

**ROTHERHAM BOROUGH COUNCIL – REPORT CHILDREN AND YOUNG PEOPLES
PARTNERSHIP**

1.	Meeting	CHILDREN AND YOUNG PEOPLES PARTNERSHIP BOARD
2.	Date	19/11/2014
3.	Title	Oral Health of children in Rotherham
4.	Directorate	Public Health

5. Summary

CYPS performance team were asked by CYPS DLT to explore dental health activity and performance against the indicators. A meeting was undertaken to discuss current commissioning and provider agreements and review the plans for the future. Anne Hawke, Rebecca Atchinson and Louise Collins met on 29th July 2014. The following recommendations were agreed to be shared with CYPS DLT, with the aim to improve the dental health of children and families in Rotherham. Information is also shared with CYPP to update Managers. Since the DLT report an Oral Health Improvement Strategy has been developed to address the issues and develop a clear outline of the Oral Health Needs of Rotherham residents. It is anticipated that this strategy will be out for formal consultation by December 2014.

6. Recommendations

- **Review information that is collected in CYPP to align with the data within the service specifications**
- **Agree a reporting structure for Oral Health Promotion**
- **Consider developing an options appraisal for increasing fluoride across communities**
- **Agree the consultation and reporting process for the Oral Health Improvement Strategy.**

7. Proposals and details

Background:

Oral health became the responsibility of the local authority and public health in April 2012. Public Health hold two service specifications to deliver oral health activity, these are, oral health promotion service and the dental epidemiology service. Each of these specifications has been reviewed and the values have been reduced to ensure value for money. Dentists and specialist community dentistry are commissioned by NHS England.

Current performance is measured by the DMFT rates in the PHOF 4.03 (Tooth decay in children aged 5). It is recognised that these rates do not evidence the full impact of dental issues within our communities.

Each year a different survey is completed by the Epidemiology Service. This is coordinated by the national team. The information is all collated on the <http://www.nwph.net/dentalhealth/> website.

The following surveys have been completed over the last 8 years;

- 2013/14 Survey of special school pupils
- 2012/13 Survey of 3 year olds
- 2011/12 Survey of 5 year olds
- 2008/9 Survey of 12 year olds
- 2007/8 Survey of 5 year olds

There has only been two surveys repeated, they are the national survey on 5 year olds, see comparison neighbours results in Table 1.

Table 1: Decayed Missing and Filled Teeth (DMFT) 2011/12 School 5 year olds

	DMFT rate 2007/8	DMFT rate 2011/12
England	1.11	0.94
Yorkshire and Humber	1.51	1.23
Barnsley	1.49	1.61
Doncaster	1.79	1.33
Rotherham	1.34	1.44

The mean DMFT has increased in Rotherham for 2008 – 2012. No further comparisons and trends can be presented due to the changes to the survey collection methods. It now employs an opt in process rather than opt out.

The DMFT information with the Hospital Additions data from HES, this helps us to review the outcomes on the levels of decay throughout developmental stages on a more regular basis, see Table 2.

Table 2: Admission to hospital for extraction of one or more decayed primary or permanent teeth 0 to 19 year olds, 2011/12 and 2012/13

2011/12

LA	Number of admissions				
	Age 0-4yrs	Age 5-9yrs	Age 10-14yrs	Age 15-19yrs	Total 0-19yrs
Rotherham	171	594	218	108	1,091
Doncaster	164	607	179	69	1,019
Barnsley	98	315	146	45	604

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LA	Number of admissions				
	Age 0-4yrs	Age 5-9yrs	Age 10-14yrs	Age 15-19yrs	Total 0-19yrs
Rotherham	148	592	177	98	1,015
Doncaster	152	691	179	90	1,112
Barnsley	99	375	142	78	694

Locally there have been several measures created to explore dental wellbeing. These are within the CYPP and are reported bi-annually.

Priority 1 – We will ensure children have the best start in life.

Action 1 - We will ensure that parents receive good health information, advice and support during pre-birth and preschool.

Delivery milestone – Distribution of toothbrush and paste at 6 to 9 month checks

Action 5 - We will ensure that every child is registered to a dentist in their local area and increase awareness with parents/carers to ensure attendance at dental health appointments

Delivery milestones - Ensure that an increasing proportion of children regularly attend a dentist

- Identify children with special needs as early as possible, to enable an appropriate dental health preventive programme to be initiated for each child as early as possible
- Increase knowledge and awareness of parents/carers to ensure dental disease is prevented as far as possible through sound dietary patterns and oral hygiene practices as part of everyday life

These points do not relate to what is in the specifications or the PHOF and it may be useful to align data collection to link to the national datasets and the information collected in the oral health service specification.

Specifications:

The new Oral Health Promotion Service specification has been developed to focus activity to increase the levels of fluoride in targeted populations and areas. The specification was written prior to the PHE guidance, however it cover most of the issues raised see appendix 1.

The specification includes a monthly performance sheet that will be monitored and discussed at the quarterly meetings between the Commissioner and Provider. This includes

information on staff training and numbers of resources distributed (targeting the 11 disadvantaged areas). We have asked for no less than 10% of the budget to be spent on resources to ensure that there are still toothpaste and toothbrush schemes available across the Borough, see monitoring sheet in appendix 2.

Quality assurance process:

Rotherham Public Health team are working towards performance managing their services via the RFT contract. Current arrangements in 2013/14 14/15 have seen Public Health commissioned services managed via the CCG Contracting Team through the associate relationship to their RFT Contract. In 2015/16 Public Health will internally manage this contract. Shadow arrangements will be in place from Q2 2014/15 to help with the transition.

Quarterly commissioner/provider meetings will be held. These have already been inputted into the calendar to align with the quarterly data returns. This will allow us to monitor effectively and drive progress efficiently.

Next steps:

We recognise that we need to consider more innovative approaches to increasing fluoride uptake in the community.

8. Finance

There are no financial considerations.

9. Risks and uncertainties

The refocusing of the oral health promotion specification may impact on the support available to children and families. The new focus on training and disadvantaged areas requires all services to be updated on the new model. The commissioned service has provided information to children centres and schools.

10. Policy and Performance Agenda Implications

Oral Health Improvement Strategy supports the public health indicator 4.03. It will also support the priorities within the Children and Young People's Plan and Health and Wellbeing Strategy.

11. Background Papers and Consultation

12. Keywords: Oral health, dentists, fluoride,

Officer:

Commissioner: Rebecca Atchinson, Public Health Principal, RMBC

Provider: RFT – Louise Collins, Oral Health Promotion Coordinator

Original document: 4 August 2014 Updated for CYPP on 5 November 2014

References:

Public Health England (June 2014) Local authorities improving oral health: commissioning better oral health for children and young people: summary version.

Public Health England (April 2014) Water fluoridation: Health monitoring report for England 2014. Executive summary.

<https://www.gov.uk/government/publications/water-fluoridation-health-monitoring-report-for-england-2014>

Appendix 1

PHE - Local authorities Public Health role

Key questions from the PHE document with Rotherham's progress

Key questions	Rotherham's progress
<p>1. What are the oral health needs of CYP in your local area</p> <ul style="list-style-type: none"> • Do you have information and intelligence regarding the oral health of CYP and the services that are available, benchmarking to similar authorities and local neighbours • Does this identify vulnerable groups and those most affected? • Does it identify inequalities within the district? 	<p>We have information from the PHOF and the Dental Epidemiology Surveys. There are new opportunities for us to work more closely with the Public Health analysts to link data to deprivation, schools and services, wherever possible.</p> <p>Rotherham PH are working with PHE (Kate Jones) and our neighbouring Boroughs to share best practice and explore new opportunities.</p> <p>The newly developed service specification for oral health promotion focuses additional oral health promotion sessions and advice to target groups (LAC, Roma, Learning Disabilities) and the 11 most disadvantaged areas.</p>
<p>2. Is oral health included in the JSNA and HWB Strategy and is underpinned by more detailed oral health needs assessments and strategic documents.</p>	<p>Oral health information is within the JSNA but may need to be reviewed in light of the new specification and strategy. This will be completed by autumn 2014</p>
<p>3. Do you have a local oral health strategy in place to address oral health issues? Is there an integrated approach to oral health improvement across children's services and the children's workforce.</p>	<p>We are currently developing a new oral health strategy for Rotherham which will identify the oral health vision for Rotherham. This will include the role of dentists alongside the wider health and local authority services.</p>
<p>4. Are commissioned programmes appropriate to local needs and informed by the information and intelligence locally?</p>	<p>The new Oral Health Promotion Service has been commissioned against a new service specification which focuses on increasing the fluoride exposure of children in the most disadvantaged areas and in our targeted groups.</p>
<p>5. Are the oral health improvement programmes that you commissioned supported by the best available evidence?</p>	<p>Recently re-commissioned and specifications reviewed and updated aligning with new evidence and best practice.</p>
<p>6. Are your oral health improvement programmes monitored and evaluated and what are the outcomes, outputs and impact?</p>	<p>Quality assurance and performance reviews have been integrated into the commissioner/provider reviews. Service quarterly data will be reviewed and qualitative information will be discussed at a quarterly meeting.</p>
<p>7. Do you have an identified lead or established leadership and advocacy for oral health improvement and commissioning? Are there mechanisms in place to oversee accountability, delivery and engagement with partners?</p>	<p>Joanna Saunders, Head of Health Improvement is the strategic lead for oral health. Rebecca Atchinson is the commissioner and will oversee the accountability and delivery of the contract as it sits in the Healthcare Public Health pillar of</p>

	PH. The engagement of partners will be reviewed as part of the quarterly meetings.
8. Are the children's workforce supported through training and development to deliver for oral health improvement locally?	The importance of training and updating the knowledge of the children and families workforce is included in the Oral Health Promotion specification and will be reviewed on a quarterly basis.
9. What engagement processes do you have to collect the views of CYP and have their views influenced decision making?	We will work with Healthwatch and approach the Youth Cabinet if there are significant developments or changes planned. We will also share the draft Oral Health Strategy to the groups as part of the consultation exercise.
10. Is there reasonable and equitable access to local dental services and are these focused on prevention and the needs of CYP?	We will include this in the strategy and work closely with PHE who hold the dental contract and Healthwatch who publicise and monitor the NHS dentist lists.

