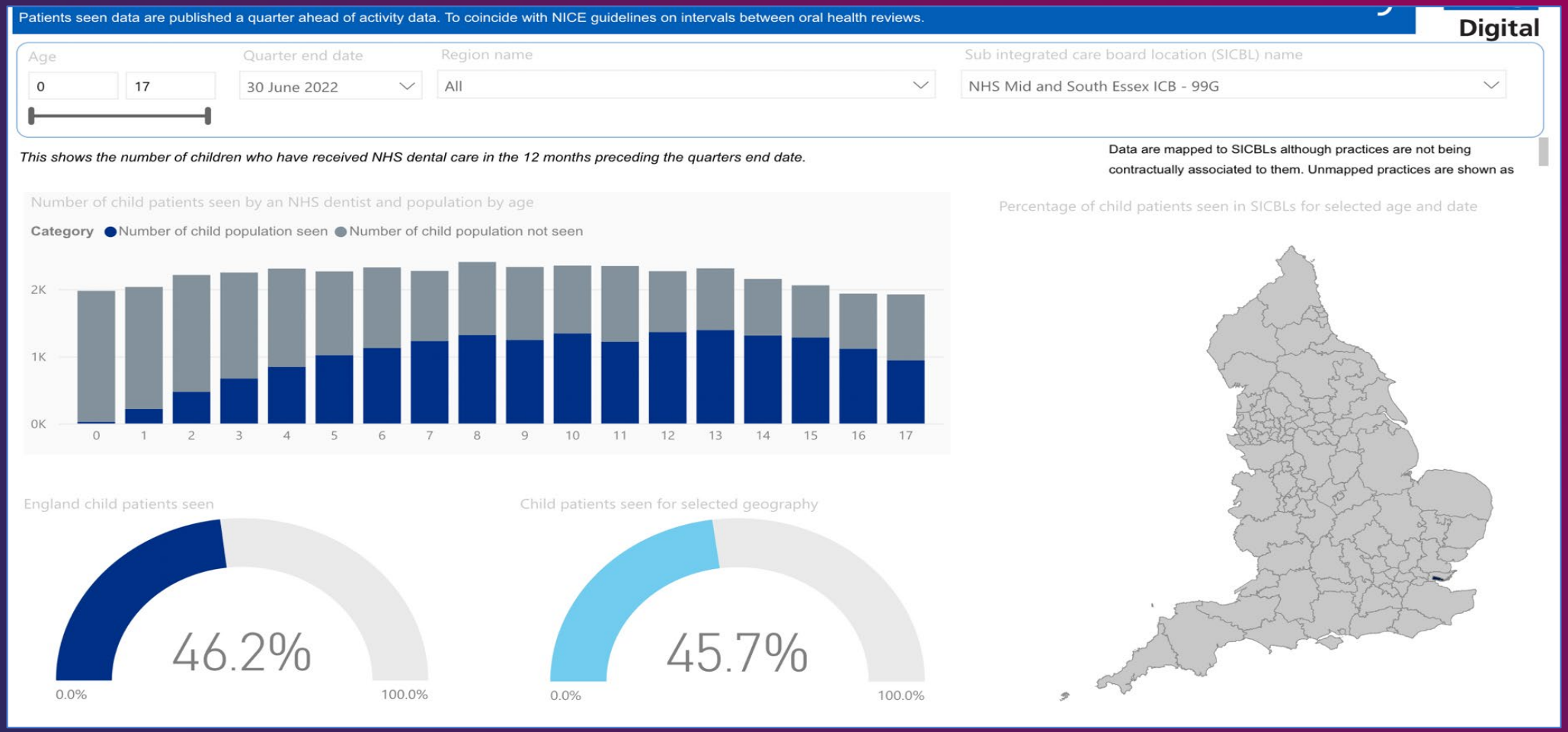
Display: **Table** | Table and chart

Show 99.8% CI values

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	7,445	4.7	4.6	4.8
Neighbours average	–	-	-	-	-	-
Plymouth	–	5	47	6.5	4.7	8.6
Wirral	–	2	66	6.3	4.9	8.0
Derby	–	11	40	5.9	4.2	8.0
Kirklees	–	12	69	5.7	4.4	7.2
Bury	–	7	30	5.6	3.8	8.0
Torbay	–	1	27	5.4	3.5	7.9
Bournemouth, Christchurch and Poole	–	3	67	5.3	4.1	6.7
Stockport	–	13	44	5.0	3.6	6.7
Portsmouth	–	10	24	4.8	3.1	7.2
Bolton	–	15	37	4.7	3.3	6.5
Southend-on-Sea	–	-	25	4.6	3.0	6.9
Swindon	–	14	26	4.6	3.0	6.8
Sefton	–	4	44	4.5	3.3	6.1
Calderdale	–	9	27	4.4	2.9	6.4
North Tyneside	–	6	24	3.8	2.4	5.7
Medway	–	8	23	3.2	2.0	4.7

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Registrations Extract and ONS Mid Year Population Estimates

Dental Access for MSE



NHS Dental Activity in Southend (1)

Data view
Trends

Geography
Southend-on-Sea
Counties & UAs in East of England region

Indicator search
Results for: dental

Indicator
Access to NHS dental services - successfully obtained a dental appointment Proportion - %

Show me the profiles these indicators are from

▶ Legend ▶ Benchmark

Geography version: Counties & UAs (2021/22-2022/23)

☐ CIPFA nearest neighbours to Southend-on-Sea

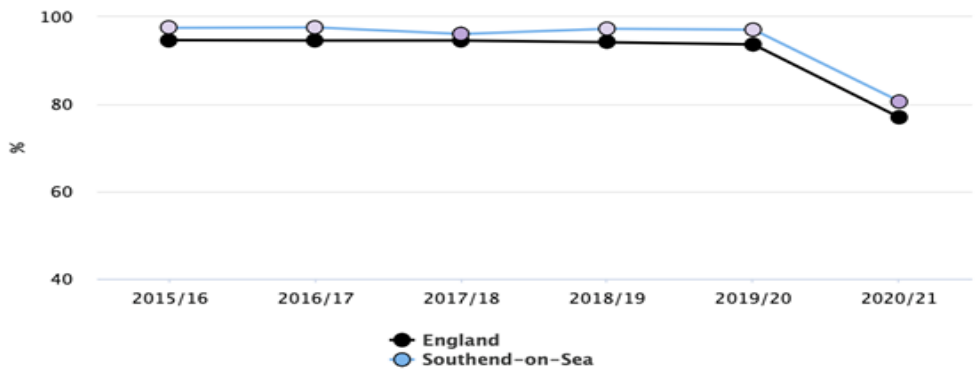
Trends for: Selected area | All areas (grouped) Display: Selected indicator | All indicators

Access to NHS dental services - successfully obtained a dental appointment

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



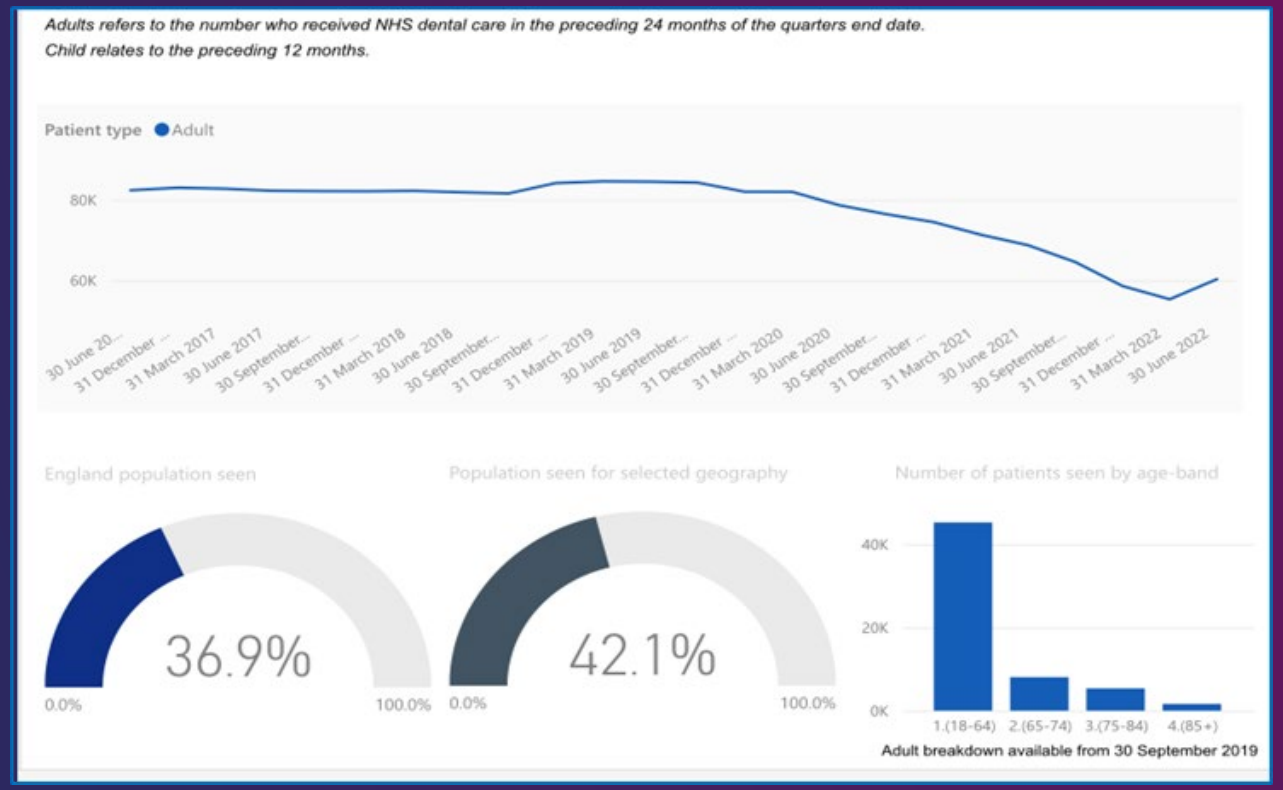
Recent trend: ↓ Decreasing & getting worse

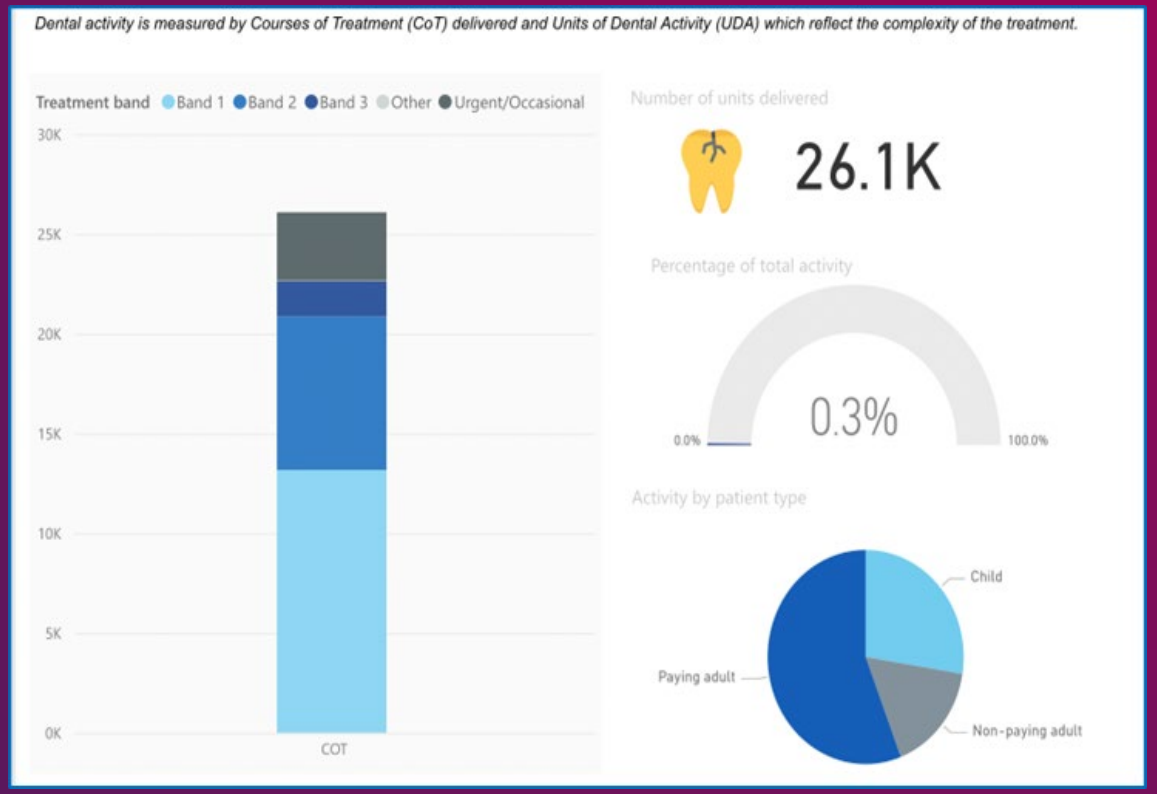
Period		Southend-on-Sea Count	Value	95% Lower CI	95% Upper CI	East of England	England
2015/16	○	727	97.5%	97.5%	98.6%	-	94.7%
2016/17	○	1,480	97.6%	96.4%	98.4%	95.3%	94.6%
2017/18	●	1,352	96.1%	94.6%	97.3%	95.2%	94.6%
2018/19	○	1,375	97.3%	95.9%	98.2%	94.3%	94.2%
2019/20	○	1,193	97.1%	95.6%	98.1%	93.5%	93.7%
2020/21	●	1,110	80.7%	77.9%	83.2%	76.7%	77.0%

Source: GP Patient Survey (GPPS)

Indicator Definitions and Supporting Information

NHS Dental Activity in Southend (2)





NHS Dental Practices in Southend 22/23

29 dental practices in Southend area

https://app.shapeatlas.net/place/E54000026#13/51.5546/0.7217/b-E06000033/sc-pc,sc-po,sc-eop/o-n,a/m-LA,ml-LA/rh-0,rdr-t

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Mobile Dental Access Pilot- Vulnerable Groups

- A mobile dental unit was commissioned from March 23 – March24 for 45 sessions.
- Each session sees between 6-11 patients depending on need
- This funding is through the NHS Health Inequalities funding stream
- There is opportunity to look at some explorative work with wider public, earmarked in Shoeburyness, where there are no local dental services
- The dental van, link any NHS screening van, has clear criteria required for space, electrics and parking and can be constrained by these

Mobile Outreach To Date

- The homeless population and the refugee population have been the two core groups seen to date
- A pilot in Shoeburyness will begin to offer services to children in the care of the local authority and children living in poverty where there is limited access to dentists
- 134 residents have been seen, with a wide range of needs
- Follow-up will need to provided locally

Feedback From Vulnerable Service Users

“I am so relieved that I am no longer in pain, thank you”

“I'm so worried about the dentist but having it here helps & everyone is so nice”

“I haven't been able to get a dentist due to moving around but I have had my tooth shaved down so it doesn't catch on my lip and cause me blisters”

“If it was at One Love, I probably wouldn't go as I don't always know how to book a dentist appointment or what one to go too”

Children's Priorities & Work Plan for 2023/24 (1)

- Oral Health Improvement Programme with schools is run through Sarah Nunn, Oral Health Improvement Practitioner for Essex, alongside Community Dental Services. Oral Health training is being offered and delivered to all settings virtually. This includes healthy eating, poor oral hygiene and tooth decay, babies' teeth and gums.
- There are 10 early year's settings in a pilot supervised toothbrushing scheme. This is in partnership with the Oral Health Team. Three settings are working in the Healthy Smiles accreditation.
- Information regarding National Smile Month May/June from the Community Dental Service was cascaded to all childcare providers to share with parents including posters and resources.
- In early year's settings, children are exposed to dentist role play, books, and toy teeth to practice brushing. Settings utilise displays to promote oral health to parents and children . Settings have a list of local dentists available for parents. They actively encourage healthy eating and just water and milk for drinks, and discourage parents bringing in juice, especially in bottles.

Children's Priorities & Work Plan for 2023/24 (2)

- Promotion and support for the continuation of breast-feeding – this is linked to a reduction in tooth decay in children.
- Promotion and advice on oral hygiene and prevention of tooth decay is given to parents at all Healthy Child Programme contacts, Looked After Child Health Reviews, Child Health Clinics and Healthy Weight sessions provided by Health Visitors, School Nurses and Health Improvement Practitioners.
- Target information at the Health Visiting intervention at age 3-4 months - Advice and support to parents on the introduction of solid foods, promote healthy weaning and healthy infant/child diet in line with national guidelines. Includes advice on tooth brushing, low sugar drinks and foods, and sugar swaps.
- Between January 2023- July 2023 toothbrush and toothpaste was given at all 3-4 month weaning intervention contact.

RECOMMENDATIONS (1)

1. Rapid Oral Health Needs Assessment – Propose SCC to undertake a rapid oral health needs assessment to better understand identify areas for improvement
2. Dental Access – the ICB has prioritised increasing access to urgent and routine dental care. MSE ICB are working with local dental providers to offer additional in-hours, out of hours dental appointments, treatments, and oral health stabilisation to the population through an Additional Access to dental services pilot program.
3. Capacity in primary dental care to provide routine dental recall to higher risk individuals will support the reduction of impacts on these individuals.
4. Looked After Children Pilot – there is currently a pilot across MSE which seeks to ensure access to dental care is prioritised for children in care.

RECOMMENDATIONS (2)

5. Dental Check by One (DCby1) will continued to be promoted to increase the number of children having first dental check by one or on eruption of their first tooth - Assessment, Advice, Acclimatisation and Access. Working with dental providers to ensure there is avoidance of doubt in eligibility for carrying out dental checks on children.
6. Developing Oral Health Promoting Environments – Reinforcement of positive oral health practices for child and families in all early years and school settings, including supervised toothbrushing schemes in early Years settings and school settings.
7. Working collaboratively with partners to deliver targeted oral health prevention action to identified priority groups.
8. Early Years Workforce training and development – including increased access to evidence based oral health improvement training.