ORAL HEALTH ACTION PLAN - 2013/14

Aims:
1) Implement the North West London Child Oral Health Improvement Strategy (2011) in Hounslow
2) Improve the oral health of 5 year olds in Hounslow as:
   • this is a better indicator of future oral health than that of 12 year olds; and
   • it can lower the future need for oral health-related anaesthetic procedures and hospital admissions in 5 - 19 year olds.

Long Term Outcomes: as stated in the Hounslow JSNA 2012/13 that “Tackling the causes of poor oral health should be in the context of improving general health to achieve sustainable improvements......Interventions should start at an early age and continue throughout the life of the child, as what happens in early childhood has an impact on later life” and the joint Hounslow Health & Well Being Strategy 2013-2017 which identified “that the greatest impact the Health and Wellbeing Board can make on ensuring that every child has the best start in life in Hounslow will be to improve oral health in children under 5”.

This would be evidenced by:
• Reduction in the proportion of children with caries experience (as measured by reduction in hospital episodes for tooth decay)
• Reduction in the proportion of children with untreated dental caries (tooth decay)
• Reduction in the number of children receiving general anaesthetic for dentistry

Measures:
• Reduction in the number of hospital admissions for dental decay by 10% for the 5-9 year olds, and improve the care index for children (to the London average or above) by 2016 (this is a priority on the Hounslow Children’s and Young People’s Plan)
• Reduction in proportion of children with caries experience, and reduction in caries among 5 year olds with caries experience - as seen in a decrease in caries experience (dmft>0) among 5 year olds by 2017/18, compared to 2007/8 levels*
• Reduction in proportion of children with caries experience, and reduction in caries among 12 year olds by 2017/18, compared to 2007/8 levels*

Delivery of Plan – as recommended by the NWL Child Oral Health improvement Strategy:
1) Make oral health everybody’s business (healthcare professionals, schools, parents/carers)
2) Integration of oral health with other Public Health and Children’s programmes (health visiting, school nursing, Early Years, Children’s centres)
3) Increasing children’s exposure to fluoride (through the GDS and CDS contracts, targeted Fluoride Varnish application)

This action plan forms part of the delivery plan for the Children’s and Young People’s Plan (CYPP) 2012 – 2015, and will be reviewed annually.

*Caution is needed in interpreting these figures, as the measures are provided by data from sample surveys, not whole population census data, and cover school populations, not resident populations.
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<td>1</td>
<td>Review all services involved in Oral Health promotion in Hounslow</td>
<td>Shelly Khan + Claire Robertson</td>
<td>OH Review is completed, with sign off by Health &amp; Wellbeing Board Action Plan and funding agreed. Review annually.</td>
<td>PH Manager time. Zero cost</td>
<td>Input from Consultant in Dental Public Health, Managers for Children’s Centres, Early Year’s settings, Healthy Schools etc.</td>
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<td>2</td>
<td>Develop a children and young people’s care pathway for oral health</td>
<td>Link Hounslow OH Review 2013 to the development of a children’s OH care pathway, working with Kate Barnard (Chelsea &amp; Westminster), Paediatric Consultant in Child Dental health.</td>
<td>Safeguarding protocol in place for concerns linked to dental neglect – confirm dentists trained to Level 2 and CDS are level 2 and 3 trained.</td>
<td>PH Manager and NWL Consultant in Dental Public Health to dedicate time – zero cost</td>
<td>To be renewed every three years.</td>
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<td>Base this on best available evidence, to provide quality prevention-orientated care + OH promotion to vulnerable children</td>
<td>Inclusion of a protocol for the identification and response to safeguarding concerns linked to dental neglect</td>
<td>Commissioned OH promotion training to staff and parents/carers at all special schools. Brushing for Life kits to all children in Special schools – 2013/14 school roll = 453</td>
<td>OHP trainer/EDDN costs, £150 per session x 6 schools = £900 453 x £1.33 (price per kit) = £600 Annual screening of children in special schools is included in the CDS contract, as well as the NHS DEP survey. Next academic year, they will be mapped to the same population, so to survey/examine every child in a Hounslow special school will be already funded. = zero cost</td>
<td>Follow-up required by the School Nurses attached to the Special schools (OH promotion is in their contract) Expected that about 100 children will require treatment; this is done at CDS or GDS. Costs for this are included within existing contracts By surveying all the children in the special schools, we will have a much better baseline dataset of the need for this target group.</td>
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| 3        | • Identify funding and means of delivery in 2013/14 for the HV’s 1 year development check  
• Work with other 5-19 service providers to deliver the ‘Brushing for Life’ programme for 1 year olds, to expand on current delivery to 2½ year olds.  
• Identify OH Promotion trainer, then commission delivery of training/ refresher session to Health Visitors  
• Ensure OH promotion (OHP) is included in the HRCH service spec for health visitors – write into HV service spec 2014/15.  
• Audit provision of Oral Health Promotion service by Health Visitors – data collection recorded on RiO? | Shelly Khan (with support from Claire Robertson) | All children having a HV development review at 1 year, to receive oral health advice and an age-appropriate ‘Brushing for Life’ (B4L) pack.  
Increase proportion of health visiting teams who have received annual top-up training in oral health to continue to deliver “Brushing for Life” programme to 2½ year olds – 1 or 2 training sessions for HVs  
6 month check on progress and 12 month audit on delivery, with reported progress through contract meetings (to write into contract as a KPi). | Cost of 1 year old “B4L” packs + leaflets is  
5000 (1 yr old) kits at £1.33 each  
= £6650  
plus 5000 updated OH info. leaflets = £350 | 5000 x 1 year old kits and leaflets should last till end 2015 (at a rate of approximately 2000 per yr).  
5000 x information leaflets and 5000 x B4L kits (for 2½ yr olds) were given to Health Visitors/ provider (HRCH) in Jan 2013.  
mid-range OH promoter (Agenda for Change band 5) = £28,238 (F/T), so each OH promotion session (about 3 hours) is approx £150  
Aim to have at least 80% of children, who have had a 1 yr development check, to have also received oral health advice and a B4L pack. (KPi in new contract?) |
| 4        | • Work up a Communications/media plan to promote the Fluoride Varnish programme across the borough  
• Commission a FV application programme at targeted CCs | Shelly Khan (with support from Claire Robertson and Chris Norfield) | Increase the numbers of children who have Fluoride Varnish applied each year  
Annual evaluation of effectiveness of promoting FV programme – measured through FP17 claims for payment by dentists for FV application | (FV application = £18 per child to examine and apply FV)  
Dependant on need, children should firstly be signposted to local GDS (General Dental Services) to access free FV application.  
OHP nurse training costs (see below in no.5) | October 2010 one-week pilot at Beavers CC– 41 children had FV applied + 100 families were given advice  
Review whether there is any increase in dental registrations/access, or FV application claims on FP17 forms at GDS each year. |
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<td>Integration of oral health with broader Public Health and Children’s Services initiatives (follow a common risk factor approach + focus on the under 5’s and vulnerable groups)</td>
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<td>Work with commissioner(s)</td>
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<td>• Work with School Nursing service to ensure OH promotion is included</td>
<td>Shelly Khan + Julie Hale - Buvana Ailoo - EY’s locality teams (link to Sue Allingham)</td>
<td>Annual audit of 5-19 teams’ delivery through contract monitoring meetings and regular reporting by the provider OH promotion to be included in 2014/15 HRCH service spec for the school nursing service OH promotion advice included in parenting and Healthy eating sessions offered by HRCH’s children’s Healthy Weight team Oral health messages and training included in Early Years’ Healthy Settings accreditation and annual audit</td>
<td>OH Promotion Training costs - (see below): 40 LAC staff 8 Health Trainers 10 School Nurses 10 school nursery nurses 150 EYs settings’ Key Workers (75 settings x two people) 36 CC’s staff (18 settings x two people) = 254 people (20 people per session) = 13 training sessions @ £150 each = £1950 + HEAT session for 45-60 Practice Nurses = £150 = £2100</td>
<td>Work with commissioner(s)</td>
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<td>• Work with the Children’s Healthy Weight Team to get consistent oral health messages around diet into schools (e.g. link with healthier school meals)</td>
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<td>Brushing For Life toothbrush kits for all OHP trained settings: 54 GP practices x 100 kits ea = £5400 18 Children’s Centres x 150 kits ea = £2700 75 EYs settings x 50 kits ea = £3750 Children’s Healthy Weight team x 150 kits = £12,000 (1 yr) kits @ £1.33 each = £15,960</td>
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<td>• Work with Early Years’ staff across the 75 EYs settings to ensure consistent oral health messages given by Key Workers doing the 2 year development assessment</td>
<td>Judy Matthews - Judith Banks</td>
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<td>• Work with 18 Children’s Centres to ensure consistent oral health messages given (as at Aug 2013, there were 5500 under 2’s registered at CCs)</td>
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<td>• Work with SEN and LAC/CIC teams to raise awareness of oral health issues (70 LAC children aged 16-18, as at June 2013)</td>
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<td>• GP practices – work with Practice nurses to deliver OH promotion at the child’s 1 year immunisations.</td>
<td>CCG Board</td>
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<td>OH promotion training for all CIC/LAC staff + carers + key workers etc (about 40 staff) CCG to advocate training for all Practice Nurses at HEAT event. Monitor activity through new/revised SystmOne template. All to record when OH advice and B4L kit given on either: - SystmOne (GP practices), -child Red books (HVs) and/or -Child one year check records (Key Workers at Children’s Centres)</td>
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<td>200 kits for 16-18 year olds at LAC and 200 kits for 11+ (see below in no. 7)</td>
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<td>12,000 (1 yr) kits £1.33 per kit = £15,960 (not including the kits for the HVs)</td>
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| 6        | Ensure consistent messages for oral health promotion + improve access/signposting to local (GDS) dental practices | • Update “Healthy Teeth, Healthy Smiles” leaflets with: 1) LBH logo, 2) map showing location of Hounslow dental practices and 3) URL for NHS Choices website (for contact details for all Hounslow dental practices)  
• Print 15,000 leaflets for distribution across OH promotion trained partners, to accompany Brushing for Life kits | Shelly Khan  
Vinesh Govind (GIS)  
LBH Comms team | Leaflets updated, printed and distributed to all stakeholders  
Monitor whether any increase in GDS registrations/visits, improvement in uptake of FV, reduction in caries (decay) etc via annual NHS Commissioning Board figures. | No cost for updating by in-house Communications team.  
Printing costs total for 15,000 leaflets = approx. £1050, including VAT | |
| 7        | Use existing levers within the management of dental and community contracts to: > maximise health improvement > decrease inefficiencies and > ensure the implementation of “Delivering Better Oral Health” | • Work with community services’ commissioner and provider to get oral health promotion into the 5-19 HRCH contract, and within the Ealing ICO contract for the Community Dental Service (CDS) for Hounslow.  
• Arrange for reports detailing general dental practices’ (GDS) performance to be shared with NWL PH Dental Consultant and PH Manager, Hounslow. This will help to identify issues with access + assess level of preventative care offered to children.  
• Review current transition process from child dentistry to adult dentistry to identify vulnerable groups (e.g. Looked After Children/ Children In Care), who are likely to disengage from preventative oral health + look at methods of improving engagement. | Claire Robertson  
+ Shelly Khan  
+ Phillip Austen-Reed | Increased proportion of child FP17s recording children having fluoride varnish applied at the GDS - would need to be lobbied by H&W Board at NHS England  
Regular reports received from NHS England commissioners (London Region team) on activity within Hounslow dental practices – include KPI in GDS national contract to increase the rate of FV application in Hounslow and access for children under 7 years of age.  
Complete the review of dental care provision to CIC/ LAC, to inform future interventions for this vulnerable group.  
400 LAC children per annum aged 11+ and 16+  
Age appropriate “Brushing For Life” kits will need to be made up for 11+ and 16+ age groups = 400 kits p.a. | PH Manager (OH) time  
Report to HWBB | Cost of age specific (16+) information leaflet x500 = approx £500  
(@ about £2 per kit) = approx £800 | IG governance to allow data-sharing between NHS England and LBH.  
25% of LAC medical assessments in 2011/12 (96 of 385) raised dental health as a significant need  
Reinforce free dental treatment message for the under 18s and those under 19 if in F/T education.  
Partner buy-in from ASDA or GSK, for better pricing on toothbrushes and toothpaste. |
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<td>• In the 2014/15 academic year, survey 50 children (aged 4-5 years) from one school from within each of the 20 wards in Hounslow, to get a more representative sample. This will lead to a clearer picture of the oral health needs/ levels of tooth decay of the 5 year old population in Hounslow&lt;br&gt;• Allows opportunity for signposting to local dental practices in each ward and OH promotion work across all 46 primary schools</td>
<td>Claire Robertson, Caroline Cox, Shelly Khan.</td>
<td>Data to be reported by CDS team to Public Health Intelligence team for each of the twenty primary schools identified within a 12 month period.&lt;br&gt;PHI team to analyse and report on findings/ trends/ correlations for the local data, adding to the data from the 250-300 surveys conducted for the national DEP Survey.&lt;br&gt;Results to inform future commissioning of Oral Health promotion services.</td>
<td>£6000</td>
<td>Surveying all 3510 (school roll for September 2013) of Hounslow’s 5 year olds would yield sample size of about 2500 (allowing for positive consent). Cost would be about £25-30k, based on what other boroughs have paid therefore out of their budget.</td>
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<td>9</td>
<td>• Link with work of Public Health colleagues on smoking cessation, substance misuse, health inequalities and healthy weight to ensure Oral health promotion messages for children, Young people and adults are consistent.</td>
<td>Shelly Khan, Estelle McLaughlin, Sigrid Ryan</td>
<td>Oral health promotion messages are clear and consistent across all areas of health improvement and prevention activity.</td>
<td>Zero cost</td>
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**TOTAL COSTS:**

|                      |                                                                                       |                                                                                   |                                                                                                                                             | £35,210                |                                                                                                                     |

Shelly Khan,  
Public Health Manager (Oral Health)  
REDe.

25th October 2013