

North Somerset Council

Report to the Health Overview and Scrutiny Panel

Date of Meeting: 14 March 2024

Subject of Report: Public Health Oral Health Promotion update

Town or Parish: All

Officer/Member Presenting:

- **Matt Lenny, Director of Public Health and Regulatory Services**
- **Liz Green, Healthy Weight and Workplace Health Manager**
- **Catherine Wheatley, Oral Health Specialist**

Public Health and Regulatory Services Team

Key Decision: No

Reason: Oral health

Recommendations

The Health Overview and Scrutiny Panel note the content of the report.

1. Summary of Report

Crucial for addressing tooth decay is preventing disease before it occurs, as only the earliest stages are reversible, and it can quickly progress once started. Many of the Public Health Oral Health Promotion interventions within the overall programme focus on motivating children to brush their teeth and encouraging parents/carers to support with healthy toothbrushing behaviours as well as reducing sugar intake.

Through the oral health promotion work within North Somerset communities, several opportunities for further support have been identified with further resources and capacity. These include more work around oral cancer prevention, to broaden the oral health promotion training to benefit secondary school and college children and young people, supported housing workers and front-line workers supporting adults within high-risk groups, further support for individuals with Special Educational Needs and Disability (SEND) and looked after children as well as system-level approaches e.g. altering the food and drink environment e.g. schools, advertising, fast-food outlets.

2. Policy

Support via the Bristol, North Somerset and South Gloucestershire (BNSSG) Dental Strategy aim of 'Reducing the burden of dental disease through oral health promotion and integration with other services' via delivery of oral health promotion programme detailed below and adapt based on population need, evaluation of service impact and available capacity.

We are in a strong position to support initiatives announced recently by the Government ([Faster, simpler and fairer: our plan to recover and reform NHS dentistry - GOV.UK](#))

(www.gov.uk)), utilising our existing strong relationships with early years and school settings.

3. Details

The Public Health team supports embedding oral health promotion into other services e.g. early years, schools, smoking cessation, infant feeding, children's centres, health visiting, school nursing and resettlement and work with these teams to support their practice in relation to oral health promotion.

The Public Health Oral Health Programme currently has the following interventions and related programmes we support:

a. First Dental Steps

This NHS initiative for the South West centres around oral health promotion messages delivered by Health Visitors and has a particular focus on the 1-year checks where the family is given a toothbrushing pack (toothbrush, toothpaste and free-flow cup) for their infant.

[Study protocol for First Dental Steps Intervention: feasibility study of a health visitor led infant oral health improvement programme | Pilot and Feasibility Studies | Full Text \(biomedcentral.com\)](#)

[First Dental Steps Intervention: a feasibility study of a Health Visitor led infant oral health improvement programme - NIHR School for Public Health Research NIHR SPHR](#)

b. Early Years Supervised toothbrushing scheme ("Big Brush Club")

This scheme has also been commissioned by NHS Southwest and invites preschools and reception classes (children aged 3-5) in Indices of Multiple Deprivation (IMD) 1-6 to participate. Settings are given training and resources for inhouse toothbrushing as well as toothbrushing packs to send home with children on a three-monthly basis to support brushing at home.

In North Somerset this scheme has just started with January 2024 seeing the first two enthusiastic schools join the scheme. In total, we have identified 41 early years settings in IMD 1-6 areas who may be eligible for the scheme, although currently the scheme inclusion criteria is for school-based settings only (19 settings) and not stand-alone nursery settings which is a potential barrier to be able to reach as many children in the identified age and IMD population.

We are providing support to the provider 'At Home Dental' by encouraging uptake from settings and offering lessons to enhance the children's oral health literacy. Given the additional risk of experiencing tooth decay and gum disease for children with Special Educational Needs and Disabilities (SEND), the provider has agreed to extend this offer to all 4 special schools in North Somerset.

c. Healthy Early Years Programme

A Public Health led setting-based intervention for early years settings in North Somerset. The programme is based on settings developing their own action plans around key health

and wellbeing topics. Settings start in the first year with oral health and food and nutrition and are provided training and support to achieve their Healthy Early Years award.

Delivery of the programme to date has seen 20 early years settings enrolled onto the scheme benefiting the children and their families via training and ongoing oral health promotion support.

d. The Toothbrush Pack Distribution scheme

The Toothbrush Pack Distribution programme is our own initiative funded from a Health and Wellbeing Board grant. We are working closely with North Somerset primary schools in IMDs 1 and 2 (a total of 4 schools) to deliver quarterly oral health promotion workshops to years 1-6 (ages 5-11) after which we distribute packs to take home. These include a toothbrush, toothpaste, information leaflet and links to our Better Health North Somerset website where plenty of information is available to support parents' efforts at home. The programme has trained teachers in the schools as oral health champions and we encourage them to use school social media to get the oral health messages home.

We are using the acronym PASTE which we have crafted to help children remember key elements of toothbrushing. PASTE stands for **Pea Sized Blob** (of toothpaste), **Around All Surfaces** (to clean all teeth not just those you see when you smile), **Spit Don't Rinse** (when you've finished brushing, to keep the fluoride on teeth for longer), **Two Minutes, Everyday Twice**.

e. Oral Health Promotion training

The Public Health team provide training to professionals working with children and young people in various settings. Training includes details about key oral health messages, ideas for promoting these in the setting, sharing best practice and peer support.

During 2023, 8 training sessions were delivered to 57 professionals and a further 130 professionals have been trained through their organisation's team meetings or training days or as part of a visit to their setting.

f. Population groups at greater risk of poor oral health

We have supported individuals in our refugee and asylum seekers communities as well as those experiencing homelessness and drug and alcohol dependency with outreach dental service of provision of dental care by dentist and dental nurses via mobile dental surgery on Dentaid lorries. 5 Dentaid visits were delivered in 2023 and 68 asylum seekers and 32 individuals experiencing homelessness were treated, including filling and tooth extraction as well as toothbrush pack and health information provision.

g. Healthy Workplaces Programme

Oral health is included in the criteria for the Healthy Workplaces award framework which is a programme to support staff health and wellbeing within workplaces. The scheme currently has 10 workplaces in North Somerset enrolled, with a total of 11,433 employees across all settings.

Future opportunities

1. Oral Cancer

Incidence of fatal Oral Cancer is rising in the UK. The British Dental Association has attributed this to the lack of NHS dental access. In the last year we have delivered training to our Smoke Free team to increase awareness of mouth cancers and the risk that smoking poses, as well as signposting to guidance around self-checks. We have also begun conversations with the school nurse immunisations team around the HPV vaccine which can reduce risk of soft tissue cancers in the head and neck. With further capacity and

funding it may be possible to contribute raising oral health literacy in high-risk groups through commissioning practitioner level training and workshops.

2. Broader oral health promotion training offer

Currently the training we publicise is for those working with children and families and to some extent young people. With further capacity it may be possible to engage and offer training to those working with secondary school and college aged young people (via both formal and informal settings), supported housing workers (for all age groups and vulnerabilities), and front-line workers supporting adults of the various high-risk groups.

3. Special Education needs and Disabilities (SEND) and looked after children oral health support

SEND children and adults are more at risk of oral diseases than other population groups. In North Somerset 44% of looked after children haven't had their teeth checked. With further team capacity it may be possible to support/commission training and awareness raising as well as education about preventative measures for families and carers. Other options with further capacity could be to also support institutions working with SEND / looked after children and young people to implement the Mini Mouth Care Matters programme of training and resources.

4. Children and Young People's food and drink environment

Whilst toothbrushing technique and guidance about sugar reduction will go a long way to helping children and young people take control of their oral health, the wider determinants of oral health e.g. sugar consumption have a significant impact. With further team capacity there would be the opportunity to work closely with colleagues on the impact food and drinks have on children and young people's oral health. The significant engagement and strong relationships built working with early years and school settings to implement oral health interventions could be utilised to further develop key public health messages around food and drinks within these settings. Contribution towards a co-ordinated approach addressing the issues around school food and free school meals uptake is likely to also influence oral health hygiene through healthier school food. Wider determinants like restriction of food and drink advertising, restrictions on establishment of fast-food outlets near schools and housing, particularly in areas of higher deprivation would also impact on oral health. Conversations have started to explore implementation of an ICS-wide systems approach to obesity, as well as a specific North Somerset model to address aspects like the built and wider food environment.

4. Consultation

Not applicable. For information item only.

5. Financial Implications

Not applicable. For information item only.

Costs

Not applicable. For information item only.

Funding

Not applicable. For information item only.

6. Legal Powers and Implications

No legal powers required as assurance role around oral health activities.

7. Climate Change and Environmental Implications

None identified through this report.

8. Risk Management

The actions described in this report relate to managing risk for our local population and service delivery.

9. Equality Implications

The oral health programme includes workstreams to meet the needs of different population groups taking account of barriers to access.

10. Corporate Implications

Promoting the oral health of the local population supports the health and wellbeing aims of the Council's Corporate Plan.

11. Options Considered

Authors:

- Matt Lenny, Director of Public Health and Regulatory Services
- Liz Green, Healthy Weight and Workplace Health Manager, Public Health and Regulatory Services
- Catherine Wheatley, Oral Health Specialist, Public Health and Regulatory Services

Appendices:

None

Background Papers:

None