



City of Westminster



THE ROYAL BOROUGH OF  
KENSINGTON  
AND CHELSEA

## Westminster Health & Wellbeing Board

## RBKC Health & Wellbeing Board

<b>Date:</b>	<i>28<sup>th</sup> March 2019</i>
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<b>Title:</b>	<b><i>Oral Health and Obesity Update</i></b>
<b>Report of:</b>	<i>Director of Public Health</i>
<b>Wards Involved:</b>	<i>N/A</i>
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### **1. Executive Summary**

- 1.1 Oral health and obesity continue to be key public health issues in Westminster and RBKC. The local authorities have a key role in championing action, given five-year-old children are at higher risk of tooth decay than London and England and rates of obesity in year 6 children are higher than England averages.
- 1.2 This paper outlines the Council's activity to promote oral health including integrating oral health within the health visiting service, the healthy schools and healthy early years programme. It also provides an animation to promote key oral health messages.
- 1.3 Oral health is seen as a marker of wider health and social care issues including nutrition and obesity. Interventions that reduce sugar have an impact on obesity and tooth decay as sugar is a risk factor for both tooth decay and obesity. There is a comprehensive programme of work underway across both boroughs to address obesity. As result, rates of childhood obesity are starting to reduce across both boroughs for younger children.

## **2. Key Matters for the Board**

- 2.1 This paper provides the board with an update on oral health and obesity across Westminster and RBKC and asks for the Board's continued support in promoting NHS General Services to families to increase access and promote consistent healthy eating messages across all settings.

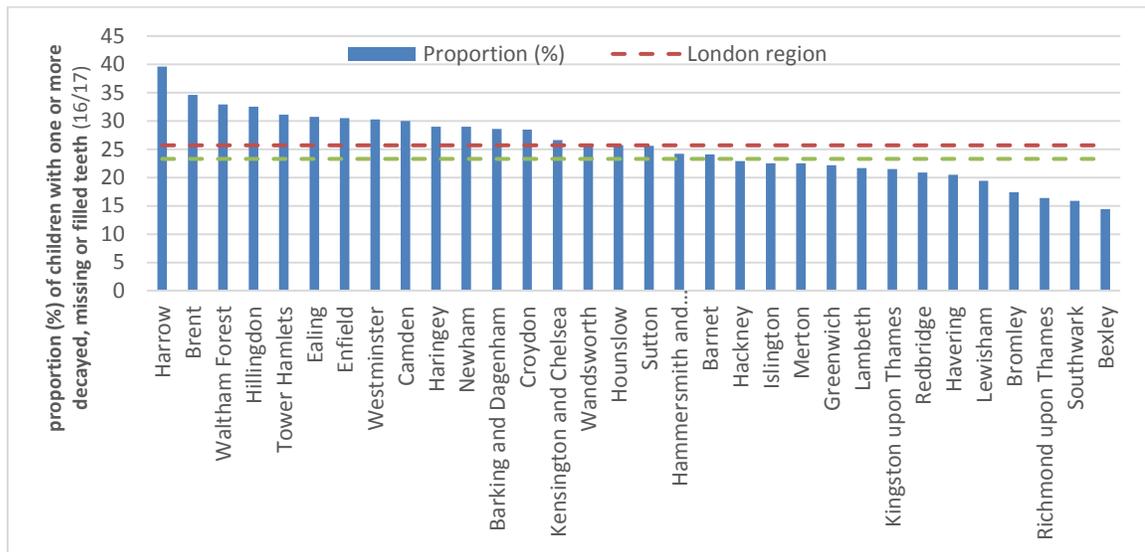
## **3. Background**

- 3.1 Dental decay among children remains an important public health issue, as it leads to pain and distress, sleepless nights for children and parents and time off school and work. Oral health is therefore an important aspect of a child's overall health status and of their school readiness.
- 3.2 Oral health is seen as a marker of wider health and social care issues including nutrition and obesity. Interventions that reduce sugar have an impact on obesity and tooth decay as sugar is a risk factor for both tooth decay and obesity. Local action to address childhood obesity is outlined in section 6.
- 3.3 In addition, tooth decay is the top cause of non-emergency hospital admissions for children aged 1-18 across the Bi-borough and represents a fifth of all hospital admissions. It should be noted that data suggests that hospital admissions for dental carries are reducing from 211 (2012/13-14/15) to 158 (2014/15 -2016/17). This is due to the Community Dental service treating more children in the community.
- 3.4 Tooth Decay is caused by plaque. Plaque is made of traces of food, saliva and natural bacteria found in the mouth that turn food to acid. The main risk factor for tooth decay is sugar. When sugar is consumed it is absorbed by plaque/bacteria on the surface of teeth. These convert sugar to acid which weakens the surface of the teeth causing decay. The top 3 interventions for reducing tooth decay<sup>1</sup> are:
- Reducing the consumption of food and drinks that contain sugar;
  - Brushing teeth twice daily with fluoride toothpaste;
  - Taking your child to the dentist when their first tooth erupts;

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<sup>1</sup> Public Health England [Child Oral Health Applying All Our Health](#)

3.5 In Westminster 30.3% of 5 year old children suffer from tooth decay and in RBKC 26.6%. This is higher than London (25.1%) and England (23.3%)<sup>2</sup>.



3.6 In Westminster the mean number of decayed missing or filled teeth in five year olds is 0.93 and in RBKC 0.83. This is lower than the London average (0.95) but higher than the England average (0.78).

3.7 The prevalence of being overweight and of obesity is measured on an annual basis in reception and year six. In Westminster 18.4% of reception children are overweight or obese and 20.6% in RBKC which is lower than London (21.9%) and England (22.4%). In year 6, 39.1% of children in Westminster are overweight or obese and in RBKC 36.7%. The London average for year six is 37.7% and for England is 34.3%.

3.8 Data from PHE indicates that 4% of two-year-olds in Westminster and 3.6% of two-year-olds in RBKC have visited the Dentist.

3.9 Nationally children from deprived backgrounds have higher levels of decay than those from the least deprived. Prevalence among the most deprived children is 33.7% and for the least deprived is 13.6%.

3.10 Children in particular ethnic groups have higher levels of decay prevalence. Among children from Eastern Europe, the prevalence was 49.4% compared to 19.6 % for black/black British (National data).

3.11 Children from black and minority ethnic families are more likely than children from white families to be overweight or obese: for example in Westminster over the last three years 39% of year six Asian pupils are overweight or obese, compared to 28% of year six white pupils. Nationally and locally dental decay levels are reducing and there are signs that inequalities are beginning to reduce, but the inequalities gap remains high.

<sup>2</sup> Public Health England [Oral Health Survey of 5 year old children 2017](#)

#### **4. Mechanisms to improve oral health for children and young people**

- 4.1 Local authorities' PH directorates have a lead role in championing oral health. A major report, 'Commissioning for better oral health'<sup>3</sup> recommends that oral health improvement should be integrated within existing projects such as the healthy child programme. It also recommends that programmes should be evidence based, include policy approaches, interventions at organization level and individual behavioral approaches.
- 4.2 'Commissioning better oral health' included an evidence review, which recommended the following interventions:
- a) Integration of oral health into targeted home visits by health/social workers.
  - b) Targeted provision of tooth brush and toothpaste to encourage parents to adopt good oral health practices from when their children are very young.
  - c) Targeted community-based fluoride varnish programmes.
  - d) Supervised tooth brushing in targeted settings to ensure children are brushing twice a day using fluoride toothpaste and the correct technique.
  - e) Healthy food and drink policies in childhood settings to reduce consumption of sugars.
  - f) Targeted peer support groups/peer oral health workers.
- 4.3 Public Health England<sup>4</sup> estimates that after five years, targeted supervised tooth brushing can result in an extra 2,666 school days gained per 5,000 children and £3.06 for every £1 spent.
- 4.4 In addition, it is estimated that targeted provision of toothbrushes and paste by post and by health visitors increases the cost effectiveness. After five years the return on investment from every £1 spent is £4.89, increasing to £7.34 after ten years. Combining postal provision of toothbrushes with support from health visitors can result in 2,566 school days gained per 5,000 children after five years.
- 4.5 The Return on Investment of targeted fluoride varnish programs is £2.29 per pound spent after five years, increasing to £2.74 after ten years, and can result in an extra 3,049 school days gained.

#### **5. Current activities to promote good oral health for children and young people**

- 5.1 NHS England commissions the CLCH oral health promotion team to deliver a range of interventions on behalf of Westminster and RBKC. Oral health is currently integrated within health visiting with health visitors receiving oral health training from the CLCH Oral Health Promotion Team as part of their induction and on an annual basis. Health visitors also distribute brushing for life packs and free flowing cups.

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<sup>3</sup> [Local authorities improving oral health: commissioning better oral health for children and young people](#)

<sup>4</sup> [Health Matters – Child Dental Health](#)

- 5.2 The oral health promotion team support work with looked after children, Early Help, Family Hubs, and children with special educational needs. In addition, oral health training is offered to all health staff who work with children with physical and learning disabilities.
- 5.3 Oral Health is an integrated part of our healthy schools' programme and the healthy early years programme. Schools applying for their bronze healthy schools award must demonstrate a whole school Food and Drink Policy (including a sugar reduction statement). These must show examples of how the school ensures free, clean palatable drinking water is available at all times e.g. at lunch times, in the classroom, in the playground (including any examples of working towards a 'water only' policy). Eleven Westminster schools and twelve schools in RBKC have achieved silver healthy schools award covering healthy eating (Including sugar reduction) / or oral health. Three of these schools in Westminster and five in RBKC have achieved Gold Healthy Schools awards specifically related to oral health.
- 5.4 The oral health promotion team also delivers the Keep Smiling programme annually in twelve schools in Westminster and ten schools in RBKC on an annual basis. This is targeted at schools at high risk of tooth decay. This programme involves two sessions of supervised brushing and one fluoride varnish application. In addition, supervised brushing is being trialled in five early years setting in North Kensington and Chelsea.
- 5.5 The oral Health team is also supporting a Dental Buddying scheme. This is an initiative for dental practices to adopt local schools and family hubs to increase dental attendance. To date, three dental practices are currently involved in this initiative with two more expressing interest.
- 5.6 The team supports the development of oral health champions in different settings.
- 5.7 In Westminster, "The Tale of Triumph over Terrible Teeth" campaign was run in 2018. This was promoted via schools, libraries, dentists, GP surgeries and through other resident communication channels. Feedback around this has been positive. The animation has been viewed 1,517 times on YouTube.
- 5.8 We are funding work in Chelsea and Westminster hospital (Big Bites and Pearly Whites) where an oral health promotion initiative has been developed to improve oral health across the hospital. In addition, PHE is trialling programmes of supervised brushing at both St Mary's and Chelsea and Westminster Hospitals.

## **6. Current activities to address childhood obesity**

- 6.1 Given the important link between oral health and obesity, highlighted in 3.2 above, it is anticipated the Board may appreciate a brief update on work to prevent childhood obesity across Westminster, Kensington and Chelsea.
- 6.2 Preventing childhood obesity is a key national and local priority. Obesity is associated with multiple adverse health outcomes and significant costs to the NHS and wider economy. In 2015 Public Health introduced a focused programme of work that aimed to halt and reverse levels of childhood obesity across Westminster, Kensington and Chelsea in partnership with the NHS and wider Council. This programme, entitled Tackling Childhood Obesity Together (TCOT), involved the

commissioning of new prevention and treatment services, cross-council action to create healthier local environments, and the development of a pilot project entitled Go Golborne to engage the community across the RBKC Golborne area in actions to promote healthy eating and physical activity.

- 6.3 As result of our collective efforts, rates of childhood obesity are starting to reduce across both boroughs for younger children. Efforts to target preventative action in the Golborne ward have so far led to a small but significant reduction in obesity amongst children in the area.
- 6.4 Whilst this is positive news, inequalities are widening and there is a need for increased focus on improving outcomes for children living in the most deprived areas.
- 6.5 In May 2019, Public Health will launch a refreshed approach to accelerate local efforts called the 'change 4 life' programme. This will focus on the active promotion of change 4 life at a local level and delivery of innovative new services and policy initiatives to help children and families to put messages about healthy eating and physical activity into practice.
- 6.6 For further information, please see the background documents.

## **7. Conclusions**

- 7.1 Though the prevalence and severity of tooth decay in Westminster and Kensington & Chelsea is reducing, it is still higher than the London and England average and inequalities remain.
- 7.2 There is no silver bullet for reducing tooth decay. However, further work needs to be done to increase access to general dental practices by promoting these services to families across all settings. Work also needs to be done to reduce sugar consumption, and this will be embedded within the bi-borough change 4 life programme which will include a network to align local services for children and young people in campaigns and actions to promote healthy living. It will also include a cross council action plan to maximise the use of policy levers and opportunities to create healthy environments for children.
- 7.3 We will continue to work with CLCH to evaluate the distribution of toothbrushes and tooth paste and the supervised brushing and targeted fluoride varnish programme.

**If you have any queries about this Report please contact:**

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## **Background documents**

For further information about the status of childhood obesity and approach to tackling it in Westminster please see the Family and People Services Policy and Scrutiny Committee report

<https://committees.westminster.gov.uk/documents/s30841/160119%20Obesity%20Scrutiny%20paper.pdf>

Kensington and Chelsea Adult Social Care and Health Scrutiny Committee is due to receive a thematic report on childhood obesity at the meeting on 1 April 2019

<https://www.rbkc.gov.uk/committees/Meetings/tabid/73/ctl/ViewMeetingPublic/mid/669/Meeting/7841/Committee/1553/Default.aspx>

Both reports will be circulated with Health and Wellbeing Board minutes.