Public Document Pack

Health & Wellbeing Board

Tuesday, 30th November, 2021
5.30 pm
Library Rooms 1 & 2, Entrance via Northgate

AGENDA

1. Welcome and Apologies

To welcome those present to the meeting and to receive any apologies for absence.

2. Declaration of Interest

To receive any declarations of interest on items on the agenda.

Declarations of Interest 3

3. Minutes of the Meeting held on 2nd September 2021

Minutes 2nd September 2021 4 - 10

4. Public Questions

To receive any questions from Members of the Public.

5. Pharmaceutical Services Consolidations and Notifications

To receive an update from Gifford Kerr, Consultant in Public Health, on practice relating to responding to Pharmacy consolidations and other norifications when received from NHS England.

Pharmaceutical services consolidations and notifications 11 - 13

6. Better Care Fund Planning Requirements 2021/22

To receive a presentation from Katherine White, Deputy Director Adult Social Care, on Better Care Fund Planning Requirements 2021/22.

7. Disabled Facilities Grant Update

To receive a presentation from Katherine White, Deputy Director Adult Social Care, on the Disabled Facilities Grant.

8. Health Equity Commission

To receive a verbal update from Professor Dominic Harrison, Director of Public Health, on the next steps of the Health Equity Commission

9. Healthwatch BwD Update

For the Board to receive an update and presentation on Healthwatch BwD from Sarah Johns, Chief Officer Healthwatch BwD.

10. Oral Health Strategy

Information only item. For the Board to receive a paper update on the Oral Health Strategy. Any questions can be directed to Professor Dominic Harrison.

Oral Health Improvement Strategy Report **14 - 59**
Oral Health Action Plan 2
Oral Health Improvement Strategy 2021-25

11. Eat Well, Move More, Shape Up Strategy

Information only item. For the Board to receive a paper update on the Eat Well, Move More, Shape Up Strategy. Any questions can be directed to Professor Dominic Harrison.

Eat Well, Move More, Shape Up Strategy Refresh 2022-25 Report **60 - 86**
Eat Well, Move More, Shape Up Stratgey 2022-25

12. Any Other Business

- *Discussion on Development Session – 26th January 2022*
- *Proposed Items for Next Meeting*
- *Date and time of next meeting*
  15th March 2022
  5.30pm – 7.30pm

Date Published: 22nd November 2021
Denise Park, Chief Executive

DECLARATIONS OF INTEREST IN

ITEMS ON THIS AGENDA

Members attending a Council, Committee, Board or other meeting with a personal interest in a matter on the Agenda must disclose the existence and nature of the interest and, if it is a Disclosable Pecuniary Interest or an Other Interest under paragraph 16.1 of the Code of Conduct, should leave the meeting during discussion and voting on the item.

Members declaring an interest(s) should complete this form and hand it to the Democratic Services Officer at the commencement of the meeting and declare such an interest at the appropriate point on the agenda.

MEETING:

DATE:

AGENDA ITEM NO.**:**

DESCRIPTION (BRIEF):

NATURE OF INTEREST:

DISCLOSABLE PECUNIARY/OTHER (delete as appropriate)

SIGNED :

PRINT NAME:

(Paragraphs 8 to 17 of the Code of Conduct for Members of the Council refer)

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BLACKBURN WITH DARWEN HEALTH AND WELLBEING BOARD
MINUTES OF A MEETING HELD ON THURSDAY, 2ND SEPTEMBER 2021

PRESENT:

Councillors	Mohammed Khan
	Julie Gunn
	Damian Talbot
ELHT	Tony McDonald
Clinical Commissioning Group (CCG)	Roger Parr
Health Watch	Sarah Johns
Voluntary Sector	Vicky Shepherd
	Dilwara Ali
Council	Jayne Ivory
	Dominic Harrison
	Sayyed Osman
	Laura Wharton

1. **Welcome and Apologies**

   The Chair welcomed everyone to the meeting. Apologies were received on behalf of Graham Burgess, Martin Hodgson, Angela Allen, Howerd Booth, Joanne Siddle, Councillor John Slater and Councillor Mustafa Desai.

2. **Declarations of Interest**

   There were no Declarations of Interest received.

3. **Minutes of the Meeting held on 12th July 2021**

   The minutes of the previous meetings held on 12th July 2021 were submitted.

   RESOLVED – That the minutes submitted be agreed as a correct record.

4. **Public Questions**

   The Chair informed the Board that no public questions had been received.

5. **Age Well Annual Update & Living Longer Better Strategy**

   Living Longer Better Strategy

Sayyed Osman provided an update on the development of the Living Longer Better approach to support active ageing in Blackburn with Darwen. The Board heard that Healthier Lancashire and South Cumbria had commissioned Sir Muir Grey to develop the Ageing Well programme across the footprint. This would provide a framework which encouraged a whole system culture change around active ageing and it was felt it was a perfect fit for the local collective strategic priorities. The Ageing Well Partnership felt that the development of this programme would enhance and support our ambition for Blackburn with Darwen to be a place where it was good to grow old.

Sayyed briefly outlined the key priorities and principles and informed the Board that as part of the Age Well partnership arrangement, funding amounting to £10,000 was available from Healthier Lancashire and South Cumbria Integrated Care System to Age UK BwD to develop the approach. The Board heard that Officers from both Adults and Health departments were assisting with the initial approach which would then be managed by a wider group facilitated through the Healthier Lancashire and South Cumbria funding.

Sayyed asked the Board to note the remaining contents of the report, and expressed his thanks to Vicky Shepherd and Beth Wolfenden for their involvement in this.

Age Well Update

Sayyed informed the Board that during the last 18 months of covid, fantastic progress had been made with the overarching priorities. Covid had placed significant delays and created substantial challenges. Several meetings had taken place to re-assess the vision and new set of priorities, which were outlined in the presentation as follows:-

Overarching Priorities

- Develop Blackburn with Darwen as a Dementia Friendly community
- Increase support to reduce Social Isolation and loneliness
- Develop the local Integrated Neighbourhood Service offer to promote independence
- Promote Digital Inclusion to ensure older people are able to access and benefit from an inclusive approach

Supporting Priorities

- Age Friendly society
- Supporting Older Persons Forum
- Active Ageing Framework
- Falls Prevention
- Review of Sheltered Housing

Sayyed informed the Board of the action plan going forward which consisted of:-

- Long Covid - Ensure Covid recovery needs of older people are part of a system wide approach
- Dementia - Develop BwD to be more dementia friendly and increase support to enable both carers and people living with dementia to live and age well
- Social isolation - Build on the Covid 19 learning and opportunities to both influence local strategies and action plans and support the need for digital inclusion programmes to prevent digital exclusion. Work with the Digital Inclusion Network to support a co-ordinated approach
- Digital Inclusion - Build on the Covid 19 learning and opportunities to both influence local strategies and action plans and support the need for digital inclusion programmes to prevent digital exclusion. Work with the Digital Inclusion Network to support a co-ordinated approach

- Poverty and Housing - Maintain a focus on the risks of poverty and effects of poor housing on older people, particularly in relation to deterioration of the condition of properties due to Covid repair delays
- Work towards improving healthy life expectancy - Promote opportunities for older people to both live and age well and be active and ensure that health inequalities are recognised, mitigated and reduced
- End of Life / Last 1000 days - Work across system to ensure that families and loved ones are able to have choice, dignity and quality in how they are supported; Support awareness and build capacity within communities and Personalise and work with our residents/their families on their wishes as far as possible

RESOLVED – That the Board;

1) Note the presentation; and
2) Endorse and support the living Longer Better approach in Blackburn with Darwen

6. Health Inequalities Commission

The Chair informed the Board that unfortunately the Reporting Officer had to submit their apologies for the meeting due to unforeseen circumstances, and that this item would be deferred and brought before the Board at a future meeting.

RESOLVED – In the absence of the Reporting Officer, it was agreed that this item be deferred to a future meeting.

7. Start Well Highlight Report

Jayne Ivory commenced the presentation by informing the Board that 36.5% of children in Blackburn with Darwen were living in poverty (relative low income families) which was a -0.6 percentage point change on the previous year. The Board heard that evidence suggested the pandemic has had a disproportionate adverse impact on health and wellbeing outcomes for children, young people and families from low income households.

Jayne informed the Board of a Child Poverty workshop that was delivered on 24th May, which had been facilitated by Child Poverty Action Group (CPAG), the Director of Children's Services and the Director of Public Health. Key themes that had been identified for action included social security / welfare benefits, housing, childcare, education and employment. Following on from this, a session was then delivered to the Council's Corporate Management Board on 28th July 2021.

The Board heard that the next steps would include:

- Child Poverty Board and strategic plan to be established
- Public Health to explore anti-poverty themes with the Live and Age Well Board
- Link into the Lancashire & South Cumbria Health Inequalities Commission
- Sir Michael Marmot to undertake a review and provide recommendations
- Refresh Health and Wellbeing Board Strategy

The Board then received an update on the Neglect LGA Peer Challenge and feedback report. Jayne informed the Board that the peer review was conducted from 21st – 25th June 2021, and the challenge focussed on the 'Effective understanding, recognition and response to neglect' including:-

- Leadership, management and culture including vision and strategy

- Capacity and managing resources – were leaders creating the right environment for good social work practice?
- Effective practice, service delivery and the voice of the child – including impact on outcomes for children and families

The Group heard that the Peer Challenge involved 6 Reviewers, 5 days of remote challenge, 20 cases audited, 80 people spoke with reviewers (council staff & Elected Members, external partners and stakeholders), 25 meetings took place to gather information and views, including focus groups and observations, and additional research and reading, and 255 hours collectively spent by reviewers to determine their findings.

Feedback received from the Lead Inspector, on Partnership Working on Neglect, was that *"The education community, voluntary and faith organisations and the third sector have worked with the Council to support families through these unprecedented and challenging times"*

The Group heard that the multi-agency approach was to reduce the prevalence and the impact of child poverty in the Borough and aimed to embed a multi-agency approach to neglect throughout the Borough. The Group heard about the challenges faced, as highlighted below:-

- 82% of open *Child in Need cases* had a primary need of Neglect or Abuse (June 2021)
- 41% of *Child Protection Plans* had a category of Neglect (June 2021)
- 12,639 (37%) of children aged 0-16 lived in 'relative low income' households in BwD
- Covid 19 - since the start of the pandemic there has been an increase in the number of individuals and families needing support in the Borough as a result of growing poverty and isolation

The Group then heard of the partnership strengths which were highlighted as follows:-

- Neglect Champions were embedded across the partnership to ensure that relevant information was cascaded to partner agencies
- Rolling programme of Neglect Training and Graded Care Profile training available for partner agencies and staff
- Strong and well-embedded relationships across partner agencies who were engaged in driving strategic ambition for children

Going forward there was more work to do and the Group were informed of the ongoing work that was needed:-

- How could partners further support the Neglect Strategy including Primary Care, Public Health and across the education community?
- Focus partnership energy and effort into the implementation of the Start Well strategy to ensure effective prevention, early identification, and intervention for children vulnerable to neglect
- Further work needed with partner agencies to ensure the strategy is fully embedded across the wider partnership

Jayne informed the Board that Blackburn with Darwen had received very encouraging feedback and "despite a prolonged and extreme impact of the pandemic, the Council and partners had demonstrated a determined approach of 'business as usual' as far as possible in these extraordinary times". Jayne continued to highlight other areas of work that had

received positive feedback, these included Leadership, Partnership and Integration, Governance, and Caseload Management – The Children's Advice & duty Service Effect.

Key recommendations from the review were summarised to the Board as follows:-

- Performance Management - Prioritise the development of performance management reporting and analysis
- Impact and outcomes - Better understand and evidence impact of services on outcomes for children and families
- Culture and Identity - Make the significance and impact of culture and identity a more prominent feature in assessments and care plans
- Public Law Outline (PLO) - Strengthen systems to promote the timely progress of cases in PLO
- Further enquiry to better understand impact - Repeat & short-term child protection plans where neglect was a feature require further enquiry
- Child's Lived Experience - Further develop a holistic approach to the child's lived experience of neglect including evaluating evidence and capacity for sustained change beyond consideration of physical conditions

Jayne informed the Board that case reviewers audited 20 cases and concluded that:-

- The needs of children were well understood with consistent evidence of the voice of the child being apparent
- An impressive and broad ranging Family Support offer, including a range of highly regarded support services provided by the voluntary sector
- The Graded Care Profile 2 (GCP2) was becoming embedded in practice and underpinning a better understanding of the child's lived experience and informed the focus of care plans
- The quality and timeliness of assessments with an increased focus on the child's lived experience was improving
- The roll out of the Risk Sensible Model was supporting improved analysis and assessment in care planning

In bringing the presentation to an end the Board was informed of the areas that had been identified for improvement, which were outlined as follows:-

- Ensure that the Neglect Strategy was fully understood across Primary Care
- Increase engagement of General Practitioners in strategy discussions and child protection conferences
- Better recording in children's assessments and plans to demonstrate
    - the impact of poverty and the pandemic on the child and family
    - the significance and impact of the child's culture, identity, and family traditions
- Pre-birth assessments would benefit from "a bespoke assessment tool that would promote a holistic multi agency assessment of the child's needs and parenting capacity"
- Improve the timeliness of child protection conference minutes – to drive care plan

Finally, the Board looked at the next steps, and heard that:-

- Partnership recommendations from the Peer Review would be driven through the Children's Partnership Board and the Neglect Champions sub group

- Children's Services recommendations would be actioned and monitored via the strategic Service Development Board & Practice Improvement Operational Group - "Outstanding Practice" priority
- Ofsted ILACS Inspection of Children's Services - preparation was underway to implement the recommendations in advance of the inspection.

RESOLVED – That the update be noted and that the presentation be circulated.

8. <u>Covid Situational Awareness</u>

Dominic Harrison provided an update to the Board on the daily and weekly confirmed case numbers and rates up to 26th August 2021. The Board heard that there had been 26,869 cases recorded cumulatively since the start of the pandemic. There had been a rise in cases recently, although it was noted that the increases were only small. The latest rate being 261.3 per 100k.

The Board viewed the Case Rate Data as of 1st September 2021 for all 14 Lancashire Local Authorities. Previously Blackburn with Darwen's rates had been higher than others, however Blackburn with Darwen now had the lowest rate of all the Lancashire districts, and one of the lowest rates in England.

The Board looked at the geography of recently confirmed cases per Ward and it was noted that there had been 392 cases in the week to 26th August 2021 and 47 cases on the latest confirmed day which was 26th August 2021.

Dominic informed the Board of the case number trends for Age Groups and highlighted that the smallest case numbers was for the 65+ age group however an increase in this age bracket had also been observed. The majority of cases were within the working age category of 16-64 years and children's case numbers were variable. It was anticipated that numbers would increase in children with the return to school this week.

The Board then looked at Covid Inpatients and Deaths summary and as of 24th August 2021 there had been 28 ELHT Covid Inpatients. It was noted that patient numbers appeared to be decreasing gradually. Importantly, it was highlighted that local hospital data for 1 week had not been received so it was not known how many of these ELHT patients were from Blackburn with Darwen.

As of 1st September 2021, 438 Blackburn with Darwen residents had died within 28 days of a positive covid diagnosis. The Board noted that during July 2021 there had been 9 deaths within 28 days of a covid diagnosis and to the 30th August 2021, there had been 1 further death. There had been no further deaths since this.

The Board heard that the latest vaccination data for Blackburn with Darwen, from Public Health England was as follows:

- First dose total – 96, 423
- Second dose total – 85, 099

It was noted that the total percentage of people in Blackburn with Darwen, as of 1st September, aged 18+ who had received a COVID-19 vaccination was as follows:

- 76.8% of those aged 18+ have had 1 dose
- 67.8% of those aged 18+ have had dose 2

Discussions also took place around Long Covid and the importance to re-focus efforts and really understand how people had been affected by long covid. It was agreed that a full discussion on this be brought to the next meeting.

RESOLVED – That the update be noted and the presentation be circulated to the Board and that an item on Long Covid be added to the agenda for the next meeting.

9. Blackburn with Darwen Walking and Cycling Plane

The Board received an information only report which provided members with an update on Blackburn with Darwen's first walking and cycling plan.

The purpose of the report, along with background information was highlighted in the report, which was contained within the agenda pack.

RESOLVED – That the Board

- Note the contents of the Walking and Cycling Plan
- Welcome and fully support the Walking and Cycling Plan

10. Better Care Fund – Quarter 1 Update

The Board received an information only report which provided members with an update on the Better Care Fund and Better Care Fund (BCF and iBCF) pooled budget financial position for Quarter 1 2021/2022.

Background information was highlighted in the report, which was contained within the agenda pack.

A full update would be presented to the Board at the next meeting.

RESOLVED – That the Board;

- Note the Better Care Fund Quarter 1 2021/2022 delivery and financial position; and
- Note the future planning and review of Blackburn with Darwen Better Care Fund Plans for 2021/2022.

11. Any Other Business

RESOLVED – That the proposed items for the next meeting be noted and that an item on Long Covid be brought to the next meeting.

Signed……………………………………………….………..

Chair of the meeting at which the Minutes were signed

Date…………………………………………………………

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health and Wellbeing
DATE:	10th November 2021

SUBJECT: Pharmaceutical services consolidations and notifications

1. PURPOSE

The purpose of this paper is to update the Health and Wellbeing Board on practice relating to responding to Pharmacy consolidations and other notifications when received from NHS England.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board is asked to

- Agree this update on procedure

3. BACKGROUND

Local Government took on a new role when Public Health transferred from the NHS in April 2013, including the production of a Pharmacy Needs Assessment (PNA).

The PNA aims to identify whether current pharmacy service provision meets the needs of the local population and considers whether there are any gaps in service delivery.

The PNA is used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Alongside the role of overseeing production of the PNA, the Health and Wellbeing Board has a statutory duty to respond to NHS England when they receive applications to consolidate pharmaceutical services. Notifications of other changes to pharmaceutical services are also sent to the Health and Wellbeing Board, but do not require a statutory response.

This paper outlines the process for responding to consolidation applications and other notifications from NHS England.

4. RATIONALE

Consolidation applications:

The NHS (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 requires the Health and Wellbeing Board (HWB) to make representations on consolidation

applications to NHS England. A consolidation is where community pharmacies on two or more sites propose to consolidate to a single site.

These representations must indicate whether, if the application were granted, in the opinion of the Health and Wellbeing Board, the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services.

Members of the Public Health Department receive consolidation notifications from NHS England, on behalf of the Health and Wellbeing Board via email. Upon receipt of this email, a 45 day period is given to respond. As this period may or may not fall within the schedule for Health and Wellbeing Board meetings, the following process is proposed:

1) Analysis of the proposed consolidation is undertaken by members of the Public Health Department, including an assessment of geographic proximity, accessibility, services provided (including commissioned services) and future developments within the area.

2) Members of the Health and Wellbeing Board will be emailed by a member of the Public Health Department with a brief to describe the analysis results and asked for their comments. To keep within timescales specified by NHS England, members of the Health and Wellbeing Board will be given two weeks (14 days) to provide comments. Comments will be collated by members of the Public Health Department.

3) The Director of Public Health will be briefed on the results of the analysis and any comments received, and will make a delegated decision on whether a proposed consolidation is likely to create a gap in pharmaceutical services that could be met by a routine application.

4) The Director of Public Health will then provide a response to NHS England, on behalf of the Health and Wellbeing Board.

5) A summary report noting the HWBs representation and the subsequent decision whether to grant the consolidation request is provided to the HWB at the next scheduled meeting.

6) Notification documentation will be uploaded to the Pharmaceutical Needs Assessment Statements page of the Council website **www.blackburn.gov.uk**

Other notifications:

Other pharmacy notifications received by the Public Health Department will be forwarded to the Director of Public Health (DPH) for review. If the DPH assesses a response is required, steps 2) to 5) will be followed. Notifications will be included in the summary report to the Health and Wellbeing Board regardless of whether a response has been made.

5. KEY ISSUES

It is a statutory responsibility of the Health and Wellbeing Board to respond to NHS England.

The applicant pharmacy may challenge NHS England's decision, so the response must be robust and made on relevant and appropriate information.

6. POLICY IMPLICATIONS

There are no direct policy implications.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications.

8. LEGAL IMPLICATIONS

The NHS (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 requires the Health and Wellbeing Board to make representations on consolidation applications to NHS England. The process proposed in this paper is to support the Health and Wellbeing Board in meeting its statutory duty in this regard.

9. RESOURCE IMPLICATIONS

Pharmaceutical services consolidation notifications are received from NHS England on an infrequent basis and as such the resources for undertaking analysis of the implications of the pharmacy consolidation can be met within current staffing and resource allocations.

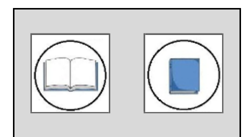
10. EQUALITY AND HEALTH IMPLICATIONS

None

11. CONSULTATIONS

There is no need to undertake consultation.

VERSION:	**1.1**
CONTACT OFFICER:	Dr Gifford Kerr, Consultant in Public Health
DATE:	10th November 2021
BACKGROUND PAPER:	



HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Gill Kelly
DATE:	11/08/2021

SUBJECT: Blackburn with Darwen Oral Health Improvement Partnership Strategy (2021 – 2026)

1. PURPOSE – Provide an overview of the approach, the strategy and the action plan to improve the oral health of children, vulnerable adults, and the elderly who live in supported living or in care homes, across Blackburn with Darwen.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD
Note contents of the strategy and the recommendations and the action plan
Approve the oral health improvement strategy

3. BACKGROUND

3.1 The oral health of children living in the Borough has been poor for over thirteen years. In 2007/08 the dental epidemiology survey found that the proportion of five year olds experiencing decay was 51%, the highest in England. For the next dental epidemiology survey in 2011/12, the rate fell to 41% probably due to a large 'exposure to fluoride' programme led by the then primary care trust. By 2014/15 the rate had again risen to its highest level of 56% and by the 2016/17 survey, the proportion again dropped to 43% before the latest increase to 51% in the 2018/19 survey. This fluctuation infers a long term strategy is needed to improve the oral health of our children year on year. The rate of decay is also significantly higher in our South Asian Heritage children than in our white children.

3.2 Few long term interventions have taken place across pan Lancashire due to changes in funding priorities since the Health & Social Care Act 2012. In 2013, the responsibility for improving the oral health of the local population transferred to local authority Directors of Public Health from NHS Primary Care Trusts. Due to year on year reductions to the Public Health grant, a number of health improvement services were reviewed and scaled back, including local oral health improvement services. Based on the most recent data, Blackburn with Darwen now has the highest rate of 5 year olds with tooth decay in England, which is a call to action as a priority for sustainable investment.

3.3 There is now an urgent need for a cross departmental and partnership response to reduce the rate of decayed teeth in the Borough's young children, and the high number of tooth extractions under general anaesthetic which puts additional pressure on hospital services. The Oral Health Improvement Strategy outlines a number of evidence-based recommendations that would support a reverse in this enduring trend.

3.4 For the population on the whole, approximately 5% of our time is spent accessing health care, including dentistry. The prevention of dental disease, therefore, is achieved in the main during the other 95% of our time undertaking our daily routine. Preventing common dental diseases such as tooth decay and gum disease can be achieved through the development of daily habits of self-care, such as regular brushing of teeth with a toothpaste containing fluoride and keeping all sugar-

containing drinks and snacks to meal times. However, the Covid-19 pandemic has exacerbated children's oral health outcomes further partly due to restricted access to dentists for routine check-ups and the application of fluoride varnish.

3.5 Poor oral health can affect the ability of children to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet, and impaired nutrition and growth which affect the ability of the child to learn, thrive and develop. To benefit fully from education, children need to be in attendance, be healthy and ready to learn. Taking time off school due to tooth ache or being hospitalised due to tooth extraction, is also disruptive to both the child and their parents. The two main oral diseases, dental decay and periodontal disease, share the same risk factors as other chronic diseases and conditions such as heart disease, cancer, strokes, diabetes and obesity. The latter two conditions are also risk factors for severe Covid-19, so prevention is key.

3.6 Adult dental health is also a concern, as during a recent PHE dental survey, Blackburn with Darwen's rate was 36% of patients having visible decay at their appointment (4th worst in the North West behind three Merseyside Local Authorities). Vulnerable adults are said to have worse oral health (these being substance misuse service users, the Authority's looked after children care leavers, the homeless, those struggling with poor mental health, people with learning disabilities and the elderly in receipt of care (see 'Inequalities in oral health in England, PHE March 2021')) so working with our commissioned services including substance misuse services and care providers is vital to ensure staff in these services receive training on why oral health matters.

3.7 The Framework for Enhanced Health in Care Homes (Version 2) was published in March 2020 and good oral health plays a part. The Care Quality Commission (CQC) 2019 report indicated that too many people living in care homes are not being supported to maintain and improve their oral health and as a result, older people living in care homes are more likely to have experienced tooth decay and the majority of residents with one or more natural teeth will have untreated tooth decay.

3.8 Evidence shows that poor oral health can lead to pain and discomfort, leading to mood and behaviour changes, particularly in those who cannot communicate their experience. There can also be problems with chewing and swallowing, including as a consequence of dysphagia, which limit food choices and can lead to impaired nutritional status. Care staff can find it difficult at times to provide good mouth care, particularly when there are challenges such as advanced dementia or complex dental conditions. There is also a higher risk of 'aspiration pneumonia' which is an infectious pulmonary process that occurs after abnormal entry of fluids into the lower respiratory tract and is also caused by poor oral health and poor oral hygiene. Scientists have found that bacteria growing in the oral cavity can be aspirated into the lung to cause respiratory diseases such as pneumonia, especially in people with periodontal disease.

3.9 PHE have produced guidance for local authorities containing evidence based recommendations, and these form part of the strategy. Examples of some interventions already being delivered include:

- Distribution of toothpaste, brushes and sippy cups by Health Visitors to every child at their 8-12 month check
- Distribution of toothpaste and brushes to every young person leaving our care
- Distribution of toothpaste and brushes to each vulnerable adult in substance misuse services living in homes of multiple occupancy
- A full census survey of every child in reception has been completed where every child in reception had their teeth checked. This has provided evidence to inform targeted interventions in areas with greatest need.

- Parent Champion's 'Kind to Teeth' peer support campaign: Food Active piloted this in Blackburn with Darwen and Knowsley Borough Councils. They worked with the children's centres and nurseries to aim to recruit at least two parent champions each. Unfortunately only four volunteers underwent training in September 2021 and formed their own parent networks to share good oral health messages. Evaluation of this pilot will inform a bigger recruitment of more parent champions over the winter months.
- The Community Voluntary and Faith sector will also recruiting 'Grandparent Champions' in the South Asian communities.

4. RATIONALE

Blackburn with Darwen again has the highest proportion of five year olds experiencing decay, in England, with 51% of our five year olds having at least one decayed missing or filled teeth (dmft) following the 2018/19 survey. The rate for the North West is 31.7% and for England it is 23.4% (PHE 2018/19). This was a call to action to implement long term population oral health improvement strategies, as delivered in our statistical neighbour councils, who have lower rates of dmft's than Blackburn with Darwen Borough Council's rate.

5. KEY ISSUES & RISKS

4.1 Due to the current high levels of dental disease in Blackburn with Darwen, there continues to be a demand for dental treatment. However, in March 2020, dental practices received a national directive to cease all treatment provision until Standard Operating Procedures (SOPs) could be put in place to ensure the safe provision of dental treatment during the COVID-19 pandemic. Urgent dental care centres continued to provide emergency care until June 2020, following which dentists resumed the delivery of treatment with additional Covid-19 related infection prevention and control SOPs in place. However, dental treatment capacity remains restricted due to the ongoing impact of the pandemic.

The risks going forward are:

- The number of children being seen regularly by a dentist is reduced
- Families in need are unable to re-attend now restrictions are lifted and greater capacity is re-established
- The impact of less fluoride varnish being applied to children's teeth as part of NHS funded practice-based prevention
- The number of dental check-ups undertaken is reduced
- Many care home residents / vulnerable older people in receipt of care were reliant on carers to support their daily oral hygiene care and access to dentistry.

However despite these challenges, if developing daily habits of self-care is done right, through the interventions set out in the oral health strategy, then accessing dentistry for treatment should/will be less of an issue.

4.2 Public Health England established a link between high rates of tooth decay and being overweight (*The relationship between dental caries and body mass index, 2019*). Therefore, by addressing poor oral health, the current obesity issue can also be tackled, and vice versa, with both diseases being a risk factor for poor child and adult health. This has resulted in the Council's Eat Well Move More Shape Up strategy group including oral health within its agenda.

4.3. Aim

The aim of the oral health improvement strategy is to improve the oral health of children, vulnerable adults, and the elderly in supported living or in care homes.

The long term vision is to see an increase in children starting school with a full set of healthy teeth who will then grow into adults with healthy strong teeth.

4.4 Governance

The oral health improvement strategy group will oversee and monitor the strategy's recommendations and deliver the action plan.

The oral health improvement strategy group is accountable to the Health & Wellbeing Board and will report to the Children's Partnership Board, Live Well Board and the Age Well Board.

4.5 Summary of recommendations:

Start Well:

Recommendation 1: Make oral health a core component of a joint strategic needs assessment and the health and wellbeing strategy. Review it as part of the yearly update.

As part of this a full census dental survey in reception class has been completed.

Recommendation 2: Ensure all staff working with children in early years settings receive e-learning for oral health each year. Other key staff such as health visitors to receive face to face oral health training on an annual basis, from a commissioned provider.

Recommendation 3: Peer support in early years' settings to form parent champion networks.

Recommendation 4: Continue to purchase toothpaste, toothbrushes and sippy cups for our health visitors to distribute to every child at their 8-12 month check and continue to purchase and distribute a supply of adult brushes and toothpaste for our care leavers each year.

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Recommendation 6: Explore with NHS England how dental practices can apply fluoride varnish to children in areas found to have high rates of decay and also make sure every child is registered with a dentist by one year old.

Recommendation 7: Update and reinstate the Smile 4 Life award scheme in all early years' settings; Give Up Loving Pop (GULP) to be rolled out across 20 primary schools with highest rates of decay.

Recommendation 8: Develop and deliver a targeted communications campaign between council and partners to promote good oral health. This will use the intelligence from the full dental census survey to pinpoint wards with the highest rates of decay.

Live Well

Recommendation 9: Purchase toothbrushes and toothpaste for our commissioned services to deliver to clients in houses of multiple occupancy (hostels) and request an evaluation of this intervention from the provider each year.

Recommendation 10: Services working with vulnerable adults access oral health e-learning on induction and is refreshed annually.

Age Well

The NHS guide 'Framework for Enhanced Health in Care Homes' recommends the following:

Recommendation 11: Every person's oral health should be assessed as part of the holistic care home / domiciliary care assessment of needs and personalised care and support planning process.

Recommendation 12: Care homes should have an oral health policy in place with one staff member taking responsibility for this policy within the home. This should be clearly aligned to NICE guidance 48 Oral Health for Adults in Care Homes.

Recommendation 13: Every person's oral health should be enquired after and/or observed regularly by care home staff as part of their usual hygiene routine, and they should have access to routine dental checks and specialist dental professionals as appropriate. Local systems should work collaboratively to provide access to appropriate clinical dental services for people living in care homes.

Recommendation 14: Staff employed by care home providers should undertake training in oral healthcare to support delivery of oral health assessments and daily mouth care for individuals, and maintain this knowledge and skill through ongoing professional development.

Recommendation 15: Adult Social Care to co-ordinate oral health e-learning for all staff working in care homes or who support our vulnerable elderly residents who live in their own homes. This will take place on induction and as annual refresher training. The oral health champion identified in recommendation 2 above will receive more in depth annual training from the commissioned oral health improvement training provider.

6. POLICY IMPLICATIONS

Nil

7. FINANCIAL IMPLICATIONS

The public health grant will be used to fund universal and some targeted oral health improvement interventions.

8. LEGAL IMPLICATIONS

The Health & Social Care Act 2012 amended the NHS Act 2006 to transfer dental public health functions from primary care trusts to Local Authorities. Statutory Instrument 2012/3094 confirms that Blackburn with Darwen Borough Council is statutorily required to provide or commission oral health promotion programmes to improve the health of the local population (as appropriate for our area). It also requires the Local Authority to provide or commission oral health surveys.

To fulfil our statutory responsibilities, the local authority's public health team commissions interventions and programmes to tackle poor oral health and reduce inequalities. The Local Authority public health team monitors oral health and undertakes health needs assessments relating to oral health.

9. RESOURCE IMPLICATIONS

The Public Health team are coordinating all interventions. An oral health improvement strategy group has been formed, which includes elected member representation. It will oversee the oral health improvement strategy and will be kept informed of progress made on the oral health improvement action plan (quarterly meetings).

10. EQUALITY AND HEALTH IMPLICATIONS

Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

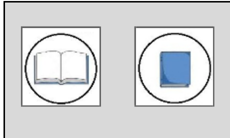
11. CONSULTATIONS

- Adults & Prevention Senior Policy Team (Sep 2021) - presentation of findings and recommendations

- BwD Food Resilience Alliance group (Sep 2020) - presentation of findings and recommendations
- Care Network (Aug 2021) – feedback on recommendations
- Change Grow Live / Inspire BwD (June 2021) - feedback on recommendations
- Children & Education Senior Policy Team (Feb 2021) - presentation of findings and recommendations
- Children's Partnership Board (July 2021) - presentation of findings and recommendations
- East Lancs & BwD CCG, Pennine Lancashire Children and Young Peoples Transformation Programme, Priority scoping workshop, Oral Health (July 2021) - presentation of findings and recommendations
- Eat Well Move More Shape Up group (Sep 2020) – presentation of findings and recommendations
- Gypsy Traveller Liaison Officer (June 2021) - feedback on strategy and recommendations
- Healthwatch public consultation (July 2021) - feedback on recommendations
- IMO (Apr 2021) – feedback on strategy and recommendations
- Lancashire & South Cumbria NHS Foundation Trust (June 2021) - feedback on strategy and recommendations
- One Voice (Apr 2021) – feedback on strategy and recommendations
- Parents in Partnership (July 2021) - feedback on strategy and recommendations
- Public Health & Wellbeing Senior Policy Team (Feb 2021) - presentation of findings and recommendations

VERSION:	**V0.5**

CONTACT OFFICER:	Gill Kelly
DATE:	02/11/2021
BACKGROUND PAPERS:	Blackburn with Darwen Oral Health Improvement partnership strategy (2021 – 2026) Oral Health Improvement action plan Equality Impact Assessment toolkit



Oral Health Improvement action plan

Recommendation: Make oral health a core component of a joint strategic needs assessment and the health and wellbeing strategy. Review it as part of the yearly update				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
1a. Discuss with UCLan, our dental epidemiology provider, the cost of a full census survey of our five year olds (n = 2200, 2018 MYE) to gather data for a JSNA to support decision making for the H&WBB	Full census survey agreed for one year (COVID dependent)	Contract signed	GK / CAPS / Jane Pearson (UCLan)	COMPLETED
	Opt out consent with parents agreed	Letters sent and opted out children not checked	UCLan	
	Full survey completed for one year	Data received	UCLan	
1ai. Discuss with the provider a contract variation for the 2023/24 survey for another full census survey	CV approved PHE approval (including data analytics team)	Full census survey contract variation approved and signed prior to April 2023	Public Health / CAPS / UCLan / PHE	April 2023

1b OHI strategy group established that has responsibility for an oral health needs assessment that can report back to the H&WBB	Invite key partners that include: ○ The PHE consultant in dental public health ○ A BwD public health representative ○ The NHS England commissioner of local dental services ○ A representative from a local professional dental network ○ A representative from the local dental committee ○ Representatives from children and adult social care services ○ A local Healthwatch representative ○ The Portfolio Holder for Children and Young People and the Portfolio Holder for Public Health & Wellbeing ○ Representatives from relevant community groups.	Group established and first meeting was April 2021; 2nd June 2021	GK	COMPLETED
	Key actions forwarded to H&WBB		GK	Sep 2021
	Oral health needs assessment completed including data on BAME and actions for South Asian community (currently based on Pennine data showing a significantly higher rate of decay in Asian / British Asian children than for white children (PHE June 2020))		GK	Dec 2021

1c. The Council's 'Eat Well, Move More, Shape Up (EWMMSU) strategy is to include oral / dental health improvement	This cross body group can influence and monitor all aspects of a healthy diet incorporating healthy weight, healthy teeth and being active and in shape	Monthly meeting updates	GK	Ongoing
1d. JSNA completed with NHSE and children's services	Full needs assessment completed		GK, Elise Carrol, NHSE	Dec 2021

Recommendation: Make available oral health training for the wider professional workforce including foster carers, early years' teaching staff and our children's centre staff as well as staff linked to our vulnerable adults such as care home staff, care workers, substance misuse workers and those working with the homeless

Key Actions	Key Deliverables	Progress Indicators	Organisation/ Lead	Timescale
e-learning completed by all staff as per above	All relevant staff create an account and undertake the NHS Health Education England's oral health training for the wider professional workforce, to ensure they convey healthy oral health messages appropriately to the community / children in care when they visit vulnerable families / LAC	Monitor of HEE completion rates across BwD organisations	GK / CSC / CCs / LSCFT / Adult social care / CGL / Inspire	Autumn 2021
Source oral health training providers to deliver face to face / virtual training	• Source a training provider for Live Well / Age Well services • Source a training provider Start Well services • Training Providers to co-ordinate sessions across vulnerable adult and early years' settings / services	• Training providers in post • 90% of staff supporting young children and vulnerable adults achieving accredited training / CPD in OHI	GK / CAPS	Autumn 2021 Spring 2022

Evaluate training	Follow up al staff for evaluation	As many staff contacted and asked for their feedback	GK / CSC / CC / training provider	Summer 2022
Recommendation: Children's Centres recruit parent champions as part of the Food Active 'Kind to Teeth' strategy				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
Each Children's Centre (CC) recruits at least one parent champion (PC) to attend training with Food Active	At least 8 PCs recruited and trained	Follow up with PCs to determine their confidence to peer support with oral health messages Complete oral health training	PCs / Food Active / CCs	Sep 2021
Peer support network up and running using social media	Oral health improvement messages shared	At least 8 networks created and OHI awareness increases	CCs / Food Active	Oct 2021
Evaluation	Focus groups / surveys sent to all networks	Measure of before and after knowledge improved	Food Active	Nov 2021
Recommendation: Approval for the purchase of toothpaste, toothbrushes and sippy cups our young children at their 8-12 month old check and for our children in care, our care leavers and substance misuse clients resident in homes of multiple occupation				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
Based on stock, purchase another years' supply to cover each new birth the previous year (=n)	Stock ordered and delivered to CCs	Monitor at LSCFT quarterly review meetings and seek an annual evaluation of this intervention using case studies from families	PH / LSCFT	Each April
Purchase a years' supply for all LAC and CGL clients	Stock ordered and delivered to children's social care (CSC)	Feedback from CSC / foster carers / CGL (Inspire)	PH / CSC	Mar 2021

Recommendation: Source a training provider to support the delivery of a targeted supervised brushing scheme in al CCs, Reception classes and nurseries				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
Identify the targeted primary schools and nurseries	Schools / nurseries with children likely to suffer more decay identified	School / nursery list available for provider	GK / PHE	Autumn 2021
Determine a provider (service spec to also include on-going support; new toothbrushes, cleaning the stands; infection control etc.)	Provider sourced and cost agreed	Contract in place (no funding available from NHSE)	GK / CAPS	Winter 21/22
Schools, CCs and nurseries contacted and staff members identified for training	Staff attend training with provider	Number of staff trained and ready to undertake supervised brushing	GK / provider / nurseries / CCs & schools	Winter 21/22
Brush Busses purchased for 112 schools, nurseries and children's centres (7000 pupils)	Brush busses forwarded to schools, CCs and nurseries	Feedback from all they have received their busses / brushes and have hygienic storage facilities	GK / schools	Winter 21/22
Reception supervised brushing starts	Opt out letters sent	1. Opt out letters delivered and received from parents 2. Supervised brushing starts	Provider / Schools /	Spring 2022
Recommendation: Work with NHSE to deliver a targeted fluoride varnish scheme for 2-5 yr. olds (this is a free service from NHSE)				

Key Actions	Key Deliverables	Progress Indicators	Organisation/ Lead	Timescale
Discuss with NHSE a targeted delivery from our children's centres	• Liaise with CCs to determine likely numbers of children needing fluoride varnish • £cost agreed across x 8 CCs and BwD (pro rata) with provider if a cost is required for dental provider	• Numbers estimated • Cost agreed	NHSE	TBC
Children's centres contacted for a schedule	CCs agree with provider a schedule across 8 x CCs	Schedule in place CC staff aware of schedule Social media and in house advertising of sessions	Provider / CCs	TBC
Families contacted for opt in consent	• Opt in letters sent to parents (CC to identify) • Opted in children attend sessions	Aim for 70% return of opt in letters 70% of children having fluoride varnish applied	Provider / CCs	TBC
Recommendation: Healthy Food and Drink Policies: a) Reignite Smile 4 Life across our early years and children's centres b) GULP to carry on in primary schools				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
Reintroduction of Smile 4 Life (to support the Sugar Smart City) and a project co-ordinator role (£Budget? – could run alongside supervised brushing commission)	Blackburn Smile 4 Life approved Co-ordinator role advertised • Sticker books purchased • Activities agreed to run across our 7 x CCs and early years' settings • BwD social media utilised • Link with dental practices for social media promotions	• Number of CCs, early years' and LAC settings identified and on board • Co-ordinator role in place • Supplier identified and supplies purchased for our 7 x CCs / early years' settings and LAC	CCs PHE	TBC

Key Actions	Key Deliverables	Progress Indicators	Organisation/ Lead	Timescale
Blackburn Smile 4 Life live	All early years' settings signed up and monitored by Blackburn Smiles co-ordinator	Register of status and recommendations for each setting	Blackburn S4L co-ordinator	TBC
GULP campaign re-starts	35 children across 20 classes in 20 schools attend sessions with BRFC community trust	• Reduction in consumption of fizzy / high sugar drinks • Awareness of ingredients of sugary drinks v water • Reduction in single use plastic	Food Active / Healthy Stadia / BRFC	Autumn 2021
Recommendation: Comms campaign between council and partners to promote good oral health				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
Once intelligence received from survey, wards identified for campaign messages	Comms priority status agreed with public health eSLT Messages and format agreed with partners	Comms action plan and timetable	GK / Chris Hidden / partners	Autumn 2021
Recommendation: Continue to purchase toothbrush and toothpaste for our commissioned services to deliver to clients in houses of multiple occupancy (hostels) and sex workers, and receive an evaluation of how this is received				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
Work with CGL to determine supplies	Products purchased and delivered	Numbers distributed	CGL	Ongoing
Evaluation of intervention	Evaluation shared at contract meetings	Feedback from service users	CGL / Colin Hughes	Ongoing
Recommendation: NHS England will restart the Start Well programme				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
Most dentists sign up for Start Well	Dentists linked to CCs	Number of 5yr olds registered with a dentist	Nick Barkworth	2022

Recommendation: NHS England will work with CGL and pharmacies to distribute toothpaste and brushes to clients receiving methadone prescriptions and offer vulnerable adults dental appointments				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
CGL client details forwarded to NHSE	Toothpaste and brushes purchased and delivered to key pharmacies	Numbers handed out (800 clients but not all in need)	Pharmacy / NHSE	Sep 2021
NHSE to identify at least 2 x dental practices to open appointments for walk ins	2 dental practices to offer 26 x sessions to vulnerable adults	Dental practices signed up	NHSE	TBC

Recommendation: The oral health improvement strategy group will work with the BwD Age Well Partnership to develop a set of recommendations to support good oral health in older adults				
Key Actions	**Key Deliverables**	**Progress Indicators**	**Organisation/ Lead**	**Timescale**
The group will consult with partners, stakeholders and older adults in developing specific recommendations and actions	Recommendations agreed	Oral health in older adults monitored	OHI strategy group	TBC

Blackburn with Darwen Oral Health Improvement Partnership Strategy 2021 - 2026

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Foreword

Good oral health has an important role to play in our general health and wellbeing. Oral diseases are common and their impact on both society and the individual is significant. Poor oral health in young children can affect their ability to sleep, eat, speak, play and socialise with other children. Although this is the same for older adults it can also affect their overall quality of life, self-esteem, social confidence, and mental wellbeing, often resulting in reduced engagement in community life, leisure and cultural activities, education and learning, volunteering and employment.

Oral health is an emerging issue amongst vulnerable older people. National data shows an increase in the retention of natural teeth which are often heavily filled and require complex dental or oral care. Alongside this, oral cancer is on the increase with evidence suggesting that tobacco, not eating enough fruit and vegetables, and drinking alcohol, all increase the risk of poor oral health. Other factors also have an impact, such as an increase in the prevalence of Alzheimer's and other dementias and long-term conditions.

Blackburn with Darwen's Oral Health Improvement Strategy aims to promote initiatives and actions across the life course to tackle a broad range of inequalities in oral health, which reflect broader health inequalities. The strategy recommends whole population and behaviour change approaches in an attempt to address some of the common risk factors associated with poor oral health. The recommendations for action in the strategy involves upstream, midstream and downstream interventions based on the best available evidence that use both targeted and universal approaches. These are weighted towards communication, culture and behaviour change, outlined in the accompanying action plan.

Tackling children's oral health is complex and bound up with issues of culture, lifestyle and deprivation. Far too many of our youngest children are having to undergo avoidable and preventable tooth extractions to remove painful and rotten teeth. A whole 'place based approach' to oral health promotion action is required, involving sustained effort, resource and commitment from all partners and residents to tackle this long standing public health issue.

Our health and wellbeing partners are committed to improving the oral health of our children and vulnerable adults, both now and over the long term, as we face the unenviable challenge of reversing our position of having the highest rate of tooth decay in our 5 year old children in England (2018/19).

Through our collective efforts, we are determined to reduce the oral health inequalities associated with access to a healthier food and drink, oral health promotion, literacy and self-care resources, and regular dental health checks for our most vulnerable children, adults and the elderly. This strategy serves as a clear call to action to all of our partners, from the public, private, voluntary community and faith sectors to focus our resources to support and enable our residents to improve the overall oral health and wellbeing of children, families and vulnerable adults.

Professor Dominic Harrison
Director of Public Health

Jayne Ivory
Strategic Director of Children's Service and Education

Councillor Julie Gunn
Executive Member for Children Young People & Education

Councillor Damian Talbot
Executive Member for Public Health & Wellbeing

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Aim of the strategy

The aim of the oral health improvement strategy is to improve the oral health of children, vulnerable adults, and the elderly who live in supported living or in care homes.

The Vision

The long term vision is to see an increase in children starting school with a full set of healthy teeth who will then grow into adults and older adults with healthy strong teeth and gums.

The rate of decayed missing and filled teeth (dmft) will also fall year on year, with a target for Blackburn with Darwen Borough Council to match the North West rate by 2026 when the second Public Health England (PHE) commissioned survey of five year olds will have taken place.

Executive summary

Blackburn with Darwen Borough Council is one of the more deprived local authorities in England. Poor oral health is closely linked to deprivation, and this is seen in the data for decayed missing or filled teeth (dmft) for the Borough.

Our five year olds have the highest rate of decay in England, this time by a significant margin. This is a call to action to provide long term interventions to reverse the trend year on year.

Good oral health has an important role in positive general health and wellbeing for children, vulnerable adults and the elderly, and prevention of poor oral health is a multifaceted approach involving education, healthcare, dental services, young people's services, the voluntary, community and faith sector (VCFS) and Public Health.

This strategy has been developed in consultation with partners such as NHS England (NHSE), Public Health England (PHE), the Community Voluntary and Faith sector and the Borough's Food Resilience Alliance. It includes data showing the scale of the oral health problems in the Borough, effective evidence based interventions, best practice and recommendations for collective action to improve the oral health of our residents.

The impact of these interventions will be evident in the next two to five years, measured by the surveys of five year olds in 2023 and 2025 and evaluation of the recommended interventions which are set out across the three life courses of Start Well, Live Well and Age Well. They should go a long way to improve the oral health of all our residents.

Recommendations:

Start Well:

1. Make oral health a core component of a joint strategic needs assessment and the health and wellbeing strategy. Review it as part of the yearly update.
2. Ensure all staff working with children in early years settings receive e-learning for oral health each year. Other key staff such as health visitors will receive face to face oral health training on an annual basis, from a commissioned provider.
3. Peer support in early years' settings to form parent champion networks.

4. Continue to purchase toothpaste, toothbrushes and sippy cups for our health visitors to distribute to every child at their 8-12 month check and continue to purchase and distribute a supply of adult brushes and toothpaste for our care leavers each year.
5. Source a provider to deliver and monitor a universal supervised brushing scheme in reception classes, children's centres and nurseries.
6. Explore with NHS England how dental practices can apply fluoride varnish to children in areas found to have high rates of decay and also make sure every child is registered with a dentist by one year old.
7. Update and reinstate the Smile 4 Life award scheme in all early years' settings; Give Up Loving Pop (GULP) to be rolled out across 20 primary schools with highest rates of decay.
8. Develop and deliver a targeted communications campaign between council and partners to promote good oral health. This will use the intelligence from the full dental census survey to pinpoint wards with the highest rates of decay.

Live Well

9. Purchase toothbrushes and toothpaste for our commissioned services to deliver to clients in houses of multiple occupancy (hostels) and request an evaluation of this intervention from the provider each year.
10. Services working with vulnerable adults access oral health e-learning on induction and this training will be refreshed annually.

Age Well

The NHS guide 'Framework for Enhanced Health in Care Homes' recommends the following:

11. Every person's oral health should be assessed as part of the holistic care home / domiciliary care assessment of needs and personalised care and support planning process.
12. Care homes should have an oral health policy in place with one staff member taking responsibility for this policy within the home. This should be clearly aligned to NICE guidance 48 Oral Health for Adults in Care Homes.
13. Every person's oral health should be enquired after and/or observed regularly by care home staff as part of their usual hygiene routine, and they should have access to routine dental checks and specialist dental professionals as appropriate. Local systems should work collaboratively to provide access to appropriate clinical dental services for people living in care homes.
14. Staff employed by care home providers should undertake training in oral healthcare to support delivery of oral health assessments and daily mouth care for individuals, and maintain this knowledge and skill through ongoing professional development.
15. Adult Social Care to co-ordinate oral health e-learning for all staff working in care homes or who support our vulnerable elderly residents who live in their own homes. This will take place on induction and as annual refresher training. The oral health champion identified in recommendation 2 above will receive more in depth annual training from the commissioned oral health improvement training provider.

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Introduction

People living in deprived communities consistently have poorer levels of oral health than people living in more affluent areas[1]. The prevalence of tooth decay, tooth loss, oral cancer and gum disease follows this social gradient. Blackburn with Darwen Borough council has an Indices of Multiple Deprivation (IMD) poverty deprivation score of 42, which is the highest of any upper tier local authority (UTLA) in the North West. The Borough also has the 2nd highest proportion of children <16 years (31.4%) living in absolute poverty in the North West.

Blackburn with Darwen Borough Council now has the highest proportion of its five year olds experiencing decay, in the whole of England.

Poor oral health can affect the ability of children to sleep, eat, speak, play and socialise with other children. Other impacts include pain, infections, poor diet, and impaired nutrition and growth which affect the ability of the child to learn, thrive and develop. To benefit fully from education children need to be healthy and ready to learn. Children with special educational needs and disabilities (SEND) need extra support.

Oral health among children aged five years attending mainstream schools is a useful indicator to measure the impact of interventions to improve general health and wellbeing (including parenting, weaning and feeding practices and nutrition) and school readiness. This metric is currently measured every two years and is commissioned by local authorities as a statutory requirement.

Older people's oral health is determined by behaviour and choices but also vulnerability, and good oral health improves quality of life. Older adults, especially the homeless, substance misuse clients, those with a learning disability or mental illness and the elderly living in care homes or with home help, need to have extra help maintaining a healthy mouth.

The two main oral diseases, dental decay and periodontal disease, share the same risk factors as other chronic diseases and conditions, such as heart disease, cancer, strokes, diabetes and obesity – the latter two being risk factors for severe COVID-19, so prevention is key.

The Pennine Lancashire Integrated Care Partnership have also prioritised oral health and their Business Intelligence Leadership Team have produced a NHS Right Care 'Where To Look Pack' 2019/20 (see Appendix 3) focusing on dental caries in children. Their recommendations are integrated into the Start Well recommendations later in this report.

A life-course approach to chronic disease development therefore highlights the importance of early childhood factors in the development of chronic ill-health, including oral diseases.

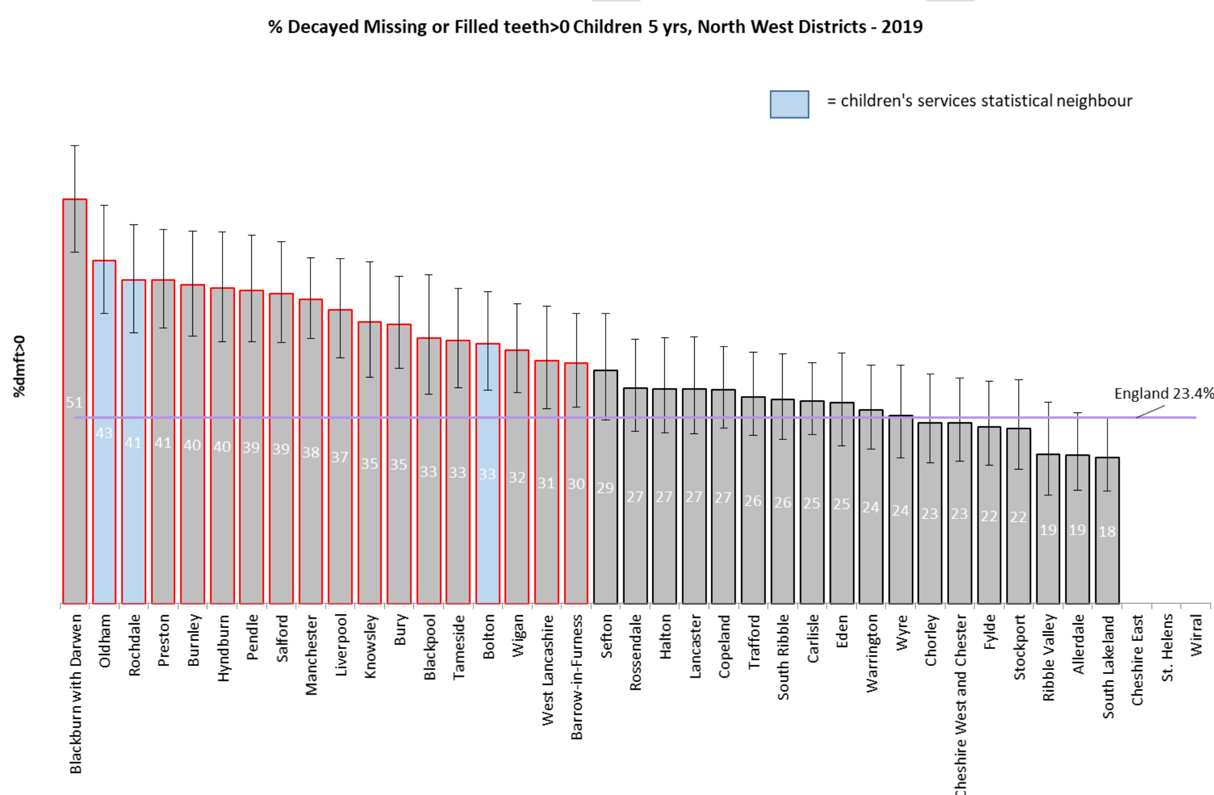
[1] Health Matters: Child dental health - Public health matters (blog.gov.uk)

Part 1 – Start Well

Current Situation

Blackburn with Darwen now has the highest % of five year olds with decayed missing or filled teeth in England, with 51% of five year olds having at least one decayed missing or filled teeth (see Figure 1). This data is taken from the 2019 Public Health England (PHE) dental epidemiology survey in which 282 other local authorities in England took part (43 provided no data). The survey is completed each year, and is a function of the oral health responsibilities transferred to local authorities from the NHS as part of the Health and Social Care Act 2012. Blackburn with Darwen Borough Council commissions the University of Central Lancashire to perform this statutory function. Whilst five year olds are surveyed every two years, each subsequent year is pre-determined by PHE (it has previously been adults seen in a dental practice, 3 year olds, 10 year olds and 12 year olds). See Oral Health - Roles and responsibilities for further details.

Figure 1: Proportion of 5yr olds with decayed, missing or filled teeth, North West, 2019



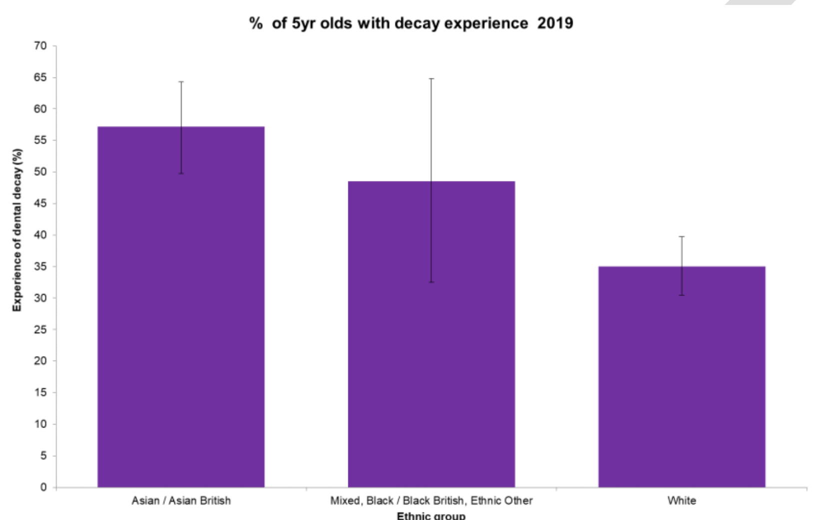
Source: PHE Fingertips 2020

Dental decay occurring in the first two or three years of life can affect the smooth surfaces of upper front teeth and can affect many other teeth as well. This type of decay (early childhood caries) occurs more often in some ethnic groups and is usually associated with long term use of a baby bottle containing sugared drinks, especially if given at night (NICE, 2008). The 2013 survey of three year olds found that 9% had early childhood caries across Blackburn and Darwen, which was higher than the North West (5%) and England (4%) averages. Higher proportions of children from Pakistani and Bangladeshi heritage groups experienced early

childhood caries in some of our statistical neighbour local authorities. The numbers were too low for Blackburn with Darwen Borough Council to show any significance, but higher proportions of children from Pakistani and Bangladeshi heritage groups also experienced early childhood caries here too.

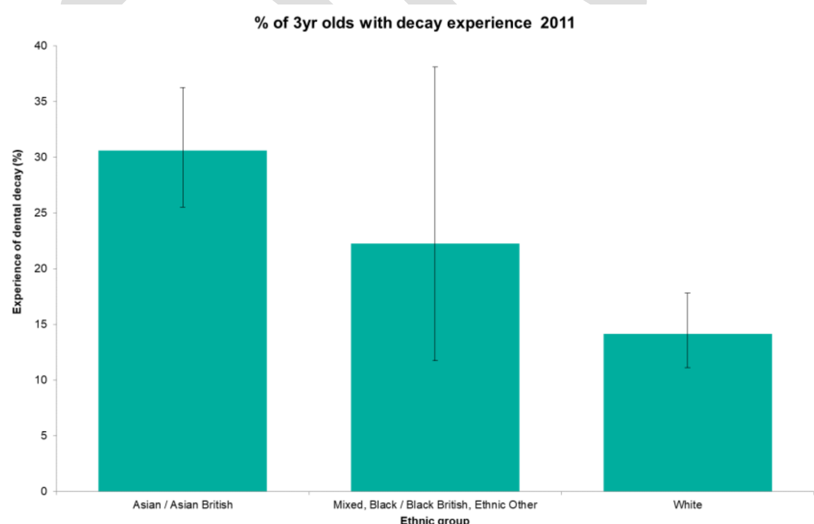
To allow for statistical analysis by ethnicity, the dental survey data was requested from PHE for Pendle and Burnley. The data for these boroughs and Blackburn with Darwen Borough Council's was combined to give a much bigger sample size for more accurate findings. This analysis by ethnicity showed that Asian children living in Blackburn with Darwen, Burnley and Pendle borough councils (combined) have a statistically significantly higher proportion of three and five year olds experiencing decay than white children.

Figure 2 % of five year olds experiencing decay by ethnicity, Blackburn with Darwen, Burnley & Pendle combined.



Source: PHE Dental epidemiologist 2020

Figure 3: % of three year olds experiencing decay by ethnicity, Blackburn with Darwen, Burnley & Pendle combined

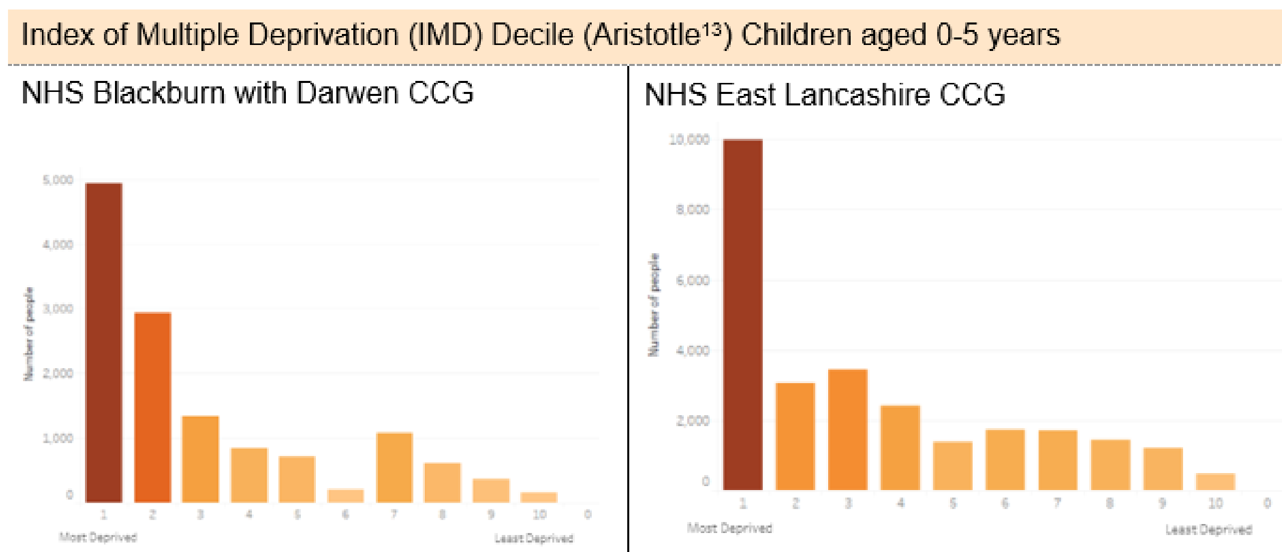


Source: PHE dental epidemiologist 2020

Deprivation

Analysis by the commissioning support unit shows that most children aged 0-5 in Blackburn with Darwen live in the most deprived decile (as is the picture for Pennine Lancashire) so the link between poverty and decay is strong.

Figure 4: % of the population by age band by deprivation decile



Source: Commissioning Support Unit Aristotle Population Health Management tool 2019/20

Hospital episodes for tooth extraction

Dental extractions are the most extreme result of poor oral health, and the most common single reason for hospital admissions for young children aged 5 to 9 years of age in England[2]. Blackburn with Darwen Borough Council has the second highest rate for hospital admissions for dental caries for 0-5 year olds in the North West with 905 admissions per 100,000 children aged 0-5 (crude rate) – see Figure 5.

Children have extractions carried out in hospital mainly because they need general anaesthetic for the procedure. They may be very young or uncooperative, have multiple teeth requiring extraction or have very broken down teeth or infection.

[2] Hospital Episode Statistics (HES) 2019

Figure 5: number and crude rate of hospital admissions for 0-5 year olds for dental caries, north west – 2017/18 -2019/20

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	34,771	286.2	283.2	289.3
North West region	–	7,045	446.8	436.4	457.3
Blackpool	–	320	1,055.1	948.8	1,184.2
Blackburn with Darwen	–	350	905.6	808.3	1,000.1
Liverpool	–	770	726.7	676.3	779.9
Wigan	–	485	725.2	659.2	789.5
Bolton	–	485	692.7	631.1	755.7
Lancashire	–	1,600	654.8	623.1	687.7
Manchester	–	720	529.1	491.8	569.9
Tameside	–	260	495.5	433.5	555.5
Oldham	–	280	462.4	409.8	519.9
Rochdale	–	250	455.9	399.4	514.1
Salford	–	285	450.1	400.8	507.2
Knowsley	–	160	446.0	377.0	517.7
Stockport	–	270	420.8	373.6	475.7
Bury	–	175	404.5	342.5	464.2
Sefton	–	180	342.6	297.9	400.6
St. Helens	–	85	228.7	182.6	282.8
Trafford	–	120	223.8	183.8	265.6
Cheshire East	–	90	122.0	96.9	148.4
Warrington	–	45	103.5	75.5	138.4
Halton	–	25	89.2	60.6	135.9
Cheshire West and Chester	–	55	81.2	59.9	104.1
Wirral	–	20	30.3	18.5	46.8
Cumbria	–	20	22.8	14.8	36.6

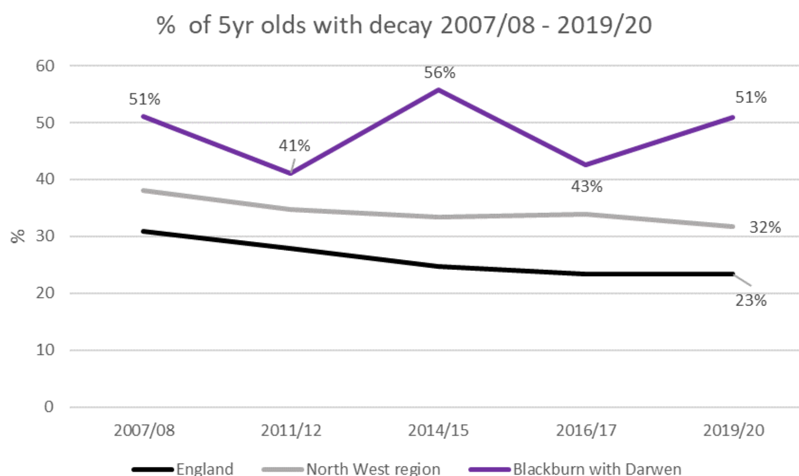
Source: Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Trend

Figure 6 shows Blackburn with Darwen Borough Council having the same proportion of five year olds experiencing decay as thirteen years ago, with the proportion of children experiencing decay back up to 51% - from a high of 56% in 2014/15.

Evidence suggests the dip in 2012 was as a result of a large Primary Care Trust-funded fluoride varnish scheme involving the then dental nurse teams based in Accrington and Burnley. There was a Keep Smiling Scheme, Smile for Life and an active oral health promotion scheme with a fluoride toothpaste distribution programme.

Figure 6: The proportion of five year olds experiencing >0 dmft, 2007/08 – 2019/20



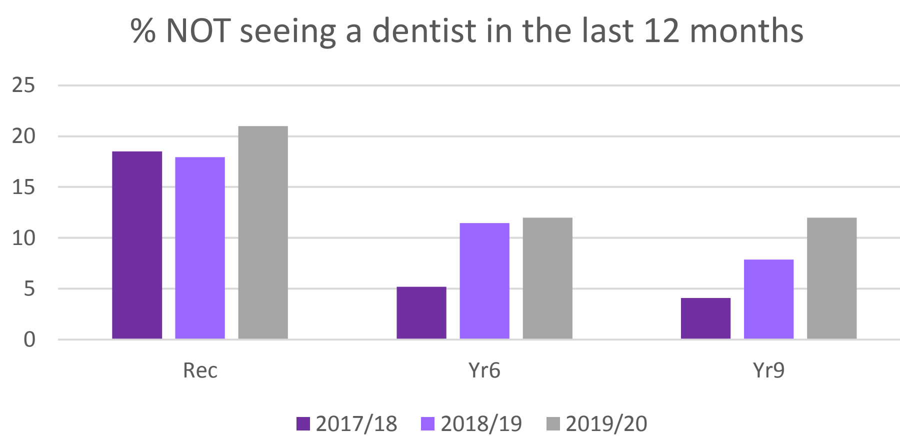
Source: PHE fingertips 2020

School Health Needs Assessment questionnaire

Dental visits

The school health needs assessment questionnaire was a paper questionnaire sent to parents of children in reception, and is completed by children in years 6 and 9. It asks many questions to determine need for a one to one visit from the school nurse, but also asks if the child has been to the dentist in the last 12 months. Figure 7 shows the situation is getting worse with over 20% of five year olds not seeing a dentist in the previous 12 months and an increasing proportion of year 9 students not visiting the dentist. One Voice surveyed some of its members in 2019 and found that a proportion of parents from South Asian heritage didn't feel you needed to register your child with a dentist until they started school.

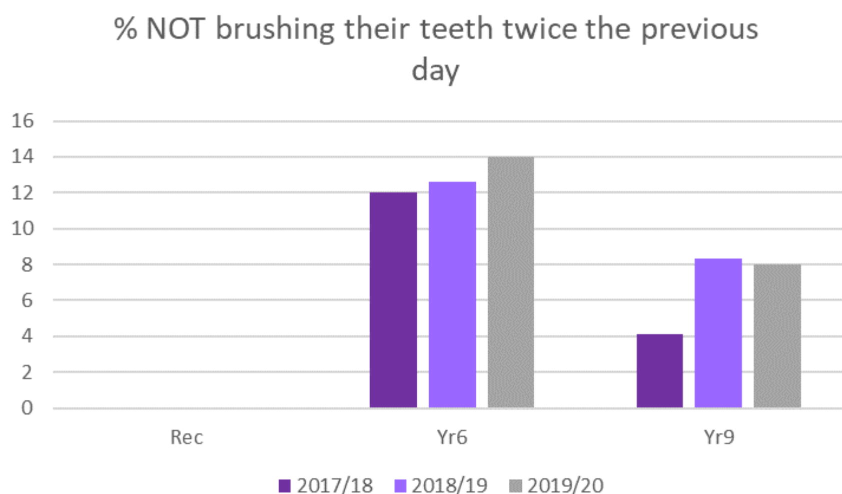
Figure 7: % of children not seeing a dentist by school cohort over time



Tooth Brushing

The proportion of school children informing the school nurse team they did not brush their teeth twice the previous day is also increasing, with the figure doubling from 4% for our year 9's to 8% and increasing for year 6's each year. Results from the One Voice survey also showed some parents believed tooth brushing was only necessary in the morning.

Figure 8: % not brushing their teeth twice the previous day



Oral Health - Roles and responsibilities

The Health and Social Care Act 2012 redistributed resources and responsibilities previously held by Primary Care Trusts. Since April 2013 the roles and responsibilities of Local Authorities, NHS England and PHE in relation to oral health and care are:

Local Authorities have responsibility for improving oral health in the population and there is a Public Health Outcomes Framework (PHOF) measure that relates to this (dental decay among five year olds). We are therefore responsible for commissioning actions and programmes to tackle poor oral health and reduce inequalities. Some of these involve services provided and commissioned by the Local Authority such as Health Visiting and School Nursing Services. In addition local authorities are responsible for monitoring general and oral health and undertaking health needs assessments relating to oral health. This responsibility is supported by the PHE Dental Public Health Epidemiology Programme which facilitates national surveys of a variety of population groups and aims to provide estimates of oral health at local authority level. This programme usually requires local authorities to commission local fieldworkers to undertake local surveys according to a national protocol. Blackburn with Darwen Borough Council have commissioned the dental school at the University of Central Lancashire to provide this service, and the council are in the process of determining an oral health improvement service, as per our responsibilities under the Health & Social Care Act 2012.

NHS England (NHSE) are responsible for commissioning all primary, specialist and hospital preventive and clinical care for oral conditions. This covers general dental practices, access centres and community dental services for primary care, a range of providers for specialist care and dental and general hospitals for inpatient and outpatient care.

Public Health England has a responsibility to provide high level expertise on oral health to support and add value to local authorities and NHS England teams. For example, PHE facilitates and supports the Lancashire and South Cumbria Oral Health Improvement group.

Other Local Authorities - our statistical neighbours' children's oral health interventions

Bradford is one of the most deprived areas in England, with a high prevalence of dental disease in 5 year olds. The local authority recently revised its oral health strategy to highlight areas for improvement and interventions include a community-based fluoride varnish programme, supervised tooth brushing in early year's settings and training for the early years and dental workforce. In addition there is a targeted programme with children attending mosque study classes and Islamic schools.

https://publichealthmatters.blog.gov.uk/2017/06/19/health-matters-tackling-child-dental-health-issues-at-a-local-level/

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Oldham

The 2016/17 Public Dental Health Epidemiology Programme for England, oral health survey of five-year-old children living in Oldham showed that dental decay levels decreased significantly to three in ten (34.8%). Oldham has an early years tooth brushing programme called 'Smiles Matter' with nurseries and reception classes taking part in supervised tooth brushing programmes to improve their children's oral health. Children are given a free toothbrush and helped each day to brush their teeth with toothpaste containing the correct amount of fluoride. All children receive a free pack to take home with a toothbrush, fluoride toothpaste and an information leaflet.

Oldham also run an annual 'Big Brush' in November when they encourage all parents in Oldham to back a borough-wide dental campaign to help local children brush up on their tooth care. Throughout the month, children's centres and many nurseries are involved in the Big Brush campaign and some children receive oral health packs containing toothpaste, toothbrushes, timers and written information.

Rochdale

The rate of decay in Rochdale's five year olds has fallen from 47% in 2017 to 41% in 2019. They had commissioned:

1. Borough wide fluoride varnish programme for children aged 3-5 yr. old in both private and Local Education Authority (LEA) nurseries and reception classes.
2. Public Health England transformation fund programme for tooth brushing in schools, taking place in LEA and private day nurseries for children aged 2-5 yr. olds.
3. "Brushing for Life", a Health Visitor led family fluoride tooth brushing scheme for children aged 9 month and 2 yrs. delivered during child assessment visits.
4. "Bump to Baby", a maternity family fluoride toothpaste scheme which helped to create links to promote dental attendance during the ante natal and post-partum periods.
5. Tooth Time, within both LEA and private nurseries. A family fluoride toothpaste scheme which children took home promoting good oral hygiene habits with family or significant carer.
6. The Golden Grin Award scheme designed for all early years settings based on healthy snacking and none food rewards.
7. Referral programme to Living Well Oral Health specialist, for children and families with additional needs. It delivered 1:1 support to improve oral health and support dental attendance.
8. The design and delivery of oral health learning packages for LEA staff and private day nurseries to roll out in class.
9. The loan of resources to support the training packages and delivery of programmes in both LEA and private early years settings.
10. Learning packages in oral health for child minders.

Bolton

The proportion of five year olds with decay in Bolton is 33%, down from 38% in 2017 (and has been declining every survey since 2008). Bolton also has an oral Health Improvement Department based within Bolton NHS Foundation Trust.

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The Council has a number of oral health improvement schemes:

1. Brushing for Life (Children aged 8mths) is a health visitor led programme, designed to promote regular brushing of children's teeth. Health visitors provide oral health advice and support for parents and babies at the eight month assessment, along with giving them a toothbrush, toothpaste and an information leaflet.

2. The oral health improvement team offer information and support within a number of children's centres across Bolton. Parent and baby Sessions give early advice for parents on preventing dental decay. The oral health improvement team also explain the importance of early dental attendance and supply a dental access voucher if required.

a. The Dental Access Voucher Scheme aims to ensure that vulnerable children, including looked after children and children on a safe guarding plan are able to access care with a local dentist quickly. The programme has been running in Bolton since 2005 with support from a number of local dental practitioners.

3. Brush Bus - since 2007, children in Bolton have benefited from a supervised Brush Bus programme with many schools, nurseries and special schools taking part. Schools are still posting their Brush Bus activities on their websites.

Evidence based Interventions for consideration for Blackburn with Darwen Borough Council

NICE produce a full list of recommendations for oral and dental health in many settings, outlined in Appendix 2.

PHE's Commissioning Better Oral Health is a guide for local authorities. The Health and Social Care Act (2012) amended the National Health Service Act (2006) to transfer responsibilities to local authorities for health improvement, including oral health improvement, in relation to the people in their areas. Local authorities have specific dental public health functions and are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population, to the extent that they consider appropriate in their areas.

Appendix 1 details the interventions that PHE say local authorities should consider commissioning that are recommended. It also shows those interventions with limited or no value.

Return on investment

The responsibility for providing oral health improvement interventions falls on Local Authorities and the benefits of better oral health to us as a community are:

1. Improved school attendance due to fewer absences due to tooth ache / tooth extraction hospital episodes.
2. Better long term health due to the links between poor oral health in childhood and adulthood and chronic illness (Anja Heilmann, 2015)

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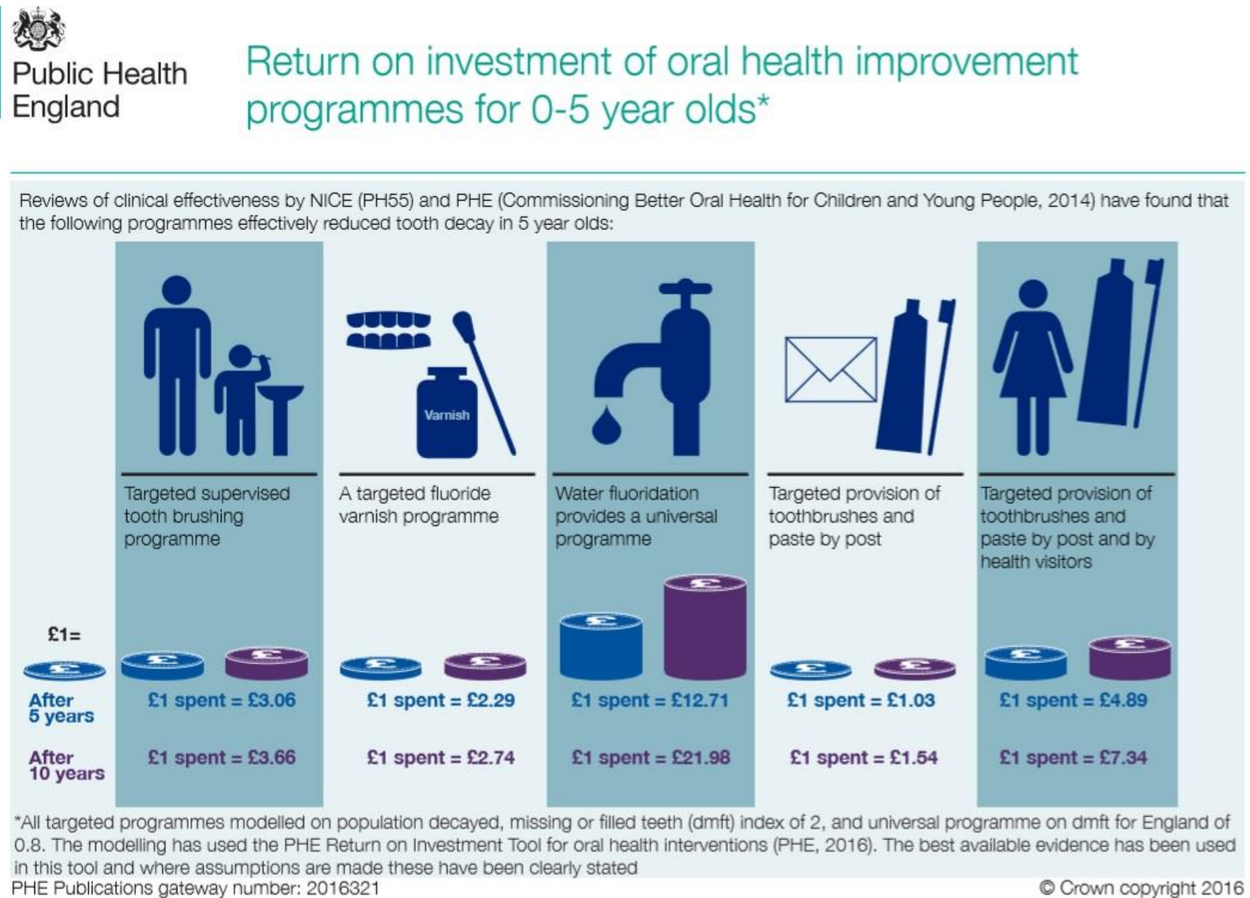
3. Improved Public Health Outcomes Framework (PHOF) indicators for the council.

Figure 9 highlights those interventions that are cost effective:

Figure 9: PHE return on investment – reviews of clinical effectiveness by NICE and PHE, 2016



Recommendations to improve the oral health of children and young people across Blackburn with Darwen Borough Council

(also aligns the Pennine Lancashire recommendations – see Appendix 3 *for details)*

Recommendation 1: Make oral health a core component of a joint strategic needs assessment and the health and wellbeing strategy. Review it as part of the yearly update.

Sub recommendations to improve intelligence are:

Recommendation 1a: Discuss with our epidemiology provider (UCLan dental school) the cost of a full census survey of five year olds across the Borough (planned for school term 2020/21) to pinpoint wards with high rates of decay, and to allow full analysis by ethnicity, to enable targeted interventions at the right population (currently only 250 children per district are randomly selected across the Borough).

Recommendation 1a has now been completed.

Recommendation 1ai: discuss with the provider a contract variation for the 2023/24 survey to again conduct a full census survey of five year olds.

Recommendation 1b: Set up a group that has responsibility for an oral health JSNA and who will monitor the oral health improvement action plan that aligns with this strategy.

Recommendation 1b is now established

Recommendation 1c: Blackburn with Darwen Borough Council's 'Eat Well, Move More, Shape Up' (EWMMSU) strategy is to include oral / dental health improvement and the oral health improvement action plan will be approved by the board and monitored as part of the EWSUMM strategy action plan.

Recommendation 2: Ensure all staff working with children in early years settings receive e-learning for oral health each year. Other key staff such as health visitors to receive face to face oral health training on an annual basis, from a commissioned provider.

a) Ensure the 0-19 service and our early years' services, including child minders and foster carers, create an account and undertake annually the NHS Health Education England's oral health training for the wider professional workforce, to ensure they convey healthy oral health messages appropriately to the community / children in care / when they visit vulnerable people / families, especially those in more deprived areas and South Asian Heritage communities.
b) For more in depth continuing professional development, the council will commission an oral health improvement training provider to deliver bespoke face to face training across the three life courses Start Well, Live Well and Age Well. The main target audiences for Start Well will be health visitors, early year's staff in our children's centres and key workers in nurseries and social care staff working with children in our care.

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Recommendation 3: Peer support in early years' settings to form parent champion networks.

Blackburn with Darwen Borough Council will participate in the Food Active 'Kind to Teeth' parent champion's pilot.

Training for parents champions to start September 2021

Recommendation 4: Continue to purchase toothpaste, toothbrushes and sippy cups for our health visitors to distribute to every child at their 8-12 month check and continue to purchase and distribute a supply of adult brushes and toothpaste for our care leavers each year.

Blackburn with Darwen

Continue to fund the purchase of toothpaste, toothbrushes and sippy cups for our health visitors to distribute to all of our young children at their 8-12 month old check and purchase toothbrushes for our children in care and our care leavers. The provider will at the same time deliver oral health improvement messages at these visits.

Pennine Lancashire

The Pennine Integrated Care Partnership also recommend The Children and Young People Commissioning Team explore the current NHSE work of Starting Well and other opportunities with partner organisations, to increase awareness amongst parents and action/communicate services that support young children in the prevention and early detection of dental caries. CCGs have opportunities to communicate advice and commission maternity and child-health services, both directly and with partner healthcare organisations.

Recommendation 5: Source a provider to deliver and monitor a universal supervised brushing scheme in Reception classes, children's centres and nurseries.

Blackburn with Darwen

Commission a provider to support the delivery of a targeted supervised brushing scheme (Brush Bus) in Reception classes, children's centres and nurseries, including special schools. Note there is a link between being overweight, poor nutrition and subsequently poor oral health in children (PHE, 2019) so the Recipe for Health scheme is also running in these settings.

(Note we have 6000 children in N1, N2 and reception across 112 settings)

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Pennine Lancashire

The Pennine Integrated Care Partnership also recommend the CCGs' Children and Young People Commissioning Team explore opportunities with local Public Health partners to increase the regularity of tooth-brushing amongst young children.

Recommendation 6: Explore with NHS England how dental practices can apply fluoride varnish to children in areas found to have high rates of decay and also make sure every child is registered with a dentist by one year old.

Blackburn with Darwen

NHS England commission dentistry. The oral health strategy group will develop and deliver a targeted fluoride varnish scheme for 2-5 year olds using the clinical rooms in children's centres. NHSE are also discussing restarting the Start Well Scheme for dental practices. This scheme funds NHS dentists to attract more children under five year to register with a dental practice and will help towards making sure every child is registered with a dentist by aged 1 year old.

Pennine Lancashire

The Pennine Integrated Care Partnership also recommend using a Population Health Management approach to supplement their original Right Care data. The paper highlights that there are health inequalities in respect to NHS Dentist attendance across many of the districts that make up Pennine Lancashire. Rural populations in both CCGs show lower percentage attendance at NHS Dentists than non-rural areas (for children aged between 0 and 9 years old).

Low dental access rates for young children is thought to be a contributing factor to the poor state of child oral health. NHS Digital report that currently only 13% of children under 2 years of age are visiting a NHS Dentist each year. They recommend the Population Health Management Group explore opportunities to include dental caries prevention and oral health awareness for young children and families, as part of any holistic approach to mitigating health inequalities aligned with high deprivation.

Recommendation 7: Update and reinstate the Smile 4 Life award scheme in all early years' settings; Give Up Loving Pop (GULP) to be rolled out across 20 primary schools with highest rates of decay.

Blackburn with Darwen

Work with PHE and early years' settings to help plan and coordinate a Smile 4 Life programme across all early years' settings. This will help these settings satisfy the statutory framework for the early years' foundation stage 'safeguarding and welfare requirements for health' (food and drink policies)

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Blackburn Rovers Football Club will support Food Active and their Healthier Stadia programme to deliver the GULP campaign to 20 primary schools with highest rates of decay (determined using the full oral health census survey data).

Pennine Lancashire

The Pennine Integrated Care Partnership also recommend: Both CCG populations have a higher percentage of children recorded as obese compared to the English rate (26% of East Lancs children aged 4 to 11 years and 19% of children in BwD – 4.6). They recommend the Children and Young People Commissioning Team and the Population Health Management Group explore opportunities (with partner organisations) to promote improved diets for children with reduced sugar intake, and the importance of good oral hygiene.

Recommendation 8: Develop and deliver a targeted communications campaign between council and partners to promote good oral health. This will use the intelligence from the full dental census survey to pinpoint wards with the highest rates of decay.

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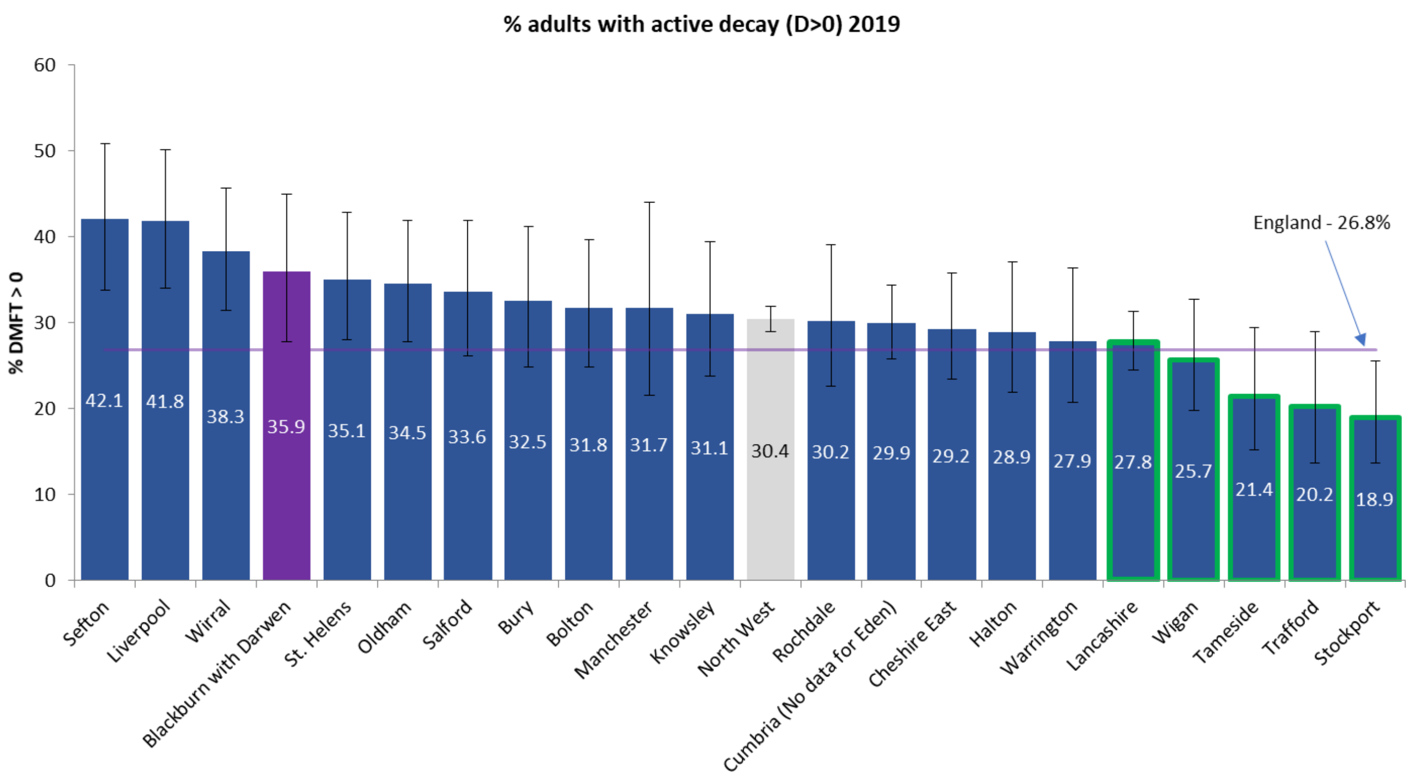
Part 2: Live Well

Adults

Intelligence to support interventions to support adults' and the elderly's mouth care is scarce. However in 2019 PHE informed local authorities that they were to commission a survey of adults in dental practices. Not all authorities took part, and in many, the sample was too small to publish, but what we have is interesting (all bars except those with a green highlight (statistically better than the England rate) are not statistically different from the England rate). Blackburn is ranked 4th behind three Merseyside local authorities. The sample was just 100 adults hence why it is no different to the England rate. Still, 36% had active decay on their visit to the dentist.

Figure 10: % of adults checked in a dental practice with active decay



Source: PHE March 2020

Oral Health Improvement Activity - gaps

Black and Asian populations

Barriers to access: Several qualitative studies have explored the barriers to accessing dental services by people from black and minority ethnic groups. Barriers identified included: language issues, a mistrust of dentists, organisational issues for those in large families, cost, anxiety, cultural misunderstandings and concern about standards of hygiene (Newton J T, 2001),

(Scambler, 2010). The type of barrier identified differed between ethnic groups, though mistrust of dentists was common to all groups (Newton J T, 2001).

Cost: In terms of cost, while NHS dental services for children are free, adults pay for dental care unless they are exempt from payment. Those who wish to apply for exemption must complete a number of lengthy forms which may be difficult for patients with language and literacy difficulties.

Language: Language problems have been cited as a barrier to black and minority ethnic groups accessing dental services. Language barriers may exacerbate the complexities of issues including the charging and appointment system, use of technical terminology, and the need for dentists to obtain both a medical history and informed consent from patients. While interpreting services for use by dental practices are available in some areas, in others there is a lack of resources for interpreting services. Where an interpreter is not available dentists may have to turn patients away or communicate through their friends, families or other patients (Thalassis, 2009). Whilst anxiety is a barrier to accessing dental treatment for both black and minority communities and the general population (Croucher, 2006) Gibbons et al 2000, cited in (Mullen, 2007) such problems may be exacerbated by communication problems.

Mistrust of dentists: Again, mistrust of the dentist occurs in the general population as well as across black and minority ethnic groups. A study of people from black and minority ethnic groups in London found that participants felt that they received a poorer service as a result of their background and believed that dentists did not respect them, listen to them or care about them as much as they did other patients. In turn, they perceived this as the cause of clinical errors, pain, teeth being extracted without all other treatment being exhausted, treatment being rushed and a lack of thought to the true cause of oral problems (Thalassis, 2009).

Culture and religious influences: Little research has been conducted on the cultural and religious barriers to people from black and minority ethnic groups accessing a dentist and the impact this has on oral health. An impact for some patients may come from the gender of the dentist. For example, one study found that some Indian and Pakistani women did not want to visit a male Indian or Pakistani dentist, although they were happy to visit a white British male dentist (Mullen, 2007). A potential impact for dentists may be that for those who work in areas with a high proportion of Muslim patients they will experience a reduction in the use of dental services during the fasting month of Ramadan (Darwish, 2005). This is because dental treatment may result in breaking the fast as water may be swallowed during treatment.

Adult groups prone to poor oral health

PHE have compiled a report on Inequalities in oral health in England. Overall, the available evidence suggests high levels of need among our vulnerable populations.

Substance misuse

Many drugs can cause a craving for sugar, such as sweets and fizzy drinks, which can cause tooth decay.

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Drugs such as Methamphetamine and Heroin can also cause you to have a dry mouth. Because there is a reduced saliva flow in the mouth, this can also lead to tooth decay and gum disease.

Some drugs, such as Ecstasy and Cocaine can lead to jaw-clenching and tooth grinding. This can result in cracked or broken teeth, as well as headaches and jaw pain.

Alcoholic drinks such as white wine, beer and cider can be very acidic. This will cause erosion of the enamel on your teeth, possibly leading to pain and sensitivity. Unmet alcohol need in BwD is 83%[3]. Mouth cancer is also at increased risk by some of the above behaviours, and dentists now routinely screen their patients more so if they admit to the above, to detect mouth cancer early.

The Homeless

Homeless people tend to experience very poor health[4]. Sex workers in the Borough are also generally homeless. There are high incidences of physical illness, mental-health problems and substance misuse among the homeless population (including sex workers). These forms of ill health often combine with each other, and are both causes and consequences of homelessness.

Research shows high levels of oral and dental disease among homeless people, both in absolute terms and relative to the rest of the population. This is attributable to the following risk factors:

- Chaotic lifestyle, with no established routines of eating and oral hygiene
- Low priority given to healthy eating and oral hygiene
- Acceptance of poor dental health and poor dental appearance as the norm
- Limited access to hygiene facilities
- Low disposable income
- Lack of awareness of diet and oral hygiene issues
- Mental-health problems
- Substance misuse

The main clinical conditions encountered among homeless people are:

- caries (decay), particularly around the necks of teeth
- deep periodontal (gum) disease
- trauma (damage due to accidents or violence)
- a need for dentures
- broken or ill-fitting dentures
- soft tissue conditions - mostly infections but also cancerous, or potentially precancerous, lesions

For this particular service group, a more flexible approach is required especially in regards to any dental appointments. Appointments with consequences of no attendance (such as being removed from the service or an 'opt-in' system) act as a deterrent for accessing future treatment, as does perceived stigma and stereotyping from professionals/services. Frequently there is non-attendance from individuals for a variety of reasons e.g. the service user did not have the means

[3] National Drug Treatment Monitoring System
[4] 'The dental health of homeless people' – British Dental Association

to attend the appointment be this due to lack of transport, the cost of transport, because the distance is too far to the clinic or because the service user forgot about the appointment because of their chaotic lifestyle.

When discussing their oral hygiene, the homeless population also mention a lack of self-confidence and self-esteem. This often leads people to believe they are not 'worthy' of treatment and so they feel they have no choice but to accept this.

PHE have published a quick guide to a healthy mouth in adults.

People with Learning Disabilities

PHE identified several individual level barriers for people with disabilities in their report 'Inequalities in Oral Health' these being:

INDIVIDUAL BARRIERS

- Inability to tolerate treatment
- Lack of knowledge of accessing oral healthcare services
- Lack of social support

ORGANISATIONAL BARRIERS

- Difficulties in finding a dentist willing to provide treatment
- Shortage of dentists with adequate knowledge, training and confidence in caring for people with disabilities
- Lack of perceived need for training
- Lack of awareness of legal responsibilities as service providers towards overcoming barriers
- Communication barriers
- Poor patient management skills and perceived negative attitudes of dental staff
- Dental professionals perceive the additional time and effort required to treat patients is not fairly compensated by the remuneration system
- Lack of availability of domiciliary equipment
- Lack of information on oral health and oral healthcare services in the appropriate format
- Physical barriers to accessing dental services such as finding suitable transport along with the lack of availability of accessible waiting areas and toilet facilities
- Oral health knowledge and oral health beliefs of carers and their expectations of dentists
- Oral health perceived as a low priority among other health problems
- Lack of continuity of care and a lack of collaboration between and within

These lead people with disabilities to experience inequalities accessing services, experiencing caries and tooth loss and trauma induced dental injury.

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Recommendations to improve the oral health of vulnerable adults across Blackburn with Darwen Borough Council

Recommendation 9: Purchase toothbrushes and toothpaste for our commissioned services to deliver to clients in houses of multiple occupancy (hostels) and request an evaluation of this intervention from the provider each year.

9a: NHSE to link with substance misuse services and pharmacies to distribute toothpaste and tooth brushes to certain service users on prescription.

Recommendation 10: All services working with adults with substance misuse problems, homeless and learning disabilities access oral health e-learning every year (requires a free Health Education England account). Targeted face to face training will be commissioned and delivered to some key adult social care staff.

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Part 3 – Age Well

Older people with good oral health can eat and drink properly and actively take part in life. This means that they can often stay independent for longer and can recover from episodes of frailty more quickly. Older people living in care homes are however more likely to have experienced tooth decay and the majority of residents with one or more natural teeth will have untreated tooth decay[5].

Poor oral health can cause pain and discomfort and can impact on a person's quality of life by affecting their behaviour and self-confidence as well as their ability to smile, communicate, eat and swallow. Poor oral health is also linked with pneumonia, diabetes, coronary heart disease, strokes and peripheral vascular disease. Also some prescription medicine can cause mouth problems especially when taken in combination, such as mouth thrush and dry mouth, affecting the ability to swallow – which in its worst case scenario, can lead to malnourishment.

Effective daily mouth care can maintain and/or improve oral health in older people, as such, all care providers have an essential role in assessment, care planning and ensuring good daily mouth care.

The Care Quality Commission (CQC) 2019[6] report indicated that too many people living in care homes are not being supported to maintain and improve their oral health.

Further, every residents / client's hydration and nutrition should be reviewed regularly and included in their care plan. The care home should have a nutritional screening policy in place with one staff member taking responsibility for this policy within the home. Staff employed by social care providers should undertake clinical training and professional development, which is critical in promoting good nutrition for older people. Further, every care home should have an oral health policy in place with one staff member taking responsibility for this policy within the home. This should be clearly aligned to NICE guidance 48 Oral Health for adults in care homes.

PHE has a toolkit for care homes e-learning is available free for all staff.

Recommendations to improve the oral health of the elderly:

The Framework for Enhanced Health in Care Homes, Version 2 March 2020 recommends the following for older adults:

Recommendation 11: Every person's oral health should be assessed as part of the holistic assessment of needs and personalised care and support planning process in care homes / domiciliary care.

[5] Public Health England, (2015) What is Known About the Oral Health of Older People in England and Wales
[6] CQC (2019) Smiling Matters: oral healthcare in care homes https://www.cqc.org.uk/publications/major-report/smiling-matters-oral-health-care-care-homes

Recommendation 12: Care homes should have an oral health policy in place with one staff member taking responsibility for this policy within the home. This should be clearly aligned to NICE guidance 48 Oral Health for Adults in Care Homes.

Recommendation 13: Every person's oral health should be enquired after and/or observed regularly by care home staff as part of their usual hygiene routine, and they should have access to routine dental checks and specialist dental professionals as appropriate. Local systems should work collaboratively to provide access to appropriate clinical dental services for people living in care homes.

Recommendation 14: Staff employed by care home providers should undertake training in oral healthcare to support delivery of oral health assessments and daily mouth care for individuals, and maintain this knowledge and skill through ongoing professional development.

Recommendation 15: Adult Social Care to co-ordinate oral health e-learning for **all** staff working in care homes or who support our vulnerable elderly residents who live in their own homes. This will take place on induction and as annual refresher training. The oral health champion identified in recommendation 12 above will receive more in depth face to face annual training from the commissioned provider (see Start Well recommendation 2b).

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Governance

The five year Blackburn with Darwen oral health improvement partnership strategy will be monitored by the oral health improvement strategy group which is a multi-agency / partnership group established in April 2021. Its main purpose is to determine how to tackle the causes of poor oral health and improve, in the long term, oral health outcomes across the life course.

Membership includes PHE, NHS England, Health Watch BwD, several community voluntary and faith sector organisations representing our South Asian heritage communities and vulnerable adults, dental practices, early years' settings and the council's elected members for Children, Young People & Education, Adults Social Care and Public Health & Wellbeing.

The group meet quarterly and is chaired by the Public Health team's lead on oral health. Actions are minuted and reported on at subsequent meetings until completed. Reporting arrangements will be via the Public Health & Wellbeing senior policy team (led by the elected member for Public Health & Wellbeing).

The Chair will also feed back to the Children's Partnership Board, the Eat Well Move More Shape Up group (including the Food Resilience Alliance group), Live Well, Age Well and the Lancashire & South Cumbria oral health improvement group led by PHE.

Acknowledgements:

The following council departments and external organisations have contributed to the development of this report through feedback and consultation, for which the Council extends its gratitude:

- Adults & Prevention Senior Policy Team (Sep 2021) - presentation of findings and recommendations
- BwD Food Resilience Alliance group (Sep 2020) - presentation of findings and recommendations
- Care Network (Aug 2021) – feedback on recommendations
- Change Grow Live / Inspire BwD (June 2021) - feedback on recommendations
- Children & Education Senior Policy Team (Feb 2021) - presentation of findings and recommendations
- Children's Partnership Board (July 2021) - presentation of findings and recommendations
- East Lancs & BwD CCG, Pennine Lancashire Children and Young Peoples Transformation Programme, Priority scoping workshop, Oral Health (July 2021) - presentation of findings and recommendations
- Eat Well Move More Shape Up group (Sep 2020) – presentation of findings and recommendations
- Gypsy Traveller Liaison Officer (June 2021) - feedback on strategy and recommendations
- Healthwatch public consultation (July 2021) - feedback on recommendations
- IMO (Apr 2021) – feedback on strategy and recommendations
- Lancashire & South Cumbria NHS Foundation Trust (June 2021) - feedback on strategy and recommendations
- One Voice (Apr 2021) – feedback on strategy and recommendations
- Parents in Partnership (July 2021) - feedback on strategy and recommendations
- Public Health & Wellbeing Senior Policy Team (Feb 2021) - presentation of findings and recommendations

DRAFT

Appendices:

Appendix 1: PHE recommendations

Commissioning better oral health for children and young people

Table 3.3. Summary of the oral health improvement programme's overall recommendations

Nature of intervention	Intervention classification	Target population	Strength of evaluation and research evidence	Impact on inequalities	Cost/resource considerations	Implementation issues	Overall recommendation
SUPPORTIVE ENVIRONMENTS							
Fluoridation of public water supplies	Upstream	Preschool, school children, young people (whole population)	Strong evidence of effectiveness	Encouraging/ uncertain	Good/uncertain	Deliverable	Recommended
Provision of fluoridated milk in school settings	Midstream/ downstream	Preschool, school children	Inconclusive	Uncertain	Uncertain	Uncertain/ major challenge	Limited value
COMMUNITY ACTION							
Targeted peer (lay) support groups/peer oral health workers	Midstream	Preschool, children, young people	Sufficient evidence of effectiveness	Encouraging	Good	Deliverable/ uncertain	Recommended
School or community food co-operatives	Midstream	Preschool, school children, young people	Weak evidence of effectiveness	Encouraging	Good	Deliverable/ uncertain	Emerging
HEALTHY PUBLIC POLICY							
Influencing local and national government policies	Upstream	Preschool, school children, young people	Some evidence of effectiveness	Encouraging/ uncertain	Good	Deliverable/ uncertain	Recommended
Fiscal policies to promote oral health	Upstream	Preschool, school children, young people	Some evidence of effectiveness	Uncertain	Good	Deliverable/ uncertain	Emerging
Infant feeding policies to promote breastfeeding and appropriate complementary feeding practices	Midstream/ upstream	Preschool	No evidence of effectiveness	Encouraging/ uncertain	Good	Deliverable	Emerging

Table 3.3. Summary of the oral health improvement programme's overall recommendations (continued)

Nature of intervention	Intervention classification	Target population	Strength of evaluation and research evidence	Impact on inequalities	Cost/resource considerations	Implementation issues	Overall recommendation
COMMUNITY-BASED PREVENTIVE SERVICES							
Targeted community-based fluoride varnish programmes	Downstream	Preschool, school children	Strong evidence of effectiveness	Encouraging/ uncertain	Uncertain/costly	Deliverable/ uncertain	Recommended
Targeted provision of toothbrushes and tooth paste (ie. postal or through health visitors)	Downstream	Preschool, school children	Some evidence of effectiveness	Encouraging	Good use of resources	Deliverable	Recommended
Targeted community-based fissure sealant programmes	Downstream	Preschool, school children	Sufficient evidence of effectiveness	Uncertain	Costly	Uncertain/major challenges	Limited value
Targeted community-based fluoride mouth rinse programmes	Downstream	School children	Sufficient evidence of effectiveness	Uncertain	Uncertain	Deliverable/ uncertain	Limited value
Facilitating access to dental services	Downstream	Preschool, school children	Weak/inconclusive	Uncertain / unlikely	Uncertain	Uncertain/major challenges	Limited value
Using mouth guards in contact sports	Midstream	School children	Some evidence of effectiveness	Uncertain	Uncertain	Uncertain	Limited value
SUPPORTIVE ENVIRONMENTS							
Supervised tooth brushing in targeted childhood settings	Midstream	Preschool, school children	Strong/sufficient evidence of effectiveness	Encouraging/ uncertain	Good/uncertain	Deliverable/ uncertain	Recommended
Healthy food and drink policies in childhood settings	Midstream/ Upstream	Preschool, school children, young people	Some evidence of effectiveness	Encouraging	Good	Deliverable	Recommended

Appendix 2: NICE guidelines - Oral health: local authorities and partners health guideline

- Recommendation 1 Ensure oral health is a key health and wellbeing priority
- Recommendation 2 Carry out an oral health needs assessment
- Recommendation 3 Use a range of data sources to inform the oral health needs assessment
- Recommendation 4 Develop an oral health strategy
- Recommendation 5 Ensure public service environments promote oral health
- Recommendation 6 Include information and advice on oral health in all local health and wellbeing policies
- Recommendation 7 Ensure frontline health and social care staff can give advice on the importance of oral health
- Recommendation 8 Incorporate oral health promotion in existing services for all children, young people and adults at high risk of poor oral health
- Recommendation 9 Commission training for health and social care staff working with children, young people and adults at high risk of poor oral health
- Recommendation 10 Promote oral health in the workplace
- Recommendation 11 Commission tailored oral health promotion services for adults at high risk of poor oral health
- Recommendation 12 Include oral health promotion in specifications for all early years services
- Recommendation 13 Ensure all early years services provide oral health information and advice
- Recommendation 14 Ensure early years services provide additional tailored information and advice for groups at high risk of poor oral health
- Recommendation 15 Consider supervised tooth brushing schemes for nurseries in areas where children are at high risk of poor oral health
- Recommendation 16 Consider fluoride varnish programmes for nurseries in areas where children are at high risk of poor oral health
- Recommendation 17 Raise awareness of the importance of oral health, as part of a 'whole-school' approach in all primary schools
- Recommendation 18 Introduce specific schemes to improve and protect oral health in primary schools in areas where children are at high risk of poor oral health
- Recommendation 19 Consider supervised tooth brushing schemes for primary schools in areas where children are at high risk of poor oral health
- Recommendation 20 Consider fluoride varnish programmes for primary schools in areas where children are at high risk of poor oral health
- Recommendation 21 Promote a 'whole school' approach to oral health in all secondary schools
- Finding more information and resources

Appendix 3

Pennine Integrated Care partnership's dental caries data pack

PL BILT 2021 Where To Look Packs Denta

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DRAFT

HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Director of Public Health
DATE:	30 November 2021

SUBJECT: Eat Well Move More Strategy Refresh 2022-25

1. PURPOSE

To bring the refreshed food, physical activity and healthy weight strategy for Blackburn with Darwen 'Eat Well Move more' to the Health and Wellbeing Board for ratification.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

- Note the key issues and challenges related to access to good food and physical activity across Blackburn with Darwen and acknowledge the opportunities to support COVID recovery and tackle health inequalities.
- Acknowledge and support the need for wider system change and cross sector leadership buy in and continue to champion the collaborative work already in place.
- Approve the refreshed, three year 'Eat Well Move More' Strategy.

3. BACKGROUND

The original 'Eat Well Move More Shape Up' strategy had the vision for everyone in Blackburn with Darwen to 'move more, eat well and maintain a healthy weight'. Over the last 3 years the strategy predominantly focussed on local population level interventions based on evidence of effectiveness and building on existing assets using available resources. Three key strands of work were embedded:

- Active BwD Network
- BwD Food Resilience Alliance Good Food Plan (Appendix 3)
- Local Authority Declaration on Healthy Weight (Appendix 4)

The Active BwD Network and Food Resilience Alliance have created strong partnerships and a platform for communication and support across Blackburn with Darwen for various organisations and communities. Cross-sector collaboration and building on new and existing partnerships have been critical in implementing the successful streams of local work.

The refreshed partnership strategy continues to strive for a whole system approach and through supporting collaborative work brings the opportunity to engage stakeholders from the wider system to support in the shared vision. Using a 'place based' and whole system approach is key to making health everybody's business in every setting.

Key Drivers

There have been a number of key national strategies released over the past 18 months, which have been driven largely by the COVID-19 pandemic. These strategies are highlighted in the refreshed strategy. Along with regional and local activity, including the Marmot Health Equity Review for Lancashire and South Cumbria and the emerging priorities of our Primary Care Neighbourhoods, the pandemic has further thrown the spotlight on the need to ensure our residents have access to healthier, more affordable and sustainable food and opportunities for physical activity. This strategy provides a mechanism to ensure that this national, regional and local activity is focussed in a place based, whole system way

4. RATIONALE

Having access to nutritious food and being physically active is essential to maintain positive health and wellbeing. Unfortunately, not everyone has the opportunity or means to access healthier, affordable food due to many factors. This strategy aims to provide a set of guiding principles to enable partner organisations to prioritise food, physical activity and healthy weight as a 'must do' for improving health and wellbeing. The strategy aims to focus on driving up quality of delivery and ensuring it is evidence based and uses insight from local communities to inform delivery to ensure it is accessible to all.

5. KEY ISSUES

The COVID-19 pandemic has highlighted the health inequalities within our communities in Blackburn with Darwen. Those living in the most deprived areas are more susceptible to the effects of COVID-19 and this further widens the health inequality gap. By increasing physical activity levels across our population and improving access to healthier and more affordable food, we can improve quality of life for everyone.

COVID-19 has also highlighted other key issues for the population such as physical deconditioning due to long term shielding and the impact of obesity on the risk of serious complications from COVID.

Capacity across the system to engage in the strategy continues to be a risk making the importance of senior level buy in and advocating for a culture change across our statutory and voluntary organisations crucial for a sustainable whole system approach.

6. POLICY IMPLICATIONS

The strategy advocates for the creation of a system which supports improved access to healthier, more affordable and more sustainable food and increased opportunities for our community to be more physically active. As part of this system change a review of all policies and contracts will be required to embed the 'guiding principles' wherever possible.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications with the refreshed strategy due to the change to a strategic focus. Delivery of any activity associated with the strategy will be funded through the

Public Health grant, the Sport England Local Delivery Pilot funds and partner contributions.

8. LEGAL IMPLICATIONS

This proposal will help improve one of the Council's eight corporate priorities (2019-2023) i.e. "Reducing health inequalities and improving health outcomes"

9. RESOURCE IMPLICATIONS

The strategy will continue to build on and develop improved partnerships/collaborations and communication across multi sector organisations to make the most of reduced resources by reducing duplication and applying for any funding in a coordinated manner and to be able to target those most in need of extra support.

The facilitation of the strategic steering group and work stream will be supported by the Public Health team.

10. EQUALITY AND HEALTH IMPLICATIONS

By taking the approach outlined in the refreshed strategy, we aim to take a system wide approach to support the health and wellbeing of everyone in Blackburn with Darwen. Through each of the strands of work we will work to target those with greatest need.

We will be working with partners to evaluate the effectiveness of the refreshed strategy to ensure it is impacting positively across the population.

11. CONSULTATIONS

The revised Eat Well Move More strategy is a partnership strategy rather than a public facing document and therefore public consultations were not required.

The strategic document has been presented to Senior Policy Teams, sub groups of the Health and Wellbeing Board, Eat Well Move More Strategic delivery groups and VCFS partnership groups between May and October 2021.

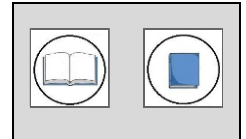
This includes:

- Senior Policy Team meetings – Adults & Health, Environment, Children's Services & Education, Public Health & Wellbeing
- Executive Member Board – Growth & Development, Digital & Customer Services, , Finance & Governance
- Blackburn with Darwen Integrated Operational Group, CVS Network Group, Age Well Partnership, Children's Partnership Board
- Leader of the Council and Chair of the Health and Wellbeing Board

VERSION:	

CONTACT OFFICER:	Beth Wolfenden beth.wolfenden@blackburn.gov.uk Amy Greenhalgh amy.greenhalgh@blackburn.gov.uk

DATE:	01/11/2021
BACKGROUND PAPER:	Appendix 1 - Eat Well Move More Shape Up Strategy 2017-2020 Appendix 2- Eat Well Move More Strategy 2022-2025 Appendix 3 - BwD Food Resilience Alliance Good Food Plan Appendix 4 - Local Authority Declaration on Healthy Weight



October 2021

Blackburn with Darwen
Eat Well Move More Strategy 2022-2025

The Food, Physical Activity and Healthy Weight Strategy for Blackburn with Darwen

BLACKBURN with DARWEN BOROUGH COUNCIL

Foreword

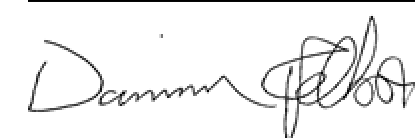
Welcome to the refreshed 'Eat Well Move More' strategy! Tackling unhealthy weight and physical inactivity remains a local priority. Through this strategy and partnership, we aim to ensure that moving more, eating well and being a healthy weight is everybody's business.

We are continuing to strive for a whole system approach through collaborative working. Working in this way brings the opportunity to engage stakeholders from the wider system to support in the shared vision. Using a 'place based' and whole system approach is key to making health everybody's business in every setting.

Now more than ever there is the need to increase national and local focus and commitment to people's health, wellbeing, and quality of life and this has been highlighted by the COVID pandemic. During this time, we have seen the Health and Care sector and communities face considerable challenges. The pandemic has also highlighted the health inequalities, which exist within our communities in Blackburn with Darwen. However, we know that be improving access to good food and creating opportunities to be physically active, these health inequalities can be reduced significantly.

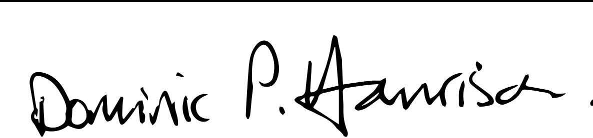
The strategy provides a timely opportunity to drive forward system change and support leaders to advocate local decision making, which reflects the needs and priorities of people who live, work, and go to school or college in our borough. Long-term, sustainable change can only happen when we work in partnership with our local community. Supporting and encouraging conversations around physical activity and good food across the system not only benefits health on an individual level but also impacts positively on other local agendas including, employability, productivity and reducing the demand on social care.

We are better together, and we can all do our bit as individuals, within our communities and the places that we live and work to make a difference. Together we can work to create food and physical activity environments, which encourage and enable our communities to make a healthier choice.

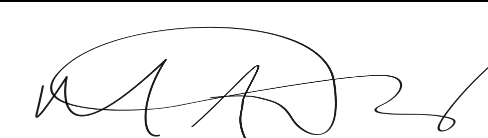


Cllr Damian Talbot
Executive Member for
Public Health and Wellbeing

Cllr Mohammed Khan CBE
Leader of the Council



Dominic Harrison
Director of Public Health



Dr Mohammed Umer
Clinical Director Blackburn with
Darwen Primary Care Networks

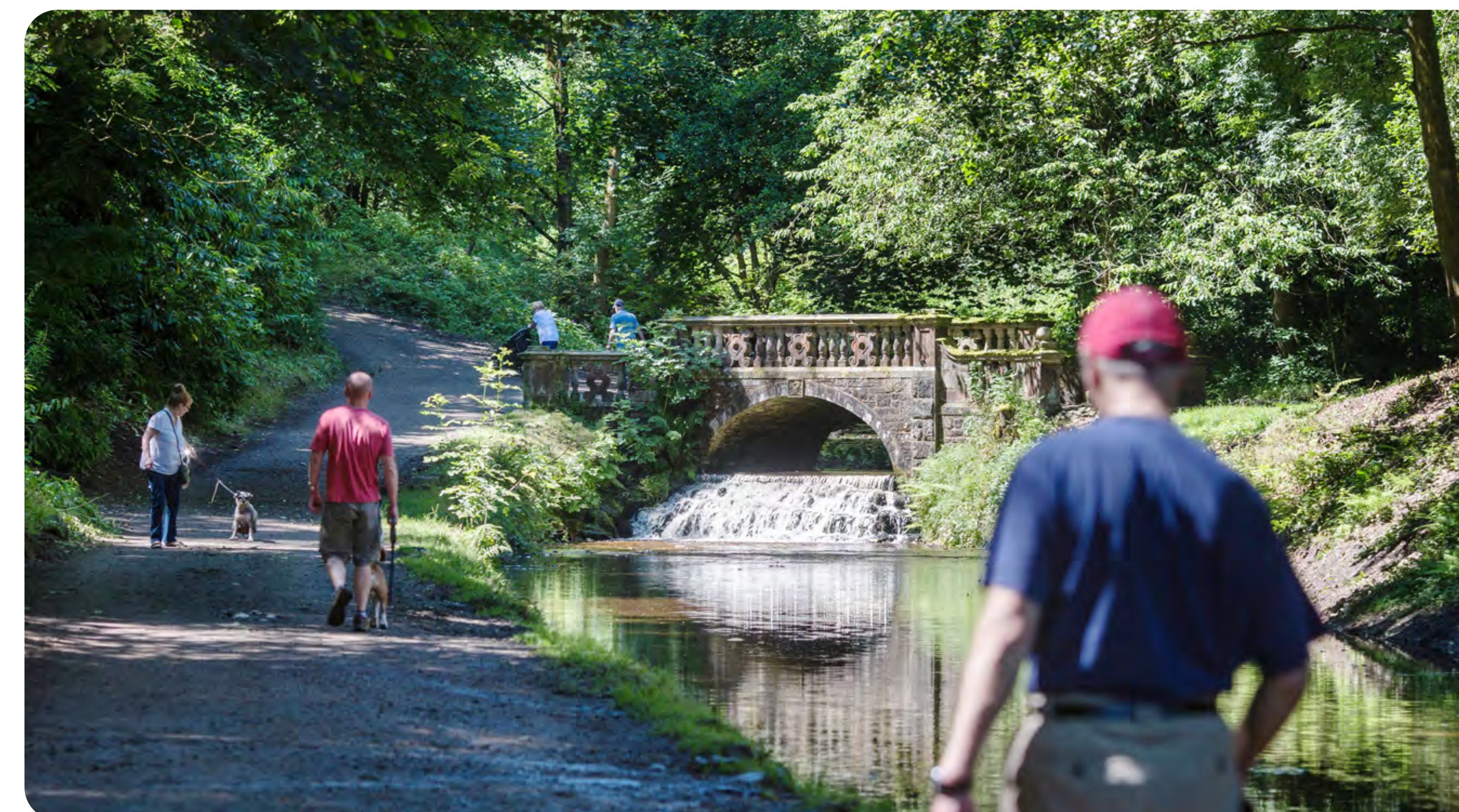
BLACKBURN with DARWEN BOROUGH COUNCIL

Executive Summary

As we begin to think about planning for COVID recovery, we are now looking to intensify and redouble our efforts to increase physical activity levels, ensure access to healthier and affordable food and promote healthy weight for our communities in Blackburn with Darwen.

The **'Eat Well Move More Shape Up Strategy 2017-2020'** made significant progress in embedding the three key work streams of the strategy through the development of the Active BwD Network, Blackburn with Darwen's Food Resilience Alliance and the Healthy Weight Declaration. The strategy brought together key people and organisations with a shared purpose of getting Blackburn with Darwen moving more, eating well and aiming for a healthy weight. With the refresh of the strategy, there is now an opportunity to shift to a collective strategic approach, which advocates for sustainable change across the whole system and supports ongoing development and delivery.

Effectively engaging with senior leaders and decision makers is critical to implementing this whole system change. The **'Eat Well Move More'** strategic partnership aims to facilitate access to healthier, affordable and more sustainable food, increase opportunities to increase physical activity and promote a healthy weight environment through a whole system approach, whilst ensuring that this is everyone's business. The eleven 'Guiding Principles' within the refreshed strategy gives a framework for this and encourages an evidence based, intelligence led and community focussed way of working to improve the health and wellbeing of our residents and to tackle health inequalities.



The refreshed and rebranded **'Eat Well Move More'** strategy will support the recovery from the COVID-19 pandemic and build on the learning and opportunities presented during this time and the partnerships developed during the last 18 months with the ambition to embed 'Eat Well Move More' guiding principles through the borough's COVID recovery plans.

BLACKBURN with DARWEN BOROUGH COUNCIL

Background

The purpose of the strategy has now shifted following on from the successful implementation of three key workstreams:

- **The Food Resilience Alliance**
- **Active BwD Network**
- **The Healthy Weight Declaration**

These work streams have brought together people and organisations with a shared purpose and principles that cuts across and provides motivation for our combined work. The collaborative work has enabled successful bids for national funding for the Department of Health and Social Care funded Childhood Obesity Trailblazer Programme 'Healthier Place Healthier Future' and The Sport England Local Delivery Pilot – 'Together an Active Future'.

The focus was on delivery of the vision **'For everyone in Blackburn with Darwen to move more, eat well and maintain a healthy weight'.** The shift is now to a more strategic approach and how we embed sustainable, cultural and systemic change.

Positive behaviour change in individuals needs to be supported by the whole system. In order to achieve system change across sectors, infrastructure and places, we must work collaboratively to develop a shared vision.

We are exposed to an environment which promotes unhealthy weight from an early age, where high calorie, nutrient poor food is easily accessed, cheap and abundant and physical activity is not the **'go to'** choice. A key driver moving forwards with the new strategy is looking at the 'place', the wider built environment and transport systems. These play a crucial role by either promoting or hindering access to physical activity and good food.

Disadvantaged areas tend to have a higher density of main roads, poorer air quality and higher collision rates this combined with more prevalence of an obesity causing environment exacerbates health inequalities and further discourages walking, cycling and being active. Active travel planning influences numerous local drivers in BwD including health inequalities, high levels of deprivation, long term conditions, social isolation and air quality. The built environment is key to maintaining independence and mobility and supporting active ageing.

Building strong collaborations across the sector is key to influencing and creating a healthier built environment where the easy choice is the healthy choice.

BLACKBURN with DARWEN BOROUGH COUNCIL

The journey so far 2017-2020

There have been a number of successes during the life of the original strategy which have provided a platform for future activity and developments. Some key highlights include:

Breastfeeding Friendly Borough

BwD became a Breastfeeding Friendly Borough in 2018. The continued good work and maintenance of the initiative has recently led to the revalidation of the Gold level Baby Friendly award. This highlights the work undertaken to provide a practical and effective way for health services to improve care provided for all mothers and babies, including the highest level of breastfeeding support.

The Summer Holiday Activity Fund Programme

In 2019 Spring North led the bid to bring the Holiday Activity Fund to BwD. The programme reached around 2,500 children and young people who were eligible for free school meals. The four week summer programme provided a programme of activity and food across the borough in a range of settings delivered by the local youth organisations and the Council's Childrens Centres and Young People Services.

The Healthy Weight Declaration

BwD was the first borough in the country to have Local Authority and Clinical Commissioning Group to sign a joint Healthy Weight Declaration. This emphasises the responsibility to develop and implement policies which promote healthy weight.

The journey so far 2017-2020

Child Obesity Trailblazer Programme

Department of Health and Social Care funded Healthier Place, Healthier Future programme continues to address some of the drivers of unhealthy weight across Pennine Lancashire taking a population and targeted approach. Successful work so far includes: the development of a series of resources for elected member development alongside a regular Pennine Lancashire elected Health & Wellbeing forum and two rounds of social movement, #getshangry campaigns.

Together an Active Future

Together an Active Future

In 2017 Pennine Lancashire was successfully in becoming a Sport England Local Delivery Pilot site to help to tackle physical inactivity trends across the 6 boroughs. The proposed £10 million funding will see the pilot being delivered until 2025.

BwD Stride and Ride Group

In response to the Emergency Travel Fund announced by the Government at the start of the COVID-19 pandemic an active travel partnership was set up to manage the fund and develop walking and cycling infrastructure in the borough. This group has now gone on to develop a Walking and Cycling plan for the BwD which was signed off in September 2021.

The journey so far 2017-2020

Eat Well - Blackburn with Darwen Food Resilience Alliance

BwD Food Resilience Alliance (FRA) aims to help us all, whatever our age or background, to have a better relationship with food; to learn how we can manage what and how much we eat. Most of all it will make sure that good food is available to all who need it when they need it; it will do this by encouraging more collaboration between those organisations which provide food to the vulnerable and those in crisis.

The FRA is a social and community movement, which will bring communities together to end food poverty in its many forms. It will transform the way we think about, source, provide and consume food.

The FRA will link up those who grow our food locally with those who eat it. We want to understand and change the waste caused by food surpluses in the shops. We want to help our communities cook and eat together.

Recipe 4 Health

Blackburn with Darwen Borough Council's Environmental Health team support local food business, including cafes and takeaways, schools, nurseries and care homes to achieve the 'Recipe 4 Health' healthier catering award. Settings can achieve Bronze, Silver or Gold with all award holders being showcased on the www.BeWellBwD.com webpage.

The journey so far 2017-2020

Blackburn with Darwen Social Prescribing Alliance

The BwD Social Prescribing Alliance is an important partnership which formed in September 2020 as part of a community based early intervention and prevention offer within the four neighbourhoods of Blackburn with Darwen. It plays a crucial role help improve the physical and mental well-being of local people access & receive the best offer of support as soon as possible. Consisting of over 80 community-based representatives including the Social Prescribing Link Workers, the Alliance meets on a monthly basis to build rapport, make connections, share local knowledge and ensure referral mechanisms are as efficient as possible.

BLACKBURN with DARWEN BOROUGH COUNCIL

The impact of the COVID-19 pandemic

The past year has seen the health and care system and local communities face considerable challenges. The COVID-19 pandemic has highlighted the health inequalities that exist within our communities. Those living in the most deprived areas are more susceptible to the effects of COVID and this further widens the health inequality gap.

Attitudes towards the place that we live changed significantly during this period. The pandemic created increased opportunities for walking and cycling, with more value placed on our green and blue spaces. However, it has also highlighted the fragility of our food system, increased opportunity for an increase in availability of unhealthier takeaway food and increasing weight across our population during this period. The physical activity and the food environment system plays a vital role in improving public health and wellbeing and widening access to healthy choices.

We need to harness the focus and momentum created in light of COVID-19 and use this as a conversation starting point partners, stakeholders, businesses and individuals. We also need to review our policies, systems and activities to ensure that those most at risk of health inequalities are supported in an appropriate and timely way.

Health & Social Care System Changes

Since the first strategy was developed, there have been significant changes across the health and social care system and a number of key strategies released which have supported emerging work across the food, physical activity and healthy weight agendas (Table on page 20). The developing Lancashire and South Cumbria Integrated Care System and Pennine Lancashire Place based Partnership along with the four local Primary Care Neighbourhoods are providing significant opportunities to embed prevention as a 'must do' and to tackle health inequalities.

Department of Health & Social Care

Integration and Innovation: working together to improve health and social care for all

Published 11 February 2021

The Department of Health and Social Care's legislative proposals for a Health and Care Bill

In February 2021, a new DHSC White Paper was released which builds on the NHS Long Term Plan and aims to support recovery from the COVID pandemic. The paper focusses on integration and collaboration across the system bringing opportunities to influence commissioning and place based, evidence driven interventions.

This strategy aims to align with changes across the system to promote a culture change in promoting and embedding good food, increased physical activity and healthy for all.

https://www.england.nhs.uk/wp-content/uploads/2021/01/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems.pdf

Blackburn with Darwen Borough Council

Our Ambition

‘We will work together to provide the encouragement, opportunity and environment for everyone in Blackburn and Darwen to lead active, healthy and fulfilling lives. Through collaboration and innovation across the whole system, we will work to build a fairer future supporting good health and wellbeing for everyone.’

Our Mission

BLACKBURN with DARWEN BOROUGH COUNCIL

Tackling obesity and physical inactivity is a priority for the whole Eat Well Move More partnership. A whole system approach can add value by providing the opportunity to engage stakeholders across the wider system to develop a shared vision and be stronger together.

We will support 'community power' and 'social movement', ask what people and places need to succeed not what targets need to be met or services the local authority can offer. Systems not a single organisation create change.

What we will do:

Provide the encouragement, opportunity and an environment that empowers people to make physical activity and healthy eating the easy choice throughout the course of their lives

Create and support opportunistic interventions. Understand the complexities around uncomfortable conversations, raising the issue of weight, inactivity and food insecurity

Work collaboratively with all partners and the community to encourage positive lifestyle changes that enable the people of Blackburn and Darwen to improve their physical and mental health and wellbeing

Use the power of physical activity and good food to build a fairer future for everyone in the recovery from the COVID-19 pandemic

Empower the most vulnerable and at risk of poor health in our community to make positive behaviour changes

Building community resilience and capacity, through strength and asset based approaches, to ensure inclusivity and accessibility

Support the workforce of Blackburn with Darwen to make every contact count

Our Guiding Principles

BLACKBURN with DARWEN BOROUGH COUNCIL

The strategy and guiding principles will reflect the approach of the Health and Wellbeing Strategy and the underpinning Guiding Principles by taking a:

LIFE COURSE, PLACED BASED, WHOLE SYSTEM APPROACH TO MAKE HEALTH EVERYBODY'S BUSINESS

They are also designed to support delivery of existing local action plans and frameworks relating to food, physical activity and healthy weight (page 20).

Collectively we will:

- **We will raise the profile and awareness of the strategy with decision makers across the Council, health and social care and across the voluntary, community and faith sector.**
- **Commit to delivering our Healthy Weight Partner Pledges to take a whole system approach**
- **Promote a strength based and community led approach to enabling residents to know where to go to ask for help or support or to access activities which promote health and wellbeing**
- **Strive for quality in everything we do and be able to demonstrate the impact on our communities**
- **Ensure everyone in the borough is able to access programmes and services which are suited to their own needs**
- **Support the borough's recovery from the COVID-19 pandemic**
- **Use evidence, data and insight from communities to guide what we do**
- **Embed the guiding principles within Primary Care Neighbourhoods priorities**
- **Take a partnership approach to support and complement existing pathways and ways of working**
- **Influence commissioning opportunities to ensure food, physical activity and healthy weight is a 'must do'**
- **Embrace and support opportunities to develop our workforce**

BLACKBURN with DARWEN BOROUGH COUNCIL

‘Together we are greater than the sum of our parts’

The deep-rooted inequalities in accessing good food and being physically active highlight the lack of opportunities for some people and some communities. The complex reasons behind this are linked to where we live, work and are educated.

We must take a whole system place based approach and look at the physical and social environment around us, organisations and institutions that support us and local, regional and national strategies and policies which impact ourselves and our communities.

1

Promote being ‘Stronger together’ across all sectors. PH will support organisations to take steps to make food, physical activity and healthy weight as must do for health and wellbeing.

A whole system approach should be adopted through agreement with leaders from across the system.

The language of the strategy must be understandable to all to support and influence other portfolios and to encourage conversations and interactions between sectors.

2

Create a clear understanding of the Healthy Weight Partner Pledge, harness its importance and encourage sign up and delivery across sectors.

3

Ensure that people and communities are involved in local decision making involving their ‘place’.

Be responsive and adaptable around their needs and priorities and maintain open channels of communication.

Enable easy access to the right service at the right time.

Promote the ethos of ‘doing with’ and not ‘doing to’.

Consistent and persistent messaging to promote health and wellbeing across all organisations.

4

Highlight the importance of learning and development, sharing skills, knowledge and the importance of robust evaluation and accountability.

Recognise failure and support learning from this.

'Together we are greater than the sum of our parts'

BLACKBURN with DARWEN BOROUGH COUNCIL

5

Clear communication channels and transparency between service providers and stakeholders to ensure service delivery models and referral systems are clear.

Individuals to be able to access he right service at the right time.

6

Harness the momentum created by the pandemic around wider impacts on health including obesity, long-term conditions, access to good food and deconditioning.

7

Understand barriers and enablers through working closely with communities and providing the support that they need.

Ensure quality data is available which is reliable and relevant to the diverse communities and above all any evidence based resource is useable within that community.

Public Health will support dissemination of advice and information from a national and local level, including partner insight, JSNA's and health needs assessments.

8

We will work closely with and support Primary Care Neighbourhoods priorities. Linking in with the Primary Care Network Delivery Group and the Clinical Commissioning Group to work collaboratively where opportunities arise e.g. the Adult Weight Management Direct Enhanced Service Specification and NHS Health Checks programme

9

Promote and develop existing collaborations and support the growth of new ones. Reduce the risk of duplicating work and ensure the strengths and skills of all partners involved are fully utilised.

Create efficient pathways with clear access information, which work to provide an effective service to all.

Establish strong links with mental health pathways and healthy weight.

‘Together we are greater than the sum of our parts’

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10

Use existing resources to ensure staff have the skills, knowledge and confidence to engage in conversations around food, weight and physical activity. Provide training and learning opportunities for role models/champions and harness peer to peer influencing.

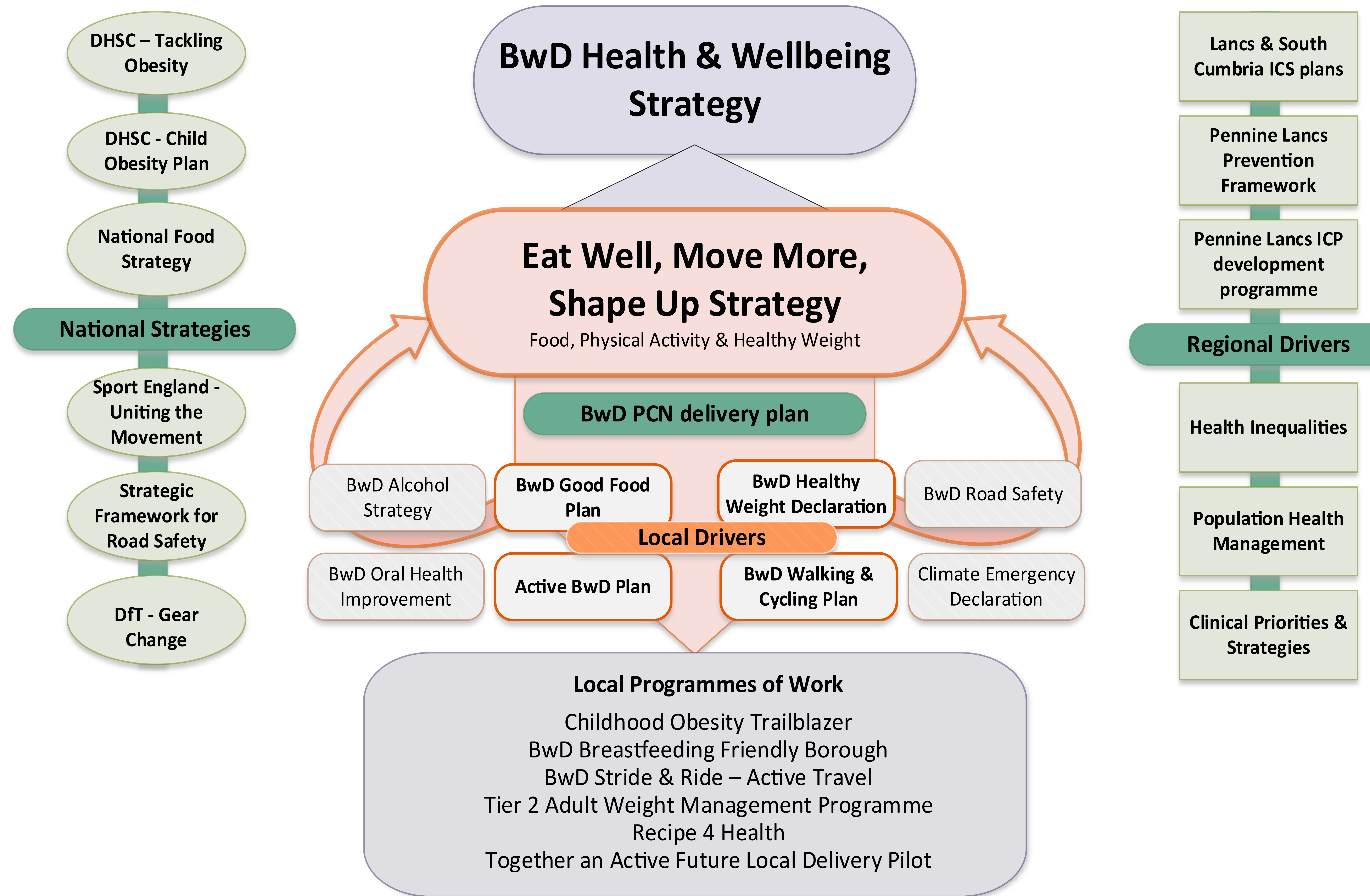
Encourage organisations and their staff to have clear and shared responsibilities to be eating well, being active and being a healthy weight.

11

Find opportunities across the Council and Health & Social Care and support finding a shared purpose across the system and effective ways to work together. Use this platform to influence commissioners and provide the evidence to include health in all commissions.

As a Public Health function support and input into commissioning and provide communication links between relevant forums and groups.

National, Regional and Local Drivers and Supporting Strategies and Plans



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What does success look like?

What does success look like?
We will have participation from all key public, voluntary, community and faith sector organisations
All partners will be delivering their Healthy Weight Pledges to support taking a whole system approach
We will support the development and implementation of a comprehensive workforce development offer available to all frontline workers and volunteers which upskills around physical activity, healthy weight and access to good food
All partners will be using the evidence, data and community insight to develop relevant and effective programmes and interventions
All existing and new Council commissions and policies will be reviewed to ensure health is included as a 'must do'
All Equality Impact Assessments and Health Impact Assessments will be reviewed and comments for action provided by Public Health

Recommendations

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Collectively we will scan the horizon, constantly scoping where upcoming developments sit, being prepared for what is coming next.

Supporting Primary Care Neighbourhood Development

To link closely with Primary Care Neighbourhoods to support their priorities. A key area being the Healthy Weight Direct Enhanced Service.

Supporting Population Health Management

Embed and increase the coverage of local health relevant policies and improving the quality of decisions that protect and promote population health.

Tackling Health Inequalities

Take the recommendations from the Lancashire and South Cumbria Marmot Healthy Equity Review to shape our developments to tackle health inequalities.

Making Health Eeverybody's Business

All professions, partners, communities and individuals need to recognise and acknowledge the wide impact of poor nutrition and inactivity. Everybody has a part to play in creating healthy environments and influencing decisions that impact on their 'place'. Enable others to come together to understand the system and focus on what can be achieved together.

Targeting and Supporting Workforce Development

Work with health and social care colleagues to develop a robust induction process across all sectors which prioritises health and wellbeing and changes the culture around food and physical activity.

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How will we monitor progress on this strategy?

The Eat Well Move More Strategy Group meets every other month to discuss progress and to receive updates from the BwD Food Resilience Alliance and Active BwD Networks. In these meetings, the partners will provide the strategic steer and scrutiny to ensure we are on track for success. The Eat Well Move More group will provide regular progress updates to the Children's Partnership Board, Live Well Boards and Age Well Partnership and an annual report to the Health and Wellbeing Board.

This strategy was developed in consultation and partnership with:

- BwD Food Resilience Alliance
- BwD Active Network
- Age Well Partnership
- Children's Partnership Board – to follow
- CVS Community Network
- BwD Council Senior Policy Teams – Adults and Health, Children and Education, Place and Resources

Call to Action...

To achieve the ambition for people in Blackburn with Darwen outlined within this strategy will need a true partnership approach. All organisations, services, businesses, employers and individuals within our local communities have a role to play so please do think about how you can contribute, influence and support the achievement of our aims. As the borough and its residents recover from the impact of the Covid-19 pandemic we really do have a once in a generation opportunity to help people improve their health and wellbeing and live their best lives. We hope that you have found this strategy inspiring and will join us in this ambition.

Vicky Shepherd,
Chair of the Eat Well,
Move More Strategy Group
and Chief Executive, AgeUK BwD

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National, Regional and Local Drivers and Supporting Strategies and Plans

	Local BwD and ICP footprint (Pennine Lancashire)		Regional ICS and Pan Lancs	National
	Strategy/Plan	**Programme**	**Strategy**	**Strategy/Plan**
Food	BwD Good Food Plan	BwD Breastfeeding Friendly Borough Recipe 4 Health		National Food Strategy Pt1
Physical Activity	Active BwD Plan Walking and Cycling Plan	Together an Active Future BwD Stride & Ride Active Travel Programme Connecting East Lancashire BwD Connect	Local Transport Plan 4	Uniting the Movement (Sport England) Gear Change (DfT)
Healthy Weight	BwD Healthy Weight Declaration	Healthier Place, Healthier Future – Childhood Obesity Trailblazer Programme Tier 2 Adult Weight Management Programme		Tackling Obesity (DHSC) Childhood Obesity Plan Pt 1, 2 and 3 (DHSC)
Cross Cutting	BwD Oral Health Improvement BwD Alcohol Strategy BwD Road Safety (development commencing in September 2021) Climate Emergency Declaration	National Diabetes Prevention Programme NHS Health Checks Programme Get Stuck In - Holiday Activity and Food Programme (DfE funded) Community Long COVID programme 5 Ways to Wellbeing Primary Care Networks	Lancashire and South Cumbria Health Equity Commission	

Supporting Reading

For further information on the evidence which underpins this refreshed strategy, please go to this link for the original Eat Well More Shape Up strategy 2017 - 2020

www.blackburn.gov.uk/health/eat-well-shape-move-more

Blackburn with Darwen Borough Council

Our Partners