

A close-up photograph of a white toothbrush with blue bristles cleaning a person's teeth. The toothbrush is positioned vertically, with the head resting against the lower teeth. The bristles are in contact with the tooth surface, and some white foam is visible. The background shows the pink gums and the upper teeth.

Annual report &
financial accounts

2022-23

www.dentalhealth.org



**Oral Health
Foundation**
Better oral health for all

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Charity number:	263198 (England & Wales)
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Welcome from our President

Mhari Coxon

I am delighted to present the annual review for the Oral Health Foundation. This year has been a remarkable one for our charity, as we have made significant progress in our mission of better oral health for all.

Among our most notable achievements this year was the success of our campaigns. Programmes like National Smile Month championed the benefits of good oral health, reaching around 6 million people with oral health advice. Mouth Cancer Action Month was supported by more than 4,000 organisations, helping us to raise awareness of a disease which is sadly on the rise. We also saw our Safe Smiles campaign receive national media coverage, encouraging people to steer away from unqualified advice and DIY dental treatments.

At the Oral Health Foundation, we have made significant progress in our efforts to educate the public about oral health, having developed new educational materials and programmes that are being used by schools, care homes, community organisations, and dental professionals across the country. Over the last year, our children's educational programme, Dental Buddy, was used in thousands of nurseries and schools.

In addition to our work in the United Kingdom, we continued our reach internationally. This year, we gathered a global taskforce to investigate the barriers to dental access in developing nations. Our findings showed that teledentistry could prove an effective method for dental referrals, early detection of disease and treatment, especially where access to dental professionals is limited or not evenly spread over a country or region.

Expanding dental access is a global priority. In the UK NHS dentistry is experiencing significant. A



strong NHS dental service is vital for the oral health of the population, and we are committed to working with partners and policymakers to make the changes that are so badly needed.

Advocating for effective policy measures is a key goal for the Oral Health Foundation and will be a major part of our charity's new strategy. Over the last year, our board of trustees, along with the core team, have been developing a strategy that will shape the charity's future priorities. I have been honoured to lead this process and proud to work with like-minded experts to build a plan to help more people achieve better oral health. Our Strategy to 2029 will be published at the end of this year.

I am pleased with all that we have accomplished during my time as President of the Oral Health Foundation – however our work is far from over. We have substantial challenges to overcome as we continue our focus on better oral health for all, working on reducing dental disease and narrowing oral health inequalities.

Everything we do is only possible through the hard work and dedication of our staff, our partners, and our supporters. With this in mind, I would like to send my thanks for your support and continued commitment to achieving better oral health for all.

A handwritten signature in black ink, appearing to read 'Mhari Coxon', with a stylized, cursive script.

Mhari Coxon

MSc, RDH, FCGDent, FCMI, MCIM | President

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Our mission - better oral health for all

The Oral Health Foundation is a charity that believes everybody deserves to have good oral health.

Perhaps more than ever before, the health of the population takes the upmost priority.

That's why our charity is determined to continue supporting people achieve healthier lives through better oral health.

Being in good oral health protects a person from a whole manner of diseases and conditions. It is why we take our responsibility extremely seriously, to improve people's quality of life, by helping them have and maintain a healthy smile.

Looking back at our work over the last year, we are particularly proud that our work has contributed towards a healthier society. Our community initiatives attempt to create multi-generational legacies that continue to drive up standards of oral health. At the same time, we want to lower the number of people suffering from pain and distress because of their mouth.

Over the last year, our work has seen us provide educational and motivational support for twice daily toothbrushing, low sugar diets and the importance of regular dental visits. We have continued to play a leading role in mouth cancer action while we have taken the first steps in community-focused projects around the prevention of dental diseases, fluoride and dental caries awareness.

During 2022-23, we have:

- Provided oral health information, education and support to communities at increased risk of oral disease.
- Given direct and personal advice to thousands to help reduce health inequalities.
- Successfully lobbied for effective oral health policies in the UK, across Europe and throughout the world.
- Invested funds to raise awareness of mouth cancer and have become a founding member of a new head and neck cancer coalition.
- Developed more partnerships with associations and organisations, to help extend the impact of our programmes, not only in the UK but around the world.
- Reached millions of people with oral health information through press activity, public health awareness campaigns and social media activities.

A strategy for better oral health for all

Over the last year, the Oral Health Foundation has created the framework of its new strategy.

The below ambitions will guide the charity's projects and activities for the next five years, and help us achieve our ultimate mission of better oral health for all.



Ambition 1: Empowering people and communities to improve oral health and quality of life

Helping people to improve their oral health is at the very heart of what we do. That's because when people have a healthy mouth, their lives change for the better.

The good news is that many oral diseases are almost entirely preventable – which means a solution to eradicate them is in our own hands. This might mean providing information to help people look after their mouths or motivating them by communicating the benefits of having good oral health. It could even mean supporting those without the ability or means to care for their oral health, for who oral disease is far more likely. We are determined to help everyone.

Over the next five years, we will help create a healthier population by reducing the prevalence of oral diseases.

Ambition 2: working with organisations and individuals to enhance access to resources to improve oral health and quality of life

Our mission to improve oral health cannot be done alone. We need the support of others.

The Oral Health Foundation is an inclusive organisation that welcomes support and partnership opportunities from anybody interested in improving oral health. We are committed to delivering activities and projects alongside a vast range of people who might share our passion for shaping the future of better oral health. By adding our combined resources, we can make a bigger difference and help more people to achieve a healthier mouth.

Over the next five years we will develop partnerships that will help us improve access to oral health resources for millions of people.



Ambition 3: Advocating for evidence informed policy to promote oral health and reduce oral health inequalities

Public policies have a profound effect on public health.

Over recent years we have been extremely disappointed by preventive policies that have either been watered down or removed from the political agenda. Because this trend needs to change, we will invest our resources to take the lead in advocating for evidence-informed oral health policies.

To create a healthier future for the public, we will champion initiatives and actions with policymakers, to raise their awareness of changes required to bring about significant improvements to oral health. Influencing matters of policy will be at the cornerstone of our charity's work. By using the latest and strongest scientific research, alongside a sustained and targeted approach, our campaigning can influence policymakers to enact measures that can really make a difference.

Over the next five years we will support policy measures that have the potential to reduce oral diseases and tackle health inequalities.

[The full document 'Our Strategy to 2029' will be published in December 2023.](#)



Healthier communities

We want to help create a healthier population by reducing the prevalence of oral diseases across all communities. We will do this by creating public health campaigns that champion better oral health. These campaigns will be aimed at families, the elderly, those with additional needs, the homeless, children, and people on low incomes.

Brushing for better health with National Smile Month

National Smile Month is a charity campaign which champions the benefits of having good oral health and promotes the value of a healthy smile.



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The initiative is one of the largest and longest-running oral health campaigns in the world and raises awareness of important health issues and makes a positive difference to the oral health of millions of people.

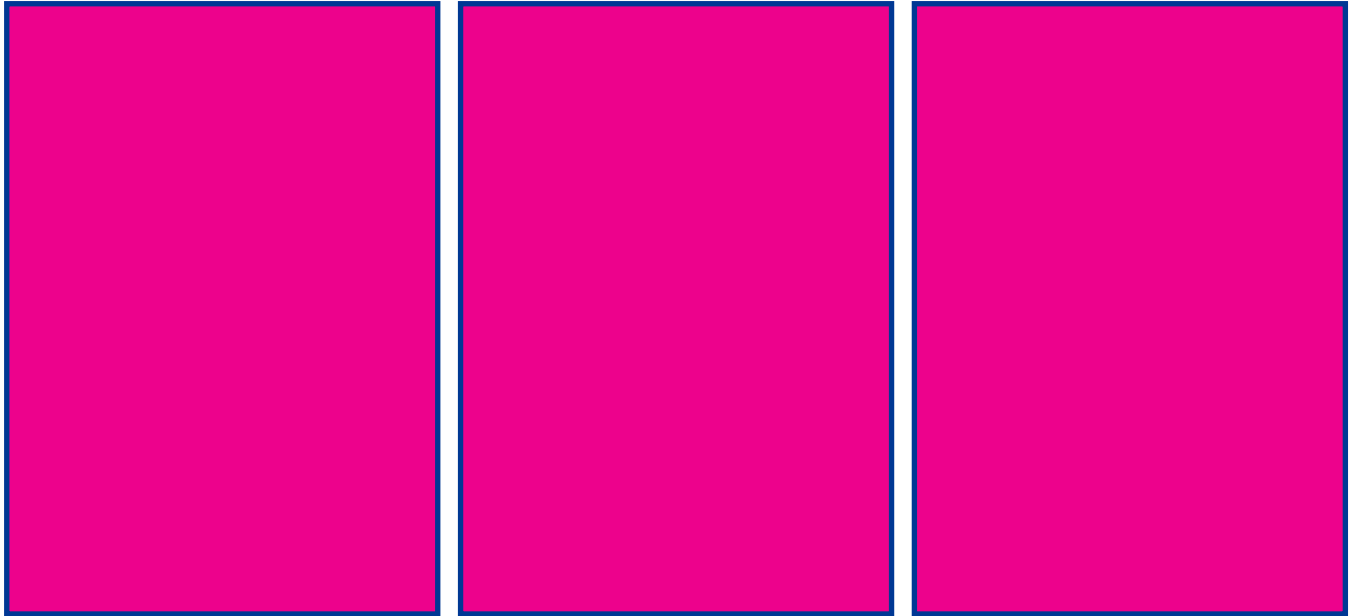
This year, between May and June, the initiative ran under the theme of 'Brush for better health' and focused on communicating the benefits of twice daily brushing.

During the campaign, we worked with health professionals, schools and workplaces, to improve their work in delivering oral health education. Most importantly, National Smile

Month reached millions of people with educational messages around oral health.

The campaign was officially launched with an event at the Royal College of Nursing in London and was attended by around 100 guests. Guests included sponsors, clients, retailers, dental trade, government departments, local authorities, media and wider campaign supporters.

Support for the campaign continues to grow. This year, over 5,000 organisations supported National Smile Month, with hundreds hosting dedicated oral health events in local communities. Activities reached an estimated six million people, including patients and employees, as well as around 150,000 school children.



Dental practices, other health settings, schools and community groups were just some of the organisations that supported National Smile Month. The campaign was also backed strongly by health associations while messages were shared by NHS England and Public Health Scotland. In total, 33 NHS Trusts and 18 local councils took part in the campaign. Supporters purchased more than 65,000 oral health educational resources from us, including 15,000 Smileys – the campaign’s symbol.

We also had tremendous success using the campaign as a vehicle to raise awareness about oral health in the media. More than 200 articles were published, including across major national press outlets. We also took part in more than 100 interviews across radio and television.

During the campaign, we created a range of content to promote the value of good oral

health. There was lots of brushing advice and information about the daily routine. We also partnered with the Alzheimer’s Society, Marie Curie and British Heart Foundation to create targeted content for diverse groups in high need.

More than 75,000 people accessed advice on the website, 50,000 watched our videos with thousands more listening to our podcasts, while 150,000 engaged with the campaign on social media.

We were delighted to receive campaign funding from Oral-B, Kenvue, Haleon, Boots, Align technology and the Wrigley Oral Healthcare Programme. Without the generous support, the campaign would simply not be possible.

Mouth Cancer Action Month makes positive impact improving awareness

Mouth Cancer Action Month is a charity campaign that raises awareness of mouth cancer and asks people to share the important message of being mouthaware.

The more we know about mouth cancer, the better chance we have of beating it. This means knowing how to spot mouth cancer early and knowing where to go when we see something out of the ordinary. It also means reducing our risk by cutting down on the things that cause mouth cancer.

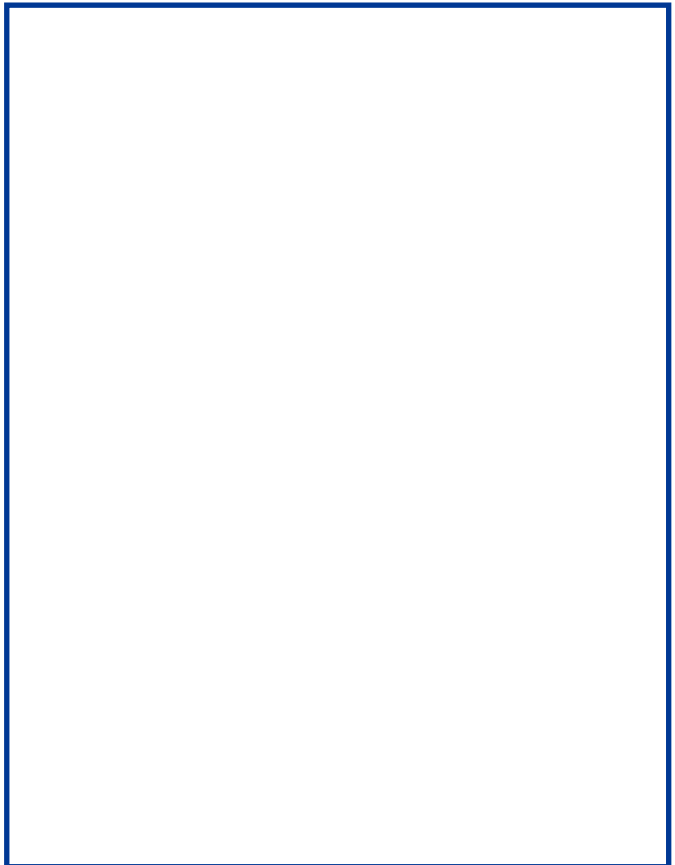
Last year in the UK, 8,864 people were given the news they have mouth cancer. This has doubled within the last 20 years while over half of all cases are diagnosed at stage IV – when the cancer is at its most advanced.

During last year's Mouth Cancer Action Month, we displayed posters across 16,500 waiting rooms. This included dental practices, hospitals, GPs and pharmacies. More than 20,000 campaign products went out to organisations for them to educate patients, customers and community groups about spotting signs of the disease early.

We also received the support from the Armed Forces – with campaign packs delivered to 99 of their dental centres. Each pack included display items and information about mouth cancer.

The Blue Ribbon Badge is a focal point of the campaign, helping those who wear it to strike a conversation about mouth cancer. During last year's campaign, more than 2,000 people bought a Blue Ribbon Badge. Around 250,000 are currently in circulation.

Community events were supported by a press campaign to improve early diagnosis of mouth cancer by encouraging people to check their mouth more regularly. We also educated people about the risk factors of the disease in a bid to reduce the number of cases. More than 150 items of press coverage were achieved through printed press, online news, radio and television. There was national coverage from



outlets including SKY News, BBC 5Live, Daily Mirror, The Sun and the Independent.

A campaign toolkit was released which explained the purpose and importance of the campaign, while giving people lots of ways to raise awareness of mouth cancer during November. This was accessed by 1,200 people. We also published the new State of Mouth Cancer Report, charting new clinical and awareness data. It was downloaded by 3,000 users and achieved strong press coverage.

Mouth Cancer Action Month was also supported digitally. Over 80,000 came to the website to learn about the disease while our social media posts reached an estimated 250,000 people. More than 100,000 watched our campaign videos and thousands more listened into our podcast series.

In total, around 4,000 organisations supported the campaign by sharing information, running community events and taking part in fundraising activities.

While there is clearly more to do reduce the number of people affected by mouth cancer, evidence suggests campaigns like Mouth Cancer Action Month do have a significant impact. Our research from the last year shows that awareness of mouth cancer is improving.

Almost nine-in-ten (88%) UK adults now know cancer can appear in the mouth. This has increased by 23% compared to 10 years ago. During the same time, the number of people who know a dentist looks for signs of mouth cancer at a check-up has increased by 34% (13% in 2012, 47% in 2022).

Awareness driven by the campaign could also be influencing the number of people referred to a specialist for suspected mouth cancer. If correct, this could lead to earlier diagnosis and a better quality of life for those impacted by the disease. Data we have collected from over 80 NHS Trusts suggests that over the last five years, mouth cancer referrals are 13% higher when the campaign is taking place during November, compared with the annual average. Findings show that mouth cancer referrals can increase in November by as much as 27%.

Campaigns like Mouth Cancer Action Month cannot happen without the financial support of wonderful organisations. Last year, the campaign was supported by Denplan, Portman-Dentex and the Mouth Cancer Foundation. A warm thank you from everybody at the Oral Health Foundation to these teams, and everybody else who contributed to the success of last year's event.

Advocating for safe dentistry with Safe Smiles

Many people spend hundreds of pounds each year on their dental care. In recent years, there has been a greater desire for a smile that not only feels healthy but looks good as well. This has led more patients to consider treatments that improve the appearance of their smile.

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But are the correct choices being made? Our investigation into the truth suggests not. Since the first lockdown and rise in cost of living, we have found that up to 25% of UK households have opted for some form of DIY dentistry. These might be hacks they have seen on social media, or online websites providing cheap alternatives for them to apply at home.

We are also concerned by the spate of complications arising from people going abroad for their dental treatment. A Which?

Report found that almost one-in-five patients going overseas for dental treatment have problems afterward while more than one-in-five feel they do not receive correct aftercare. We have heard first-hand accounts from many of these people while 'Turkey Teeth' became an increasing popular source of news for UK media.

We are especially worried about the increase of DIY and direct-to-consumer dentistry being offered within adult orthodontics and tooth whitening but there are many more areas of concern. We've heard stories of bone and tooth loss, jaw problems and gum recession, just to name a few. This is not just having an impact on people's health – it is also leading to severe financial loss. Our investigation this year found that the costs of treating DIY dentistry gone wrong averages £1,500.



We have also seen a significant number of people – as many as 15% of households – attempt to treat cavities in their teeth, and even trying to extract teeth.

This cannot continue.

That's why we have been committed to continue our work with Safe Smiles – our public awareness campaign that highlights the benefits and importance of safe dentistry.

The campaign looks at the benefits of dental treatment when carried out in the dental practice. It also reassures patients about the safety of cosmetic dentistry when performed by qualified and registered professionals.

The campaign also addresses the potential consequences of direct-to-consumer alternatives, tackles the dangers of unqualified persons carrying out dentistry and gives advice about the safety of ingredients and products been pushed as 'safe' for smiles.

Over the last year we have held two professional body roundtables, with some of the industry's leading experts. We have discussed the key issues and have begun implanting plans around political engagement and educational programmes.

We are really thankful to Align Technology for sponsoring the campaign and are delighted that it has had the widescale backing from the dental industry. Safe Smiles is being endorsed by the British Dental Association, British Orthodontic Society, British Dental Industry Association, British Academy of Cosmetic Dentistry, British Dental Bleaching Society, British Society of Dental Hygiene and Therapy, British Association of Dental Nurses, and the British Association and Dental Therapists.



Investigating dental access in developing nations

Despite the link between oral health and general health being clearly understood and supported by many global bodies, oral diseases are still very common all around the world.

To effectively tackle the pain and suffering many people feel because of poor oral health, a more pragmatic approach is needed.

A preventative attitude to oral health is the best option. Many people do not have regular access to oral care services and therefore miss the necessary care and specific preventative education that will help to keep their mouth and body healthy. This is especially true for populations in remote and rural areas, low socio-economic groups of people with little access to dental care, and patients with both physical and mental disabilities or mobility issues which could make visiting a dental practice more difficult.

To investigate the problem further, this year we partnered with Unilever to form a global taskforce and produce an opinion paper on the role of teledentistry in enabling improved oral care outcomes.

We were able to define the major barriers to accessing oral healthcare and reviewed the most recent publications on teledentistry projects. We also commented on the outcomes and suggest opportunities for evidence-based oral health advice that can be delivered by implementing specific teledentistry models, thus helping to improve access to dental care.

The taskforce identified several major barriers to oral healthcare. These include:

- A reduced dental workforce.



- Health inequalities affecting the most vulnerable and disadvantaged groups, including people on low incomes, people living with disabilities, older people living alone or in care homes, those living in remote and rural communities, and people from minority groups.
- Financial constraints on dental care teams to deliver services, and on patients to travel and afford dental treatment.
- Long waiting times to get an appointment.
- Impaired mobility and emotional barriers, such as fear of going to the dentist.

The 'opinion paper on the role of teledentistry in enabling improved oral care outcomes' has been supported by the best evidence and consensus from key international experts.

It concludes that teledentistry can be an effective method for dental referrals, early detection of disease, treatment planning and compliance, and treatment viability, especially where access to dental professionals is limited or not equitably spread over a country or region.

Improved access to a specialised workforce: Preventive messages, early intervention procedures, recording of oral health status, and selection of patients in terms of urgency for in-person treatment can be performed by trained personnel in health centres or even at home in remote areas.

Address oral health inequalities: Several teledentistry models have been shown to impact the oral health of specific population groups that find it difficult to access existing dental centres or practices. Teledentistry will be part of future dentistry, especially in countries where inequalities are a big problem.

Reduce financial constraints: Recent teledentistry models have shown that this form of provision can reduce not only travel costs but often limit the number of appointments with a dental practice further reducing the costs.

Expanding access to dental care is recognised as one of the advantages of teledentistry.

A simple check-up or early diagnosis through video communication may limit the worsening of the disease and eventually reduce extra visits to the practice.

Telehealth and teledentistry services are considered to be value-based activity, but longer-term research on a larger scale, with standardised methodologies and analysis are needed to fully exploit the opportunities that teledentistry can offer for optimal oral health by bridging the gap between the



Support and advice

Oral diseases often lead to feelings of anxiety and helplessness. We will compassionately support thousands of people, leaving them more informed and reassured. Everybody deserves free access to information, support and advice about their oral health. We will make sure our support services are impartial, trusted and accessible for everybody who needs them.

The closure of our Dental Helpline

This year, after 25 years of helping members of the public with their oral health problems, we made the difficult decision to close the Dental Helpline.

The Dental Helpline launched back in 1996 and provided advice, support, and reassurance to half a million people. However, over recent years, we saw a dramatic fall in the number of enquiries which sadly means the service became unsustainable.

As technology has improved, the public have begun to access information in different ways, largely via the internet. The emergence of other helplines such as NHS Direct, NHS111 and the DCS advice lines have also played their part in the number of enquiries to the Dental Helpline decreasing.

Despite the closure of this treasured service, we continue to run a wide range of information services for people to learn more about their oral health.

A huge thank you to everybody who has been a part of the Dental Helpline over the last 25 years. The service helped an incredible number of people, who were often in distress and not only needed practical advice, but a sympathetic ear too. The Dental Helpline will always be an overwhelming proud part of our charity's story and we remain determined to provide advice on platforms that are widely assessable for all.





Learning about oral health online

At the Oral Health Foundation, we want to provide a trusted online space where people can learn about their oral health and wellbeing.

Over the last year, more than 1.8 million people came to our website looking for help and advice about their oral health.

We know just how important it is for people to receive reliable and trustworthy advice, especially in a digital space. Continuing to take pride in investing heavily in online platforms gives us the opportunity to deliver engaging and comprehensive oral health materials to millions of people across hundreds of countries.

We supply oral health education online in Mandarin, Arabic, Hindi, Spanish, German, Russian, French, Polish and Portuguese – reflecting our ambition to share valuable knowledge and information with a wider audience.

More than 17,000 people subscribe to our charity activities by email.

More than 100,000 people follow us across social media. More than three million people saw our posts last year and we are seeing strong growth in audiences on Instagram and YouTube. All these platforms are important for our charity, not only to let you know about what we're doing and why, but also to help us engage and share positive messages with those people who might not be able to access healthcare.

Digital Strategy

Digital technology has rapidly transformed nearly every aspect of our lives, revolutionising the way we communicate, work, learn, and even entertain ourselves. From streamlined processes to enhanced collaboration, digital technology has reshaped how the Oral Health Foundation operates, connects, and innovates.

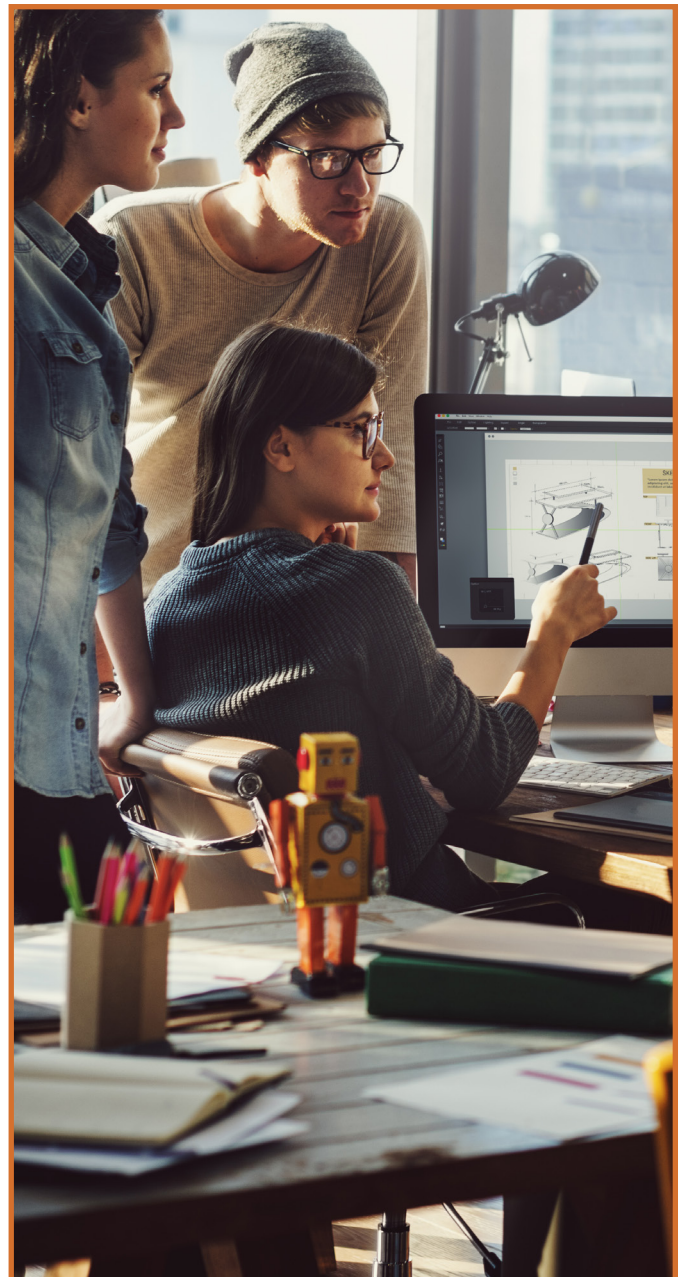
Oral Health Foundation has been an early adopter of digital technologies, but we have seen these needs (both internally and externally) accelerate dramatically since covid-19. The demands for effective online services have never been greater and we know we must do more to unlock the true value and opportunities that digital can offer.

To maximise the effectiveness of how we use digital technology, we have created our first ever Digital Strategy. This piece of work was about integrating digital ways of working that will enable the Oral Health Foundation to achieve its mission of achieving better oral health for all.

It laid the principles for strong digital foundations that will allow us to be more effective and efficient in delivering our messages and improving oral health.

The document included a full digital review and audit of the charity's existing digital activities and formed a set of new digital targets. The publication also made recommendations for how the charity can use digital technologies to sustain its activity while building growth.

We're really excited by the opportunity to take a digital-first approach to our work and keen to see this plan implemented over the next year.





Education

All organisations should be armed with the right tools to educate their patients, public and staff about oral health. That's why we are dedicated to creating a diverse range of programmes and resources for dental practices, hospitals, pharmacies, schools, workplaces and other community groups.



Educational Resources

By driving up standards of education and working towards positive learning experiences, we can help inspire changes in behaviour that will improve the health of the mouth.

This year, the Oral Health Foundation has worked harder than ever to provide high quality information, resources and other oral health education products to help health professionals all across the UK directly improve oral health.

Dental practice products continue to be an integral part of our work, and with 50 years' experience of advising members of the public on how to improve their oral health, we have a wealth of knowledge on the dentist-patient communication process and offer constant support to our customers.

Over the last year, we supplied more than 2,800 dental surgeries, health centres, hospitals and schools, with the tools and resources they need to engage and educate people about the importance of a healthy mouth. The Oral Health Foundation is proud to be one of the leading suppliers of oral health educational material to health departments and bodies, not only in the UK, but in many other territories around the world.

We distributed almost 250,000 leaflets to help people understand more about their oral health. Alongside our successful patient leaflet range (Tell Me About) which now has 52 titles, our dental packs have proved particularly popular this year. Over the course of the year, we have sent out more than 30,000 dental packs group a selection of our very best-selling individual resources and are perfect for underserved people in local communities to use at home or while on the run.

Additionally, as toothbrushing remains the cornerstone to good oral health we're delighted to have provided more than 50,000 toothbrushes and 25,000 tubes of toothpaste over the last year. All helping to create healthier smiles.

Improving childhood oral health

From brushing their first tooth, to their first trip to the dentist, a child's oral health plays a key part in their early year's wellbeing.

It is a staggering thought, but in primary schools across the UK, around eight or nine children in every class will have already developed tooth decay. That's approaching a quarter of a million children in each primary school year and around 3.3 million young people aged 0-14 years.

This year, we provided young children, parents, and schools with several learning programmes for either the home or classroom.

One of these programmes is Dental Buddy – designed to provide specific educational packages for non-healthcare establishments. This year, we were delighted to release a major update of Dental Buddy, thanks to a grant from the Wrigley Oral Healthcare Programme. Free materials for 'Early Years', 'Key Stage One' and 'Key Stage Two', include lesson plans, activity sheets and interactive white board software.

Over the course of the year, more than 12,000 Dental Buddy resources were downloaded.

We have also been delighted by the response



of our other school-based programmes – Brush Time and Tooth Time. These focus on practical, activity and play to develop a child's understanding of basic oral health and hygiene.

Since tooth decay is the most common non-communicable disease in children and one that is easily prevented, action needs to be taken across multiple environments.

That's why we have also been working hard to deliver our programmes into schools across the country.



Janet Goodwin Educational Grant

Throughout the summer, Oral Health Foundation in collaboration with the British Association of Dental Nurses, launched a new grant opportunity for dental nursing qualifications and training.

The Janet Goodwin Educational Grant was a bursary to help dental nurses with their course and examination fees. In memory of the late Janet Goodwin, the grant allowed both dental students and registered dental nurses to apply for up to £500 to put towards courses, qualifications, and examinations.

When we first announced the grant, we had little idea of the response that we would receive. What happened next would blow us away.

We were overwhelmed by the sheer volume of applications sent into us, with the number of potential candidates far surpassing the sum of grants we were able to award.

Financial barriers associated with upskilling

While the availability of grant itself has been deemed a tremendous success, it has undoubtedly highlighted a problem for dental nurses working towards initial qualification and post-qualification courses to upskill.

As the lowest paid members of the dental team, often on minimum wage, many dental nurses are simply unable to afford course and examination fees to advance themselves and their dental career. This has been exasperated during the economic depression and financial crisis.

Most were seeking funding to complete their NEBDN Diploma in Dental Nursing. The struggle to meet the costs of the course and examination fees were cited as the most common barrier towards

being unable to achieve the qualification to date. With these costs sitting at around £2,500, it is little wonder why.

The most popular post-qualification courses we received applications for included Oral Health Education, Radiography for Dental Nurses and Application of Fluoride. While these courses and examinations are less costly than the NEBDN Diploma, funding them is still a significant issue for most.

Upskilling your team

Many dental practices, especially large corporate practices, are happy to fund NEBDN Diploma in Dental Nurses and other post-qualification courses for their staff. However, after hearing the testimonies of many applicants, this investment is not across the board.

In a time when dental nurses are leaving the profession in droves, it has never been more important for practices to appreciate the vital role that they play within the dental team. By helping to fund their dental nurse studies, this could help towards staff loyalty and retention.

The Oral Health Foundation and BADN are appealing for more dental practices to set a ring-fenced budget for upskilling dental nurses, working within their practices. This will improve staff morale, professional pride and staff retention. And remember, an upskilled dental nurse can take over some of a dentist's simpler treatments, saving surgery time. So, it's a win-win situation.

Grant legacy

These educational grants were made available by kind donations from Janet Goodwin's many friends and colleagues, and we know this is something that Janet would be so proud of.

Janet began working in dentistry as a dental nurse in 1971, and worked in general practice, community, dental hospitals and further education.

Janet was the very first dental nurse to be elected President of the Oral Health Foundation in the charity's 52-year history, becoming a real voice for dental nurses all over the country. She was also a recipient of the BADN Outstanding Contribution to Dental Nursing Award and a BADN Fellow.

Encouraging dental nurses to seek education and relevant dental qualifications to enhance their dental careers, was always high on Janet's agenda, so educational bursaries in her name, seemed to be the most appropriate use of these funds.

Everybody at the Oral Health Foundation and BADN are honoured to continue Janet's legacy by offering dental nurses an opportunity to achieve their dreams and further their careers. Our ambition now is to secure the necessary funding to make these grants an annual opportunity. After all, an effective and thriving dental service would not be possible without the support and skills of dental nurses.

[Bursaries for the Janet Goodwin Educational Grant are due to be awarded in October 2023.](#)



Policy and influence

To create a healthier future, we will champion initiatives with policy makers, to raise their awareness of the changes required to bring about significant improvements to oral health. To do this most effectively, we are determined to form partnerships with like-minded professionals and organisations while making sure oral health plays a more prominent role in the media agenda.



Oral health in the media

The media is an increasingly powerful tool for our charity to communicate important messages about oral health while giving audiences added opportunities to follow and support our altruistic activities. In 2022-23, the Oral Health Foundation became a more influential voice for oral health in the press.

Our press team has spent the last year in constant communication with journalists, newspapers and broadcasters all across the country. We have put great importance on building and developing these relationships, firstly, so that we can drive oral health up the media agenda but most importantly, to ensure only independent, unbiased, and correct information is printed.

With increasing inequalities, multiculturalism and divisions within our society, we realise that getting our messages out to different audiences is crucial. We want to be a leader when it comes to oral health in the media and with many myths in circulation, we strongly believe that our role as an impartial and expert source of information is key for increasing knowledge about improving oral health and wellbeing.

This year was without doubt our most successful and influential year for press activity and media attention. In addition to more than 3,500 articles published in print press, we also took part in over 200 radio interviews and television broadcasts. More than six hours of live interviews were recorded that engaged listeners and viewers into learning more about the health of their mouth.

Extraordinarily, our messages positively promoting oral health in the press had a combined global readership in excess of 11 billion – more than the world's population!

The ways we are influencing policy

As a charity looking to make a positive impact in the public arena, lobbying and influencing policy on all matters relating to oral health remains essential. In the past year, we have been working to affect the direction and decision making on issues so that we can achieve a higher level of care and health.

Over the last year we have spent a great deal of time lending our support and joining forces with like-minded organisations who are petitioning on the behalf of the public, raising important issues with MPs, Lords and government agencies.

One of our proudest successes has been named as a founding member of two new coalitions.

The first of which is The Head & Neck Cancer UK Coalition. This group sets out to improve the care, experience and outcomes of all those affected by and working in Head and Neck Cancer in the UK.

The second group is the HPV Coalition. This alliance aims to advocate for commitment and action from all UK governments to pursue elimination of the whole range of HPV-related cancers, in both men and women. We are excited for the future prospects of both these coalitions and the impact they can have on the prevalence and early diagnosis of mouth cancer.

The Oral Health Foundation is also proud to be an active member of the Platform for Better Oral Health in Europe. The Platform, a consortium of leading bodies involved in dental health, research and education aims to influence European institutions inclosing the European Commission and European Parliament to mainstream the position of oral health as an essential element of general health.

During the last year, we have been advocating for EU member states to adopt mandatory alcohol labelling following positive results in Ireland. We continued to build relationships with MEPs – establishing the group as a trusted partner in EU health policy. We also signalled an intent to update the group's manifesto. This is likely to have an impact on its advocacy priorities.

The Platform has also contributed to the development of the WHO Global Health Strategy and targets a number of ongoing EU initiatives around NCDs and the Europe Beating Cancer Plan.

Back in the UK, we have supported a number of consultations and white papers into oral health. One of which was the Health Select Committee review into NHS dentistry. The findings were damning and expressed many of our concerns. We will now be working with partners to make sure the recommendations from the report become a reality.

Over the last year, we have also been vocal on sugar and smoking policies and their impact on oral health. We are also receiving more enquiries around vaping and its potential impact on oral health. We will continue to support vaping as an effective measure of smoking cessation – the findings we have to date suggest it is far less harmful to a person's health than smoking. We will also be calling for more research into its effects on the mouth.

Tackling the UK's dental deserts

In the spring, Oral Health Foundation partnered with Denplan to organise an event at the House of Commons to bring greater awareness and call to action for the preservation of NHS dentistry in the UK.

Our charity has been extremely critical of the unacceptable decline of NHS dentistry and this event put further pressure on policymakers to make urgent changes.

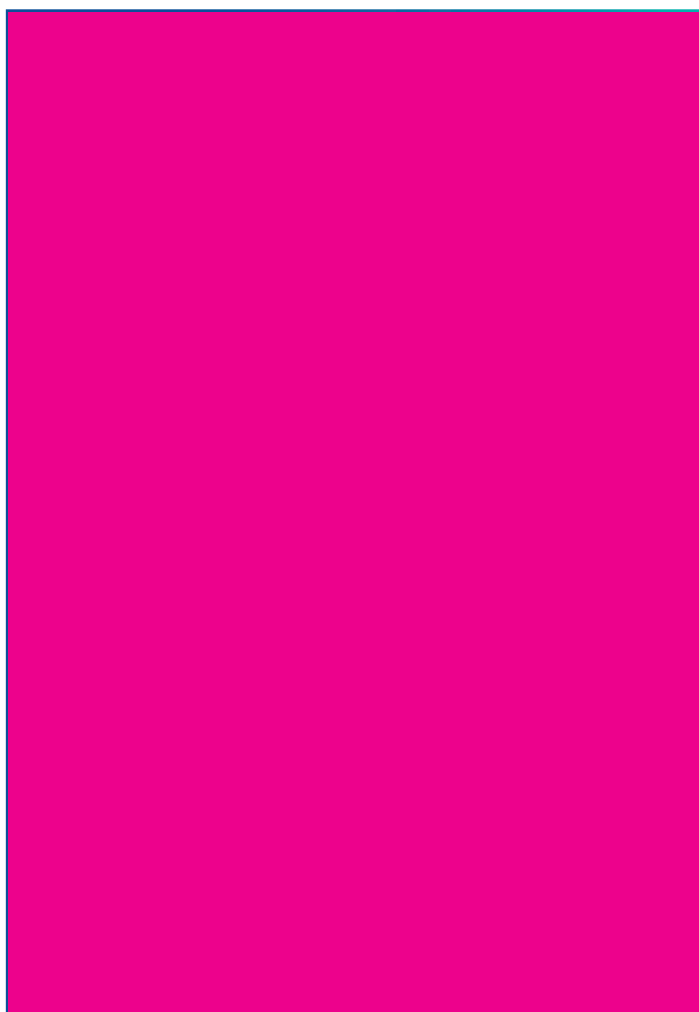
We believe decisive action is needed concerning the current dental crisis in the UK, as well as the right of everyone who wants to access NHS dentistry, to be able to do so in a timely manner without the need to travel many miles.

The Oral Health Foundation used the event to call for urgent and fundamental contract reform. The charity wants to see the implementation of a capitation-based system which is designed to help reduce dental inequalities, together with more emphasis on the prevention of dental disease.

We are joining calls for the urgent, early publication of the promised Recovery Plan for Dental Services by the government, and are backing the need for more clarity concerning patient's rights in relation to NHS dentistry. This includes greater clarity on the move towards less frequent dental recalls for patients with good oral hygiene and lower risk of dental disease.

Crucially, we spoke at the event about new measures to address the decline of the NHS dental workforce. Contract reform is vital but incentivisation of the profession is also required for commitment to NHS dentistry.

We have been persistent in its calls for reform, education and funding for the NHS in the UK. It is an integral part of the UK's health and without proper attention and funding, NHS dental deserts will become far more prevalent.





Excellence

To continue to survive as a charity and help people with their oral health problems, it is important we work efficiently and cost-effectively. We also be entirely ethical and transparent about how we invest our money. We also pledge to run our organisation with excellence while being adaptable to changes and challenging environments.



Evaluating the claims of oral health products with Accreditation

The Oral Health Foundation's Accreditation scheme helps both consumers and healthcare professionals, make informed choices about the dental products they buy or recommend.

We are delighted to report that it was another successful year for the Accreditation programme. The activity continues to be buoyant, providing a stable income stream for the charity in challenging times.

The number of new products approved during the year was 15, with the total income generated in the period increasing by 5.7% on the previous year.

It was great to see a return to accreditation by Asda, with a new range of family toothpastes an Asda mouthwash and breath spray, all achieving approved status. Both Tesco and Sainsbury's also sent through new products for approval to enhance their existing own brand oral care ranges.

There is renewed and increased interest for accreditation from around the globe, including the middle east and south-east Asia.

Operating for over 30 years, the programme is internationally recognised. Since its inception the ever-increasing number of products available could not be more diverse. Oral care products and accessories which carry the 'Oral Health Foundation Approved' logo, have been successfully accredited through the charity's independent dental expert panel. The panel carry out a rigorous investigation of evidence, which is submitted along with a sample of the product, to substantiate the

claims being made on pack about the benefits of the product.

Since its inception, over 1,100 products have been approved through the scheme. These approved products are sold across 60 countries. So, no matter where these products are sold, consumers can be assured of the quality of the product they are buying if it carries the Oral Health Foundation's 'smiley face logo' on the pack. Unlike the print on packaging, which is often too small and hard to read, the 'smiley face' symbol of 'ORAL HEALTH FOUNDATION APPROVAL' is quite easy to spot.



The 'Approved' mark is also used by health care teams to advise patients what to look for on the pack. This helps patients navigate the sheer number of oral health care products available to buy. The 'Smiley face' logo on pack provides reassurance that the claims have been verified and the product is a useful aid in oral health. Studies show that almost three-in-four people do not always believe product claims – that's why Accreditation is so important.

So, whether people are looking for something to help with sensitivity, stain removal or healthy gums, choosing a product that is approved by the Oral Health Foundation, provides reassurance that the benefits being claimed on the pack are not exaggerated or false.

It is also quite easy to access products with the accreditation, as several many big brands and own brand products have gone through our process. This means that no matter people's budgets, they can rest assured that they will be able to find the appropriate product they need, within their financial constraints. All these products are available in supermarkets, pharmacies and even online,

Treasuring our partnerships

As an entirely independent charity, which does not receive government grants nor backing from wealthy donors, we heavily rely on the generosity and goodwill of our supporters to help us fulfil our mission of improving oral health.

As inequalities in oral health continue to grow, and with the incidence of mouth cancer on the rise, our role as a leader in oral health education and preventive action becomes ever more crucial. At its heart, the Oral Health Foundation is an inclusive organisation that provides opportunities for everyone interested in oral health to participate.

Our supporters continue to reflect the diverse range of people and organisations involved, including dentists, oral health professionals, surgeries, companies, huge multi-nationals, and members of the public.

Despite the difficult economic times we're facing, we have been moved by the kindness and support that continues to be shown.

Financial support by individuals and groups through fundraising, donations and corporate sponsorship of our oral health campaigns means that we have been able to provide important information and support for children, the elderly and vulnerable, people with special needs and those living in deprivation all around the UK.

That's why we truly value all the generosity and hard work of you, our supporters. Thank you for all the help you have given us over the past year, and we look forward to all the possibilities that lie ahead.

What we are able to do wouldn't be possible without the invaluable support of so many companies from all over the world. We would like to say a huge thank you to the below, all of who have helped shape the our activities over the last year.

Proctor & Gamble | Wrigley Oral Health Care Programme | Align Technology | Johnson & Johnson | Unilever | Nestle | Philips | Denplan, part of Simplyhealth Professionals | Portman-Dentex | Mouth Care Matters | Health Education England | Mouth Cancer Foundation | Masonic Charitable Foundation | Association of Dental Groups | Tepe | The Probe | Smile Magazine | Dental Update | Ace IT | The Access Group | Folio Typography | ABC Printing | Nuud Plastic Free Gum | Waterpik | Tepe | Babycup | Bambooth | Biomin | Fixodent | Tesco | Sainsbury's | Morrisons | Aldi | Lidl | Marks & Spencer | ASDA | Home Bargains | Firefly | Seabond | Anchor | Royal Sanders | Fixodent | Sarakan | Scottish Water | Dr M's Oral Brush | Unum Dental | Dencover | Peppersmith | Kingfisher | Platform for Better Oral Health in Europe | Medway | Dental Health Spa | Dentsply | Henry Schein | Dentists' Provident | Velopex | DentalEZ | Blue Horisons | W&H | Associated Dental Products | MEDiVision | Ivoclar Vivadent | George Warman Publications | Takara Belmont UK | NSK | J & S Davis | British Dental Industry Association | Closer Still Media | Mark Allen Group | British Dental Association | British Society of Dental Hygiene & Therapy | British Orthodontic Society | Purple Media | ASP Promotions | Setform | Word Centre | House of Commons | British Association of Dental Nurses | Department of Health | Faculty of General Dental Practitioners (UK) | Peter Aldous MP | Yasmin Qureshi MP | General Dental Council | General Medical Council | Royal Society for Public Health | The Dental Defence Union | Joint Medical Command (Armed Forces) | The Royal Society of Medicine | Royal College Of Surgeons | Royal College of Nursing | Dafferns LLP



Income generation

Our campaigns, programmes and charitable work are not possible without the generous financial support of others. Over the next five years, we plan to create more opportunities for supporters to help us financially. In return, we will invest our resources in helping people achieve good oral health. The more money we can raise, the more we can do to help people to achieve better oral health.

Financial summary

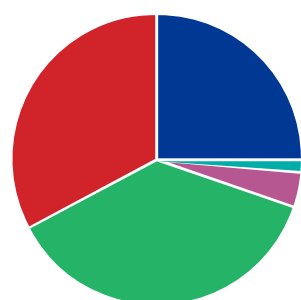
Overall income for the charity remained stable in the financial year, sitting at around £998,000. This means we were able to continue investing in charitable activities, oral health awareness and education programmes and initiatives, particularly among vulnerable groups.

We have been committed in our investment on producing information and awareness (£426,413), funding the educational resources (£378,077), and mouth cancer action (£89,068). In total, we spent nearly £1.1m to fulfil our charitable activities and promote good oral health in the last year.

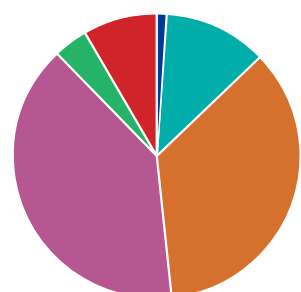
Following the pandemic and difficult a financial environment for public and private sector spending on oral health educational resources, there are signs of recovery. The charity's income from sales increased by 10% of the last year, to £326,700.

The Oral Health Foundation's Accreditation programme also continues to bring in a substantial and sustained amount of income. Over the last year, Accreditation has brought in £368,824 while revenue generated from donations and sponsorship increased to £249,338.

By the end of the reporting period, the Oral Health Foundation had achieved an operating deficit, before gains and losses of approximately £71,925.



	Income 2022-23	%
	Donations, sponsorship and legacies	25%
	Investment	1.6%
	Rental	0%
	Supporter subscriptions	3.7%
	Accreditation income	37%
	Education resource sales and related income	32.7%



	Expenditure 2022-23	%
	Supporter	1.3%
	Accreditation	11.6%
	Education resource sales	35.4%
	Information & awareness	39.4%
	Dental Helpline	3.6%
	Mouth cancer campaign	8.3%

Auditors: Dafferns LLP. Full Copies of the audited report are available on request to the Oral Health Foundation. Please write to mail@dentalhealth.org

Report of the directors and trustees

The Directors present their report together with the financial statements for the year ended 31 July 2023.

Structure, governance and management

The company is registered as a charity under the number 263198 and is governed by the memorandum and articles of association of the Oral Health Foundation as amended by special resolution on 14 December 2011 and written special resolution in March 2012 whose registration number is 01027338. The company is limited by guarantee to the extent of £1 per member and has no share capital.

Directors and trustees

The Directors of the company act as the Trustees and the Directors who served during the year are listed below.

Dr Ben Atkins BDS (Immediate Past President)

Sarah Balser

Catherine Brady (Appointed 5th December 2022)

Janet Clarke

Mhari Coxon RDH (President)

Soha Dattani (Appointed 5th December 2022)

Richard Lynch (Appointed 5th December 2022)

Professor Jonathon Timothy Newton (President Elect)

Juliette Reeves

Dr Zahid Siddque BDS MPHARM (Resigned 2nd December 2022)

Helen Tomlinson (Appointed 5th December 2022)

Professor Georgios Tsakos

Recruitment and appointment of trustees

As set out in the articles of association, the Trustees are appointed by the members at the annual general meeting. The Trustees are the only members of the charity. Trustees are elected for a period of three years, as determined by the articles they may be re-elected for a further period of three years after which one year must elapse before any re-election except in the case of the President and President-Elect. The Immediate Past President may serve for a further period of two years after retirement as President.

The Trustee Board has the power to co-opt members between annual general meetings. The

Trustees acknowledge their risk management responsibilities and have endorsed the risk register assessment and review it on a regular basis at least biannually.

The Trustees acknowledge that the management of Risk is high on their priorities of good governance. A risk assurance group, consisting of the Director of Operations, the Director of Finance, and two Trustees regularly review the register before it is presented to the Trustees for their review and approval. That way, the Trustees can have confidence that the changes have been scrutinised by their peers ahead of being presented with a summary of changes.

Five key risk areas are identified as:

1. Governance and Management e.g. inappropriate organisational structure, difficulties recruiting trustees with relevant skills, conflicts of interest.
2. Operational Risks e.g., IT and asset security, Structure and infrastructure disaster recovery plan, service quality and development, contract pricing, employment issues, health and safety issues, fraud and misappropriation.
3. Financial Risks e.g. accuracy and timeliness of financial information, adequacy of reserves and cash flow, diversity of income sources, investment management.
4. Environmental and External Factors e.g. public perception and adverse publicity, demographic changes, government policy, adverse social and environmental events.
5. Compliance Risk e.g. breach of trust law, employment law and regulatory requirements of activities, such as fund raising.

The organisation's risk register is a dynamic tool which is under constant review, it is approved twice a year by our team of Trustees.

Risk Register Assurance & Management

The Risk Register has undergone several reviews over the course of the last 12 months. As a result, it is now shared with Senior Managers and Trustees in a new format, which includes a top-level dashboard which highlights any 'High Risk' areas (risks scoring 12 or more on a scale of 1-25)

The Risk Register was reviewed and amended by the Senior Management team and Two Trustees on 10th August 2023. The areas of risks identified, within the five categories provided as guidance by the Charity Commission, have also been reviewed in detail. As a result, there are currently '14' risk items on the register; all previously recorded risk have been mitigated satisfactorily and removed.

Only one risk 'F3 – Income Generation' is currently scoring as a 'High Risk' area. The Board of Trustees approved the Risk Register and confirmed they

The High risk to be flagged to the Board identified on 10.08.2023 is in the Finance Category:

REF: F3 HIGH RISK: Income Generation – Likelihood = 3 x Impact = 4 = 12.

Identified Risk: ‘Reduced income’ Insufficient funding generated to deliver strategy and business plan activities.

Causes: Individual funding streams reduced:

- Cancellation of a number of approved.
- Educational resources sales do not fully recover.
- Campaign sponsorship funding not forthcoming for new activities.

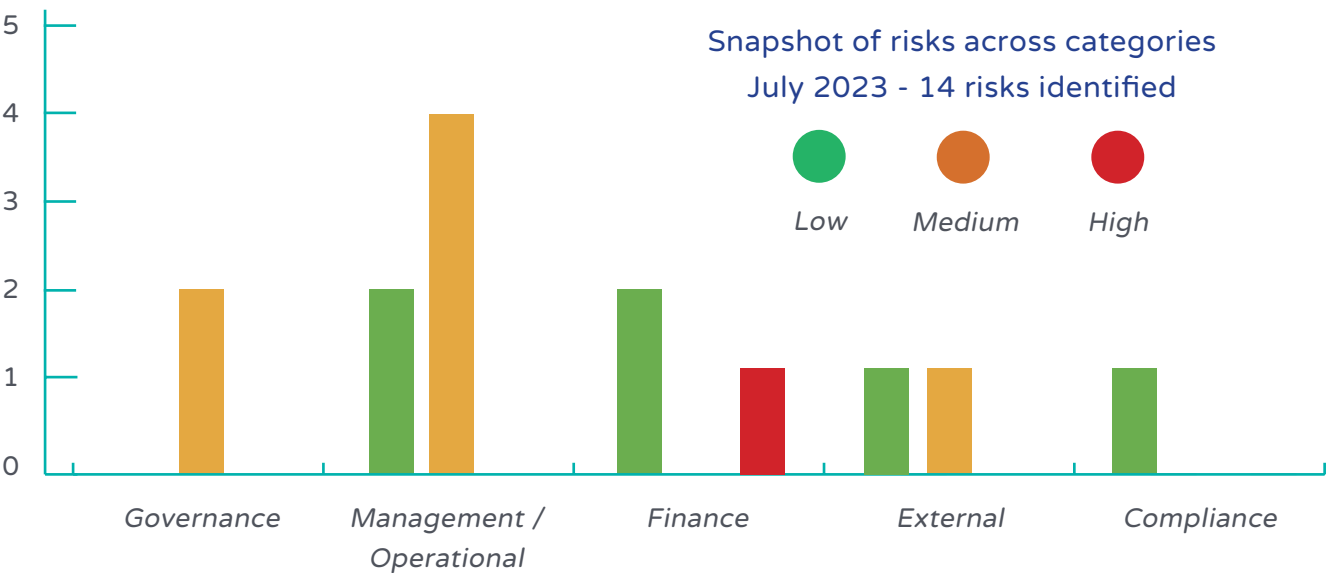
Consequences: Risk to delivery of strategic ambitions and business plan objectives.

Mitigation:

- Review resource/training needs of staff dedicated to income generation.
- Educational Resources marketing plan created updated.
- A new promotional strategy created for Accreditation.
- New sources of funding for campaigns to be actively explored.

Evidence:

- Educational Resources marketing plan implemented.
- Accreditation marketing and PR plan implemented.
- New income achieved across activities.



Impact	Extreme (5)	5	10	15	20	25
	Major (4)	4 C1 compliance O6 warehouse & distribution	8 O1 org structure	12 F3 reduced income	16	20
	Moderate (3)	3 E1 infrastructure damage	6 F1 reserves F2 fraud O3 HR/recruit	9 E2 global \$ O2 succession O4 capacity O5 ER sales G1 strategy G2 Board reporting	12	18
	Minor (2)	2	4	6	8	10
	Insignificant (1)	1	2	3	4	5
		Remote (1)	Unlikely (2)	Possible (3)	Probably (4)	Highly probably (5)
		Likelihood				

Organisational structure

The full Trustee Board which consists of between 8-12 members meets at least three times a year. The Board is responsible for the governance, strategic direction and policies of the charity. The Chief Executive and other members of the senior management team attend and advise the Trustees as appropriate but are not voting members of the Board.

The Board delegates some powers relating to staff remuneration and other related issues to a Core Team consisting of the President, President-Elect and Trustee responsible for finance.

The Chief Executive, supported by the senior management team, is responsible for the day to day running of the charity and delivery of the annual business plan objectives to a budget agreed by the Board.

Pay policy for senior staff

The key personnel of the Foundation consist of the board of directors (trustees) and the senior management team in charge of directing, controlling and running the day to day operations. All directors are unpaid and give up their time freely. Details of directors' expenses and related party transactions are disclosed in notes 12 & 25.

The pay of the senior staff is reviewed annually by the Core Team, CPI and wage inflation are used as benchmarks for this review.

Public Benefit

Good oral health forms an essential part of general health and wellbeing. Since the Oral Health Foundation was established in 1971, it has played its part in transforming the nation's oral health.

Today, the collective push to improve oral health in the UK has resulted in:

- 11 million more adults having 21 or more of their natural teeth compared to 1978.
- Over 9 million more adults having their own teeth compared to 30 years ago.
- 30% more adults visiting their dentist regularly compared to 1978.
- 10 million fewer adults smoking compared to 30 years ago.
- 61% increase in 12-year-olds free of decay since 1973.

Education and information has helped to underpin this transformation and the Oral Health Foundation has made the following unique contribution in 2020/2021:

- Launching two new campaigns to help people achieve better oral health.
- Providing important oral health resources and materials to over 600 organisations.
- Sending out more than 30,000 dental packs and giving hundreds of schools and nurseries access to our children's oral health programmes.
- Distributing in excess of 250,000 Tell Me About leaflets to communicate and educate patients about good oral health.
- Providing information to more than 1.8 million people seeking trusted dental advice from our websites.
- Continuing to independently assess dental health products to help inform consumers. More than 1,000 dental products across 60 territories have been approved since the product accreditation scheme was established 25 years ago.
- Raising oral health awareness in the media with more than 3,500 news stories being read by more than 11 billion people.

When planning charitable activities, reviewing our aims and objectives and at meetings with the Board of Trustees, our Trustees have paid attention to the Charity Commission's guidance regarding public benefit.

Financial Review

A year in which the Oral Health Foundation continues to adjust its activities to the changes to dentistry following the Worldwide pandemic and rise in cost of living.

In 2022-23, a deficit of £71,925 (2022: £0.5k surplus) was generated from the charity's day to day activities before investment gains and losses.

Investment Policy

The charity policy for the investment of available funds is that they should be held in investments that can be realised in the medium to short term. The investments should be of low to medium risk as a safeguard to hedge against the reduction in purchasing power by inflation.

Rathbone Investment Management oversees the investment portfolio. The Trustees monitor investment performance against standard policies and meet with the portfolio managers when appropriate during the year.

Reserves Policy

The management has examined the charity's requirements and has established a policy where the reserves not committed or invested in tangible assets held by the Oral Health Foundation should be at least 6 months operating costs plus a contingency for unplanned repairs to the building. This equates to a reserve policy of £600,000. Levels are reviewed annually and are based on working capital requirements, future capital spending, allowance for unexpected contingencies and the financing of appropriate projects in line with the company's aims and objectives.

The company's free reserves (being unrestricted reserves excluding tangible fixed assets) amounted to £900,324 at 31 July 2023 (2022: £975,648).

The company's unrestricted reserves amounted to £1,114,518 at 31 July 2023 (2022: £1,195,788).

Responsibilities of the Directors and Trustees

The Trustees (who are also Directors for the purposes of company law) are responsible for preparing the Directors' and Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepting Accounting Practice).

Company law requires the Directors to prepare financial statements for each financial year which

give a true and fair view of the of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Directors are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP 2019 (FRS102).
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Directors are responsible for maintaining adequate accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Provision of information to auditors

In so far as the Directors are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Directors have taken all steps that we ought to have taken to make ourselves aware of any relevant audit information and to establish that the charity's auditor is aware of that information.

The Directors are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements may differ from legislation in other jurisdictions.

Auditor

The auditor, Dafferns LLP, will be proposed for re-appointment in accordance with section 485 of the Companies Act 2006.

On behalf of the Board

Mhari Coxon RDH

Smile House, 2 East Union Street, Rugby, Warwickshire, CV22 6AJ

4 December 2023

Independent auditor's report

Opinion

We have audited the financial statements of Oral Health Foundation (the 'charitable company') for the year ended 31 July 2023, which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flow and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice). In our opinion the financial statements:

In our opinion the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 July 2023 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the Trustees' report, which includes the Directors report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The Directors' report included within the Trustees' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Directors' report included within the Trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the Trustees' report and from the requirement to prepare a Strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 1, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management, and those charged with governance, around actual and potential litigation and claims;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery,

collusion, omission or misrepresentation.

A further description of our responsibilities is available on the FRC's website at: <https://www.frc.org.uk/auditors/audit-assurance/auditor-s-responsibilities-for-the-audit-of-the-fi/description-of-the-auditor%E2%80%99s-responsibilities-for>. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Lucy Hatton (Senior Statutory Auditor)

For and on behalf of:

Dafferns LLP

Chartered Accountants

*One Eastwood, Harry West Road, Binley Business Park,
Coventry CV3 2UB*

4 December 2023

Statement of Financial Activities

Including Income and Expenditure Account - for the year ended 31 July 2023

	Note	2023	2022
		£	£
Income from			
Donations, sponsorship and legacies		249,338	228,662
Furlough grant		-	3,145
Investment		15,996	18,214
Rental		450	2,600
Supporter subscriptions		36,822	42,371
Accreditation income	3	368,824	349,264
Education resource sales and related income		326,700	297,724
Total income		<u>998,130</u>	<u>941,980</u>
Expenditure on			
Supporter	4	14,099	22,914
Accreditation	5	124,970	123,680
Education resource sales	6	378,077	358,509
Information & awareness	7	426,413	263,648
Dental Helpline	8	37,429	84,968
Mouth cancer campaign	9	89,067	87,812
Total expenditure		<u>1,070,055</u>	<u>941,531</u>
Net income / (expenditure) for the year before other recognised gains and losses	14	(71,925)	449
Other recognised (losses) / gains			
Realised gains on investment assets	16	19,972	7,357
Unrealised gains / (losses) on investment assets	16	(29,317)	(38,798)
Net Movement in Funds	19	<u>(81,270)</u>	<u>(30,992)</u>
Fund balances brought forward		<u>1,195,788</u>	<u>1,226,780</u>
Fund balances carried forward	19	<u>1,114,518</u>	<u>1,195,788</u>

All of the charitable company's activities are continuing and relate to unrestricted funds.
The notes on pages 10 to 20 form part of the financial statements.

Balance Sheet

at 31 July 2023

	Note	2023	2022
		£	£
Fixed Assets			
Tangible fixed assets	15	214,194	220,140
Investments	16	<u>592,391</u>	<u>719,928</u>
		<u>806,585</u>	<u>940,068</u>
Current Assets			
Stocks		64,135	62,132
Debtors	17	261,472	178,673
Cash at bank and in hand		<u>93,420</u>	<u>144,407</u>
		<u>419,027</u>	<u>385,212</u>
Creditors: amounts falling due within one year	18	<u>(111,094)</u>	<u>(129,492)</u>
Net Current Assets		<u>307,933</u>	<u>255,720</u>
Net Assets		<u>1,114,518</u>	<u>1,195,788</u>
Represented by:			
Unrestricted Funds	20	<u>1,114,518</u>	<u>1,195,788</u>

The notes on pages 10 to 20 form part of the financial statements. Approved and authorised for issue by the Board of Directors on 4 December 2023.



Mhari Coxon RDH
President, Oral Health Foundation

Statement of Cash Flow

For the year ended 31 July 2023

	Note	2023	2022
		£	£
Cash flow from operating activities			
Net movement in funds for the year		(81,270)	(30,992)
Depreciation		10,717	14,104
Investment income		(15,996)	(18,214)
Revaluation (gains) / losses from investments		9,345	31,442
Decrease/(increase) in stocks		(2,001)	12,280
Decrease/(increase) in debtors		(82,801)	4,106
Increase/(decrease) in creditors		<u>(18,399)</u>	<u>(47,405)</u>
Net cash flows from operating activities		<u>(180,405)</u>	<u>(34,679)</u>
Cash flow from investing activities			
Payments to acquire tangible fixed assets	15	(4,771)	(3,045)
Purchase of investments	16	(121,971)	(150,713)
Proceeds from sale of investments	16	220,576	156,849
Net Cash movement on investments	16	19,587	(19,542)
Interest & Dividends received on listed investments		15,922	18,211
Bank Interest		75	3
Net cash flow from investing activities		<u>129,418</u>	<u>1,763</u>
Net increase in cash and cash equivalents		<u>(50,987)</u>	<u>(32,916)</u>
Cash and cash equivalents at start date 2022		144,407	177,323
Cash and cash equivalents at end date 2023		<u>93,420</u>	<u>144,407</u>

The notes on pages 10 to 20 form part of the financial statements.

Notes to the Financial Statements

1 Company Status

The company is registered as a charity. It is limited by guarantee to the extent of £1 per member and has no share capital.

2 Principal Accounting Policies

The principal accounting policies of the company are set out below:

Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention apart from investments which are stated at market value. The financial statements have been prepared in accordance with applicable accounting standards, the Companies Act 2006 and the Statement of Recommended Practice “Accounting and Reporting by Charities” issued in October 2019 (SORP (FRS102)). The Charity meets the definition of a public benefit entity under FRS102.

Cash flow statement

The charity’s cash flow statement reflects the presentation requirements of FRS102.

Incoming resources

Voluntary income including donations, sponsorship and legacies are recognised when there is an entitlement, certainty of receipt and the amount can be recognised with sufficient reliability.

Investment income is recognised on a receivable basis.

Income from charitable activities includes the accreditation of dental products, sales of educational resources and website licensing income and is recognised as earned.

Any part of the income received, which relates to a period beyond the balance sheet date, is carried into the following year as “unexpired proportion of subscriptions and website licensing received.”

Accreditation, subscriptions and intellectual property licensing once received are non-refundable.

Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Costs of generating funds are those costs associated with attracting voluntary income and those incurred in trading activities that raise funds.

Charitable expenditure includes those costs incurred in the delivery of the charity's activities and services to its beneficiaries. It includes both the direct costs and the indirect support costs.

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include audit fees and costs relating to strategic management.

Governance costs are now apportioned on the same basis as other support costs.

Support costs include general overheads and administration and have been allocated to activities on a basis consistent with staff time and estimated usage.

Investments

Investments are stated at market value as valued by the Company's investment advisers. Income arising on investments is accounted for as it accrues. Movements in the valuation of investments are shown as realised and unrealised gains and losses in the statement of financial activities.

Tangible fixed assets

Expenditure on fixed assets over £1,000 is capitalised.

Depreciation is calculated by the straight-line method and aims to write down the cost of both intangible and tangible fixed assets over their expected useful economic lives.

The rates applicable are: Computer equipment	1 year
Equipment, fixtures & fittings	5 years
Freehold buildings	50 years

Stocks for resale

Stock is stated at the lower of cost and net realisable value.

Debtors

Trade debtors are recognised at the settlement amount due after any trade discounts offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

Cash at bank and in hand

Cash in bank and cash in hand includes cash only.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably.

Taxation

The company has been granted exemption from corporation taxes under sections 486 and 487 of the Corporation Taxes Act 2010.

Leased assets

All leases are regarded as operating leases and the total payments made under them are charged to the statement of financial activities on a straight-line basis over the lease term.

Defined contribution pension scheme

Contributions are charged to the statement of financial activities as they become payable in accordance with the rules of the scheme.

Funds

Funds held by the charity are either:

Unrestricted general funds – these are funds which can be used in accordance with the charitable objects at the discretion of the Directors.

Designated funds – these are funds set aside by the Directors out of unrestricted general funds for specific future purposes or projects.

Restricted funds – these are funds which must be used in accordance with the restrictions placed on them by the funder.

Transactions in foreign currencies are recorded using the rate of exchange ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are translated using the rate of exchange ruling at the balance sheet date and unrealised and realised gains and losses in translation are included in the Statement of Financial Activities.

3 Incoming Resources

Accreditation income is derived from the following geographical markets:

	2023	2022
	£	£
UK	329,600	316,748
Europe	17,424	15,026
Rest of the World	<u>21,800</u>	<u>17,490</u>
	<u>368,824</u>	<u>349,264</u>

4	Expenditure: Supporters	2023	2022
		£	£
	Supporters direct costs	267	399
	Salaries	8,537	15,560
	Overheads & support costs	<u>5,295</u>	<u>6,955</u>
		<u>14,099</u>	<u>22,914</u>

5	Expenditure: Accreditation	2023	2022
		£	£
	Accreditation of dental products	6,551	4,511
	Salaries	83,739	81,666
	Overheads & support costs	<u>34,680</u>	<u>37,503</u>
		<u>124,970</u>	<u>123,680</u>

6	Expenditure: Educational Resource Sales	2023	2022
		£	£
	Cost of sales	160,530	146,294
	Direct costs	63,532	58,532
	Salaries	110,670	113,954
	Overheads & support costs	<u>43,345</u>	<u>39,729</u>
		<u>378,077</u>	<u>358,509</u>

7	Expenditure: Information and Awareness Campaigns	2023	2022
		£	£
	Projects	34,797	20,112
	Publicity	69,421	44,067
	Salaries	282,137	163,345
	Overheads & support costs	<u>40,058</u>	<u>36,124</u>
		<u>426,413</u>	<u>263,648</u>

8 Expenditure: Dental Helpline	2023	2022
	£	£
Publicity	114	577
Salaries	37,170	78,417
Overheads & support costs	<u>145</u>	<u>5,974</u>
	<u>37,429</u>	<u>84,968</u>

9 Expenditure: Mouth Cancer Awareness	2023	2022
	£	£
Publicity	17,270	15,634
Salaries	62,115	64,525
Overheads & support costs	<u>9,682</u>	<u>7,653</u>
	<u>89,067</u>	<u>87,812</u>

10 Governance Costs (allocated under support costs)	2023	2022
	£	£
Overheads & support costs	5,824	1,744
Salaries	44,167	42,950
Other support costs	12,138	13,342
Audit, consultancy & professional fees	<u>13,111</u>	<u>16,890</u>
	<u>75,240</u>	<u>74,926</u>

11 Allocation of Support Costs

The Foundation allocates its support costs as shown in the table below. Support costs are allocated on a basis consistent with the use of resources and staff time.

Support Cost	Resources	Accreditation	Supporters	Info & Aware	Mouth Cancer	Helpline	Governance	Total
	£	£	£	£	£	£	£	£
Overheads	9,382	2,996	761	12,595	3,355	-	3,517	32,606
Depreciation	1,343	448	90	1,790	492	-	313	4,476
Amortisation	1,872	624	125	2,497	687	-	437	6,242
General Office	5,345	1,941	353	7,102	1,941	145	1,441	18,268
Finance	1,326	79	204	273	199	-	116	2,197
Governance (note 10)	24,077	28,591	3,762	15,800	3,010	-	-	75,240
Governance (overhead)	-	-	-	-	-	-	(5,824)	(5,824)
	<u>43,345</u>	<u>34,679</u>	<u>5,295</u>	<u>40,057</u>	<u>9,684</u>	<u>145</u>	<u>-</u>	<u>133,205</u>

12 Staff Costs

	2023	2022
	£	£
Wages and salaries	530,816	456,993
Social security costs	51,116	43,920
Staff insurance and benefits	9,137	25,386
Other pension costs	<u>37,467</u>	<u>33,849</u>
	<u>628,536</u>	<u>560,148</u>

The Directors were reimbursed a total of £2,562 for expenses incurred during the year ended 31 July 2023 (2022: £2,560).

The Directors received no other remuneration or emoluments during the year.

	2023 Number	2022 Number
Employees earning £60,000 per annum or more:		
£130,000 - £139,999	-	1
£140,000 - £149,999	1	-

Pension contributions in the year for these employees amounted to £13,666 (2022: £12,772).

The key management personnel of the Foundation comprise the trustees, the Chief Executive and members of the senior management team. The total employee benefits of the key management personnel of the Foundation were £381,360 (2022: £323,581).

The average number of employees analysed by function was:

	2023	2022
Direct charitable activities	8	8
Income producing activities	2	2
Administration	<u>3</u>	<u>3</u>
	13	13

13 Defined Contribution pension scheme

The company pays contributions to a personal pension fund which is available to all employees. The pension cost charge represents contributions payable by the company to the fund and amounted to £37,467 (2022: £33,849). No contributions were payable to the fund at the year end. No Directors qualified for benefits and no contributions were paid to Directors.

14 Net outgoing resources

	2023	2022
	£	£
Net outgoing resources are stated after charging/ (crediting):		
Depreciation and amortisation	10,717	14,104
Auditors' remuneration	5,500	8,500
Operating lease rentals:		
- plant and machinery	-	-
Rental income	(450)	(1,500)

15 Fixed Assets

	Freehold land & buildings	Fixtures & fittings	Computer equipment	Office equipment	Total
	£	£	£	£	£
Cost					
At 1 August 2022	348,065	22,379	47,613	36,797	454,854
Additions	-	<u>3,037</u>	<u>1,219</u>	<u>515</u>	<u>4,771</u>
At 31 July 2023	<u>348,065</u>	<u>25,416</u>	<u>48,832</u>	<u>37,312</u>	<u>459,625</u>
Depreciation					
At 1 August 2022	131,893	22,379	46,020	34,422	234,714
Charge for the year	6,241	354	2,812	1,310	10,717
At 31 July 2023	<u>138,134</u>	<u>22,733</u>	<u>48,832</u>	<u>35,732</u>	<u>245,431</u>
Net book value					
At 31 July 2023	<u>209,931</u>	<u>2,683</u>	-	<u>1,580</u>	<u>214,194</u>
At 31 July 2022	<u>216,172</u>	-	<u>1,593</u>	<u>2,375</u>	<u>220,140</u>

16 Fixed Asset Investments

	2023	2022
	£	£
Market Value		
At 1 August	719,928	737,964
Additions	121,971	150,713
Disposals	(220,576)	(156,849)
Realised investment gains	19,972	7,357
Unrealised investment (losses)/gains	(29,317)	(38,798)
Net cash movement	(19,587)	19,542
At 31 July	<u>592,391</u>	<u>719,928</u>

The investments consist of a share portfolio managed by stockbrokers Rathbones, primarily held to provide an investment return for the charity. All investment assets were held in the UK. All shareholdings are of listed companies. The historic cost at 31 July 2023 was £518,594 (2022: £616,100).

Investments held at market value comprised:

	2023	2022
	£	£
Equities	470,124	567,737
Interest securities	97,623	107,960
Cash held within investment portfolio	<u>24,644</u>	<u>44,231</u>
	<u>592,391</u>	<u>719,928</u>

17 Debtors

	2023	2022
	£	£
Amounts falling due within one year		
Trade debtors	232,376	101,133
Prepayments and other debtors	<u>29,096</u>	<u>77,540</u>
	<u>261,472</u>	<u>178,673</u>

18 Creditors: amounts falling due within one year

	2023	2022
	£	£
Trade creditors	28,507	29,682
Other creditors	5,196	-
Social security and other taxes	51,903	52,972
Accruals and deferred income	11,708	31,614
Unexpired proportion of supporter income received	12,947	14,666
Unexpired proportion of intellectual property licensing	833	558
	<u>111,094</u>	<u>129,492</u>

Deferred Income

	Safe Smiles	Website	Supporter Income	Total
	£	£	£	£
Balance at 1 August 2022	14,000	558	14,666	29,224
Amount released to incoming resources	(14,000)	(558)	(14,666)	(29,224)
Amount deferred in the year	-	833	12,947	13,780
Balance at 31 July 2023	<u>=</u>	<u>833</u>	<u>12,947</u>	<u>13,780</u>

19 Reconciliation of movement in funds

	2023	2022
	£	£
Unrestricted funds		
Balance at 1 August	1,195,788	1,226,780
Income	998,130	941,980
Expenditure	(1,070,055)	(941,531)
(Losses) / gains	(9,345)	(31,441)
Balance at 31 July	<u>1,114,518</u>	<u>1,195,788</u>

20 Analysis of net assets between funds

	2023	2022
	£	£
Unrestricted funds		
Tangible fixed assets	214,194	220,140
Investments	592,391	719,928
Net current assets	<u>307,933</u>	<u>255,720</u>
Total	<u>1,114,518</u>	<u>1,195,788</u>

21 Guarantee

The company is limited by guarantees of £1 per member.

22 Other financial commitments

There were no financial commitments at 31 July 2023 (2022: NIL).

23 Contingent liabilities

At the year end, there were no contingent liabilities.

24 Commitments under operating leases

Total future minimum lease payments under non-cancellable operating leases are as follows:

	2023	2022
	£	£
Rent of plant and machinery:		
Due within one year	-	360
Due 2-5 years	-	-

25 Related party transactions

The Oral Health Foundation made sales to Ben Atkins, a director. The value of the sales was £152.25 (2022: £152.25). At 31st July 2023, the balance owed was £nil (2022: £nil).

The Oral Health Foundation campaigns to address the inequalities in oral health. We're a registered UK charity which relies on donations from the public, as well as the dental and health profession. Become a supporter. Your donation will be warmly received and will allow us to continue our important mission of providing independent and impartial information, education and advice to those who need it most.