

Oral Health Action Plan

VISION: For all Barnsley residents to achieve a standard of oral health that enables them to feel physically, mentally and socially well and socially engaged. This will be achieved through improving overall oral health and reducing oral health inequalities with a particular focus on those children and young people who experience the worst oral health.

Having good oral health is essential for general health and wellbeing. A healthy mouth and smile means that we can eat, speak and socialise without pain or discomfort and play our parts at home and in society. Having poor oral health can lead to pain and toothache and the need to take time off work or school to get dental treatment.

Oral health has improved in Barnsley over the last forty years but there are still areas of the borough where levels of tooth decay remain high and by the time they start school, more than a third of our children have several decayed teeth. Tooth decay and other oral health problems are largely preventable and we need to take further action to improve oral health and reduce oral health inequalities. The Barnsley Public Health Strategy has identified oral health as a priority for action.

Barnsley Council is responsible for improving the oral health of its residents and this action plan has been developed to support the achievement of one of the oral health priority in the public health strategy. It sets out the actions that the Council and partners will undertake to ensure the oral health of the people of Barnsley is improved across the life course.

Performance

| | 2016-17 | | | | |
|---|--|--|--|----|--|
| Performance indicator | Q1 | Q2 | Q3 | Q4 | |
| Mean severity of tooth decay in children aged five years based on the mean number of teeth per child | This frequency of reporting of this indicator is dependent upon the annua cohort decision at a national level. | | | | |
| sampled which were either actively decayed or had been filled or extracted – decayed/missing/filled teeth (d3mft) | | Mean d3mft in Barnsley and stat nei | d3mft in Barnsley and stat neighbours 2 | | |
| Rate of admission to hospital for dental caries in children aged 1-4 years per 100,000 population | | | | | |
| % of fluoride varnish applications undertaken in general dental practice | | | | | |
| % uptake of MECC training by Barnsley dental service providers | | | | | |
| % of Be Well Barnsley clients who have attended a dentist | | | | | |
| Number of Toothbrushing clubs established in reception year | | | | | |
| Number of Toothbrushing clubs established in year 1 | | | | | |
| Review OHIAG Terms of Reference | | September 2016 | | | |
| Attendance monitoring at OHIAG | Governance attendance monitorin | | | | |

| Recommendation 1: Build healthy public policy | | | | | | |
|--|---|--|--|--|------------------------------------|--|
| Ambition | Why | Planned activities | Responsibility | Progress update | Milestone dates | |
| (i) To establish the Oral Health Improvement Action Group (OHIAG) To provide a system to drive forward oral health improvement across the borough of Barnsley in line with the Oral Health Improvement Strategy and Action Plan. To deliver the Barnsley Public Health Strategy priority of improving the oral health of | Agree terms of reference and membership | OHIAG | Terms of reference and membership agreed | Complete Terms of Reference | | |
| | Establish quarterly meetings | Anita Dobson (AD) | Quarterly meetings established | Complete OHIAG 2016 Meeting Dates | | |
| | children. | Agree governance and reporting structure of OHIAG. | OHIAG | Reporting into Public Health Department Management Team at this moment in time | | |
| | | Review the evidence base to inform policies which will contribute to the improvement | OHIAG | OHIAG received report on hospital admissions data February 2016 | NHS Atlas of Variation Map 79 Rate | |
| | | of oral health and the reduction of health inequalities. | Anita Dobson (AD) | AD and KJ met with Bob Kirton (BHNFT) and Austin Smith 30 March 2016 | Complete | |

| Recommendation 2: Creating supportive environments | | | | | | |
|--|---|--|--|--|-----------------|--|
| Ambition | Why | Planned activity | Responsibility | Progress update | Milestone dates | |
| (i) Tooth brushing clubs to be established in early years, nurseries and reception | We know that fluoride remains the most effective means of preventing tooth decay. To achieve improvements in tooth decay levels in children we need to provide more intensive exposure to fluoride as children | To include tooth brushing clubs in the 0-19s service specification | Anita Dobson (AD) | Oral health promotion is in the current specification and further detail will be included re tooth brushing clubs. Meetings ongoing to shape and develop 0-19s service. | Ongoing | |
| year settings across Barnsley | grow up, both at home, at school and in the dental practice. | To facilitate the development of tooth brushing clubs in Early Years settings. | Anita Dobson (AD) / Laura Hammerton (LH) Anita Dobson | AD met with Sharon O'Rouke on 17/3/16 to scope roll out of tooth brushing clubs in family centres. AD/LH to take this work forward – meeting scheduled 19/5/16 | Ongoing | |
| | | Development of e-learning training | (AD) / Kate Jones (KJ) | AD met with BMBC Bold Training Dept | Ongoing | |
| (ii) Tooth brushing packs to be distributed via foodbanks | There are wide inequalities in the distribution of tooth decay. In Barnsley the average number of decayed teeth in some wards is five times higher than in other | Work with Communities Directorate to enable the distribution of tooth | Anita Dobson (AD) / Jayne Hellowell (JH) | Foodbanks distributing tooth brushing packs | Complete | |
| | less deprived wards of the borough. Foodbanks provide the opportunity for targeted distribution of tooth brushing packs to people whose economic, social, environmental circumstances or lifestyle place them at high risk of poor oral health or make it difficult for them to access dental services in line with NICE guidance (PH55). | brushing packs via Barnsley Foodbanks | | Planned evaluation to review future distribution arrangements | December 2016 | |

| Recommendation 3: Reorienting health services to prevention | | | | | | |
|--|---|---|--|---|------------------------|--|
| Ambition | Why | Planned activity | Responsibility | Progress update | Milestone Dates | |
| of fluoride varnish by dental practices in Barnsley the most effect preventing toot achieve improved decay levels in | We know that fluoride remains the most effective means of preventing tooth decay. To achieve improvements in tooth decay levels in children we need to provide more intensive | Working with NHS England to influence increasing the use of fluoride varnish by dental practices in Barnsley | Garry Charlesworth (GC) / Anita Dobson (AD) | Meeting held with NHSE. GC provided information on the Local Professional Network to AD. | March 2016 | |
| | exposure to fluoride as children grow up, both at home, at school and in the dental practice. | Provide dental practice level data and confirm if the Community Dental Service are included in the 61% of Barnsley dental practices applying fluoride varnish | Kate Jones, PHE (KJ) | Final year figures expected in June – 61% does include CDS. | June 2016 | |
| | | Healthwatch to work with young champions and parents around access to dentists and will raise awareness of fluoride varnish | Jade Bligh (JB) Healthwatch Barnsley | Questionnaire provided by Jade for comment prior to work with young people JB to provide an update to OHIAG | March 2016 August 2016 | |

| Recommendation 4: Developing personal skills | | | | | | |
|--|---|---|---|---|---------------------------|--|
| Ambition | Why | Planned activity | Responsibility | Progress update | Milestone Dates | |
| promotion to be part of Every Contact Counts in social care the algorithms in the contact that the contact t | The oral health of adults has improved significantly over the past 40 years. Many more people are retaining more of their natural teeth into older age. However almost a third of adults had active tooth decay. In general, people from higher socio-economic groups had better oral health indicators than people from lower socio-economic groups. | To share the service specification to see exact wording as to what is included in terms of oral health | Shiv Bhurton (SB) | SB provided an extract from the service spec confirming denture and mouth care is included. | March 2016 Email from SB | |
| | | To share online training links and the latest NICE guidance with Care Homes | Kate Jones (KJ) | KJ to share online training links and the latest NICE guidance with SB. KJ and SB to discuss a pilot online training scheme with two care homes. | May 2016 | |
| (ii) Dental service providers in Barnsley to be encouraged to undertake training in Making Every Contact Count (MECC) including brief interventions aimed at alcohol and tobacco use By working together to support individuals, families and communities to make healthy choices and begin to tackle the wider determinants of health, we aim to maximise individual and community potential and ensure that oral health improvement remains a key focus | Dental practices in Barnsley to be encouraged to undertake training in Making Every Contact Count | Kaye Mann (KM) | Currently still in the scoping stage. An options paper went to PH DMT on 25.4.16. A final decision on how we take it forward is yet to be made. | May 2016 | | |
| | Be Well Barnsley to establish if Barnsley Stop Smoking Service can identify referrals from dentists. | Clare Gray (CG) | BWB have looked into referral sources there are no referrals received from dentist's | May 2016 | | |
| | | Be Well Barnsley to provide monitoring data on clients who have attended a dentist in the last 12 months. | Clare Gray (CG) | We ask clients if they are registered with a dentist not if they attended in the last 12 months, this data has been collected since January 2016 so far 10 % of clients were not registered with a dentist. | May 2016 | |

| Recommendation 5: Strengthen community actions | | | | | | |
|---|---|--|--|---|--------------------|--|
| Ambition | Why | Planned activity | Responsibility | Progress update | Milestone Dates | |
| (i) Public Health communications campaigns will provide access to information to enable our population to be proactive and take to take responsibility for their own oral health and wellbeing. | We know that fluoride remains the most effective means of preventing tooth decay. To achieve improvements in tooth decay levels in children we need to provide more intensive exposure to fluoride as children grow up, both at home, at school and in the dental practice. | Re-launch of Brushing twice a day is the super hero way' message and superhero images to encourage brushing twice a day, visiting the dentist and awareness raising of the application of fluoride varnish. Evaluate the impact of communications campaign (post | Mick Speakman (MS) and Anita Dobson (AD) | BMBC media release Improved dental health among five-year-olds published 31 May 2016, via barnsley.gov.uk/news, Open Mail and social media platforms. This communication includes messages on brushing twice a day, the Superhero campaign and image, regular dentist visits and application of free fluoride varnish. Final year figures expected in June before evaluation can be undertaken | November 2016 | |
| (ii) Communications will be borough wide with targeted work in areas of additional need. | There are wide inequalities in the distribution of tooth decay. In Barnsley the average number of decayed teeth in some wards is five times higher than in other less deprived wards of the borough. | March 2015) on dental practice activity. Targeted communications approach utilising inequalities and oral health intelligence | Kevin Smith (KS) Research & Business Intelligence Team | Targeted communications in areas of additional need. This work will be progressed according to the milestone date given. | August 2016 | |