EXECUTIVE BOARD DECISION

REPORT OF:	Executive Member for Public Health and Wellbeing
LEAD OFFICERS:	Director of Public Health and Wellbeing
DATE:	14th October 2021

PORTFOLIO/S AFFECTED:	Adult Services and Prevention Children's Young People and Education
WARD/S AFFECTED:	All
KEY DECISION:	**YES** ☒ **NO** ☐

SUBJECT: BLACKBURN WITH DARWEN'S ORAL HEALTH IMPROVEMENT STRATEGY

1. EXECUTIVE SUMMARY

1.1 Blackburn with Darwen 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). The rate for the North West is 31.7% and for England it is 23.4% (Public Health England (PHE) 2018/19).

1.2 Good oral health has an important role in positive general health and wellbeing for children, vulnerable adults and the elderly.

1.3 Prevention is a multifaceted approach involving education, healthcare, dental services, young people's services, the community, voluntary and faith sector (CVF) and Public Health.

1.4 Vulnerable adults who misuse substances or are homeless or those with a severe mental illness or learning disability require additional targeted oral health intervention, as identified in a PHE report *Inequalities in oral health in England (March 2021*). The strategy also includes elderly residents in care homes as a target group requiring improved oral health care support.

1.5 The oral health strategy has been developed in consultation with partners such as NHS England (NHSE), PHE, the CVF sector, and the Food Resilience Alliance. The strategy 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.

1.6 The main focus of the strategy is on prevention, with a key recommendation to deliver targeted preventative interventions in our early years' settings as the best return on investment. With sustained investment and focussed resourcing, 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.

2. RECOMMENDATIONS

That the Executive Board:

2.1 Note the contents of this report

2.2 Approve the Blackburn with Darwen Oral Health Improvement Partnership Strategy 2021 - 2026
2.3 Approve and support the oral health recommendations and action plan for local implementation.
2.4 Approve the recommendation to tender for an Oral Health Improvement Service, commencing April 2022

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[1].

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 average person's time, approximately 5% is spent on accessing health care, including dentistry. The prevention of dental disease, therefore, is achieved in the main during the other 95% undertaking our daily lifestyle 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 lack of 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[2], Blackburn with Darwen's rate was 36% of patients having visible decay at their appointment (4th worst in the North

[1] PHE 2020

[2] Oral health survey of adults attending general dental practices 2018

West behind three Merseyside Local Authorities). Vulnerable adults are said to have worse oral health, such as substance misuse service users, the Authority's 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*). Therefore, working with our commissioned 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[3] 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 will provide evidence to inform targeted interventions in areas with greatest need
- Food Active are piloting a Parent Champion's 'Kind to Teeth' peer support campaign in Blackburn with Darwen and Knowsley Borough Councils. They will work with the children's centres and nurseries to recruit at least two parent champions each. These volunteers will undergo training in September and will form their own parent networks to share good oral health messages
- The Community Voluntary and Faith sector are also recruiting 'Grandparent Champions' in the South Asian communities

4. KEY ISSUES & RISKS

[3] Local authorities improving oral health: commissioning better oral health for children and young people; An evidence-informed toolkit for local authorities

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 may be reduced
- Families in need may be unable or unwilling to re-attend once 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 may be reduced
- Many care home residents / vulnerable older people in receipt of care are reliant on carers to support their daily oral hygiene care and access to dentistry

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 have 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 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.

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

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.

5. POLICY IMPLICATIONS

There are no policy implications.

6. FINANCIAL IMPLICATIONS

A commitment of £120,000 per annum has been ring fenced for an Oral Health Improvement Service for a two year contract with the option to extend for a further two years pending satisfactory performance. The Oral Health Improvement Service will commence April 2022.

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

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 commission 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.

8. RESOURCE IMPLICATIONS

The Public Health team are co-ordinating 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 of the oral health improvement action plan (quarterly meetings).

9. EQUALITY AND HEALTH IMPLICATIONS

Please select one of the options below. Where appropriate please include the hyperlink to the EIA.

Option 1 ☒ Equality Impact Assessment (EIA) not required – the EIA checklist has been completed.

Option 2 ☐ In determining this matter the Executive Member needs to consider the EIA associated with this item in advance of making the decision. *(insert EIA link here)*

Option 3 ☐ In determining this matter the Executive Board Members need to consider the EIA associated with this item in advance of making the decision. *(insert EIA attachment)*

10. 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

11. STATEMENT OF COMPLIANCE

The recommendations are made further to advice from the Monitoring Officer and the Section 151 Officer has confirmed that they do not incur unlawful expenditure. They are also compliant with equality legislation and an equality analysis and impact assessment has been considered. The recommendations reflect the core principles of good governance set out in the Council's Code of Corporate Governance.

12. DECLARATION OF INTEREST

All Declarations of Interest of any Executive Member consulted and note of any dispensation granted by the Chief Executive will be recorded in the Summary of Decisions published on the day following the meeting.

VERSION:	**0.6**

CONTACT OFFICER:	**Gillian Kelly / Shirley Goodhew**
DATE:	12/08/2021
BACKGROUND PAPER:	Blackburn with Darwen Oral Health Improvement partnership strategy (2021 – 2026) Oral Health Improvement action plan Equality Impact Assessment toolkit