

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health and Wellbeing Board

Date: 12/03/2024

Subject: Public Health Update on Oral Health in Hammersmith and Fulham

Report of: Councillor Ben Coleman, Deputy Leader

Report author: Helen Byrne, Head of Commissioning, Public Health

Responsible Director: Dr Nicola Lang, Director of Public Health

SUMMARY

This report provides a summary on the oral health of the borough's population and access to NHS dental services. It uses data to profile the oral health of Hammersmith and Fulham residents, describes the provision and use of NHS services, in addition to how the services are commissioned.

Responsibility for improving oral health is shared across public health led oral health initiatives and NHS dental services. The report will support North West London Integrated Care Systems approach to improve child oral health and dental access in North West London. Particularly adopting the recommendations and actions to drive forward improved outcomes for the population.

The report places a focus on health equity, highlighting known gaps in our knowledge and intelligence. Finally, the report will provide feedback from partners/providers in relation to a range of vulnerable or health inclusion groups.

RECOMMENDATIONS

1. Support the development of a Hammersmith and Fulham specific oral health plan aligned with the North West London Integrated Care System approach to improving child oral health.
 2. Support the approach to address poor levels of oral health in the local population, drive improvements to NHS dental services and reduce inequalities for the Hammersmith and Fulham population.
 3. Request that the Director of Public Health reports back to the Board on progress and the priority actions agreed.
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Wards Affected: ALL

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	The report identifies key vulnerable groups who are particularly susceptible to poor oral health and describes actions to support all family members across the life courses so they can thrive and achieve economic independence.
Creating a compassionate council	Good oral health is important for general well-being. Ensuring children are provided with a supportive environment from an early age embedding every child gets the best start in life.
Doing things with local residents, not to them	We work closely and will engage with our local communities to support them in maintaining good oral health. We have been working with families, schools and health care providers to ensure that services are relevant and meet the needs of residents.
Being ruthlessly financially efficient	We will utilise our resources and shape community practice interventions. Collaborating at a regional level to maximise the funding available for oral health.
Taking pride in H&F	The oral health plan will be community led to support some of most vulnerable populations to access dentistry and ensure residents feel supported in their communities.
Rising to the challenge of the climate and ecological emergency	By embedding a community practice model that has a focus on prevention we will collocate services hubs that are already in existence therefore encouraging residents to attend appointments by foot or public transport.

DETAILED ANALYSIS

BACKGROUND

1. The national position in accessing to NHS dentistry is well documented highlighting actions required to address the growing oral health crisis. In November 2022, the Department of Health and Social Care acknowledged the challenges in accessing accessible and affordable dental care and announced a new package of measures to improve patient access to dental care.
2. February 2024 the government published their plan to recover and reform NHS dentistry: [Faster, Simpler and Fairer](#). This includes a commitment to additional

investment in 2024/25, to promote access to dentistry and embed oral health awareness programmes for children and young people.

3. The plan has three components:

- Significantly expanding access so that everyone who needs to see a dentist will be able to, by providing incentives to dentists to focus on people who have not been to the dentist for over 2 years.
- Smile for Life' – a new focus on prevention and good oral health in young children, to be delivered via settings providing Start for Life services and promoted by Family Hubs.
- Ramp up the level of dental provision in the medium and longer term by supporting and developing the whole dental workforce, increasing workforce capacity in line with commitments in the NHS Long Term Workforce Plan, reducing bureaucracy and setting the trajectory for longer-term reforms of the NHS dental contract.

4. **Local Authorities** have responsibility for tackling and improving oral health in the population and reducing inequalities. Local authorities fund oral health promotion and are responsible for monitoring of these programmes, undertaking health needs assessments, and providing services including Health Visiting, School Nursing, children's centres and family hubs.

5. **NHS NW London** has delegated authority from NHS England to commission NHS dental services. This includes all general dental practices, the community dental services, access centres, specialist care, and dental and general hospitals for inpatient and outpatient care.

6. Evidence based recommendations to improve oral health from NICE and OHID include:

- supervised toothbrushing and fluoride varnish (in early years settings and schools)
- provision of toothbrush and toothpaste (e.g. through the healthy child programme)
- healthy food and snack policies in early years settings (e.g. through water only schools and school super zones)
- training for the wider social, health and education workforce
- creating a public service environment to promote oral health (promoting breast feeding, reducing extended bottle use, improving early nutrition (e.g. healthy start vouchers/sugar smart)
- the development of oral health needs assessments and a place-based oral health strategies

STRATEGIC CONTEXT

7. Good oral health is an essential component of active ageing, whereas poor oral health is an indicator of people's general health and quality of life. Poor oral health affect people's ability to eat, speak and socialise can lead to pain, infections, which may impact on diet and nutrition, impaired and growth.

8. Poor oral health is a public health problem in Hammersmith and Fulham. Those who may need dental treatment may have to be absent from work or school. In older

people poor oral health can increase the risk of respiratory tract infections, aspirational pneumonia, the ability to eat and therefore support nutritional requirements, and to communicate.

9. North West London Integrated Care Systems drivers are to improve child oral health and access to dental care, the outcome measures in define success include;

- Reduction in tooth decay
- Reduction in numbers of hospital episodes
- Reduction in days missed from school due to tooth pain
- Increased numbers of 0-5 year old having regular dental checks
- Reported improved understanding of value and steps to protecting oral health amongst parents/carers and children and young people
- Reported improved understanding of NW London dental offer and how/when to access support and report improvement in access to dentistry

10. Poor oral health is inextricably linked to general health and wellbeing and the underlying socio-economic determinants of health. Child poverty is an important determinant of poor oral health. There are shared risk factors between oral health and general health including breastfeeding, diet (specifically sugar intake), hygiene, smoking and alcohol intake with a range of chronic diseases such as obesity, cardiovascular diseases, diabetes, and cancer.¹

ACCESS TO NHS DENTAL SERVICES

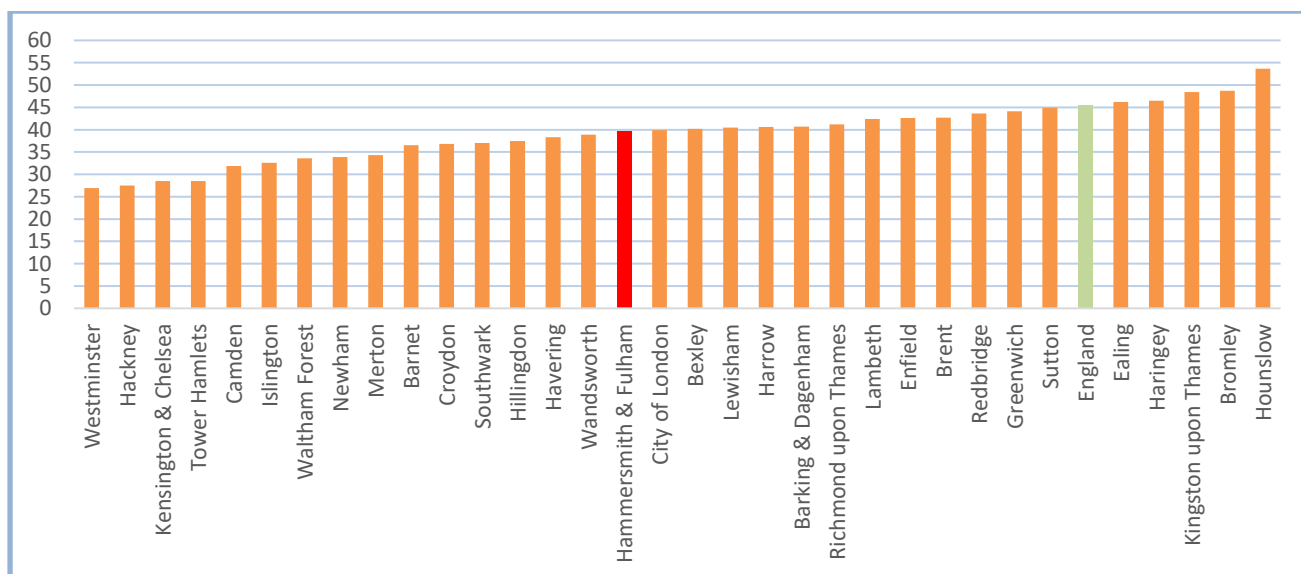
11. Access to NHS dental services is free for:

- under 18, or under 19 and in full-time education.
- pregnant or have had a baby in the last 12 months.
- being treated in an NHS hospital and your treatment is carried out by the hospital dentist (but you may have to pay for any dentures or bridges).
- receiving low income benefits, or for those who are under 20 and a dependant of someone receiving low income benefits.

12. Chart 1 - Percentage of children (0-17 years) seen by NHS dentists for all London boroughs (2021-2022)²

¹ Moynihan PJ, Kelly SA. Effect on caries of restricting sugars intake: systematic review to inform WHO guidelines (2014). *J Dent Research*;93(1):8-18. Te Morenga L, Mallard S, Mann J (2012). Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ*; 346: e7492

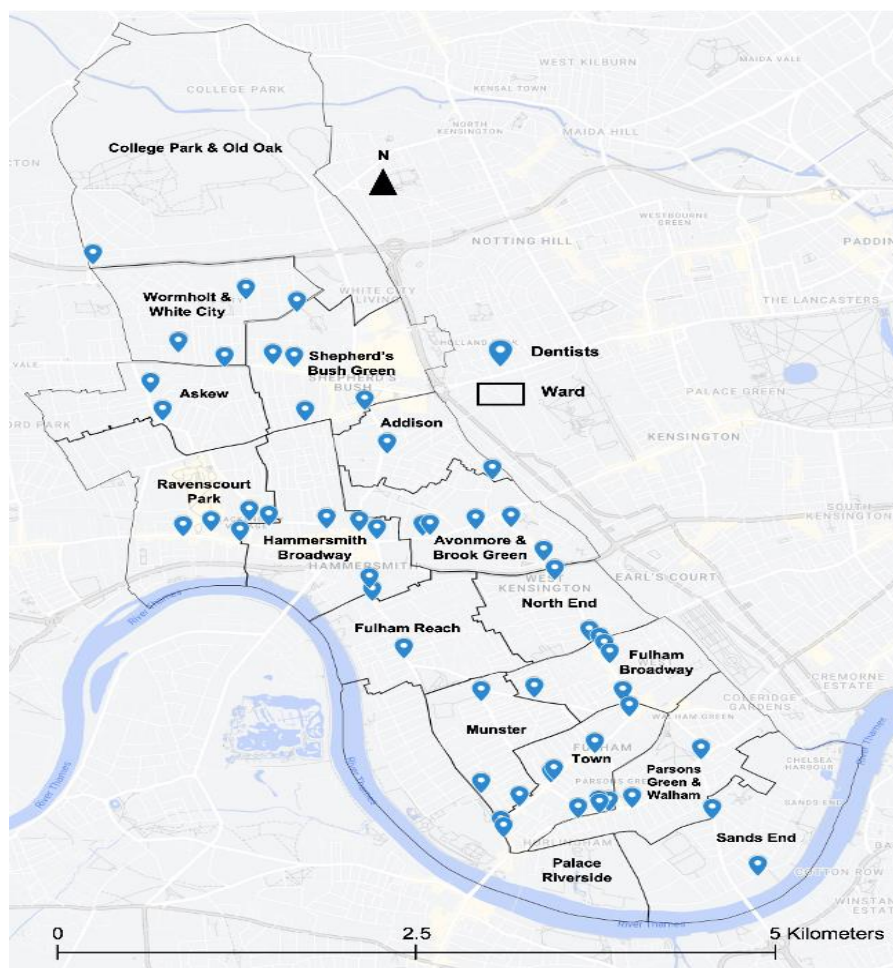
² NHS Digital, "NHS Dental Statistics for England dashboard", 2024. [Online]. Available: [Microsoft Power BI](#) [Accessed February 2024].



13. Adults who are not eligible to pay for NHS dental treatment (including those on a low income or receiving help with health costs) were more likely to receive urgent treatment compared with children or paying adults. NHS digital dashboard report 44% of the adult population have been by a dentist in the last 24 months (data until June 22) (3)
14. There is a well-established clinical care pathway for those needing urgent dental care through NHS 111, a triage system with a network of urgent dental care hubs across London.
15. The impact of the Covid-19 pandemic on dental services has been significant, and recovery work led by NHS England, Central London Community Healthcare (CLCH) and Hammersmith and Fulham is in its early stages, the oral health plan will underpin this work to reduce the poor oral health particularly for children and young people.
16. The North West London Integrated Care System are investing in oral health promotion across the region, Hammersmith and Fulham will support to evidence the impact of these initiatives on our population via the oral health plan. This will be achieved through
 - Building a comprehensive oral health promotion offer – a focus on oral health promotion to focus on consistency.
 - Creating oral health friendly public service environments – within the family hubs and via the 0-19 contract we will link to healthy start and sugar smart initiatives and healthy school's programmes, promoting breastfeeding and sign up to the sugar levy.
 - Improving access to dentistry in areas of higher need and offering family friendly practices– addressing inequalities by focus on children and young people in areas of poor oral health.

³ NHS Digital, "NHS Dental Statistics for England dashboard", 2024. [Online]. Available: [Microsoft Power BI](#) [Accessed February 2024].

17. There are 30 General Dental Services providers in Hammersmith and Fulham. Hammersmith & Fulham; CLCH; which provides dental care across Hammersmith & Fulham, Kensington & Chelsea and Westminster. See the map of dental services below.

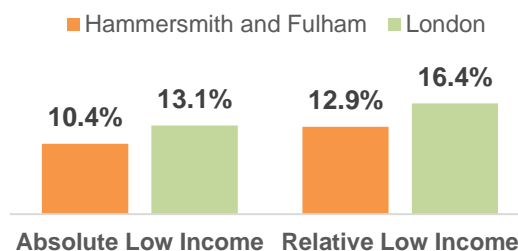


Oral health profiles

- 14 Oral health inequalities are reflective of the socio-economic inequalities in general health (poverty, education, unemployment, living and working conditions etc). There is variation in tooth decay experience by deprivation and ethnicity highlighting oral health inequalities. In Hammersmith and Fulham, 10.4% of children live in absolute low-income families and 12.9% live in relative low-income families.

Children (under 16s) in low-income families (2021/22)⁴:

⁴ Office for Health Improvement and Disparities, "Child and Maternal Health", 2024. [Online]. Available: [Child and Maternal Health - OHID \(phe.org.uk\)](https://phe.org.uk) [Accessed February 2024]



15 Published data from the National Dental Epidemiology Programme for England in 2019 has demonstrated that 28.3% of 5 year olds have experience of tooth decay in Hammersmith and Fulham, slightly higher than London (27.0%). The mean number of teeth affected was 3.6 in Hammersmith and Fulham compared to 3.8 for London⁵.

16 This could be explained by the low access rate of children and young people accessing density compared to London.

Table 1 Dental Access by Child Age Group for Hammersmith and Fulham, compared to London and England in 2022-2023

Patient Local Authority	Access Rate 2022-2023				
	0-2 Yrs	3-5 Yrs	6-10 Yrs	11-14 Yrs	15-19 Yrs
Hammersmith and Fulham	13.4%	31.4%	41.6%	39.4%	40.7%
London	17.6%	41.1%	55.7%	48.7%	44.1%

17. In 2020, 10.5%⁶ of children aged 3 had tooth decay experience in Hammersmith and Fulham, lower than the London figure (12.6%).⁷

18. Certain groups of the population may have poorer oral health and may include:

- Children and adults with additional needs
- Children looked after and care leavers
- Care/nursing home residents and older people with care needs living at home
- Those experiencing homelessness including rough
- Severe Mental Illness
- Refugees and asylum seekers

⁵ Office for Health Improvement and Disparities, "Oral health survey of 5-year-old children 2022", 2023. [Online]. Available: [NDEP for England OH Survey 5yr 2022 Results v3.ods](https://assets.publishing.service.gov.uk/media/60a391a2e90e07357303682f/NDEP_for_England_OH_Survey_5yr_2022_Results_v3.ods) (live.com) [Accessed February 2024].

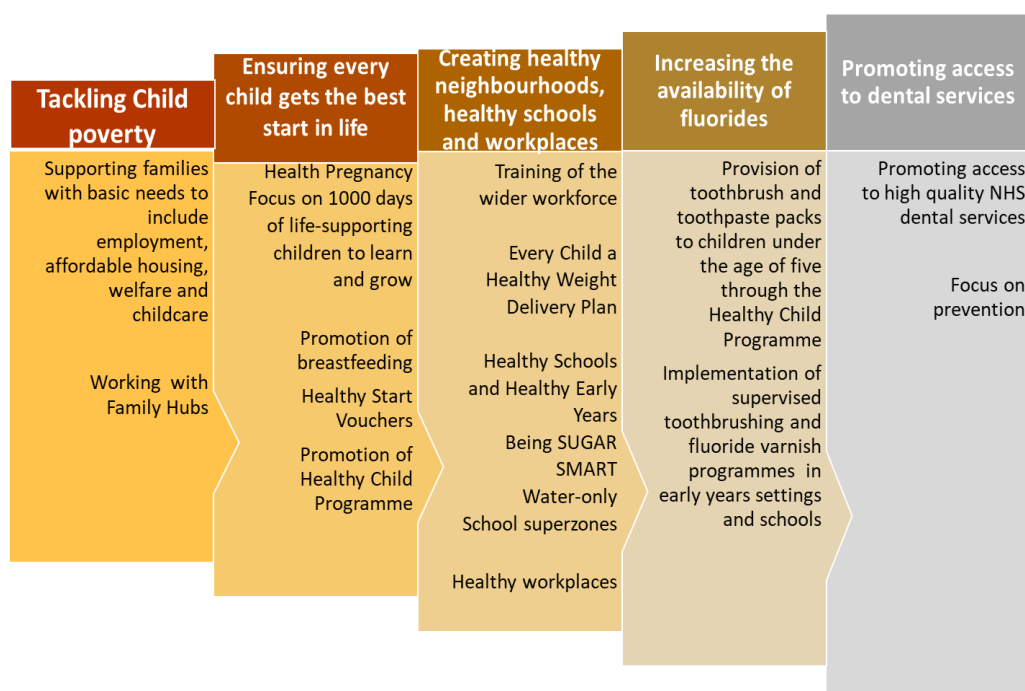
⁶ https://assets.publishing.service.gov.uk/media/60a391a2e90e07357303682f/NDEP_for_England_OH_Survey_3yr_2020_v2.0.pdf

⁷ <https://www.gov.uk/government/statistics/hospital-tooth-extractions-of-0-to-19-year-olds-2021>

19. There are a number of recommendations to improve oral health for these populations, they include supervised tooth brushing in children centres and family hubs, this is conducted by health visitors.
20. Water fluoridation as a universal offer as it reduces that health inequalities of oral health, we are working with schools to enable this. Drinking water fluoride keeps teeth strong and reduces cavities in children.
21. Including oral health into assessments for health and social care can support adults to address poor oral health.

ORAL HEALTH PLAN

22. Focus on populations with greatest need (Core20Plus; children with SEND) by adopting a system wide approach developed by the North West London Integrated Care System to improving the picture of oral health in Hammersmith and Fulham addressing child poverty and ensuring families have access to employment and healthy environments if a key driver.
23. It is also critical to maintain good oral health by adopting healthy behaviours including a well-balanced diet, a reduction in foods that are high in salt, fat and sugar, increasing the availability of fluorides and signposting to NHS dental services. We have a number of initiatives including healthy early, healthy schools and water only schools and community based Supervised toothbrushing and Oral health promotion programmes to drive improvements in child oral health.
24. The plan will be supported by a range of actions including creating healthy neighbourhoods, schools and workplaces, increasing the availability of fluorides and promoting access to NHS dental services.



25. We recommend a needs assessment is conducted to review best practice in other areas such as the child smile programme in Scotland designed to improve oral health in children and reduce inequalities in dental health and access to dental services.
26. In order to achieve our ambitions in delivering an oral health plan we will report back to the board who can assure accountability and oversight of the partnership. Additionally, we recommend the oral health plan is reviewed at North West London Integrated Care System to support the outcomes of their regional strategy of improving child oral health and dental access.

List of Appendices

None.