



Children's Oral Health

1. Introduction

Children's oral health has been improving over the past 30 years in the UK but persistent inequalities remain, which are strongly associated with deprivation and social background. Oral health affects people physically and psychologically, and influences how they grow, look, speak, eat and socialise, as well as feelings of social wellbeing. Oral health problems for children include dental caries, gum disease, and facial and dental injuries. Severe tooth decay remains a problem particularly among young children in disadvantaged communities, with the associated dental problems of toothache, abscesses and extractions. Often in this age group, dental treatment may only be done under general anaesthetic.

Improving the oral health of children is identified as a priority within the [NHS Operating Framework 2011/12](#), as well as in [Equity and Excellence: Liberating the NHS](#) (2010) and [Healthy Lives, Healthy People – Our Strategy for Public Health in England](#) (2010).

The Department of Health's Oral Health Strategy for England (1994) set national dental health targets for the country's children:

- Five year old children are to have no more than 1 decayed, missing or filled first tooth (on average); and
- 70% of five year olds should have no experience of tooth decay.

2. The Local Picture

The average number of decayed (dt/DT), missing (mt/MT) or filled teeth (ft/FT) ('dmft' for first teeth and 'DMFT' for adult teeth) from the BASCD¹ dental surveys are commonly used as a measure of dental health status within a population. Although, in general, lower dmft/DMFT values imply a population with better oral health, the data can only be taken as an estimate of the prevalence of dental caries within the population. Average borough-level figures also mask the inequalities which exist within local areas. Due to methodological changes between survey years it is not possible to compare different time periods.

2.1 Children aged 0-6 years

- In 2007/08 the average dmft of 5 year olds in Hounslow's was 1.2 (i.e. 1.2 decayed, missing or filled teeth per child), better than the London average of 1.3, although still worse than the England average of 1.1. This was an improvement from 2005/06, when five year olds in Hounslow had poorer dental health than the averages for London and England. On average, 5 year olds in Hounslow with decay experience have fewer decayed, missing or filled teeth (an average of 3.55 per child) than their peers across North West London and the London average (3.88 per child).
- The proportion of five year old children in Hounslow with decay experience (having one or more teeth decayed, missing or filled) in 2007-08 was 32.6% compared with 32.7% for London and 30.9% for England.

¹ The British Association for the Study of Community Dentistry (now the National Epidemiological Programme)



- For five year olds, the care index (the ratio of filled teeth to teeth that have had decay experience) is lower in Hounslow than the rest of North West London, which means that a greater proportion of caries is untreated. In 2007/08, only 6% of caries in five year old children in Hounslow had been treated, compared to an average of 14% for London and England. The care index is much lower in 5 year olds than 12 year olds, suggesting that either dentists or parents may not value restorative dentistry in milk teeth.
- The proportion of children aged 0-6 years who visited a dentist during the 24 months prior to the 31 March 2011 varied across the Borough (ranging from 42% to 72%). Access rates were lowest in Hanworth, Hounslow Central and Turnham Green and highest in Heston East and Feltham West. It is not possible to distinguish whether higher access rates are due to children with toothache seeking treatment or due to children with good oral health going for a check-up and preventive advice. Additionally, in affluent areas, low access rates may be due to patients visiting a private dentist (which is not included in the NHS information reported).
- There are also inequalities in the provision of fluoride varnish across dental practices in the Borough, something recommended in [Delivering Better Oral Health](#) (2007) for all children over three years to reduce the incidence of caries. The proportion of child who had fluoride varnish applications increased during 2009/10 and peaked at 18.8% in October/November 2010. Fluoride varnish delivery varied across the Borough from 41.2% to 0%, with 13 practices not showing any fluoride varnish activity during the period April 2009 to November 2010.

2.2 Twelve year olds

- The 2008/9 BASCD survey² found that Hounslow's 12 year olds had the highest mean number of decayed, missing or filled teeth (0.98 DMFT per child) in London, compared with the London average of 0.58 DMFT and England average of 0.74 DMFT.
- Decay prevalence is significantly higher in Hounslow, with 41.8% of 12 year olds in Hounslow having decay experience in 2008/09, higher than the England and London averages of 33.4% and 28.2%, respectively.

These figures highlight the health need within the Borough and the inequalities which exist. In tackling these issues it is important to adopt a life course approach, in order to prevent current and future disease. Interventions should start at an early age, before birth and continue throughout the life of a child because what happens in early childhood has an important impact on later life. It is important to ensure that families new to the borough are signposted to dental services for prevention and treatment.

3. Strategic Leadership and Collaboration

A Child Oral Health Improvement Strategy has been developed for North West London. An Oral Health Action Group has been set up in Hounslow, as part of the Children's and Young People's Plan (2011/12), with the aim of improving oral health for children in the Borough. This group has responsibility for developing an action plan to identify local solutions to deliver the strategy.

² 14% of the 12 year olds attending state schools in Hounslow were examined for the survey

Current oral health activities in Hounslow include 'Healthy Smiles Hounslow', an outreach-based oral health improvement programme which commenced in July 2009. The Healthy Smiles Hounslow initiative provides preventive fluoride varnish applications to appropriate children over three years, oral health advice and signposting to local dental practices for continuing care. This initiative has provided evidence-based prevention to children not visiting the dentist and has made a valuable contribution to promoting access.

During 2010/11, the Healthy Smiles Hounslow collaborative initiative has continued in both Feltham and Hounslow branches of ASDA and been piloted in two Children's centres. Preliminary feedback and evaluation of the pilots has been extremely positive and the subsequent programme has reached over 2,300 children. The programme has had a high profile and been used as a model nationally.

The North West London Child Oral Health Improvement Strategy recommends the following three priority areas to improve children's oral health:

- Making oral health everybody's business (focussed around healthcare professionals);
- Integration of oral health with other Public Health and Children's programmes; and
- Increasing children's exposure to fluoride.

These are to meet the overarching aims of:

- Reducing the proportion of children with decay experience;
- Reducing oral health inequalities;
- Increasing dental attendance rates in children; and
- Reducing the number of children receiving general anaesthetic for dentistry.

4. Priorities

Key areas of activity in 2011/12 to meet the objectives above and to improve children's oral health in Hounslow include:

- Develop an action plan for Hounslow in line with the North West London Child Oral Health Improvement Strategy;
- Ensure good local partnership working via the Hounslow Oral Health Action Group (with links to the North West London Dental Public Health Team);
- Identify funding for increasing children's exposure to fluoride by delivering the *Brushing for Life* programme through health visitors and associated training, and an outreach fluoride varnish programme targeted at children's centres and, following the evaluation of the ASDA project, consider wider settings;
- Integration of oral health within broader Public Health and Children's Services initiatives, following a common risk factor approach; e.g. around obesity, breastfeeding and weaning;
- Ensure consistent oral health messages (e.g. around the use of fluoride toothpaste and diet) are delivered by health professionals and those working with children in children's centres and schools; and
- Use existing levers within the management of dental and community contracts to maximise health improvement, decrease inefficiencies and ensure the implementation of *Delivering Better Oral Health*.



5. Summary of Need

The following table summarises the needs in Children’s Oral Health in the London Borough of Hounslow.

SUMMARY OF NEED: CHECKLIST	
Is need increasing over time?	Yes
Is need greater than the London average?	Yes
Is there qualitative intelligence indicating that need is substantially unmet?	Yes
Is there an external inspection or report suggesting need is unmet?	Yes
Are quality indicators worsening over time?	N/A
Are quality indicators worse than the London average?	N/A
Is there an intervention of proven effectiveness to address the need which is not currently delivered in Hounslow (or not delivered enough)?	N/A