

TOWER HAMLETS Joint Strategic Needs Assessment (JSNA) on: Children's Oral Health

- Despite being almost entirely preventable, tooth decay (also known as dental caries or holes in teeth) is prevalent among children and young people in Tower Hamlets.
- There are significant inequalities/differences in oral health associated with poverty and ethnicity. Higher rates of tooth decay have been reported for children living in more deprived areas of the country, and children of Asian/Asian British ethnicity.
- This JSNA takes a public health and primary care perspective on how to address oral health inequalities in Tower Hamlets.

What are some of the key statistics for Tower Hamlets?

- By age 5, just under 4 in 10 of children experience tooth decay.
- Tooth decay is the most common reason for hospital admission in children aged 5 – 9 years for the removal of teeth under general anesthetic.
- Access to dental care services for children under 5 is lower in Tower Hamlets than the London average and national average.

What is currently in place?

- Fluoride prevents decay and a free School Fluoride Varnish Programme is available to all children aged 4-6 in Nursery, Reception and Year 1 classes.
- Free toothbrush and toothpaste packs available to all children aged between 0-6 years as part of a Brush for Life programme.
- Oral health promotion delivered through early years and school settings.
- Healthy Weight Strategy and Action Plan, making it easier for children and families in Tower Hamlets to eat healthily.

Who is affected by tooth decay?

- All children can experience tooth decay but children who live in areas of high deprivation are nearly three times more likely to be affected.
- Children who are Asian and Asian British are significantly more likely to experience tooth decay when compared with children in other ethnic groups.
- Levels of plaque and tooth extractions are higher for children who attend special schools compared to children in mainstream schools highlighting that children with additional needs are at increased risk of poor oral health.

How can we further tackle this issue?

- Embed oral health into all policies, strategies and programmes.
- Co-design an action plan to deliver the recommendations featured in this JSNA.
- Continue promoting oral health-promoting environments and promoting sugar reduction
- Deliver a systematic approach to addressing oral health inequalities.
- Continue delivering existing oral health programmes through schools, early years and community settings, and widen the promotion of fluoride.

Why does good oral health matter?

A child with good oral health is more likely to excel in school, enjoy playtime with friends, and grow up with a positive self-image.

We know having healthy teeth is more than just having a nice smile. It's about being able to eat without pain, speak clearly, and grow up with confidence, all essential for overall health and well-being.

Most dental problems are preventable, but if untreated can lead to pain, infection, missed school days, and challenges in maintaining a balanced diet.

Recognising and addressing oral health needs in childhood is vital for a child's overall development and quality of life.

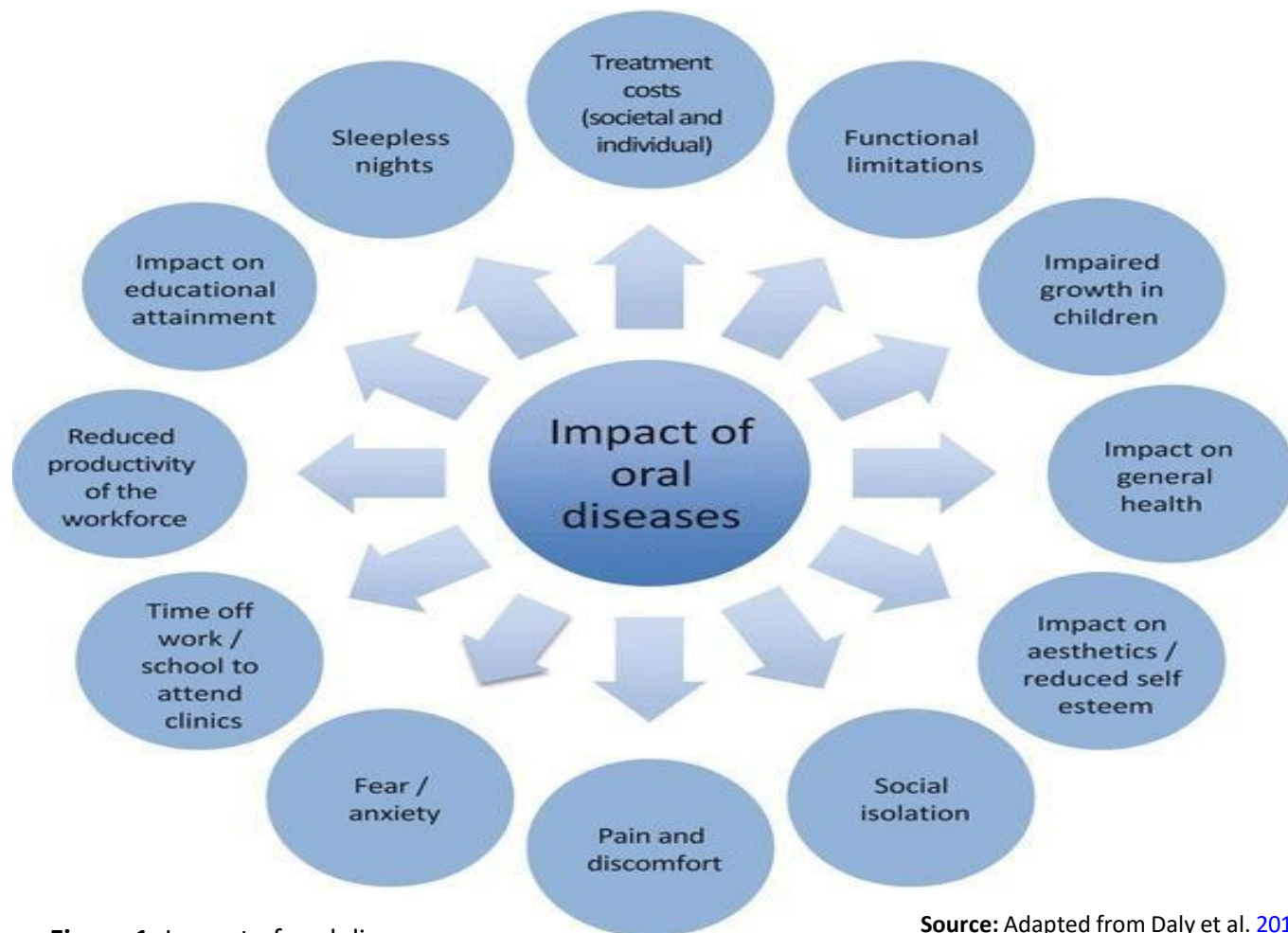


Figure 1: Impact of oral diseases

Source: Adapted from Daly et al. [2013](#)

What contributes to poor oral health in children?

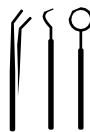
Risk factors that contribute to poor oral health in children include:



Diet high in Sugar



Lack of fluoride availability



Not accessing dental services regularly

Oral health is shaped by broader factors such as social, economic, and environmental influences (see Figure 2).

For instance, good oral health is not just about our individual habits but is related to factors such as family income and community resources.

Our environment has slowly changed, making it harder for children and parents to avoid sugary foods and drinks.

The current cost of living crisis means that many more children are living in poverty, and this impacts their access to healthy foods and the affordability of toothbrushes and toothpaste.

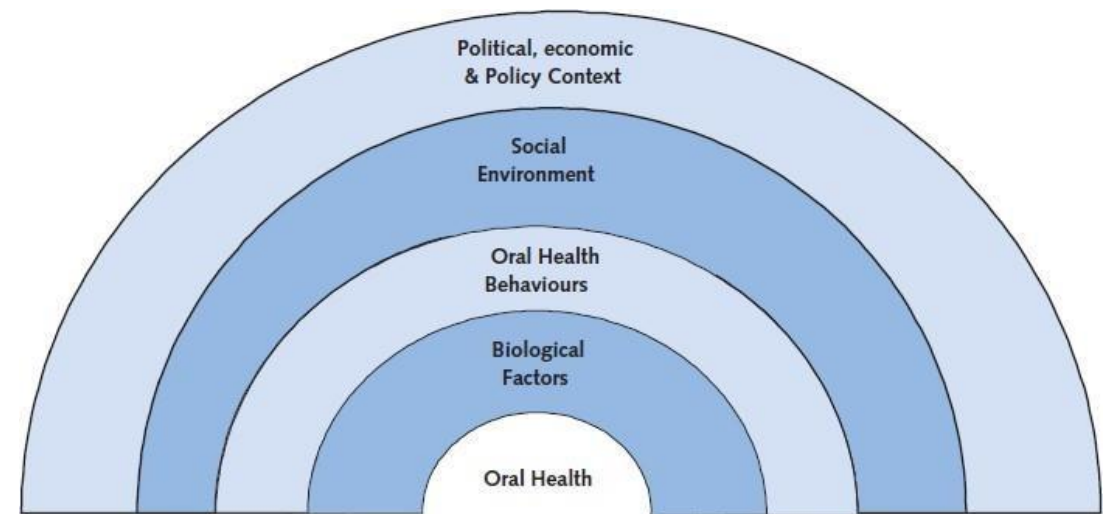


Figure 2: The underlying causes of oral diseases

Source: Choosing better oral health: an oral health plan for England

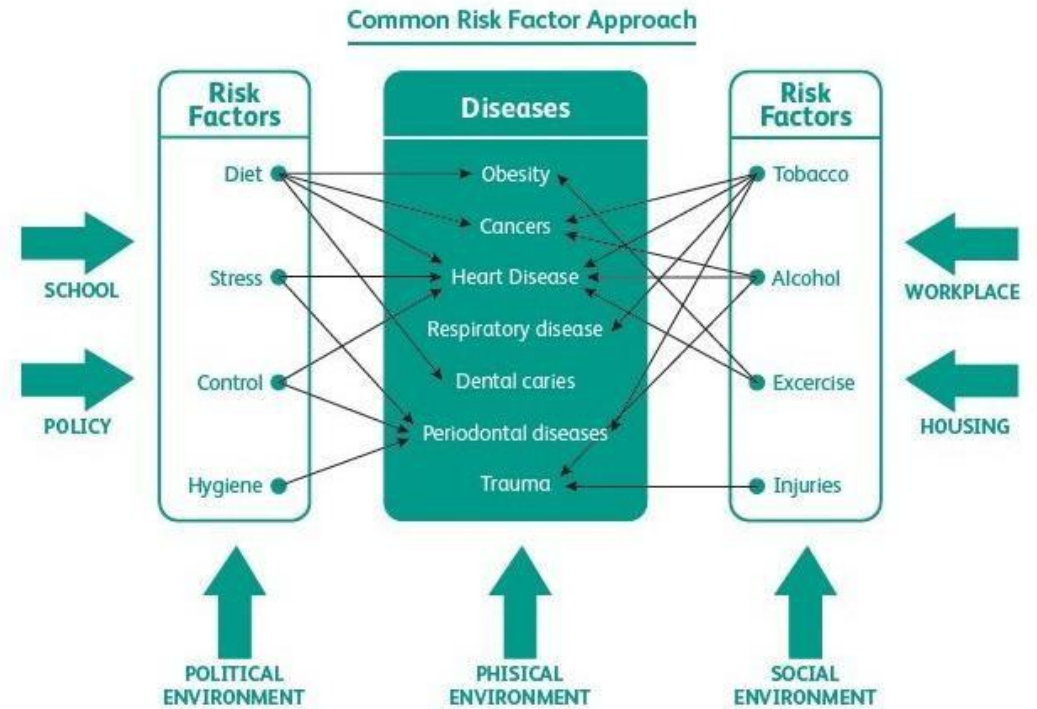
Risk factors for poor oral health are relevant to other health conditions too

Oral health shares common risk factors with major chronic health conditions and diseases. For example, eating too much sugar increases risk of tooth decay, and is also linked to weight gain and cardiovascular (heart) disease.

The **Common Risk Factor Approach** shows how risk factors for tooth decay (also called dental caries) are linked to other diseases (see Figure 3). For example, diet as a risk factor is linked to obesity, heart disease and dental caries.

By focusing on common risk factors, we can improve the overall health of our communities. Working to improve access to healthy foods, for instance, has the potential to yield multiple health benefits for children and families in Tower Hamlets.

This approach demonstrates the importance of integrating oral health into general health improvement policies, strategies and programmes.



Reproduced from Watt RG, 2005

Figure 3: Common Risk Factor Approach

What is Tooth Decay?

- Tooth decay (dental caries) is the most common oral disease affecting children and young people nationally, as well as in Tower Hamlets and is also largely preventable ([Public Health England \(PHE\), 2016a](#)). It is a public health priority.



What is tooth decay?

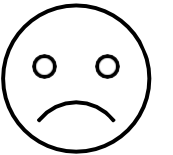
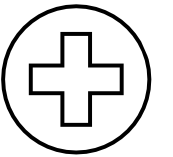
When we consume sugary foods and drinks, this causes the bacteria in our mouths to produce acid. This acid can begin to break down the surface of the tooth, causing holes known as cavities.



What is the impact of tooth decay?

Tooth decay can lead to toothache (pain), white, brown or black spots on teeth. Sometimes, it can lead to infection.

Tooth decay is the most common reason children aged 5-9 in Tower Hamlets are admitted to hospital for the removal of teeth under general anaesthesia.



What are oral health inequalities and who is affected?

Good oral health is not equally distributed across the country or in Tower Hamlets. Oral health inequalities refer to the differences in oral health risk factors and outcomes and access to dental care services among different communities. The impact of poor oral health, like poor health in general, unfairly affects the most vulnerable and socially disadvantaged groups in society. These groups include:

	Children and Young People with a Special Educational Need and/or a Disability (SEND)	
	Children in Care (known as looked after children)	
	Refugees and Asylum Seekers	
	Those experiencing homelessness	
	Certain ethnic groups	
	Children living in poverty / deprived areas	
	Children in the justice system	

Oral Health Inequalities: Special Educational Needs and Disabilities (SEND)

According to the only national survey of oral health in children attending special schools to date (Public Health England, 2015), children and young people with a Special Educational Needs and/or Disability (SEND) are more likely to experience tooth decay. The results of this survey revealed that:

- Children in special schools had higher oral health needs when compared to the general population
- At age 5, approximately 1 in 5 children in special schools experienced tooth decay
- By age 12, this has increased to approximately 1 in 3 children experienced tooth decay
- Children in special schools were significantly more likely to have had their teeth extracted due to decay
- The highest levels of tooth decay were recorded for children in special schools with behavioural, emotional or social difficulties (28% of 5-year-olds and 42% of 12-year-olds)

Undertaking daily oral care and accessing a healthy diet – low in sugar and low in highly processed foods – can be challenging for children with SEND who may experience difficulties with coordinated movement and mobility, sensory sensitivity and/or behaviour and communication; an increased reliance on family carers for assistance with teeth cleaning; and difficulties accessing appropriate dental services.

The Local Picture: Special Educational Needs and Disabilities (SEND)

- 1 in 5 five- to eleven-year-olds in Tower Hamlets have a Special Education Need and/or Disability (SEND).

Source: [Special Education Needs in Tower Hamlets, Academic Year 2022/2023](#)



Kent Community Health
NHS Foundation Trust

Special care dentistry is available for children and young people with SEND in Tower Hamlets and is delivered by the Kent Community Health Foundation Trust (KHCFT). This service is for patients who are unable to access or accept care from general dental practices and who meet eligibility criteria that include 'significant communication difficulties due to multi-sensory or cognitive impairment'.

- There is a [self-referral option](#) available to those who attend special schools, and their parents.
- Alternatively, residents can ask their regular dentist or a healthcare professional (e.g., SENCO) for a referral.
- Between April 2023 and March 2024, the service received 17 self-referrals and 19 referrals from parents.
- Low referral rates may point to a need for greater promotion of this specialist service to SEND communities in Tower Hamlets. Alternatively, it may be the case that most children and young people with SEND are accessing dental care through a general dental practice.

Oral Health Inequalities: Children in Care (Looked-After Children)

Children in the care of the Local Authority have greater oral health needs and are less likely to use dental services than their peers, according to the findings of a national review published in 2023. This review found that children in care are more likely to experience:

- Tooth decay
- Traumatic dental injuries
- Pain linked to poor oral health

As the **Corporate Parents** of children in care, the Local Authority is responsible for promoting children's physical, emotional and mental health and acting on any early signs of health issues.

Statutory guidance recommends that an initial health assessment should be completed within 20 days of a child or young person being received into care. During this assessment, children are asked about their oral health and tooth brushing habits, and whether they are registered with a dentist. Any concerns or pain are noted, and a health plan is developed and shared with health and social care colleagues.

Statutory guidance also recommends a review health assessment every 6 months for children under 5 years and annually for children aged 5-18 years which includes a review of oral health and whether the child has seen a dentist.

The Local Picture: Children in Care

In 2023, approximately 465 children were in the care of Tower Hamlets Local Authority.

The percentage of children in care that have annual dental checks in Tower Hamlets in recent years is as follows:

Year	2020/ 21	2021/ 22	2022/ 23
Percentage	60%	82%	92%

Since 2020 there has been a 32% increase in the percentage of annual dental checks for the children we care for.

This increase is the result of a coordinated effort by the council which has included:

- ✓ Setting up an Operational Group to improve health outcomes for children which included oral health and dental checks as a priority.
- ✓ Conducting a detailed audit in October 2021 which identified the recording of dental appointments as an issue.
- ✓ Distributing toothpastes, toothbrushes and oral hygiene checklists to children in the borough.
- ✓ Promoting and supporting dental checks for children in care during the Covid-19 pandemic.
- ✓ Participating in the pan-London Healthy Smiles pilot delivered by NHS England and Dental Public Health to ensure that children looked after had access to NHS dentists.
- ✓ Continuing to work with partners across Northeast London to promote the [NHS Low Income scheme](#) to eligible adults and young people with care experience to assist with dental care costs.

Oral Health Inequalities: Refugees, Asylum Seekers and those experiencing homelessness

Oral health inequalities exist among refugees, asylum seekers and those experiencing homelessness. There's evidence to suggest that children in these groups are more likely to suffer from dental caries because of inadequate access to housing, nutritious food, toothbrushes and toothpaste and dental care (both in home countries and during migration journey for refugees and asylum seekers):

- Refugee populations experience a high burden of oral disease compared with the population of host countries.
- 90% of people experiencing homelessness have reported a problem with their mouth and 70% have reported losing teeth since becoming homeless.

Barriers to Dental Care

Barriers that refugees, asylum seekers and the homeless can experience when accessing dental care in the UK can include:

- Language differences, including health literacy
- Knowledge about the availability of services
- Fear and anxiety
- Cost (or assumptions about costs)
- Social exclusion
- Travelling to appointments (and the associated cost with this)
- Availability of services that are appropriate to the needs and characteristics of individuals within these vulnerable communities

When it comes to providing oral health support and dental care, a person-centred approach is needed because individuals within and across these groups will have different health needs and circumstances.

Support is Available:

- Refugees, Asylum Seekers and the homeless can access the [NHS Low-Income Scheme](#) which provides help with health costs, including dental treatment.
- Free emergency dental care through the NHS
- In Tower Hamlets, a [mobile NHS dental service](#) provides dental care and oral health promotion for people experiencing homelessness.

Oral Health Inequalities: Children and Young People in the Youth Justice System

A survey conducted in Tower Hamlets with **children in the youth justice system** (2023) found that:

- **1 in 3** children who participated in the survey had not visited a dentist in **2** or more years.
- Cost was not recorded as a key barrier to accessing oral health.
- Uncertainty around how to book an appointment was the most common reason for not visiting the dentist.
- Many children felt that they did not need to receive oral health care, except where they could see or feel a tooth required attention. This was true even if they had not attended a dental clinic for longer than 6 months.

Based on these insights, the following recommendations were made:

- Recommend that children and youth visit the dentist at least once every 12 months depending on risk.
- Improve access to dental health services by building skills in booking appointments. In doing so, assess other barriers to accessing services e.g. availability of NHS dentists in the borough and incorporate this into future health work in the YJS.

Oral Health Inequalities: Poverty and Deprivation

Poverty and deprivation can be described as a lack of access to basic needs and services, including food, safe housing, medical care, and education, which leads to poorer quality of life.

National data collected in 2019 showed that children living in the most deprived areas of the country were almost 3 times more likely to have experience of dental decay (16.6%) when compared to those living in the least deprived areas (5.9%).

Figure 4a: Prevalence of experience of dental decay in 3-year-olds in England, 2020 by national Index of Multiple Deprivation (IMD) 2019 quintiles

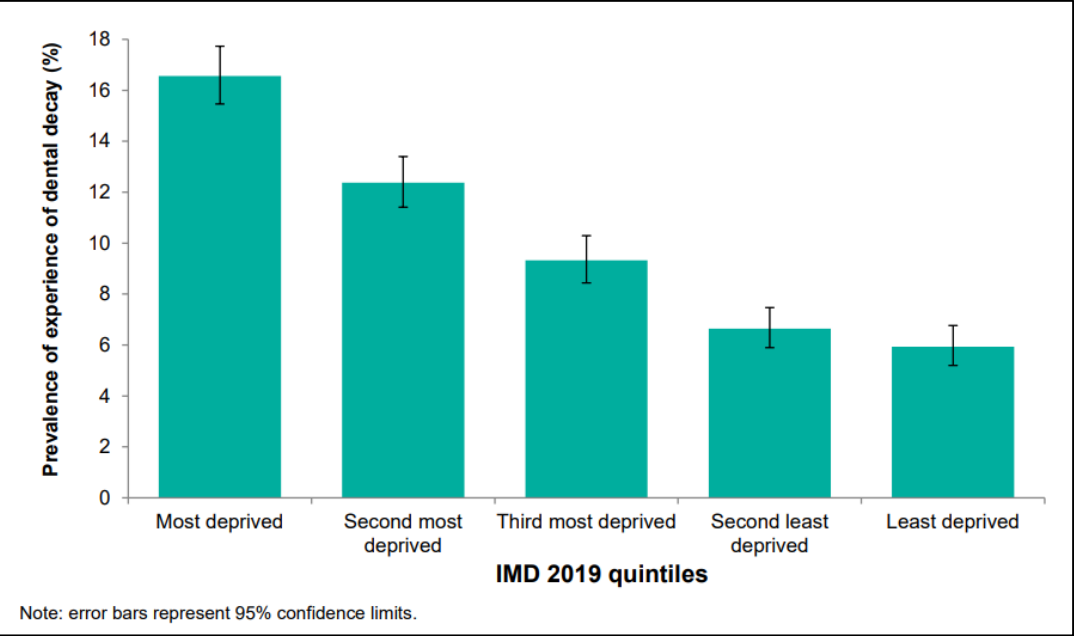
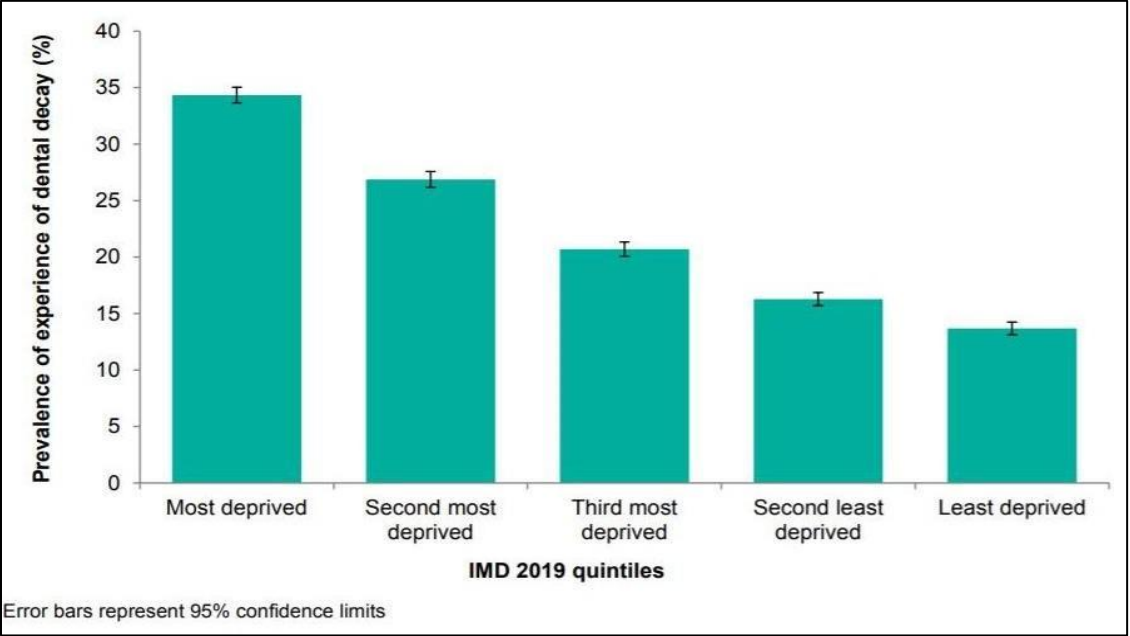


Figure 4b: Prevalence of experience of dental decay in 5-year-olds in England, 2019 by national Index of Multiple Deprivation (IMD) 2019 quintiles



Sources: National Dental Epidemiology Programme (NDEP, 2020); NDEP (2019).

The Local Picture: Poverty and Deprivation

Levels of child poverty and deprivation in Tower Hamlets are high, and this is associated with poor oral health.

- 44% of families with at least one child aged between 5 and 11 years are in relative poverty in Tower Hamlets.
- 8% of families in Tower Hamlets are in food poverty
- 37% of all pupils in primary schools in Tower Hamlets meet the eligibility threshold for free school meals compared to approximately 16% nationally and 17% in London.

The Tackling Poverty team in Tower Hamlets is supporting children and families by:

- Distributing food to [local food banks](#) and other aid organisations
- Delivering a [Food Store](#) which works to improve access to food for eligible families by increasing the affordability of food items.
- Delivering the Government-funded [Holiday Activities and Food programme](#) which provides free healthy meals, physical activities and health education to eligible children.
- Delivering the [Household Support Fund](#) to eligible families and vulnerable groups

Sources: Low Income Family Tracker (LIFT), [March 2024]; Spring Census 2024.

Income Deprivation Affecting Child Index (IDACI)

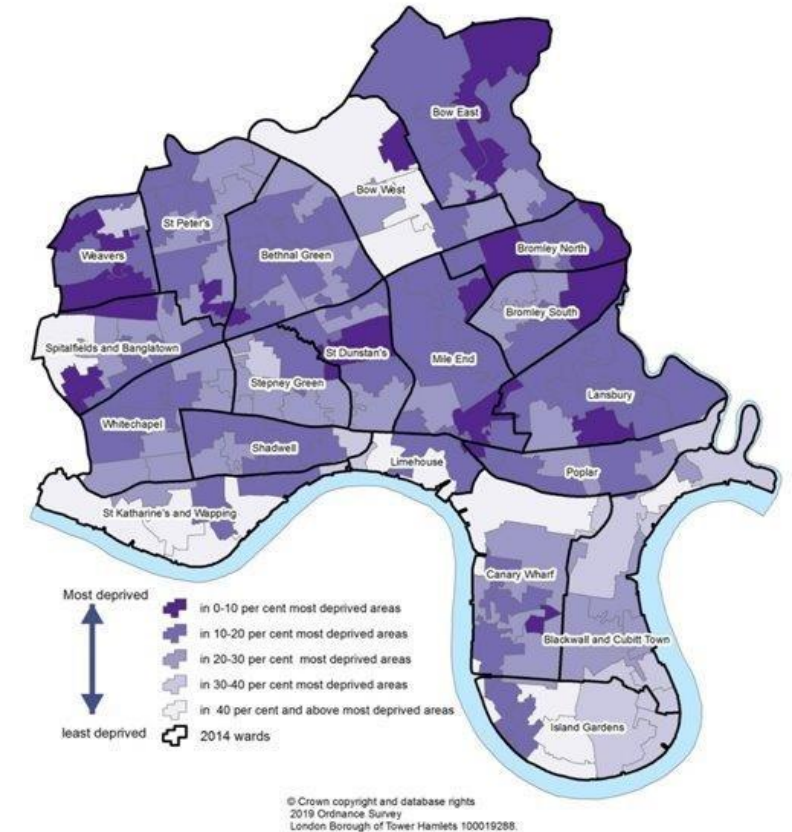


Figure 5: Map showing population spread by deprivation in Tower Hamlets using data from the Income Deprivation Affecting Child Index (IDACI) with darker shades representing higher levels of deprivation.¹

Oral Health Inequalities: Ethnicity

There is also an association between oral health and ethnicity, with differences observed in oral health outcomes.

- According to national data, highest rates of dental decay have been recorded for children at 3 years of age who identify as Asian / Asian British (18%) or as 'Other ethnic background' (21%).
- By age 5, this inequality remains, but dental decay rates are significantly higher at 37% for children who identify as Asian/British Asian and 44% for children in the 'Other ethnic group'.
- Within the Asian or Asian British ethnic group, children in the Pakistani ethnic group (44%) experienced higher rates of dental decay than children in the Indian ethnic group (32%)

Figure 6a: Prevalence of experience of dental decay in 3-year-olds by ethnic group, 2020

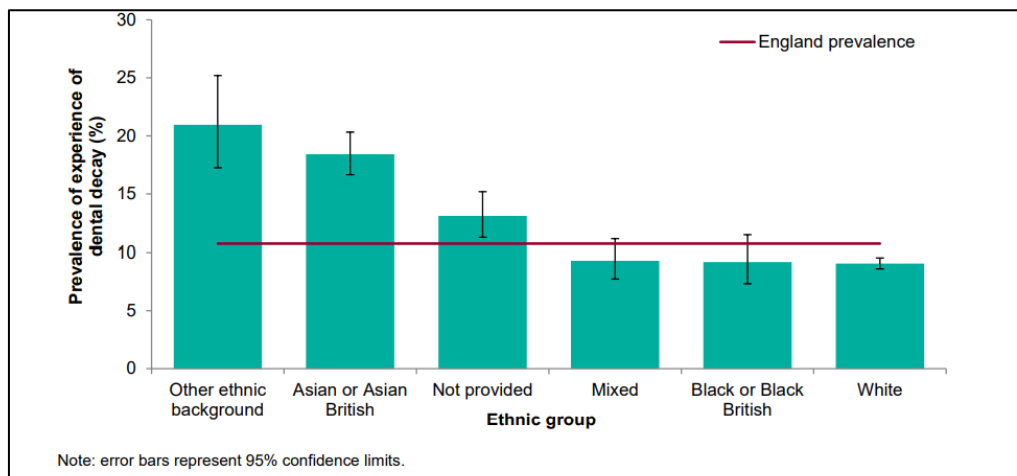
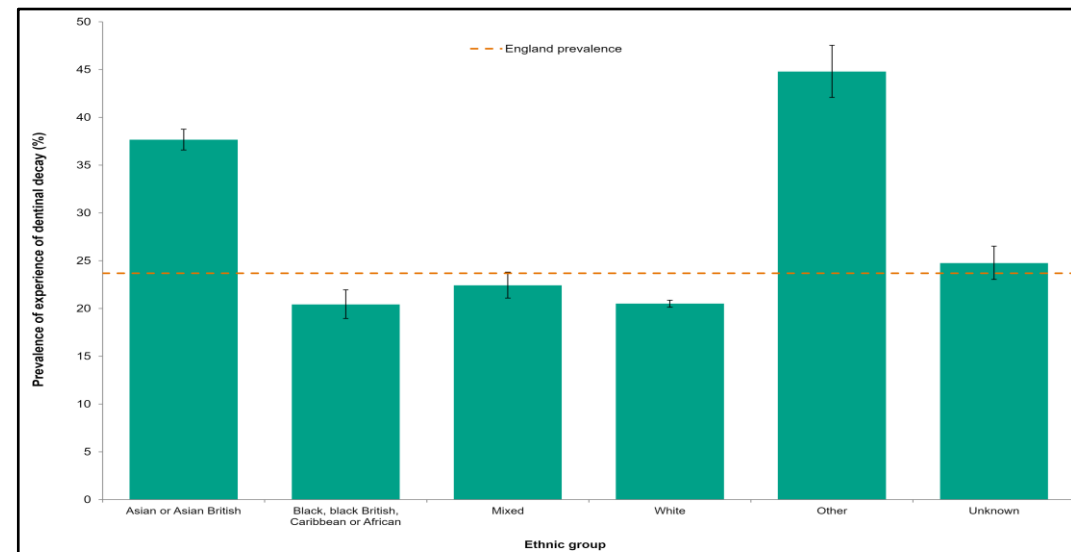


Figure 6b: Prevalence of experience of dental decay in 5-year-olds in England by ethnic group, 2022



Sources: NDEP (2020); NDEP (2022)

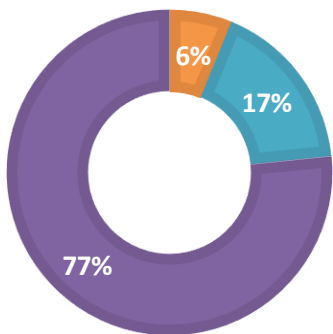
The Local Picture: Demographics

What does our child population look like in Tower Hamlets?

- According to census data from 2021, there are approximately 85,676 children (0-19) in the borough – that's 23% of the entire population of Tower Hamlets
- Most children in the borough identify as Asian or British Asian (63%).
- There is no significant difference in the numbers of girls and boys in Tower Hamlets.

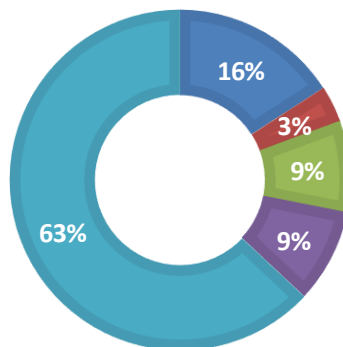
% OF TOWER HAMLETS
POPULATION BY AGE

0-4 5-19 >19



ETHNICITY BREAKDOWN OF CHILDREN
IN TOWER HAMLETS AGED 0-15

White Other Mixed Black Asian



BOYS - GIRLS

0-4 Years



51%

49%

5-19 Years



50%

50%

The Local Picture: Tooth Decay

- When compared to all London boroughs, Tower Hamlets has the 12th highest out of 32 rates of tooth decay in children aged 3 and the 3rd highest rates of tooth decay in children aged 5.

Figure 7a: Prevalence of experience of dental decay in 3-year-olds in London by lower-tier authority area, 2020. Tower Hamlets is highlighted.

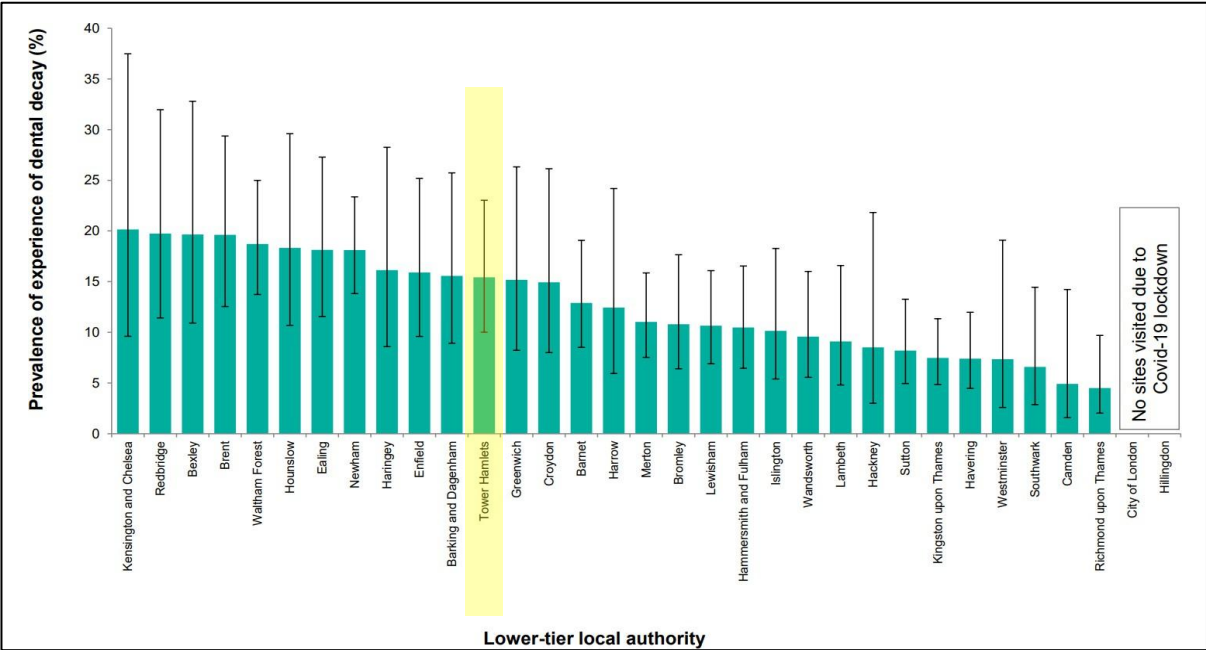
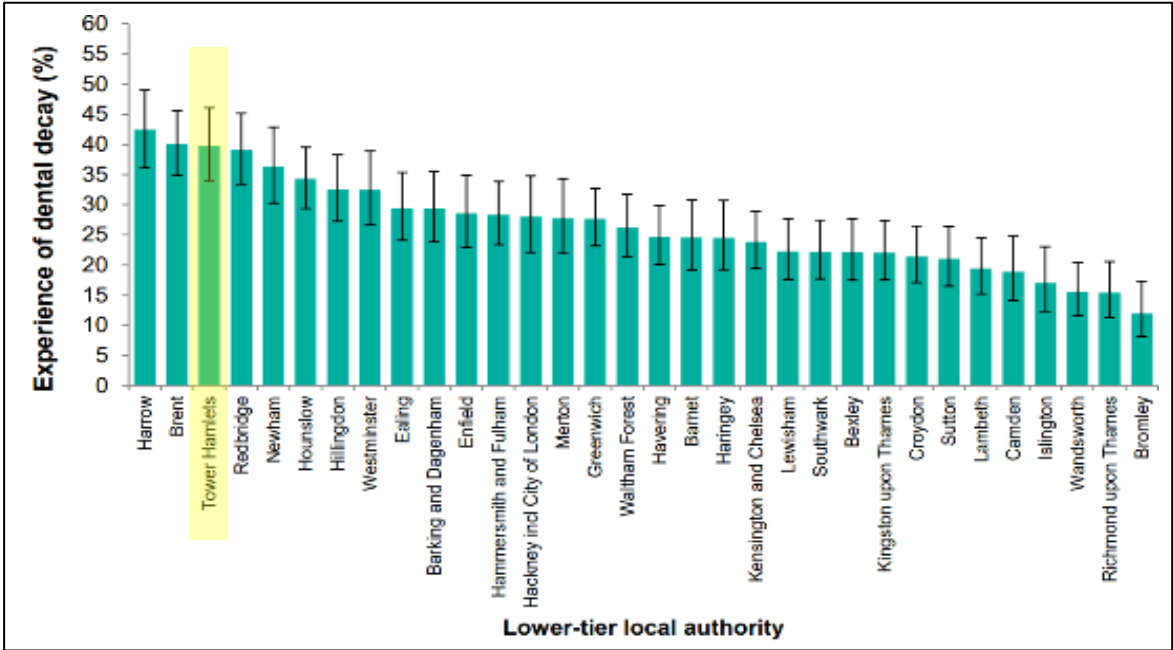


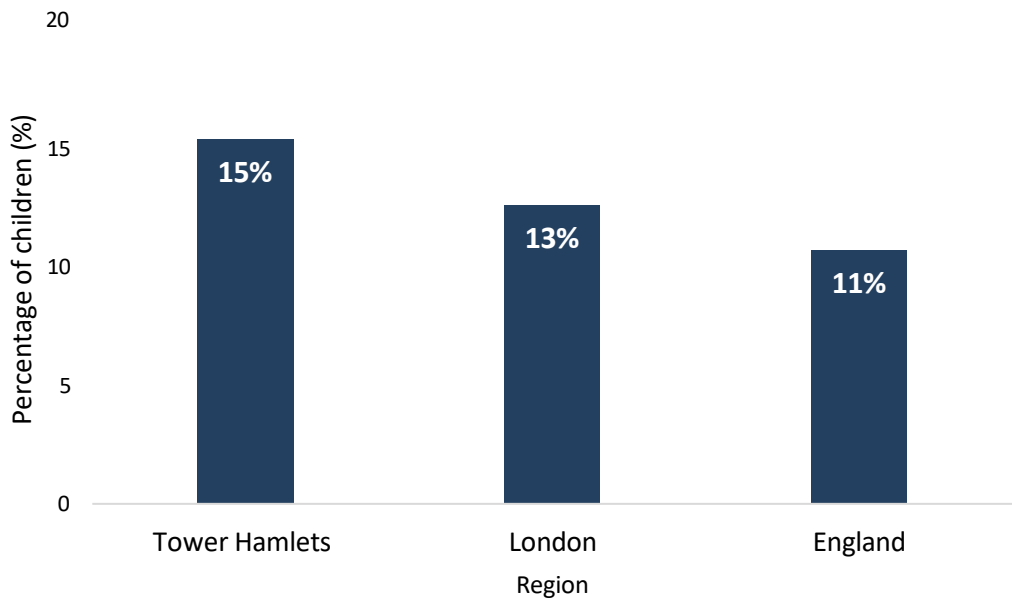
Figure 7b: Prevalence of experience of dental decay in 5-year-olds in London by lower-tier authority area, 2019. Tower Hamlets is highlighted.



The Local Picture: Tooth Decay (continued)

At 3 years of age, **15%** of children in Tower Hamlets experience tooth decay and this is higher than London and England averages.

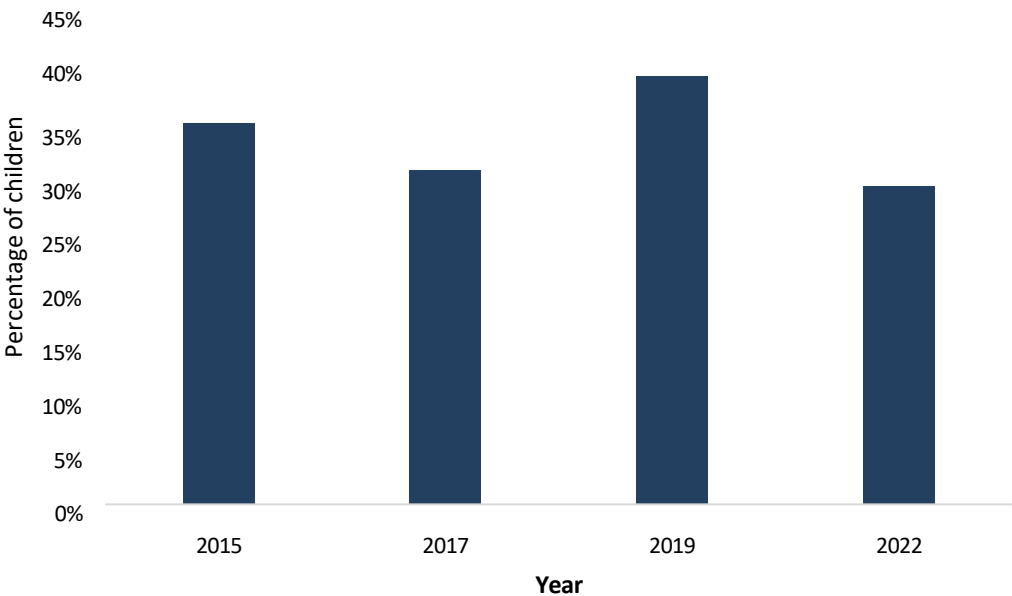
Figure 8a: Percentage of 3-year old children with experience of tooth decay in Tower Hamlets, London and England (2020)



Sources NDEP (2020); NDEP (2022)

At age 5, between **30% - 40%** of children in Tower Hamlets experience tooth decay.

Figure 8b: Percentage of 5-year old children with experience of tooth decay in Tower Hamlets over time

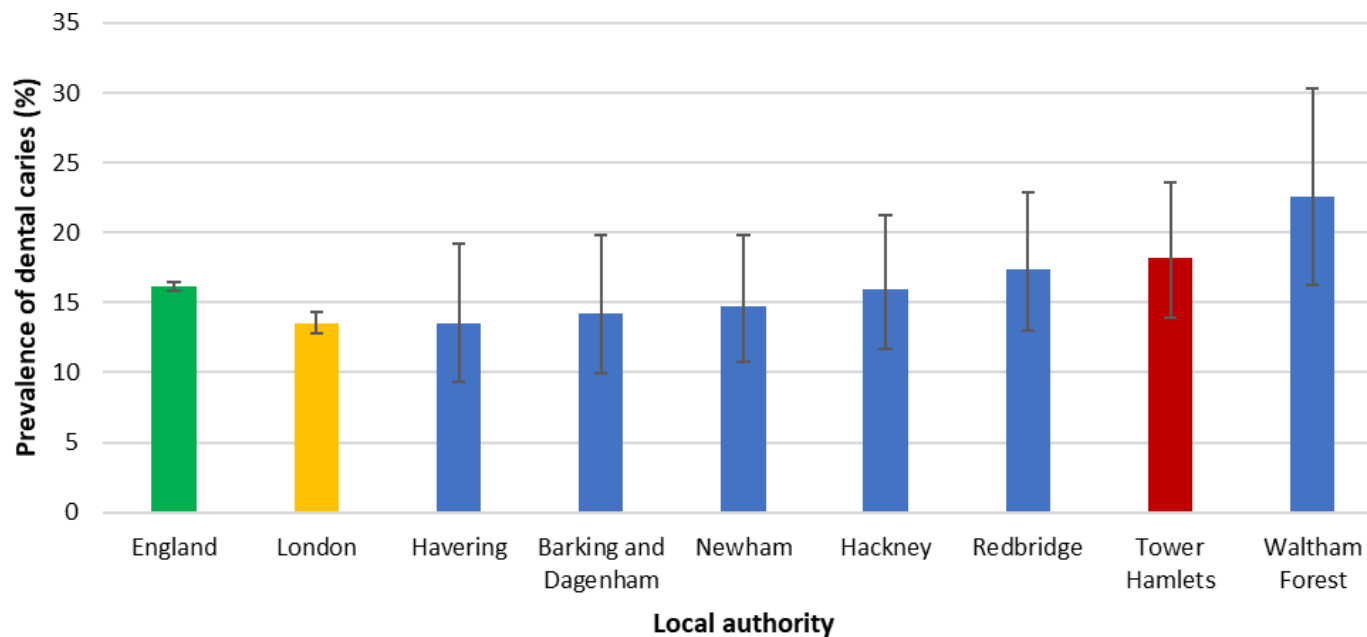


*Data from 2022 needs to be viewed and interpreted with caution as minimum sample size was not met.

The Local Picture: Tooth Decay (continued...)

- At ages 10 and 11, children in **Tower Hamlets** experience higher rates of dental decay (18%) when compared to London (14%) and England (16 %) averages, and most other boroughs in North-East London.

Figure 9: Prevalence of dental caries experience for North East London ICB, in comparison to regional and national average, 2023



The Local Picture: Tooth Extractions in Tower Hamlets

- Tooth extractions due to tooth decay represent a failure of prevention and are risky for children, as almost all are carried out under general anaesthetic.
- Tooth extractions are a preventable cost to an under-resourced NHS, with waitlists at a record high.
- In Tower Hamlets, the removal of teeth under general anesthetic is the most common reason children aged 5-9 are admitted to hospital.
- Children living in poverty and deprivation are more likely to receive hospital treatment for tooth decay.
- Figure 10a shows a decline and then a resurgence in rates of tooth extraction in hospitals in Tower Hamlets in recent years, reflecting disruption to general anaesthetic procedures during the Covid-19 pandemic and a post-pandemic recovery in healthcare service capacity.
- Figure 10b presents **Tower Hamlets** with higher tooth extraction rates for children aged 0-19 than most other NEL ICB boroughs, above both London and England averages.

Figure 10a: Tooth extraction rates in hospitals for children aged 0-19 due to tooth decay for 2018/19 to 2022/23

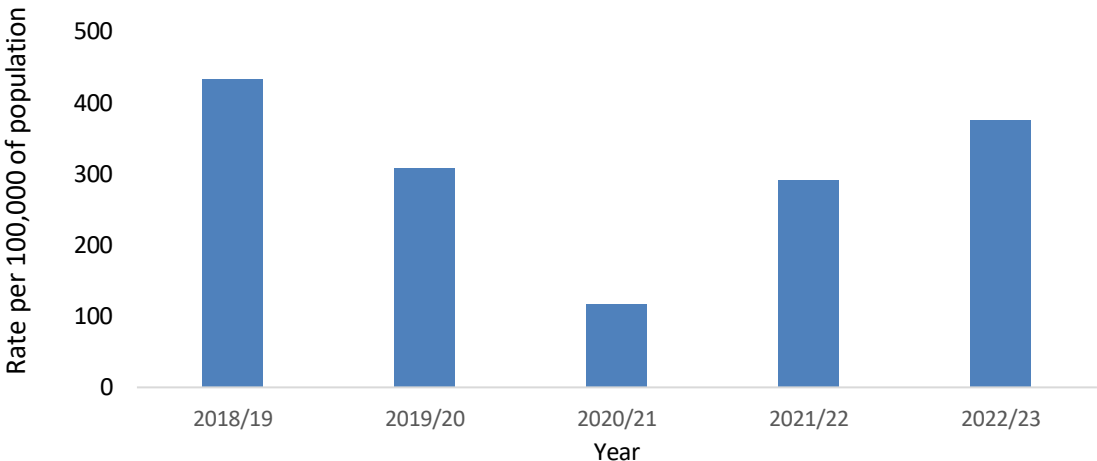
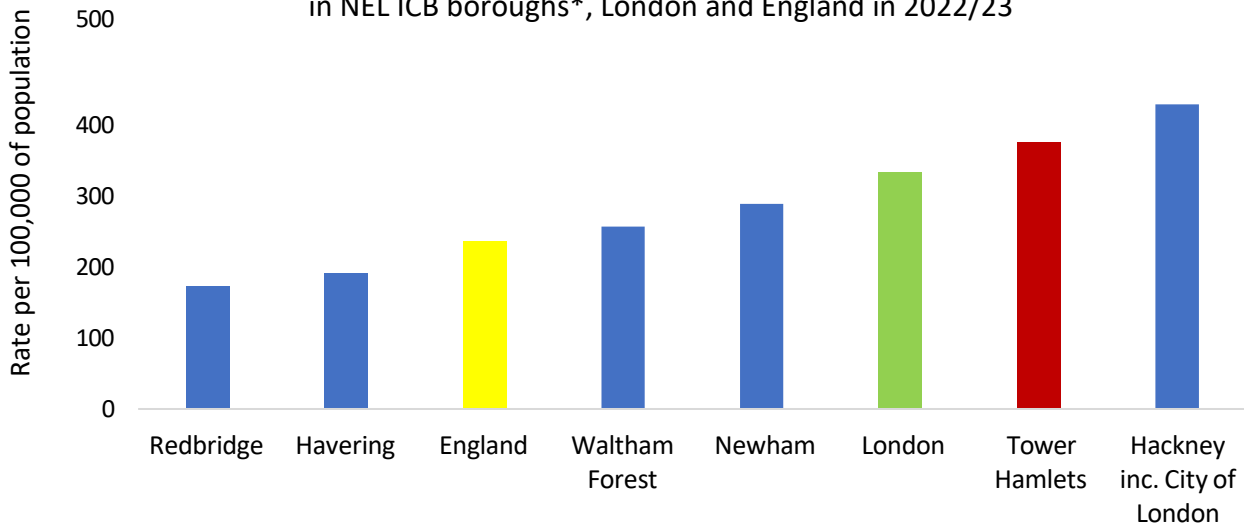


Figure 10b: Tooth extraction rates due to decay for children aged 0-19 years in NEL ICB boroughs*, London and England in 2022/23



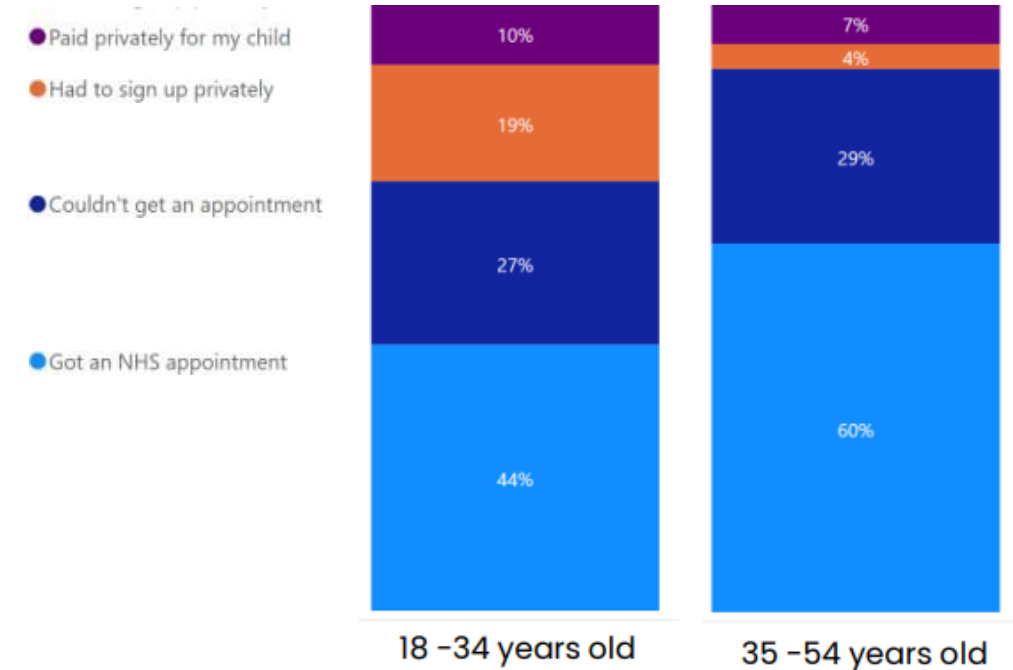
*No data available for Barking and Dagenham

Source: NHS Digital & OHID

The National Picture: Access to NHS Dental Care

- Since the Covid-19 pandemic, difficulties accessing dental care have been experienced nation-wide.
- **Figure 11** shows the percentage of younger parents (18-24 years) and older parents (35-54 years) who reported being unable to get an NHS dental care appointment for their child, according to a national poll conducted in 2022.
- It also shows the percentage of younger and older parents who signed up for or paid for private dental care.
- This data suggests that younger parents are facing more challenges accessing NHS dental care appointments

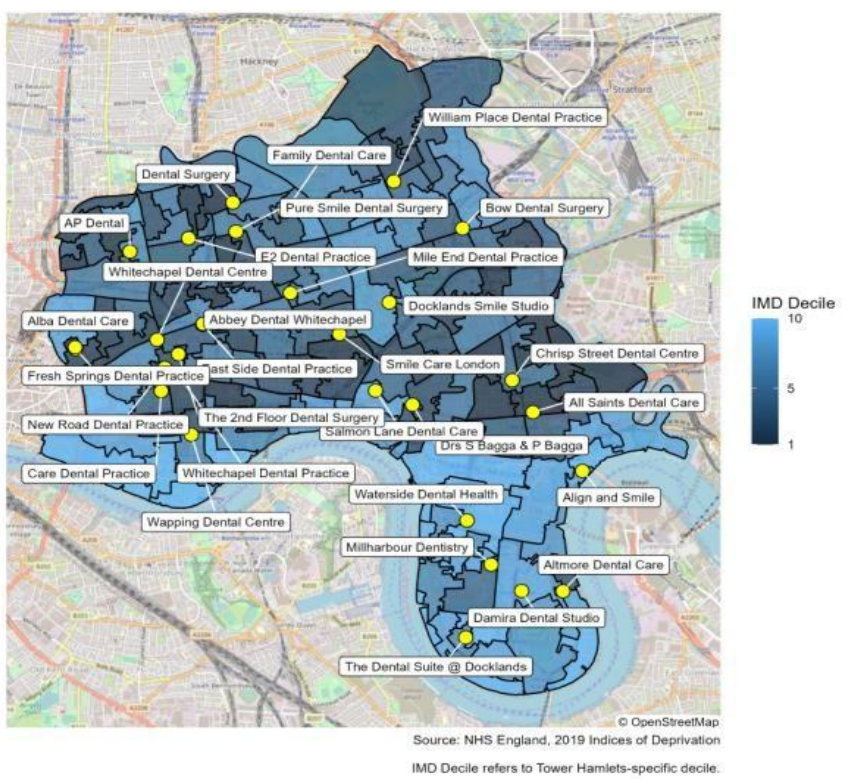
Figure 11: Percentage of parents by age who could access NHS dentist for their child in February 2022.



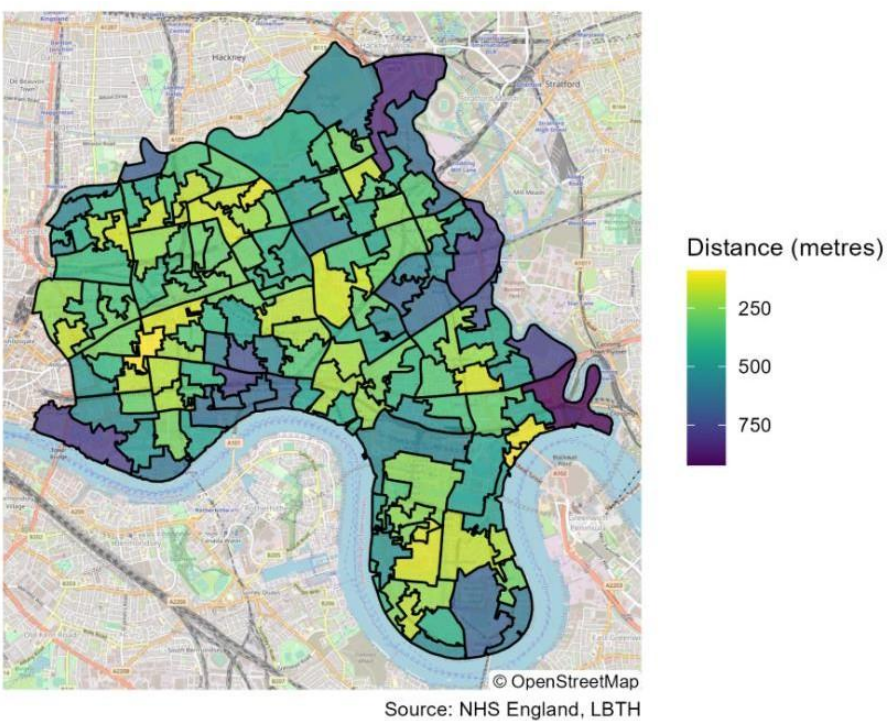
The Local Picture: Access to NHS Dental Care

There are **36 NHS** dental practices in Tower Hamlets and most residents in Tower Hamlets live within **500 meters** of an NHS dentist practice.

Locations of NHS Dental Practices in Tower Hamlets



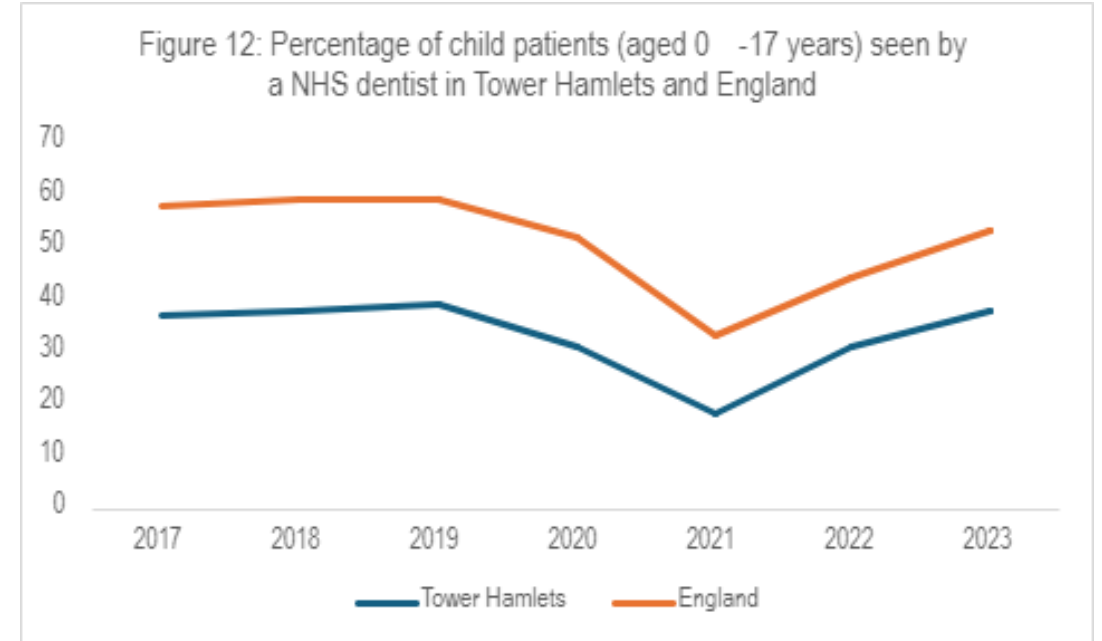
Distance in Meters to the Nearest Dentist for Residents in Tower Hamlets



Distance shown is the average straight-line distance from each residential address point to the nearest NHS dental practice in Tower Hamlets.

The Local Picture: Access to NHS Dental Care (continued)

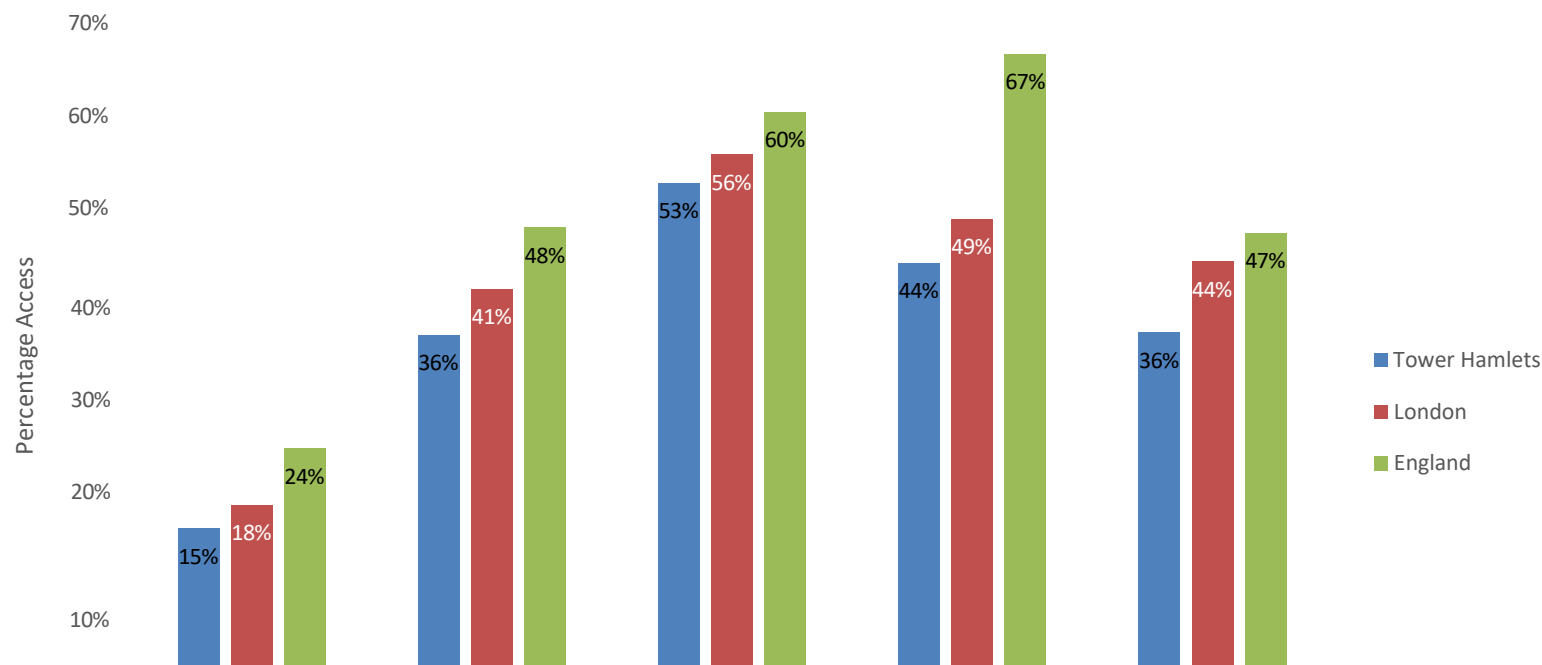
- Access to dental services is an issue in Tower Hamlets.
- According to data collected in 2022-23, the proportion of children that saw an NHS dentist in Tower Hamlets (**38%**) was significantly lower than the national average (**53%**). It is important to note that this does not include figures for children who were seen by private dentists.
- This has been a consistent trend over the past 6 years with significantly lower levels of dental care access in Tower Hamlets compared to England.
- As dental services recover from the impact of the Covid-19 pandemic so too do dental care access rates.



The Local Picture: Access to NHS Dental Care (continued...)

- Dental care access varies by age.
 - Parents are advised to bring their children to the dentist when their first tooth erupts or when their child turns 1 (whichever occurs first).
 - Figure 13 shows that when comparing to London and England, access rates to dental care for all age groups is lower in Tower Hamlets and this gap widens as children enter their teen years.
- Dental access rates are highest for children aged between 6-10 in Tower Hamlets and for London.
 - Nationally, access rates are highest for the 11 -14 age group.

Figure 13: Dental Access by Child Age Group for Tower Hamlets, compared to London and England in 2022-2023



Source: NHS BSA (2023)

0

%

0-2 Yrs

Yrs

Yrs

Yrs

3-5

6-10

11-14

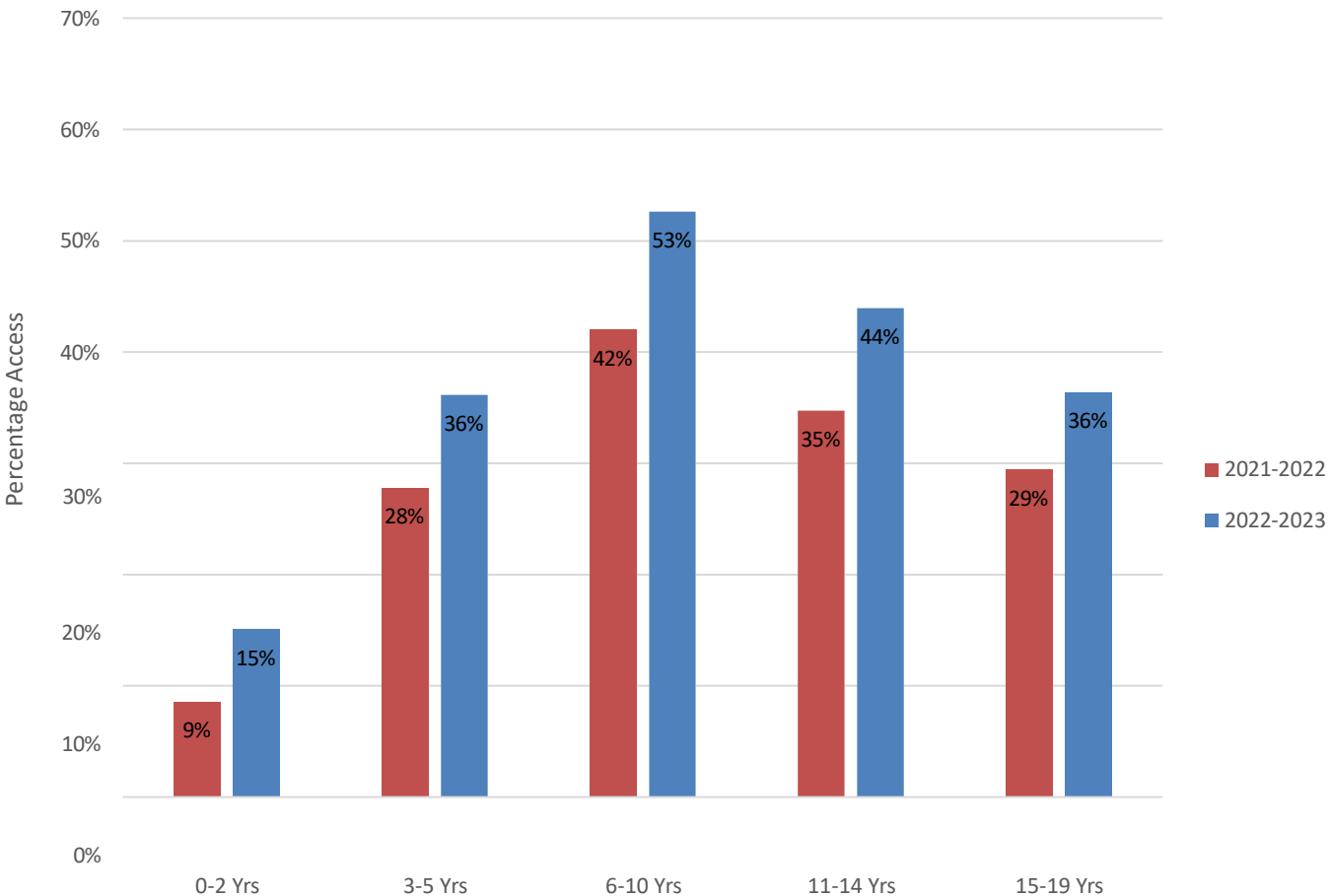
15-19

Child Age Group

The Local Picture: Access to NHS Dental Care (cont....)

- **Figure 14** looks at dental care access rates in Tower Hamlets for children in 2021-2022 and 2022-2023 by age.
- Across all age groups, dental care access for children has increased between 2020-2021 and 2022-2023 in Tower Hamlets.
- The biggest increase was recorded for children aged 6-10 years (10% increase).

Figure 14: Comparison of Dental Access in 2021-2022 and 2022-2023 by Child Age Group in Tower Hamlets



The Local Picture: Oral Health and Excess Weight

Figure 15 presents excess weight levels for school children in Tower Hamlets:

- In Reception, approximately 1 in 5 children are overweight.
- By Year 6, approximately 2 in 5 children are overweight.

Figure 16 shows geographical variation in child excess weight levels in the borough. There are significant health inequalities in Tower Hamlets, with higher levels of excess weight among children from more deprived areas.

Obesity and tooth excess weight share the same risk factors. Deprivation and high sugar intake are known risk factors for tooth decay *and* excess weight. Interventions that address these common risk factors are likely to benefit children’s oral health. In Tower Hamlets, we are delivering a whole-system approach to promoting healthy weight for children and families that includes:

- ✓ Working with providers to improve the nutritional value of free school meals and making these available to all primary and secondary school pupils
- ✓ Delivering health and wellbeing programmes to schools, including around healthy eating.

Figure 15: Healthy weight graphic for Children in Tower Hamlets

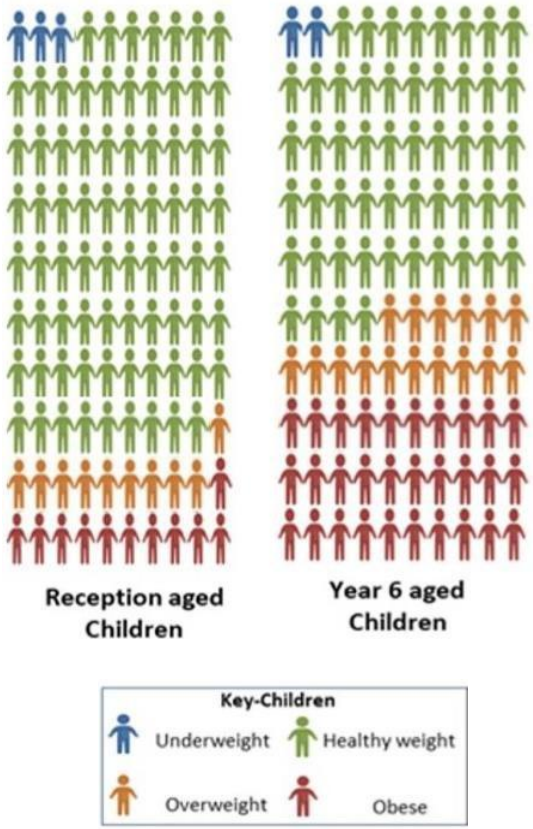
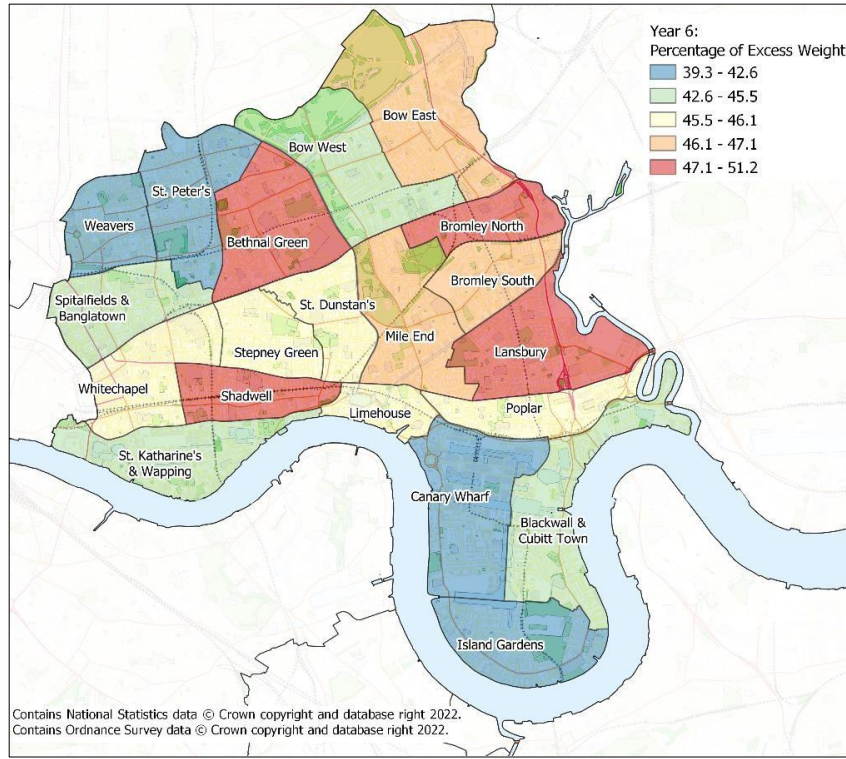


Figure 16: Tower Hamlets Year 6 Excess Weight levels by Ward (2019/22)



The Local Picture: The Food Environment

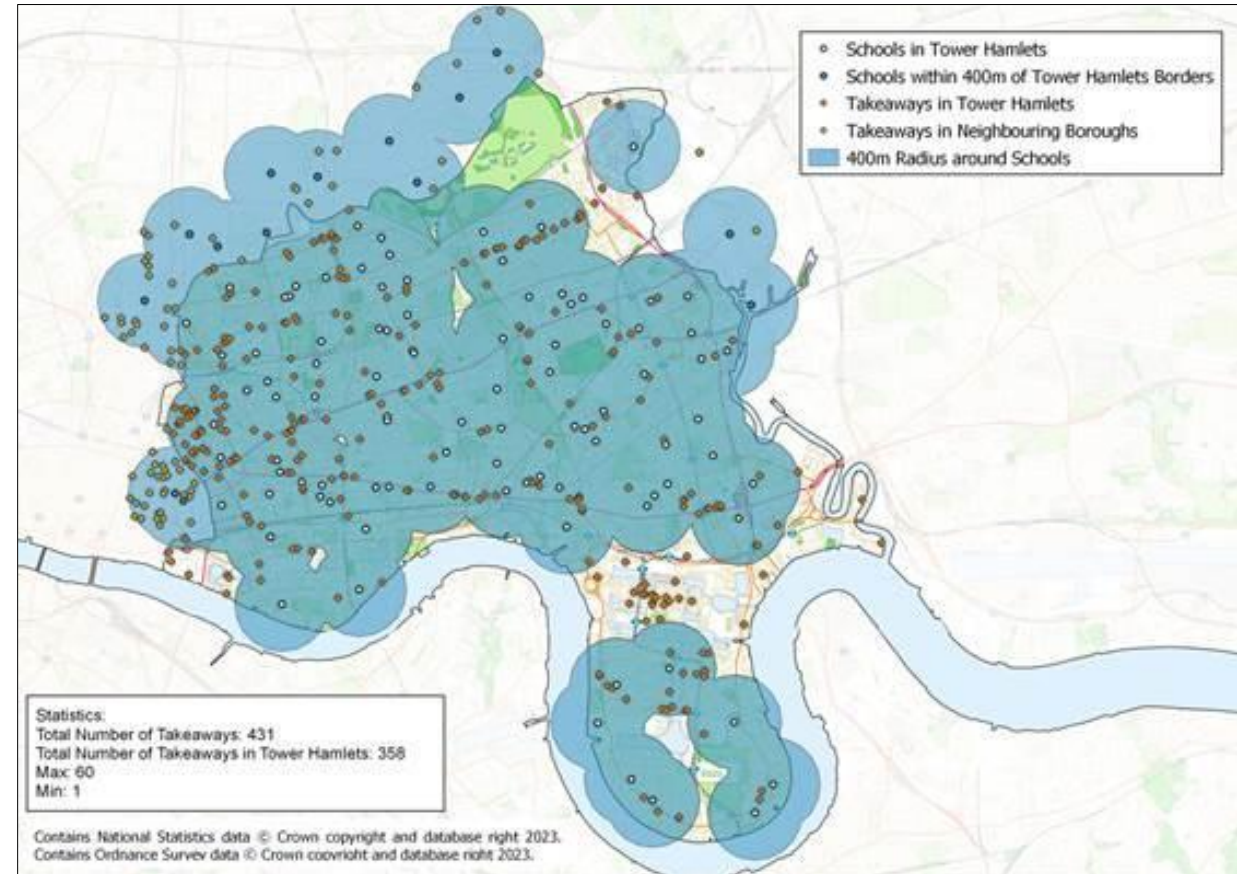
The food environment in Tower Hamlets is relevant to oral health. Some food environments promote obesity which is linked to poor oral health – we call these environments obesogenic. It can be difficult for children and families in Tower Hamlets to access healthy food because:

- Unhealthy food is more affordable, convenient and widely available.
- Healthy food is more expensive than unhealthy food.

Figure 17 shows the high-density of fast-food takeaway establishments in proximity to schools in Tower Hamlets.

According to our local Pupil Attitudes Survey (2022), only **27%** of primary school pupils and **7%** of secondary school pupils eat the recommended 5 portions of fruit and vegetables each day.

Figure 17: Fast-food takeaways and their proximity within 400m of a school in Tower Hamlets



Tower Hamlets Council is continuing to make improvements to the local food environment to support children and families to access a healthy diet and improved oral health. This includes:

- ✓ Introducing a planning policy that restricts the development of new hot food takeaways near schools, written into the Local Plan
- ✓ Banning unhealthy food and drink advertising on council owned spaces
- ✓ Extending the free school meal programme so that all primary and secondary pupils can enjoy a nutritious warm meal each school day.

National Context: Policies and Programmes

<u>Public Health England, Commissioning Better Oral Health (2014)</u>	Commissioning Better Oral Health, initiated by Public Health England, aimed to improve oral health services and reduce oral health inequalities by providing guidance for commissioners and practitioners on effective commissioning of oral health services.
<u>Office for Health Improvement & Disparities: Sugar Reduction Programme (2017)</u>	The Sugar Reduction Programme, led by the Office for Health Improvement & Disparities, was introduced to address the impact of sugar on oral health and overall well-being, focusing on reducing sugar intake to improve children's oral health outcomes.
<u>NHS Long Term Plan (2019)</u>	The NHS Long Term Plan outlined commitments to expand children's access to dental care, reduce oral health inequalities, and promote preventive strategies, particularly in areas with higher deprivation.
<u>Delivering Better Oral Health (OHID 2021; version 4)</u>	This is an evidence-based toolkit to support dental teams and the wider health and social care workforce to improve oral and general health. This promotes the prevention of ill-health and reduction of inequalities in health by giving advice, provision of support to change behaviour and application of evidence-informed actions from birth and across the life course.
<u>NHS CORE20 PLUS 5 (for children and young people (2022)</u>	The NHS CORE20 PLUS 5 framework, designed for children and young people, outlined comprehensive care strategies, emphasising the integration of oral health into overall healthcare to ensure holistic well-being for the younger population.
The Impact of COVID-19 on Dental <u>Professionals</u> 2021 (2022)	The COVID-19 pandemic underscored challenges in maintaining routine dental services for children, prompting considerations for innovative solutions. It also emphasised the importance of supporting and educating families to ensure better oral health practices within the home environment
<u>Health and Care Act (2022)</u>	The Health and Care Act seeks to modernize the NHS in England, emphasising integrated care and local decision-making, with implications for oral health through coordinated care and prevention initiatives.
<u>Healthy Child Programme (2009; significant update in 2023)</u>	The Healthy Child Programme underpins the public health efforts directed towards children and young people. Sets out the recommended framework of universal and progressive services for children, young people and their families to promote optimal health and wellbeing.
<u>Family Hubs and Start for Life Programme (2023)</u>	The Family Hubs Start for Life programme is designed to support families with children from 0 to 19 years old, aligning with the commitments outlined for the critical first 1001 days of a child's life and beyond, offering a comprehensive array of services and resources through local hub centers to promote optimal child development and family well-being.

Regional Context: Policies and Programmes

<u>Healthy Schools London (2013)</u>	Healthy Schools London is an Awards Programme available to all London schools. It recognises schools for their role in improving children and young peoples' wellbeing. This Award helps schools ensure refresh, revive and re-establish the healthy environments.
<u>Healthy Early Years London (2013)</u>	Healthy Early Years London (HEYL) is an awards scheme funded by the Mayor of London which supports and recognises achievements in child health, wellbeing and development in early years settings by supporting a healthy start to life including healthy eating, oral and physical health and early cognitive development.
<u>The London Health Inequalities Strategy (2018)</u>	Plans to tackle unfair differences in health to make London a healthier, fairer city, where every child has a healthy start in life. A key ambition is to ensure the widespread adoption of The Healthy Early Years Programme London, particularly in the most deprived communities.
<u>The London Food Strategy (2018)</u>	Plans to help all Londoners access healthy, affordable and sustainable food - regardless of their background and circumstances. Emphasise the need for good food that is: 1) healthy, nutritious food for all cultures and needs, 2) fair, inclusive and accessible 3) skilled and profitable, 4) planet-friendly and humane, 5) sustainably produced, 6) safe, 7) celebrated.
<u>'Every Child A Healthy Weight' (2019)</u>	A response to the Mayor of London's request to the London Child Obesity Taskforce to identify what actions are needed for London's children to be a healthy weight including the reduction of sugar.
<u>Water only schools' initiative (2020)</u>	Supported by Healthy Schools London, this supports permitting only plain water and plain reduced fat milk (this includes skimmed or semi skimmed, lactose free and soya milk) in schools (unless for medical reasons or if children are under 5).
<u>School Superzones initiative (2021)</u>	A place-based interventions around schools in areas of the greatest disadvantage. It aims to protect children's health and enable healthy behaviours through the place-shaping powers of Local Authorities and local partnership working.

National and Regional Oral Health Programmes

Programme/pilot	Description
National Dental Epidemiology Programme (OHID)  Office for Health Improvement & Disparities	Schools are selected to take part in a national dental programme for 5-year-olds. This consists of a dental professional examining children's teeth to look for dental caries and oral hygiene levels. Findings are used at a local, regional and national level to prioritise investment in child oral health.
Dental General Anesthetic Service (DGAS) (formally known as Project Tooth Fairy)	Commissioned by ICBs to tackle an increasing waiting list for paediatric patients requiring treatment under General Anaesthesia (GA). The service included the addition of three GA procedure rooms in the dental department of Barts. • Paediatric dental waiting times greatly reduced across London trusts • Increased collaboration with NEL Community Dental Service provider and Barts with permanent access for CDS being agreed which will reduce waiting
Healthy Smiles Pilot 	The Healthy Smiles Oral Health Pilot was launched in November 2022 responding to the needs of children we care for after the COVID-19 pandemic, by providing oral health assessments and dental care treatment through a specialised pathway. This pilot is currently paused.

Local Context: Policies and Programmes

Local authorities have a statutory responsibility for public health, including oral health improvement, as set out in the Health and Social Care Act (2012).

Tower Hamlets Poverty Review (2021)	This poverty review document includes strategic recommendations to inform future poverty reduction interventions by the council and its partners, including every service and organisation ensuring children from low-income families have the same opportunities as other children.
Tower Hamlets Council Healthier Advertising Policy (2022 – Present)	This existing local policy restricts advertising of products high in fat, salt and sugar (HFSS) on all council-owned estates, assets and through procured advertising service contracts.
Child Healthy Weight Action Plan (2023-2024)	A whole-system borough-wide approach to supporting children and young people to be a healthy weight, based on community insights, stakeholder engagement and a series of logic models. Priority actions span three key themes: healthy places, healthy settings and healthy services.
Tower Hamlets Children’s & Families Plan (2019-2024)	Sets out the strategic direction for Tower Hamlets which will deliver the best outcomes for children, young people and families. The strategy has three main priorities: Aspiration to action – children and young people have the skills to prepare for their future; Healthy families – families have good health, wellbeing and healthy relationship; Safe and secure – Children and young people feel and are safe where they live, work, play and study.
Tower Hamlets Health & Wellbeing Strategy (2021-2025)	System wide improvements principles to support the ambitions for a ‘healthy borough’ including services to support children and families to be healthy, happy and confident.
Tower Hamlets Strategic Plan (2022-2026)	This strategic plan sets out system-wide improvement priorities including tackling the cost-of-living crisis and investing in public services which includes delivering integrated health and care services and implementing a borough-wide child healthy weight programme.

NHS Dental Services

- NHS dental treatment is **free** for all children under 18, or under 19 and in full-time education.
- Emergency dental care is accessed through NHS 111 and a dental triage service working with a network of urgent dental care hubs.
- Those with additional needs can access care through Kent Community Health Foundation Trust by referral (see [slide 8](#))

General Dentistry

- Most children can be seen in general dental practices for the treatment and prevention of oral diseases
- These services are delivered by the dental team in the high-street settings

Community Dental Services

- Provides a full range of dental treatment and oral healthcare for patients for whom treatment by a general dental practice is unsuitable
- This may include children with:
 - extensive oral disease
 - diagnosed special educational needs or disabilities (SEND)
 - a complex medical history
 - severe anxiety or phobia.
- This may include the provision of care with sedation and under general anaesthesia

Hospital Dentistry

- This includes the provision of complex care led by specialists, including specialists in paediatric dentistry
- This also includes specialists working in multidisciplinary teams (MDTs) with other dental specialties

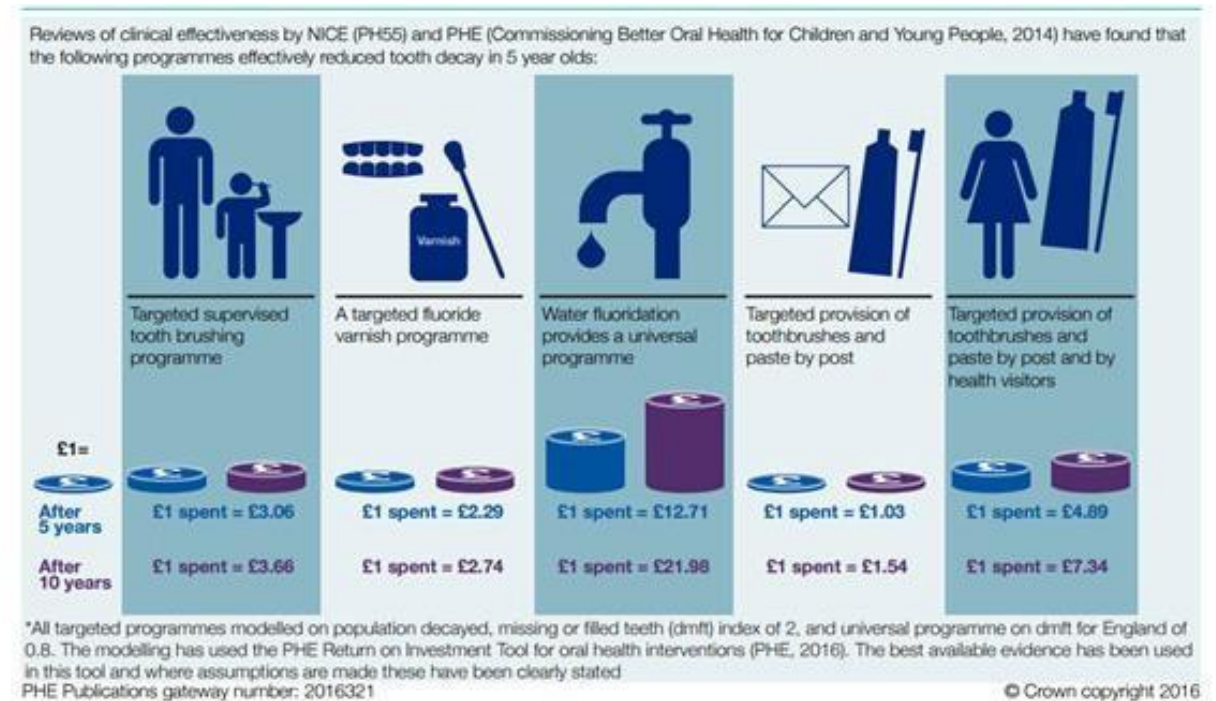


Increasing complexity of care

What Works: Effective Interventions

- **Figure 18** shows the most cost-effective interventions according to an analysis which was conducted to help local authorities maximise the value of their investment in preventative interventions.
- It shows the amount of financial return we would likely see after five years of commissioning each intervention for every £1 invested.
- The **targeted provision of fluoride toothpaste and toothbrushes by health visitors and supervised toothbrushing programmes** are cost - effective interventions for children.

Figure 18: PHE Return on investment of oral health improvement programmes for children aged 0-5 years

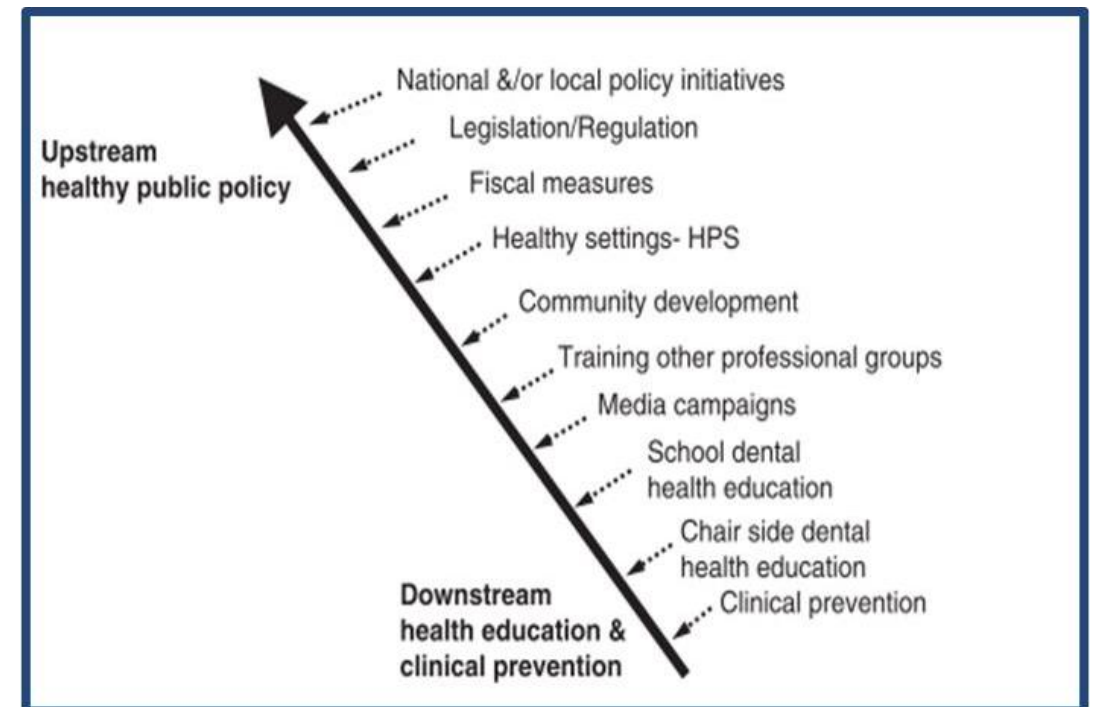


Source: Public Health England, Return on investment of oral health improvement programmes for 0 to 5 year olds: infographic (2016).

What Works: Improving Oral Health

- When it comes to improving oral health for children and families, there are a range of different approaches that span an upstream-downstream spectrum (see **Figure 19**).
- Upstream interventions focus on macro level factors, like national policy and legislation. These are primary forces that drive downstream patterns and inequities in health.
- Downstream interventions focus on clinical treatments and individual behaviour change.
- Action is required at all levels to contribute to oral health improvement and the reduction of oral health inequalities drawing on both upstream (universal) interventions - focusing on broader societal factors - and downstream (targeted) interventions focusing on individual needs.

Figure 19: Options for oral disease prevention



Source: Watt RG, 2007

What Works: Improving Oral Health (continued)

Access to dental services alone will not reduce oral health inequalities. Prevention is key and means oral health promotion should be embedded into wider public health initiatives such as:

Tackling Child Poverty

- Supporting families with basic needs to include employment, affordable housing, welfare and childcare
- Giving every child the best start in life

Ensuring Every Child Gets the Best Start in Life

- Healthy Pregnancy
- Focus on 1000 days of life-supporting children to learn and grow
- Promotion of breastfeeding
- Healthy Start Vouchers
- Promotion of Healthy Child Programme

Creating Healthy Neighbourhoods, Healthy Schools and Workplaces

Training of the wider health, social care and education workforce

- Healthy Schools and Health Early Years:
- Being SUGAR SMART: reducing the intake of sugary food and drinks in early years, schools, and workplaces
- Implementation of water only schools' toolkits
- Healthy food and drink policies in childhood settings

What Works: Effective Interventions (continued)

This table outlines recommended evidence-based interventions for oral health. An additional column has been included to review if and how these interventions are implemented in Tower Hamlets. (The interventions that didn't show evidence of effectiveness or had limited value have not been included here).

Intervention	Target Population	Strength of evaluation and research evidence	Impact on Inequalities	Cost/resource considerations	In Tower Hamlets?
Supporting consistent evidence informed oral health information					
Oral health training for the wider professional workforce (e.g., health, education)	Preschool, school children, young people	Some evidence of effectiveness	Encouraging/ uncertain	Good	Yes, however unsure of reach, uptake and quality of training.
Integration of oral health into targeted home visits by health/social care workers	Preschool, school children	Sufficient evidence of effectiveness	Encouraging	Good	Yes, by health visitors, unsure of social care workers
Community-based preventive services					
Targeted community-based fluoride varnish programmes	Preschool, school children	Strong evidence of effectiveness	Encouraging/ uncertain	Uncertain/costly	Yes, in schools targeted at children in Nursery, Reception and YR 1
Targeted provision of toothbrushes and toothpaste (i.e. postal or by health visitors)	Preschool, school children	Some evidence of effectiveness	Encouraging	Good use of resources	Yes, 1 year Brush for Life pilot delivered through health visitors, schools and childminders.
Supportive environments					
Supervised tooth brushing in targeted childhood settings	Preschool, school children	Strong/sufficient evidence of effectiveness	Encouraging/ uncertain	Good/uncertain	Yes, currently special schools only as commissioned by NHS England
Healthy food and drink policies in childhood settings	Preschool, school children, young people	Some evidence of effectiveness	Encouraging	Good	Yes, but further clarity on quality assurance is needed.

Public Perspectives on Children's Oral Health in Tower Hamlets

A report from Healthwatch (2019) captured parents views on Pediatric Dental Health in Tower Hamlets. It highlighted the following key themes:

- **Cost** (including travel to a dentist): Some parents were not able to afford the cost of regular dental check-ups and dental treatment for themselves, in addition to their children.
- **Oral health education:** There was a perception among parents of a lack of oral health education in secondary schools and a limited awareness among parents of the emergency 111 service.
- **Relationships with dentists:** The relationship between the dentist, parents and children played a crucial part in their child dental health.

Access to dental care services didn't feature as a prominent theme in this pre-pandemic report but we know this is problem for parents more recently.

The report featured the following recommendations:

- There needs to be more advertising and education of the support offer and services that are available
- Educational workshops and engagement sessions are needed to stress why regular check-ups are important and to highlight that these are free

- Dental workshops in schools should support friendly interactions between children, parents and dentist to negate any fear and anxiety about going to the dentist.
- Dentists should explain care procedures to patients in terms that are easy to understand.

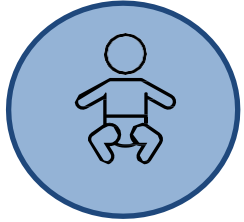
Source: Healthwatch (2019)

"I struggle during the school holidays to keep enough food in the fridge. They seem to have a holiday stomach that is hard to keep full. During term time it's ok – he has free school lunches, but I struggle to be able afford enough food and healthy food."

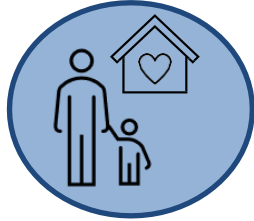
"My children's school doesn't provide any oral dental care information – they are currently in secondary school... in comparison, primary schools provide more information about dental care than secondary schools."

Local Action: What is being done to address the issue?

Early Years Programmes



Breastfeeding provides the best nutrition for a baby's overall health and less likely to have tooth decay. The **Baby Feeding & Wellbeing Service** work with local parents during pregnancy on the ward at the Royal London and in the weeks and months after birth to support feeding.



Children and Family Centres provide families with a range of universal and targeted services, including in areas of early identification and intervention. The 12 centres in Tower Hamlets deliver an impressive array of activities including play sessions, baby massage and more. Staff are trained to deliver starting solids workshops including messaging on oral health.



The **Family Hubs** start for life offer provides support to parents and carers to improve health, wellbeing and education outcomes for babies, children and parents also. The Family Hubs workforce development offer includes training for key professional partners on oral health promotion and parent engagement focused on key healthy teeth messages.



Healthy Early Years London is a London-wide award scheme promoted and supported by our early education and childcare services. The scheme supports and recognises achievements in child health, wellbeing and development by early years childcare providers. The criteria for a setting to receive an award includes promotion of oral health messaging to staff, parents and children.



The 0 - 19 service offer in Tower Hamlets delivers the **Healthy Child Programme** and includes our **Health Visiting Service**. Health Visitors are nurses or midwives with specialist training in family and public health, who help families improve their health outcomes during pregnancy, after baby is born, all the way through until a child is five. Universal health and wellbeing reviews include information and support on oral health such as breastfeeding, using a dummy, transitioning from bottle to cup and teeth brushing.

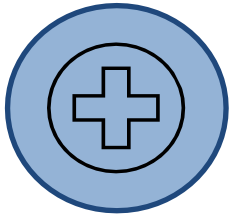


Healthy start is an NHS scheme which provides money for healthy food and milk to pregnant women and families with children aged 0-4 years who are eligible for certain benefits.

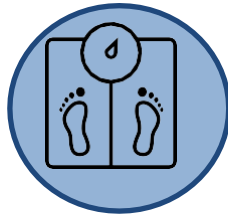
Tower Hamlets provides universal free **Healthy Start Vitamins** to all pregnant, breastfeeding and <1 year postnatal women, as well as to all children aged 0-4 years. This includes Vitamin D, which supports healthy bones and teeth.

Local Action: What is being done to address the issue? (continued)

School-Based Programmes



The [School Health and Wellbeing service](#) is part of our Integrated 0 - 19 Service which also includes School Nursing and delivers the [Healthy Child Programme](#). The service offers support and resources for school-aged children and young people in Tower Hamlets, working in partnership with all 90 state-funded primary and secondary schools in the borough and 36 GP practices.



The [National Child Measurement Programme](#) (NCMP) is a nationally mandated programme that measures the height and weight of children in Reception and Year 6 to inform weight status of children in the borough. It is delivered through our school nursing teams.



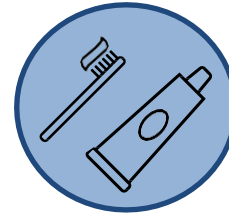
The [Healthy Lives](#) team works with school staff, pupils, parents, and governors to support delivery of whole-school health initiatives to improve child health and wellbeing. This includes supporting Water-only schools, the Sugar Smart campaign to help raise awareness of excess sugar consumption and the Healthy Schools London Award Programme.



The [Healthy Teeth in Schools](#) programme is delivered in primary schools and provides fluoride varnish application to help prevent dental decay.



Tower Hamlets delivers universal [free school meals](#) to all primary and secondary school children. Our **Fantastic Food in Schools Programme** is running in collaboration with schools and school meal providers to improve the nutritional value of our school meals, including the introduction of a healthy dessert policy that promotes no-added sugar alternatives like fruit, or cheese and crackers.



[Brush For Life Pilot Programme](#)
All children up to the age of 6 received a free toothbrush and toothpaste pack via health visitors and schools in 2023-2024.

Evidencing our Impact: Making a Difference

Programmes and Services delivered in Tower Hamlets	Impact
Healthy Teeth in Schools Programme Consists of fluoride varnish applications linked to school dental screenings for 3 to 6-year-olds, combined with oral health promotion for parents/carers. An outreach link worker works closely with schools to help identify and support vulnerable families into the programme	The annual percentage of eligible children who receive both fluoride varnish applications in the same academic year typically fluctuates between 70%-80%. In 2022/23, 95% of eligible children received one fluoride varnish application but only 52% received the second fluoride varnish application partly due to disrupted service delivery on account of teacher and transport strikes. In 2023/24, 98% of primary schools engaged with the programme.
Brush for Life Pilot Programme Providing all children in borough aged 0-6 years with a free toothbrush and toothpaste pack distributed by health visitors, child minders, children and family centres and schools.	A total of 20,600 Brush For Life packs were distributed to children aged between 0-6, this also includes oral health advice and signposting. In additional 1850 packs were distributed to Ukrainian refugees. This project will be evaluated 2024.
Sugar Smart Programme in Tower Hamlets Raising awareness of excessive sugar consumption, including hidden sugars within the public and improve the food environment to enable local communities to reduce their sugar intake. Collaboration between Queen Mary University (QMUL) and the Healthy Lives Team in Tower Hamlets to deliver oral health promotion programmes across primary schools	25 schools signed pledges for Sugar Smart; 7 Schools achieved a Healthy Schools Silver Award, and 3 schools achieved the Healthy Schools Gold Award in Sugar Smart for engaging with the programme. 2,500 children across 7 primary schools participated in the programme in 2020 with reports of significant improvement in children's knowledge of taking care of their teeth.
Water-Only Schools Campaign Aims to improve the health and wellbeing of children by reducing their intake of sugar and increasing their consumption of water.	87 primary and special schools (with primary cohorts) are water only in Tower Hamlets, with ongoing evaluation by academic partners at Queen Mary University.
Healthy Schools London An awards programme that aims to support all aspects of physical and mental health in children and young people in Tower Hamlets.	Tower Hamlets has the highest figures in London for Healthy Schools London Awards with 87 Bronze Awards, 128 Silver Awards and 70 Gold Awards (schools can have more than one award) for different health projects.
Fantastic Food in Schools A dedicated council-led programme between Public Health, the Healthy Lives Team and Contract Catering Services. It supports all primary schools in Tower Hamlets to provide healthy food, with reduced sugar menus, and create a healthy whole-school food environment.	Most schools with the council's Contract Catering Service have implemented a healthy dessert policy, which has replaced puddings with sugar with fresh fruit, cheese and crackers and yogurt. Programme evaluation is ongoing, including collecting data from pupils and staff.

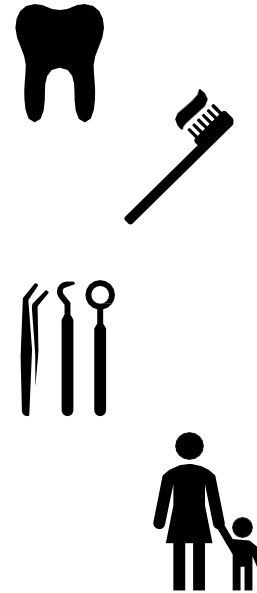
Evidencing our Impact: Making a Difference (continued)

Programmes and Services delivered in Tower Hamlets	Impact
Health Visiting Service Working with parents who have new babies, offering support and informed advice from the ante-natal period until the child turns 2.5 years old. This includes oral health advice on free dental care during pregnancy, breastfeeding, using a dummy, transitioning from bottle to cup and teeth brushing.	In 2023-2024, over 15,000 universal checks of babies and children were undertaken by health visitors between birth and 2.5 years in 2023-2024. During this period 57% of eligible babies had their 3-4 month checks by age 4 months and 39% of eligible babies had their 12 month checks by age 12 months, increasing to 71% by age 15 months.
Healthy Early Years London (HEYL) Programme A Mayor of London initiative that aims to improve children's health in the early years, including oral Health. Settings gain awards by auditing their practice and implementing case studies.	Out of 218 providers within Tower Hamlets, 109 have registered with HEYL and of those, 12 have achieved a bronze award and 3 a silver award. No settings in Tower Hamlets have achieved a gold award.
Healthy Families - Parental Engagement Programme Supporting parents to make lifestyle changes and access support to benefit the health and wellbeing of the whole family. Parents can train as Healthy Family Parent Ambassadors to support other parents in their child's school	In 2023, 100 % of participating parents said they would recommend the programme to other parents and 92% said they would make changes after the session (based on 197 reviews) .
Healthy Start A means-tested scheme which provides pregnant women and families with children under four years old with vouchers to spend on healthy foods including milk, fruit and vegetables.	As of June 2024, 64% of eligible families were receiving Healthy Start vouchers, accounting for 2,560 children and pregnant people. However, there is more work to be done to ensure the 1,468 eligible families who are not receiving the vouchers are supported to join the scheme.
The Alexandra Rose Voucher Scheme Helps families on low incomes to buy fresh fruit and vegetables and supports them to give their children the healthiest possible start. A family receives £4 of Rose Vouchers for each child, every week, or £6 if the child is under one years old	The project is currently supporting 131 families and 270 children and has improved diet for participants at an average of 3.2 portions of fruit & veg a day.
School Nursing Service Includes delivery of the National Child Measurement Programme, as well as provision of information and advice to children and parents on healthy lifestyle, including oral health promotion and signposting.	In 2022-2023, the School Health team measured 6,125 children in Reception or Year 6. (>95% participation) which accounts for over 95% of children.
Baby Feeding and Wellbeing Service Provides advice, expertise and support about baby feeding, including healthy weaning and starting solids.	Breastfeeding rates in Tower Hamlets are high compared to other boroughs, with 76% of babies in 2022-2023 receiving breastmilk as their first feed and 86% of mothers either exclusively or partially breastfeeding at discharge from the Royal London Hospital. In 2023-2024 40% of babies were exclusively breastfed at the 6-8 week Health Visiting check and 40% were partially breastfed.

Knowledge Gaps:

This JSNA has looked at factors affecting oral health of children aged 0-19. A number of knowledge gaps have been identified and are listed below. Going forward, one of our objectives will be to better understand:

- Challenges around providing dental care for children and families in Tower Hamlets from the perspective of the local dental committee and dental care providers.
- Barriers and facilitators to oral health and access to dental care for children in care and children with SEND in Tower Hamlets.
- The rate of dental decay in older children and adolescents in Tower Hamlets.
- Parent opinions, perspectives and practices around child oral health in Tower Hamlets, including dental care experience and any barriers to accessing dental care support at a local level.
- The impact of programmes and initiatives like Healthy Schools London, Healthy Early Years London, Sugar Smart and Water Only Schools in terms of improving oral health outcomes and reducing levels of dental decay.



Moving Forward: Priority Actions and Recommendations Forward

Next step: Work with partner organisations to co-develop and deliver an oral health action plan that is based on the recommendations of this oral health JSNA, informed by the Commissioning Better Oral Health toolkit and linked to Local Dental Professional Network.

RECOMMENDATIONS:

1. Integrate oral health into wider public health initiatives, including policies, strategies, and programmes across the system

- I. Ensure that all local authority **services** for children and young people have oral health promotion embedded at a strategic and operational level (e.g., Tower Hamlets Poverty Review, healthy weight strategy, healthy advertising policy, Fantastic Food in Schools programme, Healthy Child Programme).
- II. Review opportunities within existing commissioning arrangements to 'make oral health everybody's responsibility' and 'every contact count' and integrate oral health into existing programmes commissioned for children following the common risk factor approach.
- III. Establish a consistent evaluation and monitoring framework to assess the impact of local work to maintain good oral health for children.
- IV. Continue to work on the wider determinants of oral health, such as poverty, by supporting families to access appropriate support services and provision (e.g., Healthy Start vouchers, Free School Meals, housing and childcare).

2. Create healthy, supportive environments and deliver a systematic approach to addressing inequalities

- I. Establish an oral health working group to engage community partners and support a more joined-up and consistent approach to promoting oral health for children and families. This group will be responsible for developing and delivering an oral health action plan and will report to the Children and Families' Executive.
- II. Continue work to support health-friendly environments and policies in schools, early years settings and youth services – particularly around healthy eating - through existing initiatives (e.g., UNICEF baby friendly initiative (BFI); Healthy Early Years London (HEYL); Healthy School London Programme).
- III. Deliver quality-assured oral health training to the 0-19 workforce across health, education and social care.

Moving Forward: Priority Actions and Recommendations Forward (continued)

2. Create healthy, supportive environments and deliver a systematic approach to addressing inequalities (continued)

- IV. Continue to implement a borough-wide healthy advertising policy that restricts advertising of ultra-processed foods (high in fat, salt and sugar).
- V. Continue to restrict the establishment of fast-food outlets in close proximity to schools.

3. Increase the availability of fluoride

- I. Implement supervised toothbrushing in early years settings and schools.
- II. Deliver targeted provision of toothbrushes and toothpaste through the healthy child programme.
- III. Continue to deliver the school fluoride varnish programme.

4. Promote consistent oral health messages and access to dental services

- I. Co-produce evidence-based, accessible and culturally appropriate oral health messages for Tower Hamlets Council and wider partners to share, ensuring consistency throughout the borough (including Schools, Children and Family Centres, health visitors etc.).
- II. Redesign and update Tower Hamlets Council's oral health webpage including a service directory for dentistry.

5. Secure funding for additional oral health promotion programmes

- I. Scope opportunities to secure funding for an oral health public health programme manager to coordinate the delivery of the JSNA recommendations and action plan.
- II. Develop an adult health JSNA to inform the development and implementation of an all-age oral health action plan for the borough.

6. Explore opportunities for local research to address existing knowledge gaps and generate insights that will inform and improve local policy, strategy and programme delivery with an emphasis on addressing oral health inequalities for children and families in the borough.

Key Contacts and Stakeholder Involvement

This publication was produced by:

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- Jennifer Glennon (Public Health Programme Manager)
- Dr Lwazi Sibanda (Specialty Trainee in Dental Public Health at NHS England-London Region)
- Dr Huda Yusuf (Consultant in Public Health at NHS England-London Region and Clinical Reader in Dental Public Health at QMUL)

Sincere thanks to all stakeholders who contributed to this publication including colleagues in Tower Hamlets Council, Tower Hamlets NHS & GP Care Group & Kent Community Health Foundation Trust.

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Appendix: About this JSNA Process

- The Joint Strategic Needs Assessment (JSNA) is a collaborative process aimed at identifying the current and future health and well-being needs of local populations to inform and guide the planning and commissioning of health, well-being, and social care services. The JSNA process is essential for ensuring that services are tailored to meet the specific needs of the community, thereby improving health outcomes and reducing health inequalities.
- The Health and Wellbeing Board has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Tower Hamlets. The JSNA is compiled in partnership with local health and wellbeing providers and commissioners, including local authorities, NHS, Healthwatch and other community organisations.
- The Health and Wellbeing Board develops joint health and wellbeing strategies based on the assessment of needs outlined in the Joint Strategic Needs Assessment. This joint approach to needs assessment will continue to enable an increasingly integrated approach to health and social care commissioning and provision, with many benefits to service users, patients and carers, not least a more seamless experience of health and social care services.
- The Integrated Care Board and Integrated Care Partnership are also required to take account of the JSNA in the planning of local health services and in the development of the Integrated Care Strategy.