Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 5

Report To:	**Community Health & Care Partnership Sub Committee**	**Date: 28th August 2012**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/40/2012/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement and Commissioning**	**Contact No: 01475 715369**
Subject:	**Childsmile Integrated Monitoring Report**	

1.0 PURPOSE

1.1 The purpose of this report is to present to members the Childsmile Integrated Monitoring Report (July to December 2011), for consideration and comment. The Report focuses on service delivery and take-up rates, rather than outcomes.

2.0 SUMMARY

2.1 Childsmile is a national programme to improve children's oral health and tackle oral health inequalities. It is an overarching programme which links numerous elements of dental disease prevention in early childhood. The programme supports children and parents through a range of preventive interventions at key stages which can minimise or eliminate the effects of dental disease on children.

The Key Oral Health Messages are:

- Reduce the consumption and especially the frequency of intake of foods and drinks containing sugar.
- Brush teeth thoroughly twice a day with a fluoride toothpaste.
- Promote public health programmes which improve oral health such as Childsmile and water fluoridation.
- Visit the dentist regularly for oral examinations.

2.2 The Childsmile Integrated Monitoring Report covers the 6 month period from July to December 2011, and provides an indication of how the programme is operating across NHSGGC. The data relating to Inverclyde will be of particular interest.

3.0 RECOMMENDATIONS

3.1 That members note the progress made in delivering the Childsmile Programme in Inverclyde comparative to other parts of NHSGGC, as noted in the Monitoring Report.

3.2 That members note the strong support for Childsmile from Inverclyde's General Dental Practitioners.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 Childsmile is a national programme to improve children's oral health and tackle oral health inequalities. It is an overarching programme which links numerous elements of dental disease prevention in early childhood. The programme supports children and parents through a range of preventive interventions at key stages which can minimise or eliminate the effects of dental disease on children.

4.2 The Childsmile Integrated Monitoring Report (July to December 2011) relates to data from Primary Care Dental Services records for the Childsmile Nursery and Childsmile School programmes.

5.0 KEY FINDINGS

5.1 Across NHSGGC, in the six months between July and December of last year, 3,166 children were referred to Childsmile Practice. Of these, 344 (10.8%) were Inverclyde children. All of our referrals came from Health Visitors indicating a robust local system for early referral, however uptake rates from referral are lower than is the case in other areas.

5.2 During this timeframe, a total of 4,044 Childsmile appointments were made, 474 (11.7%) in respect of Inverclyde children. Of these 474 appointments, 332 children (70%) were available for their appointments. The NHSGGC average for being available was 80.5% indicating a higher rate of "failed to attend/not home" in Inverclyde. However 22 (6.6% of the 332) declined treatment on the day, compared to an NHSGGC average of 10.7%, indicating that if we successfully engage with Inverclyde children there is a higher likelihood that treatment will be accepted.

N.B. for Inverclyde there were 344 referrals and 474 appointments. This is because some of the appointments were in respect of children that had been referred in the previous monitoring period due to there being a time lag between referral and appointment date.

5.3 The report considers the level of kept appointments in respect of how contact was made with the families after the initial letter. In Inverclyde, of the 474 arranged appointments 439 were followed up by a pre-arranged home visit. Of these, 140 (31.9%) were not at home. This is by far the highest rate across the whole of NHSGGC, with an average rate of 21%. There were only two clinic visits arranged and both of these attended. In 33 cases the initial letter was followed up by a telephone call to confirm the appointment, and of these only 2 (6.1%) either failed to attend or were not at home. The numbers are not large enough to make any statistically valid conclusions however early analysis indicates that there may be value in routine telephone confirmation to reduce the number of appointments that fail.

5.4 The Childsmile Programme was originally developed to tackle the well-documented inequalities in oral health outcomes based on SIMD status, however Childsmile is recognised as being so valuable that it is open to all children from birth through to P4. The report provides information on uptake rates by SIMD quintile, and the data show that across NHSGGC, 78.2% of children from SIMD1 (most deprived) engaged with the programme compared to 87.1% from SIMD5 (least deprived). There is a generally linear progression through the SIMD quintiles for NHSGGC as indicated in figure 1 below, with uptake rates being lower in the more deprived quintiles and higher in the more affluent. Inverclyde's respective headline figures were 66.1% (SIMD1) and 74.1% (SIMD5), however the data as shown in figure 1 below might suggest more erratic levels of uptake across Inverclyde's SIMD quintiles. This is likely to be a function of the relatively small numbers involved, as highlighted in figure 2 where trend-lines have been added. The trend-lines indicate a similar gap to that seen across NHSGGC, but overall lower levels of engagement in Inverclyde.

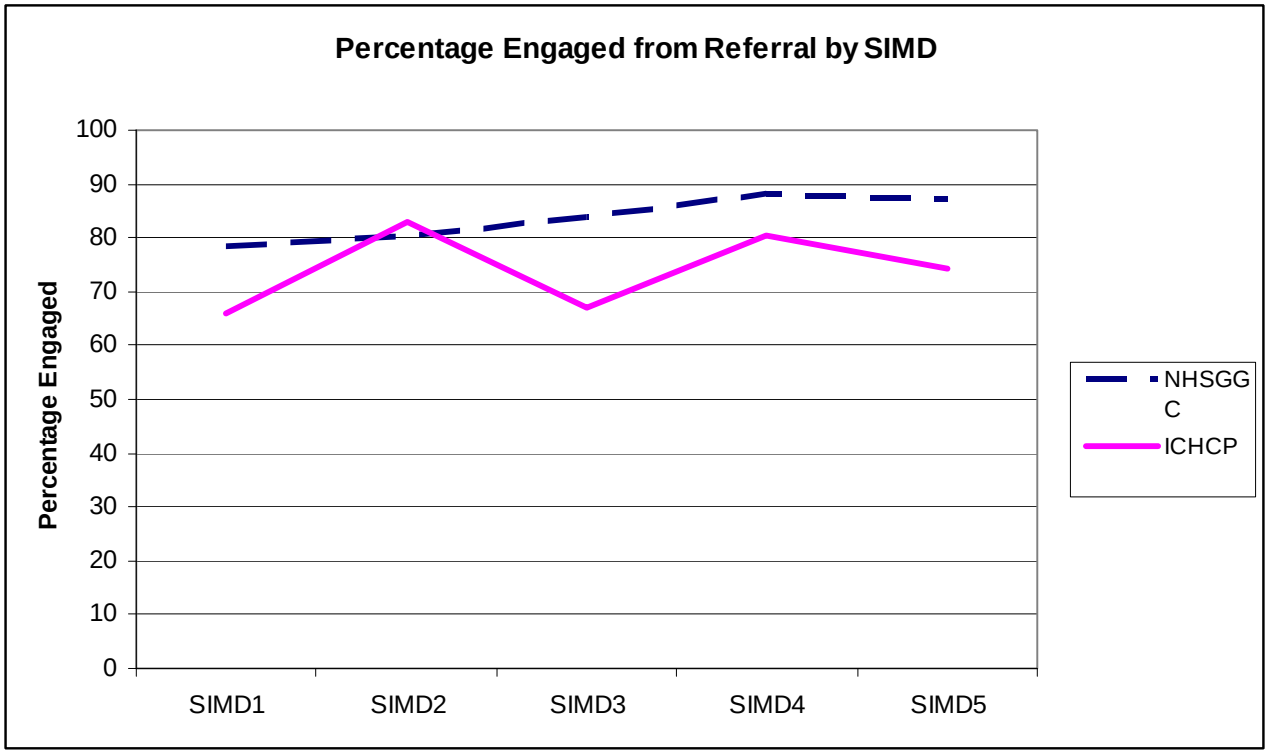

Figure 1: Percentage engaged with Childsmile by SIMD

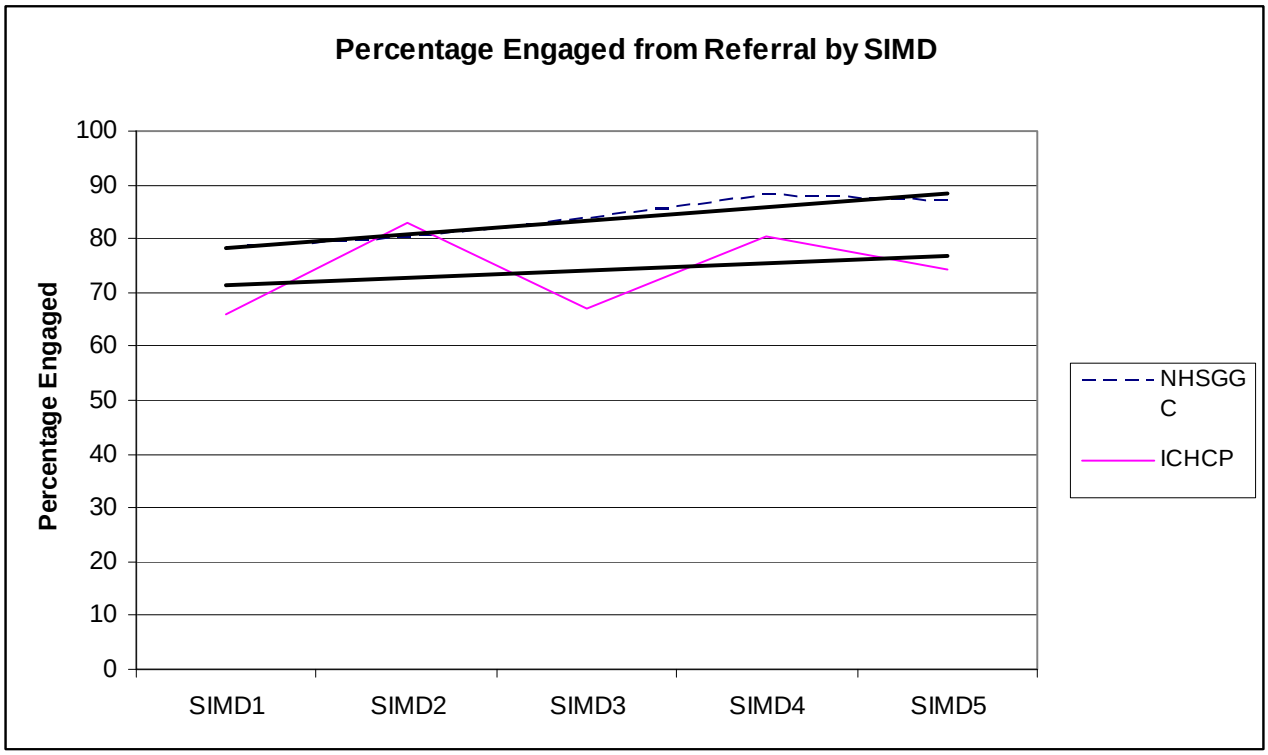

Figure 2: Trend-lines of percentage engaged with Childsmile by SIMD

5.5 Whilst affluent families appear to engage more with the programme it is interesting to note that once engaged the rate of declining on the day is fairly similar across all SIMD quintiles with an average of 10.7% (6.6% in Inverclyde). Rates of declining on the day for Inverclyde CHCP follow a similar trajectory to that of the NHSGGC system as a whole, but notably at a lower rate which is particularly evident at SIMD1 (the most deprived). This would indicate that the most important focus to reduce unequal outcomes should be on achieving successful contact, particularly with those families from SIMD1 as they are more likely to carry through with the programme here in Inverclyde once they have engaged, than is the case in SIMD1 populations across the wider NHSGGC system. It should also be noted that for the Inverclyde SIMD5 return there were no declines on the day, however the data only relate to 20 individuals and the numbers are not large enough to be statistically robust. Our SIMD1 data relate to 183 individuals so we can have greater confidence in those numbers, and that we are seeing a lower rate of declines on the day.

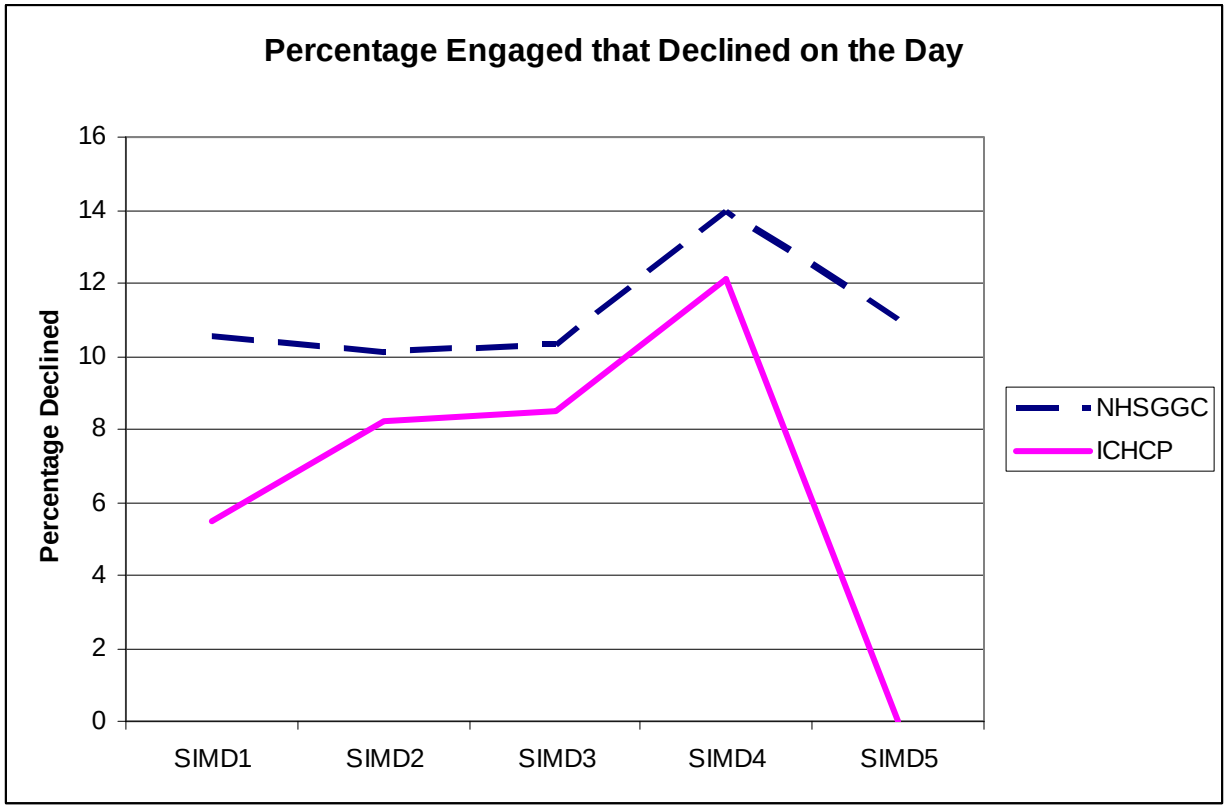

Figure 3: Percentage engaged with Childsmile but then declined on the day, by SIMD

5.6 Fluoride varnish application is recognised as an effective way of protecting teeth from dental caries, and is recommended for children aged 2 years and over. The protective benefits of fluoride varnish application make this a key imperative of the Childsmile programme. During the 6-month period covered by the report, 2010 children across NHSGGC received a fluoride varnish application, and 361 of these children (18%) were from Inverclyde. When we consider the number of children who engaged with Childsmile against the number who had a fluoride varnish application, we can see from figure 4 that across NHSGGC there is divergence at the more deprived SIMD quintiles, while within the more affluent quintiles there are more children receiving a fluoride varnish application. The data suggest that the number of children receiving fluoride varnish application exceeds the numbers engaged with Childsmile. This can be explained due to the report relating to activity within a six month period, and some of those children receiving fluoride varnish application will have been referred during the previous monitoring period. Figure 5 shows that in Inverclyde there is much closer alignment between engagement with Childsmile and fluoride varnish application. This yet again underscores the importance of ensuring initial successful engagement to secure positive longer term outcomes.

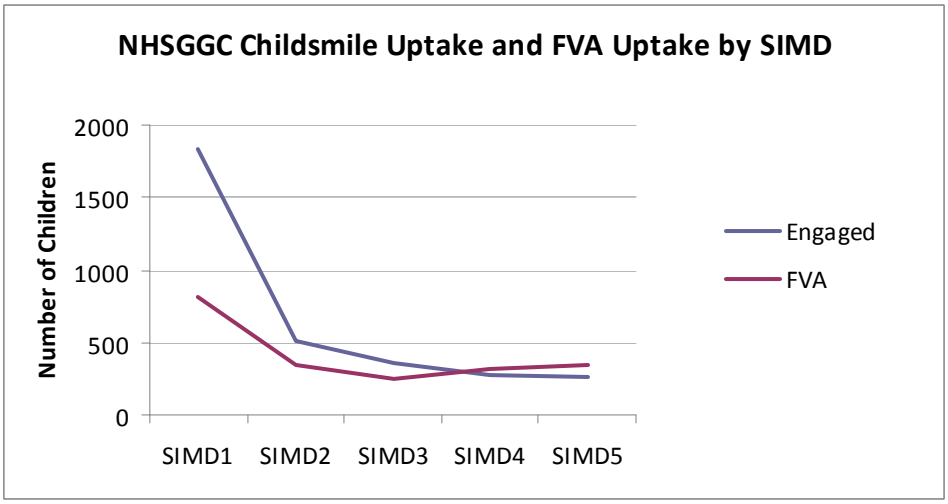

Figure 4: Childsmile uptake and fluoride varnishing applications by SIMD - NHSGGC

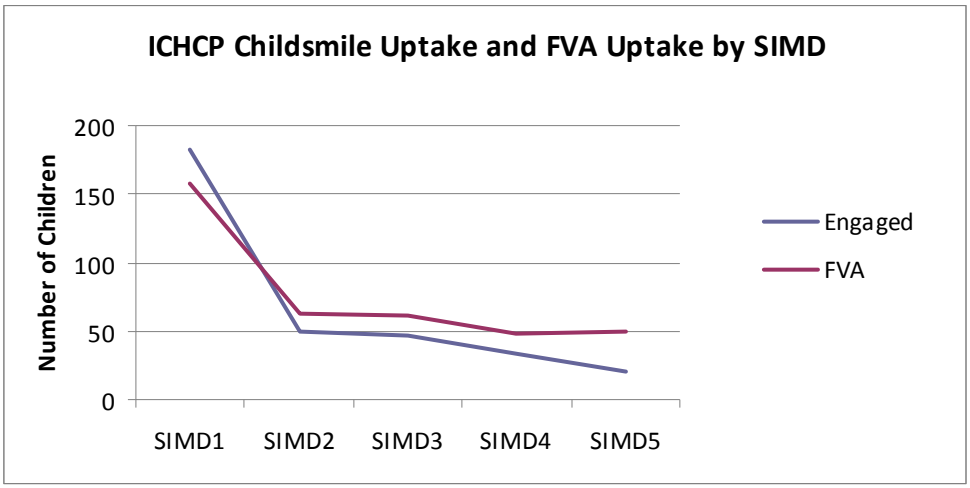

Figure 5: Childsmile uptake and fluoride varnishing applications by SIMD - ICHCP

5.7 In October 2011, Childsmile Practice was incorporated into the Statement of Dental Remuneration. It should however be noted that as at September 2011, nine of the eleven non-salaried General Dental Surgeries in Inverclyde were already actively engaged with Childsmile. This represents by far the highest participation rate across NHSGGC (81.8%) with the average rate being 44.5%, indicating the strong commitment from local dentists to the oral health of Inverclyde's children. The CHCP Oral Health Action Team delivers oral health advice in all Inverclyde nurseries and runs regular training sessions on tooth brushing techniques for the pre-5s. The team also provides free toothbrushes and toothpaste to all nursery children, promoting routine oral healthcare as part of family life from a young age. The team also engage with parents to encourage dental registration, which in turn improves access to the Childsmile programme, which is extremely well supported by Inverclyde's dentists. The combination of active referral from Health Visitors and practical support from the Oral Health Action Team, we believe, sets a firm foundation for improving dental health outcomes for Inverclyde's children.

6.0 IMPLICATIONS

6.1 Legal: There are no legal implications of the Childsmile Integrated Monitoring Report (July to December 2011).

6.2 Finance: There are no financial implications of the Childsmile Integrated Monitoring Report (July to December 2011).

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

6.3 Personnel: There are no personnel implications of the Childsmile Integrated Monitoring Report (July to December 2011).

6.4 Equalities: The Childsmile programme is particularly targeted towards socio-economically disadvantaged children, as defined through SIMD status. The programme therefore aims to reduce inequalities. There are no equalities impacts on any other protected equalities groups.

7.0 CONSULTATION

7.1 The parent or guardian of each child must be consulted with and provide written consent prior to any intervention.