

REPORT OF THE
Executive Member for Health and Public Health
PART II

249. ORAL HEALTH IMPROVEMENT SERVICES

1. On 20 July 2016, the Executive Member for Health and Public Health gave approval to spend in respect of Oral Health Improvement Services an amount up to a maximum value of £900,000 over a maximum period of five years from 1 August 2017.

2. Local authorities have a number of dental public health functions, as a result of the Health and Social Care Act 2012, and the current contract delivering these functions is due to finish at the end of July 2017. The current service includes the delivery of annual oral health surveys, as part of the national dental public health epidemiology programme, as well as an annual Oral Health Promotion/Improvement Programme, which includes the provision of a supervised tooth brushing scheme and oral health promotion award for under 5 year olds in early years settings.

3. Oral health is an integral part of overall health and wellbeing. While successive oral health surveys have shown that child and adult oral health has been improving, poor oral health has significant impacts on people's quality of life, their participation in society and economic productivity as well as on health and social care systems. In addition to direct expenses for curative treatment, it is responsible for indirect societal costs caused by poor concentration, reduced educational attainment and school and work absence.

4. Poor oral health can result in pain, tooth loss, bad breath, sleepless nights and time off school and work. There is also increasing evidence that poor oral health can be linked with problems in other parts of the body, including heart disease, strokes, diabetes, lung disease and giving birth to a premature or low-birth-weight baby.

5. Tooth decay in children and adults is very common, affecting up to 24% of 5 year olds in England and 15% of 5 year olds in Hampshire. It is almost entirely preventable and the leading cause of hospital admissions for children aged 5-9 nationally, resulting in an average charge to the NHS of £741 per surgical extraction.

6. Improving the population's oral health using evidence-based interventions leads to improved health and social care outcomes and has a significant impact on people's quality of life. In particular, adopting a life course approach to improving oral health behaviours in young children may reduce their likelihood of experiencing oral disease throughout life, and also support performance in relation to school attendance by reducing school absences associated with dental pain and treatment.

7. In Hampshire, an oral health survey of people aged 65 and older with mild dependency and living in 'extra care' housing is currently underway, and the findings of this survey will be used to help inform future oral health strategy. Work is also underway with NHS England to further identify oral health needs and opportunities for further oral health improvement across Hampshire.

Further details on this item can be found at www.hants.gov.uk/councilmeetings.htm by typing in the relevant reference number:

- Oral Health Improvement Services (7578)

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