

## How Big a Problem?



### Child Dental health surveys:

#### ▶ 5-yr-olds

- 23.3% of have decay (2017 Eng) **LEEDS = 31.1% BRADFORD = 39.8%**
- 13% have **EXTENSIVE or SEVERE\*** decay (2013 UK)

#### ▶ 12 yr olds

- 34% of have decay (2008/9) **YORKSHIRE + HUMBER = 45%**

#### ▶ 15yr-olds

- 44% Decay experience – 15% of have **EXTENSIVE** decay (2013 UK)

- ▶ Risk of having tooth decay strongly related to socio-economic background.

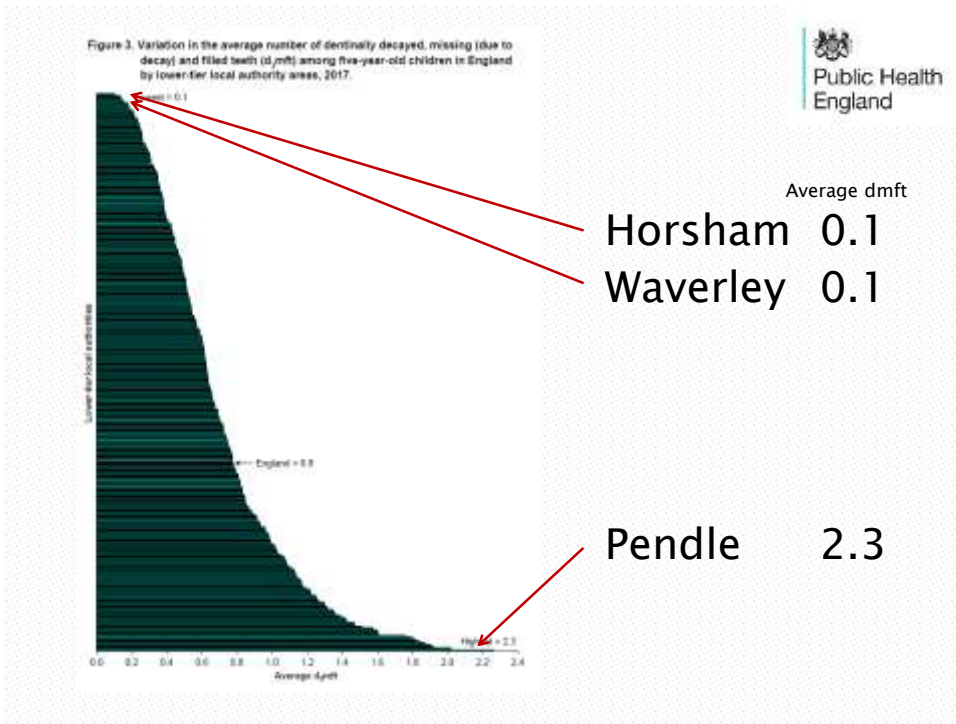
\* decay in 5+ teeth; into dentine 3+; unrestorable teeth; infection

## How Big a Problem?

### Caries in 5 year old children

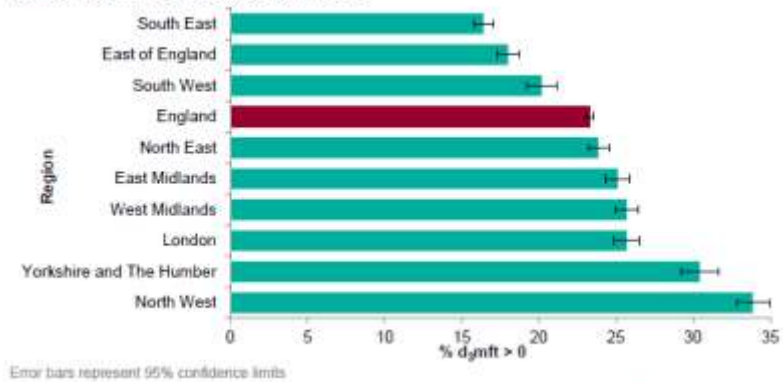


	2007-08 (%)	2011-12 (%)	2014-15 (%)	2016-17 (%)
<b>ENGLAND</b>	30.9	27.9	24.7	23.3
North East	39.8	29.7	28.0	23.9
North West	38.1	34.8	33.4	33.9
Yorkshire and The Humber	38.7	33.6	28.5	30.4
West Midlands	28.9	26.0	23.4	25.7
East Midlands	30.8	29.8	27.5	25.1
East of England	24.8	23.0	20.2	18.0
London	32.7	32.9	27.2	25.7
South East	26.2	21.2	20.0	16.4
South West	30.6	26.1	21.5	20.2



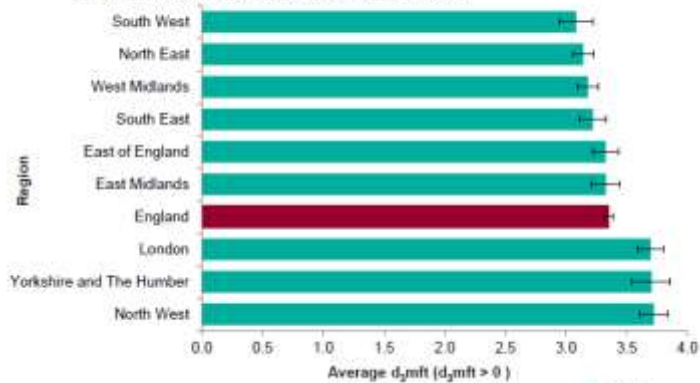
## National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017

Figure 1. Percentage of five-year-old children with obvious decay experience ( $d_3mft > 0$ ) in England by region, 2017.



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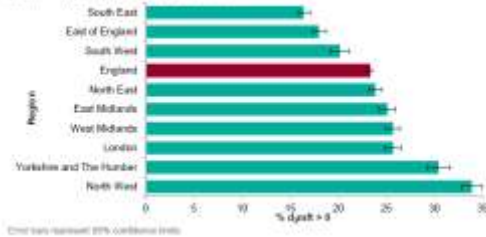
**Figure 14. Average number of dentally decayed, missing (due to decay) and filled teeth ( $d_2mft$ ) among five-year-old children with any decay experience ( $d_2mft > 0$ ). England by region, 2017.**



Error bars represent 95% confidence limits

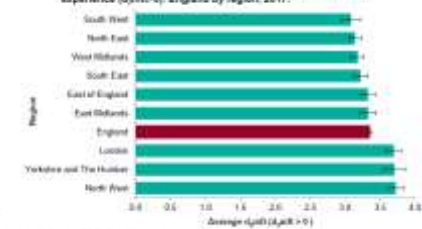


**Figure 1. Percentage of five-year-old children with obvious decay experience ( $d_2mft > 0$ ) in England by region, 2017.**



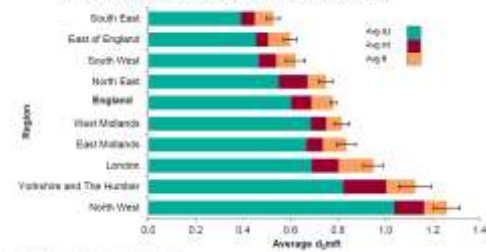
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**Figure 14. Average number of dentally decayed, missing (due to decay) and filled teeth ( $d_2mft$ ) among five-year-old children with any decay experience ( $d_2mft > 0$ ). England by region, 2017.**



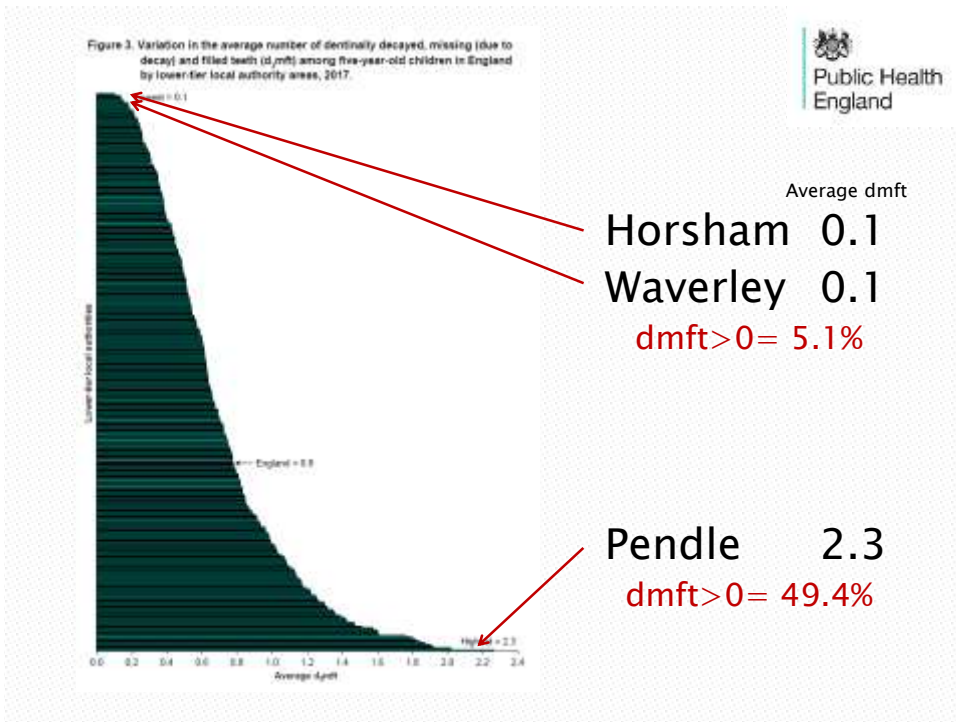
Error bars represent 95% confidence limits

**Figure 2. Average number of dentally decayed, missing and filled teeth ( $d_2mft$ ) among five-year-old children in England by region, 2017.**



Error bars represent 95% confidence limits



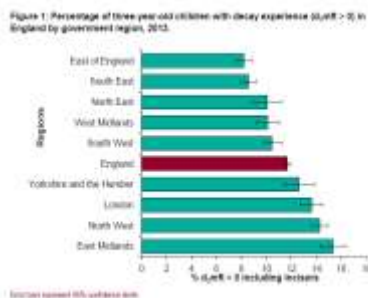


## How Big a Problem?



Child Dental health surveys:

- ▶ 12% of 3 year olds have decay (2013)

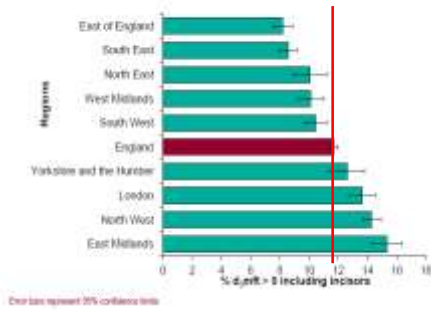


- Leeds 19.4%
- Wakefield 19.8%
- Hull 15.4%

# Oral Health Survey of 3-year-old Children 2013

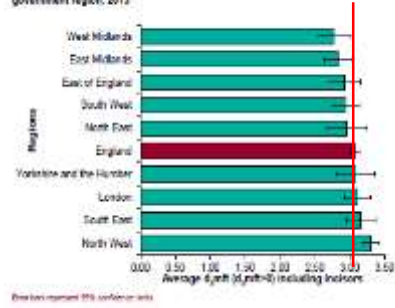
Public Health England

Figure 1: Percentage of three-year-old children with decay experience ( $d_{\text{mft}} > 0$ ) in England by government region, 2013.



Proportion with decay

Figure 2: Average number of dentally decayed, missing (due to decay) and filled teeth ( $d_{\text{mft}}$ ) among three-year-old children with decay experience ( $d_{\text{mft}} > 0$ ), England by government region, 2013.



Amount of decay in children with decay



# Ten Priorities

	PRIORITY		PRIORITY
1.	Ensuring all children have the best chance of maintaining good oral health by keeping preventable dental disease to a minimum should be a key aim at all levels of care. Better integration between dental services and other key child health services is essential for the most effective prevention of dental disease.	6.	Specialist dental care for children should follow an agreed and communicated plan and should be overseen by a named clinician.
2.	All children should have their first oral health assessment (dental check including all DBOH evidence informed advice) by one year of age. This should be encouraged and monitored by other healthcare professionals in contact with families of young children.	7.	All children who need dental treatment under an elective general anaesthetic will have that care treatment planned by a Specialist-led Paediatric Dental service. In transition, paediatric dental MCNs may need to cover a broader geographic footprint to ensure that criteria for acceptance and treatment algorithms follow best practice.
3.	Children experiencing a sleepless night because of severe dental pain or infection should be able to access appropriate urgent and/or emergency care within 24hrs.	8.	There should be adequate numbers of Paediatric dental Consultants, Specialists and dental care professionals working within specialist led teams to meet identified need and take a proactive role in MCNs.
4.	All children should be able to access regular dental care. If they require specialist paediatric dental care, services should be accessible and have short waiting times (especially for children with a history of pain and/or infection).	9.	Information about a child's paediatric dental management should be fully integrated into NHS information registers, and those involved in delivering dental care for children should have access to the appropriate information systems. This will also facilitate reporting of relevant dental care with other health and social care providers.
5.	There should be parity of timely access to, and outcome of, primary and specialist paediatric dental care regardless of geography. This may be achieved by consultants working in a network and providing services in outreach clinics.	10.	There should be adequate and consistent data capture and reporting of need and the outcome of paediatric dental care to support informed commissioning and QA of paediatric dental services.



Public Health England

Hullmatters: Water fluoridation prevents tooth decay

Fluoridation schemes in England cover some 6 million people

- 5-year-olds in fluoridated areas are **28%** less likely to have had tooth decay than those in non-fluoridated ones
- In fluoridated areas there are **55%** fewer hospital admissions of very young children for tooth extractions than in non-fluoridated areas
- On average, fluoridation schemes in England cost less than **50 pence per person per year** (operating costs)
- Water fluoridation has operated effectively for **50 years in England and 70 years worldwide**

one part per million H<sub>2</sub>O

Consideration is being given to introducing a water fluoridation scheme in Hull.



Public Health England Children's Oral Health Improvement Programme Board Action Plan 2016 - 2020  
Our ambition is that every child grows up free from tooth decay as part of having the best start in life.





One baby tooth  
+ One paediatric dental visit  
= ZERO cavities.

The AAPD recommends establishing a 'dental home' for your child by one year of age. Children who take a dental home are more likely to receive appropriate preventive and routine oral health care.

## Age One Dental Visit

Why It's Important For Your Baby




ASK YOUR DENTIST ABOUT  
**DENTAL CARE FOR YOUR BABY**

## DENTAL HOME CONCEPT

- In 1992, the American Academy of Pediatrics (AAP) suggested a 'medical home' concept for primary paediatric healthcare.
- Following suit, the AAPD proposed the model of a 'dental home' concept to establish a relationship between each parent and dentist.

A dental home is defined as the ongoing relationship between the dentist and the parent where accessible and coordinated oral health care can be delivered comprehensively while actively involving family participation.<sup>22</sup>

- ADA and AAPD recommend that a child should see a dentist and establish a 'dental home' by one year of age or when the first tooth erupts.





Australian and New Zealand Society of Paediatric Dentistry



Australasian Academy of Paediatric Dentistry



We see infants by 12 months of age  
or  
within 6 months of eruption  
of the first tooth.




**Children's teeth**

From teething that first leads to their first trip to the dentist, here's how to take care of your children's teeth.

### Taking your child to the dentist

- NHS dental care for children is free.
- Take your child to the dentist when their first milk teeth appear. This is so they become familiar with the environment and get to know the dentist. The dentist can help prevent decay and identify any oral health problems at an early stage. Just opening up the child's mouth for the dentist to take a look at is useful practice for the future.
- When you visit the dentist, be positive about it and make the trip fun. This will stop your child worrying about future visits.
- Take your child for regular [dental check-ups](#) as advised by the dentist.



CANADIAN DENTAL ASSOCIATION





**DCby1**  
Dental Check by One

 British Society of  
Paediatric Dentistry



Sippy Cups



# Workforce?

## Health Care: A team Sport!



## Specialist Workforce

### Specialists needed not just to treat:

- train
- develop
- support

### ▶ BSPD Recommendation:

1 Paediatric Dentist per 100,000 population  
(1 per 20,000 children)

= 530 for England

Currently around 170



## UK Paediatric Dentists – year of first registration

