

KEEPING THE TOOTH FAIRY AWAY

CHILD DENTAL HEALTH INEQUALITIES

JUNE 2019



LONDON ASSEMBLY

INTRODUCTION

Children's dental health in London is poor; by the time our children reach the age of five, over a quarter are suffering from tooth decay.

At the same time, child dental health is uneven across London. Outcomes vary from 14 per cent of 5-year-olds with tooth decay in Bexley to 40 per cent in Harrow.

This spring we have been investigating the determinants of good child dental health. This report is our summary of possible steps to improve children's dental health in London.

Each page in this report covers one of the key topics that were raised from the conversations we had during this investigation.

We give thanks to all the people and organisations that shared their experiences and knowledge with us over the last two months. We could not have written this without them, and we hope that this report can contribute to improving children's dental health across the capital.



We called on experts in the field of dentistry to tell us what the issues were in a public meeting at City Hall



We listened to the voices and experiences of Londoners through our online Talk London platform, where any Londoner can join the conversation



We called for written evidence submissions to support our investigation



We reviewed everything we heard and read to form our recommendations for progress

WHAT ARE OUR RECOMMENDATIONS?

- The Mayor needs to encourage every school in London to be sugar free. Going sugar free should be a mandatory condition of the Healthy Schools London award.
- The Mayor needs to make sure that every school in London and every Early Years setting has a supervised brushing scheme. Both the Healthy Schools London and Healthy Early Years London award should only go to places that have a supervised brushing scheme.
- The Mayor needs to make it clear how he, in partnership with others, will develop a set of actions that tackle extremely low dentist attendance for the very youngest children, in particular ages 0-2.
- The Mayor should use his influence to run a media campaign promoting two key messages: all children's dental care is free; and all children need to see a dentist by age one.
- The Mayor, NHS London region, and Public Health England London should make a joint call to the Health Secretary and NHS England calling for money "clawed back" from dental contracts to be ringfenced for reducing child oral health inequalities.
- The Mayor needs to make sure that every school in London has a partner dental practice that it can refer pupils on to. Health visitors and dental staff should be supported by the Healthy London Partnership and other NHS organisations to develop training packages that can be delivered to a nominated member of staff in each setting.
- The Mayor should appoint a specialist in child dental health to the Child Obesity Taskforce. Dental practices and networks should form links with one or several schools in their local area and run outreach activities.

SUGAR FREE SCHOOLS

Our position:

Every school in London should be sugar free by 2022.

Many schools in London have become sugar free, but not every school.

Under current School Food Standards set by the Department for Education, schools are still allowed to serve desserts, cakes and biscuits at lunchtimes, and while an update to the Standards has been promised it has yet to materialise.

While schools are legally allowed to serve some sugary items, numerous schools across the capital have voluntarily become sugar free. Some have gone even further and serve water only, banning all carbonated drinks regardless of sugar content.

We think that the Mayor can make a bold statement and try to encourage every single school in London to become sugar free by 2022.

Case study: John Scurr Primary School in Tower Hamlets¹

John Scurr Primary School had a “packed lunch audit” and uses photos to provide evidence of where food could be healthier. It set itself three key aims:

1. Eliminate all sugary drinks
2. Eliminate all crisps
3. Eliminate all chocolate

The school became water only, meaning parents didn’t need to supply a drink anymore, and trained up “Midday Meal Supervisors”. The school sent out its new packed lunch policy to parents with letters and guidelines, and held assemblies and even had a theatre company in to perform a healthy eating show.

The school says that none of the pupils have sugary drinks, crisps or chocolate in their packed lunches anymore.

“Our school now has children who eat and drink well throughout the school day which can only make them better learners.” **Shaheda Khanom – Class Teacher**

What next?

The Mayor needs to encourage every school in London to be sugar free. Going sugar free should be a mandatory condition of the Healthy Schools London award. Public authorities should organise familiarisation events at a borough or wider level between early years and education providers, local food suppliers and retailers, and public health experts. These should aim to improve the quality of food provided by strengthening supply chain relationships.

SUPERVISED BRUSHING

Our position:

Every school and every early years setting in London should have a supervised brushing scheme.

Supervised brushing works.

Every organisation who responded to our call for evidence talked about supervised brushing. Public Health England (PHE) has recommended supervised brushing programmes since 2014. We heard how much of a difference supervised brushing can make to a young child's dental health, by building good habits that last a lifetime.

Public Health England is developing the Smile London programme, and one of Smile London's two key commitments is to set up supervised brushing in the most deprived wards in every London borough. PHE told us it is exploring funding options at the moment. We support the Smile London initiative.

While the Mayor does not have the power to directly fund supervised brushing, he can strongly encourage the take up. We believe that supervised brushing schemes should be a mandatory part of the Healthy Schools London entry level Standard.

Case study: Teeth 4 Life in North London²

Teeth 4 Life runs in North London and so far over 10,000 children have taken part. The children's class all brush their teeth together every single day while at school and Oral Health Champions spend that time teaching children what is good for your teeth.

The scheme started with a pilot. When rolled out, further school settings were selected based on local deprivation levels and the oral health prevention team went out and trained up nursery and school staff, following which staff ran the programme independently.

Consequently, the number of children brushing twice a day increased significantly, parents know more about their children's dental health and teachers even report that the children's communication and social skills have improved too.

What next?

The Mayor needs to make sure that every school in London and every Early Years setting has a supervised brushing scheme. Schools and early years staff will need training to deliver this, which could be done through working with NHS London to identify child oral health leads across each borough. Both the Healthy Schools London and Healthy Early Years London award should only go to places that have a supervised brushing scheme.

NEVER TOO EARLY

Our position:

Every child in London needs to see a dentist at the very latest by age one.

It is never too early start thinking about dental health.

Pregnant women are entitled to free NHS dental treatment³. This is an optimal time for dentists to remind expecting parents about the importance of child dental care and that it is also free through the NHS. PHE recommends that a parent take their child to the dentist when their first tooth shows, or at least by age one.⁴ This is not just to check for issues, but it helps children get used to what a check-up is like and cements healthy habits for life.

Over-use of fines for wrongly claiming free dental care was cause for concern among some of our respondents and is being investigated by the National Audit Office. The number of fines issued to people in London who allegedly misused free NHS dental provision more than doubled from 2015-16 to 2016-17, reaching 155,000.⁵ On appeal, nine out of ten fines are overturned and under a third are ever paid.



ONLY ONE IN EVERY TWELVE
children age 0-2 in Croydon are
registered with a dentist

**“All too often children
arrive for a first visit already
having experienced pain
and infection”**

Hillingdon Community Healthcare

Many dental teams are already building strong partnerships with early years teams like health visitors, children centres or breakfast clubs. What we want is for that link between dental health and the early years to be embedded everywhere across London.

This message does not seem to be coming across, as dentist attendance rates for early years children are very low.⁶

The Mayor's Healthy Early Years London (HEYL) programme is the vehicle through which the Mayor can encourage these links between early years and dental health. We are happy to see that oral health is one of the 12 themes for HEYL.

Where we want more detail is how HEYL can improve dental health for the very youngest children. As we said in our report *Healthy First Steps* in 2018, we want the Mayor to set out how his work will improve the health of children *before* they enter childcare, from birth to two years old⁷.



What next?

The Mayor needs to make it clear how he, in partnership with others, will develop a set of actions that tackle extremely low dentist attendance for the very youngest children, in particular from birth to two years old.

MEDIA CAMPAIGN

Our position:

Everyone in London needs to know:

- that children’s dental care is free
- that a child needs to see the dentist before one year old

We need to do a better job of informing parents and guardians about their children’s dental health.

Again and again the comments on the online thread we set up on Talk London came back to the role of the parent in encouraging good dental health practices. An enthusiastic, well-informed parent is the perfect start to a lifetime of healthy teeth. However, far too many parents do not know crucial facts about children’s dental health.⁸



TWO THIRDS

of parents in London don’t know that all child dental care is free

“Almost no children I see are registered with a dentist by [age] one”

User Bisgrg01, working in the NHS in an Early Years setting

Numerous organisations such as the British Dental Association are calling for the Mayor to use his influence, and launch a campaign on children’s dental health. At the same time, we heard some voices that said public information campaigns have met with limited success in the past if they don’t take into account the specific barriers to accessing services faced by many Londoners.⁹

Overall, a lot more organisations are asking for the Mayor’s help with a public campaign than those expressing reservations.¹⁰ We agree with the call for a Mayoral campaign, which would need to be well adapted and targeted to reach the Londoners who need the information the most.

What next?

The Mayor needs to use his influence to run a media campaign promoting two key messages: all children’s dental care is free; and all children need to see a dentist by age one.

LIMITED FINANCES

Our position

London government needs to find the money to invest in supervised brushing and brushing for life packs.

Dental prevention work for children needs money, but at the same time underspend money is being removed from the dentistry system.

Not enough money to invest in child dental prevention services



Dental underspend money being clawed back

Dental prevention is paid for by local councils. Local councils have been particularly affected by austerity, and the British Medical Association (BMA) estimate that public health budgets are reducing by around 4 per cent every year. Between 2018-19 and 2019-20 alone, London borough public health funding from the Government fell by £17m.

Most of the organisations that wrote to us describe the work that they are doing as “pilots”, launched with a one-off funding decision but with no money in the medium-term. Ealing, for example, wrote to us about their supervised brushing scheme and all of its benefits, only to conclude that “unfortunately the funding is due to run out for [supervised brushing] and unless we secure further funding it [the programme] will have to cease”.

This is disappointing because child dental health prevention can be very cheap and save money in the long run. Bromley Healthcare told us the equipment cost was around £2.50 per child per year, and PHE says that supervised brushing schemes deliver a return of £3 on every £1 invested.

At the same time money is being taken out of the dental system because of the way the dental contract works. If a practice does not hit its targets for the number of patients seen each year then the unspent money is clawed back by the local area NHS team and goes into other parts of the NHS, rather than dentistry. This is around £8 million every year returned to the NHS from dentistry in this manner. Many we spoke to want that money ringfenced to dentistry. We agree and want it ringfenced to child dental health in particular, whether that is to public health teams in Councils or dentist practices.

What next?

The Mayor, NHS London region, and Public Health England London should make a joint call to the Health Secretary and NHS England calling for money “clawed back” from dental contracts to be ringfenced for reducing child oral health inequalities.

EVERY CONTACT COUNTS

Our position:

Everyone needs to be involved in promoting oral health, not just dentists.

Children's dental health needs more than just dentists.

Dentists can be welcoming, well informed and give the right messages in the right ways, but if a child or parent does not regularly meet with the dentist in the first place the opportunity is lost.

Many of the organisations we spoke to told us about their efforts to connect with other disciplines: GPs, health visitors, school nurses, dietitians, teachers, speech and language therapists, children's centre staff, social workers and pharmacists.¹¹

“It is also the other professional communities: GPs, health visitors, teachers, social workers, right across the board [...] a consistent message across all professional groups interacting with families”

Dr Len D’Cruz, Board Member of the British Dental Association

One of the ideas we heard was for every school in London to have a partner dental practice. Teachers interact for long periods of time with children and can encourage attending dentists' practices. Teachers can ask pupils and parents if they are registered with a dentist and when the last time they had a check-up was. Teachers can help set up dentist appointments with a specific dental practice close to school or even support parents to arrange the appointment.

What next?

The Mayor needs to make sure that every school in London has a partner dental practice that it can refer pupils on to. Health visitors and dental staff should be supported by the Healthy London Partnership and other NHS organisations to develop training packages that can be delivered to a nominated member of staff in each setting.

THE CHILD OBESITY TASKFORCE

Our position:

Obesity and dental health go hand in hand and should be addressed collectively.

Dental health and obesity go hand in hand.

A poor diet, in particular excess sugar consumption, can lead to both tooth decay and obesity, as well as long-term conditions such as heart disease and Type 2 diabetes.¹²

The Mayor has set up a Child Obesity Taskforce. Healthier diet is earlier referenced as one of the key determinants in tackling childhood dental inequalities and provides a natural link to tackling childhood obesity.

“The Mayor wants to see partners take further action on improving child oral health, including access to dental care, particularly targeted in 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”

The Mayor’s Health Inequalities Strategy

While there are education and public health representatives on the Taskforce who can speak to dental health, there is no one on the board who specifically works in dental health.¹³ We think that this representation can be the “further link” between obesity and dental health that the Mayor has promised.

So far, the taskforce has formally met twice. The taskforce is clearly in the early stages; this is the right time to make sure that obesity and dental health are properly connected.

What next?

The Mayor should appoint a specialist in child dental health to the Child Obesity Taskforce. Dental practices and networks should form links with one or several schools in their local area and run outreach activities.

THE BUILT ENVIRONMENT

The environment that our children live in affects their food choices and that of their parents.

The Mayor has banned high fat, sugar and salt advertising on the Transport for London estate (buildings, trains, buses and more), is rolling out free drinking water fountains, and the draft London Plan has a new policy banning new takeaways within 400m of a school. At least ten boroughs across London already have a takeaway planning policy through local plans.

We found a lot of support from those we talked to for what the Mayor is doing. Many parents who commented on our Talk London thread called for restrictions on advertising or the sale of unhealthy foods.

“We try to reduce our sugar intake as a family but you need nerves of steel to resist all the food advertising”

Jess from Hillingdon

Some councils across the country are taking even bolder approaches to the food environment to try and influence healthier choices. Some are linking planning decisions to social policy indicators, such as Gateshead Council.

The Government is currently consulting on further restrictions.¹⁴ Once central government has set out its direction the Mayor should use the results of this work to inform future work with traders.

Case study: Gateshead Council

In 2017 Gateshead Council won a national award for its approach to planning.

Gateshead will not grant planning permission to takeaway restaurants if the location is:

1. Within 400m of a school, youth centre, leisure centre or park.
2. In a ward where more than 10 per cent of year 6 pupils are obese
3. In a ward that already has more than the UK national average of takeaways per 1,000 people.

Since adopting the policy in 2015, every single planning application for a takeaway has been refused and no appeals have been successful.

What next?

Local authorities and the Mayor should use the results of the Government's consultation into food advertising to inform work with local traders.

About the London Assembly Health Committee

The London Assembly holds the Mayor and Mayoral advisers to account by publicly examining policies and programmes through committee meetings, plenary sessions, site visits and investigations. The Health Committee reviews health and wellbeing across London, with a particular focus on public health issues and reviewing progress of the Mayor's Health Inequalities Strategy.

The committee's meetings are open to the public and are broadcast on our website at www.london.gov.uk. The committee also regularly seeks views from the public through calls for evidence, events and meetings in public.

If you would like to be kept informed about our work on child dental health or other projects, or have a question or suggestion about the Assembly's work on health and wellbeing, please contact healthcommittee@london.gov.uk. We would love to hear from you.

¹ Healthy Schools London, [Case Study: John Scurr Primary School](#)

² Call for Evidence submission from Whittington Health NHS Trust

³ <https://www.nhs.uk/government-health-questions/pregnancy/are-pregnant-women-entitled-to-free-nhs-dental-treatment/>

⁴ NHS UK, [Children's Teeth](#)

⁵ British Dental Association, [Dentists slam failed fines regime that's hit innocent NHS patients with £188m bill](#)

⁶ NHS England, London Lead for Dental, Kelly Nizzer, speaking to London Assembly Health Committee 14 March 2019

⁷ London Assembly Health Committee, [Healthy First Steps](#), July 2018

⁸ British Dental Association

⁹ Call for Evidence submission from Whittington Health NHS Trust

¹⁰ Call for Evidence submissions from Brent Specialist School, LDC Confederation, Kensington & Chelsea + Westminster Council, NHS England, Camden Council, British Dental Association

¹¹ Call for Evidence submissions from Brent Specialist School, Ealing NHS Trust, Royal College of Surgeons Dental Faculty, Kensington & Chelsea + Westminster Council, UCL Eastman Dental Institute, Camden Council

¹² British Dental Association, [Professor Damian Walmsley](#)

¹³ [London Child Obesity Taskforce](#)

¹⁴ <https://www.gov.uk/government/consultations/further-advertising-restrictions-for-products-high-in-fat-salt-and-sugar>



Greater London Authority

City Hall
The Queen's Walk
More London
London SE1 2AA

Enquiries 020 7983 4100
Minicom 020 7983 4458

www.london.gov.uk