# Health and Wellbeing Board



| Date of meeting:         | 29 January 2025  |
|--------------------------|--|
| Title of Report:         | Dental Access and Oral Health Improvement in Plymouth                      |
| Lead Member:             | Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) |
| Lead Strategic Director: | Professor Steve Maddern (Director of Public Health)                        |
| Author:                  | Robert Nelder  |
| Contact Email:           | robert.nelder@plymouth.gov.uk  |
| Your Reference:          | OHI/H&WB/2025  |
| Key Decision:            | No   |
| Confidentiality:         | Part I - Official  |

# **Purpose of Report**

To provide members of the H&WB with an update on dental access and oral health improvement initiatives in Plymouth

# **Recommendations and Reasons**

1. That H&WB Members note the content of the report and continue to work together 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

I. 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.

#### **Appendices**

\*Add rows as required to box below

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why it is not for publication by virtue of Part 1 of Schedule 12A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

# **Background papers:**

\*Add rows as required to box below

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.

| Title of any background paper(s) | <b>Exemption Paragraph Number</b> (if applicable)<br>If some/all of the information is confidential, you must indicate why it<br>is not for publication by virtue of Part 1 of Schedule 12A of the Local<br>Government Act 1972 by ticking the relevant box. |   |   |   |   |   |   |  |  |
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# Sign off:

| Fin   | N/A   | Leg | N/A | Mon<br>Off | N/A | HR | N/A | Asset<br>s | N/A | Strat<br>Proc | N/A |
|---|---|-----|-----|------------|-----|----|-----|------------|-----|---------------|-----|
| Origina   | Originating Senior Leadership Team member: Ruth Harrell |     |     |            |     |    |     |            |     |               |     |
| Please confirm the Strategic Director(s) has agreed the report? Yes   |   |     |     |            |     |    |     |            |     |               |     |
| Date agreed: 13/01/2025   |   |     |     |            |     |    |     |            |     |               |     |
|   |   |     |     |            |     |    |     |            |     |               |     |
| Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care). Approved via email |   |     |     |            |     |    |     |            |     |               |     |
| Date approved: 15/01/2025   |   |     |     |            |     |    |     |            |     |               |     |