



London Assembly Health Committee

“Child dental health in London”

Response by the Faculty of Dental Surgery at the Royal College of Surgeons

Executive Summary

1. Children’s dental health now represents a major public health issue in London. Levels of child tooth decay are above the national average, with significant inequalities in different parts of the city. While there have been long-term improvements in standards on children’s oral health, the proportion of five year olds with tooth decay actually increased in ten boroughs between 2015 and 2017. London also has particular challenges in terms of child dental attendance – 18 of the 20 worst performing local authorities in England are in the capital.
2. High levels of tooth decay in London are troubling as the problem is almost entirely preventable by taking simple steps including regular brushing and visits to the dentist, and reducing sugar consumption. Poor oral health impacts on children’s health and wellbeing in a number of ways including making it more difficult to eat, drink and sleep; forcing children to take time off school for treatment; negatively impacting their confidence; and making long-term dental problems more likely.
3. There have been a number of encouraging developments around children’s oral health in London in recent months, such as the inclusion of commitments in the *London Health Inequalities Strategy* which was published in September, and the launch of the Healthy Early Years London programme in October which will encourage children and parents to eat healthily and learn skills such as tooth brushing with support from early years professionals. We also welcome the introduction of a ban on junk food advertising on the Transport for London network in February which will help limit children’s exposure to adverts for high sugar products.
4. However, there are also a number of other measures that can be taken to improve children’s oral health in London. We believe that supervised tooth brushing sessions should be introduced in nurseries, primary schools in breakfast clubs, following the success of such initiatives in Scotland and Wales. Concerted action is also needed to improve dental attendance in London – it is important to ensure that parents understand the importance of taking their child to the dentist on a regular basis, and also that dentists accept children and that their practice environment is a welcoming one. We also believe that wider health professionals, such as GPs, should be engaged in the delivery of oral health advice, and that schools should be encouraged to go “sugar free”.

Prevalence of children's oral health problems in London

5. The Faculty of Dental Surgery at the Royal College of Surgeons welcomes the opportunity to provide comments to the London Assembly Health Committee's investigation into "Child dental health in London". This represents a significant public health issue, which affects a substantial number of children across London.
6. Figures from Public Health England show that just over a quarter (25.7%) of five year olds in London had tooth decay in 2017, which was above the national average for England (23.3%). There are significant inequalities in children's oral health in different parts of the city – the proportion of five year olds experiencing tooth decay in Harrow (39.6%) is nearly three times as high as in Bexley (14.4%). Indeed, while there have been long-term improvements in standards of children's oral health across the capital as a whole (27.2% of five year olds in London had tooth decay in 2015, and 32.7% in 2008), levels of child tooth decay actually rose in ten Boroughs between 2015 and 2017.¹
7. London also has significant challenges in terms of children's dental attendance. Despite the National Institute for Health and Care Excellence advising that all children should see a dentist at least once every 12 months, just 50% of 0-17 year olds in London visited an NHS dentist in 2018, significantly below the attendance rate in all other parts of England. Furthermore, 18 of the 20 worst performing local authorities in England for children's dental attendance are in London – in Hackney less than a third (32.5%) of children saw an NHS dentist last year, which was the lowest rate in the entire country.²
8. High levels of child tooth decay in London are particularly troubling as the problem is almost entirely preventable by taking very simple steps – ensuring that children brush their teeth twice a day with fluoride toothpaste, visit the dentist on a regular basis, and reduce the amount of sugar they consume. Efforts to improve children's oral health in the city should focus on interventions in these three areas.

Impact of oral health problems

9. Oral health problems can have significant implications for a child's health and wellbeing. Most immediately, dental pain makes it more difficult to eat, drink and sleep, and can also impact on a child's performance at school by disrupting concentration and forcing them to take time off for treatment. For example, one study conducted by Public Health England in North West England found that 26% of children who attended hospital for a tooth extraction missed days from school because of dental pain – the majority missed two days but some children were absent for up to 15 days.³

¹ Figures taken from Public Health England's [Oral Health Survey of Five Year Old Children 2017](#). Comparison of results from the 2015 and 2017 editions of the survey show that the proportion of five year olds with tooth decay rose in Havering (up 0.4%), Newham (0.7%), Bromley (1.4%), Croydon (2.2%), Wandsworth (2.7%), Waltham Forest (3.1%), Brent (3.8%), Harrow (5.4%), Camden (6.4%) and Sutton (6.6%)

² Figures taken from NHS Digital's [NHS Dental Statistics for England 2018-19, Second Quarterly Report](#)

³ Public Health England (2017) [Health matters: child dental health](#)

10. Furthermore, poor oral health can also have a major impact on children's confidence, with the most recent Child Dental Health Survey finding that 35% of 12 year olds and 28% of 15 year olds were embarrassed to smile or laugh because of the condition of their teeth. Concerns are increasingly being raised that oral health problems can impact on children's language development as well, and the Child Dental Health Survey also found that 9% of 12 year olds and 8% 15 year olds had difficulty speaking because of poor oral health.⁴
11. Lastly, it is also important to recognise that poor oral health in childhood increases the risk of oral health problems in later life, as children who have high levels of disease in their primary teeth are known to be at greater risk of disease in their permanent teeth.⁵

Current interventions in London

12. In recent months there have been several encouraging developments around children's oral health in London. Significantly, oral health was included in the Mayor's *London Health Inequalities Strategy* when this was published in September. The strategy included a clear statement that "The Mayor wants to see partners take further action on improving child oral health, including access to dental care, particularly targeted on those communities least likely to be registered with, or regularly visit, a dentist. Many London families are not even aware that children can see a dentist for free – this needs to change".⁶ The Faculty very much welcomes the focus placed on children's oral health by the Mayor which we hope can be a significant driver for change in this area.
13. Following the publication of the strategy the *Healthy Early Years London* programme was also launched in October, which aims to encourage children and families to eat healthily and learn skills such as tooth brushing with support from early years professionals.⁷ This approach is particularly important from an oral health perspective, as if children are not attending a dentist then one of the most valuable ways of reaching them with oral health messages is through wider public health professionals who have contact with the family. The Faculty believes that all health visitors, school nurses, children's centre workers and pharmacists should receive training in oral health to help them identify signs that a child might have a problem and provide basic advice, including signposting to a dentist (as discussed in detail in paragraph 19, we also believe that there is more that can be done to improve awareness of oral health amongst other health professionals including GPs).⁸
14. Furthermore, we were also pleased to see the introduction of a ban on junk food advertising across the Transport for London network in February. The Faculty has

⁴ Health and Social Care Information Centre (2013) [Children's Dental Health Survey 2013 – Report 1: Attitudes, Behaviours and Children's Dental Health](#), p. 33 (Table 1.18)

⁵ Public Health England (2017) [Health matters: child dental health](#)

⁶ Mayor of London (2018) [The London Health Inequalities Strategy](#), p. 49

⁷ Press release: [Mayor launches programme to tackle health inequalities](#) (17 October 2018)

⁸ In collaboration with Health Education England and the UCL Eastman Dental Institute, the Faculty has recently developed a free online resource for parents and early years health professionals which provides advice on how to ensure the children they care for can maintain good oral health. This can be accessed at: <https://www.e-lfh.org.uk/programmes/childrens-oral-health/>

been supportive of efforts to introduce stronger restrictions on junk food advertising at a national level, including a ban on online and TV advertising before 9pm, so the proactive approach taken in London on this issue is something we welcome.

Further proposals for improving children’s oral health in London

15. In addition to the interventions discussed in paragraphs 12 to 14, there are further measures that the Faculty believes could be taken to improve children’s oral health in London. Firstly, we believe that the Mayor should build on the commitments made as part of the *Healthy Early Years in London* programme to support children to learn to brush their teeth by introducing supervised tooth brushing sessions in nurseries, primary schools and breakfast clubs in London, particularly in areas where oral health outcomes are poor.
16. Supervised tooth brushing is a key component of the Scottish *Childsmile*⁹ and Welsh *Designed to Smile*¹⁰ schemes which have both been successful in reducing levels of tooth decay in their respective nations, by helping children to develop good brushing habits at an early age and increasing their exposure to fluoride. Analysis by Public Health England suggests that such initiatives deliver a return of £3 on every £1 invested after five years,¹¹ and that implementation is “easily manageable” in English early years settings with low cost implications.¹²
17. Secondly, concerted action is needed to improve children’s dental attendance in the capital, given London’s particularly poor record in this area. Dental access should be viewed as a two-way process – it is about parents understanding the importance of taking their child to the dentist, and dentists accepting children and ensuring that their practice environment is a welcoming one.
18. The Faculty supports the Dental Check by One campaign, which encourages all children to have a dental check-up as soon as their first teeth appear, and at the very latest by the time they turn one. Ensuring that parents are informed about this, and that NHS dental treatment is free for under-18s, is crucial to improving attendance. As suggested in paragraph 13, public health professionals have a key role in communicating this to families who are not currently attending a dentist. Equally, where there are supply-side obstacles which prevent dentists from seeing children it is important that these are addressed.
19. Thirdly, wider health professionals, beyond those directly involved in the *Healthy Early Years London* scheme, should be engaged in delivering oral health support. One group that the Faculty believes are particularly important are GPs, and we have had initial discussions with some London boroughs about potentially utilising dental foundation trainees to provide oral health advice in GP surgeries.

⁹ <http://www.child-smile.org.uk/>

¹⁰ <https://www.designedtosmile.org/welcome-croeso/welcome/>

¹¹ Public Health England (2016) [Return on investment of oral health improvement programmes for 0-5 year olds](#)

¹² Public Health England (2016) [Delivering Supervised Toothbrushing for Two, Three and Four Year Olds in Early Years Settings](#), p. 4

20. Dental foundation trainees are newly qualified dentists who are undertaking a year-long foundation training post within a dental practice in preparation for further study, and we are aware that they have previously been involved in initiatives to provide basic oral health advice to children in schools in some London Boroughs. We believe that there is potential for a similar approach to be taken in GP surgeries, with dental foundation trainees spending some time each week in a surgery in order to provide on-site oral health advice to children and families who are waiting for an appointment, and signposting to a dental practice if necessary.
21. Lastly, the Faculty believes there is a strong case for schools to go “sugar free” and stop serving any sugary products on their premises. The current School Food Standards¹³ allow deserts, cakes and biscuits to be served at lunchtimes (although not confectionary or chocolates), and while the Government committed to update the standards in the 2016 Child Obesity Plan with a view to reducing sugar consumption,¹⁴ to our knowledge this has not yet been completed. We are aware of initiatives by individual schools to become sugar free, both in London and in other areas such as Brighton, but believe that establishing this as a city-wide programme under the Mayor’s leadership would represent an extremely significant step forward.

Contact

22. For further information contact John Davies, Policy and Public Affairs Adviser, by email at JohnDavies@rcseng.ac.uk or by phone on 020 7869 6050.

¹³ http://www.schoolfoodplan.com/wp-content/uploads/2015/05/School_Food_Standards_140911-V2e-tea-towel.pdf

¹⁴ HM Government (2016) [Childhood Obesity: A Plan for Action](#), p.9