Cabinet



Date of meeting: II December 2023

Title of Report: **Dental Task Force update**

Lead Member: Councillor Mary Aspinall (Cabinet Member for Health and Social Care)

Lead Strategic Director: Ruth Harrell (Director of Public Health)

Author: Rob Nelder

Contact Email: robert.nelder@plymouth.gov.uk

Your Reference: DTF/Cabinet/01

Key Decision: No

Confidentiality: Part I - Official

Purpose of Report

To provide Cabinet Members with an update on the progress of the Dental Task Force.

Recommendations and Reasons

That Cabinet note the content of the report and continue to support the Corporate Plan priority of working with the NHS to provide better access to health, care and dentistry.

Alternative options considered and rejected

Not applicable

Relevance to the Corporate Plan and/or the Plymouth Plan

This work supports the Plymouth Plan Healthy City Strategic Outcome that 'People in Plymouth live in happy, healthy, safe and aspiring communities where social, economic and environmental conditions and services enable choices that add quality years to life and reduce the gap in health and wellbeing between communities.

In particular Plymouth Plan Strategic Objective I (Delivering a Healthy City), points nine and 10.

- 9. Ensuring people get the right care from the right people at the right time to improve their health, wellbeing and social outcomes.
- 10. Making Plymouth a centre of clinical excellence and innovation to benefit the sustainability and growth of the medical and health care sectors in the city and to create education and employment opportunities.

Implications for the Medium Term Financial Plan and Resource Implications: None

Financial Risks

None

Carbon Footprint (Environmental) Implications:

Not applicable

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.

Specifically relating to child poverty.....tooth decay is the main cause of poor oral health in children and can affect pre-school and school-aged children, disproportionately affecting children living in more deprived areas. Decay affects the appearance of teeth and a child's smile, leading to embarrassment and impacting their ability to play and socialise. Painful, broken and missing teeth can have a negative impact on speech development, food choices, social interaction, readiness for school, and ability to thrive. Having tooth decay involves making repeat visits to a dentist or hospital. Children miss school and parents have to take time off work. Many children need to have their teeth extracted due to pain and infection. Often this is done under a general anaesthetic (GA) in hospital. Tooth decay is preventable, yet more children aged 5-9 have a GA for tooth extraction than for any other reason. For all these reasons, improving oral health will impact upon child poverty in its widest sense. One of the main ways to alleviate this is by improving access to NHS dental services.

Appendices

*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.								
		I	2	3	4	5	6	7		
Α	Briefing report title									
В	Equalities Impact Assessment (if applicable)									

Background papers:

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Exemption Paragraph Number (if applicable) If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.								
ı	2	3	4	5	6	7		
	If some/a	If some/all of the in is not for publicatio	If some/all of the information is not for publication by virtue	If some/all of the information is confident is not for publication by virtue of Part I of	If some/all of the information is confidential, you mis not for publication by virtue of Part 1 of Schedule	If some/all of the information is confidential, you must indicat is not for publication by virtue of Part 1 of Schedule 12A of th		

^{*}Add rows as required to box below

Sign off:

Fin	N/A	Leg	N/A	Mon	HR	Asset	Strat	
				Off		S	Proc	

Originating Senior Leadership Team member: Robert Nelder (Consultant)

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 29/11/2023

Cabinet Member approval: Approved by Councillor Mary Aspinall (Cabinet Member for Health and

Adult Social Care)

Date approved: 30/11/2023