



Public Health
England

Protecting and improving the nation's health

Oral health improvement programmes commissioned by local authorities

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England
Wellington House
133-155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8000
www.gov.uk/phe
Twitter: [@PHE_uk](https://twitter.com/PHE_uk)
Facebook: www.facebook.com/PublicHealthEngland

Prepared by: Julia Csikar and Jenny Godson
For queries relating to this document, please contact: PHE.enquiries@PHE.gov.uk

© Crown copyright 2017

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.nationalarchives.gov.uk/ogl/) or email psi@nationalarchives.gsi.gov.uk. Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published 15 May 2018
PHE publications
gateway number: 2018081

PHE supports the UN
Sustainable Development Goals



Contents

About Public Health England	2
Foreword	4
Executive Summary	5
Key Findings	5
Background	6
Oral Health in England	6
Impact on Children and Families	6
Responsibilities for Oral Health Improvement	7
What Works for Oral Health Improvement?	7
Aim	8
Objectives	8
Purpose	8
Who is this Document For?	8
Methods	9
Results	9
Commissioning of Oral Health Improvement Programmes	9
Oral Health Training for the Wider Professional Workforce	11
Healthy Food and Drink Policies	11
Targeted Provision of Toothbrushes and Toothpaste Programmes	12
Integration of Targeted Home Visits by Health and Social Care Workers	13
Community Water Fluoridation Schemes	14
Peer Support Workers	14
Local and National Government Policies to Improve Oral Health	14
Barriers to Delivery of Oral Health Improvement	15
Discussion	16
Conclusion	18
References	19
Appendix A Tools and Resources to Support the Promotion of Children and Young People's Oral Health	21
Appendix B Questionnaire Local Authority Stocktake 2017	25
Appendix C Examples of Integration of Targeted Home Visits	27

Foreword

Oral health is an integral part of everyone's health and wellbeing and while the oral health of five-year-olds in England has been improving significant inequalities remain.

Since 2013 the responsibility for public health, including oral health improvement, has been with local authorities, as set out in the Health and Social Care Act (2012). They have an important statutory role in assessing local oral health needs and commissioning evidence based oral health programmes appropriate to those needs. In addition, responsibilities for the Healthy Child Programme for 0-5 year-olds transferred over to local government in October 2015.

Public Health England and the National Institute for Health and Care Excellence have published toolkits and guidance to support local authorities to improve the oral health of their population. This stocktake describes which oral health improvement programmes are being commissioned in England for 0-5 year-olds, the length of time they have been running, who they are for and any outcome measures associated with them. While the information presented provides a snapshot in time, it is encouraging to see that 82% of local authorities that responded had an oral health needs assessment in place, and 77% reported commissioning oral health improvement programmes for 0-5 year-olds. In addition, the majority of local authorities had completed these oral health needs assessments and commissioned programmes since they had taken on these responsibilities for oral health improvement in 2013. These achievements should also be considered against a background of austerity.

We know that poor oral health may be indicative of poor diet, impaired nutrition and growth, dental neglect and wider safeguarding issues. Dental disease can impact on children's ability to sleep, eat, speak, play and socialise with other children. That is why it is important that local authorities continue to build on the achievements set out in this report and work with local communities to identify child oral health inequalities and commission oral health improvement programmes to meet identified needs. Oral health 'inequalities that are preventable by reasonable means are unfair.'¹

Dr Sandra White

National lead for dental public health

Public Health England

Executive Summary

Local authorities have statutory duties for oral health improvement and dental public health conferred through The Health and Social Care Act (2012). In order to support local authorities in this new role, the National Institute for Health and Care Excellence and Public Health England have published guidance and toolkits.^{2,3} This stocktake, undertaken in 2017, shows for the first time the oral health improvement interventions targeting 0-5 year-olds, currently commissioned by local authorities in England. This information can be used by local authorities to compare themselves against the national picture and will enable targeted support.

Key Findings

- of the 95% of local authorities who responded, the majority (77%) are commissioning oral health improvement programmes for 0-5 year-olds
- nearly all (94%) are using evidence based guidance to underpin them
- the most commonly commissioned programme was training for the wider professional workforce (71%), followed by healthy food and drink policies (57%), supervised toothbrushing in early years and school settings (51%), targeted provision of toothbrushes and toothpaste (46%), integration of targeted home visits by health and social care workers (44%), local or national government policies (30%), fluoride varnish programmes (24%), community water fluoridation (14%) and peer support workers (5%)
- whilst some of these programmes had been in place for up to 10 years, it is encouraging that there were more recent commissions (within 1-4 years), despite challenging resource conditions
- there was a mix of targeted and universal programmes as recommended by PHE³ and NICE²
- 82% of local authorities had completed an oral health needs assessment, most of which had been completed since 2014, after local authorities took on this responsibility
- 81% of local authorities had leads for oral health improvement and commissioning
- 73% of local authorities identified barriers to the delivery of oral health programmes, these included pressures on funding (33%), commissioning and contract management (22%), limited resources and capacity (19%), workforce issues such as lack of staff, frequent staff turnover (15%), and low priority or awareness of oral health (11%)

Local authorities have demonstrated that they have acted on their statutory role for oral health improvement, despite identified barriers to delivery.

Background

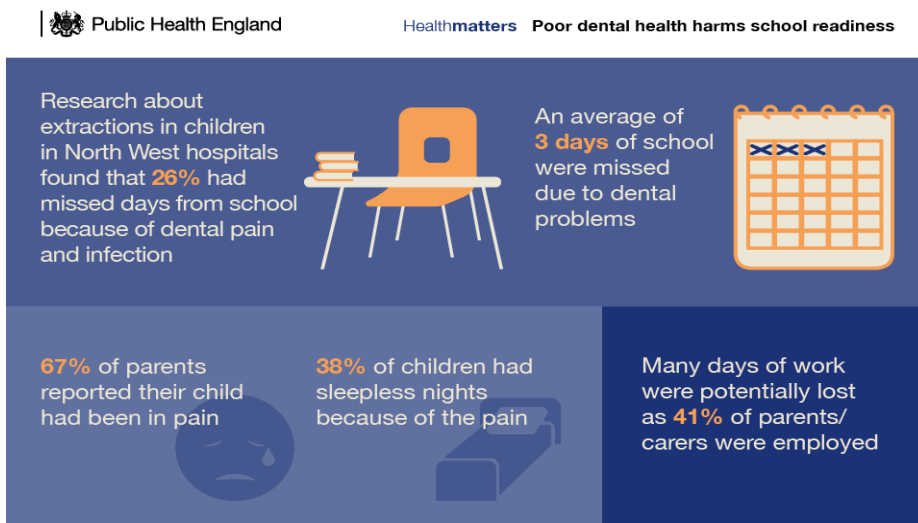
Oral Health in England

Although dental caries (tooth decay) is preventable it is still the most common oral disease in children and affects 23% of 5 year-olds (2017).⁴ It starts early in life with 12% of three-year-olds having tooth decay (2013)⁵ with, on average, three teeth affected. Whilst the oral health of five-year-olds is improving in England significant inequalities remain with the most vulnerable and socially excluded disproportionately affected. Geographic variations exist on a regional and local scale. In 2017, 34% of five-year-old children in the North West experienced dental caries compared to 16% in the South East of England. When examined at a local authority level the differences are even greater; with 47% of five-year-olds in Rochdale having dental caries, which is more than double the national average, whilst in Cambridgeshire the prevalence is 13%. In 2014-15, tooth decay was the most common reason for hospital admission for children aged 5-9 years.⁶

Impact on Children and Families

Poor oral health impacts on children and families (Figure 1) and affects children’s ability to eat, speak, sleep, play and socialise.⁷ Almost a quarter (23%) of five-year-olds have tooth decay when they start school. Children who have toothache or who need treatment may have to be absent from school and parents may also have to take time off work to take their children to a dentist or to hospital. Oral health is therefore an important aspect of a child’s overall health status and of their school readiness. Oral health is seen as a marker of wider health and social care issues including poor nutrition and obesity.

Figure 1: Impact of Poor Oral Health in Children and Families



Source: Health matters: child dental health <https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

Despite being largely preventable, dental disease places significant costs on the NHS. In 2014, all age NHS dental treatment costs were £3.4 billion with an estimated additional £2.3 billion in the private sector.⁸ In the financial year 2015 to 2016, the cost of tooth extractions was approximately £50.5 million among children aged 0 to 19 years. This was for tooth extractions for any reason but the majority of these were for tooth decay. Among children under five years of age there were 9,306 admissions to hospital for tooth extractions (with 7,926 specifically identified as being due to tooth decay), at a cost of approximately £7.8 million.

Responsibilities for Oral Health Improvement

The Health and Social Care Act (2012) amended the National Health Service Act (2006) to confer responsibilities on 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 required⁹ 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
- provide or commission oral health surveys in order to facilitate: the assessment and monitoring of oral health needs, planning and evaluation of oral health promotion programmes, planning and evaluation of the arrangements for the provision of dental services, and reporting and monitoring of the effects of any local water fluoridation schemes. These oral health surveys are carried out as part of the PHE dental public health intelligence programme¹⁰
- local authorities are also required to participate in any oral health survey conducted or commissioned by the secretary of state

Local authorities also have powers and duties with regard to community water fluoridation schemes, with the power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals and powers to make decisions about such proposals.^{11, 12}

What Works for Oral Health Improvement?

In order to support local authorities to deliver their oral health improvement functions Public Health England has published two evidence-based toolkits and National Institute for Health and Care Excellence has published public health guidance which outline the current evidence and possible strategies to support oral health improvement at a population level:

- Local authorities improving oral health: commissioning better oral health for children and young people³
- Improving oral health: a community water fluoridation toolkit for local authorities¹³

- Oral Health Improvement for Local Authorities and their Partners (National Institute for Health and Care Excellence PH55, 2014)²

Improving the oral health of children is a PHE priority and in 2016 PHE launched the Children's Oral Health Improvement Programme Board (COHIPB) to provide national systems leadership for child oral health. The board has over 20 organisational partners who have the shared ambition that every child grows up free of tooth decay as part of getting the best start in life. The COHIPB has developed a number of resources (Appendix A) which support local authority's key role in the delivery of oral health improvement for children. The board requested information regarding the current commissioning of child oral health improvement programmes in England.

Aim

To undertake a stocktake of oral health improvement interventions (targeting 0-5 year-olds) commissioned by each local authority in England.

Objectives

- to describe what oral health improvement interventions (outlined in Commissioning Better Oral Health³ as 'recommended') are being commissioned by local authorities in England
- to understand the length of time such programmes have been in operation, their target audience, the reach of programmes and any outcome measures associated with them
- to explore any identified barriers to delivering oral health improvement at an organisational level

Purpose

This stocktake will for the first time provide information on commissioned oral health improvement programmes for 0-5 year-olds in England. It will recognise the contribution of those local authorities who are currently commissioning programmes and help PHE and partners to identify where to offer targeted support.

Who is this Document For?

This stocktake will provide information for those with a role in health and oral health improvement including:

- local authority elected members and strategic leaders
- health and wellbeing boards

- directors of public health, consultants in dental public health and public health and children's commissioners in local authorities
- NHS England dental commissioners, local dental networks and dental teams.
- local oral health improvement teams
- health care providers and children and young people workforce delivering population based oral health improvement programmes
- national leaders for oral health improvement

Methods

A questionnaire was developed to outline the commissioned oral health improvement programmes within each local authority in England. The questionnaire was reviewed by two consultants in dental public health, a representative of the Association of Directors of Public Health and members of the Children's Oral Health Improvement Programme Board. The questionnaire (Appendix B) was amended in response to their feedback and consisted of 45 closed and open-ended questions to identify commissioned programmes' coverage, intensity and longevity.

Two methods were employed to distribute the survey to consultants in dental public health; via Select Survey, a web-based portal, and email using a Word document. The survey was piloted with three consultants and changes were made in response to their feedback. The questionnaire was facilitated by consultants in dental public health from PHE centres who provide support with oral health improvement to local authorities in their area. They completed the questionnaire in co-ordination with local authority public health teams and commissioners of children's services where possible. All consultants were contacted between January 2017 and June 2017 asking for the questionnaire to be completed.

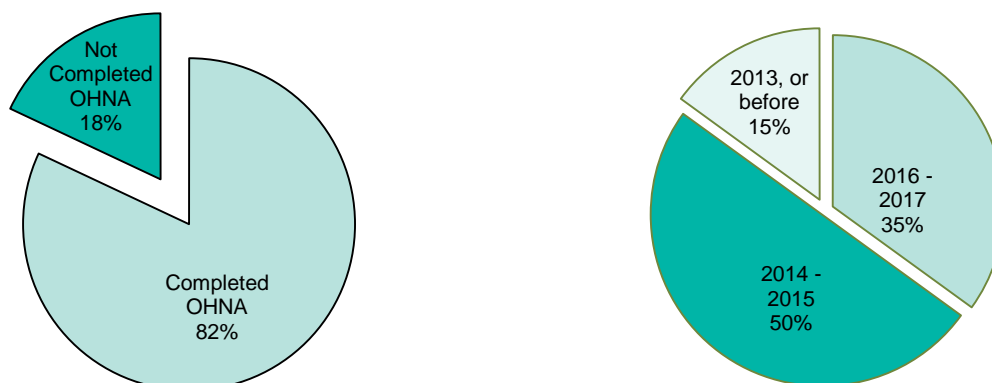
Results

Responses were received from 95% (145/152) of local authorities.

Commissioning of Oral Health Improvement Programmes

Eighty-one percent (117/145) of responding local authorities had a lead for oral health improvement and commissioning. Eighty-two per cent (119/145) reported that an oral health needs assessment had been undertaken, most of which were completed in 2014/15 (Figure 2).

Figure 2: Proportion of Oral Health Needs Assessments Completed and Year Completed



Oral health improvement programmes for 0-5 year-olds were commissioned by 77% of local authorities that responded (107/145), with 94% (101/107) of these reporting that their programmes comply with guidelines (Table 1).

Table 1. Number of Oral Health Improvement Programmes Aligned to Evidence Based Guidelines

Guidelines (multiple response)	Number
Commissioning Better Oral Health ³	100
National Institute For Health and Care Excellence PH55 ²	96
Delivering Better Oral Health ¹⁴	8
Improving oral health: supervised tooth brushing programme toolkit ¹⁵	2
National Institute for Health and Care Excellence PH6 ¹⁶	1
Tackling Poor Oral Health in Children - Local Government's Public Health Role ¹⁷	1

When asked if there were any mechanisms in place to oversee the accountability, delivery and engagement of commissioned oral health improvement interventions the following respondents said 'yes':

- Oversee accountability: N=84
- Delivery: N=80
- Engagement: N=68

Oral health Improvement Interventions Commissioned by Local Authorities

The table below details which oral health improvement programmes local authorities were commissioning. Of the 145 local authorities that responded, the most commonly reported commissioned programme was training for the wider professional workforce.

Table 2. Number of Programmes Commissioned by Local Authorities

Programmes	Number (%)
Oral health training of the wider professional workforce	N=103, 71%
Healthy food and drink policies	N=82, 57%
Supervised tooth brushing in early years or school settings	N=74, 51%
Targeted provision of toothbrushes and toothpaste	N=67, 46%
Integration of targeted home visits by health and social care workers	N=64, 44%
Local or national government policies to improve oral health	N=44, 30%
Fluoride varnish programmes	N=35, 24%
Community water fluoridation schemes	N=20, 14%
Peer support workers	N=7, 5%

Oral Health Training for the Wider Professional Workforce

Oral health training was available for the wider professional workforce, for example, those in health and education, and was commissioned by 71% (103/145) of local authorities. Training was provided for a wide range of staff groups providing care and support to families with young children and included: health visitors, school nurses, family nurse partnership staff, the early years workforce, children centre staff, midwives, special school staff, social workers and pharmacy staff. Training included face to face and eLearning offers and training the trainer models were used to support delivery through making every contact count (MECC).

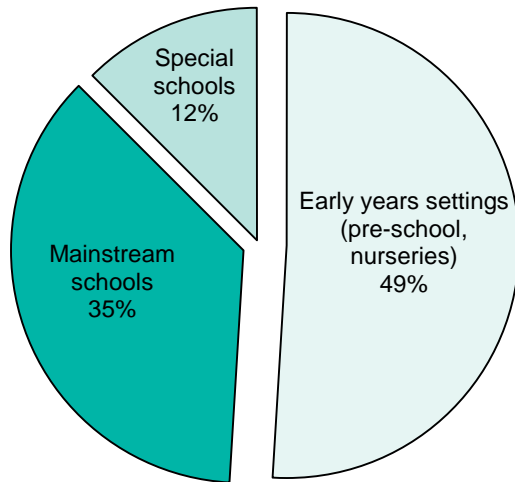
Healthy Food and Drink Policies

Fifty seven percent (82/145) of local authorities reported that healthy food and drink policies operated in childhood settings. A large amount of detail was reported with many local healthy eating programmes, accreditation schemes, awards and campaigns identified. Settings identified as adopting healthy food and drink policies and accreditation schemes included children's centres, schools, family centres and hubs, playgroups and child minding settings.

Supervised Tooth Brushing in Early Years or School Settings

Supervised tooth brushing programmes were commissioned by 51% (74/145) of local authorities and were often commissioned in multiple settings. Of the 109 settings detailed (Figure 3), just under half of programmes took place in early years settings (pre-school and nurseries (49%, 53/109), over a third in mainstream primary schools (35%, 38/109) and, less commonly, special schools (12%, 13/109).

Figure 3: Settings for Supervised Brushing Programmes



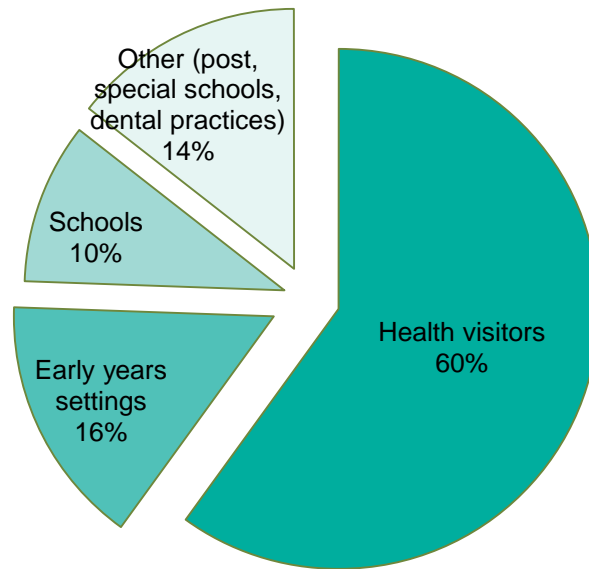
Forty-two local authorities gave a timeframe for the length of time the schemes had been running. The majority of schemes (38%, 16/42) were reported to have been running for 6 to 10 years and 29% (12/42) of schemes were running for less than 2 years. Local authorities reported that 113 programmes were targeted at different age groups; over half were targeted at children aged 1 to 4 years (55%, 57/113) and 44% (48/113) at children aged 4 to 5 years (primary school). A targeted approach was the most commonly adopted by such schemes as recommended by National Institute for Health and Care Excellence¹ and PHE².

Outcome measures associated with supervised brushing programmes were reported by 74% (55/74) of local authorities. Common examples included dental epidemiological data, participation rates, and questionnaire data assessing behaviour and knowledge change of families and practitioners related to oral health.

Targeted Provision of Toothbrushes and Toothpaste Programmes

Targeted provision of toothbrushes and toothpaste programmes were commissioned by 46% (67/145) of local authorities. There were 90 responses outlining the settings in which these programmes were operating. Health visitors distributed the packs at routine visits in the majority of programmes (Figure 4).

Figure 4: Settings for Targeted Provision of Toothbrushes and Toothpaste Programmes



Forty-eight local authorities outlined how long schemes had been in operation; 0-2 years (21%, 10/48), three to five years (29%, 14/48), six to ten years (27%, 13/48) or more than 10 years (23%, 11/48). There were 102 commissioned programmes and they were commissioned most frequently for 0-1 year-olds (44%, 45/102), followed by one to four-year-olds (preschool) (41%, 42/102) and 4-5 year-olds (15%, 15/102). Targeted schemes were reported by 13% (7/52) of local authorities who stated they focused on, for example, the 20% most deprived wards in the area. Some responses did not specify if the provision was universal or did not state the proportion of the population that was targeted. Outcome measures associated with the programme were reported by 63% (42/67) of local authorities. Common examples included number of packs distributed, participation rates and dental epidemiological data relating to dental caries and dental extractions.

Integration of Targeted Home Visits by Health and Social Care Workers

Integration of targeted home visits by health and social care workers were reported by 44% (64/145) of local authorities. Integration was most frequently identified within the 4 5 6 model¹⁸ for health visiting within the healthy child pathway universal plus and universal partnership plus as appropriate. Oral health was reported as being integrated within service specifications for the Healthy Child Programme (HCP) and Family Nurse Partnership and 0-19 commissioning. Oral health had also been integrated within the PHE early years and school aged high impact areas.¹⁸ Integration was also mentioned within school nursing, looked after children and midwifery services and supported through the use of dental pages in the Personal Child Health Record (or red book) (See Appendix C for more detailed examples).

Fluoride Varnish Programmes

Thirty-five local authorities (24%, 35/145) were commissioning targeted, community-based fluoride varnish programmes. Twenty three local authorities outlined the settings, over half were taking place in primary schools (57%, 13/23), 35% in early years settings (8/23) and the remaining 2 in community settings. Fourteen local authorities detailed how long such programmes had been running, 43% of commissioned programmes running for 3-5 years (N=6), 29% 0-2 years (N=4) and a further 29% 6-10 years (N=4). There were 28 responses regarding the age groups the programme covered with a range of ages identified between 1-4 and 4-5 year-olds. Outcome measures identified included participation rates, user feedback, number of letters sent home for further examination, registration at a dentist and reductions in the number of tooth extractions.

The size of programmes varied, with some involving 2 nurseries and others 67 settings, however all fluoride varnish programmes were being targeted as advised by National Institute for Health and Care Excellence and PHE.

Community Water Fluoridation Schemes

Community water fluoridation schemes were reported by 14% (N=20/145) of local authorities. Of those local authorities who had reported there were no current community water fluoridation schemes (N=85), 11 expressed an interest in a new fluoridation scheme dependent on feasibility reports. For those not considering water fluoridation, the most common reason identified was that it would be too difficult to provide on their local authority footprint (due to the complexity of water supplies and local authority boundaries) and would possibly require an approach on a wider geography with multiple local authorities.

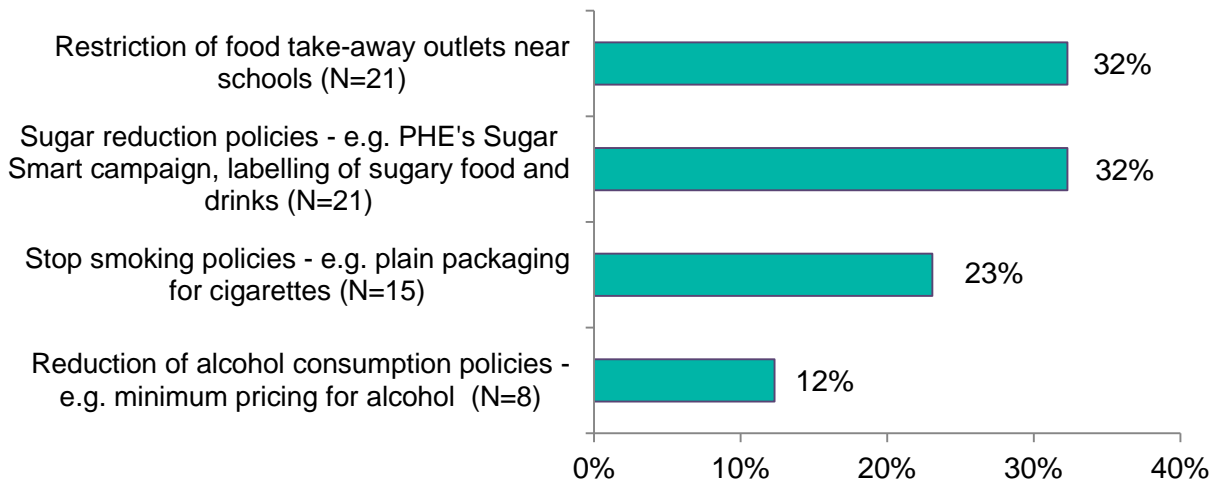
Peer Support Workers

Commissioning of targeted peer (lay) support groups/peer oral health workers was reported by 5% (7/145) of local authorities, two local authorities reported that voluntary (non-commissioned) workers were active within their area.

Local and National Government Policies to Improve Oral Health

Examples of local and national government policies used to improve oral health were outlined by 30% (44/145) of local authorities who responded. Of the 65 policies reported the most common were those targeted at sugar reduction (32%, 21/65) and the restriction of food take-away outlets near schools (32%, 21/65). National policies promoting plain packaging for cigarettes and minimum pricing for alcohol were also frequently outlined (Figure 5).

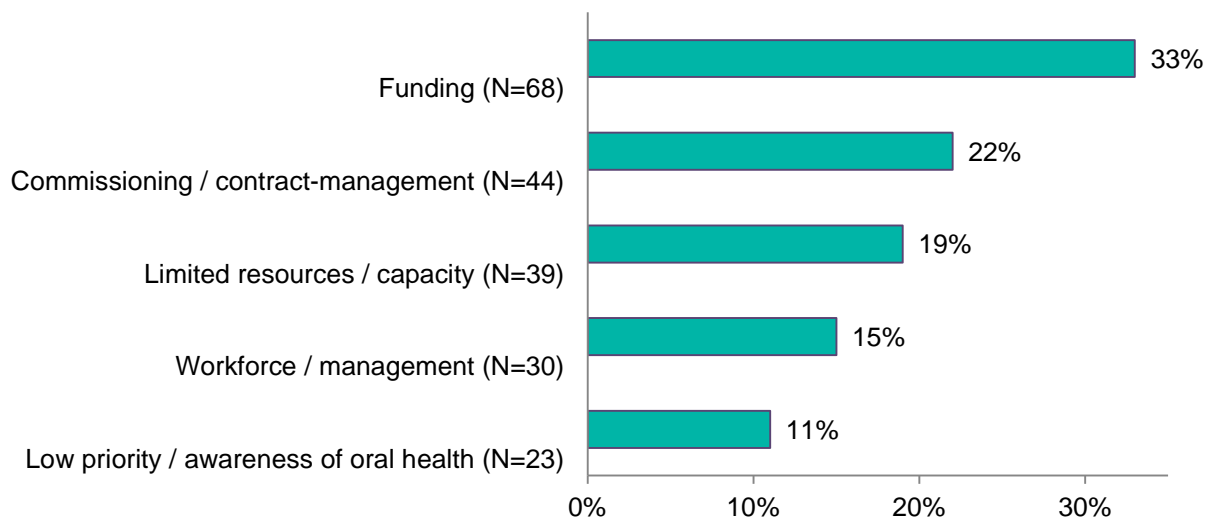
Figure 5: Local and National Government Policies Active within Local Authority Area



Barriers to Delivery of Oral Health Improvement

Seventy-three percent of local authorities (106/145) listed a total of 204 barriers to the delivery of oral health improvement programmes. Figure 6 outlines the barriers with the most commonly cited being reduced funding (33%, 68/204). Barriers within the commissioning system were identified (22%, 44/204) including complex organisational structures being difficult to navigate and leads for oral health managing large public health portfolios. Limited resources and capacity (19% 39/204) followed by workforce issues (15%, 30/204) such as lack of staff and frequent staff turnover were often identified as impacting on maintaining and sustaining work and relationships within local authorities. An additional barrier was that oral health was a low priority (11%, 23/204).

Figure 6: Barriers to Organisational Delivery of Oral Health Improvement Programmes Reported by Local Authorities



Discussion

Since 2013 local authorities have had a lead role for oral health improvement and the commissioning of oral health improvement programmes appropriate to the needs of their local populations. The majority (81%) have reported that they have a lead person for oral health improvement and have completed an oral health needs assessment (82%) with most being completed since local authorities took on this role. The majority (77%) were, at the time of the stocktake, commissioning oral health improvement programmes for 0-5 year-olds and the majority did so in line with evidence-based guidance, had a variety of universal and targeted elements and had accountability, delivery and engagement mechanisms in place.

This stocktake demonstrates that in England, many local authorities have programmes in place that contain elements (such as supervised toothbrushing and the application of fluoride varnish) similar to the national programmes running in Scotland and Wales namely the Scottish Child Smile programme¹⁹ and Designed to Smile in Wales.²⁰

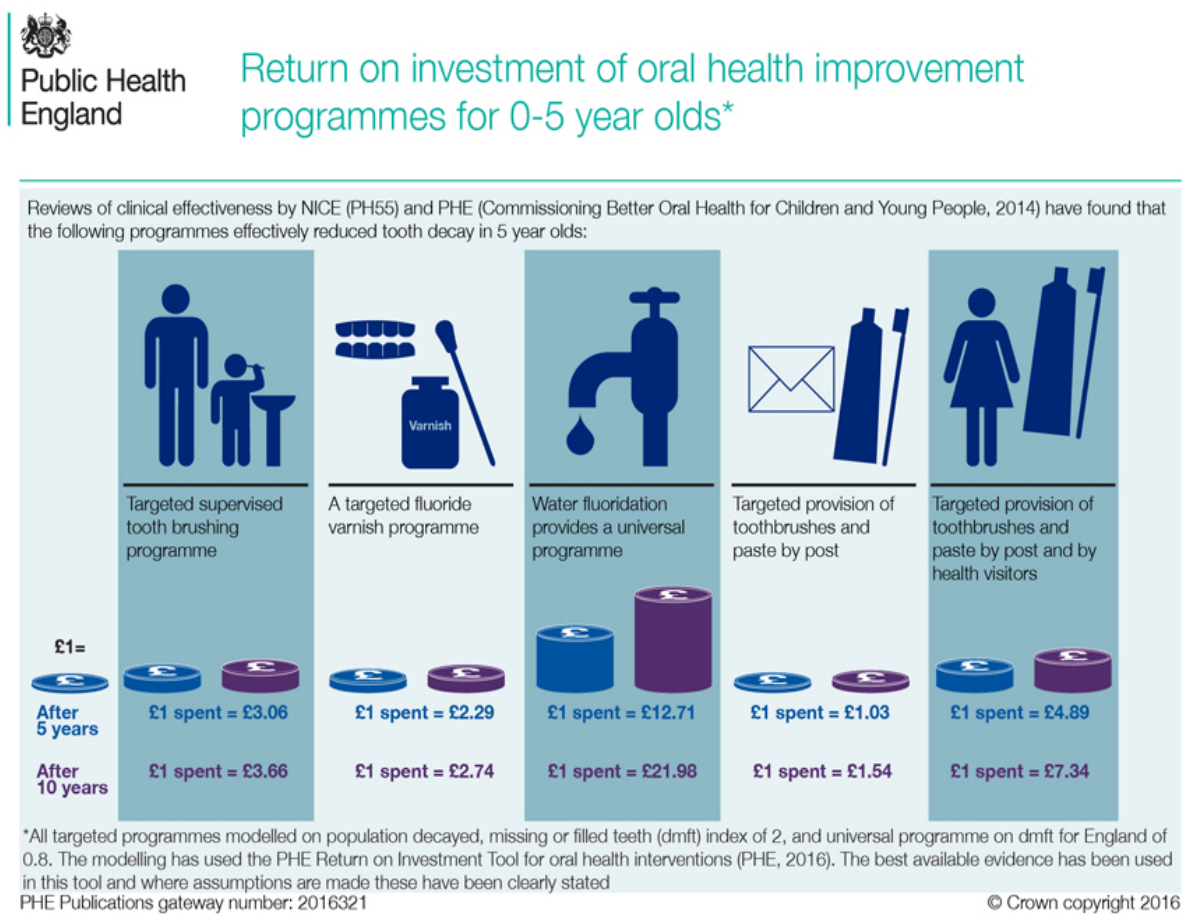
Some programmes had been in place for up to 10 years, however there were also reports of more recent commissions (within one to four years) as local authorities took on public health responsibilities. Barriers to delivering oral health improvement programmes were noted at an organisational level and lack of funding and/or resources, capacity and the complexity of commissioning systems were most frequently reported as barriers. This, perhaps, reflects the changes to responsibilities and organisational structure since 2013 and the impact of public sector austerity measures that have been introduced in recent years.

Toolkits and guidance have been developed by the National Institute for Health and Care Excellence,² PHE^{3, 15, 21} and the LGA¹⁷ in order to support local authorities in their statutory role⁶ for oral health improvement. In response to requests from local authorities for information on cost effectiveness in 2016, PHE commissioned a rapid review of the evidence of the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years and a bespoke return on investment (ROI) tool from the York Health Economics Consortium.²¹

The ROI tool’s main aim was to support local authority decision making regarding investment in oral health programmes and to support them to make the case for investment in oral health. It includes the following community programmes that have good quality evidence of effectiveness of improving the oral health of five-year-olds:

- targeted supervised tooth brushing
- targeted provision of fluoride varnish
- targeted provision of toothbrushes and paste by post and health visitors
- community water fluoridation

Figure 7. Modelling of the Return on Investment of Oral Health Programmes



It estimates the economic benefits associated with their ability to reduce tooth decay in five-year-old children. This includes monetised savings to the local authority and the NHS including the reduction in fillings provided in NHS primary care and tariff costs for dental extractions in NHS secondary care, the reduction in days missed at work for parents/carers accompanying children to the dentist and/or hospital. In addition the 'number of days saved at school' are generated although not monetised in the ROI. The infographic above (Figure 7) illustrates savings for each of the programmes at 5 and 10 years. These tools can support local authorities to make the case to invest in oral health improvement programmes.

Although the stocktake cannot provide any indication of the effectiveness of the oral health improvement programmes being delivered, it does provide a narrative of local authority commissioning of evidence based oral health improvement programmes for children aged 0-5 years across England.

Conclusion

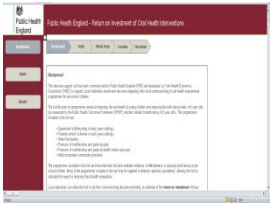
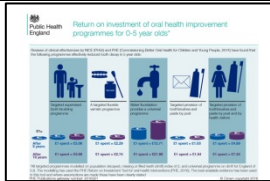
This stocktake has identified current commissioning of oral health improvement programmes for 0-5 year-olds by local authorities across England. It describes which programmes are being commissioned, describes the delivery of the programmes and identified barriers to delivery.





References





1. Marmot, M. and R. Bell, *Fair society, healthy lives*. Public health, 2012. **126**: p. S4-S10.
2. The National Institute for Health and Care Excellence. *Oral Health Improvement for Local Authorities and their Partners: PH55*. 2014; Available from: <https://www.nice.org.uk/guidance/ph55>.
3. Public Health England. *Local authorities improving oral health: commissioning better oral health for children and young people. An evidence-informed toolkit for local authorities*. 2014; Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf.
4. Public Health England. *National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2017. A report on the inequalities found in prevalence and severity of dental decay 2018*; Available from: www.nwph.net/dentalhealth/.
5. Public Health England. *National Dental Epidemiology Programme for England: oral health survey of three-year-old children 2013*. 2013; Available from: www.nwph.net/dentalhealth/.
6. NHS Digital. *NHS Dental Statistics for England – 2015-2016*. 2016 [Accessed 4th September 2017]; Available from: <http://www.content.digital.nhs.uk/catalogue/PUB21701>.
7. Nuttall, N. and R. Harker, *Impact of oral health. Children's dental health in the United Kingdom 2003*. 2004, London: The Stationery Office.
8. NHS England, *Improving Dental Care and Oral Health—A Call to Action*, in *Primary Care Strategies*. NHS England. 2014.
9. NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, and Public Health and Local Healthwatch), *Regulations Statutory Instrument SI3094*. 2012: United Kingdom.
10. Public Health England. *Dental Public Health Intelligence Programme*. 2013 [cited 2018; Available from: <http://www.nwph.net/dentalhealth/>].
11. *The Water Fluoridation (Proposals and Consultation) in Regulations - Statutory Instrument: S301*. 2013: England.
12. *Water Industry Act 1991 in Part IIIcIV*. 1991: England.
13. Public Health England. *Improving oral health: community water fluoridation toolkit*. 2016; Available from: <https://www.gov.uk/government/publications/improving-oral-health-community-water-fluoridation-toolkit>.
14. Public Health England. *Delivering better oral health: an evidence-based toolkit for prevention (Third edition)*. 2014; Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf.
15. Public Health England. *Improving oral health: supervised tooth brushing programme toolkit*. 2016; Available from: <https://www.gov.uk/government/publications/improving-oral-health-supervised-tooth-brushing-programme-toolkit>.
16. The National Institute for Health and Care Excellence. *Behaviour change: general approaches: PH6*. 2007; Available from: <https://www.nice.org.uk/guidance/ph6>.
17. Local Government Association. *Tackling poor oral health in children: Local government's public health role 2016*; Available from: <https://www.local.gov.uk/sites/default/files/documents/tackling-poor-oral-health-d84.pdf>.

18. Public Health England. *Supporting public health: children, young people and families*. 2014; Available from: <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children>.
19. Macpherson, L., et al., *Childsmile: the national child oral health improvement programme in Scotland. Part 1: establishment and development*. British dental journal, 2010. **209**(2): p. 73.
20. Trubey R and Chestnutt I. *Designed to Smile. Evaluation of a national child oral health improvement programme. Interim Report II*. 2012; Available from: <http://www.designedtosmile.org/wp-content/uploads/2017/06/2012-Evaluation-of-a-national-child-oral-health-improvement-programme-Part-II-Evaluation-Interim-Report-I-December-2012.pdf>.
21. Public Health England. *Return on investment of oral health interventions tool*. 2016; Available from: <https://www.gov.uk/government/publications/improving-the-oral-health-of-children-cost-effective-commissioning>.

Appendix A Tools and Resources to Support the Promotion of Children and Young People’s Oral Health

<p>Children’s Oral Health Improvement Programme Board (COHIPB) - Products</p> <p>The Board was officially launched on the 26th September 2016 with a communications event and a news launch on gov.uk which introduced the COHIPB Action plan infographic which details the 5 high level objectives of the board; how they will be delivered and what success looks like. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565325/action_plan_dental.pdf</p>	
<p>Delivering Better Oral Health – Guidance</p> <p>Delivering better oral health: an evidence-based toolkit for prevention (updated 2017) this is an evidence based toolkit to support dental teams in improving their patient’s oral and general health: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/605266/Delivering_better_oral_health.pdf</p> <p>Delivering better oral health summary guidance tables: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601833/delivering_better_oral_health_summary.pdf</p> <p>A quick guide to a healthy mouth in adults: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601835/healthy_mouth_adults_quick_guide.pdf</p> <p>A quick guide to a healthy mouth in children: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601834/healthy_mouth_children_quick_guide.pdf</p>	
<p>Epidemiology</p> <p>The Public Health England (PHE), Dental Public Health Intelligence Programme supports the collection, analysis and dissemination of reliable and robust information on the oral health needs of local populations. These are some examples of data on the site: 2013 survey of 3-year-old-children 2014 2015 Survey of 5- year- olds Dental Health Profiles 2015 Dental epidemiology toolkit</p>	
<p>Return of investment (ROI) documents</p>	
<p>PHE commissioned a return on investment tool which includes 6 interventions which have high quality evidence of effectively reducing tooth decay for 5-year-olds. These are:</p> <ul style="list-style-type: none"> • Supervised tooth brushing in early years settings • Fluoride varnish schemes in early years settings • Water fluoridation • Provision of toothbrushes and paste by post; • Provision of toothbrushes and paste by health visitors and post 	
<p>Infographic which summarises the ROI of the 5 interventions using modelling data. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/560973/ROI_oral_health_interventions.pdf</p>	
<p>Local Health and Care Planning: Menu of preventative interventions</p> <p>This document outlines public health interventions that can improve the health of the population and reduce health and care service demand. It includes oral health interventions In Section 12: Maternity and early years. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/565944/Local_health_and_care_planning_menu_of_preventative_interventions.pdf</p>	

<p>Supporting supervised tooth brushing</p> <p>A resource to support commissioners and providers of supervised tooth brushing programmes in schools and early years settings in England, to gain assurance that they are commissioning and delivering high quality programmes</p> <p>A PHE toolkit to support supervised tooth brushing programmes in early years and school settings</p> <p>The 'Smiles 4Children' A tooth brushing feasibility report which shows the deliverability, acceptability and cost of an early years supervised tooth brushing scheme. This was published in Dec 2016 on the foundation year's website.</p>	
<p>Training the Workforce</p> <p>An e-learning resource, the update of the oral health promotion module of the RCPCH Healthy Child Programme (HCP) on Health Education England's e-learning for Healthcare was published on the e-LfH http://www.e-lfh.org.uk/programmes/healthy-school-child/, It has been updated with new content and video. The resource is aimed at the early year's workforce including health visitors, nurses and the child health team. For public health staff groups outside the NHS the Oral Health session is available on The Healthy Child Programme Open Access webpage http://www.e-lfh.org.uk/programmes/healthy-child-programme/sample-sessions/ third session in the list.</p>	
<p>infographic developed by the DPH and the C&YP teams for public health nurses, which highlights top tips for oral health improvement and aligns to the 4-5-6 model</p> <p>This Infographic for health visitors, school nurses and practice nurses was circulated through the Chief Nurse to the early years and CYP workforce. https://www.gov.uk/government/collections/developing-the-public-health-contribution-of-nurses-and-midwives-tools-and-models</p>	
<p>Communication: launch blogs</p>	
<p>Launch of the COHIPB https://www.gov.uk/government/news/launch-of-the-childrens-oral-health-improvement-programme-board</p> <p>Sandra White's blog https://publichealthmatters.blog.gov.uk/2016/09/27/getting-our-teeth-into-child-oral-health/</p> <p>During the Week of Action on Children and Young People in November an oral health blog https://vivbennett.blog.gov.uk/2016/11/01/supporting-children-to-improve-oral-health-by-jenny-godson/</p> <p>A blog by Wendy Nicholson on the importance of health visitors for Child Oral Health: http://bit.ly/2cySnen was also available.</p>	
<p>Publications from board partners which include oral health</p>	
<p>Information to support commissioning of local infant feeding services https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/538344/Commissioning_infant_feeding_services_a_toolkit_for_local_authorities_Part_2_.pdf</p>	
<p>High Impact areas</p> <p>Documents to support local authorities and providers in commissioning and delivering children's public health services aged 0 to 19 years. Includes oral health improvement information.</p> <p>https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children</p>	

<p>The Royal College of Paediatric and Child Health Personal Child Health Record (Red Book) oral health page was updated in 2016 http://www.rcpch.ac.uk/improving-child-health/public-health/personal-child-health-record/personal-child-health-record</p>	
<p>Resources</p>	
<p>Oral health information is also found in Public Health England's new Best start in life knowledge hub which brings together information and evidence in one place to help commissioners, providers and professionals in commissioning for better outcomes. The knowledge hub is freely available at www.chimat.org.uk/beststart</p>	
<p>All Our Health – Children http://bit.ly/2ailHEY Evidence and guidance to help healthcare professionals improve child oral health. https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health</p>	
<p>Health Matters: child dental health (June 2017) This resource outlines how health professionals can help prevent tooth decay in children under 5 as part of ensuring every child has the best start in life. https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health Resources include: Infographics, Health Matters blog, Health matters video, Case Studies: Healthy Teeth, Happy Smiles! Leicester City Council and Smile4Life in North West England</p>	
<p>Example menus and useful guidance for early year's settings to help meet the Early Years Foundation Stage requirements for food and drink. These menus will serve as an important tool to help early years professionals plan healthy meals. https://www.gov.uk/government/publications/example-menus-for-early-years-settings-in-england</p>	
<p>Resources from COHIPB partners</p>	
<p>Change4Life Top Tips for Teeth Toolkit for dental professionals dental briefing resource (2018) The dental toolkit is part of the campaign to help families to choose healthier snacks. Change4Life is providing parents with a simple new tip – Look for 100 calories snacks, two a day max. The dental toolkit has three main messages for parents: Be sugar smart, brush your teeth twice a day and visit the dentist regularly. It is available from: https://campaignresources.phe.gov.uk/</p>	
<p>Change4Life Be Food Smart app (Jan 2017) The app alerts parents to the hidden sugar, saturated fat and salt in everyday food and drink, and highlight the harm this can do to their child's health, including oral health. The new app enables families to make healthier choices by highlighting the amount of sugar, saturated fat and salt found in everyday food and drink. The app also has tips and suggestions for adults, activities for the kids and for the whole family. https://www.nhs.uk/change4life/food-facts#8qym77xMhlerPORX.97 There is also a guide for dentists which provides dental specific key messaging and information on how dentists can support the Be Food Smart campaign and new app. http://campaignresources.phe.gov.uk/resources/campaigns/55/resources/2090</p>	
<p>Change4Life Be Food Smart breakfast cereal commercial Highlights the impact of sugar on oral health showing a disintegrating tooth https://www.youtube.com/watch?v=gswZ9wIFRCs</p>	
<p>The Royal College FDS have published a position statement on measures to reduce sugar consumption, and an infographic of children's dental facts/stats. file:///C:/Users/julia.csikar/Downloads/FDS%20position%20statement%20%20Measures%20to%20reduc%20e%20sugar%20consumption%20REVISED%20FINAL.pdf</p>	

BDA:

Sandra White interview in the British Dental Journal. Volume 221 No 11. December 9 2016

www.bdj.co.uk

Local Government Association (LGA)

Tackling poor oral health of children – updated April 2016

<http://www.local.gov.uk/documents/10180/7632544/L16-83+Tackling+poor+oral+health+in+children/5cb38916-bddb-4550-9f63-52d44f559591>

[Healthy futures Supporting and promoting the health needs of looked after children](#)



Professional Association for Childcare and Early Years (Pacey)

Child dental health recently published in the 'Childcare Professional' magazine which is aimed at Childminders. The article includes information from the RCS and PHE and highlights the recent study undertaken with Action for Children on tooth brushing and provides guidance to the Professional Association for Childcare and Early Years (PACEY) members on how to encourage good oral health in their settings. There is also a feature on the website linking to further tools and guidance. The magazine reaches around 30,000 practitioners – and possibly more as the magazine may be shared among co-childminders and assistants.



The Nursing Times

Nursing Times contributor, Professor Viv Bennett CBE, looks at the impact of poor oral health. The Improving Oral Health article is on the Nursing Times digital edition

<https://www.nursingtimes.net/clinical-archive/public-health/improving-oral-health-what-can-nurses-do-to-help/7020897.article>

National Institute for Health and Care Excellence Guidance and Quality Standards

[Oral health: local authorities and partners \(PH55\)](#) makes recommendations on undertaking oral health needs assessments, developing a local strategy on oral health and delivering community-based interventions and activities

[Oral health promotion: general dental practice \(NG30\)](#) covers how general dental practice teams can convey advice about oral hygiene and the use of fluoride. It also covers diet, smoking, smokeless tobacco and alcohol intake

Oral health promotion in the community. Quality standard [QS139]December 2016

<https://www.nice.org.uk/guidance/QS139>

This covers activities undertaken by local authorities and general dental practices to improve oral health, focusing on people at high risk of poor oral health, or who find it difficult to use dental services.

Source: Child Oral Health Improvement Programme Board, Public Health England updated March 2018

Appendix B Questionnaire Local Authority Stocktake 2017

1. If survey has already been started online please state the Anonymous Login Code
2. Consultant in Dental Public Health: Please state your name
3. Local authority lead: please state your name and go to question 4
4. Local authority lead: Please state your job title
5. State which Local Authority you are reporting information on?
6. Please state the Public Health England Centre this Local Authority works with?
7. Do you have an identified lead or established leadership for oral health improvement and commissioning? (Delete as appropriate)
Yes/No
8. Please use this space to give any further details on the identified lead or established leadership for oral health improvement and commissioning
9. Has an oral health needs assessment been undertaken? (Delete as appropriate)
Yes/No
Yes please go to question 10, no, please go to question 11.
10. Please state the date (year) when the Oral Health Needs Assessment was completed
11. Are oral health improvement programmes commissioned for 0-5 year-olds?
Yes/No
Yes please go to question 12, no please go to question 17.
12. If oral health improvement programmes are commissioned for 0-5 year-olds, do they comply with: NICE PH55/Commissioning Better Oral Health/Other, please state
13. Are there mechanisms in place to oversee the accountability of oral health improvement interventions? (Delete as appropriate)
Yes/No
14. Are there mechanisms in place to oversee the delivery of oral health improvement interventions? (Delete as appropriate)
Yes/No
15. Are there mechanisms in place to oversee the engagement with oral health improvement interventions? (Delete as appropriate)
Yes/No
16. Please use this space to give further details about mechanisms in place to oversee accountability, delivery and engagement with partners
17. Have you got targeted community-based fluoride varnish programme(s) operating in your Local Authority area? (Delete as appropriate)
Yes/No
Yes please go to question 18 no, please go to question 23.
18. What is the setting in which these programmes operate?
19. How long has the programme(s) been active?
20. What age groups do(es) the programme(s) cover?
21. What is the proportion of the population accessing this/these programme(s)?
22. Are there any outcome measures associated with this/these programme(s)?
23. Do you have targeted provision of toothbrushes and tooth paste (i.e. postal or through health visitors)?
Yes/No
Yes please go to question 24, no, please go to question 29.
24. What is the setting in which these programmes operate?
25. How long has the programme(s) been active?
26. What age groups does the programme cover?
27. What is the proportion of the population accessing this programme(s)?
28. Are there any outcome measures associated with this programme(s)?
29. Do you have supervised tooth brushing in targeted childhood settings? (Delete as appropriate)
Yes/No

- Yes please go to question 30, no, please go to question 35.
30. What is the setting in which these programmes operate?
31. How long has the programme(s) been active?
32. What age groups does the programme cover?
33. What is the proportion of the population accessing this programme(s)?
34. Are there any outcome measures associated with this programme(s)?
35. Please state if there are any other programmes to improve children's oral health within your Local Authority you wish to highlight?
36. Do you have healthy food and drink policies in childhood settings? (Delete as appropriate)
Yes/No
Yes please go to question 37, no, please go to question 38.
37. Can you please provide details of the healthy food and drink policies in childhood settings?
38. Is the public water supply fluoridated in this area? (Delete as appropriate)
Yes/No
Yes please go to question 40, no, please go to question 39.
39. If the water supply is not fluoridated, is the Local Authority considering a water fluoridation scheme?
40. Are there targeted peer (lay) support groups/peer oral health workers commissioned within the area? (Delete as appropriate)
Yes/No
41. Can you outline any local and national government policies that have been used to improve oral health (for example: local public health input into planning decisions to restrict food take-away outlets near schools, establishing safe play areas. National policies advocating tighter controls on advertising, promoting and labelling of sugary food and drink, promoting plain packaging for cigarettes, minimum pricing for alcohol)?
42. Has oral health been integrated into targeted home visits by health/social care workers? (e.g. key oral health messages are given by the family nurse partnership programme which supports new mothers, integrating key oral health messages into the support provided as part of the troubled families programme)? (Delete as appropriate)
Yes/No
43. Please give any details you feel are relevant to describe the integration of targeted home visits by health/social care workers?
44. Is oral health training for the wider professional workforce (e.g. health, education) available? (Delete as appropriate)
Yes/No
45. Can you outline any barriers to organisational delivery of oral health improvement programmes?

Appendix C Examples of Integration of Targeted Home Visits

- oral improvement team works closely with Family Nurse Partnership
- oral health improvement team manage a scheme for 0-5 children and looked after children (all ages) where health visitors issue a 'dental voucher' to facilitate access to local general dental practices
- adopted changes to red book and consequently oral health now integrated into health visitor visits
- health visitors and family nurses give out oral packs, inform parents give top tips for oral health, leaflets, reinforce the need to go to the dentist during pregnancy and when child's teeth erupt
- oral health is highlighted in the neglect strategy
- baby packs given out at 4 month assessment
- embedded in 0-19 service model.
- engagement with Early Help Workers and Children Centres.
- health visitors deliver free feeder and weaning cups, toothbrush, toothpaste and leaflet given at 3-4 month visit, free flow cup, toothbrush, toothpaste and toothbrush and leaflet at the 9 month visit and free toothbrush, toothpaste and leaflet at the 2 year visit
- Family Nurse Partnership receive training to provide toothbrushes and tooth paste with targeted oral health messages for their clients' babies
- early help hubs coordinators (troubled families) have been trained to deliver oral health messages and encourage early dental registration.
- domiciliary workers, social care staff have attended training sessions on oral health promotion
- looked after children nurses in the 0-5 Healthy Child Programme service specification as part of Healthy Weight and expected to be raised in health reviews. For looked after children it is embedded within the review health assessment
- key professionals (e.g. health visitors, school nurses) are targeted to receive oral health promotion training and shown how to incorporate best practice messages into their work.
- oral health has been embedded into the universal contacts of health visitors
- oral health has been integrated into two of the high impact areas (breastfeeding and healthy weight). Health visitor pathways for contact points outline actions that should be taken, information to be provided and information to signpost to local services
- oral health improvement training for frontline staff to enable delivery of oral health messages
- oral health included in the healthy child programme by health visitors
- oral health included in social care plans
- oral health is integrated into health visitor brief on an informal good practice basis

- oral health messages are delivered by health visitors, early help staff and children's centre staff. Information on oral health is provided for foster carers. Special provision was made for the family nurse partnership with extra toothbrushes and toothpastes
- part of Making Every Contact Count - part of more intensive healthy early years support. Provided by all roles within the Public Health Early Years' Service and the Healthy Early Years Support (replacement for Family Nurse Partnership)
- Family Nurse Partnership (FNP) Team worked with dental students to develop training resources that have been adopted by the national Family Nurse Partnership Unit and embedded into the FNP programme
- Making Every Contact Count training for Housing Officers including oral health training
- targeted staff training in residential and nursing homes commissioned by local authorities, output to include oral health policy and champion
- oral health is included in social care statement of need
- training social workers, support workers, pre-school staff, schools, speech therapists, foster carers, child minders, children's centre staff and care homes.
- Long term care specification for residential settings contains oral health
- Making Every Contact Count training for Children's Social care staff and care home staff
- contract management of the health visitor service.
- e-Learning for multi professionals including health visitors
- Family Nurse Partnership team give toothbrushes and deliver key messages about oral hygiene to all clients
- children's centre family support workers and early help team give packs to identified families
- oral health messages are given in early year's visits; integrated by health visitors, midwives, school nurses, learning disabilities and autism workers, special schools staff, early year's workers and social workers
- part of core offer to health visitor teams, outreach and Sure Starts
- oral health promotion is in the health visitor specification