	Community and Wellbeing Scrutiny Committee 17 September 2025
	Report from the Corporate Director of Service Reform and Strategy
	Lead Cabinet Member – Cabinet Member for Adult Social Care, Public Health and Leisure (Cllr Neil Nerva)

Children's Oral Health

Wards Affected:	ALL
Key or Non-Key Decision:	For information
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
List of Appendices:	Appendix 1: Supervised Toothbrushing Toolkit Appendix 2: Summary of Brent Oral Health Bus 2024 Appendix 3: Summary of feedback and testimonials for Brent Oral Health Bus 2023 Appendix 4: Photos from the Brent Oral Health Bus Events
Background Papers:	Oral Health Needs Assessment - JSNA 2023 | Brent Open Data
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1.0 Executive Summary

1.1 This report provides an overview to the Committee on children's oral health in Brent, including both national and local contexts and available data. It will examine existing and future services and activities in Brent aimed at improving oral health outcomes and addressing health inequalities. It does not cover dentistry as it is an NHS responsibility and out of scope for this report.

2.0 Recommendation(s)

2.1 Members of the Scrutiny Committee are recommended to note the progress being made by the Council with respect to children's oral health.

3.0 Detail

3.1 Contribution to Borough Plan Priorities & Strategic Context

3.1.1 The **Brent Borough Plan 2023-2027** outlines key strategic priorities aimed at improving health and well-being across the borough. The priorities most relevant to this report are: **Strategic Priorities: "A Healthier Brent"** and **"The Best Start in Life"**. These priority focuses on reducing health inequalities and improving overall health outcomes for Brent residents as well as providing support for babies, children, and young people when they need to ensure they have the best start to their lives. The children's oral health workstream aligns with this priority in the following ways:

- Promoting good oral health behaviour early within families.
- Reducing negative oral health outcomes through targeted interventions.

3.1.2 This report is also relevant to two priorities from the Brent Joint Health and Wellbeing Strategy 2022 – 2027, namely: "Healthy Lives" and "Staying Healthy". These priorities focus on empowering Brent families to make good oral health choices and to understand how to keep their teeth and mouth healthy so that they can live in a healthy way and have access to good dental care when they need it.

4.0 Background

Good oral health is essential for maintaining general health and wellbeing. It affects how children speak, chew, taste food, grow, look, socialise, and enjoy life. Consequently, poor oral health can lead to tooth decay, tooth pain, infection, and loss of teeth. This can damage individuals' social wellbeing and self-esteem, especially children and young adults.

Poor oral health can also lead to missed school days due to pain, infection, and dental appointments, affecting both children's education and parents' work schedules. A comprehensive review of 18 studies found that children with one or more decayed teeth were 57% more likely to have poor school attendance compared to children without tooth decay[1].

Fortunately, dental decay is preventable; having good oral health behaviours from an early age allows every child to have the best start in life as well as preserving their quality of life through to old age.

4.1 Levels of dental decay in Brent compared to London and National rates:

4.1.1 The 2024 National Dental Epidemiology Programme (NDEP) survey suggested that up to 43.4% of children in Brent had experienced some form of tooth decay by 5 years of age. The highest of all London boroughs as well as all local authorities in England. Furthermore, this percentage was almost double the London and England average.

[1] Does oral health influence school performance and school attendance? A systematic review and meta-analysis.

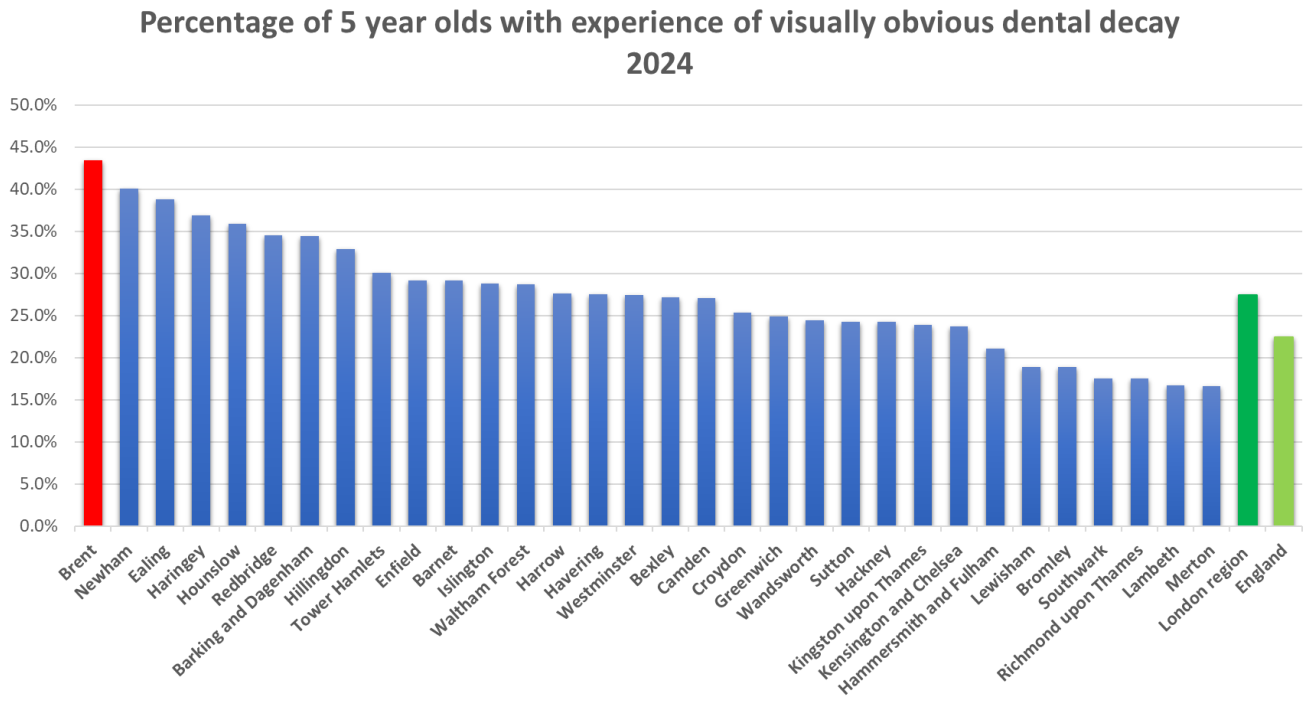


Figure 1: Tooth Decay among 5-year-old Children in London 2022

4.2 **Levels of dental decay in Brent over time:**

4.2.1 The burden of dental decay in Brent had seen progressive increase between 2015 and 2022, reflected in the worsening rate of hospital admissions for dental caries among children in the borough. However, the proportion of 5-year-olds with dental decay has dropped in Brent between 2022 and 2024, possibly due to a combination of local public health effort and better oral health behaviour among residents.

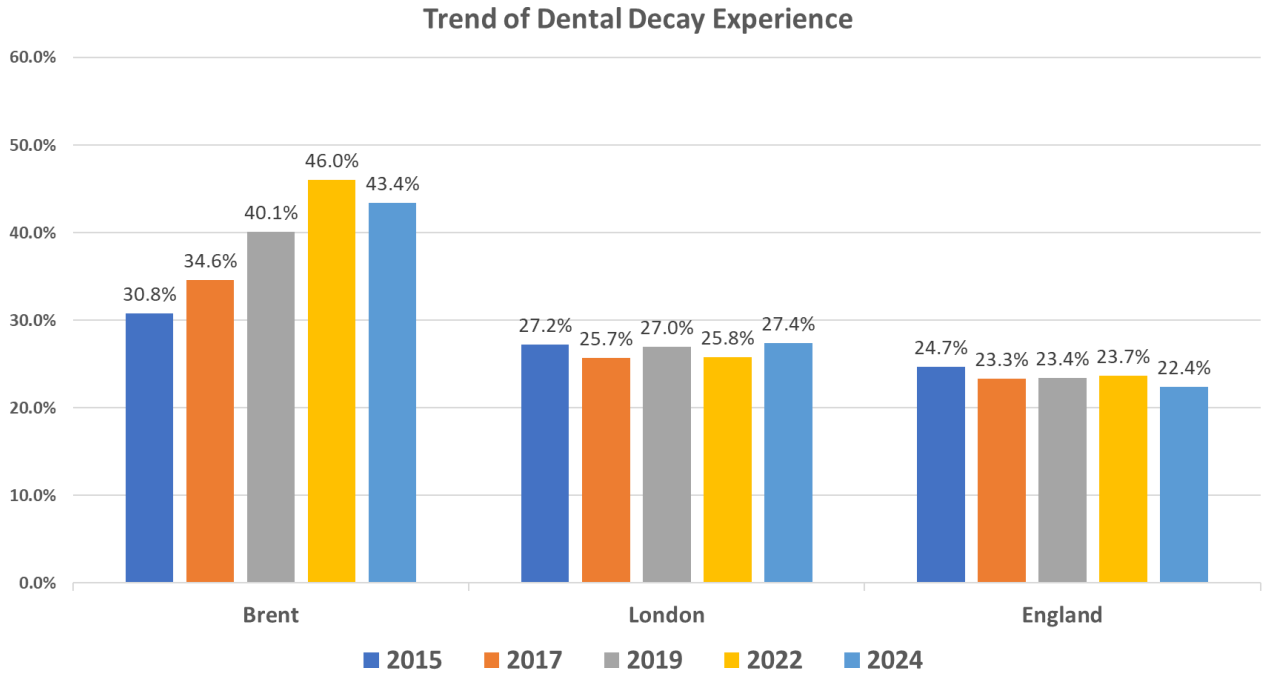


Figure 2: Trend of Dental Decay Experience in Brent 2015-2024

4.3 **Factors associated with poor oral health:**

Several factors perpetuate poor oral health among Brent children. This includes negative oral hygiene habits and diet, inadequate exposure to fluoride and gaps in the knowledge and attitude surrounding good oral health behaviour.

4.4 Negative oral hygiene habits and diet

4.4.1 There is mounting evidence as to the factors which contribute to the development of oral disease. These factors include nutrition, from as early in life as the pattern of infant feeding, to the quality of food we consume through to adulthood. A diet high in free sugar has been implicated in the development of dental decay.

4.4.2 Other key factors include poor dental hygiene habits, use of pacifier dummies or bottles with soft teats for children past 12 months, as well as certain social practices such as smoking, and tobacco chewing. Having good oral health behaviours from an early age allows every child to have the best start in life as well as preserving their quality of life through to old age.

4.4.3 Barriers to fluoridation in London:

4.4.3.1 Despite the well-documented benefits of water fluoridation in improving oral health and reducing inequalities, London's water supply is not routinely fluoridated due to a mix of technical, political, legal, and public opinion-based issues that have prevented widespread fluoridation.

4.4.3.2 London's water infrastructure is complex, with more than one water supplier, making city-wide implementation technically challenging because of overlapping responsibilities and the need to coordinate across the different suppliers and health authorities.

4.4.3.3 Until 2022, local authorities held responsibility for water fluoridation, which created fragmentation and slowed progress. Although the Health and Care Act 2022 gave the Secretary of State for Health the power to introduce fluoridation schemes, implementation still requires public consultation and collaboration with local authorities and Integrated Care Boards (ICBs).

4.4.3.4 The London Assembly Health Committee supports fluoridation, but implementation depends on central government action and local political consensus. The Secretary of State must consult all local authorities whose areas are affected before requesting a water company to start a new fluoridation scheme.

4.4.3.5 London's water supply is from multiple companies, including Thames Water, Affinity Water, SES Water, and South-East Water. A fluoridation scheme would affect all local authorities within the service areas of the water treatment works from which water is being fluoridated, not just those in London. Due to the interconnected nature of water supply, a scheme affecting even part of London could require consultation with authorities across a wide geographic area – starting from the 32 boroughs in London and potentially including the 137 local authorities across the South-East of England.

4.4.3.6 The Mayor of London has been urged to review fluoridation feasibility, but no formal plans have been announced. The National Institute for Health and Care Research funded the largest ever study of the effects of water fluoridation on the dental health of adults and found that while the public sector saved an estimated £16.9 Million between 2010 and 2020 because of water fluoridation (NHS treatment costs were £22.26 lower per person (5.5%) and patients paid £7.64 less (2%))[2].

4.4.3.7 According to the study, optimal water fluoridation cost £10.30 per person and the capital costs of setting up a new scheme covering a similar number of people in 2009 have been estimated at around £50 million in today's prices. This cost would be expected to be borne by central government, per the Health and Care Act 2022. However, the act also allows for potential regulations around cost-sharing with NHS organisations or local authorities in the future.

4.4.3.8 Widespread water fluoridation programmes also face vocal opposition, with opponent against the move arguing that it constitutes mass medication without individual consent over what goes into one's body. There are also concerns about its potential health effects, despite the vast body of scientific evidence that supports the safety and effectiveness of fluoridation at recommended levels.

4.4.3.9 The Department of Health and Social Care (DHSC) conducted a public consultation in 2024 to gather views and evidence on a proposal to expand community water fluoridation schemes across the North-East of England. Based on the consultation responses and the other factors set out in the regulations, the Department has decided to work with Northumbrian Water Limited to implement the expansion of community water fluoridation in the region.

4.4.4 Knowledge of good nutrition for oral health and good dental hygiene techniques:

4.4.4.1 In July 2022, the public health team conducted an oral health knowledge and practice survey for students in years 9 and 10 in the borough. This survey lasted for four weeks and had 187 respondents. In November 2022, the team repeated the survey, this time expanding the target population to include students in years 7 through 10. This survey ran for eight weeks but received only 130 respondents.

4.4.4.2 The data from this survey suggested that although most of the students (77%) practised the proper frequency and duration of toothbrushing, there were gaps noted in the knowledge of the recommended technique in the completion of the toothbrushing exercise, specifically, 43% of students rinsed their mouth with water after brushing. Additionally, about half of the students used mouthwash and about 72% of those who did, did so immediately after brushing. Dental experts recommend that everyone should spit out the excess toothpaste only, after brushing, and not rinse their mouths with water or mouthwash.

[2] Future benefits of water fluoridation not guaranteed, study shows
Moore D, Allen T, Birch S, Tickle M, Walsh T, Pretty IA. How effective and cost-effective is water fluoridation for adults? Protocol for a 10-year retrospective cohort study. BDJ Open. 2021 Jan 21;7(1):3. doi: 10.1038/s41405-021-00062-9. PMID: 33479223; PMCID: PMC7820470.

4.4.4.3 Over half of the students surveyed consumed sugary foods or drinks multiple times a week and around 30% admitting to consuming these products at least once a day. This is of concern given the established link between high sugar consumption and dental decay.

4.4.4.4 One student justified their consumption of fizzy drinks due to being diabetic and needing to maintain balance with their medications. Therefore, we may need to consider how long-term medical conditions like diabetes influence lifestyle practices that affect oral health.

4.5 Responsibilities of NHS (GDPs, LDC, CDS) vs Public Health:

4.5.1 There are two commissioners of oral health support and care in Brent: the NHS and Brent Council public health. NHS England, via the North-West London Integrated Care Board, commissions the Community Dental Service and general dental practitioners in Brent, including the high street dental practices.

4.5.2 The Community Dental Service (CDS) is a referral-only service for children and adults who cannot access or receive treatment from a general dental practitioner (GDP) due to special care needs, like learning disabilities, physical disabilities, severe anxiety, mental health conditions, or medical conditions.

4.5.3 Dentists and dental practices are represented by a Local Dental Committee (LDC), a statutory body made of elected NHS-dental practitioners, and they act as a conduit for communication between dentists and local NHS authorities, providing a forum to voice concerns, receive updates, and influence policies and regulations that affect primary care dental services.

4.5.4 Brent Council Public health commissions the Brent oral health promotion team that delivers promotion, engagement and training on good oral health behaviour to Brent residents via schools, early years settings, care homes and community centres and events.

5.0 Local Public Health Action

The public health team has undertaken preventative and corrective measures to address dental decay among brent children, including:

5.1 Oral Health Needs Assessment

5.1.1 We carried out an oral health needs assessment for children and young people in Brent in 2023 using data from the NDEP survey, NHS Digital, oral health bus, supervised toothbrushing programme, oral health surveys of pregnant parents, parents with 0-5 y/o children, and secondary school children.

5.1.2 We explored oral health outcomes among children and young people, identified gaps in oral health knowledge and practices and made recommendations for oral health promotion & interventions. A link to the oral health needs assessment is attached in appendix 1.

5.2 **Oral health bus/school event**

5.2.1 The intervention:

5.2.1.1 Over the past five years, the public health team has partnered with NHS England's Dental Workforce Training and Education team, Brent's oral health promotion team from Whittington Health, and several other council teams and external organisations to deliver a mobile dental assessment and intervention project in the borough, also known as the Oral Health Bus.

5.2.1.2 A summary of the 2025 oral health bus outcomes is attached in appendix 2

5.2.2 Rational for the intervention:

5.2.2.1 The programme set out to deliver dental checks to primary school children for dental decay (dental caries), provide applications of fluoride varnish where necessary, and make referrals to dental practices for children with one or more dental caries via letters to nearby dental practices. We prioritised primary schools with high numbers of overweight/obese children as reported by the National Child Measurement Programme, as well as schools in areas of high deprivation.

5.2.3 Monitoring and evaluation:

5.2.3.1 In 2024, we delivered the oral health bus project in 23 schools across Brent and completed 841 dental checks for the pupils. More primary school children have received dental checks with every year of the oral health bus project.

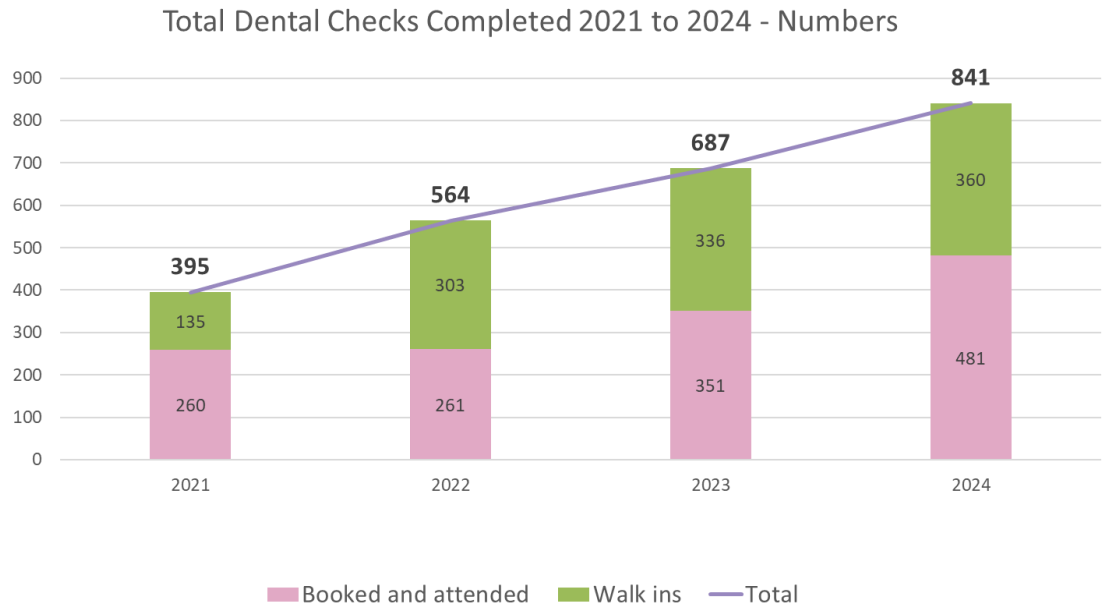


Figure 3: Total Dental Checks Completed 2021-2024

5.2.3.2 Of those attending the dental checks in 2024, 19.9% had never visited a dentist before – an improvement from 25.3% in 2023 and 31.9% in 2022. Additionally, 55.9% last visited a dentist less than one year prior (this figure was 54.1% in 2023, and 47.8% in 2022).

5.2.3.3 In the first three years of the project, we collected data on children with active tooth decay. Over the lifetime of the project, we have seen that proportion reduce even with

increasing numbers of children checked, from 40% in 2021 to 36.2 % in 2024.

5.2.3.4 In 2024, we collected data on missing and filled teeth as well as active tooth decay to be able to compare our data with the NDEP survey which measures missing and filled teeth in addition to active tooth decay.

5.2.3.5 We found that out of 841 children checked in Brent, 43.5% of them had dental decay, missing, or filled teeth, very similar to the results of the NDEP 2024 survey in Brent at 43.4%.

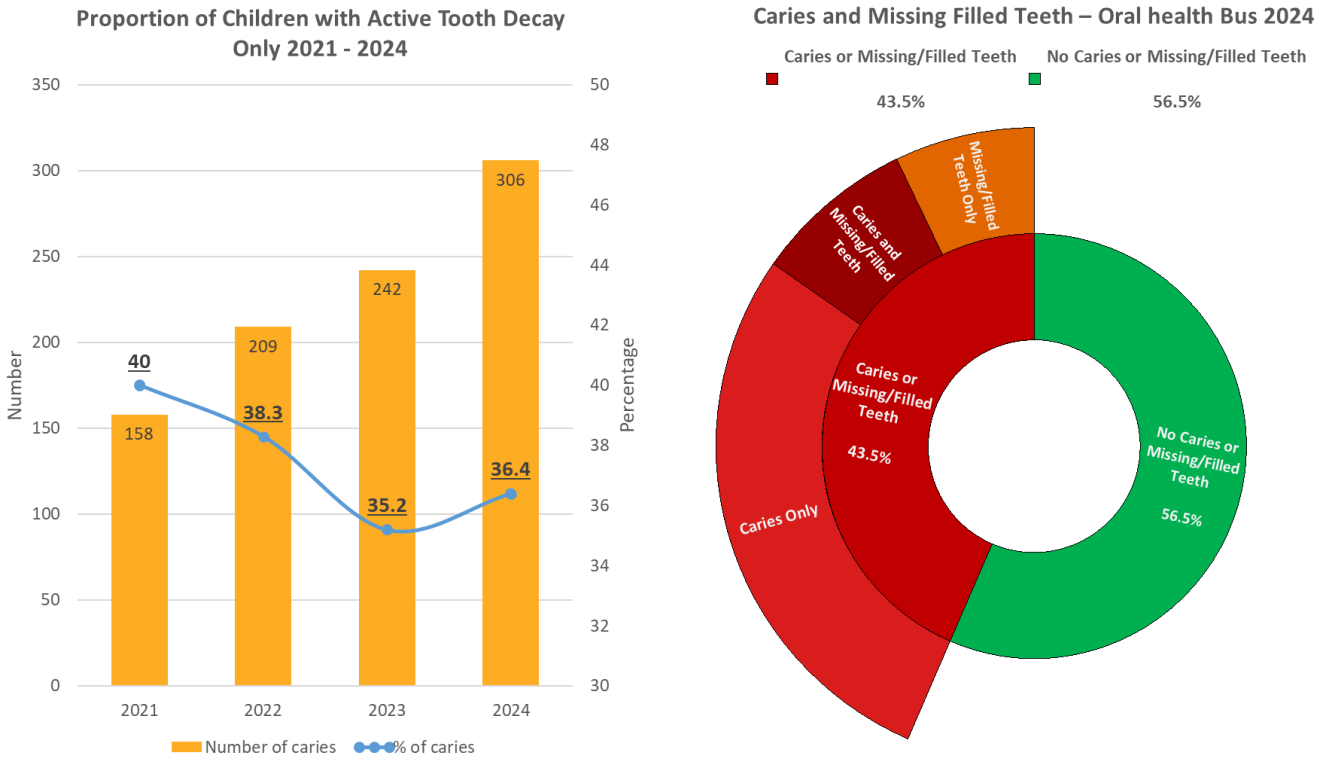


Figure 4: Proportion of Children with Decayed, Missing, and Filled Teeth 2024

5.2.3.6 Children attending the oral health bus were predominantly aged 5 to 10 years old – 81.5% overall. Expectedly, most children with dental caries were aged 5-10 years old. Also, boys were slightly under-represented, and girls slightly over-represented in attendance at the oral health bus compared to the Brent census age distribution. However, the prevalence of dental caries across gender was relatively similar to the attendance and census distribution.

5.2.3.7 Children of White, Black, and Mixed ethnic backgrounds were under-represented in dental bus attendances compared to Census proportions, while Asian and Other ethnicities are over-represented. However, the proportion of children from Black and White ethnic backgrounds in attendance who had active tooth decay were the lowest at 31% respectively, while children of Asian (39%), Mixed (40%), and Other (44%) ethnicities had higher rate of dental caries, reflecting the targeted nature of the intervention for those most at need.

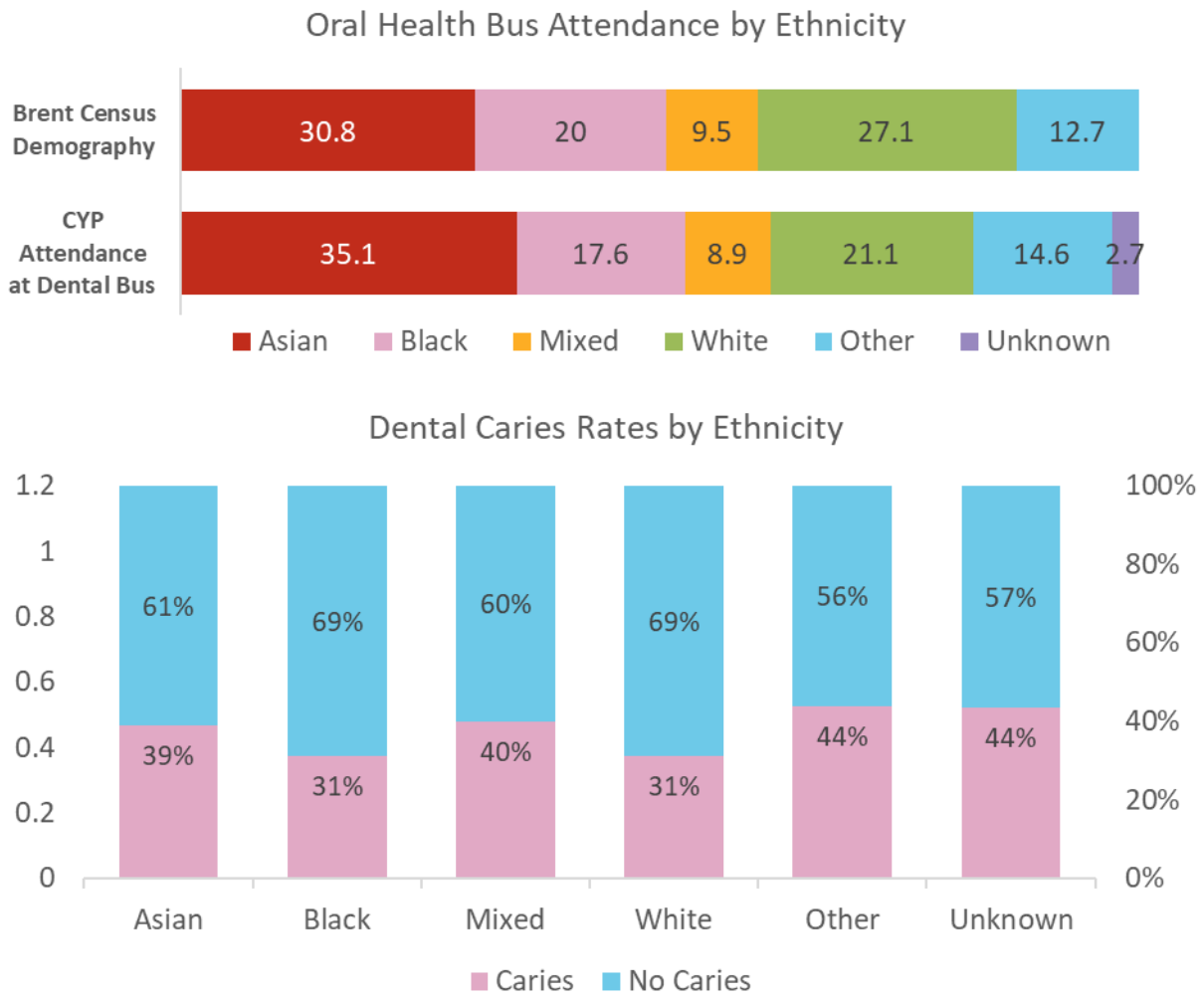


Figure 5: Ethnicity Distribution at Oral Health Bus 2024

5.2.3.8 Residents living in areas in the Indices of Multiple Deprivation deciles 1-3 make up approximately 36% of the population. However, children from these deciles were over-represented at the oral health bus attendance at a proportion of 58% of all attendances – this was expected as these areas were prioritised. The rates of dental caries were higher in more deprived deciles.

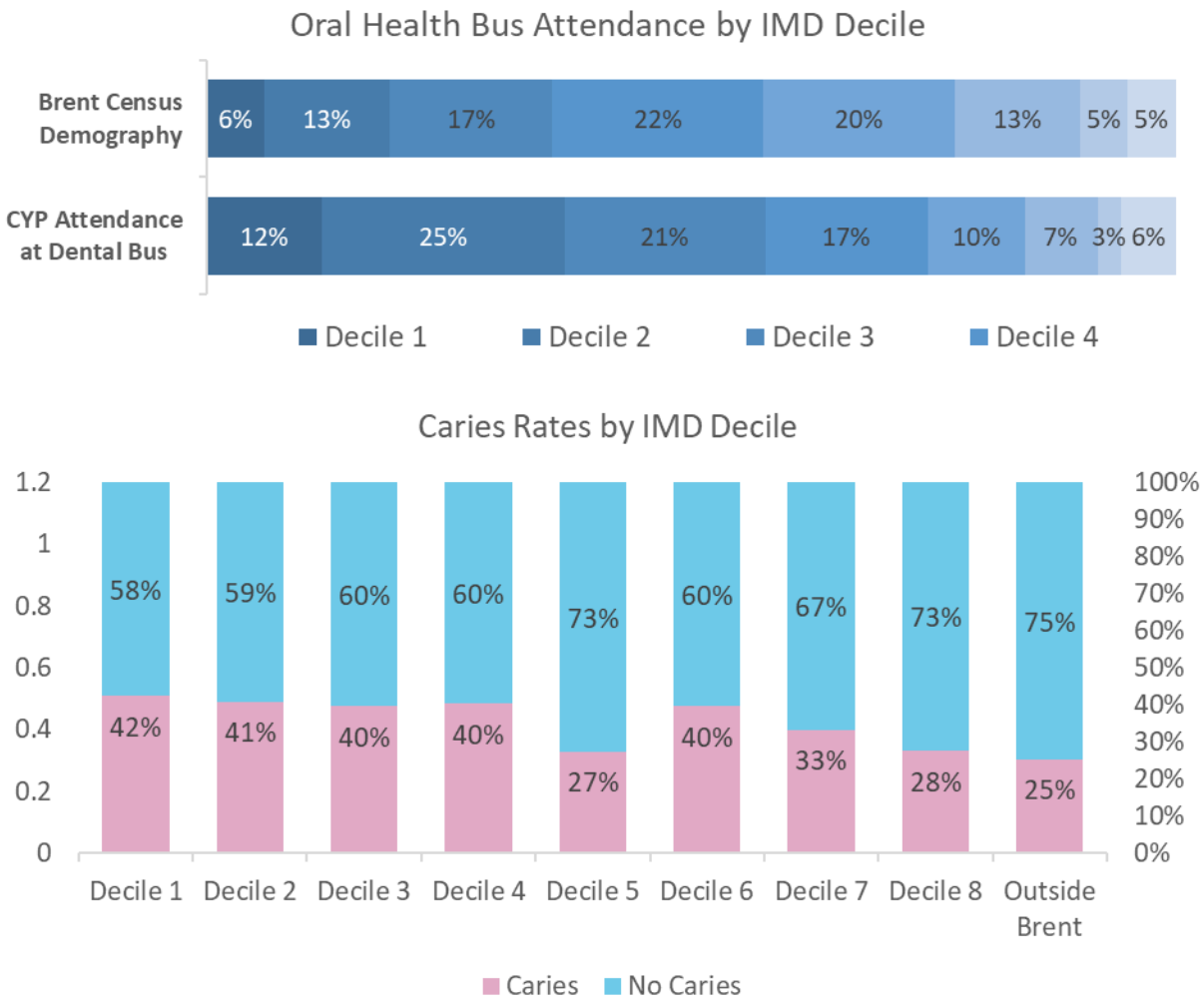


Figure 6: IMD Decile Distribution at Oral Health Bus 2024

5.2.3.9 At the end of each programme period, the public health team contacted the families referred for dental appointments via emails, text messages, and phone calls to confirm their attendance at the referral, as well as the nature of dental care that was provided.

5.2.3.10 The oral health promotion team and the child weight management teams have engaged with over seven hundred families over the course of the programme so far. In addition to providing advice, counselling, and signposting, they also handed out toothbrush and toothpaste kits to children and parents.

5.2.3.11 Overall, the oral health bus programme is a successful screening and intervention outreach service that provides additional insight to the oral health needs of children in Brent. It also serves as an opportunity for other organisations and services to reach families. More importantly, it gave families in Brent a chance to engage more with dentists and dental practices and in doing so, improving the relationship of the community with health and care services. Feedback and testimonials from the events are summarised in appendix 3, and photos from some of the events are attached in appendix 4.

5.3 Supervised toothbrushing

5.3.1 The intervention

5.3.1.1 The oral health promotion team from Whittington Health NHS Trust delivers the supervised toothbrushing programme in Brent, where pupils of primary schools and early years' settings are supervised by trained staff as they brush their teeth with fluoride toothpaste in class. This programme has been running in Brent since 2017.

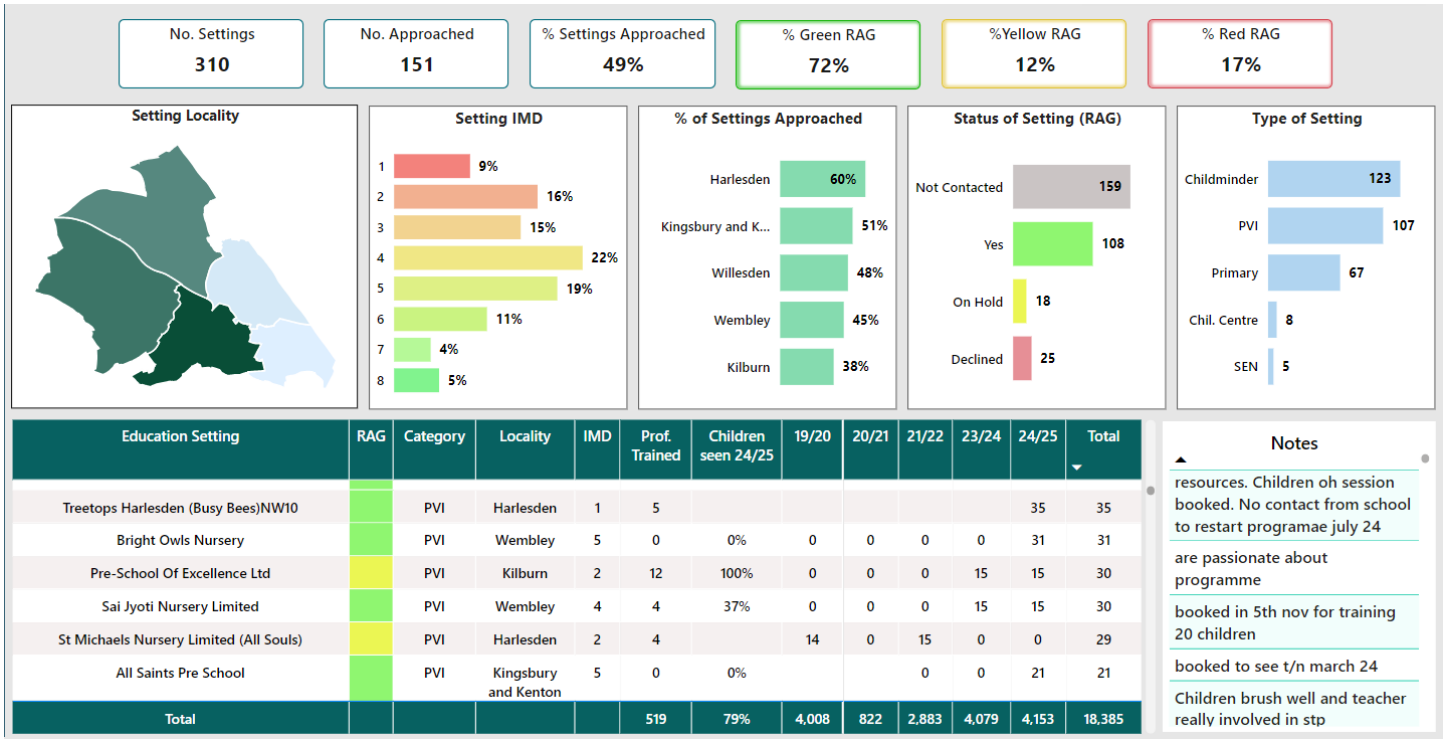
5.3.2 Rationale:

5.3.2.1 Daily application of fluoride toothpaste to teeth reduces the risk of tooth decay in children. Fluoride strengthens the enamel during tooth-formation, and it also prevents tooth decay from developing and progressing to dental cavities.

5.3.2.2 Teaching children about proper toothbrushing technique early and the importance of regular and adequate timing of oral hygiene, with the aim of instilling good oral health habits to last them a lifetime.

5.3.3 Monitoring / evaluation

5.3.3.1 The oral health promotion team currently delivers the supervised toothbrushing programme in 117 settings in the borough (72% of the 151 settings approached) – this includes primary schools, nurseries, family wellbeing centres, SEN schools and childminders.



Education Setting	RAG	Category	Locality	IMD	Prof. Trained	Children seen 24/25	19/20	20/21	21/22	23/24	24/25	Total
Treetops Harlesden (Busy Bees)NW10		PVI	Harlesden	1	5						35	35
Bright Owls Nursery		PVI	Wembley	5	0	0%	0	0	0	0	31	31
Pre-School Of Excellence Ltd		PVI	Kilburn	2	12	100%	0	0	0	15	15	30
Sai Jyoti Nursery Limited		PVI	Wembley	4	4	37%	0	0	0	15	15	30
St Michaels Nursery Limited (All Souls)		PVI	Harlesden	2	4		14	0	15	0	0	29
All Saints Pre School		PVI	Kingsbury and Kenton	5	0	0%			0	0	21	21
Total					519	79%	4,008	822	2,883	4,079	4,153	18,385

Figure 7: Snapshot of Brent Supervised Toothbrushing Programme Dashboard, 2024

5.4 Big Brent Brushathon

5.4.1 Since 2023 we have delivered an annual oral health promotion event during National Smile Month aimed at educating children in Brents' early years settings, primary schools, and secondary schools on the importance of maintaining good dental hygiene habits via a borough-wide toothbrushing event.

5.4.2 Children in these settings participated in a series of half-hour, interactive Zoom sessions with the oral health promotion team, who hosted educational activities with the help of local celebrity guests and notable Brent figures, focused on oral health.

Figure 8: Big Brent Brushathon 2025 Promotional Poster

6.0 Future Planning

6.1 Continuation of existing interventions

6.1.1 The public health team has committed to delivering the oral health bus events in and around primary schools for the next three years while continuing the expansion of the supervised toothbrushing programme to include more settings.

6.1.2 We are commissioning a School Health and Wellbeing Survey for primary and secondary schools across the borough, with delivery and analysis led by the Schools and Students Health Education Unit (SHEU). The survey will gather critical insight into the health, wellbeing, and lived experiences of children and young people in Brent – this will include questions on oral health knowledge and practice.

6.2 Exploring new approaches

6.2.1 Based on the insights gathered from the oral health needs assessment, the public health team is exploring a targeted approach to promotion of healthy nutrition specifically for good oral health.

6.2.2 This will ideally target primary and secondary schools, with the aim of establishing the link between oral health and dental outcomes with dietary choices in the minds of children, young people and their parents. As well as reinforcing the efforts of work being done regarding healthy weight among school children.

6.3 The national supervised toothbrushing intervention

6.3.1 The Department of Health and Social Care and the Department for Education announced in March 2025 that the supervised toothbrushing programme will be rolled out as a national programme for 3-to-5-year-olds in early years settings, nurseries and primary schools in the most deprived areas of England. In partnership with Colgate-Palmolive who will donate 23 million toothbrushes and toothpastes over the next 5 years.

6.3.2 In the Brent context, we have received an allocation of almost £70,000 as part of the national supervised toothbrushing programme. In addition, we will be receiving 5 years' worth of toothbrushing supplies for children to be distributed in primary schools and early years settings. Annually, this is about 3148 standalone toothbrushes, 9444 toothpastes and 6296 toothbrush and toothpaste packs.

6.3.3 Children will receive dental products to use in schools but also get two "take-home" kits as well. The in-setting supplies include one toothbrush and toothpaste per term for each child. The home kits contain the same in addition to a toothbrushing chart and information leaflet for parents.

6.3.4 The supplies will be delivered to schools by the public health team and school staff will distribute them to children accordingly. Guidance & instructions for the initiative are part of the "Supervised Toothbrushing Toolkit" launched in May 2025. A link to this toolkit is attached in appendix 1.

7.0 Stakeholder and ward member consultation and engagement

7.1 There was no stakeholder or ward member consultation or engagement leading up to the development of this report.

8.0 Financial Considerations

8.1 These are covered in the body of the report.

9.0 Legal Considerations

9.1 These are covered in the body of the report.

10.0 Equity, Diversity & Inclusion (EDI) Considerations

10.1 These are covered in the body of the report.

11.0 Climate Change and Environmental Considerations

11.1 There were no climate change or environmental considerations included in this report.

12.0 Human Resources/Property Considerations (if appropriate)

12.1 There were no human resources or property considerations included in this report.

13.0 Communication Considerations

13.1 These are covered in the body of the report.

Report sign off:

Rachel Crossley
Corporate Director, Service Reform and Strategy