

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

DATE	18 th March 2026
REPORT OF	Diane Lee, Director of Public Health
SUBJECT	Oral Health
STATUS	Open

CONTRIBUTION TO OUR AIMS

This report supports the Council's strategic aims by addressing oral health improvement and associated inequalities as a key public health priority.

- **Stronger Economy:** Reducing health inequalities enables more residents to live longer, healthier lives, increasing workforce participation and productivity. Improved health outcomes reduce sickness absence and support young people to achieve their potential, contributing to economic growth and prosperity.
- **Stronger Communities:** Tackling the root causes of poor health, such as deprivation, low educational attainment, and social isolation, helps build resilient, inclusive communities. By focusing on prevention and early intervention, especially in areas with the greatest need, we empower residents to take control of their health and wellbeing.
- **Greener Future:** Better oral health contributes to environmental sustainability by reducing the need for carbon-intensive dental treatments, lowering travel emissions from patient journeys, and reducing waste generation including single-use plastics.
- **Engaging and Effective Council:** The report demonstrates collaborative working across sectors and commitment to evidence-based decision-making to ensure interventions are relevant, effective, efficient and maximise opportunities to embed prevention.

EXECUTIVE SUMMARY

This report provides an overview of oral health in North East Lincolnshire and highlights the impact of poor oral health. It outlines the statutory responsibilities of Local Authorities in relation to oral health and summarises key developments in commissioning and delivery arrangements to improve oral health in North East Lincolnshire.

MATTERS FOR CONSIDERATION

Note the overall position of oral health in North East Lincolnshire and progress made in relation to oral health improvement.

1. BACKGROUND AND ISSUES

1.1 Oral Health and why it matters

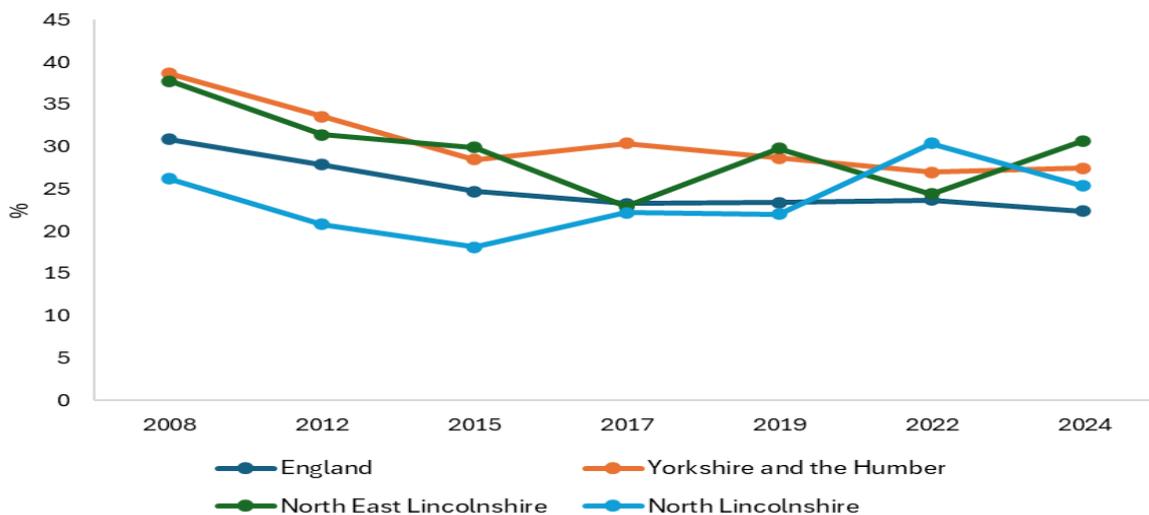
Oral health is a key component of overall health and wellbeing and is key in people’s ability to undertake some every day activities and quality of life. Poor oral health can have a range of adverse consequences including pain, infection, lack of sleep, difficulties with eating and drinking, difficulties with speech and participation in social activities. It can also exacerbate some existing health conditions and pose risks for new health conditions. This includes adverse impacts on mental health, for example, by undermining confidence, and generating anxiety and/or depression. Dental problems and treatment can also lead to absenteeism in schools and workplaces. An estimated 5 million school days are missed in England each year.

Although tooth decay is largely preventable, it is the leading cause of hospital admissions for children in England, especially 5- to 9-year-olds. Whilst good oral health is important across the life course, the impact of poor oral health is felt acutely in early childhood, where it can impede a child’s normal healthy development. Securing good oral health in childhood is key for securing good oral health across the life course and in the overall population.

1.2 Oral Health in North East Lincolnshire

Around 30.7% of 5 years olds had visibly obvious decay in the 2024 dental survey. This is higher than the England average of 22.4% and an increase from previous 2022 survey figure of 24.4%. The graph below shows a decreasing trend in this measure from 2008-2017. Since, then, however a picture of peaks and troughs picture has emerged but there is an overall upward trend. North East Lincolnshire had the third highest prevalence across the Yorkshire & Humber region, although it should be noted only 9 out of 15 Local Authorities had published data

Percentage of 5 year olds with experience of visually obvious dental decay, 2008 to 2024



Poor oral health is linked to deprivation. From dental surveys of 5-year-olds, children in the most deprived areas are twice as likely to experience dental decay (32.2%)

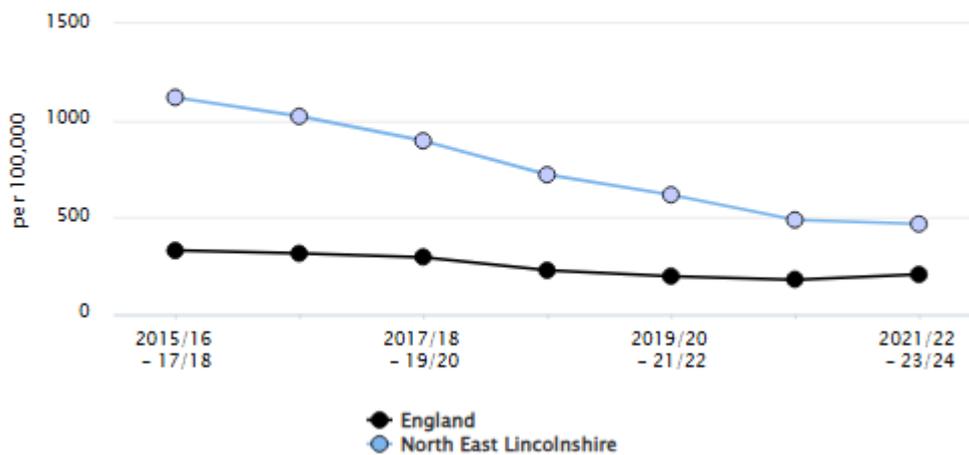
compared to those living in the least deprived areas (13.6%).

In our Adolescent Lifestyle Survey (2024) undertaken in secondary schools in North East Lincolnshire, 91% of young people stated that they had visited the dentist in the last 2 years. However, 26% of those eligible for free school meals said they had not seen a dentist in the last year, compared to 16% of young people who were not eligible.

In 2023/24, the rate of hospital admissions due to tooth decay in 0–5-year-olds was 466.6 per 100,000, equating to 140 children. This is higher than the England average of 207.2 per 100,000 and regional average of 403.8 per 100. There is wide variation in this measure across the country. The graph below shows significant reduction in these admissions over time for North East Lincolnshire, narrowing the gap with England. Whilst this picture undoubtedly reflects some reduction in need, it will also likely be impacted by dental access issues.

Hospital admissions for dental caries (0 to 5 years)

[Show confidence intervals](#) [Show 99.8% CI values](#)



Altogether, 345 children in North East Lincolnshire had teeth extracted during 2025, with 91% of those extractions due to decay. The most affected age group was 5–9-year-old children, with 165 children requiring extractions.

1.3 Drivers and Impact

Risk factors for poor oral health include high sugar diets, inadequate tooth-brushing, tobacco use, and harmful use of alcohol. The ageing process, some medicines, and existing health conditions, can present challenges for good oral health in older age.

Poor oral health is closely related to deprivation and for some there may be an over-reliance on cheaper, high-sugar food and drinks. Income deprivation may be a barrier in purchasing dental hygiene products. Access to, and affordability of, routine dental

checks which play a role in identifying and responding to oral health issues earlier, is also a factor

1.4 Responsibilities around Oral Health and Dental Services

The Health and Social Care Act 2012 sets out responsibilities for Local Authorities around oral health as:

- To secure the provision of oral health promotion programme.
- To commission fieldwork for dental surveys as part of the National Dental Epidemiology Programme (NDEP) to facilitate:
 - assessment and monitoring of oral health needs
 - planning and evaluation of oral health promotion programmes
 - planning and evaluation of arrangements for provision of dental services
 - monitoring and reporting of water fluoridation programmes (where relevant)

The Humber and North Yorkshire Integrated Care Board (ICB) is responsible for commissioning the full spectrum of NHS dental services for North East Lincolnshire residents and ensuring equitable access. Public Health works in support of these functions to aid understanding of oral health needs locally and to maximise opportunities to embed prevention and tackle inequalities.

1.5 Local Response

1.5.1 National Dental Epidemiology Programme (NDEP)

This is a programme of annual dental surveys determined nationally and agreed with Directors of Public Health. The programme comprises a biennial survey of 5-year-old children in mainstream education settings on a biennial basis.

Target population cohorts are identified in the intervening years. The last survey of 5-year-olds was conducted in 2024, and data is now available at local authority level.

In 2025 the survey population was adults aged 65 years and older living in a residential or nursing care home and with capacity to agree to participate in the survey. Data for this survey will be available in Autumn 2026.

The surveys are conducted in line with robust standards, guidance, and protocols, and delivery is coordinated by the Office for Health Improvement and Disparities (OHID). In North East Lincolnshire, we commission Northern Lincolnshire and Goole Foundation Trust (NLAG) to undertake these surveys.

Preparation for the 2026 survey of 5-year-olds is now underway.

1.5.2 Oral Health Promotion Service (OHPS)

This service is commissioned by NELC and delivered by Northern Lincolnshire and Goole NHS Foundation Trust (now as part of NHS Humber Health Partnership) to deliver a range of oral health improvement activity. These include:

- Development and delivery of oral health promotion campaigns, self-care information and resources to build oral health literacy and support access to dental services.
- Embedding oral health into service delivery and key settings, such as nurseries, schools and care homes and associated training.

- Supporting delivery of supervised toothbrushing schemes
- Targeted support for vulnerable groups

Delivery this has included training of all Health Visiting Service staff to use a new caries risk assessment tool, improving rapid referral for children with urgent dental needs). It also targeted support to children with SEND, helping families to adopt practical toothbrushing strategies

1.5.3 Supervised Toothbrushing Schemes

These schemes are underpinned by robust evidence and aimed at children in nurseries and school reception year to embed good toothbrushing habits early in life. Staff are trained to oversee and support good toothbrushing technique at least once per day in settings. There is a mixed picture of delivery of these in NEL through the OHPS and the ICB-funded Prevention, Access and Treatment (PAT) scheme. The PAT scheme uses the Index of Deprivation in Children (IDACI) data and Free School Meals data to target its provision to those with greatest needs and additionally provides routes into dental services. Collectively in 2024/25, 19 settings were benefited from these schemes.

In 2025, Government announced funding to extend supervised toothbrushing schemes and facilitated an industry donation of dental packs to support these. North East Lincolnshire Council was allocated £60,745 to expand delivery in Early Years settings (ages 3-5). Future funding is now built into public health grant allocations for the next three years. Funding for North East Lincolnshire is based on a potential reach of 2,629 children, which slightly exceeds the number of children currently registered in a local Early Years setting in our area. Therefore, we are able to offer this provision to all eligible settings.

Roll out of this programme commenced earlier this year with settings currently being approached to participate. Our target is for a minimum of 80% of 3–5-year-olds in settings to be receiving supervised toothbrushing when fully mobilised. Priority is being given to settings that have the highest number of children attending with Free School Meal status. Due to some children attending settings away from where they live, this is not an exact match to geographic deprivation hot spots, although they do broadly align. Settings do not have to accept the offer, and parental consent for participation is required.

1.5.4 Family Hubs

Oral health is a key area of focus for Best Start Family Hubs and OHPS work closely with Family Hubs to embed oral health improvement activities. Family Hubs have allocated funding to support preparation of oral health resources packs for distribution to families some of which will reach those not in settings who would not have the opportunity to benefit from supervised toothbrushing schemes..

1.5.5 Water Fluoridation

Water Fluoridation is an evidence based and highly effective way to reduce the incidence of dental decay at a population level. In the most deprived areas, 5-year-olds are 25% less likely to have tooth decay if they live in a fluoridated area. Most UK tap water has some degree of naturally occurring fluoride, however this is generally below the effective level for decay prevention. In some areas additional

fluoride is added to the water supply. In North East Lincolnshire a large part of Immingham and parts of the Wolds ward have water fluoridation schemes. Public Health seeks assurance from water providers around these schemes. Responsibility for introduction or changes to fluoridation schemes sits with the Secretary of State for Health and Social Care and are subject to public consultation. In March 2025 the Department of Health and Social Care announced an expansion of water fluoridation in North East of England following a consultation period the previous year. Further expansion to other areas is unknown.

1.6 Barriers

- Responsibilities for oral health and dental services sits across a complicated landscape with organisational differences which can be challenging to navigate and hinder necessary join up.
- Implementation challenges for supervised toothbrushing schemes including consent from settings

1.7 Opportunities and Next Steps

- We are currently finalising a new Oral Health Strategic Framework and developing an action plan. This will involve stakeholder consultation to ensure we are maximising opportunities across the system to improve oral health , tackle health inequalities and maximise resources.
- We are currently recommissioning provision of oral health promotion service and delivery of dental surveys.
- Alignment of oral health priorities across Best Start In Life Plan, Best Start Family Hubs and the refreshed Healthy Child Programme will harness our preventative capacity and delivery to secure good oral health in the early years (0-5s)
- Scale up action on health equity with greater focus on vulnerable groups.

2. RISKS, OPPORTUNITIES AND EQUALITY ISSUES

The main risk around oral health is the potential worsening of oral health and widening inequalities for those experiencing greatest deprivation and more vulnerable groups,. If improvements are not realised, there is also a reputational risk if improvements are not realised.

The main opportunity is to maintain a relentless focus on prevention to improve oral health and mitigate adverse impacts of poor oral health already highlighted.

3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

There are no significant reputation or communication considerations.

4. FINANCIAL CONSIDERATIONS

No financial implications – delivered within existing budgets.

5. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

Oral health improvement has significant implications for children and young people in North East Lincolnshire. Securing good oral health is key in optimising outcomes around early child development, educational outcomes, and future life chances including for particular inequality groups e.g. children looked after. Poor oral health in some children can be linked to safeguarding issues, such as neglect. Delivery of training for relevant workforces including referral pathways contributes to keeping children safe.

6. CLIMATE CHANGE, NATURE RECOVERY AND ENVIRONMENTAL IMPLICATIONS

No implications arising from this briefing,

7. PUBLIC HEALTH, HEALTH INEQUALITIES AND MARMOT IMPLICATIONS

Oral health improvement as a public health programme has a focus on health inequalities and aligns with Marmot Place Principles. In particular, it supports

- Giving every child the best start in life – a key focus for oral health action is the early years and this contributes to good developmental outcomes.
- Enabling all children, young people and adults to maximise their capabilities and have control over their lives – Building good oral health, and particularly from early childhood, can enable residents to have good oral health throughout their lives and reduce risks around participation in education, training and employment.
- Strengthening the role and impact of ill-health prevention – oral health improvement focuses on a preventive-based approach and reduces risks of adverse health impacts arising from poor oral health.
- Pursue environmental sustainability and health equity together - Reduction in need for dental treatments reduces carbon footprint and supports NHS Net Zero ambitions.

8. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result, no monitoring comments have been sought from the Council's Monitoring Officer (Chief Legal Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead.

9. WARD IMPLICATIONS

N/A

10. BACKGROUND PAPERS

None

11. CONTACT OFFICER(S)

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