**WRITTEN STATEMENT**

**BY**

**THE WELSH GOVERNMENT**

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| **TITLE** | **Picture of Oral Health 2017 – Dental caries in 5 year-olds (2015-16)**  |
| **DATE** | **7 July 2017** |
| **BY** | **Vaughan Gething AM, Cabinet Secretary for Health, Well-being and Sport** |

Public Health Wales has published the latest dental survey of five-year-old children in Wales, undertaken by the Welsh Oral Health Information Unit, as part of the NHS dental survey programme.

<http://www.cardiff.ac.uk/research/explore/research-units/welsh-oral-health-information-unit>

I am pleased to report the continued steady progress in improving children’s oral health and the emerging impact of the Designed to Smile child population oral health improvement programme. This statement also sets out the actions the Welsh Government is taking to further improve the oral health of children aged 0-5 years.

**Dental Survey – Summary of findings**

* A reduction in the proportion of children with decay between 2007-08 (47.6%) and 2015-16 (34.2%). This represents continuing improvement of the proportion of children who have no obvious decay experience by age 5. In 2015-16, in a class of 30 children, 20 will have no decay experience. This compares with 16 decay free in a class of 30 children in 2007-08.
* The all-Wales mean decay experience (decayed missing and filled teeth) has also continued to reduce from 1.98 in 2007-08 to 1.22 in 2015-16. This represents a 38% reduction in mean decay experience scores in 9 years.
* In 2007-08, 14 children out of a class size of 30 would have decay experience and these 14 would have an average of 4.2 teeth affected. By 2015-16, this had fallen to 10 children out of a class of 30, and these 10 would have an average of 3.6 decayed teeth.
* Dental disease levels in children in Wales continue to improve across all social groups. In absolute terms, the most deprived quintile have seen the largest reduction in decay prevalence (by 15%) and mean decay experience score (by 0.6). There is no evidence of widening inequalities.

**Re-focusing the Designed to Smile programme**

Although there have been great improvements in caries (Decay) in school year 1 children over the last 9 years, there is scope for further improvement for the third of children still experiencing tooth decay. We know that dental decay starts early. Typically, half of the decay experienced at 5 years of age will be evident by age 3. Therefore, primary intervention will have most impact before the age of 3, so we are re-focusing Designed to Smile on the 0-5 age group, restating the overarching aim of the programme, to keep children decay free by the age of 5. This will mean shifting activity from older children to expand and re-focus efforts on the first 1,000 days of life in line with “Taking Wales Forward”.

More active engagement with “high street” dental practitioners and their teams is required. Designed to Smile should be everyone’s business. As disease levels fall, experience of decay becomes more polarised into “pockets” of severity so that targeting at community and school level becomes more difficult and disease experience for high risk children can be masked by reporting of average/mean levels.

Dental practice teams will be supported to identify children at risk and be up-skilled to link with other health and care professionals to provide preventive care and establish a pattern of attendance for these children. Designed to Smile teams and resources can be directed to support this, as appropriate. They will also further develop links with Health Visitors; align with the Healthy Child Wales strategy; and introduce components of the “lift the lip” programme from New Zealand that can be adopted and adapted for Wales.

Monitoring and evaluation will continue to ensure the effectiveness of the programme. We will also ensure those schools which want to continue daily tooth brushing for children age 6+ are supported to do so as part of the health boards’ oral health strategies.

Improving oral health and reducing health inequalities is an important element of our reform of primary care. This report demonstrates the progress we have made. We know there is more to be done. This re-focus of the Designed to Smile programme will help us deliver the further improvement we need.