
Briefing Note – Oral public health

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| Produced for: | <i>Health and Adult Social Care Scrutiny Committee</i> |
| Requested by: | <i>Health and Adult Social Care Scrutiny Committee</i> |
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| Date Prepared: | 17/11/25 |
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1 Purpose of the Briefing

- 1.1 To provide an update on developments in the area of oral public health, as requested by Health and Adult Social Care Scrutiny Committee, subsequent to the paper reviewed by Health Scrutiny Committee on this topic received on 11th March 2025.

2 Background

- 2.1 On 11th March 2025, Health Scrutiny Committee received a report from the Director of Public Health on Oral Public Health which covered the following topics:

- Overview of oral health needs and promotion in West Berkshire.
- Common oral diseases and their public health impact.
- NHS and local authority roles in dental care and prevention.
- Key national policy reforms and political commitments.
- Oral health inequalities across population groups.
- Local data on children's and adults' oral health outcomes.
- Access to NHS dental services in West Berkshire.
- Local initiatives: Brushing for Life, Family Hubs, school workshops.
- NICE guidance recommendations for improving oral health.
- Upcoming dental survey of older adults in care settings.
- Suggested future actions: needs assessment, strategy review, partnership development.

This paper provides an update on epidemiology and service developments since then.

3 Current Status

3.1 Since March, the Government launched a [consultation on the NHS dentistry contract](#) (now closed and under analysis) on its proposals to follow on from the 2022 to 2024 Government [policy paper for dentistry reform](#) and Labour's 2024 manifesto [Dentistry Rescue Plan](#). The proposals include the following measures:

- priority to those with urgent and complex needs, with new measures for those with extreme tooth decay and gum disease
- deliver 700,000 additional urgent dental appointments every year
- increase in preventative care for children's dental health
- newly qualified dentists to work in the NHS for a minimum period, intended to be 3 years, to boost appointments

3.2 Data and intelligence about population health need

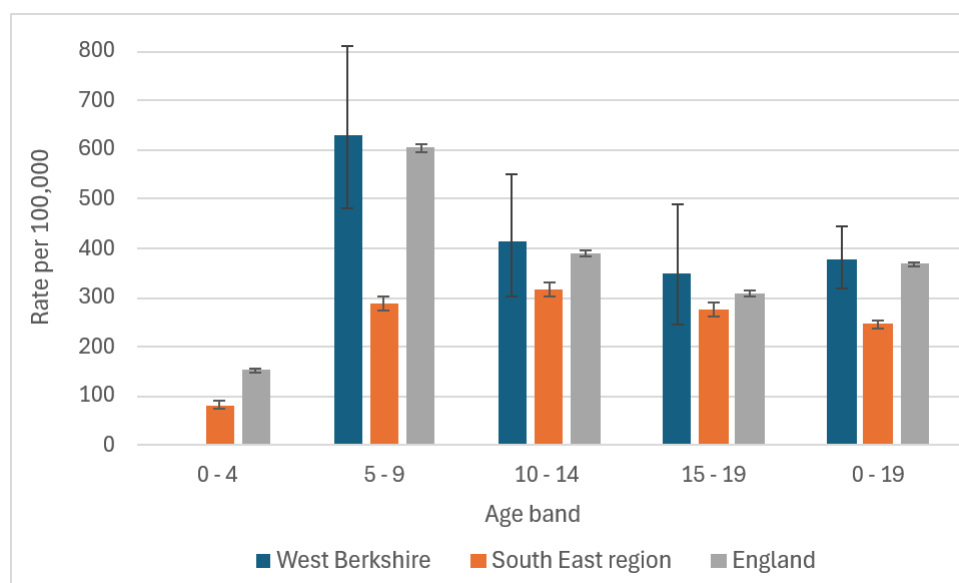
Oral and dental health outcomes vary between areas and different groups. Poorer outcomes are seen among people living in more deprived areas, among lower income families, looked after children, adults with learning disabilities, those with poor mental health outcomes, as well as refugees and asylum-seekers. Poorer outcomes are also seen among homeless people, prisoners, travellers, those with longstanding medical conditions, as well as sex workers. Smoking, alcohol and sugary and unhealthy diets remain key behavioural risk factors for poorer oral and dental health outcomes.

Dental diseases in children can significantly disrupt school attendance and cause a significant burden to the NHS in terms of unplanned hospital admissions.

Updated data is now available that shows that, in 2023/24, there were 145 episodes of tooth extractions in NHS hospitals for 0-19 year olds in West Berkshire. The rate of tooth extractions in West Berkshire was 376.5 (per 100,000), similar to the England rate of 368.0 but statistically higher than the South East average of 239.2 (figure 2).

The percentage of tooth extractions with a primary diagnosis of tooth decay among 0-19 years olds in West Berkshire was 17.2%, statistically lower than the South East and England averages of 40.2% and 62.3% respectively. Among those aged 5 to 9 years, only 16.7% had a primary diagnosis of tooth decay in West Berkshire, compared with 72.6% in the South East and 87.1% across England.

Figure 2 Hospital tooth extractions (rate per 100,000) among 0-19 year olds in West Berkshire (2023/24)



Source: Office for Health Improvement and Disparities ([Hospital Tooth Extractions](#))

3.3 Access to dental services – all ages

Although local primary care dental services are not provided through local authorities, they have an important role to play in the oral and dental health protection and promotion of local people. The NHS Business Services Authority ([NHS BSA](#)) provides data on local authority NHS dental access and provides an insight into the numbers of children and adults accessing NHS dental services.

Access to healthcare or NHS dentistry refers to the ability of individuals to obtain timely, affordable, and appropriate healthcare services when needed.

In 2024/25, 19,054 children aged 0-17 years accessed NHS dental services (in the previous 12 months) in West Berkshire, 53.7% of the 0-17 population. Similar to the South East average (53.3%) but significantly lower than the England average (56.9%).

43,483 individual adults aged 18 and over attended an NHS dentist in the previous 24 months in West Berkshire, 33.5% of the adult population (compared with 34.6% in the South East). This is significantly lower than the England average (39.8%).

However, these figures do not include people choosing to attend private dentists, so do not represent the totality of dental access by children and adults in West Berkshire. West Berkshire has a higher number of dentists per head per population than England, however, many do not work full time for the NHS or are fully private. Nationally, there is a known association between levels of NHS dentist use, and levels of deprivation and urban density – as may be expected based on market forces.

3.4 Supervised toothbrushing programme

West Berkshire has received a small allocation of government funding (£16,500) to deliver a Supervised Toothbrushing (STB) programme in setting for 3 – 5 year olds. We have commissioned a provider (the contract is in the process of being signed and the programme will begin within the next few weeks) to deliver both the STB and Healthy Smiles Accreditation programmes across 15 settings (covering 21 classes of 30 children) in West Berkshire.

This evidence-based programme will be delivered in Early Years and Primary School settings to help reduce tooth decay and promote lifelong oral health habits.

Training will be delivered by Oral Health (OH) practitioners via a live webinar using a “train the trainer” model. This enables designated staff (STB leads) to train colleagues and supervise daily toothbrushing 30 minutes after meals, in line with national guidance.

The provider will supply all necessary resources, including:

- Easy-to-clean toothbrush racks with lids
- Child-friendly toothbrushes with labels
- Fluoride toothpaste
- Gloves, cleaning materials, and paper towels

This ensures the programme is cost-neutral for settings, with time being the only requirement. A pre-programme questionnaire will be shared with parents/carers to assess current oral health behaviours and dental attendance. A post-programme questionnaire will follow at the end of the academic year.

The OH team will support settings in person on the first day of implementation and conduct follow-up audits after 3–4 weeks.

Monitoring & Quality Assurance

The provider will carry out regular audits and provide immediate feedback.

KPIs will include:

- Setting participation
- Brushing frequency
- Number of children brushing
- Audit completion
- Dental attendance
- Toothbrush pack distribution

Programme Objectives & Impact

- Promote tooth-friendly practices and reduce tooth decay
- Instil good oral hygiene habits from a young age
- Reduce the need for general anaesthetic due to dental disease
- Educate children, staff, and families on oral health
- Encourage regular dental check-ups and reduced sugar consumption

As per government guidance, the programme should target settings in LSOAs ranked 1 or 2 in the Index of Multiple Deprivation (IMD). However, West Berkshire has no LSOAs ranked 1, and only one ranked 2, which does not contain any early years or school settings,

however children from this area attend a school within ½ a mile but the school is located in an LSOA ranked 7. This reflects a broader pattern in West Berkshire, where deprivation is dispersed rather than concentrated. We've therefore used additional indicators such as child poverty index and NCMP data to identify suitable settings.

4 Implications and Impact

4.1 Oral health survey

The focus population for the 2024 to 2025 dental epidemiological survey was **adults aged 65 years or older who are residing in a care setting**. This was the first survey of this population group to be commissioned and it will provide standardised, comparable oral health data for this important group. The increasingly large number of older people in the population who are living longer and tending to have multiple medical conditions has led to increased interest in oral health status and treatment needs¹. The survey included a clinical examination and questionnaire interview.

By August 2025, five care homes in West Berkshire were visited by Community Dental Services, with a total of 35 questionnaires and examinations completed. This equated to 35% of the target sample size (100), which was due to a local decision to reduce the sample size and a discrepancy between the number of beds and the number of residents with capacity to participate.

The data from the survey are in the process of being analysed and quality assured, and will:

- enable West Berkshire Council to meet responsibilities with regard to health needs assessments
- enable West Berkshire Council and the Integrated Care Board to understand the needs of this population and inform strategies and commissioning decisions
- inform oral health improvement strategies

5 Next Steps

5.1 Future work on oral health in West Berkshire

The recommendations to consider undertaking an oral health needs assessment to include a deep-dive into the data, to form an understanding of the public's views and to identify groups for targeted work, and a review of partnership working and consideration of an Oral Health Improvement Board or other improvement suggestions for West Berkshire in relation to partnership working, remain live. The West Berkshire Health and Wellbeing Board has recently determined that it's immediate priorities will include "Best Start in Life" for children. The scope of this priority is currently being defined by the Board, and if oral health and prevention of tooth decay is identified as a key objective, these actions would likely be addressed as part of the delivery plan.

¹ 1 Office for Health Improvement and Disparities (2024). National Dental Epidemiology Programme. *Oral health survey of adults aged 65 years and older living in care homes, 2024 to 2025: national protocol*.

West Berkshire Family Hubs continue to deliver a Cooking and Nutrition course, in which participants are informed about sugar content in food and the importance of oral health, and are encouraged to register with a dentist if they are not registered. As Family Hubs are redesigned in response to the Government reforms, officers in Public Health and Children's Services will work closely to ensure that oral health improvement objectives and services are fully integrated.

6 Conclusion

The latest data indicates prevalence of tooth decay in West Berkshire is significantly lower than England, and shows a generally downward trend over the past decade. However, oral disease still accounts for a significant burden of disease and healthcare activity.

The NHS is responsible for providing clinically necessary treatment needed to keep a patient's mouth, teeth and gums healthy and free of pain. Fewer West Berkshire children and adults accessed NHS dental services in the previous 24 months compared to national averages, although the number of dentists per population is higher, so this likely reflects a higher proportion of patients utilising private dental services.

Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population. The 2024/25 survey focusing on care home residents has been completed – with data awaited. A new local Supervised Toothbrushing programme is currently being mobilised.

7 Appendices

None.