Oral health of children and young people (0-19 years) in Southwark

Southwark's Joint Strategic Needs Assessment

Children and Young People Section

Southwark Public Health

25 June 2018

GATEWAY INFORMATION

Report title:	**Oral health of children and young people (0-19 years) in Southwark**
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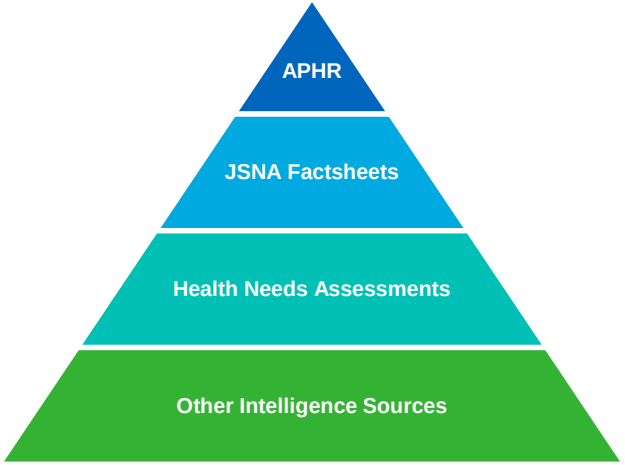
Suggested citation:	Oral health of children and young people (0-19 years) in Southwark. Southwark's JSNA. Southwark Council: London. 2018.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	June 2018

Health Needs Assessments form part of Southwark's Joint Strategic Needs Assessment process

BACKGROUND

The Joint Strategic Needs Assessment (JSNA) is the ongoing process through which we seek to identify the current and future health and wellbeing needs of our local population.

- The purpose of the JSNA is to inform and underpin the Joint Health and Wellbeing Strategy and other local plans that seek to improve the health of our residents.
- The JSNA is built from a range of resources that contribute to our understanding of need. In Southwark we have structured these resources around 4 tiers:



Tier I: The Annual Public Health Report provides an overview of health and wellbeing in the borough.

Tier II: JSNA Factsheets provide a short overview of health issues in the borough.

Tier III: Health Needs Assessments provide an in-depth review of specific issues.

Tier IV: Other sources of intelligence include Local Health Profiles and national Outcome Frameworks.

- This document forms part of those resources.
- All our resources are available via: www.southwark.gov.uk/JSNA

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This review is key in establishing a local vision for oral health promotion

AIMS & SCOPE

The aims of this report are to:

1. Develop an understanding of existing oral health promotion provision in Southwark and to align this with the evidence base
2. Understand the oral health needs of CYP in Southwark, including identifying at-risk groups and variation in needs (e.g. geographic variation)
3. Assess the current oral health promotion offers and access to dental services, and the extent to which these meet identified needs, both in the general child population and in at-risk groups
4. Identify opportunities to improve local provisions so that they are better aligned to needs, reduce variation and duplication, and make the most of limited resources, including ensuring they are integrated with other child programmes (e.g. healthy weight and nutrition)
5. Make evidence-based recommendations for a strategic vision of good oral health in CYP in Southwark

Scope	Includes	Excludes*
Population	Children and young people (including select at-risk groups)	Adults/elderly populations Gypsy, Roma, traveller children Asylum seekers, refugees and new migrants Children living with long-term disability or complex needs
Age group	0-19	
Setting	Early years, schools, children's settings	
Note: oral health is used synonymously with dental health in this report. This report will not cover other oral health issues, such as gum disease		

*Focused needs assessments are planned for young offenders, CYP with long-term conditions, and those with no recourse to public funds. These will interrogate their specific health and wellbeing needs further

CONTENTS

Poor oral health has physical, emotional, and financial impact but is almost entirely preventable

NATIONAL CONTEXT

Tooth decay is preventable, yet it is remains the most common oral disease affecting children and young people in England.[1]

- Dental treatment for children under 18 is free, however, decay remains the most common reason for childhood (aged 5-9) hospital admission
- In 2016/17, there were over 39,000 hospital operations to remove teeth in <18 year olds in England[2]

Poor oral health impacts more than just the child's physical health.

Wellbeing

- Decay-related pain can lead to difficulty eating, sleeping, and socialising[3]
- Poor teeth may lead to embarrassment, low self-esteem, and an unwillingness to smile[4]

Time

- Dental pain or hospital visits for extractions cause children to miss school and affects their school-readiness[3]
- This in turn means parents/carers may need to take time off work[3]

Money

- In 2016/17, the NHS spent £36m on tooth extractions for CYP <19[5]
- Parents frequently contact non-dental health professionals when their child experiences oral pain, a projected £370,000 additional annual cost[6]

There are significant inequalities in oral health, with children in deprived communities having poorer oral health and access to dental services than those in affluent communities.[7,8]

1. PHE (2014) Local authorities improving oral health: commissioning better oral health for children and young people
2. PHE Dental Public Health Intelligence . Hospital episodes for extraction of one or more primary or permanent teeth among 0 to 19 year olds, 2016/17
3. PHE (2017) Health Matters: child dental health
4. Office for National Statistics (2015) Children's Dental Health Survey 2013. England Report
5. NHS Reference Costs 2016/17
6. Muirhead VE, Quayyum Z, Markey D, *et al*. Children's toothache is becoming everybody's business: where do parents go when their children have oral pain in London, England? A cross-sectional analysis. BMJ Open 2018;8(2): :e020771
7. RCPCH (2017) State of Child Health Report 2017
8. QualityWatch (2017) Root causes: Quality and inequality in dental health

At this time, there is no strategy for oral health promotion in Southwark or South East London

LOCAL CONTEXT

Promoting good oral health can prevent the development of decay and dental caries, and reduce health inequalities.[1]

- Oral health promotion (OHP) involves delivering simple but consistent messages about dental health and risk factors for decay
- Provides patients with the advice and support to change their behaviour
- Can be delivered through coordinated programmes but should also be a part of the regular care delivered throughout primary dental care teams

Traditionally, OHP programmes have been provided by community dental services (CDS). In April 2013, the responsibility for OHP passed to local authorities with the shift of public health.

- In Southwark and in most of London, it was decided that OHP would continue to be provided by CDS, to be "effectively commissioned" by the local authority; it is commissioned by NHS England on behalf of boroughs
- Public Health has so far remained uninvolved in the strategic direction of the programme

King's College Hospital, the CDS provider in Southwark, has drafted a new oral health promotion delivery plan for both children and young people (CYP), and adults for 2017-2019.

- The programme aims to reduce oral health inequalities through a life-course approach and raise awareness of risk factors for poor oral health, all through an integrated, multi-sectoral approach
- Workforce training is to be prioritised, alongside the provision of toothbrushing packs
- This needs assessment was undertaken to advise on the Delivery Plan for CYP and to ensure an effective approach to tackling poor oral health

Southwark Council also commissions the Healthy Child Programme for children aged 0-19 and is thus in a position to influence the provision of OHP services locally.

1. PHE (2017) Delivering better oral health: an evidence-based toolkit for prevention

CONTENTS

National policies on children's health clearly prioritise oral health

NATIONAL POLICY CONTEXT

Oral health is an important determinant of a child's overall health and contributes to positive wellbeing and school-readiness.[1]

The 2014 NICE guidelines for oral health outline strategies for improving at the local authority level. [2]

- Ensuring oral health is integrated into overall health and wellbeing priorities
- Improving the evidence through health needs assessments
- Including oral health promotion in early years service

In 2016, Public Health England (PHE) launched the Children's Oral Health Improvement Programme Board Action Plan for 2016-2020.[3]

- Five objectives cross-cutting health, education, and community sectors to deliver improved oral health
- A successful outcome will mean more children have fluoride protection and consume less sugar in their food and drink

1. PHE (2017) Health Matters: child dental health
2. NICE (2014) Oral health: local authorities and partners
3. PHE (2016) Children's Oral Health Improvement Programme Board Action Plan 2016-2020

National policies on children's health clearly prioritise oral health

NATIONAL POLICY CONTEXT

PHE have produced toolkits for local authorities to deliver evidence-based oral health promotion.

- Oral health improvement for Local Authority and Partners[1]
- Delivering Better Oral Health[2]

Two national outcome frameworks include children's oral health among their indicators.

- Public Health Outcome Framework (2016-2019)[3] includes "tooth decay in five-year-old children" as an outcome measurement
- NHS Outcomes Framework (2017) includes "tooth extractions due to decay"

On 6 April 2018, the Soft Drinks Industry Levy – commonly known as the 'sugar tax' – came into effect, which imposes a fine on manufacturers of drinks with high sugar content.[4,5]

- The tax is intended to encourage the soft drinks industry to reformulate to reduce sugar content to avoid paying the levy
- A reduction in the availability and consumption of sugar is expected to have a positive knock-on effect on oral health

1. PHE (2013) Local authorities improving oral health: commissioning better oral health for children and young people
2. PHE (2017) Delivering better oral health: an evidence-based toolkit for prevention
3. DH (2017) Public Health Outcomes Framework 2016-2019
4. HM Treasury (2018) News story: Soft drinks industry levy comes into effect
5. HM Revenues & Customs (2018) Guidance: Check if your drink is liable for the Soft Drinks Industry Levy

Local councils have a statutory duty to improve and promote oral health in their residents

LOCAL POLICY CONTEXT

Public health in local authorities are responsible for:[1,2]

Oral health improvement

Providing/commissioning oral health surveys, carried out by PHE

Considering water fluoridation schemes (n/a in London)

Southwark's Five Year Forward View[3] seeks to reduce health inequalities and reduce childhood obesity, risk factors for poor oral health.

The associated Southwark CYP Wellbeing (Health, Education and Social Care) Strategic Framework has an ambition to 'ensure children achieve the best start in life, ensuring school readiness and achievement of health and developmental targets'. School-ready children have good oral health.

The 2015-2020 Health and Wellbeing Strategy for Southwark[4] addresses determinants of poor oral health through:

- Reducing childhood obesity and promoting a healthy lifestyle
- Promoting breastfeeding
- Improving health outcomes for vulnerable children

In 2016, 'Everybody's Business: Southwark Healthy Weight Strategy 2016-2021'[5] was launched to tackle obesity in the borough. This will affect oral health by:

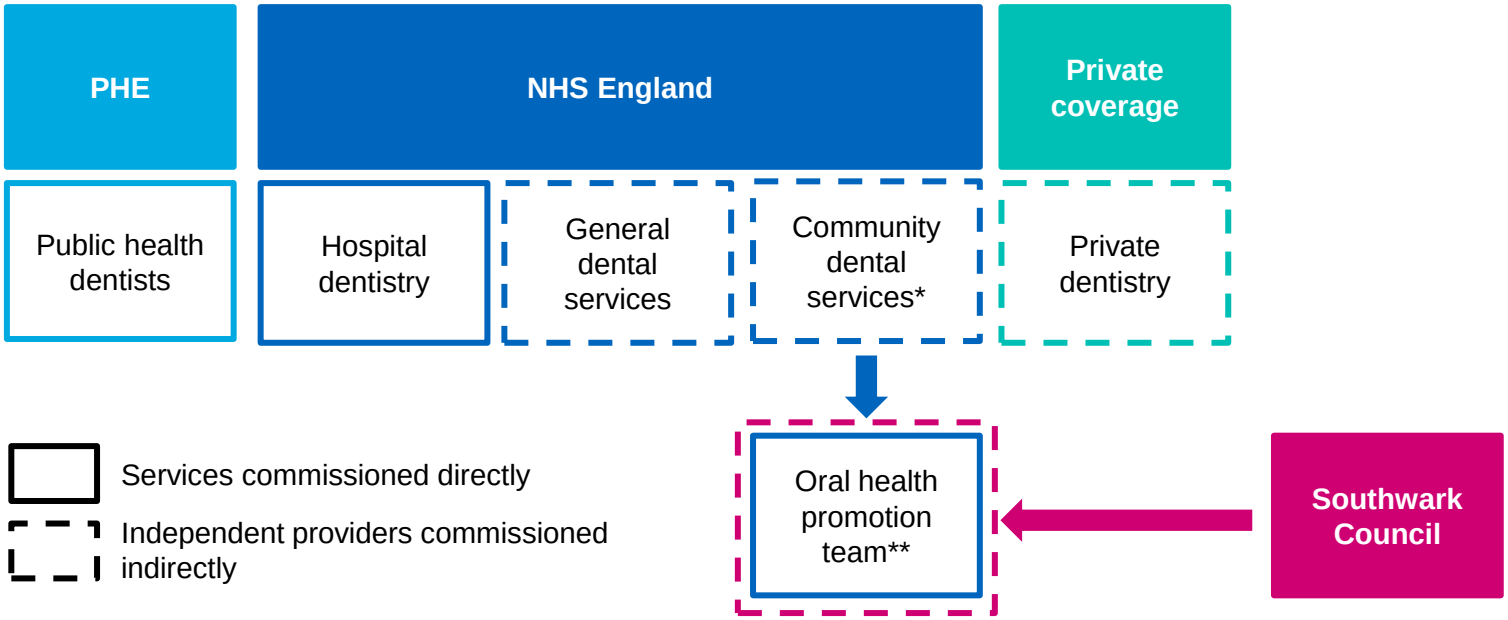
- Promoting the UNICEF Baby Friendly Initiative that aims to enable health and education settings to support breast feeding, which is associated with a reduction in dental caries up to 12 months[6]
- Supporting children's centres and schools to take a 'whole settings' approach, including providing appropriate healthy food

1. PHE (2013) Local authorities improving oral health: commissioning better oral health for children and young people
2. LGA and PHE (2016) Tackling poor oral health in children: local government's public health role
3. Southwark Council, Southwark Five Year Forward View: A local vision for health and social care 2016/17-2020/21
4. Southwark Health and Wellbeing Board. Southwark Health and Wellbeing Strategy 2015-2010. Improving the health of our population and reducing health inequalities
5. Southwark Health and Wellbeing Board (2016) Everybody's Business: Southwark Healthy Weight Strategy 2016-2021
6. Tham R, Bowatte G, Dharmage SC, *et al.* Breastfeeding and the risk of dental caries: a systematic review and meta-analysis. Acta Paediatrica 2015;104(S467):62-84

CONTENTS

Dental services are largely commissioned by NHS England

LOCAL COMMISSIONING



*Community dental services (CDS) are available for those with special needs. These include:

- Homeless CYP and adults
- CYP and adults with learning disabilities
- Bariatric CYP and adults
- CYP with anxiety
- Looked-after children
- Residential domiciliary care

**Oral health promotion provision in Southwark remains within CDS commissioned by NHS England, rather than the local authority

Note: The Business Services Authority at NHS England is responsible for quality assuring GDS, CDS, and private dentistry

1. NHS England (2015) Guide for Commissioning Specialist Dentistry Services
2. NHS England (2016) Policy Book for Primary Dental Services
3. Engagement with Consultant in Dental Public Health
4. NHE England (2014) Dental Assurance Framework. Policy & Corporate Procedures OPS_01272

CONTENTS

Southwark has a young and diverse population of children and young people

EPIDEMIOLOGY: CYP PROFILE

Children and young people (CYP) under the age of 20 make up 22.5% of the population of Southwark.

- Approximately 25,800 children aged 0-5
- Approximately 17,900 children aged 6-10
- Approximately 26,700 children aged 11-19

Around two-thirds of children and young people in Southwark are of Black, Asian, and minority ethnic (BAME) origin.[2]

Southwark's population of CYP is more deprived than the London average, with around 15,000 children aged under 16 living in low income families.

- Southwark is ranked in the 2nd highest quintile in England for deprivation, both for primary and secondary aged children[3]
- 36% of primary school students in Southwark meet the threshold to receive free school meals (2016 data)[4]

Figure 1: Proportion of CYP aged 0-19 in Southwark by ethnic group, 2016[1]

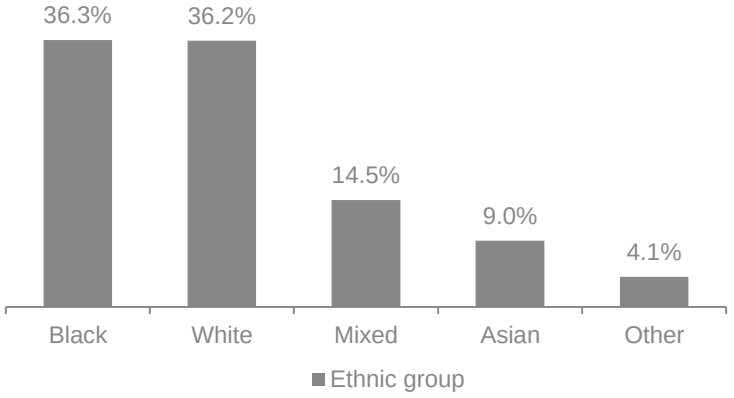
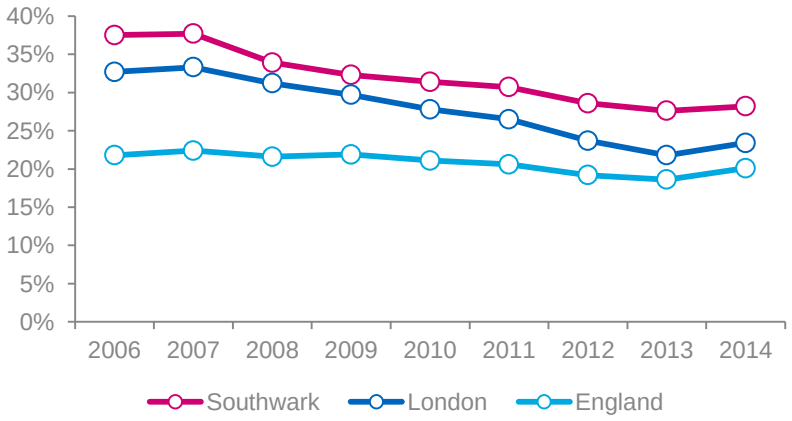


Figure 2: Children under 16 living in low income families[4]



1. GLA (2017) GLA Population and Household Projections: Ethnic group projections (central trend) 2016
2. Annual Public Health Report 2018: Statistical appendix. Southwark's JSNA. Southwark Council: London. 2018
3. Department for Communities and Local Government. English indices of deprivation 2015
4. Briefing: Universal Free School Meals. Default Enrolment.. Southwark Council: London. 2016

Southwark Council
southwark.gov.uk

Levels of decay are lower in Southwark than in London or England but self-reported dental hygiene is poor

EPIDEMIOLOGY: DECAY

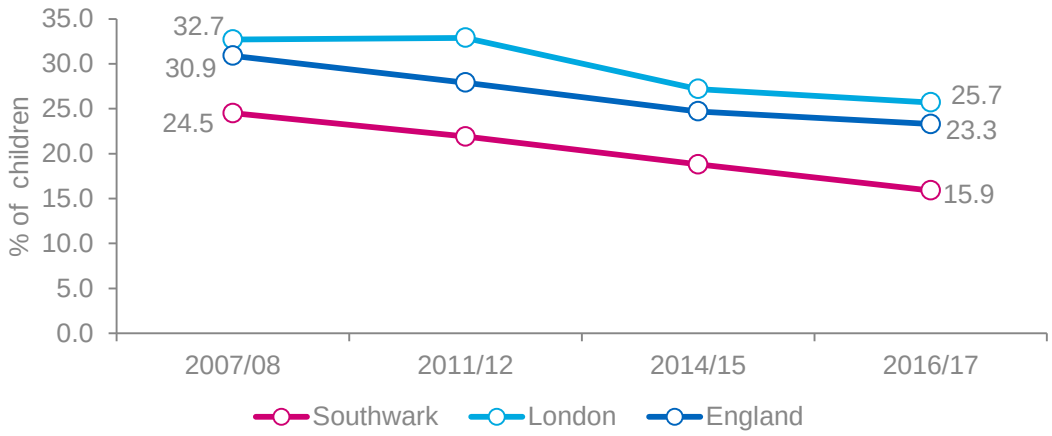
The level of tooth decay among children in Southwark is less than the national and London average.[1-3]

- Approximately one in six 5-year olds experience tooth decay in Southwark, compared to about one in four children in England and London (2017 data)
- This equates to about 660 five-year-olds in the borough who are affected by a preventable condition

Levels of decay experience in five-year-olds have decreased.

- Among five-year-olds with tooth decay, the average number of decayed, missing, or filled teeth in Southwark children is 2.4 teeth, 30-35% less than in England and London[1]

Figure 3: Percentage of five-year-olds with one or more decayed, missing and filled teeth from 2007/08 to 2016/17[1-4]



1. PHE (2018) Dental Health Profile: Southwark Local Authority. Dental health of five-year-old children
2. PHE (2017) Dental Health Profile: Southwark Local Authority. Dental health of five-year-old children
3. PHE (2013) Dental Health Profile: Southwark Local Authority. Dental health of five-year-old children
4. PHE (2009) Dental Health Profile: Southwark Local Authority. Dental health of five-year-old children

Levels of decay are lower in Southwark than in London or England but self-reported dental hygiene is poor

EPIDEMIOLOGY: DECAY

The latest survey of 12-year-olds (2008/09) revealed the mean number of teeth affected among those with dental decay was also less in Southwark than the national picture: 1.75 compared to 2.21 in England[1]

- Given the higher number of affected teeth in surveyed five-year-olds, we can expect the level of decay in future surveys of 12-year-olds to have increased
- More recently (2012/13), a cohort of three-year-olds was surveyed and the mean number of decayed, missing, or filled teeth (3.49) was higher than the England average (2.91)[2]

According to the 2016 SHEU survey of primary students (ages 8-12) and secondary students (ages 12-16):[3]

- 16% (259/1621) of primary school and 10% (57/573) of secondary school students had not cleaned their teeth at least twice the day before the survey
- 25% (316/1264) of primary and 17% (101/596) of secondary school students last visited the dentist for a filling, rather than a routine check-up

Table 1: Percentage of children with one or more decayed, missing and filled teeth[1,2,4]

	Southwark	London	England
Three-year-olds (2012/13)	10.7	13.6	11.7
Five-year-olds (2016/17)	15.9	25.7	23.3
Twelve-year-olds (2008/09)	12.9	28.0	33.4

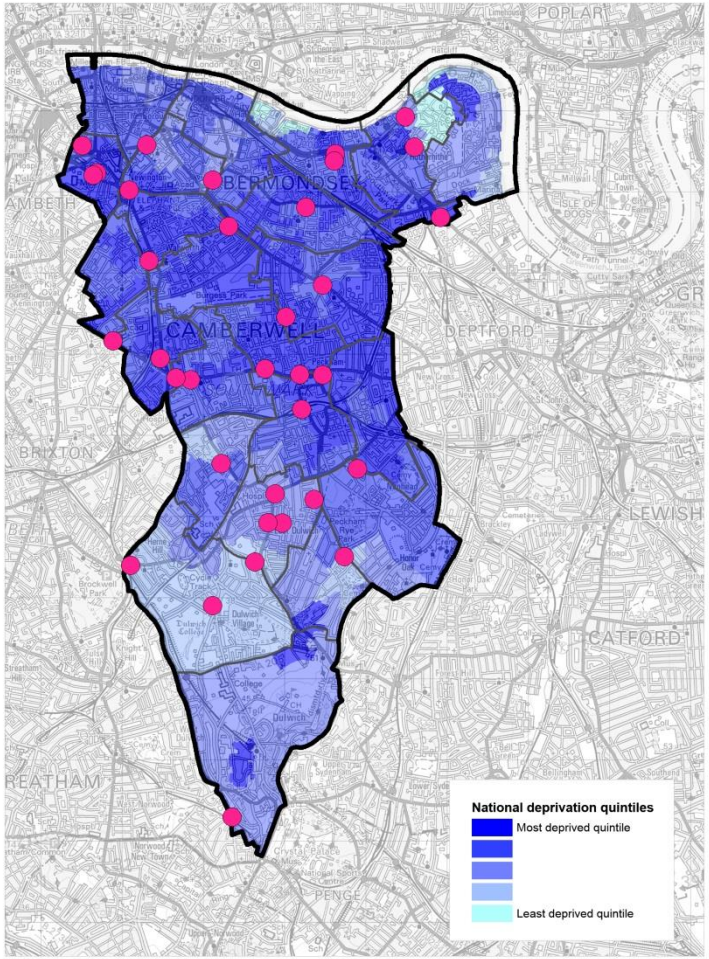
These data suggest that national oral health surveys may not be capturing the full extent of decay experience.

- The national survey requires active consent from parents and thus likely excludes some families and may under-represent the prevalence of caries

1. NHS Dental Epidemiology Programme for England: oral health survey of 12-year-old children 2008/2009
2. NHS Dental Epidemiology Programme for England: oral health survey of 3-year-old children 2012/2013
3. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016
4. PHE (2018) Dental Health Profile: Southwark Local Authority. Dental health of five-year-old children

Dental practices in Southwark are well spread and do not cluster by deprivation

EPIDEMIOLOGY: ACCESS



Dental treatment locations with indices of deprivation (2015)

Data source: Department for Communities & Local Government, NHS Business Services Authority
Southwark Public Health Department I People & Health Intelligence I talia.boshari@southwark.gov.uk
May 2018.

The adjacent map shows NHS dental service locations (dots) in which there was treatment activity between 1 April 2016 - 31 March 2017.[1]

Dental practices do not appear to cluster to particular regions of the borough, with the exception of the south of the borough where there is a single dental practice. Practices outside the borough have not been mapped.

This map highlights geographic access to dental practices within the borough but does not speak to the accessibility of these services.

Southwark Council
southwark.gov.uk

1. NHS BSA (2017) Southwark access data 2016/17

Rates of attendance at Southwark dental services differ by age group

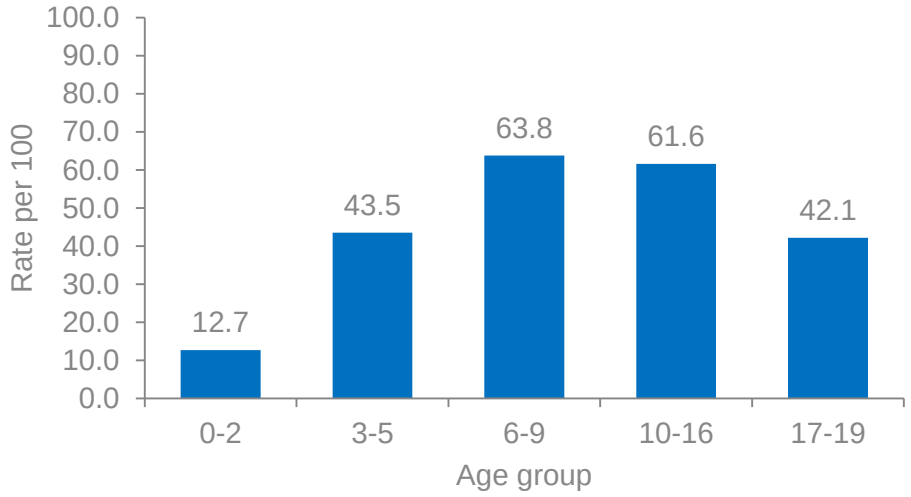
EPIDEMIOLOGY: ATTENDANCE

According to the 2016 SHEU Survey of students in Southwark, 13% primary students (219/1618) and 7% of secondary students (41/572) surveyed said they had either never been to the dentist, or had been more than a year ago.[1]

- The number of primary school students reporting having been to the dentist for a check-up dropped from 75% in 2014 to 57% in 2016

Despite PHE guidance suggesting that children visit the dentist upon eruption of their first tooth, less than half of children under 5 living in Southwark are attending dental services in the borough.[1,2]

Figure 4: Rate of Southwark dental service usage per 100 residents from 2015-2017, by age group[1]



1. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016
2. PHE (2017) Health Matters: child dental health,

Attendance at Southwark dental services does not vary by deprivation, suggesting an unmet oral health need

EPIDEMIOLOGY: ATTENDANCE

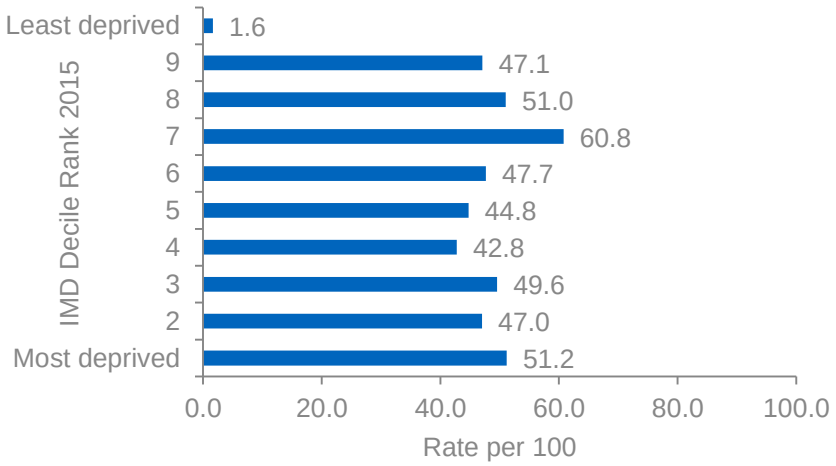
There is a well-established link between socioeconomic status and oral health, meaning there is a variation in oral health need by deprivation.

- Numerous studies[1,2] have found children in deprived communities to suffer from a greater number of dental caries and of decayed, missing, or filled teeth
- Among English local authorities, there is a 13% gap in the proportion of five -year-olds free of decay in the least deprived areas, compared to the most deprived. A gap persists when comparing children eligible for free school meals with those who are not[2]

However, rates of accessing general dental services in Southwark do not appear to vary by IMD decile.[3]

- This suggests there is an unmet need in oral health
- High levels of decay in deprived communities may be going untreated

Figure 5: Standardised rate of Southwark NHS dental service usage by Southwark residents aged 0-19 years by IMD decile rank, from March 2015-17[3]



1. Locker D. Deprivation and oral health: a review. *Community Dent Oral Epidemiol* 2000;28:161-9
2. Quality Watch (2017) Root Causes: Quality and inequality in dental health
3. NHS BSA (2017) Southwark access data 2016/17

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Fluoride varnish application rates are highest in our most and least deprived patients, and lowest in 17-19 year olds

EPIDEMIOLOGY: FLUORIDE VARNISH

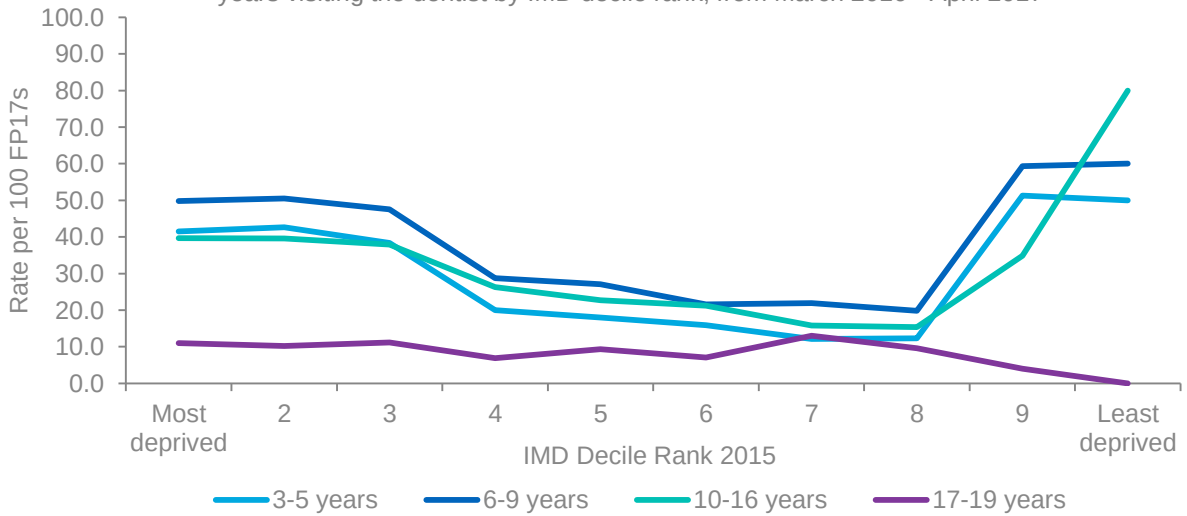
The effectiveness of fluoride in preventing dental caries is well established.[1] As a result, fluoride is commonly found in toothpaste and can be applied in varnish form to the teeth to prevent decay and strengthen enamel.

- From the age of three, fluoride varnish (FV) should be applied twice annually to all children and two or more times/year to children with decay or at higher-risk[2]

Despite the guidance, rates of FV application during visits to the dentist is inconsistent across IMD deciles and age groups with the highest rates in the most and least deprived patients.

- However, recording of fluoride varnish application is dentist-dependent and is not always captured in their activity reporting[3]

Figure 6: Fluoride varnish application rate per 100 FP17s* among Southwark residents aged 3-19 years visiting the dentist by IMD decile rank, from March 2016 - April 2017[5]



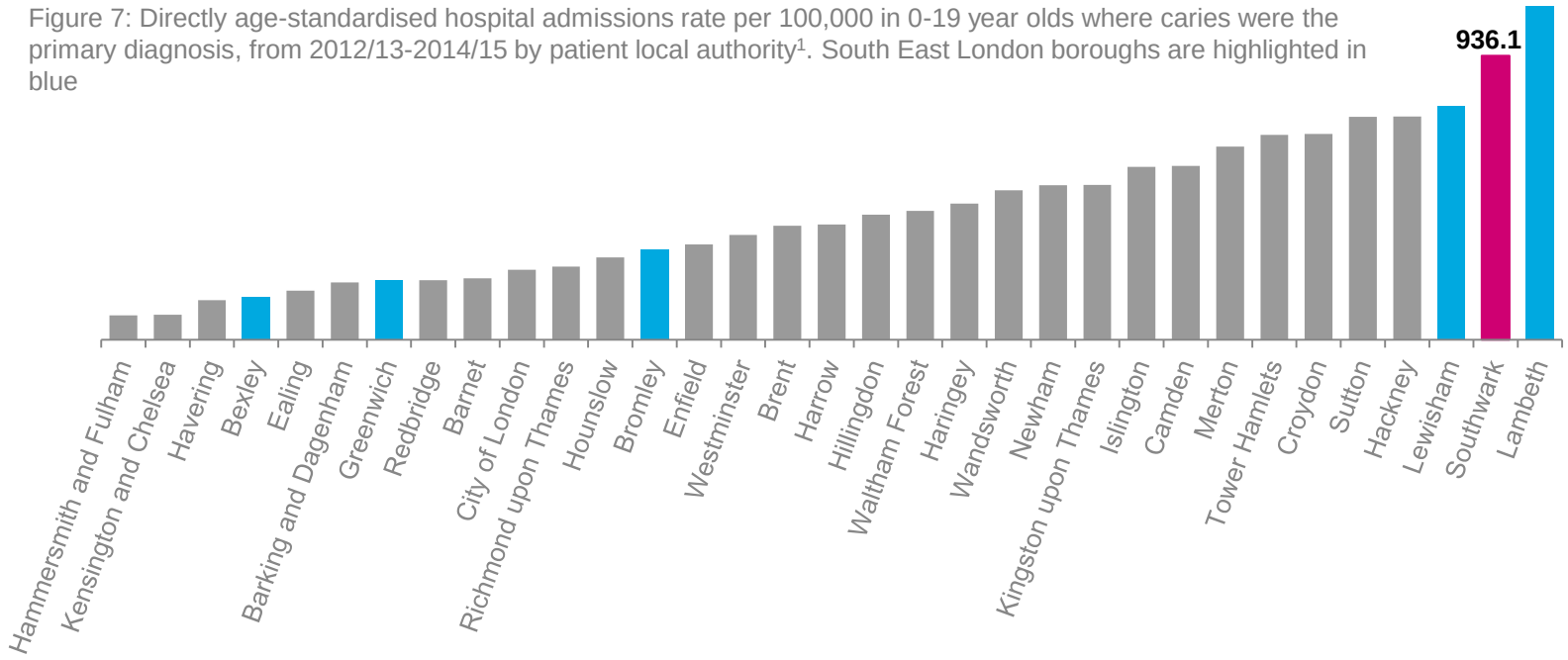
*An FP17 form is submitted by the dental provider and details dental activity per patient visit[4]

1. Petersen PU, Lennon MA. Effective use of fluorides for the prevention of dental caries in the 21st century: the WHO approach. Comm Dent Oral Epidemiol 2004;32:319-21
2. NHS Choices (2015) Fluoride
3. Engagement with Consultant in Dental Public Health
4. NHS Digital (2916) A Guide to NHS Digital Dental Publications
5. NHS BSA (2017) Southwark access data 2016/17

Despite lower levels of tooth decay, Southwark has the second highest rate of hospital admissions for caries

EPIDEMIOLOGY: HOSPITAL ADMISSIONS

Figure 7: Directly age-standardised hospital admissions rate per 100,000 in 0-19 year olds where caries were the primary diagnosis, from 2012/13-2014/15 by patient local authority[1]. South East London boroughs are highlighted in blue

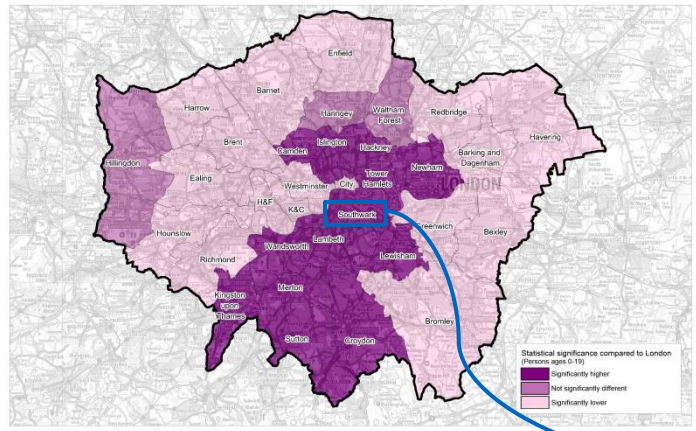


Residents of Southwark and Lambeth have the highest rates of hospital admissions for dental caries among London boroughs. It is possible that referral patterns for dental extractions have been influenced by the proximity of King's College Hospital Dental Institute (i.e. there may be less appetite to undertake extractions in the community), which may have driven up the number of extractions in Southwark. This should be explored in further studies.

1. PHE Dental Public Health Intelligence . Hospital episodes for extraction of one or more primary or permanent teeth among 0 to 19 year olds, 2011/12 – 2015/16

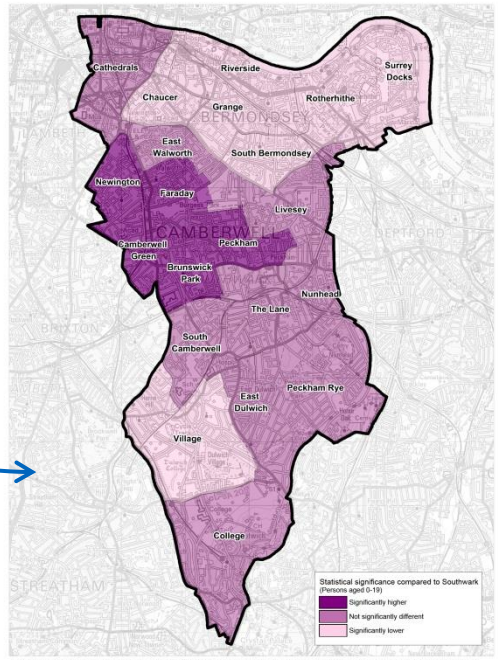
Unlike dental attendance, hospital admissions for caries vary by level of deprivation

EPIDEMIOLOGY: HOSPITAL ADMISSIONS



Age-standardised hospital admission rates for dental caries in children aged 0-19, per 100,000

Data source: Hospital Episode Statistics (HES)
Southwark Public Health Department I People & Health Intelligence I talia.boshari@southwark.gov.uk.
November 2017.



Age-standardised hospital admission rates for dental caries in children aged 0-19, per 100,000

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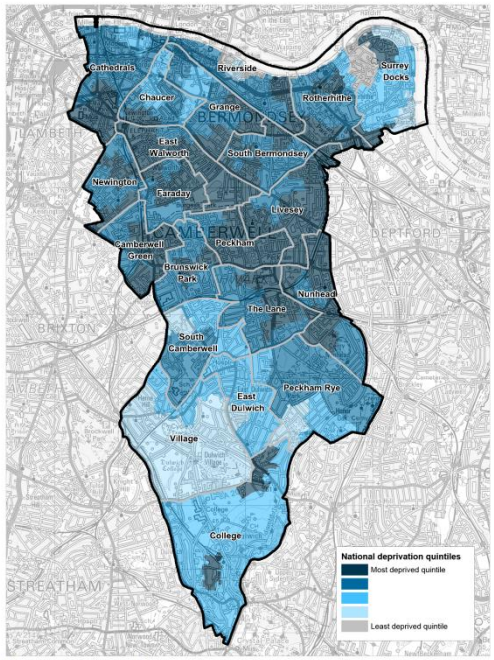
November 2017.



Indices of Deprivation 2015

Data source: Department for Communities & Local Government
Southwark Public Health Department I People & Health Intelligence I chris.williamson@southwark.gov.uk
July 2017

Within Southwark's 21 wards, the highest rates of admissions for caries are seen in the most deprived communities: Newington, Brunswick Park, Faraday, Camberwell Green, and Peckham.[1] This suggests an association between IMD quintile and poor dental health.

Note: Ward boundaries were changed effective May 2018 and are not reflected in the above maps. However, these were the most relevant data available at the date of publication

Southwark Council
southwark.gov.uk

1. PHE Dental Public Health Intelligence. Hospital episodes for extraction of one or more primary or permanent teeth among 0 to 19 year olds, 2011/12 – 2015/16

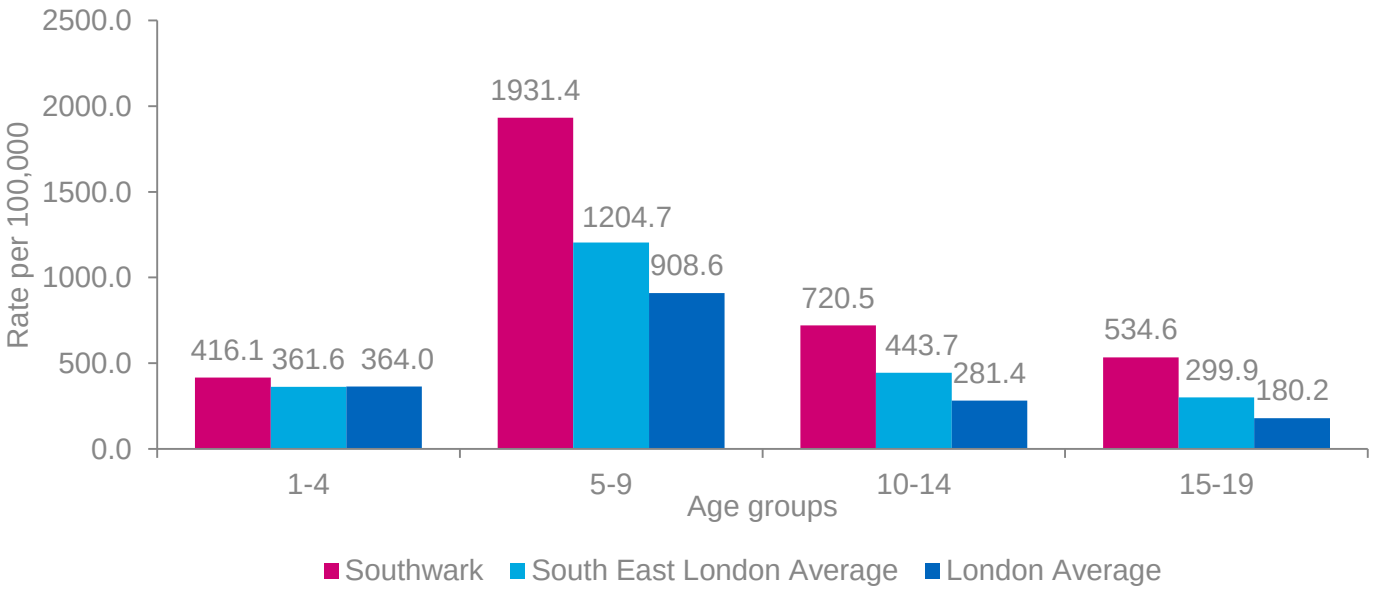
Health surveys of five year olds may be identifying caries and driving rates of hospital admissions

EPIDEMIOLOGY: HOSPITAL ADMISSIONS

Admissions rates vary significantly by age group. In Southwark and across London, the majority of children being admitted for dental caries are aged 5-9 years.

- Improved data collection is needed to explain this trend. One explanation may be that oral health surveys of five year olds are conducted every two years, which may alert parents to dental caries and prompt treatment

Figure 8: Directly age-standardised hospital admissions rate per 100,000 in 0-19 year olds where caries were the primary diagnosis, from 2011/12-2015/16[1]



1. PHE Dental Public Health Intelligence . Hospital episodes for extraction of one or more primary or permanent teeth among 0 to 19 year olds, 2011/12 – 2015/16

Available data on decay experience are unable to explain our high rate of caries-related hospital admissions

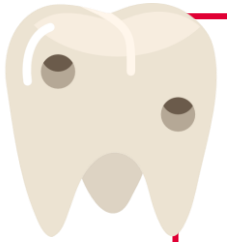
EPIDEMIOLOGY: SUMMARY

- The level of tooth decay among children in Southwark is less than the national and London average. Levels of decay experience in five-year-olds has decreased since 2007/08. However, surveys of school-aged children reveal poor self-reported oral hygiene.
- NHS dental services are geographically spread across the borough though data are not available on the accessibility of these practices.
- Rates of attending NHS dental services in Southwark vary by age group. Less than half of children under 5 living in Southwark are attending dental services in the borough, despite PHE guidance suggesting children visit the dentist upon eruption of their first tooth.
- The evidence suggests high rates of poor dental health in our most deprived communities. However, rates of attendance at dental services do not vary by deprivation, suggesting an unmet need in dental care.
- Fluoride varnish is an effective way to prevent dental caries and yet it is inconsistently applied during visits to the dentist.
- Southwark has the second highest rate of hospital admissions for dental caries in children aged 0-19 years, among London local authorities. Admission rates are higher in areas of deprivation and in children aged 5-9 years.

CONTENTS

Oral health is considered a marker of wider health and social issues

RISK FACTORS



Risk Factors[1-4]
1. Poor diet/high sugar intake
2. Deprivation
3. Neglect

Protective Factors[1]
1. Low sugar intake
2. Visits to the dentist
3. Brushing 2x/day with fluoride toothpaste
4. Breastfeeding up to 6 months*

Risk factors for poor oral health are shared with other health issues (e.g. obesity), therefore there are opportunities for multi-purpose interventions.

Inequalities exist in both dental health and dental access.[5,6] There is a social gradient of poor oral health such that the most deprived children are the most affected.

- The most deprived children have poorer dental health and more dental-related hospitalisations
- Children eligible for free school meals also find it more difficult to find an NHS dentist

Poor oral health in our most vulnerable children is largely due to neglect.[1-4]

- Poor oral health may be a marker of neglect and wider safeguarding issues
- Other practitioners should be aware and considerate of oral neglect in children

*Breastfeeding up to 12 months is associated with a reduction in caries;[7] however, there is consistent messaging locally and nationally encouraging breastfeeding up to 6 months for infant health and healthy weight

1. PHE (2017) Health matters: child dental health
2. PHE (2018) Child oral health: applying All Our Health
3. Engagement with Looked-after Children team
4. Colgan SM, Randall PG, Porter JDH. 'Bridging the gap' – A survey of medical GPs' awareness of child dental neglect as a marker of potential systemic child neglect. BDJ 2018;224:717-725.
5. RCPCH (2017) State of Child Health Report 2017
6. QualityWatch (2017) Root cases: Quality and inequality in dental health
7. Tham R, Bowatte G, Dharmage SC, *et al.* Breastfeeding and the risk of dental caries: a systematic review and meta-analysis. Acta Paediatrica 2015;104(S467):62-84

Poor diet has implications for both a child's weight and their dental health

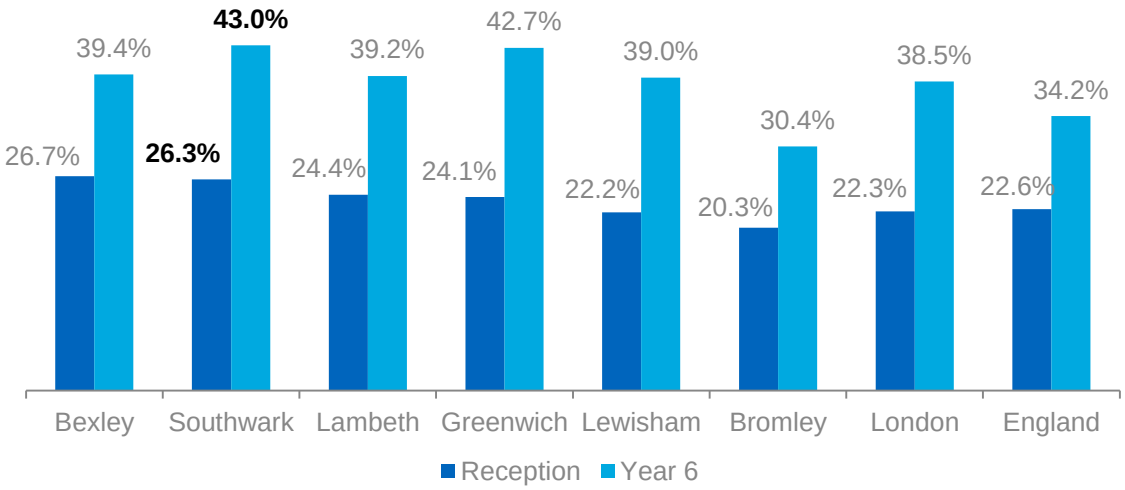
RISK FACTORS

There is a well-established link between poor nutrition and excess sugar consumption, and dental decay.

- A recent prospective longitudinal study of pre-school children in Scotland[1] found that children who consumed soft drinks several times per month were 25% more likely to have tooth decay by age five, compared to those who consumed them less than once a month or never at all
- For those who consumed sweets or chocolate once a day or more, the likelihood of decay by age five rose to 56% compared to children who had sweets less than once a day or never at all

Southwark has the 3rd highest prevalence of excess weight among London boroughs at both Reception and Year 6, meaning we have a large population at risk of poor oral health that may be due to diet. Southwark's children are among the most obese in London and England.[2]

Figure 9: Percentage of children classified as overweight or obese in 2016/17, at Reception and Year 6[2]



1. Skafida V and S Chambers. Positive association between sugar consumption and dental decay prevalence independent of oral hygiene in pre-school children: a longitudinal prospective study. Journal of Public Health, 2017
2. PHE Fingertips. Child Health: obesity, Accessed April 2018

Malnutrition can be the result of over- or under-eating; both are associated with poor dental health

RISK FACTORS

Nutrition impacts on a child's overall growth and development and, among others, poor nutrition is associated with poor dental health.[1,2]

The 2016 SHEU Survey revealed poor nutrition among school children: less pupils in Southwark had at least five portions of fruits & vegetables the day before, compared with the wider sample.[3]

- Approximately 1/3 of children sampled in Years 4 and 6 (total n sampled=1806) reported eating crisps, chips, sweets, chocolate, or fizzy drinks 'on most days'
- Only 55% of those students said they had vegetables most days or every day

Access to healthy food options is a challenge in Southwark, where many residents are low income and there is a high density of affordable (but unhealthy) fast food options.

Food insecurity and malnutrition drive health inequalities in Southwark and tend to manifest in food bank usage – local food banks have seen an increase in demand.[4-6]

- Free school meals are a national and local offer that aim to improve children's health and nutrition

Ambitions to promote good oral health in children should therefore include improving good nutrition.

1. Psoter WJ, Reid BC, and Katz RV. Malnutrition and Dental Caries: A Review of the Literature. Caries Res 2005;39(6):441-447
2. Sheetal A, Hiremath VK, Patil AG, *et al*. Malnutrition and its Oral Outcome – A Review. J Clin Diagn Res 2013;7(1): 178-180
3. SHEU (2016) Supporting the health and wellbeing of children and young people in Southwark. A summary report of the Health & Wellbeing Related Behaviour Survey 2016
4. Southwark Council – internal data 2018
5. Southwark Council and Southwark CCG (2015) Public Health Report for Southwark. Director of Public Health Annual Report 2013-14
6. Southwark Foodbank. Available from: https://southwark.foodbank.org.uk/about/

Some vulnerable groups of CYP are at greater risk of poor oral health

VULNERABLE GROUPS: OVERVIEW

There are many vulnerable groups of children and young people who may be disengaged and disadvantaged, with greater risk of health and wellbeing needs. These include:

Included in this assessment

- **Young children under five** whose oral health depends on their parents[1]
- **Looked-after children** who often suffer from neglect and poor oral hygiene[2]
- **CYP with special educational needs and disabilities** who share common risk factors with poor oral health[3]

Not included in this assessment

- **Gypsy, Roma and Traveller children** who tend to have poor health literacy and access to health services[4]
- **Asylum seekers, refugees and new migrants** whose overall health tends to suffer and who face barriers in accessing health services[5]
- **Young offenders** who often suffer from poorer oral health than their peers and have difficulty accessing prison dental services[6,7]

This is not an exhaustive list. While it is important that all vulnerable groups are given due consideration, this needs assessment was not able to include them all.

- The vulnerable groups discussed in greater detail in the following slides have been identified to be of greater significance in relation to oral health in Southwark

1. Nunes Correia P, Alkhatrash A, Williams CE, *et al*. What do expectant mothers need to know about oral health? A cohort from a London maternity unit. BDJ Open 2017;3:17004
2. DfE. Statistics: children in need and child protection
3. Department for Education (DfE). Special Educational Needs: January 2017
4. McFadden A, Siebelt L, Gavine A, *et al*. Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. Eur J Public Health 2018;28(1):74-81
5. Robertshaw L, Dhesi S, and Jones LL. Challenges and facilitators for health professionals providing primary healthcare for refugees and asylum seekers in high-income countries: a systematic review and thematic synthesis of qualitative research. BMJ Open 2017;7:e015981
6. NHS Scotland (2009) The oral health and psychosocial needs of Scottish prisoners and young offenders
7. HM Government (2013). Healthy Children, Safer Communities. A strategy to promote the health and well-being of children and young people in contact with the youth justice system

Oral health in infancy is largely dependant on parental factors

VULNERABLE GROUPS: UNDER 5s

To prevent caries in infants, it is important that we improve parents' knowledge, understanding, and means to achieve good oral health. Currently, there is no systematic measure of decay experience among children under five years.

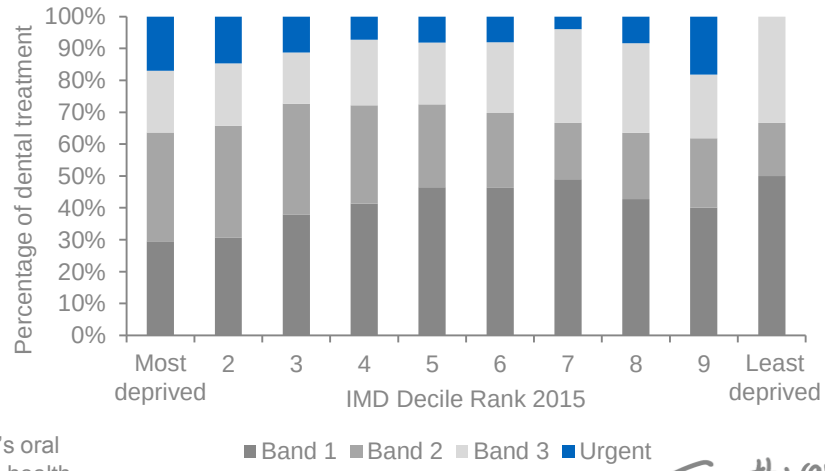
During pregnancy and in the 12 months following birth (termed 'expectant/new mothers'), women are entitled to free NHS dental treatment. In Southwark, the type of dental treatment undergone by this cohort of mothers varies by deprivation.[1]

- Compared to expectant/new mothers in the highest IMD decile, expectant/new mothers from deprived communities are more likely to receive urgent care, suggesting they are not seeking routine dental treatment
- These women may not be prioritising their own dental care and thus their children may be at greater risk for poor oral health, in addition to their socio-economic situation

A 2017 survey of 115 women in a nearby Lambeth maternity ward revealed poor knowledge of oral health, but a desire to learn more.[2]

- A third had not received oral health advice during pregnancy and were unaware of the breadth of caries-causing foods. Knowledge of fluoride and its role in preventing dental decay was lacking
- 57% of women surveyed said they would like to receive oral health advice

Figure 10: Dental treatment undergone by expectant/new mothers in Southwark by IMD decile and activity type, from April 2016 - March 2017[1]



Dental activity types explained:[3]
Band 1: check-up and simple treatment, preventative advice
Band 2: mid-range treatments (fillings, extractions) in addition to Band 1
Band 3: complex treatments (crowns, dentures, bridges), in addition to Bands 1 and 2
Urgent: treatment in circumstances where the dental practitioner believes that person's oral health will deteriorate significantly or that they are in severe pain because of their oral health

1. NHS BSA (2017) Southwark access data 2016/17
2. Nunes Correia P, Alkhatrash A, Williams CE, *et al*. What do expectant mothers need to know about oral health? A cohort from a London maternity unit. BDJ Open 2017;3:17004
3. NHS Digital (2916) A Guide to NHS Digital Dental Publications

Neglect is a primary cause of poor oral health in looked after children

VULNERABLE GROUPS: LAC

Looked after children (LAC) are children in care of the local authority. They often experience worse levels of health than their peers.[1]

- In 2016/17, the rate of children becoming looked after by Southwark Council was 78 per 10,000 children under 18 years. This is higher than the average rate for London (50) and inner London (58)[2]
- The most common latest category of abuse (for nearly 50% of children with a Child Protection Plan) is neglect[3]

Health assessments, including oral health, are statutory for children in care.[3,4]

- More LAC have their annual health assessments in Southwark than in England overall. However, uptake of dental check-ups is lower among LAC in Southwark, compared to London. This may be due to the high mobility of our LAC outside of the borough

Poor dental health among LAC is largely due to neglect and by the time they are seen in care, disease treatment, rather than prevention, is needed.

- A 2017 study in Scotland[5] revealed that LAC were more likely to need dental treatment and to have teeth extracted under general anaesthesia, however, they were less likely to access general dental services
- In some cases, low emotional wellbeing (which is common among LAC,[6,7]) may drive children to cope through dietary changes that affect their oral health, i.e. over- or under-eating

Challenges remain in ensuring continuity of care and of oral health promotion messaging, as many LAC move between homes and are frequently placed outside the borough.[6]

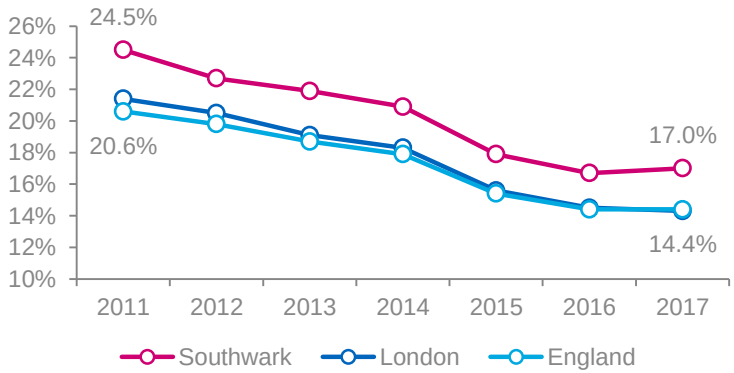
1. DfE. Statutory Guidance on Promoting the Health and Well-being of Looked After Children, 2009
2. DfE. Statistics: Children looked after in England including adoption: 2016 to 2017. Local Authority Tables
3. DfE. Statistics: children in need and child protection https://www.gov.uk/government/collections/statistics-children-in-need
4. DfE & DH. Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinic commissioning groups and NHS England, 2015
5. McMahon AD *et al.* Inequalities in the dental health needs and access to dental services among looked after children in Scotland: a population data linkage study. Archives of Disease in Childhood, 2017
6. Engagement with Looked-after Children team – Dr Stacy John-Legere and Angela Brown
7. Mental Wellbeing of Young People (aged 0-24 years) in Southwark. Southwark's JSNA. Southwark Council: London. 2018

Children with special educational needs and disabilities (SEND) may share risk factors for poor oral health

VULNERABLE GROUPS: SEND

Southwark has a higher prevalence of children with SEND than the England average and has the 5th highest proportion in London.[1,2]

Figure 11: Percentage of children with SEND[8]



There are common risk factors between an increased likelihood of SEND and poor oral health.

- There is a strong association between poverty, deprivation, and levels of disability[1]
- LAC are four times as likely to have SEN than other children[3,4]

The nature of SEND lends additional risk of poor oral health.

- Obesity is a prevalent issue. Many children have a limited palette (especially among autistic children) and reduced mobility /activity due to cognitive deficits[4]
- Anti-epileptic medication may increase the risk of gum overgrowth[4,5,6]

A 2015 national survey in special support schools examined the oral health needs of children with SEND.[7]

- The prevalence of tooth decay was lower than in the general CYP population: 22% of five-year-old children with SEND in England had experienced dental decay, compared to 28% in the general child population
- However, those children who had decay had more teeth being affected: 3.9 vs. 3.4

*It should be noted that many children with SEND will attend a mainstream school and that the SEND population extends to the child's 25th birthday

1. Department for Education (DfE). Special Educational Needs: January 2017
2. DfE. Statistical Release – Children with Special Educational Needs 2014: An Analysis.
3. DfE. Outcomes for children looked after by local authorities in England, 31 March 2016
4. Engagement with CCG Commissioner for SEND
5. University of Washington School of Dentistry (2010). Oral Health Fact Sheet for Medical Professionals: Children with Epilepsy
6. Fazal Ghafoor PA, Rafeeq M, and Dubey A. Assessment of oral side effects of antiepileptic drugs and traumatic oro-facial injuries encountered in epileptic children. J Int Oral Health 2014;6(2):126-128
7. PHE (2015) Oral health survey of five-year-old and 12-year-old children attending special support schools 2014. A report on the prevalence and severity of dental decay
8. PHE Fingertips. Learning disabilities profile. Accessed June 2018.

CONTENTS

Oral health promotion is undertaken by the OHPT, although their resources are limited

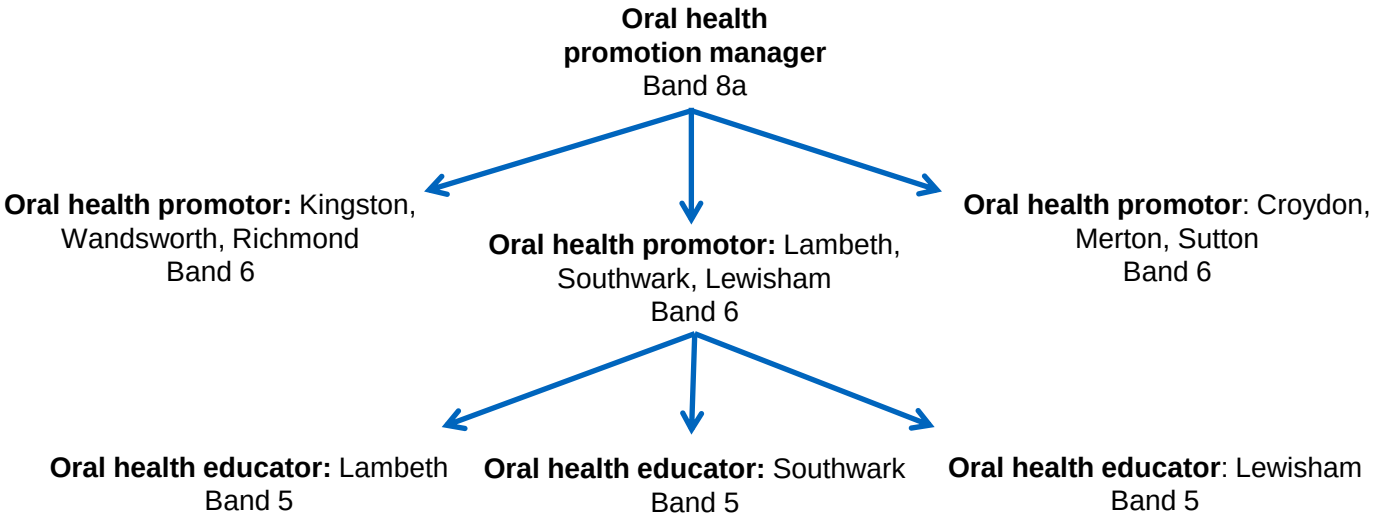
THE ORAL HEALTH PROMOTION TEAM

The Oral Health Promotion Team (OHPT) operates across 9 boroughs with a limited budget allocated by NHS England, on behalf of local authorities.

- Southwark is supported by one dedicated Band 5 oral health promoter and a Band 6 promoter shared across LSL. A Band 8 oral health promotion manager operates across the whole service. WTE is not known
- All 9 boroughs contribute an equal budget but have no oversight of spend. Funding is given to NHS England directly rather than transferred to local authorities as part of the Public Health Grant

The commissioning of OHP by NHS England has led to a lack of integration within the local early years offer. Public health is not systematically involved in OHP and up until now, communication with the OHPT has been limited to 'upon request.'

Figure 12: The oral health promotion team covering South West and South East London in 2017[1,2]



1. Engagement with oral health promotion lead
2. Engagement with CDS service manager

There is no universal offer of OHP for children and work with vulnerable CYP is largely ad-hoc

THE ORAL HEALTH PROMOTION TEAM

Under the current delivery plan in Southwark, the aim is to work in the five primary schools with the highest level of pupil premium eligibility. Each participating school will be visited twice yearly.

- Four have been successfully engaged thus far: Pilgrim's Way, Rotherhithe, Riverside, and Albion. The fifth was a non-responder and has been replaced
- The OHPT delivers toothbrushing packs with 1450ppm fluoride and information leaflets
- Work in secondary schools is not part of the delivery plan, however, they do consider requests

Between visits to the schools, the OHPT visits with other groups in the proximity of these schools.

- OHP training for staff at children's centres when requested, in addition to display boards
- Pop-up information centres in at local events to engage parents

A fluoride varnish programme was run for the previous three years but has been discontinued due to the intensity of resources required. Supervised toothbrushing is not currently being done and is not in the delivery plan for 2017-19.

The OHPT's activity with vulnerable groups (looked-after children, children with SEND) and affiliated healthcare professions (health visiting, school nursing) is provided upon request.

- The OHPT may visit a child newly diagnosed with a SEND at their home, though most work is done through Sunshine House
- For other vulnerable groups, these are often engaged in a group, or else through the carers at children's centres
- Health visitors and school nurses have been approached to receive OHP training but as of yet, this offer has not been taken up
- Overall, there is no universal OHP offer that systematically trains staff in roles with universal reach (i.e. health visiting, school nurses, children's centres, nurseries, etc)

1. Engagement with oral health promotion lead
2. Engagement with CDS service manager

Oral health promotion lacks consistency across children's settings and is without overall coordination

ORAL HEALTH PROMOTION

Community Groups
- Parents and Communities Together (PACT) run sessions such as Parent University and MumSpace
- Health visitors and other health professionals support sessions on healthy eating and cooking, oral health, and breastfeeding

Health Visiting
- General messaging about good oral health at the one year health review
- Mostly opportunistic lessons on toothbrushing and use of bottles – this depends on individual initiative

Children's Centres
- OHP is not a statutory requirement but is done alongside healthy eating with the dietetics team
- Promote feeder cups, healthy snacking, and breastfeeding
- Encourage and accompany new cohorts to register with the dentist
- Previous staff training by the OHPT
- OHPT visits centres about once a term

School Nursing
- Good oral health is discussed during the Reception and Year 6 health assessment
- Nothing formalised in schools unless requested – none in Southwark have

Schools
- Knowledge of good oral health is included within PSHE Key Stage 1
- Improving dental health may be addressed as part of the Healthy Schools London award scheme

Vulnerable Groups: SEND & LAC
- On-demand visits from the OHPT
- Foster carers taught about the basics of good oral health

Dentists
- Some practices undertake specific OHP work according to national guidelines
- Some may have an 'extended duty nurse' who delivers prevention best-practice

1. Engagement with lead representative for children's centres
2. Engagement with primary school deputy head
3. Engagement with head of school nursing and health visiting
4. Engagement with dentist and vice-Chair of LSL LDC
5. Engagement with oral health promotion lead
6. Engagement with early years quality improvement manager

There are also opportunities for oral health promotion within other health improvement services

ORAL HEALTH PROMOTION

Most healthy eating and weight management services in Southwark promote reducing consumption of sugar and fizzy drinks.

- There are 20 breakfast clubs at schools and nurseries around the borough. These aim to offer healthy, nutritious meals to start the day
- Children with a BMI ≥ the 91st centile can be referred into Alive 'N' Kicking,[1] a 12-week Tier 2 weight management service that teaches the dental health impact of sugary drinks
- Change4Life[2] is a free, universally available service that encourages families to adopt healthy behaviours every day
- Since 2013, Southwark Council has provided all primary school children with a free *healthy* school meal through the FSM programme to support healthy eating and nutrition

Recent data in Southwark estimate low levels of breastfeeding: approximately 45% of women are breastfeeding at 6-8 weeks.[4] However, the prevalence is expected to change as data continue to be collected retrospectively to recover from previous IT issues.

- Five breastfeeding support cafes are run by the Health Visiting team and are safe, comfortable environments in which woman are supported to start and continue breastfeeding
- Southwark has commissioned the Breastfeeding Welcome Scheme, an accreditation programme supporting business to facilitate a breastfeeding-friendly environment for mothers
- Southwark is currently working towards becoming accredited by UNICEF's Baby Friendly Initiative, a programme that supports breastfeeding and parent-infant relationships. Stage 1 has been completed and we are anticipating reaching Stage 2 by 2020

GP practices are well-placed to opportunistically deliver OHP messages to children if they or their parents have especially poor oral health.[5]

Dentists and primary dental health teams are encouraged to deliver OHP in line with PHE's toolkit 'Delivering better oral health', but the local picture is unclear.[6]

1. Alive 'N' Kicking. Available from: https://www.ank.uk.com/
2. Change4Life. Available from https://www.nhs.uk/change4life
3. Southwark Council. Free, healthy school meals. Available from: https://www.southwark.gov.uk/schools-and-education/information-for-parents/financial-support/free-healthy-school-meals
4. Health visiting internal data 2018
5. Engagement with lead GP for CYP Commissioning
6. PHE (2017) Delivering better oral health: an evidence-based toolkit for prevention

CONTENTS

England lacks a nationally coordinated programme targeting children's oral health

EVIDENCE – BEST PRACTICE

According PHE, the top three interventions to prevent childhood tooth decay are simple:

1. Reduce consumption of sugary food and drink
2. Brush twice a day with fluoride-containing toothpaste
3. Visit the dentist as soon as the first tooth erupts, then continue to visit on a regular basis*

They have also deemed two key initiatives as both clinically- and cost-effective: supervised toothbrushing and fluoride varnish application.[2]

Nevertheless, OHP in England is still lagging behind Scotland and Wales, both of whom have established successful national OHP programmes.

***Designed to smile* in Wales utilises health visitors, dental teams, and trained childcare staff to deliver against three main elements:[3]**

- Oral health promotion beginning at birth (0-3 years)
- Supervised brushing in school/nursery for 3-5 year-olds
- Oral health promotion aimed at select children, parents, teachers, and health professionals

***Childsmile* in Scotland was rolled out nationally in 2011 and offers:[4]**

- Provision of a dental pack (toothbrush + toothpaste with ≥1000ppm fluoride) at least 6x by age five
- Provision of a free-flow feeder cup at age one
- Every nursery offering free daily supervised brushing

*Based on risk assessment by dental practitioner and according to NICE recall guidelines

1. PHE (2017) Health Matters: Preventing tooth decay
2. PHE (2016) Return on investment of oral health improvement programmes for 0 to 5 year olds: infographic
3. Designed to smile. Welsh Government Initiative. Available from: http://www.designedtosmile.org/
4. Childsmile – improving the oral health of children in Scotland. NHS Scotland. Available from: http://www.child-smile.org.uk/

Various initiatives in other areas have been successful in addressing oral health

EVIDENCE – CASE STUDIES

Within England, there are various local initiatives in place that have been successful in improving children's oral health and have outlined what worked:

Lambeth Early Action Partnership (LEAP),[1] Lambeth

- With £10m funding from Big Lottery, LEAP launched a ten-year programme that supports infants and children in their social, emotional, communication, and language development
- Distribution of toothbrushes and running supervised toothbrushing and OHP in early years settings
- Breastfeeding peer support for first-time mothers
- Supporting access to community-based nutrition and healthy weight services

Smile4Life, Lancashire and Cumbria[3]

- Training of dental nurses to deliver preventative messages and applying fluoride varnish at dentists
- Consistent branding to increase awareness
- Encouragement of all LAs to embed Smile4Life into their healthy child programme

Healthy Teeth, Happy Smiles!, Leicester [2]

- Using health visitors and staff trained to supervise brushing, their aim is to achieve a 10% increase in the proportion of five-year-olds free from decay by 2019
- Multi-agency oral health promotion and advertising via social media
- Distribution of free toothbrushes and fluoride toothpaste
- This programme is currently being evaluated by an academic institution

The application of fluoride varnish in schools (Oxfordshire, Hackney)

- Hackney began a dental outreach programme in 2016 that runs a successful school-based fluoride varnish schemes; this was also targeted at higher-risk Charedi Jewish schools
- However, a pilot launched in Oxfordshire found the delivery of fluoride varnish at schools to be very resource intensive and require the continuous engagement of school staff[4]

1. Lambeth Early Action Partnership (LEAP). Available from: http://www.leaplambeth.org.uk/
2. PHE. Health matters: public health issues case study. Healthy Teeth, Happy Smiles! Leicester City Council. Available from: https://www.gov.uk/government/case-studies/healthy-teeth-happy-smiles-leicester-city-council Accessed on 17 October 2017
3. PHE. Health matters: public health issues case study. Smmile4Life in north west England. Available from: https://www.gov.uk/government/case-studies/smile4life-in-north-west-england
4. Buckingham S, John JH. Recruitment and participation in pre-school and school-based fluoride varnish pilots – the South Central experience. *British Dental Journal* 2013;215: E8

Preventing poor oral health in childhood requires simple but consistent messaging

EVIDENCE – WHAT WORKS

What Works

- Consistent supervised toothbrushing and appropriate, systematic training of staff
- Fluoride varnish applications at the dentist
- Consistent messaging around good oral health and OHP
- Delivery of free toothbrushes and toothpaste containing 1350-1500ppm fluoride
- Utilising dental nurses to deliver preventative messages
- Advertising with consistent branding and through social media platforms
- Multi-agency oral health promotion with a variety of concurrent interventions and collaborative working
- Demonstrations or videos of toothbrushing and oral health promotion

Key Challenges

- There is no coordinated response or strategic direction for OHP in Southwark nor SE London
- Insufficient professional training and capacity to supervise toothbrushing at the required scale and logistical challenges in maintaining hygiene
- In some cultures, sugar is ingrained within traditional dishes or eating habits, though these can be tackled by community-led initiatives (i.e. PACT)
- For vulnerable families in shared homes, frequent toothbrushing and healthy cooking may be difficult
- Parental attitudes and awareness of oral health and high-sugar foods
- Not all dentists are aware of/adherent to PHE guidance regarding dental checks at first tooth
- A lack of joined-up working between teams involved in oral health

1. Childsmile – improving the oral health of children in Scotland. NHS Scotland. http://www.child-smile.org.uk/ . Accessed 18 October 2017
2. Designed to smile. Welsh Government Initiative. http://www.designedtosmile.org/. Accessed 18 October 2017
3. Downer MC, Drugan CS, and Blinkhorn AS. A critique of the Brushing for Life programme. Health Education Journal, 2006. 65(1): 84-92
4. Engagement with parents
5. Engagement with lead representative for children's centres
6. Engagement with primary school deputy head
7. Engagement with head of school nursing and health visiting
8. Engagement with dentist and vice-Chair of LSL LDC
9. Engagement with oral health promotion lead

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The current provision of oral health promotion is not addressing our level of need

KEY FINDINGS

- The level of tooth decay among children in Southwark aged 0-19 is lower than the London and England average and dental practices are well spread throughout the borough. Nonetheless, 660 five-year-olds in Southwark are affected by a preventable condition, which has a range of impacts on health and wellbeing.
- Despite comparatively low levels of decay, Southwark has the second highest rate of hospital admissions for dental extractions in children aged 0-19 among London local authorities. Rates of admission are highest in the most deprived wards and in children aged 5-9 years.
- Poor oral health is not equally distributed and there are inequalities in decay experience, hospital extractions for caries, and dental attendance, based on socio-economic status.
- Southwark has a large population of children at risk of poor oral health due to high levels of deprivation and obesity. Low maternal uptake of routine dental services may put children at additional risk and less than half of children under five years are accessing dental services.
- A primary cause of poor dental health in vulnerable, looked after children is neglect and challenges remain in ensuring continuity of dental care and oral health promotion messaging as children move in and out of the borough.
- Southwark has a high prevalence of children with special educational needs and disabilities who may share risk factors for poor oral health, such as deprivation and obesity.
- Provision of oral health promotion in the borough is inconsistent and largely ad-hoc and the current delivery plan is not aligned with national best practice.

There is no borough-wide strategy or coordinated plan of action for oral health promotion.

Analyses and findings are based off the best available data, however, some limitations should be considered

CAVEATS

- The annual survey of school-aged children (SHEU) includes children attending schools in Southwark. Some of these students will attend a Southwark school but live outside the borough. However, this remains the most comprehensive and widely used measure of school-aged health behaviour available.

- Attendance rates at Southwark dental services do not capture patients using private, community, or secondary services. At this time, these were the best data available. Attendance rates will also not capture Southwark residents using dental services outside of the borough. For the purposes of this report, the focus remained on rates of attendance of Southwark residents at Southwark services as these are within the scope of influence locally.

- While dental practices appear to be geographically spread across the borough, we do not currently have data confirming that all practices are accepting NHS patients. It may be that children and young people in Southwark are unable to attend a general dental practice in the borough. Barriers in accessing routine dental care may drive rates of caries-related hospital admissions.

A number of opportunities to improve children's oral health have been identified (1 of 3)

RECOMMENDATIONS

Recommendation	Details	Suggested Owner
POLICY		
Oral health action plan	Develop an action plan for improving CYP oral health in Southwark, as part of the Child Public Health Strategy, to set the strategic direction and better coordinate our OHP offer	Public Health
Oral health steering group	Consider establishing and leading a CYP oral health steering group for SEL to ensure a consistent message across partners and boroughs, linked to a shared OHPT	Public Health, OHPT
Promote dental checks for young children	Support dental staff in awareness and training around dental care for young children under five, in line with PHE's recommendations and considering workforce capacity	LDC
Promote fluoride varnish programmes	Support dental nurses in training to apply fluoride varnish in dental practices, to reduce burden on dentists and align with national guidance	LDC, OHPT & NHSE
General anaesthesia HNA	Review and evaluate the current level of general anaesthesia use and referral patterns in Southwark children, and recommend pathways and interventions to reduce unnecessary risk	Public Health & Dental Public Health

A number of opportunities to improve children's oral health have been identified (2 of 3)

RECOMMENDATIONS

Recommendation	Details	Suggested Owner
COMMISSIONING		
Refresh school health offer	Develop a refreshed vision for health in schools that integrates oral health promotion within the wider health offer	Public Health & Education
Provide evidence-based training materials	Commission or develop training materials (videos, leaflets) to support OHP in early years settings and in schools in earlier identification of oral health needs	Public Health, Dental Public Health, OHPT
OHPT professionals training	Training of a range of professionals (staff at schools, children's centres, nurseries, carers) to deliver evidence-based OHP messages and supervised toothbrushing programmes that reach children of all socio-economic backgrounds	OHP team, Dental Public Health
Promote OHP in health visiting	Ensure OHP is included in the remit of health visiting as they are uniquely placed to reach all new parents and provide information on oral health	Health visiting
Promote OHP in maternity services	Review messaging around good oral health to expectant mothers to improve their understanding of its importance for young children, and their entitlement to free care	Midwifery

A number of opportunities to improve children's oral health have been identified (3 of 3)

RECOMMENDATIONS

Recommendation	Details	Suggested Owner
INTELLIGENCE		
Standardise OHP data collection	Establish a robust set of data points to be collected by the OHPT to inform future promotion initiatives of what works, including the number of schools and children reached by each OHP programme	OHP team
Develop intelligence around under fives	Improve data on oral health in early years settings, e.g. OH-related questions in the termly survey conducted at children's centres	Children's Centres & nurseries
Ward-level sampling	Support enhanced ward-level sampling of dental health in Southwark five-year-old children to obtain a more detailed picture of the decay experience and help explain the high levels of caries-related hospital admissions	Public Health, Dental Public Health & Education
GA intelligence	Collect quantitative and qualitative data on referrals to extract teeth in hospital and the use of general anaesthesia during extractions, due to the risk that GA use presents for children	Dental Public Health, PHE, & King's
Dental service access	Review the accessibility of local dental practices (e.g. are they currently accepting NHS patients) to identify barriers to CYP accessing free NHS services	Public Health

Find out more at
southwark.gov.uk/JSNA

Children and Health Protection Section

Southwark Public Health