

DRAFT: CYP Oral Health Improvement Action Plan for Barnet 2023/24

1. Introduction

Oral health is a key marker of general health in children and while tooth decay is preventable, it remains an important public health issue due to its impact on children's ability to sleep, eat, speak, play, with wider social and NHS costs. In addition, the experience of tooth decay is socially patterned with significant oral health inequalities.

The currently commissioned oral health promotion services in Barnet are focused on the 0–19-year-old population. In November of 2022 a comprehensive needs assessment (HNA) focused on oral health in Barnet's 0-19 population was completed. The HNA considered epidemiological evidence to understand the prevalence of oral health issues, comparative evidence to understand oral health in relation to other geographical areas and over time where possible, and stakeholder views and expertise, including analysis of a focus group with parents of young children. A pragmatic literature review was conducted to identify the relevant national guidance on the prevention of oral health problems in children, including evidence on the effectiveness and cost effectiveness of different oral health interventions.

The HNA made evidence-based recommendations, divided into those that could be implemented within existing resources and those that would require additional resources. There were two main areas of recommendation for existing resources. Firstly, to enhance partnership working, by establishing a Barnet Oral Health Partnership, further embed oral health across existing programmes and co-produce an oral health action plan. Secondly, to maximise the impact of the small, existing oral health promotion service by focusing on training the wider health, education and social care professional workforces; quality assuring the supervised toothbrushing pilot and ensuring it is targeted within areas of deprivation, reviewing the provision of toothbrushes and toothpaste in response to acute cost-of-living pressures, and adopting the oral health training module for foster carers that is being developed London-wide. With additional resources, the recommendations focused on considering the commissioning additional interventions to improve intelligence and close inequalities.

To take forward the recommendations from the HNA, develop this multiagency oral health action plan, and promote system wide partnership working, a multiagency Oral Health Partnership Group (OHPG) has been formed. The group will meet quarterly and monitor the progress of this action plan. The Actions are presented in section 3 of this action plan. These actions are based on the evidence-based recommendations made in the HNA and then developed further by the OHPG. This action plan has been developed to be read alongside the 2022 HNA.

2. Background

National Context.

The wide-ranging impact of poor oral health remains the leading reason for hospital admissions for 5- to 9-year-olds. Tooth extractions for 0-to 19-year-olds are estimated to cost the NHS approximately £50m annually.ⁱ Nationally there are significant oral health inequalities. Causes of these oral health inequalities can be considered as upstream, midstream and downstream. Upstream social factors include economic policies which shape the income of an individual. Midstream factors refer to an individual's day-to-day living conditions. These range from access to healthy, affordable food through to psychological factors such as stress and access to affordable dental care. The downstream factors affecting oral health are related to health behaviours, which for children are largely related to sugar consumption in their diet and regular tooth-brushing with fluoride toothpaste.

The oral health status of children in Barnet

The National Dental Epidemiology Programme (NDEP) oral health survey in 2019 reporting that just under a quarter of surveyed five-year-olds in Barnet (24.8%) had tooth decay.ⁱⁱ Data shows evidence of inequality in the prevalence of decay across Barnet by deprivation: almost 35% of 5-year-olds in the most deprived quintile of the borough have experience of dental decay compared with 10% of 5-year-olds in the least deprived quintile. This is consistent with statistically significant differences in the prevalence of decay by deprivation observed in London-wide data. There is also London-wide evidence of statistically significant differences in the prevalence of tooth decay by ethnic group.

In terms of accessing NHS dental services, in 2019/20 – prior to the COVID-19 pandemic only about half (53%) of 0–19-year-olds accessed NHS dental care, but this fell to 21% in 2020/21, due to the pandemic's impact on dental services. The Barnet rate of hospital admissions for children to have their teeth extracted based on combined data from 2018/19 to 2020/21, is similar to the rate in England (3.4 per 1,000 population), but lower than the London rate (4.0 per 1,000 population).

However, rates within Barnet were socially patterned: highest in the most deprived quintile (4.3 per 1,000 population) to lowest in the least deprived quintile (2.5 per 1,000 population). There are 56 NHS General Dental Practices (GDPs) in the borough who deliver NHS services to children under 18-years-old, though as children can access dental care in any location it is difficult to interpret where Barnet's children are accessing services. Prior to the COVID-19 pandemic, the percentage of Looked After Children (LAC) having dental checks was approximately 80%. This reduced to 31% in 2020/21 but recovered to 69% in 2021/22 due to a pan-London Healthy Smiles pilot, which was launched in November 2021.

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3. Actions

Actions agreed – within existing resources.

Identified Need	Action	Responsibility	Progress update	Time Frame
Oral Health Partnership Group needs to be renewed	Develop a Barnet Oral Health Partnership, to develop and oversee the implementation of a co-produced Barnet Oral Health Action Plan. Make sure to have a whole system’s approach, consider what could be done in relation to cost of living and child poverty and improve communication between partners and link with other health promotion programmes	Public Health Team	First meeting took place on 09/02/23	Quarterly- to be reviewed after a year
Focus commissioned Oral Health Programme on recommended interventions such as oral health training for the wider professional workforce (e.g., health, education, and social care).	<ul style="list-style-type: none"> •Identify oral health champions in each setting and adopting a train-the trainer model. 	S4H (oral health team)		6 months
	<ul style="list-style-type: none"> •Ensure training materials adhere to DBOH guidelines as the new service is being established 		In progress	3 months
	<ul style="list-style-type: none"> •Understand the competency framework the provider is putting in place to ensure that workforce have appropriate communication skills to effectively train professionals •Plan, co-ordinate and communicate an oral health workforce training plan across Health, Education and Social Care workforces that operate in the borough 		Update in place- to be monitored Update in place- to be monitored	In place In place

Identified Need	Action	Responsibility	Progress update	Time Frame
<p>The Oral Health Programme is embedded within the wider Healthy Child Programme.</p>	<ul style="list-style-type: none"> •Maximise the opportunity by investigating mechanisms to integrate oral health into targeted home visits for example by Solutions4Health health visitors 	S4H and HEP		6 months
	<ul style="list-style-type: none"> •Ensure that there are oral health champions within the Solutions4Health health visiting and school nursing services 			3 months
	<p>Health Education Partnership interventions are integrated within comprehensive setting-based approaches such as HELY and HSL awards</p>			3 months
	<ul style="list-style-type: none"> •Making Every Contact Count (MECC) training ensuring OH is a component of training 			On going
<p>The effectiveness of supervised toothbrushing programmes is sensitive to changes in delivery and to be effective it is important that the programme models closely the existing evidence-based methodology.</p>	<ul style="list-style-type: none"> •Quality assure the existing targeted Barnet Young Brushers supervised toothbrushing to ensure that the settings are in wards of deprivation (e.g. target top 10-20% deprived areas)-Ensuring an evidence based methodology is being followed 	S4H (oral health team)	In progress.	3 months to provide update (QA to be ongoing)

Identified Need	Action	Responsibility	Progress update	Time Frame
Oral health training for foster carers is optional, offered annually and unlikely to reach all foster carers	<ul style="list-style-type: none"> •Link in with London wide work underway to develop a mandatory Oral Health module to be integrated within standard Foster Carer training package 	LAC health teams, PHT, S4H (oral health team).	To provide update at meetings	6 months
	<ul style="list-style-type: none"> •Develop both 'in person' and 'online' training to maximise reach of training 		Oral health team have been put in contact with the fostering team to arrange the training sessions for 23/24	6 months
Provision of toothbrushes and toothpaste packs needs to be reviewed	<ul style="list-style-type: none"> •S4H to provide an update on the evidence based process for providing toothbrushes and toothpaste via the health visitors. 	S4H (HV team)	To clarify where and when they are distributed	ASAP
	<ul style="list-style-type: none"> •Examine other opportunities to deliver toothbrushing packs in response to cost-of-living crisis including BACE Holidays-summer training for BACE coordinators to give out packs alongside education. 	PH Team/wide engagement	Cost of packs being sought and opportunities to put in BACE packs for summer being discussed	3 months
	<ul style="list-style-type: none"> •Investigate processes for providing of toothbrushing packs to those unaccompanied minors in the borough •Explore process in other boroughs and update at next meeting 	PH Team		6 months
		PH Team		3 months

Identified Need	Action	Responsibility	Progress update	Time Frame
Collaborative working- to ensure all partners are taking responsibility for the OH of children within the borough.	<ul style="list-style-type: none"> •S4H-OH team to link in with the Local Dental Committee in Barnet and work in partnership on oral health promotion •Ensure links are made between EY teams and local dentists •Promote BF welcome sign up to dental surgeries. 	S4H-OH Team, LDC, PHT		6 months
				6 months
				3-6 months
To ensure oral health is embedded and promoted as part of other existing Public Health Programmes such as HEYL and HSL, sugar smart, healthy weight and water only schools	Ensure oral health is integrated into other health improvement programmes and considered in future commissioned programmes – PH team to update the wider OHPG regularly on these actions.	PHT	Oral health component to both HEYL and HSL programmes. Oral Health can be a focus for a school or setting. Sugar smart work. Oral health considered in wider healthy weight strategy.	In place and ongoing
Variation in access to NHS Dental Services	Promote new NHS tool to allow services users to find an NHS dentist that is accepting children as NHS patients.	S4H, PHT		

Actions to scope projects where additional resources would be required.

Identified Need	Action	Responsibility	Progress update	Time Frame
Up-to-date data is required to understand impact on oral health inequalities	Commission enhanced sampling of future Dental Epidemiology Surveys to understand variation across Barnet wards	Public Health Team. - Regional Dental Public Health Consultants - Dental Epidemiology Survey Providers (Whittington Health Trust).	Discussed with epidemiology team and sample planned for next survey of 5 years old. Plan to be finalised post review of new 2022 survey data.	3 Months
There are downstream evidence-based interventions that are recommended and likely to reduce oral health inequalities that are not currently commissioned	These could include a targeted community-based fluoride varnish programme and targeted peer support groups/peer oral health workers	Public Health - North Central London ICB	PH to investigate potential costs and report back to OHPG.	3 Months
The Healthy Smiles pilot for LAC only covers children who are in placements in London. This does not cover ~50% of Barnet's LAC.	To keep an overview of progress to develop dental treatment arrangements for the LAC that are placed outside of London	Local Dental Committee - Designated LAC Nurse or Named LAC Nurse - Public Health Team - Regional Dental Public Health Consultants	LAC nursing team to provide updates on progress.	3 months
Children with SEN are a vulnerable group in terms of oral health and we need to consider their specific needs in terms of oral health promotion, prevention and access to treatment	Consider conducting a further phase of the Oral Health Needs Assessment process to understand the needs for children and young people with SEN. SEN needs assessment	Public Health Team - Adult Social Care - Regional Dental Public Health Consultants	Oral Health to be considered as a module within the planned needs assessment for children with SEN.	9 months

ⁱ Public Health England. Health matters: child dental health [Internet]. GOV.UK. 2017. Available from: <https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

ⁱⁱ Public Health England. National Dental Epidemiology Programme for England: oral health survey of 5-year-olds 2019 A report on the variations in prevalence and severity of dental decay [Internet]. 2020 Mar. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873492/NDEP_for_England_OH_Survey_5yr_2019_v1.0.pdf

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