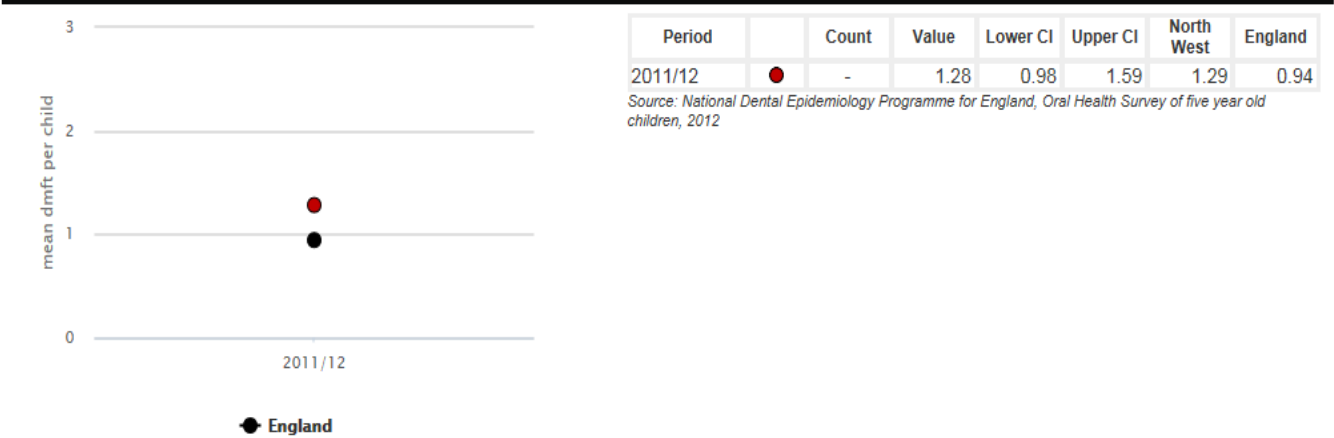


# Bury’s Oral Health Improvement Action Plan

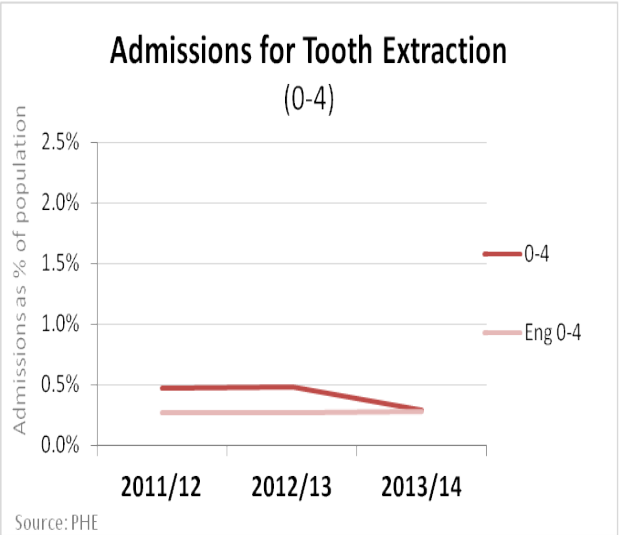
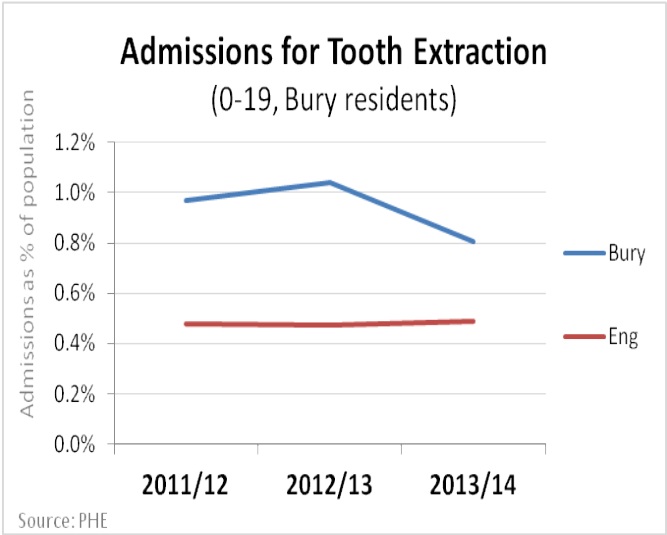
## (with a focus on first 0-12 months of life)

Tooth decay in children aged 5 Bury

Crude rate - mean dmft per child



Source: (Public health outcomes framework, 2015)



Source: PHE<sup>1</sup>

### Story Behind the Curve

Improving oral health is both a priority and a challenge in Bury. Poor dental health can cause unnecessary suffering in children and young people, such as pain and infections and at times can impair their ability to eat, speak, play, sleep and socialise with others. Tooth decay is a common oral health disease, but this is largely preventable through good oral health practice (PHE, 2013).

Nationally, a reduction in tooth decay in children has been seen. This is true of Bury also, however, Bury's rate for teeth that are decayed, missing or filled (DMF) in children at age 5, although similar to the North West average, is significantly worse than the national average, with many young children facing dental extractions under anaesthetic as a result of poor dental health. In addition to this, Bury has wide in-borough oral health inequalities, with those living in more deprived wards more likely to have poor oral health.

### Importance of focussing on 0-12 month period

Nationally, a reduction in tooth decay in children has been seen. This is true of Bury also, however there is a clear need to upstream prevention efforts, paying particular attention to the first 12 months of life, instilling good oral health habits. Successful prevention in this early period for babies (and their wider family) will show a reduction of Early Childhood Caries, which are predominantly seen in the first 2 years of life; further widespread dental decay picked up at 5 years of age; the number of dental extractions in young children following identification of serious

By focusing preventative efforts on the first 12 months we can instil positive oral health throughout childhood, enable positive oral health messages to be passed through families and communities, thus creating a positive oral health legacy passing from generation to generations.

Early Childhood Caries (ECCs) and Dental Decay at age 3 and 5 years

An early sign of poor dental health is the observation of Early Childhood Caries (ECCs), a aggressive form of decay affecting the upper incisors which can be rapid and extensive in attack. These are generally associated with longer term consumption of sugary drinks in baby bottles, given particularly at night, especially when these are given overnight or for long periods of the day.

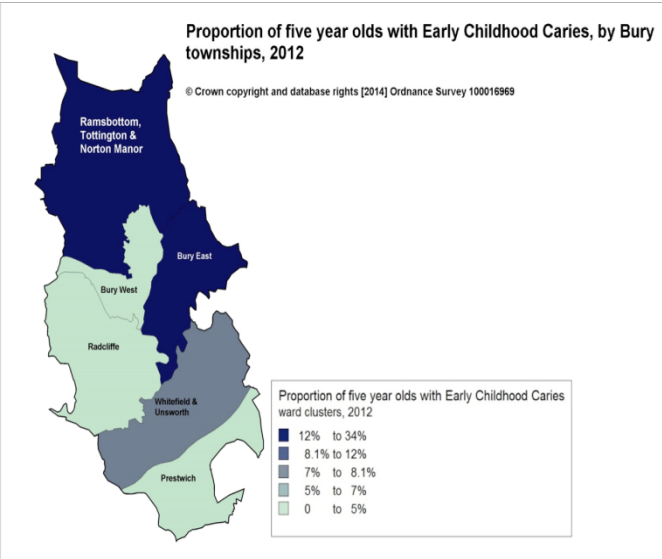
Public Health England (PHE) recently published its findings from the 2013 Oral Health Survey of 3 year olds; the first national dental survey for this age group. The survey showed that Bury (18%) has a **higher rate of decayed, missing or filled teeth and ECCs in 3 year olds** than the national (12%) and regional (14%) rates, and also indicates variations between wards with Bury East, Whitfield and Unsworth having higher prevalence rates of dental decay and ECC's (this should be treated cautiously due to the small numbers reported in the survey).

However, more worryingly is that PHE advise that this survey probably presents an **underestimation of the acute level of disease** due to sampling bias<sup>2</sup>, positive consent requirements<sup>3</sup> and the way that decay is defined.

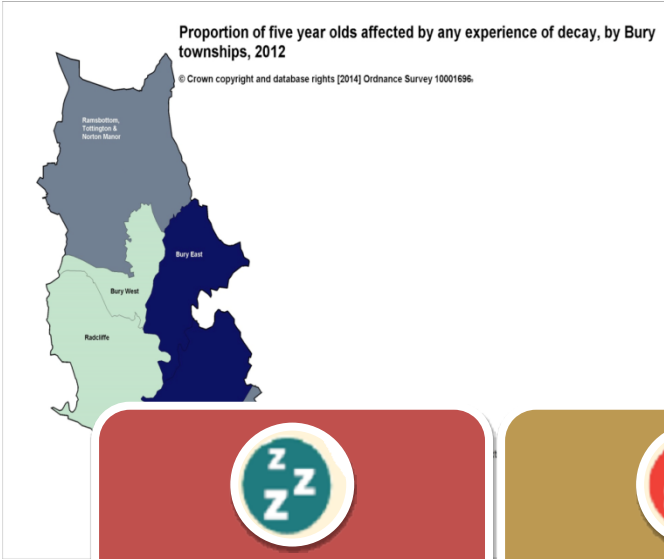
To add to this, in 2012, a survey showed the **proportion of Bury children with decayed, missing or filled teeth (DFMT) at age 5 in as 33.4; similar to the regional average (34.8%), but significantly worse than the national average (27.9%)**. Higher prevalence was seen in the south of the borough in Bury East, Whitefield and Unsworth. However in contrast, highest prevalence of Early Childhood Caries were more prevalent in the North the borough in Bury East and in Ramsbottom, Tottington & North Manor, some of which are considered the more affluent areas of Bury.

Although there is a moderate association between decay in 3 year olds and that in 5 year olds at Lower Local Authority level, there is less association between deprivation and decay in 3 year olds than for 5 year olds, indicating that deprivation is not always the only indicator of poor oral health practice.

Bury's rates of ECC's and dental decay (DMFT) at 5 are shown on the maps overleaf.



of  
Tier  
that  
age



In one year, among children in the North West who are waiting for extractions in hospital because of decay:

Had 15,561 sleepless nights

Concentration at School

Ability to work

Had missed 25,159 days from school

Had pain for 10,050 days

Prescriptions

Restricted diet

majority of  
estimate of  
es but the

As a result of ongoing poor dental health, many young Bury children face dental extractions under general anaesthetic, some of which affect are believed to be siblings from the same family. Table 1 shows that in 2012/13, a total of 484 children in Bury aged 19 or under had dental extractions under general anaesthetic. Of these, 61 were for children aged 0-4 years and 234 were for children aged 5-9 years.

**Table 1: Dental extractions under general anaesthetic in children during 2012/2013**

				Admissions as % of population <sup>1</sup>			Extractions in <5 yr olds per 100 head of 0 to 5 yr old population <sup>1</sup> only 2012/2013
LA Name	Age 0-4yrs	Age 5-9yrs	Total number of admissions 0-19yrs	Age 0-4yrs	Age 5-9yrs	Total 0-19yrs	
<b>Bury</b>	<b>61</b>	<b>234</b>	<b>484</b>	<b>0.5%</b>	<b>2.0%</b>	<b>1.0%</b>	<b>0.41</b>
Greater Manchester	831	2,649	5,544	0.4%	1.6%	0.8%	0.38

## Data Development Agenda

No data development identified at this time. There is a national programme of epidemiology surveys. It is thought that further resource for additional surveys would not necessarily provide further insight on this area.

This is open to review at a later date.

## Key Partners

- Children's Centres
- Early Years providers and childminders
- Family Nurse Partnership
- Health visiting
- Midwifery
- NHS England
- Pennine Care NHS Foundation Trust Oral Health Promotion Team
- Primary Care – i.e. Dentists, GP's, Pharmacies
- Public Health
- Bury CCG
- Supporting Communities Improving Lives Team

## What Works

### Prevention's better than cure

<sup>2</sup> A small sample was surveyed

<sup>3</sup> Only those children where positive consent was gained from parents were surveyed

Increasing preventative activities and promoting healthy behaviours (including good oral health) and healthy relationships in the early years has been evidenced to have a lasting effect into adulthood. This links into many strategies aimed at improving outcomes in children in early years, for example:

- Healthy Child Programme – Pregnancy and the first five years of life (DH, 2009 – amended August 2010)
- Fair Society Healthy Lives (Marmot, 2010)
- Conception to age 2 – the age of opportunity (WAVE Trust, 2013)
- The Foundation Years: preventing poor children becoming poor adults (Field, 2010)

As outlined in *Delivering better oral health: an evidence-based toolkit for prevention* (2014), measures to improve oral health in children include:

- Breast feeding, as it provides the best nutrition for babies
- From six months of age infants should be introduced to drinking from a free-flow cup, and from age one year feeding from a bottle should be discouraged
- Sugar should not be added to weaning foods or drinks
- Parents / carers should brush or supervise tooth brushing until 7 years of age
- As soon as teeth erupt in the mouth brush them twice daily with a smear of fluoridated toothpaste
- Brush last thing at night and on one other occasion
- Use fluoridated toothpaste containing no less than 1,000ppm fluoride. It's good practice to use only a smear of toothpaste
- The frequency and amount of sugary food and drinks should be reduced
- Sugar-free medicines should be recommended

## Promoting/ Improving Oral Health in Bury

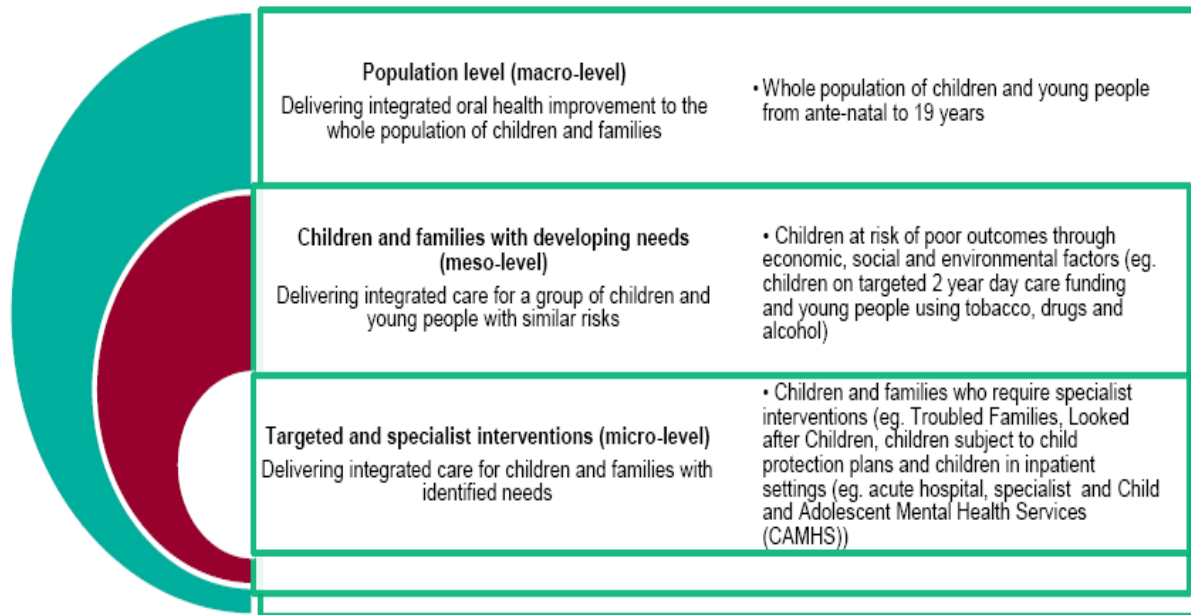
As outlined in the diagram below, oral health improvement can be integrated in all levels of service. It should be embedded across the life course and be based on a proportionate universalism approach. Across Greater Manchester a sector led improvement programme <sup>4</sup>has taken place to look at oral health improvement as a key public health priority.

As such, following an in-depth oral health needs analysis conducted by Public Health England colleagues, Bury's leadership team have established that a key priority in Bury would be to focus on the first 12 months of life, upstreaming preventative efforts, ensuring the best start in life and preventing poor oral health in the early years. This approach aims to embed positive oral health messages and practice in the early years and support a 'whole family' approach to good oral health over the life course.

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<sup>4</sup> A process of peer led review facilitated by the Greater Manchester Public Health Network

**Figure 2.1. Service levels at which oral health could be integrated**



Source: Kings Fund (2011), Integrated Care Summary. Available at URL <http://www.kingsfund.org.uk/sites/files/kf/Integrated-care-summary-Sep11.pdf>

The oral health improvement sector led improvement actions are outlined below and will be incorporated into the wider Bury oral health improvement action plan focussing on the first twelve months of life.

## Current Services

Delivering better oral health: an evidence- based toolkit for prevention (2014) outlines the strength of evidence based interventions that are available for local authorities and partners to utilise to improve the population's oral health. Below is a table of current practice against the range of interventions for primary care teams in prevention of caries in children aged 0-3 years:

Intervention	Currently in place in Bury
Breast feeding provides the best nutrition for babies	<p><b>UNICEF Breast Feeding Initiative (BFI) Accreditation</b> - this includes a very robust audit of practice:</p> <ul style="list-style-type: none"> <li>- <b>Acute services:</b> Royal Bolton Hospital achieved stage 2 accreditation. NMGH is fully accredited.</li> <li>- <b>Community Services:</b> PCFT CSB achieved full [level 3] accreditation in 2015 [confirmation pending]. Children Centres achieved stage 2 in 2014.</li> </ul> <p><b>Trained volunteer peer supporters:</b> available through the Children Centre hubs providing antenatal and postnatal support on a drop in basis.</p> <p><b>Midwifery:</b> nutrition advice given to mothers during the antenatal period</p> <p><b>Health Visitors:</b> all trained To UNICEF level 3 infant feeding</p> <p><b>Children Centres:</b> give best practice advice and information and signpost to other services.</p> <p><b>Public Health Nutritionist/ Oral health promotion team:</b> Delivery of the Golden Apple accreditation scheme to early years settings and children centres</p>
From six months of age infants should be introduced to drinking from a free-flow cup, and from age one year feeding from a bottle should be discouraged	<p><b>Children Centres:</b> Universal information available including literature and information on best practice. Advice and discussion during services including baby club and weaning sessions.</p> <p><b>Oral health promotion team:</b> dissemination of these messages daily. Oral health training provided to Children Centres and child minders. The OHPT visits all state and private nurseries to reinforce key messages.</p> <p><b>Health Visiting:</b> All Bury new mums receive the NHS/ UNICEF/start4Life Introducing Solid Foods Booklet (pages 13, 14) and the Sweet Enough weaning advice which includes drinking water or milk only from a cup (page 8).</p>
Sugar should not be added to weaning foods or drinks	<p><b>Children Centres:</b> information given on a 1-1 and during sessions, through advice and discussion during services including baby club and weaning sessions.</p> <p><b>Oral health promotion team:</b> dissemination of these messages daily. Oral health training provided to Children</p>

	<p>Centres and child minders. The OHPT visits all state and private nurseries to reinforce key messages.</p> <p><b>Health Visiting:</b> All Bury new mums receive the NHS/ UNICEF/ start4Life Introducing Solid Foods Booklet (pages 13, 14).</p>
Parents / carers should brush or supervise tooth brushing until 7 years of age	<p><b>Children Centres:</b> Tooth brushing advice and guidance given in line with NHS guidance</p> <p><b>Oral health promotion team:</b> The OHPT purchase Brushing for Life packs and co-ordinate the delivery to Health visitors.</p> <p><b>Health Visiting/ Nursery Nurses:</b> Brushing for Life packs given by Nursery Nurses and Health Visitors to parents on 2 separate occasions. The packs contain toothpaste containing 1450ppm toothpaste, toothbrush and leaflet. Health visitors give a pack containing a leaflet called 'Your babies teeth' at the <u>8 month assessment</u> and Nursery nurses give a leaflet called 'Your toddlers teeth' aimed at baby teeth 0-3 yrs at the <u>2.5 year assessment</u>.</p> <p>The leaflets were designed by the OHP team in Bury so contain the correct messages from DBOH 3rd edition.</p>
As soon as teeth erupt in the mouth brush them twice daily with a smear of fluoridated toothpaste	<p><b>Children Centres:</b> advise [where possible] in line with guidance important to become part of the child's daily routine</p> <p><b>Oral health promotion team:</b> The OHP team purchase Brushing for Life packs and co-ordinate the delivery to Health visitors. These are given by Nursery Nurses and Health visitors to parents on 2 separate occasions.</p>
Brush last thing at night and on one other occasion	<p><b>Children Centres:</b> as above</p> <p><b>Oral health promotion team:</b> The OHP team purchase Brushing for Life packs and co-ordinate the delivery to Health visitors. These are given by Nursery Nurses and Health visitors to parents on 2 separate occasions.</p>
Use fluoridated toothpaste containing no less than 1,000ppm fluoride. It's good practice to use only a smear of toothpaste	<p><b>Children Centres:</b> Pea size amount is guidance given for children 3-6 years.</p> <p><b>Oral health promotion team:</b> The OHP team purchase Brushing for Life packs and co-ordinate the delivery to Health visitors. These are given by Nursery Nurses and Health visitors to parents on 2 separate occasions.</p>
The frequency and amount of sugary food and drinks should be reduced	<p><b>Children Centres:</b> advice and guidance given in line with NHS guidance. Displays and information available to support</p> <p><b>Oral health promotion team:</b> dissemination of these messages daily. Oral health training provided to Children Centres and child minders. The OHPT visits all state and private nurseries to reinforce key messages. Information leaflets regarding oral health are sent home to parents/ carers</p>
Sugar-free medicines should be recommended	<p><b>Children Centres</b> advise this.</p> <p><b>Oral health promotion team:</b> dissemination of these messages daily. Oral health training provided to Children Centres and child minders. The OHPT visits all state and private nurseries to reinforce key messages.</p>

## Actions

The strategy is focused on 0-12 months or under 5's based on the following outcome themes: -

	Outcome& Targets	Actions	Lead/ Partners	Resource	Timescales	Measure
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1.	<b>Every child born in Bury has the opportunity to be cavity-free</b>	<p>1. Scope the introduction of a fluoride varnish scheme and appropriate training of workforce</p> <p>2. Recommendation, introduction and monitoring of a supervised tooth brushing scheme in Children Centres and nurseries</p> <p>3. introduction of buddy system for Children Centres and private nurseries linked to local dental practices</p> <p>4. Promotion of sugar-free medication where available and appropriate, including over the counter medicines</p>	<p>1. NHS England (lead), Oral Health Promotion Team</p> <p>2. Children Centres</p> <p>3. NHS England (lead), Children Centre (partner)</p> <p>4. CCG (lead), Medicines Management (partner)</p>	<p>1. Funding, staff time</p> <p>2. Staff time</p> <p>3. Staff time</p> <p>4. Staff time</p>	<p>2016</p> <p>2016</p> <p>2016</p> <p>2016</p>	<ul style="list-style-type: none"> <li>• Number of children who receive fluoride varnish.</li> <li>• Number of professionals trained per year.</li> <li>• Number of Children Centres and nurseries with a supervised tooth brushing scheme.</li> <li>• Number of Children Centres and private nurseries with a linked dental practice.</li> <li>• Number of pharmacies with a policy to promote sugar-free medicines.</li> </ul>
2.	<b>Every child under 5 living in Bury has access to NHS dental services</b>	<p>1. Ensure effective pathway into dental services for women identified in the antenatal period</p> <p>2. Ensure effective pathway into dental services for women identified in the postnatal period</p> <p>3. Re-launch and increase of dental practices delivering the Baby Teeth Do Matter (BTDM) scheme, and completing associated online training. Regular monitoring of scheme</p>	<p>1. NHS England (lead), Midwifery, FNP team, HV team (partners)</p> <p>2. NHS England (lead), Health Visiting, FNP team (partners)</p> <p>3. NHS England and PHE</p>	<p>1. Staff time, NHS dentist capacity</p> <p>2. Staff time, NHS dentist capacity</p> <p>3. NHS dentist capacity</p>	<p>2016</p> <p>2016</p> <p>2016</p>	<ul style="list-style-type: none"> <li>• An agreed antenatal and postnatal pathway introduced across Bury</li> <li>• As above</li> <li>• Number of dental practices signed up to deliver BTDM.</li> <li>• Number of professionals completed online training.</li> </ul>

3.	<p><b>Everyone in contact with very young children in Bury has knowledge of the key oral health messages, understands them, applies them and effectively communicates them with clients</b></p>	<p>1. Engagement of primary care workforce in health promotion activities</p> <p>2. Distribution of oral health messages during pregnancy and postnatal in line with routine contacts.</p> <p>3. Distribution of oral health improvement promotion materials to wider children's workforce.</p> <p>4. A programme of equity audits of existing practice i.e. secret shopper, records audit</p> <p>5. Promotion of and undertake promotional activities during National Smile Month</p> <p>6. Deliver professional update training programme (linked to those developed by the Oral Health Improvement Network) and monitor uptake – including Midwives, Health Visitors, FNP team, Early Years Providers, Children Centres, School Nurses, Primary school staff including</p>	<p>1.NHS England</p> <p>2.Midwifery and Health Visiting/ FNP (leads), Oral Health Promotion team (partner)</p> <p>3.Oral Health Promotion Team</p> <p>4.Oral Health Promotion Team (lead)</p> <p>5.Oral Health Promotion Team(lead), all stakeholders (partners)</p> <p>6.Oral Health Promotion Team</p>	<p>1. Staff time</p> <p>2. Staff time/ printed materials</p> <p>3. Staff time</p> <p>4. Staff time</p> <p>5. Staff time/ printed materials</p> <p>6. Staff time</p>	<p>As identified</p> <p>Antenatal and postnatal contacts</p> <p>Annually, and as requested</p> <p>2016</p> <p>May - June 16</p> <p>Annual rolling programme</p>	<ul style="list-style-type: none"> <li>• Delivery of health promotion campaigns via primary care providers</li> <li>• Completion of universal contacts conducted by Health Visiting service each quarter.</li> <li>• Inclusion of oral health messages at each stage of AGMA NDM 8 stage assessment points into HV contract.</li> <li>• Quantity of resources distributed and to which professionals per year.</li> <li>• Results of agreed equity audits.</li> <li>• Confirmed promotional activities agreed each year.</li> <li>• Number of professionals trained each year and monitoring percentage of staff in each professional cohort that has completed the training.</li> </ul>

		teacher i.e. PAD days.				
4	<b>Hot spot areas - every parent and carer knows about the safe way to use baby feeding bottles and is supported to apply them</b>	1. Provide targeted support to families in 'at risk' areas (Bury East, Whitefield & Unsworth, Ramsbottom, Tottington & North Manor) <sup>5</sup> i.e. 1:1 OHPT team appointments, Safe way to use bottles leaflets, etc.	1. Oral Health Promotion Team(lead), Health Visiting/FNP (partners)	1. Staff time	Ongoing	<ul style="list-style-type: none"> <li>Number of targeted interventions provided by OHP team to individuals with a postcode in 'at risk areas'.</li> </ul>
<b>Sector Led Improvement Actions</b>						
SLI	<b>Oral Health Promotion services</b>	1. Review the scope and offer of the Oral Health Promotion Service to ensure alignment with national guidance	1. NHS England/ Local Authority commissioners	1. Staff time, funding	2016	<ul style="list-style-type: none"> <li>A clear specification agreed and being delivered that aligns to the national guidance.</li> </ul>
SLI	<b>Healthy Schools</b>	1. Re-establish the healthy school programme and engage with schools to refocus oral health improvement activity and to review current practice <sup>6</sup>	1. Director of Public Health (lead), schools, Director of Education, Director of Children Services (partners)	1. Staff time, funding	2016	<ul style="list-style-type: none"> <li>Healthy Schools programme agreed and in operation.</li> <li>Number of schools who have a policy addressing oral health/ healthy eating.</li> </ul>
SLI	<b>Wider workforce</b> Consider opportunities for working with the wider workforce within Bury Council to deliver oral health improvement	See overarching Action 3	As above	As above	As above	As above

<sup>5</sup> Hotspot areas: Bury East, Whitefield & Unsworth, Ramsbottom, Tottington & North Manor

<sup>6</sup> Note: when did you last see your dentist? included in school entry assessment by SN team

## References

Department of Health. (2009). *Healthy Child Programme – Pregnancy and the first five years of life* .

Field, F. (2010). *The Foundation Years: preventing poor children becoming poor adults*.

Marmot. (2010). *Fair Society Healthy Lives*.

PHE. (2013). *Local authorities improving oral health: commissioning better oral health for children and young people*. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/321503/CBOHMaindocumentJUNE2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/321503/CBOHMaindocumentJUNE2014.pdf)

PHE. (2015). *Public health outcomes framework*. Retrieved from PHE: <http://www.phoutcomes.info/>

WAVE Trust. (2013). *Conception to age 2 – the age of opportunity*.