

Oral Health Promotion Strategy 2023-2028 Draft

Michelle Baldwin
Public Health Strategic Manager DCC
Starting Well



Context

- Primary care dental services are currently commissioned directly by NHS England and local authorities are statutorily required to provide or commission oral health promotion programmes. The Health and Social Care Act (2012)
- Previous strategy ended in 2019, but developing a new one was delayed due to the impact of the COVID-19 pandemic
- This all age strategy considers how we can contribute to improving oral health for all residents of the County

Considerations when developing the strategy

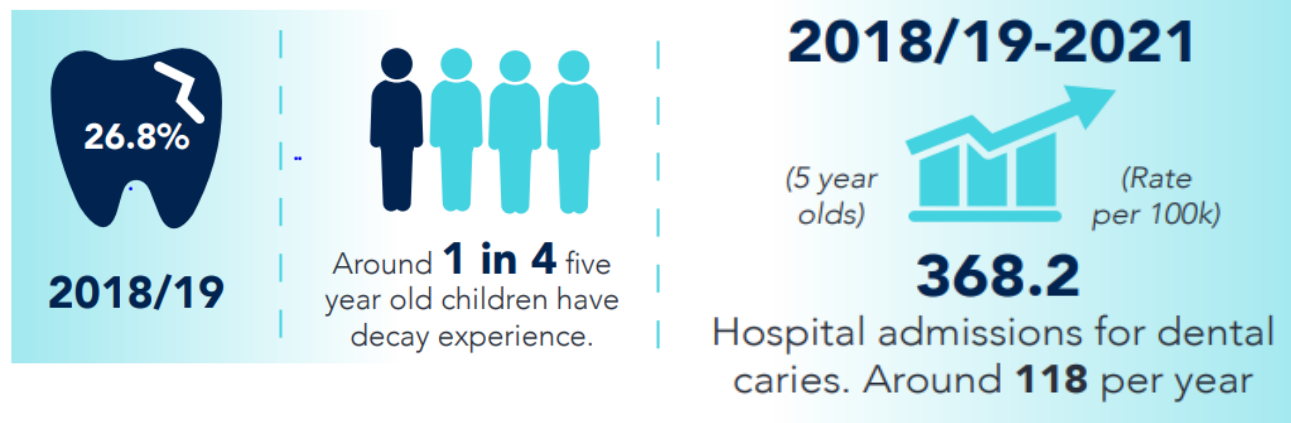
- Multi-disciplinary partners have worked together with representatives from health education, office for health improvement and disparities (OHID), children's services, adults commissioning etc
- The strategy evidence based and reflects local need.
- Adds to existing work, for example best start in life breastfeeding and weaning programmes, or healthy food in schools and workplaces.
- Considers existing national and local strategies where there is a link with oral health.
- Outlines some of the challenges around primary care dental services and the impact of Covid-19.

Key Points:

- Oral health is an important public health concern and can have a significant impact on society and individuals.
- Tooth decay is the most common oral disease affecting children and young people in England, yet it is preventable.
- The extraction of decayed teeth has become the most common reason for hospital admission of under-18-year-olds in England.
- There is evidence for social gradients in the prevalence of dental decay, tooth loss, oral cancer, oral health related quality of life and service use

Oral health in County Durham

Children



Adults

The National Dental Epidemiology Programme 2017/18 oral health survey of adults attending general dental practices in England found that in County Durham 26.8% of participants had untreated tooth decay with each having on average 1.8 decayed teeth.

Vulnerable groups – at high risk of poor oral health

Older people
Gypsy Roma Traveller community
Children who are looked after
People with learning disabilities

What we should we be doing

- Good tooth brushing with fluoride toothpaste at least twice per day for 2 minutes each time
- Eat a healthy diet, low in sugars
- Stop smoking and limit alcohol consumption to reduce the risk of oral cancer
- Continue to support and encourage mothers to breastfeed
- Regular dental check-ups

How we aim to improve oral health

- Consider other national and local strategies that reduces the risk for poor oral health e.g. tobacco, healthy weight, alcohol
- Work with communities and service providers to explore how to best implement any oral health improvement interventions, we will listen to and act on their feedback
- We will support service providers in ensuring staff have the skills and knowledge required to improve oral health for service users
- We will build on existing health improvement programmes and aim to add oral health where necessary
- Develop a multi-agency workplan that promotes good oral health and prevention across the life course with particular focus on high risk groups to reduce inequalities

Key Actions - Children

- Early intervention is key both in terms of prevention of disease but also for embedding good habits around oral hygiene and diet. Therefore, there a number of interventions aimed at giving children the best start in life. These include
 - Training on oral health promotion given to front line practitioners
 - Promoting and supporting delivery of key oral health messages in primary and secondary schools
 - Supervised toothbrushing schemes in Early Years settings in the most deprived areas
 - Oral health training for foster carers

Key Actions - Adults

- For adults we will aim to equip frontline health care staff with the skills to provide brief intervention and signposting through a Make Every Contact Count approach
 - Align or oral health work to national campaigns such as oral cancer month
 - We will work with NHSE to support residents in accessing primary dental care
 - Oral health champions in residential care homes for older people and for people with learning disabilities

Key Actions – Vulnerable groups

- We recognise that some people are at a higher risk of poor oral health and we aim work with these groups to provide additional targeted support to help reduce these inequalities including:
 - oral health champions in residential care homes for older people and for people with learning disabilities
 - GRT Specialist nurses to receive OH training
 - Work with special schools and those educated outside of mainstream and explore the needs of SEN families and how we can better support them
 - Work with housing providers to provide targeted support to those people who are homeless or rough sleeping

Water Fluoridation

- At a population level, it is the most effective way of reducing inequalities, as it ensures that people in the most deprived areas receive fluoridated water.
- Water fluoridation should be part of an overall oral health strategy.
- The Health and Care Act 2022 has moved the responsibilities for initiating and varying schemes for water fluoridation from local authorities to the Secretary of State.
- Information about water fluoridation has been referenced in the strategy although any actions for the local authority will be directed from the Secretary of State.

Next Steps

- Review feedback from recent consultation for 7 weeks.
(21.11.22 – 09.01.23)
- The strategy and key actions will be amended where necessary to reflect information and views gathered during the consultation
- The final strategy will be presented to the Health and wellbeing board in March 2023.

Recommendations

OSC are asked to:

1. Provide final feedback on the Oral health Promotion Strategy before progressing to HWBB.