

Local Government Association briefing

Children's Oral Health

House of Lords debate

Thursday 18 January 2018



Key messages

- Tooth decay is largely preventable, yet it is the most common oral disease affecting children and young people in England.
- In 2016/2017, there were nearly 43,000 hospital operations to remove teeth in children and teenagers. This is the equivalent of 170 a day.¹ The excessive consumption of sugary food and drink and poor oral hygiene is likely to be a major cause behind the high number of cases.
- Councils have been calling for the Government to take tough action on sugar including reducing the amount of sugar in soft drinks and introducing teaspoon labelling on the front of products. As local government is responsible for public health, councils should be given a say in deciding how and where the revenue from the soft drinks levy is spent.
- Good public health has the potential to make a big difference to our society. It prevents the development of physical and mental ill-health later in life, improves people's wellbeing and reduces pressures on other vital services such as social care and the NHS. Every £1 spent on public health in UK saves an average of £14.²
- Despite the potential benefits of public health services, local authorities face a £331 million reduction to their public health budget, on top of a £200 million reduction announced in 2015.³ We are calling on the Government to cancel future reductions to the public health grant and return funding that has been cut since 2015.
- The Government needs to invest in prevention and early intervention. A Prevention Transformation Fund worth £1 billion would enable some double running of new investment in preventative services alongside 'business as usual' in the current system, until savings can be realised and reinvested into the system as part of wider local prevention strategies.

Children's oral health

The latest annual data on NHS spending in 2016/17 reveals there were 42,911 extractions of multiple teeth in under 18s in England at a cost of £36.2 million. This is a 17 per cent increase on the 36,833 in 2012/13. The total cost to the NHS of these operations since 2012 is £165 million.⁴ The scale of tooth decay is so severe that the treatment has to take place in a hospital under general anaesthetic, rather than at a dentist. In 2012 almost a third of five-year-olds had

¹ <https://www.local.gov.uk/about/news/170-operations-day-remove-rotten-teeth-children>

² https://www.local.gov.uk/sites/default/files/documents/3.27%20Growing%20Places_WEB-1.pdf

³ <https://www.local.gov.uk/sites/default/files/documents/public-health-funding-201-690.pdf>

⁴ <https://www.local.gov.uk/about/news/170-operations-day-remove-rotten-teeth-children>

experienced tooth decay. Data shows that in 2014, 12 per cent of three year olds in England have also experienced tooth decay.⁵

Public Health England has said that children consume half the daily recommended sugar intake before school. This is almost three sugar cubes at breakfast time alone. Children in the UK are the biggest soft drinkers in Europe, with 40 per cent of 11 to 15-year-olds drinking sugary drinks at least once a day.⁶

Poor oral health can affect children and young people's ability to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet, and impaired nutrition and growth. Children may miss school and parents have to take time off work for their child to attend the dentist or be admitted to hospital. Oral health is an integral part of overall health.

Significant inequalities in oral health continue to exist with children in deprived communities having poorer oral health than those living in more affluent communities. For example across England there is huge variation ranging from 13 per cent to 53 per cent of five-year-olds having experience of tooth decay, these children have an average of three teeth affected.

Under the terms of the Health and Social Care Act (2012) upper tier and unitary authorities became responsible for improving the health, including the oral health, of their populations from April 2013.⁷ From 1 October 2015 commissioning responsibility for the Healthy Child Programme for zero to five-year-olds transferred from NHS England to local government. This included the commissioning of health visitors, who lead and support delivery of preventative programmes for infants and children, including providing advice on oral health, weaning, and advice on breastfeeding. These authorities also have responsibility for, as well as the commissioning of, the Family Nurse Partnership which is a targeted programme aimed at supporting vulnerable young parents and their children, who suffer from higher levels of tooth decay.

Local authorities are responsible for commissioning public health services for children and young people aged zero to 19 and this provides an opportunity for councils to further develop relationships with key partners such as health visitors, family nurses, midwives, school nurses, dental teams, GPs, children's centre staff and clinical commissioning groups.

We are working with Public Health England and the Association for Directors of Public Health to deliver sector-led improvement activity for public health, prevention, and early intervention through the care and health improvement programme funded by the Department of Health.

Case studies

Smile4Life – Lancashire and Cumbria

Children in Lancashire and Cumbria have poorer dental health compared to children in other parts of England. The Smile4Life programme was developed in partnership with local authorities to address this problem. The programme aimed to reduce tooth decay in children, laying a solid foundation for their good oral health throughout life. The approach focused on sustained behavior change, supported across the health and social care systems in Lancashire and Cumbria, with interventions informed by 'Delivering Better Oral Health.' Smile4Life was

⁵ <https://www.local.gov.uk/about/news/more-160-operations-day-remove-rotting-teeth-children>

⁶ <https://www.local.gov.uk/sites/default/files/documents/tackling-poor-oral-health-d84.pdf>

⁷ <https://www.local.gov.uk/sites/default/files/documents/tackling-poor-oral-health-d84.pdf>

designed to support everyone who had a role in the development of children and young people.

Healthy baby infant feeding policy – Manchester

Very young children in Manchester were found to have high levels of tooth decay. Prolonged bottle feeding, often with sugared drinks, was of particular concern in this area. This led to the widespread support to revise the infant feeding policy. A broad stakeholder group comprising health visitors, paediatricians, speech and language therapists and oral health improvement practitioners agreed to changes to this policy for baby feeding and weaning. Following this there was wide support for a programme to encourage parents to discard feeding bottles at the appropriate developmental stage.

Suffolk Smiles part of the Healthy Child Programme – Suffolk County Council

To help improve oral health for children and give them the best start in life Suffolk County Council are developing their oral health improvement strategy and programmes for delivery. This includes providing a new oral health pack from January 2015 to be given to every mother at their child's eight to nine month check. The pack will include a child's toothbrush, fluoride toothpaste and a leaflet about oral health and reducing sugar intake. Health visitors are also giving advice on diet, feeding and weaning, caring for children's teeth, tooth brushing and how to find a local dentist. The programme is planned to run for five years and the evaluation will look at a number of outputs and outcomes including uptake of the service, oral health outcomes and attendance at local dentists.

Daily supervised teeth brushing in schools – Teeside

A scheme ran in Teeside aimed at improving the oral health of young children by providing materials for supervised teeth brushing in schools. Schools in the most socially deprived areas were targeted for the intervention and invited to take part. Nursery and reception children in 58 schools joined the programme and school staff supervised tooth brushing on a daily basis. The NHS originally funded the programme, however the local authority public health department have provided the funds for resources (toothbrushes, fluoride toothpaste and toothbrush racks) to run the school programme since 2013.

LGA reports

[Tackling poor oral health in children: local government's public health role](#)

[Public health transformation four years on](#)

[LGA Budget Submission 2017](#)

[LGA Growing Places campaign and report 2017](#)

LGA media releases

[170 operations a day to remove rotten teeth in children](#)

[Councils respond to Soft Drinks Industry Levy](#)