

# **Croydon Oral Health Desktop Health Needs Assessment**

# Summary

Oral health is an integral part of overall good health and wellbeing and allows people to eat, speak, smile, and show emotions. It also affects a person's self-esteem, school performance and attendance at work or school.

1 in 4 children at age 5 have experience of tooth decay in Croydon and this has not improved since 2019.

There is a social gradient in oral health in Croydon: children living in the most deprived areas have over double the prevalence of tooth decay as those living in the least deprived areas of the borough.

This document outlines what oral health is like in Croydon and sets out proposed recommendations for how it can be improved. The vision is to improve oral health and reduce oral health inequalities across the life course, with a focus on children and vulnerable adults.

Recommendations are based around three themes:

- 1) Training and Making Every Contact Count
- 2) Integrating oral health into wider public health activities and programmes
- 3) Evidence based oral health promotion interventions

# Background

Local authorities have the following functions in relation to dental public health in England:

- 1) To provide or commission oral health promotion programmes
- 2) To provide or commission oral health surveys to facilitate the assessment and monitoring of oral health needs, the planning and evaluation of oral health promotion programmes, the planning and evaluation of the arrangements for provision of dental services

- A previous oral health needs assessment was completed in Croydon in 2018.
- Oral Health Promotion in Croydon was historically been focused on education and the distribution of toothbrush and toothpaste packs in 10 priority schools in the borough.

# Aim, objectives and scope

Aim: To support coordinated activities in Croydon local authority to reduce oral health inequalities and to achieve sustainable improvements in oral health with a particular emphasis on **children and vulnerable adults**.

To assess the current oral health need of children and vulnerable adults in Croydon

To review current oral health promotion activity to ensure it is evidence based and optimally targeted to have the greatest impact on improving oral health and reducing inequalities

To identify local authority policies and programmes where oral health can be integrated

To Identify priorities for investment in oral health promotion programmes

Scope: oral health promotion for children and vulnerable adults in Croydon

# Methods

A desktop needs assessment was undertaken to identify the oral health need of children and vulnerable adults in Croydon using health and oral health epidemiological data, a literature review of oral health risk factors and evidence-based interventions, and mapping of existing work.

Stakeholder engagement was conducted to identify current oral health promotion activity in Croydon and identify opportunities for integrated oral health improvement by engaging with representatives from:

Services: Family hubs, Public health nursing, Change, Grow, Live: drug and alcohol services, Driving for change: people experiencing homelessness, Sexual health outreach

Commissioners: Adult social care, Asylum seekers and displaced people, healthy weight

Stakeholder views and the evidence base for effective oral health promotion was used to form the recommendations.

# Why is oral health important?



Oral health is an integral part of overall health and wellbeing



Good oral health allows people to eat, speak, and smile, free from pain

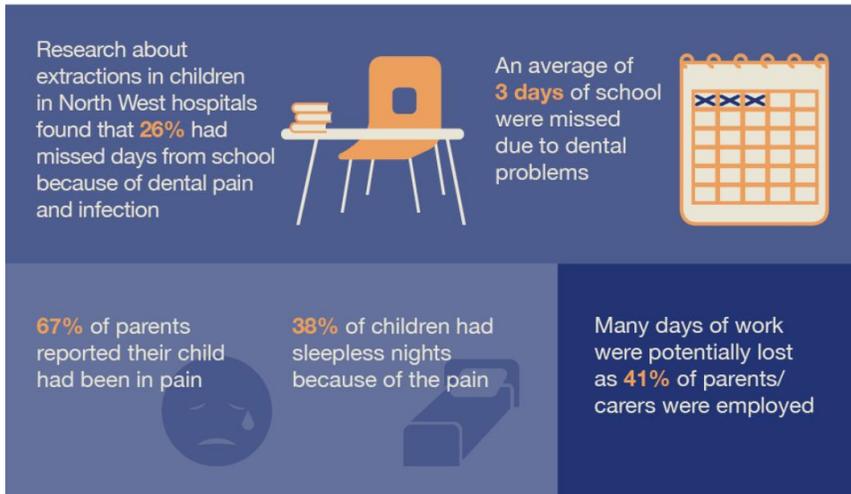


It also affects a person's self-esteem, school performance, and attendance at work or school

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable.

Oral disease disproportionately affects the most vulnerable groups in society. There is a clear social gradient in dental decay: children in lower socioeconomic groups are disproportionately affected both nationally and in Croydon.

There is also worse oral health in vulnerable adult groups such as those residing in care homes, people experiencing homelessness, and people with Severe Mental Illness.



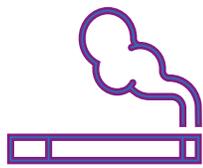
# Common risk factors for poor oral health and wider systemic health

A common risk factor approach can be used to tackle health conditions with the same underlying causes as an effective way of addressing these issues within the context of the wider socio-economic environment. For example, free sugar intake increases the risk of both tooth decay and obesity.

Creating healthier public policies, supportive environments, strengthening community action, developing personal skills, and reorienting health services towards prevention will improve both oral and general health.



**Free sugar consumption is a risk factor for tooth decay**



**Smoking is a risk factor for gum disease and oral cancer**



**Alcohol is a risk factor for oral cancer**



**The likelihood of having dental decay is significantly higher for those children who are overweight**



**There is a bidirectional relation between gum disease and diabetes. Managing gum disease can improve blood glucose control and can reduce the risk of hyperglycaemia.**



**There is an association between oral hygiene and pneumonia; the incidence in vulnerable adults of pneumonia can be reduced by good oral hygiene**



**Breastfeeding up to 12 months of age is associated with a decreased risk of tooth decay.**

# Responsibilities of systems for oral health



The Health and Social Care Act (2012) amended the National Health Service Act (2006) to confer responsibilities on local authorities for health improvement, including oral health improvement, in relation to the people in their areas.

Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population.

They are also required to provide or commission oral health surveys in order to facilitate the assessment and monitoring of oral health needs, and planning and evaluation of oral health promotion programmes and dental services. In London, the National Dental Epidemiology Programme this is co-commissioned with the ICB.



Integrated Care Boards now has delegated responsibility for commissioning clinical dental services in both primary and secondary care.

# Strategic Alignment

## National

[Core20PLUS5](#) is a national NHS England approach to support the reduction of health inequalities. One of the five priorities is reducing tooth extractions due to decay for children admitted as inpatients in hospital, aged 10 years and under.

DHSC are funding a national [supervised toothbrushing scheme](#) and have committed to [700,000 additional urgent dental care appointments](#).

## Regional

The London assembly [dentistry report](#) supports supervised toothbrushing in schools in London and integrating oral health into healthy schools and healthy early years London

## ICB

South West London ICB have funded additional oral health promotion activity in each local authority for 2025/26 and are currently running a dental engagement pilot to increase dental access to children with high dental need and adults in care homes.

## Local

Croydon's [health and wellbeing strategy](#) includes the priorities of supporting children, young people and families and supporting the older population to live healthy, independent and fulfilling lives.

[Public Health Outcomes Framework indicator](#): percentage of 5 years olds with visibly obvious experience of tooth decay

# Policy and guidance

- [Delivering better oral health: an evidence-based toolkit for prevention](#) is an evidence-based toolkit to support dental teams in improving their patient's oral and general health.
- [Improving oral health: an evidence-informed toolkit for local authorities](#): commissioning better oral health for children and young people provides guidance on evidence-based interventions to improve oral health.
- [Return on investment](#) of oral health improvement programmes for 0-5 year olds.
- [Healthy child programme](#) states oral health should be included in the new baby review (10 to 14 days) , 6 to 8 week review (mandated), 3 to 4 month contact (not mandated), one year developmental review (mandated), 2 to 2 and a half year developmental review (mandated)
- [Early years foundation stage \(EYFS\) statutory framework](#) The standards that school and childcare providers must meet for the learning, development and care of children from birth to 5 include oral health.
- [Relationships Education, Relationships and Sex Education \(RSE\) and Health Education Statutory guidance](#) includes oral health.
- [NICE guideline \[NG48\] Oral health for adults in care homes](#) and [Oral health in care homes Quality standard \[QS151\]](#) guidelines for oral health in care homes including care home policies on oral health, providing residents with support to access dental services, oral health assessment and mouth care plans, daily mouth care, and care staff knowledge and skills.
- [Adult oral health in care homes: toolkit](#) helps with the implementation of NICE guidelines for improving the oral health of adults in care homes.

# Croydon population demographics

## Population

Croydon has the largest population of all the London boroughs with approximately 390,800 residents.

Nearly a quarter of Croydon's population (23.1%) are children compared to a lower average for London (21.6%). Croydon has a higher proportion (13.6%) of residents 65 years or over compared to the average for London (11.9%).

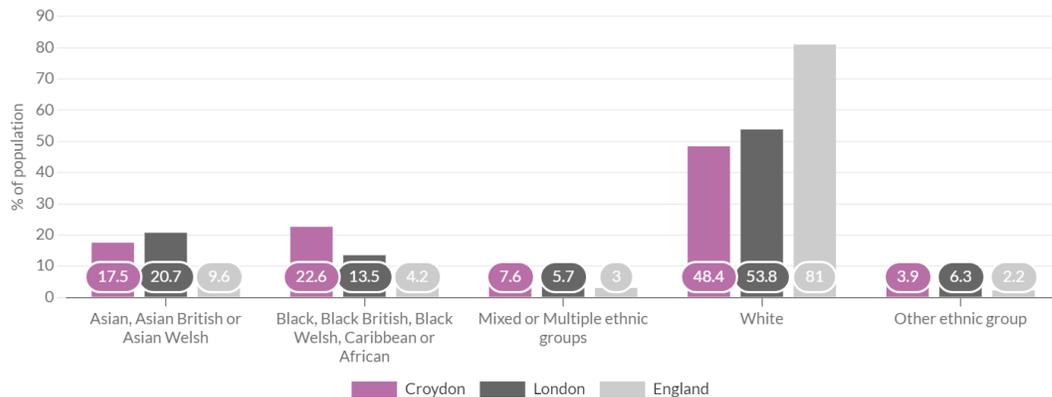
Croydon's population continues to grow; it is projected to be 408,271 by 2043.

## Ethnicity

Croydon has a higher proportion of black residents than the London average.

2.5% of residents cannot speak English well and 0.4% cannot speak English.

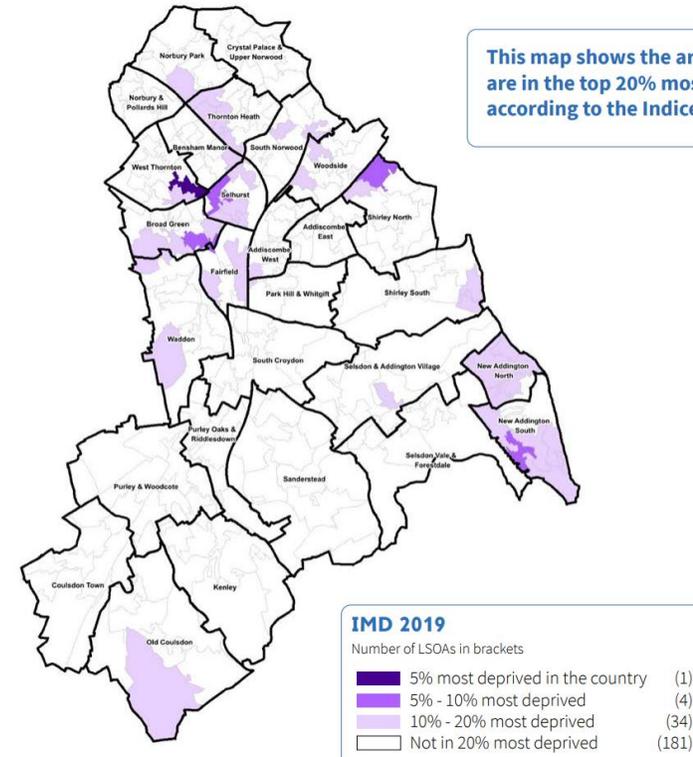
Broad ethnic groups (2021)



## Deprivation

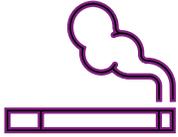
17.8% of Lower Super Output Areas in Croydon are in the most 20 most deprived in England. The North and East of the borough are more deprived than the South.

### Indices of Deprivation 2019 Croydon Lower Super Output Areas (LSOAs)



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# Croydon common risk factors for health and oral health



## Smoking

The proportion of adults aged 18 and over in Croydon who were self-reported smokers, in the 2022 Annual Population Survey, was 13.5%. This was higher than both the regional average (11.7%) and the national average (12.7%).



## Oral Cancer

Tobacco and alcohol consumption are risk factors for oral cancer.

Nationally, people living in the most deprived quintile have almost double the incidence rate of oral cancer those living in the least deprived quintile and more than 2.5 times the mortality rate.

The odds of head and neck cancer in tobacco smokers is 2 times greater than those who didn't smoke. A similar odds is observed in heavy alcohol drinkers (defined as three or more drinks per day). The combined effect of both smoking and drinking increases the odds for head and neck cancer by a factor of 5.

Human papillomavirus (HPV), especially HPV types 16 and 18, is a recognised risk factor for oropharyngeal cancer. The estimated attributable fraction of HPV that causes oropharyngeal cancers is around 50%.

The Incidence of oral cancer is 5.99 per 100,000 in Southwest London, which is not significantly different from the England average.



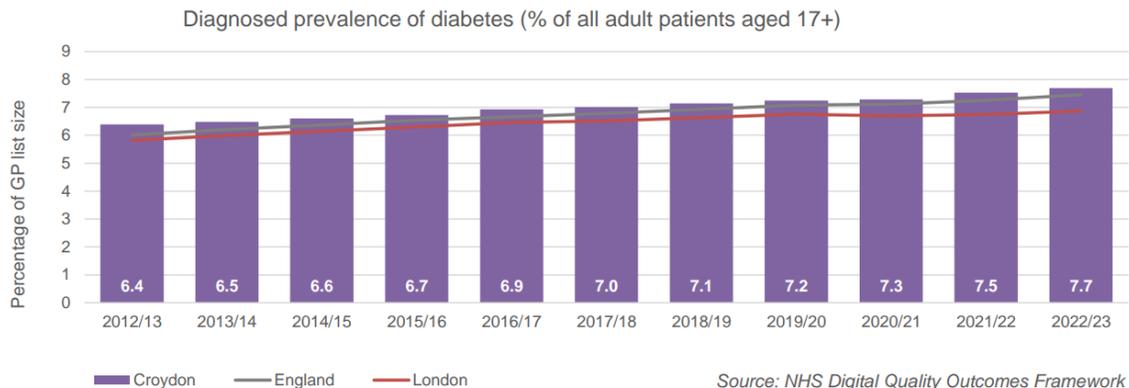
## Alcohol

The percentage of adults drinking over 14 units per week in Croydon is 15.8%, compared to 20.1% in London and 22.8% nationally. The percentage of dependent drinkers is 1.1%, 1.4% and 1.4 % respectively.

# Croydon common risk factors for health and oral health

## Diabetes

The prevalence of diagnosed diabetes in adult patients registered in Croydon has been slightly higher than the regional and national averages over the last 10 years with the trend showing a very slight rise. 27,067 adults registered with a Croydon GP have been diagnosed with diabetes (7.7%). Diagnosed prevalence ranges from 4.6% to 13.3% across Croydon GPs.



## Healthy weight

The proportion of Croydon pupils in Reception year (aged 4-5 years) measured as having excess weight is 20.3%. This is in line with both the London average at 20.0% and the national rate at 21.3%.

The proportion of Croydon pupils in Year 6 measured as having excess weight has consistently been slightly higher than the London and England proportions over the last 10 years. The latest rolling 3 years to 2022/2023 has Croydon on 39.9% compared to London on 38.8% and England on 36.6%.

The proportion of adults aged 18 plus years classified as overweight or obese in Croydon was 62.6% for 2021/2022. This was higher than in 2019/2020 (56.6%). The average across London in 2021/2022 was 55.9% against the national average figure at 63.8%.

Overweight and dental decay share a common risk factor of free sugar intake. When controlling for deprivation, ethnicity and water fluoridation status, the likelihood of having dental caries is significantly higher for those children who are overweight and very overweight.

# Croydon vulnerable groups oral health

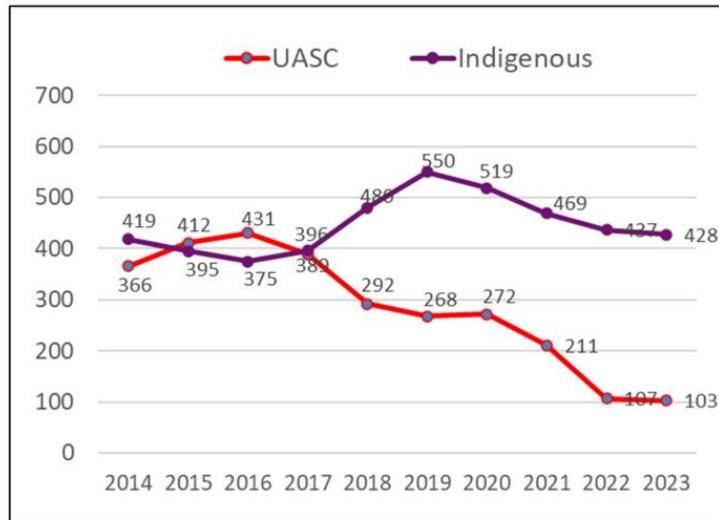
## Children Looked After

Croydon continues to have the highest number of children looked after (CLA) of any London borough (531). This is mainly due to the high numbers of unaccompanied asylum-seeking children (UASC), although this number has started to drop in recent years.

In Croydon the number of CLA has stabilised at below 550 over the last 2 reported years. Nearly three quarter (73.8%) of CLA are aged 10 years or over (392).

All CLA must have a health needs assessment at least once a year. This includes an oral health assessment by a dentist. Only 54% of CLA had a dental check in 2024, compared to 79% for London as a whole. 79% of CLA in Croydon had a health check in 2024. CLA have poorer dental health: a higher prevalence of gum disease, dental trauma, and dental pain.

## Number of Indigenous (UK) and Unaccompanied Asylum Seekers in Croydon



Source: [explore-education-statistics.service.gov.uk](https://explore-education-statistics.service.gov.uk)

## Asylum seekers

There are approximately 1200 asylum seekers in hotels in Croydon, including approximately 400 children.

They have access to health services at the Rainbow GP practice, who signpost to dental care.

Oral hygiene products are provided in the hotels. Two social workers and four health and wellbeing advisors attend weekly.

The literature shows that there are typically high levels of oral disease amongst asylum seekers and multiple barriers to accessing dental care.

## Gypsy, Roma and Traveller communities

The literature on oral health among travellers in the UK is extremely limited. An evidence review reported higher decay prevalence, low daily brushing and high sugar diets.

# Croydon vulnerable groups oral health

## Care Homes

There are 121 care homes (2887 beds) in Croydon, 50 of which are for older people (2200 beds). The remainder are for those with learning disabilities and severe mental illness.

- Older adults living in care homes have high rates of tooth decay (56-73%).
- Signs of severe untreated decay, such as infection, are more common in the oldest age groups across all settings and current pain is also slightly higher than in the general adult population.
- The council visit all care homes in the borough to support quality and holds a monthly provider forum with opportunity for sharing good practice and training.

## Learning Disability

- People with learning disabilities have higher levels of gum disease, more missing teeth, greater unmet oral health needs and poorer access to dental services and less preventative dentistry.
- There may be physical, sensory and behavioural barriers to brushing and receiving dental care.
- Some people with a learning disability may also find it difficult to communicate pain.

## People experiencing homelessness

Croydon continues to have over 2,000 households that are in temporary accommodation.

There were 449 people seen rough sleeping in Croydon in 23/24.

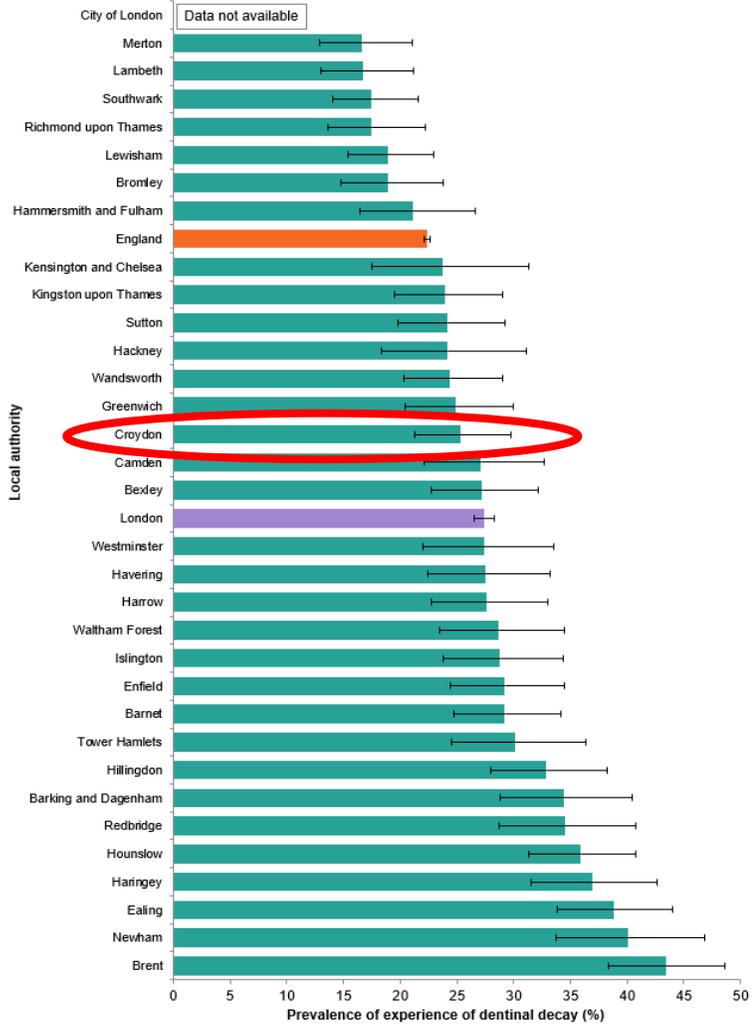
Those experiencing homelessness in London were found to have high levels of unmet oral health needs and face many barriers to accessing dental care:

- 90% had an issue with their mouth health since becoming homeless
- 30% of homeless people are currently experiencing dental pain
- 7 in 10 reported lost teeth since becoming homeless
- 15% of homeless people have pulled out their own teeth
- Alcohol and drugs commonly used in an attempt to manage oral health issues: 27% of participants have used alcohol to help them deal with dental pain and 28% have used drugs.

Health services are provided at Rainbow GP practice, who signpost to dental services. Change Please charity operate a bus for those experiencing homelessness on a Friday at Fairfield Hall

# Child Oral Health in Croydon

Prevalence of experience of dentinal decay in 5 year old schoolchildren in London by local authority, 2024



**1 in 4 children at age 5 have experience of tooth decay in Croydon**

This is above the English prevalence of 22%.

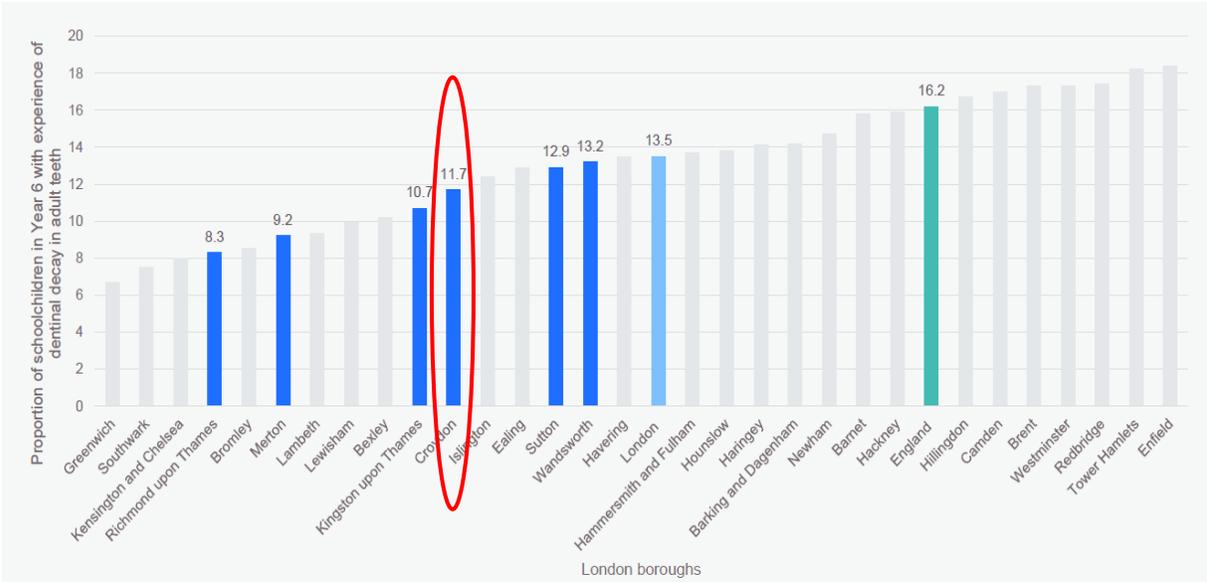
The mean number of teeth with decay experience in these children is 3.5

Percentage of children aged 5 with decay experience

Place	2008	2012	2015	2017	2019	2022	2024
England	30.9	27.9	24.7	23.3	23.4	23.7	22.4
London	32.7	32.9	27.2	25.7	27.0	25.8	27.4
Croydon	28.3	-	26.3	28.5	21.4	21.8	25.3

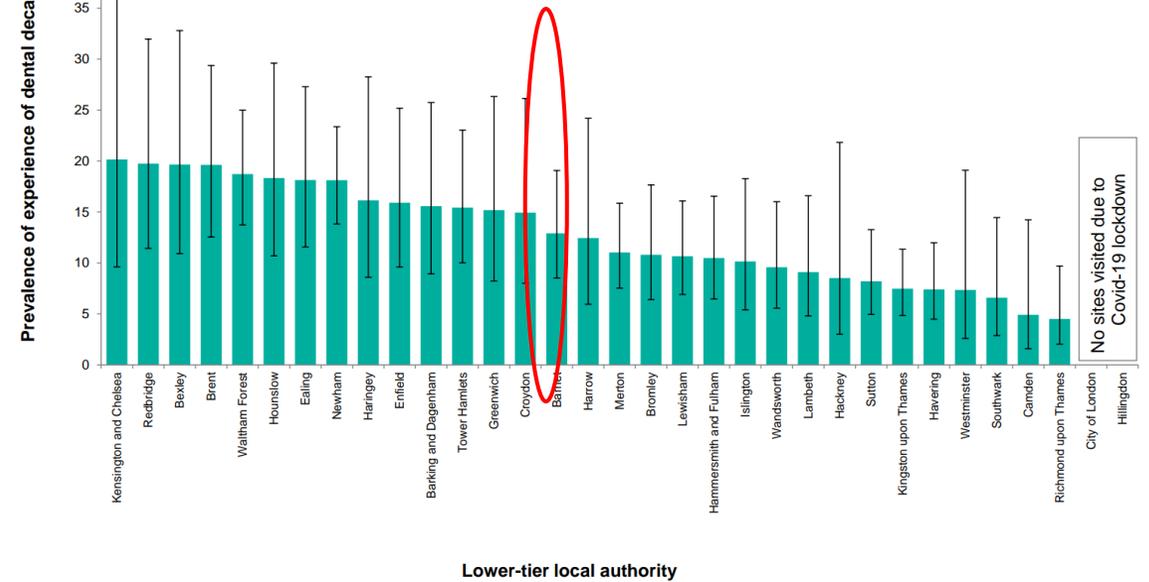
# Child Oral Health Croydon

Dental decay prevalence in adult teeth of year 6 children, 2023



In the survey of year 6 children, 11.7% of children in Croydon had experience of dental decay in their adult teeth, compared to 13.5% regionally and 16.2% nationally.

Prevalence of tooth decay experience in 3-year-olds in London, 2020



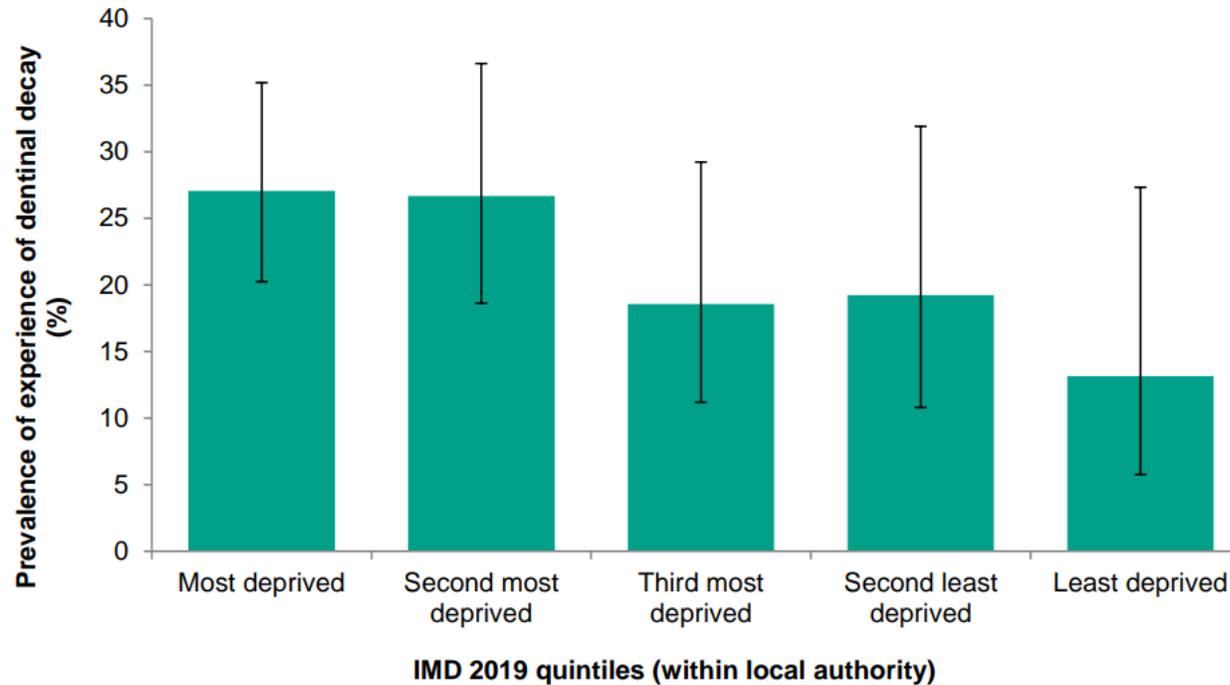
In the survey of three-year-old children, 14.9% of three-year-old children in Croydon had experience of dental decay, compared to 12.6% in London and 10.7% nationally.

## Special Education Need Schools

Overall, prevalence of tooth decay is slightly lower than for children attending mainstream schools, but those who have experience of decay have more teeth affected on average. Five-year-olds were twice as likely to have had one or more teeth extracted than their mainstream-educated peers. Supervised toothbrushing is provided for all years in SEN schools in Croydon.

# Inequalities in child oral health

Prevalence of experience of dentinal decay in 5-year-old children in Croydon by Index of Multiple Deprivation Quintiles



Note: error bars represent 95% confidence intervals.

There is a social gradient in oral health in Croydon: those living in the most deprived areas have the highest rates of tooth decay.

# Inequalities in child oral health

## Prevalence of experience of tooth decay in 5-year-old children by Croydon locality, 2022

Locality (n = number examined)	Prevalence of experience of dentinal decay %
Central East (n = 41)	19.5
Central West (n = 81)	22.2
North East (n = 68)	22.1
North West (n = 60)	31.7
South East (n = 81)	27.2
South West (n = 52)	11.5

Croydon oral health profile 2022

## Prevalence of experience of dental decay experience in 5-year-olds in Croydon, in wards where an enhanced sample was undertaken in 2019

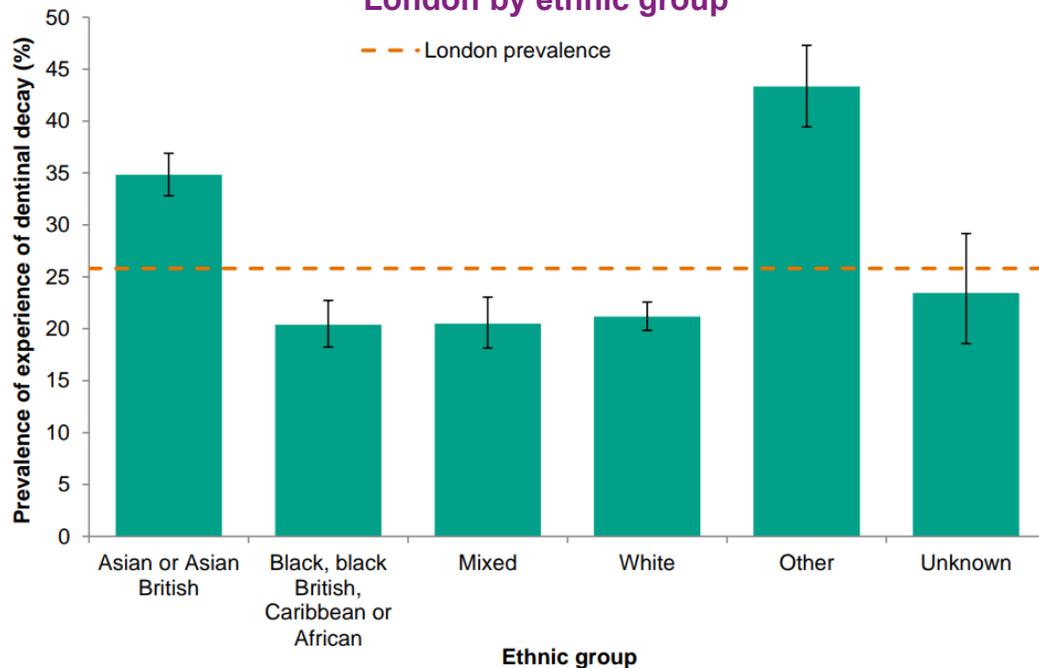
Ward	Prevalence experience of dental decay %
Board Green	31.4
Crystal palace and Upper Norwood	10.0
New Addington North	37.5
Norbury and Pollards Hill	32.1
Thornton hill	20.0

Croydon OH Profile 5yr 2019

Within Croydon there were areas with higher prevalence of experience of dentinal decay than the national prevalence. The highest prevalence was clustered around the northwest locality followed by the southeast.

# Inequalities in child oral health

Prevalence of tooth decay in 5-year-olds in London by ethnic group



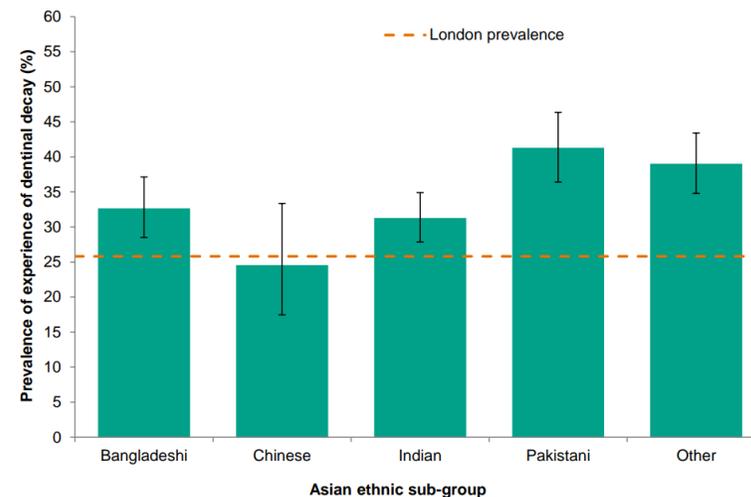
Note: error bars represent 95% confidence intervals.

In London, there is a higher prevalence of dentinal decay in Asian and Other ethnic groups.

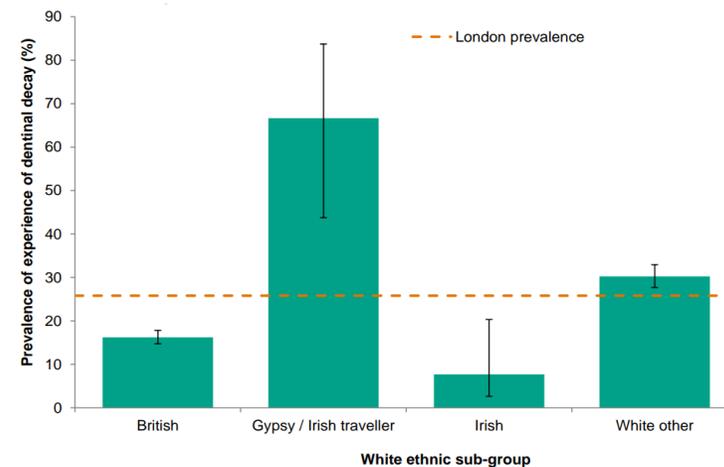
Amongst ethnic subgroups, dental decay prevalence is highest in the Pakistani and Gypsy/ Irish Traveller groups.

There were no significant variations in prevalence of experience of dentinal decay within the black, black British, Caribbean or African ethnic group, the mixed ethnic group and the other ethnic group.

Prevalence of tooth decay in 5-year-olds in London by Asian sub-ethnic group



Prevalence of tooth decay in 5-year-olds in London by white sub-ethnic group



Note: error bars represent 95% confidence intervals.

# Hospital Tooth Extractions

Number of children admitted to hospital for tooth extractions with caries as primary diagnosis 2024	Age 0 to 4 years	Age 5 to 9 years	Age 10 to 14 years	Age 15 to 19 years	Total 0 to 19 years
<b>Croydon</b>	60	190	50	35	335

Tooth extraction rate with caries as primary diagnosis per 100,000 target population	Age 0 to 4 years	Age 5 to 9 years	Age 10 to 14 years	Age 15 to 19 years	Total 0 to 19 years
<b>Croydon</b>	237.5	763.8	196.2	143.6	335
<b>London</b>	176	666	231.6	92.9	290.8
<b>England</b>	124.9	527.5	195.2	64.8	229.2

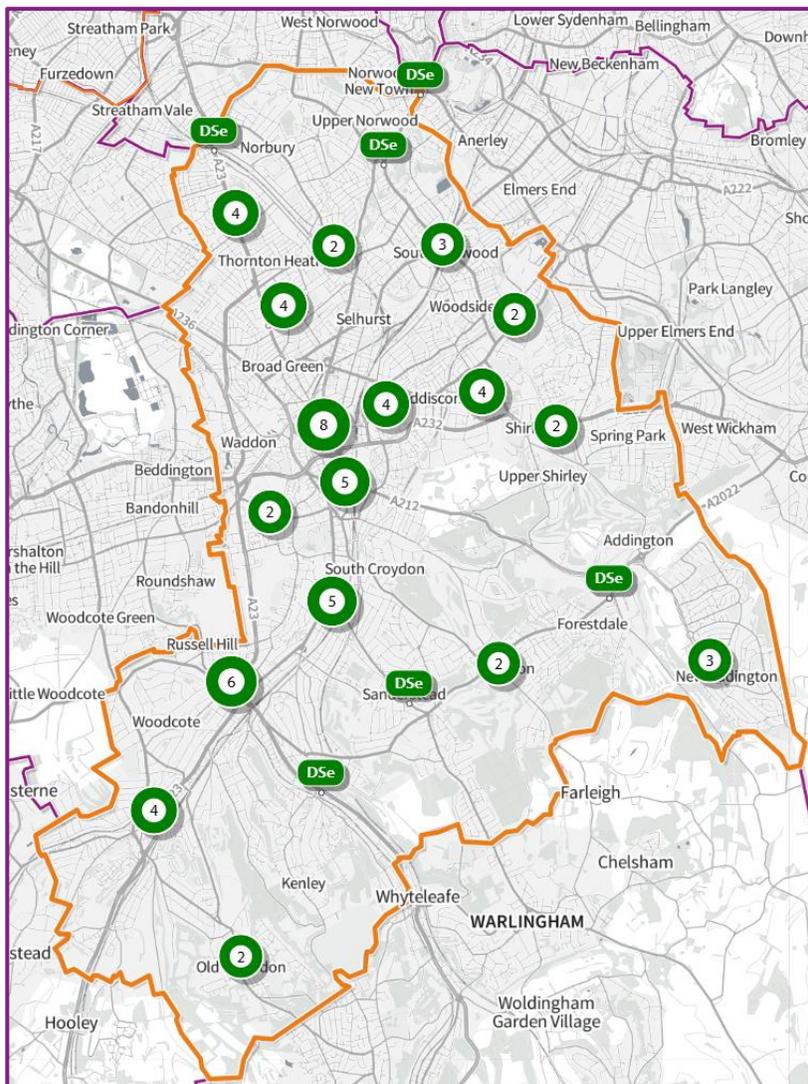
Croydon has a higher rate of children being admitted to hospital for tooth extractions due to decay than London and England.

Croydon has the 9/32 highest rate of admissions of children to hospital for tooth extractions due to tooth decay of the London boroughs.

Tooth decay is the most common reason for hospital admissions in children aged between 5 and 9 years.

The decay-related tooth extraction episode rate for children and young people living in the most deprived communities was nearly 3.5 times that of those living in the most affluent communities.

# Dental services



Croydon Dental Practice locations

## Dental

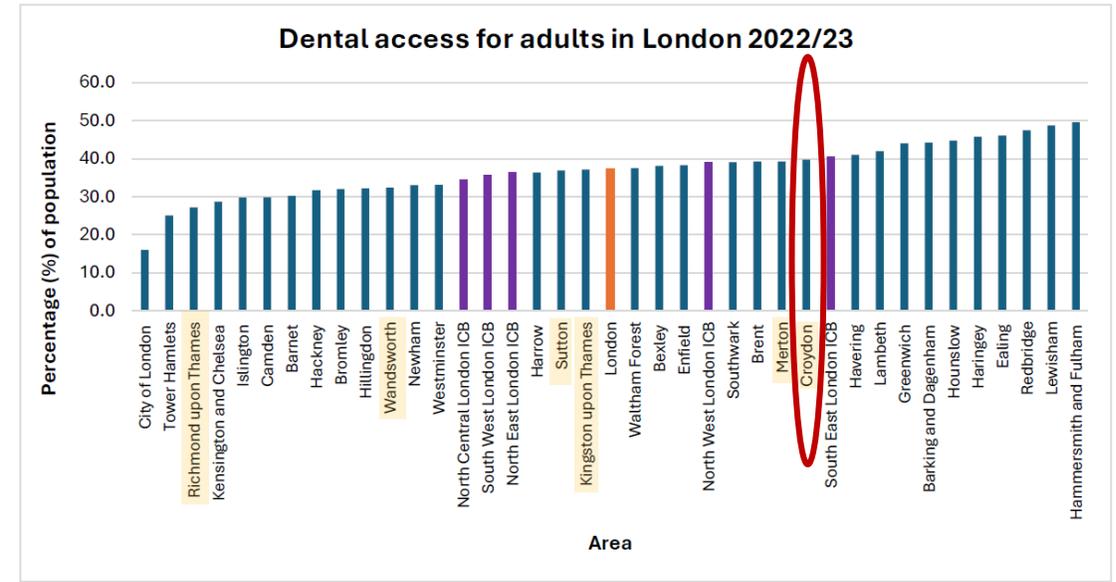
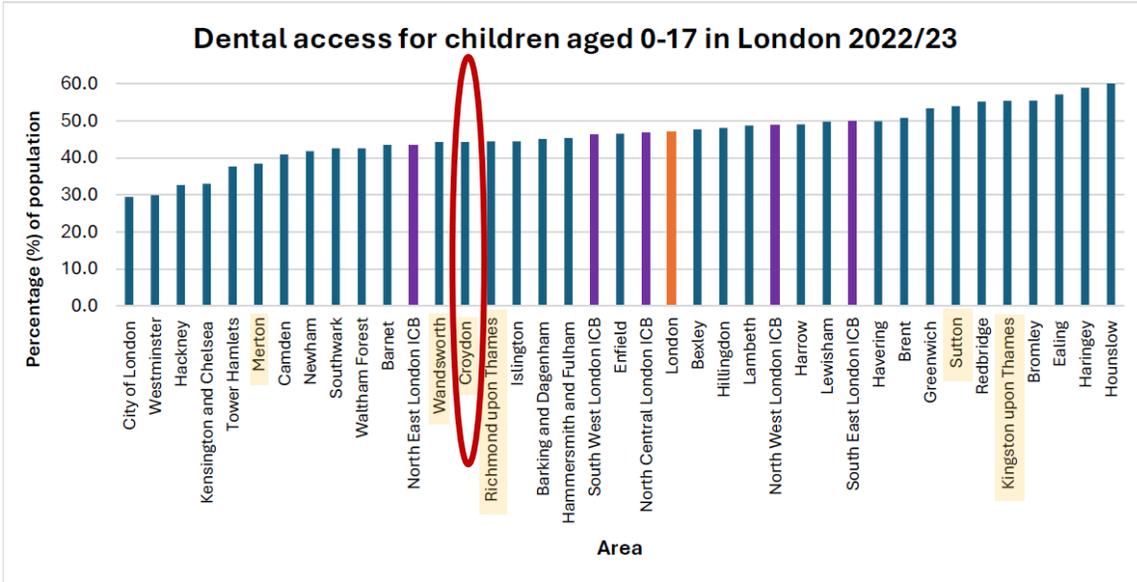
Croydon has 50 General Dental Service providers (High street dental practices).

There is also an Urgent Dental Care Centre accessed via calling NHS 111 at Edridge Road Community Health Centre.

There are two referral [Community Dental Service](#) clinics for children and adults with additional needs: Edridge Road Health Centre and Thornton Heath Health Centre provided by King's NHS Trust. They provide oral healthcare for patients for whom treatment by a general dental practice is unsuitable. This includes people who have: a physical disability, a complex medical condition, a learning disability, a severe mental health condition, severe anxiety or phobia, and patients who require a home visit.

Secondary Care Dental Services are provided on referral at Croydon University Hospital, St Georges, Kingston and Epsom and St Heliers.

# Dental Access Croydon



Croydon Dental access is lower than the London and southwest London average for children but highest for adults.

Four wards in Croydon have been prioritised for additional dental activity commissioning by the SWL ICB based on low current access and oral health need: Addiscombe West, Broad Green, South Norwood, and New Addington South.

# Croydon services

## Linked Services

[Change Please](#) charity operate a bus for those experiencing homelessness on a Friday at Fairfield Hall. Alongside haircuts, coffee and drug and alcohol services, a dentist provides dental screening, preventative advice, oral hygiene products and referral to Edridge urgent care dental service across the road for urgent dental treatment and stabilisation.

[Change Grow Live](#) are commissioned to provide drug and alcohol services. They signpost to Edridge urgent dental care service for urgent care and stabilisation and park road dental practice for long term dental care.

Rainbow health centre is commissioned to provide health service to asylum seekers and those experiencing homelessness and they signpost to local dental services.

There is one [Family hub: Woodlands Children's Centre](#) bringing together support from health services, the council, and the voluntary and community sectors for 0–19-year-olds alongside children's centres offering 0-5 years services. They offer support with Infant feeding, parenting, oral nutrition and weight management in which oral health could be integrated through training those delivering support in oral health messaging and signposting to dental services.

# Oral Health Promotion provision

Kings Community Dental Service is commissioned to deliver Oral Health Promotion services in Croydon. Funding is held in the NHS ICB contract (£34,000 per year). Kings also deliver Oral Health Promotion services to 8 other boroughs across south London.

The Oral Health Promotion team provides online workforce training for health and care staff working with children. The training package covers various topics, including good health principles, healthy eating habits, 1-year-old dental check-ups, and oral health promotion ideas and resources.

In 2024/25 they attended 71 direct engagement sessions such as at children's centres, nurseries, libraries, and the family hub.

They also run online training for care homes. There are three workshops, each focusing on different aspects of mouth care for residents. The first workshop explores common mouth conditions and provides advice to support care staff and residents. The second workshop teaches care staff how to conduct a mouth care assessment and offers tips on using the mouth care plans provided by dental care professionals. The third workshop offers practical suggestions for achieving effective mouth care among residents, including assisted brushing and denture care.

A supervised toothbrushing scheme has been established in Croydon targeting children aged 3-5 years old in 5 out of 10 identified priority schools and nurseries in the borough based on free school meal eligibility. They have also implemented supervised toothbrushing in one special education needs school for all age groups.

# What works to improve oral health?

## Commissioning Better Oral health recommends:

### Primary Prevention

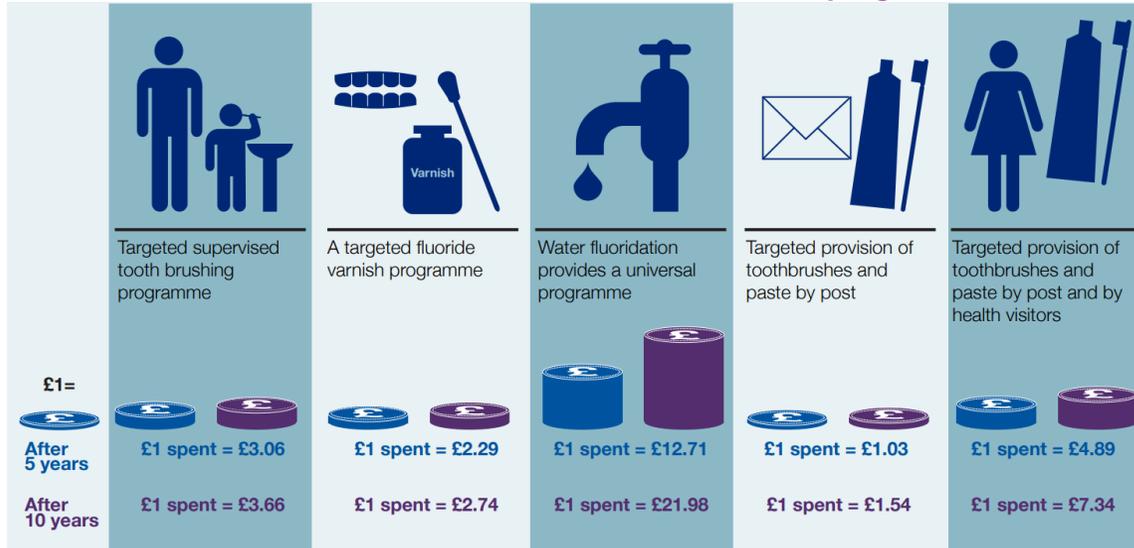
- Oral health training for the wider professional workforce
- Integration of oral health into targeted home visits by health/social care workers
- Targeted provision of toothbrushes and toothpaste (Postal or through health visitors)
- Targeted community-based fluoride varnish programmes
- Supervised tooth brushing in targeted childhood settings
- Healthy food and drink policies in childhood settings
- Fluoridation of public water supplies
- Targeted peer (lay) support groups/peer oral health workers

## NICE guidelines recommend for care homes:

Oral health promotion teams develop and provide care homes with oral health educational materials, support and training to meet the oral health needs of all residents, especially those with complex needs.

- Ensure care home policies set out plans and actions to promote and protect residents' oral health.
- Assess the mouth care needs of all residents and have a personalised care plan
- Ensure care staff provide residents with daily support to meet their mouth care needs

## Return on Investment for Oral Health Promotion programmes



### Secondary Prevention

Signposting to dental care: Making Every Contact Count  
 Access to dental care: behaviour change and preventative interventions

# Guiding principles

Taking a proportionate universalism approach to oral health improvement in Croydon: a combination of universal interventions to improve the population of Croydon's oral health alongside targeted activities for those who are particularly vulnerable to reduce inequalities.

Taking a common risk factor approach to address the joint causes of oral and general health conditions such as healthy weight and diabetes

Integrating action to improve oral health into the wider initiatives and activities of Croydon local authority

# **Recommendation 1: Training and Making Every Contact Count**

Implementing a Making Every Contact Count (MECC) approach can give health and social care professionals an opportunity to provide brief advice to improve overall health and wellbeing and signpost to services. This can be supported through training and development to deliver appropriate evidence informed brief advice across the life course. Oral health messages can be integrated into currently commissioned programmes.

- Prioritise the time of the commissioned Oral Health Promotion team to train the wider workforce rather than for direct engagement with the public, to have the greatest reach in the borough.

## **Children and Young People**

- Publicise King's Oral Health Promotion training and e-learning to the borough's health and social care staff working with children to enable them to deliver integrated oral health messages at key contact points and signpost to dental services. This includes family hub staff, social workers, wellbeing advisors working with children asylum seekers in hotels, foster carers, childminders, pharmacy teams, youth justice teams, those working with people with learning disabilities, and VCSEs.
- Train all health visitors in oral health to enable them to deliver evidence-based messages and support families with oral health alongside healthy eating and breastfeeding support they provide.
- Explore training peer champions in oral health in family hubs to offer peer support to families.

## **Adults**

- Signpost to King's oral health training and e-learning for staff working with older adults, such as through the adult social care forum and newsletter hosted by the council, to ensure staff have the knowledge and skills they need to support those they care for with their oral health and signpost to dental services. Include care home staff and home care providers.
- Raise awareness of the oral health service on the driving for change bus for those with dependencies or experiencing homelessness, for oral health promotion, oral health products, and onward referral for urgent dental management at Edridge health centre.

# Recommendation 2: Integrating oral health

Risk factors for poor oral health are common to many diseases. It is important to embed oral health promotion across a range of public health programme areas. This will require alignment of a range of health and wellbeing strategies and policies, to ensure oral health promotion becomes an integrated component of almost all health and social care programmes, services, policies, and needs assessments.

## **Across the Life course**

- Include oral health in relevant service specifications to embed oral health in the services they provide e.g. health visiting, school nursing, drug and alcohol services, family hubs, adult social care (include oral health in provider support visits).
- Continue to include oral health in the Joint Strategic Needs Assessment (JSNA).
- Include oral health in future relevant needs assessments such as for people experiencing homelessness, drug and alcohol, children and young people.
- Integrate oral health into wider strategies and work streams, for example the Healthy Weight Strategy, Infant Feeding Strategy, mental health, Children Looked After, alcohol and tobacco.
- Work with children's social care to increase the percentage of CLA who receive an annual dental check.
- Support Engagement and coordinate activity with the SWL ICB dental service commissioning including their pilot of commissioning additional dental access for children at risk of tooth decay.
- Explore the Local Authority's levers to address the common risk factor of free sugar intake through the healthy weight strategy including supporting healthy food and water only policies in early years, schools, and local authority owned settings; school super zones; planning, licensing, and advertising/ sponsorship policies.
- Promote evidence based oral health messaging through channels such as the Council's website and with partner voluntary organisations.

# Recommendation 3: Oral health promotion

## Children and Young People

- Continue to commission and monitor Oral Health Promotion services in the borough.
- Drive participation and continue to support the annual National Dental Epidemiological Survey.
- Implement a health visitor oral health scheme using the £13,000 oral health funding from SWL ICB: training of health visitors in oral health, distribution of toothpaste and toothbrush at the 12-month review and monitor and evaluate this scheme.
- Provide oral health support at family hub sessions to vulnerable families, including workshops and distribution of toothpaste and toothbrush packs using the oral health funding from SWL ICB. Ensure these are integrated with wider family hub health and parenting sessions, not stand alone.
- Expand the Supervised toothbrushing scheme for 3–5-year-olds in the borough from the current 5 schools to cover primary schools and nurseries in the most deprived 2 IMD deciles and beyond and a whole school scheme in all Special Education Need schools using [national funding from DHSC](#) (£74,630.48). Monitor and evaluate this expansion.
- Support the oral health promotion team with engagement to recruit early years settings and schools to participate in supervised toothbrushing through relationships within the council, including the school nursing team and education teams.

# Training Resources

- [Oral health | Babies | HABIT](#) Health visitor training , leaflet, and videos for parents and health visitors
- [Children's Oral Health - elearning for healthcare](#) This session aims to improve the knowledge of the general public and early years healthcare workers regarding children's oral health.
- [Healthy Child Programme - elearning for healthcare](#) The Healthy Child Programme (HCP) is an e-learning programme for all healthcare professionals working with pregnant mothers and children aged 0-5 years. Module 10 contains training on oral health promotion.
- [Stay Smiling - The Alliance for a Cavity-Free Future](#) This free programme has been designed to provide oral health training and empower and support care teams in delivering mouthcare to care home residents.
- [Improving Mouth Care - elearning for healthcare](#) Mouthcare training for health and social care staff working with adults.
- [National Supervised Toothbrushing Toolkit](#)
- [Delivering Better Oral Health](#) Evidence based oral health messages