

Adults and Public Health Policy and Scrutiny Committee

Date:	24 th January 2022
Classification:	General Release / Confidential
Title:	Oral Health Promotion
Report of:	Anna Raleigh, Director of Public Health
Cabinet Member Portfolio	Councillor Tim Mitchell Deputy Leader and Cabinet Member for Adult Social Care and Public Health
Wards Involved:	All
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1. Executive Summary

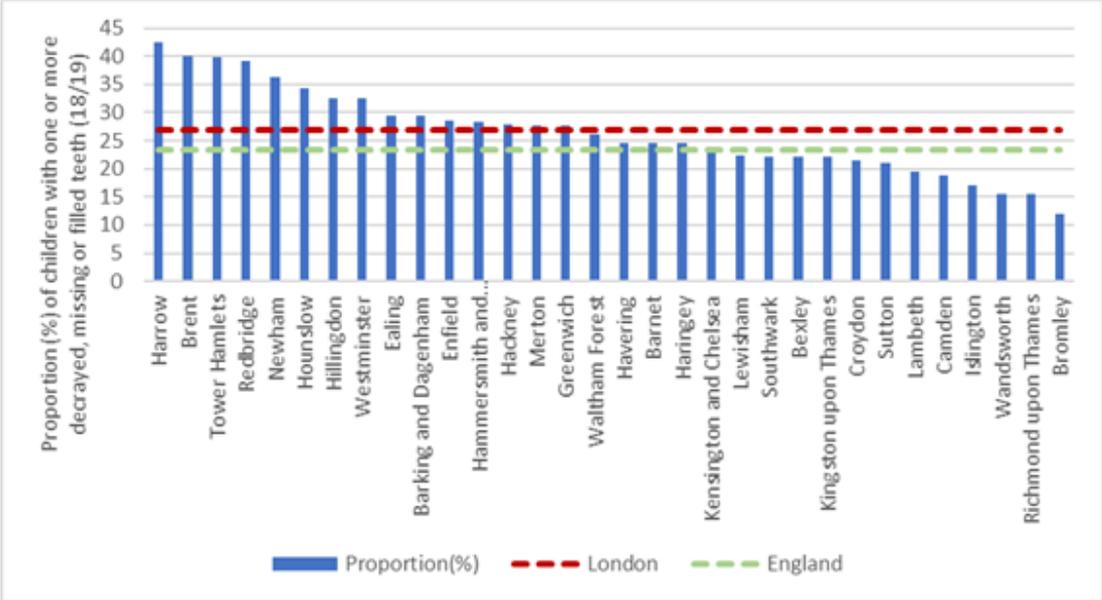
- 1.1. The purpose of this report is to accompany the NHS England report on *Oral Healthcare and Access to Dental Services in Westminster*.
- 1.2. We have seen a downward trend of tooth decay of 5-year-old children since 2007 (38.1%); however, Westminster is still significantly above the London (27%) and England (23.4%) averages, with one third (32.4%) of 5 year-year-old-children suffering from tooth decay in 2018-19.
- 1.3. Westminster have a leading role in championing oral health and the interventions should be inclusive and address diverse health needs including BAME, SEND and Looked After Children and young people as well as homeless and care homes residents.
- 1.4. Oral health is an integrated part of other commissioned services and wider strategies, focused on addressing health inequalities and oral health education from an early age.
- 1.5. Public Health will continue to ensure relevant Council teams and partners are aware of oral health services and interventions in the local areas and will continue to support Afghan evacuees.

2. Key Matters for the Committee’s Consideration

- 2.1. The group is asked to note the importance of early intervention and prevention to promote oral health in all ages, and the range of local services and activities which do this locally.
- 2.2. The group is asked to consider the role of the local authority and its partners in oral health prevention and promoting healthy activities.

3. Background

- 3.1. Tooth decay can have a significant impact on a child’s life. Having decayed, missing or filled teeth can cause pain, sleepless nights, days off school and can stop children from doing the things they enjoy. Poor oral health can be largely prevented: through family education on that oral hygiene, diet and prevention strategies for tooth decay from an early age.
- 3.2. The top 3 evidence-based interventions for reducing tooth decay are¹:
 - Reducing dietary sugars
 - Brushing teeth twice a day with fluoride toothpaste
 - Regular visits to the dentist (from the age of 6 months)
- 3.3. In Westminster, the findings in 2018-19² show that a third (32.4%) of 5-year-old children suffer from tooth decay. This is higher than London (27%) and England (23.4%).



¹ Public Health England [Child Oral Health Applying All Our Health](#)
² Please note that no data is available for 2020

- 3.4. Locally, we have seen a downward trend between 2007-08 (38.1%) to 2016/17 (30.3%). Trends in Westminster mirror the national picture which shows no further improvements have been made since.

4. Integration

- 4.1. Oral health interventions are aligned with Westminster *City For All* vibrant community's vision to ensure that everyone has a equal opportunity to be healthy regardless of their background through the work with children and families, homeless, older people and vulnerable adults and children who live in Westminster and require education to improve their oral health. Maternity Champions is an excellent example of supporting local vulnerable families through staff oral health training on key messages and direct support to new and expectant parents with very young children.
- 4.2. The oral health prevention focus on early years is aligned with NW London CCG's vision to *Start Well – giving every child and family every possible start*³ and it is delivered at targeted schools and children and community centres. A good example is the work at early year settings such as Newpin Nursery and Imperial College Nursery where face to face sessions with new parents and young children are used to maximise the learning opportunities at this vital stage and to promote early adopted healthy habits that can be applied for life.
- 4.3. Public Health works in partnership with the Central London Community Healthcare (CLCH) NHS Trust, the London Dental Committee, Early Years, local schools and community hubs amongst other.

5. Health inequalities

- 5.1. Inequalities in the levels of dental decay in five-year-olds persist. The main cause of dental decay is the frequent consumption of sugary foods and drinks. Oral health is seen as a marker of wider health and social care issues including nutrition and obesity. Research has shown that children who are above a healthy weight are more likely to have dental decay in all deprivation categories.⁴
- 5.2. Research suggests that 90% of homeless people have problems with their mouths and 70% had lost teeth since living on the street. 63% of homeless people felt self-conscious about their teeth and 30% live with persistent pain.
- 5.3. Local authorities have a leading role in championing oral health and the interventions should be inclusive and address diverse health needs including BAME, SEND and Looked After Children and young people as well as homeless and care homes residents.

6. Current local services

³ [NWL CCG Plans](#)

⁴ [Oral health survey of five-year-old children 2015 A report on the prevalence and severity of dental decay](#)

- 6.1. Westminster have good historical provision of oral health promotion and is in a fortunate position compared to our neighbouring boroughs. Public Health commission services that include an oral health approach, which are part of a whole system of vision, leadership and messaging. However, it is important to acknowledge that our local demographics represent an ongoing challenge
- 6.2. NHS England and Public Health co-commission CLCH Oral Health Promotion (OHP) Team to deliver a range of interventions on behalf of Westminster City Council.
- 6.3. The below provides some examples of work delivered by OHP team and other partners targeting key groups.

Children and Young People

- 6.4. Oral health is an integrated part of other commissioned services including health visiting, school nursing, healthy schools and healthy early years programmes and Change4Life Service. All commissioned services include ongoing evaluation and monitoring.
- 6.5. Through engagement with the Healthy Early Years and Healthy Schools Programme, settings and schools are expected and supported to review and improve their provision around oral health under the following areas: teaching and learning of good oral hygiene and healthy eating; leadership and management of a whole school/setting approach food policy and partnerships with relevant local services. Excellent examples are: George Eliot Primary School achieved a Healthy Early Years Gold award on oral health and Robinsfield Infants School, which achieved a Gold Healthy Schools Award on Oral Health and subsequently achieved a Gold award on Healthy Eating with an outcome on reducing sugary snacks. ? Please see a template early years settings complete for a silver award as an appendix.
- 6.6. The OHP Team work with looked after children, Early Help, Family Hubs, and children with special educational needs. Looked after children (LAC) have oral health included as part of their health plans. Supporting work with LAC, Early Help, Children's Centres, special educational needs provision is delivered through staff training and the development of oral health programmes for the settings.
- 6.7. The OHP Team targeted work with schools in Westminster is evidence based on high level of childhood obesity (based on the National Child Measurement Programme) and high index of multiple deprivation. Public Health prioritise **ten schools** in Westminster on an annual basis where needs are highest to deliver the supervised toothbrushing and fluoride varnish programme. The fluoride varnish programme was suspended during COVID-19 pandemic on the advice of the Consultant in Dental Public Health and former Public Health England. Please see section 8.

- 6.8. During the COVID-19 pandemic the OHP Team have adapted the service provision to overcome restrictions by providing oral health training online, delivering resources to **39 primary schools** in Westminster and providing Tooth Brushing Packs. For example, they supplied **1,500 Tooth brushing packs** to the Health Visiting service and a further **2000 packs** to foodbank in Westminster in 2020-21.
- 6.9. In addition, the Change4Life Service embeds key oral health messages and information in the Change4Life clubs, coaching sessions and workforce training courses, which aim to support staff to introduce actions that promote oral health, sugar reduction, and raise awareness of the local health services that are available to support children and their families. For example, they delivered **4 oral health training sessions** attended by **21 staff** and **2 Sugar Smart parent workshops** attended by **12 parents**.

Homelessness

- 6.10. In 2021, Westminster Homeless Health Coordination Project (WHHCP) carried out a health audit which identified homelessness as a major barrier to accessing dental care, particularly because of being unable to provide a home address. 32% of the individuals with dental issues stated they have not been able to get treatment but would like to, with only 15% reporting that they had treatment to help with their dental needs. Key workers and hostel staff continue to receive dental health training from the OHP team to raise awareness and continue to support the homeless population.
- 6.11. The OHP team worked with Westminster's homeless leads and older people services, such as Open Age, to hold virtual coffee mornings and conference calling to keep the clients engaged in 2020-21. For example, in September 2021 they delivered face to face sessions and gave out information packs at Hopkinson House Hostel and Hestia Trellick Tower to **26 attendees**. In addition, CLCH offers a homeless dental service at Frith Street and constructed a new homeless dental clinic at Soho Health Centre, both of which can be accessed by Westminster's homeless community.

Care homes

- 6.12. There is universal recognition of the importance of providing oral health input into care homes and that this is a very long standing national problem requiring urgent attention. More than half of older adults who live in care homes have tooth decay, compared to 40% of over 75s who do not live in care homes. Residents with specific dental needs are seen by dentists and such opportunities are used by the OHP team to give information and advice to carers and residents alike. In addition, online training has been offered throughout the pandemic to support any care homes contacting the team.
- 6.13. The OHP team continues to actively seek sources of funding from all appropriate organisations/bodies, including colleagues in the NW London Clinical Commissioning Group, to fulfil the requirements relating to oral health laid out in the Enhanced Health in Care Homes (EHCH) Framework. In addition, they are

developing a proposal for a care home pilot to improve oral health in care homes and will involve Public Health, NHS England, the CCG and their Consultant in Dental Public Health.

7. Priorities

- 7.1. Public Health will continue to ensure relevant Council teams and partners are aware of oral health services and interventions in the local areas to improve oral health and will continue to engage with commissioners to support them in identifying where programmes work well and areas for improvement.
- 7.2. Public Health are continuing to support the Afghan evacuees. Very poor oral health has been identified, and Public Health are working with the local OHP Team to support and prioritise offering fluoride varnish and oral health checks to under 18s.

8. Next steps

- 8.1. Re-establishment of face to face supervised toothbrushing and fluoride varnish programme in a minimum of 10 targeted schools in Westminster.
- 8.2. We will review the dental buddying scheme, an initiative for dental practices to adopt local schools and children’s centres to increase dental attendance. This scheme was postponed during the pandemic (as schools and dentists were ‘closed’ for the majority) and we will assess against the new challenges presented by the pandemic to see if it still fit for purpose.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Report Author
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BACKGROUND PAPERS

HEALTHY EARLY YEARS LONDON IN RBKC & WCC Healthy Early Years London (HEYL) Silver Award Action Plan