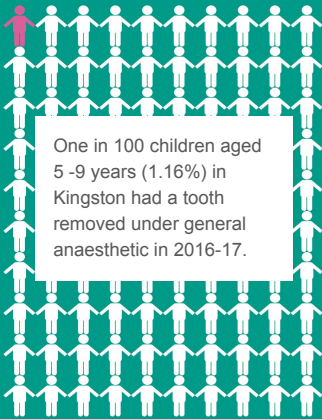


Kingston JSNA Factsheet: children's oral health

Key facts



More than one in five children (21.5%) in Kingston has tooth decay by their first year of school at age five



One in 100 children aged 5-9 years (1.16%) in Kingston had a tooth removed under general anaesthetic in 2016-17.

Three in four (75%) parents think it's easy to access dental services for children in Kingston

Three in five (60%) think it's easy to access oral health advice

46% of parents say they've had at least one problem with their child's oral health in the last six months

Parents of younger children are less likely to say they've had oral health advice than parents of older children



Three in five children aged under 18 in Kingston have visited an NHS dentist in the last two years



Key issues for Kingston

1. There is some scope to improve outcomes.

Kingston has a similar rate of child tooth decay experience to the national average, though better than London average. There is also a higher rate of hospital admissions for tooth extractions..

3. The local environment is not always helpful for oral health. Parents find it difficult to restrict their child's sugar intake, especially when they are in school.

2. Preventative advice could reach some families earlier and could be more comprehensive.

There is low uptake of dental services among younger children, and preventative advice may not be reaching parents early enough. In particular, some parents say they haven't been advised about what foods and drinks are best to keep children's teeth healthy.

4. Kingston's demography and ethnically diverse population mean it is important to ensure systems are in place for oral health advice to reach all Kingston's communities.

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Why does it matter?

For 5 to 9 year olds in the UK, tooth extractions are the commonest reason for hospital admissions.

Tooth extractions for children cost the NHS in England £50.5m in 2015-16.

Tooth decay in children can lead to:



Who is at risk?

Risk factors for tooth decay (dental caries) are related to risk factors for other long term conditions including heart disease, respiratory diseases and diabetes. These are all affected by the wider environment and social and economic conditions. For example, children who eat a poor diet high in sugar and calories are at higher risk of both obesity and tooth decay. This also means that social and environmental inequalities can lead to inequalities in oral health.

Tooth decay is caused by acid produced by bacteria in the mouth as they break down sugar.

Any child can develop tooth decay once their teeth emerge and they move on from breast or formula milk to solid foods, but risks are higher for:

- Children who eat a poor diet (frequently eat foods high in sugar)
- Children who don't brush their teeth with fluoride toothpaste
- Children from deprived backgrounds
- Children who do not access dental services early to receive preventative advice.
- Children with special needs or who are medically compromised

Looked-after children and those with additional needs are particularly vulnerable to many health problems, and dental neglect may be a particular risk.

How can tooth decay be prevented?

1. Creating oral-health friendly policies and environments

Creating an environment that's friendly to everyone's oral health can help to reduce tooth decay and oral health inequalities. For example, making sure there is access to fluorides has been shown to reduce tooth decay and to narrow the gap in decay rates between deprived and less deprived children. Other environmental measures for oral health include reducing children's sugar consumption through both national policy measures like the sugar levy and local work to change the kinds of snacks on offer in schools and shops. Programmes like Healthy Schools and Healthy Early Years, which include advice on healthy nutrition and availability of water, are intended to make these environments healthier for all children.

2. Strengthening community action and developing personal skills for oral health

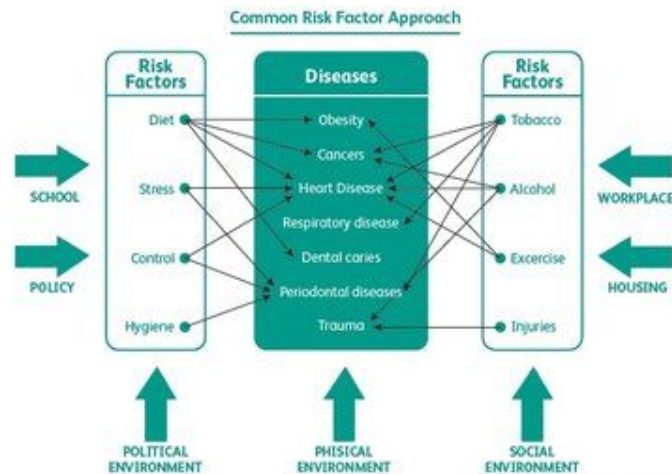
Local families can be supported to keep their children's teeth healthy if they have the right knowledge, skills and confidence. This can be achieved by training the frontline workforce on oral health so they can enable and empower parents to look after their children's teeth.

It's recommended to take babies to the dentist as soon as their first teeth erupt. This gives them chance to get used to the dental environment and means their parents can get good advice from the start. Breastfeeding up to 12 months is also associated with a lower risk of tooth decay.

In all children, tooth decay is preventable by reducing the frequency and amount of sugar they eat, increasing the availability of fluorides, brushing teeth twice a day and visiting the dentist at least once a year.

The latest detailed advice about [reducing sugar](#) can be found on the Change4Life website, while NHS Choices also has advice about [how to brush teeth at home, and what to expect when going to the dentist](#).

But oral health doesn't need to be promoted in isolation. The Common Risk Factor Approach identifies links between common risks to oral health and general health. Work to address the root causes of obesity, cardiovascular diseases and cancers should also consider how to promote oral health. This applies to all services, including antenatal services.



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3. Reorienting healthcare services towards prevention

It's important that all health and care workers are giving the right, consistent advice about how to maintain oral health, and comprehensive preventative programmes have been shown to be effective. Dental teams have a central part to play as part of a wider health and care system.

Public Health England's advice is that:

- Children and families should be asked about their diet, and should be given advice including about breastfeeding, toothbrushing and reducing sugar consumption.
- All children aged over three should have fluoride varnish applied twice a year.
- Visiting the dentist as soon as the first teeth erupt to receive preventative advice from an early age and establish healthy habits



Public Health
England

Return on investment of oral health improvement programmes for 0-5 year olds*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated
PHE Publications gateway number: 2016321

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Oral health for children in Kingston

Kingston's population and future need

In 2016, there were 27,397 children under 12 (11,694 aged 0-4 and 15,703 aged 5-11) living in Kingston, together making up 16% of the borough's population. The population of under 12s is expected to reduce to 27,325 by 2026.

An estimated 40% of 0-11 year olds in Kingston in 2016 were from a Black, Asian or minority ethnic (BAME) background and an additional 10% are from an Other White background. The single largest ethnic minority group was the Other Asian category, with an estimated 3,285 children aged 0-11.

A total of 11% of children under 16 in Kingston were in low income families in 2015. This is lower than the percentage in England (16.8%) or London (18.8%).

Tooth decay

Kingston has lower rates of tooth decay in young children than London as a whole.

In 2012-13, just under 1 in 16 (6.2%) three year olds in Kingston had tooth decay experience (decayed, missing or filled teeth), lower than the percentage for England (13.6%) or London (11.7%).

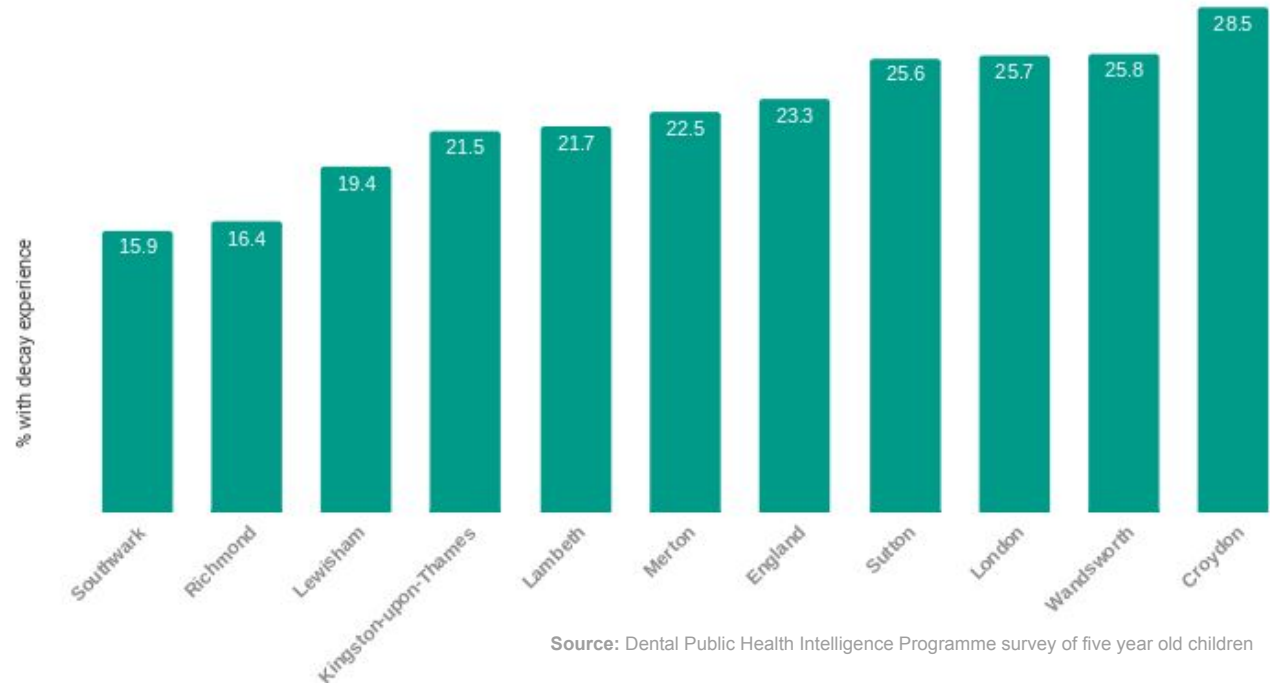
In 2016-17, more than 1 in 5 (21.5%) five year olds in Kingston had tooth decay experience. This rate is not significantly different than the average for England or neighbouring boroughs, but is significantly lower than the figure for London overall (25.7%)

The proportion of five year old children with tooth decay experience in London has improved since 2007-08.

Among a small sample of twelve year old children attending special schools, the proportion with tooth decay was 36.4% in Kingston in 2014. This was not significantly different to the percentage in England (29.2%) or London (23.2%).

Five-year-old children with tooth decay experience (2016-17)

England, London and boroughs using King's College Hospital Oral Health Promotion Service



Source: Dental Public Health Intelligence Programme survey of five year old children

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Dental extractions

Kingston has a relatively high rate of hospital admissions for tooth extractions among children aged 0-19 compared to England as a whole. This issue is common in London.

In 2016-17, one in every 100 (1.16%) 5 - 9 year olds in Kingston had a tooth removed under general anaesthetic. The number of hospital admissions for tooth extraction for this age group in Kingston has increased since 2011-12.

Dental access

Three in five (63.4%) children aged under 18 in Kingston have visited an NHS dentist in the last two years (up to March 2017).

Among 0 - 5 year olds, the figure is only two in five (37.7%). Lower dental access rates for younger children are common across London and England as a whole.

There is variation around the borough in the rate of access to NHS dentists. Tudor ward has the highest access rates, with 72.6% of children under 18 accessing an NHS dentist in the two years up to March 2017; St Mark's ward has the lowest access rates, with 46.7% of children under 18 accessing an NHS dentist in the same period.

Local data shows there is no clear relationship between dental access rates and deprivation (as measured by the percentage of children in low income households). However, we know from UK and international evidence that factors influencing uptake of dental services can include:

- parents' education, socioeconomic status and beliefs
- fear of the dentist
- ethnicity

Experiences of Kingston families

An informal online survey ([link](#)) of more than 100 local parents (not necessarily representative of Kingston's population) conducted by Kingston's public health team in 2017-18 found that:

Almost half of local parents (46%) said their child had had at least one problem with their oral health over the past six months. The commonest reported were problems with the appearance of their teeth, mouth or gums.

Just under one in three parents (32%) had felt stressed or anxious about their child's oral health in the last six months.

Three in four (75%) parents said that it was easy to access dental care for children in Kingston, and 60% said that it was easy to access oral health advice.

Parents of younger children were less likely than others to say they had been given the right oral health advice and less confident than others about how to look after their child's oral health. Only seven in ten parents of 1 - 4 year olds had been given advice about how often to visit the dentist.

Only 55% of parents said they had been given advice about what kinds of food and drink their child should be consuming.

Seven in eight parents said their child had been to the dentist at least once. The commonest age to start going to the dentist was two years old, which is older than the age recommended by Public Health England for a first visit. More than a third did not go to the dentist until they were three or older.

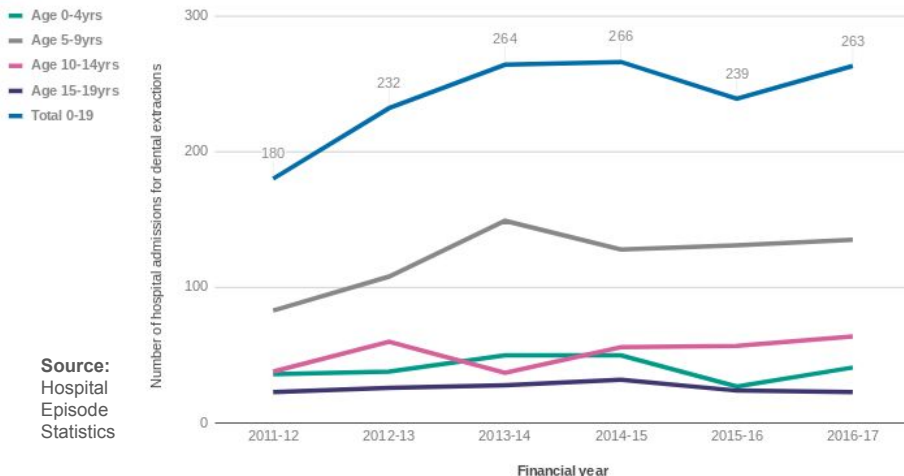
Among those who had used dental services, nine in ten said that their child's experience had been good or very good. The aspects of dental services with the most scope for improvement were length of wait for a routine appointment, and the child-friendly nature of the practice.

[Qualitative research conducted with children and parents from HealthWatch Kingston](#) found that:

- Dentists who were seen as "child-friendly" were considered to be especially helpful
- Children and parents had a good understanding of what foods and drinks are best for oral health, but parents found it difficult to monitor and control how much sugar their children were eating, particularly when they went to school
- Children and parents knew the importance of regular toothbrushing, but not all were aware of good toothbrushing technique
- Some parents had had problems accessing NHS dental care because practices were oversubscribed

Children admitted to hospital for dental extractions in Kingston 2011-2017

Finished consultant episodes for dental extraction (all diagnoses) for Kingston residents



Source:
Hospital
Episode
Statistics

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What support do we already have in place?

Local NHS Dental Practices are commissioned by NHS England for both preventative checks and advice and restorative dental treatment. These services are free for children. There are 26 NHS dental practices in Kingston and a full list can be found on the [Kingston CCG website](#).

King's College Hospital Community Special Care Dentistry provides a referral service for children with special needs across South West London and an oral health promotion service which offers training and gives advice to parents, schools and community groups. Any professional can refer a child with special needs to the community dentistry service - the referral doesn't have to come from a dentist.

Health Visitors and School Nurses give oral health advice as part of their routine checks and visits.

Online advice about oral health is available from [NHS Choices](#). NHS 111 can connect families to an emergency dentist

Healthy Schools London is already in place in Kingston and supports schools to create a healthy environment for children. Reducing the amount of sugar in the school environment is an important element of the scheme.

What's new since 2017-18?

King's College Hospital Oral Health Promotion service is offering **training on oral health to the wider workforce**, including those working with communities, and supporting school nurses and health visitors with their work to ensure children and families get toothbrushing packs and oral health advice.

School nurses will begin **collecting information about oral health** as part of the school entry survey from September 2018, offering oral health education sessions in schools and supporting schools who want to focus on oral health to achieve a London Healthy Schools award.

Kingston's Sugar Smart campaign (launched 2018) is now **encouraging and supporting local schools, nurseries, businesses and others to reduce the amount of sugar** children eat and drink every day.

Health visitors will begin **distributing toothbrush and toothpaste packs** to local families at key routine checks when babies are one year and two and a half years old from 2018.

Healthy Early Years London is a new scheme to support childcare and early years providers to **create a healthy environment for young children**, including reducing sugar and supporting families with oral health. Kingston is considering joining the scheme when it is launched in 2018.

Dental Check by One is a national campaign launched by NHS England in September 2017, being implemented in 2018. It will **encourage parents to take their child to the dentist when their first tooth emerges, or by their first birthday**. These visits are really important to help parents to get the right advice at an early stage and enable young children to get used to visiting the dentist, and dentists can be reimbursed for this work.

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Recommendations: a proposed strategic approach to children's oral health in Kingston

Creating oral health-friendly policies and environments

Creating an environment which is good for teeth is the best way to reduce oral health inequalities, because it affects everyone, not just those who use services the most

- Sugar Smart Kingston
- Healthy Schools London
- Healthy Early Years London
- Support increased access to fluoride

Strengthening community action and developing personal skills for oral health

Tooth decay can start early, and parents of younger children are less confident of what to do to prevent it, so it's important to reach families with the right advice and support from the start and throughout life

- Health Visitors giving oral health advice at all routine appointments
- Distribution of toothbrushing and toothpaste packs
- Promoting national oral health awareness campaigns
- Oral health in PSHE lessons

Reorienting services towards prevention

Local dental services in practices and in the community are a vital source of preventative care and advice for everyone, and can give extra support for those who need it most

- Supporting the Dental Check by One approach
- Local practices working in line with Delivering Better Oral Health

Supported by PHE's Commissioning Better Oral Health principles:

- Taking a life course approach and intervening at the right time
- Putting children young people (CYP) and families at the heart of what we do; empowering CYP and their carers; promoting self care and resilience
- Partnership working using an integrated approach across children's services
- Supporting consistent evidence informed oral health information
- Using, sharing and developing information and intelligence
- CYP are supported by their families, early years and schools settings and communities to maintain good oral health
- Sustaining and developing the CYP workforce
- Leadership and advocacy of a clear local vision for oral health improvement addressing health inequalities
- Access to quality local dental services focused on improving oral health

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Recommendations

Health visitors, nurses, GPs, pharmacists, midwives, the early years workforce and other health, care and children's social services professionals should:

1. Undertake basic oral health training
2. Ensure proactive oral health advice is incorporated into routine appointments and visits for young children.

All those who offer oral health advice should:

3. Ensure it includes advice about what foods and drinks a child should be consuming and when to visit the dentist for the first time, as well as about toothbrushing and frequency of visits to the dentist.

Health Visitors should:

4. Work with the local Oral Health Promotion service on a systematic programme of toothbrush and toothpaste distribution
5. Undertake training in oral health promotion
6. Ensure they routinely give evidence-based oral health advice to parents, including advising on toothbrushing, diet and dental visits

Kingston Council's Public Health Team should:

7. Ensure commissioning of effective oral health promotion
8. Use a common risk factor approach to integrate oral health in existing policies and programmes
9. Continue its work to create oral-health friendly environments and policies in schools through the Sugar Smart initiative and the Healthy School London local programme
10. Promote oral health to local people. This includes systematic integration of oral health messages into communications, participation in national oral health campaigns and integration of oral health promotion into community health programmes and events for vulnerable groups.
11. Monitor the uptake of oral health training in the 0-19 Children and Young People's Service
12. Establish a consistent evaluation and monitoring framework to assess the impact of local work to maintain good oral health for children.

The local Oral Health Promotion service should:

13. Work with the early years workforce on a systematic programme of toothbrush and toothpaste distribution
14. Work with Public Health to establish a consistent evaluation and monitoring framework for programme delivery in the borough

15. Deliver oral health training for school nurses, school staff, health visitors, the early years workforce, other healthcare professionals and community leaders across Kingston.

Headteachers should:

16. Establish a whole-school approach to oral health, ensuring it is part of policies and procedures, making drinking water and healthy snacks available, displaying appropriate advice and incorporating oral health into the curriculum, and ensuring that these approaches are maintained at breakfast and after school clubs as well as during the day.
17. Incorporate oral health into their work towards Healthy Schools accreditation.
18. If developing a more comprehensive programme for a higher level Healthy Schools award, work with the Oral Health Promotion service and School Nursing service to develop plans based on Public Health England and NICE advice.
19. Ensure relevant staff are trained in oral health and able to give oral health advice to children and parents
Work with the local school nursing service to integrate oral health in their PSHE curriculum

Children's centres and other early years settings should:

20. Establish a whole-setting approach to oral health, ensuring it is part of policies and procedures, making drinking water and healthy snacks available, displaying appropriate advice and incorporating oral health into the curriculum, and ensuring that these approaches are maintained at breakfast and after school clubs as well as during the day.
21. Incorporate oral health into their work towards Healthy Early Years accreditation. If developing a more comprehensive programme for a higher level Healthy Early Years award, work with the Oral Health Promotion service and Health Visitors service to develop plans based on Public Health England and NICE advice.
22. Ensure relevant staff are trained in oral health and able to give oral health advice to children and parents

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NHS England and local dentists should work together to:

23. Prioritise prevention of decay for young children by supporting the Dental Check by One campaign, ensuring routine appointments are available for families and ensuring practices are child-friendly.
24. Ensure advice on preventative treatment in Delivering Better Oral Health is followed, including giving fluoride varnish to children aged three or over or at risk of decay, checking diet, and offering families advice about healthy food.

Local community groups who work with children and families should:

25. Avoid offering sugary snacks to children make sure they know where to refer parents for advice on oral health

School Nurses should:

26. Support schools to establish oral health plans as part of their Healthy Schools London award
27. Undertake training in oral health promotion Deliver and support oral health education in PSHE and at other key times when contacting families (such as for the National Child Monitoring Programme), in line with new commissioning arrangements
28. Establish monitoring of oral health data at school registration to identify
29. Identify children at risk of dental neglect and ensure referral to appropriate services

Local parents should follow Public Health England advice by:

30. Ensuring their child has a healthy diet
31. Ensuring their child brushes their teeth twice a day with a fluoride toothpaste, once before bed and at one other time
32. Taking their child to the dentist before the age of one or when their first tooth erupts, and return regularly in line with their dentist's advice

Further reading

Reports prepared to support this project:

HealthWatch Kingston Healthy Teeth, Healthy Children report, HealthWatch Kingston

Kingston Healthy Teeth, Healthy Children survey, Kingston Council Public Health Team

Key national guidance:

Commissioning Better Oral Health for children and young people, Public Health England, 2014

Delivering Better Oral Health: an evidence based toolkit for prevention, Public Health England, 2017

Health Matters: Child Dental Health, 2017, Public Health England

Oral Health: local authorities and partners (PH55), NICE, 2014

Resources for schools and early years settings:

Westminster Tooth Fairy: a tale of triumph over terrible teeth. [Resources](#) and [video](#)

[Dental Buddy](#) lesson plans

Setting up a toothbrushing scheme in [early years settings](#)

[Brush Time resource](#) for toothbrushing schemes in schools and early years settings

Health promotion resources for families and dental practices:

[Dental Check by One](#) campaign
Change4Life: [Top Tips for Teeth](#)

British Society for Paediatric Dentistry, [Advice for parents of children with autism](#)

NHS Choices, [Children's Teeth](#)

August 2018

All data sources and references are available on request from phps@kingston.gov.uk

PUBLIC HEALTH
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