Public Health England

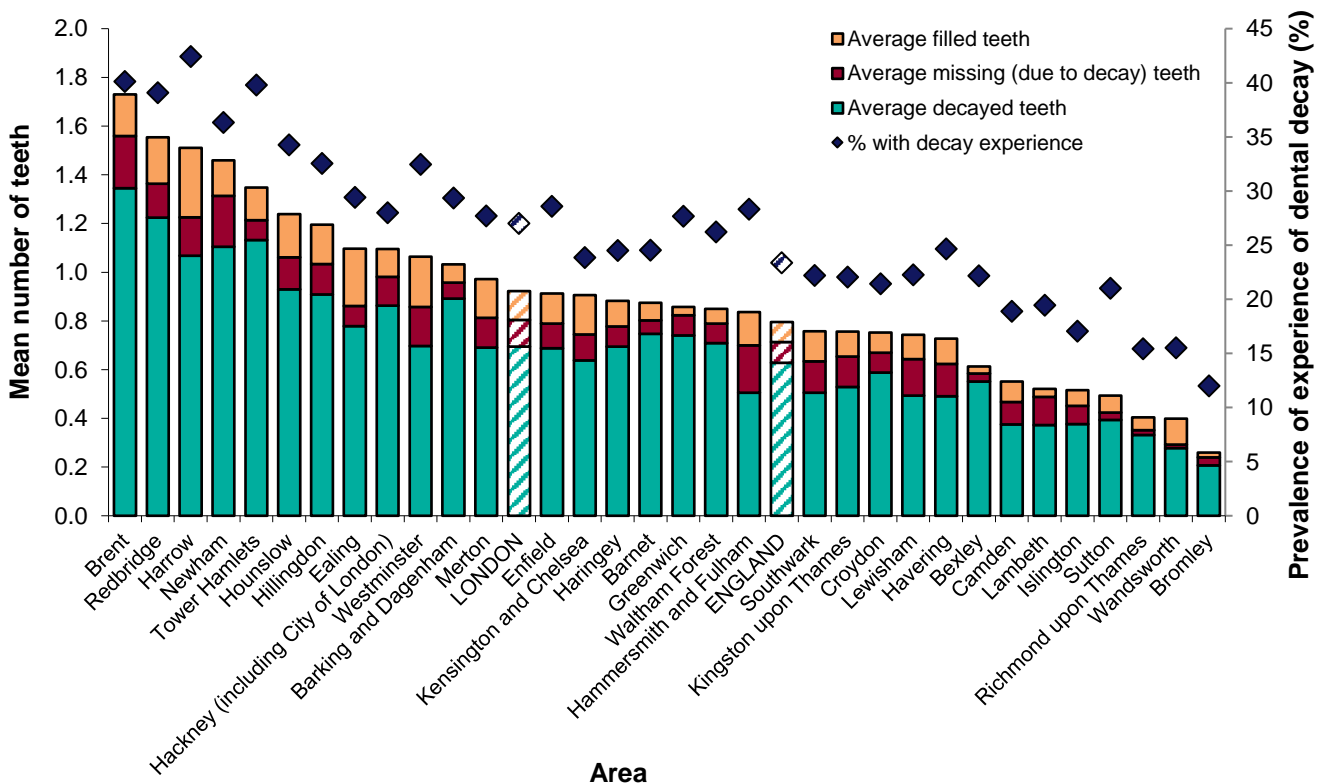# Kensington and Chelsea
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Oral health of 5-year-old children

This profile describes the oral health of 5-year-olds living in Kensington and Chelsea. It uses data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children[1].

The profile is designed to help local government and health services improve the oral health and wellbeing of children and tackle health inequalities.

In Kensington and Chelsea 307 5-year-olds (approximately 52.2% of those sampled) were examined at school by trained and calibrated examiners using the national standard method[2].

Figure 1: Prevalence of experience of dental decay and mean number of teeth with experience of dental decay in 5-year-olds in Kensington and Chelsea, other local authorities in London and England.

Table 1: Experience of dental decay in 5-year-olds in Kensington and Chelsea, other local authorities in London and England.

Local authority	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay in all examined children n (95% confidence intervals)	Mean number of teeth with experience of dental decay in children with any decay experience n (95% confidence intervals)
Brent	40.1	1.7 (1.40 - 2.06)	4.3 (3.74 - 4.89)
Redbridge	39.1	1.6 (1.20 - 1.91)	4.0 (3.29 - 4.66)
Harrow	42.4	1.5 (1.19 - 1.83)	3.6 (3.04 - 4.09)
Newham	36.3	1.5 (1.09 - 1.83)	4.0 (3.30 - 4.74)
Tower Hamlets	39.8	1.3 (1.04 - 1.65)	3.4 (2.82 - 3.95)
Hounslow	34.3	1.2 (0.98 - 1.49)	3.6 (3.10 - 4.13)
Hillingdon	32.5	1.2 (0.91 - 1.48)	3.7 (3.06 - 4.29)
Ealing	29.4	1.1 (0.79 - 1.40)	3.7 (3.04 - 4.42)
Hackney (including City of London)	28.0	1.1 (0.78 - 1.41)	3.9 (3.18 - 4.65)
Westminster	32.4	1.1 (0.78 - 1.35)	3.3 (2.67 - 3.89)
Barking and Dagenham	29.4	1.0 (0.74 - 1.33)	3.5 (2.80 - 4.24)
Merton	27.7	1.0 (0.66 - 1.28)	3.5 (2.72 - 4.30)
London	27.0	0.9 (0.88 - 0.97)	3.4 (3.30 - 3.53)
Enfield	28.6	0.9 (0.65 - 1.18)	3.2 (2.53 - 3.87)
Kensington and Chelsea	23.8	0.9 (0.53 - 1.28)	3.8 (2.63 - 4.97)
Haringey	24.5	0.9 (0.58 - 1.18)	3.6 (2.74 - 4.46)
Barnet	24.5	0.9 (0.61 - 1.14)	3.6 (2.84 - 4.29)
Greenwich	27.7	0.9 (0.66 - 1.05)	3.1 (2.64 - 3.56)
Waltham Forest	26.2	0.8 (0.64 - 1.06)	3.2 (2.72 - 3.77)

Local authority	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay in all examined children n (95% confidence intervals)	Mean number of teeth with experience of dental decay in children with any decay experience n (95% confidence intervals)
Hammersmith and Fulham	28.3	0.8 (0.64 - 1.03)	3.0 (2.51 - 3.39)
England	23.4	0.8 (0.78 - 0.81)	3.4 (3.36 - 3.44)
Southwark	22.2	0.8 (0.52 – 1.00)	3.4 (2.72 - 4.11)
Kingston upon Thames	22.0	0.8 (0.51 – 1.00)	3.4 (2.63 - 4.24)
Croydon	21.4	0.8 (0.51 - 0.99)	3.5 (2.72 - 4.30)
Lewisham	22.3	0.7 (0.51 - 0.98)	3.3 (2.59 - 4.08)
Havering	24.6	0.7 (0.54 - 0.92)	3.0 (2.48 - 3.42)
Bexley	22.1	0.6 (0.43 - 0.80)	2.8 (2.19 - 3.35)
Camden	18.9	0.6 (0.32 - 0.78)	2.9 (2.04 - 3.81)
Lambeth	19.4	0.5 (0.35 - 0.69)	2.7 (2.11 - 3.26)
Islington	17.0	0.5 (0.32 - 0.71)	3.0 (2.34 - 3.71)
Sutton	21.0	0.5 (0.35 - 0.63)	2.3 (1.95 - 2.75)
Richmond upon Thames	15.4	0.4 (0.25 - 0.56)	2.6 (2.00 - 3.24)
Wandsworth	15.5	0.4 (0.26 - 0.54)	2.6 (2.02 - 3.11)
Bromley	12.0	0.3 (0.11 - 0.41)	2.2 (1.23 - 3.11)

Table 2. Measures of oral health among 5-year-olds in Kensington and Chelsea, it's statistical neighbours,[i] London and England.

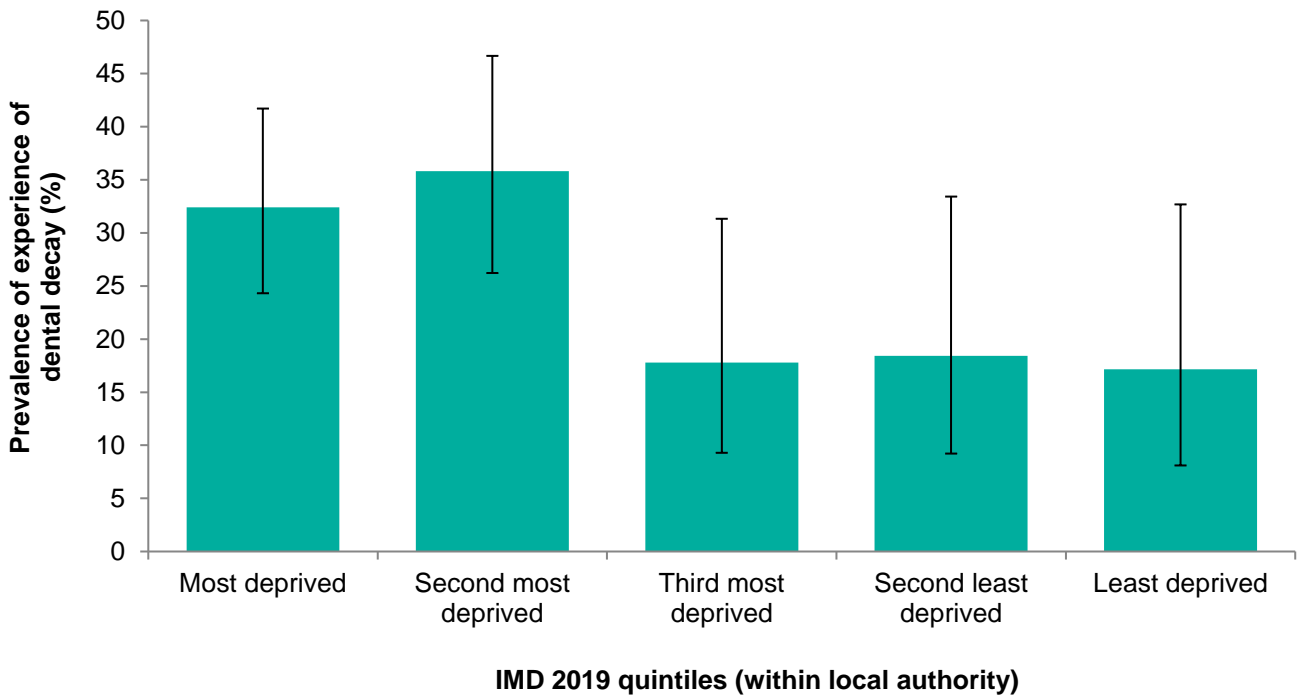|	Kensington and Chelsea	Statistical neighbour within London: Westminster	Statistical neighbour comparator 1: Westminster	London	England
Prevalence of experience of dental decay	23.8%	32.4%	32.4%	27.0%	23.4%
Mean number of teeth with experience of dental decay	0.9	1.1	1.1	0.9	0.8
Mean number of teeth with experience of decay in those with experience of dental decay	3.8	3.3	3.3	3.4	3.4
Mean number of decayed teeth in those with experience of dental decay	2.2	2.2	2.2	2.6	2.7
Proportion with active decay	19.9%	26.4%	26.4%	23.2%	20.4%
Proportion with experience of tooth extraction[ii]	3.3%	5.1%	5.1%	3.2%	2.2%
Proportion with dental abscess	0.7%	1.1%	1.1%	0.9%	1.0%
Proportion with teeth decayed into pulp	2.9%	1.9%	1.9%	3.4%	3.3%
Proportion with decay affecting incisors[iii]	8.7%	7.2%	7.2%	8.2%	5.2%
Proportion with high levels of plaque present on upper front teeth[iv]	1.7%	1.8%	1.8%	2.1%	1.2%

[i] generated by the children's services statistical neighbour benchmarking tool, the neighbour within London has "Close" comparator characteristics and the national neighbour 1 has "Close" comparator characteristics[3].

[ii] experience of extraction of one or more teeth on one or more occasions.

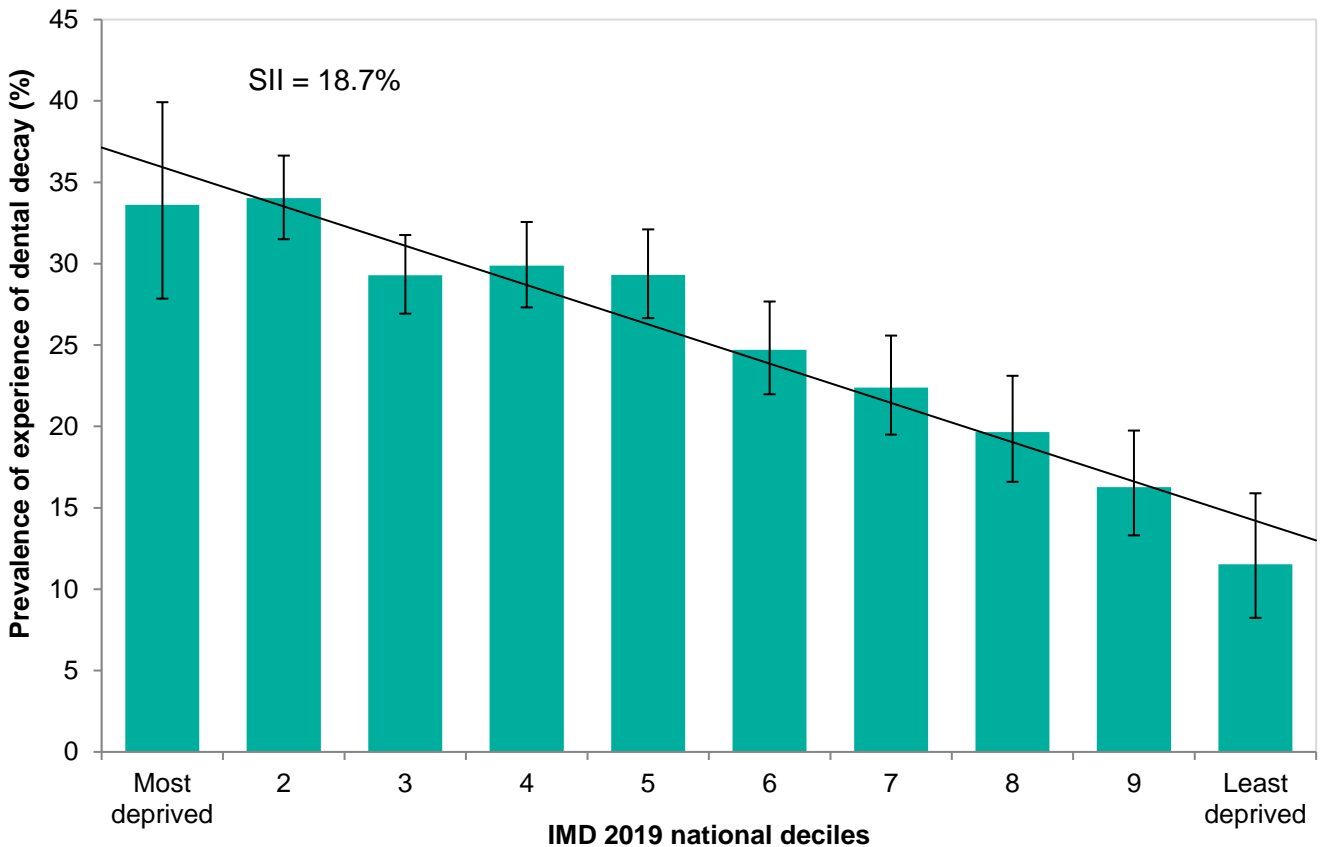[iii] dental decay involving one or more surfaces of upper anterior teeth.

[iv] indicative of poor tooth brushing habits.

Figure 2: Prevalence of experience of dental decay in 5-year-olds in Kensington and Chelsea, by local authority Index of Multiple Deprivation (IMD) 2019 quintiles.
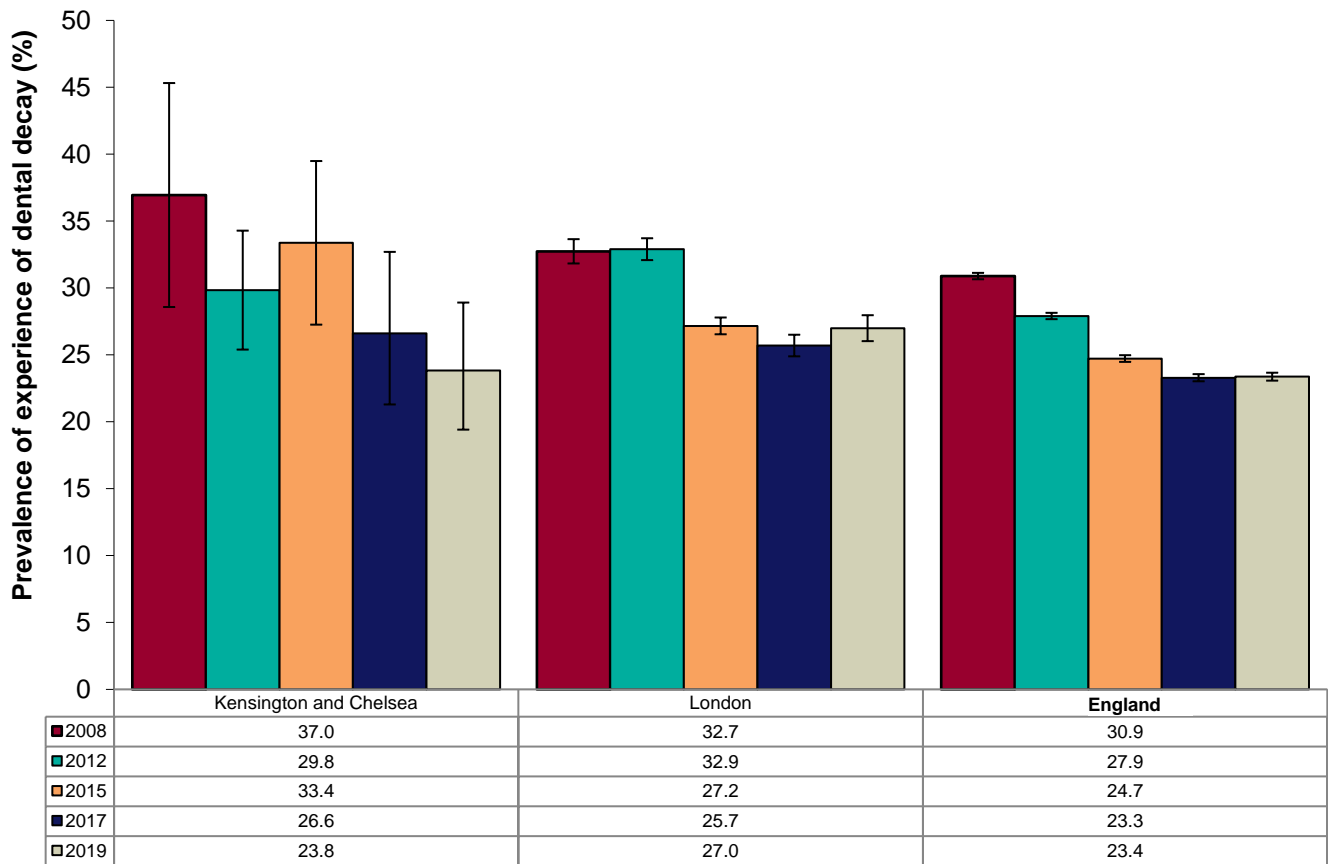

Error bars represent 95% confidence limits

Figure 3: Slope index of inequality in the prevalence of experience of dental decay in 5-year-olds in London.

SII = 18.7%

Error bars represent 95% confidence limits

Figure 4: Prevalence of experience of dental decay in 5-year-olds in Kensington and Chelsea, London and England, by year.
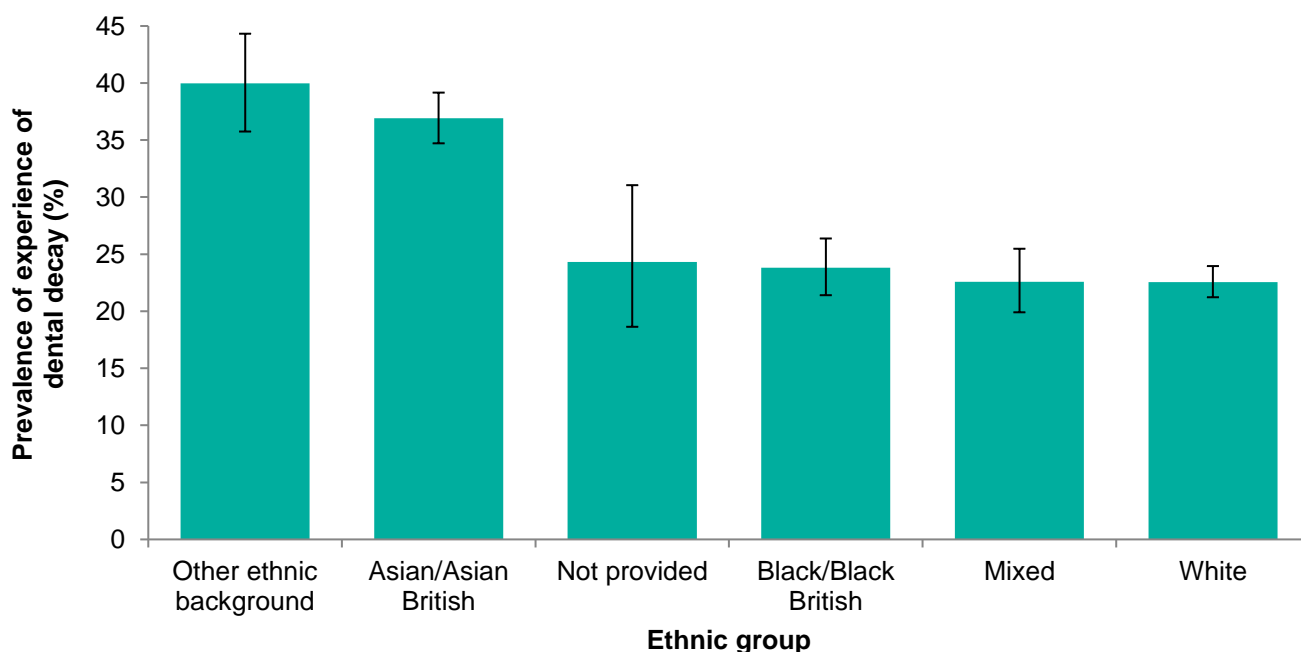

	Kensington and Chelsea	London	England
2008	37.0	32.7	30.9
2012	29.8	32.9	27.9
2015	33.4	27.2	24.7
2017	26.6	25.7	23.3
2019	23.8	27.0	23.4

Error bars represent 95% confidence limits

Table 3: Experience of dental decay in 5-year-olds in London, by ethnic group.

Ethnic group	Number of children examined (N)	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay among children with any experience of dental decay n (95% CI)	Prevalence of dental decay affecting incisors (%)
Other ethnic background	498	40.0	3.8 (3.42 - 4.18)	13.1
Asian/Asian British	1,807	36.9	3.7 (3.48 - 3.92)	14.1
Not provided	181	24.3	2.6 (1.92 - 3.30)	6.1
Black/Black British	1,126	23.8	3.0 (2.69 - 3.26)	6.0
Mixed	864	22.6	3.3 (2.93 - 3.69)	6.6
White	3,590	22.6	3.3 (3.12 - 3.51)	5.8
London	8,066	27.0	3.4 (3.30 - 3.53)	8.2

Figure 5: Prevalence of experience of dental decay in 5-year-olds in London, by ethnic group.

Error bars represent 95% confidence limits

Table 4: Prevalence and severity of experience of dental decay experience in 5-year-olds in Kensington and Chelsea, in wards where an enhanced sample was undertaken.

Ward	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay in the whole sample n (95% CI)	Mean number of teeth with experience of dental decay among children with any experience of dental decay n (95% CI)
Chelsea Riverside	35.7	1.6 (0.63 - 2.51)	4.4 (2.93 - 5.87)
Colville	13.6	0.3 (0.00 - 0.77)	Data not available
Dalgarno	32.1	0.8 (0.28 - 1.36)	2.6 (1.57 - 3.54)
Golborne	34.6	1.5 (0.47 - 2.53)	4.3 (2.40 - 6.27)
Notting Dale	32.3	0.7 (0.18 - 1.30)	2.3 (0.99 - 3.61)
Kensington and Chelsea	23.8	0.9 (0.53 - 1.28)	3.8 (2.63 - 4.97)

Summary

In Kensington and Chelsea average levels of dental decay are higher than the average for England.

The small sample sizes mean it is not possible to provide information at ward level for the whole area. Future surveys could be commissioned to provide larger samples to facilitate local analysis. Commissioning High Quality Information to Support Oral Health Improvement: A toolkit about dental epidemiology for local authorities, commissioners and partners is available to support the commissioning of oral health surveys[4].

Public health interventions can improve child oral health at a local level. Local authorities improving oral health: commissioning better oral health for children and young people is available to support local authorities to commission oral health improvement programmes for children and young people aged up to 19 years[5].

If further local analysis is required, please contact the national dental public health team: DentalPHIntelligence@phe.gov.uk

References

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https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2019
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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf