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The Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care
Department of Health and Social Care
Ministerial Correspondence and Public Enquiries Unit
39 Victoria Street
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Our Ref: MP06282

3 February 2026

Dear Secretary of State,

Thank you for the response of 2nd October from the Minister of State to my earlier letter regarding oral health support for adults with learning disabilities in social care.

While I welcome the recognition of the challenges faced by people with learning disabilities in accessing NHS dentistry, I am concerned that the reply does not address the central issue raised – namely, the significant gap in supervision, accountability and national direction for oral health support for adults living in supported living arrangements rather than registered residential care homes.

The original case that prompted my correspondence involved an adult with profound learning disabilities who receives a high level of daily personal care and supervision. However, like many thousands of people across England, they live in supported living accommodation rather than a registered care home. Over the past two decades, many providers have shifted from residential care models to supported living arrangements, often with residents holding a licence to occupy and receiving extensive social care support to enable daily living.

In practice, the level of need and dependency in many supported living settings is comparable to residential care. Individuals may require continuous supervision, assistance with personal care, support with eating and bathing, and accompaniment outside the home. Yet despite this, supported living is frequently excluded from the scope of guidance, toolkits and frameworks cited in the Minister's response, including NHS England and former Public Health England oral health guidance aimed explicitly at "care homes".

This distinction has serious consequences. Where oral health expectations are clearly articulated, inspected and commissioned in residential care, they are far less consistently embedded in supported living settings. As a result, responsibility for daily oral hygiene support falls between health and social care systems, and between national policy and local commissioning. This has led to predictable and preventable harm to some of the most vulnerable people in our society.

I am concerned that this confusion persists even at national policy level, and that it is contributing to widespread neglect of oral health needs among adults with learning disabilities living in supported accommodation. This is not an issue of access to dentists alone, but of ensuring that basic daily oral hygiene support is recognised as an essential component of personal care, regardless of the legal or contractual model under which that care is delivered.

I would therefore be grateful if you could ask the Minister to consider:

- How national guidance and expectations on oral health can be explicitly extended to supported living and similar social care arrangements;
- How commissioners and providers can be given clearer direction to ensure daily oral hygiene support is embedded in care planning, staff training and contract monitoring for this group; and
- How this gap in oversight can be addressed to prevent further avoidable deterioration in health and quality of life.

I am convinced that addressing this lacuna would not require significant additional resources, but rather clearer national leadership and alignment between health and social care policy.

Yours Sincerely,



Dr Manuela Perteghella MP
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