

# A whole systems approach to tackling childhood tooth decay



# Foreword

Councils have a statutory duty to provide or commission oral health promotion programmes. The responsibility was given to them as part of the transfer of public health to local government in 2013.

It came at a time when oral health in England was improving – and that progress has continued thanks to the innovation and enthusiasm of councils.

But despite the success that has been seen, too many children still experience problems at a young age – nearly a quarter of five-year-olds have decayed, missing or filled teeth and children from deprived areas have more than twice the level of decay than children from the least deprived areas.

It means tooth decay remains the most common reason for hospital admission in children aged six to 10, with those from deprived areas most likely to suffer problems. Dental treatment under general anaesthetic presents a small but real risk of life-threatening complications.

What is more, poor oral health can affect children's ability to sleep, eat, speak, play and socialise with other children. It can disrupt school attendance and lead to parents needing to take time off work.

So what can be done? This report contains a whole range of examples of the steps that need to be taken to achieve success. Many of the areas included are places where there have traditionally been high rates of tooth decay, but where significant improvements are now being made.

The write-ups often focus on just one element of what each area has done. But in all cases the councils have taken a multi-pronged approach, combining projects such as supervised tooth

brushing sessions and training for staff with community events to promote good oral health and fluoride varnish projects.

Then, of course, there is the fluoridation of water. Local authorities have powers and duties with regard to community water fluoridation schemes. Some have chosen to act on this and work with partners to develop proposals for new schemes. Research shows such schemes significantly reduce the risk of dental problems.

Much of the work by local government has been inspired by the NICE and Public Health England guidance on promoting oral health. NHS England's Starting Well programme, which has seen extra investment in 13 priority areas, has also been an important factor in both increasing access to dental practices and getting them more involved in prevention.

We were also pleased to see the importance of local oral health programmes recognised in the recent Prevention Green Paper and will be working with government on the proposed extension to the supervised tooth brushing schemes to ensure they reach those that need it most, as quickly as possible.

Much progress has already been made and the Child Oral Health Improvement Programme Board which brings together organisation partners across the system, will continue to push for system change and improvement. Our ambition now is to accelerate the progress made so far and for every child to grow up free from decay.

**Councillor Ian Hudspeth**

Chairman, Community Wellbeing Board

**Councillor Judith Blake**

Chair, Children and Young People Board

# Contents

Introduction	4
Key statistics	5
Case studies	
Bradford	7
Blackpool	8
Cumbria	9
Greater Manchester	10
Leicester	12
Leeds	14
Liverpool	15
Middlesbrough	16
Sheffield	18
Tower Hamlets	19
Find out more	20

## Acknowledgements

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# Introduction

Oral health covers the standard of the mouth and related tissues which enable an individual to eat, speak and socialise without active disease, discomfort or embarrassment.

Oral health problems are largely preventable and include tooth decay, tooth erosion, gum disease and oral cancer, as well as facial and dental injuries.

When it comes to children, the greatest focus is on tooth decay. Tooth decay can happen at any age, but children are particularly vulnerable.

Dentists are commissioned by NHS England to provide treatment. But it is the responsibility of councils to run programmes to promote good oral health and prevent problems.

This includes work in early years settings, schools and training staff who work with children and young people. Councils are also expected to commission surveys to monitor oral health needs and plan and evaluate programmes.

Public Health England runs a national oral health survey. The last one was carried out in 2017 and covered more than 96,000 children aged five. By that age children normally have 20 teeth.

The survey showed 23 per cent had experience of problems – with 3.4 decayed, missing or filled teeth on average. That is down from 28 per cent in 2012 – and is part of a longer-term improvement that has been seen over the past 30 years.

Decay starts early in life – around half of those children who have experienced decay will have seen it starting by the age of three.

There are significant geographical variations. In the north west 34 per cent of children have dental caries, while in the south east it is 16 per cent.

Once you drill down to a district council level, the difference is 20-fold with nearly half of children in some areas affected. Those living in deprived areas are more than twice as likely to have decay.



# Key statistics

**23%** of five-year-olds have some sign of tooth decay

**20-fold** difference in levels of tooth decay between local authorities with best and worst outcomes

More than twice as likely that a child in a deprived area will have decay

**8,272** cases a year of children under five having teeth extracted in hospital

**£50m** a year spent on teeth extractions among under 19s

**28%** less tooth decay if five year olds most at risk live in area with fluoridated water

**£12.71** saving for every £1 spent on water fluoridation after five years

**£3.06** saving for every £1 spent on targeted tooth brushing after five years

**£2.29** saving for every £1 spent on fluoride varnishing after five years

# Case studies

## RUNNING COMMUNITY 'BRUSHATHONS'

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Bradford's oral health improvement team has a long history of working in the community, running tooth brushing sessions and providing fluoride varnish. But last summer it decided to try something different and ran the Big Bradford Brushathon as part of its over-arching oral health improvement work.

Its team of dental nurses and oral health improvement practitioners went out to community events, including street parties and park fun days, to provide oral health advice to families.

The service, commissioned by the council but provided by Bradford District Care NHS Trust, encouraged residents to bring along their old toothbrushes and exchange them for new ones, as well as carrying out timed tooth brushing sessions for children.

Oral Health Improvement Lead Sharon Walker said: "It proved to be very popular. We ended up engaging with around 2,700 people. The hook of exchanging toothbrushes was a great way to get them engaged. It is good to look at fresh ways to get families thinking about good oral health."

The Brushathon built on two well-established programmes that have been critical in helping Bradford reduce its rates of dental decay – applying fluoride varnish and supervised tooth brushing.

Its team of dental nurses carry out a fluoride varnish programme aimed at children from two to four.

The dental nurses go out to nurseries, children's centres and even child-minders to offer the service. Children are given two varnish applications a year between their second and fourth birthdays. Around 18,000 varnish applications are applied a year with over 90 percent of parents they engage with taking up the offer.

Ms Walker said: "We work really hard to get parents signed up. The dental nurses first go and do awareness-raising sessions to tell families about the pros and cons. After that they go back out to get them to sign consent forms. They are out in all weathers; it is hard work but means lots of families are taking up this option and helping protect their children's teeth."

Meanwhile, for older children there is supervised tooth brushing in schools. The oral health improvement team works with 40 primary schools focussing on children aged four to six and eight special schools.

The work with the primary schools is targeted on the areas with the worst rates of dental decay and covers about a third of the district's schools.

Ms Walker said: "We go in and train the staff to run the supervised sessions and then go back twice a year to observe and advise if necessary. But we do give them a fair bit of flexibility, letting them build it into the school day when it suits them best. The partnership is working really well and having an impact on the rates of decay."

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## PROMOTING ORAL HEALTH MESSAGES

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Blackpool Council, as a partner in the lottery-funded Blackpool Better Start partnership, has worked with a wide range of partners to improve the oral health of children.

One of its projects has focussed on getting simple messages across to parents. These include the need to brush twice a day, the importance of not rinsing after brushing and using a family fluoride toothpaste.

Last year an advertising campaign was built around the 'Sandgrown Family', a recognised branding used to promote health and education messages in Blackpool. Sandgrown refers to people born and bred in the area so the branding uses a family – the Sandgrowns – in public awareness campaigns.

A book – The Sandgrown Family Brush Their Teeth – was produced for parents to read to their children, which included key oral health messages.

It has been shared with dental practices, libraries and across the early years workforce in children centres, nurseries and with childminders. Adverts were also placed on billboards and buses and promoted on social media.

Better Start Health Connectors, a seven-strong team which works with families to promote healthier lifestyles, have also been trained to offer good oral health advice.

They work with dental practice champions from practices that are part of NHS England's Starting Well campaign to engage with the community and encourage families to access dental appointments and services.

Starting Well practices have been given extra funding to deliver enhanced prevention and care for young children.

Blackpool Council Public Health Practitioner Alan Shaw said: "We just wanted parents to get thinking about oral health and discussing it. It certainly seems to have had an impact – we have had reports of parents taking their children to the dentist for the first time.

"It is part of a much wider integrated approach to improving dental health. We also have supervised tooth brushing in nurseries and schools and have introduced fluoridated milk into primary schools as part of the council's free breakfast scheme. Parents are given a choice – and at the moment 70 per cent of the milk that is consumed is fluoridated."

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## CREATING A NETWORK OF PRACTICE-BASED ORAL HEALTH CHAMPIONS

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Cumbria is one of the most sparsely populated counties in the country. Ensuring good oral health is promoted across such a rural area is a challenge.

The county council is tackling this by procuring a practice-based prevention and fluoride varnish application course as part of the wider Smile4Life programme that has been implemented across Cumbria since 2011.

The course is delivered by Cumbria Partnership NHS Foundation Trust in partnership with Public Health England. In taking the course dental nurses are trained to promote oral health through the delivery of evidence-based messages and apply fluoride varnish in prevention focussed practices.

The training is delivered by experienced NHS oral health improvement practitioners using a standardised training package and web-based resources.

A network of 90 dental nurses have successfully completed the course. In doing so, they have all completed an assessment of their clinical skills and had a verbal examination to test their knowledge, which enables them to do the work. Some of these are, or support, Smile4Life prevention champions who visit settings such as children's centres and help them to work towards the Cumbria Smile4Life award.

The award focuses on four key areas:

- encouraging healthy eating and drinking
- regular tooth brushing
- the promotion of a healthy lifestyle
- visiting the dentist regularly.

The overall aim is to reach out to parents of under fives who rarely visit a dentist with their child and encourage them to start attending for regular check-ups as well receive advice on how to support their children in developing good oral health.

Melanie Catleugh, Public Health England Consultant in Dental Public Health for Cumbria and Lancashire, said the work has proved to be a valuable way of improving the oral health of children and young people in the area.

“Cascading knowledge across the workforce like this is a really effective way of promoting good oral health, especially in rural areas like Cumbria.

“Not all parents know when they should start brushing their children's teeth, how to supervise it or when they should start going to a dentist. That's why we created Smile4Life.”

Eric Rooney, Public Health England Consultant in Dental Public Health for Cumbria, added: “We have worked hard to develop our dental nurses and ensure in all our communities there are people working with families to stress the importance of looking after their teeth and helping them to visit the dental practices where they live.”

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**The devolution of health and social care in Greater Manchester has allowed the region to do some targeted work in those areas with the highest rates of dental decay.**

Four of the 10 council areas in the Greater Manchester were identified for £1.5 million of support over three years – Salford, Oldham, Rochdale and Bolton. Rates of dental decay are close to twice the national average in these areas and had not significantly improved since 2008.

Investment has come from the sustainability and transformation funding given to the region under the devolution programme, with some elements of the work with dental practices being paid for from within the Greater Manchester dental commissioning budget.

There has been a three-pronged partnership approach in the target areas, overseen by Greater Manchester's oral health improvement leadership network, which includes representatives from all 10 councils.

This has focussed on working with early years settings, health visitors and dental practices to deliver those interventions with the strongest evidence-base.

Greater Manchester consultant in dental public health Deborah Moore said: "We realised there was some good projects being run, but they were not being done at scale and were therefore not having the impact they could have. So we decided to expand the coverage of those interventions that have the best return on investment and which could be implemented within the three-year time frame."

A programme manager and an administrator were appointed at the Greater Manchester level, alongside four locality-based programme officers.

One of the projects has involved supervised brushing in early years settings. Training was provided to staff along with toothbrushes and toothpaste to do the daily toothbrushing with all children aged two-five years.

Over the past year the proportion of early years settings involved with supervised tooth brushing has jumped from 26 per cent to over 80 per cent with schemes set up in Oldham and Rochdale for the first time, and an increase in the number of settings taking part in Bolton and Salford.

It is a similar story with the work done with health visitors. They have been trained in key oral health messages – research showed many parents were confused about the best brushing techniques and when to start brushing.

Health visitors now discuss oral health and give out tooth brush and paste packs at the nine to 12 months review and the two to two-and-a-half year one.

This started being rolled out at the end of 2017. Within a year all health visitors had received training and latest figures show over 90 per cent of infants in the target areas attend their health visitor review and receive a brushing pack and oral health advice.

The third scheme has built on the Greater Manchester Baby Teeth Do Matter programme that had been running in some dental practices and is aligned with NHS England's Starting Well initiative. The Greater Manchester dental commissioning team offered extra funding to practices to do more work on prevention and increase access for young children.

To get the funding, practices had to agree to take on an extra 100 under-fives annually, give out toothbrush and toothpaste packs, undertake online prevention training, nominate a prevention champion and increase the uptake of fluoride varnish.

Fifty dental practices in the four areas are now signed up to the scheme. So far an extra 4,000 children have been seen, and the practices have increased their fluoride varnish rates by 15 per cent.

Ms Moore said: “In just over a year, we have seen a tremendous amount of progress – and it hasn’t just stopped with these three schemes. The investment has allowed the councils to use their own funds to spend on other areas – for example Rochdale has invested in a community fluoride varnish programme. We want to keep building on this now to get the high rates of dental decay down.”

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## WORKING WITH DENTAL PRACTICES

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Working with dental practices has been one of the key elements of Leicester City Council's approach to improving oral health. It launched a pilot accreditation scheme in 2015 under the Healthy Teeth, Happy Smiles! branding.

The scheme asks practices to appoint oral health champions who lead the work – normally dental nurses. To be an oral health champion, staff must be trained in oral health education and applying fluoride varnish or complete training in these areas.

Other members of the team also attend training to develop their knowledge in prevention, oral health improvement and communication skills.

In becoming members, they sign up to certain standards covering providing good oral health advice, delivering preventative care, offering a child friendly service and working in the community.

As part of this, practices have to carry out two community oral health promotion activities each year. This can be in schools or working with pharmacies so they know where to point patients to.

The pilot ran for 18 months and was evaluated by University College London. The evaluation showed the pilot had improved the knowledge and skills of staff and led to the accreditation scheme being adopted full-time. A further follow-up evaluation is currently being finalised.

Public Health and Health Improvement Programme Officer Laura Carvell said: "Dental practices are busy – and it is easy for the prevention side of the work to not get prioritised. The accreditation scheme is a way of making sure they are fully involved in helping to improve oral health by preventing dental disease before it happens.

"We are now beginning to see decay in five-year-olds fall. There are lots of different things we are doing, but the accreditation scheme is an important part of that and so we believe it is playing a key role."

Ms Carvell said the scheme has evolved over time with a number of important lessons being learnt from the pilot, which led to changes being made.

Instead of one oral health champion being named practices now have to appoint two and the wider team must attend training to learn about the scheme and how they can be involved.

"Some practices found attending multiple training sessions difficult. Therefore we felt the training did not need to be so extensive and in doing that we could make sure all members of staff were involved. During the pilot not all members of the team were attending the training and so were not fully aware of what the scheme was about," she added.

Since then the scheme has gone from strength-to-strength. There are eight practices that have been accredited with another four working towards accreditation.

Practices are charged £150 to begin the accreditation and are then expected to have achieved the standards within 12 months. There is a £25 annual fee from then on.

Feedback from practices that are part of scheme has been incredibly positive. They have described it as kick-starting a "culture change" and described how they have become more "prevention-orientated".

The council has also worked with its accredited practices as well as dentists in training to run public oral health promotion events during National Smile Month since 2016.

These events – known as ‘Lift the Lip’ clinics – see dentists and members of the oral health team give advice on how to reduce decay in children and the early signs of decay to look out for in the mouth.

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## CHOOSE THE CUP CAMPAIGN

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What babies are given to drink and how they drink it is important for their oral health. Prolonged use of bottles or ‘sippy’ cups can increase the risk of tooth decay, protruding teeth, as well as speech problems and poor facial growth.

High rates of decay in incisors in Leeds suggested prolonged use of bottles could be a problem so the public health team began to look for more solutions in early 2018.

This led to the launch of the Choose the Cup campaign. The council purchased 5,000 Babycups, a specially-designed product for babies, to hand out at parent and baby groups.

But Early Years Advanced Health Improvement Specialist Jackie Moores said they realised to have maximum impact they also needed to provide information and the opportunity to discuss and ask questions too.

“We asked our family outreach workers who are running the groups to put on sessions for parents about how to use the cups and at what age they could introduce them. The parents were encouraged to try them on the spot by putting some water in them for their babies. The sessions proved very popular.

“You have to remember new parents are bombarded with messages and it is easy to not take everything in, but we know it is important for oral health to get babies using cups from six months.

“Milk and water are the safest drinks for babies and children but we know some families do give other drinks including those containing sugar. Having them in an open cup is better than a sippy cup as it makes drinking an occasion and babies don’t return to it and takes sips therefore exposing their teeth to sugar more regularly.

“The sessions and having a cup was a way of making sure the message stuck. We did some follow up interviews and the feedback was pleasing – parents said they were using the cups and their babies had really taken to them.”

One mother described it as “fab”, saying her daughter gets very excited when she sees it, while another said she was surprised at how her baby had took to using it.

Leeds still has 2,000 cups left which it is planning to give out to coincide with a formal evaluation of the project. There are also plans to give some to children’s centres and early year’s settings.

“We want to normalise drinking from a cup at a young age. It is a simple campaign, but we believe it is an effective one”, added Ms Moores.

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## WARNING ABOUT THE DANGERS OF SUGAR

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Liverpool has run public awareness campaigns focussed on reducing sugar consumption. Save Kids from Sugar was launched in 2016 targeting drinks, in 2017 breakfast cereals were added to the campaign and in 2018 a seemingly healthy snack, yoghurts, were targeted.

The council took a bold approach – naming and shaming brands during each campaign. The promotional material clearly showed the number of sugar cubes in both branded and supermarket-own products.

On drinks, the campaign's key message was that water and milk were the healthiest options. It highlighted the effects of sugary drinks on teeth plus tackled the confusion over diet drinks.

The information was distributed on leaflets, posters and adverts on social media and via hard copies in dentists, GP practices, hospitals and children's centres.

Meanwhile, supermarkets allowed the public health team to set up information stalls and hand out cards with shopping tips in their foyers. To help parents see how much sugar their child was having each day the campaign included a sugar calculator tool on the website.

The campaigns have had a significant impact. Since 2017 85,000 people come to the website and the You Tube animations were viewed over 100,000 times.

Schools also embraced the campaigns and have used the messages as part of personal, social, health and economic (PSHE) education lesson plans and local dentists have gone into schools to promote sugar smart messages.

One of those dentists is Stuart Garton. He said he has been "really encouraged" by the council's commitment. "When you are seeing children of just three and four with up to eight or nine decayed teeth, it has to be because of the amount of sugar in their diet and it is very sad to see."

A survey of 300 parents found two thirds of people reported making a change as a result of the Save Kids from Sugar work. And even now with no promotion going on the website is still getting on average 1,500 hits a month.

Head of Behavioural Insight and Change Sue Cumming said the naming and shaming was certainly a "bold move", but the council was determined to take the measures that would have maximum impact.

She said the council took "extensive legal advice" before naming and shaming, but in the end it was judged to be acceptable as the information the council was highlighting was already in the public domain.

Ms Cumming said highlighting high sugar foods is an essential part of improving oral health as well as obesity. "The Government now recommends that no more than five per cent of our daily calories should come from sugar. This means that children consume three times more sugar than they should.

"But getting parents to change their shopping habits is difficult. Research carried out by an independent agency for us found parents were left bewildered by many of the nutritional labels on food and a lack of knowledge about exactly which products were high in sugar."

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## MIDDLESBROUGH COUNCIL

# WORKING WITH SCHOOLS

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Middlesbrough has been working with schools on oral health for the past six years. There is a well-established supervised tooth brushing scheme, which the majority of the 45 primary schools are involved with.

An oral health champion is appointed at each and given training in how to run the supervised brushing. They then are in charge of training up staff from across the rest of the school.

Middlesbrough Council's Early Intervention and Prevention Lead for Children Jo Russell said: "We leave it up to the schools to decide when during the school day they fit it in. That seems to work best – some set aside a specific time, while others keep it flexible.

"Many will do it in the classroom. We stress that they don't need to use the bathrooms as we want the kids to keep the toothpaste in their mouth for as long as possible and not to wash and spit it out. Some schools even play music that lasts two minutes to make a real feature of it."

The brushing is primarily aimed at children in reception years up to year two, although some schools keep it going for the older age groups.

Alongside the supervised brushing, the council also funds a fluoride varnish programme aimed at the 10 schools with the highest rates of decay. Again the oral health champions play a crucial role as they are in charge of getting parents to consent.

Ms Russell said: "It is normally a member of the pastoral team that is the oral health champion, such as the parent support adviser. We also have a school secretary doing it in one school. It often works best if they know the parents as that helps when chasing up consent."

One of the schools that takes part is Park End Primary. Head Julia Rodwell said having healthy teeth should be seen as vital for a child's prospects.

"Teeth are social equalisers and contribute to the perceptions people have of us and so to have strong healthy teeth helps with things like employability.

"Some of our children already have disadvantage in their lives and to encourage tooth brushing is one of the ways we, as a school, can reduce disadvantage."

The work in schools, which is complemented by a similar scheme in early years settings, is having an impact with levels of decay reducing.

But that does not mean the work is not without challenges. "It is a really big undertaking for the oral health promotion team", said Ms Russell. "They make sure they go in once a year to supervise what is happening and offer refresher training. There is always a turnover of staff so you need to make sure the oral health champion is fully up to speed.

"But you also have to respect the decisions of some schools not to take part. We only have a few which do not. But we have found the reasons put forward are often quite understandable. For example, we have a real problem with children starting school still using dummies or not being toilet trained.

"We have schools that have said to us that they are working on getting the parents to take more responsibility and they don't want to do the parenting for them – and that includes tooth brushing.

"We also have some schools with a large migrant population where English is not their first language and that is their focus. Sometimes you have to accept that a lot is asked of schools.

"But we are pleased with the numbers we have taking part and the progress being

made. Registering a child with a dentist as soon as baby teeth start to appear, and visiting the dentist on a regular basis, for preventive advice is important to prevent decay.”

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## GETTING EVERYONE PROMOTING GOOD ORAL HEALTH

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Sheffield has traditionally had high levels of tooth decay among children. The move of responsibility for oral health improvement to local government was seen as an opportunity to do things differently.

A steering group has been created bringing together a whole range of partners from health visitors and midwives to safeguarding leads.

It led to a number of steps being taken. Sheffield Teaching Hospitals NHS Trust has been employed to provide training to key staff who work with children and families.

This started with those working in early years settings, children's centres and health visitors, but more recently has expanded out to stop smoking teams and social workers.

They have been taught what advice to give parents about when to start tooth brushing, how it should be done with young children, the importance of supervision until the age of seven and the need to reduce sugar consumption in their diet.

Rizwana Lala, a lecturer in dental public health at Sheffield University, said: "We have focussed on cascading the knowledge across the workforce. We know that to have the biggest impact we needed to ensure a wide range of people were delivering good oral health messages. It means they have the knowledge to engage parents on oral health with confidence."

Early years settings have also been encouraged to set up tooth brushing clubs. The settings are supplied with toothbrushes and toothpaste and get children brushing their teeth every day.

The numbers are increasing all the time. There are now nearly 100 clubs, involving more than 5,600 children.

Similar clubs have also been set up in eight special schools, while all schools are sent a tooth-brushing pack for their reception age children.

This is on top of packs that are handed out by health visitors at the one-year review. In deprived areas, this is followed up by a second pack at the two-year review. The Health Early Years Award has also been overhauled to include a stronger emphasis on oral health promotion.

Council Health Improvement Principal Debbie Hanson said: "We have become much better and more proactive at delivering these important oral health messages. But there is more we want to do, particularly with looked after children. We have already started going into children's homes and we are looking to work more closely with social care colleagues and fostering teams."

"We also think there is something to be done with children who are in hospital long-term, such as in oncology unit. These are all things that crop up in our steering group. Having a wide range of people there helps us identify opportunities."

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Tower Hamlets has worked with its children's centres to take an innovative approach in the drive to tackle the high rates of dental decay among children living in the London borough. Seven out of 12 centres have oral health as a priority.

Deputy Head of Integrated Early Years Services Abdul Quddus said: "These centres do more targeted work with families from areas where there has historically been health issues including tooth decay and extractions as identified from health profiles.

"Some centres have taken an approach to engagement and outreach that have been very enthusiastically received by families."

The steps taken include:

- a happy tooth mascot that attends sessions each month to promote tooth brushing and leads singing and dancing
- a movie to evidence the outcomes around oral health for the clinical commissioning group
- a bottle and dummy bin, books, giant mouths and tooth brushes so children can practice brushing teeth
- accompanying families to the dentist to help them register and become familiar with the settings.

Other measures have also been taken centrally by Tower Hamlets to provide wider support to children's centres and families.

Children's centres work with the gateway midwife to ensure all pregnant women see a dentist while pregnant. Partnerships have also been developed with the dental outreach team to bring them into stay and plays across children centres to promote oral health to families and work is progressing on a 'Smile for Life' accreditation scheme for children's centres.

Meanwhile, Tower Hamlets health visiting and family nurse partnership services are using 'Lift the Lip', a teaching resource that supports parents to know how to check for

signs of dental decay in toddlers and young children.

Tower Hamlets has also developed a range of 'Care Confident' resources aimed at supporting families with under fives to better understand the signs and symptoms of the most common childhood illnesses, helping them to know what to do to keep children healthy and when to worry.

Oral health is one of the priority areas. The materials include easy-to-read booklets and animation videos, one in English and one in Bengali.

Work is also being done with school-age children. The council commissions the Healthy Teeth in School programme, which works with every primary school in the borough to provide fluoride varnish application to pupils twice a year.

Additionally, the programme encourages schools, parents and carers to access dental practices to seek treatment and prevention advice when it is needed.

A recent review of the schools' programme carried out by Kings College London found it was an 'effective and cost effective' intervention to improve children's oral health in Tower Hamlets.

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# Find out more?

NICE oral health promotion guidance for councils

[www.nice.org.uk/guidance/ph55](http://www.nice.org.uk/guidance/ph55)

Public Health England, Improving oral health: An evidence-informed toolkit for local authorities

[www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities](http://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities)

Public Health England/Department of Health, Delivering better oral health (2017)

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/605266/Delivering\\_better\\_oral\\_health.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf)

NHS England Starting Well pages

[www.england.nhs.uk/primary-care/dentistry/smile4life/starting-well-13/](http://www.england.nhs.uk/primary-care/dentistry/smile4life/starting-well-13/)

Public Health England, Child oral health: Applying All Our Health

[www.gov.uk/government/publications/child-oral-health-applying-all-our-health](http://www.gov.uk/government/publications/child-oral-health-applying-all-our-health)



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