



## External Services Select Committee Review Scoping Report 2019/20

***Dental service provision for children and young people in the Borough and the effectiveness of preventative measures taken by partners in relation to caries and other oral health issues.***

### 1). REVIEW OBJECTIVES

#### **Aim and background to review**

##### **Introduction**

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 (Appendix A). During the single meeting review, Members 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 child 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 said meeting, Members of the Select Committee heard that:-

- In London, about 1 in 4 five year olds have tooth decay with, on average, 4 teeth affected <sup>1</sup>

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<sup>1</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/768368/NDEP\\_f\\_or\\_England\\_OH\\_Survey\\_5yr\\_2017\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768368/NDEP_f_or_England_OH_Survey_5yr_2017_Report.pdf)

## Appendix A

- 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% <sup>2</sup>
- In London tooth decay is the top cause of non-emergency hospital admission amongst 5-9 year olds <sup>2</sup>
- In 2017/18 about 7,000 children in London aged < 10 years had 1 or more teeth extracted in hospital because of tooth decay <sup>3</sup>
- In Hillingdon, more than double the number of 5-9 year olds were admitted to hospital for dental 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's next review would consider 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 is to explore the current situation within Hillingdon and consider possible areas for improvement; it is anticipated that such improvements will result in increased customer satisfaction and a reduction in the incidences of tooth decay in the young.

### Terms of Reference

The proposed Terms of Reference for the review are detailed below for Members to consider and amend as they see fit. These set out the objectives 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

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<sup>2</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2017-18>

7. After due consideration of the above, to bring forward recommendations to Cabinet for Council endorsement, before being sent to health partners to consider.

## 2). INFORMATION AND ANALYSIS

### **Context - national trends and focus**

In relation to dental health in the UK, there are concerning levels of variation throughout the country and between different 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 cardio-vascular 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**

Although the quality of dental health is 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. Nationwide, the number of adults accessing NHS dental services has 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 has become a matter 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 unwillingness to access dental services is the increasing cost; more than a third of survey respondents (36%) admitted to sacrificing dental visits due to financial concerns. However, cost is not the only barrier to attendance; other factors such as anxiety (22%), the fear of getting bad news (18%) and work commitments (8%), are also 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 to the service user has increased by more than 30%.

NHS dental treatment is free for:

- under 18 year olds
  - adults under 19 years old, in qualifying full-time education
  - pregnant women, or women who have had a baby in the previous 12 months
  - those being treated in an NHS hospital whose treatment is carried out by the hospital dentist
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- those in receipt of low-income benefits or, those who 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 in receipt of low-income benefits, as access to these services remains low for this demographic.

Lifestyle choices impact on 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. Moreover, 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 between the most deprived and the least deprived areas.

### **Dental Health in Hillingdon**

There are a number of dental health concerns within the Borough; one issue which is of particular concern and which has 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 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 such bottle use and sugary drinks consumption will be required 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 un-met 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.

### **'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>3</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; as a result, 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

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<sup>3</sup>Advances in Nutrition - Sugars and Dental Caries

## Appendix A

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 estimated that a 20% taxation on sugary beverages would result in a €159m saving in terms of Government dental care expenditure<sup>4</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 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.

### Responsibilities

Dental services are not the responsibility of the local authority but the External Services Select Committee has a statutory remit to scrutinise the performance of local health services.

NHS England is responsible 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, many 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.

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 is to improve the dental health of 0-4 year olds to reach 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.

### REFERENCES

Public Health England - National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017 - A report on the inequalities found in prevalence and severity of dental decay:

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<sup>4</sup> Public Health - Caries related effects of a tax on sugar-sweetened beverages

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/768368/NDEP\\_for\\_England\\_OH\\_Survey\\_5yr\\_2017\\_Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768368/NDEP_for_England_OH_Survey_5yr_2017_Report.pdf)

NHS Digital: Hospital Admitted Patient Care Activity, 2017-18:

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

*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/>

*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>

Hillingdon's Health and Wellbeing Strategy 2018-21 (Appendix B)

### **3). EVIDENCE & ENQUIRY**

#### **Methodology**

At a meeting of the External Services Select Committee on 9 October 2019, it was agreed that a Select Panel be set up to consider background information and receive evidence from officers and external witnesses in relation to the topic of the review. As the review progresses, additional research into relevant documents and websites will be undertaken to furnish Members with further context and evidential material.

#### **Possible lines of enquiry and witness testimony**

As the review progresses and Members seek information and evidence, possible witnesses that could be invited to present to the Committee include:

- Whittington Health NHS Trust (current community dental services provider)
  - Central and North West London NHS Foundation Trust (previous community dental services provider)
  - The Hillingdon Hospitals NHS Foundation Trust (maternity and A&E)
  - Hillingdon Local Dental Committee (representing dental practices in the Borough)
  - NHS England (commissioner of all dental services)
  - Shikha Sharma, Consultant in Public Health
  - Rajneet Viridi, Community Dental Officer
  - Dr Steve Hajioff, Director of Public Health, LBH
  - Dentists, including those in private practice
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- Representatives from nurseries / schools / Children's Services (regarding current dental services for LAC)
- Parents

Members are reminded that this is not an exhaustive list and that additional witnesses can be requested at any point throughout the review. Additional stakeholder events, one-to-one meetings and site visits may also be set up to gather further evidence.

#### **4). REVIEW PLANNING AND ASSESSMENT**

Once a report's recommendations have been agreed by the Cabinet, officers and external witnesses will be requested to commence the delivery of any required changes. The monitoring of such work is a fundamentally important aspect of the Committee's duty and, as such, regular reports on progress can be requested by Members and a full update report will be added to the future work programme of the Committee.

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## Appendix A

Meeting	Action	Purpose / Outcome
ESSC: 18 December 2019	Agree Scoping Report	Information and analysis
Select Panel: 1 <sup>st</sup> Meeting - 6.30pm 12 February 2020	Introductory Report / Witness Session 1 -  <ul style="list-style-type: none"> <li>• <b>Where are we now?</b></li> </ul> <p>(Gaining evidence to establish the current situation in Hillingdon)</p>	Evidence and enquiry:  <ul style="list-style-type: none"> <li>• NHS England</li> <li>• HCCG</li> <li>• Local Dental Committee</li> <li>• Council officers</li> </ul>
Select Panel: 2 <sup>nd</sup> Meeting - 6.30pm TBC	Witness Session 2 -  <ul style="list-style-type: none"> <li>• <b>Where are we now and where do we want to be?</b></li> </ul> <p>(Gaining evidence to establish the current situation in Hillingdon)</p>	Evidence and enquiry and ideas for recommendations:  <ul style="list-style-type: none"> <li>• Dentists</li> <li>• Public Health</li> <li>• Community Dental Services</li> <li>• Council officers</li> </ul>
Select Panel: 3 <sup>rd</sup> Meeting - 6.30pm TBC	Witness Session 3 -  <ul style="list-style-type: none"> <li>• <b>What can we do and how do we achieve it?</b></li> </ul>	Evidence and enquiry and ideas for recommendations:  <ul style="list-style-type: none"> <li>• Hillingdon Hospital - maternity</li> <li>• Council officers</li> <li>• Dentists</li> <li>• Patients</li> <li>• Nursery / school reps</li> </ul>
Select Panel: 4 <sup>th</sup> Meeting – 6.30pm TBC	Witness Session 4 -  <ul style="list-style-type: none"> <li>• <b>What can we do and how do we achieve it?</b></li> </ul>	Evidence and enquiry and ideas for recommendations:  <ul style="list-style-type: none"> <li>• NHS England</li> <li>• HCCG</li> <li>• LDC</li> </ul>
Select Panel: 5 <sup>th</sup> Meeting - 6.30pm TBC	Draft Final Report	Proposals – agree recommendations and final draft report
ESSC: TBC	Consider Draft Final Report	Agree recommendations and final draft report
Cabinet: TBC	Consider Final Report	Agree recommendations and final report

### Resource requirements

This is a review of external services and will be undertaken within current resources. The plan set out above will be co-ordinated and delivered by Democratic Services. The additional resource of staff time required to present, collate and format evidence for witness sessions will also need to be taken into consideration.

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