

**REPORT TO:** Health & Wellbeing Board  
**DATE:** 16 January 2025  
**REPORTING OFFICER:** Director of Public Health  
**PORTFOLIO:** Health & Wellbeing  
**SUBJECT:** Oral Health  
**WARD(S)** All

**1.0 PURPOSE OF THE REPORT**

1.1 To provide members of the Board with an update on child oral health programmes including planned next steps.

**2.0 RECOMMENDATION: That:**

- 1) The report be noted; and**
- 2) The Board supports ongoing participation in regional and local plans.**

**3.0 SUPPORTING INFORMATION**

3.1 Good oral health is important for children because it supports speech and language development, lets them eat, drink and smile with confidence and helps maintain the space for the eruption of adult teeth. Despite tooth decay being an almost entirely preventable disease, it is still the most common reason for hospital admissions in the 5 to 9-year-old age group<sup>1</sup>.

3.2 A study in the North West found that 1 in 4 children had missed days from school because of dental pain and infection with an average of 3 days of school were missed. Almost 4 in 10 children had sleepless nights because of pain<sup>2</sup>. As well as the immediate impacts of poor oral health, decay in baby teeth is a strong predictor of decay in adult teeth.

3.3 Halton has some of the poorest oral health amongst 5 year olds in the North West with over a third (33.9%) of 5 year olds surveyed in 2021/22 had experience of dentinal decay which is significantly higher than the national prevalence of 23.7%. Children living in the most deprived areas almost 3 times as likely to have experience of

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<sup>1</sup> [Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK](#)

<sup>2</sup> [Health matters: child dental health - GOV.UK](#)

dentinal decay compared with those living in the least deprived areas<sup>3</sup>.

3.4 Local authorities are responsible for oral health improvement (2012 Health and Social Care Act). An oral health steering group has been established, chaired by Public Health, bringing together partners to focus on opportunities to improve oral health across the life course however this report focusses on actions planned for child oral health improvement. It does not include oral health improvement delivered at 'chair side' as part of NHS commissioned dental practices.

3.5 Existing work includes integration of oral health into the 0-19 programme across both Health Visitors and School Nursing teams.

3.6 Supervised toothbrushing schemes involves children brushing their teeth supervised by staff whilst at school or nursery. Evidence from Scotland has shown that supervised toothbrushing schemes cost approximately £15-17 per child per annum and pay for themselves within three years through improvements in children's oral health and reduced need for dental treatment or the need for dental care under general anaesthetic<sup>4</sup>. This excludes wider societal benefits of children and parents not missing school and/or work. Programmes in nurseries and schools have been rolled out as part of national oral health promotion programmes in Scotland (*Childsmile*) and Wales (*Designed to smile*). In England, the most recent survey of local authorities published in 2023<sup>5</sup>, showed just under half of all local authorities had at least one supervised toothbrushing programme which were predominantly in more deprived areas although the number of sites and children varied widely. A previous supervised toothbrushing scheme across Halton was paused before covid and plans are now underway to reintroduce the scheme.

3.7 The public health team has developed a Halton Supervised Toothbrushing programme, based on national guidance and recently underwent a 'train the trainer' session, delivered by a senior oral health improvement practitioner. Unlike neighbouring areas, who commission oral health improvement teams, Halton is to embed the offer of a supervised toothbrushing programme to early years settings as part of the Halton Healthy Early Years Settings Award to those settings who wish to take part. This helps to ensure that oral health is seen as an integral part of general health. Over time, it is anticipated that the scheme can be rolled out to childminders and schools (up to age 7). Ideally, the scheme is delivered across Halton but will be limited by funding so will work

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<sup>3</sup> [Oral health survey of 5 year old children 2022 - GOV.UK](#)

<sup>4</sup> [How to implement toothbrushing programmes for children](#)

<sup>5</sup> [A national survey of supervised toothbrushing programmes in England | British Dental Journal](#)

with those settings willing to participate in the most deprived areas first.

3.8 The scheme is to be supplemented with funding from NHS Cheshire and Merseyside's 'Beyond Children and Young People's Transformation programme' as part of the 'Core20plus 5' child programme. This 3 year oral health programme includes a supervised toothbrushing scheme targeting children aged 2-7 years living in the 20% most deprived areas of the region. Halton has recently been identified as a 'trail blazer' and current plans are that there will be a regional offer of training as well as a contribution to the costs of consumables to expedite the roll out of the local programme. Schemes will be monitored to ensure effectiveness and improvements in oral health will be expected to follow in subsequent years as the number of children participating in the scheme increases over time.

3.9 Distribution of fluoride toothpaste and toothbrush packs is an evidence informed initiative<sup>6</sup> that is ongoing in Halton. This has also been supplemented by the regional oral health programme. This year, to date, around 1800 out of 15000 packs have been distributed via to family hubs, libraries, Daresbury Hotel, foodbanks and children in contact with social care including foster care. Packs suitable for children with special educational needs are also due to be delivered to Halton early next year. These will bolster the supervised toothbrushing programme and will increase access to toothbrush and toothpastes to support a wider group.

#### 4.0 **POLICY IMPLICATIONS**

4.1 Local authorities are responsible for oral health improvement (2012 Health and Social Care Act)

Core20plus5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. Oral health is included as an area of focus for children for Integrated Care Board and Integrated Care Partnerships to achieve system change and improve care for children and young people.

4.2 Like many other non-communicable diseases (such as obesity) the prevalence of dental decay follows a socio-economic gradient with those living the most deprived areas suffering from highest levels of tooth decay. It is recognised that an integrated approach is needed to address non-communicable diseases which includes both 'upstream' policy decisions affecting whole populations (i.e. changes to advertising rules or water fluoridation) as well as 'downstream' policies targeting specific communities (e.g.

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<sup>6</sup> [Local authorities improving oral health: commissioning better oral health for children and young people: an evidence-informed toolkit for local authorities](#)

supervised toothbrushing) or individuals to reduce health inequalities.

- 4.3 Limiting action to downstream policies targeting individuals only also suggests that the causes of non-communicable diseases are only due to individual choice. This does not account for the impact of ecological factors or the wider determinants of health. The Halton oral health strategy, which is currently in development, will therefore identify both 'upstream' and 'downstream' opportunities to advocate or introduce new programmes or embed (where appropriate) into existing programmes of work.

## 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 The scheme is to be funded from the monies within the public health grant allocated to child oral health improvement whilst being supplemented by the regional programme (from 2024 to 2027) to enhance roll out.

- 5.2 At the same time, the Government has committed to rolling out a supervised toothbrushing scheme for 3 to 6 year olds, possibly via breakfast clubs. However, the duration, extent and funding of this programme has not yet been confirmed.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

The oral health programmes are evidence informed and cost effective means to improve child oral health as well as supporting good oral health habits to maintain into adulthood.

### 6.2 **Building a Strong, Sustainable Local Economy**

Reducing the burden of oral disease in children will reduce the need for carers and parents to take time from work to look after children suffering from oral disease (on average, children may have around 3 days missing school due to dental issues).

### 6.3 **Supporting Children, Young People and Families**

The oral health programmes as described will help to improve oral health and also introduce children to daily oral health habits to help maintain good oral health throughout their lives.

### 6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

For most protected characteristics, there is inconsistent evidence on associations between oral health, care services and protected

characteristics. For vulnerable groups, including looked after children, the available evidence is limited however studies seem to suggest that these populations have considerably poorer oral health across all outcomes<sup>7</sup>. There is a focus to ensure delivery of toothpaste packs to those children known to social care.

Halton has some of the poorest oral health amongst 5 year olds in the North West with over a third (33.9%) of 5 year olds surveyed in 2021/22 had experience of dentinal decay which is significantly higher than the national prevalence of 23.7%. Children living in the most deprived areas almost 3 times as likely to have experience of dentinal decay compared with those living in the least deprived areas. By targeting supervised toothbrushing schemes to those living in the most deprived areas, it is anticipated that there will be the improvement in oral health outcomes in those who can benefit the most.

#### **6.5 Working Towards a Greener Future**

The oral health programmes will ultimately reduce the need for dental services minimising the carbon costs associated with patient transport, consumables and service delivery.

#### **6.6 Valuing and Appreciating Halton and Our Community**

None identified.

#### **7.0 RISK ANALYSIS**

None identified.

#### **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 For most protected characteristics, there is inconsistent evidence on associations between oral health, care services and protected characteristics. For vulnerable groups, including looked after children, the available evidence is limited however studies seem to suggest that these populations have considerably poorer oral health across all outcomes<sup>7</sup>.

8.2 Halton has some of the poorest oral health amongst 5 year olds in the North West with over a third (33.9%) of 5 year olds surveyed in 2021/22 had experience of dentinal decay which is significantly higher than the national prevalence of 23.7%. Children living in the most deprived areas almost 3 times as likely to have experience of dentinal decay compared with those living in the least deprived areas.

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<sup>7</sup> [Inequalities in oral health in England](#)

## 9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 Please describe any environmental and climate implications that will be generated by the recommendations or advice you are intending to present through this report. How does the recommendations of this report support the Council's response to the environment and climate emergency e.g. by promoting energy efficiency; limiting/eliminating fossil fuel use for heat, power and transport; limiting/eliminating waste and encouraging re-use of resources and encouraging procurement of local suppliers.

9.2 The oral health programmes will ultimately reduce the need for dental services minimising the carbon costs associated with patient transport, consumables and service delivery.

## 10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

[Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK](#)

[Health matters: child dental health - GOV.UK](#)

[Oral health survey of 5 year old children 2022 - GOV.UK](#)

[How to implement toothbrushing programmes for children](#)

[A national survey of supervised toothbrushing programmes in England | British Dental Journal](#)

[Local authorities improving oral health: commissioning better oral health for children and young people: an evidence-informed toolkit for local authorities](#)

[Inequalities in oral health in England](#)