# WRITTEN STATEMENT

# BY

# THE WELSH GOVERNMENT

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| **TITLE** | **Designed to Smile - 10 years of improving children’s oral health in Wales** |
| **DATE** | **19 September 2019** |
| **BY** | **Vaughan Gething, Minister of Health and Social Services** |

This week marks a very significant anniversary for the Designed to Smile oral health improvement programme for children. It is 10 years since Designed to Smile was first launched across Wales and in that time we have seen a steady improvement in children’s oral health.

Designed to Smile was set up and funded by Welsh Government to specifically target children in areas where levels of tooth decay were highest to address inequality in dental disease. The foresight in taking a long-term view of the issues has paid dividends, and the programme is proving to be a significant success.

Before Designed to Smile began in 2009 about half of five year olds in Wales had tooth decay. That figure had hardly changed for 10 years, and yet tooth decay is an almost completely preventable disease. Now it’s down to a third, and we have seen reductions across the board. Tooth decay is a particular problem for children from disadvantaged backgrounds and dental disease levels in children in Wales continue to improve across all social groups. The latest survey shows a 13.4% reduction in the proportion of children with decay. In absolute terms the most deprived fifth of children has seen the largest reduction of 15% in decay prevalence. Very importantly there is no evidence of an increase in inequalities.

Oral health matters for all children. We know that dental decay starts early in a child’s life so pre-school and primary school age is therefore a crucial time for oral health development in children - before and as the permanent teeth come through. All the evidence, from clinical research to expert opinion, tells us that we can prevent tooth decay by reducing the frequency and amount of sugar in the diet and by brushing teeth twice daily with fluoride toothpaste.

Tooth decay can lead to pain and infection with children losing sleep and having time off school. Studies show that children with tooth decay in their baby teeth are three times more likely to have decay in their adult teeth, so we need to make every effort to keep children decay free by 5. Tooth decay is also one of the highest reasons for hospital admissions among young children with them undergoing tooth extractions under general anaesthesia.

From our surveys we can estimate that there are around 4,000 fewer 5 year olds who have decay nowadays compared with before Designed to Smile was introduced. We also know that the number of children undergoing dental procedures under general anaesthesia has reduced by 35% in the last 6 years. That is over 3,200 fewer children having to have a general anaesthetic a year for removal of decayed teeth.

Reviews of clinical evidence by the National Institute for Health and Care Excellence and others suggest that for every £1 spent on supervised tooth brushing programmes, there is a return on investment of £3. Prevention works. Information confirms that investment in oral health preventive programme produce savings. Not only in monetary terms but also in less children suffering the pain and distress which can result from tooth decay. Reduced levels of tooth decay in children also frees up dental teams to provide care for other vulnerable people.

There are currently more than 90,000 children in over 1,200 schools and nurseries taking part in the tooth brushing element of Designed to Smile. However, the programme is much more than simply teaching children how to brush their teeth. It is an evidenced based, prevention and clinical intervention programme to avert tooth decay and provide children, and their parents and carers, with the knowledge they need to develop and maintain good oral health from a young age.

Designed to Smile teams have also developed resources to promote lessons for older primary school children to support and reinforce the message of good oral health. As part of their education children learn skills that stand them in good stead for life. Tooth brushing is a good example where, as part of Designed to Smile, they learn skills, establish a daily brushing routine and come to understand why tooth brushing and protecting dental health are important.

We are also witnessing an increasing number of children attending ‘high street’ dental practices and there is evidence parents are being influenced by advice given by Designed to Smile teams. At the same time as record number of children going to the dentist, we have seen the number of clinical treatments undertaken on children reduce, with 35,000 fewer fillings and over 6,000 fewer extractions than 5 years ago – another sign of improving oral health in children. We are also seeing an increased proportion of children receiving fluoride varnish and radiographs as part of their treatment. This suggests that prevention is being stepped up in primary dental care delivery and these trends are consistent with the evidence informed guidelines of Designed to Smile.

But we can’t rest on our laurels. Even though there have been improvements across the board, we still have about a third of five year olds who have tooth decay in Wales so we need to continue the good work of our national programme. We need Designed to Smile to continue using its targeted evidence based interventions to further support these children and their families.

I would also like to thank all those who have been part of the success of Designed to Smile. In particular the Community Dental Service who deliver the programme, and the schools and nurseries taking part. Their contribution towards the Welsh Government’s commitment to help tackle oral health inequalities in our most disadvantaged communities is making a significant difference.