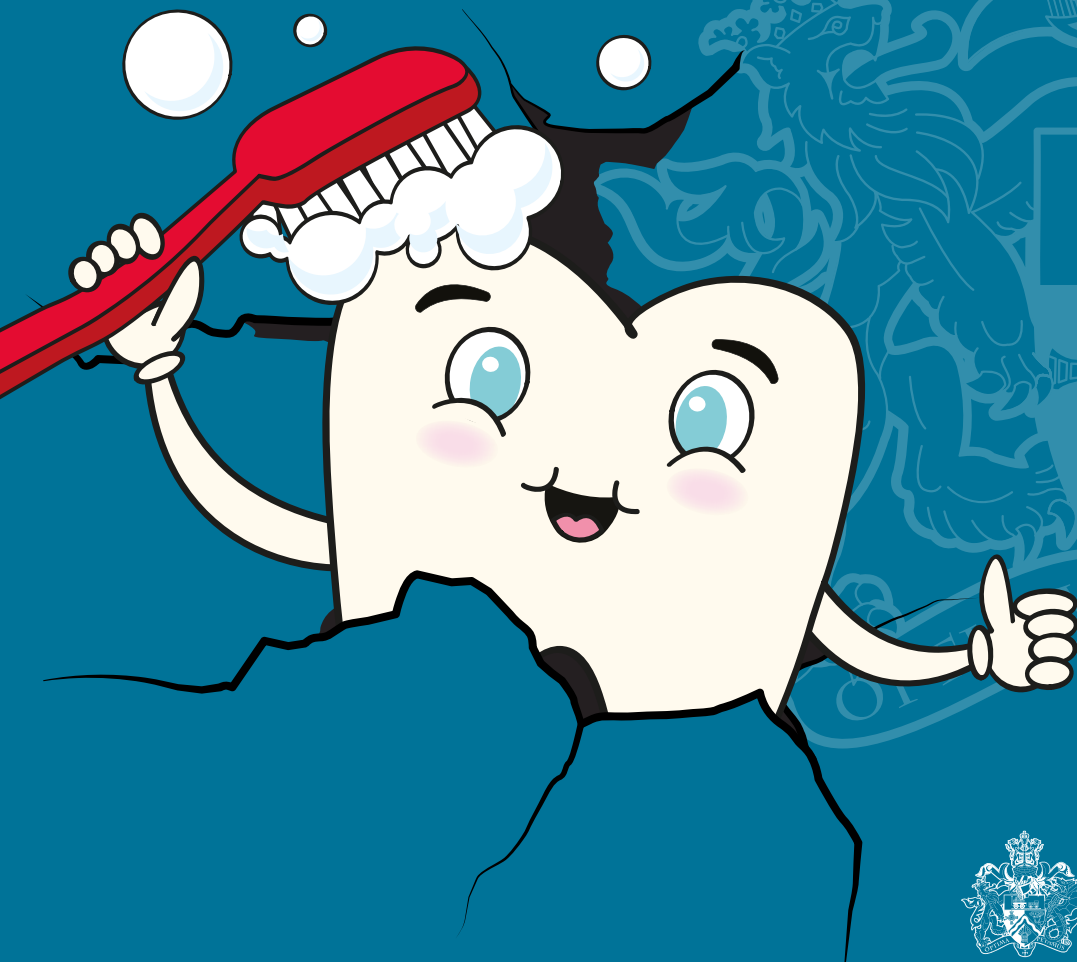


Darlington Oral Health Promotion Strategy 2026-2029



DARLINGTON
Borough Council

FOREWORD

Oral health is hugely important to quality of life. We all know the issues bad teeth and gums cause. The fact that we have such an issue with it in Darlington and across the country is not good at all, especially when poor oral health is largely preventable. That is why I am really pleased that the Oral Health Promotion Strategy has been developed, setting out our vision to improve oral health for all residents in Darlington.

The priorities set out in the strategy will support the Council's plans to reduce inequalities and deliver on ambitions for local people to live well and stay healthy. The plan recognises that some groups in society are more at risk of poorer oral health, including children, older adults and those with additional needs.

Delivery of the strategy will also support the work of the North East and North Cumbria Integrated Care Board, which has responsibility for dentistry services, as by promoting preventive oral health practices we can help people to have good oral health and experience less dental decay.

Partnership working will be really important to the successful delivery of the strategy, and so there is a strong focus on how local partners can work together positively to achieve the greatest sustainable impact, embedding oral health improvement across services and raising awareness of the importance of good oral health.

I look forward to seeing this work put into action.

Cllr Matthew Roche

Darlington Borough Council Cabinet Portfolio Holder for Health and Housing

Good oral health is an important part of a person's health and wellbeing, as it affects how we eat, speak and socialise and can greatly impact confidence and quality of life.

As Director of Public Health, I have responsibility for oral health promotion. I have previously highlighted in my Director of Public Health Annual Reports that local data shows by the age of five, 1 in 4 children in Darlington have visible signs of tooth decay. There are also inequalities in oral health within Darlington, as the average number of decayed, missing or filled teeth experienced by children is greater in the areas of Darlington which experience higher levels of disadvantage.

This Oral Health Promotion Strategy sets out our shared vision for a future where everyone has the knowledge, resources and support to maintain good oral health throughout life, recognising that prevention is far more effective and less costly than treatment. This is why I am really pleased to see the expansion of our supervised toothbrushing scheme in early years and school settings, as establishing good habits early on gives our children something they can take with them as they grow.

Our approach is guided by the principles of:

Prevention - starting early to help children build healthy habits from their very first tooth.

Address inequalities - improving knowledge of good oral health practices for everyone, whilst ensuring those with most need are supported through community based interventions and targeted actions.

Collaborate - working together to support families, schools, communities and services and ensure oral health is a shared priority.

This is a call to action, for us to use this opportunity to improve the oral health of people across Darlington.

Lorraine Hughes

Darlington Borough Council Director of Public Health

BACKGROUND

Good oral health refers to people's teeth, gums, soft tissue and supporting bone in the mouth, tongue and lips. Good oral health ensures we have the ability to eat, speak and socialise without any active disease, discomfort, pain or embarrassment and having good oral health helps us to maintain self-esteem, have social confidence and improves our quality of life.

Good oral health has a significant part to play in having overall good health and wellbeing. Maintaining good oral health routines of regular brushing, dental check-ups and mouth friendly lifestyle choices all contribute positively to overall health.

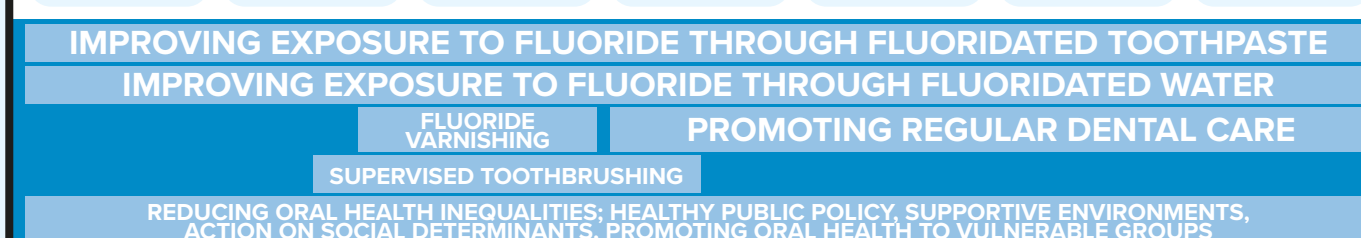
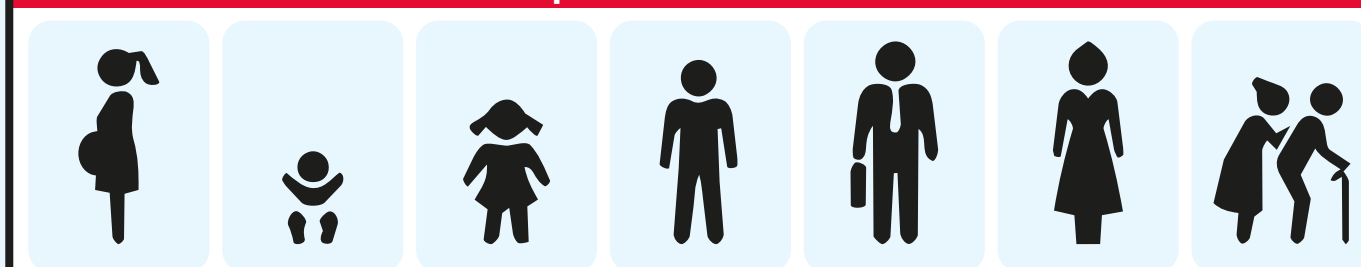
The main causes of poor oral health are poor tooth brushing, insufficient exposure to fluoride and high sugar intake. Research evidence also shows that poor oral health can also contribute to wider health issues including heart attack, stroke, diabetes and lung disease, and an increased risk of respiratory infections and pneumonia amongst the older populations.

Across the different life stages of childhood, adulthood and older age, people's needs change and they face different oral health challenges. Furthermore, vulnerable groups are more at risk of poor oral health, especially when they are unable to maintain a good oral health care routine independently and therefore are not only more likely to experience poor oral health but are also at more risk of the additional health issues highlighted above.





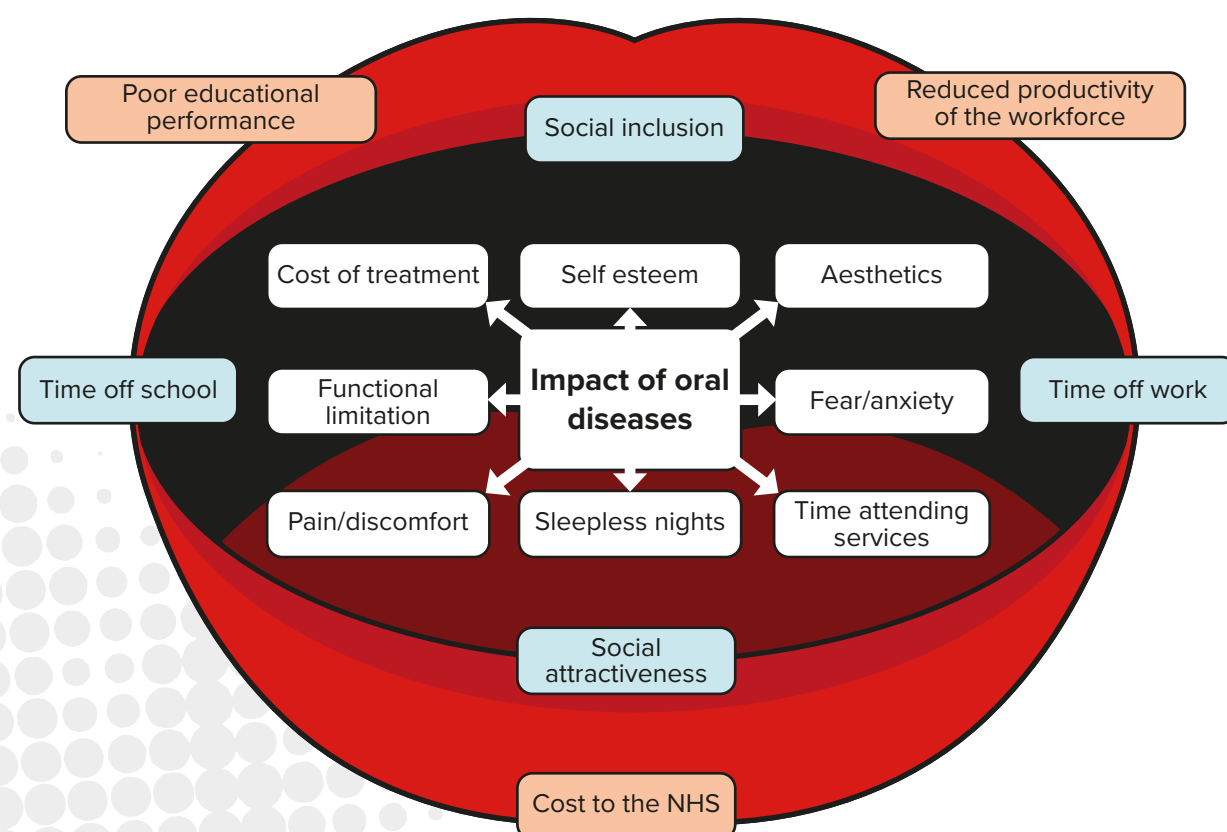
Oral Health Disease and Impact



Oral Health Promotion

The circumstances in which people live and work impacts their overall health and wellbeing, including oral health. Contributory factors to poor oral health are shared with other public health concerns including obesity, and particularly an increased sugar intake. Tobacco use and alcohol consumption are also risk factors for gum disease and oral cancers.

The impact of poor oral health is evident across all stages of the life course and is visually explained in the figure below from 'Choosing Better Oral Health: DoH 2005', whilst this may be an older reference the content is still very relevant to this work.



Children and young people are significantly impacted by poor oral health in England, with children living in more deprived areas being more likely to have poorer oral health than those living in more affluent areas. Poor oral health in children can impact on their speech and language development, ability to eat, school attendance, play and socialising, self-esteem and can cause pain, infection and impaired nutrition and growth.

Large numbers of children within England have one or more teeth extracted under general anaesthesia in hospital due to dental decay, which in most cases is completely preventable.

In Darlington dental decay and tooth extractions in children is the leading cause of hospital admissions and most performed childhood surgery. The wait for this surgery can also be considerable, meaning that while waiting children are suffering for many weeks prior to their surgery from toothache and potentially at risk of infection, also making it more likely that time will be missed from school. Poor oral health in children may also be indicative of dental neglect and wider safeguarding issues.

As with children, adults living in deprivation and experiencing multiple health inequalities are more likely to have poor oral health, leading to pain, discomfort, premature tooth loss, dry mouth and sleep deprivation. This can have a significant impact on an individual, in terms of their overall health and wellbeing but also the ability to live and work well. Those adults who use tobacco or consume high levels of alcohol are most at risk of oral disease and oral cancer, which is strongly related to socio-economic deprivation, with the highest rates seen in the most disadvantaged groups and it can often go unnoticed or be diagnosed late.

The UK population is ageing, with the number of people aged 65 and over continuing to rise - a trend also seen in Darlington. Older adults have varying levels of independence; many live independently, while those with greater needs access residential care.

Challenges with accessibility, income disparities and affordability issues all contribute to poorer oral health outcomes among older adults. Many retain their natural teeth, which may be heavily restored and therefore more difficult to care for than dentures. Ensuring reliable access to oral health services and dental support for this population remains a key concern. Quality standards and care-home guidance are in place to support settings in maintaining and improving residents' oral health.

Those at higher risk of poor oral health would benefit from a range of intensive prevention activities to provide them with the knowledge, skills and tools they need to adapt behaviours and improve their oral health.

We also know that we need to focus on whole family interventions and behaviours as those parents and carers with poor oral health are more likely to have children with poor oral health. Children having teeth extractions may have younger siblings who may also require tooth extraction in the future due to dental decay.

The work plan which accompanies this strategy has been summarised as a 'plan on a page' on page 18 outlining how we intend to deliver targeted interventions, locally, across all key areas, to improve oral health outcomes for our entire population in Darlington. Our Oral Health Alliance, partnerships and commissioned services will drive forward delivery on this and continually monitor the impact.

WHAT IS THE COST?

The individual impacts of poor oral health have been outlined above; however, it is equally important to recognise the broader financial implications for the NHS and wider society. Understanding these costs allows us to judge whether current investment is delivering meaningful improvements in population health and value for public funds.

The costs to the NHS of hospital admissions for tooth extractions in children aged 0-19 years in England have been recently published by the Department for Health and Social Care.

The costs were £87.7 million for all tooth extractions and £51.2 million for decay-related tooth extractions in the financial year ending 2025. This is an increase compared with the costs in the previous financial year ending 2024 (which were £74.8 million for all tooth extractions and £45.8 million for decay-related extractions).

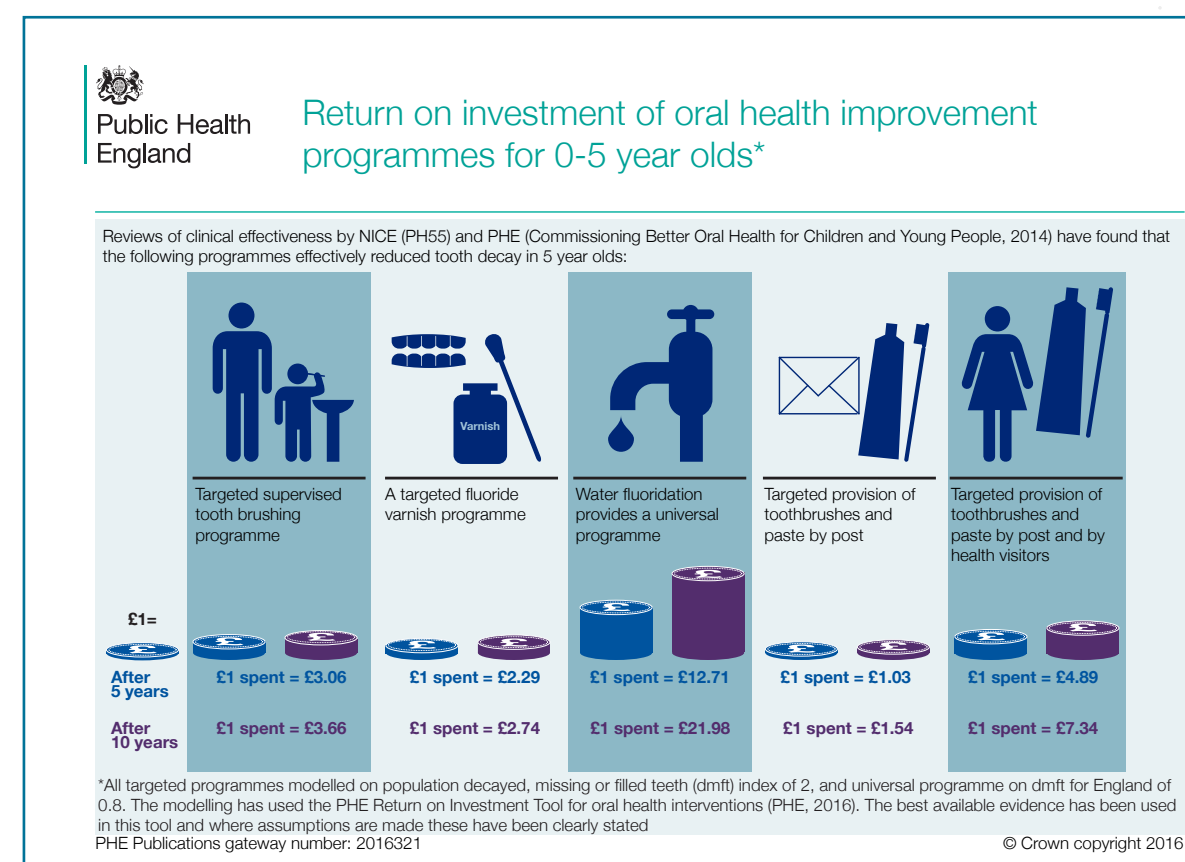
While the average unit cost for the most common tooth extraction procedure has slightly decreased, it is the increase in activity that has had the most impact on the overall increase in costs.

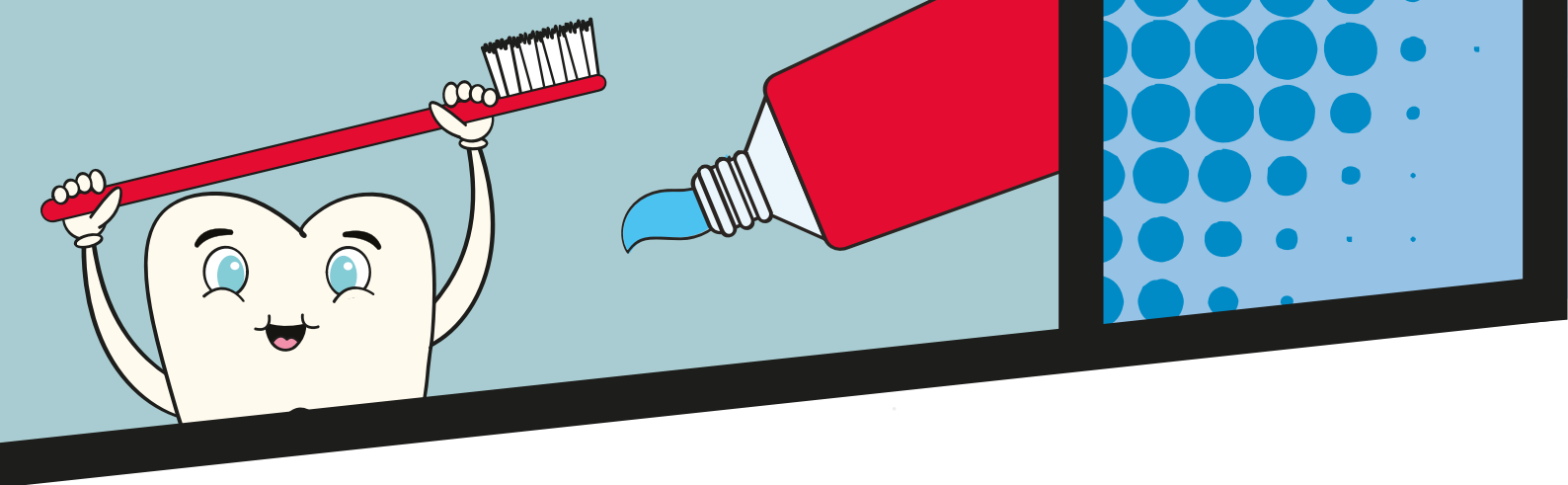
In the financial year ending 2025 there were 56,143 episodes of tooth extractions in NHS hospitals in England for 0-19 year olds. This represents a 14% increase on the previous year.

There were 33,976 episodes of tooth extractions with a primary diagnosis of tooth decay for 0-19-year-olds, an increase of 11% on the previous year. The number of tooth extractions due to tooth decay represents 60.5% of all tooth extractions for this age group.

Additional considerations include the impact of toothache and pain suffered prior to surgery, the inability to manage a normal day and eat a healthy diet and absence from education or work for treatment, surgery and recovery, and overall wellbeing.

Oral health improvement interventions are cost effective, as illustrated by the Return on Investment for oral health improvement programmes for children aged 0 to 5 years.



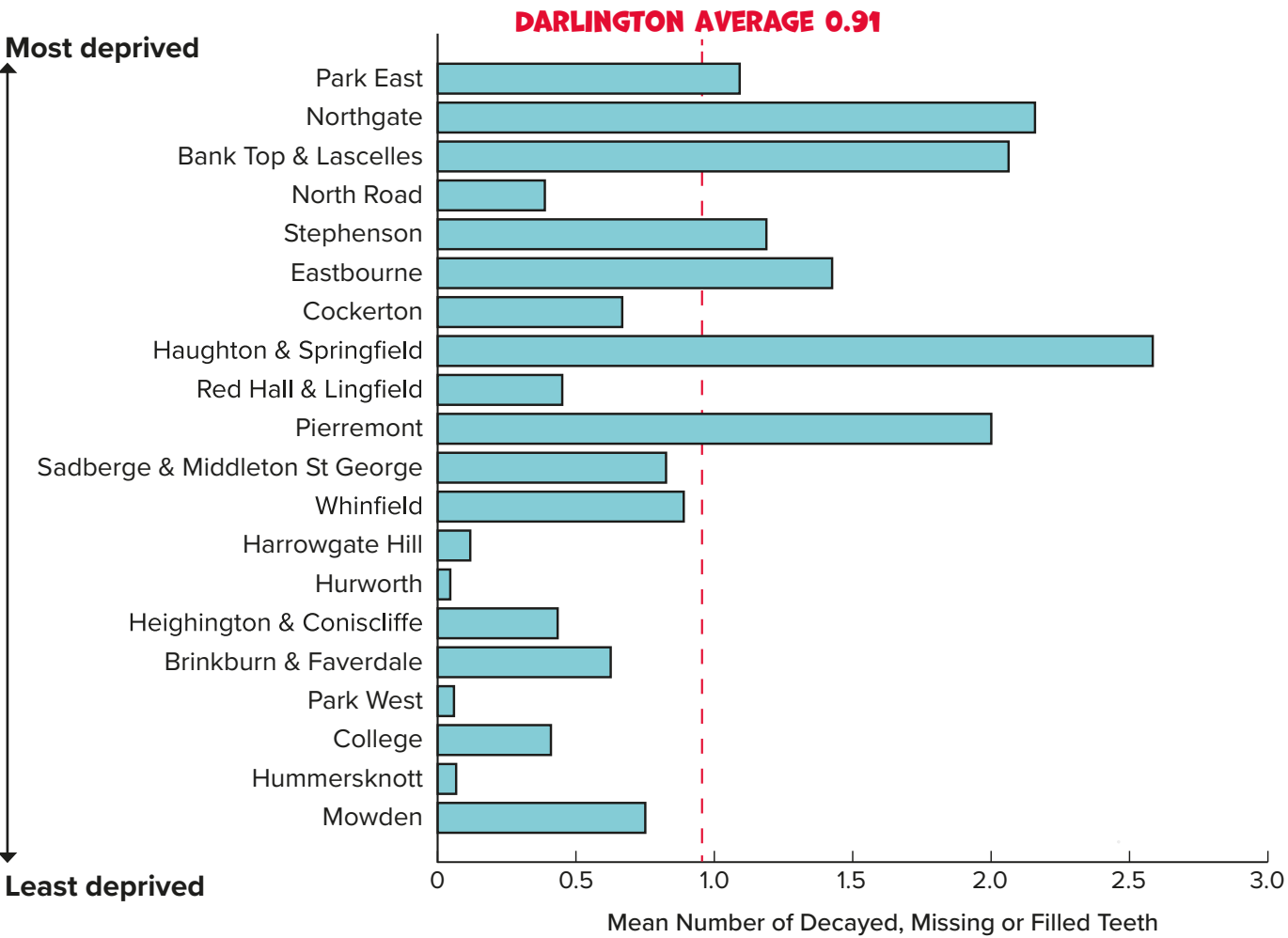


LOCAL NEED

In Darlington, an epidemiology study of 5 year olds in 2023/24 shows that generally children living in the wards with greatest need have a higher number of decayed, missing or filled teeth.

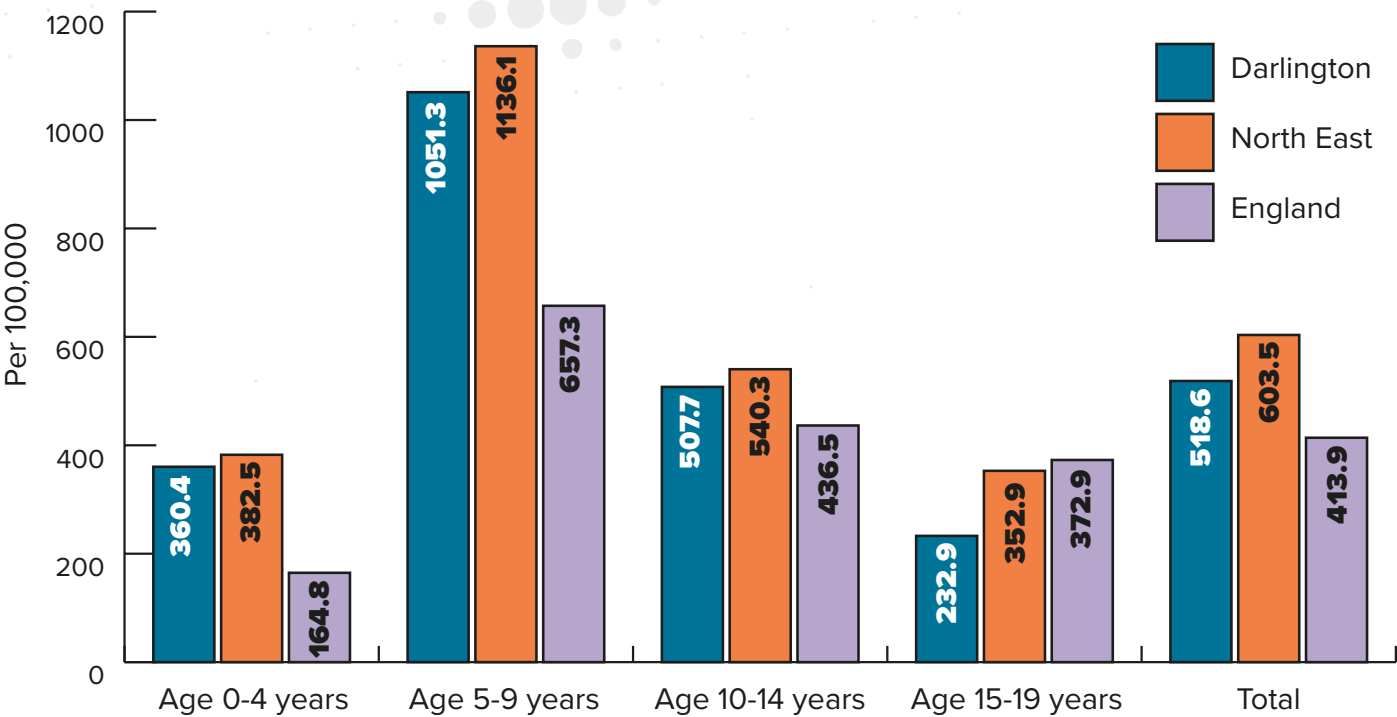
Darlington has an average of 0.91 decayed, missing or filled teeth per child. This number varies greatly across the Wards, with 4 Wards having 2 or more decayed, missing or filled teeth per child, and 8 Wards having less than 0.5 on average per child. There is a higher average of decayed, missing or filled teeth across the top 50% most deprived Wards in Darlington, reaching a high of 2.58 per child in Haughton and Springfield.

Decayed, Missing or Filled Teeth (DMFT) in 5 Year-Olds, 2023/24



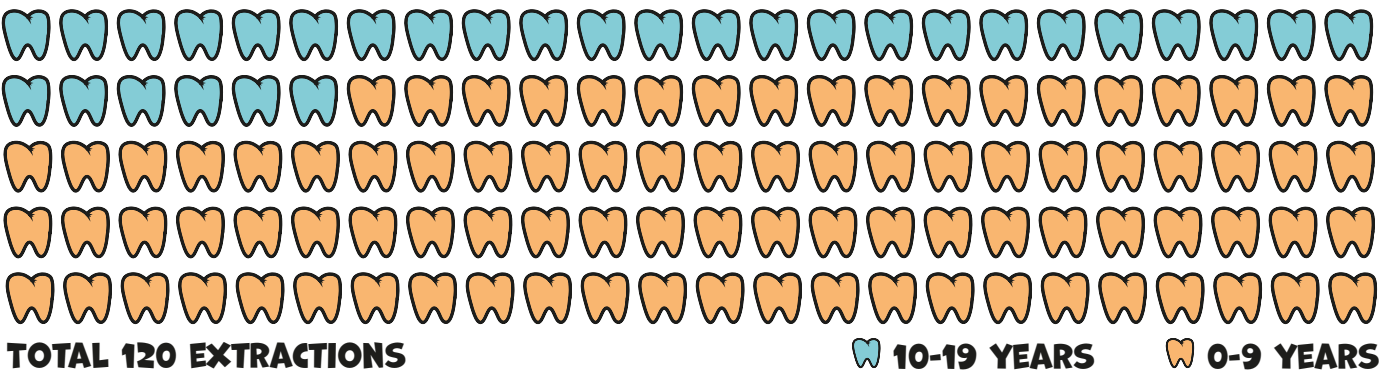
On average 1 in every 4 children age 5 in reception classes in Darlington have visible decay, this has increased from 1 in 5. Children aged 5-9 years in Darlington have the highest rate of tooth extractions, a rate almost twice that of the rate of extraction in England but slightly lower than the North East average. There is a correlation between the levels of decay we have identified and the number of extractions in this age bracket.

Finished consultant episodes for hospital tooth extractions (All diagnoses) (2024/25)



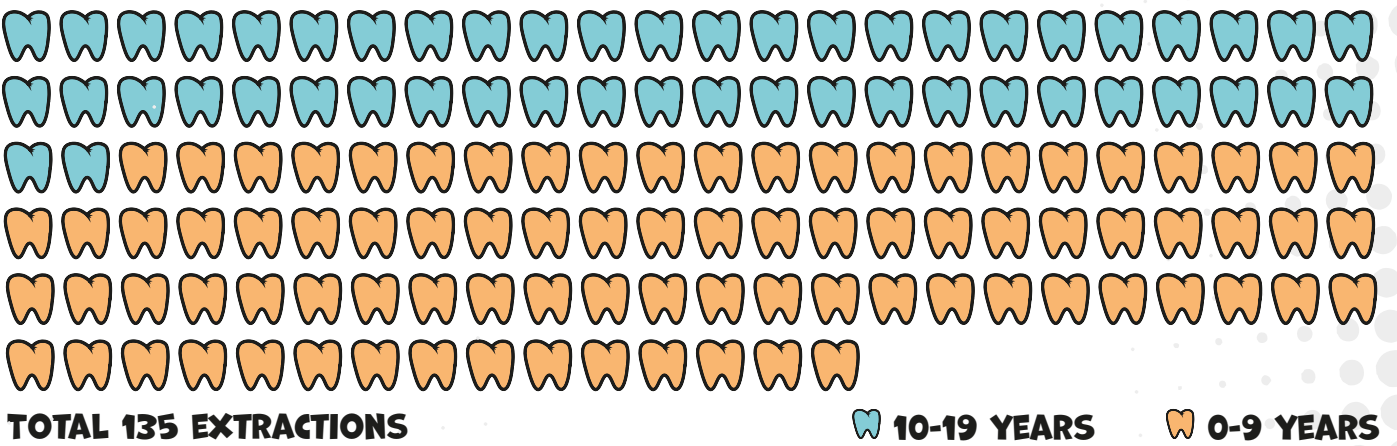
During the year of 2023/24, 120 extractions were carried out on residents aged 0-19, 90 of these were amongst 0-9 year olds.

2023/24



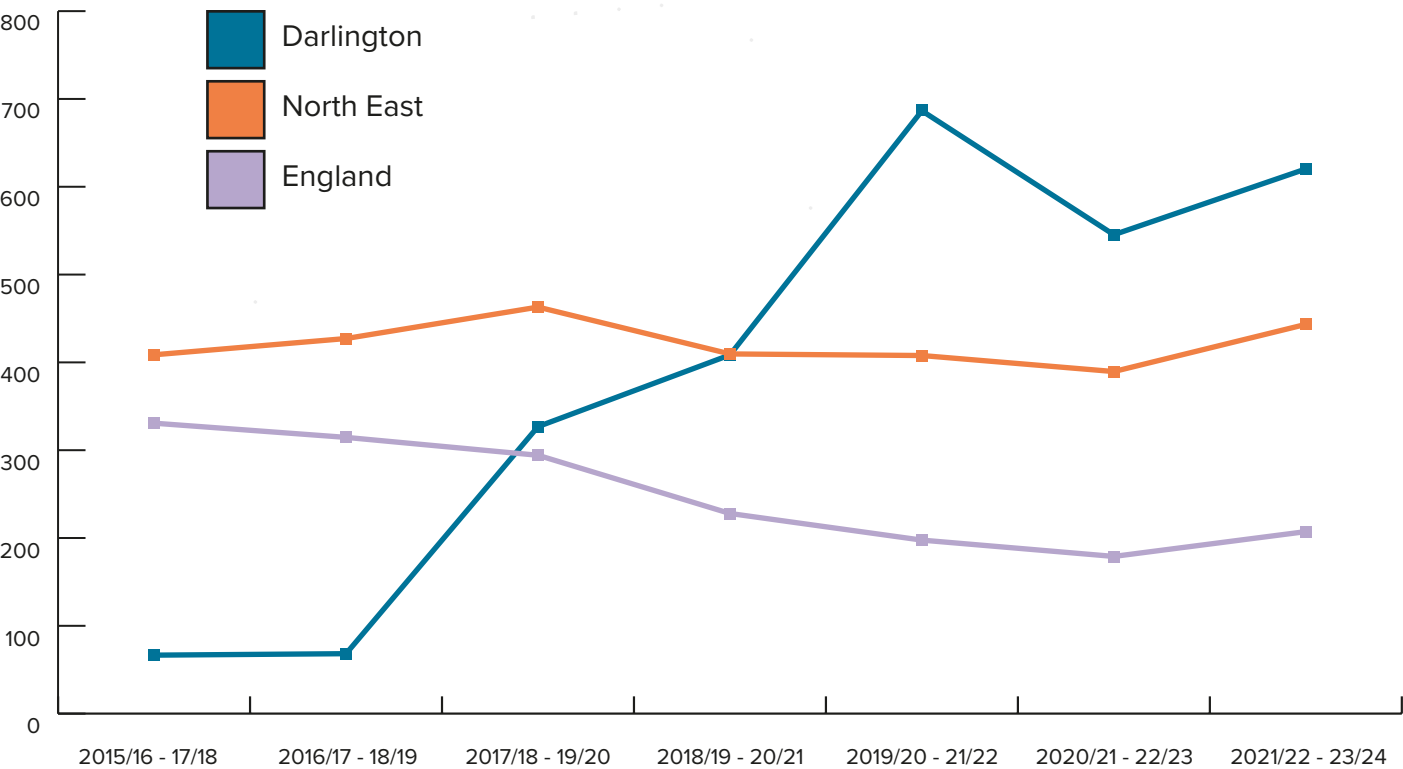
For 2024/25, 135 extractions were carried out on residents aged 0-19 and 85 were for 0-9 year olds.

2024/25



Darlington has a significantly higher rate of hospital admission for dental caries (decay) in 0-5 year olds than the England and North East average.

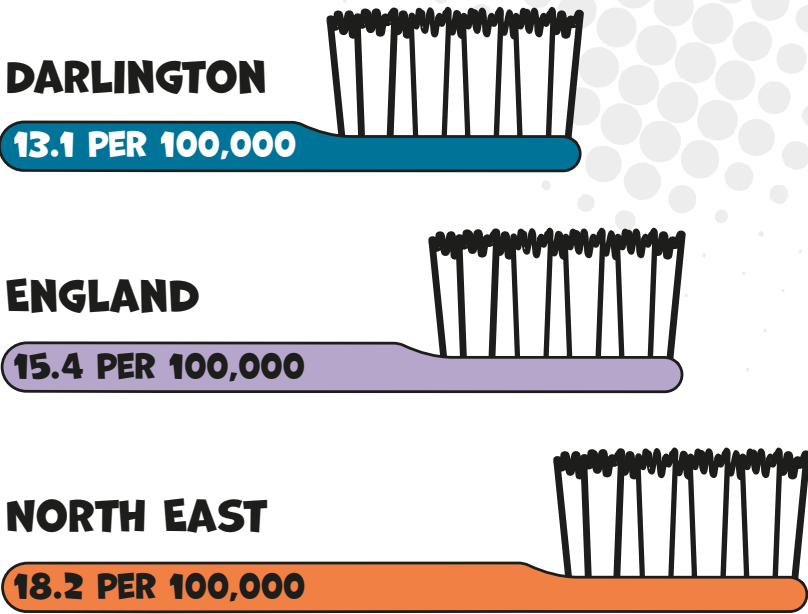
Hospital admissions for dental caries (0-5 years)



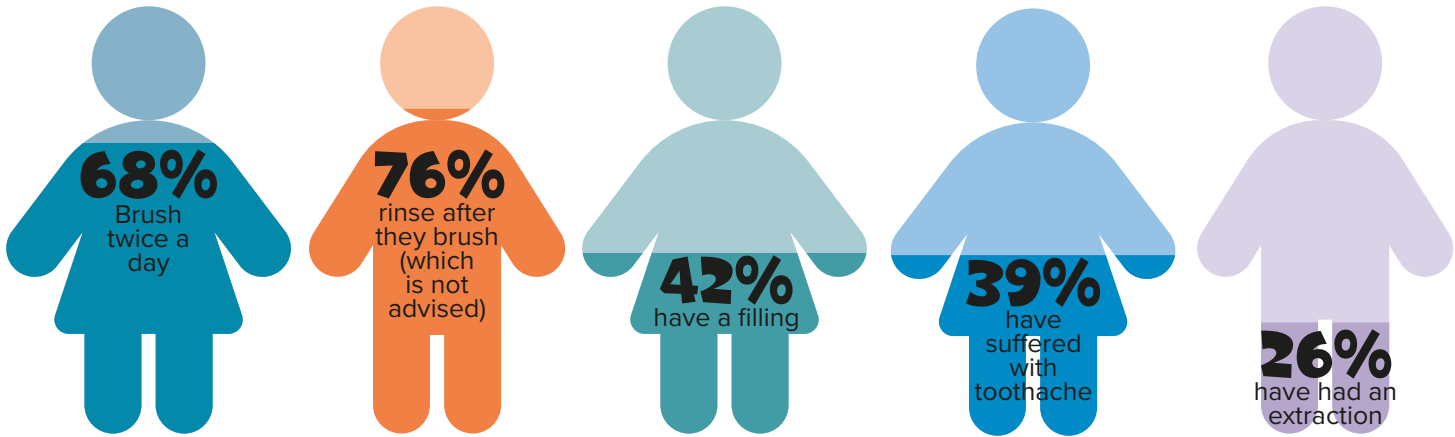
The data released in 2020 for adult oral health collected by dentitions as seen below, highlights that 27% of adult Darlington residents have active tooth decay. 21% are suffering oral health impacts, 88% have a filling or filled teeth and 87% were in need of treatment.

Local Authority Name		% with active decay (DT>0)	% suffering any oral health impacts fairly or very often	% with Filled Teeth	% with any treatment needed
North East	England	26.8	17.7	90.2	70.5
	North East	27.3	22.6	90.2	75.4
	County Durham	26.8	17.6	89.1	84.5
	Darlington	27.3	21.2	88.8	87.3
	Gateshead	26.0	22.8	82.9	63.1
	Hartlepool	25.9	24.5	83.5	80.0
	Middlesbrough	28.5	27.9	88.8	75.7
	Newcastle upon Tyne		11.8		
	North Tyneside				
	Northumberland	43.8	13.6	92.9	84.8
	Redcar and Cleveland	27.4	21.8	94.4	80.4
	South Tyneside	18.6	25.8	91.2	47.9
	Stockton-on-Tees	29.5	25.0	95.6	87.4
	Sunderland	24.0	24.7	86.7	64.0

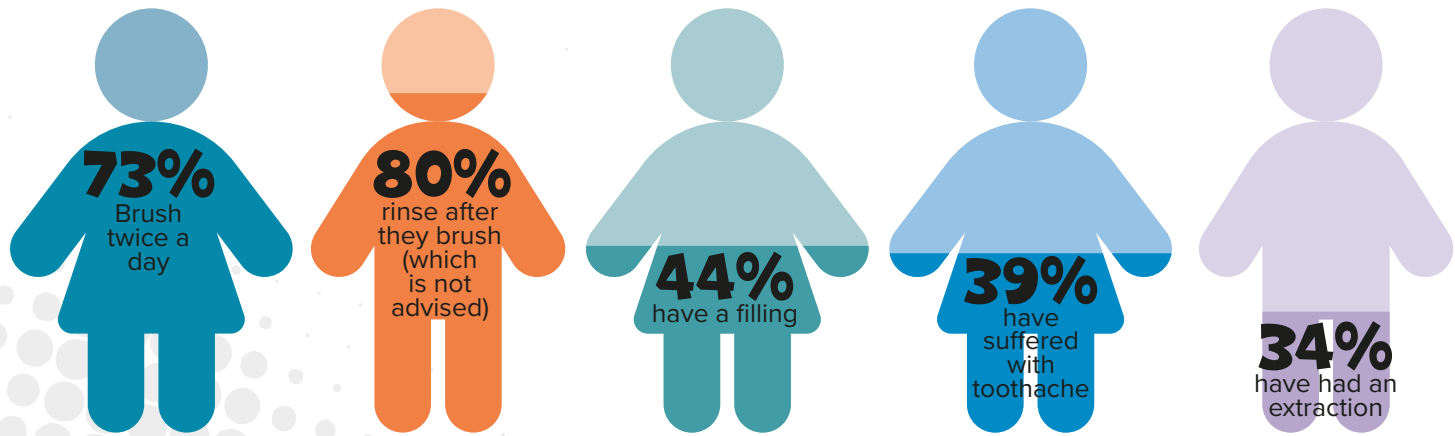
In 2017-19, the registration rate for oral cancer was 13.1 per 100,000 in Darlington. This is statistically similar to the England average of 15.4 per 100,000 population but lower than the North East average of 18.2 per 100,000.



Our local Healthy Lifestyle Survey, delivered annually, in an average of 27 schools, with pupils from school years 5-11 (aged 9-16) asks about their own oral health care routines. The self-reported data from 2025/26 tells us that from 1,717 primary school children in year 5 and 6.



In secondary schools, across school years 7 - 11, from 2839 young people, they self-report that:



This data is the combined data from all participating schools, some schools have self-reported data describing that less than 50% of pupils brush twice daily.

Each school uses their individual data to plan a response, several schools have highlighted oral health as a specific issue to target, with some extending their supervised toothbrushing provision, sending resources and information home and ensuring oral health is a key feature in the school curriculum.

WHAT ARE WE DOING?

SUPERVISED TOOTHBRUSHING PROGRAMME

As part of our prevention programme the County Durham and Darlington Oral Health Team are commissioned to deliver a supervised toothbrushing programme in early years and primary school settings. This programme provides the resources, training and support to implement the scheme in settings where children clean their teeth in school, as an addition to cleaning at home.

Our programme in Darlington has grown extensively in the last year with most settings now taking part in the scheme. The Early Years Framework highlights participation in this programme as best practice and within some of our primary schools, an extension from delivering only in reception and year one now means that some children up to year 4 are cleaning their teeth in school. Such examples of the expansion of the offer are influenced by our local data and identified need; several settings are considering a whole school model in the next academic year. It is important to communicate that brushing in nursery or school is not a replacement for brushing at home but an addition.

To further increase awareness we also aim to communicate positively with parents and carers around the importance of brushing at home and good oral health, sharing key messages which include, 'brush your teeth twice a day for 2 minutes', 'spit, don't rinse', and 'avoid lots of sugar'.

As part of the drive to increase support and participation in the Supervised Toothbrushing programme a range of videos have been developed to explain the process and benefits. The resources can be found on our Darlington Xtra page: **Darlington Xtra - Oral Health in Darlington**.

HEALTHY EARLY YEARS

The development of the HEY (Healthy Early Years Award) in Darlington allows early years settings to demonstrate their work on health issues, including oral health, physical activity and healthy eating within their setting. With staff training, policy development, activities and learning through play and communication with parents and carers, enabling them to embed healthy behaviours at home. For more information or to register your interest, you can access the criteria [here](#).

HEALTH VISITING

Our Growing Healthy Team, which includes health visitors, deliver a routine offer to all families with babies at regular intervals. As part of this offer at the 9 - 12 month visit, all parents will now be offered a free flow cup, alongside a discussion on oral health, teeth cleaning and the best drinks to offer in a free flow cup to prevent dental decay in children. Some families will also receive toothbrush and toothpaste packs to support them in developing better oral health habits with the correct equipment. The health visiting team also enquire and support access to local dentists as part of their routine conversations.

EDUCATION

As mentioned earlier, the Healthy Lifestyle Survey is a key tool for schools delivering a needs-based curriculum locally. In July 2025, the new RSHE (Relationships and Health Education) Guidance was released. Schools must be compliant with the statutory guidance from September 2026. Support has been given to schools in order to prepare for this and ensure the curriculum is prioritised on the local needs of our children and young people. This is a key feature and something we are pleased to see in the national guidance.

CARING FOR YOUR SMILE PROGRAMME

This is a North East oral health programme for residential care homes, developed in response to the NICE oral health for adults in care homes guidelines, and the oral health toolkit for adults in care homes. The County Durham and Darlington Oral Health Team deliver this programme with Care Homes in Darlington, utilising the Residential Care Home Provider Network to share information and increase uptake.

Delivery of the programme includes an initial meeting, needs assessment, nominating a champion in the setting, training for staff and reviewing and updating policies and procedures. Training for the staff includes developing individual mouth care plans and daily mouth care delivery, and recording diet, fluoride and denture care. The settings are issued with a resource hamper to support implementation, and follow-up support is given as and when needed, with bespoke and additional training offered for new staff.

ENGAGING WITH THE PUBLIC

In order to deliver consistent messaging to create positive behaviour changes in oral health practices we have planned a range of community engagement events, both in partnership with town events delivered at peak times and in addition more specific awareness raising, such as Mouth Cancer Month, National Smile Month and key promotion activities when there is a high level of residents attending events including Darlington by the Sea. We aim to develop a communication plan to accompany our strategy and deliver a range of consistent, simple but highly effective messages to a range of residents, alongside our other interventions, with the intention of gaining knowledge and skills to develop more positive oral health behaviours.



OPTIMISING EXPOSURE TO FLUORIDE

At a population level, fluoridation is the most effective way of reducing oral health inequalities as it ensures the most deprived areas receive fluoridated water. There is high quality scientific evidence that shows that water fluoridation is a safe and effective public health intervention that can improve overall dental health. Fluoridating water helps to strengthen dental enamel, which prevents dental decay (caries). The available evidence to support fluoridation suggests that this is a cost-effective intervention with a good return investment.

In 2024 the Department of Health and Social Care consulted on implementing a North East Water Fluoridation Scheme. The proposal was approved, and plans are being developed to implement the scheme.

PARTNERSHIP WORKING

In 2025 a local Oral Health Alliance was established, bringing together partners to develop the Oral Health Promotion Strategy and work plan. The Alliance has been instrumental to the development of the strategy, and partners are actively delivering some of the actions identified in the work plan, including engaging with residents and raising awareness of good oral health habits. The work of the Alliance will continue to support and monitor the implementation of the work plan.

ADDITIONAL CONSULTATION

In addition to the consultation and engagement work already described, across the North East and North Cumbria Healthwatch carried out community engagement with 3800 people, gathering views on dentistry and oral health. The findings have informed the NENC Oral Health and Dental Strategy and our local plans.

We also delivered a range of promotional events during 2025 and gathered feedback through direct engagement. Findings from all these events have influenced the strategy and work plan, through capturing the needs of our local population.

ACKNOWLEDGEMENTS

Many thanks to all the individuals and organisations which have contributed to the development of the Oral Health Promotion Strategy and work plan, including public health colleagues from other local authorities who have generously supported and advised.

Particular thanks go to Catherine Shaw in the Public Health Team for leading the work and developing the Oral Health Alliance.

The members of the Oral Health Alliance have been instrumental to the work, providing their expertise, ideas and feedback and championing oral health promotion.

GLOSSARY/KEY TERMS

OHC	Oral Health Care
OHP	Oral Health Promotion
STBS	Supervised Toothbrushing Scheme
DHSC	Department of Health and Social Care
CDDFT	County Durham and Darlington Foundation Trust
HLS	Healthy Lifestyle Survey
HEY	Healthy Early Years
RSHE	Relationships, Sex and Health Education



REFERENCES AND FURTHER READING

DHSC and NHS England Delivering better oral health: an evidence-based toolkit for prevention
Published June 2014, Updated September 2025

NICE: Oral Health Local Authorities and Partners Public Health Guidelines October 2014

Health and Social Care Act 2012

Public Health England Inequalities in oral health in England March 2021

A country that works for all children and young people: An evidence-based plan for improving children’s oral health with and through education settings - Child North, N8 Research Partnerships, Health Equity North and Centre for Young Lives

NENC Oral Health and Dental Strategy 2025 - 2027

PHE York Health Economics Consortium A rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years 2016

Office for Health Improvement and Disparities: Official Statistics Short statistical commentary for hospital tooth extractions in 0- to 19-year-olds 2024 - Updated 12 November 2025

DH Choosing better oral health: an oral health plan for England 2005

National Epidemiology Programme for England: oral health survey of five-year-old children 2012

Local Authorities improving oral health: commissioning better oral health for children and young people. An evidence - informed toolkit for local authorities PHE 2014

DfE RSHE Guidance July 2025

Official Statistics: Hospital tooth extractions in 0 to 19 year olds 2024

DHSC Public Health Profiles

PHE Oral health survey of adults attending dental practices 2018

Office for Health Improvement and Disparities: Official Statistics National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old school children 2024

UK Parliament Post: Water fluoridation and dental health: 2024 update

Healthwatch NENC and NHS NENC: Views and experiences of NHS dentistry in the North East and North Cumbria Briefing

NICE Oral health toolkit for adults in care homes Published 27 November 2020

Oral health toolkit for adults in care homes Published 27 November 2020

DHSC, Short statistical commentary for hospital tooth extractions in 0-19 year olds 2025 (published in 2026)

APPENDICES

Oral Health Alliance Membership

Organisation	Representative
Darlington Borough Council	• Public Health Portfolio Lead • Public Health Officer - Oral Health Lead • Public Health - Data Analyst • Early Years - Education • Children’s Services • Social Care • Communications & Marketing
County Durham and Darlington NHS Foundation Trust	• Oral Health Team • Public Health Consultant • Maternity Services • Social Prescribing
Health organisations	• Harrogate & District NHS Foundation Trust - 0-19 Services Manager • Primary Care Network • Stop Smoking Service • Dental Representative • NHS Oral Health Lead
Voluntary and Community Sector organisations	• Healthwatch • Darlington Association on Disability • Care Home Representative



ORAL HEALTH PROMOTION STRATEGY 2026 - 2029

OUR SHARED VISION:

Improve oral health care across all life stages, giving our population the knowledge, skills and tools needed to improve their own oral health care, reduce decay and normalise good oral health practices.

OUR PRIORITIES: (INTENT)

Reduce childhood tooth decay, hospital admissions and tooth extractions related to decay.	Improve knowledge on key oral health promotion messages, including brushing and rinsing.	Reduce health inequalities targeting vulnerable groups with interventions and equipment for better Oral health care.	Improve oral health care for older people in residential care and those receiving palliative care.
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OUR ENABLERS: (IMPLEMENT)

Implementation of the Supervised toothbrushing scheme and research to overcome barriers to participating.	Planned interventions with parents, carers and families to distribute key knowledge and equipment.	Communication campaign, events and targeting groups and projects that already exist. Support the implementation of water fluoridation.	Oral Health Alliance, Strategy and Work Plan delivery with partners supporting the delivery of the content.	Health Visitor 9-12 month visits - Oral health promotion discussion and distribute key information and equipment including free flow cup.	Delivery of the Smile Matter Programme for care homes and extension of information to supported living communities.
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OUR IMPACT: (IMPACT)

Less visual decay in 5 year olds.	Improved toothbrushing reported in the HLS and reduced rinsing	Improved uptake and increase in the Supervised Toothbrushing Scheme in Early Years and Schools	Reduced need for urgent and emergency dental care and better access to NHS dental care in line the NENC Strategy.	Increased uptake of the Smiles Matter Programme and improved Oral health promotion in Community Care Settings.
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