

## EXTERNAL SERVICES SELECT COMMITTEE - DENTAL HEALTH SERVICES

<b>Committee name</b>	External Services Select Committee
<b>Officer reporting</b>	Steve Clarke, Chief Executive's Office
<b>Papers with report</b>	None
<b>Ward</b>	n/a

### HEADLINES

Members are to scrutinise action taken in Hillingdon to address health inequalities in relation to dental health.

### RECOMMENDATION:

**That the External Services Select Committee notes the content of the report and seeks clarification about matters of concern in the Borough.**

### SUPPLEMENTARY INFORMATION

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. During this single meeting review, Members considered information from witnesses about the work that was being undertaken in child oral health in the Borough; noting the preventative measures being taken such as the Early Years Programme and Brushing for Life campaign. This report aims to illustrate a broader view of national and regional trends when it comes to dental health, including local concerns within the Borough.

#### National trends and focus

In the UK, oral health is steadily improving for both adults and children. The proportion of adults with no natural teeth is at an all-time low, while the proportion of those with 21 teeth or more has been consistently rising. However, there are concerning levels of variation between different parts of the country and socioeconomic groups. On the whole, dental health is better in the south and east of England, and poorer in the north of England.

Poor oral health has been linked to a number of general health issues including lung disease and poor diabetic control, there is also an association between chronic gum disease and cardiovascular disease. The cost to the NHS of treating oral health conditions is around £3.4 billion per year. Dental decay, also known as caries, and gum disease are the most common oral conditions, and are largely preventable through the maintenance of good oral health practices.

Good oral health is fundamental in facilitating good general health and wellbeing. In recent years, there has been a focus on adopting preventative strategies to combat major public health concerns facing the UK. There are large scale public health campaigns addressing widespread concerns such as obesity and type-II diabetes, however, more needs to be done to ensure that

the focus on prevention in dental health is joined up with wider efforts to prevent ill health.

## **Regional concerns and health inequalities**

There are concerning levels of variation between different parts of the country and socioeconomic groups. The quality of dental health is better in the south and east of England, and poorer in the north of England. However, in 2019, those in London were the least likely to see an NHS dentist, with just 44% having had a check-up in the previous 24 months. Nationwide, the number of adults accessing NHS dental services has fallen to a 10-year low with just 50.2% of adults reporting to have seen a dentist within the previous two years. Attendance of NHS dentistry services has become of growing concern and links have been drawn between the prevalence of gum disease and individuals who do not visit the dentist regularly.

The most prominent reason cited for the lack of people accessing dental services is the increasing cost, more than a third of survey respondents (36%) admitted to sacrificing dental visits in order to keep their bank balance in check. Cost is not the only reason behind not attending a dentist. Anxiety (22%), the fear of getting bad news (18%) and work commitments (8%), are all reasons why people stay away. Since 2010, net government expenditure in England on dental services has dropped by £550 million in real terms; over the same period, the cost of NHS dentistry services has increased by more than 30%.

NHS dental treatment is free for:

- anyone under 18 years old
- adults under 19 years old, in qualifying full-time education
- pregnant women, or women who have had a baby in the previous 12 months
- being treated in an NHS hospital and your treatment is carried out by the hospital dentist
- those receiving low-income benefits, or if they are under 20 years old and a dependant of someone receiving low-income benefits

There is a need to emphasise the availability of free NHS dental treatment, specifically for those receiving low-income benefits, as access to these services remains low for this demographic.

Lifestyle choices impact on a person's oral health - for example, tobacco use and drinking alcohol above the recommended levels are risk factors for oral cancer. The combined effect of drinking alcohol and using tobacco multiplies the risk of developing mouth cancer. Other factors, often associated with socio-economic circumstances, such as poor diet, contribute to health inequalities and a divide in the quality of oral health from the most deprived to the least deprived areas.

## **Hillingdon**

There are a number of dental health concerns within the Borough, however, one has been prioritised as forming part of Hillingdon's Health and Wellbeing Strategy for 2018-21. Namely, that young children in Hillingdon have levels of dental decay that are higher than the average for England. The 2015 National Dental Epidemiology Programme, looking at the dental health of five year olds found that, in comparison to the rest of London, the percentage of children 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 West/North-West London as Harrow also experienced a high proportion of child dental decay at 34.2%. The prevalence of decay was

attributed to long term bottle use, this suggests that action to discourage long term bottle use and sugary drinks consumption will be needed 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 for specialist services and community dental services.

### **'The Sugar Tax' - Practical implications on dental health**

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<sup>1</sup>, 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; because of this, HMRC reduced their 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 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 found that a 20% taxation on sugary beverages would result in a €159m saving in terms of dental care expenditures<sup>2</sup>; 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 confectionary products. Although soft drinks account for 10% of a child's sugar intake, confectionaries 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 (29% of UK adults classified as obese and nearly five million people living with type-II diabetes).

### **Responsibilities**

NHS England has responsibility for the commissioning of all dental services including specialist, community and out of hours dental services; locally, this feeds down to Hillingdon CCG. Most dentistry within the Borough is provided by private practitioners paid to deliver frontline NHS services, most of whom also provide, on a commercial basis, services which the NHS does not provide, largely cosmetic. This differs from the way in which GP surgeries function.

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<sup>1</sup>Adv Nutr - Sugars and Dental Caries

<sup>2</sup> Public Health - Caries related effects of a tax on sugar-sweetened beverages

The Hillingdon Health and Wellbeing Strategy for 2018-21 notes the formation of the North West London Sustainability and Transformation Partnership (NWL STP), the Health and Wellbeing strategy also highlights the 10 transformation themes and 5 overarching delivery areas which are key to improving health outcomes in North West London. Delivery area 1 pertains to 'Prevention and Wellbeing' with good children's dental health forming an integral part of it. This is to be facilitated by transformation theme 7, 'Integrated Care for Children & Young People', a key outcome of which being to increase the dental health of 0-4 year olds to the national average by 2021. Children's dental health formed part of the strategy in direct response to the high proportion of children in the Borough with dental decay, however, the Health and Wellbeing Strategy does not detail any key actions or outcomes for the dental health of adults.

## **BACKGROUND PAPERS**

21 May 2015: Social Services, Housing and Public Health Policy Overview Committee Report: Children's Oral Health

## **REFERENCES**

<sup>1</sup> *Sugars and Dental Caries: Evidence for Setting a Recommended Threshold for Intake.*, Advances in Nutrition. 2016 Jan; 7(1): 149–156.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4717883/>

<sup>2</sup> *The caries-related cost and effects of a tax on sugar-sweetened beverages.*, Public Health. 2019 Apr; 169: 125–132

<https://www.sciencedirect.com/science/article/abs/pii/S0033350619300344>