

Health and Adult Social Care Scrutiny Committee

Nottingham City Council Public Health – Oral Health

14 March 2024

1.0 Background

A healthy mouth and smile have such an important role to play in our lives. They ensure people can eat, speak and socialise. Poor oral health can result in significant pain and eventual tooth loss, with an adverse impact on school or work, family and social life.

Poor oral health is almost entirely preventable and despite good progress over the last few decades, oral health inequalities remain a significant public health problem in England. In the UK, tooth decay remains the most common reason for hospital admissions in children aged between 6 and 10 years. There are marked inequalities in oral health in England across all stages of the life course and over different clinical indicators such as dental decay and related quality of life measures.

Inequalities in socio-economic position and levels of deprivation have frequently been observed for oral health. Recognising this is important for Nottingham which has high levels of deprivation, as described in the 2019 [Indices of Multiple Deprivation \(IMD\)](#) and is ranked 11th most deprived district in England.

1.1. Local data collection

Oral Health Needs Assessments

In 2020, Nottingham City Public Health team completed an [Oral Health Needs Assessment](#) describing poor oral health as a major public health issue. NHS England Dental Public Health are undertaking a rapid oral health needs assessment for Nottingham & Nottinghamshire. This is expected to be completed in early 2024 with the Nottingham & Nottinghamshire Oral Health Steering Group considering the next steps and how to use the new information to inform the oral health strategic commissioning direction in spring 2024.

Poor oral health and barriers to maintaining oral health have also been described recently both in the population supported by the Changing Futures programme where chronic pain and DIY dentistry were described, and in a Nottingham & Nottinghamshire Healthwatch report.

National Dental Epidemiology Programme (NDEP)

Standardised and coordinated annual surveys of oral health have been conducted since 1985. In keeping with its responsibility to gather information on the health needs of the local population, Nottingham City Council works with NHSE to commission Nottingham's annual surveys examining the teeth of a representative sample of the population. In recent years, the Nottingham City Council Public Health team have also funded enhanced samples to enable a richer picture of the oral health of children to be created.

Currently, the focus and analysis of the survey is coordinated by the Office for Health Improvement and Disparity (OHID). There are three surveys of children carried as part of the NDEP survey programme:

- A survey of 3-year-old children attending private and state-funded nurseries or nursery classes attached to schools and playgroups
- A biennial survey of 5-year-old children attending mainstream, state-funded schools
- A survey of children in year 6 (10 and 11 year olds) attending mainstream state funded primary and middle schools.

In addition to surveys of children, the National Dental Epidemiological Programme for England (NDEP) includes an oral health survey of adults. (last completed 2017/18).

Together, these surveys present a snapshot of the oral health of children and adults and provide a picture of trends in the oral health of children over time and comparable to other areas of England.

1.2. Children's oral health in Nottingham

In 2022, the average number of teeth affected by dental decay amongst 5-year-olds in Nottingham was 1.3 teeth. This is significantly higher than the England average 0.8 teeth. Similarly, over a third of 5-year-olds had visually obvious signs of dental decay (34.2%); significantly worse compared to the England average (23.7%). The COVID-19 pandemic had an impact on the delivery of the NDEP survey programme for children.

Data for the oral health survey of 3-year-old children 2020 was collected during the academic year 2019 to 2020 but was curtailed by the COVID-19 pandemic and the closure of schools and nurseries for most children in March 2020.

1.3. Adult's oral health in England

The results of the National Dental Epidemiology Programme 2017/18 oral health survey of adults attending general dental practices in England showed more than a quarter of participants (27%) had tooth decay, having on average 2.1 decayed teeth, and more than half (53%) had gingival bleeding. Furthermore 18% reported currently being in pain and the same number had experienced one or more impacts of poor oral health 'fairly' or 'very often' in the previous year. Poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas. Due to insufficient local respondents, specific intelligence on Nottingham City is not available.

2.0 Improving oral health and tackling oral health inequalities in Nottingham

OHID and NICE (PH55), describe the need for a range of interventions that aim to improve oral health whilst reducing oral health inequalities. This guidance has helped the Nottingham City Public Health team and local stakeholders develop a package of interventions for Nottingham City focused on preventing people from experiencing

poor oral health. In keeping with the philosophy of the Joint Health and Wellbeing Strategy, the approach doesn't just focus solely on changing individuals' behaviour but considers community and population level interventions.

2.1. Distribution of oral health resources

Twice daily tooth brushing with fluoride toothpaste is recommended to prevent or limit dental decay. The current financial pressures on households may limit access to basic oral healthcare products such as fluoride toothpaste and toothbrushes and risk further deterioration in oral health. Services which support people in financial stress (eg food banks) do not have a sustained supply of oral health products.

In the financial year 2022/2023 NHS England (NHSE) provided a total of £100,000 non-recurrent ring-fenced funding to the two local authorities in the Nottingham and Nottinghamshire Integrated Care System. The funding was for the sole purpose of purchasing and distributing toothbrushing packs to foodbanks and other community organisations who provide support for vulnerable people and families.

Nottingham City Council has been co-ordinating the distribution of supplies across both the city and county (this followed £40,000.00 ring fenced non-recurrent funding in the financial year 2021/2022 to undertake a similar process, which was co-ordinated by Nottinghamshire County Council). [The first distribution of resources took place in August 2023](#), which included 20,388 products (toothbrushes and toothpaste for both adults and children) distributed across Nottingham with a second distribution planned in Nottingham City in early March 2024.

In addition to this funding, Nottinghamshire County Council is co-ordinating the use of a second pot of NHSE funding to help prevent poor oral health through innovative, approaches across Nottingham and Nottinghamshire. The focus of this work is currently being informed by the partners of the Nottingham and Nottinghamshire Oral Health Steering Group including Nottingham City Council.

2.2. Nottingham City Oral Health Improvement Team

The Nottingham City Council Public Health team have commissioned the Community Dental Service (CDS) CIC to deliver an evidence based oral health promotion service for identified communities and vulnerable groups in Nottingham to maintain and improve their oral health. The [Nottingham City Oral Health Improvement Team launched in January 2024](#), with the contract initially operating for three years. The service is focused on supporting positive change in four key outcomes:

1. Improvement in the overall oral health and wellbeing of children and young people in Nottingham.
2. Improvement in the overall oral health and wellbeing of older people and vulnerable adults in Nottingham.
3. Reduced prevalence of caries (Decayed Missing or Filled Teeth [DMFT]) of five-year-old children (including a reduction in caries-related tooth extractions) in Nottingham, particularly in areas of high prevalence of disease.

4. Increased knowledge and levels of awareness around poor oral health, access to services and best practice for residents and health, social care, early years and education professionals.

To achieve change in the outcomes above, the service has a number of key objectives against which its performance is monitored through quarterly contract reviews:

- A. To train professionals who work with vulnerable adults, older people and children so that they can provide evidence-based oral health promotion advice,
- B. To develop and roll out a sustainable supervised tooth brushing programme in early years settings,
- C. To develop and maintain strategic partnerships with relevant services working with older people, vulnerable people and children and families,
- D. To develop Nottingham City Oral Health Promotion branding and lead on Nottingham City Oral Health Promotion Communications,
- E. To fund, develop and distribute appropriate oral health resources (eg packs of information, leaflets, toothbrushes and toothpaste).

2.3. Severe Multiple Disadvantage (SMD)

There is emerging evidence that poor oral health is one of the most common physical health problems faced by Severe Multiple Disadvantage (SMD) and homeless populations. In spring 2022, 45 people experiencing SMD in Nottinghamshire participated in research about their dental health and access to dentistry. The research found that there was a need for an alternative offer to mainstream services should be considered for people experiencing homelessness and/or SMD.

After consideration of different models, it was decided that a mobile dentistry unit should be commissioned by NHS England to run a 12-month pilot, adopting a partnership approach to offer acute care to individuals.

Community Dental Services (CDS) CIC have been commissioned to undertake the delivery and the unit is currently operating on a rotational basis across both Nottingham City and Nottinghamshire. The mobile dentist unit has the capacity to see approximately fifteen people a day at the designated sites visiting once a month in Nottingham City. The unit carried out thirty-six appointments for vulnerable citizens in Nottingham between July 2023 and January 2024.

The evaluation of the pilot is currently ongoing and is being undertaken by CDS with support from NHSE and the Nottingham City Public Health team who are gathering qualitative feedback and case studies.

2.4. Fluoridation

Water fluoridation is a safe and effective population-level public health intervention which has been shown to reduce the likelihood and scale of tooth decay in children

and adults. It involves adjusting the fluoride level in drinking water supplies to an amount that is optimal for dental health of 1ppm (1.0mg/l).

Fluoridation works in two ways. For children younger than 8 years, fluoride helps strengthen the adult (permanent) teeth that are developing under the gums. For adults, exposure to fluoridated water supports tooth enamel, keeping teeth strong and healthy.

Adjustment of fluoride levels in drinking water supplies in England is regulated under new legislation (Health and Care Act 2022), which empowers the Secretary of State for Health and Social Care (SofS) to establish, vary or terminate existing water fluoridation schemes. Before an existing scheme can be varied, feasibility studies, consultations and capital and revenue costs may need to be assessed by the SofS. Local councils can submit a formal request letter to the SofS to consider varying schemes in their area.

Nottingham City and Nottinghamshire County Councils have worked jointly to engage with key stakeholders, including elected members, the Local Dental Network and Local Dental Committee to seek support for the expansion of water fluoridation across the ICS footprint. Endorsement has also been received from the Nottingham and Nottinghamshire Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

[A letter from the Chairs of the Nottingham and Nottinghamshire Health and Wellbeing Boards](#) (executive sponsors for phase one), the Chair of the ICP and the Chief Executive of the ICB has now been submitted to the SofS for Health and Social Care to request exploration of the expansion of the current water fluoridation scheme across Nottingham and Nottinghamshire.

If the Secretary of State agrees to explore the expansion of the current water fluoridation schemes, a detailed feasibility study would be undertaken by the water company and an extensive public consultation with all stakeholders would take place.

2.5. Wider determinants of oral health

Oral health, including oral cancers, is influenced by a number of broader health behaviours such as diet, tobacco use, hygiene practices and alcohol use and the biological factors that are directly linked to oral diseases, namely inflammation, infection and immunity.

The Nottingham City Joint Health and Wellbeing Strategy identified two key programmes of work that contribute to oral health: Eating and Moving for Good Health and Smoking.

[Eating and Moving for Good Health](#)

The local system has a vision to transform Nottingham's systems, services and infrastructure so that they support eating and moving for good health as a part of everyday life, for everyone in the City.

To tackle these issues we have taken a whole system approach. This includes providing individual support for residents of all ages who wish to change their diet or lose weight but also ensuring early years and school settings promote eating and moving for good health and our local built environment and economy promotes positive movement and healthy food choices.

[Smoking & Tobacco control](#)

The Nottingham and Nottinghamshire Smoking and Tobacco Alliance brings together partner organisations from across a wide range of disciplines to work towards a clear, shared ambition to see smoking amongst adults reduced to 5% or lower by 2035 across Nottinghamshire and Nottingham City.

The approach taken looks beyond simply helping smokers to quit but highlights how we will support our young people not to start in the first place and identifies the work we need to do to address the wider determinants of tobacco related inequalities, such as reducing exposure to second-hand smoke and access to illegal tobacco.

3.0. Summary

The Local Authority Public Health team and key, local stakeholders acknowledge the role they play in preventing poor oral health including establishing positive dental hygiene, diet and other health behaviours at an early age. Furthermore, we recognise the importance of an all age approach to protecting and improving oral health and have endeavoured to create a programme of interventions that support those in our communities experiencing the greatest need. These prevention activities are just part of the solution but are key to improving oral health and reducing inequalities.