

	<h2>Health and Wellbeing Board</h2> <h3>Thursday, May 11th 2023</h3>
Title	Children and Young People’s Oral Health Needs Assessment, and an Update on Actions Resulting from this Health Needs Assessment
Report of	Director of Public Health and Prevention
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix A – London Borough of Barnet Children and Young People’s Oral Health Needs Assessment, November 2022 Appendix B – Children and Young People’s Oral Health Action Plan (April 2023)
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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 Children and Young People’s Oral Health Needs Assessment (CYP OHNA) sought to understand the local picture of oral health for Children and Young People aged 0-19 in the borough 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.

A multi-disciplinary, multi-agency, Oral Health Partnership Group (OHPG) has been formed to develop a pragmatic Oral Health CYP Action Plan (OH CYP Action Plan) for Barnet. The OHPG has convened; a Draft Action Plan has been preliminarily agreed and work to implement urgent actions commenced. The group is meeting in May to finalise the OH CYP Action Plan and to discuss the newly published data from the 2022 National Dental Epidemiology Programme (NDEP), which was published in March 2023 after the CYP OHNA was completed.

Officers Recommendations

1. The HWBB to note the oral health needs identified in the Oral Health CYP Health Needs Assessment 2022.
2. The HWBB to note the key recommendations from the Oral Health CYP Health Needs Assessment 2022 and endorse the initial work on the Oral Health CYP Action Plan.

1. Why this report is needed

- 1.1 The Children and Young People's Oral Health Needs Assessment (CYP OHNA) reported that oral health was a significant cause of morbidity among children in Barnet, with the National Dental Epidemiology Programme (NDEP) oral health survey in 2019 reporting that just under a quarter of surveyed five-year-olds in Barnet (24.8%) had tooth decay. There is now also newly published data from the 2022 National Dental Epidemiology Programme (NDEP) that was published in March 2023 after the CYP OHNA was completed.
- 1.2 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.
- 1.3 The CYP OHNA found evidence of health inequalities in oral health among children in the borough, for example the distribution of five year olds with tooth decay was higher in more deprived ward.
- 1.4 The CYP OHNA found that in 2019/20 – prior to the COVID-19 pandemic – only about half (53%) of 0-19 year olds accessed NHS dental care, and this fell to 21% in 2020/21, due to the pandemic's impact on dental services.
- 1.5 The CYP OHNA found that parent/carer knowledge was necessary but not sufficient for good oral health practices. Focus groups with parents found that the parents consulted with felt that they knew what they had to do to promote good oral health for their children, but that this was difficult to achieve in practice.

- 1.6 The CYP OHNA made pragmatic, evidence-based recommendations – considering what was within Barnet local authority’s sphere of influence. These were grouped according to those deliverable within existing resources and those that would require additional resources.
- 1.7 There are two main areas of recommendation for existing resources.
 - a) 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.
 - b) Secondly, to maximise the impact of the small, existing 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.
- 1.8 With additional resources, the recommendations focus on considering the commissioning additional interventions to improve intelligence and close inequalities - such as targeted community fluoride varnishing programmes and improving access to dental treatment for LAC placed outside London - as well as considering the oral health needs of SEN children and across the whole life course

2. Reasons for recommendations

- 2.1 The CYP OHNA showed that tooth decay is a significant cause of morbidity and health inequalities among children in Barnet. To address this a whole system approach needs to be taken, with system wide partnership working.

3. Alternative options considered and not recommended

- 3.1 Not applicable for this report.

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 an OH CYP Action Plan to leverage and co-ordinate assets across the borough.
- 4.2 It should be noted that post the presentation of the OH CYP HNA to the HOSC on December 8th 2022, the first Oral Health Partnership Group (OHPG) has already convened and a draft CYP OH Action Plan preliminarily agreed, this has supported work on some actions that have now commenced. The CYP OH Action Plan will be finalised by the OHPG at the end of May 2023, and the actions taken forward by the OHPG and wider partners.

5. Implications of decision

5.1 Corporate Priorities and Performance

- 5.1.1 This recommendations of the OH CYP HNA is aligned to Caring for People within the Corporate Plan. The recommendations will support tackling inequalities, giving children and young people the best possible start in life, and enabling all residents to live fit, health and happy lives.
- 5.1.2 The recommendations of the OH CYP HNA are directly aligned to the Starting, Living and Ageing Well Priority in the Health and Wellbeing Strategy for Barnet, with reference to “Improve Children’s Life Chances”. 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 Promotion Service is commissioned with the Healthy Child Programme and funded via the Public Health Grant. In addition, the Barnet Young Brushers supervised toothbrushing pilot is funded from the North Central London inequalities fund. It should be acknowledged that funding for the pilot ceases at the end of June 2023, and that Barnet Public Health are currently working with Healthy Child Programme provider to establish how the now established supervised tooth brushing programme can receive ongoing support from within the originally commissioned Oral Health Promotion Service. It is not envisaged that this will require additional financial resources.
- 5.2.2 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.
- 5.2.3 It is not currently envisaged that significant additional financial resources will be required to implement the current actions in the draft CYP OH Action Plan and funding for small projects related to the Action Plan are accounted for within the Start and Grow Well Team budget for 2023/24. Currently scoping is taking place regarding actions that could require significant additional funding, such as a fluoride varnishing programme and a separate business case will be made if additional funds are required.
- 5.2.4 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. So early public health oral health work can be extremely cost effective to the system.

5.3 Legal and Constitutional References

- 5.3.1 5.3.1 Barnet Council Constitution, Article 7 – Committees, Forums, Working Groups and Partnerships, Health and Wellbeing Board responsibilities:
 - (1) To work together to ensure the best fit between available resources to meet the

health and social care needs of the whole population of Barnet, by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.

- 5.3.2 (2) Specific responsibilities for; overseeing public health and promoting prevention
Page 4 of 5 agenda across the partnership.

5.4 Insight

- 5.4.1 This needs assessment followed a Stevens and Raftery health needs assessment approach which focuses on three key strands of information.
- a) Firstly, epidemiological evidence was considered to understand the prevalence of oral health issues.
 - b) Secondly, comparative evidence was considered to understand oral health in relation to other geographical areas and over time where possible.
 - c) Thirdly, corporate evidence was collated to incorporate stakeholder views and expertise.
- 5.4.2 The epidemiological 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 Hospital Episode Data and data on visits by children to NHS dentists came from NHS Business Services Authority. Further local data was drawn from the Children and Young People Profile developed by the Public Health Intelligence team.
- 5.4.3 A pragmatic literature review was conducted to identify the relevant national guidance on the prevention of oral health problems in children, including evidence on the effectiveness and cost effectiveness of different oral health interventions. The relevant reports were obtained from searching national government websites, including The Department for Health and Social Care (DHSC) and National Institute for Clinical Excellence (NICE). Expert views from regional Dental Public Health Consultant colleagues were also incorporated.
- 5.4.4 Qualitative data came from a range of stakeholder interviews with professionals working locally on oral health. These included: General Dental Practitioner members of the Local Dental Committee; the Medical Director and Oral Health Improvement Lead of the Community Dentistry Service; Designated Nurses for LAC in Barnet and Named Nurse for LAC in Barnet; an Advisor from the Health Education Partnership (HEP) commissioned service and Regional Dental Public Health Consultants from NHS England. 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. The qualitative data collection and analysis followed the Framework analysis methodology, which is appropriate for policy relevant qualitative research.
- 5.4.5 New data from the National Dental Epidemiological Survey, which reflects the impact of COVID-19 pandemic on levels of tooth-decay in five-year olds in the borough was published in March 2023. This data collected in 2022, but was published after the completion of the 2022 HNA. This data is being reviewed and will be discussed at the next OHPG meeting, along with further consideration of whether enhanced sampling is

needed to better understand the oral health of children in Barnet.

5.5 Social Value

5.5.1 Not applicable for this report

5.6 Risk Management

5.6.1 Not applicable for this report

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.

- 5.8.2 A Designated Nurse for LAC is a member of the OHPG and has provided expertise and knowledge to take forward the recommendation from the OH CYP HNA that relate to LAC, as the OH CYP Action Plan is developed.

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 In line with the recommendations from the OH CYP HNA a local system partnership has been formed as the Oral Health Partnership Group (OHPG) to develop the OH CYP Action Plan for Barnet. This has allowed extensive engagement with local partners. Once the borough wide OH CYP Action Plan for Barnet is finalised, community engagement will be undertaken where it can enhance delivery of specific elements, for example to facilities effective promotion and distribution of oral health packs.

5.10 Environmental Impact

- 5.10.1 There are no direct environmental implications from noting the recommendations. Implementing the recommendations in the report will lead to a positive impact on the Council's carbon and ecology impact, or at least it is neutral.

6. Background papers

- 6.1 No Background Papers