MANCHESTER CITY COUNCIL
REPORT FOR INFORMATION

Report To: Health and Well Being Overview and Scrutiny Committee - 3 September 2009

Subject: Update on the oral health of children in Manchester

Report of: Consultant in Dental Public Health
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Purpose of Report:

To update the committee on efforts to improve the oral health of children in Manchester with a specific focus on the fluoride in milk scheme

Recommendations:

The Committee is asked to:
   i) note the report
   ii) receive further progress reports on the implementation of the oral health strategy in Manchester

Wards Affected:

All

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Background documents

Oral Health Strategy 2008 – 2013, NHS Manchester
Delivering Better Oral Health, November 2007, Department of Health
(Available on request from Manchester Joint Health Unit – d.regan@manchester.gov.uk)
1. Introduction

1.1 The previous report received by the Committee on 9 December 2008 outlined the situation with regard to oral health and access to services among children in Manchester.

In summary a survey of Manchester five year olds found that:

- 62% had experience of tooth decay, compared with 47% in the North West and 38% across England as a whole
- Each child had an average of 3.01 decay, missing or filled teeth (dmft), compared with 2.00 in the North West and 1.47 in England.
- 76% of children had been in contact with NHS dental services during the 24 months ending June 2008. Higher contact levels than for North West Region and for England

2. Update on progress

2.1 Improving access

2.1.1 Since the December Committee meeting there is no additional outcome data to report on, however, there has been positive progress on access to services. Indeed the number of child patients, as a proportion of the total child population, in contact with a NHS dentist shows an increase year on year—up from 67% in the 24 months to March 2006, to 76% in the 24 months up to June 2008 and finally 78% in contact during 24 months ending June 2009. Once again these are higher contact levels than for North West Region and for England as figure 1 demonstrates.

Figure 1 Children seen as a percentage of the Child Population.
2.1.2 A recent procurement (January – March 2009) has resulted in additional NHS access across the city, with an expansion of services in over 20 general dental practices and the opening of four new dental practices. All of these practices provide services to children. Furthermore a dental helpline has now been established in Manchester to enable people to find out information about the location of, and access to, NHS dentists in their local area (tel: 0161 230 6011). The helpline is able to provide advice and guidance to parents and guardians enquiring about services for children and is run in partnership with NHS Direct to ensure out of hours access to information.

2.1.3 The impact of these developments will be monitored closely during 2009/10

2.2 Improving preventive practice in primary dental care services

2.2.1 The preventive toolkit “Delivering Better Oral health” (DBOH) was launched by the Deputy Chief Dental Officer and disseminated to all Manchester primary dental care teams in March 2009. All new NHS contracts have a preventive focus and there are performance indicators to measure compliance and ensure that evidence based effective preventive interventions are being employed.

2.2.2 A general dental practice DBOH facilitator has now been appointed to support and establish active preventive approaches with practices and a training scheme to provide additional skills to dental nurses working in local services has been established. This will allow them to actively contribute to the preventive approach by being able to apply fluoride varnish and give correct consistent advice to children and families.

2.3 Targeted work with children: The `Manchester Smiles' Initiative

2.3.1 This pilot initiative aims to identify young children who have not been in recent contact with dental services and ensure they benefit from preventive interventions. It involves the PCT Dental Service (PCT DS) working more closely with a small number of schools, parents and local general dental practices. The initiative has a strong inequalities focus in that it is looking to capture those children that slip through the net (e.g. through poor school attendance).

2.3.2 Each participating school in the pilot will be partnered with a `buddy' general dental practice and PCT DS clinic to offer rapid and easy access to NHS dental services. This will allow on-going preventive care (including preventive interventions such as the application of fluoride varnish) to be delivered to children who previously may have not been able to access services. It will also support the efforts of Head Teachers and others to improve school attendance as oral health problems are often cited as a reason for absence.

2.3.3 The initiative is being piloted in September – December 2009, and if successful the intention is to ensure:

1. All non attending children are identified and offered prevention treatment.
2. All schools in Manchester will eventually have identified ‘buddy’ practices and PCT DS clinics to ensure rapid and appropriate access to services for all Manchester children.

3. Parents are informed and supported to implement known preventive action and home care, namely:

- Supervising young children to brush teeth twice daily, before bedtime and on one other occasion, using a family fluoride toothpaste
- Encourage children to spit out and not rinse after brushing
- Reduce the amount and frequency of intake of sugary foods and drinks among young children, especially between meals
- Attend for dental assessment and preventive interventions such as the application of fluoride varnish at least twice yearly.

An important aspect of this initiative is ensuring that parents of young children are aware of what they can expect from preventive NHS dental care, for example, the application of fluoride varnish should be offered to every child every six months.

3. Fluoride in Milk Scheme

3.1 The most effective measure to improve oral health and prevent primary disease in children is to increase exposure to fluoride. In the absence of water fluoridation an alternative vehicle has been used in Manchester since 2000; the fluoridated school milk scheme. It is important to note that this activity forms part of an overall package of mainstream preventive programmes and should not be seen in isolation.

3.2 Currently 76 Primary Schools in Manchester and most of the special support schools take part in the scheme. This results in 19,430 cartons of dental milk being distributed across Manchester every day, in addition to plain school milk, during term time. The scheme works on the basis of positive informed consent.

3.3 The City Council representative on the Manchester Dental Milk Steering Group is Jane Johnson from Children’s Services and the scheme relies on a strong partnership approach.

3.4 The benefits of the scheme include increased drinking of milk in school (a healthy option in itself) which results in:

- Long term general health benefits
- Improved oral health
- Displacement of sugary drinks

3.5 Evidence from the evaluation of other fluoride milk schemes in the Wirral and abroad has shown oral health improvement. It is not possible to quantify the
benefits to Manchester children at a population level at present. The reasons for this are that multiple preventive approaches have been operating, which was not the case in the schemes elsewhere.

4. Summary

4.1 NHS North West is awaiting the outcome of a `limited permission’ decision granted in a judicial review application with regard to water fluoridation in South Central Region. This will impact on how the issue of water fluoridation is progressed regionally. In the meantime the range of initiatives to address the oral health of children in Manchester described in this report will continue to be progressed.