



 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 24th February 2025</p> <p>Agenda item: 5.3</p>
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An Update on Dental Public Health Programmes	
Executive lead:	Jim McManus, Director of Health and Well-being Directorate (Zoe Wallace, Divisional Director, Primary Care Division)
Author:	Dental Public Health Team

Approval/Scrutiny route:	No committees/Groups have previously received or considered this report.
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<p>Purpose</p> <p>To provide an update on dental public health programmes as a follow up to the September 2024 Deep Dive.</p>
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Recommendation:				
APPROVE <input type="checkbox"/>	CONSIDER <input checked="" type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Receive assurance that the dental public health team is working effectively delivering its national strategic leadership role for population oral health improvement, oral health intelligence and other dental public health functions as outlined on the Welsh Health Circular. • Consider the current challenges affecting the dental public health programmes. • Note our approach for legal clarification of the consent process for the Dental Epidemiology Programme and Designed to Smile programme and whether passive consent (Opt-out) is possible. • Note our approach to determine the Data Controller for the dental services data held by the NHS Business Services Authority data to create a Data Sharing Agreement and facilitate data linkage with the SAIL databank. 				



Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	3 - Promoting healthy behaviours
Strategic Priority/Well-being Objective	5 - Supporting a sustainable health and social care system
Strategic Priority/Well-being Objective	1 - Influencing the wider determinants of health

Summary impact analysis

Equality and Health Impact Assessment	N/A
Risk and Assurance	N/A
Health and Social Care (Quality and Engagement) (Wales) Act	We advocate for implementation of the Duty of Quality within the dental system in Wales. Oral Health Intelligence work provides information for stakeholders on key areas of the Act. We endeavour to improve quality of population oral health improvement programmes, aligned to the principles in the Act
Financial implications	None
People implications	None



1. Purpose / situation

To provide an update on dental public health programmes and consequently assurance to the committee. The committee is also requested to approve two courses of actions to improve delivery of dental public health programmes in Wales.

2. Background

The following Welsh Health Circulars describe dental public health functions in Wales including national strategic leadership role in population oral health improvement programmes: Designed to Smile and Gwên am Byth.

- [Role and provision of dental public health in Wales \(WHC/2021/032\) | GOV.WALES](#)
- [Designed to Smile child oral health improvement programme \(WHC/2017/23\) | GOV.WALES](#)
- <https://gov.wales/improving-oral-health-older-people-living-care-homes-whc2015001>

[Dental Epidemiological Programme](#) surveys are conducted annually. This data is used by Welsh Government to inform their dental policy and by health boards for needs assessments and dental services planning.

Description in Public Health Wales IMTP 2025/28 SO 4.5: By 2028, we will have worked closely with Welsh Government, Health Boards and other system partners to support improvement in delivery of prevention and reduction in inequity in dental access and outcomes.

3. Description/Assessment

In line with the Welsh Health Circulars and our IMPT commitment, the dental public health team provided national leadership, co-ordination, resources and support for delivery of Designed to Smile, Gwen Am Byth, Dental Epidemiology Programme and annual Quality Assurance Self-Assessment for primary dental care. The team also provided advice and support to the Welsh Government's Dental Reform Programme, advocating integration of prevention in service delivery and implementation of Duty of Quality, Future Generations Act and Socioeconomic Duty in the dental system reform in Wales. We also contributed to Health Education and Improvement Wales (HEIW)'s dental workforce planning and training.

The team was research-active (co-applicant in many successful research projects and publications of papers in peer reviewed journals) and worked to strengthen the oral health intelligence functions. We advocated for actions to improve oral health



equity, dental services for vulnerable groups, sustainability through various forums, including through the Welsh Dental Committee and Older People's Commissioner for Wales.

Working closely with external stakeholders, especially Health boards and Welsh Oral Health Information Unit (WOHIU) at Cardiff University, key achievements of dental public health programmes and actions included:

- 60,586 children living in the three most deprived WIMD quintile areas in Wales participated in the supervised tooth brushing delivered through 1224 school and nursery settings.
- 8, 526 school year 1 children participated in dental inspection which showed overall reduction in prevalence of tooth decay experience to 27.2%. Twelve-year-old data (n=6,329) shows a similar reduction and was 25.3% in 2023/24
- Training and Calibration of health boards' field teams for dental survey of people living in care homes
- Outputs to support Mouth Cancer Action Month Campaign, antimicrobial action plan and dental service planning
- Teaching and training of dental workforce
- Quality improvement approach to improve different aspects of the programmes e.g. piloting and evaluation of digital consent system

Please see Appendix 1 for additional details on delivery related to oral health improvement programmes and Oral Health Intelligence.

Challenges related to Oral Health Intelligence Functions

Participation rates in the dental epidemiological surveys are reducing, as parents chose to opt out of the positive consent process. Five Unitary Authorities met the recognised threshold of 70%, ten fell just short and seven were low (Cardiff was the lowest at 50.9%). Whilst current rates are adequate, exploration of a passive consent process (opt out) would be prudent to maintain the ability to conduct the survey and produce sufficient data to facilitate longitudinal comparison, which extends back to 2007/8. A passive consent process is used in Scotland for the same programme. There is also evidence that the existing positive consent process may suppress the population mean for prevalence and severity (Monaghan *et al.*, 2010).

Over the last two years, we sought to develop a set of Oral Health Indicators, following two co-design workshops with key stakeholders. Working with the data warehouse that processes all the claims from NHS high-street dentists, we recently received anonymised dental activity records for the past five years to facilitate the analysis.

The process for the transfer of data for the oral population health indicators from the data warehouse (Business Services Authority) has been fraught. Initial activity (18m) was focused on using patient identifiable data in order to link the dental data to the SAIL database. Whilst both the IG and IT process were approved within PHW, it was not possible to develop a Data Sharing Agreement as the Welsh Government



were not clear who the Data Controller was. As a result, the NHS Business Services Authority had to anonymise the data under a 'Patient Key' process. This will provide helpful data for subsequent analyses but means it is not possible to link the dental data to the SAIL databank for research and evaluation. It is hoped that the new legal framework for the NHS dental contract (laid before the Senedd sometime in February 2026) will explicitly state who the Data Controller is, to facilitate this.

Challenges/ risks to the national oral health improvement programmes are:

- Financial difficulties of local health boards, with 'ring-fenced' funding not keeping pace with rising salaries and operating costs.
- Financial difficulties of local authorities including social care and education sectors, including reduction in teaching assistant capacity.
- Competing priorities within schools to deliver on multiple programmes and curriculum demands.
- Emerging concerns of the impact of screen time on early child development and school readiness, increasing challenges to deliver supervised toothbrushing programmes.
- Uncertainty and large-scale change of NHS clinical dental services risk knock-on disruption of oral health improvement programmes.
- A considerable effort is required to seek and obtain positive consent from parents/carers for their children to participate in the D2S programme

Dental Public Health team has requested dental policy branch within the Welsh Government to seek legal advice if passive (opt-out) consenting arrangement is possible for supervised toothbrushing element of Designed to Smile and dental inspections of school children as a part of the Dental Epidemiology Programme.

Many challenges of dental public health programmes are related to financial, political and other challenges including within our partner organisations especially that of the Community Dental Services in Health Boards in relation to delivery of dental public health programmes on the ground. The Dental Public Health team will continue to advocate for protection of population oral health improvement programme, Designed to Smile, and Dental Epidemiology Programme, both at national and local level. We will continue to advocate for proactive actions in reduction of inequity in dental access and patient outcomes nationally and locally.

3.1 Well-being of Future Generations (Wales) Act 2015



Dental public health programmes exemplify the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:



Childhood dental disease not only has immediate impacts but is a predictor of life-long poor oral health. Actions to improve oral health from birth will have **long-term** benefits across the life course.

The principle of undertaking regular surveys and the oral population health indicators is to provide long-term and longitudinal intelligence on Future Generations across the life-course (**long-term**).



Current epidemiological data provides an evidence base for the need for the **preventive** health and oral health improvement programmes. Equally, it highlights the importance of early targeting of children with the disease, particularly for those from the poorest backgrounds. Dental caries in children is a largely preventable disease with clinical and cost-effective preventative interventions. Oral health programmes are designed to prevent disease, therefore improving health and well-being.



Integrating oral health promotion and intervention within wider health, social care and education maximises effectiveness and engagement from partners and population and reduces health inequity. Our mission to link oral health data with wider primary care health and other databases and production of dashboard with population level indicators is to influence **integration** of oral health into broader primary and community care agenda.



Successful delivery of dental public health programmes relies on **collaboration** with many stakeholders and partnership working across health, social care, and education. We actively **collaborate** partners across the NHS, Welsh Government and strategic academic partners including the Welsh Oral Health Information Unit, Health Boards, NHS the Business Services Authority, Local Authorities/Schools.



Representation of partners is valued and demonstrated by multi-stakeholder steering groups and their involvement in programme activities. Recently an insight work for Designed to Smile was commissioned and undertaken by Cardiff University.



4. Recommendation

The Committee is asked to:

- **Receive assurance** that the dental public health team is working effectively delivering its national strategic leadership role for population oral health improvement, oral health intelligence and other dental public health functions as outlined on [the Welsh Health Circular](#).
- **Consider** the current challenges affecting the dental public health programmes.
- **Note** our approach for legal clarification of the consent process for the Dental Epidemiology Programme and Designed to Smile programme and whether passive consent (Opt-out) is possible.
- **Note** our approach to determine the Data Controller for the dental services data held by the NHS Business Services Authority data to create a Data Sharing Agreement and facilitate data linkage with the SAIL databank



Appendix 1

Additional Information

Oral Health Improvement Programmes

The national strategic leadership role for oral health improvement involves:

- **Ensuring programmes are evidence-based, targeted at reducing health inequities** e.g. national protocols, guidance, targeting strategies
- **Chairmanship of national multi-stakeholder steering committees** for the programmes
- **Strategic advice and support to local health board teams and Chief Dental Officer**, key advisory role
- **Monitoring, annual reports and delivery evaluations**

[Monitoring and evaluating the Designed to Smile programme - Public Health Wales](https://phw.nhs.wales/services-and-teams/dental-public-health/gwen-am-byth/)

<https://phw.nhs.wales/services-and-teams/dental-public-health/gwen-am-byth/>

- **Leading quality assurance and quality improvement** e.g. T+F group for inclusion of Additional Learning Needs units in supervised toothbrushing
- **Leadership and co-ordination of professional development** including national CPD events and quality improvement activity
- **Research and implementation of new initiatives to improve efficiency and effectiveness** e.g. piloting and evaluation of digital consent system
- **National communications, collaborations and representation** including website, webinars, and podcasts
- **Promoting programmes at professional events and in publications** e.g. HEIW annual dental team conference, All-Wales Diabetes Network meeting
- **Oral health expertise in wider national child health and adult health workstreams** e.g. Healthy Child Wales programme, Child Health Network
- **Programme representative at UK level** e.g. co-investigator of PHIRST evaluation project funded by NIHR [National Supervised Toothbrushing Programme Across Early Years Settings in England - NIHR Public Health Interventions Responsive Studies Teams \(PHIRST\)](#)

Examples of current work include:

- Planning and delivery of an in-person national study day for the Designed to Smile workforce on 9th June 2026.



- Research project to measure the reliability of extended duty dental nurses to identify dental caries in young children; to create evidence to demonstrate the value of an improved care pathway from D2S to clinical dental services. Project costs will be funded by external monies that Mary Wilson has brought into PHW.
- Resource pack for general dental practices to support implementation of the new national dental contract: Supporting Babies' and Young children's Oral Health.
- Review of the targeting strategy for the nursery and school- based supervised toothbrushing and fluoride varnish programmes to align with WIMD2025.
- Refresh of public facing materials to comply with new All-Wales Standards for Accessible Communication and Information.
- Supporting the national procurement exercise for D2S programme consumables.

The resource within Public Health Wales for this function is:

- 0.8wte Consultant in Dental Public Health (M+D) (Mary Wilson)
- 0.6wte Programme Support Officer (Band 5) (Claire Miles)

Additional information on oral health intelligence

Oral Health Intelligence is also research active, with involvement in over £5.5M worth of grant applications and have published 15 papers over the last two years.

Oral Health Intelligence comprises of one full time NHS Consultant (Professor Paul Brocklehurst) and one senior analyst (Columbus Ohaeri). We work closely with the Welsh Oral Health Information Unit at Cardiff University, through a Service Level Agreement.

In submission (Informed in March 2026)

1. NIHR RfPB £258,829 Co-designing a framework to improve oral health equity

Active

1. NIHR HS&DR £976,010 Study of the utilisation of Clinical skills Of dental nurses/hygienists/therapists working in Primary dental care: realism and Economic evaluation.
2. NIHR HS&DR £226,333 The impact of dietary intake and nutritional status in care homes on oral health: an evidence synthesis.
3. NIHR EME £3,173,848 Double blind randomised placebo-controlled trial to assess the efficacy of using faecal microbiota transplantation

Completed in the last 12 months

1. NIHR HS&DR £1,434,905 Using role-substitution in care-homes to improve oral health.
2. NIHR RfPB £242,328 Chlorhexidine Or toothpaste, manual or powered brushing to prevent pneumonia complicating stroke: a 2x2 factorial randomised controlled feasibility trial.
3. NIHR PHR £489,798. Improving the Oral Health of Older People in Care Homes: a Feasibility Study.

Publications

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2. Barnes E, Brocklehurst PR, Cope A. The impact of dental caries and local-area deprivation on 5-year-olds' oral health-related quality of life (OHRQoL). *Community Dental Health*. 2025.
3. Choong EK, Watson S, Harvey M, Brocklehurst PR, Tsakos G, McKenna G. Oral Health Interventions and Their Effectiveness for Dependent Older Adults: A Systematic Review of Outcomes and Outcome Measures Used in Clinical Research. *Journal of Dentistry*. 2025 Nov 6:106218.
4. Smith CJ, Brand A, Hoare Z, Jones E, Davidson C, Westoby W, Clements I, Sandom F, Gross C, Thomas A, Talbot L, Brocklehurst PR. CHOSEN: a randomized controlled feasibility trial. *Journal of the American Heart Association*. 2025 Sep 16;14(18):e040677.
5. Hendry A, Baker SR, McKenna G, Tsakos G, Chestnutt I, Smith C, O'Neill C, Jenkins A, Evans R, Syed SS, Harvey M, Brocklehurst PR. Using role substitution to improve oral health in care homes: a process evaluation. *Gerodontology*. 2025 Aug 7.
6. Tsakos G, Brocklehurst PR, Syed S, Harvey M, Daniyal S, Watson S, Goulden N, Verey A, Cairns P, Heilmann A, Hoare Z. Improving the oral health of older people in care homes: results from a randomised feasibility study. *Community Dentistry and Oral Epidemiology*. 2025 Jun 10.
7. O'Neill C, Brocklehurst PR, Syed S, Harvey M, Daniyal S, Watson S, Goulden N, Verey A, Cairns P, Heilmann A, Hoare Z, Kee F, Langley J, Lievesley N, Sherriff A, Smith CJ, Wassall RR, Watt RG, McKenna G, Tsakos G. A feasibility



study of the costs and consequences of improving the oral health of older people in care homes: findings from the TOPIC study. *BMC Oral Health* (2025) 25:1062

8. Sallam A, McCorry NK, Harvey M, Heilmann A, Lappin C, McEvoy C, Mitchell G, Watson S, O'Neill C, Tsakos G, Woodside J, Brocklehurst PR et al. The Impact of Dietary Intake and Nutritional Status on the Oral Health of Older Adults Living in Care Homes: A Scoping Review. *Gerodontology*. 2025 May 19.
9. Bradwel S, Sallam A, McCorry N, McEvoy C, Heilmann A, Lappin C, Ferrari M, Mitchell G, O'Neill C, Woodside J, Tsakos G, Brocklehurst PR et al. Nutrition and Oral Health in Care Homes: A Qualitative Study of Stakeholder Perspectives. *Journal of Dentistry*. 2025 May 8:105809.
10. Timms L, Rodd H, Deery C, Brocklehurst PR, Marshman Z. Silver diamine fluoride for the management of dental caries in children in primary dental care: protocol for a feasibility study. *Pilot and Feasibility Studies*. 2024 Jun 24;10(1):95.
11. Brocklehurst PR, Langley J, Wassall R, Daniyal S, Syed SS, Harvey M, Goulden N, Sherriff A, Heilmann A, Hoare Z, Smith C. A Theoretically Informed Process Evaluation in Parallel to a Feasibility Study of a Complex Oral Health Intervention Using NICE Guidelines in a Care Home Setting. *Community Dentistry and Oral Epidemiology*. 2024 Oct 21.
12. Hendry A, Baker SR, McKenna G, Tsakos G, Chestnutt I, Smith C, Jones V, O'Neill C, Jenkins A, Evans R, Syed SS, Brocklehurst PR. Setting the context for a complex dental intervention of role substitution in care homes: Initial process evaluation findings. *Gerodontology*. 2024 Mar 27.
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