

Swindon's Oral Health Strategy 2016-2021

1. Why is oral health important?

A healthy mouth is a vital part of a healthy body. Oral health has been defined as an ability to eat, speak and socialise without active disease, discomfort or embarrassment, and refers to the health of people's teeth, gums, supporting bone and soft tissues of the mouth, tongue and lips. Having a healthy mouth allows us to speak, smile, kiss, taste, chew, swallow and cryⁱ. These skills are fundamental to our daily living and are a key element of health and wellbeing.

Oral health problems include gum (periodontal) disease, tooth decay, tooth loss and oral cancers. Important risk factors for oral diseases are social determinants. In common with other common chronic diseases, the prevalence is significantly higher among poor and disadvantaged population groups. At a behavioural level, risk factors for oral diseases include poor oral hygiene from poor tooth brushing, insufficient exposure to fluoride, consumption of a diet that is high in sugar, tobacco use and harmful alcohol use. Three of these are also risk factors for the four leading chronic diseases – cardiovascular diseases, cancer, chronic respiratory diseases and diabetes – and oral diseases are often linked to chronic disease.

Having poor oral health can exacerbate existing health conditions and impact on people's mental well-being. An unhealthy mouth can make it difficult to eat a nutritious diet, drink enough fluids and socialise or communicate with confidence.

The burden of oral diseases disproportionately affects people who are already vulnerable in some way. For example tooth decay is strongly associated with socioeconomic deprivation. People from more deprived groups suffer from more severe decay, more urgent dental problems and are more likely to have no teeth at all.

At the level of individuals and families it is well known that oral diseases cause tooth loss, pain, sensitivity, infection and, in extreme cases, a threat to life. Figure 1 shows the impact to children, adults and families.

Figure 1: The impacts of an unhealthy mouth on children, adults and families

Impacts on children	Impact on adults and vulnerable adults	Impact on families
<ul style="list-style-type: none"> • Reduced school readiness, • School absence, • Pain, • Embarrassed to smile, • Difficulties eating, • Difficulties socialising, • Problems speaking, • Reduced growth. 	<ul style="list-style-type: none"> • Pain, • Problems eating healthy food, • Difficulty smiling, • Difficulty cleaning teeth, Difficulties working. • Reduced dignity, • Reduced confidence, • Problems communicating, • Problem hydrating, • Social isolation, • Increased dependency. 	<ul style="list-style-type: none"> • Time off work, • Feeling stressed, anxious or guilty, • Sleep disrupted, • Family activities interrupted, • Financial difficulties.

At a society level the impact of oral diseases is substantial, particularly the cost of treatment. The NHS spends £3.4 billion per year on dental care (plus an estimated £2.3 billion is spent on privately funded dental care)ⁱⁱ. Tooth decay was the most common reason for hospital admissions in children aged 5-9 years old in 2012/13, at a cost of almost £23 millionⁱⁱⁱ.

This document should be read with in conjunction with the Swindon Oral Health JSNA which is a detailed assessment of the oral health needs of Swindon.

<http://www.swindonjsna.co.uk/dna>

2. Where do we want to be? Oral health strategy vision, aim and outcomes

The vision of this multi-agency oral health strategy is to improve the oral health of all people living in Swindon. It aspires to promote the best oral health and reduce oral health inequalities across the life course.

Our five priority outcomes are:

1. Ensure oral health is a health and wellbeing priority,
2. Tackle social and lifestyle determinants of oral disease,
3. Embed oral health into commissioning,
4. Commission oral health improvement interventions,
5. Ensure shared ownership of the oral health agenda.

Strategic targets

- Increase the proportion of 5 year old children free from dental decay to the same level or higher than the England average.
- Reduce admissions rates for tooth extraction in children and young people (0-19 years) to the same rate or less than the England average.

Indicators of success

- Increase health professionals knowledge of oral health.
- Ensure that all residents of residential care settings have an oral care plan/protocol.
- Ensure NHS dental contracts deliver the recommended level of fluoride varnish to over 80% of children.

This strategy is designed to support each individual in Swindon to achieve the following:

- Keep sugar to a minimum (quantity and frequency),
- Clean their mouth daily,
- Use fluoride daily,
- Regularly visit a dentist for routine and urgent care,
- Quickly identify any changes in mouth health.

We recognise that many people will not need support for to achieve these outcomes but some will, particularly those who are vulnerable or disadvantaged in other ways.

3. Where are we now?

a. Oral health in Swindon

The Swindon Oral Health JSNA provides detailed information on the oral health of Swindon, the services available in Swindon and the key areas to improving oral health. The following are a summary of the findings:

- Oral health is integral to general health and should not be considered in isolation, as many of the key factors that lead to poor oral health are risk factors for other diseases and conditions including obesity, heart disease, stroke, cancer and diabetes.
- Oral diseases affects all ages and gender, but the burden of diseases disproportionately affects people who are already vulnerable in some way. This includes children, older people, people living with learning disability, people living in poverty, people whose lifestyles increase their risk of oral disease and those who are dependent on others for support.

- A significant proportion of Swindon 5 year olds (72.1%) are free from obvious dental decay. Almost 30% of 5 year olds however, have more than 3 decayed teeth each.
- The percentage of 5 year old children in Swindon with experience of tooth decay is similar to the England average, and the percentage of 12 year old children with experience of tooth decay (28.1%) is lower than the England average.
- Local data on oral diseases is less readily available for adults. The following estimates are based on South West data from a national survey in 2009:
 - 36% of adults have an average of 3-4 decayed teeth each,
 - 60% of adults have gum disease with around 11% experiencing severe disease,
 - People from more deprived groups suffer from more severe decay, more urgent dental problems and are more likely to have no teeth at all
 - Adults who do not attend a dentist regularly have fewer teeth and more decay.
- Tooth decay varies by age and prevalence is highest in adults aged 25-34 and 75 years and over. The percentage of children and young people (0-19 years) admitted to hospital for extraction of one or more decayed primary or permanent teeth is higher than the England average.
- 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. Across England incidence rates are rapidly rising and mortality is high with only a 50% 5 year survival rate. Mortality rates have also increased by around 10% in the last decade.

b. Current work to improve oral health in Swindon

There is a range of work underway in Swindon which addresses social inequalities which will influence oral health. For example the healthy cookery project are healthy cookery/ learn to cook classes for vulnerable adults including adult with a learning disability, and those with mental health problems. These promote low sugar and more savoury foods. In addition public health programmes around healthy weight, breastfeeding, tobacco and alcohol are tackling risk factors common to oral health like sugar, smoking, and so will influence people's oral health. Swindon. Furthermore there is an oral health promotion team which provides oral health training in schools and early years settings. Swindon is well served by a network of dental practices providing NHS dentistry to the residents of Swindon.

4. How do we get there? - Achieving the strategic outcomes

While the causes of oral diseases are well understood, tackling them is complex. A whole system approach is needed that combines universal with targeted action.

Targeted action needs to be focused on those groups who are more likely to experience poor oral health and less likely to access routine NHS dentistry.

This strategy has drawn upon recommendations from the Swindon Oral Health JSNA with the NICE evidence based guidance (NICE PH55; oral health: local authorities and partners, see appendix 2 for summary), Commissioning Better Oral Health for Children and Young People, PHE toolkit (PHE delivering better oral health, 2014) and PHE oral health return on investment tool to produce a strategy which aims for the improvement of oral health across the life course for the population of Swindon.

The Oral Health Strategy links to SBC Priority Four: help people to help themselves while always protecting the most vulnerable children and adults. It also links to the Swindon Health and Wellbeing Strategy Outcome 1: every child and young person in Swindon has a healthy start in life, outcome 2: adults and older people in Swindon are living healthy and more independent lives and outcome 3: improved health outcomes for disadvantaged and vulnerable communities.

Outcome 1: Ensure oral health is a health and wellbeing priority

- 1.1 Provide a regular report on delivery of Swindon's oral health strategy to the Joint Commissioning group.
- 1.2 Form a Swindon oral health steering group to monitor and review Swindon oral health strategy and action plan.

Outcome 2: Tackle social and lifestyle determinants of disease

- 2.1 Improve the environments in which people live and work by taking action on social determinants of ill health.
- 2.2 Making healthy choices easier with regard to healthy, sugar free foods and drinks by developing health supporting environments
- 2.3 Supporting reductions in alcohol misuse, tobacco use and substance misuse.

Outcome 3: Embed oral health into commissioning

- 3.1 Include oral health actions as the norm in strategies, programmes and services aimed at vulnerable adults and children.
- 3.2 Embed oral health within public health improvements such as the Swindon Community Health and Wellbeing Hub.

Outcome 4: Commission oral health improvement interventions

- 4.1 Ensure the most cost-effective oral health improvement interventions are being commissioned.
- 4.2 Ensure that oral health improvement interventions reduce inequalities by targeting those at greatest risk of poor oral health; including children, older

people, people living with learning disability, people living in poverty, people with lifestyle issues and those who are dependent on others for support.

4.3 Review the evidence for interventions that improve oral health including those that increase availability of fluoride.

Outcome 5: Ensure shared ownership of the oral health agenda

5.1 Work with NHSE and other partners who manage the provision of dental services and dental professionals.

5.2 Ensure early years services and schools provide oral health information and advice, with tailored advice for those at high risk.

5.3 Work with care homes and care providers to raise awareness of oral health.

5. How are we going to get there? – Engagement and action plan

Building on from the engagement that we undertook with the Oral Health Joint Strategic Needs Assessment the following organisations had the opportunity to participate in the shaping of this strategy:

- Swindon Borough Council,
- Public Health England,
- Great Western Hospital NHS Foundation Trust,
- NHS Swindon CCG,
- Primary care dentistry,
- Health Watch Swindon.

The Swindon oral health steering group will update and develop the action plan, monitor the strategic outcomes and targets of the strategy.

ⁱ World Health Organisation website [accessed 20th November 2015] Available at http://www.who.int/oral_health/policy/en/

ⁱⁱ NHS England. Improving dental care and oral health – a call for action 2014

ⁱⁱⁱ Department of Health. National schedule of reference costs 2011-12 for NHS trusts and NHS foundation trusts. 2012