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# Children and Young People Committee

Meeting Venue:
**Committee Room 1 - Senedd**

Meeting date:
**13 October 2011**

Meeting time:
**09:15**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

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## Agenda

### 1. Introductions, apologies and substitutions

### 2. Inquiry into Children's Oral Health: Evidence Session (9:15 - 10:00)

David Davies, Abertawe Bro Morgannwg University Health Board Community Dental Service

### 3. Inquiry into Children's Oral Health : Evidence Session (10:00 - 10:45)

Paula Roberts; Healthy Schools Network
Mary MacDonald; Healthy Schools Network
Carol Maher; Healthy Schools Network

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Children and Young People Committee
National Assembly for Wales,
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Dear Colleague,

I am the Clinical Service Manager/Senior Dental Officer (CSM/SDO) of the Abertawe Bro Morgannwg University Health Board (ABMUHB) Community Dental Service (CDS).
I am also a Specialist in Special Care Dentistry.
I am writing to you in response to your letter of 27.7.11 inviting views on the effectiveness of the Welsh Government's *Designed to Smile* programme in improving the oral health of children in Wales, particularly in deprived areas and would like to make the following comments.

**Introduction**

The ABMUHB CDS currently provides dental care for vulnerable people of all ages in the Swansea, Neath and Port Talbot areas in accordance with guidance from the Welsh Assembly government regarding the role of the CDS in Wales.[1]
This role includes the provision of dental care for vulnerable children who are unable to receive dental care via the General Dental Services (GDS).
Much of this care is provided in deprived areas in the Swansea, Neath and Port Talbot areas.

Many of the children seen by the CDS suffer from very poor oral health often due to poor oral hygiene, unsuitable diets and lack of parental support due to an ignorance of the importance of good oral health.
Whilst the CDS actively seeks to provide care for all the vulnerable people including children who seek its services, it has not always been easy to provide care for children in more deprived areas. Very often these children are not brought to CDS clinics by their parents until they are experiencing acute dental pain or oral infection and by this time treatment involving dental extraction is usually necessary.
The ABMUHB CDS now has an active and efficient *Designed to Smile* (D2S) team that is currently based in Cwmbwrla Health Centre, Swansea and Cwmavon Health Centre, Port Talbot.

**Responses to the Committee's Questions**

***The take-up of the supervised tooth brushing scheme for 3-5 year olds***
The ABMUHB D2S team has been actively pursuing the Welsh Assembly Government's aim of reducing oral health inequalities in Wales by developing an effective supervised tooth brushing programme in the Swansea, Neath and Port Talbot areas.
The D2S team has exceeded its initial target of tooth brushing programmes for 3-5 year old children in 66 schools by 2011.
This has resulted in approximately 12,000 children in the Swansea, Neath/Port Talbot area participating in tooth brushing programmes.
For many children, particularly those in deprived areas, this supervised brushing programme may have been the only form of oral hygiene they have had regular access to.
The D2S team has worked tirelessly to establish excellent links with the school staffs participating in this programme enabling a team approach to improving the oral health of children to be developed.
This can only bode well for the future and reduce the levels of caries in children.

***The promotional programme for 6-11 year olds***

The D2S team has provided age specific oral health education teaching sessions to all age groups since the beginning of its inclusion into the programme.
Teaching sessions have been provided not only to those schools and nurseries taking part in the tooth brushing part of the scheme but also for many others who are not involved, making a total of 140 settings participating in this programme.
The content of the lessons provided to schools is in accordance with the National Curriculum and The Scientific Basis of Oral Health Education.
The D2S team leader regularly reports to the CDS CSM/SDO on all aspects of D2S activities including this promotional programme and D2S team members are regularly assessed and promotional methods monitored to ensure consistency and effectiveness.
I feel strongly that this programme offers considerable potential for raising awareness of the importance of good oral health and for reducing oral health inequalities in the long term.[2]

***Whether the investment has delivered improved health outcomes for the most disadvantaged children and young people***

Apart from supervised tooth brushing and oral health promotional activities, the D2S team has also developed other health improvement initiatives particularly with regard to diet and obesity.
A large section of teaching sessions focus on healthy eating and drinking. Children are encouraged to begin to make small, short term realistic changes in their diet which will hopefully lead to more sustainable long-term normal 'healthy eating' habits.
D2S team members have undertaken the Open College Network (OCN) level two training in 'Community Food and Nutrition Skills for the Early Years' and also 'Brief Intervention in Smoking Cessation'.
These courses have proved the D2S team with the knowledge and confidence to incorporate this information and expand on the oral health education provided.
This has been particularly beneficial as the team are having requests to attend senior citizen groups as many grandparents are joint carers if not primary carers for their grandchildren.

***Whether the programme is operating consistently across Wales in all areas of need***

The CDS has been involved in providing care for vulnerable people in the Swansea, Neath and Port Talbot areas for many years. As a result, the areas of high need and high risk for poor oral health are relatively well known to the CDS.

From reports given to me by the D2S team leader, I am sure that the D2S team has worked in the Swansea, Neath and Port Talbot areas to make certain that all areas of need are receiving the highest quality of care and involvement from D2S. This will continue to develop as September sees the expansion of the Fissure Sealant programme which will involve joint working between the D2S and the CDS.

Fluoride varnish application will also be introduced in the New Year.

***How effective the expansion of the programme has been, particularly in relation to 0-3 year olds***

To ensure this part of the programme has been effective, the D2S team has developed good links and working relationships with care groups including schools, Flying Start and independent nurseries.

There are now 29 settings of this age group tooth brushing within the D2S programme.

The D2S team works closely with health visitors and provides them with packs to distribute at children's 7-month of age assessments.

The D2S team also provides health visitors with oral health education which they are able to pass on to the children's parents.

This service is distributed by the health visitors in addition to the already established referral pathway into CDS dental services for those children who have not yet accessed them.

Links have also been made with childcare providers who use their own homes as business premises. This group has also received oral health education.

The D2S team also deliver oral health promotion advice to parents and carers through organised sessions in schools, mother and toddler groups, breastfeeding groups, fetes, coffee mornings and health awareness events.

***Whether the programme addresses the needs of all groups of children and young people***

I am aware that the D2S team has established contacts and links with many groups and organisations including not only children's groups but also:

- Drug and Alcohol User Groups
- Ethnic Minority Groups
- Special Needs Activity Centres
- Family support groups
- Speech and language teams
- Swansea Young Single Homeless Project
- The Travelling Community.

The contacts established with these various groups and the links between D2S and the wider CDS has also resulted in an enhanced awareness of the role of the CDS in the provision of dental care for vulnerable people and of the appropriate referral pathways for care within the CDS.

***The extent to which the D2S programme has been integrated into wider local and national initiatives such as the Welsh Network of Healthy School Schemes and Flying Start***

The D2Smile team has integrated successfully with the local healthy school schemes and provided evidence based oral health messages in training days for the Open College Network on food and fitness.

The team is also involved in the implementation of the Swansea Gold Standard Healthy snack Award for Pre-school Settings.

Other partners in this group are the Dietetics Department ABMUHB, City and County of Swansea Environment Department and Flying Start.

The D2S Co-ordinator has developed an excellent local D2S team that is clearly capable of networking and developing an oral health promotional initiative.

This could have considerable potential benefits for not only the CDS but for other groups of vulnerable people in the future if the decision is made to develop other health promotion initiatives.[3]
Building such a team takes time and this success deserves recognition.

***The current and potential implications for paediatric dentistry, including reviewing the strengthened role of the CDS in children's public health***

The CDS CSM/SDO is also a member of the ABMUHB D2S Steering Group and works closely with the D2S team manager to ensure that both services operate in a complimentary, effective and efficient manner.
The CDS D2S team consistently promotes the services provided by the wider CDS, and provides information not only to schools but also to all the other groups it encounters of the best way CDS services can be accessed.
This has resulted in the development of a wider range of contact groups referring patients to the CDS. Early evidence suggests that the numbers of children referred to the CDS has increased as a result.

This joint working between the D2S and wider CDS will facilitate the development of paediatric dental care within the CDS.
This development is already underway with the introduction of a team within the CDS that is specifically responsible for the dental care of children.
As many of the children seen by the CDS require some form of special care dentistry, the development of links with children's carers and support groups by the D2S team is invaluable to the CDS.
Many of the children seen by the CDS are highly dependent upon their carers and without good links and working relationships with these carers the CDS role becomes very difficult.

The anticipated reduction in dental decay that the D2S programme will produce will result in children retaining more of their teeth. This will result in other challenges to the dental profession and the CDS that may include increased orthodontic, restorative and

possibly conscious sedation service demands as fewer children will require multiple extractions and treatment under general anaesthesia.
The ABMUHB CDS has introduced a conscious sedation service which includes service provision for children. Sedation can often provide an alternative to general anaesthesia in the dental management of certain vulnerable children.

The children's team within ABM CDS is working to meet further demand on these services as part of an improved recruitment and retention staffing policy. Further development will include the recruitment of a specialist in paediatric dentistry within the CDS.

Into next year it is planned that the coordination of D2S input and other CDS provision e.g. school screening and mobile treatment services will be further developed. More children would come into the programme and many of these children will almost certainly require additional care via the CDS.

The expansion of D2S activities in the coming year will greatly facilitate the school screening carried out by the CDS and the coordination of CDS mobile dental unit activity for children's dentistry.

The CDS also has a commitment to provide training for groups including Dental Foundation Trainees and other dental care professionals. The D2S team has kindly allowed CDS staff to attend and observe their activities and have provided these groups with an important instructional overview of an oral health promotional programme for children in action.

The work of the D2S team has helped to enhance the understanding of the local dental community of the importance of oral health promotion amongst children and of working with the CDS. The CSM/SDO has also already had meetings with representatives of the Welsh Government`s local GDS Child Pilot initiative.

This is in line with the D2S/CDS role of developing joint working and liaison with other groups. If this pilot initiative develops further, this will facilitate further joint working between the CDS and GDS. This will enable the CDS and GDS to work together as a team to provide better dental care for children.

**Conclusion**

I have worked with the D2S manager for several years and find that she has established an efficient, motivated team within the CDS that is working hard to improve the oral health of children.

This team could also be aligned in the future to develop oral health promotional initiatives for other vulnerable groups.

These groups could include dependent elderly people, the homeless and people with mental health problems. Very often, the oral health of these people is very poor and effective oral health promotion could possibly help to improve this in the longer term.[4] This activity could further complement and enhance the role of the CDS in the dental care of vulnerable people.

I would also like to thank Mandy Silva, the D2S team leader in ABMUHB CDS, together with the members of the ABMUHB D2S Steering Group, for supplying some of the facts included in this document, for their hard work on the D2S initiative and for the help and support they have given to the CDS.

David Davies.

D.H.J. Davies
BDS, LDSRCS, DPDS, MFGDP, MClinDent, DSCDRCS
Clinical Service Manager/Senior Dental Officer
Specialist in Special Care Dentistry

**References**

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3. King P. Community Dental Programmes. In: Nunn J (editor) *Disability and Oral care.* London: IADH, 2000. pp. 115-122.

4. Kleinman ER et al. Trends for NHS primary dental care for older people in England: implications for the future. *Gerodontology* 2009; **26:** 193-201.

# DESIGNED TO SMILE -
# HEALTHY SCHOOLS SCHEMES AND HEALTHY PRE SCHOOLS SCHEMES

## Partnership working

| Positive | Less Positive |
|---|---|
| Positive partnerships / working links in most areas. | However, there is an in-consistency across Wales. Some partnerships stronger than others. Healthy Schools Coordinators not invited to Designed to Smile Steering Groups in every area. |
| A Designed to Smile representative attends or will be attending Healthy Pre School Steering groups meetings in most areas. | Designed to Smile Coordinators do not sit on Healthy Schools Steering Groups in all areas. |
| Regular Informal contact by phone / email / meetings in some areas – reporting back on participating schools, pre-schools, etc. | Some areas are not kept up to date of which settings / schools are engaged in the Designed to Smile scheme and how they were recruited. |
| Designed to Smile team trained to carry out Healthy Schools accreditations in some areas. | Designed to Smile not always available to conduct accreditations due to their own constraints / time lapse between accreditations means some of the Designed to Smile team do not have the opportunity to carry out the accreditations |
| Participation in Designed to Smile part of the inclusion criteria for Healthy Pre School Scheme in some areas (subject to being a targeted setting). | If pre-schools decide not to participate in Designed to Smile it may exclude them from going for the Healthy Pre school award.. |
| Participation in Designed to Smile will be essential for schools working towards the Healthy Schools National Quality Award (if invited to be engaged). | If schools decide not to participate in Designed to Smile it may exclude them from going for the National Quality Award for Healthy Schools. |
| In some areas closer links with public health have enabled dental health educators to be more aware of wider public heath issues. | Not evident in every area. |
| Established and respected contact with schools through the Healthy Schools scheme has provided the Designed to Smile team with a stronger vehicle to deliver health messages. | However, in areas where strong partnerships do not exist good opportunities have been missed for joined up working. |
| Reducing the burden on schools / pre-school settings – by working with Designed to Smile the school can achieve accreditation for Pre School and | Greater joint working needed. |

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| healthy school criteria. | |
| Working with healthy schools and pre schools ensures a whole population approach which research shows to be effective in reducing health and oral health inequalities. | Potential for more joined up approach. |
| Joint working can enable an established link and pathway to specialist advice and referrals. | |

## Identification of / Sharing Resources and Training

| Positive | Less Positive |
|---|---|
| Designed to Smile Resources support the Healthy Schools National Quality Award - Toothbrush buses/"Health Matters Brush your Teeth" | |
| Input into teacher training regarding healthy schools, oral health and nutrition. | This does not take place in all areas. |
| In some areas - more effective oral health education delivery – not working in isolation now but linking with dietetic teams, public health and education. | This does not take place in all areas. |
| Potential for increased cost effectiveness for the development of resources with reduced duplication of resources. | |
| Increased funding for joint training covering common risk factors such as hygiene and diet for professionals. | |

## Working with Schools

| Positives | Less Positive |
|---|---|
| Most schools participating value the programme – this is usually evident after a school has been involved in the programme for some time and when they understand how it works. | Negative attitude of some Head teachers / Senior Management Teams / teachers. |

# DESIGNED TO SMILE -
# HEALTHY SCHOOLS SCHEMES AND HEALTHY PRE SCHOOLS SCHEMES

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|---|---|
| Some schools that were negative prior to starting the project have now embraced the daily brushing routines. | Some schools find the programme time consuming. Find it difficult to fit it into the school day. Conflicts with curriculum. |
| Most parents are pleased with the programme. | Some parents object to children having their teeth brushed in school and losing valuable curriculum time. |
| Some schools have embraced the project and year groups from nursery to year 6 are brushing daily – Designed to Smile flexible to needs of the school. | Although the programme is flexible to a schools needs, should it be consistent in every school for it to be effective? |
| | Concerns of cross infection by some staff and parents. |
| | Prevailing mixed health messages i.e. Fruit only tuck with natural sugar content and acid erosion. Dried fruit. |
| | Lack of understanding of spitting /swallowing in the tooth brushing process. |
| | Waste management of tissues conflicting with eco schools. |
| | Parental consent is problematic. |
| | Targeting 'groups' conflicts with the whole school ethos of healthy schools. |

# DESIGNED TO SMILE -
# HEALTHY SCHOOLS SCHEMES AND HEALTHY PRE SCHOOLS SCHEMES

## Considerations

| Considerations |
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| Need to develop a consistent approach across Wales. Healthy Schools Coordinators, Healthy Pre-School Coordinators to sit on Designed to Smile Steering Groups and vice versa in every county. Oral health forms a part of the healthy schools and healthy pre schools scheme along side a range of other health themes. |
| Consistent approach of reporting progress of schools / pre-school settings in Designed to Smile to Healthy Schools Coordinators and vice versa. |
| Is there consistency in the delivery of the Designed to Smile programme across Wales? |
| Would it be useful to have all Wales guidance with strict criteria and evidence based education for delivery in schools? |
| Would it be useful to have an all Wales Network similar to healthy schools to enable networking, consistency and training? |
| Would Designed to Smile be given more importance by education if oral health was in the curriculum? |
| Sometimes seen as a fluoride application programme and would water fluoridation be more effective? |
| Designed to Smile website to be linked with other agencies especially healthy schools. |
| Sustainability of Designed to Smile in the future? |