Oral Health Needs Assessment London Borough of Hackney and the City of London

March 2022

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Acknowledgements:

I would like to extend my thanks to everyone who supported and contributed towards the development of this needs assessment. Special thanks to the following colleagues:

Public Health team, Hackney and City

Nicole Klynman	Consultant in Public Health
Diana Divajeva	Principal Public Health Analyst
Kate Homer	Public Health Analyst
Mariana Autran	Public Health Analyst
Kimberley Stiff	Business Support Officer
Eleanor Scarratt	Public Health Apprentice

External Supporters and contributors

Rakhee Patel	Consultant in Public Health and Primary Care (Ageing Well and Dental), NHS England and NHS Improvement - London Region
Aditi Mondkar	Speciality Registrar in Dental Public Health Healthcare, Wellbeing and Workforce Team Public Health England (London Region)
Charlotte Klass	Consultant Dental Public Health, Public Health England East of England (now OHID)

I would like to thank all the participants who took part in the stakeholder engagement interviews, focus groups and surveys. I would particularly like to extend my gratitude to the following people who helped arrange focus groups as well as took part in the one-to-one interviews, focus groups and survey:

Mrs. Devorah Leah Sudak	Lubavitch Children’s Centre
Esther Raskin	Lubavitch Children’s Centre
Chippy Flohr	Totally Kids nursery
Mrs. Gottesman	Side by Side Special School

Ann-Marie Dawkins and all parents/carers	Hackney Independent Forum for Parents/Carers of Children with Disabilities
Binu Varghese	Beis PInchos Agudas Israel Housing Association Limited Nursing home
Chris Capina	Nonoy Capina Nursing home
Olanrewaju Oloyede	Look Ahead Nursing home
Sue Parillon	New Regents College Pupil Referral Unit
Joe Sieber	Ickburgh Special school
Dassy Isaacs	Venishmartem Limited
Anna Jones	NHS North East London Clinical Commissioning Group
Ella Ritchie	Hackney SEND Local Offer Coordinator
Samina Tarafder	Strategic Delivery Officer, Hackney

Executive Summary

The aim of this report is to outline the current status of oral health in Hackney and City of London, current oral health promotion and prevention interventions being commissioned and identifying effective interventions to promote good oral health amongst the local population. It presents the findings from the stakeholder engagement, along with inferences drawn from the statistics and will inform the re-commissioning of oral health prevention and promotion services in 2022.

The report is divided into 5 chapters, the first chapter looks at the impact of poor oral health on individuals and communities as well as includes the aims, objectives and methodology of this needs assessment.

The second chapter describes the global burden of oral health and the national context, including the inequalities across populations and the impact of Covid on access to dental care services. Deprivation is linked with poor oral health outcomes for children, young people and adults globally as well as in the UK. Existing oral health inequalities were further widened amongst children and young people due to the lack of access to routine dental care as non urgent dental care was temporarily stopped during the lockdown. The chapter also includes the national policies and guidance on promoting and commissioning oral health for different age groups. The three most cost effective oral health interventions for reducing dental decay amongst five year olds, supervised toothbrushing, fluoride varnish and distribution of toothbrushing packs. Policies related to wider determinants of oral health shows the link between consumption of sugar containing foods and drinks, and recommends limiting free sugars to a maximum of 5% of total dietary energy intake for all age groups above 2 years of age.

The third chapter includes Hackney and City's borough demographics, national and local epidemiology of oral health of children, adults, vulnerable and older people. Hackney is a diverse borough with an estimated population of around 280,000 residents in Hackney and 10,900 in the City of London, with about a quarter of the population under the age of 20. Although the oral health of children is improving in England, however, just under a quarter had tooth decay in 2019. There are still notable inequalities at the regional level, with children from the most deprived areas having more than twice the level of decay, than children from the least deprived. Dental decay among five year olds in Hackney and the City has increased and is higher than in some of its neighbouring boroughs. The proportion of five year old children from the Charedi community having tooth decay was higher compared to the rest of the children in that age group in Hackney, during 2017-18. Hackney and City adults' access to dentists is very low as compared to the England average and similar to London for all age groups according to the 2019-20 data. Older adults above the age of 65, living in deprived wards experienced poor access to dental services as compared to their counterparts in the least deprived wards in Hackney.

Chapter 4 includes the current provision of oral health prevention and promotion as well as dental care services in Hackney and the City of London. It also includes key findings from

the stakeholder engagement with 39 participants with parents, carers, teachers, children and adults' workforce. The main themes from the stakeholder engagements were: a) awareness of oral health; b) current practices and perceptions on oral health; c) awareness and experiences of oral health promotion and prevention services; d) access to dental services and e) barriers in maintaining good oral health. There is a general awareness about the importance of toothbrushing twice daily, regular dental checkups and the relationship between diet and oral health and most welcomed the existing oral health promotion services being offered. Barriers faced in maintaining good oral health were access to dental services and easy availability of sugary food and drinks in the supermarkets, and more specific barriers for those with disabilities, special educational needs and elderly in accessing existing oral health prevention and dental services.

The last chapter 5 includes conclusions and recommendations for improving oral health for residents of Hackney and the City of London. As inequalities in oral health continue to grow, both amongst children as well as adults, it is important that there is focus on prevention and oral health promotion by enhancing the exposure to fluoride, for example by brushing the teeth at least twice a day with a fluoride toothpaste and reducing both the amount and frequency of consumption of foods and drinks that contain free sugars.

Within the recommendations, we conclude that opportunities to better integrate oral health promotion into existing services and Making Every Contact Count as well as principles of behaviour change should be explored, including the potential to embed oral health promotion in the recommissioning of services for 0-25 year olds in Hackney and City where possible. Targeted oral health promotion amongst communities at higher risk of poor oral health, using co-production approaches is also recommended. Better coordination and joint working with different internal and external stakeholders to promote better oral health will ensure better oral health outcomes for our population.

1. Background and methodology

1.1. Introduction

Definition of oral health

Oral health is important for health and well-being and has a huge impact on quality of life. The World Health Organisation defines it as "a state of being free from mouth and facial pain, oral diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking and psychosocial well-being."[1]

The FDI World Dental Federation defines oral health as "multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex." [2]

Impact of poor oral health on individuals and communities

Public Health England, now the Office of Health Improvement and Disparities says that "Tooth decay can cause problems with eating, sleeping, communication and socialising, and results in at least 60,000 days being missed from school during the year for hospital extractions alone." [3]

Poor oral health causes pain, affecting a person's day to day functioning, family and work life as well as self-esteem. People affected by tooth decay, or have missing teeth, experience social isolation. Adults affected by poor oral health see negative impacts on their confidence, prospects of gaining employment and being promoted at work. [4]

There is evidence to show that poor oral health in older people leads to pain, affecting their mood and behaviour, communication and ability to smile. Amongst vulnerable older people, poor oral health limits food options as they experience issues chewing and swallowing food, thus leading to nutrition deficiency. It also leads to low mood, isolation, poor quality of life and affects general health and wellbeing.[5] Poor oral health is a consistent cause of

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[1] World Health Organisation Accessed from https://www.euro.who.int/en/health-topics/disease-prevention/oral-health#:~:text=Oral%20health%20is%20essential%20to,speaking%20and%20psychosocial%20well%2Dbeing.

[2] FDI World Dental Federation Accessed from https://www.fdiworlddental.org/fdis-definition-oral-health

[3] Public Health England Child oral health: applying All Our Health, March 2019. Accessed from https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health on 12th May, 2021

[4] Public Health England accessed from Adult oral health: applying All Our Health, March 2019. Accessed from https://www.gov.uk/government/publications/adult-oral-health-applying-all-our-health/adult-oral-health-applying-all-our-health on 12th May, 2021

[5] Public Health England, Commissioning better oral health for vulnerable older people

pneumonia for elderly people, especially those living in care homes & supported living facilities, and for people affected by disabilities.[6]

Dental diseases and treatments have a detrimental impact on individuals affected, throughout their entire lives. The most common oral health issues like dental decay, caries and gum disease are preventable most of the time. The cost to the NHS of treating oral health conditions is around £3.4 billion per year. [7]

1.2. Aims and objectives of this report

The aim of this report is to examine and identify the oral health status and needs of Hackney and City of London's residents, to inform the recommission of oral health prevention and promotion services in 2022.

1.3. Objectives of this report

1) To describe the oral health status of populations at the national and local level
2) To describe the policy guidance on effective interventions to promote good oral health
3) To provide an overview of the current oral health promotion services in Hackney and City
4) To compare oral health promotion services across different boroughs of London
5) To provide recommendations for the recommissioning of oral health services in Hackney and City of London

1.4. Methodology

This needs assessment included the following 3 methods based on the Stevens and Raftery health needs assessment approaches[8] [9] :

An evidence-informed toolkit for local authorities 2018 accessed from https://www.gov.uk/government/publications/commissioning-better-oral-health-for-vulnerable-older-people on 12th May, 2021

[6] World Health Organisation January 2021
Accessed from https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_R1-en.pdf

[7] Public Health England accessed from https://www.gov.uk/government/publications/adult-oral-health-applying-all-our-health/adult-oral-health-applying-all-our-health

[8] A.Stevens; J. Raftery Implementing Joint Strategic Needs Assessment accessed from https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.432.1102&rep=rep1&type=pdf

[9] A. Stevens; S.Gillam Health needs assessment Needs assessment: from theory to practice British Medical Journal BMJ 1998;316:1448-1452 accessed from http://www.med.mcgill.ca/epidemiology/courses/EPIB654/Summer2010/Policy/Stevens%201998%20Health%20needs%20assessment.pdf

1. Epidemiological: Prevalence of oral health issues at national, regional and borough level prevalence. It also includes who is affected by age, gender, risk factors and inequalities in oral health.
2. Comparative (comparison with other areas and over time): This needs assessment includes comparisons of prevalence of oral health problems amongst different populations, trends over time as well as with statistical neighbours. We also gathered information about oral health promotion commissioned by neighbouring boroughs by arranging meetings with commissioners as well as online information available.
3. Corporate (incorporating stakeholder views and expertise): This involves eliciting views of stakeholders including service users, professionals and the public on the oral health needs, views on current services as well as suggestions for further service improvement.

Epidemiological

Quantitative analysis of key indicators for oral health that examine the distribution and determinants of oral health related states and events in specific populations/geographies to provide insight into the potential needs of the population in Hackney and City. Data for trend analysis and comparison with national & regional averages and/or to neighbouring and/or statistical neighbours has been included from 2012 until the 2020. The sources for epidemiological data included Public Health England Fingertips, NHS Digital, Department of Health, hospital episodes statistics, Department for Education, National Office of Statistics Local Government Association, Department for Education, NHS Information Centre for Health and Social Care, National Audit Office and WHO. Local data was gathered from Hackney and City Joint Strategic Needs Assessments, Hackney and City profile and reports from the Clinical Commissioning Group. It also included cost effectiveness of oral health interventions, by PHE.

This includes data encompassing 5 categories:

a) Children - 0-19 years
b) Looked After Children
c) Children with Special Educational Needs
d) Vulnerable and Older adults
e) Communities at higher risk of poor oral health

The key performance indicators for the oral health prevention and promotion service have also been examined and compared to the outcomes that the service was aiming to achieve.

We also examined research studies on oral health conducted in England to find out about the perceptions, knowledge and practises of Hackney communities regarding oral health.

Corporate

Qualitative data was gathered through community and stakeholder engagement. These cohorts were identified based on prevalence of poor oral health amongst these communities.

- 1 focus group each with mothers of children attending an independent Orthodox Jewish Children’s centre and Orthodox Jewish nursery

- 1 interview with a parent of children and a young person with learning difficulties
- 1 Interview with a Looked After Children's Nurse
- Survey amongst parents and carers of children and young people with disabilities
- 3 Interviews with Head teachers of special schools
- 1 focus group with managers of care and nursing home with vulnerable and older residents

The qualitative interview and semi-structured interviews were analysed using the thematic analysis method, which is a systematic and flexible approach to analysing qualitative data. The following steps will be followed in the process:

- Familiarise the data gathered from interviews and focus groups
- Assign preliminary codes to the data in order to describe the content using the comments section on google docs
- Search for patterns or themes in the codes across the different focus groups and interviews
- Review themes
- Define and name themes
- Include main findings in this report

Policy review

This needs assessment has undertaken a review of the key policy documents and guidelines relating to the oral health needs of the population. The documents included were identified by undertaking a search of the available grey literature. Some grey literature included was based on examination of the citations from other policy documents. Policy documents were included from sources like the World Health Organisation, Public Health England now the Office for Health Improvement and Disparities, NHS England, Department of Health, Scientific Advisory Committee on Nutrition, British Society of Paediatric Dentistry, Care Quality Commission. Guidelines by the National Institute for Clinical Effectiveness (NICE) will be searched and any relevant guidance on the available evidence for interventions that aim at improving the oral health of people.

Summary Chapter 1

Poor oral health causes pain, affecting a person's day to day functioning, family and work life as well as self-esteem. People affected by tooth decay, or have missing teeth, experience social isolation.

Dental diseases and treatments have a detrimental impact on individuals affected, throughout their entire lives. The most common oral health issues like dental decay, caries and gum disease are preventable most of the time.

The aim of this report is to outline the current status of oral health in Hackney and City of London, current oral health promotion and prevention interventions being commissioned and identifying effective interventions to promote good oral health amongst the local population, to inform the recommission of oral health prevention and promotion services in 2022.

The report involves using epidemiological, comparative and corporate methods of examining the oral health status in Hackney and City.

2. Global and National Context

2.1. Global burden of poor oral health

The Global Burden of Disease Study 2017 estimated that "oral diseases affect close to 3.5 billion people worldwide, with caries of permanent teeth being the most common condition. Globally, it is estimated that 2.3 billion people suffer from caries of permanent teeth and more than 530 million children suffer from caries of primary teeth."[10]

Diabetes is linked to the development and progression of periodontal disease. In addition, high consumption of sugar is linked with diabetes, obesity and dental caries. [11]

WHO includes these main oral health conditions: dental caries (tooth decay), gum diseases, oral cancers, oral manifestations of HIV, oro-dental trauma, cleft lip and palate, and noma (severe gangrene disease starting in the mouth mostly affecting children).

2.2. Causes and Risk factors

Most oral diseases and conditions share risk factors (like tobacco and alcohol consumption, and an unhealthy diet high in free sugars) that are common among the top four noncommunicable diseases (cardiovascular disease, cancer, chronic respiratory disease and diabetes).

Deprivation is linked with poor oral health outcomes for children, young people and adults. Risk factors for tooth decay include: living in and experiencing socioeconomic deprivation; social exclusion; belonging to a particular minority ethnic group; experiencing mental health problems; having limited mobility; or having a long term medical condition. Those with complex needs, such as frail older people, or people who misuse alcohol or drugs, are also at high risk of poor oral health and longer-term oral conditions including oral cancer. Majority of oral health conditions can be prevented and treated in their early stages.[12]

2.3. Inequalities in Oral Health National picture

The *Inequalities in oral health in England* report acknowledges that, "Good oral health is not enjoyed equally across the population in England. The impacts of poor oral health

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[10] Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet 2018; 392: 1789–8583

[11] World Health Organisation https://www.who.int/news-room/fact-sheets/detail/oral-health accessed on 4th May, 2021

[12] World Health Organisation https://www.who.int/news-room/fact-sheets/detail/oral-health accessed on 4th May, 2021

disproportionally affect the vulnerable and socially disadvantaged individuals and groups in society."[13]

Although oral health has improved in England over the last few decades, inequalities in oral health still exist. Oral health inequalities are defined by PHE (now OHID) as, "the differences in oral health between different groups that are avoidable and deemed to be unfair, unacceptable and unjust."

Public sector organisations in the health sector in England have legal duties and responsibilities to address inequalities. These legal duties are spelt out in the following two legislations:

- the Equality Act 2010 sets out the public sector Equality Duty
- the Health and Social Care Act 2012 sets out the Health Inequalities Duty

The 2013 NDEP (National Dental Epidemiology Programme) showed that amongst children in England, 19% of 3 year old children living in the 10% most deprived areas of the country and 6% of children living in the 10% least deprived areas had experienced dental decay. Deprivation was the cause of 19% of the variation in prevalence and 25% of the variation in the severity of dental caries.

The 2019, NDEP for five year olds showed that 34% living in the 10% most deprived areas of the country and 14% living in the 10% least deprived areas had experienced dental caries. 38% of the variation in prevalence of dental caries and 42% of the variation in severity of dental caries were associated with deprivation. [14]

The Hospital Episode Statistics data from 2018 to 2019 for children aged 0 to 19 showed a total of 37,406 extractions. The rate of extractions per 100,000 population varied between area-level socioeconomic groups. The highest rates were seen in the most deprived populations with the rate in the most deprived quintile over 3 times that of the least deprived quintile. [15]

The 2009 adult dental health survey showed that women had better oral health with respect to all outcomes except tooth loss and oral health related quality of life as compared to men. Regarding the latter, they scored worse than their male counterparts in all domains except functional limitation and handicap.[16]

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[13] Inequalities in Oral Health in England. Public Health England 2020
https://www.gov.uk/government/publications/inequalities-in-oral-health-in-england

[14] Inequalities in Oral Health in England, Public Health England 2020
https://www.gov.uk/government/publications/inequalities-in-oral-health-in-england

[15] Hospital tooth extractions of 0 to 19 year olds. Public Health England 2020
https://www.gov.uk/government/publications/hospital-tooth-extractions-of-0-to-19-year-olds

[16] Adult Dental Health Survey 2009. NHS Digital accessed at
https://digital.nhs.uk/data-and-information/publications/statistical/adult-dental-health-survey/adult-dental-health-survey-2009-summary-report-and-thematic-series on 14th May, 2021

With regard to oral cancer, the cancer registry data showed that the incidence of disease has increased steadily since 2001 in both sexes, but the rate of increase is greater in men than women, having nearly doubled during 2001-2016.[17]

Impact of Covid

The impact of COVID-19 on London's children and young people report [18] by PHE aimed to provide an overview of the key impacts of COVID-19 on Children and Young People in London to inform partnership action to mitigate them. The report includes the following impacts of Covid on the oral health of children and young people, as listed below:

Direct impact

- From 25th March - 20th June 2020 all non-urgent dental care was stopped. As a result children and young people could not access routine dental care, but could access urgent dental care
- The pandemic had further worsened the existing oral health inequalities

Reduced access to routine and preventive dental care

- Children had long periods with limited access to routine dental care and preventative advice due to COVID-19, leading to long waiting lists
- The report showed that at one hospital, the carers of up to 30 children per day were contacting the emergency dental service during the first lockdown period
- As schools were closed, there was very limited access to preventative and oral health services like supervised tooth brushing and fluoride varnish programmes
- For children with special needs or who have a phobia of dental care, they are generally treated under GA (General Anaesthesia). However, due to the depriotisation of GA services due to COVID-19, resulted in longer periods of pain and repeat prescriptions for antibiotics
- Untreated tooth decay impacts both children as well as parents in the way of sleepless nights, difficulty concentrating on schoolwork and stress for parents
- Children who required extensive dental treatment were more likely to come from vulnerable groups
- Delay in treatments would result in not being able to address any safeguarding concerns due to the reduction in face-to-face appointments

Wider impact

- The likely wider impact of disruption of dental care services availability is the widening of already existing oral health inequalities, particularly for children living in deprivation

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[17] Public Health England. Oral cancer in England A report on incidence, survival and mortality rates of oral cancer in England, 2012 to 2016.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891699/Oral_cancer_report_170420.pdf

[18] Public Health England - The impact of COVID-19 on London's children and young people report; May 2021.
https://www.bacaph.org.uk/images/PDFs/The%20impact%20of%20COVID-19%20on%20London's%20CYP.pdf

- Additional demand for dental services, due to the de-prioritising dental treatment under GA

Eating behaviours

- The consumption of sugary food amongst children had increased during the lockdown, thereby putting them at greater risk of dental decay

A survey between January-March 2021 conducted amongst 1,375 respondents on Access to NHS dental care by Healthwatch England showed that: [19]

- 80% of people found it difficult to access dental services in a timely manner
- 59% reported a negative experience of care, while 3% of people had reported a positive experience
- People from the Black, Asian, and minority ethnic communities were less likely to be registered with an NHS dentist putting them at risk of lack of access to dental care when needed
- Expectant and new mothers reported a barrier in accessing free dental care due to a lack of appointments. In addition, women who were on maternity leave, could not afford to pay for private dental appointments and treatments.
- Homebound disabled people were unable to access dental care as home visits were stopped due to COVID-19

Although the England sample in this report may not be totally applicable to the Hackney and City population, many of the findings will be relevant.

In response to the impact on oral health of children and Looked after Children, there have been two services launched in London from November 2021 to address them. These services include:

- Project Tooth Fairy: This is a new service commissioned by NHS England and delivered by The Royal London Dental Hospital. As part of this project, a surgical centre has been started at The Royal London Dental Hospital to treat children and young people who have been waiting for surgeries for removal of teeth and need multiple fillings across London.[20]
- Healthy Smiles Looked After Children's Oral Health Pilot service: This 6 month pilot was launched in December 2021 to address the issues faced by children in care, also referred to as Looked After Children, in accessing dental care during the pandemic. This pilot is offering a dedicated referral pathway into dental services for this cohort of children, and is being delivered by 5 providers in London. For children looked after in Hackney and the City, it is provided by Kent Community Dental service.

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[19] Healthwatch England Accessed from https://www.healthwatch.co.uk/report/2021-05-24/dentistry-during-covid-19-insight-briefing#Explores on 2nd June 2021

[20] https://dental.bartshealth.nhs.uk/paediatrics accessed on 20th January, 2022

2.2. National Oral health Policies and Guidance on prevention of oral diseases

2.2.1. National Guidance

In 2005, the Department of Health published an oral health strategy document *Choosing Better Oral Health: an oral health plan for England* [21] which stresses actions required to address oral health inequalities, social determinants of oral health, including prevention of oral diseases and partnership working between primary care, public health and local communities. It identified 6 key areas for action:

- Increase use of fluoride
- Improve diet and reduce sugar intake
- Encourage preventive dental care
- Reduce smoking
- Increase early detection of mouth cancer
- Reduce dental injuries

In 2017, PHE, now called OHID, published the *Delivering better oral health* – an evidence-based toolkit for prevention which provides guidance for improving oral health. This document includes: the minimum concentrations of fluoride in toothpaste to prevent dental decay, advice about twice daily tooth brushing, and the important role of fluoride varnish as part of clinical activity to control dental decay. The report also recommends that there should be a reduction in the quantity and frequency of foods and drinks that contain sugar for all children. [22]

This toolkit, updated in September 2021, also includes key interventions to bring behaviour change to support oral health. The toolkit includes how brief interventions by dentists can bring about positive oral health behaviour change amongst their patients, including the following: [23]

- improving oral hygiene
- optimising exposure to fluoride
- reducing the consumption of sugar and encouraging healthier eating

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[21] Department of Health (2005). Choosing Better Oral Health: an oral health plan for England. Department of Health, London. Online. Available at: https://webarchive.nationalarchives.gov.uk/20130123205234/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4123251 accessed on 24th May, 2021

[22] Public Health England Delivering Better Oral Health : an evidence based toolkit for prevention accessed from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf on 24th May, 2021

[23] Delivering better oral health: an evidence based toolkit for prevention https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-3-behaviour-change

- stopping smoking and the use of tobacco through very brief advice and signposting
- reducing the harm related to alcohol consumption through early identification, brief advice and signposting

Improving the oral health of children is a Public Health England (now known as OHID) priority. It has an ambition that "every child will grow up free of tooth decay, to help give them the best start in life." *The Public Health Outcomes Framework* (PHOF) has one oral health indicator:

1) tooth decay in children aged 5 years (4.02)

The NHS Outcomes Framework (NHS OF) includes a list of indicators developed by the Department of Health and Social Care to monitor the health outcomes of children and adults in England. It helps review the progress on how the NHS is performing on the indicators. *The NHS Outcomes Framework* has two oral health indicators:[24]

1) decayed teeth (3.7.i): This indicator measures the improvement of quality of life for people with dental disease, comparing improvement in oral health over long periods of time for patients who regularly visit the dentist.
2) tooth extractions due to decay in children admitted as inpatients to hospital, aged 10 years and under (3.7.ii): This indicator measures tooth extractions in young children, which in majority of cases can be prevented with early dental care.

   The crude rate of the number of finished consultant episodes (FCEs) where a tooth extraction was performed on a child aged 10 years or under at the start of the episode of care, due to tooth decay, per 100,000 resident population.

Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE) have published toolkits and guidance to support local authorities to improve the oral health of their population. According to the PHE evidence-informed toolkit [25] to improve oral health, local authorities are required to provide or commission oral health surveys. The oral health surveys are carried out as part of the Public Health England (PHE) dental public health intelligence programme (formerly known as the national dental epidemiology programme).

The NICE guidance[26] on oral health is one of a number of reviews on the clinical effectiveness and cost effectiveness of interventions for improving dental health, especially for local communities. It recommends a number of interventions to improve the population's

[24] Department of Health NHS Outcomes Framework at a glance. April 2016 accessed from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/513157/NHSOF_at_a_glance.pdf on 20th May, 2021

[25] Public Health England, 2014. Commissioning better oral health for children and young people. Accessed from: https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities

[26] National Institute for Health and Care Excellence. Oral health: local authorities and partners. October 2014 accessed from https://www.nice.org.uk/guidance/ph55 on 14th May, 2021

oral health by reducing the amount of sugar consumed, ensuring oral hygiene, promoting access to fluoride products, as well as ensuring people have access to a dentist.

Below is a list of policy guidance to support commissioners in improving the oral health of children, young people, vulnerable older people in all settings developed by PHE and NICE:

a) ***Local authorities improving oral health: Commissioning better oral health for children and young people an evidence informed toolkit for local authorities PHE 2013:*** includes the guiding principles of commissioning oral health services; evidence of effective oral health promotion interventions; recommends taking a life-course and integrated approach, partnership working, and putting children and young people at the centre of commissioning oral health services.

b) ***Delivering better oral health: an evidence-based toolkit for prevention by PHE in 2017:*** The oral health toolkit gives an overview of the impact of oral diseases, and presents evidence of what works to improve oral health to inform commissioning. The toolkit is supported by a rapid review of the evidence and a resource compendium.

c) ***Commissioning better oral health for vulnerable older people - an evidenced-informed toolkit for local authorities by PHE 2018 [27]:*** includes a range of commissioning options, supported by evidence, like the daily use of higher fluoride toothpaste, quarterly application of fluoride varnish, support with maintaining oral hygiene, staff training, protocols for oral care in care settings, routine denture identification marking, promoting dietary change in community settings, outreach and comprehensive geriartric assessment in primary care for older people living independently.

d) ***Improving oral health: a community water fluoridation toolkit for local authorities by PHE in 2020 [28]:*** is a toolkit that outlines the role of fluoridation of water in local oral health improvement strategies - this is the only intervention that does not require behaviour change by individuals.

e) ***NICE guideline PH55 'Oral health improvement for local authorities and their partners [29]:*** *describes* ways to improve oral health by improving diet and oral hygiene and access to dental services. It recommends incorporating oral health promotion in existing services for all children, young people and adults at high risk of poor oral health.

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[27] Public Health England Commissioning better oral health for vulnerable older people - An evidence informed toolkit for local authorities 2018. Accessed from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/738722/CBOH_VOP_V16_Final_WO_links.pdf on 10th August, 2021

[28] Public Health England. Improving oral health: a community water fluoridation toolkit for Local authorities; October 2020 accessed on 14th May, 2021 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/953333/Fluoridation_Toolkit_V1.7.pdf

[29] https://www.nice.org.uk/guidance/ph55

f) ***NICE guideline Oral Health for adults in Care homes NG48 in 2016* [30]*:*** supports oral health for adults in care homes, by recommending policies on oral health that are developed and followed. It advises residents to have their mouths assessed on their admission, and put in place care plans which include daily mouth care. Staff should have the knowledge and skills to support people's oral health, and undertake or support daily mouth care.

g) ***NICE Quality standard QS139* [31]*: Oral health promotion in the community:*** This quality standard covers activities undertaken by local authorities and general dental practices to improve oral health. It particularly focuses on people at high risk of poor oral health or who find it difficult to use dental services. It describes high-quality care in priority areas for improvement.

Under the arrangements introduced by the Health and Social Care Act 2012, Councils have a statutory duty to provide or commission oral health promotion programmes. The responsibility was given to them as part of the transfer of public health to the local government in 2013.[32] While dentists are commissioned by NHS England to provide treatment, it is the responsibility of councils to run programmes to promote good oral health and prevent problems.

In addition to the PHE and NICE guidance for prevention of oral health diseases mentioned above, there are other guidelines and campaigns supporting oral health promotion in a number of groups particularly at risk of oral diseases.

2.3.1 Early Years

Early years providers have a responsibility to promote the health of children in their setting, as set out in the *Early Years Foundation Stage Strategic Framework*, updated in September 2021[33]. The framework's safeguarding and welfare section includes a new requirement to promote good oral health in early years.

The Dental Check by One (DCby1)[34] is a campaign that was initiated in 2017 by dental professionals. It aims at raising awareness amongst parents and carers to take their children

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[30] https://www.nice.org.uk/guidance/ng48

[31] https://www.nice.org.uk/guidance/qs139

[32] Health and Social Care Act 2012. Online. Accessed from https://www.legislation.gov.uk/ukpga/2012/7/enacted on 14th May, 2021

[33] Department for Education. Statutory Framework for the early years foundation stage; March 2021 access from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

[34] British Society of Paediatric Dentistry access from https://www.bspd.co.uk/Patients/Dental-Check-by-One on 2nd July, 2021

for a dental check as soon as their first teeth come through and before they turn 1 year of age.

A *Children's Oral Health Improvement Programme Board* was set up in 2016 with the aim of giving the best start to every child, free from tooth decay as they grow up. An action plan to support this aim involved working across the health, education and voluntary sectors. [35]

The World Health Organisation and the UK government recommend exclusive breastfeeding for at least the first six months of life, with the introduction of complementary foods from six months of age, whilst continuing with breastfeeding (or formula if the parent chooses). In 2018, the Scientific Advisory Committee on Nutrition (SACN) published its report on '*Feeding in the first year of life*' and as a result policy advice with regard to breastfeeding has not changed. With regard to oral health, the SACN report states that breastfeeding up to 12 months of age is linked to decreased risk of dental decay as compared to infant formula feeding.[36]

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[35] Public Health England Children's Oral Health Improvment Programme Board 2016 accessed from https://www.gov.uk/government/news/launch-of-the-childrens-oral-health-improvement-programme-board on 12th July 2021

[36] Scientific Advisory Committee on Nutrition. Feeding in the First year of life, July 2018 accessed from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/725530/SACN_report_on_Feeding_in_the_First_Year_of_Life.pdf

Figure 1 Cost-Effectiveness of oral health interventions in children

Source: Public Health England

The three main interventions to prevent tooth decay amongst children as shown in the above figure, developed by Public Health England, include reduced consumption of foods and drinks containing sugar, twice a day brushing of teeth with a fluoride toothpaste and seeing a dentist at different stages of a child's tooth development.

The following oral health interventions show a good return on investment to reduce tooth decay amongst five year old children. [37]

1. Targeted supervised toothbrushing programmes £1=£3.06 return on investment after 5 years
2. Targeted fluoride varnish programmes can bring £1= £2.29 return on investment after 5 years
3. Targeted provision of toothbrushes and toothpaste by post and by health visitors can bring £4.89 return on investment for every £1 invested, after 5 years.

[37] Public Health England. Improving the oral health of children: cost effective commissioning. October 2016 accessed at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560973/ROI_oral_health_interventions.pdf

2.3.2 Older Adults

Older people are now more likely to retain their natural teeth as compared to previous generations, and they need daily oral care and regular dental check-ups. In addition, older people are likely to have long term health conditions, disability and are often frail, which makes them vulnerable to losing their independence. Thus, it is important that they are supported to have regular dental assessments, maintain oral hygiene and dental treatment when required. [38]

The Care Quality Commission conducted a review to find out how care home and dental providers were implementing the above NICE guideline NG 48, and the findings were published in their 2019 report *Smiling matters: oral health care in care homes.* Findings from the report showed that the awareness of the guideline recommendations was low amongst care home staff, and not all care home residents were supported to maintain good oral health. The report further showed that only around half of the care homes had provided training to their staff on supporting residents with their oral care. This report includes the following key recommendations:[39]

1. Raise awareness on the importance of oral care amongst service users as well as their families and carers.
2. Prioritise the awareness and implementation of the NICE guideline NG48 in care homes.
3. Oral health training of care home staff.
4. Improved guidance for dental professionals on treating people in care homes.
5. Improvement of dental care services and commissioning to meet the needs of people living in care homes.
6. To include the awareness and implementation of NG48 guidance as part of the regulatory and commissioning assessments.

2.3.3 Vulnerable adults

The term 'vulnerable adults' for the purpose of this needs assessment, includes people living with disabilities, those affected by poor mental health as well as people from excluded groups, for example, adults with drugs and alcohol abuse and homeless people. As mentioned before, dental diseases and other conditions of the mouth and teeth disproportionally affect the most vulnerable and socially disadvantaged individuals and groups in society, therefore highlighting the issue of health inequalities.

While Commissioning better oral health for vulnerable older people - an evidenced-informed toolkit for local authorities by PHE; NICE guideline *Oral Health for adults in Care homes*

[38] Public Health England. What is known about the oral health of older people in England and Wales- A review of oral health surveys of older people. December, 2015. accessed from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/489756/What_is_known_about_the_oral_health_of_older_people.pdf

[39] Care Quality Commission Smiling Matters: oral health care in care homes, June 2019 accessed from https://www.cqc.org.uk/sites/default/files/20190624_smiling_matters_full_report.pdf on 29th July 2021

NG48*,* include oral health of vulnerable older adults, specific guidance on oral health in vulnerable populations is not readily available in the literature. PHE guidance in *Delivering better oral health: an evidence-based toolkit for prevention* mentions that adults and parents/carers should be advised regarding the strength of fluoride toothpaste to use for themselves and their children and that after brushing, to spit out excess toothpaste and saliva, not to rinse with either water or a mouthwash. In addition, it also includes that the advice should highlight that drinking alcohol above the national guidelines adversely affects oral health, including significantly increasing the risk of oral cancers. Dental teams should identify any risk and offer brief advice on how to work towards drinking within the consumption guidelines and refer dependent drinkers to local support services.

There is, however, limited evidence on the effectiveness and cost effectiveness of community based oral health promotion programmes among adults in England, particularly for interventions aimed at vulnerable populations.

2.3.4. Policies related to wider determinants of oral health

The recently updated *Delivering Better Oral Health* guidance includes a chapter on healthier eating and its impact on improved oral health. A healthy diet is important for oral and general health. The guidance includes information on surveys that have highlighted that the population of the UK is eating too many 'free sugars' , too much saturated fat and salt, and not enough fruit, vegetables, fibre and oily fish. The main impact of the consumption of sugar-containing foods and drinks on oral health is dental caries in both adults and children; however, there is some evidence of dietary links with tooth wear and cancers.

The Scientific Advisory Committee on Nutrition (SACN) in its 2015 *Carbohydrates and Health report* recommended that the average intake of 'free' sugars for all age groups from 2 years upwards should not exceed 5% of total dietary energy intake.[40]

Public Health England is leading the national sugar reduction programme with the aim to remove and/or reduce sugar from the foods most commonly eaten by children. *The Sugar Reduction: Achieving the 20%* progress report includes guidance for all sectors of the food industry on how to achieve a 20% sugar reduction across the top 9 categories of food that lead most to sugar intake in children up to the age of 18 years.[41] Sugar reduction has been included in other documents like the policy paper *Tackling obesity: empowering adults and children to live healthier lives* [42].

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[40] Scientific Advisory Committee on Nutrition 2015 Accessed from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445503/SACN_Carbohydrates_and_Health.pdf on 24th May, 2021

[41] Public Health England Sugar Reduction: Report on progress between 2015-2019. October 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984282/Sugar_reduction_progress_report_2015_to_2019-1.pdf

[42] Department of Health and Social Care 2020 accessed from https://www.gov.uk/government/publications/tackling-obesity-government-strategy/tackling-obesity-empowering-adults-and-children-to-live-healthier-lives

Consumption of free sugars is a risk factor both for dental caries and obesity.[43] PHE explored whether dental caries and obesity are found in the same individuals and population, using evidence from two systematic reviews. The report concluded that there was some low-quality evidence that dental caries and obesity may be more likely to occur in the same populations. The local authority data, collected at population level and also cross-sectional, confirms that a weak to moderate correlation between obesity prevalence and dental caries can be observed in five year old children.

Making every contact count (MECC) [44] encourages behaviour change for improving health and wellbeing of individuals by using the interactions that different professionals have with others as part of their day to day work.

MECC focuses on the following health and lifestyle topics that can bring change in health of individuals like:

- Stopping smoking
- Drinking alcohol only within the recommended limits
- Healthy eating
- Being physically active
- Keeping to a healthy weight
- Improving mental health and wellbeing

Health in All Policies (HiAP) is a way of integrating health while making decisions and drawing policies across all sectors.[45] The main components of this approach are:

- Promote health, equity and sustainability
- Support intersectoral collaboration
- Benefit multiple partners
- Evidence that partnership works
- Engage stakeholders
- Create structural or procedural change to embed HiAP
- Develop common monitoring and evaluation tools

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[43] Public Health England The relation between dental caries and obesity in children : an evidence summary 2015
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/466334/Caries_obesity_Evidence_SummaryOCT2015FINAL.pdf

[44] Health Education England - Making Every Contact Count
https://www.makingeverycontactcount.co.uk/

[45] Local Government Association - Health in All Policies a manual for local government; 2016
https://www.local.gov.uk/sites/default/files/documents/health-all-policies-hiap--8df.pdf

Summary Chapter 2

The Global Burden of Disease Study 2017 estimated that "oral diseases affect close to 3.5 billion people worldwide, with caries of permanent teeth being the most common condition. Globally, it is estimated that 2.3 billion people suffer from caries of permanent teeth and more than 530 million children suffer from caries of primary teeth."[46]

Diabetes is linked to the development and progression of periodontal disease. In addition, high consumption of sugar is linked with diabetes, obesity and dental caries. [47]

Deprivation is linked with poor oral health outcomes for children, young people and adults. Risk factors for tooth decay include: living in and experiencing socioeconomic deprivation, social exclusion; belonging to a particular minority ethnic group; experiencing mental health problems; having limited mobility; or having a long term medical condition.

The impact of COVID-19 on London's children and young people report [48] published by PHE looked at the key impacts of COVID-19 on Children and Young People in London to inform partnership action to mitigate them. The report highlighted direct impact as well as indirect impacts on children and young people's oral health including lack of access to routine dental care as non urgent dental care was temporarily stopped during the lockdown, but could access urgent dental care. It also resulted in reduced access to routine and preventative dental care. The likely wider impact of disruption of dental care services availability is the widening of already existing oral health inequalities, particularly for children living in deprivation. The consumption of sugary food amongst children had increased during the lockdown, thereby putting them at greater risk of dental decay.

Covid has had a negative impact on access to dental services, particularly pregnant and new mothers, people who are disabled and housebound.

A range of national policy guidance on oral health is detailed in the needs assessment, including the following:

- *Choosing Better Oral Health*: an oral health plan for England, Department of Health 2005
- *Local authorities improving oral health*: Commissioning better oral health for children and young people an evidence informed toolkit for local authorities Public Health England 2013

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[46] Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet 2018; 392: 1789–8583

[47] World Health Organisation https://www.who.int/news-room/fact-sheets/detail/oral-health accessed on 4th May, 2021

[48] Public Health England - The impact of COVID-19 on London's children and young people report; May 2021.
https://www.bacaph.org.uk/images/PDFs/The%20impact%20of%20COVID-19%20on%20London's%20CYP.pdf

- *Delivering better oral health – an evidence-based toolkit for prevention* which sets out guidance for improved oral health, Public Health England 2017
- The Scientific Advisory Committee on Nutrition (SACN) - *Carbohydrates and Health report 2015*
- *The Public Health Outcomes Framework* (PHOF) has one oral health indicator: tooth decay in children aged 5 years (4.02)
- *The NHS Outcomes Framework* (NHS OF) has 2 oral health indicators for decayed teeth:
    - 3.7.i - This indicator is designed to measure an improvement of quality of life for people with dental disease, comparing improvement in oral health over long periods of time for patients who regularly visit the dentist.
    - 3.7.ii - tooth extractions due to decay in children admitted as inpatients to hospital, aged 10 years and under

- NICE Guidance on oral health includes:
    a. PH55 *Oral health improvement for local authorities and their partners*: outlines how to improve oral health through improving diet and oral hygiene and access to dental services.
    b. NG48: supports oral health for adults in care homes, by recommending policies on oral health care developed and followed.
    c. Quality standard QS139: Oral health promotion in the community

- *The Dental Check* by One (DCby1)[49] is a campaign that was initiated in 2017 by dental professionals. It aims at raising awareness amongst parents and carers to take their children for a dental check as soon as their first teeth come through and before they turn 1 year of age.

The following oral health interventions show a good return on investment to reduce tooth decay amongst five year old children. [50]

- Targeted supervised toothbrushing programmes £1=£3.06 return on investment after 5 years
- Targeted fluoride varnish programmes can bring £1= £2.29 return on investment after 5 years
- Targeted provision of toothbrushes and toothpaste by post and by health visitors can bring £4.89 return on investment for every £1 invested, after 5 years.

Policies related to wider determinants of oral health highlights the impact of sugar containing foods and drinks, and recommendations of limiting free sugars to a maximum of 5% of total dietary energy intake for all age groups above 2 years of age.

[49] British Society of Paediatric Dentistry access from https://www.bspd.co.uk/Patients/Dental-Check-by-One on 2nd July, 2021

[50] Public Health England. Improving the oral health of children: cost effective commissioning. October 2016 accessed at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560973/ROI_oral_health_interventions.pdf

3. Oral Health Status in Hackney and City of London

3.1. Borough Population

Hackney has a young, diverse, and a very mobile population of around 280,900 residents in Hackney and 10,900 in the City of London (2020 ONS population estimate). About a quarter of the population in Hackney are under the age of 19 and nearly 70% are between the ages of 16 and 64. The proportion of residents between 20-29 years has grown in the last ten years and now stands at just under 25%. People aged over 55 make-up only 15% of the population. [51]

Hackney's population is likely to grow to 339,481 people and the City of London will reduce to 10,066 by 2050. Of these, 77,366 (23%) will be children under 19 in Hackney and 973 (9.7%) in the City of London. Over 65s will be 3,374 (33.5%) in the City of London and 44, 097 (13%) in Hackney[52]

Hackney is an ethnically and culturally diverse area with around 40% of residents coming from a non-White background and around 20% identifying as other White ethnic group.
It is the sixth most diverse borough in London. Hackney has one the largest groups of Charedi Jewish people in Europe who predominantly live in the north east of the borough and represent 7% of the borough's overall population. At least 4.5% of Hackney's residents are Turkish and are mainly concentrated in the South, East and Central parts of the borough. At least 89 different languages are spoken in the borough.

Just over a third of Hackney's residents are Christian. This is a lower percentage than the London and England averages. Hackney has significantly more people of the Jewish and Muslim faiths and a higher proportion of people with no religion and those who did not state a religion than London and England.

Hackney was the 22nd most deprived local authority overall in England in the 2019 Index of Multiple Deprivation, in 2015 it was ranked eleventh, and in 2010 it was ranked second.

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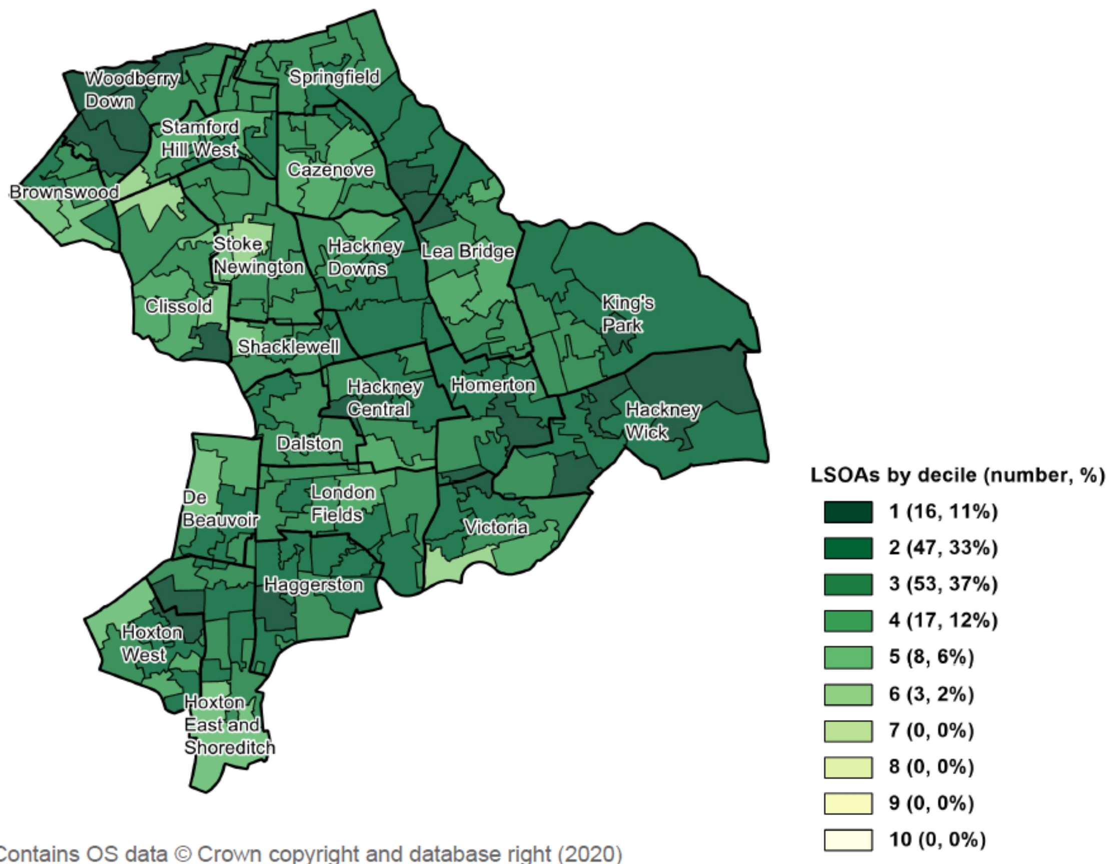
[51] Office for National Statistics Local authority profile Accessed from http://www.nomisweb.co.uk/reports/lmp/la/1946157248/report.aspx?town=hackney on 4th June, 2021

[52] GLA 2018 based population projections accessed on 5th August, 2021 https://maps.london.gov.uk/population-projections/

Figure 2 Deprivation decile by LSOA, Hackney, 2019



Source: ONS, Population estimates. Ministry of Housing, Communities & Local Government, English indices of deprivation 2019.

In Hackney the most deprived areas are:

- In the north-west of the borough, around Manor House and Woodberry Down
- In the eastern part of the borough around Kings Park and Hackney Wick
- The borders between Victoria and Homerton wards
- The border of Springfield and Lea Bridge wards

There are also pockets of more severe relative deprivation in Hoxton and around Hackney Downs. The least deprived areas are in Shoreditch, Brownswood and around Clissold Park.

Life expectancy (LE) in Hackney has improved significantly over the past two decades. Life expectancy at birth for men between 2017-19 was 79.8 years, whereas it was 83.4 for women. It is now similar to (for males) or better (for females) than the national average. [53]

Healthy life expectancy (HLE) or the average number of years a person would expect to live in good health, meanwhile, is significantly lower than in England for both sexes. 58.6 for men and 58.8 for females, as compared to the England average of 63.2 and 63.5 respectively

[53] Public Health England Accessed from https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/ati/202/are/E09000012 on 4th June, 2021

during 2017-19.[54] This indicates significant health inequalities and, as a result, Hackney residents are expected to live a large proportion of their lives in poor health. Some of the differences in LE and HLE are caused by lifestyle risk factors including smoking, diet, physical inactivity, and alcohol and substance misuse.

A poor diet is considered the second most important lifestyle factor in causing premature morbidity and mortality. High calorie diets can lead to weight gain, especially when not matched with adequate levels of physical activity.

Unhealthy diet and poor nutrition affect the teeth and growth of the jaws during development and later during the life-course. The most significant effect of diet is in the mouth, particularly in the development of dental caries and enamel erosion. Dental caries and obesity are strongly linked due to common dietary risk factors. [55] A lower proportion of Hackney's adult residents stated that they consumed five portions of fruit and vegetables a day compared with the regional average: 39% versus 56% in London.

Dietary habits correlate with levels of deprivation, income, high risk drinking, age and caring responsibilities, causing inequalities in diet-related health outcomes. In Hackney, 90% of those who rarely or never have difficulties in making ends meet are likely to agree they have a healthy diet overall compared to 83% of those who sometimes or always have difficulty making ends meet. [56]

Large inequalities are observed in the levels of obesity in City and Hackney, whereby the prevalence is nearly double in areas classified as most deprived compared with least deprived areas. It is higher among older residents with a third of those aged 55-75 recorded obese versus 20% Hackney average. The prevalence is the highest amongst Black communities. [57]

While some improvements have been noted in the obesity rates for school children in the Reception year between 2006/07 to 2019/20, the rates of obesity among children in Year 6

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[54] Public Health England Accessed from https://fingertips.phe.org.uk/search/healthy%20life%20expectancy#page/1/gid/1/pat/6/par/E12000007/ati/102/are/E09000012/iid/90362/age/1/sex/1/cid/4/tbm/1 on 4th June, 2021

[55] World Health Organisation 2018 Accessed from https://www.euro.who.int/__data/assets/pdf_file/0009/365850/oral-health-2018-eng.pdf on 4th June, 2021

[56] Hackney Health and Wellbeing Survey 2019 https://hackneyjsna.org.uk/wp-content/uploads/2019/06/Hackney-Health-and-Wellbeing-Survey-2019-Report.pdf

[57] London Borough of Hackney and City of London JSNA 2018 https://hackneyjsna.org.uk/wp-content/uploads/2018/12/Obesity.pdf

has not improved[58]. Prevalence of obesity increased in both age groups in the last year[59]. In Reception year in 2020/21 the prevalence of obesity rose to 17.5% compared to 10.9% in 2019/20 (63.3% increase).he prevalence of obesity among Year 6 children increased by 20% in 2020/21 compared to 2019/20: from 27.4% to 29.8%.

Hackney and City's public health currently commissions the 0-5 and 5-19 Healthy Eating and Obesity services, which delivers universal and targeted healthy eating and weight management interventions for children, young people and their families with the overall aim of preventing and reducing obesity.

The Public Health commissioned Education and Outreach service provides health and wellbeing related support to children and young people delivered through drop-in sessions, community outreach and educational sessions in schools. Eat Better, Start Better, is an early years nutritional programme delivered in early years settings, which also includes a Physical Activity Literacy programme.

3.2. Epidemiology of oral health

3.2.1. Epidemiology of oral health of children in England

Although oral health is improving in England, the oral health survey of five year olds in 2019 showed that just under a quarter have tooth decay (PHE National Dental Epidemiology Programme for England, 2019). Each child with tooth decay will have on average 3 to 4 teeth affected. For those children at risk, tooth decay starts early.

The first survey of 3 year olds in 2014 found that 12% had visible tooth decay, with an average 3 teeth affected.

Public Health England (PHE) National Dental Epidemiology Programme (NDEP) survey of 3-year-old children, 2019 to 2020. Data collection was curtailed by the outbreak of the coronavirus (COVID-19) infection and the closure (except to children of key workers) of all schools and nurseries in England in March 2020. Therefore the survey had to be terminated and the final 3 months of data collection were lost. This meant 20 of 151 upper-tier and 67 of 314 lower-tier local authorities were unable to return usable data. Additionally, 30 upper-tier local authorities did not commission the survey. Very few areas reached the minimum sample size of 250 children and the results should be interpreted with caution, particularly when making comparisons with other surveys.

However, nationally 19,479 3-year-olds participated in the survey allowing estimates of prevalence and severity of disease experience at national and regional levels and for the

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[58] Office for National Disparities. Accessed from https://www.gov.uk/government/statistics/national-child-measurement-programme-ncmp-data-for-the-2020-to-2021-academic-year-by-local-authority on 27 February 2022.

[59] Public Health England Accessed from https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/1/gid/8000011/pat/6/par/E12000007/ati/302/are/E09000012/iid/90316/age/200/sex/4/cid/4/tbm/1 on 4th June 2021

majority of upper-tier local authorities. Experience of dental decay includes decayed teeth as well as teeth missing or filled due to decay. Of the 3-year-olds participating in the survey, 10.7% already had experience of dental decay despite having had their back teeth for just 1 or 2 years. Among the 10.7% of children with experience of dental decay, each had on average 3 affected teeth (CI 2.81-3.03) (at age 3-years, children normally have all 20 primary teeth).[60]

While 77% of five year old children in England are now free of obvious tooth decay, there are notable regional inequalities that still exist - with children from the most deprived areas having more than twice the level of decay, than those from the least deprived.

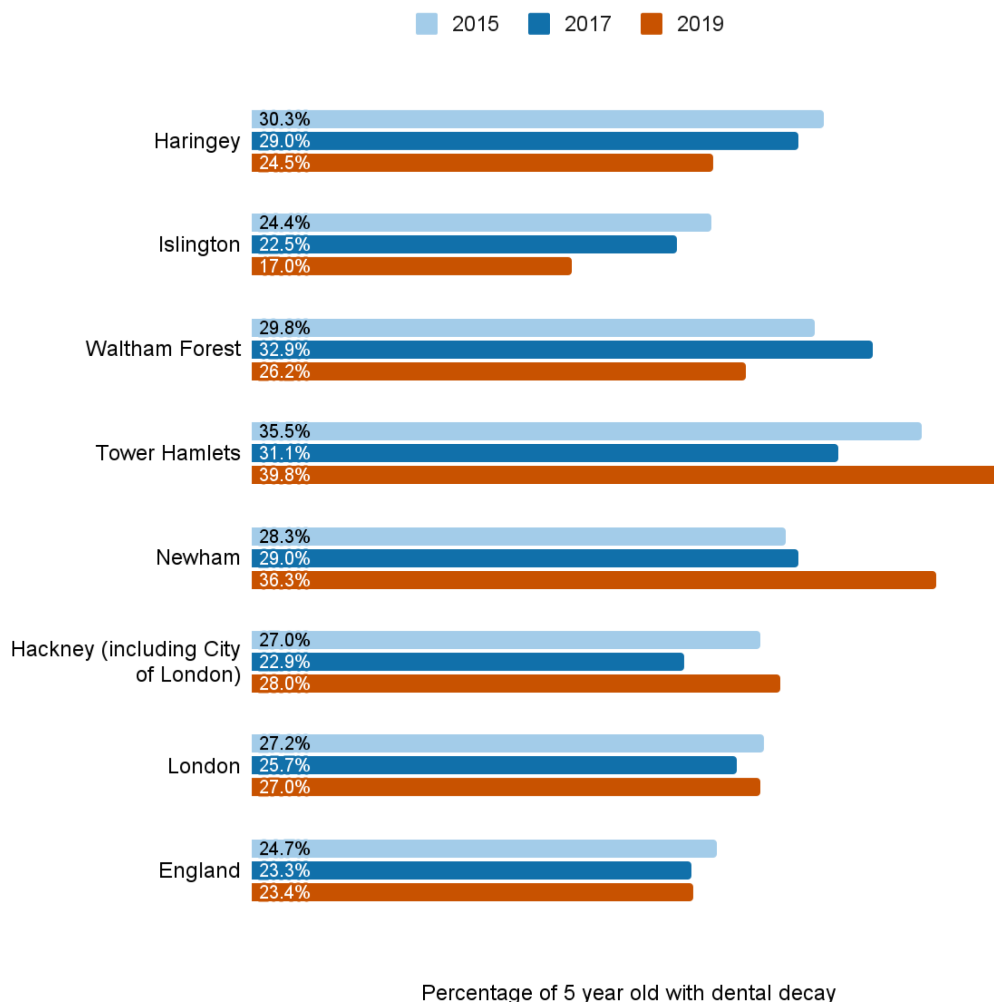
For 3 year older children living in the most deprived areas of the country were almost 3 times as likely to have experience of dental decay (16.6%) as those living in the least deprived areas (5.9%). There was also variation in prevalence of experience of dental decay by ethnic group and this was significantly higher in the Other ethnic group (20.9%) and the Asian and Asian British ethnic group (18.4%) than other groups.

3.2.2. Oral health of children in Hackney and City

Figure 2 shows the trend of Percentage of five year old children participating in the National Dental Epidemiology survey with decay experience in Hackney and City compared with London and England.

[60] Public Health England National Dental Epidemiology Programme for England: oral health survey of 3-year-old children 2020
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/987179/NDEP_for_England_OH_Survey_3yr_2020_v2.0.pdf

Figure 3 Percentage of five year old children with dental decay in Hackney, London and England



Source: National Dental Epidemiology programme (NDEP) [61]

Notes:

*The 5 year-old dental survey was carried out in 2008 and 2012. However, these figures haven't been included in this chart as there was a change in the consent process following the 2012 survey.

**For this survey, data collected for Hackney includes the City of London and we are unable to separate this out.

***The survey is carried out every other year on the current five year old population- the survey results will be affected by a number of factors such as the number of children who participate (participation of survey requires positive consent) and factors such as migration.

The above figure 2 shows that Hackney and City had 27% of five year old children with dental decay in 2015, which decreased to 22.9% in 2017 and then increased to 28% in 2019. These are similar levels to the London region, but higher than England's average in 2015 and 2019, but lower levels than London and England in 2017.

[61] National Dental Epidemiology Programme available at https://www.gov.uk/government/collections/oral-health

Hackney and City has a higher percentage of five year olds with dental decay than Islington, Haringey and Waltham Forest, but lower than Tower Hamlets, and Newham in the 2019 survey.

The below table depicts the measures of oral health among 5-year-olds in Hackney (including City of London), its statistical neighbours in London and England in 2019.

Table 4 Comparison of oral health measures in children in Hackney, London and England, 2019

Indicator	Hackney (including the City of London)	Statistical neighbour within London: Haringey	London	England
Prevalence of experience of dental decay	28.00%	24.50%	27.00%	23.40%
Mean number of teeth with experience of dental decay	1.1	0.9	0.9	0.8
Mean number of teeth with experience of decay in those with experience of dental decay	3.9	3.6	3.4	3.4
Mean number of decayed teeth in those with experience of dental decay	3.1	2.8	2.6	2.7
Proportion with active decay	25.60%	21.70%	23.20%	20.40%
Proportion with experience of tooth extraction[ii]	2.00%	2.10%	3.20%	2.20%
Proportion with dental abscess	1.80%	2.40%	0.90%	1.00%
Proportion with teeth decayed into pulp	4.90%	5.00%	3.40%	3.30%
Proportion with decay affecting incisors[iii]	12.10%	9.80%	8.20%	5.20%
Proportion with high levels of plaque present on upper front teeth[iv]	1.30%	5.10%	2.10%	1.20%

[i] generated by the children's services statistical neighbour benchmarking tool, the neighbour within London has “Close” comparator characteristics and the national neighbour 1 has “Close” comparator characteristics.

[ii] experience of extraction of one or more teeth on one or more occasions.

[iii] dental decay involving one or more surfaces of upper anterior teeth.

[iv] indicative of poor tooth brushing habits.

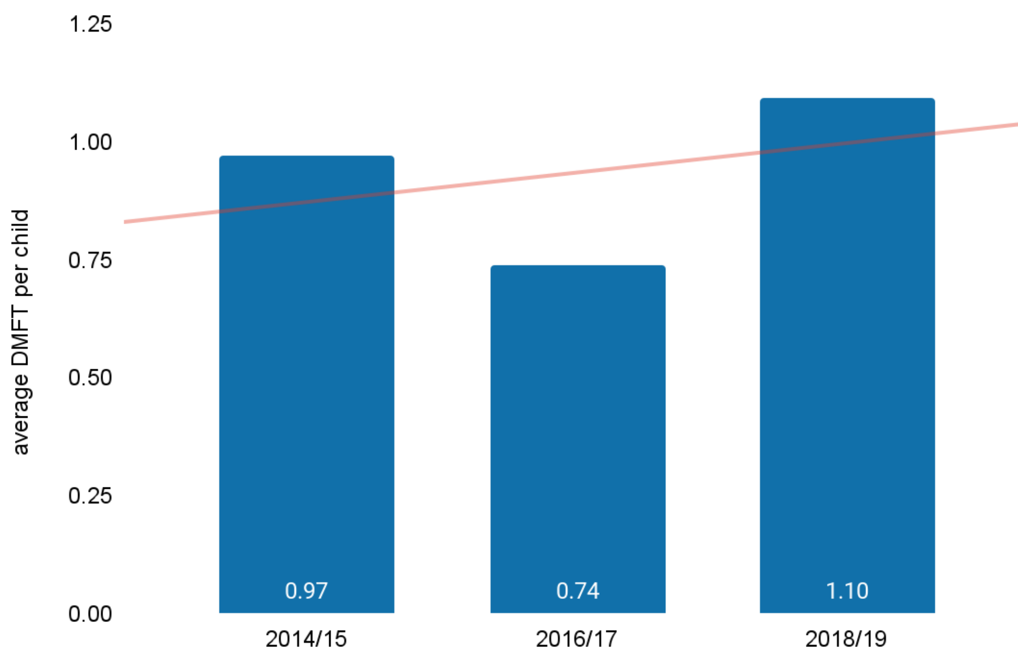
Source: National Dental Epidemiology Programme 2019 survey of 5-year-old children, PHE, 2019.

Following are the key points from the 2019 NDEP survey shared by PHE[62]

[62] Public Health England - shared via email in November, 2020

- Decay levels are higher than the previous survey carried out in 2017, however this trend is seen in London as a whole. Please note, the data is influenced by the participation rates and sampling. The 2019 was an enhanced sample, which included a borough wide sample as well as an additional sample of the 5 most deprived wards in Hackney (data shown later in the report).
- Decay levels higher than its statistical neighbour (Haringey).
- High levels of decay affecting incisors (which is often linked to bottle feeding).
- Extractions, abscesses and mouth hygiene better than its statistical neighbour
- The sample size did not allow publication of ward level data but they have used the 2017 data which was a census survey for Hackney.

Figure 5 Decayed, missing and filled teeth (DMFT) in Hackney & City children aged 5



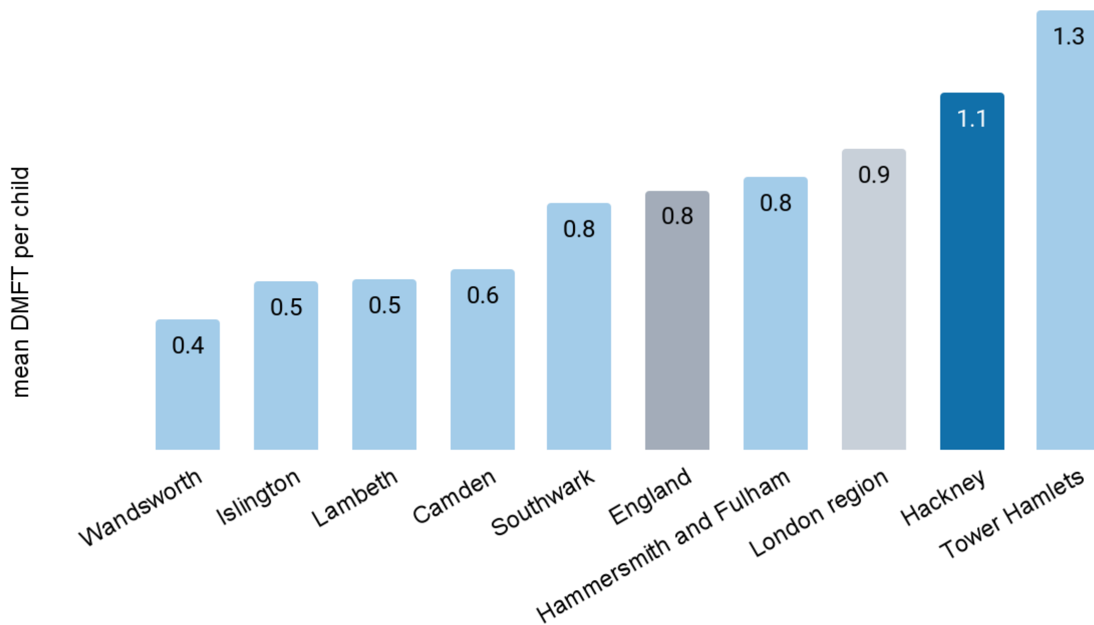
Source: Public Health England Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019

Figure 4 shows the mean number of dentinally decayed, missing and filled teeth (DMFT) among five year old children in Hackney and City

The mean decayed, missing or filled tooth per child aged 5 years in Hackney and City has increased from 0.97 in 2014-15 to 1.10 in 2019, with a reduction during 2016-17 to 0.74.

DMFT is the sum of the number of Decayed, Missing due to caries, and Filled Teeth in the permanent teeth. The mean number of DMFT is the sum of individual DMFT values divided by the sum of the population.

Figure 6 Decayed, missing and filled teeth in children in Hackney, London and England, 2019



Source: Public Health England Dental Public Health Epidemiology Programme for England: Oral health survey of five-year-old children 2019

The above figure shows a comparison of the Mean number of dentinally DMFT among five year olds across Hackney and City, neighbours, London and England in 2019.

In Hackney and the City, the mean number of DMFT in children aged 5 years in 2018-19 was 1.1, which is similar to the figures in England 0.8 and London 0.9.

Table 7 Prevalence of dental decay of children at ward level in Hackney and City, 2019

Area	Prevalence of experience of dental decay	Mean number of teeth with experience of dental decay in the whole sample n (95% CI)	Mean number of teeth with experience of dental decay among children with any experience of dental decay n (95% CI)
Hackney Central	33.30%	1.7	5.0
Springfield	40.00%	1.6	4.0
Homerton	35.50%	1.1	3.1
King's Park	32.00%	1.1	3.5
Hackney Wick	23.10%	0.6	2.7
Hackney and the City of London	**28.00%**	**1.1**	**3.9**
London	**27.00%**	**0.9**	**3.4**
England	**23.40%**	**0.8**	**3.4**

Source: National Dental Epidemiology Programme 2019 survey of 5-year-old children, PHE, 2019.

The above table shows the prevalence and severity of experience of dental decay in 5-year-olds in wards where an enhanced sample was undertaken, Hackney and the City, 2019.

It shows that the prevalence of dental decay in 5-year old children is highest in the Springfield ward, followed by Hackney Central, Homerton and Kings Park as compared to Hackney and City rate. However, the differences between areas were not significant. There was not a significant difference between the most deprived and the least deprived wards.

With regards to mean number of teeth with experience of dental decay in the whole sample, as well as mean number of teeth with experience of dental decay amongst children with any experience of dental decay, Hackney Central and Springfield wards were worse as compared to Hackney and City.

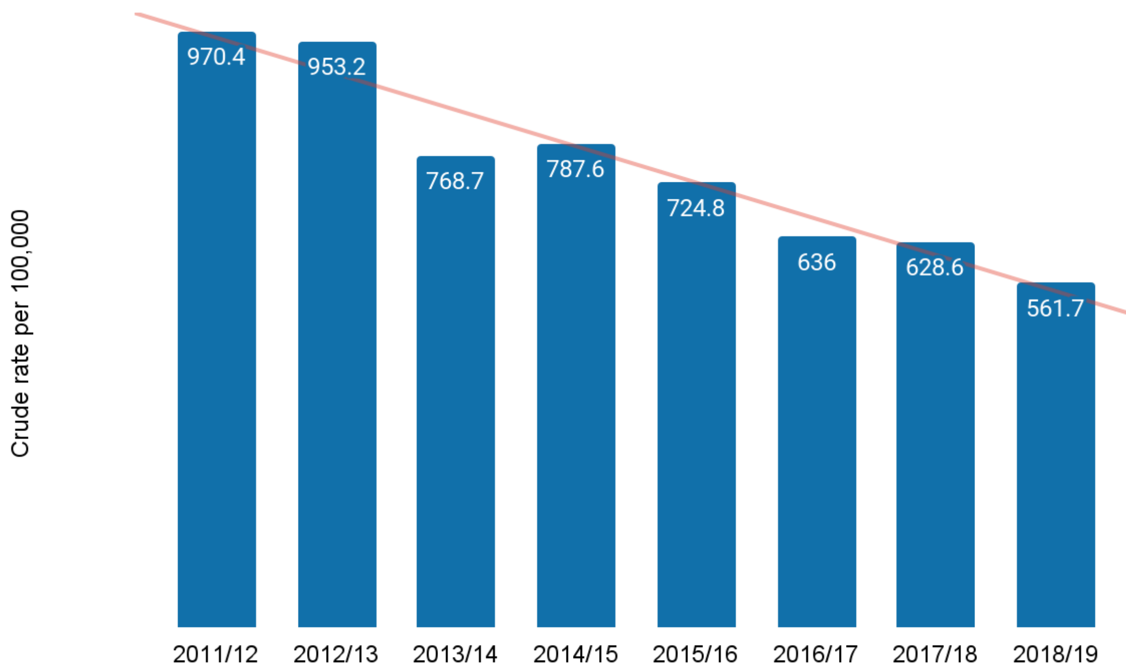
Figure 8 Hospital admissions for dental caries in children aged 0-5 per 1,000 population, 2017/18 to 2019/20

Source: Public Health England

The above figure shows a comparison of Hospital admissions for dental caries amongst 0-5 years children in Hackney and City, London and England between 2017/18 to 2019/20

It shows that Hackney had 403 hospital admissions per 1,000 population between 2017/18 to 2019/20, as compared to the London average which is 371 admissions per 1000 but is significantly higher than the national average of 286 admissions per 1000 population.

Figure 9 Hospital admissions for tooth extractions in children aged 10 and under, Hackney



Source: NHS Digital

The above figure shows the trend of the rate of tooth extractions due to decay for children admitted as inpatients to hospital aged 10 years and under, per 100,000 population between 2011/12 to 2018/19. Hackney and the City have seen a reduction in this rate from 970 in 2011/12 to 561 per 100,000 population in 2018/19.

3.2.3. Oral health of vulnerable children in Hackney and City

Oral health of Looked After children Hackney and City

As well as their public health responsibilities, councils act as the corporate parents of children in their care. As a corporate parent, the Local Authority is responsible for the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues, including annual health assessments, immunisation, medical and dental care treatment.[63]

Children looked after in England on 31 March 2020 increased to 80,080, from 78,140 last year - up 2%. This is a rate of 67 per 10,000 children, up from 65 in 2019. 86% of Children

[63] Local Government Association. Healthy Futures, Supporting and promoting the health needs of looked after children accessed from https://www.local.gov.uk/sites/default/files/documents/healthy-futures-supportin-9cf.pdf on 18th May, 2021

looked after reported having had their teeth checked by a dentist, the same as last year and up from 84% in 2018. [64]

There were 432 in Hackney and 25 Looked After Children in the City of London as on 31st March, 2020, the figures for 2020-21 have not been published yet. Hackney has more Looked After children as compared to its neighbouring boroughs (Figure 9).

Table 10 Numbers of Children looked After in Hackney and City, 2020

Area	Total on 31st March 2020
England	80,080
Neighbours	
Haringey	403
Islington	366
Newham	411
Tower Hamlets	307
Hackney	432
City of London	25

Source: City and Hackney Clinical Commissioning Group Looked After Children's Health Annual report 2019-20
Note: Figures for 31 March 2020, as 2021 figures are not yet published.

A significant level of need is identified at the IHA (Initial Health Assessment), including incomplete immunisations, poor dental health, a range of physical health issues and mental health/emotional health needs. When a health need is identified, the assessing paediatrician will decide whether to review the child or young person or refer them to the appropriate service, for example: GP, CAMHS, and hospital specialist.

Children and young people are often not up to date with their dental checks when they become looked after, reflecting the care/neglect before being taken into care. Asylum seeking young people have often not had access to dental services in their home country. Advice about dental health is given and good dental hygiene is promoted at each assessment. Children and young people are given toothbrushes and toothpastes by the nursing team. The date of the last dental check is sought from the carer and young person. 69% of the Looked After Children and young people in Hackney had a dental check in 2019/20, which has dropped from 87% in 2014/15. [65] [66]

One of the key priorities identified in the annual report on Looked After Children (LAC) in 2020/21 by Hackney and City of London Clinical Commissioning is ensuring quality dental provision for LAC in and out of the borough.

[64] Department for Education Children Looked After in England including Adoption accessed from https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2020 on 18th May, 2021

[65] City and Hackney Clinical Commissioning Group Looked after Children's Health Hackney Annual Report 2019-2020

[66] City and Hackney Clinical Commissioning Group Looked after Children's Health (City of London Corporation) Annual Report 2019 - 2020

Statutory Guidance [67] mandates that Initial Health Assessments (IHA) are to be completed within 20 working days of a child or young person being received into care. This guidance also recommends that the Review Health Assessment (RHA) needs to be undertaken six monthly for children under 5 years and annually for children and young people aged over 5 years.

Table 11 Percentage of LAC with dental check-ups in Hackney and City, 2020/21

Quarter	Percentage of children up to date dental check up
1	83%
2	30%
3	15%
4	53%

Source: City and Hackney Clinical Commissioning Group Looked After Children's Health Annual report 2020-21

The above table shows the percentage of Looked After Children in Hackney and City of London who had an up to date dental check during 2020/21

The children/young people and their foster carers are encouraged to attend a dentist local to their placement unless they are undergoing dental or orthodontic treatment prior to this placement. If there is a danger of the child/young person's treatment being delayed due to their move, every effort is made to continue the treatment plan that was in place prior to the move. Children with additional needs may be referred to specialist dental services either in the community or hospital.

During quarters 2 and 3 of 2020/21, children/young people found it difficult to access dental services due to the Covid-19 pandemic. Nationally, designated and named professionals for Children Looked After, lobbied NHS England (NHSE) and issued a statement that children looked after should be seen as a priority for dental care.

During Review Health Assessments, the date of visit to the dentist or future date of dental visit is noted in the records for LAC in Hackney and City. However it is up to the foster carer of the LAC children or the LAC young person to share details of the outcome of their visit to the dentist. This information is not routinely collected.

Oral Health of Children from the Orthodox Jewish community in Hackney

The health needs assessment of the Orthodox Jewish community in Stamford Hill carried out by Hackney and City Public Health showed that the Charedi community is disproportionately affected by poor oral health as compared to the rest of the Hackney population. 6 out of 10 five year old children in the Charedi community had tooth decay compared to 3 out of 10 in

[67] Department for Education and Department of Health. Promoting the health and well-being of looked-after children; March 2015.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

Hackney during 2017/18. 4 out of 10 children had incisor decay compared to 1 in 10 in Hackney.[68]

A study conducted in 2017 on the oral health status and oral health behaviours of five-year-old Charedi Orthodox Jewish children attending schools in London, UK showed that the oral health of five-year-old children in the Charedi Orthodox Jewish community was significantly worse than their counterparts across Hackney, London and England. [69]

Another qualitative study exploring the oral health knowledge and beliefs and access to dental care amongst mothers from Orthodox Jewish community in Hackney concluded that the key aspects that affected oral health knowledge and beliefs were culture, competing priorities and heredity, along with a lack of up to date oral health knowledge. The study showed that barriers faced by the community in maintaining good oral health were family pressures, inadequate capacity and capability, fear and cost. Mothers from this community welcomed opportunities for community development and engagement from the NHS.[70]

During our engagement with members and organisations working with the Charedi community, it was shared that during important religious days like Sabbath, toothbrushing and sometimes use of mouthwash is not allowed. During religious days and festivals, and Saturdays, there are family meals, and includes big spreads as well sugary food like cakes. This has an impact on the oral health of children in the community. Regular tooth brushing in large families, with small children becomes a challenge for mothers as they are burdened with a lot of care taking and household responsibilities.

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[68] Hackney Joint Strategic Needs Assessment https://hackneyjsna.org.uk/wp-content/uploads/2019/08/Orthodox-Jewish-Health-Needs-Assessment-2018.pdf accessed on 12th May, 2021

[69] C. Klass; A.Mondkar; D.Wright. Oral health and oral health behaviours of five-year-old children in the Charedi Orthodox Jewish Community in North London. Community Dental Health - pp. 60-64, 2017.

[70] S.Scambler; C.Klass; D.Wright; J.Gallagher. Insights into the oral health beliefs and practices of mothers from a north London Orthodox Jewish community. BMC Oral Health. Pp 10-14, 2010.

3.3. Access to dental services amongst Children and Young people in Hackney and City

The table below shows access to dental services amongst 0-19 year old children and young people in Hackney and City during 2019-21.

Table 12 Access to dental services amongst CYP Hackney

		Access rate			Number of visits to the dentist		
Age group	**Year**	**Hackney**	**London**	**England**	**Hackney**	**London**	**England**
0-2 years old	2019/20	17%	24%	33%	2,179	90,349	643,377
	2020/21	3%	5%	7%	395	18,275	133,921
3-5 years old	2019/20	44%	50%	62%	5,235	184,803	1,285,979
	2020/21	12%	16%	18%	1,467	56,938	381,161
6-10 years old	2019/20	59%	63%	72%	10,510	368,191	2,520,256
	2020/21	23%	25%	27%	4,035	144,672	959,103
11-14 years old	2019/20	56%	63%	73%	7,248	259,226	1,891,114
	2020/21	20%	25%	28%	2,511	101,074	719,125
15-19 years old	2019/20	41%	43%	52%	5,645	200,949	1,606,498
	2020/21	14%	17%	19%	2,001	80,407	594,833

Source: Population - ONS, 2019; Dental access figures provided by PHE London August, 2021

We can see that in the 12 months prior to 2019/20, 30,817 which is 41% Hackney and City children and young people accessed dental care, whereas in the 12 months prior to 2020/21, this number dropped to 10,409 which is 14.6% based ONS population estimates.

17.4% of Hackney and City children in the age group of 0-2 years as compared to 44.2%; 59%; 56.3% and 40.7% in the age groups of 3-5 years, 6-10 years, 11-14 years and 15-19 years respectively, accessed dental services between 2018/19 to 2019/20.

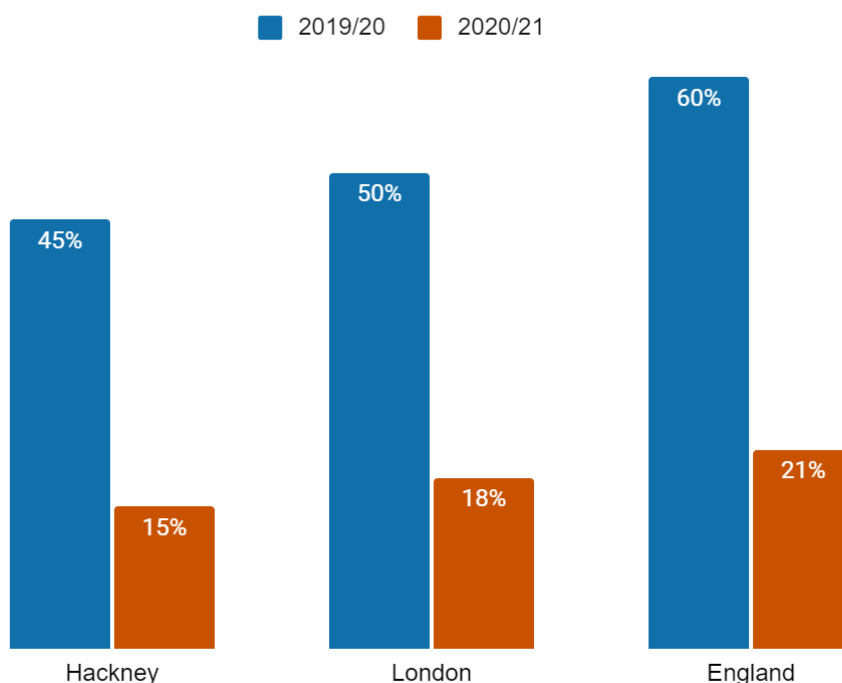
We can see a similar trend of increasing access to dental services as age progresses, up to the age of 11-14 years, and then it reduces in the age bracket of 15-19 years in both the years 2019/20 and 2020/21.

The rates of children and young people who accessed dental services are significantly lower than England in all the age groups.

The numbers of visits to the dentist by children and young people in Hackney 2019/20 and 2020/21 shown on the figure above by age group. There was a significant reduction in access in all children and young people age groups in 2020/21 when compared to 2019/20, probably due to Covid-19.

Figure 12 shows dental health access rates, 0-19 years old, Hackney, London and England, 2019/20 and 2020/21.

Figure 13 Dental access rates in CYP, Hackney, London and England



Source: Population - ONS, 2019; Oral health visits - PHE, 2019/20 and 2020/21.

Hackney and City children in the age group of 0-19 years had lower rates of access to dental services compared to England rates in 2019/20, but similar to London. Whereas in 2020/21, Hackney's rates are similar to that of London and England rates.

3.4. Oral health of Adults in England

The Adult Dental Health Survey gathers information about dental health of adults as well as their dental experiences, knowledge of and attitudes towards dental care and oral hygiene. The survey is carried out every 10 years, and helps the NHS to understand the changes in dental health amongst adults in the UK.[71] The 2019 Adult Dental Health survey was unable to be completed, and therefore data used in this report is from the most recent survey, 2009.

Between 1978 to 2009, the proportion of adults in England who had no natural teeth has fallen by 22 percentage points, from 28% in 1978 to 6% in 2009. The 2009 dental health survey showed that 94% of the combined populations of England, Wales and Northern Ireland had at least one natural tooth. Although 31% of the adults with teeth had obvious tooth decay either in the crowns or roots of their teeth.

[71] NHS The Information Centre for Health and Social Care 2011 accessed from https://files.digital.nhs.uk/publicationimport/pub01xxx/pub01086/adul-dent-heal-surv-summ-them-exec-2009-rep2.pdf on 20th May, 2021

The survey further showed that 58% of adults had tried to make an NHS dental appointment in the previous three years. Of these adults, 92% were able to get an appointment and had attended a dental appointment.

75% of adults said that they cleaned their teeth at least twice a day and a further 23% of adults said that they cleaned their teeth once a day.

In England from 2012 to 2016 there were 35,830 new cases of oral cancer diagnosed and 10,908 deaths. The standardised oral cancer mortality rate in Hackney was 6.06 per 100,000 population between 2012-16. [72]

3.5. Oral Health of Adults in Hackney and City

Table 13shows the Incidence of Oral cancer in Hackney and Statistical Neighbours 2012-2016. Hackney had the lowest incidence of oral cancer affecting the lip, oral cavity and pharynx between 2012 and 2016, with a rate of 7.19 per 100,000 population as compared to its statistical neighbours as well as the London and England average.

[72] Public Health England Oral Cancer in England a report on incidence, survival and mortality rates of oral cancer in England 2012-2016 - May 2020
accessed from
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891699/Oral_cancer_report_170420.pdf on 3rd June 2021

Table 14 Incidence of oral cancer, Hackney, London and England, 2012-2016

Area	Standardised incidence per 100,000
Haringey	8.13
Islington	8.09
Waltham Forest	8.29
Tower Hamlets	10.54
Newham	9.27
Hackney	7.19
London	8.53
England	8.36

Source: Public Health England Oral Cancer in England 2012-2016

Note: Hackney excludes the City of London. The City of London is not included in these tables as rates in question were based on fewer than 10 cases and have been suppressed.

There were considered International Classification of Diseases codes for lip, oral cavity and pharynx (C00-C14). Malignant neoplasms of the bone (C41) or connective or soft tissue (C-45-C49) of health and neck which may occur in the mouth yet with very low incidence were not included.

Table 15 Access to dental health services amongst adults in Hackney

		Access rate			Number of visits to the dentist		
Age group	**Year**	**Hackney**	**London**	**England**	**Hackney**	**London**	**England**
18-34 years old	2019/20	24%	25%	32%	21,589	596,198	3,981,247
	2020/21	11%	11%	12%	9691	257,639	1,490,980
35-64 years old	2019/20	30%	30%	40%	30,984	1,043,665	8,568,709
	2020/21	15%	14%	16%	15,020	479,324	3,403,695
65-84 years old	2019/20	34%	34%	42%	6,331	311,067	3,716,782
	2020/21	16%	15%	17%	2,910	137,501	1,485,931
85+ years old	2019/20	20%	23%	27%	499	34,186	364,964
	2020/21	9%	9%	10%	215	13,474	130,638

Source: Population - ONS, 2019; Dental access figures - PHE, 2019/20 and 2020/21.

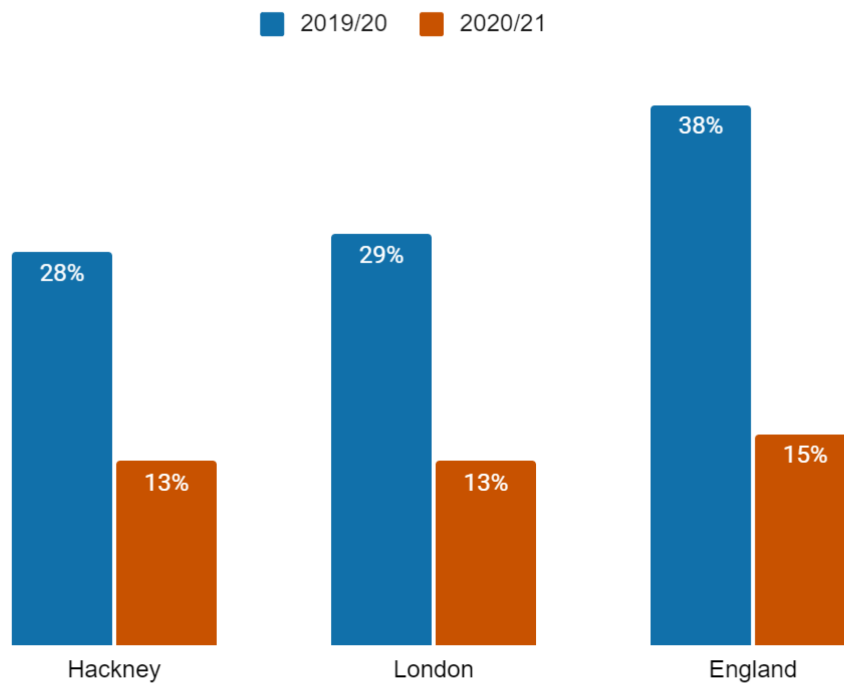
The above table shows the number of adults who received NHS dental care in the 24 months preceding the data period. In the 24 months prior to 2019/20, 59,403 Hackney and City residents accessed dental care, whereas in the 24 months prior to 2020/21, this number dropped to 27,836.

23.7% of Hackney and City adults in the age group of 18-34 as compared to 30% and 34% in the age groups of 35-64 and 65-84 years respectively, accessed dental services between 2017/18 to 2019/20. We can see a similar trend in access to dental services as age progresses, up to the age of 84 years, and then it reduces with adults aged 85+ in both the years 2019/20 and 2020/21.

Hackney and City adults' access to dentists is very low as compared to the England average and similar to London for all age groups according to the 2019/20 data, whereas the access rates are similar to England and London rates during 2020/21.

The figure below shows a comparison of dental health access in adults in Hackney, London and England, during 2019/20 and 2020/21.

Figure 16 Dental health access rates in adults, Hackney, London and England, 2019/20 and 2020/21

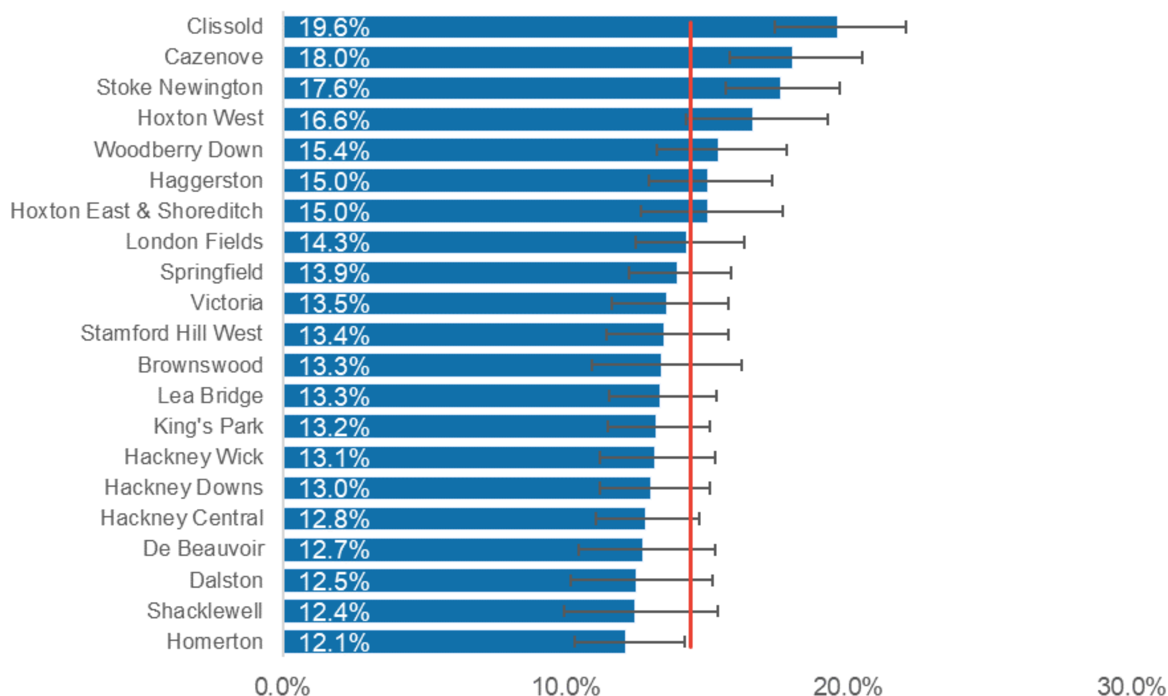


Source: Population - ONS, 2019; Oral health visits - PHE, 2019/20 and 2020/21.

In the 24 months prior to 2019/20, 59,403 Hackney and City residents accessed dental care, with an access rate of 27.5%, similar to the London access rate of 28.8% but lower than the England rate of 37.8%. Whereas in the 24 months prior to 2020/21, this number dropped to 27,836 with an access rate of 12.9%.

Adults in Hackney have access to oral health similar to London and lower than England. In 2020/21 there was a significant reduction in adults' access to oral health in Hackney, London and England, probably due to Covid-19.

Figure 17 Dental health access rate by ward, 65+ years old, Hackney, 2020/21



Source: Population - ONS, 2019; Dental health visits - PHE, 2019/20 and 2020/21.

Further analysis of the dental access in 2020/21 amongst the older population over the age of 65+ years, revealed that residents of Cazenove, Clissold and Stoke Newington, the three of the four least deprived wards in Hackney, had significantly higher dental access rates when compared to Hackney average, while all the other wards had access rates similar to Hackney average. This may indicate that deprivation can negatively influence dental health access rates in the older vulnerable group. This same pattern was not observed in the other age groups.

Unmet dental health need amongst adults in Hackney and City

NICE has recommended that all adults should visit the dentist at least once every two years, although the interval between oral health reviews should be determined individually for each patient and may be much shorter. [73] Based on this NICE recommendation, over a two-year period the entire adult population should visit the dentist, in Hackney and City, it would be 205,238 people based on ONS 2019 estimates. The above Figure 15 suggests that only 59,403 adult residents of Hackney are receiving NHS dental treatment with the recommended frequency. However, this estimate does not take into account those who receive private dental care or travel outside England for their dental care.

The proportion of adults in Hackney and City who had accessed dentists has reduced from 44% during 2014-2016 to 27.5% in 2019/20. In the two-year period covering April 2015 to March 2017, 89,786 adult Hackney residents and 1,484 adult City residents were seen by

[73] National Institute for Health and Care Excellence, "Dental checks: intervals between oral health reviews [CG19]," 2004.

NHS dentists somewhere in England. Each patient is counted only once even if they have received several episodes of care over the two-year period. [74]

Oral health of vulnerable groups in England:

The age structure of England is moving towards later ages, by 2050, it is projected that one in four people in the UK will be aged 65 years and over – which is an increase from approximately one in five in 2018. [75]

Oral health of Older people in supporting living in England

The first Oral Health Survey of Mildly Dependent Older People was carried out in 2016 for this population group, as a pilot. It focused on the population living in supported accommodation. The results of the survey showed the older participants had poorer oral health and had a longer gap since their last visit to the dentist, as they were limited in their mobility or were receiving various services in their home. Residents with a reduced cognitive recall and those with a lower level of education also tended to have worse oral health. [76]

The survey results showed a wide variation at regional and local authority level. Those reporting current pain in their mouths ranged from 4.7% in the South West as compared to 14.5% in London.

Oral health of Older people in Supported living in Hackney and City

The Oral Health Survey of Mildly Dependent Older People 2016 survey showed that 48.2% of the mildly dependent older adults living in supported accommodation in Hackney and City of London had not seen a dentist in the last two years of the survey. Of these, 11% said they found it difficult to go to and from the dentist, while 7.4% said they couldn't afford NHS charges. 14.3% of the mildly dependent older adults had an urgent need for treatment.

There was recent research carried out in London, from the NIHR funded Fluoride Interventions in Care Homes (FInCH) Trial. The research explored the challenges and issues of access to dental care for older people in care homes, from the perspectives of care home managers and care staff. Findings of this research showed a range of barriers faced by older people in care homes, such as lack of suitable services and experienced clinicians,

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[74] Hackney and City of London Joint Strategic Needs Assessment Adult Health and illness - Oral Health 2018 Accessed from https://hackneyjsna.org.uk/wp-content/uploads/2018/12/Oral-Health-1.pdf on 2nd June 2021

[75] Office of National Statistics August 2019. Accessed from https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/august2019 on 21st May, 2021

[76] Public Health England National Dental Epidemiology programme for England: oral health survey of mildly dependent older people 2016. A report on the oral health and dental service use of older people living in supported housing. Accessed from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/773355/NDEP_For_England_oral_health_survey_of_mildly_dependent_older_people_2016_report.pdf on 20th May, 2021

compounded by the need for appropriate care chaperones, lack of exemption information and no routine care services. The research offers some suggestions of reducing barriers by commissioning the appropriate quantity and levels of expert services necessary to meet the high levels of dental needs of an increasingly complex care home population. Free dental check-ups and upstream approaches in creating coordinated, patient centred, integrated care pathways for people as they age. [77]

Oral health of Adults with mental health illness

Some of the most common mental illnesses that can have a negative impact on a person's oral health include: anxiety and panic attacks, depression, eating disorders, obsessive-compulsive disorder, self-harm, schizophrenia and psychosis.

Several papers have shown that people with serious mental illness suffer from poorer dental health than the general population. A systematic review of oral health and serious mental illness found that patients affected by poor mental health did not have the same levels of improvement in oral health as compared to the general population. The oral health of people with serious mental illness when compared to adults without serious mental illness can be summarised as follows.[78] [79] [80] [81] [82]

- higher rates of tooth loss
- higher rates of dental decay
- poor mouth hygiene
- higher rates of gum disease
- dental neglect
- dry mouth/burning mouth mainly due to the medication with psychopharmacological drugs
- abnormal taste
- higher need for dental treatment

Oral health of People with Learning Disabilities

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[77] Patel, Rakhee, Mamoona Mian, Claire Robertson, Nigel B. Pitts, and Jennifer E. Gallagher. 2021. "Crisis in Care Homes: The Dentists Don't Come." BDJ Open 7 (1): 20.

[78] Kisley et al., 2011. Advanced dental disease in people with severe mental illness: systematic review and meta-analysis. British Journal of Psychiatry British Journal of Psychiatry vol./is. 199/3(187-93), 0007-1250;1472-1465

[79] Patel & Gamboa 2012. Prevalence of oral diseases and oral health related quality of life in people with severe mental illness undertaking community-based psychiatric care. British Dental Journal 213, E16-E16 doi:10.1038/sj.bdj.2012.989

[80] Kossioni et al., 2013. Variation in oral health parameters between older people with and without mental disorders. Special Care Dentistry vol./is. 33/5(232-8), 0275-1879;1754-4505

[81] McCreadie et al., 2004. The dental health of people with schizophrenia. Acta Psychiatr Scand, 110, 306-10.

[82] Stiefel et al., 1990. A comparison of the oral health of persons with and without chronic mental illness in community settings. Spec Care Dentist, 10, 6-12

Availability of good oral and dental care is an essential part of promoting good health and quality of life for people with learning disabilities. However, national and international research, including systematic reviews, consistently show that people with learning disabilities have: [83]

- higher levels of gum disease
- greater gingival inflammation
- higher numbers of missing teeth
- increased rates of toothlessness
- higher plaque levels
- greater unmet oral health needs
- poorer access to dental services and less preventative oral health care

Summary Chapter 3

Borough population

- Hackney has a young, diverse, and a very mobile population of around 280,000 residents.
- About a quarter of the population in Hackney are under the age of 20 and nearly 70% are between the ages of 20 and 64.
- It is predicted that Hackney's population will grow to around 300,000 in 2030 and the largest proportionate increase (around 33%) is predicted among the residents aged 65+.
- Hackney is an ethnically and culturally diverse area with around 40% of residents coming from a non-White background and around 20% identifying as another White ethnic group.
- It is the sixth most diverse borough in London.
- Hackney was the 22nd most deprived local authority overall in England in the 2019 Index of Multiple Deprivation.
- Life expectancy (LE) in Hackney has improved significantly over the past two decades. However, healthy life expectancy (HLE) or the average number of years a person would expect to live in good health, meanwhile, is significantly lower than in England for both sexes.
- Poor diet is one of the causes of poor oral health. Unhealthy diet and poor nutrition affect the teeth and growth of the jaws during development and later during the life-course.
- A lower proportion of Hackney's adult residents stated that they consumed five portions of fruit and vegetables a day compared with the regional average: 39% versus 56% in London.

[83] Public Health England Oral care and people with learning disabilities accessed from https://www.gov.uk/government/publications/oral-care-and-people-with-learning-disabilities/oral-care-and-people-with-learning-disabilities on 26th July, 2021

Epidemiology of oral health in Children

- Oral health is improving in England, however, the oral health survey of five year olds in 2019 showed that just under a quarter have tooth decay.
- 77% of five year old children in England are free from tooth decay, there are still notable inequalities at the regional level, with children from the most deprived areas having more than twice the level of decay, than children from the least deprived.
- Hackney and City had 27% of five year old children with dental decay in 2015, which decreased to 22.9% in 2017 and then increased to 28% in 2019.
- Hackney and City has a higher percentage of five year olds with dental decay than Islington, Haringey and Waltham Forest, but lower than Tower Hamlets, and Newham in the 2019 survey.
- Hackney has a higher rate of hospital admissions for dental caries amongst five year old children as compared to England.
- The mean decayed, missing or filled tooth per child aged 5 years in Hackney and City has increased from 0.97 in 2014-15 to 1.10 in 2018-19, with a reduction during 2016-17 to 0.74. These are similar to that of London and England.
- There were 432 Looked After Children in Hackney and 25 in the City of London as of 31st March, 2020.
- 69% of the Looked After Children and young people in Hackney had a dental check in 2019-20, which has dropped from 87% in 2014-15. During 2020-21 the number of Looked After Children who had a dental check dropped during quarters 2 and 3 due to the impact of Covid.
- During the 12 months prior to 2019-20, 30,817 which is 41% Hackney and City children and young people in the age-group of 0-19 years accessed dental care, whereas in the 12 months prior to 2020-21, this number dropped to 10,409 which is 14.6% based ONS population estimates.
- 6 out of 10 five year old children in the Charedi community had tooth decay compared to 3 out of 10 in Hackney during 2017-18. 4 out of 10 children had incisor decay compared to 1 in 10 in Hackney.

Epidemiology of oral health adults

- Between 1978 to 2009, the proportion of adults in England who had no natural teeth has reduced from 28 per cent in 1978 to 6 per cent in 2009.
- The dental health survey amongst adults carried out in 2009 showed that 94 per cent of the combined populations of England, Wales and Northern Ireland were with at least one natural tooth.
- In England from 2012 to 2016 there were 35,830 new cases of oral cancer diagnosed and 10,908 deaths. The standardised oral cancer mortality rate in Hackney was 6.06 per 100,000 population between 2012-16.
- Hackney had the lowest incidence of oral cancer affecting the lip, oral cavity and pharynx between 2012 and 2016, with a rate of 7.19 as compared to its statistical neighbours as well as the London and England average.
- In the 24 months prior to 2019-20, 59403 Hackney and City residents accessed dental care, with an access rate of 27.5%, similar to the London access rate of 28.8% but lower than the England rate of 37.8%. Whereas in the 24 months prior to 2020-21, this number dropped to 27,836 with an access rate of 12.9%.

- Hackney and City adults' access to dentists is very low as compared to the England average and similar to London for all age groups according to the 2019-20 data, whereas the access rates are similar to England and London rates according to 2020-21 data.

Oral health of older adults

- Older people 65 years and above, living in deprived wards of Hackney and City were adversely affected in accessing dental services during 2020-21.
- 48.2% of the mildly dependent older adults living in supported accommodation in Hackney and City of London had not seen a dentist in the last two years of the survey conducted in 2016. Of these, 11% said they found it difficult to go to and from the dentist, while 7.4% said they couldn't afford NHS charges. 14.3% of the mildly dependent older adults had an urgent need for treatment.

Oral health of vulnerable adults

- Some of the most common mental illnesses that can have a negative impact on a person's oral health include: anxiety and panic attacks, depression, eating disorders, obsessive-compulsive disorder, self-harm, schizophrenia and psychosis.
- Adults with learning disabilities are disproportionately affected by poor oral health with higher levels of gum disease, gingival inflammation, higher number of missing teeth, higher plaque levels and poor access to dental services.

4. Current provision of Oral health services in Hackney and City of London

4.1. Oral health Prevention and promotion

Kent Community Health NHS Foundation Trust has been commissioned to provide oral health promotion and prevention services in the London borough of Hackney and the City of London. The current contract began on 1st January, 2017 with a 3-year contract period, and the option of two 12 month extensions. A second and final extension was agreed for a period of one year and 7 months from 1st January 2021 to July 2022. The annual cost of the service is £249,749.00 in Hackney and City.

It aims to improve oral health and reduce oral health inequalities. The objectives of the oral health prevention and promotion programme is:

a. To maximise appropriate delivery of fluoride to children and other vulnerable groups through targeted interventions e.g. provision of toothbrushes and fluoride toothpaste; targeted supervised toothbrushing scheme; and a Fluoride Varnish Programme in schools.
b. To improve oral health knowledge and self-efficacy of children, young people, vulnerable adults and their parents/carers, to improve oral health behaviours and access to appropriate dental services for prevention.
c. To work collaboratively with partners (including but not limited to Health visiting, Family Nurse Partnership, Hackney Learning Trust, Adult Social care, and community settings) to integrate oral health promotion with wider health promotion and the broader public health agenda using the common risk-factor approach.
d. To deliver oral health promotion training to improve oral health knowledge of professionals in primary care, the Council, social care, education, and voluntary services and to equip them with the skills to embed oral health promotion into wider health promotion and to support opportunistic brief oral health interventions.
e. To ensure that oral health is considered and opportunities are used to influence healthy public policy and supportive environments.
f. To contribute to behaviour change by ensuring that an increasing number of parents/carers understand the importance of ‘baby teeth’ and take their children to the dentist from when their first tooth appears and on a regular basis thereafter.

Expected Outcomes:

1. Reduction in the incidence and prevalence of tooth decay (*Public health outcomes framework indicator 4.02 ‘Tooth decay in children aged 5*)
2. Reduction in oral health inequalities
3. Increased access to NHS dental health services
4. Reduction in the number of children being admitted to hospital for tooth extractions
5. Improved oral health related quality of life

Between January 2017 to December 2020 some of the following oral health promotion and prevention activities were carried out by Kent Community NHS Trust:

Oral health promotion

- 1,685 children's workforce were trained in oral health
- 688 Vulnerable adults' workforce were trained in oral health
- 44,640 and children reached by distribution of fluoride toothpaste and brushing for life packs
- 6,793 vulnerable adults and older people reached by distribution of fluoride toothpaste and brushing for life packs

Supervised Toothbrushing programme in Special schools and Charedi nurseries

- 19 dental champions identified in schools
- 23 oral health training sessions conducted for school and nursery staff

Fluoride varnish applications in primary schools

- 13,315 fluoride varnish applications in Hackney primary schools
- 83 fluoride varnish applications in City primary schools
- 1,592 fluoride varnish applications in Orthodox Jewish Independent schools

4.2. Early intervention and identification of oral health issues

All clinical dental services for children and adults are commissioned by NHS England (NHSE). This includes general, community and specialist care, and hospital and out-of-hours urgent dental care services. NHSE is therefore responsible for the commissioning and performance management of clinical dental services in Hackney and the City.

There has been a 4% real-terms reduction in total funding for NHS primary care dentistry between 2014/15 and 2018/19 in England. England has fewer NHS primary care dentists per person than the other nations of the UK. There were 4.4 NHS dentists per 10,000 people in England compared with 6.2 per 10,000 in Scotland, 6.0 per 10,000 in Northern Ireland and 4.8 per 10,000 in Wales during 2018-19.[84]

Hackney had 1.11 NHS dentists per 10,000 population in 2018/19 as compared to a mean of 1.84 per 10,000 population in London. The recent data from 2020/21 shows that Hackney has 1.14 dentists per 10,000 population people as compared to the London mean dentists of 1.83 per 10,000 population. Whereas in the City of London, there were 9.26 dentists per 10,000 population in 2019 and 8.23 dentists per 10,000 population between 2020/21. [85]

[84] National Audit Office - Dentistry in England - A National Audit Office memorandum to support a Health and Social Care Committee inquiry, February 2020 accessed from https://www.nao.org.uk/report/dentistry-in-england/ on 10th August, 2021

[85] Local Government Association Data accessed from https://lginform.local.gov.uk/reports/lgastandard?mod-metric=10283&mod-period=12&mod-area=E09000001&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup on 10th August, 2021

Primary care dental services in Hackney and the City are mainly provided by independent contractors that are also commonly known as the high street dentists within the general dental service. For those that have additional needs, the community dental service can be accessed directly or referred to by a high street dentist for part or all of the patient's care. A community dental service hosted by Kent Community Health NHS Foundation Trust is responsible for providing dental care for children and adults with special needs, oral health promotion and undertaking dental epidemiological surveys.

4.3. Treatment, care and support for oral health

The Community Dental Service (CDS) in Hackney and the City is hosted by Kent Community Health NHS Foundation Trust and provides dental services for people with special care needs, including:

- with severe physical or learning disabilities
- with severe mental illness adults with complicated medical histories
- with severe dental phobia
- who require sedation services
- a domiciliary dental service for housebound people.

Dental services are provided for psychiatric inpatients at Homerton Hospital and the John Howard Centre medium secure unit in Hackney. Patients are seen on the wards or are referred to St Leonard’s Hospital CDS clinic. People with mental health issues living in supported accommodation in the community are offered services at the CDS clinics or, if appropriate, referred to general dental services. The service works closely with various teams in the hospital, social workers and organisations such as mental health charity Mind.

The CDS is the sole provider of domiciliary dental services for adults in Hackney and City. The service exists for housebound patients from Monday to Friday. Housebound patients include frail elderly people, people with dementia and those with severe physical and learning disabilities. Referrals are accepted from health and social care providers for patients meeting the eligibility criteria. Care is provided in the patient’s own home, as well as nursing and residential homes, day centres and in hospitals.

Conscious sedation is an important and effective method of managing adult dental patients who have a severe dental phobia, medical or behavioural indicators or people needing complex treatments. The CDS is the sole provider of sedation services in Hackney and the City.

The CDS also provides fieldwork for the national dental epidemiology programme, which comprises annual surveys designed to assess population need, and monitoring of interventions.

The out-of-hours urgent care dental service provides care for patients in the evening, at weekends and on bank holidays. To access this service, Hackney and City residents need to telephone NHS 111, where they are triaged by a dental nurse and if necessary directed to

treatment services. Treatments are provided on several sites across London. Hackney and the City residents are able to access urgent care dental services at any of these sites.

Hospital dental services provide specialist care for local residents. The main providers for Hackney residents are the Royal London and Homerton hospitals. The main specialist services are oral surgery, orthodontics, paediatric and restorative dentistry.

4.4. Stakeholder Engagement

We arranged the following stakeholder engagements to further understand the oral health needs of at-risk communities and those vulnerable to poor oral health. We engaged with a total of 39 participants:

- 1 face-to-face focus group each with mothers of children attending an independent Orthodox Jewish Children's centre and Orthodox Jewish nursery
- 1 interview with a parent of children and young person with learning difficulties
- 1 Interview with Designated Nurse Looked after Children, NHS North East London Clinical Commissioning Group
- Survey amongst 8 parents and carers of children and young people with disabilities
- 3 Interviews with Head teachers of special schools
- 1 focus group with managers of a care and nursing home with vulnerable and older residents
- Written feedback from 1 speech and language therapist from East London Foundation Trust working with adults with learning disabilities

Notes were taken from these engagements as well as audio and video recordings were done with prior permission from the participants. The insights and findings from these engagements are described in this section. Some engagements were face to face whereas others were virtual.

The main themes that were included in the engagement were:

- Awareness of key oral health messages
- Current practises and perceptions on oral health
- Awareness and experiences of oral health promotion and prevention services
- Access to dental services
- Barriers in maintaining good oral health
- Recommendations for improving oral health

4.4.1. Oral health in early years in Orthodox Jewish community

We conducted two focus group discussions at a children's centre and nursery serving the Orthodox Jewish community and it was attended by 18 mothers and 4 nursery managers/coordinators. These two focus groups were arranged alongside an oral health promotion session delivered by Kent Community NHS Trust, so mothers had the opportunity

to find out about how to keep their children's teeth healthy and ask any questions or concerns they might have about their family's dental health.

Key points from the engagement are as described below:

Awareness of key oral health messages

- Most mothers are aware of the key oral health promotion messages on tooth brushing, avoiding sugary food and drinks.
- Most of the mothers were aware of the supervised tooth brushing programme offered in the nursery and were happy with the service as it is fun for the children and it ensures that their child brushes their teeth at least once a day.
- Most participants were not aware of the fluoride varnish being offered by dentists and its benefits, for free for children and young people up to the age of 18 years. They were aware of the fluoride varnish being offered in primary schools.
- With regards to tooth brushing twice a day, they found it difficult due to the morning school rush and taking care of more children. Mothers who took part in the focus group had between 3-7 children, from different age-groups from new-borns right up to the age of 24 years.
- Most of the mothers breastfeed their children beyond the age of 12 months and continue until the child is independent or as long as they can.
- Mothers of children who had school meals were generally happy with the food provided as they felt that it was healthy with less sugar contents.

Perceptions and barriers in maintaining good oral health

- Some mothers were of the view that fluoride varnish on baby teeth might not benefit their children's dental health as they will fall off.
- For children whose decayed teeth had to be removed, mothers were concerned about the fact that the dentists remove all the milk/primary teeth that are close to a decayed tooth or the ones that are slightly decayed, instead of retaining the ones that are not decayed or doing a filling on the teeth that are slightly decayed.
- Some mothers perceived that bad teeth were hereditary.
- Parents' experience of going to the dentist in their childhood, has an impact on their decision to take their children to the dentist.
- Display of sugar rich and processed food in supermarkets, both high streets as well as cultural shops, near tills was seen as a barrier in maintaining good oral health. Mothers were of the view that it is in their hands not to take their children food shopping, however it was not always possible.

Practises on oral health

- Prolonged use of dummies was seen as a common practice in the community and most participants were not aware of the impact of long term use of dummies on their children's teeth.
- There were some supportive oral health practices shared by caretakers of a nursery which included children attending the nursery putting their dummies and bottles away

when entering the premises. If bottles are used, they mostly have water in it, rather than juices or other sugary drinks.

Access to dental services

- Participants shared about the difficulties getting appointments with dentists due to long waiting times, and more so because of the impact of Covid.
- Some mothers said they had to travel further from where they lived, or use private dental services.
- Participants shared that the waiting times to get a dental appointment varied between 3-12 months.

'There is a six month waiting time to get a regular dentist appointment with my dentist, but if I am willing to pay between £60 to £100 then an appointment is available next day, otherwise, six months for NHS (dental) appointments' Mother of a child.

- Majority of the participants reported that when they contacted dental clinics for appointments, they were offered appointments only in case of an emergency, and were told that slots were not available for routine dental care. However, private appointments were available without long waiting times.
- Some families were not able to register all their children with the same dentist as they were no longer taking new patients.

4.4.2. Oral Health of children and young people in Special Schools including in Pupil Referral Unit

We conducted semi-structured interviews with 1 head teacher each, of two Special schools and one head teacher of an upper Pupil Referral Unit.

Key points from the engagement are as described below:

- All three head teachers said that they don't have direct information on the oral health practices, perceptions and status of oral health of their pupils as it is not collected as part of the admissions process. Special schools only collect information from their GP.
- However, they were able to share their insights into the current oral health promotion services being offered in special schools, and how the service could be improved to make it accessible.

Experiences of oral health promotion and prevention services in Special schools

- The pupils have benefited from the oral health promotion and supervised toothbrushing programme in some schools, particularly in primary school age in PRUs, but the uptake and engagement is low in older students in PRUs.
- All respondents were happy with the oral health promotion training and workshop with staff and parents.

Barriers in maintaining good oral amongst Special Needs children and young people

- One special school has found it challenging to involve their pupils in the supervised tooth brushing programme due to the nature of their health and mental wellbeing needs.
- Participants were of the view that as transitioning to new places is challenging for their pupils that come to their school, there would be reluctance to go to the dentist as it would be an unfamiliar place. Therefore having dental checks in schools will work better, as schools are a familiar environment for children with special needs.
- Older pupils from key stage 3 and 4 need to be supported with oral health promotion and supervised toothbrushing in PRUs as they are not receiving any support currently.
- They and their parents and carers are difficult to engage with and there is a low uptake of oral health promotion workshops.

4.4.3. Oral health of children and young people with disabilities

Due to school holidays approaching and parents being busy with their caring responsibilities, we sent out a survey questionnaire with open ended questions to Hackney Independent Forum for Parents/Carers of Children with Disabilities and 8 parents responded to the survey. In addition, we also conducted a semi-structured interview with one parent.

Key points from the engagement are as described below:

Awareness of key oral health messages

- Most parents were well aware of the key oral health messages of toothbrushing twice a day and avoiding sugary food. Most parents and carers were aware of the food that supports good oral health and those that cause harm to their children's teeth.
- Parents of children with disabilities who have school meals had mixed responses when asked if they would like to change anything in the food served. Some were happy with the food while others suggested removing sugary foods like jelly, custard as well as processed foods like pizza and chips.
- Most parents were aware of fluoride varnish and information on maintaining good oral health being offered in early years and schools. But were not aware of the supervised toothbrushing programme offered in special schools.
- There were mixed responses when asked about when is the right time to take their children to a dentist for their first dental check. Parents' views ranged from - a) as soon as possible when the teeth start growing; b) from year 1; b) When they start growing teeth; c) at 3 years and 5 years; d) Once adult teeth start to grow
- Most parents and carers said that they rewarded their children for their good behaviour with praise, stickers and screen time. None of the parents reported rewarding their children with sweets, sugary drinks or unhealthy foods.
- Schools and nurseries are reported to be the main source of information on oral health

Barriers in accessing dental services:

- Temporary fillings offered by NHS dentists for children were perceived as a barrier as they fall off quickly and require to be done again. This was reported as a barrier for children with special needs like autism with sensory needs and those who are afraid of going to a dentist.
- Transition from primary to secondary school was reported as a challenge, as there was no information or support for maintaining good oral health once special children moved to secondary schools. Participants shared about the lack of oral health promotion service in secondary schools.
- Carers are not registered with GPs as parents of children with learning disabilities, so they don't get asked about the oral health checks.
- Affordability and the pandemic have also been reported as barriers to accessing dental services.

Following are some experiences shared by parents on taking their children to dental appointments:

"My child is autistic. He was quite upset when he sat in the dentist chair. He did not like the experience."

"I am very pleased with a particular dentist in the area of Lower clapton. I have been to many dentists for the past years and that's the first time I experienced myself or my daughter to feel comfortable. Even for nervous patients, they are very good and professional . I have done treatment in the past which is normally very painful and this particular dentist is very gentle and the treatment was painless."

"Great experience. Daughter loved the dark glasses and seeing the close up photos of her teeth."

One parent reported taking their autistic child abroad to access dental services due to lack of autism and child friendly dental clinics as well as the impact of it on their child's oral health.

"The only dentist my child tolerates has gone private and I can't afford it. In the UK they don't do permanent fillings on kids' teeth (even though they need to have another 7 years with the same teeth) so the new fillings fall off in a month and then you need to be pulling your hair again. My only option nowadays is to do my child's teeth in Bulgaria because they do permanent fillings on kids there and it was a good idea I sorted out a tooth just before the pandemic started....now the problem is that my daughter has not visited a dentist for the past 2 years and her fear is enormous so she does not allow access to nobody despite having a tooth that needs sorting out...how I am gonna sort this out I have no idea....Also I wanna add that I removed 2 teeth by using pliers on my own during the pandemic because we had no access to dental services at all and were developing and still have 2 rows of teeth problem".

4.4.4. Oral health of Looked After children

We arranged a semi-structured interview with the Designated Nurse Looked after Children, NHS North East London Clinical Commissioning Group.

Key points from the interview are described below:

- Most of the looked after children are not registered with a dentist. It is the responsibility of the foster carer to take them to the dentist.
- Follow-through on recommendations based on Initial health assessment of LAC needs to be strengthened. Hence a new system of case management has been recently introduced and it will be monitored on a quarterly basis.
- In the past, there used to be an oral health check up for Looked After Children through a mobile van unit, but it hasn't been continued for the last few years.

Barriers faced in maintaining good oral health amongst Looked After children

- 78% of Looked After Children in Hackney and City are placed outside the borough, and it is reliant on the foster carers taking the children for a dental check up regularly.
- For LAC needing orthodontist services, for things like braces or other cosmetic reasons, there has been a barrier as these are not included under NHS dental services.
- Older cohort of Looked After Children declined attending dental appointments.

4.4.5. Oral health of older and vulnerable adults in care and nursing homes

We arranged one focus group with managers/staff of care and nursing homes and it was attended by 3 participants from 3 different care homes. One of which was catering to the needs of the Orthodox Jewish community. The staff who attended the focus group were from care homes with residents who were vulnerable, elderly, frail, on palliative care as well as adults with learning disabilities and mental health challenges.

In addition, we also received written feedback from a speech and language therapist from East London Foundation Trust on the needs/gaps of oral health for our residents with learning disabilities.

Key points from the engagement are as described below:

Current practises and perceptions on oral health

- If a service user is registered with a dentist it is usually St Leonard's Hospital special care dentist, Royal London Hospital or Gray's Inn Road that they attend. Many service users aren't registered with a dentist and they are referred to St Leonard's Hospital.
- Many service users go for long periods without seeing a dentist. Many service users won't have been to a dentist in the last 1-2 years.

Barriers in accessing dental services:

- Fears of visiting the dentist.
- Participants shared that their care home residents often needed support to complete oral care. Families found it difficult to provide proper oral care due to: biting on toothbrush, swallowing toothpaste/ mouthwash rather than spitting to clear, sensory aversions to type of toothbrush or toothpaste.
- None of the care home staff that took part in the focus group had heard about the oral health promotion training and brushing for life packs being provided by Kent Community NHS Trust. But they would welcome the opportunity.
- Participants shared that adults with learning disabilities and mental health issues living in supported living find it difficult to follow oral hygiene. Although staff support the residents to take care of their oral health, it was reported that it is not easy for them.
- There has been a mixed response from care home managers and staff about access to dentists, one small care home has received good care and hasn't had issues getting appointments. However, another care home, with residents who are old, frail, with mental health and learning disabilities have had difficulty getting appointments with dentists even before Covid.
- Most care home staff support their residents with maintaining regular oral hygiene including toothbrushing and mouthwash. Regular audits are being conducted as well as training of staff is conducted.
- Care homes having residents from Haringey, find it difficult to refer their residents to St Anne's hospital, as their care address is in Hackney.
- One particular care home with residents from the Orthodox Jewish community is facing issues getting appointments with dentists, even prior to Covid. Most of them have had to rely on private dentist services to meet their needs.
- Parking and physical accessibility at high street dentists was reported as a barrier in accessing dental services

Summary Chapter 4

- Kent Community Health NHS Foundation Trust has been commissioned to provide oral health promotion and prevention services in the London borough of Hackney and the City of London.
- Primary care dental services in Hackney and the City are mainly provided by independent contractors that are also commonly known as the high street dentists within the general dental service. For those that have additional needs, the community dental service can be accessed directly or referred to by a high street dentist for part or all of the patient's care. A community dental service hosted by Kent Community Health NHS Foundation Trust is responsible for providing dental care for children and adults with special needs, oral health promotion and undertaking dental epidemiological surveys.
- England has fewer NHS primary care dentists per person than the other nations of the UK. There were 4.4 NHS dentists per 10,000 people in England compared with 6.2 per 10,000 in Scotland, 6.0 per 10,000 in Northern Ireland and 4.8 per 10,000 in Wales during 2018/19.

- The recent data from 2020/21 shows that Hackney has 1.14 dentists per 10,000 population people as compared to the London mean dentists of 1.83 per 10,000 population. Whereas in the City of London, there were 9.26 dentists per 10,000 population in 2019 and 8.23 dentists per 10,000 population between 2020/21.
- The Community Dental Service (CDS) in Hackney and the City is hosted by Kent Community Health NHS Foundation Trust and provides dental services for people with special care needs, including:
    - with severe physical or learning disabilities
    - with severe mental illness· adults with complicated medical histories
    - with severe dental phobia
    - who require sedation services
    - a domiciliary dental service for housebound people.

- We arranged the following stakeholder engagements to further understand the oral health needs of at-risk communities and those vulnerable to poor oral health. We engaged with a total of 39 participants.The main themes and findings from engagement were:

1. <u>Awareness of key oral health messages</u>
   Most participants were aware of the relationship between diet and oral health and the importance of tooth brushing twice daily, visiting a dentist regularly. However, there were differences in the understanding of when and how often children should be taken to the dentist and from which age.

- Most participants were aware of the oral health prevention and promotion services being offered in nurseries and schools, however, they were not aware of the free fluoride varnish being offered by high street Dentists, to children and young people up to the age of 18 years.
- There were concerns about sugary foods being on display near tills in supermarkets and kosher shops.
- Parents of children with disabilities who have school meals had mixed responses when asked if they would like to change anything in the food served. Some were happy with the food while others suggested removing sugary foods like jelly, custard as well as processed foods like pizza and chips.

2. <u>Current practises and perceptions on oral health</u>

- Mothers of children from the Orthodox Jewish community breastfeed their children at least till 12 months. Prolonged use of dummies was common practice in the community and there was low awareness of its negative impact on children's teeth.
- Prior experience of using dental services, perceptions and myths about oral health influenced the participants' oral health seeking behaviour.
- Most parents and carers of children with special needs or disabilities rewarded their children for their good behaviour with praise, stickers and screen time. None of the parents reported rewarding their children with sweets, sugary drinks or unhealthy foods.

3. Awareness and experiences of oral health promotion and prevention services

- Parents, carers and teachers shared positive feedback about the supervised toothbrushing and fluoride varnish programmes in nurseries and schools.
- Head teachers of some special schools have shared issues with the uptake of the fluoride varnish programme, due to the nature of health and wellbeing needs of the pupils.
- Most parents of children with special needs or with disabilities were not aware of the supervised toothbrushing programme offered in special schools.
- None of the care home staff that took part in the focus group had heard about the oral health promotion training and brushing for life packs being provided by Kent Community NHS Trust. But they would welcome the opportunity.

4. Access to dental services

- Access to NHS dentists was a common issue faced by children, young people and older and vulnerable adults. Majority of the participants reported that they were offered appointments only in case of an emergency, and were told that slots were not available for routine dental care due to the backlog of the pandemic. However, private appointments were available without long waiting times. Some families were not able to register all their children with the same dentist as they were no longer taking new patients.
- There has been a mixed response from care home managers and staff about access to dentists, one small care home has received good care and hasn't had issues getting appointments. However, another care home, with residents who are old, frail, with mental health and learning disabilities have had difficulty getting appointments with dentists even before Covid. Most of them have had to rely on private dentist services to meet their needs.
- Parking and physical accessibility at high street dentists was reported as a barrier in accessing dental services for older and vulnerable adults living in supported living.
- Fears of visiting the dentist was reported as a barrier for children with special needs and with disabilities, as well as for vulnerable adults with learning difficulties and mental health problems.
- Participants shared that their care home residents often needed support to complete oral care. Families found it difficult to provide proper oral care due to: biting on toothbrush, swallowing toothpaste/ mouthwash rather than spitting to clear, sensory aversions to type of toothbrush or toothpaste.

5. Barriers in maintaining good oral health

- Accessing NHS dental services
- One special school has found it challenging to involve their pupils in the supervised tooth brushing programme due to the nature of their health and mental wellbeing needs.
- Participants were of the view that as transitioning to new places is challenging for their pupils that come to their school, there would be reluctance to go to the dentist as it would be an unfamiliar place.
- Transition from primary to secondary school was reported as a challenge, as there was no information or support for maintaining good oral health once special children

moved to secondary schools. Participants shared about the lack of oral health promotion service in secondary schools.

- Temporary fillings offered by NHS dentists for children were perceived as a barrier as they fall off quickly and require to be done again. This was reported as a barrier for children with special needs like autism with sensory needs and those who are afraid of going to a dentist.
- Carers are not registered with GPs as parents of children with learning disabilities, so they don’t get asked about the oral health checks.
- Affordability and the pandemic have also been reported as barriers to accessing dental services for children as private dental services were available but for those who could afford.
- For LAC needing orthodontist services, for things like braces or other cosmetic reasons, there has been a barrier as these are not included under NHS dental services.

5. Conclusions and Recommendations

5.1. Conclusions

1. Oral health is a key marker of general health of a community, and while tooth decay and other oral diseases are preventable, they remain a serious public health problem worldwide.
2. Although oral health is improving in England, the oral health survey of five year olds in 2017 showed that just under a quarter (23.3%) had tooth decay. The latest 2019 survey shows that the levels of tooth decay in five year olds hasn't changed much (23.4%).
3. The data confirms that the oral health of young children in Hackney and the City of London in particular has been poor as compared to London and England.
4. The percentage of Looked After Children in Hackney and City having dental checks amongst Looked After Children has dropped from 87% in 2014/15 to 69% in 2019/20.
5. Children from the Charedi community in Hackney are disproportionately affected by dental decay compared to the children in Hackney.
6. Covid has had a detrimental impact on oral health of children, older and vulnerable adults.
7. There is strong evidence of the role of fluoride varnish in the prevention of tooth decay and the government recommends that programmes should particularly be considered for nurseries and primary schools in areas where children are at high risk of poor oral health.
8. Oral health promotion interventions combined with supervised tooth brushing with fluoridated toothpaste are generally effective in reducing caries in children's baby and permanent teeth, especially in a population experiencing high levels of dental disease.
9. There is a general appreciation of the oral health promotion service currently being offered, among stakeholders working across both children and adult settings who feel it's a valuable service that should be continued, under the guidance of Public Health.

5.2. Recommendations

Strategic

<u>National/Regional</u>

1. Form a Londonwide Strategic group of local authority public health oral health commissioners, to be led by Public Health England's dental public health team. This will provide a platform to share best practices on oral health services, discussions on possibilities of joint commissioning, issues and solutions.
   Suggested Lead: Public Health England

Local

2. Develop a local oral health action plan that includes addressing oral health across the life course as well as joint working with various stakeholders by setting up an Oral health improvement Steering group for better coordination and joined-up working between the oral health promotion and prevention services and the Local dental councils to ensure improved access to dental services.
   Suggested Lead: Public Health Hackney and City

Commissioning

National

3. Commission dental health services to ensure improved access to dental health services for residents of Hackney and City
   Suggested Lead: NHS England
4. Commission awareness training for dental health professionals on making their services accessible for children with SEN and disabilities.
   Suggested Lead: NHS England

Local

5. Continue with the oral health promotion and prevention services
   - Oral health promotion in early years, primary schools, care homes, vulnerable adults including adults with learning disabilities, mental health, homeless, and adults affected by substance misuse.
   - Fluoride varnish in primary and Orthodox Jewish schools.
   - Supervised tooth brushing in Orthodox Jewish nurseries and SEN schools.
   - Training of children, older and vulnerable adults' health & social care staff, carers, and parents on oral health promotion.
   - Targeted oral health promotion through trained community leaders/organisations working with the Orthodox Jewish community amongst parents and carers, teachers and children.
   - Commission accessible training materials to support oral health promotion in early years settings and in mainstream, SEN and independent Orthodox Jewish schools in early identification of oral health needs and signposting to dental services.

   Lead: Public Health Hackney and City; Oral health promotion team

6. Embedding Oral health messages into the 0-25 services as well as for older and vulnerable adults that are commissioned by Hackney and City. Ensuring the Making Every Contact Count (MECC) approach is adopted by services.
7. Consider engagement across Hackney and City departments on the Health in All Policies (HiAP) approach to improving the oral health of all people by incorporating oral health considerations into decision-making across sectors and policy areas.

Lead: Public Health Hackney and City, Oral health promotion team

8. Support dental staff in awareness and training around dental care for young children, in line with PHE’s recommendations

   Suggested Lead: Local Dental Committee

9. Promote and raise awareness on dental services including free fluoride varnish offered by high street dentists for children and young people up to the age of 18 years, amongst the local communities.
   Suggested Lead: Local Dental Committee, Oral health promotion team,
10. Commission services to increase uptake of dental assessments and dental care for Looked After children
    Suggested Leads: Clinical Commissioning Group, LAC team

Summary Chapter 5

Recommendations:
As inequalities in oral health continue to grow, both amongst children and adults, it is important that the focus is on prevention and oral health promotion by optimising exposure to fluoride, for example by brushing the teeth at least twice a day with a fluoride toothpaste and reducing both the amount and frequency of consumption of foods and drinks containing free sugars.

Within the recommendations, we conclude that opportunities to better integrate oral health promotion into existing services and Making Every Contact Count should be explored, including the potential to embed oral health promotion KPIs in the 0-25 and older and vulnerable adults contracts where possible. Targeted oral health promotion amongst communities at higher risk of poor oral health, using co-production approaches is also recommended. Better coordination and joint working with different internal and external stakeholders to promote better oral health will ensure better oral health outcomes for our population.

Appendix 1

Glossary

BSPD -British Society of Paediatric Dentistry

CDS - Community Dental Service

CQC - Care Quality Commission

CCG - Clinical Commissioning Group

CAMHS - Children and Adolescent Mental Health Services

DfE - Department for Education

FInCH - Fluoride Interventions in Care Homes

GA - General Anaesthesia

GLA - Greater London Authority

HEE - Health Education England

HLE - Healthy Life Expectancy

IHA - Initial Health Assessment

JSNA - Joint Strategic Needs Assessments

LAC - Looked After Children

LE - Life Expectancy

LGA - Local Government Association

LSOA - Lower layer output area

NICE - The National Institute for Health and Care Excellence

NDEP - National Dental Epidemiology Programme

NHSE - NHS England

OHID - Office for Health Improvement and Disparities

ONS - Office of National Statistics

PHE - Public Health England

PSHE - Personal, Social, Health and Economic education

PRU - Pupil Referral Unit

RHA - Review Health Assessment

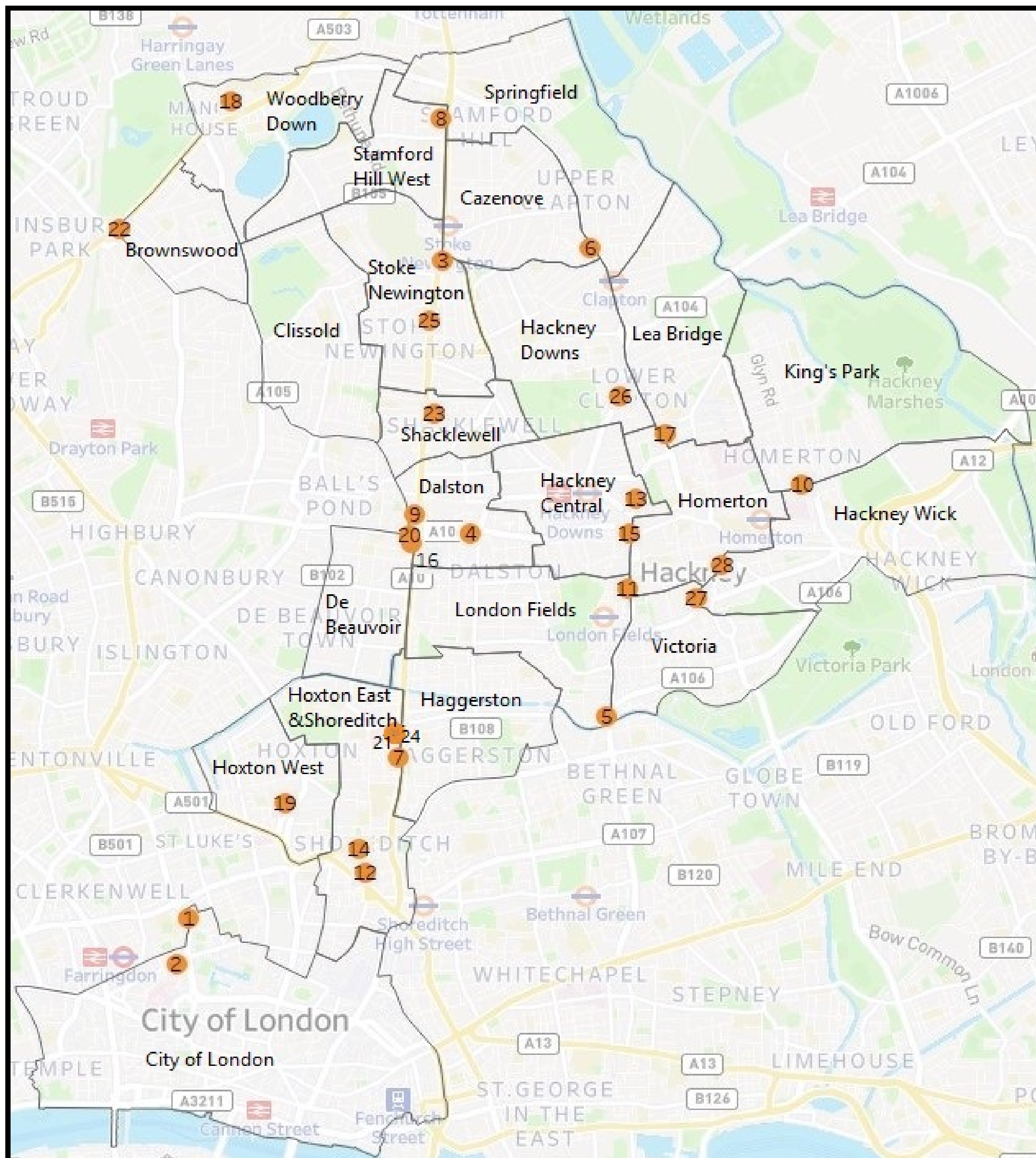
RHSE - Relationship and Sex Education and Health education

SACN - Scientific Advisory Committee on Nutrition

WHO - World Health Organisation

Appendix 2

Figure 18 Map of NHS Dental practices in Hackney and City of London, 2021



Source: Care Quality Commission 2021

Clinical dental services in Hackney and the City consist of :

1) 28 NHS dental practices, of which 2 are in the City of London and 26 in Hackney as listed in the table below and depicted in the above map.
2) a community dental service

3) an out-of-hours urgent care service provided via NHS 111

4) hospital dental services providing specialist care, mainly at the Royal London and Homerton hospitals.

Table shows recent data from the Care Quality Commission (CQC) that identify a total of 34 regulated dental premises in the City, and 37 in Hackney. [34] Given the relatively low levels of socio-economic deprivation in much of the City of London, along with the high numbers of commuters, there is a higher demand for private services.

Table 19 List of Dental practices in Hackney and City of London, 2021

Label	Name	Postcode	Local authority
1	Barbican Dental Centre	EC1M 7AA	City of London
2	Barbican Orthodontic Clinic	EC1A 9ET	City of London
3	Abney Dental Practice	N16 7HU	Hackney
4	Bradbury dental surgery	E8 3AH	Hackney
5	CitySmile Dental Practice	E8 4RP	Hackney
6	Clapton Dental Surgery	E5 9BU	Hackney
7	Cosmo Clinic Limited	E2 8AL	Hackney
8	Davidoff Dental Surgery - Stamford Hill	N16 5TR	Hackney
9	Dental Beauty Dalston Limited	E8 2JS	Hackney
10	Dental Care	E9 6BB	Hackney
11	Dental Surgery	E8 3NS	Hackney
12	Dentessentails Dental Care	EC2A 3BS	Hackney
13	E8 Dental Care	E8 1HR	Hackney
14	EC1 Dental Centre	EC1V 9DS	Hackney
15	Hackney Dental Practice	E8 1EJ	Hackney
16	Kingsland Dental Surgery	E8 4AR	Hackney
17	Lower Clapton Dental Surgery	E5 0RN	Hackney
18	Manor Orthodontic & Implant Clinic	N4 1SN	Hackney
19	Nile Street Dental Practice	N1 7RD	Hackney
20	Orchid Dental Care	N1 4AX	Hackney
21	Paediatric and Special Care Community Dental Service St Leonards Hospital	N1 5LZ	Hackney
22	Smile and Shine Dental Practice	N4 2AA	Hackney
23	Somerford Grove Dental Practice	N16 7TX	Hackney
24	St Leonard's Dental Practice	N1 5LZ	Hackney
25	Stoke Newington Dental Practice	N16 8EL	Hackney
26	Trinity Dental Care	E5 8EE	Hackney
27	Well Street Dental	E9 7LJ	Hackney
28	Well Street Dental Care	E9 6QT	Hackney