

Director of Public Health Annual Report 2024: Oral Health



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA



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Lead Member Foreword



Councillor Josh Rendall,
*Lead Member for Adult
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**Councillor Nafsika
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We are pleased to be introducing this year's Annual Director of Public Health Report. This year the report focusses on an issue relevant to every single one of us throughout our lives – our oral health.

In this report, the Director of Public Health for the Royal Borough of Kensington and Chelsea and Westminster City Council, Anna Raleigh, highlights how important our oral health is, and what poor oral health can lead to. Poor oral health can harm us all – it can increase the risk of developing other health conditions for older adults, lower attainment at school for children, and nationally, tooth decay is still the most common reason for hospital admission in children aged between six and ten¹.

The harms of poor oral health are not evenly felt and are greatest in those areas that suffer from relatively high rates of poverty, unemployment and lower educational attainment². Addressing these inequalities is a priority in both the Royal Borough of Kensington and Chelsea and Westminster City Council. At the same time, it is also important that we prioritise focussed oral health promotion work.

This report shows what we are doing with our communities and partner organisations in both boroughs to support our residents to have good oral health. It draws attention to simple actions that all of us can do in our daily lives to support good oral health.

This report includes videos that showcase work across local organisations to support our residents with oral health. We focus on preventative activity at all stages of life, from the earliest years through to older age and in care homes. We want to make sure all residents know what they can do to keep their teeth healthy and that they receive the support they need to do so.

Access to high quality dental services is important for maintaining good oral health and preventing tooth decay and disease. Despite this, we know that access to NHS dental care is an issue for many residents. These access challenges were worsened by the impact of the COVID-19 pandemic where routine dental services had to be paused. We continue to work closely with the NHS, London Dental Committee, and across North West London to ensure our residents can get the care they need.

We hope that you will find this annual report and the key messages of embedding oral health promotion across services and within communities relevant. We also hope that it will encourage organisations at all levels to consider what more can be done to maintain good oral health for residents.

¹Hospital tooth extractions in 0 to 19 year olds 2022 - GOV.UK (www.gov.uk)

²Inequalities in oral health in England (publishing.service.gov.uk)

Director of Public Health Introduction



Anna Raleigh, Director of Public Health for the Royal Borough of Kensington and Chelsea and the City of Westminster

For my annual report this year I wanted to focus on an important issue that is both relevant to each and every one of us, and that is largely preventable. This means there is great opportunity to address it using a public health approach. That issue is oral health.

Rates of poor oral health are of concern across both our boroughs. Around one in four children in Kensington and Chelsea and one in three children in Westminster at age five have experienced oral health problems. This is worse than the England-average³.

Poor oral health can cause a wide range of issues, preventing us from doing things we enjoy, and from living our lives confidently. Poor oral health in children impacts on growth, development and school attainment. Both children and adults report issues with self-esteem and mental health because of challenges with their oral health⁴. Poor oral health in adults can increase the risk of developing other more immediately serious conditions such as pneumonia.

We also see real inequality with these issues seen far more commonly in some communities than others. That's why our oral health work prevention work is wide-ranging and includes tackling issues that lead to poor oral health. It is also why our oral health promotion work includes dedicated activity in areas with higher levels of deprivation and with vulnerable groups.

We have chosen to focus this report on setting out what the problem looks like locally, what can be done about it and the actions that we are undertaking. The final section of the report gives a sense of the variety of activity underway. We have set out our oral health promotion work across the different stages of life: early years, children and young people, and adults. We have included videos to show what these activities involve and to hear from residents receiving them directly. At the heart of our activity is a focus on engaging with people in community settings and tackling inequalities.

There are real challenges in this area including in dental provision and more needs to be done. We will

continue working with partners to ensure our residents' needs are met. I'm pleased that, responding to local need, we have recently expanded our prevention offer further by starting a pilot in early years settings in wards with high levels of deprivation. We will be evaluating this and will embed the learnings in future provision.

I would like to thank all the services and partner organisations, as well as my team, for their dedication to improving oral health for all residents and for their commitment to exploring continually how we can better support, improve and protect residents' health.

³Data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children

⁴[Cost of living crisis leaves children's oral health on the line \(bda.org\)](https://www.bda.org.uk/cost-of-living-crisis-leaves-childrens-oral-health-on-the-line)

Executive summary

Key messages

- Oral health impacts all our lives. Many of us may take for granted being able to eat and smile without pain and to be confident doing so but poor oral health impacts on children's development and attainment, can lead to other health conditions, and can harm self-esteem and mental health.
- Poor oral health is a significant issue in our two boroughs with around one in four children at age five in Kensington and Chelsea and one in three in Westminster having experienced tooth decay⁵.
- This issue does not impact everyone equally. In London, five-year-olds from 'other' ethnic background and 'Asian/Asian British' are most likely to experience tooth decay⁶. Addressing these inequalities is vital to improve oral health.
- Wider determinants of health such as socio-economic, cultural, and environmental factors all impact our health, including oral health.
- Poor oral health is largely preventable. There are actions that can be taken in national, regional, and local government, within organisations and services, and by individuals, to improve oral health.
- Regular dental check-ups are important to spot and address any developing issues as early as possible. Access to NHS dentistry can be challenging though, and further action is needed to help ensure appropriate access, particularly for vulnerable groups.
- Consumption of sugary foods and drinks are the main cause of tooth decay in children; and alcohol and smoking are major causes of poor oral health problems in adults. These issues are seen more in communities where there are higher levels of deprivation.
- There is a wide range of activity across both boroughs focused on the wider determinants of health and promoting healthy environments as well as direct oral health promotion including a recent expansion in early years settings.

⁵Data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children

⁶Data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children



Calls to action

1

National, regional, and local government and partner organisations and services must see oral health as everyone's business and continue to prioritise meaningful action to address health inequalities for example through ensuring every child gets the best start in life.

2

Coordinated action is needed across NHS England, the North West London Integrated Care Board, the London Dental Committee, dental providers, other health providers and local authorities to improve oral health promotion and access to dentistry, particularly for our most vulnerable residents.

3

We will continue to focus on oral health and we encourage all areas of Kensington and Chelsea and Westminster Councils to consider how they can embed oral health promotion within all of their policies.

4

All local partners should support their staff to attend Oral Health level two training offered across the boroughs, to allow them to give consistent, positive oral health messages and make every contact count. This is important for staff who engage with children, young people and adults, especially those from vulnerable groups, including local care home teams.

5

We encourage continued research into oral health, exploring ways to ensure we can have a fuller understanding of local need, and how to have the most impact in ensuring good oral health for our residents.

6

We encourage all residents to follow the three key actions to support good oral health: (1) limit the amount of sugar you and your family consume; (2) brush teeth twice a day with a fluoride toothpaste; and (3) visit the dentist regularly.



Introduction

Oral health is an important part of our wellbeing. It affects our ability to smell, taste, eat, speak, and smile without pain, discomfort, or disease. Oral health impacts our day-to-day quality of life⁷.

Poor oral health prevents us from doing things that we enjoy. Amongst children it interferes with healthy growth, development, and success at school. In adults, there is a relationship between oral disease and a range of other health conditions, such as diabetes and cancer; and, in vulnerable older people, severe infections like pneumonia⁸. At every stage of life, poor oral health can harm self-esteem, mental health and wellbeing⁹.

Teachers in secondary schools across England report students missing school because of poor oral health, being socially excluded and at times bullied because of oral hygiene¹⁰.

Poor oral health does not impact everyone equally. For example, those living in poverty are more likely to experience poor oral health. Amongst children and young people living in the most deprived communities, decay-related tooth extraction was nearly three-and-a-half times more common than amongst those living in the most affluent communities¹¹. There are shared risk factors between dental health and chronic health conditions. For example, sugar consumption increases the risk of tooth decay but also

increases the risk of weight gain, type II diabetes and heart diseases.

Improving dental health requires a whole systems approach with action from everyone, from national and local policy, healthcare services, to families and communities as well as the food and drink industry. Supporting good oral health habits early, such as brushing twice-daily with fluoride toothpaste allows children to learn, develop and thrive¹².

Nationally in 2022-2023, **tooth decay** was the most common reason for hospital admission in children aged between **five and nine years**¹³.



The level of tooth decay amongst children aged five in **Kensington and Chelsea** and **Westminster** is estimated to be worse than the **England** average¹⁴



More than half of older adults who live in care homes have **tooth decay**, compared to 40% of over 75s who do not live in care homes¹⁵.



Poor oral health is largely preventable. At Kensington and Chelsea and Westminster Councils we are prioritising action to promote good oral health. We do this through addressing issues that lead to poor oral health – such as alcohol consumption and obesity – and through delivering oral health interventions – in schools, in community settings like family hubs, in care homes, and in other settings such as those supporting people experiencing homelessness. We do this directly with a range of oral health initiatives from birth to old age, through our partner organisations and working

directly with communities, and making sure oral health prevention messages are in everything we do, making every contact count. Addressing inequalities is at the core of our approach. You can see more about what we are doing in the [‘What we are doing locally?’](#) section of this report.

² Oral health (who.int)

⁸ Oral health and all-cause, cardiovascular disease, and respiratory mortality in older people in the UK and USA - PubMed (nih.gov)

⁹ Association Between Mental Health and Oral Health Status and Care Utilization - PMC (nih.gov)

¹⁰ Cost of living crisis leaves children's oral health on the line (bda.org)

¹¹ Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK (www.gov.uk)

¹² Tackling poor oral health in children (local.gov.uk)

¹³ Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK (www.gov.uk)

¹⁴ Data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children. More recent data shows the situation in Westminster growing worse and an improvement in Kensington and Chelsea. However, that more recent data – from the 2022 NDEP survey – had only a small sample size and so the results should be interpreted with caution. Neither Westminster nor Kensington & Chelsea achieved the minimum sample size of 250 in the 2022 survey (where just under 50% of upper tier local authorities achieved the minimum sample size of 250 children)

¹⁵ Improving oral health for adults in care homes | Quick guides to social care topics | Social care | NICE Communities | About | NICE; Oral health for adults in care homes - PubMed (nih.gov)



Oral health locally

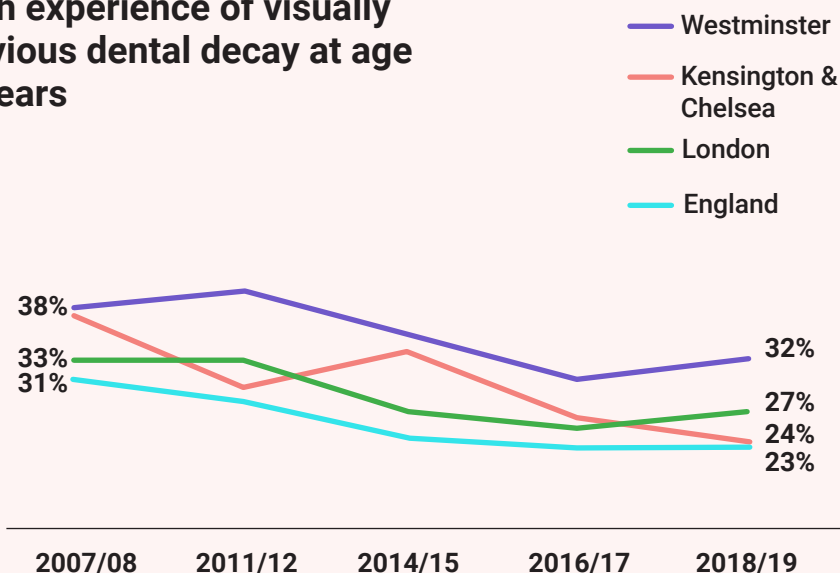
Tooth decay

Tooth decay is a significant, yet largely preventable public health problem. It is the most common oral disease affecting children and young people. Over the past decade or so, there has been a general reduction in levels of tooth decay¹⁶. But there is more to do, since:

- ❑ North West London has the poorest oral health of all the London regions and a high rate of hospital episodes for children with tooth decay¹⁷.
- ❑ Around one in four children in Kensington and Chelsea and one in three children in Westminster at age five have visually obvious tooth decay¹⁸.

This graph shows the percentage of children with experience of visually obvious tooth decay at age five-years annually from 2007 to 2019 in Kensington and Chelsea, Westminster, London and England. It shows that, while decay rates have generally been decreasing, tooth decay rates for five-year-olds in Westminster are consistently above the London rate. Rates in Kensington and Chelsea remain around the regional average but show larger variation, as we expect in smaller areas where estimates are less precise. Rates in both boroughs are consistently above the England average.

Percentage of children with experience of visually obvious dental decay at age 5 years



¹⁶Office for Health Improvement and Disparities, [Dental services - Data | Fingertips | Department of Health and Social Care](#)

¹⁷Office for Health Improvement and Disparities, [Hospital tooth extractions in 0 to 19 year olds 2022](#)

Data from the National Dental Epidemiology Programme (NDEP) 2019 survey of 5-year-old children.

¹⁸More recent data shows the situation in Westminster growing worse and an improvement in Kensington and Chelsea. However, that more recent data – from the 2022 NDEP survey – had only a small sample size and so the results should be interpreted with caution. Neither Westminster nor Kensington & Chelsea achieved the minimum sample size of 250 in the 2022 survey. (In the 2022 survey, just under 50% of upper tier local authorities achieved the minimum sample size of 250 children.)

¹⁹Between 2020 and 2022, at least 7 million fewer patients saw an NHS dentist compared with pre-pandemic levels (2022 data compared with 2019)

²⁰To limit COVID-19 transmissions, dental practices were instructed to close and cease all routine dental care for a period (NHS Digital, March 2023) [NHS Dental Statistics for England 2020-21, Biannual Report - NHS England Digital](#)

²¹[Who is entitled to free NHS dental treatment in England? - NHS \(www.nhs.uk\)](#)

²²NHS Business Services Authority data. Activity at NHS dental providers access by residents of Westminster or Kensington and Chelsea, 2017 to 2023. Available from NHS on request.



This demonstrates that children in both boroughs are experiencing unnecessary pain, needing dental treatment, and may be experiencing other related health issues such as being overweight.

The third section of this report – [‘what are we doing locally?’](#) – sets out what we as the Councils are doing to improve this picture and to support all residents to have good oral health.

Dental services

To keep teeth healthy and prevent tooth decay, the NHS recommends that everyone has regular dental check-ups. But nationally there are major challenges in accessing NHS dentistry¹⁹, and the COVID-19 pandemic had a substantial impact on access to dental services²⁰.

NHS dental care is free for everyone under 18; under 19 and in full-time education; pregnant or have had a baby in the last 12 months; receiving low-income benefits; or under 20 and a dependant of someone receiving low-income benefits²¹.

But we know that some of our residents find it difficult to access affordable dental care. Local activity

data from NHS practices suggests that dental appointment rates remain below pre-pandemic levels²².

At a national level, in the 2021 Adult Oral Health survey, one third of adults (33%) said that the cost of dental care had affected the type of dental care or treatment they had received²³.

We are working with the North West London Dental Committee and with the North West London Integrated Care Board – which commissions dental services – to ensure that NHS-commissioned dental care services are meeting the needs of our residents. We are also helping to raise awareness around which dentists are providing NHS-dental services.

We also know that for some people, going to the dentist can be a source of worry or even fear²⁴ and this may impact on people accessing dental services. Our local dental practices have worked to become more relaxed environments and help put patients at ease. We also work with partners to get babies and children used to oral health and into the routine of going to the dentist from a young age.

Oral health inequalities

There are inequalities in who experiences poor oral health.

Those who live in an area with high levels of deprivation are more likely to suffer poor oral health. For example, children in areas of high deprivation are estimated to be more than twice as likely to experience tooth decay than children in areas of less high deprivation²⁵. As with other health issues, poverty, education and unemployment all play a role in how likely you are to have poor oral health.

We see signs of this same inequality locally. For example, there appear to be higher rates of fillings and tooth extractions in the most deprived wards of both boroughs²⁶.

Nationally and regionally, inequalities across different ethnic groups are also apparent²⁷.

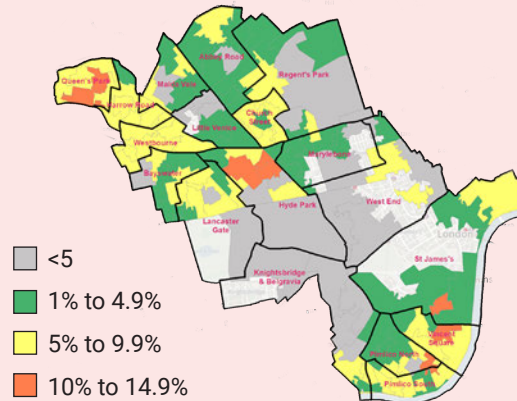
The maps show the filling rates for two-to-five-year-olds and the levels of deprivation in each borough:

²³ <https://www.gov.uk/government/statistics/adult-oral-health-survey-2021/adult-oral-health-survey-2021-report-summary>

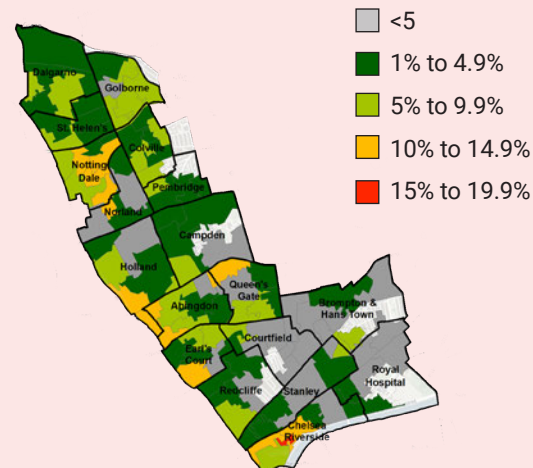
²⁴ [My fear of the dentist - Oral Health Foundation \(dentalhealth.org\)](#); [Why Are People Afraid of the Dentist? Observations and Explanations - PMC \(nih.gov\)](#)

Rate of Permanent Fillings April 2021 to March 2024. Percentage of population 0 – 5 years in 2024

Westminster



Kensington and Chelsea

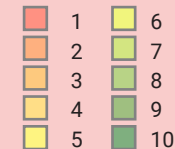


Levels of deprivation in the boroughs

Westminster

Legend

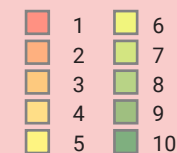
Index of Multiple Deprivation (IMD) Decile (where 1 is most deprived 10% of LSOAs)



Kensington and Chelsea

Legend

Index of Multiple Deprivation (IMD) Decile (where 1 is most deprived 10% of LSOAs)

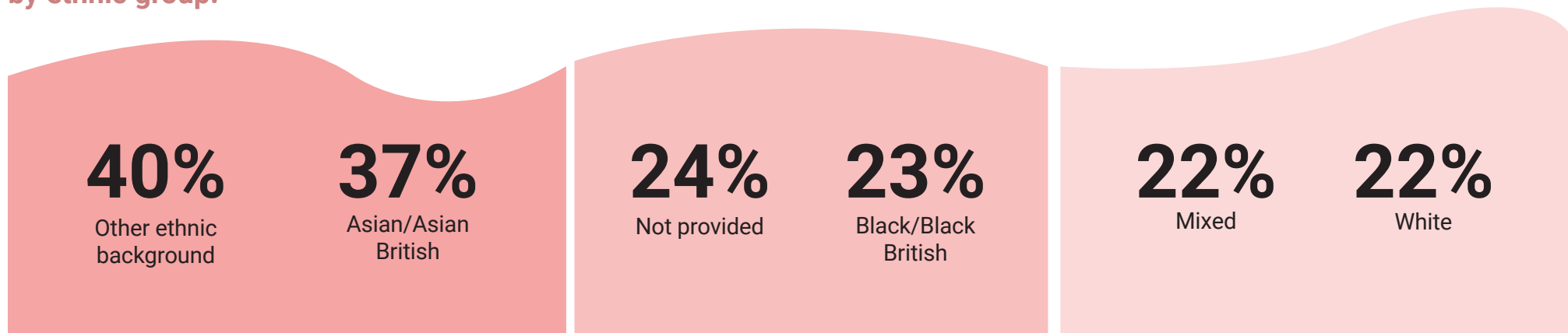


According to a government report analysing oral health inequalities in the UK, higher levels of deprivation were associated with an increased prevalence of tooth decay and tooth loss, as well as poorer oral hygiene. The evidence suggested that these inequalities were partly due to differences in accessing dental services, smoking, alcohol intake and level of education²⁸.

Across the boroughs we want to improve our understanding of oral health issues and local inequalities, and we are working with partners to do so.



Level of tooth decay in five-year-olds in London, by ethnic group:



²⁵35% in the most deprived vs. 14% in the least deprived. National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)

²⁶There are exceptions with some wards where there are lower levels of deprivation having high fillings and extraction rates. This is based off internal work to combine together a number of incomplete datasets. It should be seen as indicative only.

²⁷Data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children

²⁸[Inequalities in oral health in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)



How can we improve oral health?

Poor oral health is largely preventable. Much can be done at all levels – nationally, regionally, locally, in communities, and by individuals – to support good oral health.

Many interventions to support good oral health are supported by strong evidence and there have been several national recommendations for activity to be adopted in local areas²⁹. This includes a Lancet commission focussing on oral health inequalities³⁰.

This evidence has informed our local action which is wide-ranging, from providing supervised toothbrushing in schools, to encouraging school and early-years healthy eating policies to support healthy weight and oral health, to promoting healthy start vouchers allowing eligible families to pick up healthy food and drinks. You can see some of what we are doing in the [‘What we are doing locally?’](#) section of this report.

What causes poor oral health?

The main cause of tooth decay in children is the frequent consumption of sugary foods and drinks. A recent well-known national intervention that aimed to reduce sugar intake was the 2018 Soft Drinks Industry Levy – commonly known as the ‘sugar tax’. By encouraging the soft drinks industry to reformulate their drinks to reduce the sugar content, a positive impact on oral health was expected and the intervention has led to a

significant reduction in household purchasing of sugar in drinks in England, particularly in the most deprived areas³¹.

In adults, two important risk factors that can affect oral health are smoking and alcohol. Smoking impacts on the health of the mouth and gums as well as more serious illnesses such as cancers of the throat. Alcohol also has a wide range of health impacts including risk of oral cancer.

These causes of oral health are the same as the causes for many other chronic diseases such as diabetes. Higher levels of sugar consumption, smoking and alcohol happen more in areas that experience higher rates of poverty, unemployment and lower educational attainment³². We need to tackle these wider factors to improve oral health.

How to improve oral health

There is national, regional, and local level work to ensure a systems-wide approach to oral health. This includes addressing child poverty, giving every child the best start to life, and healthy policies across early years settings and schools.

²⁹This includes 2014 guidance from the National Institute for Health and Care Excellence (NICE) for oral health

³⁰Oral diseases: a global public health challenge Peres, Marco A et al. The Lancet, Volume 394, Issue 10194, 249 – 260 [Oral diseases: a global public health challenge - The Lancet](#)

³¹Impact of the UK soft drinks industry levy on health and health inequalities in children and adolescents in England: An interrupted time series analysis and population health modelling study - PMC ([nih.gov](#))

³²Inequalities in oral health in England ([publishing.service.gov.uk](#))

Tackling oral health inequalities in children and young people

Oral health in all policies



Child poverty

Supporting families with basic needs to include employment, affordable housing, welfare and childcare



Ensuring every child has the best start

- Promotion of breastfeeding
- Healthy Start Vouchers
- Focus on 1000 days of life-supporting children to learn and grow



Integration of oral health into general health

- SUGAR SMART Policies
- Delivering the ambitions in the Every Child a Healthy Weight Delivery Plan
- Training of the wider social, health and education workforce on oral health



Creating Healthy neighbourhoods, healthy schools and workplaces

- Promotion of healthy food
- Implementation of healthy food and snack policies in early years settings and schools (water-only schools and school superzones)
- Healthy food in workplaces including hospitals



Increase the availability of fluorides

- Provision of toothbrush and toothpaste packs to children under the age of five through the Healthy Child Programme
- Implementation of supervised toothbrushing and fluoride varnish programmes in early years settings and schools



Promote access to dental services

- Promoting access to high quality NHS dental services
- Focus on prevention



At a local level, activity to prevent problems arising that has been demonstrated to work well³³ includes:

- supervised toothbrushing and fluoride varnish in early years' settings and schools
- provision of toothbrushes and toothpaste
- healthy food and snack policies
- training for those working in social care, health and education

Individually, and within communities, the NHS recommends some simple things you can do to keeping teeth and gums healthy and help prevent tooth decay. These include:

- brushing teeth at least twice daily with a fluoride toothpaste
- reducing consumption of sugary food or drink
- avoiding smoking and reducing alcohol consumption
- having regular dental check-ups

Beyond what we can do locally, another way to improve oral health would be through adding additional fluoride to water. Fluoride in water can help reduce the likelihood of tooth decay and minimise its severity³⁴. All water already contains

some naturally occurring fluoride and water fluoridation schemes top up that fluoride. Any introduction of such a scheme in North West London is outside the remit of the boroughs and would need to be a pan-London approach. However, we would work closely with partners and residents if any such scheme were proposed.

With the challenges of accessing NHS dental care, it is also important that partners across North West London work together more closely to make the best use of our available resource. We encourage everyone to consider how they can embed oral health prevention in their activities and engagement with communities.

Poster shared in early years, schools and community settings, sharing oral health top tips



³³Local authorities improving oral health: commissioning better oral health for children and young people: an evidence-informed toolkit for local authorities (publishing.service.gov.uk)

³⁴<https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health#risk-factors-for-tooth-decay>

What are we doing locally?

At the Royal Borough of Kensington and Chelsea and Westminster City Council, we are prioritising integrating oral health promotion across all Council business and the services that are available for our communities.

We are aligning our approaches with wider efforts to make our boroughs a fairer place to live and work, such as the approaches set out in Fairer Kensington and Chelsea and Fairer Westminster, and the Joint Health and Wellbeing Board's Ten-Year Health and Wellbeing Strategy 2023-2033.

We have a variety of ways to improve oral health promotion both through our role in commissioning services for communities across their lives and through direct service provision. Partnership working is at the heart of everything we do and we look to make the most of all opportunities to embed oral health. We work with partners and residents to understand challenges to good oral health and to embed positive promotion and prevention. For example:

- **Providing support locally so that we align with London-wide activity to improve child health,** such as Every Child a Healthier Weight Delivery Plan for London, and the Healthy Schools and Healthy Early Years London programmes.
- **Integrating oral health promotion with other Council business,** we have embedded oral health within wider actions to promote healthy eating. This includes installing additional water fountains across the boroughs, encouraging residents to drink water instead of sugary drinks. At the end of 2024, in Kensington and Chelsea, there were twelve public water fountains available across all leisure centres and other public spaces and in Westminster there were water fountains in the twelve leisure centre entrance foyers available to the public.
- **Recognising that there are challenges in accessing dental care, we regularly update a list of dentists who are taking new NHS patients across the boroughs.** We distribute this widely to schools, voluntary and community sector organisations,

family hubs and other partners on a monthly basis. This allows those organisations to support residents in accessing local dental provision. To make sure NHS-commissioned dental care services can meet the needs of residents into the future, we are also working closely with the London Dental Committee, and across the wider North West London system.

- **Working directly with settings such as family hubs, community centres, libraries, schools and early years' settings, homeless hostels, care homes and faith groups,** including providing training to staff in these settings to provide consistent oral health messages.
- **Supporting those who find oral health activity more difficult.** For example, the Community Dental Services³⁵ cares for people who have a physical, sensory, intellectual, mental, medical, emotional, psychological or social impairment or disability, or who are otherwise struggling to be treated in general dental practice.

The pages that follow highlight some of the activity underway with partners across the boroughs during early years, for children and young people and their families, to support adults and those in older age, including in care homes. Some of these activities are available to all our residents and others we aim at those more at risk of experiencing issues with their oral health, with a focus on reducing inequalities.

To show what these activities mean in practice, you will find a selection of videos on the following pages showing activity across the life course. The videos shine a light on some of these services and how they are working in partnership across our communities.

³⁵<https://clch.nhs.uk/services/dentistry>

Local activities for all ages

Early Years



Starting during **pregnancy**, Public Health takes a whole family approach in order to support creating healthier habits for good oral hygiene and to encourage a healthy diet. Studies show that what happens in this early period has a lasting impact on oral health as children grow³⁶.



Promoting and strengthening **Healthy Start**. Healthy Start is an important scheme to support families to buy foods that do not contain free sugars – such as milk, fruit and vegetables. This helps to reduce tooth decay.

As well as support for healthy foods, families can also use the card to collect vitamins for during pregnancy, and for babies and young children.

Take up of the offer remains lower than we would like – 63% of those eligible use the scheme in Kensington and Chelsea and 68% in Westminster.

The Public Health team have been promoting the offer and working to make it more attractive. This includes writing letters to eligible families and working with partner organisations to make it possible for residents to use their Healthy Start Card to buy fruit and vegetables at Church Street Market and the World's End Market in Chelsea Riverside.

To check if you can access Healthy Start vouchers, visit: [How to apply – Get help to buy food and milk \(Healthy Start\)](#). Your local family hub staff can also support you in registering.

³⁶[The impact of breastfeeding on maternal and child health - Baby Friendly Initiative \(unicef.org.uk\)](#)



Breastfeeding helps protect against tooth decay, as well as other health benefits. We are currently developing an Integrated Breastfeeding Plan to strengthen breastfeeding support.



We train our **Community and Maternity Champions** to deliver key oral health messages, information and advice to local families, alongside other helpful information and advice to support families.

Our Community and Maternity Champions and Oral Health Promotion Team work in partnership to support residents with oral health.



Health visitors (HVs) provide information and evidence-based support to families with a new baby until their child starts school.

We have provided training to health visitors to include oral hygiene advice as part of their mandatory visits that take place with all families.

During their checks, they also give families at the age-appropriate visit both free flow cups that prevent damage to teeth through sipping rather than sucking, and 'Brushing for Life' packs, including toothbrush, toothpaste and leaflet.



The last two years in numbers

16

training sessions delivered to Health Visitors and support staff in both boroughs

96

members of staff completed the training: 47 in Kensington and Chelsea and 49 in Westminster

2,400

free flow cups distributed to families: 1,100 in Kensington and Chelsea and 1,300 in Westminster

4,630

'Brush For Life' packs were distributed to families: 1,980 in Kensington and Chelsea and 2,650 in Westminster



Working with and within communities to promote good oral health, our Oral Health Promotion team delivers training to local community workers; runs workshops for staff, parents, and residents; and provides drop-in sessions, as well as getting involved in local community events.

We have a focus here on more vulnerable groups, such as working closely with looked after children and those with special educational needs. This included supporting the pan-London looked after children pilot in 2020.

In 2023-24, the team worked with 29 community settings: 12 in Kensington and Chelsea and 17 in Westminster. These settings ranged from ante-natal groups, libraries, family hubs to nurseries and children's centres.



Supporting settings through the Healthy Early Years London Awards and investing in the scheme. These awards can improve and support

practice for all early years' settings including nursery schools and childminders. They support all children to get a good start in life and support the settings to be healthier places for young children to learn, play and grow.



In autumn 2024, we started an expansion of the existing oral health prevention to include direct support to early year settings in areas with high levels of deprivation.

For the next 18-months to begin with, this new comprehensive pilot programme focuses on three-to-four-year-olds, their families and early years staff. Support is given to implement supervised toothbrushing at the early years settings the children attend, and to continue with the habit of brushing teeth twice daily at home.

The programme offers:

- free resources – age-appropriate toothbrushes and toothpastes – for every child to use at the setting and another set of resources to take home;
- training for staff;
- workshops for parents; and
- direct support for settings, including advice and signposting to improve healthy eating and drinking.

We are committed to learning from this pilot. The evaluation and findings will inform our future offer.

Videos: early years oral health support in action

Community and Maternity Champions – Championing All Our Oral Health

Across the boroughs, there are dedicated local volunteer Community and Maternity Champions who give their time to bring communities together and support the health and wellbeing of their families, friends, neighbours and wider community.

In this video you will be able to see the partnership work between the Community and Maternity champions and the Oral Health Promotion Team in the community in action. Together they are offering tips and advice around toothbrushing, oral hygiene and sugar intake to the residents attending the Westbourne Summer Festival.



[Click to play video online](#)
or scan the QR code



Oral Health through Family Hubs

This video shows the partnership work between the Church Street Family Hub and the Oral Health Promotion team at a stay and play session. In the video they are talking with parents and children about how to look after their teeth.



[Click to play video online](#)
or by scanning this QR code:



Children and Young People



Our largest intervention on oral health is our “Keep Smiling Programme”.

This is a supervised toothbrushing and fluoride varnishing programme.

Using fluoride toothpaste twice-daily reduces tooth decay³⁷. Childhood settings such as nursery and school provide a great environment to take part in a supervised toothbrushing programme³⁸. This supports children to brush their teeth from a young age and build positive oral health habits for their lives.

Studies have shown a particularly high impact of supervised toothbrushing programmes amongst those living in more deprived areas³⁹, suggesting that supervised toothbrushing can also reduce oral health inequalities.

To get support to where it is most needed, we work with primary schools with high levels of childhood obesity, located in areas of social deprivation across the boroughs⁴⁰. We run this programme on an annual basis and are currently working with 10 schools in Kensington and Chelsea, and 12 schools in Westminster.

Across their three visits in the “Keep Smiling Programme”, the Oral Health Promotion team also provide children and staff with free “Brushing for Life” packs that include age-appropriate toothbrushes and toothpastes.

Where parents are happy to consent, the team also apply fluoride varnish. The team also refer children and their families to qualified dentists if they see any more serious causes for concern.

Between April 2023 and March 2024, the team worked with a total of 1,847 children in the mainstream schools supervised toothbrushing programme – 617 children in ten schools in Kensington and Chelsea and 1,230 children in twelve schools in Westminster⁴¹.

In this same year, 72% of these children had parental consent for fluoride varnish to be applied. Working with schools and other partners, we are looking to increase awareness amongst parents about the benefits of fluoride varnish to increase take-up of this part of the programme’s offer.

Supervised toothbrushing is also run from family hubs, children’s centres and nurseries in the most deprived areas of the boroughs.



Working closely with the Community Dental Service and the Oral Health Promotion team, we deliver an oral health prevention programme and annual screening in all **primary special schools** across the boroughs⁴².

We place a special focus here because children with special educational needs and/or disability are at greater risk of poor oral health outcomes⁴³.

Between April 2023 and March 2024...

1,847

children took part in the supervised toothbrushing programme

617

of the children were from schools in Kensington and Chelsea and

1,230

were from schools in Westminster

72%

of the children’s parents gave consent for fluoride varnish to be applied.



This programme includes a check for tooth decay and gum disease. A co-designed mouth care plan is then developed. School staff in the settings are also trained to support with supervised toothbrushing and receive adapted toothbrushing resources to meet children's various needs.

Between April 2023 and March 2024, the team worked with a total of 147 children within special school settings – 50 children in two settings in Kensington and Chelsea and 97 children in two settings in Westminster.



Oral health is an important part of the popular **Change4Life Service**. The service takes a whole-family approach by providing children and their parents and carers with the skills, knowledge and resources to eat well, sleep well, keep active, look after their oral health, maintain a healthy weight and increase their emotional wellbeing.

Families are encouraged to include physical activity and healthier eating into their everyday lives, focusing on simple, enjoyable and achievable actions⁴⁴.

We have worked with the service to ensure key oral health messages are included across the activity, such as training, coaching sessions and clubs.



Supporting schools to gain accreditation in the **Healthy Schools London programme** and investing in

the scheme. This supports school settings in both boroughs on oral health and healthy eating as well as physical activity and wellbeing across all levels of the award accreditation.

Using a whole-school approach, oral health is embedded in the staff training, activities with children, and engagement with parents.

³⁷Walsh T, Worthington HV, Glenny AM, Marinho VCC, Jeroncio A. Fluoride toothpastes of different concentrations for preventing dental caries. Cochrane Database of Systematic Reviews 2019, Issue 3. Art. No.: CD007868. DOI: 10.1002/14651858.CD007868.pub3

³⁸<https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health#risk-factors-for-tooth-decay>

³⁹PHE standard publication template (publishing.service.gov.uk)

⁴⁰Oral health is seen as a marker of wider health issues including poor nutrition and obesity. This is why we target schools based on the prevalence of childhood obesity; we are exploring alternative and additional ways to target our oral health interventions.

Video: children and young people oral health support in action

Oral Health Prevention in School

This video gives a flavour of the oral health prevention work carried out by Colville Primary School. Colville Primary School was the first school in the boroughs to adopt Oral Health as their key area of their Healthy School accreditation. For their accreditation, the school nominated an Oral Health Champion and implemented further measures to become a 'water only' school, improve the school menus to make them healthier, and managed to increase parent engagement considerably.

In this video, we can see examples of oral health promotion in a reception class, including supervised toothbrushing delivered by an early years educator. It also shows how the school's healthy eating and water only policies are put into practice as part of their everyday activities.



[Click to play video online](#) or by scanning this QR code:



⁴¹The targeted supervised toothbrushing programme works with 10 out of 27 state primary schools in Kensington & Chelsea and 12 out of 40 state primary schools in Westminster.

⁴²This is one special primary school and a SEND unit at a mainstream primary school in Kensington and Chelsea, and two special primary schools in Westminster.

⁴³<https://www.england.nhs.uk/publication/clinical-standard-oral-healthcare-for-autistic-children-and-young-people-and-or-those-with-a-learning-disability>

⁴⁴<https://www.family-action.org.uk/what-we-do/children-families/change4lifeservice>



Adults



As smoking and alcohol are major risk factors for poor oral health in adults, a lot of our oral health

prevention and promotion amongst adults is provided through wider stop-smoking and alcohol-reduction activity.

For example, our Integrated Healthy Lifestyles Service - One You Westminster and Kensington and Chelsea - provides free weight loss, physical activity, be smoke free, drink less and 1-to-1 health coaching programmes for residents in Kensington and Chelsea and Westminster.

Those with special educational health needs and/or disability are at higher risk of poor oral health.



The specialists at the Community Dental and Specialist Service provide support to adults with additional needs, especially where general dental practice may not be able to meet all of the needs of the individual. This includes having specialist equipment and qualifications.

This team work closely with community groups and specialists in local hospitals to identify those who might need their support.



People experiencing homelessness suffer poor oral health compared to the general population⁴⁵.

With high rates of rough sleeping in Westminster in particular, we have worked with partners to provide additional support to those sleeping rough across both boroughs with their oral health.

Our Community Dental Service for people experiencing homelessness provides NHS dental care from their base in the Soho Centre for Health and Care, Frith Street and in outreach settings, including at the Refettorio Felix at St Cuthbert's. Experienced staff can provide oral health advice, check-ups and treatment for people who are experiencing homelessness.

The team also supports hostels and temporary accommodation settings, offering treatment and cleaning, resources, information, support with registering with a dentist and booking appointments.



As part of our work to support more vulnerable populations, across the boroughs we are doing **targeted work within care homes** to support older adults live with better oral health for longer.

This is because residents in care homes are more likely to have problems with their oral health⁴⁶.

This work includes:

- Increasing our understanding of the problem so we can best address it. That's why Public Health has commissioned a survey of oral health of care home residents. Screenings are carried out by a specialist dentist and in the period from January-end October 2024, 32 residents in Kensington and Chelsea and 116 residents in Westminster had been screened in four care homes. These screenings resulted in 87 courses of new treatment. Of the residents seen so far 55% had dental caries and 95% had periodontal disease; 18 residents needed new dentures. The survey will be continuing across 2025.
- Putting care home residents at the heart. We are testing out a new care pathway for oral health which involves families in oral



health planning for their loved ones.

- Enhancing the skills of our workforce. We are building on and extending an initiative to train and support care home staff to implement oral health care plans, provide good oral health care and establish oral health champions in every care home. At the end of 2024, there were four oral health champions across three of the eight care homes in Kensington and Chelsea and 122 staff had been trained, and eight oral health champions in four of the six care homes in Westminster, with 152 staff trained. Our aim over the next year is to get champions in all homes and train an additional 220 staff.

Through these projects we want to improve the overall quality of life for all our residents. We particularly aim to prevent the pain, disturbed sleep and health problems that poor oral health can cause.

Videos: adults oral health support in action

Supporting those experiencing homelessness to keep their teeth healthy

This video shows the work of the Community Dental Service supporting people experiencing homelessness at the Refettorio Felix at St Cuthbert's. In the video you can learn about the first-hand experience of oral health by a user of the centre and further challenges caused by homelessness and the support offered to overcome them.



[Click to play video online](#) or by scanning this QR code:



Working within care homes

This video gives an example of how we are supporting care home residents with their oral health. It also shows the training we provide for staff and the work of the Community Dental Service at Forrester Court Care Home in delivering specialist dental care to meet care home residents' needs as part of a pilot programme.



[Click to play video online](#) or by scanning this QR code:



⁴⁵<https://groundswell.org.uk/wp-content/uploads/2018/10/Groundswell-Healthy-Mouths-Report-Full-Report-Web.pdf>
⁴⁶[Improving oral health for adults in care homes | Quick guides to social care topics | Social care | NICE](#)
[Communities | About | NICE; Oral health for adults in care homes - PubMed \(nih.gov\)](#)

Conclusion

As this report highlights, oral health is an issue relevant to each and every one of us. It is part of our daily lives, something many take for granted. But tooth decay and other issues that arise from poor oral health have wide, negative impacts, and these impacts are felt unevenly across our residents.

Locally, around one in four children in Kensington and Chelsea and one in three children in Westminster at age five have experienced oral health problems⁴⁷.

Yet poor oral health is largely preventable. Actions at all levels are important: individually, in communities, locally, regionally and nationally. A lot of activity is already underway across Kensington and Chelsea and Westminster. Much of this activity is showcased in this report. But there is more to do; for example, access to affordable dental care is a key area for further focus across the system.

The calls to action at the top of this report highlight what can be done to support better oral health for all residents across the Royal Borough of Kensington and Chelsea and the City of Westminster. We look forward to working with partners to make this vision a reality.

⁴⁷Data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children



