

Oral Health Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 12th October 2016

Author:	Consultant in Public Health Medicine, Swindon Borough Council
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 The draft Joint Strategic Needs Assessment (JSNA) attached at Appendix 1 provides evidence to help us understand the oral health and wellbeing needs of people in Swindon. A healthy mouth is fundamental to our overall health and wellbeing. It allows us to speak, smile, kiss, taste, chew, swallow and cry. Oral diseases affects all ages and gender, but the burden of diseases disproportionately affects older people, people living with learning disability, people living in poverty, people with lifestyle issues, and those who are dependent on others for support.
- 1.2 Whilst significant improvements in oral health have been made, many adults and children still suffer from oral diseases. It is costly to the NHS and society. This JSNA is to inform the development of Swindon's Oral Health Strategy and to inform commissioning of oral health promotion services.

2. Recommendations

The Board is recommended to:

- 2.1 Note and approve the recommendations of the Oral Health Joint Strategic Needs Assessment, as set out in paragraph 3.11 of the report.
- 2.2 Support the development of an Oral Health Strategy for Swindon to be led by public health, and agree to consider this Strategy for approval once it has been developed.

3. Detail

- 3.1 More than one in twelve (7.9%) three year olds in Swindon experience tooth decay in a survey in 2013. On the average, these children have 2.21 (CI: 0.44-3.97) teeth that were decayed, missing or filled.
- 3.2 More than one in four (27.9%) five year olds in Swindon experience tooth decay in a survey in the 2014/15 school year. On average, these children have 2.8 (CI: 2.26-3.37) teeth that were decayed, missing or filled.
- 3.3 More than one in four (28.1%) twelve year olds in Swindon experience tooth decay in a survey in the 2008/09 school year. On average, 2.18 (CI: 1.84-2.53) teeth that were decayed, missing or filled.

Further information on the subject of this report can be obtained from Ayoola Oyinloye, 01793 444674, aoyinloye@swindon.gov.uk.

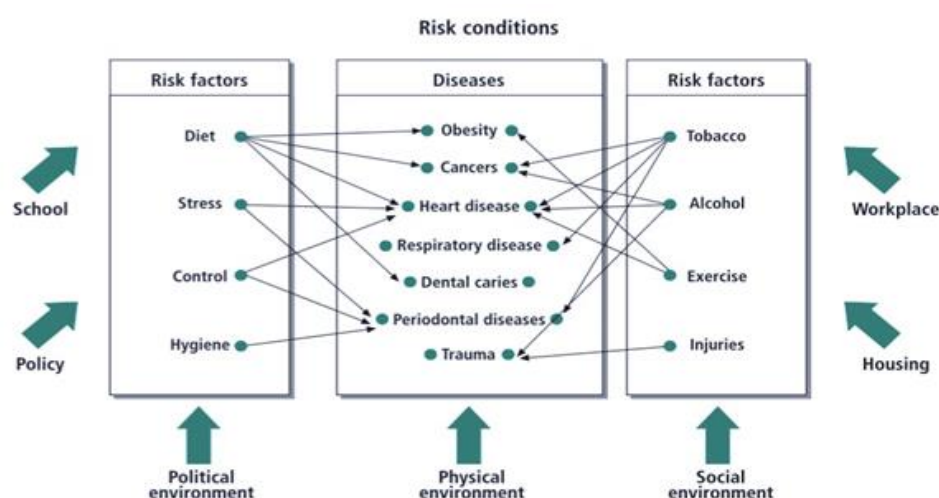
Oral Health Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 12th October 2016

- 3.4 Almost one in four (22%) Five year olds attending special support schools in Swindon experience tooth decay in a 2014 survey. On average, these children had 3.90 primary teeth that were obviously decayed, missing or filled. More than one in four (29%) of twelve year olds attending special support schools in Swindon experience tooth decay in the same survey. On average, these children had 2.37 permanent teeth that were obviously decayed, missing or filled. It is important to note that the sample size for this study is smaller than other DPHEP surveys and the differences are within the margins of error.
- 3.5 Data on oral diseases is less readily available for adults. An estimated 60% of adults have gum disease with around 11% experiencing severe disease, based on data from a national survey in 2009.
- 3.6 The prevalence and severity of tooth decay in Swindon is not significantly different to the rest of England.
- 3.7 Swindon is served by 26 dental practices providing NHS dentistry. All areas of Swindon are accessible by road and public transport to NHS dentists.
- 3.8 In 2011/12, Swindon had the second highest rate of admissions for tooth extractions in the South west. The rate of admissions has since fallen, similar to the rest of the Southwest.
- 3.9 Oral cancer incidence is relatively low in Swindon: 7.8 cases of oral cancer per 100,000 (age standardized rate) 2010-2012. Oral cancers are however an increasing public health problem.¹⁵ Incidence rates are rapidly rising and mortality is high and rising.
- 3.10 The determinants of good oral health are well understood and are similar to the determinants of other chronic diseases as shown in Figure 1 below.

Figure 1: Common risk factors to improving oral health



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Oral Health Joint Strategic Needs Assessment

Health and Wellbeing Board

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- 3.11 The recommendations from the draft Oral Health JSNA (attached at Appendix 1) that the Board are being asked to note and approve are as follows:
- 3.11.1 Develop an Oral health strategy for Swindon.
 - 3.11.2 Tackle the causes of tooth decay in children and adults by reducing the consumption of sugar and alcohol and stopping the use of tobacco.
 - 3.11.3 Include oral health actions as the norm in strategies, programmes and services aimed at vulnerable adults and children, e.g. low sugar food policies, oral hygiene as part of individual care plans, signposting to NHS dental services.
 - 3.11.4 Review present commissioning oral health interventions, using both universal and targeted approaches, to help people keep their mouths clean, use fluoride to strengthen their teeth, increase awareness of oral cancer and visit the dentist regularly. There is an opportunity to do this now as the contracts for oral health promotion is up for renewal in 2017/18.
 - 3.11.5 Address the historical high rates of hospital admission for tooth extraction in Swindon, to ensure that all admissions are appropriate.

4. Alternative Options

- 4.1 Not commissioning oral health promotion. This is not a realistic option as oral health promotion is a statutory responsibility of Local Authorities.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 No additional financial implications identified at this stage.

Legal and Human Rights Implications

- 5.2 The Health and Social Care Act (2012) conferred the responsibility for health improvement, including oral health improvement, to Local Authorities.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 We will be working with Public Health England to develop an Oral Health Strategy for Swindon. No additional resources identified at this stage.

Diversity Impact Assessment

- 5.4 An assessment will be done on the Oral Health Strategy for Swindon.

Oral Health Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 12th October 2016

6. Consultees

- 6.1 The Board Director, Resources (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Appendices

- 7.1 Appendix 1 – Draft Joint Strategic Needs Assessment of Oral Health in Swindon.