

ANGUS COUNCIL

ENVIRONMENTAL & CONSUMER PROTECTION COMMITTEE

SOCIAL WORK COMMITTEE

EDUCATION COMMITTEE

8 AUGUST 2000

15 AUGUST 2000

22 AUGUST 2000

TAYSIDE ORAL HEALTH STRATEGY : CONSULTATION DOCUMENT

JOINT REPORT BY THE DIRECTORS OF

ENVIRONMENTAL & CONSUMER PROTECTION, SOCIAL WORK AND EDUCATION

ABSTRACT

This report:

- **Informs elected members of the publication by Tayside Health Board and Tayside Primary Care NHS Trust of a consultation document entitled "Tayside Oral Health Strategy (copies are available for perusal in the Members' Lounge)**
- **Seeks committee approval of this report as the response to the consultation exercise**

1. RECOMMENDATIONS

It is recommended that the Environmental & Consumer Protection, Social Work and Education Committees, for their respective interests:

- i. note the contents of this report;
- ii. approve the contents of the report as the council's response to the consultation exercise

2. INTRODUCTION

1. In 1995 the Oral Health Strategy for Scotland identified as a priority the need for improvement in oral health, especially amongst the young. The key aim of the Strategy was to "provide the opportunity for everyone to have a healthy, functional mouth throughout life by adoption of a healthy diet, by sensible use of preventative measures and by access to dental treatment and oral health care when required".
2. The White Paper on Public Health 'Towards a Healthier Scotland', emphasised the need for Health Boards and Trusts to take forward a strategy which would meet national targets for dental and oral health and ensure the population were given information and equal access to quality dental care.
3. The recent organisational changes in the NHS in Scotland has enabled the formation of multi-professional Oral Health Advisory Groups (OHAG), which in Tayside has led to the formulation of an agreed strategy for oral health.
4. The main issues have been identified as:
 - a. Dental Health in Tayside Including Inequalities
 - b. Consistent Clear Message
 - c. Increased Dental Awareness
 - d. Joint Multi-Agency Approach
 - e. Process to Achieving Targets
 - f. Dental Services

3. COMMENT

1. The direct correlation between the incidence of dental disease and deprivation is of concern.
2. It is interesting to note the relevance of the Carstairs and Morris deprivation index to dental health. This applies most appropriately within urban situations. Since Tayside is a largely rural area it would be of great benefit to have specific information about extraction and dental work related to, for example, postcode areas to enable future monitoring of the effect of the strategy. This data could also be used to sharpen the focus of other local community initiatives aimed at addressing issues of inequality and rural poverty.
3. It is particularly important that dietary messages put forward by all health professionals and other agencies are consistent. This may not be the case, for example, in respect of carbonated drinks. Advice here focuses on sugar and its frequency of ingestion yet Linke and Birkenfield (1999) concluded that cooked starch has also great potential to damage teeth as it takes longer to be cleared from the mouth and results in longer periods of acid

production than a chocolate bar. Clarity on these issues requires agreement within Health for All groups.

4. The document highlights the facts that at present 70% of children and 54% of adults in Tayside attend the dentist on a regular basis which, therefore, means that the remainder either do not visit the dentist at all or do so on a very irregular basis. Some evaluation of the reasons for these high levels of non-attendance for dental appointments would be helpful. Is there any difficulty in accessing an NHS place on a dentists list? Are there sufficient dentists available? Dental services should be free at the point of delivery.
5. The issue of fluoridation of water supplies is promoted throughout the paper but, as yet, no water supply in Scotland is fluoridated. The public outcry surrounding previous attempts to use this means of preventing dental decay would almost certainly be repeated. As a practical alternative for those who wish the benefits of using fluoridated toothpaste could be promoted through dentists and doctors surgeries, schools and libraries.
6. It is agreed that a joint multi-agency approach is very important yet comments here are not reflected in the membership of the Advisory Group. There is no link to "Health for All" which as a group has not been included on the distribution list. Angus Health for All should be seen as central to multi-agency working in all areas of health promotion.
7. The current dental targets which are detailed for years 2005, 2008 and 2010 are limited in nature. They are not set in relation to the issues raised in the consultation paper but simply in terms of decayed, missing or filled and standing teeth. Other targets should be set in relation to attendance for dental appointments and the detection/treatment of oral cancer and periodontal/gum disease.
8. Most of the actions identified in the document are general and, therefore, difficult to monitor. This entire section should be more targeted – for example, the development of a more formalised mechanism for early intervention.
9. There are no proposed actions in relation to water fluoridation which is covered extensively in the text or to improvements in adult attendance more generally.
10. Although there is an action proposed to improve access for the dentally anxious etc there is no mention in the text of the dental state of these groups and any means available to encourage participation.
11. There is no mention of the particular needs of drug users. People using methadone have specific dental problems and are unlikely to be registered with a dentist. As one of the highest methadone prescribing Health Boards this issue clearly needs to be addressed in Tayside.
12. Whilst the focus of the strategy is in preventing dental decay, there should be recognition of the needs of people with dentures and the management of any problems associated with dentures, for example, cleaning dentures, replacing dentures etc, as there is a relationship between good denture fitting and ability to obtain a well balanced diet for older people.

4. CONCLUSIONS

1. The paper is welcomed as providing a useful starting point in the process of developing an oral Health Strategy for Tayside. It is clear that a considerable amount of work will require to be undertaken in the local area to ensure that available resources can be articulated more effectively to the needs of Angus residents.
2. The involvement of Angus Health for All will be essential to the success of this project.

Officers of Tayside Health Board and Tayside Primary Care NHS Trust must make attempts to develop local linkages.

3. The matter of fluoridation of water supplies will require a separate and extensive consultation exercise to be run by the Health Board, the North of Scotland Water Authority and the Scottish Executive.

5. FINANCIAL IMPLICATIONS

There are no financial implications arising from the contents of this report.

6. CONSULTATION

The Chief Executive, the Director of Law and Administration and the Director of Finance have been consulted in the preparation of this report.

S Heggie	W B Robertson	J Anderson
Director of Environmental & Consumer Protection	Director of Social Work	Director of Education

NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above Report.