



## **Report of Amanda Healy, Director of Public Health, Durham County Council**

**Electoral division(s) affected:** Countywide

### **Purpose of the Report**

- 1 To provide members of the Health and Wellbeing Board (HWB) the updated Oral Health Promotion Strategy 2023-2028 and to outline the key actions that will be implemented to improve oral health across the County and reduce oral health inequalities.
- 2 To provide assurance regarding the development process and feedback from the extensive public consultation.

### **Executive summary**

- 3 Good oral health contributes to overall health and wellbeing. Good oral health allows people to eat, speak, smile, show emotions and socialise. Oral health is an important public health concern because oral diseases have a significant impact on society and individuals.
- 4 Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Everyone should be able to access key oral health messages and preventive advice in order to tackle this preventable disease.
- 5 Although oral health is improving in England, the oral health survey of 5 year olds in 2019 showed 26.8% of 5 year olds in County Durham had obvious tooth decay.
- 6 Tackling tooth decay among children is very important, not only to improve oral health and oral health related quality of life, but also to address the high rate of hospital admission for tooth removal under general anaesthetic among children. It is the most common reason for hospital admission of under-18-year-olds in England and is significantly high in the County. This treatment is not only costly but there is a risk of serious complications associated with all general anaesthetics, however, these are rare.
- 7 There are some groups at high risk of dental disease, these include older people in care homes, people with learning disabilities, SEN

children. The oral health strategy aims to improve oral health for all residents, but with a focus on our vulnerable groups.

- 8 The relationship between deprivation and poorer oral health is now well established. 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. Targeted interventions for these groups will help address existing oral health inequalities.
- 9 Robust evidence base is important to ensure that interventions deliver intended outcomes. We have only considered interventions which are supported by research evidence to give good oral health outcomes.
- 10 Primary care dental services and the community specialist dental service are currently commissioned directly by NHS England and local authorities are statutorily required to commission oral health promotion programmes to improve the health of the local population. (The Health and Social Care Act (2012)).
- 11 We acknowledge the current problems with access to primary care dental services. Prevention of dental disease is key, especially given the current challenges in NHS primary dental care, therefore, a range of evidence based preventive interventions are included in the strategy.
- 12 The strategy relies on working with our communities and partner organisations to promote oral health and contribute towards maintaining good oral health throughout the life course. We hope to achieve an oral health in all policies approach which will reinforce oral health as an integral part of general health and wellbeing.
- 13 Guidance is available from NICE and other sources eg Commissioning Better Oral Health for Children and Young People to help local authorities in providing their oral health function. All relevant guidance will be reviewed and will underpin this oral health promotion strategy.

## **Recommendations**

- 14 Members of the Health and Wellbeing Board are asked to:
  - (a) Note the content of the report.
  - (b) Acknowledge the statutory requirements placed on the local authority and its partners.
  - (c) Agree the implementation of the County Durham Oral Health promotion Strategy 2023-2028.

## Background

- 15 Oral health is multifaceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort, and disease of the mouth, face, or head.
- 16 Poor oral health can lead to pain and discomfort, sleepless nights, loss of function and self-esteem, and in turn disrupt family life. It can also lead to time off work, either because a person is suffering pain or because they need to attend dental appointments or because their children are experiencing pain and they need to take them to dental appointments. Consequently, children can miss time at school risking impacting on their educational attainment.
- 17 Although tooth decay is the most common oral disease, there are others including periodontal (gum) disease and oral cancer. Oral diseases share risk factors with other chronic conditions eg poor diet, alcohol and smoking are also risk factors in cardiovascular disease, obesity and other cancers eg lung cancer.
- 18 Prevention is key. Tooth decay is preventable with good diet and good oral hygiene. Controlling the other risk factors involved in oral diseases, such as alcohol and smoking, contributes towards the prevention of periodontal disease and oral cancer, as well as prevention of other chronic conditions.
- 19 Although the oral health strategy aims to improve oral health for all residents, there are some groups who are at high risk for dental disease. These include older people in care homes, people with learning disabilities, children and young people with special educational needs or disabilities, children who are looked after, traveller communities, prisoners, those who are homeless or rough sleepers, and people who have problems with drug or alcohol misuse.
- 20 Inequalities in oral health are evident in the UK across the social spectrum and across the life course largely reflecting the socio-economic inequalities that impact on general health. The COVID-19 pandemic is likely to have widened these inequalities as well as having a direct impact on dental care provision
- 21 Problems associated with access to dental services and the dental contract predate the COVID-19 pandemic, and there are clear signs that this has been compounded by the pandemic. Routine NHS dental services were paused during the pandemic in the interest of patient and dental staff safety. Once new processes were in place, including appropriate PPE and enhanced cross infection control measures, then

dental practice could begin again, but it did so at a much reduced rate due to the new ways of working in the pandemic.

- 22 NHS England have announced some changes to the current NHS dental contract, the first phase of which were introduced in October 2022. These may help to alleviate the current position.

### **Oral health in County Durham**

- 23 Data from the National Dental Epidemiology Programme for England: oral health survey of five-year-old children in 2018/19 showed 26.8% of 5 year olds in County Durham had obvious tooth decay. Levels of tooth decay and severity of tooth decay are higher in more deprived areas.
- 24 Inequalities in oral health which exist across the County; it showed that in our least deprived areas, the proportion of 5 year olds with decayed missing or filled teeth was 21.1%, and those with decay had an average of 1 affected tooth. However, in a more deprived area, 39.4% of 5 year olds had tooth decay with an average of 2.73 teeth being affected, The COVID-19 pandemic is likely to have negatively impacted oral health and widened these oral health inequalities.
- 25 For the period 2018 /19 - 2020/21 County Durham's hospital admissions rate for tooth decay requiring tooth removal was 368 per 100,000. Although this is lower than the average for the North East region (404 per 100,000) it is still stubbornly high. These children are receiving a general anaesthetic, which has inherent risks, for what is a preventable disease. we must ensure that all children requiring this treatment are receiving the dental care they need.
- 26 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.
- 27 During periods of lockdown people had reduced access to dental products and also, diet, alcohol consumption and smoking habits may have altered during these times. Altered health behaviours, in combination with decreased access to services and the suspension of many community based oral health improvement programmes, the COVID-19 pandemic is likely to have had a major impact on oral health and resulted in a widening of inequalities.

## **Evidence Base - Preventive Interventions**

### **Water Fluoridation**

- 16 Community water fluoridation (CWF) is a population level intervention and is the most effective way of reducing inequalities, as it ensures that people in the most deprived areas receive fluoridated water and it does not require any behaviour change among the population.
- 17 Public Health England has monitored the effects of water fluoridation schemes on the health of people living in the areas covered by these arrangements and reports its findings every four years. The findings of the 2022 health monitoring report are consistent with the view that water fluoridation at levels within the UK regulatory limit (<1.5mg/l) is an effective, safe, and equitable public health intervention to reduce the prevalence, severity, and consequences of dental decay.
- 18 Currently only parts of County Durham receive fluoridated water e.g., Consett, Crook, Tow Law, and parts of Chester-le-Street.
- 19 The Health and Care Act 2022 has implications for water fluoridation, it amended the Water Industry Act and moved responsibility for water fluoridation from local authorities to central government. We are awaiting further details of the new process and we will monitor developments.

### **Supervised toothbrushing schemes**

- 20 The evidence around toothbrushing is well established and is included in Delivering Better Oral Health, which is an evidence based toolkit to support dental teams in improving their patient's oral and general health. Targeted childhood settings such as nursery and school settings can provide a suitable supportive environment for children to take part in a supervised toothbrushing programme, teaching them to brush their teeth from a young age and encourage support for home brushing.
- 21 A number of Supervised Toothbrushing Schemes (STBS) were in place across the County in the top 20% most deprived areas. These schemes were suspended during the COVID-19 pandemic for cross infection control purposes. These schemes are now being reinstated.

### **Oral health in all policies**

- 22 NICE guidance recommends making oral health a core component of the joint strategic needs assessment and the health and wellbeing strategy. It also recommends including information and advice on oral health in all local health and wellbeing policies.

- 23 NICE recommends that settings such as schools, workplaces and community venues should promote oral health and give children and people the option of sugar free food choices and promote water as the drink of choice.
- 24 Adopting an oral health in all policies approach, working collaboratively with partner organisation and across relevant services to integrate oral health considerations into policymaking and focusing on preventive interventions to improve the oral health of all communities is an appropriate strategy to tackle oral health inequalities given the current challenges with the dental contract and recovery from the COVID-19 pandemic.
- 25 Using the Approach to Wellbeing we aim to engage with relevant community groups, health care professionals and residents of the County to further develop the actions contained in the strategy and to guide its implementation.

### **Main implications**

- 26 Oral health data builds a picture of oral health in the County. This allows us to determine which evidence based interventions are needed and where. Consideration is given to demography and to vulnerable groups within our communities who are at high risk of poor oral health.
- 27 Working collaboratively with partner organisations and across relevant services is key to improving oral health for all residents of the County. The aim is to integrate oral health considerations into policymaking and focus on providing evidence based preventive interventions.
- 28 The key actions set out ambitions for oral health promotion and oral health improvement focusing on preventive interventions and including oral health in all policies.
- 29 Implementation of the oral health strategy and action plan will be reliant on working with our partner organisations and services; therefore, a multidisciplinary steering group was formed to help develop the action the action plan.
- 30 At a time when primary dental services are still recovering from the impact of the COVID-19 pandemic and are struggling with a difficult dental contract it is vital that other preventive programmes/interventions are available to residents. We will work with dental colleagues at the Office for Health Improvement and Disparities to fully understand the data on dental access and identify any areas of specific concern so that interventions can be targeted in these areas.

## Key Points of the Strategy

- 31 A number of evidence based interventions are being proposed to improve oral health across the County over the next 5 years.
- 32 **For 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 are a number of interventions aimed at giving children the best start in life. These include:
- Continue to support breastfeeding
  - Support our health visitors in delivering key oral health messages to families
  - Support family hubs in embedding oral health in the services they provide
  - Set up Supervised Toothbrushing Schemes in early years settings in our most deprived areas
  - Engage with schools, particularly special educational needs schools, to explore how we can better support them to improve the oral health of our children
  - We will engage with groups who support children with learning disabilities to ensure they receive specialised oral health advice
- 33 **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 (MECC) approach.
- We will work with partners e.g., Office for Health Improvement and Disparities (OHID) to fully understand data on access, which will allow interventions to be targeted to areas with little primary dental care availability.
  - Aim to provide a choice of sugar free food, drinks and snacks, including from vending machines in public sector venues.
  - Explore developing an Oral Health MECC for frontline staff in primary care.
- 34 **For older people** - Along with tooth decay, other oral diseases and problems, such as tooth loss and oral cancer, become more common. Long term conditions such as arthritis and dementia can impact on a person's ability to maintain their oral health. This can be compounded by the side effects of some medications. Older people in care homes are particularly at risk. The key actions in the strategy are:
- We will work with residential homes to ensure staff have the knowledge and skills they need to support residents with their oral health
  - Promote denture labelling in residential homes

- Promotion of having oral health care plans with daily mouth care routines
- Consider specialist training for staff caring for people with dementia
- Although clinical domiciliary dental care is commissioned by NHS England, we will work with carers providing care for older people living more independently, to ensure they have the knowledge and skills to support older people with their oral health

35 For vulnerable groups - Who are at high risk of poor oral health. We will:

- Work with the Gypsy Roma Traveller (GRT) community and the GRT specialist nurse to promote good oral health to our GRT communities.
- Engage with the health and justice team to explore oral health promotion in prison settings
- Work with Durham County Council and County Durham and Darlington Foundation Trust to ensure oral health promotion programmes are embedded into the secure children's home.
- Explore opportunities to engage with people using drug and alcohol services.
- Review the oral health training for staff and carers who support children who are looked after.
- Work with partners to provide tailored oral health improvement programmes for children and young people with special educational needs and disabilities (SEND).
- Support the needs of parents and carers of SEND children by providing correct information and guidance to improve oral health.
- Ensure supervised tooth brushing schemes also reflect and consider the needs of children with SEND.
- Support SEN schools in providing oral health information, guidance and support as well as supporting children with SEND in mainstream schools.
- Work with commissioners of care homes for older people and for those with learning disabilities, to develop oral health guidance to meet their needs.
- Work with Durham University to ensure students are provided with appropriate information on access to oral health care while at university.
- Work with communities to explore how to support people accessing foodbanks with their oral health, including providing oral health packs (toothbrushes and toothpaste).
- Work with key partners to identify a pathway of oral health promotion and support for people who are homeless or rough sleeping.



## Consultation process

- 36 Working with the consultation and engagement team, an engagement plan and public consultation was developed to include proactive engagement with key stakeholders (see appendix 2).
- 37 The consultation also considered vulnerable groups including GRT representatives, Humankind, the Disability partnership, children's social care as well as adults' health and social care professionals. An additional focus session took place with the County Durham Youth Council with helpful feedback collated and additional targeted promotion at events including Making Changes Together (MCT) conference.
- 38 The general public were also able to engage with the consultation via the DCC website, and actively promoted by a programme of social media messages across corporate and targeted DCC channels and posters for venues where further information could be found. The public consultation lasted 7 weeks.

## Feedback from Public Consultation

- 39 Respondents were asked about the strategy as a whole and about specific parts of the strategy, e.g., Children's oral health, older people's oral health and vulnerable groups.
- 40 Overall, the feedback was very positive, with the online survey results identifying a positive response to the proposed strategy. 87% of respondents in general agreement with the new Oral Health Promotion Strategy, and 98% of respondents agreeing with the six identified strategic priorities.
- 41 Additional comments highlighted that *'the strategy was well evidenced, including local data and the plan to be implemented will have a very positive impact on the oral health of those in the area, particularly amongst the early years and those most vulnerable.'*
- 42 The importance of having a preventive approach for all residents was acknowledged, along with the importance of oral health as an essential part of overall good general health and wellbeing.
- 43 The current challenges facing families was also acknowledged including access to primary care dental services for some families and the impact of the increased cost of living on the ability to purchase toothbrushes and toothpaste.
- 44 There were some specific comments which highlighted important points that we have considered further and either incorporated into the strategy or will include in the action plan. They include:

- We will further consider how we can support carers. The strategy includes ensuring foster carers are supported to help children and young people with their oral health and staff in care homes are enabled to support older people including those with dementia. However, we will look to expand this to include a wider range of carers, e.g., those caring for people with learning disabilities, adults with complex medical histories
- We will explore further how we can support those with mental health conditions to maintain good oral health
- We will work with DCC services to review the provision of sugar free food options and promotion of plain drinking water at all DCC venues
- Methods of communicating our key messages will be explored, including use of video clips and social media
- Making oral health promotion material easy to understand and appealing to families
- Whilst we advocate for breastfeeding, we will also ensure the correct oral health advice is given to families who bottle feed their babies

### **Next steps**

- 45 The oral health promotion strategy has been updated to reflect the feedback gained from the consultation process and a steering group will further develop the key actions into a strategy delivery plan.
- 46 The governance arrangements for this strategy will be a steering group reporting on the delivery plan into Public Health SMT and Adults SMT.

### **Authors**

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## **Appendix 1: Implications**

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### **Legal Implications**

Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population. Health and Social Care Act (2012)

### **Finance**

Additional funding is required for resources to fully implement the oral health strategy. Public health have identified funding to support the supervised tooth brushing scheme until 2025. Additional funding will need to be identified to support additional programmes.

### **Consultation**

A seven week public consultation has taken place.

### **Equality and Diversity / Public Sector Equality Duty**

EIA undertaken.

### **Climate Change**

Sustainable products sources wherever possible.

### **Human Rights**

NA.

### **Crime and Disorder**

NA.

### **Staffing**

Support from children's early years services and CDDFT oral health promotion team secured

### **Accommodation**

NA.

### **Risk**

Funding for resources.

### **Procurement**

NA.

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## **Appendix 2: Consultation and Engagement Plan - Summary**

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### **Consultation and Engagement Plan Draft Oral Health Promotion Strategy 2023 – 2028**

#### **Aim/s of the consultation and engagement exercise**

Feedback will be used to assess support for what's proposed in the strategy and/or residents and other stakeholders have the chance to help shape what's included in oral health plans for children, adults, older people, vulnerable groups, as outlined in the document.

#### **Key messages**

- Help shape plans to improve the county's oral health for the next five years / tell us what you think of our draft oral health promotion strategy.
- Current issues with access to dental services - who to contact if having problems accessing an NHS dentist?
- Consultation findings and subsequent amends to the strategy (You Said, We Did) (post consultation only)

## Audience (stakeholder map)

Description / Name	Pre / Live / Post consultation contact	Assigned Comms & Engagement method / activities	Who
Portfolio holder / Leader	Pre / Live / Post	<ul style="list-style-type: none"> <li>PH briefing / report</li> </ul>	PH
CMT	Pre / Live / Post	<ul style="list-style-type: none"> <li>PH briefing / report</li> </ul>	PH
Dental steering group	Pre / Live / Post	<ul style="list-style-type: none"> <li>PH briefing / report</li> </ul>	PH
PH mgmt. team	Pre / Live / Post	<ul style="list-style-type: none"> <li>PH briefing / report</li> </ul>	PH
NHS England (agree dental services messaging/ awareness of upcoming consultation)	Pre	<ul style="list-style-type: none"> <li>Service area meeting</li> </ul>	PH
Adults and Children's OSC	Live	<ul style="list-style-type: none"> <li>E-briefing / presentation January 2023</li> </ul>	PH
HWB / Cabinet	Post	<ul style="list-style-type: none"> <li>Consultation summary for HWB /Cabinet report</li> </ul>	PH
Local Elected Members / MPs	Live	<ul style="list-style-type: none"> <li>Online information and survey</li> <li>Members e-briefing</li> </ul>	<ul style="list-style-type: none"> <li>COG</li> <li>PH / COG</li> </ul>

General Public	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Promoted via stakeholders and social media</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• Comms</li> </ul>
Health professionals	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Promoted via HWB and County Durham Care Partnership Executive</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> </ul>
Adults social care professionals	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>
Care Home Providers	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>
Education professionals	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Promoted via Schools extranet</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• Comms</li> </ul>
Children's Services professionals	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Promoted via Children, Young People and Families Partnership Board</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> </ul>
Family Centres	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Poster (with QR code)</li> <li>• Social media</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• COG</li> <li>• Comms</li> </ul>
Nurseries and early years' providers	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>
Poverty action steering group / Child poverty steering group	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> </ul>
VCS	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Promoted via VCS Alliance and DCA</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> </ul>
Youth Council*	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>

Contact: <a href="mailto:Catharine.Harwood@durham.gov.uk">Catharine.Harwood@durham.gov.uk</a>			
Children in Care (via Investors in Children)*  Contact: <a href="mailto:robert.johnson@investinginchildren.net">robert.johnson@investinginchildren.net</a>	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>
Disability Partnership* Contact: <a href="mailto:Joanne.Kelley@durham.gov.uk">Joanne.Kelley@durham.gov.uk</a>	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Initial email</li> <li>• Possible attend meeting</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> <li>• PH</li> </ul>
SEND – Making Changes Together parent carer forum* Contact: TBC	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> <li>• Event during consultation period</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> <li>• PH</li> </ul>
Health visitors / site wardens (GRT community) Contact: Louise Stokoe	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>
Humankind (homeless / drug /alcohol / prisoners) Contact: <a href="mailto:Jane.Sunter@durham.gov.uk">Jane.Sunter@durham.gov.uk</a>	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>
Age UK Contact: <a href="mailto:Robyn.Holmes@ageukcountydurham.org.uk">Robyn.Holmes@ageukcountydurham.org.uk</a>	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>
Care Home Forum Contact:		<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

Refugees via the Humanitarian project Contact: <a href="mailto:Donna.Whitfield@durham.gov.uk">Donna.Whitfield@durham.gov.uk</a>	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>
Housing Solutions / Housing providers	Live	<ul style="list-style-type: none"> <li>• Online information and survey</li> <li>• Email</li> </ul>	<ul style="list-style-type: none"> <li>• COG</li> <li>• PH</li> </ul>
<p><b>* Opportunity to promote the consultation at events or meetings which take place in the consultation time period. If PH resources allow, there is potential to arrange a session with some, or all of these groups.</b></p>			

#### Comms

- Press release and/or holding statement
- Social media – FB / Twitter posts for various DCC channels
- Poster / flyers (for use in venues and/or events (print as needed)
- Extranet item
- Relevant email distribution lists