

# Oral Health

## Introduction

Oral health is a key indicator of the general health of a community and is an important contributor to general well-being. Oral health problems are largely preventable and include tooth decay, tooth erosion, gum disease, oral cancer, and facial and dental injuries. Tooth decay is the most common dental disease in children. It can result in severe pain and eventual tooth loss, with an adverse impact on quality of life. At a societal level, oral diseases are responsible for reduced workforce productivity and are also a significant financial burden to society.

Poor oral health can affect the ability to sleep, eat, speak, and socialise. Other impacts include pain, infections, poor diet, and impaired nutrition and growth. Oral health is an integral part of overall health. Maintaining good oral health in childhood is essential and is the basis for good oral health in adulthood. The single most important factor in improving oral health is brushing with fluoride toothpaste twice daily.

## Main Issues

Decayed, missing or filled teeth (dmft) are a key indicator of oral health. In Hartlepool, dmft in three year olds in 2019/20 was at a similar level to that of the England average, 0.2 dmft per child in Hartlepool and 0.31 dmft per child in England. Hartlepool had the 5<sup>th</sup> lowest level in the north east, though there was no figures available for Redcar. However, in the seven years since this data was last reported, Hartlepool's rate has increased by two thirds, while the England rate has fallen by 13.9%. In the 2012/13 figures, Hartlepool's rate of 0.12 dmft per child was statistically superior to the England rate of 0.36 dmft per child, by 2019/20 Hartlepool has moved to a position of similarity to the England rate, with the gap between the two rates has shrunk by just over 50%.

dmft (decayed, missing or filled teeth) in three year olds

Mean - mean dmft per child

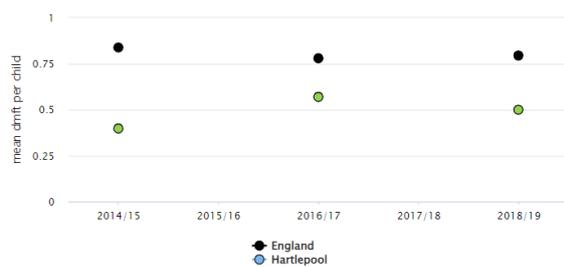
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	0.31	0.30	0.33
North East region	-	-	0.32	0.25	0.38
Sunderland	-	-	0.79	0.49	1.09
Middlesbrough	-	-	0.72	0.27	1.17
North Tyneside	-	-	0.61	0.00	1.57
Gateshead	-	-	0.37	0.21	0.53
County Durham	-	-	0.35	0.07	0.64
South Tyneside	-	-	0.23	0.08	0.38
Hartlepool	-	-	0.20	0.08	0.32
Darlington	-	-	0.20	0.08	0.31
Stockton-on-Tees	-	-	0.18	0.01	0.34
Northumberland	-	-	0.12	0.01	0.23
Newcastle upon Tyne	-	-	0.10	0.00	0.22
Redcar and Cleveland	-	-	*	-	-

Source: Dental Public Health Epidemiology Programme for England: oral health survey of three-year-old children 2020

For dmft in five year olds, Hartlepool has maintained a position of statistical superiority to the England average across the reporting period. Hartlepool's rate in 2018/19 is 25% larger than the 2014/15 rate, but it is 12.3% lower than the 2016/17 rate. This pattern is the opposite of the England average, where the 2016/17 decreases and the 2018/19 level increases. Hartlepool's 2018/19 rate is the 2<sup>nd</sup> lowest in the north east and the 20<sup>th</sup> lowest in England.

dmft (decayed, missing or filled teeth) in five year olds

Mean - mean dmft per child



Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2014/15	-	0.40	0.24	0.56	0.95	0.84
2016/17	-	0.57	0.44	0.69	0.75	0.78
2018/19	-	0.50	0.29	0.71	0.82	0.80

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019

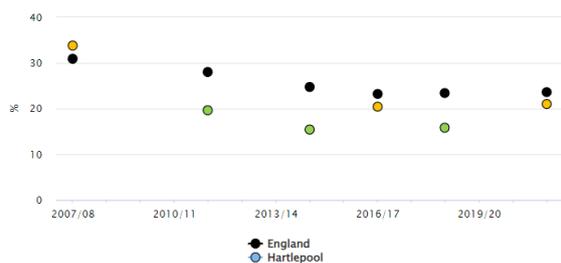
dmft (decayed, missing or filled teeth) in five year olds

Mean - mean dmft per child

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	0.80	0.78	0.81
North East region	-	-	0.82	0.75	0.89
Middlesbrough	-	-	1.68	1.31	2.05
Redcar and Cleveland	-	-	1.15	0.78	1.51
Sunderland	-	-	1.10	0.80	1.40
Darlington	-	-	1.01	0.71	1.31
County Durham	-	-	0.81	0.58	1.04
Newcastle upon Tyne	-	-	0.78	0.61	0.95
Stockton-on-Tees	-	-	0.74	0.51	0.97
South Tyneside	-	-	0.73	0.46	1.00
Northumberland	-	-	0.68	0.48	0.87
Gateshead	-	-	0.58	0.40	0.77
Hartlepool	-	-	0.50	0.29	0.71
North Tyneside	-	-	0.41	0.28	0.55

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019

Visually obvious tooth decay in five year olds in Hartlepool has generally declined over the 14 year reporting period, though Hartlepool has moved in and out of positions of statistical superiority to the England rate. Hartlepool's 2021/22 rate is statistically similar to the England rate, 21% in Hartlepool and 23.7% for England. Hartlepool's current rate, while 36.4% smaller than the start of the reporting period, is almost a third larger than the previous rate in 2018/19. These relatively larger jumps in rate have occurred regularly for Hartlepool across the reporting period, with at least a 21.4% jump, either up or down, at every data interval.

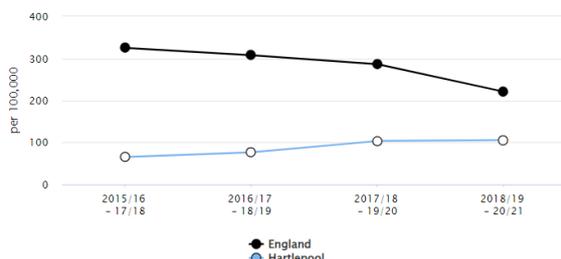


Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2007/08	-	33.8%	27.5%	40.2%	39.8%	30.9%
2011/12	-	19.6%	16.6%	22.6%	29.7%	27.9%
2014/15	-	15.4%	10.6%	20.1%	28.0%	24.7%
2016/17	-	20.5%	17.5%	23.8%	23.9%	23.3%
2018/19	-	15.9%	11.7%	21.2%	23.3%	23.4%
2021/22	-	21.0%	16.7%	26.1%	22.2%	23.7%

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five year old children (Biennial publication - latest report 2022) <https://www.gov.uk/government/collections/oral-health-surveys-and-intelligence-children>

Hospitalisations for those aged 0-5 in Hartlepool is lowest rate in the north east in 2018/19-20/21, however Hartlepool's rate has increased by 61.8% across the four year reporting period, from 65.1 per 100,000 in 2015/16-17/18 to 105.3 per 100,000 in 2018/19-20/21. This period of increase is not mirrored by the England rate, which has declined by 32.1% in the same period. This has caused the gap between Hartlepool and England to shrink from the Hartlepool rate being 80% lower than England in 2015/16-17/18 to Hartlepool being 52.7% lower than the England rate.

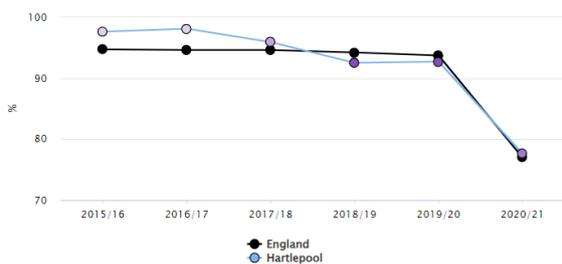


Recent trend: Could not be calculated

Period	Count	Value	Hartlepool		North East	England
			95% Lower CI	95% Upper CI		
2015/16 - 17/18	13	65.1	34.6	111.3	404.9	325.1
2016/17 - 18/19	15	76.1	38.8	119.1	422.7	307.5
2017/18 - 19/20	20	103.2	55.0	146.8	457.6	286.2
2018/19 - 20/21	20	105.3	64.3	162.7	403.8	220.8

Source: Hospital Episode Statistics (HES) Copyright © 2022, Re-used with the permission of NHS Digital. All rights reserved.

Access to NHS dental services, for both Hartlepool and England as a whole, have seen a steep decline in the 2020/21 data with both rates falling by around 17%. Hartlepool's performance across the first five years of the reporting period sees it fall from the best quintile in 2015/16, the highest performing 20% of local authorities, to the 4<sup>th</sup> quintile in 2019/20. From the 2017/18 data to the 2018/19 data, Hartlepool moved from the 2<sup>nd</sup> quintile to the 4<sup>th</sup> quintile a position that was maintained in the 2019/20 data. Hartlepool's 2020/21 rate, while a large decline on the previous rate, has seen Hartlepool moved up to the 3<sup>rd</sup> quintile.

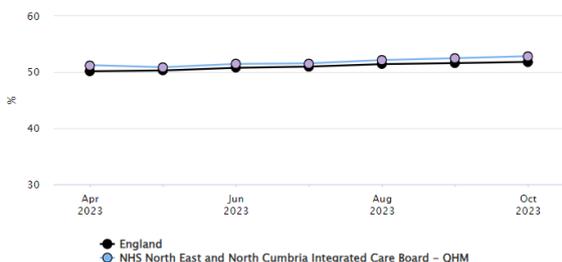


Recent trend: ↓ Decreasing & getting worse

Period	Hartlepool				North East	England
	Count	Value	95% Lower CI	95% Upper CI		
2015/16	438	97.6%	97.6%	98.8%	-	94.7%
2016/17	752	98.1%	96.3%	99.0%	96.8%	94.6%
2017/18	672	95.9%	93.2%	97.6%	97.1%	94.6%
2018/19	691	92.5%	89.5%	94.7%	96.3%	94.2%
2019/20	605	92.7%	89.7%	94.9%	96.3%	93.7%
2020/21	574	77.6%	73.7%	81.1%	80.1%	77.0%

Source: GP Patient Survey (GPPS)

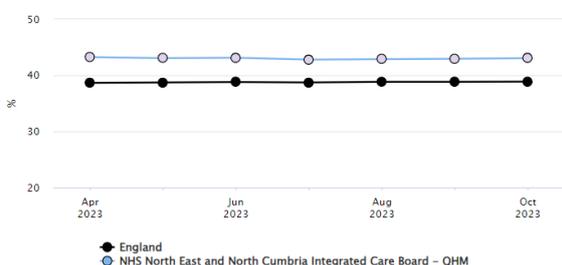
Across Hartlepool’s health geography of the North East and North Cumbria Integrated Care Board (NENC ICB), the proportion of adults and children seeing a dentist within the previous 24 months has remained largely stable in the 2023 data, with a general slight increase for children and a general slight decrease for adults. For adults the NENC ICB is in the best performing quintile and for children it is in the 2<sup>nd</sup> best quintile, both positions have been maintained across the 2023 data.



Recent trend: ↑ Increasing & getting better

Period	NHS North East and North Cumbria Integrated Care Board - QHM				England
	Count	Value	95% Lower CI	95% Upper CI	
Apr 2023	304,114	51.2%	51.1%	51.4%	50.2%
May 2023	301,984	50.9%	50.7%	51.0%	50.3%
Jun 2023	305,534	51.5%	51.3%	51.6%	50.7%
Jul 2023	306,050	51.6%	51.4%	51.7%	51.0%
Aug 2023	309,559	52.1%	52.0%	52.3%	51.4%
Sep 2023	311,522	52.5%	52.3%	52.6%	51.6%
Oct 2023	313,602	52.8%	52.7%	53.0%	51.8%

Source: DHSC, based on NHS Business Services Authority data



Recent trend: ↓ Decreasing & getting worse

Period	NHS North East and North Cumbria Integrated Care Board - QHM				England
	Count	Value	95% Lower CI	95% Upper CI	
Apr 2023	1,040,694	43.2%	43.2%	43.3%	38.6%
May 2023	1,036,489	43.1%	43.0%	43.1%	38.7%
Jun 2023	1,038,104	43.1%	43.1%	43.2%	38.8%
Jul 2023	1,030,521	42.8%	42.8%	42.9%	38.7%
Aug 2023	1,032,048	42.9%	42.8%	42.9%	38.8%
Sep 2023	1,033,760	43.0%	42.9%	43.0%	38.8%
Oct 2023	1,036,667	43.1%	43.0%	43.1%	38.9%

Source: DHSC, based on NHS Business Services Authority data

## Current Services

**Community Dental Services** –provides dental care for people who are unable to access care from a general dental practitioner due to specific needs. Treatment is usually provided on a referral basis. Based in One Life Hartlepool, Park Road, Hartlepool, TS24 7PW.

**Dental Practices** – provide NHS and private dental services to the population across various locations in Hartlepool.

**Tees Oral Health Promotion Service** – provides tooth brushing scheme to Early Year settings and primary schools. Also provides training for adult social care, residential settings, health visitors, school nurses and family support workers. Based on the Ground Floor, Helmsley House, University Hospital of North Tees, TS19 8PE

**Healthy Child Programme** – focus on oral health in the early years

### **Future Intentions**

Continue to commission the resources to support the tooth brushing scheme in all early years' settings including primary schools

Improve the eating and drinking habits of children and young people

Ensure the links between oral health and sugar consumption is included in the healthy weight strategy