Simplyhealth

THE TEETH TEAM PROGRAMME

A national school-based tooth brushing, fluoride varnish & education initiative

Annual Report 2017/18 | January 2018

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ABOUT US

The Teeth Team Programme started as a school-based supervised tooth brushing and fluoride varnish initiative targeting 0-11-year-olds and facilitated within the City of Hull and the East Riding of Yorkshire in conjunction with 543 Dental Centre. Through successful local partnerships and education, we seek to improve child oral health by embedding good dental habits into the daily lives of children, facilitating access to regular dental assessments and signposting to primary and secondary care.

The programme was established in Hull in 2010 by a group of local dental practices, the salaried dental service and a dental supply company who all shared concerns relating to the extremely high incidence of tooth decay in local children. Originally called the 'Brush Bus Partnership,' we rebranded and relaunched in 2013 following the departure of the salaried dental service, who felt they could no longer participate due to service constraints. Under the new name of 'Teeth Team,' our remaining partners continued to develop, improve and grow the initiative, driven by its founding ethos and commitment to reducing child oral health inequalities and breaking cycles of poor dental hygiene.

Today, we are a well-established and nationally-recognised child oral health improvement initiative. We are supported by a range of partners, including local businesses, corporates and independent dental practices, and we have been endorsed by a range of high-profile figures, including senior members of the dental community and MPs. As of the end of 2017, we support schools across England in Hull, North Yorkshire, Nottingham, South Humberside, Leeds, Sheffield, Kent, Birmingham, and the Isle of Wight, with plans in place to move into new areas throughout 2018. We are a partner under the Smile4Life initiative.

WELCOME FROM OUR CHAIR

Hello and welcome to the Teeth Team Annual Report 2017/18. I am the Chair of the charity which was founded in July 2010.

Teeth Team was founded not because of the "system" but despite the system and in the last seven years has travelled a significant distance to improve inequalities in child dental health.

If a child has poor oral health, they will probably have poor general health and poor general health can lead to lower educational attainment. By addressing oral health, a child's future can be altered, social mobility can be partly addressed and financial savings for the Department of Health, NHS England and employers can be made.

Public Health England says there is a clear link between social deprivation and childhood tooth decay and that poor oral health has a long-term impact on physical health, mental health, child development, confidence and educational achievement.

Hospital admissions show the most deprived areas of England have twice the proportion of dentistry admissions as the least deprived. The proportion of five-year-olds with missing, decayed or filled teeth ranges from 14% to about 57% across English Local Authorities, a huge inequality. In 2016/17 alone the NHS spent £36.2m on 42,911 GAs in children having teeth extractions for dental decay.

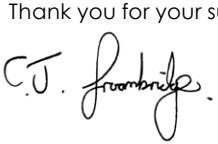
The number one reason why a child aged five to nine enters hospital is tooth decay and it is one of the main reasons for school absence. Twice as many under 10-year-olds are received in hospital for tooth decay than for broken arms. Four in ten children currently have not seen a dentist in over a year despite an NHS check-up for under 18-year-olds being free. 22% of Children with free school meals are less likely to attend a dental check-up. 29% of children eligible for free school meals have good oral health compared with 40% who are not eligible. These figures highlight the need for outreach which alongside Teeth Team includes Advanced Starting Well, Childsmile and Designed to Smile.

Whatever some may say, the current dental contract does not focus or pay for prevention and unfortunately neither does the current NHS dental contract reform process. The government has instigated a programme called Starting Well, it is a start and Teeth Team is supportive of the programme, but it is limited to 0 to 5-year-olds. A comprehensive programme is required to cover children from 0 to 11 through nursery and primary school. In addition, prevention needs to be embedded and paid for in the NHS dental contract.

Energy and determination needs to be directed in a holistic, constructive and unified manner to improve children's lives. Good oral health and dentistry can be part of the overall solution to a number of big ticket health and financial problems.

Oral health habits need to be instilled at an early age as a fundamental building block for life. We at Teeth Team along with our partners, both business and political, will continue to forge ahead and play our role in fighting to improve child oral health.

Thank you for your support.



Chris Groombridge
Chair, The Teeth Team Programme

WELCOME FROM SIMPLYHEALTH

It's a pleasure to welcome you to The Teeth Team Programme's Annual Report following a very busy year.

Indeed, it is difficult to believe that our partnership is only a year old. In that time, Teeth Team has expanded at pace outside its native East Yorkshire to support more children than ever before. They launched an award-winning website, were the first recipients of the British Society of Paediatric Dentistry (BSPD) Outstanding Innovation Award, and further raised their profile in the political and dental spheres. The success of the programme is testament to the tireless dedication and hard work of all involved, but it also underlines the reality that many children, especially those living in areas of social and economic deprivation, are in desperate need of this support. Whilst we can take a moment to celebrate these achievements, there is more work to be done.

As the UK's leading provider of dental payment plans through Simplyhealth Professionals, with many of our members operating mixed NHS and private practices, we understand that good dental health is a vital component of overall health and wellbeing. Regular dental checks can play a key role in early detection and prevention, reducing the need for costly and invasive clinical intervention. Despite this, 80% of 1-2-year-olds did not visit an NHS dentist in 2016/17 and tooth decay is the most common oral disease affecting children and young people in England. Although preventable in 90% of cases, it is the main reason why 5-9-year-olds are admitted to hospital.

Whilst there have been significant improvements made in oral health nationwide, regional disparities in both the provision of oral health education and the accessibility of dental treatment mean children from disadvantaged backgrounds are particularly susceptible to tooth decay. But fillings and restorations are a short-term fix. Children with persistent oral health problems are likely to need more complex dental care as they get older, and increasing evidence linking poor oral health to the development of chronic medical conditions means this could have wider future health implications. It is clear that investing in prevention would not only benefit patients, but would also achieve considerable public health savings as part of a sustainable state-funded health system.

As an organisation, our purpose is to help people make the most of life through better everyday health, and this extends to our charitable giving. Teeth Team's commitment to permanently breaking cycles of poor dental health is consistent with the central aims of our charitable giving strategy, which are to satisfy unmet health and care needs and to promote positive, long-term change.

In January 2017, we donated £137k to Teeth Team to redress the oral health imbalance by funding the programme's growth. Following a landmark year, we look forward to supporting Teeth Team in 2018 as they build on their key learnings, recruit more schools in areas of need, continue to collect data evidencing the efficacy of their work, and call on policymakers to build on Starting Well by investing in a national oral health improvement programme in England targeting 0-11-year-olds.

Healthy smiles should not be a postcode lottery. We commend Teeth Team for their work and we will continue, alongside them, to raise awareness of the lifetime benefits of good oral health.

Caroline Coleman
Managing Director,
Simplyhealth Professionals

EXECUTIVE SUMMARY

OVERVIEW

Who we are and what we do

- Established in 2010, Teeth Team is a school-based supervised tooth brushing, fluoride varnish and education programme, offering dental assessments and signposting to primary and secondary care.
- Our purpose is to improve the dental health of children aged 0-11 years old living in areas of social and economic deprivation.

Why we are needed: the challenge

- Dental health is improving nationwide, but regional variations are considerable. Those living in the north of England generally have poorer dental health compared with those living in the east and south of England.
- 30% of five-year olds in the most deprived areas of England have experienced tooth decay – the figure is 20% for the least deprived.
- Tooth decay is the main reason why 5-9-year-olds are admitted to hospital.
- Every day, 170 children and teenagers undergo tooth extractions under general anaesthetic in hospitals in England.
- There's been a 24% rise in the number of tooth extractions performed on 0 – 4-year-olds in England over the last decade.
- In 2016/17, £36.2m was spent on 42,911 extractions of multiple teeth in under-18s in England.
- Tooth decay is preventable in 90% of cases, yet it's responsible for twice as many child hospital admissions than asthma, which is not preventable.
- Government funded oral health improvement programmes have been rolled-out in the devolved administrations. England's equivalent, Starting Well, is offered to under-5s in just 13 local authorities and does not have dedicated central funding.

What causes poor oral health in children?

The reasons are complex, but include:

- Unhealthy diets – too much sugar
- Lack of understanding of what constitutes good dental care – and the benefits of healthy teeth and gums
- Limited exposure to fluoride
- Regional disparities
- Concerns about the cost of treatment

How can public policy help?

Education and practical interventions can help, but long-term behavioural changes must be supported by public policy. We need:

- A national oral health improvement programme in England targeting 0-11-year-olds. This could be funded by savings made through the reduced need for restorative dental care and other initiatives, such as the Sugar Tax
- To transform dentistry into a preventative and widely accessible service
- Community water fluoridation schemes
- A public awareness campaign

The impact we've made

- We assist around 13k children in 52 primary schools and 3 nurseries.
- There's been a 95% increase in the number of positive consent forms received for children to take part.
- 74% of 3-4-year-olds with tooth decay accessed primary care following our assessment.

What we'll do

In 2018, we will help children in the poorest communities with a focus on the north of England. We aim to:

1. Increase school participation
2. Get more dentists involved
3. Build our evidence base
4. Strengthen our voice as a policy influencer

Our work will be underpinned by the consolidation of strong local partnerships, collaborations and sustainable growth. We'll evaluate our operating methods to ensure everyone involved in the programme's delivery feels supported and schools and pupils receive a professional service.

EDUCATING AND SUPPORTING...

We recruited a further **33** primary schools across England

3 in Hull, **5** in North Yorkshire, **9** in Nottingham, **5** in South Humberside, **4** in Leeds, **4** in Sheffield, **1** in Kent, **1** in Birmingham, **1** in the Isle of Wight

1st winner of the BSPD's Outstanding Innovation Award

Foundation Dentists have volunteered with the programme to date

Almost **8k** consents for fluoride varnishes received

Our tweets have been viewed **132,500** times

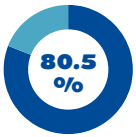
We've gained over **740** followers on our new Twitter channel

3,880 unique visits to our new website

We now support **52** primary schools and **3** nurseries

Mentioned in **ONE** Westminster Hall Debate on Child Oral Health

Consent rate increased to **80.5%**



We now support **12,939** children across **10** local authorities

9 independent dental practices volunteered during the year

...BETTER DENTAL HEALTH FOR LIFE

KEY HIGHLIGHTS

2017

JANUARY

We received £137k from Simplyhealth to help support and fund our national expansion

Attended a study day for Foundation Dentists at the Yorkshire & Humber Deanery to showcase how the programme works and to answer questions from potential participants

FEBRUARY

We were the first winner of the BSPD's Outstanding Innovation Award

MARCH

Our Chair, Chris Groombridge, wrote an article published in The Dentist magazine outlining the practical difference we are making in local communities

We launched our website and social media channels on Twitter and Facebook

We were featured on ITV news talking about our work in light of concerns about the accessibility of dental care

Our Secretary, Ingrid Perry, spoke about our work at the BSPD conference in Manchester on a platform alongside the Chief Dental Officers for England, Scotland and Wales respectively

SEPTEMBER

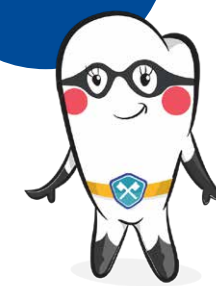
OCTOBER

We were mentioned positively in a Westminster Hall Debate on Child Oral Health following a briefing issued to MPs highlighting our work by Simplyhealth

Our website won the Website of the Year Award at the Dental Industry Awards 2017

We attended the National Association of Dental Advisers (NADA) Conference in Birmingham

NOVEMBER



STRATEGIC REPORT

A YEAR OF GROWTH

Vision:

For every child in England to have healthy teeth and equal access to oral health education and treatment.

Goals:

1. To reduce child oral health inequalities across the country.
2. The national roll-out of a publicly funded oral health improvement programme targeting 0-11-year-olds in all areas of social and economic deprivation.

Values:

We are collaborative, industrious, responsive to changes in the children's dental policy landscape and committed to building an evidence-base demonstrating the effectiveness of preventative oral health care.

Over the last year, we have grown at a rate unparalleled in our history. We are now supporting more children across more English local authorities than ever before. But whilst we're proud of our achievements, year-on-year child tooth extractions are rising at an alarming rate. This reflects the reality that many children are denied the daily tooth brushing and regular dental checks most of us take for granted.

This is not news to us. Since 2010, we have strongly advocated for improvements in children's oral health care and education, particularly in areas of social and economic deprivation where tooth decay is more prevalent[1]. Whilst we originally focussed on Hull and the East Riding of Yorkshire, in January 2017 a donation of £137k from Simplyhealth[2] funded our expansion into further deprived regions across the country. We are now helping around 13k children in 52 primary schools and 3 nurseries across England to understand the importance of good dental hygiene. But whilst we've grown, so has the number of children needing our help.

Figures detailing tooth extractions taking place in English hospitals are now the highest on record since we began. In 2016/17, 42,911 extractions, equating to 170 per day, were performed on under-18s at a cost to the NHS of £36.2m. This represents an increase of more than 2k procedures on the previous year, and a 17% rise since 2012[3]. What makes these statistics more shocking is that tooth decay is 90% preventable in most cases[4]. Not only are thousands of children undergoing avoidable operations every day, but the cost of these procedures is placing additional pressure on the National Health Service (NHS) at a time when it is already struggling to meet demand.

Whilst the dental industry's and policymakers' recognition of the need to address this issue has increased, a coherent, wide-reaching strategy underpinned by sustainable funding is needed urgently to prevent a generation of disadvantaged children suffering poor oral health for life. The launch of the Government's Starting Well programme, targeting 0-5-year-olds, was a positive step, but given its narrow scope, restricted geographical reach and lack of dedicated funding its impact will be limited. With reports indicating that child poverty is rising[5], the number of those at risk of tooth decay and needing support is likely to increase unless affirmative action is taken now.

Given we know that simply widening the accessibility of dental assessments and oral health information does make a positive difference, it is a national scandal that tooth decay remains the most common cause of hospital admissions amongst 5-9-year-olds[6]. We're facing a public oral health crisis, and there's no question about the scale of the challenge we must overcome. But Government intervention is needed.

Over the following pages, we provide an overview of the current policy landscape, draw on our data to outline the impact of our work during the last 12 months, and suggest policy recommendations to help effect long-term change and permanently reduce inequalities in health outcomes for children in England.

POLICY LANDSCAPE

The Government has recognised the variation in dental health outcomes across England, yet the action taken to reduce these inequalities has been limited. With local authorities responsible for public health in their communities, local delivery of preventative measures must be supported to permanently defeat childhood tooth decay.

This is because whilst children's oral health is reportedly improving[7], this claim fails to tell the whole story. Tooth decay remains the most common cause of hospital admissions among 5-9-year-olds, and the third most common cause among 10-14-year-olds, behind fractured forearms and abdominal pain[8]. Indeed, analysis by the Faculty of Dental Surgery at the Royal College of Surgeons (RCS) found that there has been a 24% rise in the number of tooth extractions performed on 0-4-year-olds in the last decade[9].

Furthermore, figures released by the LGA reveal that the number of multiple tooth extractions performed on under-18s in English hospitals have risen to 170 per day at a cost to the NHS of £36.2m a year. This is a 17% increase on the 36,833 in 2012/13, with the total cost to the NHS of these operations since 2012 hitting £165 million[3]. These figures are concerning, not only because of the individual impact on each child suffering with avoidable tooth decay, but also because they shine a spotlight on persistent oral health inequalities that disadvantage children for life.

Poverty & Tooth Decay

What claims of a nationwide trend in oral health improvements fail to illustrate is the significant regional variations in dental health, with children from poorer backgrounds and those living in areas of social and economic deprivation more likely to develop tooth decay than those living in more affluent areas from privileged backgrounds.

In 2015, 20% of 5-year-olds had tooth decay in South East England compared to 34% in North West England, with even greater inequalities within local authorities[10]. A survey of 3-year-olds in England found that 12% had tooth decay ranging from 34% to 2% across local authority areas[10]. In Yorkshire, hospitalisation for tooth extractions in the under-10s was five times higher than in the East of England in 2015/16, and 83% of five-year-olds in the least deprived areas of the country had healthy teeth compared to 70% in the most deprived areas in 2014/15[11].

Significantly, 18% of parents with children eligible for free school meals found it difficult to find an NHS dentist in 2013, compared with 11% of parents whose children were not[11]. It's not surprising that 29% of children eligible for free school meals have good oral health compared to 40% who are not eligible[12]. These disparities are compounded by the massive shortage in NHS dentists and the inconsistent provision of oral health education across England, meaning many children are unable to access dental care and fail to learn the skills needed during their early development to exercise good dental health for life.

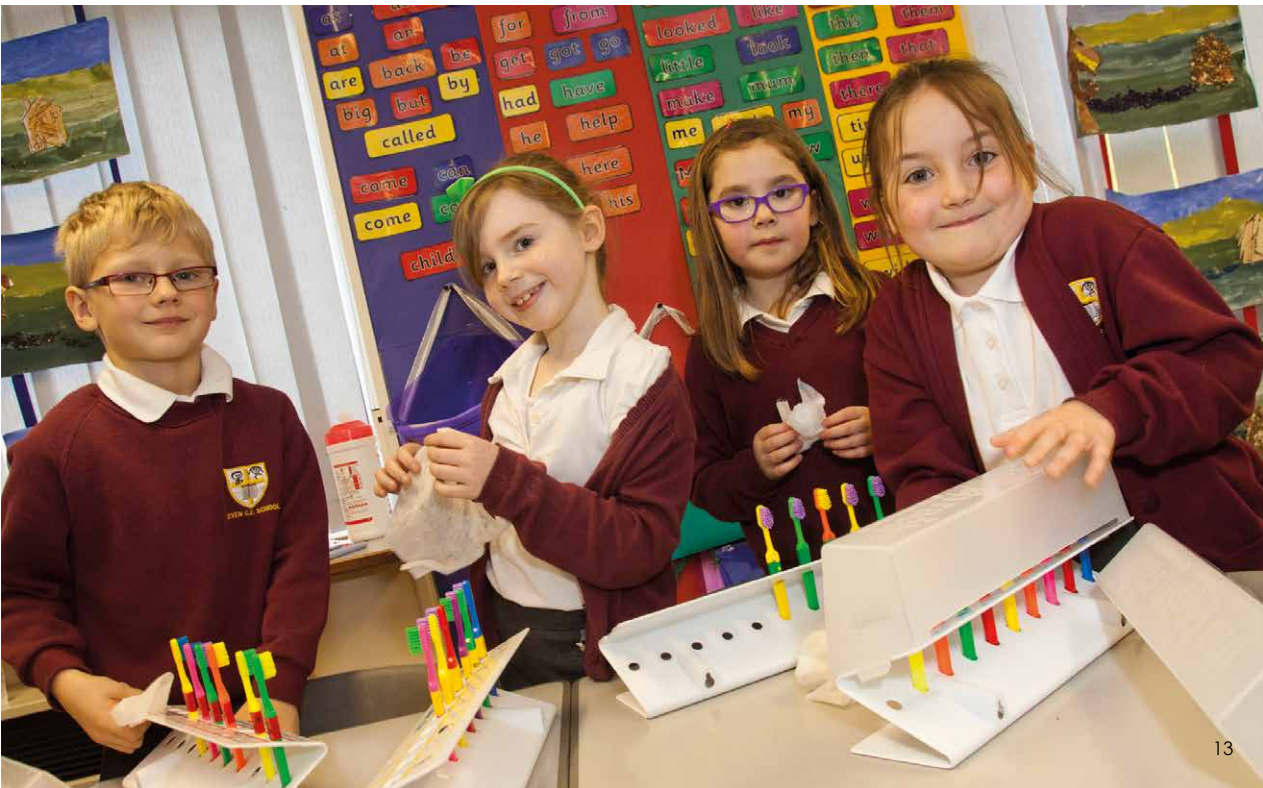
Why is action needed?

Today, almost a quarter (24.7%) of 5-year-olds have tooth decay, meaning that 1 in 4 children will have tooth decay when they start school[10]. This causes children pain and discomfort and it can impact their speech development, their educational attainment and impinge upon their confidence and mental health. It is one of the main reasons for school absence. It also impacts the economy, with 1.2m working hours lost each year as parents have to take time out of work to care for children with dental health issues, at an estimated value of £105m.

Children with poor oral health often develop complex dental needs as they get older, which require more costly and invasive treatments. And, given the increasing body of evidence linking poor oral health to the development of chronic health conditions, including diabetes, it's clear that this could be a ticking public health timebomb and increasingly expensive for the NHS as these children reach adulthood.

Given the sense of crisis surrounding the NHS budget, and calls for movement towards a sustainable model of public health and social care provision[13], prevention needs to be placed at the heart of any sustainability and transformation agenda. Crucially, the role dentists can play in this must not be underestimated. With 6.8m children being seen by an NHS dentist in the 12 months leading up to the 30th June 2017[14] – which equates to 58.2% of the child population – it is clear that the dental workforce could play an important role in safeguarding children's health.

As well as addressing underlying causes of poverty and deprivation, approaches to combat tooth decay should focus on the need to address poor diet, excessive sugar consumption, and the lack of proper education around dental hygiene. There is a need to promote a wider understanding of the importance of oral health to overall health and wellbeing, and to ensure that the role the dental workforce can play in early prevention and detection is properly reflected in NHS dental contract reform. But, with local authorities facing a £331m reduction to their public health budget, on top of a £200m reduction announced in 2015, action must be taken at a central Government level to ensure the funding is available to improve local delivery and that the need for improvements recognised by Public Health England (PHE) can be adequately addressed.



Public Health England

In September 2016, PHE launched the Children's Oral Health Improvement Programme Board (COHIPB)[15], which is comprised of organisations involved in providing or supporting services for children and young people, including NHS England, the Local Government Association (LGA), the British Dental Association (BDA), and the Institute of Health Visiting.

An infographic[16] released by the Board defined its programme's ambition as ensuring "that every child grows up free from tooth decay as part of having the best start in life," and stated that success in 2020 will "mean more children have fluoride protection on their teeth and consume less sugar in their food and drinks." But whilst PHE has taken affirmative action to try and change dietary habits through their Change4Life campaign, we are yet to see the launch of a public health campaign with a distinct focus on children's oral health. This is despite recognition of the personal, social and economic impact of dental inequalities. Concerns about the impact of diet on children's teeth are largely absent from public health conversations around obesity even though there's a clear link.

In June 2017, PHE published Health matters: child dental health, which outlines how health professionals can help prevent the development of tooth decay in children under 5. This document provides guidance for effective interventions based on a PHE review of the cost-effectiveness of taking action to improve the oral health of children aged five and under. It also announced new ways to incorporate oral health into children's services, and included advice for healthcare professionals, such as dentists, midwives, health visitors, GPs and pharmacists on how they can positively influence behaviour to encourage good dental health.

Whilst this was positive step, greater understanding of the important role health professionals can play in promoting this issue needs to be encouraged to fully embed dental health into children's healthcare. Significantly, the recommended measures outlined are similar to those already implemented with public funding in the devolved nations. These include the following: targeted supervised tooth brushing; the provision of toothbrushes and paste by post; targeted community fluoride varnish programmes; and water fluoridation programmes.

The Devolved Nations

In Northern Ireland, Scotland and Wales the need to promote a preventative approach to children's dental health has been recognised as a public health issue, with devolved Government funding invested in the national roll-out of child oral health improvement initiatives.

In 2009, the Welsh Government launched Designed to Smile, targeting nurseries and primary schools in deprived areas with the aim of reducing tooth decay in 5-year-olds. Since the programme's launch, the rate of tooth decay in 5-year-olds in Wales has decreased by 12%. Indeed, it's reported that dental disease levels in children in Wales continue to improve across all social groups but that, in absolute terms, the largest reduction in tooth decay prevalence (15%) was seen in the most deprived quintile. There is also no evidence of widening inequalities[17]. Given the success of the programme, its focus changed in March 2017 to target under-5s to ensure as many children as possible are decay-free by this age[18].

Scotland's equivalent, Childsmile, was launched in 2011 and is a universal programme delivered across all Health Boards, and in the top 20% most deprived areas, targeting children from birth. The programme follows the principle of "proportionate universalism," meaning 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[19]." In 2017, the programme was expanded to cover the 20% most deprived communities measured on a Scotland-wide basis[20]. The programme is reportedly saving the Scottish Government £5m a year in dental treatments[21], and has been credited with significant improvements in children's oral health across the country[22].

In Northern Ireland, Happy Smiles was launched in 2016 and has been developed by the NI Oral Health Development Group and HSC Trust Community Dental Service teams. It is aimed at pre-school children to help instil the need to exercise good oral health from an early age.

Starting Well

Whilst trailed at the English equivalent to initiatives in the devolved nations, Starting Well has received mixed reviews from leading professional bodies. Launched in September 2017, the main criticisms of the initiative have focused on the lack of dedicated funding (it is being financed through existing dental bugets) and the limited reach of the programme, in terms of age and geography.

Ahead of its launch, the Parliamentary Under Secretary of State (Public Health and Primary Care), Steve Brine MP, said the Government's intention was to combat "vast inequalities" and to "improve the oral health of children under the age of five who do not currently visit a dentists in 13 identified high-priority areas[23]." The 13 areas were chosen as those among the 23 worst-performing areas for children experiencing tooth decay at the age of 5. Existing oral health improvement plans and trends were also taken into account. Kingston upon Hull and Salford, an area we are moving into this year, are amongst the targeted areas. The aim of the programme is to help dental teams teach children in local communities about the importance of good oral health. The Dental Check by One initiative, pioneered by the BSPD, will be promoted to help encourage familiarity with dental care from a young age. This will hopefully address the fact that 80% of 1 -2-year-olds did not visit an NHS dentist in 2016/17[24].

Commenting on the programme, the BDA chair of General Dental Practice, Henrik Overgaard-Nielsen, said: "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. ….holding a few launch events while failing to offer a single penny of new money does not constitute a national effort[25]." Conversely, the BSPD welcomed the programme's launch "wholeheartedly" as an "opportunity for dentists to work innovatively in their communities[26]."

Whilst we welcome Starting Well because of the potential it has to improve child oral health, we would encourage the geographical expansion of the programme and the widening of its remit to cover children up to the age of 11. Covering a wider age group could mitigate the development of further cavities in older children and, with younger children less likely to develop them with sustained dental health support, eventually the programme could potentially be scaled back to cover just the early years. But, at present, bold action must be taken to prevent an increase in pressures on the NHS as a generation of children with poor dental health reach adulthood.

NHS Dental Contract Reform

We are facing a massive shortage of NHS dentists, which is compromising the accessibility of dental health treatment for adults and children alike. Dentaid, a charity which works across parts of Africa, Asia and Central America, is reportedly now offering support in the UK in the face of a dental crisis[27]. Reform of the dental contract provides an opportunity to incentivise dentists to retain NHS practices and to promote a preventative approach to oral health care. Under the current contract, implemented in 2006, dentists are paid for Units of Dental Activity (UDAs) under a three-band system. Band one would cover relatively simple procedures, such as cleaning and check-ups, whereas band three covers more complex work, such as extractions. However, dentists are only paid for one unit of band one activity, regardless of the quantity or relative complexity of the work they do. Given they are paid the same rate for a check-up as they would be for applying fluoride varnishing there is no financial incentive offered to dentists to promote preventative treatment.

The new NHS dental contract must also promote the sustainability of dental practices as part of a wider push to integrate dentistry into health and social care plans and to widen the accessibility of dental care. We are facing a national shortage of dentists, with millions of patients reportedly unable to secure dental appointments, which could worsen given cuts to training budgets. With 17% of NHS dentists EU citizens[28], the Government must encourage growth across the profession so we have a properly funded and supported dental workforce that can meet the country's oral health needs.

Whilst we welcome the introduction of Starting Well as Government recognition of the need to tackle child oral health inequalities, this is not enough.

We need a national oral health improvement programme, incorporating tooth brushing, dental assessments, fluoride varnishing and education, with dedicated funding aimed at supporting 0-11-year-olds across England.

Designed to Smile, Wales

Launched in 2009, this is a national programme funded by the Welsh Government and targeting children from birth. All the Designed to Smile services and all the NHS dental treatments for children are free.

Childsmile, Scotland

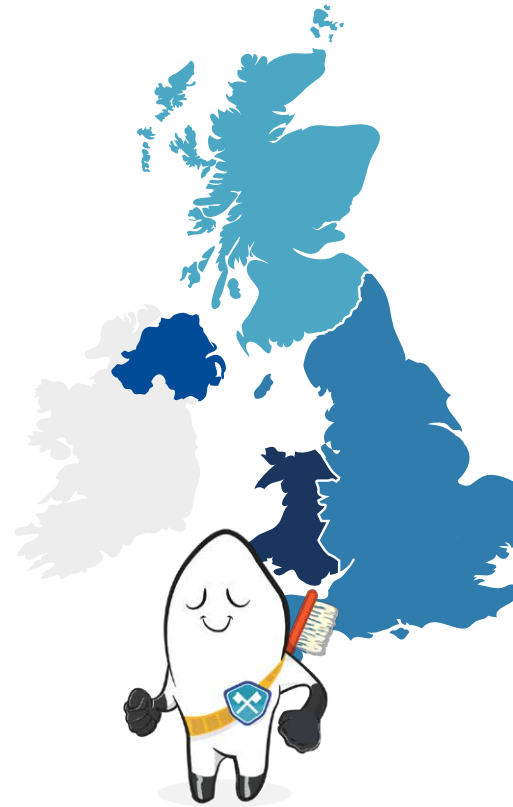
Launched in 2011, this is a universal programme targeting children from birth across Scotland. It is funded by the Scottish Government and is offered through all Health Boards across the country.

Happy Smiles, Northern Ireland

Launched in 2016, this targets pre-school children and aims to improve their oral health by making tooth brushing part of their daily activities, helping them to make healthy choices for snacks and breaks, and teaching them about oral health through songs, music, stories and drama.

Starting Well, England

Launched in September 2017, this targets children under 5 in 13 areas considered a "high priority." There was no additional funding released to cover the cost of this initiative and it is financed through existing dental budgets.



Where we operate

Hull and the East Riding of Yorkshire - 22 primary schools and 3 nurseries
Nottingham – 7 schools
North Yorkshire – 6 schools
South Humberside – 5 schools
Kent – 1 school
Birmingham – 1 school
Leeds – 5 schools
Sheffield – 4 schools
Isle of Wight – 1 school


543
543
DENTAL CENTRE

Community Water Fluoridation

Water fluoridation has been shown to decrease the incidence of tooth decay in children. PHE's Water fluoridation: Health monitoring report for England 2014 states that, on average, 5-year-olds in fluoridated areas are 15% less likely to have had tooth decay than those in non-fluoridated areas . When deprivation and ethnicity are taken into account, 5-year-olds and 12-year olds in fluoridated areas are 28% and 21% respectively less likely to have tooth decay than those in non-fluoridated areas, with the reduction in tooth decay of children of both ages greatest among those living in the most deprived local authorities[29].

Whilst there has been widespread support for water fluoridation by a number of professional bodies, with the BSPD considering it "unique in its ability to reach all people at minimal cost[30]," currently only approximately 10% of England's population, or about six million people, benefit from a water supply where the fluoride content, either naturally or artificially, is at the optimum level for dental health[31]. During a debate in the House of Lords' Grand Committee, the role water fluoridation, a responsibility of local authorities under the Health and Social Care Act 2012, could play in improving the "overall oral health of the population" was recognised but, since this is traditionally a contentious issue, the need for "local ownership" was reiterated and the Minister confirmed that there are no plans to fund this centrally[32].

The main barrier to community water fluoridation is the running costs, which have to be met by local authorities at a time when they are already struggling to balance competing demands with reduced budgets. The annual running costs of a water fluoridation scheme have been estimated to be £0.35p – £0.40p per person and so, for Hull City Council, this would cost approximately £82,880 to £106,147[33]. NHS England should seriously consider paying these running costs as NHSE is the main beneficiary from such a positive development.

Going Forward

We need a coherent, joined-up strategy to tackle children's oral health inequalities and the creation of a sustainable model of child oral health improvement, which is underpinned by dedicated funding and targeted policy interventions. With the Oral health survey of 5-year-old children: 2016 to 2017 due to be published in March 2018, this provides the Government with an opportunity to address this social inequality by working alongside local government.

We take dental education directly to nurseries and primary schools to help children aged 0-11-years-old develop good dental habits.

Our success is contingent on the development of strategic local partnerships and the support of volunteer dental practices, which we recruit locally and connect to nearby schools. From 2018, the programme will be rolled-out to Key Stage 1 in each new school and we will follow this year group as they progress until all pupils are covered. Schools have the option of offering our support to all their pupils immediately, if they so wish.

Schools make no financial contribution to the implementation or running costs during their first year of participation. After this time, we ask joining schools to donate a small fee per child annually to fund the programme's continuation for those children for whom positive Parental Consent has been received. This will be set at £3 per child for all schools starting their second year of the programme in 2019. School contributions were introduced in 2015, with the support of participants, as part of our movement towards a sustainable operating model. Schools fund this through their pupil premium grant (PPG), their Parent Teacher Associations (PTAs) or by asking parents directly for a contribution.

Receipt of Parental Consent and Medical History is compulsory before children can participate and several schools issue rolling consent forms for completion to each new intake as part of new starter admissions' packs. Schools contact parents using parents' preferred method of communication ahead of each visit to let them know than an assessment or fluoride varnish will be taking place and to ask if there is any reason, medical or other, why a child should not take part.

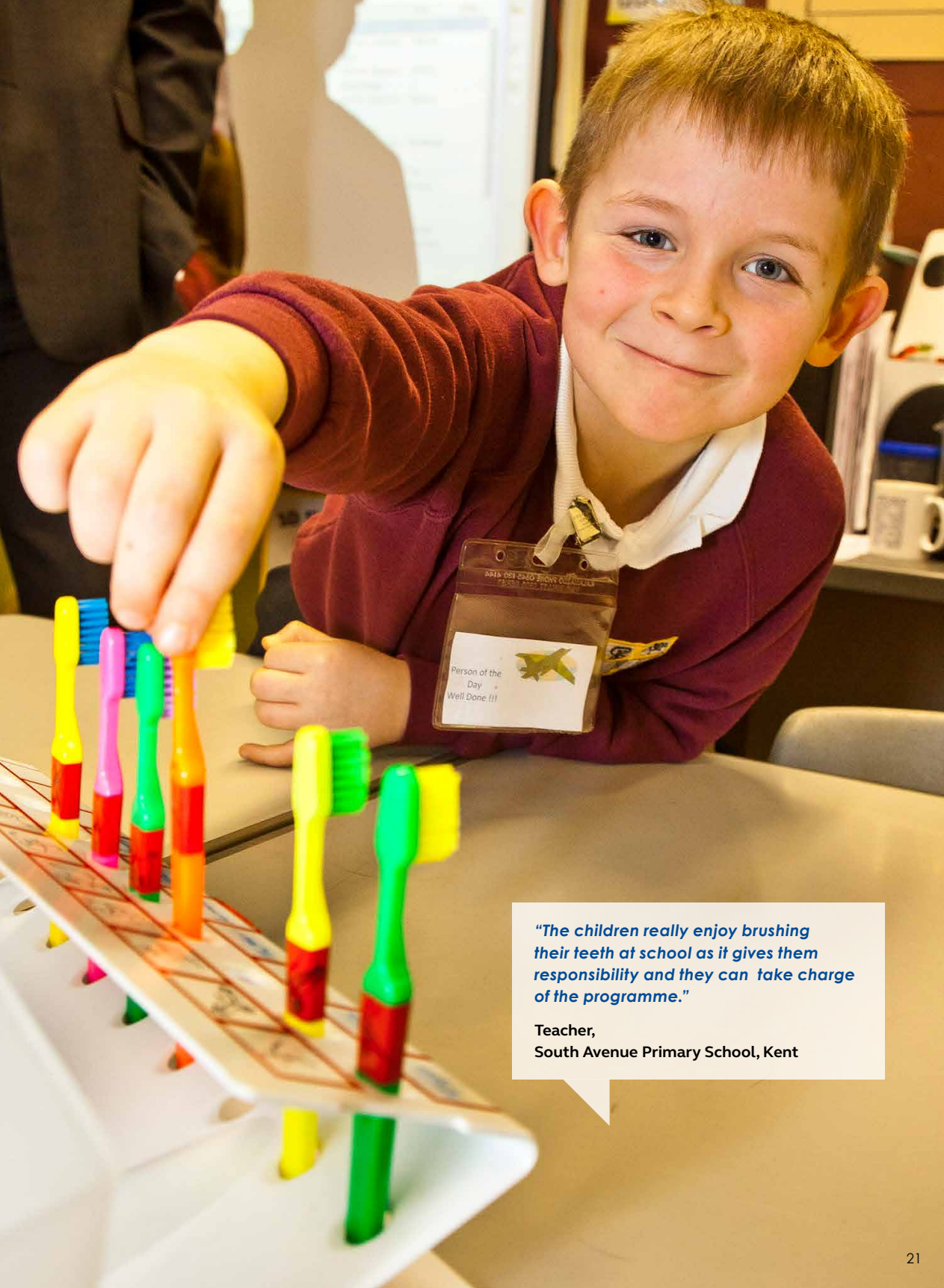
The main elements of our delivery are:

Supervised tooth brushing: We provide tooth brushes and holders, which are personalised with the children's names and kept on the school premises. Each morning, children brush their teeth alongside their classmates under the supervision of their teachers, embedding dental care into their daily routines. For many children, this may be the only time they will brush their teeth in a 24-hour period. Schools are supported during the initial set-up and we are available to provide advice and guidance between visits.

Dental assessments: Local dentists visit schools once a year to assess each child's oral health. As a result, children are referred to primary and secondary care as necessary for restorative and preventative treatment. This also means individual children who may be at increased risk of developing tooth decay can be identified, monitored and helped at an early stage. If the state of a child's teeth raises concerns about their overall welfare, these can be escalated.

The application of fluoride varnish: Dental nurses, who have received specific training, visit schools on a bi-annual basis to apply fluoride varnish to children's teeth, which increases their protection against tooth decay. Fluoride varnish is only applied when the examining dentist thinks it is necessary to do so and where there are no contra-indications.

Education: To maximise our prospect of long-term impact, practical guidance and clinical interventions are underpinned by oral health education. We teach children the benefits of healthy teeth and gums through a range of accessible and engaging materials incorporating our dental superheroes: Captain Incisor, Mighty Molar, K9, Baby Toof, and Pre-Molar Girl. By providing children with a welcome diversion from their daily timetables, we help normalise conversations around oral health to prevent the development of fears around dental visits.



"The children really enjoy brushing their teeth at school as it gives them responsibility and they can take charge of the programme."

Teacher,
South Avenue Primary School, Kent

PROGRESS UPDATE

The last year proved an invaluable learning experience for us. But whilst we've transformed into a truly national programme, this has not been without its challenges. As we reflect on 2017, we feel confident that we've set the foundations for even greater success.

Expansion & Sustainability

Managed Growth

Following the submission of a funding application to Simplyhealth, in January 2017 we were pleased to be awarded £137k to fund our expansion. In addition to this, the local businesses that had supported us in 2016 unanimously agreed that they would continue to do so the following year. This placed us in a strong position to develop our operating model and recruit more schools.

We planned to introduce the programme in 50 new primary schools in deprived areas, but it was evident during the first six months of our expansion that this figure was unrealistic. Our projected set-up and running costs for the first year of implementation had been calculated on the understanding that approximately 300 pupils would participate per school. In reality, schools wishing to work with us had 400 plus eligible pupils, increasing initial operating expenses.

One of the founding principles of our programme was inclusivity and this still drives much of what we do today. It was crucial that the quality of our service was not compromised, and that nobody in-need should be excluded, owing to increased head count. Like all other schools joining the programme, it was important that the set-up and first year running costs were completely funded by us. This ensures that a school's assessment of our potential merits is not influenced by financial constraints.

By the end of 2017, we were operating in 33 new schools across nine areas (Hull, North Yorkshire, Nottingham, South Humberside, Leeds, Sheffield, Kent, Birmingham and the Isle of Wight). Revising our growth target meant we could maintain a consistently high-level of service across all schools. Whilst our expansion was less extensive than anticipated, this was still a landmark year for us, with the lessons we learnt informing this year's forecasted growth.

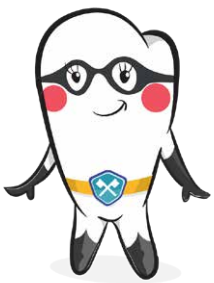
Learning through Growth

With this level of growth new to us, challenges were inevitable. But these became opportunities rather than obstacles. As we roll-out across the country, the pupils with whom we are working are increasingly diverse. This has highlighted the versatility of our delivery.

We successfully implemented the programme in a school for children with severe educational needs, ranging in age from 4-18-years-old, many of whom required one-to-one assistance. Working closely with teachers and support workers we were able to quickly adapt to the needs of these pupils. The flexibility of our approach means we can effectively acclimatise to new environments.

Improving How We Work

The health of all pupils is paramount – it is why we exist. So last year we introduced a comprehensive quality assurance programme, which will be implemented in each school. This will provide clarity regarding who is leading the initiative at each venue, ensuring storage systems are maintained at a high-standard, and promote the provision of training for staff. Streamlining our core standards will mitigate the possibility of cross-infection at each school.



We're Online!

The launch of our website in March 2017 was well-received. We are now promoting what we do to a much-wider audience and we provide bespoke information for the different groups of people who are likely to be interested in working with us, including dental professionals, teachers and parents.

This online platform was designed to be a visually engaging source of oral health information and is another route through which we can be contacted by interested parties. We have already received queries from dentists through the website, affirming the great value this can add to our operations. Since we went live, we've received 3,880 unique visits and 9,982 page views.

We were extremely pleased that Milkshake, the dental marketing agency with whom we worked on this, was awarded Website of the Year at the Dental Industry Awards 2017 in November for the Teeth Team website.

Social Media

We made great strides in extending our reach and influence this year through the development of our social media presence. Our Twitter and Facebook channels have steadily increased in popularity and have become important tools for engagement.

Since launching, we've gained 256 followers on Facebook and 742 followers on Twitter, including dental, health and education professionals, senior dental professionals, journalists and MPs. Through Twitter we are contributing more widely to the public children's health policy debate, showing our support for campaigns, and building our credibility as an influential voice. Our tweets have been viewed 132,500 times, we've been retweeted 1,046 times, and we've received 966 likes.

The Dental Workforce

In January 2017, we initiated a recruitment drive in partnership with Simplyhealth to encourage dental practices to volunteer with the programme in their localities. We received a number of enquiries and we are currently seeking to match practices with schools. Over the past year, nine dental practices have worked with us on a pro-bono basis, with the feedback we have received from dental professionals praising the value of the service.

Our relationship with the Yorkshire & Humber Deanery developed over the last year, and we are discussing how we can encourage Foundation Dentists to take part in Teeth Team. In January 2018, for the second consecutive year, we visited the campus to showcase the programme to approximately 100 Foundation Dentists and to provide further information about volunteering. To date, 30 Foundation Dentists have committed to completing dental assessments.

Zest Dental Recruitment, one of the UK's leading dentist recruitment agency jobsites, agreed to include our logo, alongside a brief statement about us, in all their correspondence with dental professional on a pro bono basis. This will widen awareness of our work across the dental community.

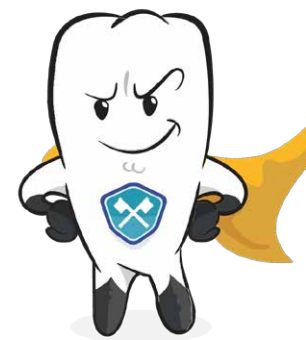
We have identified a need to refine our approach to engage with dental practices to expand our volunteer base and accommodate our future growth.

Public Affairs and Policy

Our relationships with political stakeholders have developed over the last year. Our roll-out across Nottingham continued with the support of Alex Norris MP (Nottingham North) following the retirement of his predecessor, Graham Allen, who helped us greatly to build connections in the city. Wendy Morton MP (Aldridge-Brownhills) has been a strong advocate for the programme and played a key role in helping us to move into Birmingham and, following discussions with The Rt Hon Norman Lamb MP (North Norfolk), we look forward to opening a Norwich hub this year.

In October 2017, following a sustained lobbying campaign by the BDA, Steve McCabe MP (Birmingham Selly Oak) secured a Westminster Hall Debate on child oral health. The debate was well-attended by MPs across the political spectrum, who outlined concerns about oral health and the provision of dental services within their constituencies. The Independent Chairman of the Association of Dental Groups (ADG), David Worksett, wrote a report on the debate for The Dentist, in which he cited Teeth Team as one of several initiatives that should be used as a "basis for action" to help stop the growing number of hospital tooth extractions.

We continue to contribute to the dental policy debate through our relationships with the Chief Dental Officer for England, Sara Hurley, the ADG, BDA, BSPD, the National Association of Dental Advisers (NADA) and the Oral Health Foundation.



Smile4Life

With partnerships at the heart of what we do, in October 2017 we accepted an invitation from the Chief Dental Officer, Sara Hurley, to join Public Health England's Smile4Life programme. The purpose of Smile4Life is to promote the collaboration of health professionals from across a range of sectors, including schools, health visitors, parent teacher associations, GP practices and community-based schemes, with a view to facilitating the integration of oral health into care pathways and improving overall health outcomes.

The first phase of Smile4Life is focussing on the reduction of sugar in children's diets, improving children's oral health through regular contact with health professionals and encouraging dental checks by the age of one. As a supporter of both the BSPD's Dental Check by One campaign and the forthcoming introduction of the Soft Drinks Industry Levy, we are pleased to become a partner under the Smile4Life umbrella and welcome the opportunity it offers for the development of a national framework with emphasis on local delivery. We are optimistic about the impact we can have as part of this broader movement for change.

Award-Winning Innovation

Whilst the BSPD has previously endorsed our work, in 2017 we were proud to be the inaugural winners of the BSPD's Outstanding Innovation Award. The purpose of this newly-created award is to commend the best project in the UK dedicated to improving children's oral health.

On announcing we had won earlier this year, the BSPD's spokesperson, Dr Claire Stevens, said: "Teeth Team provide the evidence that where there is a commitment to make dental health a priority in schools, change is possible. Children's oral health is everyone's business and this is a perfect example ."

The prize for winning the award was the opportunity to make a presentation at the BSPD conference in Manchester in September 2017. Our secretary, Ingrid Perry, was invited to speak at the conference, during which she delivered a talk outlining the significance to us of winning the award, our work and what we want to achieve on a platform alongside distinguished dentists and the Chief Dental Officers for England, Scotland and Wales respectively.

Press Coverage

Print & Broadcast Media

Our media coverage strengthened across the dental press throughout the year, and we have been featured in the British Dental Journal (BDJ), the Dentist, Dentistry Magazine and on Dentistry.co.uk. We have also received regional press coverage in our new areas of growth.

We have been increasingly recognised as a commentator on child oral health inequalities. In March 2017 our Chair, Chris Groombridge, wrote an article for The Dentist outlining the work we do in local communities and the progress we are making in helping to reduce child oral health inequalities.

In September 2017, we were asked to appear on ITV news as part of a segment discussing the challenges many people experience when trying to access NHS dental services. Our programme co-ordinator and trustee, Julie Fountain, was featured as part of a clip lasting more than two minutes, speaking about the impact poor oral health is having on children in the City of Hull.

POLICY RECOMMENDATIONS

Hospital extractions caused by avoidable tooth decay are rising, and the poorest children are most vulnerable. However, the situation is not hopeless. Lifestyle changes, practical support and education can have a positive impact. But we cannot delay. The Government must act now to promote systemic change and good dental health for life.

We propose the following:

1. ***The implementation of a Government funded national child oral health improvement programme across England targeting children aged 0–11 years old.***

Starting Well was a significant first step, but the programme is underfunded and its reach is too narrow. To maximise a child's protection from tooth decay, support should continue beyond the early years and throughout primary school to embed good self-care into their daily routines. With child poverty rising to 30% in 2015/16[34], focussing on just 13 high priority areas with no plans for a national roll-out means millions of children are being denied much-needed support.

To reduce health inequalities, England needs a national oral health improvement programme with hypothecated funding comparable to schemes operating in the devolved nations. There are several funding options:

- **Re-investment of savings:** Whilst new funding would be needed initially, the anticipated reduction in child tooth extractions would lead to a corresponding reduction in the amount of public health spending on GAs. 10% of the savings made could be reinvested in the programme as part of a self-funding model with a focus on early intervention and prevention.
- **Ring-fence funds from under delivered contracted UDAs:** Whilst the Minister claims that Starting Well is partly funded by unused UDAs[36], the Treasury's clawback of £81.5m[35] to fund primary care, acute care and deficit reduction indicates that investment in dentistry is not a policy priority. Ring-fencing part of the surplus for investment in community-based initiatives focussing on children's oral health would expedite their growth and the movement towards a national self-funding model of preventative dental care.
- **Ring-fence a percentage of local public health budgets for prevention:** To reduce oral health inequalities at a local level, local authorities must guarantee a percentage of local public health funding will be invested in initiatives to prevent tooth decay in children.
- **Introduce a statutory obligation for local authorities to focus on children's preventative dental care:** As part of the drive to improve oral health, consideration should be given to introducing legislation that would require local authorities to offer dental health preventative measures for children, such as dental assessments and fluoride varnishes.
- **Soft Drinks Industry Levy (Sugar Tax):** The levy is expected to raise around £380m a year following its implementation in April 2018[37]. The Government has committed to using revenue raised from the levy to increase ring-fenced funding from school PE and sport from £160m to £320m a year. As part of the drive to tackle obesity, the Government should consider pledging part of the revenue to support child oral health improvement. As local authorities are responsible for public health, we support the LGA's call for local government inclusion in discussions about how the levy is spent.

2. ***Transform dentistry into a preventative and universally accessible service***

The Conservative Party's 2017 General Election manifesto outlined a commitment to supporting NHS dentistry "to improve coverage and reform contracts so that we pay for better outcomes, particularly for deprived children[38]." But the role the dental workforce could play in the creation of a sustainable model of public healthcare provision is largely unrecognised.

Dentistry remains an isolated service within the NHS, notably absent from the Five-Year Forward View, despite evidence demonstrating the link between good dental care and overall health and wellbeing.

- **Dental assessments by the age of one:** Dental assessments should be completed by the age of one to prevent the early on-set of dental disease. This would normalise dental check-ups as part of a child's health routine and prevent the development of phobias into childhood. Teeth Team fully supports the Dental Check by One campaign.
- **NHS dental contract reform:** The new NHS dental contract presents an opportunity to incentivise dentists to prioritise prevention, early intervention and detection as part of an integrated health and social care system.
- **Utilising the dental workforce:** If NHS dental therapists could complete preventative treatments, such as examinations and simple extractions, dentists could focus on more specialised and complex procedures. This would make the best use of the workforce's skills and abilities, and could be achieved by working with the General Dental Council (GDC) to align the 'scope of practice' rules around 'Direct Access' in private practice and the NHS.
- **Increasing channels of referral:** There should be greater investment in training healthcare professionals, such as midwives, community nurses and pharmacists, in the importance of children's oral health, with a corresponding increase in the number of channels through with a referral can be made for dental care.

3. The introduction of community water fluoridation schemes

Public Health England recognised that there are 45% fewer hospital admissions (mainly for extractions under general anaesthetic) of children aged one to four for cavities in fluoridated areas than in non-fluoridated areas[29]. A study found that adults who spend 75% of their lifetime exposed to fluoridation had significantly less tooth decay than those who had less than 25% lifetime exposure, even if exposure started post-childhood[39].

The Government should work with local authorities to encourage the introduction of water fluoridation to tackle child tooth decay, periodontal disease and health inequalities. Its introduction could be phased to manage costs, starting with the most deprived communities where it would have the biggest impact. A cost analysis should be completed to examine the potential savings that could be made in lifetime dental treatments from childhood per person when compared with the cost of fluoridating local water supplies.

4. Encourage oral health education in schools

To instil children with the skills needed to exercise good dental self-care, oral health education should be encouraged in primary schools (Key Stage 1 and 2) as part of the Personal, Social, Health and Economic (PSHE) component of the National Curriculum. This would provide an opportunity for schools to develop relationships with local dental care programmes so pupils can benefit from the practical support needed to prevent tooth decay whilst reinforcing their understanding of how to maintain healthy teeth and gums.

5. Public health campaign

Publicly available information relating to oral health is inconsistent and disparate. We know that around 30% of people think that tooth decay in children is acceptable as they consider themselves to have a family history of weak oral health, with 14% believing tooth decay is acceptable in children as their milk teeth will fall out anyway[40]. But given this can be easily avoided, and that poor oral health in childhood can lead to complex dental problems in adulthood, there is clearly a need to engender a greater understanding of the importance of good oral hygiene on overall health and wellbeing, and how this can be achieved. This could be introduced as part of the Government's drive to tackle obesity.

PLANS FOR 2018

In 2018, we will draw on our key learnings from last year and reaffirm our commitment to reducing oral health inequalities by pursuing four strategic aims. Our success will be underpinned by a distinct focus on local collaboration, partnership-building and an understanding of the needs of each new community. These factors will be integral to our successful growth, implementation and sustainability.

This year, we aim to:

1. ***Support more children in areas of social and economic deprivation***

- We will actively promote the programme to attract more primary schools and evaluate our methods of engagement. Given the link between poverty, geography and poor oral health, we will focus on growth into areas where we can have the biggest positive impact on children's dental habits. Going forward, we will concentrate primarily on the north of England.
- We will progress pre-existing plans in new areas. Teeth Team will start operating in one school in Stanley, County Durham, at least two schools in Norwich, one school in Salford and one school in Slough. By the end of the year, we hope to be established in at least 20 new primary schools, and helping approximately 8k more children. These will be supported by our central team in Hull, with plans to set up regional hubs reviewed depending on overall demand and available resources.
- We will take steps to devise a training programme, which can be used by dental practices across the country so that they can become Teeth Team hubs and the programme can be rolled out to more schools locally.

2. ***Engage with the dental community***

- We will initiate a new recruitment campaign to enlist the additional volunteer dentists and dental practices needed to support our expansion. By reviewing the success of our engagement activities, including the effectiveness of the free advertising offered by Zest Recruitment, we will refine our approach to engaging effectively with the dental workforce.
- We will continue to develop our relationship with the Yorkshire & Humber Deanery to encourage Foundation Dentists to participate in the programme, providing them with the information and support they need to volunteer.
- We will build on our established relationships within the dental community to strengthen our voice as part of a wider call for improvements in children's oral health.

3. ***Collect data to evidence the positive impact of the programme***

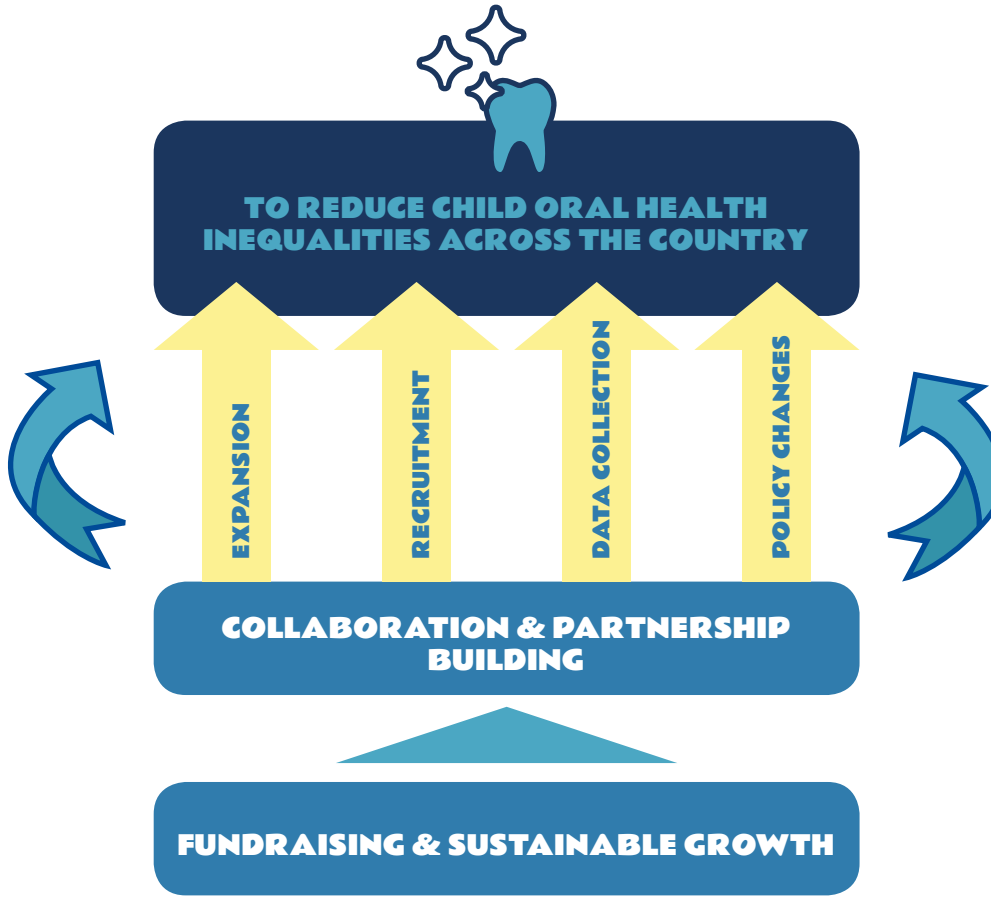
- We will ensure that a robust system is put in place to collect data from primary schools illustrating the positive impact of the programme.
- We will follow children in years 3 and 4 as they progress through school to identify improvements.
- We will monitor how different indicators of deprivation, such as eligibility for Free School Meals, impact a child's oral health.

4. ***Promote the oral health preventative treatment agenda***

- We will continue to engage with the Government, policymakers, senior decision-makers and Public Health England to call for the expansion of Starting Well and the introduction of a fully-funded national oral health improvement programme across England targeting 0-11-year-olds.
- We will seek to influence opinion to promote the individual health and public cost benefits of preventative treatment.

Our ways of working will be evaluated throughout the year as part of our continuing development. This will ensure that our employees and volunteers are provided with the tools they need to work as efficiently and effectively as possible, and that schools experience a reliable, professional service.

OUR STRATEGIC AIMS



We're committed to promoting the benefits of preventative oral healthcare in childhood. To do this, we continuously collect data to review the efficacy of our work. Over the last year, we've seen improvements that show we're making a real difference. But we can do more.

Data Collection

Aim

- To evaluate the impact preventative dental treatments have on the oral health of children aged 0-11-years-old.

Objectives

- To determine if the programme is having a positive impact on children's oral health and helping to reduce child oral health inequalities when benchmarked against national statistics.
- To review the number of consent forms received, the number of dental assessments completed, and the number of referrals to primary and secondary treatment.
- To identify those interventions which are most effective and popular to inform our ongoing development.

Methodology

Written consent is compulsory for a child to participate in the programme. Consent forms are issued by schools to parents and guardians as part of new starters' admission packs. As of 2017, schools have introduced a rolling consent system whereby parents and guardians are contacted ahead of an assessment day or fluoride varnish application and given the option to 'opt-out' for medical or other reasons.

Once schools receive completed consent forms the child's Unique Pupil Number (UPN), or their name, is inputted to a school database to enable the school to determine which children are authorised to participate in each different aspect of the programme. We use each child's UPN to track their progress and to record their dental checks and treatment.

Sample

The data was collected between the 1st January 2017 and the 31st December 2017 and includes those schools that participated in the most recent dental assessment. Whilst we cover 52 primary schools and 3 nurseries in total, this study focuses on just 46 primary schools across seven areas: Hull, Isle of Wight, Leeds, North Yorkshire, Nottingham, Sheffield and South Humber.

The target population was 13,357 pupils from the Foundation Stage up to, and including, Key Stage 2 (ages three - 11). The sample comprised the 10,749 children whose parents or guardians consented to them participating, which is a 95% increase in sample size since 2016.

Results

Consent

Whilst 13,357 pupils were eligible to participate in the programme, the number of children for whom consent was received was 10,749. This means there was an 80% take-up, with a fifth (19.5%) of children who could benefit from the treatment not authorised to do so. The number of consent forms received increased by 7% from 73.5% in 2016 to 80.5% in 2017. The reason for the rise could be attributed to the increase in the number of pupils participating in the programme, with consent forms issued by schools as part of new starters' admission packs, along with the introduction of a rolling, 'opt-out' system of consent for existing schools.

The minimum number of consent forms – just 40.7% - were received at Holy Rosary Primary School in Leeds. At the other end of the spectrum, consent forms were received for 95.1% of eligible participants at Highlands Primary School in Hull. Whilst it was reported in 2016 that there are 35.4% of children in poverty (after housing costs) in The City of Kingston upon Hull local authority, compared to 27.3% in Leeds Metropolitan District Council[41], the reason for this significant disparity in consents could be due to word-of-mouth reputation and a school's longevity of participation. The programme is facilitated within Hull and we cover 22 schools across the city. We've worked with the Highlands school since the programme began. Holy Rosary Primary School in Leeds is part of our new intake and the low consent rate indicates our need to work more closely with 2017 schools to determine how best to promote the benefits of the programme to parents and guardians.

Fluoride varnish

There were 7,826 consents received for fluoride varnish applications. 2,391 children did not have fluoride varnish applied owing to a medical condition and 1,127 were absent on the day. It is likely that these figures cover some of the same children, who missed two opportunities to have fluoride varnish applied owing to their medical history. To reduce the number of missed applications due to absences, we will work with schools to promote the importance of attendance for fluoride varnishes.

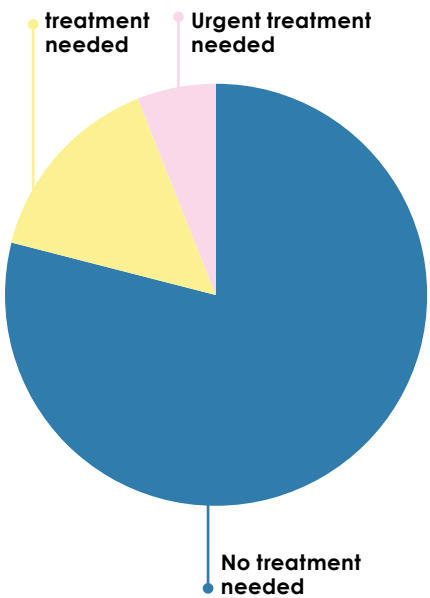
Early Years' Dental Health

3 – 4-years-olds

In our 2016 report, we outlined our commitment to monitoring the progress of Foundation Years' children. Of the 1633 3-4-year-olds assessed in 2017, 26.2% had dmft (decayed, missing or filled teeth), with 14.8% requiring treatment and 5.9% needing urgent treatment. Whilst 79.3% of children did not need any treatment, that a fifth of children were already experiencing oral health problems illustrates the importance of early intervention to instil children with good dental habits before the eruption of their secondary (adult) teeth.

Of the 3-4-year olds who had two dental assessments, where we have identified the same child from one dental assessment to the next (133 children in total), 74% did access primary care dental care for examinations and restorative treatment. This means over a quarter (26%) with decayed teeth did not access primary care. We will monitor these children to determine the extent of any further decay at their next assessments.

Outcomes of dental assessments for 3-4-year-olds



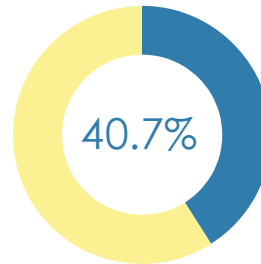
Five-Year-Olds

According to Public Health England's Oral Health Survey of 5-year-old children: 2014 to 2015, the average number of teeth affected by decay (dmft) was 0.8[42]. Figures also show that a quarter of 5-year-olds (24.7%) will start school with tooth decay, with on average three to four teeth affected.

40.7% of 5-year-olds involved in our study had decayed, missing or filled teeth, indicating that more than a third of children in the areas covered by our data collection are already displaying signs of poor oral health when they start school. This figure is more than 15% higher than the national figure, a difference which can be attributed to the fact that we operate in areas of social and economic deprivation, confirming the link between poverty and poor dental health. It is confirmation that we are identifying the areas most in-need.

Between the ages of 5 and 6, we noticed a jump of over 11% in the number of children with dmft across our schools. Whilst not statistically significant, this is something we will monitor since it could indicate that the first year of school can have a determinative influence on a child's dental health. This might be due to the change in daily routines that might lead to a change in diets, and the lack of parental supervision and exposure to outside influences.

Public Health England's Oral Health Survey of 5-year-old children: 2016 to 2017 will be released in March 2018 and we will review the results to compare them with our figure as part of our 2018/19 Annual Report.



of 5-year-olds had decayed, missing or filled teeth

Our focus for 2018

Throughout this year, we will continue to collect data incorporating new schools into the study, which will increase our sample size. We will aim to demonstrate that tooth decay in the most deprived regions is much higher than elsewhere across the country, and that dental care is needed beyond the early years to have a significant impact on a child's oral health for life.

We are now able to identify the same child within our study of 3-4-year-olds as they complete dental assessment and progress through each school year. We will continue to follow these children to determine if there is a decrease in tooth decay and an increase in the number of children accessing primary care following an assessment.

Given our commitment to reducing child oral health inequalities, we will attempt to monitor the links between different indicators of deprivation, such as Free School Meals, on the oral health of the children whom we support.

South Avenue Primary School, Kent

Since September 2017, we've been supporting pupils at South Avenue Primary School to develop good dental health habits. We were approached directly by the school and all involved have been very enthusiastic about our work. Positive consent has been received for 83% of pupils to take part.

"We were delighted to be accepted as part of the Teeth Team Project as we recognised that in our school very many pupils do not visit the dentist regularly and have poor teeth hygiene leading to multiple extractions at an early age.

The organisation of the project has been well executed and managed. The whole school community has responded well to the project and we now have 90% of pupils in the school taking part. This number has grown since the start of the project following the educational visits from the team, watching peers tooth brushing every day and then seeing the dentist visit. In a school of around 420 pupils, we consider this to be a great success.

Daily tooth brushing in school is now the norm, the pupils are self organising and it feels like this is what we have always done. The project sits extremely well alongside our other work to teach pupils about health and making healthy lifestyle choices. The funding support has also been key for us as we sit in an area of deprivation and this has enabled us to prevent cost being a barrier to pupils taking part in the project."

Sarah Drury
Operations & Community Lead, South Avenue Primary School

CLOSING COMMENTS

My name is David Ward and I have been working in Hull since 1992. Throughout this time I have been involved with the treatment of children with decayed teeth. Despite this being a completely preventable disease children continue to attend for multiple tooth extractions.

Whilst this report addresses the efficacy of Teeth Team's approach in the overall reduction in child tooth decay we need to acknowledge the individual suffering of each child with tooth decay.

Each child having treatment under general anaesthesia faces a daunting experience. Usually a first visit to hospital and not just a quick appointment to 'get your teeth fixed'.

I have seen hundreds of crying parents, screaming children and even distraught dental staff. When a child says to his or her Mum on going to sleep 'will I wake up Mummy' only the stone-hearted can hold back a tear. Our staff new to general anaesthetics are often in tears following their first session at the hospital.

But there have been many improvements over my working life in Hull. Teeth Team is dental education and disease prevention delivered where the children feel comfortable, in their own environment. We aim to teach, motivate, cajole and inspire children and their parents and teachers to adopt healthy dental habits. We want to bring the benefits of great oral health to all our children.

Teeth Team is growing from strength to strength as outlined in this report but there is always more to be done. Increased funding in 2017 has allowed us to expand. Our award-winning website brings information about the scheme to a wider audience.

Our staff work tirelessly on long days away from home and their dedication to the cause is amazing.

But there is always more to do. We are always keen to collaborate with anyone or any organisation that can help us bring Teeth Team to more children.

I am proud to be involved with Teeth Team and look forward to the day when no child needs to be put to sleep to have their decayed teeth extracted.

I hope you enjoyed this report and if you can help us in any way please do not hesitate to get in touch.

David Ward B.D.S M.B.A
Clinical Director,
The Teeth Team Programme

THANKS

Our success would not be possible without the commitment and support of everyone involved in the programme. We are extremely grateful to the local businesses, corporate sponsors and dental suppliers who help fund our delivery through their generosity. We would like to extend our gratitude to the volunteer dental practices, dental nurses and Foundations Dentists, who volunteer their time to help improve child oral health as, without them, we could not operate. The growth of Teeth Team would not be possible without the development of excellent working relationships with schools and local partners and so, finally, we would like to thank all the constituency MPs, teaching staff, parents, guardians and children who have played a key role in making us a success. We look forwarding to achieving great things together in 2018.

Thank you.

Trustees

- Chris Groombridge (Chair)
- Chris Ayer (Treasurer)
- Ingrid Perry (Secretary)
- Julie Fountain
- Emma Ideson
- Ruth Murray
- Helen Miller
- Jan Drinkall
- Janet Adamson

Clinical Director

- David Ward, B.D.S M.B.A

External Accountant

- Phil Garton

Teeth Team Workforce

- Julie Fountain (Programme Co-ordinator)
- Laura Marsham & Sara Feldt (Deputy Co-ordinators)

Independent Dental Practices

Alpha Dental, Chris Ayer, Michelle Bates, Richard Berry, Carlton Dental, Florin and Albertina Vulpoiu, St James Place, 543 Dental Centre.

Schools

Alverton, Arbourthorne, Bankside, Bembridge, Bude Park, Cantrell, Carfield, Christopher Pickering, Craven, Crossley, Eastfield, Francis Askew, Gillshill, Gleadless, Griffin, Highlands, Hillcrest, Holy Rosary F1 and F2 only, Hutton Rudby, Iveson, Jubilee, Kingswood Parks, Leven, Longhill, Maybury, Mersey, Mill Hill, Neasden, Oakfield, Old Basford, Paisley, Pilgrim Academy, Portland Spencer, Priory, Reynolds, Rise Park, Rufford, Sidmouth, South Avenue, Southwark, Sowerby, Springfield, Sproatley, St Charles, St Georges, St Mary's, St Richards, Stockwell, The Green Way, Theddlethorpe, Wavewell Infant & Junior, Wheeler, Whiteways

High-Profile Supporters

The Rt Hon Alan Johnson
Graham Allen
Wendy Morton MP
Diane Johnson MP
The Rt Hon Norman Lamb MP
Alex Norris MP
David Worskett
Sara Hurley

OUR SUPPORTERS

ENDORSEMENTS

We've received some excellent feedback over the last year, a selection of which can be read below:

"Teeth Team protect the irreplaceable – our kids and their teeth. You are heroes, love what you do in Nottingham North & elsewhere. Thank you to all."

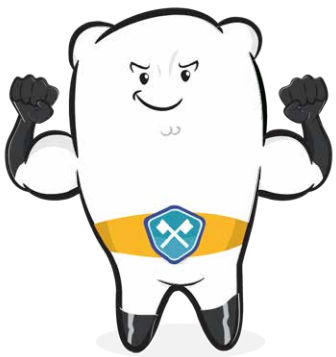
Graham Allen
MP (Nottingham North) 1987-2017

"Teeth Team is a fantastic example of interprofessional cooperation with local practices working together to tackle the huge disparities in oral health seen in the children of Hull. For many the school visits organised by Teeth Team are their first contact with both a dentist and any form of regular oral hygiene."

Dr Nigel Carter OBE BDS(RCS)
CEO, Oral Health Foundation, Chair, Platform for Better Oral Health in Europe

"Children's oral health is central to the issues of prevention and tackling health inequalities. We know that a child's teeth should need as much attention as their toenails yet poor dental health is by far the biggest case of hospital admissions for this age group. Teeth team was established to slay this dragon in Hull and across the country."

The Rt Hon Alan Johnson
MP (Hull West and Hessle) 1997–2017



"Teeth Team do an excellent job promoting good dental hygiene amongst school pupils in Hull. Teeth Team's work is especially valuable in constituencies like mine where there have been problems with promoting good oral health."

Diana Johnson MP (Hull North)

"When we are facing a national crisis in children's oral health, projects like Teeth Team have a vital role to play in helping to tackle tooth decay, reduce preventable extractions in hospital, and improve the overall wellbeing of our children."

The Rt Hon Norman Lamb MP (North Norfolk)

"Children's oral health is an important baseline measure in the young, yet research indicates a wide disparity across the country in oral health standards. This is why the work of Teeth Team is making a valuable contribution raising standards across the country."

Wendy Morton MP (Aldridge-Brownhills)

"Teeth Team operating in 10 Nottingham Primary Schools means hundreds of our children benefitting from healthier teeth with less decay. But even more importantly, this early intervention and education means helping them to have better outcomes later in life."

Alex Norris MP (Nottingham North)

"The success of "Teeth Team" shows that where there is the will it is possible to implement schemes that really contribute to children's oral health and to the quality of their future lives: a great example to the whole sector."

David Worskett
Chairman, Association of Dental Groups

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Simplyhealth

About Simplyhealth

Simplyhealth was established in 1872 – long before the creation of the National Health Service (NHS) – to help people with their everyday health and care needs. Today, they continue to complement and support public health provision nationwide, providing a range of products and services in pursuance of their purpose; to help people make the most of life through better everyday health.

As the leading provider of health cash plans, pet health and dental payment plans the company widens the accessibility of healthcare, encouraging individuals to seek routine and preventative treatment by allowing costs to be spread through a fixed monthly fee.

Simplyhealth Professionals, which is part of the Simplyhealth Group, is the UK's leading dental payment plan specialist with over 6,500 member dentists caring for approximately 1.7m patients. They support regular dental assessments and preventative care, which can reduce the need for clinical intervention and help patients to maintain healthy teeth and gums for life. With many of Simplyhealth Professionals' members operating mixed NHS and private practices, they have a unique overview of the changing dentistry landscape in England and how the dental workforce could play a key role in safeguarding the nation's health.

Simplyhealth is driven by its purpose. This extends beyond their product offering and is a key component of the company's charitable giving strategy. Simplyhealth aims to help satisfy unmet health and care needs by donating 10% of their pre-tax profits each year to fund a range of charitable activities in accordance with their charitable giving strategy.

During 2017-19, the company is focussing on the ageing population and the complex challenges we are facing as we live longer; mental and physical ability, with a view to combating discrimination, reducing limitations and helping people to reach their full potential; supporting carers to support their dependants; and dental health, particularly initiatives promoting the importance of early years' preventative action. In 2017, over £1m was donated to 19 charitable partners, including The Teeth Team Programme, The Silver Line, Nightline Association and the Royal Voluntary Service.

For further information, please visit
www.simplyhealth.co.uk

GET IN TOUCH

If you would like to find our more about the programme, you can visit our website, follow us on social media or contact us directly.

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