Children's Dental Services

A review by the External Services Select Committee

Councillors on the Committee: Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Simon Arnold, Darran Davies, Heena Makwana, Peter Money (Opposition Lead) and June Nelson

2020/2021-2021/2022

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Chairman's Foreword

'A Review of Children's Dental Services'

"Nothing you wear is more important than your smile." – Connie Stevens

Young children in Hillingdon have higher levels of dental decay than is average for England. The latest figures show that 32.5% of children aged five have suffered from dental decay, the seventh highest in London. In some cases, the dental decay in a child's mouth has been so bad that they have had to be rushed to hospital and given surgery under anaesthetic. This is not a new problem or an unknown one. In 2015, the Council's Social Services, Housing and Public Health Policy Overview Committee produced an excellent report highlighting the concerns we have with children's dental care in Hillingdon.

Dental care is about more than just teeth, it is about physical and mental health. Concerns about oral health are often an early indicator that problems will arise in general health – for example lung disease and diabetes. Oral health is strongly associated with health inequalities and there is a clear divide in the quality of oral health between the most deprived and the least deprived areas. This divide does not just affect a person's physical health, it also impacts on the confidence they have to interact with the world. Research shows that those who are positive about their oral health have higher self-confidence[1]. It has also been found that insecurities about smiling and oral health have a direct impact on employment opportunities[2].

During our investigations, the Committee concluded that there were four levels of activity that affected children's oral health, which have been illustrated as a triangle in the main body of the report. The base of the triangle is *healthy living*, which encompasses people making healthy life-style choices such as brushing their teeth regularly and reducing the consumption of sugary foods. These activities are the foundation of good oral health. The next segment is *dentists* who provided ongoing primary dental care and advice to patients. Then comes *active interventions* such as fluoride varnishing and supervised brushing, which can help those who have missed support available during the first two layers. At the top of the triangle is *emergency interventions,* such as surgery. The bad news is that approximately one third of children in Hillingdon fall into the top half of the triangle. The good news is that the Committee has identified nine strategic interventions that can increase the number of children who get all their oral health needs satisfied in the lower quadrants, thus preventing the need for the more traumatic and costly interventions.

[1] http://images.connecting.cigna.com/Web/CIGNACorporation/%7B1068fec3-a6d7-48c1-9664-05ccebba3710%7D_930138_Self_Esteem_Article_Dental_flyer.pdf

[2] http://hrnews.co.uk/taking-a-bite-out-of-life-more-than-half-of-brits-say-having-bad-teeth-would-affect-their-confidence-in-the-workplace/

The NHS model focuses too much on commissioning services to treat oral health problems rather than preventing it. The cost to the NHS of treating oral health conditions is around £3.4 billion per year. Dental decay and gum disease were the most common oral conditions, both of which are largely preventable through the maintenance of good oral health practices. A significant amount of money, £10m in London per year, that is allocated to public oral health care gets lost due to underutilisation of primary dental services in some areas. If this money could be re-invested locally to target specific preventative health interventions then the cost of treating problems should decline.

Oral health can sometimes be the Cinderella of heath care advice. There currently exists good mechanisms to convey information to parents about bringing up healthy children, such as the maternity red book, but very often messages about oral health are not included. Inserting advice about how to develop good oral health habits into these existing tracks should teach more parents and children the benefits of constant maintenance to avoid dramatic interventions.

By the time the Committee concluded our review, we came to the positive conclusion that many of the oral health problems that children suffer from are preventable and there exists much local will and expertise to improve oral health outcomes. We hope that our recommendations will stimulate the different actors who have responsibility for public oral health care to revaluate how they use their skills and resources so that the gaps are filled with smiles.

On behalf of the Committee I would like to thank all the witness who shared their views and time with us. I would also like to thank the Committee and Councillor Brightman for their curiosity and analysis of the issue, and Democratic Services for the invaluable support they gave us.

Councillor Nick Denys

Chairman, External Services Select Committee
Councillor for Eastcote and East Ruislip Ward

Summary of recommendations to Cabinet

Through the witnesses and evidence received during the detailed review by the Committee, Members have agreed the following recommendations to Cabinet:

1	**That the Cabinet Member for Health and Social Care write to the Department of Health and Social Care / Secretary of State for Health and Social Care, The Rt Hon Sajid Javid MP, to request that a proportion of the Soft Drinks Industry Levy (SDIL) be ringfenced for dental health initiatives.**
2	**That the North West London Clinical Commissioning Group (NWL CCG) be asked to liaise with NHS England regarding the collection and carry forward of any unused Units of Dental Activity (UDAs) in Hillingdon within the year for redistribution to local dental related action programmes / initiatives such as fluoride varnishing in schools.**
3	**That the Cabinet Member for Health and Social Care liaise with pan London counterparts to encourage the fluoridation of water supplies across London.**
4	**That the Council's Early Years team liaise with private and local authority run nurseries (as well as school nurseries and Children's Centres) in Hillingdon to encourage routine supervised brushing after meals.**
5	**That the North West London Clinical Commissioning Group be asked to liaise with dentists locally to agree a way that children under the age of 11 can be guaranteed an appointment.**
6	**That the Corporate Director of Social Care & Health be asked to ensure that health visitors provide new mothers with information about free NHS dental services and brushing kits at their first contact and ask the Royal College of Paediatrics and Child Health to include oral health information in the Personal Child Health Record ('red book').**

7	**That Corporate Director of Social Care & Health ensure that training be made available for health professionals such as health visitors and school nurses on the promotion of good oral health.**

8	**That the Families, Health and Wellbeing Select Committee receives annual updates from Public Health on the performance of dental health services commissioned by the NHS in Hillingdon.**

9	**That the Health and Wellbeing Board oversee a comprehensive communications and education plan on oral health coordinated by a Children & Young People's Dental Health task and finish group.**

Background to the review

On 21 May 2015, the Council's Social Services, Housing and Public Health Policy Overview Committee presented a report to Cabinet on children's oral health[3]. During the single meeting review, Members had considered information from witnesses about the work that was being undertaken in relation to children's oral health in the Borough, noting the preventative measures being taken at the time to include the Early Years Programme and Brushing for Life campaign.

Given that children's oral health continues to be a matter of concern both nationally and at a local level, at its meeting on 9 October 2019, the External Services Select Committee received an information report and heard from witnesses in relation to this topic. At this meeting, Members heard that:

- In London, about 1 in 4 five year olds have tooth decay with, on average, 4 teeth affected[4]
- In 2016/17, the proportion of five year olds with tooth decay in London ranged from 14% to 40% compared to the national average of 23%[2]
- In London, tooth decay is the top cause of non-emergency hospital admissions amongst 5-9 year olds[5]
- In 2017/18, about 7,000 children in London aged under 10 years had 1 or more teeth extracted in hospital because of tooth decay[3]
- In Hillingdon, more than double the number of 5-9 year olds were admitted to hospital for dental decay (also known as caries) than for tonsillitis in 2017/18
- Inequalities in oral health are strongly associated with social deprivation
- Oral health impacts profoundly on a child's development

In light of such concerning evidence, it was agreed that the Committee would undertake a review of dental services in the Borough; specifically focussing on service provision for children and young people and the effectiveness of preventative measures taken by partners in relation to caries and other oral health issues. The primary remit of the review was to explore the current situation within Hillingdon and consider possible areas for improvement, with a view to increasing customer satisfaction and reducing the incidences of tooth decay in the young.

[3] https://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CId=115&MId=1971&Ver=4

[4] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768368/NDEP_for_England_OH_Survey_5yr_2017_Report.pdf

[5] https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2017-18

Evidence & Witness Testimony

Responsibilities

It was established that dental services were not the responsibility of the local authority. However, the External Services Select Committee had a statutory remit to scrutinise the performance of local health services and the Council's Families, Health and Wellbeing Select Committee had responsibility for scrutinising public health issues.

NHS England (NHSE) was responsible for the commissioning of all dental services including specialist, community and out of hours dental services. Most dentistry within the Borough was provided by private practitioners paid to deliver frontline NHS services, many of whom also provided, on a commercial basis, services which the NHS did not provide (private dental examination and treatment as well as cosmetic).

Context - national trends and focus

The NHS England / Improvement (NHSE/I) spend on dental services in 2019 was around £391m in London and Hillingdon was 22nd in terms of the amount of funding it received. The Borough had a population of around 309,000, had 33 dental practices (which had NHS contracts) and 103 dentists. However, given the current contract arrangements, there was no opportunity for practices to expand or develop insofar as NHS patients were concerned. With a growing population and large number of dental practices in the Borough not taking on new NHS patients, this would have an impact on children's oral health and no organisation appeared to have responsibility for picking up those children that had been left without a routine NHS dental service available to them.

Although NHSE could compel a GP surgery to register a resident that fell within its catchment area, this was not the case with dentists. Dentists did not have catchment areas, people did not need to 'register' with a dental practice and there was no body that could compel a dentist to treat or assess a patient.

In relation to dental health in the UK, there were concerning levels of variation throughout the country and between different socioeconomic groups; on the whole, dental health was better in the south and east of England and poorer in the north of England.

Poor oral health had been associated with a number of general health conditions such as respiratory diseases and poor diabetic control. There was also an association between chronic gum disease and cardio-vascular disease. The cost to the NHS of treating oral health conditions was around £3.4 billion per year. Dental decay (caries) and gum disease were the most common oral conditions and were largely preventable through the maintenance of good oral health practices.

Poor oral health may be indicative of dental neglect and wider safeguarding issues[6]. Regular dental check ups can help to highlight these problems and dental teams can contribute to a multi-agency approach to safeguarding.

Good oral health was fundamental in facilitating good general health and wellbeing. In recent years, there had been a focus on adopting preventative strategies to combat major public health concerns facing the UK. There were large scale public health campaigns addressing widespread concerns such as obesity and type-II diabetes; however, more needed to be done to ensure that the focus on prevention in dental health was joined up with wider efforts to prevent ill health.

Regional concerns and health inequalities

Although dental health was generally better in the south and east of England, in 2019 Londoners were the least likely to see an NHS dentist, with just 44% having had a check-up in the previous 24 months (NHSE, 2019) (NHSE)[7]. Nationwide, the number of adults accessing NHS dental services in 2019 had fallen to a 10-year low with just 50.2% of adults reporting that they had seen a dentist within the previous two years. Attendance at NHS dentistry services had become a matter of growing concern and links had been drawn between the prevalence of gum disease and individuals who did not visit the dentist regularly.

The most prominent reason cited for the unwillingness to access dental services was the increasing cost; more than a third of survey respondents (36%) admitted to sacrificing dental visits due to financial concerns. This highlighted the need to emphasise the availability of free NHS dental treatment, specifically for those in receipt of low-income benefits, as access to these services remained low for this demographic.

Since 2010, net Government expenditure in England on dental services had dropped by £550 million in real terms; over the same period, the cost to the service user had increased by more than 30%. However, cost was not the only barrier to attendance; other factors such as anxiety (22%), the fear of getting bad news (18%) and work commitments (8%), were also reasons why people stayed away.

Lifestyle choices such as amount and frequency of consumption of foods and drinks that contained free sugars[8] had a major impact on oral health. For example, tobacco use and drinking alcohol above the recommended levels were risk factors for oral cancer. The combined effect of drinking alcohol and using tobacco multiplied the risk of developing mouth cancer. Moreover, other factors, often associated with socio-economic circumstances (such as poor diet) contributed to health inequalities and a divide in the quality of oral health between the most deprived and the least deprived areas.

During the course of their investigations, Members found that there were four distinct levels of

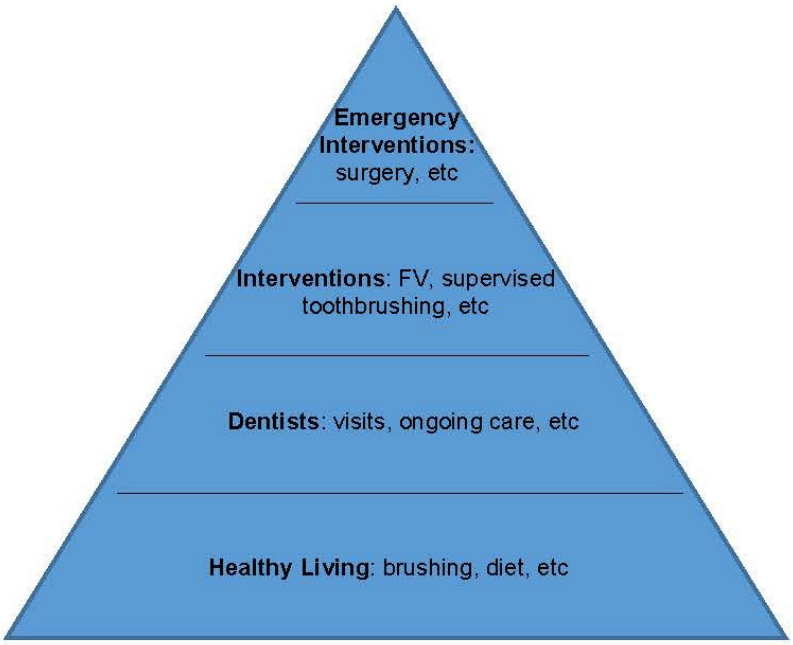
[6] LGA (2016) Tackling poor oral health in children: local government's public health role | Local Government Association

[7] Patient Survey Dental Statistics – https://www.england.nhs.uk/statistics/2019/07/11/gpps_dent_8492_822742/

[8] Free sugar is defined as any sugar added to a food, plus sugar that is naturally present in fruit juices, honey and syrup

activity which affected children's oral health and which needed to be addressed and which could be illustrated in a triangle (see diagram below).

The lower these issues were in the list (e.g., Healthy Living), the cheaper they would be to address and the more effective they would be in preventing the need for action to be taken in areas higher up in the diagram.



Healthy living (effective brushing, diet, etc) was seen as the foundation of good oral health. Above that were *Dentists* who provided ongoing care and advice to patients. Then came *active Interventions* such as fluoride varnishing and supervised brushing and at the top of the triangle sat *Emergency interventions* including surgery. Therefore, interventions aimed at the lower end of this triangle would prevent the need for the potentially more traumatic and costly interventions at the top of the triangle.

The Committee's Findings

Emergency Interventions

One of the dental health issues of particular concern within the Borough, which had been prioritised as part of Hillingdon's Health and Wellbeing Strategy for 2018-21, is that young children in Hillingdon have levels of dental decay which are higher than the average for England. The 2015 National Dental Epidemiology Programme found that the percentage of children aged five years old affected by dental decay in Hillingdon (37.8%) was only exceeded by one other London borough (Ealing, 39%). This paints a picture of a localised issue in North West London as Harrow also experienced a high proportion of child dental decay at 34.2%. The prevalence of decay has been partly attributed to long term bottle use; this suggests that action to discourage long term

bottle use and sugary drinks consumption will be required alongside encouraging good oral hygiene habits in babies and children if oral health levels are to be improved.

A 2010 Oral Health Needs Assessment, conducted by NHS Hillingdon, found that in Hayes and Harlington there was a particularly high unmet need in both referral to specialist services and in community dental services. Whittington Health NHS Trust is the current provider of community dental services in Hillingdon, having assumed responsibility for this service from the previous provider (Central and North West London NHS Foundation Trust) in April 2019.

Access to dental services has been negatively impacted by the pandemic with residents finding it increasingly difficult to get an NHS appointment (existing patients and new patients). During this time, dental related hospital admissions have been highest for those aged 5-9.

The Paediatric Dental Network (PDN) in North West London (NWL) comprises clinicians from the NHS with a focus on paediatric dentistry. Work has recently been channelled towards addressing the huge backlog of children that need dental treatment under general anaesthetic (GA) by trying to increase capacity. A network of dental practices is also being developed to help improve skills. It is generally agreed that there needs to be a greater focus on supporting upstream public health programmes as the driver for GA activity is tooth decay in children.

Interventions

Whatever interventions are undertaken in relation to children's oral health in Hillingdon, it will be important to monitor their effectiveness and to establish a focussed and sustained approach which covers the wider population. The child population in Hillingdon increases by approximately 4,000 each year. As such, 'one off' interventions will not be useful in the long term as there will always be new parents and children that need to be brought up to speed on how best to care for their teeth.

Soft Drinks Industry Levy (SDIL)

The Government's Soft Drinks Industry Levy (SDIL), more commonly known as the sugar tax, was introduced in April 2018 as part of the childhood obesity strategy; the measure introduced levies of 24p per litre for drinks containing >8g of sugar per 100ml and 18p per litre for drinks containing 5-8g of sugar per 100ml. Its aim was to reduce sugar consumption, a leading cause of dental caries[9], by persuading companies to reformulate their high sugar brands and avoid paying the levy.

In the two years preceding the introduction of the tax, many soft drinks manufacturers reduced the sugar content of their beverages in preparation for the levy; as a result, HMRC reduced its revenue forecast from the levy to £275m from an initial £520m during the first year of operation. The revenue generated from the SDIL was to be earmarked to help fund physical education activities in primary schools, the Healthy Pupils Capital Fund and provide a funding boost for

[9] Advances in Nutrition - Sugars and Dental Caries

breakfast clubs in over 1,700 schools. However, as the primary objective of the levy was to tackle childhood obesity rates, there were calls from the Global Child Dental Fund for 20% of the proceeds to be reinvested into innovative oral health prevention strategies.

Research on the practical implications of the UK's SDIL on dental health is in its early stages; however, a 2019 Dutch-German study estimated that a 20% taxation on sugary beverages would result in a €159m saving in terms of Government dental care expenditure[10]; concluding that, an intervention of this kind could substantially improve oral health and reduce the caries-related economic burden.

There are frequent calls for the sugar tax to go further and cover other confectionery products. Although soft drinks account for 10% of a child's sugar intake, confectioneries such as sweets, ice cream and puddings make up more than a fifth of their sugar intake. The early successes of the SDIL in changing the behaviours of soft drinks manufacturers has fuelled calls for a more extensive sugar tax, particularly to help address wider health problems; such as the 29% of UK adults classified as obese and the nearly five million people living with type-II diabetes.

To ensure that the revenue generated by SDIL contributes towards initiatives that address dental health as well as physical health, it is recommended by the Committee:

1	**That the Cabinet Member for Health and Social Care write to the Department of Health and Social Care / Secretary of State for Health and Social Care, The Rt Hon Sajid Javid MP, to request that a proportion of the Soft Drinks Industry Levy (SDIL) be ringfenced for dental health initiatives.**

Ringfencing UDAs

In 2006, dental practices had been issued with new contracts by NHSE/I which gave a figure for a practice in return for a specified number of UDAs (Units of Dental Activity). The number of UDAs each practice was awarded varied and the value of each UDA varied for each practice but the number of UDAs needed for a particular procedure was the same for every practice (the value of one UDA may be higher in an area where there are fewer dentists). These units would be utilised exclusively for NHS work.

The current NHS contracts are coming to an end and will be due for negotiation and reform in April 2022. Practices have not previously been given any guidance or direction by NHSE/I on how many of their UDAs should be used on adults or how many on children so it has been suggested that the new contracts should specify the proportions of UDAs that should be used by a practice on each age cohort.

Currently, at the end of the year, if a practice has not used all of its UDAs, these (and the

[10] Public Health - Caries related effects **of a tax on sugar-sweetened beverages**

associated funding) will be clawed back by NHSE/I from the practice and put back into general funds. This clawed back funding is not ringfenced for reinvestment into dental services.

A total of 308,000 units of dental activity (UDAs) are commissioned annually in Hillingdon across the 33 dental practices in the Borough and this allocation must be used before 31 March each year. Those dentists who have contracts for a large number of UDAs are often unable to meet their targets and any unspent funds relating to unused UDAs are clawed back by NHSE. Conversely, if a practice does not have enough UDAs remaining, they cannot obtain additional UDAs and will therefore be unable to accept any new patients. In London in 2018, £10m was clawed back and none of this money was re-invested in dental services.

To address this gap in UDA excess/shortfall, Members are keen that NHSE/I be asked to carry any unused UDAs in the Borough into the subsequent financial year and that this funding then be used to support oral health related initiatives and interventions such as fluoride varnishing. In 2015, NHSE funded a local fluoride varnish project where dentists were commissioned to examine children's teeth in schools located within areas of high deprivation in Hillingdon, and applied fluoride varnish based on clinical assessments. This was further underpinned by a local campaign to encourage families to take their children to dentists for regular dental check ups. This project exemplifies good use of funds which accumulate as a result of families not accessing dental check ups in the first place. As the distribution of UDAs is broken down into two or three batch releases, their use could be reviewed during the year.

On that basis, the Committee recommends:

2	**That the North West London Clinical Commissioning Group (NWL CCG) be asked to liaise with NHS England regarding the collection and carry forward of any unused Units of Dental Activity (UDAs) in Hillingdon within the year for redistribution to local dental related action programmes / initiatives such as fluoride varnishing in schools.**

Fluoride Varnishing

Fluoride is a naturally occurring mineral found in water supplies in varying amounts and in some foods; it has beneficial topical effects on teeth. Public Health England advise that all adults and children brush their teeth with fluoridated toothpaste at least twice daily to help prevent tooth decay.

Public Health England recommends the application of fluoride varnish to be considered at least twice a year in adults and children who are causing concern to their dentist.

Whittington Health NHS Trust presented an example where they had undertaken a programme of fluoride varnishing in schools elsewhere in London and, 10 years later, the level of dental caries had reduced significantly. During the programme, the parents of those children who were found to have decay were advised to take them to the dentist. Although effective, this was thought by some to be one of the more expensive types of intervention.

Fluoride varnish contains alcohol due to which some patients of Islamic faith are reluctant to allow fluoride varnishing as they believe it is contrary to their religion. A statement was released by the West Midlands Sharia Council advising that this was incorrect due to the medicinal purpose in this case as opposed to intoxication. However, this statement has not been widely communicated and understood. Nonetheless, it is acknowledged that fluoride varnishing as such is not the answer…behaviours need to change too.

Water Fluoridation

The variation in children's dental decay can in part be attributed to the fact that, in some regions, fluoride has been added to the water (and children's dental health is significantly better in those areas); this is not the case in London. At present, roughly 10% of the UK water is fluoridated.

Water fluoridation has not been implemented everywhere due to some opposition to it. For example, a number of people believe fluoride to be poisonous and are concerned that the fluoridation of water can cause bones to become weaker; these have been proven to be false beliefs.

A reorganisation of the NHS has been set out in a White Paper which will make it easier to fluoridate the water and help reduce dental decay significantly. Although this would reduce inequalities, it is recognised that there are significant challenges associated with fluoridating the water supply to 32 London boroughs due to the number of councils and water companies that would need to be coordinated and that, as such, the sooner action is taken to start the process the sooner it will be achieved.

'The Health and Care Bill: Water Fluoridation', published on 19 July 2021, looks to transfer responsibility for water fluoridation from local authorities to the Secretary of State. the purpose of the water fluoridation clauses in the Bill are to give the Secretary of State the power to directly introduce, vary or terminate water fluoridation schemes. The revenue costs of the schemes would also transfer to the Secretary of State. This will allow central government to directly take responsibility for fluoridation schemes. Any future decisions on new fluoridation schemes will be subject to funding being secured.

On that basis, the Committee recommends:

3	**That the Cabinet Member for Health and Social Care liaise with pan London counterparts to encourage the fluoridation of water supplies across London.**

Supervised Toothbrushing

In terms of addressing levels of tooth decay in the Borough, strategies are needed to improve access to services but also to reduce the need for services. Dental decay and gum disease can be both prevented and reduced by regular toothbrushing with fluoride toothpaste. Children need

to be helped or supervised by an adult until age 7 at least to ensure they brush their teeth in the right way. A number of schemes have taken place to promote oral health in children and young people which include: supervised brushing in schools in areas of deprivation where there are also high levels of tooth decay in children; the distribution of toothbrush and toothpaste packs ('Brush for Life' scheme); and train the trainer sessions for staff working in children's settings.

Unfortunately, the level and type of oral health promotional activity in Hillingdon is likely to fall short of that required to address the high level of tooth decay in the Borough. What is required is more targeted programmes, such as fluoride varnish and supervised toothbrushing programmes, which have evidence to show reduction in decay levels.

To this end, a programme of supervised toothbrushing has been set up in Hillingdon with ten schools already signed up. However, some schools have refused join the programme, perhaps due to time constraints. The supervised brushing programme had been funded by NHSE but had stalled at the start of the pandemic. However, the oral health promoter had continued to work with schools during the pandemic to encourage schools' participation once the initiative restarts.

The Children and Young People's Dental Steering Group has worked to ensure that the Brushing for Life programme is delivered by health visitors and in Early Years Centres and Children's Centres in Hillingdon. This initiative has seen the distribution of toothbrush packs to those children who don't have toothbrushes (either because their parents cannot afford them or because the parents do not see it as a priority). The Children's Centres have also worked with parents on weaning and educating parents about dental health.

Members are aware that supervised brushing after meals is already undertaken in some private nurseries across the Borough on their own initiative. This targets the very young, helps to develop good habits and is a practice that could be encouraged in all nurseries (private and Council run) as well as school nurseries, perhaps in conjunction with the Brushing for Life programme.

On that basis, the Committee recommends:

4	**That the Council's Early Years team liaise with private and local authority run nurseries (as well as school nurseries and Children's Centres) in Hillingdon to encourage routine supervised brushing after meals.**

Dentists

Access and engagement

With approximately 4,000 births in Hillingdon each year, action needs to be taken to develop a sustainable programme of prevention for the long term rather than ad hoc initiatives. To support this, access to dental services needs to be improved both by increasing parental awareness of the need to visit the dentist as well as addressing the issue of parents being refused appointments for their children. It should be noted that, since 2006, residents have not needed to be 'registered'

with a dentist to receive treatment from them – which effectively means that any individual should be able to request an appointment at any dental practice which has an NHS contract, irrespective of where they live. However, not all requests for appointments are currently met and individuals are given no indication of which dental practices might have NHS capacity to be able to see them.

A pan-London pilot (Staying Well) funded by NHS England was undertaken in Hillingdon. Three dental practices signed up to the pilot and had been involved with schools that had been geographically close to them. The practices had focussed on engagement with families from the schools and they were invited to visit the practices and have dental check-ups whilst there. As dentists are usually very busy, dealing with schools as an additional task could prove to be a mammoth undertaking within existing resources. However, many dentists recognise that, if they don't go upstream with preventative / early action in some areas, they could be dealing with much more serious issues at a later date, taking up more of their limited resources.

There have been many stories of residents being unable to get an appointment with a dentist for their children (or themselves). As dentists have a public health responsibility, it has been suggested that an initiative be introduced whereby dentists within the Borough commit to never turning away a child of primary school age. To support this, it has already been recommended in this report that any UDAs which are unused locally be redistributed for use on other dental health interventions in the Borough. These interventions could include initiatives such as guaranteed appointments for children up to the end of primary school and fluoride varnishing and would ensure that the funding was used to address the increasing dental health crisis in the Borough rather than being returned to NHSE and being absorbed in general budgets.

In addition, to support the commitment to providing appointments for all children up to the end of primary school, consideration could be given to NHSE or NWL CCG maintaining a local list of dentists who have capacity/UDAs available so that they could be signposted when needed.

On that basis, the Committee recommends:

5	**That the North West London Clinical Commissioning Group be asked to liaise with dentists locally to agree a way that children under the age of 11 can be guaranteed an appointment.**

Healthy Living

Maternity / New Parent Services

It appears that the NHS model focuses on commissioning services to treat a problem rather than preventing it even though an issue such as dental decay in the very young is generally preventable. Prevention strategies are always preferable and are generally much cheaper than treatment.

The Committee believes that targeting expectant parents (and parents with new babies) with

information about looking after their children's oral health is key to improving oral health and reducing dental caries in children. Although free dental packs used to be distributed to new parents on the maternity ward, this no longer happens.

The NHS 'red book', also known as the Personal Child Health Record (PCHR), is a standard health and development record given to parents just before or at their child's birth. It contains details of the baby's growth and development and is where the baby's measurements are recorded, milestones described/noted and vaccinations are charted. The inclusion of information in the red book about free NHS dental treatment for children as well as advice about when to start brushing and the importance of having check ups with the dentist would go a long way to helping parents with their children's oral health.

A section on dental care in pregnancy has been included in the Mum & Baby app that is provided by NWL CCGs and advises women to ensure that they have regular dental check ups and highlights that NHS dental care is free to pregnant women up to the baby's first birthday. However, the app is targeted at pregnant and newly delivered women so does not stray into advice beyond 28 days which is the end of maternity remit - advice about babies' oral health then falls into the remit of health visitors.

To this end, the Committee believes that there would be benefit in strengthening the role of health visitors and school nurses in relation to children's oral health. Health visitors are in a position where they get to know parents and are more able to identify those that do not regularly visit the dentist and those whose children who are bottle fed. Once identified by health visitors, action could be taken to get fluoride varnishing for these children where needed.

Dental screening is not routinely undertaken in mainstream schools in Hillingdon so action needs to be intelligence led to ensure that the limited resources available are being directed to the children that are most in need. Although annual dental screening is undertaken in special educational needs (SEN) schools across the Borough, there is no further information available about whether or not a child subsequently sought further treatment from a dental practice. To this end, between March 2020 and March 2021, 3,180 brushing packs were distributed in schools around Hillingdon and 600 packs were supplied to three SEN schools. It is suggested that these brushing packs and information about the free NHS services available to new mothers also be provided to new parents, perhaps following first contact with the health visitors (the provision of a pack could be something that is highlighted in the red book).

On that basis, the Committee recommends:

6	**That the Corporate Director of Social Care & Health be asked to ensure that health visitors provide new mothers with information about free NHS dental services and brushing kits at their first contact and ask the Royal College of Paediatrics and Child Health to include oral health information in the Personal Child Health Record ('red book').**

Education and awareness

A survey of 3 year olds carried out in 2012 showed that 16% in Hillingdon (the highest in the country - compared with 3.9% in England) had incisor caries (decay of front teeth). This showed how dental decay can start at a very early age and can be related to poor infant feeding practices.

Dr Amit Rai, a local dentist, has been working with a number of primary schools across the Borough for approximately 13 years to raise awareness of the importance of oral health. He regularly spoke at school assemblies and invited groups of under 5-year-olds to attend 1½ hour sessions at his practice in Yiewsley, during which their teeth would be checked, fluoride varnishing applied and advice given. Many of these children had never visited a dentist before. Dr Rai also provided information to school nurses to be cascaded to the children. This approach to educating the children and providing them with information about good oral health seemed to work well and make a real difference.

Many parents lack awareness and understanding of the need to look after their children's teeth from a very early age. As such, staff at children's centres across the Borough are expected to promote oral health, as are school nurses and health visitors. In reality, this does not always happen and there are no KPIs in relation to the work of school nurses or health visitors at present. As every family receives a mandatory visit from a health visitor, it has been suggested that oral health conversations could form part of these visits. This would assist in raising awareness, particularly in hard-to-reach groups.

The 0-19 service contract is currently held by Children's Services and the specification is being reviewed so that it can be re-procured, following Cabinet's agreement in December 2019 to a one-year extension of the contract. The Committee would like to see the need for oral health promotion included in the contract specification. KPIs should also be put in place to ensure the service is delivered at the level required; particularly in the south of the Borough. It is anticipated that the contract will be re-tendered and awarded by the end of the 2021 financial year.

To ensure that staff are equipped to provide parents with information on their children's oral health, the Committee recommends:

7	**That Corporate Director of Social Care & Health ensure that training be made available for health professionals such as health visitors and school nurses on the promotion of good oral health.**

Collaboration and Monitoring

Consideration is currently being given to promoting specific initiatives at the same time as advising residents about other issues (for example, encouraging the take up of cervical smear tests when advising women about Covid vaccinations). It is anticipated that pregnant women will be targeted in the autumn to encourage them to get their flu vaccination. As such, consideration will be given by NWL CCG to working with key groups to providing this cohort with information about the dental

services that are available to pregnant women and their children and emphasising that these services are free.

Currently, although NHSE/I commission community dental services, local priorities are directed by the Council. The importance of monitoring the implementation of any action to deliver these priorities is clear as this will provide the local authority with information about the impact that the action and collaborative working has had on children's oral health. To ensure that the local authority has this oversight, if agreed by the Cabinet, the relevant Select Committee could request regular updates to enable them to monitor those community dental services provided in the Borough that can be influenced by the Council.

On that basis, the Committee recommends:

8	**That the Families, Health and Wellbeing Select Committee receives annual updates from Public Health on the performance of the community dental service in Hillingdon.**

Communication and Promotion

Concern has been expressed that dental health does not appear to be seen as a priority and sometimes feels as if it has been forgotten. Although residents can easily access primary medical care, it is not quite so easy when trying to access good quality paediatric dental care. The nature of the current contracts held by dental practices mean that children's dental care is not given priority. With good networks already in place for physical and mental health, it has been suggested that more work is done to ensure that dental health is included as part of this existing system rather than working in isolation.

Campaigns to raise awareness of the need for good oral health and to provide signposting have previously taken place in the Pavilions shopping centre in Uxbridge before the pandemic. Promotional activity has also been undertaken with regard to weaning and healthy eating and staff and parents in early years settings have improved their understanding about the impact of things like sugary foods. Other action taken includes targeting particular communities about the need for a healthy diet to maintain oral health and improvements to the food offered at schools.

The Children & Young People's Dental Health Steering Group (C&YPDHSG) has been set up in Hillingdon to target specific areas so that the different organisations involved can collectively look at improving children's oral health in the targeted. This group includes representation from NWL CCG, Whittington, London Borough of Hillingdon, Local Dental Committee and GPs.

Providing new and expectant mothers with information about maintaining babies' oral health is thought to be key. As such, it has been suggested that information could be disseminated through antenatal classes (as pregnant women will want what is best for their child) or through platforms such as Facebook, Mumsnet, etc. A lot of activity has already been undertaken on this by the Steering Group with things like drawing competitions, a Guinness world record attempt,

campaigns and activities.

Small rewards have been found to entice engagement in initiatives and improve public health outcomes. As such, it has been suggested that low cost incentives be introduced that might help residents on limited budgets. For example, the C&YPDHSG had run a competition to draw a picture of a healthy family meal with a glow in the dark toothbrush as the prize. Pink disclosing tablets could also be distributed as part of these initiatives as a fun way for children to identify the effectiveness of their brushing habits.

A character called Aggie the Alien had also been created to help children in the Borough to identify with specific issues via a video. Whilst having these kinds of messages from GPs and dentists is powerful, consideration also needs to be given to the messages conveyed within communities and targeting these more proactively.

The mechanisms to convey information are already in place for other health interventions, so messages about dental health just need to be dropped into these existing tracks. All of the different agencies want to set residents up for a healthy life and will need to work together to develop effective approaches for information and messaging as a single approach will not suffice for such a huge issue.

On that basis, the Committee recommends:

9	**That the Health and Wellbeing Board oversee a comprehensive communications and education plan on oral health coordinated by a Children & Young People's Dental Health task and finish group.**

About the review - witnesses and activity

The following Terms of Reference were agreed by the Committee from the outset of the review:

1. To gain a thorough understanding of the current dental service provision offered to children and young people within the Borough and to consider possible areas for improvement;
2. To explore the current situation in relation to the dental health of children and young people in the Borough and to consider how this can be improved on;
3. To identify barriers to attendance – reasons for current low attendance rates and what can be done to address this issue;
4. To review current and future plans by health partners to prevent incidences of caries and to improve oral health;
5. To examine best practice elsewhere through case studies, policy ideas and witness sessions;
6. To review the current policies, legislation, research and campaigning by Government to improve children's oral health and to explore best practice and advice that could be adopted by the NHS; and
7. After due consideration of the above, to bring forward recommendations to Cabinet for Council endorsement, before being sent to health partners to consider.

Given the impact of the ongoing Covid-19 pandemic on witnesses ability to attend meetings in person, the Committee received evidence through formal and informal meetings from the following sources and witnesses:

Select Panel Witness Session – 12 February 2020	**External witnesses:** • Dr Lalit Patel, Chair, Hillingdon Local Dental Committee • Dr Amit Rai, West Drayton and Yiewsley Dental **Council officers in attendance:** • Dr Steve Hajioff, Director of Public Health • Dan Kennedy, Director – Housing, Environment, Education, Performance, Health & Wellbeing • Shikha Sharma, Consultant in Public Health
Virtual Chairman's briefing - 15 June 2021	**External attendees:** • Andrew Biggadike, Regional DOP Lead for Acute, Community and Specialist Dental Contracts, NHS England and NHS Improvement - London Region
Committee Witness Session 1 – 16 June 2021	**External witnesses:** • Dr Lalit Patel, Chair, Hillingdon Local Dental Committee • Dr Andrew Read, Clinical Director Dental Services / Deputy Chair – Managed Clinical Network for

	Paediatric Dentistry in NWL, Whittington Health NHS Trust **Council officers in attendance:** • Shikha Sharma, Consultant in Public Health
Children & Young People Steering Group - 17 June 2021	**Attendees:** • Sally McGregor, Whittington Health NHS Trust • Ayesha Masood, Whittington Health NHS Trust • Shikha Sharma, Public Health • Carol McLoughlin, NWL CCG • Laura Laryea, London Borough of Hillingdon • Stephen Vaughan-Smith, HCCG GP • Councillor Nick Denys, London Borough of Hillingdon • Nikki O'Halloran, London Borough of Hillingdon
Virtual Chairman's briefing – 12 July 2021	**External attendees:** • Dr Huda Yusuf, Consultant in Public Health / Clinical Lead for Child Healthy Weight, Homelessness and Dental Health, Public Health England (London) **Council officers in attendance:** • Shikha Sharma, Consultant in Public Health
Committee Witness Session 2 – 20 July 2021	**External witnesses:** • Richard Ellis, Joint Lead Borough Director, North West London Clinical Commissioning Group (NWL CCG) • Carol McLoughlin, CYP Dental Steering Group Chairman, NWL CCG • Caroline Morison, Managing Director, Hillingdon Health and Care Partners
Virtual Chairman's briefing - 23 July 2021	**External attendees:** • Dan West, Managing Director, Healthwatch Hillingdon

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