

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

1 Guidance title

Oral health: local authority strategies to improve dental health among vulnerable groups

1.1 *Short title*

Oral health: local authority dental health improvement strategies

2 Background

- a) The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health (DH) to develop public health guidance for local authorities on community dental health programmes, in particular, for vulnerable groups at risk of poor dental health.
- b) The term oral health is used here to describe a range of diseases (including mouth cancers) affecting the oral cavity. Dental health, the focus of this guidance, refers to the teeth and gums. Two additional pieces of NICE guidance on oral health will be produced at a later date. These are:
- 'Oral health: guidance for dental health practitioners on promoting oral health, including making a visit to the dentist a positive experience'.
 - 'Oral health: guidance for nursing and residential care homes on promoting oral health, preventing dental health problems and ensuring access to dental treatment'.

- c) This guidance will support a number of related policy documents including:
- 'Dental quality and outcomes framework' (DH 2011)
 - 'Healthy lives, healthy people: our strategy for public health in England' (DH 2010a)
 - 'Healthy lives, healthy people: transparency in outcomes, proposals for a public health outcomes framework' (DH 2010b)
 - 'Improving oral health and dental outcomes: developing the dental public health workforce in England' (DH 2010c)
 - 'The NHS outcomes framework' (DH 2010d)
- d) This guidance is aimed at local health and wellbeing boards and local authority commissioners. It will also be of interest to dentists, dental care professionals, nutritionists, social care professionals and others with a responsibility for promoting oral health. It may also be of interest to members of the public.
- e) The guidance will complement NICE guidance on dental recall. For further details see section 6.

This guidance will be developed using the NICE [public health guidance process and methods guides](#).

3 The need for guidance

- a) Oral health is important to general health and wellbeing. Poor oral and dental health can affect someone's ability to eat, speak and socialise normally (DH 2011). Tooth decay (dental caries) and gum disease (periodontal disease) are the most common dental problems in the UK. They can be painful, expensive to treat and can seriously damage health if left unchecked (DH 2011). However, they are largely preventable (Levine and Stillman-Lowe 2009).
- b) Risk factors for severe dental caries include: living in a deprived area; being from a lower socioeconomic group; living with a family in receipt of income support; belonging to a family of Asian origin; or living with a Muslim family where the mother speaks little English (Rayner et al. 2003).
- c) Overall, oral health in England has improved significantly over recent decades. However, marked inequalities persist. The 'Adult dental health survey 2009' reports that the proportion of adults in England without natural teeth has fallen over the last 30 years from 28% to 22% (The Health and Social Care Information Centre 2011). However, the survey also shows a clear socioeconomic gradient. For example, people from managerial and professional occupation households have better oral health (91%) when compared to people from routine and manual occupation households (79%).
- d) The 'NHS dental epidemiology programme for England oral health survey' shows that levels of dental disease among schoolchildren aged 12 years are decreasing, in line with previous survey years. Data collected between 2008 and 2009 show 66.6% of them to be free from visually obvious dental decay. However, 33.4% reported having dental caries (with 1 or more teeth severely decayed,

extracted or filled). The same survey reports a higher prevalence and severity of oral disease among those living in the north, compared with those in the midlands and south west. Specifically, it was higher in the areas covered by Yorkshire and the Humber, the North West and North East strategic health authorities. The lowest levels of disease were reported in the south and east (South Central, South East Coast and London and East of England SHA) (North West Public Health Observatory 2010).

- e) The 'NHS dental epidemiology programme for England: oral health survey' of children aged 5 years indicates wide variations in dental health across the general population. Data indicate that a significant number of children (69.1%) are free from obvious dental decay, with 30.9% having at least 1 decayed, missing or filled tooth. However, at primary care trust-level, the prevalence of dental decay (dental caries) ranges from 17.7% for the East Riding of Yorkshire to 53.4% for Middlesbrough PCT (North West Public Observatory 2009).

- f) From April 2013, important changes to the commissioning of NHS services and the NHS structure will be introduced, as set out in the Health and Social Care Act 2012. As a result, oral health needs assessments will inform joint strategic needs assessments (NHS Commissioning Board 2012). The NHS Commissioning Board will 'work with local authorities and Public Health England to develop and deliver oral health improvement strategies and commissioning plans specific to the needs of local populations' (NHS Commissioning Board 2012). Local authorities will be responsible for dental screening and improving the oral health of their populations. The proposed NICE guidance will support these changes.

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on the referral from the DH (see appendix A).

4.1 *Who is the focus?*

4.1.1 **Groups that will be covered**

Children, young people and adults whose social circumstances or lifestyle make it difficult for them to access dental services, or place them at greater risk of poor dental health. This includes:

- children aged 5 and under
- children and young people who are looked after by foster carers, or who are given support to live independently in the community
- families from gypsy and traveller communities and others who frequently change the location where they live
- offenders living in the community
- people from some black and minority ethnic groups (including those who chew tobacco)
- people from low income groups
- people with a mental health diagnosis who are given support to live independently in the community
- people with mobility difficulties or who have a learning disability and live independently in the community
- people who are homeless.

4.1.2 **Groups that will not be covered**

Children, young people and adults living in residential care.

4.2 *Activities*

4.2.1 Activities/measures that will be covered

The guidance will focus on the following activities:

- a) Approaches to conducting needs assessments.
- b) Identifying, treating and offering care to those who are most disadvantaged.
- c) Supporting and promoting the use of high-fluoride toothpaste, varnishes and fissure sealants.
- d) Supporting and promoting the use of fluoride supplements including drops, tablets and food supplements.
- e) Identifying effective dental health activities (including tooth brushing, flossing and mouth rinses).
- f) Supporting and promoting improvements in diet, including raising awareness of the role of sugar, fruit and vegetables in preventing dental disease.
- g) Multi-agency working and information-sharing to improve dental health and reduce dental caries and periodontal disease.
- h) Monitoring and evaluating the impact of activities to improve dental health and reduce dental caries and periodontal disease.

The committee will also take reasonable steps to identify ineffective measures and approaches.

4.2.2 Activities/measures that will not be covered

- a) Water fluoridation.
- b) Strategies and approaches to promoting positive oral health behaviour, including dental health messages for the public.

- c) Strategies and approaches to oral health promotion in residential care settings (including nursing and residential care homes).

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed, along with some of the outcomes that would be considered as evidence of effectiveness:

Question 1: What are the most effective and cost-effective ways to improve and maintain the dental health of a local community?

Question 2: What methods and sources of information will help local authorities identify the dental health needs and severity of dental health problems in their local community?

Question 3: Which activities are effective and cost effective in improving and maintaining the dental health of groups who are most disadvantaged and at high risk of poor dental health?

Expected outcomes:

- Improve or maintain dental health.
- Reduce dental caries and periodontal disease.
- Changes in modifiable risk factors, including the use of fluoride supplements, oral hygiene practices and frequency of dental visits.
- Strategies and approaches that can lead to a return on local authority investment in oral health.

4.4 Status of this document

This is the draft scope, released for consultation on 29 October until 26 November 2012. Following consultation, the final version of the scope will be available at the NICE website in January 2013.

5 Further information

The public health guidance development process and methods are described in [Methods for development of NICE public health guidance \(third edition\)](#) (2012) and [The NICE public health guidance development process \(third edition\)](#) (2012).

6 Related NICE guidance

Published

[Dental recall](#). NICE clinical guideline 19 (2004)

Appendix A Referral from the Department of Health

The Department of Health asked NICE to:

‘Develop public health guidance for local authorities on needs assessment and commissioning of community dental health programmes to promote the oral health of their communities, particularly vulnerable groups at risk of poor dental health. Epidemiological surveys would contribute to needs assessment’.

Appendix B Potential considerations

It is anticipated that the Public Health Advisory Committee (PHAC) will consider the following issues:

- The role of people and organisations in developing oral health needs assessments and the activities needed to ensure the dental health needs of the local population are identified, especially the needs of those who are disadvantaged.
- Whether activities or approaches are based on an underlying theory or conceptual model.
- Whether they are effective and cost effective and represent good value for money.
- Critical elements. For example, whether effectiveness and cost effectiveness varies according to the diversity of the population (for example, in terms of the person's age, gender or ethnicity).
- Any trade-offs between equity and efficiency.
- Any factors that prevent – or support – effective implementation.
- Any adverse or unintended effects.
- Current practice.
- Availability and accessibility for different groups.

Appendix C References

Department of Health (2011) Dental quality and outcomes framework.

London: Department of Health

Department of Health (2010a) Healthy lives, healthy people: our strategy for public health in England. London: Department of Health

Department of Health (2010b) Healthy lives healthy people: transparency in outcomes, proposals for a public health outcomes framework. London: Department of Health

Department of Health (2010c) Improving oral health and dental outcomes: developing the dental public health workforce in England. London: Department of Health

Department of Health (2010d) The NHS outcomes framework. London: Department of Health

The Health and Social Care Information Centre (2011) Adult dental health survey 2009. Leeds: The Health and Social Care Information Centre

Levine RS, Stillman-Lowe CR (2009) The scientific basis of oral health education: sixth edition. London: British Dental Journal

NHS Commissioning Board (2012) Securing excellence in commissioning primary care. Leeds: NHS Commissioning Board

North West Public Health Observatory (2010) The NHS dental epidemiology programme for England: oral health survey of 12 year old children 2008/2009. Liverpool: North West Public Health Observatory

North West Public Health Observatory (2009) The NHS dental epidemiology programme for England: oral health survey of 5 year old children 2007/2008. Liverpool: North West Public Health Observatory

Rayner J, Holt R, Blinkhorn F et al. (2003) British Society of Paediatric Dentistry: A policy document on oral health care in preschool children. International Journal of Paediatric Dentistry 13: 279–85