



# Barnet Health Overview and Scrutiny Committee

8<sup>th</sup> December 2022

<b>Title</b>	<b>Children and Young People’s Oral Health Needs Assessment November 2022</b>
<b>Report of</b>	Director of Public Health and Prevention
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix A – London Borough of Barnet Children and Young People’s Oral Health Needs Assessment
<b>Officer Contact Details</b>	Maeve Gill, Public Health Specialty Registrar, LB Barnet <a href="mailto:maeve.gill@barnet.gov.uk">maeve.gill@barnet.gov.uk</a> Emma Waters, Public Health Consultant, LB Barnet <a href="mailto:emma.waters@barnet.gov.uk">emma.waters@barnet.gov.uk</a>

## Summary

Oral health is a key marker of general health in children and while tooth decay is preventable, it remains an important public health issue due to its impact on children’s ability to sleep, eat, speak, play, with wider social and NHS costs. In addition, the experience of tooth decay is socially patterned with significant oral health inequalities.

The National Dental Epidemiology Programme (NDEP) oral health survey in 2019 showed that just under a quarter of five-year-olds in Barnet (24.8%) had tooth decay. Although this does not differ significantly from the proportions reported in London and England, 1 in 4 children in Barnet have experience of tooth decay, posing a significant public health burden. As a result, Barnet Councillors on the Health Overview and Scrutiny Committee (HOSC) wanted to understand the oral health needs of Barnet’s children. The Children and Young People’s Oral Health Needs Assessment (CYP OHNA) sought to understand the local picture and offer recommendations for improvement.

The CYP OHNA is divided into five chapters (for more details please see the Executive Summary of Appendix A). The first outlines the aims, objectives, methodology, scope and limitations. The second chapter outlines the national context. This covers the national

policy guidance on the recommended effective interventions to promote good oral health in children and to reduce oral health inequalities, including the available cost effectiveness evidence. The third chapter describes the oral health status of children and young people in Barnet and identifies health inequalities where possible. Chapter four describes the current provision of oral health services in the borough and perspectives from a focus group with parents - of 3-to-4-year-old children attending nursery in a deprived ward - and the views of professional stakeholders working in oral health. Chapter five discusses the extent to which current programmes and services fit with national policy guidance and the needs identified by stakeholders. It includes pragmatic recommendations based on what is within Barnet local authority's sphere of influence to improve children's oral health. These are grouped according to those deliverable within existing resources and secondly those that would require additional resources.

There are two main areas of recommendation for existing resources. Firstly, to enhance partnership working by establishing a Barnet Oral Health Partnership, further embed oral health across existing programmes and co-produce an oral health action plan. Secondly, to maximise the impact of the small oral health promotion service by focusing on training the wider health, education and social care professional workforces; quality assuring the supervised toothbrushing pilot and ensuring it is targeted within areas of deprivation, reviewing the provision of toothbrushes and toothpaste in response to acute cost-of-living pressures and adopting the oral health training module for foster carers that is being developed London-wide. With additional resources, the recommendations focus on commissioning additional interventions to improve intelligence and close inequalities, as well as considering the oral health needs of SEN children and across the whole life course.

## **Officers Recommendations**

- 1. That the Committee note the Children and Young People's Oral Health Needs Assessment, including the recommendations.**
- 2. That the Committee note that the forthcoming Barnet Oral Health Action Plan, will be presented to the Health and Wellbeing Board who will oversee its implementation.**

### **1. Why this report is needed**

- 1.1 Barnet Councillors on the Health Overview and Scrutiny Committee have wanted to understand the oral health needs of Barnet's children. This report is about the Barnet CYP OHNA that the Public Health team have developed.

### **2. Reasons for recommendations**

- 2.1 The report provides the Committee with the opportunity to be briefed on the findings of the CYP OHNA. They are empowered to make further recommendations should they wish.

### **3. Alternative options considered and not recommended**

- 3.1 Not applicable.

## **4. Post decision implementation**

- 4.1 The CYP OHNA includes a recommendation to develop a Barnet Oral Health Partnership, with the aim of developing and overseeing the implementation of a co-produced Barnet Oral Health Action Plan to leverage and co-ordinate assets across the borough. This action plan will be presented to the Health and Wellbeing Board who will oversee its implementation.

## **5. Implications of decision**

### **5.1 Corporate Priorities and Performance**

- 5.1.1 Following the 5th May 2022 Borough elections and subsequent appointment of the new Leader of the Council at the Annual Council meeting on 24th May 2022, the administration have outlined a number of priorities. These include working in partnership with our local communities to help residents to lead healthier lives and tackling the health inequalities highlighted by the Covid-19 pandemic and to review Council strategies to ensure a clear link with public health outcomes.
- 5.1.2 The recommendations from this health needs assessment will primarily support work tackling health inequalities. Actions to improve oral health will also help to ensure children to have a healthy start, improve school readiness and contribute to reducing obesity.
- 5.1.3 The Barnet children and young people's plan 2019 – 2023 has a vision focused on making Barnet an even better place to live for all families. Improving oral health will contribute to this vision in part by reducing the time children need to take off school, and their parents and carers take off work, for oral health treatment.
- 5.1.4 The Health and Wellbeing strategy 2021- 2025, has a priority that Barnet 'will improve children's life chances by supporting their health and wellbeing from very early age and through to their transition into adulthood.' Good oral health is an important component of overall health and wellbeing. In addition, some actions required to address poor oral health such as - healthy food and drink policies in childhood settings - are likely to also support other health outcomes such as reducing childhood obesity.

### **5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 The currently commissioned Oral Health Programme is commissioned with the Healthy Child Programme and funded via the Public Health Grant. The annual funding for the universal Oral Health Programme is £59,000 per annum. In addition, the Barnet Young Brushers supervised toothbrushing pilot is included within the service specification for one year until April 2023. This is funded from the North Central London inequalities fund for £75,000 for 18 months (equivalent to £50,000 per annum). The CYP OHNA presents two sets of recommendations for consideration: those that could be delivered within existing resources and commissioned services, and those that would require additional resources. Some cost-effectiveness evidence is presented on specific oral health promotion interventions, where this was available. There are no other financial implications for the Council. There are, however, significant costs to NHS services when children require treatment. For example, tooth

extractions, the majority of which are for tooth decay, represent the biggest cost to the NHS for 0–19-year-olds across all areas of healthcare.

### 5.3 Legal and Constitutional References

5.3.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.3.2 The Council's Constitution (Article 7) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

*“To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.”*

### 5.4 Insight

5.4.1 The Insight and Intelligence team supported the development of this needs assessment throughout. The prevalence evidence was largely drawn from the National Dental Epidemiological Survey, which enables an understanding of Barnet data as compared to London and England. Local data on hospital admissions for tooth extractions came from NHS Hospital Episode Data and data on visits by children to NHS dentists came from the NHS Business Services Authority. Further local data was drawn from the Children and Young People's Profile developed by the Public Health Intelligence team.

5.4.2 New data from the National Dental Epidemiological Survey, which will reflect the impact of COVID-19 pandemic on levels of tooth-decay in five-year olds in the borough, is expected to be published at the start of January 2023. The Public Health team will review these data to evaluate the impact on the recommendations, though we anticipate the recommendations will still stand as levels of tooth decay are likely to have worsened.

### 5.5 Social Value

5.5.1 Not applicable.

### 5.6 Risk Management

5.6.1 No risks have been identified.

### 5.7 Equalities and Diversity

5.7.1 Equality and Diversity issues are a mandatory consideration in decision making in the Council pursuant to the Equality Act 2010. This means the Council and all other organisations acting on its behalf must fulfil its equality duty when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business, requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review.

5.7.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

*Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.7.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.7.4 This needs assessment highlights that poor oral health is socially patterned across the borough and highlights oral health inequalities. It also includes the best evidence for closing oral health inequalities and makes recommendations to this effect.

## 5.8 Corporate Parenting

5.8.1 As the corporate parents of children in their care, Barnet Local Authority is responsible for the promotion of a child's physical, emotional and mental health and acting on any early signs of health issues, including annual health assessments, immunisation, medical and dental care treatment. In relation to oral health, Looked After Children (LAC) are a known vulnerable group who have greater oral health needs and are less likely to use dental services than their peers. The needs assessment included the available data on the proportion of LAC who had seen a dentist in the last year, an interview with the Designated LAC nurse and Named Nurse for LAC to better understand their needs and some specific recommendations to improve their outcomes.

## 5.9 Consultation and Engagement

5.9.1 Stakeholder engagement was conducted from July to September 2022. Within the local authority colleagues from public health, family services and Barnet Education and Learning Service all contributed to this work. Qualitative data to understand the oral health needs of children and young people in Barnet also came from a range of professionals including General Dental Practitioner members of the Local Dental Committee; the Medical Director and Oral Health Improvement Lead of the Community Dentistry Service; Regional Dental Public Health Consultants from NHS England; the Designated Nurse for LAC in Barnet and Named Nurse for LAC in Barnet; Solutions4Health School Nursing Lead and Oral Health Promoters and an Advisor from the Health Education Partnership (HEP). Additional insights about the lived experience of parents trying to prevent dental decay came from a focus group with eight parents with 3-to-4-year-old children who attended a nursery in a deprived ward of the borough. Insights from these qualitative data are included within the needs assessment report.

5.9.2 A key recommendation of the needs assessment is that a co-produced Barnet Oral Health Action Plan should be developed. The intention would be for this to involve all local system partners who have contributed to this work, as well as the community.

## **5.10 Environmental Impact**

5.10.1 There are no direct environmental implications from noting the recommendations.

## **6. Background papers**

6.1 None.