

Report To: Community Health & Care
Partnership Sub Committee

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Report No:
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Subject: Inverclyde Childsmile Programme

1.0 PURPOSE

1.1 The purpose of this report is to inform the CHCP Sub-Committee of the Inverclyde Childsmile Programme and report progress in line with local and NHSGGC Board targets and update as requested by the Sub-Committee

2.0 SUMMARY

2.1 The national aim of the Childsmile Programme is to “improve the oral health of children and reduce inequalities in both dental health and access to dental services”. The programme combines a population and targeted approach to children’s oral health improvement, recognising the correlation between poor dental health and socioeconomic deprivation, and as such, targets our more deprived populations as defined by the Scottish Index of Multiple Deprivation.

Within Inverclyde, the Childsmile programme is achieving positive results and making sustained progress in terms of improved health outcomes for children & families.

2.2 The programme has four key components, namely:

- **Childsmile Core Toothbrushing:** the provision of dental packs and toothbrushing supervision.
- **Childsmile Practice:** Early engagement / dental registration (from birth) for oral health promotion and clinical prevention within primary care dental services (and additional home / community support as required).
- **Childsmile Nursery:** Fluoride varnishing, tooth brushing and education programmes targeted at early years establishments.
- **Childsmile School:** Fluoride varnishing, tooth brushing and education programmes targeted at primary school children.

3.0 RECOMMENDATION

3.1 It is recommended that the CHCP Sub-Committee note the content of this report

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4.0 BACKGROUND

4.1 Childsmile is a national programme designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental services. Funded by the Scottish Government, it is delivered across each health board area.

4.2 Within Inverclyde, Childsmile is facilitated through the Oral Health Action Team (OHAT) situated both within the CHCP's Health Improvement and Children & Families Team.

The staff complement within the Inverclyde Oral Health Action Team is comprised of:

- 1 x Health Improvement Practitioner-Oral Health
- 0.5 x Oral Health Educator
- 2.5 x Dental Health Support Workers
- 1 x Health Visitor

4.3 Accountability and local direction are facilitated through Inverclyde's Oral Health Steering Group, which was formed to respond to both national and local priorities. Facilitating a partnership approach, this forum seeks to deliver upon agreed targets and improve health outcomes for the population of Inverclyde. The integration of Childsmile within other health programmes creates the opportunity for joint planning of oral health improvement based upon local need within Inverclyde.

4.4 Local priorities relating to oral health are reflected within the steering group's action plan. The deliverables of oral health improvement are outcome focused and strengthened by unifying a health workforce who together achieve the following:

- Provide local strategic direction and focus for infant and child oral health through structured partnership approaches.
- Increase dental registrations for children under 5 years of age.
- Build and maintain additional service capacity through tailored cascade training with partner organisations.
- Promote infant and child nutrition through consistent practical messages, delivered within a variety of suitable environments incorporating early years, schools and additional learning establishments.
- Influence the consistency of key oral health messages to children and families across the Inverclyde CHCP and wider Community Planning Partnership.
- Raise the priority of key oral health messages within the wider community.
- Work closely with partners including Inverclyde Council Education Services, CHCP Children & Families team and voluntary organisations in the delivery of oral health messages.
- Target delivery to explore unmet need across the local community with a particular focus upon reducing health inequalities.
- Involve service users in the planning of future Inverclyde oral health services.
- Monitor all four Childsmile components with a view to continuous service improvement.

4.5 The Childsmile Core programme ensures that, by the age of 5, every child is provided with a dental pack containing a toothbrush, tube of 1000ppm fluoride toothpaste and an information leaflet on 6 separate occasions.

4.6 Childsmile Practice is carried out through a network of local primary care dental service providers involving both independent contractors and core services. Childsmile is introduced to the family by the health visitor, who will then subsequently refer them to one of Inverclyde's local Dental Health Support Workers (DHSW).

The DHSW will:

- Contact children from the age of three months.
- Make a first appointment for the child with a local Childsmile dental service.
- Provide the central link between dental services, the family and the public health nurse or health visitor.
- Give additional oral health support to children and families most in need.
- Link children who have been identified as not currently attending a dentist, with local Childsmile dental services.

Additional support is given to the children and families most in need through home visiting, community initiatives and primary care dental services. Health Visitors also identify children whose oral health is at risk but who may not live within SIMD areas, ensuring that Childsmile reach is extended as far as possible.

- 4.7 The Inverclyde Childsmile nursery programme promotes oral health messages for families with children in the 0-5 year age group. The programme includes tooth brushing, a health and nutritional component and will assist with the local promotion of Inverclyde's breastfeeding friendly initiative. Breastfeeding supports the development of healthy teeth and strongly corresponds to child health development.

The primary school Childsmile programme is delivered to children in primary 1 and 2 and includes tooth brushing and oral health education, establishing formal links with dental health services. Promotional material is provided to parents and carers to ensure the programme is supported in the home environment. Within the health education curriculum, oral health is taught to reinforce key messages contained within the primary brushing programmes.

The programmes provide twice yearly fluoride varnish applications for children from the lowest SIMD areas within Inverclyde. Children receive six-monthly fluoride varnish applications for the duration of their time at nursery and school until at least primary four.

- 4.8 Oral health improvement is also incorporated into wider community based programmes throughout Inverclyde in partnership with a range of key stakeholders. This ensures the promotion and dissemination of key oral health improvement information and raises parental awareness of good oral health behaviours. Examples of other local initiatives that embed oral health messages include the following:

- Weaning Fayres.
- Teenage Antenatal Fayres.
- Parenting Programmes.
- Curriculum for Excellence & Health Promoting Schools – resource development.
- James Watt College Student & Staff Training Programmes.

- 4.9 NHS Health Scotland recently launched their Oral Health and Nutritional Guidance for Professionals (in June of 2012). The Inverclyde Oral Health Steering Group and Positive Inverclyde Nutrition Group (PING) are developing ways to promote and develop the local Childsmile initiative in line with the recommendations noted within the above document. This includes education and promotion of healthy snack messages and low sugar beverages suitable for early years.

- 4.10 NHS Greater Glasgow & Clyde "Smile Too" programme will be introduced within Inverclyde in early 2013. The programme is a practical tool for early years' staff that supports Curriculum for Excellence and introduces for the first time a formal accreditation process for Oral Health Improvement within Nurseries. Elements include staff training, a toothbrushing programme, healthy snack policy, health promoting activities, community engagement, and parental involvement.

The Smile Too initiative focuses upon the promotion of healthy eating as a key requisite to oral health and incorporates health promoting activities linked to nutrition and associated preventative approaches.

5.0 PERFORMANCE

5.1 Fluoride Varnish:

Dental decay is almost totally preventable but is the single most common reason to admit children to hospital in Scotland, accounts for significant pain and discomfort to the child and causes absence from school. Fluoride varnishing aims to increase the number of children who are decay free at age 5 years, particularly addressing inequalities.

The National HEAT target which is designed to support the aim of improving child oral health is set as:

- “At least 60 per cent of 3 and 4 year old children in each Scottish Index of Multiple Deprivation (SIMD) quintile to receive at least two applications of fluoride varnish (FV) per year by March 2014”

7 local nursery schools have been identified within Inverclyde to receive fluoride application as part of the delivery of the Scottish Government’s target. Of these, a 77% parental consent rate has been achieved (the average NHS GG&C rate is 76.1%) and 225 fluoride applications were completed.

In relation to applications within a dental practice, 493 applications as of November 2012 were achieved across SIMD 1-5.

5.2 Childsmile Practice:

All General Dental Practices within Inverclyde are now involved in the programme (11). Inverclyde is currently the only Local Authority area within NHS GG&C who have achieved 100% of dental practices delivering a Childsmile intervention (NHS GG&C average is 71.2%).

Across the NHS Greater Glasgow & Clyde area, between January-June 2012, 3915 children were referred into the programme by Health Visiting, 326 of these referrals came from Inverclyde, 79.1% of which from families within SIMD 1. Over a quarter of these families went on to successfully register with a dentist.

5.3 Childsmile Nursery:

32 (100%) of local pre-5 establishments are participating in the Childsmile Nursery programme. Staff are in regular contact with early learning establishments to build upon the work already undertaken and ensure a sustained approach which maintains said coverage rate.

5.4 Dental Registration:

89.4% of 3-5 Year olds within Inverclyde are currently registered with a dentist, exceeding the NHS Greater & Glasgow wide registration rate of 89.2% and just under the national rate of 90.6%.

5.5 Oral Health Directorate:

The National Dental Inspection Programme (NDIP), in partnership with Education is coordinated and delivered by the Oral Health Directorate. Dentists carry out a simple dental inspection of all primary 1 and primary 7 school children’s teeth. This is an annual

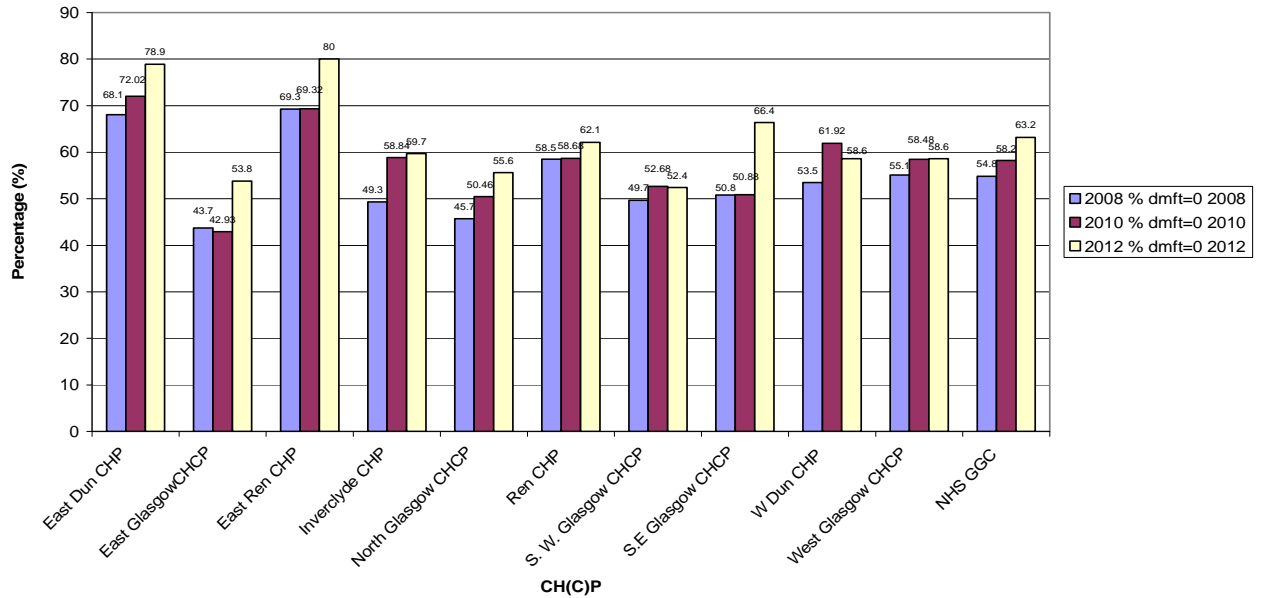
inspection alternating between the two age groups, and takes place across every local authority. The NDIP 2010 target to be improved and maintained can be noted below and such activity allows performance measures to be attributed which are summarised as:

60% of 5 year old children will have no obvious dental decay by 2010.

NHSGG&C results = 58.2%

Inverclyde results = **58.8%**

Proportions of P1 children with no obvious decay experience in respective CH(C)P areas and NHS GGC in 2008, 2010 & 2012

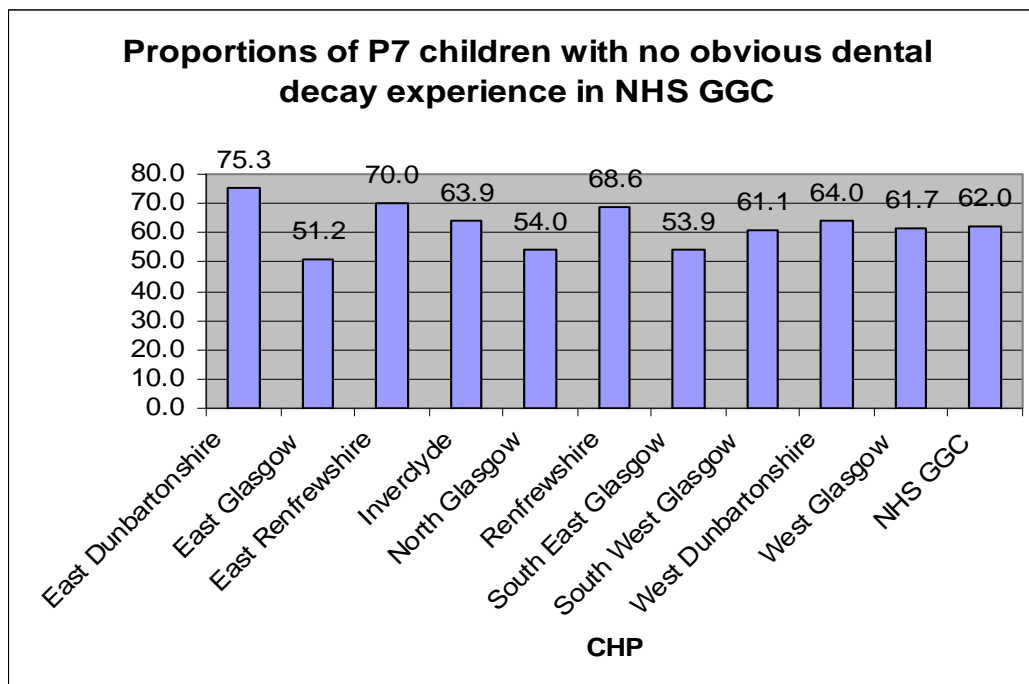


60% of 11 year old children will have no obvious dental decay by 2012.

NHSGG&C results = 62.6%

Inverclyde results = **63.9%**

Proportions of P7 children with no obvious dental decay experience in NHS GGC



5.6 Inverclyde has seen marked improvements in relation to oral health, across both an overall reduction in dental decay, as well as improved family tooth brushing practices. Existing work ensures a progressive and sustained approach impacting upon not only children and young people, but the adults who care for them.

The oral health team, incorporated within Health Improvement and Inequalities, continues to monitor progress and has more recently initiated work focusing upon the oral health needs of vulnerable adults, identified as a national area of priority.

6.0 IMPLICATIONS

6.1 Legal: None.

6.2 Finance: There are no financial implications in respect of this report.

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

6.3 Personnel: None

6.4 Equalities: None

6.5 Repopulation: None

7.0 LIST OF BACKGROUND PAPERS

7.1 *Inverclyde CHCP – Oral Health within Inverclyde* (Aileen Duncan – Head of Planning Oral Health Directorate) August 2012