

Title of report: Update on the work of the Oral Health Improvement Partnership Board

Meeting: Health and Well-being Board

Meeting date: 26 September 2022

Report by: Consultant in Public Health

Classification

This report is open.

Decision type

This is not an executive decision

Wards affected

All Wards

Purpose

This report updates the Health and Well-being Board on the work of the Oral Health Improvement Partnership Board and seeks approval of the following recommendations.

- I. Noting the comprehensive programme of work now underway to improve oral health in Herefordshire
- II. Continuing to support a shared approach
- III. Prioritising opportunities in all organisations for moving work forward.

Recommendation(s)

That:

- a) **The committee note the progress of the Oral Health Improvement Partnership Board;**
and
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- b) Adopt the recommendations set out the Oral Health Improvement Plan by their own organisations, and support the delivery of the plan at system level, wherever possible.**

Alternative options

1. The alternative would be non-delivery of the Oral Health Improvement Plan. This would be detrimental to the health and well-being of local people, whose poor oral health is already identified as a cause of concern. Good oral health is integral to individual health, well-being and quality of life.
2. Non-delivery of the Oral Health Improvement Plan would disproportionately affect those who already experience poorer health outcomes and would therefore widen health inequalities. Populations at greater risk of poor oral health include those people who live in areas of higher social deprivation; have learning disabilities; experience mental health problems; need adult social care; are part of black and minority ethnic groups; and are looked after children.

Key considerations

3. Oral health within the county is of concern. Directors of Public Health in Herefordshire have drawn attention to this for many years, through their annual reports, and through Joint Strategic Needs Assessments. The council's county plan too has identified this as a priority area for action.
4. The oral health of the local population remains worse than regional and national averages and this has not changed. The impact of Covid 19 here as elsewhere has been to delay access to treatment and an additional pressure locally is the shortage of NHS dentists. This situation continues and has recently worsened with five practices ceasing to contract with the NHS.
5. It is important to build a clear programme of work which takes a whole system approach, including at scale prevention of oral ill-health as well as the commissioning of new services. At a time of budget pressure, different system partners have been able to access one-off funding for specific initiatives, but members of the Health and Well-being Board are asked to build delivery of the Improvement Plan into their own planning.
6. An Oral Health Needs Assessment was completed by the Public Health Team in 2019, bringing together data on oral health and developing recommendations for change which were drawn into an action plan. This is attached as Appendix 2. This work was halted for two years, due to Covid 19.
7. The Oral Health Improvement Partnership Board was re-started in 2021, and now meets quarterly. It is well attended, with a public health consultant in the chair, and membership drawn from system partners including Healthwatch and NHS England commissioners.
8. The Oral Health Improvement Partnership Board receives an updated action plan at each meeting, taken from the initial needs assessment. The most recently updated plan is included as Appendix 1 of this report for information.
9. Attention is drawn below to recent and promising areas of progress, across the life course.
10. At system level, work is underway to commission a new dental service locally and a small working group has been set up. Internal governance sign-off to procure two medium sized dental practices in Hereford City is underway at NHSE, and additional activity is also going to be offered to willing existing contractors.

11. This will take into account some of the findings of a Healthwatch survey on dental services earlier in the year, which highlighted access issues, but also agreement to the overall proposal to commission services in Hereford City. However, it should be noted that recruitment of dentists to Herefordshire has been historically problematic.
12. For children and young people, delivery of a comprehensive 'Time to Shine' programme to improve children's oral health is continuing as below.
13. Evidence based supervised tooth brushing programmes are in place and have been enthusiastically taken up by early years settings. Funding has been secured for 30 settings and the first 20 of these are now live, with a focus on settings in areas of higher deprivation. 725 children between the ages of 2 and 5 are now brushing everyday as part of this initiative. Engagement sessions with parents have also taken place.
14. A 'Brush, Book, Bed' pack has been made available to libraries and this initiative aims to give every child aged 3 a pack including a toothbrush and book. 3,000 packs have been ordered, and 1,868 have been delivered.
15. Free online training for improving the oral health of children has been developed and is available for all to access. So far, this has been completed by 221 people: 46 parents; 175 professionals (of which 111 were early years professionals) and two Dental Nurses. It has so far evaluated well, and evaluation of impact on behaviour is to be carried out as a follow-up.
16. A 4-6 month oral health check has been commissioned for all babies, focussing on weaning and oral health. 87% of 4 – 6 month olds have been visited.
17. All primary schools in Herefordshire have received dental pack resources and are using them as teaching aids in delivering good oral health messages to children.
18. For adults, an audit of compliance with NICE quality standards on oral health in care homes has taken place. Seventy one homes responded, including homes for older adults, and for those with learning disabilities. Responses showed that although overall compliance with the three standards was good, attention is needed to improve the assessment of mouth care needs on admission.
19. This is being followed up by focused staff training and by the development of oral health champions in care homes. The training package has been developed through strong partnership working between public health, Wye Valley NHS Trust, and the Adult Social Care Quality team. The aims of the training are to empower care staff in all care settings to be confident and competent to perform mouth care to a recognised standard, and to be able to recognise and escalate suspected changes in mouth health, so as to improve the oral and overall health and well-being of the residents. The training will be followed up by evaluation considering changes in knowledge and practice.

Community impact

20. Distribution of the resources via libraries enhances their role as trusted sources of health information.
21. The Oral Health Improvement Plan addresses the needs set out in the Oral Health Needs Assessment.
22. The plan makes specific reference to engaging with children who are looked after by the Council and links with foster carers for training opportunities are currently being explored.

Environmental Impact

23. This report is considered to have minimal environmental impact.

Equality duty

24. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it

25. . The detail in the Oral Health Improvement plan has due regard to this duty, and a programme of work is planned and underway which seeks to deliver appropriate support for those who share protected characteristics.

Resource implications

26. The Oral Health Improvement Plan includes elements of delivery with long-term funding implications. Accepting the recommendations of this report does not in itself have resource implications, but it is understood that full implementation has funding implications which will need to be considered by each organisation. Creative solutions will be needed including the re-prioritisation of existing budgets and applications for additional funding whenever opportunities arise, across the system.

Legal implications

- 27. This report is for noting and seeking broad agreement to support the objectives determined from the report.
- 28. The recommendations are in accordance with the functions of the Health and Wellbeing Board set out in paragraph 3.5.24 of the council's constitution.
- 29. There are no specific legal implications arising out of this report. Risk management
- 30. Accepting the recommendations of this paper carries no risk for the constituent organisations of the Health and Well-being Board.
- 31. However, not endorsing the work of the Oral Health Improvement Board carries performance risk for the Council, which has identified children's oral health improvement as a priority, and reputational risk for the NHS and Council, who have responsibilities for the oral health of the local population.

Consultees

32. The Oral Health Improvement Plan was not subject to consultation. However, views of a recent Healthwatch engagement exercise have been taken into account in updating the Plan. This included an on-line survey of over 600 people and a number of focus groups. Healthwatch remain part of the Partnership Board and will be able to managing feedback.

Appendices

Appendix 1 is the updated Oral Health Improvement Plan, for information.
Appendix 2 is the full Oral Health Needs Assessment from 2019

Background papers

None identified.

Report Reviewers Used for appraising this report:

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