

Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 18 September 2024

Subject: Oral Health of Children

Report of: Director of Public Health

Summary

This report provides an update on the oral health of the children in Manchester and the services and programmes that exist to improve the oral health of this section of our population. The report follows on from a previous paper on this subject that was presented to the Health and Wellbeing Board in May 2023.

Overall, the latest reported data shows that the prevalence of tooth decay and rate of teeth extractions remains higher for children and young people in Manchester than in Greater Manchester and England as a whole. There are positive signs arising from an increase in the number of children seen by an NHS dentist and the application of fluoride varnishing for Manchester children and young people in comparison to the previous year.

As with the previous Board paper, the report has a focus on health equity, highlighting work that has gone on to understand better inequalities in oral health outcomes for children in the city, including our hosting of the city's first Early Years Oral Health Conference and developing a multi-agency steering group to bridge gaps in our knowledge of this subject and drive co-ordinated action. This has supported the creation of local priorities and the beginning of a Manchester Oral Health Action Plan.

It is important to note that this report does not focus on the availability of, and access to, NHS dentistry services for residents of Manchester. A paper on that topic is being prepared for the Health Scrutiny Committee in 2025. However, the report does highlight referral pathways and provision for vulnerable children and young people requiring oral health checks and dental treatment.

Recommendations

The Board is asked to:

- (1) Note the activity to address oral health in the city and the early signs of improvement in oral health indicators
 - (2) Support the sustained commitment to oral health improvement from system partners in the city with a focus on reducing health inequalities
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Ward Affected: All

Our Manchester Outcomes Framework

Manchester Strategy outcomes	Summary of how this report aligns to the OMS/Contribution to the Strategy
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	The report identifies key vulnerable groups including low-income families, care leavers and single parents who are particularly susceptible to poor oral health and describes actions to support all family members across the life course so they can thrive and achieve economic independence.
A highly skilled city: world class and home-grown talent sustaining the city's economic success	Good oral health supports access to employment and reduces absenteeism. Ensuring children develop good habits early is critical in their formative development. Supervised toothbrushing and oral health promotion in 0-19 years seeks to reduce the number of children who attend school with dental decay or toothache.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Good teeth and oral hygiene facilitate the ability to smile and communicate confidently. This is implicitly linked to feelings of wellbeing and positive self- image.
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

Office for Health Improvement and Disparities. [Main findings of year 6 oral health survey](#). Published 1 February 2024

Public Health England. [Inequalities in oral health in England](#). Published 19 March 2021.

Public Health England. [Oral health survey of 3 year old children 2020](#). Published 30 March 2021

NHS England. [NHS Dental Statistics for England, 2022-23, Annual Report](#). Published 24 August 2023.

Manchester City Council. [Start Well Strategy 2020-2025](#). Published December 2020

Northern Health Science Alliance NHSA [Child-of-the-North-Report-FINAL-1.pdf \(thenhsa.co.uk\)](#) Published March 2022

1.0 Background

- 1.1 Poor oral health remains a significant public health problem in Manchester and England as a whole. Poor oral health is an important factor in children and young people's general health and quality of life and can affect ability to eat, speak and socialise. It can lead to pain, infections, poor diet and impaired nutrition and growth. Those who need dental treatment may have to be absent from school and can face an uncomfortable delay in receiving appropriate treatment.
- 1.2 Poor oral health is strongly linked to social deprivation and is almost entirely preventable. Tooth decay is caused by the frequency and amount of sugar (non-milk extrinsic sugars) in the diet, lack of hygiene and lack of exposure to fluoride. Poor oral health habits can begin early in life through unsuitable baby feeding practices, diet and lack of early brushing. These habits can then lead to a higher risk of obesity, diabetes, cardiovascular disease and some cancers in later life. Poor oral health can also impact on mental health, contributing to reduced confidence and participation, and reduced school attendance.
- 1.3 In March 2021, Public Health England published a piece of national research and analysis looking at [inequalities in oral health in England](#). This identified marked inequalities in dental decay and oral health related quality of life across the life course but also noted the absence of good quality evidence on protected characteristics, clear and consistent evidence of inequalities by socio-economic position and deprivation and an association but limited available evidence on the oral health of vulnerable groups, such as looked after children. The absence of robust data, particularly on protected characteristics, impedes our ability to refine and target commissioned services and interventions accurately.

2.0 Strategic Context

- 2.1 At a North West and Greater Manchester level, there has been little activity over the course of the last twelve months to drive and co-ordinate oral health improvement activity across the system. Within Manchester, we are committed to the importance of sustaining and developing the focus on oral health as a key priority for the health and wellbeing of our residents.
- 2.2 Following the inaugural Manchester Oral Health conference in October 2023 (*Section 4.0*) Public Health have established an Oral Health Steering Group with system and academic partners to provide leadership and co-ordination for the programme of work. Manchester continues to invest in oral health improvement services through the public health grant.
- 2.3 Partners in the group are part of the wider strategic leadership for children and young people within the city. Children's oral health is a key outcome measure for the Manchester [Start Well Strategy](#). Reducing the number of episodes of hospital care in 0-5 years linked to poor oral health is a regular focus of the Manchester Start Well Board. Improving children's oral health also contributes to the Our Manchester First 1,000 Days outcome framework, supporting a 'best start in life' and 'school readiness in early years'.

- 2.4 Manchester is working towards recognition as a UNICEF Child Friendly City. One of the three 'badges' (priorities) identified by children and young people in the city was 'Healthy'. The right to health and health services is expressed in Article 24 of the UN Convention on Rights of a Child. This stipulates that every child has the right to the best possible health. A focus on equity and inclusion is a strong focus within the healthy badge, which is also supported by Making Manchester Fairer Action Plan. One of the priorities in the Child Friendly City Action Plan is reducing inequalities in early years, which the Oral Health Improvement Programme will contribute to.
- 2.5 As part of the new locality arrangements under the GM Integrated Care Partnership, Manchester Partnership Board (MPB) has identified two key priorities: to improve physical and mental health and wellbeing, prevent ill-health and address health inequalities, and improve access to health and care services, including primary care access. Within the MPB Delivery Plan, Oral Health is one of the priorities for [Core20Plus5 for children and young people](#) and the work is co-ordinated through the Oral Health Steering Group.

3.0 The oral health of children in Manchester

Prevalence of tooth decay in children

- 3.1 Poor oral health is a significant public health problem in Manchester and England as a whole. Published data from the National Dental Epidemiology Programme for England (NDEP) indicates that the prevalence and severity of tooth decay experienced by children and adults in Manchester is worse than the England average.
- In 2019/20, **21.3%** of 3-year-old children examined in Manchester had some experience of dental decay compared with 16.7% of 3-year-old children in GM and 10.7% in England.
 - In 2021/22, **31.6%** of 5-year-old children in Manchester had some experience of dental decay. This is significantly worse than the England average of 23.7% but represents a reduction compared with the figure of 51.4% in 2007/08.
 - In 2023, just under a quarter (**24.8%**) of Year 6 children (i.e. children between the ages of 10 and 11) in Manchester had some experience of dental decay. This is a higher proportion than that seen among children in this year group across England as a whole (16.2%).
 - Compared with children across England as a whole, children in Manchester are more likely to report experiencing oral pain frequently and/or difficulty biting and chewing.

Tooth Extractions

- 3.2 The rate of children and young people living in Manchester having **teeth extracted** in an NHS hospital remains significantly higher than the Greater Manchester and England averages but shows some improvement on the previous year.

- In 2022-23, there were **760** episodes of care for hospital tooth extractions among children and adolescents aged 0-19 living in Manchester. This represents a reduction of 100 children compared with 2021/22.
- Around 13% of these episodes were in children aged 5 or under (compared with 23% in 2021/22) and 77% had dental decay as the primary diagnosis (compared with 81% in 2021/22).
- In 2022/23, the overall rate of hospital tooth extractions in 0-19-year-olds in Manchester (496.7 per 100,000 population) was higher than that seen in both Greater Manchester (483.7) and England as a whole (360.4) but has fallen since 2021/22 (584.8 per 100,000 population).

Access to Dentistry

- 3.3 Access to NHS dentistry for Manchester children has also shown an overall improvement. A total of 78,230 children under the age of 18 were seen by an NHS dentist in Manchester between July 2022 and June 2023, an increase of 13,488 children (or 20.8%) on the previous 12-month period. The number of children seen is equivalent to 63.2% of the child population of the city and represents an increase compared with the 52.3% of children seen in the 12-months up to 30 June 2022. The latest figure of 63.2% is above the England average of 52.7%.

Fluoride Varnishing

- 3.4 In 2022/23, NHS dentists in Manchester carried out 78,880 fluoride varnish treatments on children, a rate of 636.8 treatments per 1,000 children under the age of 18. This is more positive than the overall position for England which is 470.5 per 1,000 children.

4.0 Health inequalities data and limitations

- 4.1 Through our commitment to reduce health inequalities within the Manchester Partnership Board Delivery Plan, and Making Manchester Fairer, it is essential that system partners work together at a local level to better understand and address oral health inequalities. The relatively low numbers of children examined as part of the National Dental Epidemiology Programme (NDEP) survey programme means that we have a limited understanding of inequalities in the oral health of children and young people living in different parts of Manchester or between different communities. However, analysis at a national level suggests that there are variations in the prevalence of dental decay between the most and least deprived parts of England and between different ethnic groups which we would expect to see mirrored in Manchester.
- 4.2 The 2022 report 'Child of the North 'Building a fairer future after Covid' identifies dental health as a significant issue for children and young adults from minority ethnic groups. Children from Gypsy/Irish traveller communities are most likely to experience tooth decay (59.6%). Dental extractions are the leading cause of hospital admissions amongst UK children aged 5-9 years, with children from deprived communities four times more likely to have teeth extracted.

- 4.3 This report also found that children from minority ethnic groups experience greater levels of decay on their front teeth, which can lead to bullying and mental health concerns. The prevalence of front tooth decay amongst Asian children is 13.6% and 15.7% in 'Other' ethnic groups, compared with 3.6% in White children. Severe dental decay contributes to some of these children being underweight because pain and infection can further compromise food intake. The report also shows that policy and practice has not responded well to the dental health needs of children from racially minoritised groups or low income-families.
- 4.4 Local analysis of data provided by MFT on simple tooth extractions in children aged 18 years and under living in Manchester shows that, of those children with an identifiable ethnic group, children from White and Asian ethnic groups accounted for the largest proportions of tooth extractions carried out (42.2% and 31.9% of tooth extractions respectively). Looking at the data in a more detailed way shows that 23.9% of all tooth extractions with a valid ethnic group code were carried out on children from a Pakistani ethnic group. Over the course of the next 12 months, we will work with the Community Health Equity Manchester (CHEM) Sounding Boards to explore this further.
- 4.5 GM ICB have advised that there are currently 9 dental practices accepting Looked After Children (LAC) on a defined social care pathway. Dental providers report challenges in DNA rates for older children and young people in booked appointments. Further work to understand the oral health needs and effectiveness of access to dental services for looked after children is an area for development.
- 4.6 There are several groups for which we need to obtain more detailed intelligence and insight to help us understand better their oral health needs, ensure that we are addressing the needs of specific population groups and not widening health inequalities. These groups include children experiencing homelessness, gypsy and traveller children, looked after children and asylum seekers and refugees. We will work through existing groups, such as the Health and Homelessness Task Group and the Local Authority of Sanctuary Steering Group, to identify how best to strengthen our intelligence on the oral health of children in these groups and address the current limitations of our data on this topic. Where possible, we will also add information on oral health issues to the existing Joint Strategic Needs Assessments (JSNAs) relating to these groups.

5.0 Action to improve children's oral health in Manchester

Manchester Oral Health Conference

- 5.1 Manchester's Department of Public Health organised the city's first Children's Oral Health Conference on Wednesday 18 October 2023. This brought together a range of professionals and keynote speakers at the Etihad Stadium under the title '*Oral Health Improvement: A Call to Action*'.
- 5.2 The conference was facilitated by Manchester NHS Oral Health Improvement Team with contribution and keynote speeches from Dr George Kitsaras (University of Manchester Dentistry School) and Rukhsana Ahmed (Principle

Headteacher, Longsight Community Primary School). Delegates also received a summary of the latest data on the oral health of children in Manchester from Momina Muzammil from the Dental Health Unit at the University of Manchester and Neil Bendel, Public Health Specialist within the Department of Public Health. With a specific focus on oral health in early years, the conference was attended by over seventy individuals representing the health, education and early years workforce in Manchester.

- 5.3 Delegates heard from the University of Manchester on the evaluation of a school-based brushing programme as well as discussing the relationship between poor oral health, learning and school readiness. Bringing key partners together to discuss the presentations within the workshop enabled discussion on the key challenges and a consensus to develop on the approach we want to take as a system. Stakeholders strongly supported the need to take a behaviour change approach to delivering oral health interventions including
- A holistic view of family and whole family needs, discussing the root cause
 - Whenever possible, a face-to-face intervention
 - Strength-based conversations with SMART targets and realistic goals to build trust
 - Making every contact count (MECC) at key development reviews and home visits
- 5.4 The development of a bespoke training and resource pack and evaluation tool with the University of Manchester is underway as a consequence of the event.
- 5.5 The conference was a proposed outcome of the national Early Years Transformation Fund money that Manchester had been allocated through the regional ICB. Public Health committed to delivering the conference through core budget once the regional funding was not forthcoming. This conference has been the foundation for the development of a city-wide Oral Health Steering Group, with membership from Manchester City Council, Manchester Local Care Organisation, Community Dental Services and University of Manchester to work together to identify local issues, opportunities and priorities for shared action.

Oral Health Prioritisation Framework

- 5.6 The first action of the Oral Health Steering Group has been to undertake a baseline assessment of Manchester's position in relation to best practice and high impact interventions to improve oral health. This has been delivered through an Oral Health Prioritisation Framework tool developed by NHS England in collaboration with Knowsley Local Authority. The Framework identifies the evidence-based interventions with a weighted score based on priority and deliverability. The summary of Manchester's position in relation to the framework is set out in the table below, and fully set out in the Appendices.

Programme	Priority Score	Current Status
Commissioning of Oral Health Improvement Service	20	In place
Targeted provision of toothbrush and toothpaste packs (0-2 Years Start Well Intervention)	18	In place
Oral health training for care staff / carers	18	In place
Oral health training of the wider professional workforce	18	In place
Healthy food and drink policies in childhood settings	16	In place
Supervised toothbrushing in targeted childhood settings (early years)	18	In place
Targeted community Fluoride varnish schemes	16	In place
Protocols for oral care in care settings	15	All care homes that have received training have revised their oral care policies
Targeted peer support groups / peer oral health workers	19	Aspire. Not in place due to funding constraints
Use of dentifrices containing 2,800 or 5,000 ppm Fluoride (Vulnerable Older People)	16	Aspire – see Appendix 2
Dental professions applying Fluoride varnish	17	Aspire – see Appendix 2
Fluoridation of public water supplies	18	Aspire
Fluoridated milk in school settings	12	Eliminate

5.7 Manchester's commitment to sustaining investment in oral health improvement has led to a relatively strong position in relation to the assessment, however there is much work to do. The Steering Group is taking the Framework further and adding an assessment on optimum coverage and unmet need in order to shape and define the actions the Group will drive forward in the coming year.

Oral Health Improvement Services

5.8 The **Manchester Oral Health Improvement Team (OHIT)** is commissioned by Manchester Department of Public Health. The team provides a range of programmes which support health promotion and improving self-care oral behaviour for 0–19-year-olds, with a primary focus on children under 11 years of age. The Team is part of the Community Dental Service at Manchester NHS Foundation Trust (MFT) and has provided sustained leadership and commitment to supporting and improving oral health and reducing inequalities within the city.

5.9 The OHIT service aims to improve self-care oral health whilst targeting vulnerable groups experiencing the highest levels of health inequalities with oral health improvement interventions. Vulnerable groups include deprived

communities, looked after children, children with special needs and homeless families with children. To meet the needs of the most vulnerable families and children, the OHIT team works with Early Years workers, school staff and community health staff to provide oral health education, local dental providers and is an integral partner of the city's Start Well Board.

- 5.10 OHIT programmes are designed to increase the availability and use of fluoride, particularly given the changes in affordability of fluoride milk since the Nursery Milk Renumeration Scheme was ended in 2018. There is abundant evidence that increasing fluoride availability to communities and individuals is effective at reducing dental caries levels. For example, moving from brushing once a day to twice a day lowers an individual's risk of developing dental caries by 14%. Fluoride varnish is one of the best options for increasing the availability of topical fluoride regardless of the levels of fluoride in any water supply. Several systematic reviews have concluded that the applications twice a year produce an average reduction in dental caries increment of 37% in the primary and 43% in the permanent dentitions.
- 5.11 The **Buddy Practice Scheme** is a flagship children's dentistry programme delivered in Manchester by the Oral Health Improvement Team under the commissioned offer. There is no comparable service in Greater Manchester or regionally. It is a preventative scheme that brings primary care dental practices and schools together in partnership. The scheme has been in place since 2016 (though with a pause created through pandemic disruption). Parents and children in nursery or reception classes are asked about their child's dental attendance and those children who have either no dentist or who have not attended for some time, are identified and consent is sought for a dental appointment. Parents of non-attending children are invited to a 'meet the dentist' session at the school. These take place first thing in the morning as children arrive to encourage as many parents to stay as possible.

Case Study – Buddy Practice Scheme

A Community Nursery Nurse from the Health Visiting Service made a home visit to undertake a development review with the family of a two-year-old child. A standard question on these visits is 'Have you registered with a dentist?'

The Mum said they had not been able to register any of their children with a dentist until their oldest child started primary school. Mum said the school her children attend runs the Buddy practice scheme. Mum said thanks to the Buddy practices she has now be able to get her whole family registered with Droylsden road Dental practice and now all her children have regular trips to the dentist.

- 5.12 Establishing a regular attendance pattern emphasised and assisted, either by the clinician or a member of the OHIT is a vital aspect of the programme. Details of the partner practice are given and information on the dental helpline to assist parents to make appointments elsewhere if they choose. The attendance of each of the children is checked following the 'meet the dentist' sessions. After 4-6

months, the programme is repeated for those children who still do not attend. After this follow up, the small number of children with identified clinical need, who had still not been taken to a dentist, were followed up by the School Nurse Service as a neglect safeguarding concern, though this is a rare occurrence given the parental engagement.

- 5.13 While the scheme is a success and has facilitated screening and identification of children who may not otherwise have seen a dentist, the Buddy Practice Scheme relies upon NHS dental surgeries to come on board with the programme across the city. There is currently a gap in Harpurhey and Charlestown, with dental surgeries in these areas unable to join the scheme with current patient caseload and capacity.
- 5.14 The **Supervised Toothbrushing Programme** is offered to Early Years settings and provides training and resources to teachers, nursery nurses, and childminders with the aim of ensuring that good toothbrushing habits are embedded in early years.
- 5.15 The OHIT team deliver **Fluoride Varnishing** when visiting schools and other children's settings, where parental consent has been given. This is additional to that provided through mainstream NHS Dentistry. Fluoride Varnishing involves the direct application of fluoride to children's teeth. A measured amount of fluoride, (dependent on age and defined in IPC guidelines) is applied to a child's teeth using a micro-brush. This can be applied directly to front or back teeth to strengthen tooth enamel, making it more resistant to decay. It is a recommended treatment for patients at higher risk of tooth decay.

6.0 Recommendations

- 6.1 The Board is asked to:
- (1) Note the activity to address oral health in the city and the early signs of improvement in oral health indicators
 - (2) Support the sustained commitment to oral health improvement from system partners in the city with a focus on reducing health inequalities