



DEBATE PACK

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Child oral health

Alex Bate
Carl Baker
Andrew Mackley

Summary

This House of Commons Library Debate Pack briefing has been prepared in anticipation of a Westminster Hall debate on child oral health scheduled for Tuesday 31 October 2017 at 9.30am. The Member leading the debate is Steve McCabe MP.

This briefing contains background information, parliamentary material, press articles, and other relevant material which Members may find useful in preparation for the debate.

In England, NHS England commissions all dental services, including primary, community and hospital services and urgent and emergency dental care. It has a legal duty to do so in order to meet the needs of a local population. It is the responsibility of individual local authorities, however, to determine how best to deliver children's oral health improvement services in their areas. There have been several national initiatives designed to promote the prevention of poor oral health among children. In particular, the Government recently confirmed plans to launch a new programme, Starting Well, targeting children under five in 13 high priority areas.

The Scottish Government's equivalent children's oral health programme is [Childsmile](#), a universal programme delivered in all Health Boards areas since 2011. The equivalent Welsh programme, [Designed to Smile](#), was launched across the country in 2010, and in October 2016, Northern Ireland launched its [Happy Smiles](#) programme for children in nursery education.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Background

1.1 NHS dental care in England

NHS England commissions all dental services, including primary, community and hospital services and urgent and emergency dental care.

NHS England has a legal duty to commission NHS dental services to meet the needs of a local population. It commissions local oral health needs assessments, in partnership with local authorities and other organisations, and decides subsequently how best to use its resources to meet this need. NHS dental services are commissioned through contracts with independent providers which take particular account of the access to local dental services and the dental health of the local population.¹

Everyone is entitled to NHS dental services, and registration with a dental practice is not required, as it is with a GP practice, because they do not operate the same catchment areas. Some dental practices offer emergency treatment and will provide care if it is clinically necessary. The NHS Choices website advises only to visit A&E in serious circumstances:

- Severe pain
- Heavy bleeding
- Injuries to the face, mouth, or teeth.²

NHS dental services provide care and treatment for adults and children alike, but dental care for children under the age of 18, or young people under the age of 19 and in full time education, is free of charge.³

1.2 Recent trends in children's oral health in England

A Public Health England study in 2015 showed that 25% of five year-olds had experienced tooth decay, with on average three to four teeth affected. This is a fall from 31% in 2008, indicating that decay has become less common in five year-olds since then.⁴

The table below shows the ten local authority districts with the highest and lowest levels of decay as recorded in this study. Note that local levels are subject to some uncertainty, so small differences between local authorities are unlikely to be meaningful.

¹ [PO 43880 \[Dental Services\], 5 September 2016](#)

² NHS Choices, "[NHS dental services explained](#)"

³ NHS Business Services Authority, "[Help with Health Costs](#)", page 6

⁴ Public Health England, "[Tooth decay among 5 year olds continues significant decline](#)"

CHILDREN EXPERIENCING TOOTH DECAY AT AGE 5, ENGLAND, 2014/15

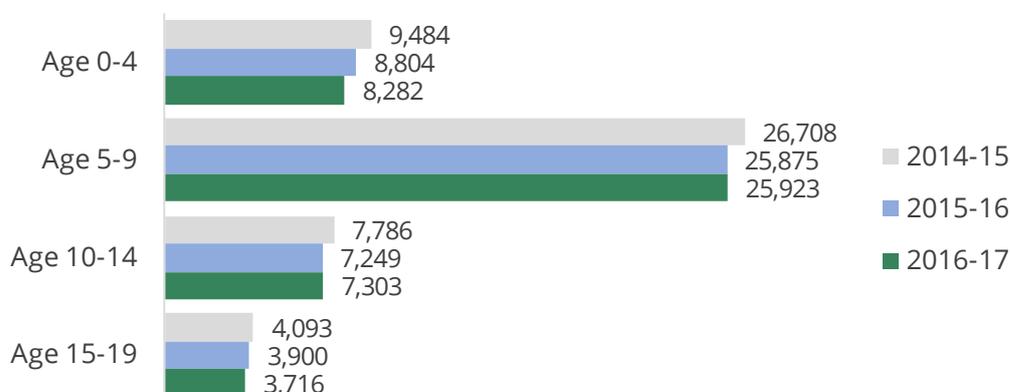
<i>Highest percentage</i>		<i>Lowest percentage</i>	
Blackburn with Darwen	56%	Waverley	8%
Salford	51%	South Norfolk	9%
Oldham	51%	Test Valley	9%
Leicester	45%	Derbyshire Dales	10%
Preston	43%	Cannock Chase	10%
Rochdale	43%	East Cambridgeshire	10%
Hyndburn	43%	Uttlesford	11%
Pendle	43%	Winchester	11%
Luton	43%	East Hampshire	11%
Burnley	43%	Maldon	11%

In the most deprived areas of England, 30% of five year-olds have experienced tooth decay – by comparison, the figure is 20% for the least deprived areas.⁵

The chart below shows the number of hospital admissions for tooth decay in England between 2014-15 and 2016-17. Among 5-9 year-olds, tooth decay is the most common cause of hospital admission. Among 10-14 year-olds it is the third most common cause behind fractured forearms and abdominal pain.⁶

Among 0-14 year-olds, the number of finished consultant episodes for tooth decay has risen by 18% in the past decade while the number of 0-14 year-olds has increased by only 9%. In the past five years, however, the number of hospital episodes has risen by slightly less than the increase in population in this age group – meaning that the rate of episodes relative to the population size has fallen slightly. In 2016-17, the number of episodes among ages 0-14 fell slightly.

HOSPITAL EPISODES FOR TOOTH DECAY IN ENGLAND, 2014-17



⁵ Public Health England, [Public Health Profiles](#)

⁶ NHS Digital, [Hospital Admitted Patient Care Activity 2016/17](#)

1.3 Prevention of poor oral health

It is the responsibility of individual local authorities to determine how best to deliver children's oral health improvement services in their areas.⁷ There have, however, been several national initiatives designed to promote the prevention of poor oral health among children.

Public Health England guidance

Public Health England (PHE) is a national body with responsibility to oversee the local delivery of public health services. In recent years it has produced a number of documents and guidance on children's oral health.

In June 2014 it published, [*Delivering better oral health: an evidence-based toolkit for prevention*](#), which outlined evidence-based interventions and advice on how dental professionals can provide preventative advice and treatment for their patients. This includes guidance on how to prevent caries in children's oral health. This guidance was last updated in March 2017.

Also in June 2014, PHE published further guidance, [*Local authorities improving oral health: commissioning better oral health for children and young people*](#). This was produced to support local authorities in developing strategies to improve child oral health specifically, such as by commissioning oral health improvement programmes, reviewing existing programmes, and to encourage an evidence-informed approach with examples of good practice.

In September 2016, PHE launched the Children's Oral Health Improvement Programme Board (COHIPB). This is comprised of organisations involved in providing or supporting services for children and young people, including NHS England, the Local Government Association, the British Dental Association (BDA), and the Institute for Health Visiting. The press release announcing the launch set out COHIPB's objectives as ensuring that:

- child oral health is on everyone's agenda
- the early years and dental workforce have access to evidence based oral health improvement training
- oral health data and information is used to the best effect by all key stakeholders
- all stakeholders use the best evidence for oral health improvement
- child oral health improvement information is communicated effectively⁸

⁷ [PO 6311 \[Children: Dental Health\], 5 September 2017](#)

⁸ 'Launch of the Children's Oral Health Improvement Programme Board', [Department of Health press release](#), 26 September 2016

The COHIPB action plan for the period 2016-20 can be viewed on [this infographic](#).

Following the aforementioned 2015 study of dental health of five year-olds, PHE published [Health matters: child dental health](#) in June 2017. This guidance is designed to outline how health professionals can help prevent tooth decay, specifically in children under five, and uses evidence from the updated *Delivering better oral health* publication. It includes an outline of prevention measures, covering the following areas:

- Parental advice on good dental health
- Cutting down on sugar consumption (including a PHE-led [sugar reduction programme](#) to remove sugar from the products children eat most)
- The soft drinks industry levy

More information can be found in the Commons Library briefing paper, [The Soft Drinks Industry Levy](#).

Health Matters also provides guidance for effective interventions based on a [PHE review of the cost-effectiveness of interventions to improve the oral health of children aged five and below](#). This includes the following recommended programmes:

- Targeted supervised tooth brushing
- Provision of toothbrushes and paste by post
- Targeted community fluoride varnish programmes
- Water fluoridation programmes

Many of these are similar to interventions provided by children's oral health programmes in the devolved administrations (see below).

This guidance also announced new ways of embedding dental health into children's services, including advice for healthcare professionals on how they can influence behaviour to improve the oral health of children. This includes dentists, as well as midwives, health visitors, school nurses, GPs, pharmacists, the voluntary sector, the royal colleges, and consultants in dental public health.

With regards to dental commissioners, the guidance recommended learning best practice from the 13 areas involved in the Starting Well programme (see below), and supporting commissioning of the [Dental Check by One](#) initiative.

Starting Well programme

In January 2017, the then Health Minister David Mowat confirmed plans to launch a new programme, Starting Well, targeting children under five years in 13 high priority areas. Health Minister Steve Brine gave more information in a September 2017 debate on [Access to NHS Dentists](#):

Let me wrap up my speech by covering the other points that I need to make in response to the debate. We are about to launch the much anticipated and much discussed Starting Well programme, which is aimed at children under five. I think that it

borrowed from some of the stuff that is going on north of the border.

Children's oral health is better than it has ever been, with 72% of five-year-old children in England now decay free. However, vast inequalities remain, as we have heard today. To tackle those inequalities, NHS England has been leading the Starting Well programme, alongside Public Health England—I was in Warwick today, speaking to its annual conference—the British Dental Association and, of course, colleagues at the Department of Health. The overall aim is to improve the oral health of children under the age of five who do not currently visit a dentist in 13 identified high-priority areas. The areas that have been selected will be confirmed shortly.⁹

The 13 priority areas were subsequently disclosed in response to a Freedom of Information request. According to 2014/15 figures, the 13 areas are all among the 23 worst-performing areas for children experiencing tooth decay at age five. The areas are:

- Blackburn with Darwen
- Blackpool
- Bolton
- Ealing
- Kingston upon Hull
- Leicester
- Middlesbrough
- Oldham
- Rochdale
- Salford
- Slough
- Wakefield
- Luton¹⁰

It is reported that the programme will help dental teams in the community teach children about the importance of oral health and encourage parents to take them to the dentist. This will be done in a range of settings including children's centre events, tooth brushing clubs in early years settings and school parents' evenings. Toothbrushes and toothpaste may also be given out to children at risk of tooth decay.¹¹

The programme is being financed through existing dental budgets, which has attracted criticism from some stakeholders, including BDA chair of General Dental Practice, Henrik Overgaard-Nielsen, who told *Dentistry*:

Sadly while devolved Governments have set up dedicated programmes, England is being offered a second rate option.

Council leaders have been making progress in the fight against decay without resources or direction.

⁹ [HC Deb 12 September 2017, c819-20](#)

¹⁰ Department of Health, [Freedom of Information Request Reference FOI-1097054](#), 4 October 2017

¹¹ ['Starting Well programme launched in England'](#), *Dentistry*, 27 September 2017

These areas require new investment, not a new logo, and holding a few launch events while failing to offer a single penny of new money does not constitute a national effort.

Targeting a handful of wards in just 13 local authorities means millions of children will miss out on this important work.

We need to find better ways to encourage those most in need of treatment to attend, and proposals as they stand look unlikely to deliver.¹²

However, the President of the British Society of Paediatric Dentistry, Claire Stevens, welcomed the programme's launch:

Starting Well is a very important initiative and the BSPD welcomes its launch wholeheartedly. It provides the opportunity for dentists to work innovatively in their communities, reaching out to all the professionals who work with young families with consistent messages in relation to prevention.

We are delighted that Dental Check by One is an important part of the scheme and look forward to seeing the improvements in children's oral health which must surely ensue. We hope that ultimately the learning points from Starting Well will be rolled out into all areas of the UK.¹³

Devolved administration programmes

The Scottish Government's equivalent children's oral health programme is [Childsmile](#), a universal programme delivered in all Health Boards areas since 2011.

The programme offers a range of interventions including:

- Every child provided a toothbrush and toothpaste on at least six occasions by the age of five.
- A free-flow feeder cup provided by one year of age.
- Three and four year-olds attending nursery offered free, daily supervised brushing.
- Linking children not attending a dentist linked with dental services.

The programme is delivered on the basis of 'progressive universalism', as set out by the Health Secretary Shona Robison in a 2016 written answer:

The Childsmile Programme follows the principle of 'proportionate universalism' in that all children will receive oral health promoting interventions but those in the most deprived communities will receive additional interventions in order to reduce inequalities.

For example, a child at nursery or primary school in the most deprived areas (i.e. SIMD 1) is able to receive fluoride varnish applications four times per year. All other children are eligible for two applications per year.

NHS Boards receive Childsmile funding to deliver the universal activities available to all children but those NHS Board areas with

¹² ['Starting Well programme blasted by dental leaders'](#), *Dentistry*, 21 September 2017

¹³ ['Innovation in children's dentistry with Starting Well'](#), *BSPD press release*, 9 October 2017

the greatest proportion of deprived communities will receive additional funding to deliver the priority interventions.¹⁴

The equivalent Welsh programme, [Designed to Smile](#), was launched across the country in 2010, and aims to promote in schools and nurseries:

- Supervised tooth brushing with fluoride toothpaste in primary schools and nurseries.
- The application of fluoride varnish.
- Fissure sealants (a plastic coating put on the biting surface of the first adult molar teeth).

More information can be found in the 2016 Welsh Government publication, [Children's oral health in Wales – something to smile about](#).

In October 2016, Northern Ireland launched its [Happy Smiles](#) programme for children in nursery education, focusing on three main areas:

- Supervised daily tooth brushing in pre-school facilities.
- Learning about healthy snacks and encouragement to eat at least one portion of fresh fruit or vegetables per day.
- Teaching children about the main causes of tooth decay and the importance of visiting the dentist for regular check-ups.

¹⁴ [SP WA 2 November 2016, S5W-04432](#)

2. Parliamentary material

2.1 Parliamentary Written Questions

- [Dental Health: Children](#)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, with reference to the Answer of 24 April 2017 to Question 70854, if he will make an assessment of the merits of re-investing money from unused units of dental activity into a national early intervention programme for tackling child tooth decay.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

At the request of Ministers, NHS England is setting up a scheme in 13 high needs areas to improve the oral health of young children. The scheme will be based in dental practices and will have a particular focus on those children who do not currently visit the dentist. The scheme is expected to be launched in the next few months and will be funded from existing dental resources, including unused units of dental activity. Evaluation has been designed in from the start and the learning, once available, will inform the approach going forward.

NHS England advises that the West Midlands scheme is still under consideration following local discussions this month. The scheme would incentivise dentists to see more children under the age of two. Decisions on the future of the scheme are expected to be taken next month.

05 Sep 2017 | Written questions | Answered | House of Commons | 6315

Date tabled: 19 Jul 2017 | **Date for answer:** 05 Sep 2017 | **Date answered:** 05 Sep 2017

- [Children: Dental Health](#)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Communities and Local Government, with reference to the Answer of 25 April 2017 to Question 70856, what plans he has made to co-ordinate local authority programmes for improving children's oral health.

Answering member: Mr Marcus Jones | **Party:** Conservative Party |
Department: Department for Communities and Local Government

The department has no such plans. It is the responsibility of each local authority to determine how best to deliver children's oral health improvement services for the benefit of their local residents. Public Health England has published two key evidence based toolkits to assist local authorities with this:

- Delivering Better Oral Health - for dental teams to support preventive advice and treatment for their patients, including the prevention of tooth decay in children:
<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>
- Commissioning Better Oral Health - to support local authorities in developing strategies to improve child oral health:
<https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities>

05 Sep 2017 | Written questions | Answered | House of Commons | 6311

Date tabled: 19 Jul 2017 | **Date for answer:** 05 Sep 2017 | **Date answered:** 05 Sep 2017

- [Dental Health: Children](#)

Asked by: Lord Condon | **Party:** Crossbench

To ask Her Majesty's Government what action they are taking to prevent tooth decay in children under the age of five, in the light of the increase in tooth extractions in England in the last ten years.

Answering member: Lord O'Shaughnessy | **Party:** Conservative Party | **Department:** Department of Health

Improving the oral health of young children is a Public Health England (PHE) priority. PHE's Child Oral Health Improvement Programme Board provides national system leadership for the delivery of the shared ambition that every child grows up free of tooth decay as part of getting the best start in life.

The two key actions to prevent tooth decay are reducing sugar consumption and getting fluoride onto teeth which can be by means of fluoride toothpaste, fluoride varnish and water fluoridation. PHE has published a number of toolkits to support local authorities in improving child oral health.

In addition the Government's Childhood Obesity Plan, launched in August 2016, contained proposals for a broad, structured sugar reduction programme to remove sugar from the categories of food that contribute the most to children's sugar intakes. The Government also announced the Soft Drinks Industry Levy last year, which will apply from April 2018.

To support families to reduce their sugar intake, PHE's Change4Life launched the Be Food Smart campaign in January 2017 which encourages families to download the app which reveals the amount of sugar, saturated fat and salt in food and drink.

29 Mar 2017 | Written questions | Answered | House of Lords | HL6225

Date tabled: 21 Mar 2017 | **Date for answer:** 04 Apr 2017 | **Date answered:** 29 Mar 2017

- [Dental Services: Children](#)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, pursuant to the Answer of 7 February 2017 to Question 62250, what assessment he has made of the effect of recent trends in the cost of multiple child tooth extraction on the Government's policies on the level of investment in dental practices.

Answering member: David Mowat | **Party:** Conservative Party

| **Department:** Department of Health

NHS England commissions services based on need.

The information held by NHS Digital for primary care and secondary care cannot currently be broken down to distinguish between single and multiple extractions.

Total numbers of extractions in children are reducing. Information held by NHS Digital shows that for the latest year available the total number of extractions for children has reduced when compared to the previous year in both primary and secondary care.

The total number of primary care courses of treatment and teeth extractions from 2010/11 to 2015/16 can be found in Table 1 below.

A count of finished admission episodes (FAEs) which includes for a main operative procedure of 'tooth extraction' for children can be found in Table 2 below.

Count of the total number of courses of treatment (CoT)¹ that contain extractions and teeth extracted, for adults aged 18+ and children aged 0-17, 2010-11 to 2015-16, England.

Year	CoT	Teeth
2015-16	514,576	917,346
2014-15	524,163	946,142
2013-14	539,908	976,794
2012-13	533,694	963,514
2011-12	540,626	964,856
2010-11	540,689	964,841

Notes:

1. A CoT is defined as:

- an examination of a patient, an assessment of their oral health, and the planning of any treatment to be provided to that patient as a result of that examination and assessment; and
- the provision of any planned treatment (including any treatment planned at a time other than the time of the initial examination) to that patient.

2. Processing of the clinical dataset changed in 2013-14. Historically the clinical data were grossed up to match the Courses of Treatment data.

Due to a change in the data structure this is not the case for data from 2013-14 and subsequent years.

The difference between the two datasets is due to a change in the processing of FP17 forms by NHS Business Services Authority. From 2013-14 any FP17 forms received more than two months after the date of completion are processed but no Unit of Dental Activity allocated. Historical figures have not been adjusted and the change in processing may be accountable for some of the year on year changes.

Count of finished admission episodes (FAEs)¹ by main operative procedure of 'tooth extraction'² for 0-19 year olds from 2010-11 to 2015-16³

Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector.

Age (years)

Year	0 to 4	5 to 9	10 to 14	15 to 17	18 to 19	Total
2010-11	7,947	21,168	9,386	2,998	1,176	42,675
2011-12	8,638	22,806	9,438	3,120	1,081	45,083
2012-13	8,706	23,521	8,744	2,990	905	44,866
2013-14	9,183	24,600	8,987	3,047	957	46,774
2014-15	9,594	25,218	9,129	3,184	923	48,048
2015-16	9,224	24,889	9,077	2,917	847	46,954

Source: Hospital Episode Statistics (HES), NHS Digital

Notes:

1 Finished admission episodes

A FAE is the first period of inpatient care under one consultant within one healthcare provider. FAEs are counted against the year in which the admission episode finishes. Admissions do not represent the number of inpatients, as a person may have more than one admission within the year.

2 Main operative procedure

The first recorded procedure or intervention in each episode, usually the most resource intensive procedure or intervention performed during the episode. It is appropriate to use main procedure when looking at admission details, (eg time waited), but a more complete count of episodes with a particular procedure is obtained by looking at the main and the secondary procedures.

OCPS 4 Codes used:

F10.1 – Full dental clearance

F10.2 – Upper dental clearance

F10.3 – Lower dental clearance

F10.4 – Extraction of multiple teeth NEC

F10.8 – Other specified simple extraction of tooth

F10.9 – Unspecified simple extraction of tooth

F10.9 includes, but is not limited to extraction of single tooth

3. Assessing growth through time (Admitted patient care)

HES figures are available from 1989-90 onwards. Changes to the figures over time need to be interpreted in the context of improvements in data quality and coverage (particularly in earlier years), improvements in coverage of independent sector activity (particularly from 2006-07) and changes in NHS practice. For example, apparent reductions in activity may be due to a number of procedures which may now be undertaken in outpatient settings and so no longer include in admitted patient HES data. Conversely, apparent increases in activity may be due to improved recording of diagnosis or procedure information.

Note that Hospital Episode Statistics include activity ending in the year in question and run from April to March, e.g. 2012-13 includes activity ending between 1 April 2012 and 31 March 2013.

14 Mar 2017 | Written questions | Answered | House of Commons | 66592

Date tabled: 06 Mar 2017 | **Date for answer:** 08 Mar 2017 | **Date answered:** 14 Mar 2017

- [Dental Services](#)

Asked by: Lumley, Karen | **Party:** Conservative Party

To ask the Secretary of State for Health, what plans he has to improve access to affordable dentistry services.

Answering member: David Mowat | **Party:** Conservative Party
| **Department:** Department of Health

Overall access to National Health Service dentistry continues to increase. 22 million adults were seen by dentist in the 24 month period ending 30 September 2016 and 6.7 million children were seen by a dentist in the 12 month period ending 30 September 2015, this represents 51.3% of the adult population and 57.9% of the child population. The latest GP patient survey (January - March 2016) also showed that nationally 93% of patients who had tried to get an NHS dental appointment in the last 24 months were successful.

New ways of providing care are being trialled to further improve oral health and increase access, by preventing as well as treating disease, so freeing up resource. Alongside this a new programme, the Starting Well Programme, is being developed to work in 13 high needs areas to improve access to dental services for children known to be at greater risk of dental disease.

NHS dental treatment remains affordable. All children receive free NHS treatment. Charges for NHS treatment for adults remain heavily subsidised and there is also partial help with charges for those on low incomes.

31 Jan 2017 | Written questions | Answered | House of Commons | 61088

Date tabled: 23 Jan 2017 | **Date for answer:** 25 Jan 2017 | **Date answered:** 31 Jan 2017

- [Dental Services: Children](#)

Asked by: Cummins, Judith | **Party:** Labour Party

To ask the Secretary of State for Health, what assessment his Department has made of the factors that limit children's access to NHS dental services; whether those factors differ in different parts of the UK; and what steps his Department is taking to increase such access.

Answering member: David Mowat | **Party:** Conservative Party | **Department:** Department of Health

NHS England has a duty to commission primary dental services to meet need throughout England.

NHS England is introducing a programme of dental practice-based initiatives that will assist parents/guardians to improve the oral health of under five year olds. The programme will focus on all children, particularly those who are not currently visiting the dentist, for evidence based preventive advice about reducing sugar intake and increasing the exposure to fluoride on teeth. There will be patient and practice level interventions alongside work to strengthen relationships with local communities.

The programme intends to complement existing local initiatives and complement the work of the Child Oral Health Improvement Programme Board. Further work is being undertaken to develop the programme.

Public Health England supports local authorities and NHS England with their respective roles for child oral health improvement and dental access.

At the British Dental Association conference on 27 May the then Minister of State for Community and Social Care (Alistair Burt), announced that he had agreed with NHS England that they will work in 10 high needs areas within England to look at more creative ways of using their commissioning expenditure to improve children's oral health. These areas will be announced in the new year.

14 Dec 2016 | Written questions | Answered | House of Commons | 56272

Date tabled: 06 Dec 2016 | **Date for answer:** 08 Dec 2016 | **Date answered:** 14 Dec 2016

- [Dental Health: Young People](#)

Asked by: Hussain, Imran | **Party:** Labour Party

To ask the Secretary of State for Health, what steps his Department is taking to increase understanding of dental care among young people.

Answering member: David Mowat | **Party:** Conservative Party |

Department: Department of Health

We are committed to improving the oral health of school children. As part of every child having the Best Start in Life, Public Health England (PHE) has established a Child Oral Health Improvement Programme Board with a substantial programme of work, working with others to improve children's oral health.

As part of this programme of work, PHE has produced a toolkit to support local authorities (LAs) in their responsibility to improve dental health and reduce inequalities among children and young people in their area. The toolkit supports LAs to invest in programmes which have demonstrated improvement in children's dental health such as targeted community-based fluoride varnish programmes, targeted nursery and school based tooth brushing programmes and water fluoridation.

More broadly, sugar consumption is the primary cause of tooth decay in children. The Change4Life Sugar Smart app launched in January 2016 provides parents with a tool to show how much total sugar is in every day food and drinks, to help them make healthier choices. Dental health professionals have also been provided with Change4Life toolkits to help them have conversations with parents about their children's oral health.

17 Oct 2016 | Written questions | Answered | House of Commons | 46841

Date tabled: 07 Oct 2016 | **Date for answer:** 11 Oct 2016 | **Date answered:** 17 Oct 2016

- [Dental Health: Children](#)

Asked by: The Marquess of Lothian | **Party:** Conservative Party

To ask Her Majesty's Government whether figures from the Health and Social Care Information Centre show a significant rise in the number of dental extractions in children under 10 over the last four years; and what action they are taking to improve dental health in that age group, including access to NHS dental services.

Answering member: Lord Prior of Brampton | **Party:** Conservative Party | **Department:** Department of Health

The tables below, provided by the Health and Social Care Information Centre, shows 1) the number of admissions for children (aged 0-9 years) to hospitals in England for extractions of one or more decayed primary or permanent teeth; and 2) the numbers of courses of treatment in

primary care in England that contained an extraction for a child aged 0-17, both for the years 2011/12 – 2014/15.

1)

Age	2011/12	2012/13	2013/14	2014/15
0-4	19,033	9,082	9,585	10,001
5-9	24,524	25,459	26,356	26,956

Notes:

Admissions do not represent the number of children, as a child may have more than one admission within the same period.

2)

Age	2011/12	2012/13	2013/14	2014/15
0-17	540,626	533,694	539,908	524,163

Notes:

Figures for primary care are not available broken down for under 10s.

NHS England is working to develop contractual initiatives focussed on improving the oral health of children. This is in addition to the work within the contract reform programme, which is aimed at introducing an National Health Service dental contract with a much clearer focus on preventing future dental disease and increasing access to NHS dentistry.

Public Health England (PHE) has produced a toolkit to support local authorities in their responsibility to improve dental health and reduce inequalities among children and young people in their area. PHE has also developed guidance for dental teams on preventing dental disease in young children. Advice has also recently been published by the National Institute of Health and Care Excellence.

The Government will be launching the Childhood Obesity Strategy in the summer. It will look at everything that contributes to a child becoming overweight and obese, including sugar which is a cause of tooth decay.

In the Budget statement on 16 March, the Chancellor announced a soft drink industry levy. This is a bold step towards protecting our children's health.

22 Mar 2016 | Written questions | Answered | House of Lords | HL6837

Date tabled: 08 Mar 2016 | **Date for answer:** 22 Mar 2016 | **Date answered:** 22 Mar 2016

- [Dental Services: Children](#)

Asked by: Allen, Mr Graham | **Party:** Labour Party

To ask the Secretary of State for Health, how many 0 to 17 year olds have received dental treatment in (a) Nottingham North constituency, (b) Nottingham and (c) the UK in 2015.

Answering member: Alistair Burt | **Party:** Conservative Party
| **Department:** Department of Health

Dental activity is measured through the number of courses of treatment delivered. Data has been provided for the number of courses of treatment for 0 to 17 year olds for the period 1 April 2014 to 31 March 2015. Final data for 2015/16 will be published in August 2016.

Geography	Courses of treatment (CoT) for child patients
Nottingham North Constituency	21,806
Nottingham Local Authority	67,023
England and Wales	11,509,227

Sources:

NHS Dental Services of the NHS Business Services Authority

Notes:

1 A CoT is defined as:

- a. an examination of a patient, an assessment of their oral health, and the planning of any treatment to be provided to that patient as a result of that examination and assessment; and
- b. the provision of any planned treatment (including any treatment planned at a time other than the time of the initial examination) to that patient.

29 Feb 2016 | Written questions | Answered | House of Commons | 28185

Date tabled: 24 Feb 2016 | **Date for answer:** 26 Feb 2016 | **Date answered:** 29 Feb 2016

- [Dental Health: Children](#)

Asked by: Mackinlay, Craig | **Party:** Conservative Party

To ask the Secretary of State for Health, what assessment he has made of the implications for his policies of the findings in the report of the Office for National Statistics, Decennial Child Dental Health Survey that (a) 46 per cent of 15 year olds and 34 per cent of 12 year olds had obvious decay experience in their permanent teeth and (b) children eligible for free school meals are significantly less likely to be in good overall oral health than those not eligible.

Answering member: Jane Ellison | **Party:** Conservative Party |
Department: Department of Health

The decennial Child Dental Health Survey is part of the Public Health England (PHE) dental public health intelligence programme which

provides population oral health surveillance. Local authorities have responsibility for oral health improvement. In 2014 PHE published an evidence informed toolkit for local authorities to support their work on oral health improvement among children and young people. PHE also published an evidence based toolkit for dental teams to support preventive advice and treatment for their patients, including the prevention of tooth decay in children.

Eligibility for free school meals was used as a proxy indicator of relative deprivation in the study, as it is well established that poor oral health is associated with deprivation. The findings of this study continue to support that understanding.

The results of the most recent decennial child dental health survey were published this year by the Health and Social Care Information Centre (HSCIC) and can be found at:

<http://www.hscic.gov.uk/catalogue/PUB17137>

12 Nov 2015 | Written questions | Answered | House of Commons | 14889

Date tabled: 04 Nov 2015 | **Date for answer:** 06 Nov 2015 | **Date answered:** 12 Nov 2015

2.2 Oral Parliamentary Questions

- [Children: Oral Health](#)

Asked by: Baroness Benjamin (LD) | **Party:** Liberal Democrats

My Lords, I thank the noble Lord for that Answer but oral health is not mentioned in the Government's childhood obesity plan, even though there is an epidemic of child tooth decay along with hospital admissions for extractions. The state of the nation's children's teeth is shocking and a huge cost to the NHS. Common sense says that we need targeted action now. Can the Minister tell the House what is happening with the 10 pilot oral health improvement programmes announced in May and whether the Government will at least consider making oral health part of the daily school regime as a preventive measure?

Answered by: Lord Prior of Brampton | **Party:** Conservative Party

The noble Baroness is right to say that childhood oral health is very poor, but it is getting better. Some 75% of children no longer have tooth decay compared with 69% in only 2008, but it is still not good enough. The Government's policy is very much around prevention rather than treatment. The new contract being discussed with dentists will put this work on to more of a capitated basis rather than an activity basis. NHS England has identified 10 areas of deprivation for special treatment and we are looking at a new programme with Public Health England to improve education in this area. Quite a lot is happening.

31 Oct 2016 | Oral questions - 1st Supplementary | Answered | House of Lords | House of Lords chamber | 776 c426

Date answered: 31 Oct 2016

3. Press articles

[Big improvement in children's dental health in Scotland](#)

STV News, 24 October 2017

[Starting Well programme launched in England](#)

Dentistry, 27 September 2017

[Starting Well programme blasted by dental leaders](#)

Dentistry, 21 September 2017

[City with worst tooth decay in children sees marked improvement](#)

ITV News, 7 September 2017

[Teach your children oral health](#)

Raconteur, 28 July 2017

[Tooth decay in children aged five falling, report shows](#)

BBC News, 7 July 2017

[Report about Wales]

[Toddlers having teeth out because parents won't take them to dentist](#)

The Telegraph, 8 June 2017

[80% of under-twos in England failed to visit the dentist last year, says study](#)

The Guardian, 8 June 2017

[Parents don't realise dental care is free for children](#)

Dentistry.co.uk, 16 May 2017

[Tooth extractions on toddlers rise by a quarter in 10 years](#)

The Guardian, 21 March 2017

[Baby teeth removals 'up 24% in a decade'](#)

BBC News, 21 March 2017

['Shocking' rise in young children having baby teeth removed](#)

Nursery World, 21 March 2017

[Why the UK public need to take dental health more seriously](#)

Raconteur, 28 July 2017

[I've had to remove all of a toddler's teeth. It's time for a war on sugar](#)

The Guardian, 10 April 2017

[The NHS dental service is broken – and its rotten payment system is to blame](#)

The Guardian, 12 January 2017

[Two in five children in England failed to visit an NHS dentist in past year](#)

The Guardian, 23 September 2016

4. Press notices

[Get your MP to speak up on children's teeth: Debate in Westminster](#)

British Dental Association, 19 October 2017

[A notice targeted specifically at Members in advance of this debate]

[Innovation in children's dentistry with Starting Well](#)

British Society of Paediatric Dentistry, 9 October 2017

5. Further reading

- Public Health England, [Delivering better oral health: an evidence-based toolkit for prevention](#), March 2017
- University of Glasgow, University of Dundee & NHS Scotland, [Childsmile National Headline Data](#), November 2016
- Welsh Government, [Children's oral health in Wales – something to smile about](#), May 2016
- Public Health England, [Oral health survey of five year-old children 2014/15](#), July 2014
- NHS England, [Improving Dental Care and Oral Health – A Call to Action](#), February 2014

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