

Children and Young People Committee

Inquiry into Children's Oral Health

Evidence from Aneurin Bevan Health Board Community Dental Service



Thank you for the invitation to comment as part of the inquiry into children's oral health in Wales

Aneurin Bevan Health Board (ABHB) Community Dental Service (CDS) is delighted to have the opportunity to comment on the Designed to Smile (D2S) programme which we believe is a very positive and much needed programme for improving the oral health of children in Wales.

Community Dental Services (CDSs) provide dental services to vulnerable groups in the community and also fulfil many dental public health functions such as delivery of dental epidemiology programme and oral health promotion programmes. Keeping in with the vision stated in EH/ML/014/08: *Dental Services for Vulnerable People and the Role of the Community Dental Service*, we are pleased that the CDSs were given the responsibility of delivering the national oral health programme: Designed to Smile.

Welsh Government has set national dental targets¹ to reduce unacceptable oral health inequities that exist in Wales. An evidence-based oral health programme such as D2S is essential to reduce oral health inequities in Wales. D2S was initially piloted in Cardiff and North Wales. The Community Dental Service (CDS) in Aneurin Bevan Health Board (ABHB) became part of the scheme following national expansion of D2S² towards the end of 2009/10. We approached the programme with enthusiasm knowing that the

¹ Welsh Assembly Government, *Eradicating Child Poverty in Wales- Measuring Success Strategy*, October 2006

² ML/ SF-EH-0533-09: *Expansion of Designed to Smile: A National Oral Health Improvement Programme*

dental health in 5 year olds in parts of Gwent is amongst the worst in Wales which in itself is the worst in Great Britain.

We have answered the questions as stated in the consultation document.

1a) The Take-up of the supervised toothbrushing scheme for 3-5 year olds

In the ABHB area the take up has been generally good and successful. So far over 5000 children in ABHB participate in supervised toothbrushing schemes. We have encountered little resistance to implementation from schools and agencies approached. The scheme has only been running in our area for the last academic year and as a new scheme initial reticence from a few schools and their staff was inevitable. This challenge has been largely overcome and the anecdotal evidence suggests that D2S is raising awareness of importance of good oral health within the targeted schools and children. Children who would otherwise not brush their teeth regularly are now doing so both in school and at home.

With current level of funding, we can only offer the programme to schools and nurseries in the most deprived areas in ABHB. One of the challenges we face is that many schools which are not in the targeted areas are keen to join the scheme but we do not have the capacity to cover all schools.

1b) The promotional programme for 6-11 year olds.

This programme in ABHB also includes a clinical fissure sealant element and oral health teaching to children in Years 3,4,5 and 6. We have been able to build on the programme which was already in place in ABHB and expand it to more schools. The fissure sealant element of the programme should reduce decay rate in permanent teeth. Oral health education raises importance of oral health and is well received by children in schools. Oral health promotion to this age group ensures that children appreciate 'healthy diet and oral care/toothbrushing' as a part of healthy lifestyle. This also fits in with the concept of Healthy School Scheme.

2. Has the investment delivered improved health outcomes for the most disadvantaged children and young people?

Designed to Smile is an evidence based oral health programme. Similar to any public health intervention, D2S will need to run for a number of years before we will see the desired outcome of improved dental health of the most disadvantaged children and young people. The programme has been running only for a year in ABHB. Hence it is too early to evaluate the outcome. We are optimistic that future epidemiological studies will indicate positive outcomes.

Dental Public Health unit at Cardiff University is in the process of evaluating process outcomes. Findings from this evaluation will inform the local programme. Locally, anecdotal evidence suggests that changes in children's oral health behaviour are occurring.

The committee is requested to make a note of a similar oral health programme in Scotland called 'Childsmile'. It has been running a number of years and Scotland has achieved their national oral health target.

3. Is the programme operating consistently across Wales in all areas of need?

Since D2S is a national programme, core elements of the programme are same in all areas. National Forum for Designed to Smile has been set up to standardise the core programme, learn from each other's experience and share the best practice. In terms of extent of the programme, Cardiff and North Wales, as pilot sites, started earlier than other areas and are more advanced in implementing all elements of the programme. This has provided useful mentoring and advice to other areas as the programme expanded throughout Wales.

Each area plans their own local programme and targets their most deprived communities as far as we are aware. With the current level of funding, we can only target children living in highly deprived areas. Further expansion of the programme will require additional funding.

4. How effective has the expansion of the programme been particularly in relation to 0-3 year olds?

In ABHB, the programme is still in the process of expansion, particularly in relation to 0-3 year olds. We understand that children and their parents/carers should receive oral health programme as soon as the child is born, if not before. This element of the programme in ABHB is delivered in close partnership with health and social care teams that work with children. One of the encouraging aspects of the expansion of the programme to this age group is the positive links that can be built with teams and organisations such as Flying Start Team, Health Visiting Team, Public Health Wales.

Once fully implemented, oral health promotion should be embedded within the processes and procedures followed by health and social care teams working for children and staff working in nurseries, schools and playgroups. Collaborations and partnerships developed by staff within D2S will facilitate this.

5. Does the programme address the needs of all groups of children and young people?

The programme is a targeted scheme aimed at those children and young people in deprived areas. Its focus is to reduce health inequalities and as such is specific to those at greatest risk. In ABHB we have directed our resources towards those with the highest need for a preventive programme. As discussed previously, further funding will be essential if we were to expand this programme to meet the need of all children and young people in ABHB.

6. The extent to which the Designed to Smile programme has been integrated into wider local and national initiatives.

We understand the need for oral health to be integrated into wider initiatives for holistic health promotion and this integration is apparent in locally working schemes, our communication networks, our multi-professional ABHB Designed to Smile Steering Group and the ease with which the programme has moved forward.

We have made every effort to link with wider agencies and our team has been successful in linking with Healthy Schools Teams and Flying Start Teams in ABHB. All co-ordinators are familiar with the programme and the D2S teams in their areas. Where there is a Healthy Early Years Scheme the D2S staff work closely to provide an integrated approach. Flying Start in all areas of Gwent have always, and will continue to work closely with the CDS to promote good oral health for young children.

Integration of oral health into wider local and national health and wellbeing programmes and policies is a developing area and as time goes on more partnerships and links will be established. Through these partnerships, we aim to establish oral health as an integral part of the activities and programmes in communities, schools and nurseries

7. What are the current and potential implications for paediatric dentistry including reviewing the strengthened role of the Community Dental Service in children's public health?

The D2S programme has raised, and will continue to raise awareness of the importance of good oral health for children and has thus given children's dentistry a higher profile. Establishing a core value in children and the agencies involved with them that oral health care is important and teaching them the means to achieve a healthy mouth should lead to an improvement in oral health for all children across Wales.

The funding for the programme from the Welsh Government, has allowed our service to appoint new clinical and health promotion staff to deliver the messages and clinical interventions essential for the programme to be successful. By increasing the numbers of staff and thus further strengthening the role of the service within public health and allowing more collaboration with outside bodies there has been controlled targeted delivery of the programme in the communities where it is most needed. This has not been possible on the same scale before.

Such a scheme needs time to show positive outcomes and thus continued funding is essential to continue the work that has been started and not to waste what has already been achieved.

Identification of children with restorative need may well lead to an initial increased demand for services which we would hope will fall in future as oral health improves.

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