

Update on the work of the Oral Health Improvement Partnership Board

Meeting: Health and Well-being Board

Meeting date: 25th September 2023

Report by: Consultant in Public Health

Classification

This report is open.

Decision type

This is not an executive decision

Wards affected

All

Purpose

This report updates the Health and Well-being Board on the work of the Oral Health Improvement Partnership Board since the last report to Board (September 2022)

It seeks approval of its recommendations which focus on:

- Noting the comprehensive programme of work which is underway to improve oral health in Herefordshire
- Continuing to support a system approach to delivery of the action plan
- Support work to explore fluoridation of the water supply in Herefordshire.

Recommendation(s)

That members of the Health and Well-being Board:

- a) note the progress of the Oral Health Improvement Partnership Board;**
- b) Continue to support and deliver Herefordshire oral health action plan. (Appendix 1)**
- c) Support work to explore fluoridation of the water supply in Herefordshire.**

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 children looked after.

Key considerations

3. Oral health here 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 Corporate Plan of Herefordshire Council too has identified this as a priority area for action.
4. 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 available at [Oral health needs assessment - Understanding Herefordshire](#) This work was halted for two years, due to Covid 19.
5. The Oral Health Improvement Partnership Board was re-started in 2021, and meets quarterly. It is well attended, with a public health consultant in the chair, and membership is drawn from system partners including Healthwatch and NHS England commissioners.
6. The Oral Health Improvement Partnership Board receives an updated action plan at each meeting, taken from the initial needs assessment. Reports from NHSE/ICS commissioners are also presented, as well as from the practitioner providers of training.
7. Attention is drawn below to recent and promising areas of progress, across the life course.
8. At system level, a new dental service has been procured for Hereford City by NHSE/ICS, and premises are currently being explored with a planned mobilisation date of December 2023. A 'golden hello' scheme has recruited an additional dentist to the South of the County.
9. The NHSE/ICS have secured funding for a new Oral Health Improvement team and public health staff from Herefordshire have been fully involved in drawing up the service specification for the team. Once recruited, the team will be hosted at the Herefordshire and Worcestershire Health and Care NHS Trust and work priorities for the team will be taken from the local action plans from each County, and drawn up in consultation with the local oral health public health consultant.
10. For children and young people, delivery of a comprehensive 'Time to Shine' programme to improve children's oral health continues successfully as below:
11. Evidence based supervised tooth brushing programmes for young children is in place and has been enthusiastically taken up by early years settings. Funding has been secured for 40 settings and the first 37 of these are now live, with a focus on settings in areas of higher deprivation. This includes special schools who will be starting the programme in September 2023. Engagement sessions with parents take place as part of this programme, which evaluates well.

12. A 'Brush, Book, Bed' pack has been made available via libraries and this initiative aims to give every child aged 3 a pack including a toothbrush and book. 3,000 packs have been distributed to date.
13. 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 over 300 parents and professionals. The training has evaluated well, and a review of impact on behaviour is to be carried out as a follow-up.
14. A 4-6 month oral health check for all babies, focusing on weaning and oral health, has been incorporated into the service specification for the 0-19s public health nursing contract, which is currently being recommissioned. This follows the successful piloting of the check which was introduced in 2021.
15. 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.
16. Additional funding from the NHS has enabled distribution of oral health resources to those at greatest risk of poor oral health, including via food banks, children's centres, homeless shelters, and a range of other voluntary and community sector organisations.
17. Following an audit of care homes, a focused staff training package was developed and delivered during 22/23, and oral health champions in care homes were identified. The training package was developed through strong partnership working between public health, Wye Valley 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 is followed up by evaluation considering changes in knowledge and practice, and on-the-day evaluation was promising.
18. However, oral health outcomes for children remain disappointing despite our focus on delivering evidence based programmes. The results from the most recent survey of five year olds in Herefordshire shows that the % of children with decay experience has risen from 33.6% in 2012 to 38.7% in 2022, and the average number of teeth affected by decay has risen from 1.1 in 2012 to 1.5 in 2022. .
19. Fluoridation of the water supply is a powerful tool in improving oral health and areas of the country with fluoridation have better outcomes than those without. It is also a powerful tool in reducing inequalities between populations [Water fluoridation health monitoring report 2022 \(publishing.service.gov.uk\)](#) This, the most recent national monitoring report, concludes that: 'five-year-olds in areas with higher fluoride concentrations were less likely to experience dental caries, and less likely to experience severe dental caries, than in areas with low fluoride concentrations; five-year-olds in areas with a fluoridation scheme in place were less likely to experience dental caries than in areas without a scheme; children and young people in areas with higher fluoride concentrations were less likely to be admitted to hospital to have teeth removed (due to decay) than in areas with low fluoride concentrations; children and young people in areas with a fluoridation scheme in place were less likely to be admitted to hospital to have teeth removed (due to decay) than in areas without a scheme; and these effects were seen at all levels of deprivation, but children and young people in the most deprived areas benefitted the most.'
20. Legislative changes in 2022/23 have moved the statutory powers of local authorities in this context to central government and the processes now required to trigger a feasibility study into fluoridation here are currently being refined nationally. Full public consultation of the local

population is an early requirement of feasibility considerations. Herefordshire has no fluoridation of the water supply and it is clear that addition of fluoride would improve oral health outcomes for our young people.

Community impact

9. Distribution of the resources via libraries enhances their role as trusted sources of health information.
10. The Oral Health Improvement Plan addresses the needs set out in the Oral Health Needs Assessment.
11. The plan makes specific reference to engaging with children who are looked after by the Council.

Environmental Impact

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

Equality duty

13. 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. (Appendix 1)

Resource implications

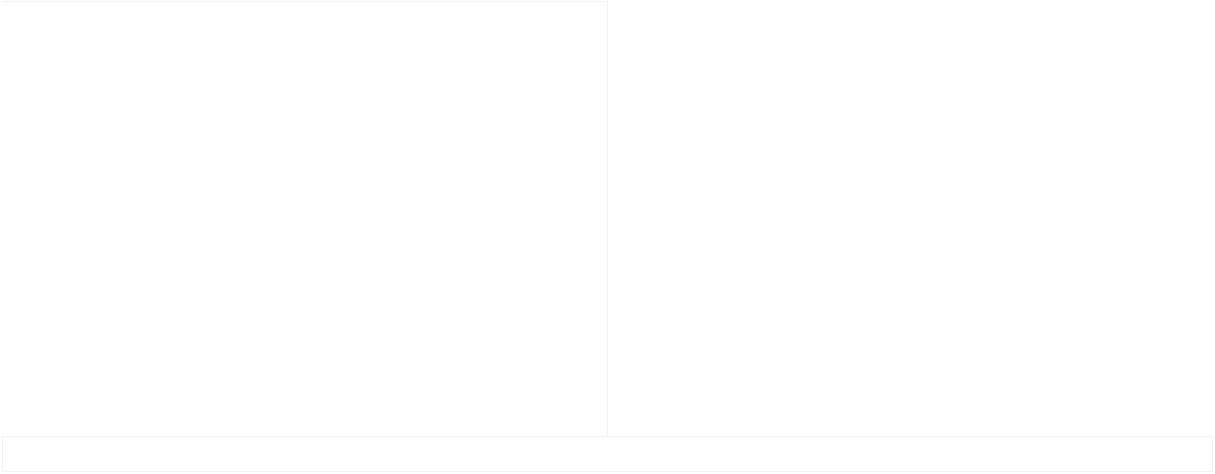
16. The Oral Health Improvement Plan includes elements of delivery with long-term funding implications. Accepting the recommendations of this report does not in itself have resource implications, but it is understood that full implementation has funding implications which will need to be considered by 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

17. This report is for noting the progress of the work of the Oral Health Improvement Partnership Board and supporting the objectives of the Oral Health Improvement Plan as set out in this report. There are no specific legal implications arising out of this report.

Risk management

18. Accepting the recommendations of this paper carries no risk for the constituent organisations of the Health and Well-being Board.
19. 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

20. 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.
21. Appendices:
 1. Oral Health Improvement action plan

Background papers

None identified.